

A population based register study on factors for returning to work among people with acquired brain injury

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Background

- Vocational rehabilitation is often a long process for people with ABI.
- In Sweden only 35–41% of them have returned to work after 2–3 years
- Several factors have been identified associated with RTW - person-related, injury-related, activity-related, and rehabilitation-related factors
- Most research has focused on personal and injury-related factors and less on activity and rehabilitation factors.

Aim

To investigate person-related, injury-related, activity-related, and rehabilitation-related factors for returning to work among patients with ABI.

Methods

- WebRehab Sweden quality register
 - Covers 75% of the rehabilitation medicine clinics in Sweden
- Inclusion criteria
 - Being 18–66 years old
 - Having an ABI (i.e., stroke, subarachnoid hemorrhage, traumatic brain injury, post-infectious/post-inflammatory brain injury, anoxic brain injury, or other brain injury)
 - Working 50% or more (employed or self-employed) at admission to hospital
 - Not working at all at discharge from hospital (i.e., being on 100% sick leave)
 - Having one-year follow-up data
- 2008 patients met the inclusion criteria
- Statistical method: Relative risk analysis

Measures

- Dependent variable:
 - Returned to work (within one year after injury)
- Independent variables (28 variables):
 - Demographic Data
 - Diagnosis
 - Functional Outcome (GOSE)
 - Motor and Cognitive Function (FIM)
 - Partnership Status and Having Children Living at Home
 - Home Support
 - Individual Rehabilitation Plan
 - Satisfaction with the Rehabilitation
 - Health Status

Results – RTW

- Personal factors
 - Gender (man)
 - Country of birth (Sweden)
 - Education (university)
 - Children in household
- Activity related factors
 - Less problem with self care
 - Less problems with performing my usual activities
 - Having drivers license
- Rehabilitation related factors
 - Satisfied with rehabilitation
 - Influence on rehabilitation
 - No written rehabilitation plan
- Injury related factors
 - No aphasia
 - Shorter Hospital stay
 - Functional outcome (good recovery)
 - Motor function (less help needed)
 - Cognitive function (less help needed) Mobility (less problem walking)
 - Less pain
 - Less anxiety

Results – RTW

Person-related factors

- Country of birth (Sweden) 2.25
- Education (university) 1.52
- Gender (man) 1.40
- Children in household 1.08

Results – RTW

Injury-related factors

- Motor function (less help needed) 3.42
- Cognitive function (less help needed) 2.32
- Mobility (less problem walking) 1.93
- No aphasia 1.62
- Less anxiety 1.58
- Shorter Hospital stay 1.46
- Functional outcome (good recovery) 1.33
- Less pain 1.31

Results – RTW

Activity-related factors

- Less problem with self care 3.10
- Less problems with usual activities 1.40
- Having drivers license 1.03

Results – RTW

Rehabilitation-related factors

- | | |
|--|------|
| • Influence on rehabilitation | 4.86 |
| • No written rehabilitation plan (!!!) | 1.06 |
| • Satisfied with rehabilitation | 1.02 |

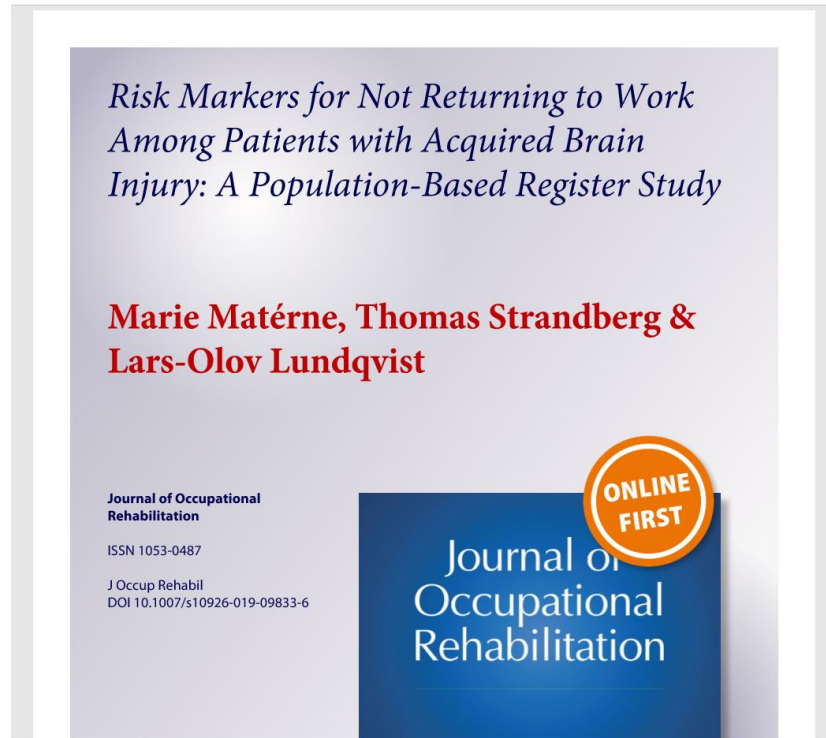
Conclusions

- All areas of person-related injury-related, activity-related, and rehabilitation-related factors are associated with the likelihood of RTW
- RTW process is complex. All areas are important
- Results propose individualized work rehabilitation for RTW after an ABI

Clinical implications for Social Workers

- Participation in the rehabilitation process is important
- Involve patients in individual planning and follow-up on vocational rehabilitation and return to work outcomes
- Be aware of risk factors and prepare with support for these at risk.
- These with severe injury need probably more support from many different actors

Reference



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