

ORIGINAL RESEARCH

Gender Influences on Return to Work After Mild Traumatic Brain Injury



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Abstract

Objective: To examine the influence of gender on the return to work experience of workers who sustained a work-related mild traumatic brain injury (TBI).

Design: Qualitative study using in-depth telephone interviews.

Setting: Community.

Participants: Purposive sampling was used to recruit participants. Participants were adults (N = 12; males, n = 6, females, n = 6) with a diagnosis of mild TBI sustained through a workplace injury.

Interventions: Not applicable.

Main Outcome Measures: Not applicable.

Results: Our findings suggest that gender impacts return to work experiences in multiple ways. Occupational and breadwinner roles were significant for both men and women after work-related mild TBI. Women in this study were more proactive than men in seeking and requesting medical and rehabilitation services; however, the workplace culture may contribute to whether and how health issues are discussed. Among our participants, those who worked in supportive, nurturing (eg, feminine) workplaces reported more positive return to work (RTW) experiences than participants employed in traditionally masculine work environments. For all participants, employer and coworker relations were critical elements in RTW outcomes.

Conclusions: The application of a gender analysis in this preliminary exploratory study revealed that gender is implicated in the RTW process on many levels for men and women alike. Further examination of the work reintegration processes that takes gender into account is necessary for the development of successful policy and practice for RTW after work-related MTBI.

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Employment and income status are considered key determinants of individual and community health in western societies^{1,2}; an interruption to the typical employment pattern during the life course, therefore, has significant consequences at individual and

societal levels. In addition to being an economic necessity, having paid employment after sustaining a traumatic brain injury (TBI) can have a positive impact on a worker's well-being, and returning to the same workplace can enhance this effect.³ In Ontario, as in many North American and international jurisdictions, the early and safe return to work (RTW) policies in place are based on the assumption that it is best for the worker's health and recovery, and for the employer, if employment resumes as early as possible after a workplace injury. Employers and employees are legally obligated to report workplace injuries and to develop and comply with a RTW plan outlining suitable and safe work duties that provides employment in the workplace where the injury occurred.⁴ However, although returning to work is a significant goal for most injured workers, the interplay of injury-related factors, one's

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occupational demands, and supports provided in the workplace can influence work reintegration after TBI.⁵ Additionally, returning to a workplace where a TBI occurred can introduce a degree of complexity because, in addition to managing the work itself, the worker must confront adversities (eg, returning to the scene of their injury, renegotiating relations with coworkers and employers without having the option of not disclosing their injury).

Gender impacts many aspects of work. Industries, workplaces, and occupations are often segregated by gender. Although men and women often have the same job roles, they may be assigned to different tasks and may therefore be exposed to different types of risks and hazards.^{6,7} Both paid and household labor are gendered. Women are more likely to be involved in lower paying, lower status jobs^{8,9}; paid less for the same work¹⁰; and employed in casual or temporary positions than men.¹¹ Women are also more likely than men to perform domestic and caregiving work, without wages, whether or not they also have paid employment.¹² Men, on the other hand, are more likely to be employed, and sustain fatal injuries, in high-risk occupations¹³ and reach higher levels of success than women in women-dominated occupations.¹⁴ Because gender plays such a prominent role in the labor market, it is worth examining whether and how gender might influence RTW after mild traumatic brain injury (MTBI). In this study, we focus on the intersection of gender with RTW processes after a work-related MTBI.

Sex refers to the biologic features that identify one as male or female, and it is one's sex on which one's gender is assumed.^{15,16} In contrast, gender is a social construct that signifies the socially appropriate behaviors or roles ascribed to male and female bodies.^{15,16} Gender shapes how people learn, relate to one another, and express attitudinal or behavioral patterns that are created and maintained through socioeconomic, political, and cultural institutions.^{15,17,18} Gender analysis is a theoretical framework that explores the consequences of gender inequities.¹⁵

Although gender analysis is increasingly used in health scholarship,¹⁹ the examination of gender in workplace health and safety research remains limited.^{7,20} Moreover, although RTW barriers and facilitators after MTBI have been investigated qualitatively,^{3,21,22} the construct of gender and how it intersects with work reintegration processes has not been examined. Therefore, in this study, we explored the relation between gender and RTW after TBI to address this gap.

Methods

An exploratory qualitative approach using in-depth telephone interviews was used. Telephone interviews were used to enhance feasibility (workers may have returned to full-time work) and decrease costs (workers resided throughout Ontario). Ethics approval was provided by the research ethics board at a major rehabilitation hospital in Ontario, Canada.

Participant recruitment and inclusion criteria

Participants were purposively sampled from a participant pool of an outpatient unit at a major hospital in Ontario, Canada, that

provides service to individuals with workplace injuries. Purposive sampling aims to identify participants who have specific knowledge relevant to the area under investigation,²³⁻²⁵ in this case, RTW experiences after work-related TBI. The outpatient unit provides assessment services to people with work-related TBI who have experienced delayed recovery and persistent symptoms after mild to moderate TBI and who are referred by the province's workers' compensation board, the Ontario Workplace Safety and Insurance Board (WSIB).

In this study, individuals were eligible to participate if they had been assessed as having a mild to moderate TBI that was sustained at the workplace. Assessment initially occurred at the time of injury and was corroborated through an extensive multidisciplinary assessment (eg, neurology, psychiatry, neuropsychology, occupational therapy, physical therapy) at the outpatient clinic. An initial Glasgow Coma Scale score may have also been available to the assessment team if it was collected at time of injury. Patients of this rehabilitation hospital are routinely asked if they would like to participate in future research. To recruit participants for this pilot study, we drew on a consecutive series of 37 patients from a prior study using the same population²⁶ who had expressed interest in participating in future studies. The staff sent an introductory letter and consent form to these participants to inquire about their interest to participate in the present study. We were able to contact and/or received positive responses from 12 of 37 potential participants. Of the 37 potential participants, we do not know how many were eligible; however, many declined because they had not returned to work and therefore did not see the relevance of participating in the study. Interviews were completed at a convenient time to accommodate participants' schedules.

Data collection

Demographic and injury severity data were obtained from medical records of patients who consented to participate. Qualitative data were collected using semistructured telephone interviews that focused on gaining an understanding of participants' experiences with returning to work and the workplace accommodation process. A semistructured interview guide was developed, allowing the researchers to guide discussions while still being open to additional personal insights that participants felt to be most relevant. Within the interviews, participants were first asked to describe how their injuries occurred, their resulting impairments, and their experiences of the rehabilitation processes. This was followed by in-depth discussions about their experiences with returning to work. All interviews were conducted by one of the authors who had 15 years of experience performing qualitative interviews related to health and the workplace. The interviews ranged from 45 to 90 minutes; the average duration was 1 hour. We considered the data as being saturated when no new themes emerged.^{25,27,28} If additional data were required to reach saturation, participants could be drawn from a large pool of eligible patients seen at the clinic annually.

Data analysis

Interviews were audio recorded and then transcribed verbatim by a professional transcriptionist. An inductive thematic analysis approach was used to analyze and identify themes related to gender within the interview data. Thematic analysis is a multistep approach that has been used extensively in health, sociologic, and psychological studies²⁹⁻³¹ to identify thematized meaning across a data set.³²

List of abbreviations:

MTBI	mild traumatic brain injury
RTW	return to work
TBI	traumatic brain injury
WSIB	Workplace Safety and Insurance Board

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