Portfolio Volume 1: Major Research Project

The lived experiences of people with an acquired brain injury returning to a different work role, post-injury.

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Contents

Abstract

Introduction: The position of work and employment can have a large impact on how individuals perceive themselves and their identity within the world. Research suggests that this can be due to historical, political, and social contexts. However, when considering events, e.g., a physical health illness, that causes an interruption in work, much of the literature focuses on returning to work (RTW) after a different physical health illness. For those who have experienced an acquired brain injury (ABI), this returning to work can cause more impact due to often not being able to return to the same job held pre-injury and already managing a sense of loss from the physical, psychological and cognitive impacts such an injury can have. Exploring this further was the aim of the present study.

Method: Eight participants who had experienced an ABI and returned to a different work role were interviewed. The focus of this interview was to explore how they had made sense of returning to a different work role, how, if at all, this had impacted how they perceived their identity, and in what way vocational rehabilitation had supported them. The data was analysed using interpretative phenomenological analysis.

Results: Five Group Experiential Themes emerged. These included GET 1: A continuous impact; GET 2: The status of work; GET 3: A new way of life; GET 4: Forgetting and remembering; GET 5: The importance of people. Many of these themes centred around participants' reformation of their identity and new meanings being attributed to employment.

Discussion: The findings of the study are discussed alongside existing literature and theory. Strengths, limitations, and implications of the research are provided. Suggestions for future research are also discussed.

Chapter 1: Introduction

Chapter overview

This thesis aims to explore the experience of the impact of acquired brain injury (ABI) on employment when a person’s previously held position can no longer be maintained, thus resulting in a return to a different work role (RTDW).

I will provide an overview of the different mechanisms that relate to employment, in response to my epistemological positioning within critical realism (CR). The chapter will continue to discuss the effect of work on who we are, both within the self and as seen by greater systems. I will then provide a summary of how history and policy have impacted employment within the UK, and how this relates to cases where work is interrupted due to health. I will then offer my conclusions leading to a review of related literature systematically.

To begin, I will give an overview of my background, in relation to the concept of employment, as well as my epistemological positioning, and its impact on this topic’s exploration.

Researcher background

> *“We're all born into whatever citizenship, circumstances, or class we happen to be born into. Immigrants and so many people in the working class work so hard every day for nickels and pennies and scraps to just barely get by and then realize that this precious life has been completely drained out of us.” (K. Uchis, personal communication, April 11, 2018)*

Employment and work have continuously held an impact on my life, as it has for many. I come from a working-class family, the child of first-generation immigrants, where desires for fulfilling and meaningful employment were not always obtainable due to systemic issues and racial discrimination. There was also a contrast of my family wanting to align with the Western view of employment, whilst maintaining our own culture.

This, alongside the expectations imposed on me from a South Asian heritage and as a woman, has shaped my interest in this research. Due to growing up in a low-income household, finding employment as early as possible was necessary, should I want to achieve that that was not possible for my parents.

I have always been taught to work, to be proud to work and to let work be a large part of my life. These early teachings taught me to find a career that I would enjoy but also where I would be valued. There is a narrative within Clinical Psychology and other health professions around wanting to help people (Spring, 2007). This was my initial reason for choosing this career path. However, over time, other reasons emerged.

When asked why I wanted to study Clinical Psychology in my doctoral interview, I gave the above answer but also took a chance in giving my other reasons. In a low-income family, where I needed to work, my family expectations and that of many other South Asian families living in the West, meant completing a doctorate would bring pride to my family and provide financial stability. Thus, the value this job provided and continues to provide me with is three-fold. Firstly, I feel valued giving back to the community. Secondly, the community values me as I can provide something it needs. Thirdly, my family can feel pride in having a daughter who will be a doctor, and who was ultimately able to overcome the systemic issues surrounding immigrant families.

I became interested in this area from a psychological perspective once I completed my undergraduate degree, during which I had worked throughout. Once I had completed my first degree, I needed to find full-time work, hopefully utilising what I had learnt. I was completing a Master’s by Research at the time, and due to my experiences of employment, I proposed completing research in a similar area – what was it like for those who were already deemed “disposable” in society, to access employment. Alongside experiencing a parent who was unable to return to work (RTW) due to an injury at work, this has continued to be an interest.

During training, in discussions with a placement supervisor, I spoke about a client who I was working with, who had to stop working due to his ABI. It is important to note that this has been my only working experience with ABI. Nevertheless, when working together, we often reflected on the client’s identity, such as being a man, a migrant, the purpose he held in his family, and how not being able to RTW impacted his sense of self. His reflections brought on my own reflections which I took to supervision. Many systems impact how we ultimately view ourselves, especially in the context of employment and our identity. My supervisor and I reflected that this was not a topic often explored in neurorehabilitation or the context of ABI. Thus, the following thesis evolved.

In the coming sections, I will explore how employment has developed and is now seen in our current society, the existing theories around how our sense of self is shaped within employment, the political systems that surround employment, and research that exists around what happens when this is impacted. To begin, I feel it is important to discuss my epistemological positioning, to determine how this may impact how I have carried out the present research.

Epistemology

In reflection of my experiences, and how I see truth and knowledge in the world, my epistemological positioning sits within the critical realist (CR) paradigm. CR determines that our knowledge, experiences and truths are determinants of social, political and environmental factors (Bhaskar, 2020). I offer a Gettier example to explore this further (Gettier & Austin, 1988).

A person walks to a fence leading to a field which displays a sign stating, “Sheep Farm.” Entering through a gate into the field, they walk up a hill where they can see the farming fields around them. In the distance, they see a white, fluffy object. They inwardly think, *“This must be a sheep.”* Unbeknownst to them, this is not a sheep, but a dog in the field. However, they will take their previous knowledge to determine that their thought is true (Gettier & Austin, 1988).

In different epistemological positions, this thought could be determined by several factors. In social constructionism, the person may note that this is a name that has been allocated to this animal by their society but could be called something else in different societies (Lock & Strong, 2010).

From a positivist approach, this could be deemed as just the truth and reality – that this is defined as a sheep and is evidenced as such by the sign they had previously read (Larner, 2018).

However, CR would consider the other contexts which may determine this belief. They may acknowledge that in this part of the world, there is a large sheep farming business. They may consider what is socially expected of sheep; that they often graze in fields, and that they are often white (Bhaskar, 2016). They may think about their past experiences of seeing sheep in the real world or within the media. Should they originate from a country where sheep are commonly found, they may not assume that this a sheep, as sheep in their country may look different.

This latter approach is how I see the world. Within a research context, CR bridges the gap between positivist and constructivist ontology (Bhaskar, 2011). Where one considers the research of a quantitative nature, whilst another considers qualitative data, CR aims to connect the two, by considering depth realism. It focuses on the why, rather than just the how. While positivism would be considered value-free and factual based, and constructivism respectful of moral relativism but not acting on it, CR also aims to be fair but morally informed (Bhaskar, 1989; Bhaskar, 2020). This allows social awareness to impact the fact, which I think is important in the current topic area of research.

It considers both structure and agency, which shape human life *and* society. Structures are only enacted through human agency, e.g. a hospital only becomes a hospital when humans with relevant skills are present (Lopez & Potter, 2001). These skills are due to the self-awareness of human intention.

This epistemological positioning is especially important when considering research within disability, such as ABI. As will be discussed in further detail later, ABI can have an impact across physical, emotional and cognitive domains (Barber et al., 2019). These are often impacted by socio-political factors, as are other disabilities. The way disability and ABI are acknowledged within the world is affected by both structure and agency. For those with disabilities, agency is withheld by the structures. By taking this approach in researching disability and ABI, more depth can be taken using a CR epistemological position (Willis, 2023).

As such, and in line with CR's philosophy, it is important to consider the different socio-political factors that may have impacted the nuances of the topic of interest. In the following sections, I attempt to explore these in more depth.

Capitalism and work

Considering this CR position and the work focus of this thesis, it would be beneficial to explore the historical events that have impacted how employment is perceived in today's West. To do this, some consideration of the history of capitalism, its effect on employment over time, and how this has then had an impact on the societal view of work, is necessary.

Capitalism can be defined as an economic system where individuals or businesses own capital goods (Willis, 2023). It is a free market. Individuals determine where to sell or produce. Presently, most countries practice a mixed capitalist system, which includes government regulation of businesses to some degree. In general, capitalism is dispersive, competitive and voluntary (Hilt, 2017). A person or business (capitalists) can hire labour to produce whatever relevant means, in return for wages. Labourers are not able to make money on the profits from the produce they create, as this belongs to the capitalist (Apple, 1980). There are critiques of this system. However, to determine these, a history of capitalism is helpful.

The evolution of capitalism

The story of capitalism within the West was the result of European feudalism[1] and the growing industrialized revolution (Astarita, 2021). Feudalism involved skilled labour workers living with and working for landowners. As a result, these skilled workers owned no land or property. Before the 12th century, very few people lived in towns within Europe (Astarita, 2021; Martin, 1983).

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[1] Feudalism refers to a political system in which an individual would work and serve a lord, receiving protection and land in return (Martin, 1983).

However, the Industrial Revolution changed this, due to factory workers being needed. It encouraged more people to move into towns, where they could earn more money (Stearns, 2012).

As a result, Wallerstein (2011) explains how mercantilism replaced the feudal economic system in Western Europe. Mercantilism was based on the idea that a nation’s wealth and power were best served by increasing exports and reducing imports. This was due to the belief that global wealth was static, and a nation’s economic health relied on its supply of capital. As a result, nations often attempted to protect local markets and supply sources using their military (Wallerstein, 2011).

With this came colonialism. However, it was found that it was not trying to increase trade at all, instead forcing systems to repurchase their trade (Radcliffe, 2020).

This economic system was seen as regressive and pointless, creating imbalance and preventing advancement between nations. As a result, ideas for a free market were shared, which subsequently led to capitalism (Berry, 2018). This involved reorganising society into classes, that were not based on who owned land, but who owned businesses (capitalists) (Bortis, 1984).

Capitalism led to the idea that common people can move up the social ladder if they work hard enough. This hope continues to impact the present day (Radcliffe, 2020). Due to advancements in transport, it was no longer required to build factories and towns with labourers near water. This allowed industrial tycoons to build wealth, stripping status from those who were once seen as a higher social class (Stearns, 2012).

There were pros to this new concept. Capitalism allowed more efficient allocation of capital resources; competition led to lower consumer prices (Hodgson, 2016). Wages and general standards of living also rose overall, and it spurred innovation and invention in humanity (Jessop, 2011).

However, with this came limitations. The concept of capitalism created an inherent class conflict between capital and labour. This led to enormous wealth disparities, and social inequalities and incentivised corruption in pursuit of profit, as well as producing otherworldly negative effects, such as pollution (van Dyk, 2018).

It is important to note that these changes were predominantly in Western societies, like the UK (Thompson, 2003). As a result, this had a direct effect on our concept of work, economy, and the place for employment. This is explored more in the next section.

Work in the context of the UK, and the West today

The impact of feudalism, mercantilism and capitalism very much shaped what employment is in the UK and the West today.

As previously noted, this history of capitalism led to a concept of meritocracy in the West, where it is believed that to be financially richer (moving from working class to middle class upwards) was the goal and was ultimately tied to your employment status (Mijs & Savage, 2020).

This belief continues to have an effect in the West today, where to work is to have worth (Astarita, 2021). Higher-paid workers often tend to have higher worth within society, and thus within oneself. Consequently, unemployment leads to negative connotations being attributed to you (Bendassolli & Tateo, 2018).

The welfare state, austerity and work

The welfare state aims to help the vulnerable within the UK context. This is aimed to be done through several areas, such as health, education, and employment (Schofield et al., 2019). Overall, it aims to utilise finances held by the UK government to improve these subsystems.

In reflection of this, austerity is the collection of political-economic policies in place, that aim to reduce governmental debt through different means. This may be done by increasing taxes, or through spending cuts (Barr & Hills, 1990).

Much of these spending cuts can be found in welfare benefits that are provided to those in need, e.g. Jobseeker's allowance for unemployment. To counteract these cuts and potential uproar from the general population, a stigma exists for those who need to claim benefits (Barr & Hills, 1990). This has created such a negative opinion that there is resistance to openly claiming benefits. These feelings are true for many people who have had an injury, such as ABI, no matter how necessary it is for their livelihood (Schofield et al., 2019). As a result, there is a coercive driver pushing people back into work post-injury (Mind, 2023).

This highlights one way in which the welfare system impacts how individuals and society view one another. This is further impacted by employment's effect on our sense of self. This is explored in the next section.

The impact of work on the self (in a UK/Western context)

Several theories and concepts relate to how the self is impacted by work. Many of these discussed below are relevant to the context of the West and the UK. This is not to assume that this impact is generalisable across all countries. Instead, the below have been mentioned to provide context to the current research project.

Social role valorisation (SRV)

One theory considering the roles we hold in society (e.g., employment) and our sense of self is the concept of SRV developed by Wolfensberger (1983).

SRV refers to the roles we hold within society, and what value is attributed to that role. An individual who holds a valued role in society is much more likely to receive the benefits of said society (Wolfensberger, 2000). These might include a sense of belonging, social inclusion, and acceptance. However, if a role is taken away or seen as less valuable, this may lead to negative outcomes which devalue the individual. In turn, these may impact the person's concept of self-worth (Fleming et al., 2019; Thomas & Wolfensberger, 1999). Although the theory of SRV was developed within learning disability services, this can be applied to those who have been impacted by ABI too.

For those who have experienced ABI, a social role of value may have already been established, such as within a long-standing work role. However, due to the injury, and as is the focus of this project, they may not be able to return to the valuable position they had once held (Fleming et al., 2019). As a result, research suggests that this may impact how such individuals perceive their new position within society, and question whether this affects how they see themselves (Fadyl & McPherson, 2010).

Similarly, the below also draws on this idea.

Social identity theory (SIT)

SIT, (Tajfel & Turner, 2014) suggest that an individual's sense of self is based on their membership within a group. Group membership can provide individuals with several benefits, such as a sense of purpose, belonging, self-worth and identity. When this is disrupted, it can impact these domains negatively (Tajfel & Turner, 2014).

When considering this within the current project, those who have had an ABI may experience being taken away from groups that they identify with. This may be during their time in rehabilitation, or from employment groups they have found membership in (Mamman et al., 2022). This membership to the employment group may have been due to the position they held within it, which subsequently may form part of the individual's identity. As in SRV, an interruption to this could negatively impact how they then perceive themselves within the world, especially when RTDW. This interruption is discussed next.

The interruption of work

As described in SRV (Wolfensberger, 2011) and SIT (Tajfel & Turner, 2014), an individual's role in society can be determined by the amount of value they hold. This role can often be determined by a person's employment status and job role (Jessop, 2011).

Consequently, it can be determined that employment not only impacts our physical, mental, and cognitive well-being but also how we measure our self-worth and who we are (Cole et al., 2009). However, in moments where employment is threatened, such as following an illness or injury, it could be questioned what remains of our worth and identity (Fleming et al., 2019), including its financial and social implications (Vance et al., 2016).

From the theories discussed previously, it is understood that employment affects our sense of self and identity. Generally, we are judged by what we do, and this often impacts how we judge ourselves (Franks & Gecas, 1992). In consideration of these theories, those who may be experiencing an interruption in employment may experience conflict in their identity, due to no longer feeling socially valued (Wolfensberger, 2011), and no longer feeling as if they belong (Tajfel & Turner, 2014).

Complexity increases when this threat may result in a forced move to a new work role due to the impact of an injury or illness. This is further impacted by the narrative of welfare and the negative connotations of receiving unemployment benefits (Barr & Hills, 1990; Schofield et al., 2019). The impact of this may not be immediate and, from a psychological perspective, may present itself much later when support is not as available.

In the case of ABI, this may be different to other physical health illnesses, due to the multi-faceted impact such an injury can have. As mentioned previously, employment impacts our physical, mental and cognitive well-being (Cole et al., 2009). For many illnesses, their impact can fluctuate (Barber et al., 2019). However, it can be argued that there is an almost permanence to ABI's impact on an individual. In the concept of RTW, this results in individuals with an ABI being limited in employment options (Beaulieu, 2019).

In addition, the cognitive and physical effects of an ABI can often lead to needing to find alternative employment. However, the psychological benefits of employment may be overlooked, despite its importance (Cole et al., 2009). Experiencing an ABI can already feel like a loss of identity due to the cognitive and physical effects of such an injury (Carroll & Coetzer, 2011). To then not be able to return to a job that greatly impacted how you saw yourself could lead to even more loss. However, it is unclear how much of this is evidenced in the literature. This is discussed more in this chapter's concluding section.

Conclusion

This chapter aimed to provide a background for the current research topic, including my relationship to the subject, and my epistemological positioning. It also explored the history of employment and its impact on our present-day socio-political structure, and the welfare state. How these structures are impacted when work is interrupted was also discussed, with emphasis on when this occurs due to ABI, as well as other physical health illnesses.

From the literature, policies and history presented here, it has been acknowledged that employment impacts our sense of self and our identity. However, evidence exploring the impact of this on RTW and whether there is a difference in RTDW is limited. This is important to consider in ABI, where there are differences in its impact compared to other physical health problems. Therefore, a systematic literature review (SLR) would be beneficial in exploring this.

In the next chapter, a SLR focusing on physical health and RTW is presented, to determine whether the literature has had any focus on RTDW and whether any differences in ABI are noted.

Chapter 2: Systematic Literature Review

Introduction

As identified in Chapter 1, employment can have a definitive impact on our well-being in several ways. Besides the financial benefits of paid employment (Vance et al., 2016), research has demonstrated its positive impact on social inclusion, self-acceptance and belonging, standards of living, physical health and personal support (Franks & Gecas, 1992; Jessop, 2011; Rezai et al., 2022; Wolfensberger, 2011). Consequently, when employment is interrupted, research demonstrates that these areas can be negatively affected, especially considering one's self-worth and sense of identity (Fleming et al., 2019). However, it is unclear what the evidence base is when considering returning to work (RTW) following such interruptions or breaks in employment and the potential long-term implications of this impact.

To provide more clarity on this, a SLR was implemented. The purpose of a SLR is defined as a way to identify, appraise and synthesize relevant studies on a particular topic (Uman, 2011). SLRs are considered the "gold standard" when completing literature reviews. This is due to their use of scientific processes when reviewing existing literature, allowing for more transparency and replicability, reducing potential bias (Lame, 2019).

Research suggests that by doing so, the foundations of a research question can be appropriately established (Andreasen et al., 2022). If not done, there can be a risk of unnecessary studies being conducted, which can result in a waste of resources and funding. In addition, not completing a SLR can risk participants unethically and unnecessarily taking part in futile research.

To complete a SLR, research on the topic of interest must systematically be explored, collected, critically evaluated, and their findings presented (Pati & Lorusso, 2018). This can then provide a broader and more accurate understanding of what is known about a particular topic, compared to a more traditional literature review. For this to occur, scoping of what literature already exists must be made to identify potential gaps, to see what concepts may already exist, and to explore the SLR's potential inclusion and exclusion criteria and search paradigms (Munn et al., 2018).

In response to this, before the current SLR objectives were determined, a scoping review was carried out. SLR publications registered on PROSPERO or published in the Cochrane Library's Centre for Reviews and Dissemination (CRD) databases were explored. A search was also carried out briefly using Google Scholar. This included searching for SLRs which focused on physical health problems causing a break in employment and a subsequent RTW, and which focused on qualitative findings. This was due to the importance of exploring what, if any, meaning employment may have held for individuals, and how this may or may not have had an impact on how they ultimately perceived themselves and their identity. Additionally, it was explored to see if any literature focused on aspects of RTDW. Following the scoping search, it was determined that no existing reviews existed examining the impact of physical health on RTW or RTDW with this qualitative and meaning-making focus, providing further justification for one to be completed.

Many existing SLRs had instead focused on the success rate or time taken to RTW following an injury/illness, rather than the impact of this on the person's experience of having a break in work. In others, a focus had been placed on stakeholders, clinical health professionals, and their experience of supporting people who have RTW following an illness or injury. Most existing SLRs had also focused on studies which were quantitative, rather than the experiential nature of RTW.

Consequently, it was deemed most appropriate to focus on those of a qualitative nature, to allow for first account experiences to be analysed and collated. This is because qualitative research can be more susceptible to exploring subjective experience, providing in-depth insight into the phenomenon of interest (Cypress, 2015).

As such, the current SLR aimed to identify and evaluate qualitative research that has explored RTW from a general physical health perspective, with a consideration of how meaning might have been made of these experiences. In doing so, the main objective of this chapter is to collate information regarding the lasting impact of employment interruption following an individual’s RTW, whether there has been any focus on those RTDW, how individuals may or may not have made meaning of their experiences, and how RTW may or may not hold importance in recovery. A secondary objective of this is to also provide a rationale as to how the current research may explore this possible impact on those who have experienced ABI, and whether consideration has been made in ABI and other physical health problems regarding what the potential impact might be when someone RTDW to that that they held pre-injury.

To further the scoping review, reviews of different subjects related but not specific to the current project were also examined to determine possible search strategies. These included those solely looking at RTW, those looking at physical illness in areas other than RTW, and those focusing on general experiential phenomena (Cancelliere et al., 2014; Figueredo et al., 2020; McDonnell et al., 2011), all of which related to the current review. These helped inform the current SLR method and what search terms and strategies may provide appropriate outcomes. As a result, the following method was implemented.

These details are by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al., 2021). A copy of the PRISMA checklist can be found in Appendix 1. PROSPERO registration of this SLR was also completed under the title *“A systematic review of the experiences of people returning to employment following an illness”* (ID: CRD42024514060). A protocol for this SLR can be found in Appendix 2.

Methods

Martinez et al. (2023) identify the importance of using a framework when setting up a SLR. It is suggested that by doing so, a sensitive, specific and well-defined research question can be determined. For qualitative SLRs, a SPIDER framework has been shown to do this best (Methley et al., 2014). Following a consultation with the University's librarian and the scoping review, the following SPIDER (Table 1), was created:

Table 1 – SPIDER framework for the current SLR

SPIDER	*Inclusion criteria*	*Exclusion criteria*
Sample	*Adults of a working age* *≥ 18 years old* *In paid employment* *Adults who have experienced a physical illness or condition that has required them to take an extended period off work, e.g. longer than 28 weeks, when Statutory Sick Pay (GOV, 2024) is no longer given. This is not including COVID-19 related illness, due to the other contextual issues that surrounded employment during the pandemic, e.g. social distancing rules.*	*Individuals that have had a break in employment and subsequently returned to work, solely because of a mental health difficulty or co-morbidities of severe mental health needs*
Phenomenon of interest	*RTW or RTDW following a break due to an illness, and how individuals made sense of this experience. Here, "making meaning" referred to any indication of the studies where participants were required to interpret their*	*Research that has not solely focused on the individual who has experienced the illness and returned to work, e.g. those that have focused on health professional experiences or family experience of the individual RTW, as the primary*

	current situation in light of their previous experiences (Zittoun & Brinkmann, 2012). The length of this break is not predetermined and will be dependent on each paper.	*focus on the SLR is individual experience of the phenomena.*
Design of study	*Published and peer-reviewed qualitative research, or those with mixed methods, where direct feedback has been collected from the person who has returned to work. Qualitative findings from these sources will be included in the data extraction phase of the review.*	*Systematic reviews, meta-analyses, and literature reviews.*
Evaluation type	*Research with a focus on the impact of the phenomenon of interest, i.e., the person who has returned to work and how they have made meaning of this experience, if and how this may have impacted their perception of their identity, and the themes that have arisen from qualitative data collection*	*Quantitative evaluation.*
Research type	*Qualitative or mixed method, where a large portion of the research used qualitative methods*	*Non-English papers and where a full text is not available.*

Using this framework, the inclusion criteria were determined. These were then used to determine potential exclusion criteria for the SLR. However, a more intensive and exclusive search strategy was found to limit possible relevant results. This included completing searches where illnesses were specified, rather than using general terms for illness or health, or when returning to *different* work was specified. Therefore, few limitations were placed on the final search terms, following the decision that it was better to complete the initial reviewer screening with more research studies. As a result, exclusion criteria is also listed (Table 1).

Search strategy

The steps listed above helped finalise search terms for the current SLR. In addition, different search terms were examined, as well as consideration of previous search terms used in other reviews. However, the search terms displayed in Table 2 were found to yield the most appropriate results.

Table 2 – Search terms used in SLR

Key term 1: Experience	"experienc*" OR "self" OR "meaning"
	AND
Key term 2: Returning to employment	"Return to work"
	AND
Key term 3: Illness	"illness" OR "disease" OR "health"

To capture as many relevant studies as possible, the following search databases were then used (Table 3), each with a rationale:

Table 3 – Databases used for the current SLR

Database	**Rationale**
PubMed	Due to its focus on medical professions, much of who would work alongside the targeted population of the search strategy
PsychNet	Due to its focus on psychological phenomenon

Scopus	Due to its general collection of journal papers, to ensure few peer-reviewed and published articles were missed
CINAHL Plus	Due to the nature of physical illness, and the databases focus on nursing experience, who would largely work with the population in question

Each database was last searched on 1st March 2024. The terms identified in Table 2 were searched for in the titles and abstracts of journal articles in all databases.

In addition to these, reference lists were also checked for eligible studies. A decision was made to not explore grey literature, due to issues arising with searching the literature efficiently, replicability of searching, assessing the quality of the studies, data extraction and synthesis, and the time and resources necessary to do so (Adams et al., 2016).

Selection process

The outcomes of the searches were then uploaded into Covidence (Covidence systematic review software, 2024), with any duplicates removed by the software, as well as manually where necessary. Title and abstracts were screened independently by two reviewers using the inclusion and exclusion criteria noted above. These reviewers included myself and another Trainee Clinical Psychologist. Of those remaining, 10% of the full-text reviews were completed by two reviewers, with the remaining reviewed by one. These were screened using the inclusion and exclusion criteria. A third reviewer was on hand to manage any disparities that emerged between the two reviewers, as well as any uncertainty from the full-text review. Authors would have been contacted for any missing papers, however this was not needed.

Overall, there were some conflicts during the title and abstract screening and full-text reviews, between the first and second reviewer. These may have been due to the two reviewer's different experiences in neurorehabilitation, and the differences in their epistemological positions. To manage any disagreements, both reviewers discussed what their rationale was for excluding or including a paper, in order to come to an agreement together. If there was a case where the reviewers could not agree, a discussion would have been held with the third reviewer. However, this was ultimately not needed.

Covidence (Covidence systematic review software, 2024) was used to keep track of references and for screening, with added assistance from Zotero (Zotero, 2024).

Inter-rater reliability was calculated following the initial review, and the Cohen Kappa's scores were found to be 0.62 between raters for the title and abstract screening, indicating moderate agreement and 0.60 for full-text screening indicating substantial agreement (Landis & Koch, 1977).

Data extraction

A data extraction table was created in an Excel spreadsheet and completed by one reviewer. Consideration of the SLR's objectives was made to determine what information would be appropriate to extract. This included the following information:

Table 4 – Data outcomes collected from extracted studies

Author and year	
Location of study	
Study aims	
Sample characteristics	Including:

	• Sample size • Mean age or age range • Type of physical health problem • Time out of work
Method	Including: • Study design • Sampling strategy • Data collection method • Data analysis
Findings	Specifically reported experiences related to RTW
Strengths	
Limitations	

All data was extracted from each study, excluding those with a mixed methodology, where only qualitative data was extracted. Table 5 presents the results of the data extraction.

The findings were analysed using a thematic synthesis (Thomas & Harden, 2008), using NVivo (NVivo, 2024). Simultaneously, each paper was assessed for quality using the Critical Appraisal Skills Programme (CASP) tool (Critical Appraisal Skills Programme, 2018) for evaluating qualitative research, discussed further in the following section.

Data synthesis

Within SLRs of qualitative literature, there are several forms of data synthesis that can be used, including, but not limited to, narrative synthesis, meta-ethnography, and thematic synthesis. The current SLR aimed to explore the findings of qualitative research exploring people who have had a physical illness and RTW after a break due to their illness. As a result, a thematic synthesis was deemed the most appropriate, due to its commonality in synthesising qualitative data, and its ability to bring together and integrate findings from multiple qualitative studies (Thomas & Harden, 2008).

Thematic synthesis requires three stages. The first stage requires line-by-line coding of the text, where open coding is carried out across the findings of each paper separately. The second stage involves developing descriptive themes, where related codes are then grouped and labelled accordingly to create descriptive themes. The third and final stage is generating analytical themes. This involves grouping the descriptive themes which are then developed further, to address the aim of the SLR. These stages were carried out in the present SLR, using NVivo (NVivo, 2024), where full texts were uploaded into the programme, and coded accordingly. A sensitivity analysis was also completed to determine the weight of studies and the frequency of the themes across the studies (Appendix 3).

Quality assessment

CASP for Evaluating Qualitative Research (Critical Appraisal Skills Programme, 2018) was completed by the main reviewer with the final studies. This was used due to the robustness and recommendation of the tool when assessing qualitative research (Martinez et al., 2023). This included the following questions, where a “yes,” “no” or “can’t tell” response could be allocated:

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?

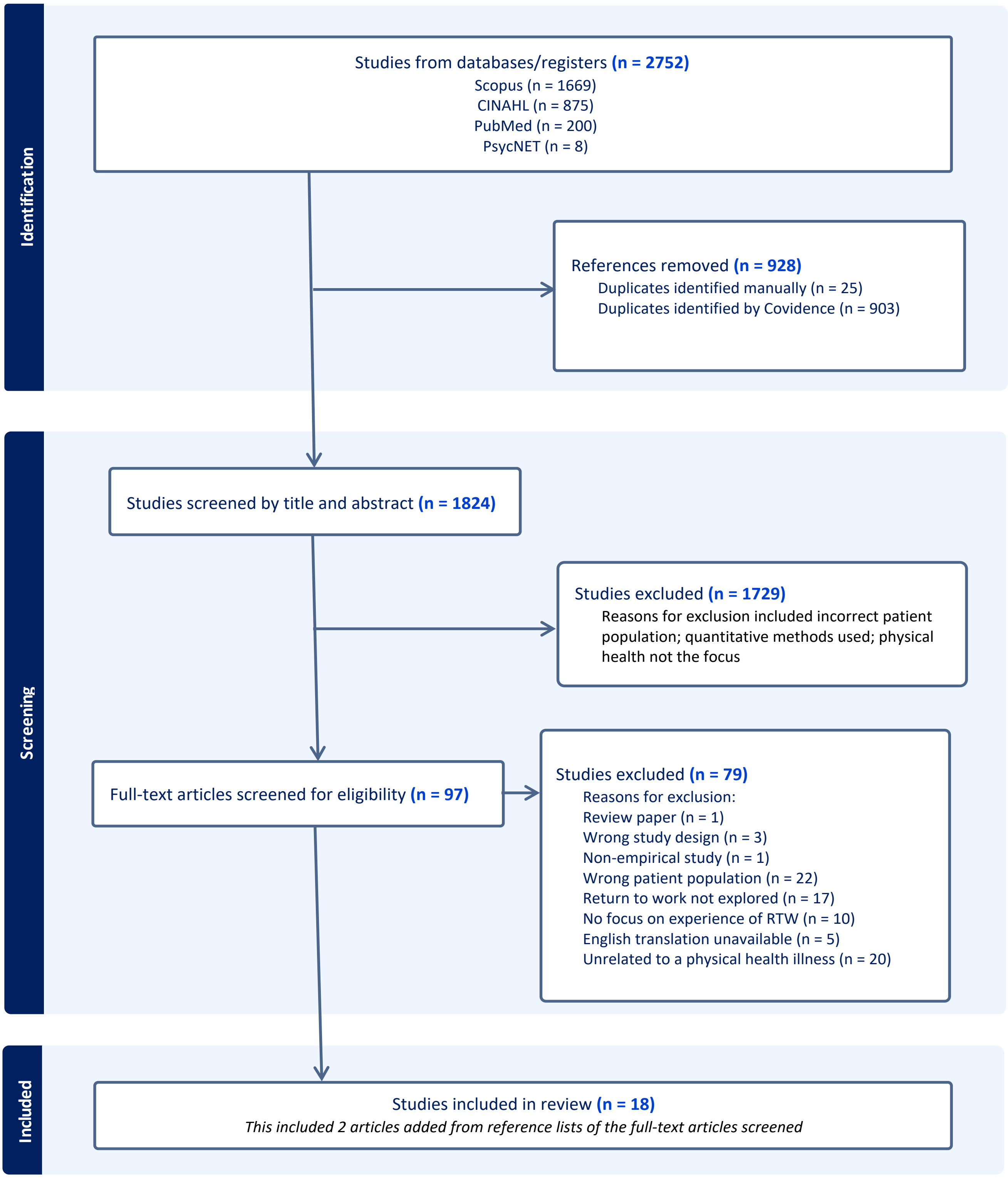
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

This was done simultaneously alongside the data extraction. A metric was also calculated based on the CASP tool ratings (Critical Appraisal Skills Programme, 2018), where studies were classed as low, high, or unclear for risk of bias. This was done by assessing whether a “yes” response could be provided to questions 1 to 3 listed above (Critical Appraisal Skills Programme, 2024), and if not, then it could be determined that the evidence may be of poor quality. The outcome of this, and the data synthesis follows.

Results

Following the title and abstract screening, and the full text screening, 18 studies were included in the final review. The PRISMA flowchart in Figure 1 outlines this process.

Figure 1 – PRISMA diagram



In total, 2752 articles were retrieved. Of these, 928 duplicates were removed, with a further 1729 articles excluded due to not meeting the inclusion criteria, leaving 97 articles for full-text screening. An additional 79 studies were excluded as they were either found to be a review paper; had the wrong study design; were a non-empirical study; used the wrong participant population; RTW was not explored; no focus was made on experience of RTW; an English translation was unavailable; or the article was unrelated to a physical health illness. A total of 18 articles were included in the final review, including 2 articles which were added from reference lists of full-text articles screened.

From here, the relevant studies were extracted, and critically assessed, further details of which are provided below.

Study characteristics

Studies were conducted across Singapore (N=1); Iran (N=1); New Zealand (N=1); Korea (N=1); Switzerland (N=1); South Africa (N=1); Spain (N=1); Denmark (N=1); Norway (N=1); Germany (N=1); Netherlands (N=2); United Kingdom (N=2); and Canada (N=4). The age of participants ranged between 16-69 years old (Mean age = 42.5). Across the overall sample of 311, the majority identified as female (N= 193, 62%). Participants were of a diverse ethnic demographic, as seen in more detail in the data extraction table (Table 5). Within the studies, 13 focused on individuals who had cancer, three focused on ABI, one on multiple sclerosis, and one focused on heart failure. Many did not specify how long participants had been out of work before their return. For those that did, these ranged from six to 14 months.

Seventeen of the studies utilised a qualitative methodology, with one using mixed methods, with a large qualitative element. Twelve of the studies used interviews to collect data, whilst four used focus groups, one used both interviews and focus groups, and one used qualitative surveys. Regarding sampling methods, seven used purposive sampling, two used convenience sampling, two used theoretical sampling and two used snowball sampling. The remainder had not specified their sampling method of choice.

Full characteristics of the studies can be found in Table 5 below.

Table 5 – Summary of studies included in SLR

Author (year) and location	Study aims	Sample characteristics	Method	Findings related to RTW	Strengths and limitations
Zambrano et al. (2020) Switzerland	To explore the RTW experience of individuals in remission from extremital sarcoma	Sample size (inc. gender): 15 (8F, 7M) Ethnicity: n/a Mean age or range: 27-55, 43yo average Type of physical health problem: Soft tissue or bone limb sarcoma Time out of work: n/a	Study design: Qualitative Sampling strategy: n/a Data collection: Surveys Data analysis: Inductive thematic analysis	Wanting to move on from the disease by finding distraction in their RTW; the things work brought and how this motivated RTW, as well the meaning of work to participants; navigating through changes once RTW “returning to a new "normal""	+ Under-researched area from a qualitative perspective and leads the way to further research ideas. - Use of qualitative surveys meant researchers could not follow up on participant responses. One participant was an amputee - no consideration of this. Therefore, interviews may have given more richer responses.
Darries and Soeker (2023) South Africa	To explore and describe women with ABI's experiences during their rehabilitation process, their RTW, and entrepreneurial skills development	Sample size (gender): 10F Ethnicity: n/a Mean age or range: 24-57yo Type of physical health problem: ABI Time out of work: n/a	Study design: Qualitative Sampling strategy: Purposive sampling Data collection: Semi-structured interviews Data analysis: Thematic analysis	Participants raised three concepts: 1. Barriers in the rehab process (lack of understanding and uncertainty linked to their ABI; the difficulty coping in RTW) 2. A loss of a sense of self and financial strain (No longer trusting oneself; the time between ABI and RTW; social support motivating participants to gain autonomy again by RTW) 3. Using entrepreneurship and education as a means of empowerment (Needing info and mentorship, and the issues with this with limited funds)	+ Decolonisation of research considered throughout, including class, gender, language, culture, etc. - Unsure whether mention of intersectionality of black women was carried through in the research. There was little mention of reflexivity or positionality of researchers given.
Aguiar-Fernández et al. (2021) Spain	To analyse the experiences of RTW of women who had overcome breast cancer,	Sample size (gender): 19F Ethnicity: n/a Mean age or range: 30-55yo	Study design: Qualitative Sampling strategy: Purposive sampling	The economic necessity of RTW, and the positive view that being able to RTW gave (e.g. a sense of normality). They also reported on the barriers and	+ Under-researched area, focusing on a sample who are not often considered by mostly impacted by breast cancer, i.e., women.

	identifying: the extent to which the physical and psychological consequences affected them; their personal motivations to RTW; the different options or pathways they chose to RTW, and the difficulties they encountered	Type of physical health problem: Breast cancer Time out of work: n/a	Data collection: Focus groups Data analysis: Content analysis	facilitators experienced in RTW (the impact of returning to the same job; needing to search for a new job because of being fired or contracts not being renewed; the impact of taking early-retirement for those who could in the sample)	- More in-depth discussion on a one-to-one basis would have been interesting to consider the economic need to RTW and the position of being a woman, their identity, etc. Also, utilising a different form of analysis may have provided this in-depth rigor that content analysis cannot, and justified the use of focus groups too
van Egmond et al. (2017) Netherlands	To explore the barriers and facilitators for RTW in cancer survivors with job loss and in insurance physicians who assist cancer survivors in their RTW	Sample size (gender): 17 (16F, 1M) Ethnicity: n/a Mean age or range: 31-58, 51yo average Type of physical health problem: Cancer Time out of work: n/a	Study design: Qualitative Sampling strategy: Convenience sampling Data collection: Focus groups Data analysis: Thematic analysis	Participants discussed feeling "forced" to leave work. It was reported that work gave something to hold on to when dealing with the disease. RTW motivation was due to not wanting to feel like a patient, getting out again and into a daily routine, feeling healthier and useful, financial reasons and to participate once more in society. However, some reported that their confidence had been affected, and they needed to support to stop thinking about what had been lost.	+ Due to participant circumstances, one focus group became an interview with two cancer survivors. This allowed to collect rigorous and rich data that may have been missed, if only focus groups had been completed (high data saturation was reported to support this). - Large amount did not respond to invitational letters (196) - why was this? Could this have left a large group of people who would have required further accessibility ignored in the research?
Parsons et al. (2008) Canada	To characterise the lived experiences of illness of people with osteosarcoma; to	Sample size (gender): 14 (6F, 8M) Ethnicity: Canadian (N. European), South-	Study design: Qualitative Sampling strategy: Theoretical sampling	Illness resulted in a change to their relationship to "work" and what constituted as "work." These became illness work, identity work, and vocational work. Other experiences	+ Considered alternatives to the idea of what it means to work; how this work can be made more meaningful and morally moving in clinical work

	characterise the lived experiences of resuming vocational pursuits in the context of osteosarcoma; to understand and explain the relationship between these experiences	Asian-Canadian, Portuguese Canadian, Italian Canadian, Caribbean, Middle Eastern Mean age or range: 16-35yo Type of physical health problem: Bone tumour Time out of work: Min. 1 year	Data collection: Interviews Data analysis: Postmodern narrative analysis	included aspects of RTW in participants experiences	- Little reflection on their positionalities as researchers in journal article.
BerntJørgensen (2023) Denmark	To explore patient experienced support needs, and barriers and facilitators to RTW	Sample size (gender): 18 (8F, 10M) Ethnicity: n/a Mean age or range: 48-60, 53yo average Type of physical health problem: Heart failure Time out of work: n/a	Study design: Qualitative Sampling strategy: Purposive sampling Data collection: Semi-structured interviews Data analysis: Thematic analysis	There are personal factors for RTW (motivation, social relations, physical health and mental health and financial concerns). RTW and MH was inadequately considered during their rehabilitation. Job type also was of great importance, e.g. having meaningful work. Good social relationships at work also made a positive impact on RTW. However, complex legislation and policy made RTW more difficult.	+ Subjective experiences were able to be explored, and a range of participants from diverse populations were interviewed intentionally. + An interview guide developed from existing literature and theory allowed for a more comprehensive investigation of the phenomena. - Quality of interviews were not equal throughout, e.g. telephone interviews had less richness. "Ethnic minority" groups were not interviewed. Also, only those with heart failure over a short time span were considered - this may be different for people who had heart disease over a longer duration of time.

van Maarschalkerweerd et al. (2020) Netherlands	To investigate changes in employment status, barriers to and facilitators of RTW in breast cancer survivors 5-10 years after diagnosis	Sample size (gender): 19F Ethnicity: n/a Mean age or range: 39-59yo Type of physical health problem: Breast cancer Time out of work: n/a	Study design: Qualitative Sampling strategy: Purposive sampling Data collection: Focus groups Data analysis: Thematic content analysis	RTW experiences continue being impactful years following diagnosis and treatment, including barriers and changes to employment	+ Focused on changes in employment status which others had not. Also provide a rationale for support required after treatment of breast cancer some years later, rather than the short-term. - Only survivors from a certain hospital were used - the patients of these hospitals tend to be of a certain educational or social background, and may therefore be more proactive in their treatment and RTW
Beaulieu (2019) UK	To explore what individuals say about their experiences of the barriers and success factors relating to return to paid work from a brain injury	Sample size (gender): 16 (6F, 10M) Ethnicity: n/a Mean age or range: 47yo average Type of physical health problem: ABI or traumatic brain injury (TBI) Time out of work: n/a	Study design: Qualitative Sampling strategy: Snowball sampling Data collection: Unstructured interviews Data analysis: Phenomenological analysis	The expectation to return to who they were before their injury was felt by most participants, including RTW. However, they were often subject to negative reactions from workplace colleagues as a result. There were moments where help could be obtained, e.g. from professionals, however ultimate success was associated to RTW.	+ Findings support the need for a slow and supported RTW for those experiencing an ABI/TBI. This allows for more awareness around invisible problems that may not be as clear to begin. - Retrospective data collection from those with cognitive difficulties unavoidable, but still could have limited findings. They were also unable to access vocational rehabilitation which may have provided the support found to be needed in the study findings.
Bilodeau et al. (2019) Canada	To describe RTW journey from the end of breast cancer treatments to RTW	Sample size (gender): 9F Ethnicity: n/a Mean age or range: 30-60yo	Study design: Qualitative Sampling strategy: Convenience sampling	The feeling of being in-between treatment and RTW was reported on. During this stage, participants questioned their ability to RTW, and felt there was not much information	+ As a longitudinal study, researchers were able to capture experiences over several time points in real time. This minimised memory bias from participants.

		Type of physical health problem: Breast cancer Time out of work: n/a	Data collection: Interviews Data analysis: Content analysis	available professionally to manage this. Participants also described the waiting period as anxiety provoking and managed this by creating new routines or taking steps to begin the RTW process. Finally, participants spoke about the adjustments they needed to make in themselves when resuming work, e.g., not being as high performing as they might have been in the past. This led to questions around the meaning of work and its importance in life.	- Stopped at RTW moment - what about the experience of RTW? Also, only included those who actively wanted to RTW. Interviews were repeated with PI too - could have influenced participant interest in preparing for RTW.
Yu Ko et al. (2020) Canada	To explore the processes involved in men's RTW post radical prostatectomy and understand how these events are connected to masculinities	Sample size (gender): 24M Ethnicity: White, Asian, South Asian, Aboriginal, Caribbean, Latin Mean age or range: 54-65yo Type of physical health problem: Prostate cancer Time out of work: n/a	Study design: Qualitative Sampling strategy: Theoretical sampling Data collection: Semi-structured interviews Data analysis: Constructivist grounded theory	Participants reported that they experienced reformulating the worker identity to that which they had believed it to be before. This occurred in 2 parts - recovery from the surgery, and re-negotiating work expectations. These were tied into their societal expectations of what a man should be, and their experiences of what the workplace felt they should be.	+ The intersection of maleness and RTW has had little research within it. This study fulfilled this gap. It also included participants from a wide range of ethnic backgrounds, where experiences could be discussed cross-culturally. - Findings are only applicable to the regional setting of the study. Most participants were also financially secure
Brusletto et al. (2020) Norway	To explore cancer survivors' successful RTW, focusing on assets and resources utilised to resolve cancer- and work-related obstacles	Sample size (gender): 8 (4F, 4M) Ethnicity: n/a Mean age or range: 42-59yo	Study design: Qualitative Sampling strategy: Snowball sampling Data collection: Semi-structured interviews	Needing to RTW was strongly motivated, however this needed to be sustainable work, which could be varied in finding. Alternatively, all participants prioritised activities that energised them.	+ Use of co-production from wide range of EbE, which also were included in the analysis and findings of the paper - fulfilled the valuable meaning of the findings

	to achieve long-term employment	Type of physical health problem: Cancer Time out of work: n/a	Data analysis: Interpretative phenomenological analysis		- No discussion of reflexivity or position of researchers regarding the analysis method.
Hilltrop et al. (2021) Germany	To investigate the RTW experiences of male breast cancer patients.	Sample size (gender): 14M Ethnicity: n/a Mean age or range: 58.6yo Type of physical health problem: Breast cancer Time out of work: n/a	Study design: Mixed methods Sampling strategy: n/a Data collection: Semi-structured interviews Data analysis: Content analysis	Participants discussed wanting to regain normalcy by going back to work. This also served as a form of distraction from their illness, and the need for activity and social interaction. They noticed changes in their productivity in RTW, as well differences in how they were treated in the workplace.	+ By adding in semi-structured interviews into the study, in-depth insights could be made to the quantitative data collected. - The findings are country specific and relate to how men may be seen within the study context society, rather than more generally having implications.
Mak et al. (2014) Singapore	Focus on the RTW experiences of those posttreatment for cancer and interested in remaining employed.	Sample size (gender): 33 (8M, 25F) Ethnicity: Chinese, Malay, Filipino Mean age or range: 30-69yo Type of physical health problem: Cancer Time out of work: n/a	Study design: Qualitative Sampling strategy: Purposive sampling Data collection: Focus groups Data analysis: Thematic content analysis	Reports of wanting to live normally were overarching. They struggled with changes in their physical appearances and body image, as well as their new physical and emotional limitations.	+ Considers the social culture of Singapore and RTW in cancer survivors, and implications that would be viable in the West are dismissed, providing alternative "top down" recommendations instead. - Fear of participation was found in the study, although anonymisation occurred. Raises questions about who was not heard from because of this
Shahbaz and Parizad (2023) Iran	To explore the lived experiences of MS patients regarding their RTW	Sample size (gender): 12 (9F, 3M) Ethnicity: Persian, Kurdish, Azeri, Assyrian	Study design: Qualitative Sampling strategy: Purposive sampling Data collection: Semi-structured interviews	Several challenges can impact social, mental and financial wellbeing in MS patients and their journey to RTW. Support can be found in several areas, including family, who play a vital role in Iranian culture.	+ Spoke openly about the impact of Iranian culture regarding MS, and the stigma tied to some symptoms of the disease, e.g., sexual problems, that would not be openly discussed in the country

		Mean age or range: 24-30, 29.5yo average Type of physical health problem: Multiple Sclerosis Time out of work: n/a	Data analysis: Interpretative phenomenological analysis		- There was a reluctance in participation for the study - this may have been due to fear of stigma or a reluctance in expressing real experiences and feelings around RTW and MS.
Martin et al. (2023) New Zealand	To understand RTW trajectories, barriers encountered, and resources that may be used to better support participants during early recovery and rehabilitation	Sample size (gender): 31 (16F, 15M) Ethnicity: European, Māori, Pasifika Mean age or range: 25-76, 57yo average Type of physical health problem: Stroke Time out of work: n/a	Study design: Qualitative Sampling strategy: n/a Data collection: Interviews Data analysis: Grounded theory	Participants reported that an earlier need to explore changing occupational identity would be beneficial. The changes following stroke are broad, which means RTW needs are diverse too.	+ Due to broadness of the recruitment and subsequent participants, the findings can benefit a wide range of people who have experienced a stroke. + Considers the findings from not only the participants perspective, but the systems around them, e.g. their family - Assumptions may have been made regarding their consideration of family; may have been better to leave this out and recommend further research in the area instead.
Mira and Lee (2015) Korea	To describe the RTW experience of military officers with cancer	Sample size (gender): 15 (3F, 12M) Ethnicity: n/a Mean age or range: 30-50, 40.46yo average Type of physical health problem: Cancer	Study design: Qualitative Sampling strategy: n/a Data collection: Interviews Data analysis: Grounded theory	The overarching theme was around the officers living a new life following their difficulties, which held four phases: chaos, positive thought formation, behaviour practices, and reformation. Participants reported on several strategies they enlisted to manage their difficulties	+ Under-researched area of focus between cancer and military officers. Provides an insight into the identity of military officers, as well as the impact of cancer on them. - One participant had zero months between diagnosis and RTW.

		Time out of work: 0-14 months, 6.06 months average			
Fadhlaoui et al. (2021) Canada	To explore the experience of cancer survivors less than 50 years of age as they transition back to work after the end of treatment	Sample size (gender): 8F Ethnicity: n/a Mean age or range: 37-48yo Type of physical health problem: Breast cancer Time out of work: Min. 8 months	Study design: Qualitative Sampling strategy: Purposive sampling Data collection: Interviews Data analysis: Content analysis	RTW helps put illness behind participants. This transition can be influenced by various personal, family and societal factors.	+ The use of theory allowed for a holistic and comprehensive vision of the RTW transition experience to be explored. This age group are also often under-represented in breast cancer research. - Most participants were in well-paid jobs and may have reduced the transition experience in RTW.
Kennedy et al. (2007) UK	To explore the factors that influence decisions about RTW during or after cancer treatment and to identify the important aspects of RTW	Sample size (gender): 29 (27F, 2M) Ethnicity: n/a Mean age or range: 38-66, 52.6yo average Type of physical health problem: Cancer Time out of work: n/a	Study design: Qualitative Sampling strategy: n/a Data collection: Interviews and focus groups Data analysis: n/a	There were several factors that influenced RTW, but mainly financial considerations. Their motivations to RTW also included wanting to return to normality and distract themselves from the disease. Many wanted to move on and regain control of their lives, which RTW brought. They felt that they had had little advice from professionals about RTW, and that this would have been beneficial to them.	+ The use of interviews and focus groups provided richer data to analyse for the relevant participant group. It also would have allowed the women in the focus group, who had all had breast cancer, possibly find some therapeutic benefit from taking part in the study. - It is unclear what form of analysis was used, and therefore unable to assess the rigor of this. In addition, although the research aimed to look at cancer generally, it largely focused on breast cancer or women.

As mentioned in the methods section, a quality appraisal was also completed for each study whilst completing the data extraction. This was completed independently by one reviewer. Any uncertainties or discrepancies were considered alongside the research team. A final risk of bias matrix was then applied, rating each study as low, high or unclear for risk of bias. The findings of this appraisal can be found in Table 6.

Table 6 – Quality appraisal for included studies

Author (year)	Clear aims	Appropriate methodology	Appropriate research design	Appropriate recruitment strategy	Data collection	Researcher-participant relationship	Ethical issues	Data analysis rigor	Clear findings	Risk of bias	Value
Zambrano et al. (2020)	Yes	Yes	Yes	Can't tell	Yes	No	Yes	Yes	Yes	Low	The study was the first to consider this participant group, and to consider the experiences of RTW following such cancer treatment. It, therefore, provides a rationale for further research required within the area, to further shape RTW services, as well as recommendations for those who are unable to RTW
Darries and Soeker (2023)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Low	Considered decolonial perspectives of vocational rehab and fulfilled a gap by doing so. Also provided recommendation from a legislative perspective
Aguiar-Fernández et al. (2021)	Yes	Yes	Yes	Yes	Yes	No	Yes	Can't tell	Yes	Low	Consideration of implication across professional bodies, rather than just healthcare is helpful
van Egmond et al. (2017)	Yes	Yes	Yes	Yes	Yes	No	Can't tell	Yes	Yes	Low	Discussed not RTW alone, but the barriers and facilitators from

										cancer survivor and insurance physician perspectives too.
Parsons et al. (2008)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Low	New considerations of work provided in findings of study, providing clinical implications of the study
BerntJørgensen (2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low	Clear distinction of what is missing in Denmark and its treatment of patients with heart failure, as well as paying special attention to under-represented groups, e.g. those of lower socio-economic status
van Maarschalkerweerd et al. (2020)	Yes	Yes	Yes	Can't tell	Yes	No	No	Yes	Yes	Low	Identified a gap in exploring changes in employment status, and provided implications regarding this and the duration in which support for breast cancer stops and may be further required
Beaulieu (2019)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Low	Implications given for occupational therapy discipline.
Bilodeau et al. (2019)	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Yes	Low	Acknowledge how the findings can influence Canadian welfare system, whilst acknowledging that this is Canada specific

											and further research in other contexts would be required.
Yu Ko et al. (2020)	Yes	Yes	Yes	Can't tell	Yes	No	Yes	Yes	Yes	Low	Emphasise a need for clinicals and patients to recognise the importance of work, family life and retirement plans after surgery, as well as masculine ideals fitting with work.
Brusletto et al. (2020)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Low	Clinical implications provided - to assist cancer survivors to accept uncertainties while searching for things that energise them
Hilltrop et al. (2021)	Yes	Yes	Yes	Can't tell	Yes	No	Yes	Yes	Yes	Low	Area is under-researched, and paper provides clear clinical implications for the study location.
Mak et al. (2014)	Can't tell	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Unclear	Provides implications specific to the country of origin, as well as consideration to how this would differ in other Western societies.
Shahbaz and Parizad (2023)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Low	Considers impact on health care systems in Iran, as well as giving recommendations for further research to

											enhance the knowledge base
Martin et al. (2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low	Provides implications for the stroke services available in NZ, as well as consideration of the multitude of cultures within the country. Also provides what further research needs to be done, and as it is part of a larger study, how this might be done there.
Mira and Lee (2015)	Yes	Yes	Yes	Can't tell	Yes	No	Yes	Yes	Yes	Low	Provide considerations for preparedness for RTW in military officers, as well as ideas for further research
Fadhlaoui et al. (2021)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Low	Implications provided for clinical practice, research, administration and education
Kennedy et al. (2007)	Yes	Yes	Can't tell	Can't tell	Yes	No	No	Can't tell	Yes	Unclear	Implications of the research and recommendations for further research are provided in the paper. It also provides recommendations towards the upcoming changes to policy at the time (DDA).

In total, 89% (N=16) of the studies included in the SLR were valued as low for risk of bias. However, 11% (N=2) of the studies were unclear for risk of bias, due to uncertainty of the aims of the study (Mak et al., 2014), or the research design implemented (Kennedy et al., 2007).

Thematic Synthesis

From the data synthesis, four main themes were found: *1) Changes, 2) The different systems in RTW, 3) All about the money, 4) Work and me.* Each theme had several sub-themes, detailed below in Table 7.

Table 7 – Themes and sub-themes identified through thematic synthesis

Theme 1: Changes	- Adaptations to working - Not who I was before - Identity reformation
Theme 2: The different systems in RTW	- Health professionals - Employers - Family
Theme 3: All about the money	- Financial reasons for RTW - The role of benefits - The welfare state
Theme 4: Work and me	- Avoidance and distraction - Stigma and discrimination - The return to normalcy

A more detailed table demonstrating which study each theme and sub-theme was found can be found in Appendix 3.

Theme 1: Changes

In all 18 studies included in the review, participants spoke about the changes they had experienced during their RTW journeys. This included changes in the way they saw work, the adaptations needed to work again and the changes they experienced in their identities as both an employee and an individual.

Adaptations to working

In this sub-theme, participants across 14 studies spoke about their experience of needing adaptations to be able to RTW. Many feared not being able to do their jobs following their illness, and what adaptations would be offered. In some places, employers were open and willing to make adaptions.

Some identified how these adaptations were best made in collaboration with them, however this was not always considered.

> *"My employer told me to reduce my working hours after I was diagnosed. However, I wanted to stay in control and preferred to decide about my working hours myself." (P1.5) (van Maarschalkerweerd et al., 2020, p 4)*

They also found that the adaptations they needed began changing, and sometimes more difficulties appeared over time.

> *"Unfortunately, I was letting people down you know, and I'd never done that in my entire working life, so you know I was making promises that I just couldn't keep." (Peter) (Beaulieu, 2019, p 663)*

When adaptations were not possible or not considered, participants described adapting by finding new employment that better suited their new needs.

> *"I would've liked to have been able to adjust my schedule. That would've been helpful considering everything else going on in my life, but the bosses were against it." (Maryse) (Fadhlaoui et al., 2021, p 396)*

In addition, participants reported that their employers did not often understand the impact of their illness on their work, which ultimately affected their RTW and how they perceived themselves. This reminded them that something had changed and resulted in them reformulating their identities.

> *"Will I be able to get back up to the same speed, the same 'beat' that's required? Will I still be able to turn on a dime?" (Participant #6, interview #1) (Bilodeau et al., 2019, p 168)*

Not who I was before

In this sub-theme, participants across 17 studies discussed how their illness had impacted their previous work capability. There were new limits to their abilities, due to several reasons. These reasons were sometimes due to the physical impact of their illness, whilst other reasons included the emotional impact the illness had had on them.

> *"But then, with the illness, I hardly recognize myself. Will I be able to manage stress the same way? Will I be able to take on as much? Will I put my energies in the same place? Will I be as professional?" (Participant #6, interview #1) (Bilodeau et al., 2019, p 168)*

There were also experiences of their RTW experience not being linear, due to them not being as they once were. As time passed, participants reported on discovering new limits or new feelings that they had not had immediately after returning, which they then needed to navigate through again.

> *"I didn't want to stay with my previous employer to avoid getting in the same treadmill again. The change was problematic because of the following circumstances: computer scientist, weakened by the disease and lack of self-confidence (I created a new job after this disease). Physically, it was not that easy. I needed longer breaks". (P2, male) (Zambrano et al., 2020, p 7)*

For some, this was hard to accept. They had become accustomed to being a certain way in the workplace, and not being able to meet this standard any longer brought shame, leading to overworking.

> *"This reminds me I have to prove that I can work so I even now I make my boss forgotten that I am a patient. I work harder than previous years. So he never questioned me for this past 2 years. You have to prove that you can work, and don't let your boss remember you are a patient. (P24) I also do my best, whatever I can complete I will try to complete, within the day if not I will carry it on the next day." (P23) (Mak et al., 2014, p 275)*

For others, this change was accepted, alongside the acceptance that employment did not hold as much weight as it once did, discussed further in a later theme.

Identity reformation

Identity reformation was spoken about in 13 of the studies. This sub-theme centred around the purpose of employment and how it had changed following their illness and subsequent

RTW. This was due to a reconsideration of what participants wanted their lives to be, and a reweighing of what the important things in life were.

> *"I'm not nearly as ambitious as I was . . . I would like enough money to be able to live comfortably . . . I'm not aspiring to have loads of money, that's not . . . what it's about, it's about enjoying life and getting a balance between work and home." (P8) (Kennedy et al., 2007, p 7)*

In other contexts, participants spoke about being more than what their employment, both past and present, was. Although it was reported that work increased participant's self-efficacy, it also impacted their sense of value and changed their identity.

> *"When you have a job, you will feel like you are recognized, that you are contributing to the department, to the work and all that you are doing." (P14) (Mak et al., 2014, p 276)*

> *"I think my value is lending my voice in terms of someone that's got a disability perspective" (STR33) (Martin et al., 2023, p 7)*

> *"When I was not ill in the past, I had lots of plans. But after being sick, I don't make any grandiose plans for 10 years later. I just try to live every day happily." (Participant 4) (Mira & Lee, 2015, p 151)*

It was noted by participants that valuable people work in society. Following an illness, many participants spoke about using their break from work to think about what was meaningful to them, and how they could instead find meaningful occupations. This led to participants being able to discover a reformed identity for themselves.

> *"It's made me a lot better person and I look at things a lot differently than I did. So, I was talking with a friend, and she actually said life's what happens when you're planning for it, what happens between your plans. I thought that was great. […] And appreciate what you have I guess. I was, I was pretty lucky." (Derek) (Parsons et al., 2016, p 1831)*

Theme 2: The different systems in RTW

In theme 2, participants in 14 studies spoke about the different systems they encountered during their RTW and their experiences with each of them. These included health professionals, where support was provided but not always specialised in the way; employers, some of whom were supportive, whilst others did not understand the impact of the person's illness; and family, who were described as an unconditional support system in RTW, but often led to participant's RTW before they should have due to feelings of burden. These are discussed in more depth below.

Health professionals

The help received from professionals was mentioned in 13 of the studies. Participants spoke both about the great deal of help professionals had in their RTW journeys and the need for a more specialised service to exist when RTW follows a physical health illness.

> *"My occupational therapist did a lot to help and support me, she came into work a few times to see me, and she talked to the managing director a few times to see how I was getting on." (Phil) (Beaulieu, 2019, p 663)*

> *“Going back to the work wasn’t something my doctor or nurse ever brought up. We never talked about it, and they never said anything to us about it.” (Carol) (Fadhlaoui et al., 2021, p 396)*

They also spoke about feeling a “fragmentation of support” (Martin et al., 2015, p 10) by professionals once their treatment had ended or once they had returned to work.

> *“When it's over, it's like it feels strange because it practically fills your life full-time, from the beginning to the end of treatments […] So after that, I don't know how to explain it. It's a bit like … You're with yourself again, with what's left […] the symptoms that are still there. And then you have the impression oh, good! It's over? It seems I've been cured, but … I don't know, it's like an adjustment.” (Participant #9, interview #1) (Bilodeau et al., 2019, p 168)*

It was felt by many of the participants that further help in continuing with life whilst living with the impact of their illness would have been beneficial. This may have been due to the RTW experience not being completely linear, as mentioned in the theme *Changes; Not who I was before.*

Employers

Employers in RTW were mentioned in 11 of the studies in the review. They were at times a hindrance to the RTW experience and at other times a great deal of help.

> *“They’d soon forget how tired you get and then you’d just be part of the fixture and fittings, they’d forget all about that and then you’d be exhausted, but they’d be expecting you to perform.” (44-year old woman who had not RTW) (Kennedy et al., 2007, p 6)*

> *"After almost a year it was difficult to work 8 hours a-day again. I found it difficult to work with full performance pressure all day long. Luckily, I had an understanding employer (and still have) who allows me one day a-week as a home office." (P2, male) (Zambrano et al., 2020, p 6)*

Participants spoke about employers who checked on them while they were undergoing treatment for their illnesses, who made them feel that they were not forgotten about and still held a place in their employment once they were ready.

> *"I got such a great reception. My co-workers were very sensitive and caring, and I received lots of messages of support." (Jasmine) (Fadhlaoui et al., 2021, p 396)*

Others discussed how their employers' expectations of them were inaccurate, and although they had completed treatment, the longer-term effects of their illness were often forgotten. For many, this led to having to seek new employment, better adapted to their needs, or taking early retirement for those who could.

> *"I retired before I reached the right age, and was almost one year on sick leave" (FG2, P6). (Aguiar-Fernández et al., 2021, p 7)*

Family

Participants spoke about their family in the RTW experience across 11 of the studies. They reflected how they did not feel they could have returned to employment or made it through their physical illness without their family's support.

> *“I had a great family who helped out a lot. My mother and my sister were there for me the entire time. A bunch of neighbours dropped off food.” (Stéphanie) (Fadhlaoui et al., 2021, p 396)*

However, many of the participants also discussed the feeling of being burdensome to their family, including, but not inclusive of the financial implications of them not working.

> *“I didn’t feel as though I had any choice not to RTW . . . I live alone and I’ve got a mortgage, and at that time I’d got my youngest son still going through university and so to an extent he was still a bit dependent. (61- year-old widowed secretary) p4, (Kennedy et al., 2007, p4)*

> *“I kept trying to do stuff around the house and once I was strong enough to pick up my grandson, I convinced them (family) that I would be able to babysit him.” (P1229) (Yu Ko et al., 2020, p 4)*

This often led to them RTW much sooner than they would have liked. This financial aspect is discussed more in the next theme.

Theme 3: All about the money

Seventeen studies included participants who discussed finances and money in their results. This ranged from financial reasons being the main reason for participants’ RTW, although, at times, they did not feel ready to, to how the benefits system and welfare state both helped and hindered them to RTW.

Financial reasons for RTW

Most of the studies (N=16) mentioned the financial implications of their illnesses and being a large driving factor to their needing to return. As previously mentioned, many would have felt better gradually returning, however, because of financial implications, this was not possible.

> *"…although, we're doing okay financially, it would not add up if I reduced my work hours—especially not with the increases [high inflation rates] we're experiencing now. We can handle it now, but let's say I worked five hours less per week, that we would not be able to handle economically, and there is no help to get anywhere. and my husband is in flexi-job because he has Parkinson's disease." (Mona) (Bernt Jørgensen et al., 2023, p 6)*

Many discussed the fear and stress this had on them. Some had to pay for their treatment, losing their savings in the process. They had to rely heavily on others to afford to get better. There was added fear that if they did not return soon enough, their employers would be within their rights to dismiss them completely, worsening their financial struggles.

Some attempted to overcome these difficulties by seeking financial support from their government. This was dependent on the country they were in, and differences were noted across studies because of this. For example, those who were in countries that did not have an established welfare state were more likely to RTW in a shorter period. Those who did have access were likely to return later, due to having access to benefits to subsidise their income. However, this had its own impact, as discussed in the next subtheme.

The role of benefits

Ten studies discussed the concept of benefits in their results. Some discussed how the receiving of benefits made their RTW much more meaningful and sustainable, due to not being in a rush to return full-time. They were then able to gradually return as needed, making adaptations along the way to ensure they could manage.

Others discussed how the benefits system was particularly difficult to manage through, and how they were given little support in navigating it. This was often defeating, with some giving up and RTW before they felt ready.

> *"You start to receive only sickness benefits and when all of a sudden, you have over 500 euro less, you have to first see how you manage with that. And for me [...] it was even more because I only have a 60% part-time job and work as a freelancer on the side. And that I couldn't do any longer either." (P42, 51 years of age) (Hiltrop et al., 2021, p 6)*

Some also commented on the shame of needing to claim benefits. They felt that needing help from the government was a sign of weakness and discussed much of their shame around this. This was further discussed in other interviews about their country's welfare system.

The Welfare State

The welfare state was discussed by participants in 10 studies. These included conversations about what help it had been for them in their journey in RTW, as well as in conversations about its insufficiency. Some discussed that they were often unsupported, or not sick enough to claim support from the state. Others discussed how there was no provision from the state available at all, and that this impacted their RTW a great deal.

> *"Economically, everything changes a lot, it reduces your economic level. In addition, practically nothing is paid for by Social Security […]" (FG1, P1). (Aguiar-Fernández et al., 2021, p 5)*

Theme 4: Work and me

This theme discusses the connection between employment and identity. In all 18 studies, participants spoke about the impact employment had had on how they see themselves in their lives. As a result, employment often directly impacted their quality of life. Some participants described work as being a way to avoid thinking about their illness and the trauma experienced. For others, the fact they had been sick brought discrimination from their employers and colleagues, which affected how they viewed themselves in the workplace. The concept of *normalcy* was a big theme within this – that it was normal to work and being considered "normal" was the goal.

Stigma and discrimination

In 15 of the studies, participants spoke about their experiences of stigma and discrimination during their RTW. For some, the stigma they received from being labelled as "sick" prevented them from achieving their original career goals and moving up the ladder.

> *"When you go for applying for a job, there is a form given two questions. One question is saying that 'Have you ever suffered any serious, major illness?' Second thing, 'Are you on long-term medication?' Because of these two questions, for us, the society gives us a very low chance to get a job." (P3) (Mak et al., 2014, p 277)*

> *"After this cancer...certain positions were restricted. Even if I could have expected a promotion, I had to give up because of my health. I have so many limitations." (Participant 11) (Mira & Lee, 2015, p 151)*

Others were questioned as to why they required adaptations, and as they had ended their treatment, were questioned as to whether they were still sick.

> *"Some would look at me and say I can't see anything wrong with you." (Dawn) (Beaulieu, 2019, p 662)*

For some, they discussed colleagues being under the belief that they may "catch" their respective illnesses if they spent too much time with the participant. This treatment from colleagues impacted participants' self-esteem and confidence in being able to RTW happily.

This stigma and discrimination caused upset in many participants. However, for some, they radically accepted this treatment and were more grateful for still having their job. Being back in employment seemed to provide more benefits than difficulties, one of which was the chance to return to normalcy, discussed in the next theme.

Avoidance and distraction

Avoidance was explored in 10 of the studies within the review. This was about work being a way to avoid thinking about what had happened, or the further impact of the participant's illness, with many stating that RTW served as a distraction.

Some commented on finding new employment to avoid talking about their illness with their previous workplace. This was due to the fear of pity or being treated differently from who they were before they were sick. By finding new employment, some participants chose not to disclose their illness.

For others, this avoidance of being seen as “sick” and talking about what had happened, caused them to overwork, in hopes of seeming normal. This is discussed more in a later subtheme.

> *“Work made me stop thinking about the illness. Like, really, I feel very ill today, but if I concentrate on posting these transactions, then I will not think about the ill-feeling while I am working. It is really a kind of ‘psyche survival’ to have the opportunity to be valued at work when feeling so ill.” (Grete) (Brusletto et al., 2020, p 16)*

> *“Working again is such a distraction and delight, because you are, once again, no longer a patient but a person.” (Cancer survivor, woman, age 51) (van Egmond et al., 2017, p 6)*

The return to normalcy

Participants mentioned how RTW helped them feel “normal” in 14 of the studies. Employment was mentioned to be a large part of participants’ identities. When they had to stop working, this stopped a large part of their identity to continue to exist. By RTW, participants described this as being well enough again and meant that they could continue with life.

> *“My primary goal was to get back to what I did before, the sense of familiar was comforting cause so much had changed, I craved something that had stayed the same.” (Melvin) (Beaulieu, 2019, p 662)*

> *"I am not giving up. Ever. I am stubborn and headstrong. (…) My aim all the way was to live normally, only a bit slower." (Ann) (Brusletto et al., 2020, p 12)*

Employment brought normalcy not only to the participant's identity but also to other aspects. It allowed participants to socialise again, to not be considered "sick" and to hold their roles within their families once more. It also made them feel like valuable members of society again.

> *"The way I see it, I'm more than that. I'm more than a disease. That's over and done with. It's time to move on." (Maude) (Fadhlaoui et al., 2021, p 395)*
>
> *"I'm happy to be able to work because it means I'm healthy." (Celine) (Fadhlaoui et al., 2021, p 396)*
>
> *"In a sense of being stagnated and not going anywhere, because I didn't know how to move forward with the disability. I can see myself in the situation (work), but I can't see myself coping." (P3) (Soeker & Darries, 2019, p 482)*

Although many experienced stigma and discrimination in their workplace, this seemed to be outweighed by feeling normal. This and the other themes in this section are explored more next.

Discussion

The objective of this SLR was to explore the impact of RTW for individuals who had to stop work due to a physical health illness, and what meaning they may have made from this experience.

It was noted in many of the articles that participants were experiencing several changes following their RTW. These may have been due to requiring adaptations to continue to work. Watson (2008) suggests that these adaptations may cause an internal struggle, that can often influence one’s social identity. In employment, where individuals shape a strong sense of self-identity, it can be difficult when this is jeopardised (Ibarra, 1999). This was suggested by participants who spoke of needing to reconfigure who they were, and the subsequent feelings this resulted in. These adaptations often served as a reminder of what individuals had experienced due to their physical health problems, and that they were not the person they were before their illness (Beyer & Hannah, 2002; Brown, 2015). However, the adaptation of needing to find new employment was not explored further, although it was noted by participants. This was most prevalent in studies with a focus on ABI ((Beaulieu, 2019; Darries & Soeker, 2023; Martin et al., 2015), where participants spoke considerably more about the feeling of losing who they once were and the impact this had had on their identity. Nevertheless, Ricœur's (1992) concept of *Oneself as Another* suggests that the relationship between the body and the self is very much connected. He suggests that these cannot be separated, and when one is affected, the other is too. This dual impact was felt by many participants across the studies, leading them to reconsider their identity, repairing and revising it to fit this person with a physical health problem or illness (Petriglieri, 2011; Sveningsson & Alvesson, 2003).

Different systems impacted this experience, from health professionals to employers, and families. When speaking about health professionals, many participants in the studies commented on how it would have been beneficial to have received specialised support in their RTW journeys. Research has identified the importance of this, due to the complex and specific issues that may occur when RTW following an illness. Moore et al. (2024) explored the benefits of vocational rehabilitation (VR) in the context of individuals who had had a stroke and found that specialised employment support could bridge the gap between the individual and employer, whilst providing support specific to the effects of the physical illness. In considering the impact of family, it was also found to either give support in the RTW process or a catalyst in needing to RTW, sometimes before the individual felt ready to. Giddens' (1979) theory on social action and structure suggests that this feeling could be due to *unintended consequences* deriving from family or spouse’s behaviours and actions. Participants described across the studies that their family or partners often fulfilled roles that they previously held, for them to manage the impact of their illness and unemployment. Although it was not intentional, this could have led to an unintended consequence of the participant feeling burdensome, or guilty, then resulting in them wanting to rectify the consequence. In addition, this links to wanting to return to other forms of their identity which employment helped them do, e.g. providing financial support for their family as was expected of them.

This catalyst was amplified by the financial burden of not being in employment. If participants were in a country where benefits were provided, this eased the burden. However, this was dependent on their country’s welfare state, their culture’s opinion of accessing welfare, and how complex it was to navigate through this. This has also been evidenced by other research, where different welfare systems have had differing effects on workers’ health and well-being (Bosmans et al., 2023). Research demonstrates how, for those who are stigmatised for receiving workplace benefits, RTW may feel more pressured (Schofield et al., 2019).

Ultimately, participants found that RTW allowed them to move past the trauma left behind by their illness. By launching themselves into the workforce, they were able to avoid talking or thinking about the events that had taken place previously, while simultaneously finding new meanings. Antonovsky (1993) suggests that this derives from a *sense of coherence,* where participants attempted to extract something meaningful following a stressful event, i.e., their illness. However, this did not always last, due to the stigma and discrimination felt by some from their employers, and colleagues and when they sought after new employment. This was variable across the different studies countries. Lutgen-Sandvik (2008) found that this can directly impact an individual's reformation of their identity. When considering those with ABI, this aim for normalcy was not as prevalent, due to not being able to ever return to who they were before (Bilodeau et al., 2019). Nevertheless, participants in other studies mostly agreed that RTW helped them return to a level of normalcy. This idea of normality was a strong theme in many of the studies, where participants had experienced many changes throughout their perspective illnesses, and the desire to return to the familiar, like work, was comforting. This helped them reconnect with a sense of identity that had felt impacted by their illnesses. Peteet (2000) proposes that loss of employment can have an impact on mood, whilst RTW can allow a feeling of control to return. In the case of this SLR, much of the participant's control had been threatened. In RTW, they were able to gain some level of control in an uncertain period of their lives, reconnecting with who they once were.

Limitations of the SLR

As discussed in the main introduction of this project, I hold a particular epistemological position, which may have impacted what studies were included in this review. This may have limited the search terms I had considered when completing my scoping review. Although I attempted to minimise the influence of my positioning by speaking with my research supervisors, this cannot always be completely bracketed. This is like the positioning of the second reviewer, who may have held their own position concerning this topic. Again, this was attempted to be minimised through discussions with the third reviewer where needed, however, it cannot be determined that this impact was completely managed.

There could also be some concern surrounding the combination of findings for cancer, MS, ABI and heart failure, which each have different trajectories and expectations. This was considered when synthesising the results, and how these may have affected RTW for the participants in each of the studies. For example, some illnesses may have lasting impacts, whereas others may be curable and have little long-term impact. However, this SLR aimed to look at how participants made meaning from their experiences, focusing on their psychological adjustment more so, rather than the different effects of physical health problems. Nevertheless, focusing on one illness may have yielded different themes and experiences.

In addition, due to my knowledge base of the area, there may have been studies that were appropriate to include within the screening which I would have not been aware of, or not have been found during my scoping exercise. Efforts were made to manage this, by consulting a university librarian before completing the search, and by considering terms used in other reviews on similar topics. As can be seen from the data extraction table, many of the studies were about cancer, and based within a Western context. Different focuses may have yielded different outcomes, which I would not have acknowledged with my expertise or my epistemological position.

Clinical, practice and policy implications of the SLR, and future research

The findings from this SLR suggest the importance of receiving specialised support in the RTW process. Participants often spoke about how beneficial this would have been, and how this may have reduced the “fragmentation of support” (Martin et al., 2015, p 10) felt by some. As found by Moore et al. (2024), VR can be beneficial due to its speciality in particular health conditions, which cannot be obtained from more general employment support. Although VR can be found in some physical health illnesses, e.g., in ABI or stroke, it would be recommended that the potential of this is examined further in other conditions, e.g., cancer.

Most of the participants in the studies surrounding ABI commented on their identity and a reformation of this. They also commented on the impact of having to seek work adaptations. This suggests that more psychological or occupational support around this would be beneficial when considering RTW following an illness. There is a large body of research on identity and occupation (Brown, 2015; Ibarra, 1999), which could be translated into more physical health-employment interventions, with a special focus on those who find themselves needing to change jobs. It may also be beneficial for health professionals, employers and families to receive training in this, to help them further the support already provided to individuals experiencing RTW after a physical health illness.

In addition, although participants had mentioned RTDW, little focus was placed on this and the potential difference in the impact this may cause, which would benefit from more research.

While this SLR acknowledges the difficulties in creating homogeneity across policies and welfare, more consideration of this would be beneficial. It was noted in the SLR that many of the disparities in the opinion of employment and receiving governmental financial support were often country-dependent. As Bosmans et al. (2023) suggested, this would aid RTW, especially if there was a shared understanding of the impact of employment on well-being. However, this would need to be reflective of the country and their cultural understanding of work (Bendassolli & Tateo, 2018).

As mentioned in the limitations, a large amount of the research extracted was completed in the West. As suggested by research, work can have differing meanings when considering identity depending on the cultural context (Bendassolli & Tateo, 2018). Future research would benefit from being carried out in other countries, with a focus on potential differences, and providing recommendations on how this may be supported clinically and in practice.

Conclusion

This SLR aimed to explore the RTW experiences of people who had returned following a physical health illness, with a particular focus on how meaning was made from their experiences, and how this informed their perception of their identity.

It was found that many factors within the RTW process impacted this, including navigating through many changes when RTW, the support received by others, the impact of the welfare state and money, and the journey to finding a sense of identity again.

The research highlighted the importance of specialist support in this; however, this was not always provided. Participants reflected greatly on the impact of not only their physical health status on their sense of identity but also how employment held a great deal of importance. As a result, a change of job role could affect this identity even more. However, no studies explored this in the context of RTDW, especially when considering moments where returning to normalcy is not possible due to the nature of the physical health problem, e.g. ABI. This identifies a gap within the literature that would be important to consider, discussed further in the next section.

Rationale for the current research

The secondary objective of the SLR was to assess whether consideration had been made in ABI and other physical health problems regarding what the potential impact might be when someone RTDW. The literature presented identified how employment does not only hold financial benefits (e.g., van Egmond et al., 2017; Zambrano et al., 2020) but can impact an individual’s perception of their identity and worth (e.g., Bernt Jørgensen et al., 2023; Soeker & Darries, 2019). Much of the research spoke to participants who were required to change job roles following their return (e.g., Brusletto et al., 2020; Fadhlaoui et al., 2021), however, did not explore the further impact this could have.

Thus, further exploration of this change in job role would be beneficial to explore, as different implications to those concluded by the SLR studies may have been found. Yet, the results of this SLR identified a difference when comparing ABI to other physical health issues discussed, where the impact of ABI is long-standing (Powell & Clarke, 2006) and the experience of returning to normalcy is not possible. This often resulted in RTDW. Nevertheless, the SLR completed here did not identify information that may be helpful when working with people affected by this. Consequently, this has informed the aims of the current research project.

Aims and research questions for the current project

Considering the limited research on the impact of RTDW following an ABI and its impact on an individual’s concept of self, the following project aims to explore how people have made sense of their lived experiences of returning to a different work role, post-ABI. In addition, it aims to explore with individuals their reflections on experiencing VR services and RTW and to offer recommendations to ABI VR services in response to these experiences.

Chapter 3: Methods

Chapter overview

This chapter provides an overview of the method used for the current research aims. It will discuss the choice of a qualitative methodology, and as a result, the use of interpretative phenomenological analysis (IPA) over other methods of analysis. It will discuss the epistemological positioning of the analysis and that of the researcher, and the implications this holds on methods of reflexivity and bracketing. It will then consider the use of Experts by Experience consultation in the project, attempts made to decolonise the current research, and ethical implications.

A large part of this chapter will discuss the current service by which participants were recruited, the aim of this research, the recruitment strategy, how data was collected and analysed, and how IPA was used to complete an in-depth and immersive analysis. This information within this chapter will provide a rationale for the choices made, as well as moments for reflection from the researcher.

Research design

Qualitative methodology

Due to the objectives of the research, it was felt best that a qualitative research design would be most suitable for achieving these objectives. As seen in the study's SLR, much of the research existing in this field had been excluded due to its focus on outcome measures in services, or consideration as to whether a VR intervention had been successful. In other research, a large focus had been completed on clinician opinions, or other systems in an individual’s life, rather than the person who had experienced a physical issue that had caused a break in employment and the subsequent RTW.

However, several approaches were considered for this study, including grounded theory, narrative analysis and thematic analysis. These were carefully considered; however, IPA was deemed most appropriate.

Interpretative phenomenological analysis (IPA)

IPA focuses on exploring individual’s sense-making of their personal experiences. Unlike other qualitative approaches, e.g. thematic analysis, it is grounded in three philosophical concepts: phenomenology, hermeneutics and idiography.

When considering *phenomenology*, IPA aims to explore and describe the lived experience of individuals within a topic area, or phenomenon (Smith et al., 2022). It does this by exploring how individuals have made sense of their experience, and what meaning they have attributed to these experiences (Husserl et al., 1964; Merleau-Ponty, 1982; Sartre et al., 2004).

In *hermeneutics*, it aims to interpret and understand the meanings of these experiences. This is sometimes referred to as the hermeneutic circle (Smith et al., 2022). This involves the researcher participating in a double hermeneutic process, where they interpret how individuals have interpreted their experiences (Schleiermacher, 1998). This is done by reading and re-reading the data collected from participants, initial interpretation, and moving back and forth between parts of the text and the whole text to build a nuanced understanding of the experience (Gadamer & Linge, 1977; Heidegger & van Buren, 2008).

Reflexivity and bracketing are especially important here, where the researcher attempts to carry out their interpretation from the participant's viewpoint, as well as considering how other contexts or factors may be impacting it to allow for critical exploration (Finlay, 2008). In this area, CR is especially important to consider the multi-facets of knowledge. This is discussed again concerning the analysis process, later in the chapter.

In *idiography*, it focuses on detailed and unique aspects of each individual's experience (Smith et al., 2022). This is where IPA's necessity for full immersion within the data collected is important. The researcher must treat each data set or interview as separate, making attempts to not allow one to influence another. It is here where the researcher aims to understand the uniqueness of the experience in the context of the phenomena of interest (Miller et al., 2018).

This consideration across different philosophical concepts is especially important in research like the current study, where deep insights into how individuals make sense of the world are vital in informing clinical practice. In the current study, this is especially true for individuals who have experienced an ABI. ABI is not a collective experience and is dependent on individual differences (Ellis, 1989). Thus, IPA, with its focus on in-depth exploration of experience per participant, allows for a more meaningful interpretation of data collected, compared to other qualitative approaches.

Limitations and overcoming's

As mentioned, an issue that can arise from the use of IPA is the researcher's own lived experience impacting the interpretation of participant experiences (Smith et al., 2022). However, steps were taken to practice bracketing and reflexivity continuously, to minimise the impact of my own experiences on the findings.

In addition, Husserl et al., (1964) suggest the importance of considering not only your own lived experience and the impact of this on interpretation but also what you do not know taking effect on this. As such, a reflective journal entry was made to consider the knowledge I lacked, especially considering my epistemological position. This can be found in Appendix 4.

The researcher's epistemological position

My epistemological positioning as a CR, as mentioned in Chapter 1, is considered fitting to the underpinnings of IPA and its method (Willis, 2023). By discussing what may feel unobservable to participants at first, it is hopeful that they will come to their own conclusions about the impact other systems have had on their experience, thus helping them make sense of their lived experiences.

The process of data collection involved my contributing to these conclusions and sense-making but also recognised that I may make sense of participants' experiences in a different way from the way they have made sense of it. There was a shared construction of understanding, where my interpretation considered theory and other participant data, moving beyond their own individual accounts (Smith et al., 2022).

I considered my own epistemological positioning, in comparison to those of the participants, and how these may have affected one another in the interview and analysis. The research team also reflected on their positionality to ABI.

Reflexivity and bracketing

Due to the nature of such an analysis, careful attention will be needed from the researcher regarding the potential impact their lived experiences may have on the interpretation of the participant's experience. As such, reflexivity is advised. Reflexivity, as stated by Bishop and Shepherd (2011), is how a researcher's opinion and values may misconstrue data analysis. It is suggested that this could lead to incorrect descriptions of a participant's experiences, misunderstanding occurring in a researcher's interpretation of participant experience, and bias (Mann, 2016). Finlay, (2008) suggests that this is likely to occur in data analysis especially when using analysis methods such as IPA.

In order to minimise the effect of researcher misinterpretation and preconceived biases, Tufford and Newman, (2012) suggest 'bracketing,' where an analyst tries to suspend their judgement about the world, to focus on the participant's experience alone. To do this, Bishop and Shepherd, (2011) suggest noting down any prior assumptions that may cause such effects during the analysis procedure. In addition, they advise that reflective sessions are held with a team of peers, to assess whether a researcher's interpretation of an experience is just or has been impacted by their lived experience.

This is as the process of analysis develops in IPA. This act of bracketing is not to put aside one's own assumptions, but to acknowledge and use this to inform interpretations. This is a strength of the analysis, in that it does not attempt to assume that bracketing is completely possible but acknowledge that data and interpretations are constructed (Smith et al., 2022). This can lead to recognising our own role as an active researcher, rather than passively. This is what ultimately makes such an analysis interpretative, rather than thematic.

In the current project, reflective discussions were held with the supervisory and consulting team. Any pre-existing assumptions the researcher had were considered in relation to their potential influence on how the data was interpreted. A reflective journal was also kept, as advised by Bishop and Shepherd, (2011) (Appendix 4).

The supervisory team also advised on the steps within the analysis, to determine the credibility of my interpretation.

The research team and I also reflected on our positionality to ABI, for example, each of our working experiences within ABI and VR, any personal experiences of ABI or pre-conceived ideas of those who have experienced an ABI, and how this may impact our interpretation of data collected. Consideration of the constructive nature of interviews was also considered, which can lead to new understandings of the experience to occur (Mann, 2016).

These steps to consider reflexivity were not passively done, but something consciously and deliberately carried out through reflection, evidence of which can be found in Appendix 4.

Expert by experience consultation

Consultation was sought from those who had experienced an ABI and RTW (Experts by Experience, EbE) throughout the project. This involved co-producing a project that was of importance to the target population, rather than assumptions made by clinicians. This included the study materials, the importance of the research matter, what questions and themes would be explored in the interviews, and topics of importance when considering work and the self from an EbE lens.

From the consulting EbE, it was determined that some language needed to be changed, and information provided should be offered in a shorter form, for those who were not able to maintain attention for long periods of time. Due to the limitations placed by ethics regarding information that was required to be included in the PIS (Appendix 5), e.g., information on data protection, a handout was also created (Appendix 6).

Following the analysis stage of each interview, participants were also invited to hear about the analysis of their data. This allowed for the findings to be checked for credibility and ensured that the interpretations I had made were traced back to the original accounts. In addition, relevant stakeholders in the field were involved, who provided feedback on the research.

Decolonisation within research

The term decolonisation refers to gaining freedom from the effects of colonisation, such as its social or cultural effects (Cant et al., 2024). Within research, decolonisation refers to the ongoing colonial issues that remain within it, and how these are impacting research from benefiting those that may have been defined as more valuable due to the social injustices within the world (Demir, 2022). To take steps to move away from this colonial narrative, efforts need to be made to include those who have not been considered in research, both in those who are carrying out the research and those who participate in it. This can be from a number of perspectives and can be addressed by considering who the majority of research is completed by. The National Academies of Science, Engineering and Medicine found that much research is often about white middle-class men (National Academies of Sciences et al., 2022c, 2022a, 2022b). By limiting the research population, the impact it is meant to have is also limited (Barnes, 2018).

However, by purposefully taking steps to decolonise research, i.e., carry out research which includes the majority rather than those who from a colonial perspective, would be seen as more valued, it can begin making an impact globally and across demographics. This includes considering social, cultural, political and economic hierarchies (Barnes, 2018; Demir, 2022).

Although the benefits of actively decolonising research are great, it is not without its limitations. For example, in the current project, funding and time can limit what steps can be taken. Unfortunately, due to little funding, interpreters were not accessible for the proposed project. Participants recruited were from a particular area and NHS trust, which may have caused limitations on who was able to take part.

Nonetheless, efforts were made by clinicians in the service to approach those who may not always be considered in research. This is reflected in the participant demographics in Table 9. Although not listed to minimise identifiability, two members of the participant group belonged to the LGBTQIA+ group and were from a mixture of middle- and working-class backgrounds. Research also indicates that the nature of ABI often affects those from lower socio-economic statuses, which are commonly from a wider global majority and may also be under greater financial pressures to RTW (Michell et al., 2017).

A choice was also made to recruit from an NHS service, rather than a charity such as Headway. This is as many who may have used Headway, or similar charitable organisations would not be in work. This may have been because some had the financial stability to not work. Assumptions were made that these individuals may have fitted the demographic of people who are already overrepresented in research, whilst those using the NHS VR service would represent those who may be missed (Tyerman, 2012).

Finally, an argument could be made regarding the use of IPA to decolonise research. As the process of IPA involves critical reflexivity, considering other knowledge and how your knowledge may have an impact of research, Thambinathan and Kinsella (2021) suggest that this allows more opportunities to practice decolonisation. By holding alternative views and reflecting on how our views have been shaped, IPA and other qualitative methods allow for differing threads of thought to occur, outside of those that have been seen within colonial research.

Recruitment

Participants and the service

As recommended by Smith et al. (2021), careful consideration of the homogeneity (shared experience) of the sample has been considered. Homogeneity of the sample is an important aspect of IPA, due to its aim to provide an in-depth exploration of participants' experiences, which can be managed better when the sample is homogeneous (Smith et al., 2022). In addition, this then helps the ability to draw meaningful insights and understand commonality in how people make sense of their experience, providing opportunities to find clear and coherent themes. A homogeneous sample also allows the research question to be more focused, whilst the analysis can explore and address a specific phenomenon of interest (Jeong & Othman, 2016).

Thus, the service, hereby known as "the service," where participants were recruited from allowed for a homogenous sample to be recruited. The service identifies as an NHS community service for those who have experienced a traumatic, generalised or ABI. These include, but are not limited to, individuals aged 16 and above, and who have experienced an ABI, such as hypoxia, stroke or a subarachnoid haemorrhage.

More detail of the service users relevant to the current project are provided later. The service provides an interdisciplinary team, including clinical neuropsychology, nurses, occupational therapy, physiotherapy, rehabilitation medicine, speech and language therapy, family specialists, and work placement consultants.

Within the service sits a VR programme. This includes group programmes in work preparation (where the group runs in blocks, focusing on considering and applying for work, interacting with people at work, and managing life in and outside of work, as well as raising awareness of restrictions affecting RTW after a brain injury, addressing issues relating to brain injury and RTW, and providing peer group support), a “job club” (where the group supports one another through job searches and application processes, CV development, assessment of skills, and understand and develop strategies to support job finding), as well as community activities relating to preparation for work, supporting RTW and job retention.

Due to the nature of the service, users of the programme, and in turn, participants of the research, are those who are unable to return to the job they once held due to their injury but have a higher level of functioning following their injury compared to others, e.g., those who are unable to RTW at all, or who require 24/7 assistance.

To ensure time had been given to individuals to reflect on their experience, and to minimise distress, it was suggested that those recruited had the final decision on whether they felt enough time had passed. This was due to the individualistic nature of reflection that cannot be generally quantified.

Due to the funding constraints, only those who could speak English and provide informed consent were considered. Participants were required to be above age 18. There was no upper age limit.

Those who required adjustments due to their ABI, or for any other reason, were considered and the utmost effort was made to ensure accessibility. Only individuals who had verbally consented to being contacted by the researcher were approached regarding participating.

All potential participants had capacity to provide informed consent due to the nature of the service. Nevertheless, the Mental Capacity Act, (2005), where an individual’s ability to understand, retain and consider information provided was observed, and was considered where appropriate, prior to participants signing the consent form and commencing the interview.

Scheduling and logistics of the screening and interview were based on the participant’s requirements, where possible. The consent form was signed just prior to the interview, again, with consideration of the individual's accessibility needs.

A summary of the inclusion and exclusion criteria for participants is displayed in Table 8:

Table 8: Participant inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
• Over the age of 18. • Has experienced an acquired brain injury. • Returned to a different work role to that pre-injury. • Demonstrates capacity to provide informed consent to taking part in the study. • Self-perceived ability to reflect on their RTW experience.	• Under the age of 18. • Not returned to a different work role. • Not experienced an acquired brain injury. • Unable to give informed consent to taking part in the study. • Non-English speaking.

Potential participants were contacted by a clinician in the service, who shared brief information about the study with them. Once consent was provided, the researcher then made initial contact with the participant by phone. Information was then sent out to participants, both electronically and by post on request. This included the study handout and the participant information sheet. Once participants had had time to read the information, they were then able to take part in the study if they wished to. Nine potential participants were contacted, with one deciding not to take part due to difficulties with their health.

In total, eight participants were recruited. Details of the participants can be found in Table 9 and Table 10.

Table 9 – Participant demographics

Participant	Ethnicity	Gender	Current age	Age during injury	RTW age	Type of injury
1	White British	F	29	21	28	TBI
2	White British	M	49	30	32	TBI
3	White British	M	63	43	46	Hypoxia
4	White British	M	48	29	35	TBI
5	Black African	F	51	49	50	Stroke
6	White British	M	55	39	41	TBI
7	White British	M	45	21	28	Stroke
8	White British	F	36	31	33	Stroke

Of the participants, 38% (N=3) were female, and 62% (N=5) were male. The vast majority were White British, with one participant who was Black African (Somalian). Participants ranged from ages 29 to 63 (mean = 47) currently; 21 to 49 (mean = 32.9) at the time of their injury; and 28 to 50 (mean = 36.6) at the time when they returned to work. 50% (N=4) had experienced a TBI; 37.5% (N=3) had experienced a stroke; and 12.5% (N=1) had experienced hypoxia. Each had held a differing work role pre- and post-injury, detailed in the table below alongside their pseudonyms, which participants had assigned themselves.

Table 10 – Participant job roles pre- and post-injury

Participant	Job pre-injury	Job post-injury
Evelyn	Team lead (banking)	IT project manager
Zara	Warehouse worker	Catering (hospital)
Quentin	IT manager	Children's nursery

Poppet	Accountancy	Charity administration
Terry	Account manager (pharmaceuticals)	Retail assistant
Silverback	Mini bus driver (disability day centre)	Domestic (hospital)
Rob	IT manager	Porter (University)
Bettie	Student/retail assistant	Rehab assistant

Participants were compensated for their time and emotional energy with £10 vouchers. This ensured involvement was ethical and that their contribution was clearly valued. Participants were also given an opportunity to speak about the analysis of the data, and which two participants requested. Participants were also provided a debrief (Appendix 7).

Any risk was managed by the interviewer using their clinical expertise to assess and share information as necessary to ensure the safety of the participants. However, no risk issues emerged during the research.

All participants were assessed to provide informed consent by both the service and by the interviewer. Participants consented prior to taking part in the research interview, provided in Appendix 8. Participants were also given a copy of the signed consent form. Interview schedules were provided for those who wanted a copy prior to the interview.

The interviews were held either in person or remotely, depending on participant's preferences.

Data collection

Interviews

A semi-structured interview schedule which was produced by those with lived experience of the research topic was used with each participant (Appendix 9). This involved developing the schedule alongside an Expert by Experience consultant, who reviewed and assisted in revising the interview questions and prompts. For example, some questions were advised to be too long for those who had experienced an ABI to process, and as a result, the questions were shortened. The EbE also suggested preparing participants by offering a copy of the schedule prior to the interview, which was ultimately provided to everyone. Interviews were between 52-93 minutes in duration. This was dependent on the individual. Breaks or multiple sessions were offered. No participants utilised this offer. The setting of the interview was also dependent on the individual, e.g., whether to complete the interview face-to-face or remotely. This was in consideration of potential cognitive fatigue, as can occur following an ABI (Løke et al., 2022), as well as any physical, memory or cognitive issues that may be present as a result of the person's injury. If a remote interview was chosen by a participant, a secure online platform to complete a video call was used. In total, two participants requested remote interviews, two requested face-to-face interviews in a clinic space, and four requested face-to-face interviews in their homes. A safe lone working policy was implemented for face-to-face interviews.

Additional information regarding the purpose of the study was also provided prior to commencing the interview. A statement of confidentiality was given, including discussion of the limitations of this when considering safeguarding or risk. This was also mentioned in the participant consent form (Appendix 8).

Many of the interview questions surrounded individual's experience of RTW following their injury; support they received from RTW; challenges (if any) they faced in RTW and their experiences of support; the concept of self in relation to this; their experiences of changing their work role; the steps that led to this transition; and their reflections on their self in the present day. The interview schedule provided a base of topics to discuss concerning the study's objectives. However, the interviews were led by the participants and what experiences they brought. It was also made clear that this relied on what they felt psychologically comfortable engaging with, in the context of the research.

Interviews were recorded and stored alongside their transcriptions on an encrypted and secure device and OneDrive. These will be retained for five years to allow for publication of the findings. All files were password protected, which the research team alone had access to. Any identifiable information has been anonymised or omitted. Participants have been given pseudonyms of their choosing here and in any reports/dissemination.

Accessibility of interviews

Prior to contacting participants, information was provided by the clinician in the service regarding the nature of the participant’s injury, and whether any adaptations would be helpful. This included information about potential aphasia or word-finding difficulties, whether the participant would find it more helpful to have a face-to-face or remote interview, and how managing study information may be adapted to suit their needs.

This conversation was also had with participants, who provided their own requests for adaptations. For example, most requested clarity on the research materials during our initial meeting, with some asking for electronic and paper copies, which were sent to them via secure post. Others provided feedback in the interview, requesting questions to be short and precise, with one participant requesting his partner be in the room with him to help.

All adaptations were made with no issues.

Reflexivity and bracketing in the current project

As mentioned previously, reflexivity is of great importance in this method, not only due to its philosophical underpinnings, as outlined earlier in the chapter, but also to complete a rigorous and meaningful analysis as possible. To assist with bracketing and minimise bias in interpretations, reflexivity was practised before data collection, during and after data collection, during analysis, and following analysis. The below provides further detail as to how this was carried out.

Prior to commencing my interviews, I explored some of the suggestions recommended by Smith et al. (2022), with influence from Husserl's idea of phenomenology (Husserl et al., 1964). Husserl suggests that the act of reflexivity should not only include consideration of what experiences the researcher has had, which may impact how they interpret the data collected, but also consider the experiences that they have not had, and what limitations this may cause in their thinking. To practice this carefully, I noted a reflective piece where I considered what I thought about ABI and work in general senses, as well as how I determined the latter's relationship to my own identity. On this, I built on the areas that I did not know, due to my own privileges, and due to the individual differences, that exist from person to person. This included what I had experienced whilst working in neuropsychological environments, assumptions I had made about what a change in job role may feel like, and questioning my own assumptions on whether this would be as impactful as I would consider for everyone. By doing so, Smith et al. (2022) suggest that these questions can exist simultaneously as data is collected and analysed and minimise the idea of what is *not* known to be unconsidered. This reflective piece was re-explored during the data collection and analysis stage to maintain its intention.

During this, I also took part in reflective discussions with peers about my own perceptions prior to data collection. These allowed me to hear experiences and ideas from those who may hold different epistemological positions to my own, as well as those who had held different experiences of the interest of the topic. These reflective discussions were also completed with the EbE providing consultation to the research, and evoked concepts that had not come to my mind before.

During the data collection and analysis, I utilised supervision with my research team to bring forward my reflections during interviews, where I had noted things that had come up for me that I had not expected, as well as my own experiences and how these were being reflected in the interview. This continued through the analysis of the data, and I continued to keep a reflective diary throughout the process of this project, reading and re-reading my entries to assist with bracketing.

Ethics

Ethical approval was obtained from both the University of Hertfordshire Health and Human Sciences Ethics Committee (Protocol number: LMS/PGT/NHS/02303) (Appendix 10) and NHS Research Ethics Committee (IRAS ID: 328707) (Appendix 11). The first was contacted to register NHS Protocol Registration and initial feasibility of the research study. Once this was obtained, an application through the Integrated Research Application System (IRAS) for Health Research Authority (HRA) and NHS Research Ethic Committee (REC) approval was made.

During the preparation of the application, considerations were made regarding capacity in the target population. After discussion with the supervisory team, who had expertise within the population, it was reflected that capacity would be present for all those within the VR service, due to service users requiring capacity in order to work.

Consideration was also made regarding the interviews including talking about the consequences of the participant’s brain injury. As a precaution, it was noted in the ethical application that potential participants would be made aware of the focus of the interview and the potential topics that could be raised before taking part in the interview. Resources of support from both the service and other organisations were also made accessible to the participants. Participants were made aware that they could stop the interview at any point and decide not to continue with the study without having to give a reason. They were also made aware that this wouldn't affect their treatment from the VR programme they had been recruited from. As I and my supervisors are clinicians with familiarity in the field, mindfulness of any psychological upset that may be elicited by the interview was observed. A debrief was also offered to all participants, where participants were invited to discuss any issues or feedback they had experienced immediately after the interview. I also observed for any signs of distress during the interview. Participants were also given an email address to contact should any issues arise later and were provided with a debrief sheet (Appendix 7) with further sources of support should they need it. They were also informed that they would be able to access support from the service, should it be needed.

Plans were made in the unlikely event that informed consent has been affected, where all processes would have been stopped, and advice would have been sought from the supervising team. However, this did not occur. Due to the nature of ABI, consideration of any ethical issues surrounding the impact of ABI on the person's cognition, mental and physical wellbeing was made. Each potential participant was screened, and an anonymised discussion was be made with the research team. This discussion considered when might be the right time to complete an interview and to assess how to make the interview most accessible for the individual. Participants were made aware in the participant information sheet, in the consent procedure, and, prior to the interview, that they could withdraw their data at any point up to when data analysis would begin. They were also given the opportunity to retract anything shared at the end of the interview. These involved participants being asked if they wanted to change or remove anything said during the interview, which the researcher made a note of, and edited accordingly during the transcription of the interview, before the analysis.

Further consideration was also made with the supervisory team regarding the suitability of the service within the research. Prior to the final application being submitted, this was sent to the University of Hertfordshire Health and Human Sciences Ethics Committee (the Sponsor) for approval, following which it was submitted to IRAS.

Following this, a REC board considered the application and requested some amendments and further clarification prior to them providing ethical approval for the study. Once approval was obtained, proof was provided to the Sponsor, who then provided the “green light” to begin recruitment to the study.

Data analysis

IPA involves seven steps, utilising the double hermeneutic within each stage of the analysis. Double hermeneutics involves a first-order stage, where participants attempt to make meaning from their experiences through the interviews, followed by a second-order analysis, which involves the researcher’s sense-making of the data collected. It is the latter that will be described in more depth here.

Smith et al. (2022) recommend this be done manually with paper and pen, or through a data analysis program, such as NVivo (NVivo, 2024). To ensure rigour and full immersion, as it is of the utmost importance in IPA, a mixture of all recommendations was used.

It is important to note that research recommends treating each interview as separate, to not be impacted by other interviews, and to stand alone in its own meaning (Smith et al., 2022). Therefore, steps one to five were completed for each interview separately, with steps six to seven collating the interviews together. An example of this process can be found in Appendix 12.

Step 1: Immersion in the data

To begin the analysis, Smith et al. (2022) recommend immersing oneself in the data. This can be done through different means, such as listening to the recording of the interview and reading and re-reading its transcript. Both methods were utilised in the current project.

During this stage, I maintained a reflective journal of immediate thoughts and ideas that presented, to practice reflexivity throughout. This was done through writing and through my own recordings to allow reflections to occur uninterrupted. By doing so, Mann (2016) suggests that the participant in question is more likely to be kept in focus during the analysis stage. Smith et al. (2022) also suggest that this encourages a "slowing down" of the analysis, allowing for a truer immersion to take place. From this slowing down, it is expected that some exploration will naturally begin to occur, leading to the next stage.

Step 2: Exploratory noting

In this step, Smith et al. (2022, pp. 79) suggest an "almost free text analysis," where the researcher may begin to discover the different ways the participant in question makes meaning of the issue being explored. This may happen simultaneously with the previous step, as it does not require any rules to its process. Rather, this step involves the researcher noting down their initial thoughts, without consideration as to the history behind what they are writing, or the potential impact their own experiences may be making on their first ideas (Smith et al., 2022).

These notes may be phenomenological, speculative, conceptual, linguistic, or descriptive in nature (Jeong & Othman, 2016). The goal of this step is to provide comprehensive detail about what is being discussed in the interview transcript. The previous stage will have assisted with this, as with the researcher becoming immersed, the flow and general feeling deriving from the interview, will become apparent (Smith et al., 2022). This can be done by noting thoughts on the side of the transcript, or by underlining key points of interest in the body of text.

Smith et al. (2022) suggest that there are several things a researcher should consider when completing this stage, including providing depth and detail when annotating the transcript; avoiding giving explanation or formulation to what is being read in the transcript, and ensuring that meaning that is being attended to as part of the text is given enough detail, so that the initial thought is not lost later.

As such, this was considered through the analysis in the current project, by typing up transcripts from each participant into a Word document. This was then uploaded onto NVivo, a qualitative data analysis software (NVivo, 2024), where annotations were used to add exploratory notes. Any quotes that felt important were subsequently highlighted. Appendix 12 shows an example of how this was done. This then led to the following step in merging these thoughts into experiential statements.

Step 3: Experiential Statements

In this step, the notes made during the exploration stage are consolidated, whilst making sure they are still linked to the original transcript. In other words, these statements are related to the participant's experience and how they have made sense of the topic of study, i.e., first-order. This is where immersion is useful, as the researcher is required to recall what was learned through the whole process of exploring the transcript in the earlier stages (Smith et al., 2022)

These statements may combine several of the exploratory notes, whilst still stemming from the original text. Special consideration must be made to the latter, to ensure that meaning has been derived from what is being said, rather than other experiences from a research perspective (Bishop & Shepherd, 2011). Thus, practicing reflexivity and bracketing are key components to this stage especially (although relevant to be practiced throughout data collection and analysis) (Finlay, 2008)

This was done using NVivo (NVivo, 2024) using the “coding” function, where the exploratory notes were coded in preparation for the next stage. An example of this can be found in Appendix 12.

Step 4: Connecting experiential statements

In this step, experiential statements are considered and grouped in commonality of themes. Each statement is given the same level of importance. To do this, it is recommended to randomise the statements (either manually or electronically), noting down where they have been derived from. This allows different possibilities of groupings to be made and considered.

Not all experiential statements can be grouped, as with the case within the current research, and neither is it expected (Smith et al., 2022).

In the current research, this was done using NVivo, and its “visualise” function, for each of the participants. This function allowed experiential statements to be placed as free-moving points, that were randomly placed and then moved accordingly to explore possible connections. An example of this can be found in Appendix 12. Once groupings had been made, step five could occur.

Step 5: Personal Experiential Themes (PETs)

Before assigning a personal experiential theme or PET, titles are given to the groups of experiential statements. These should describe their characteristics of them, and become subthemes to the overarching PET. Within these subthemes will be the experiential statements created from the previous stages and the related quotes directly from the transcript (Smith et al., 2022)

This was done in the current project using NVivo (NVivo, 2024), where the groupings created in the previous step were named using the coding function. An example of this can be found in Appendix 12. Due to the function of NVivo (2024), quotes attributed to the PETs were able to be accessed through double-clicking.

Step 6: Continuation of the analysis

The processes outlined above were repeated, with each of the transcripts treated as an individual, standing alone in its analysis. Here, reflexivity is important, to minimise the impact, the other transcripts have on the analysis of the following (Finlay, 2008).

In the current study, a reflective journal was continuously used, as well as supervision with other members of the research team. In addition, credibility was explored, as noted in a previous section, whereby the analysis was taken back to the relevant participant, and they reflected on the findings.

Following this, grouping across the transcripts could take place.

Step 7: Group Experiential Themes (GETs)

In this final stage, similarities are looked for across the PETs from all the transcripts analysed. This is not a grouping as such, but a consideration of convergence and divergence across the bodies of text (Smith et al., 2022). It is important in this step, to not lose the individuality of the participants and their experiences, and not forcibly attempt to find commonality where commonality does not exist. This involves time to zoom in and out to examine whether the group-level themes support or illuminate each of the individual analyses. Time is taken to understand and make sense of any commonality or divergence. These are also taken back to each participant to consider how each is informed by a GET or informs a GET (Smith et al., 2022).

As such, PETS may be lost, which was the case in the current project. However, where there is a link, examples can be sought across several participants. These examples may be from a different spectrum of a theme but still speak to a similar topic.

This step was completed within a table on a Word document, and the final result can be found in Appendix 12, discussed further in the next chapter.

Chapter 4: Results

This chapter presents the findings of eight participants who experienced ABI and RTDW post-injury, from an IPA perspective. Further evidence of the steps taken to complete this analysis can also be found in Appendix 12.

As previously mentioned, this is my interpretation of the data collected. Rigour and reflexivity were used throughout the process of this analysis, as recommended by Smith, Flowers and Larkin (2022). I attempted to bracket my own experiences and opinions on the subject matter as much as possible, using supervision with my research team and keeping a reflective journal to do so. Evidence of the latter can be found in Appendix 4. However, different researchers may inevitably interpret the findings differently. Therefore, the interpretation here should be noted to have come from my own epistemological stance as a CR, and my interpretations related to this position. As such, Table 11 displays the emerging themes from the analysis in the way of Group Experiential Themes (GETs), with respective sub-themes within them.

Table 11 – A summary of the Group Experiential Themes (GETs) and sub-themes

Group Experiential Themes (GETs)	**Sub-themes**
GET 1: A continuous impact	Discrimination and lack of understanding from others
	The lasting impact of my injury
	Fear: an uncertainty about work and life
GET 2: The status of work	Living for yourself
	Re-evaluating the meaning of work
GET 3: A new way of life	Finding meaning and fulfilment again
	Who am I now? Reconfiguring my identity
GET 4: Forgetting and remembering	Grief and loss after brain injury
	Acceptance to move forward

	"The assault course of life" (Evelyn)
GET 5: The importance of people	Different forms of support in RTW
	Engagement for recovery

Group Experiential Theme 1: A continuous impact

In this GET, participants reflected on how their injury and accident were not within a vacuum, and that the impact of this continued to impact their day, for some, decades later. This was experienced in different ways, including how they were treated by others, the continued problems they experienced because of their injury, and the fear that remained about the fragility of life and subsequently, employment.

1.1 Discrimination and lack of understanding from others

In this theme, participants recollected the frustration felt when they were treated differently by others as a result of the impact of their ABI. For some, this resulted in not being able to progress in their career following their RTDW. Quentin, who had worked as an IT manager before RTW in a children's nursery post-injury, spoke to this:

> *"Because you know they said "Yeah, I can see you can do painting, painting, drawing. You know, things like those. Like. But, you know, I don't think you'll be able to get a job because of you can't do computing [...]." You can't get a job. […] On top of that, two years, there were three new people coming into the lunchtime. And they got jobs after about a month or two. Now is it because I'm disabled" (Quentin)*

For Quentin, who had been an IT manager before his stroke, this was especially hard to experience, where he had been an expert in the same area he was being denied a job for.

He went on to describe that adjustments could have been made for him; however, Silverback, who had worked as a coach driver pre-injury, and now in hospital domestics post-injury, suggested that these can often not be long-lasting, with employers' understanding being short-lived:

> *"And the more she really sounded aggressive to me, she goes well, do you want to have a break? I said it ain't going to make any difference. Everything's moved around, I said. […] And eventually they had to put it back to where you had it. It wasn't something I could help. […] I said, "I don't think you understand what you're doing." You know, you understand what, like a brain injury can do. She triggered it, and it wasn't helping." (Silverback)*

Overall, this theme highlights the ongoing struggle with finding employment that understand the impact of a person's ABI, sometimes resulting in discrimination or barriers to further career progression.

1.2 The lasting impact of my injury

This theme circles the permanent impact of ABI, which can be felt throughout participants' lives especially when attempting to RTW. Quentin describes the frustration of this not completely leaving, and being reminded of this difference in his self whenever asked how he is doing:

> *"They had to check how you're doing, you know, and I thought. No, I feel fucking shit." (Quentin)*

This highlighted that this was not an event that could ultimately be forgotten by Quentin and others around him. In RTDW, they are reminded of the impact of their injury which ultimately resulted in them not being able to return to what they once knew. This was further problematic for Silverback, who had no recollection of who he was before his injury, but still felt the long-term effect of his injury:

> *"It was frustration because you couldn't do the things that you felt like you could do. You go up and do something and all of a sudden you just go blank. And you'd forget what you were doing. And just come up there and forget it. Just it over there and having a conversation. Yeah. It was like having three conversations. It was like when speaking. You're speaking. I forget what you're talking about." (Silverback)*

The frustration of knowing how to do something, without knowing exactly what it was that you could do was especially frustrating, especially after years of no change or memory coming back.

As with other illnesses or injuries, it is often expected that the individual will be able to return to normalcy at some point. However, for participants in the study, the realisation that life will not resume as it was pre-injury brought new levels of sadness, sometimes years later.

1.3 Fear: an uncertainty about work and life

Nobody expects to have an ABI. For the participants, the impact of the injury impacted not only their personal lives but also their employment, leading to having to find a new role. This fear of what can happen manifested into an uncertainty of what life can bring. For some, this led to a fear of thinking of the future too much:

> *"See, I think it's probably the best because I mean if you plan it too far… It doesn't work out that way. It's not. Yeah, […] planning is not one of one of the best things. No, you don't know what's going to happen in life." (Silverback)*

For Silverback and others, there was a fear in planning, as this was something to be hopeful for. By not planning, they would not be disappointed if things went wrong, or, ultimately, they had another ABI and did not make it this time, as Bettie, who had hoped to join the army or police force pre-injury, and now works as a therapy assistant, explained:

> *"There wasn't even like, a subconscious kind of conscious thing about what I'm going to do in my life. So, I just had no idea because I didn't really. I don't feel like you can make informed plans and informed decisions without accepting what's going on. And I didn't. Like at all. So, I didn't make any plans." (Bettie)*

This was similar to Zara's experience, who worked as a warehouse worker previously, and returned to work as catering staff in a hospital:

> *"I'm more careful of when I feel anything my body to be a lot. Then the first time that when I had a stroke I didn't know, and I went to work. So, like, I neglected myself. But now I am more aware." (Zara)*

Fear was also felt in other ways when it came to employment. For Zara, it was the fear of applying and interviewing for jobs:

> *"I went to [retailer] because I was avoiding interview, I had my son and he had his condition, so I was looking after him for a year's, OK, so I don't know the interview, how to go about how to do this and that. And when I come back, I was like, and my CV was not in that shape. And I'm like, I have to hide myself into factory. No one can just ask you anything just to fill the form and go. But while I was there. I was not happy." (Zara)*

Zara chose to find a job where she did not have to do the things she was unfamiliar with or scared to do. The uncertainty of what an interview could bring was anxiety-provoking. Instead, she found somewhere she could *“hide myself.”* Although Zara was able to avoid the fear, she ultimately did not find any satisfaction in her employment.

However, for Rob, who had been an IT manager and returned to work as a university porter, this feeling of fear around the unknown was something he learnt to navigate around instead:

> *“Who knows what's gonna happen tomorrow? Yeah. Umm, the feeling may well change, but I think, umm, I think I've got a better understanding of myself now... So, when stuff does change because it will, I'll know. I'll have a rough idea how to crack back into stuff. I've found, I think I've worked it out.” (Rob)*

His confidence in who he is and what has worked before helped him find solace that when things do inevitably change, he would be prepared.

The possibility of uncertainty can be daunting for most and was felt by most participants. None had expected their lives and working journey to take this path, with it often being a shock. Understandably, they were fearful of what may happen again, especially after finding themselves again.

Group Experiential Theme 2: The status of work

The status of work was reflected by participants across all the interviews. They often spoke about what work had meant to them previously, and how this had shifted following their ABI and RTDW. Many commented on how they realised that they were working for others, rather than living for themselves and the important people in their lives. Thus, most had re-evaluated the meaning of work and began to see it differently.

2.1 Living for yourself

In *Living for Yourself,* a common theme in interviews was about how many participants had fallen into their respective career paths, pre-injury, often as a result of meeting the expectations of others or living to the standard they felt outward systems had set.

This is best described by Bettie, the youngest of the participants, who was injured at the beginning of her career journey:

> *“I kind of went to uni because I was like, I don't know… It's the done thing. My brother did it and... And then, while I was there, I still like, wasn’t sure.” (Bettie)*

Bettie described falling into a path, that many others described. For Bettie, this was driven by the expectations of others, rather than her ideas:

> *“So I was never really told about any other kind of options apart from going to uni. And like I said, my brother had gone on to uni before me.” (Bettie)*

It was only after her injury, that she realised that “someone else was driving the car:”

> *“But I just I describe it like I'm in the passenger seat. And someone else is driving the car. So, I'm just, like, looking at what's happening. Like, yeah, that's a bad decision. You're going to have to apologise for that. But I just haven't got any, like control of. That's like a disconnect. It just all goes like way too fast and like I just kind of react to things rather than actually like being present.” (Bettie)*

This may have resonated with Bettie throughout her life, where she had gone to university, and then post-injury completed a Master's degree, worked in retail, worked as a personal trainer, all while not being sure what she wanted, and doing things that were thrust upon her instead. She eventually realised she was reaching a breaking point, in a conversation with a health professional:

> *"I really was setting myself on fire to keep nobody alive." (Bettie)*

The seriousness of "setting myself on fire to keep nobody alive" demonstrated to what extent Bettie tried to live up to others' expectations. This was a feeling that resonated with Poppet too, who had worked in accountancy before his injury, and now works as a charity administrator:

> *"I was a silly little boy then trying to live in a man's world [...]" (Poppet)*

Ultimately, this realisation of a past life being lived for someone else, and now living for themselves was reached by all participants, the majority who ultimately found jobs that were fulfilling to them, as described by Zara:

> *"It brings me to be fulfilled... the fulfilment more because I like talking to people. I like to explore things I like to. I need to help me to know big people in the offices. I think it's bringing out my personality." (Zara)*

2.2 Re-evaluating the meaning of work

In their re-evaluation of work, participants discussed the comparison of what life was before and the journey in not comparing how they were to how they were now. They discussed what life had been in retrospect, and whether this was helpful or not. This can be seen in

Evelyn’s quote below, who was a team lead in banking prior to her injury, and now works as an IT project manager:

> *“I know there's the element of letting go and part of me is like, but do I want to let go because like part of that is a driver for, you know, getting, getting, getting there again or getting close to it? But I think the constant comparison isn't healthy. That that took a while and then took a lot of as I say, standards myself to say, why are you doing this to yourself? Like it's just not. There's no need. It's not gonna… It's not helping.” (Evelyn)*

In retrospect for Evelyn, and others, the meaning of work had shifted, and even with the opportunity to go back, there was an acknowledgement that this would not be beneficial for this new person:

> *“Would I go back to London and do something similar to what I was doing before and thinking about it? Like, do you know what? A part of me is like, yeah, let's bring it on. I can do it again. Then part of me is like, no, don't do that because it goes back to that constantly comparing thing, putting myself in that role. Again, I'm not the same person. I can't do what I used to be able to do. I can't work at that standard, at that intensity, at that pressure anymore.” (Evelyn)*

Instead, participants, like Silverback, spoke about what satisfaction employment can bring:

> *“Thinking that you've done a good job, I suppose you know. Yeah, I know that you've done it. You've done it in the best of your knowledge. You know what I mean. And it depends.” (Silverback)*

This was like Evelyn’s experience. In her new job, she can practice her continued values of kindness and compassion not only outside of work but within work too:

> *“I[…] things like when you go, when you start talking to people and actually, you know what you're saying helps somebody. Or somebody refers to you as being inspiring or, I took your advice or I found what you said to be special or I've done XYZ and this has really helped me. That was quite a big realisation of, oh, actually I can still contribute to society. You know, I'm still a valuable member.” (Evelyn)*

This resulted in her finding an identity that did exist previously but was dampened in her previous job. In her different work role, she was able to see the value of this kindness and compassion she always held and see how beneficial her contributions could be within her job.

However, this satisfaction was not the only thing to base your value and identity in, when there was so much more to live for. This is explored more in the next theme.

Group Experiential Theme 3: A new way of life

Following their reconsideration of work, in this theme, participants delved into finding new meaning and exploring what made their lives fulfilling in the present. This led to them considering a “new” identity, which still included parts of their “old” self.

3.1 Finding meaning and fulfilment again

In this sub-theme, participants spoke about re-evaluating their lives and finding a new meaning. This new meaning ultimately led to different levels of fulfilment and feeling like they were living a life with purpose again. For some, this was a life with more purpose than before:

> *“Yeah, I'm a lot more empathetic. Yeah. It's probably because what happened was a bit shit. But yeah, I'm just a lot more empathetic and because I often need help to find the words that I'm trying to say. It makes me like, think about what I'm saying a lot more. So, it like, slows me down a little bit.” (Bettie)*

A lot of participants spoke about the need to think more, due to the cognitive impact of their injuries, and how this forced them to slow down. This slowing down in thinking also led participants, like Bettie, to reconsider their original paths, and where they sought meaning:

> *“I'd probably go into the police instead [if I could] of the army because I wouldn't want to have the kind of life where you get, like, taken out. Umm, so I probably would’ve joined the police. (Bettie)*

Bettie had realised that the people in her life were important and that she wouldn’t want to be taken away from them because of work, as she would if she had joined the army. They were a part of leading a meaningful life for her.

She reconfigured what it was that she felt important in a job, with more clarity that helping people was what she felt would make life feel fulfilling:

> *“But the idea to help people is still present now, but actually is held a lot higher up. I feel like it's a lot more like solidifying and actually a fully formed concept. If I see the decisions that I make, yeah, like before, I was like, oh, I'm gonna do this 'cause it sounds cool. Because I get to, like, help people, I guess. But now I'm like, right, I*

> *wanna help people with this. Yeah, I wanna help people that are having a bad time with this. And this is how I'm going to do it.” (Bettie)*

For Zara, this finding of new fulfilment and meaning did not necessarily tie to her employment, but more so to how she was choosing to now live her life:

> *“Who knows what happens in life? But it's what your path is made of that is more important, not where it's going. It's the path. That's me. What is it made of? Is it made of love or is it made of hate? It should be made of love. Love. And then it doesn't matter where it's going.” (Zara)*

For others, like Quentin, the chance to engage with people in their new work roles, which they had not been able to previously, helped them find new meaning for employment and led them to feel more fulfilled:

> *“[…] I was there for a while and that was nice. You know, something different. You can actually see people talk to people all the time as well. It's more for kids, but it's just it gives you your thing to talk more. You know which I found is good.” (Quentin)*

As well as feeling like they achieved something:

> *“I mean, pay is good. I mean for retailers. Not bad. And that means I can still live where I live. You know, pay the rent. And I do get sense of achievement when I when I problem solve for customers. When I help customers, you know, sort out their bills and stuff like that and thinking. Real sense of achievement.” (Terry)*

For Terry, who had worked as an account manager pre-injury, and now as a retail assistant, this extended to learning how to engage with people better, enhancing the fulfilment he felt when he had the opportunity to interact with his new customers:

> *"I interact with people better than I used to. I used to be very, I used to demand things of people. I used to be very controlling. Until, you know, you will do this, you will do that. And I wasn't a very good listener. I'm still have difficulty listening to a lot of people and you know, it comes and goes in one ear and goes out the other. You know, sometimes. But I'm much better listener now." (Terry)*

In the interviews, participants took the time to make sense of their experiences with employment and finding a new job. Through this sense-making process, they were able to reflect on what it was that was important to them, and how this helped them become more satisfied in this new chapter of their lives.

3.2 Who am I now? Reconfiguring my identity

There was consideration of new identities in each of the participant's interviews. This was at times about finding a new identity, and in others, an adventure in discovering what was still left of the pre-injury person, and what that meant for who they were now. Many reflected on this reconfiguration by thinking about who they were pre-injury.

For example, Poppet described a shift in his value system following his injury, and he began to question whether the person he was pre-injury was the person he wanted to continue being. He reflected that he was once convinced that the prestige or status of a job was important:

> *“Basically, I wouldn't have tolerated being something that wasn't useful and important and respected. It was pride. It was a pride issue and “look at me like, look how great I look, how great and clever I am,” and because, like I said, I was capable of getting and maintaining and managing those positions and that sort of thing. […] Look, look at me. It's pride. Pride. It's like, “look, look how great I am.” (Poppet)*

However, following his RTDW and now working for a charity, he was able to reconsider what the new purpose of work was for him:

> *“I wasn't living for the right reason other than being. As self-seeking and self-interested as people genuinely usually are anyway, and you know, how those same value system beliefs aren’t an interest anymore, life is so much richer and better because of it.” (Poppet)*

This negative view of his past self was shared with other participants. Many spoke about their past self as someone they did not like, or that they did not share values with any longer, as suggested by Terry:

> *“I was very forceful. Yeah, very. I won't say aggressive, but you know, assertive. Mm hmm. I was quite assertive and I'm, you know, I said micromanaged people. But yeah. I would describe myself as a very assertive person.” (Terry)*

Terry reflected that, like Poppet, his purpose in work was driven by the prestige and reputation of the job he held:

> *“I wanted the chase. I wanted the catch of getting a very senior job. Yeah. Again. And the reputation that came with it.” (Terry)*

For some, this reflection brought the realisation that their previous job role would not serve who they were now. Evelyn described how she realised she would not fit into her old workplace anymore:

> *"I want to say toxic because that's kind of what it was. It was, it was hard, it was very competitive. If you weren't performing, you were out. So, there was probably an element of I didn't quite fit in in that I think some of my values have always remained around, like the kindness and compassion side, and I definitely stood out as not fitting exactly into the into that. I dunno what you would call it, persona, if you like the stereotype." (Evelyn)*

Following her new job, Evelyn found herself in a position that she wouldn't have considered right for her, pre-injury:

> *"And then when this role came up in, in [the service], as I say, and if you'd asked me, you know, five years before, would I work in the NHS, I would have said me in the NHS, that takes a very special kind of person and that's not me." (Evelyn)*

This was similar to the experience of Poppet, who reflected on his life experiences pre-injury:

> *"Well, well, like, when I stopped drinking, I was looking at, like, positive aspects of my life and thinking, actually, for much of it, you were a bit of sort of like a lazy little slut. Umm, actually, you weren't. You were actually quite hard working, and if you want something, you fucking got it." (Poppet)*

Like Evelyn, Poppet had the opportunity to try out this reconfigured person he had become. He was astonished to see that he could help others and that this helped develop his own self-esteem in his identity:

> *"Well, actually it's from the thing of like seeing how much value my experience could benefit others. And yeah, it gives me self-esteem to think that I've changed people, that I revolutionised people's life. OK, I don't change their lives. They change through us, through my support on just being an objective sounding person by which I can constructively suggest things that they may or may not choose to take on board." (Poppet)*

By "revolutionising" other people's lives, Poppet allowed himself to consider the world and who he was within it in a new light:

> *"And I've just been given more awareness of the world than I ever thought possible. I'm just letting it go and do what I can do and do it well. And just not being over pressured, I was pressurising myself, from like a high achiever background." (Poppet)*

However, for Silverback, where he held no memory of who he was before, the impact of employment on his identity didn't matter. He found working was more so for maintaining a routine, rather than aligning with the person he saw himself as. As a result, he felt he would be better retiring:

> *"It's just retirement [that I am waiting for]. I find it harder and harder now. Yeah, getting a bit slower, yeah." (Silverback)*

Apart from Silverback, who could not remember his life before his injury, the consideration of who participants were following their injury was a question relevant to most participants. This led to many reflecting on the next theme of forgetting and remembering.

Group Experiential Theme 4: Forgetting and remembering

This theme follows participants discussing re-evaluating and moving on from the life they had lived previously, with one participant who could not recollect anything from his life pre-injury. This brought a grieving process for the loss of someone they knew, some who were liked, and some who were not. By grieving their loss, participants were able to accept that they would not be able to return wholly back to their old life and employment, thus moving forward in their present trajectory. The narrative of one participant described the journey as being an “assault course of life,” where she was not able to return to the same level she once held on the course, and was learning which level she could manage now.

4.1 Grief and loss after brain injury

The loss of a life that existed pre-injury was present for many participants, much of which was tied to the loss of their previous employment. This led to understandable grief, and for some, raised questions as to what life could have been and where their careers may have taken them, had they not had a brain injury. This was especially true for Bettie, previously mentioned to be the youngest of the participants:

> *“Someone hit me with a car. Yeah, that someone, that's something that happened to me. And like, I know that obviously no one has any kind of power or control in terms of like a brain haemorrhage or whatever. […] It's not like your body has done this to you. Yeah, this, there was an actual act of someone doing something. […] Somebody ran me over. And they've fucked over my life.” (Bettie)*

> *“[…] because my brain was well shaken about. So, it wasn't even finished making itself. So yeah, I think I struggle with that, what could have been.” (Bettie)*

Bettie had not had the chance to see what life could have been. This meant that she often was left thinking of the things she missed because of the accident, especially regarding her career plans:

> *“Because, like, I'm never going to know what would have been. […] I'm never going to know what I would have done. Like I'm never going to know if I would have got into [army training]. I'm never going to know if I would have been a good police person. […] Who knows? Because, that whole thing, [was] taken away from me.” (Bettie)*

This reflection was emotive in many ways. She had felt that she hadn’t been allowed to live fully, to have a chance to try out her career interests, before she had to reassess life. She often spoke about loss and grieving the person she could have been, as others did:

> *“So, I had to relearn how to walk again. I've had to relearn how to talk, how to hold spoon like from right from the basics up, relearn everything.” (Evelyn)*

Evelyn, who was also younger than other participants at the time of her injury, was instead knocked back and made to start again:

> *“I did raise to [the service] because… I'm quite young. Well, I was quite young. I wouldn't consider myself young, but I still felt in, you know, I was considered to be in the young category and a lot of people in my group were much older or in very different situations in their lives. They had families, they had careers. And they were… You know, they had the support. I'm a young person, a single person on my own… I was at the top of my game.” (Evelyn)*

She began to overthink all the additional things that went wrong during her rehabilitation, reliving the grief of what was lost and the unknowns yet to come:

> *"I was obsessed with things going wrong so it would. There weren't even big things that were going wrong. It was like, you know, the phrase the straw that breaks. It was like that. It was like one little thing would feel really hard to face and it would just be too much. I just had no fight, if that makes sense. I didn't have anything left to sort of put into things like every day and every little thing was hard. You know, I had to concentrate to walk. I had to concentrate to eat my food properly. I had to concentrate on getting the words out that I wanted to say. It's incredibly hard to go through." (Evelyn)*

This grief of having to lose the person you worked hard to be, and then relearn how to live was difficult. This reached a point where Evelyn would disconnect from what was happening, to protect herself:

> *"I didn't really understand what's going on. You don't really understand how you feel. It is like a real disconnection from the real world. It's really hard. It's really strange, yeah." (Evelyn)*

Many people spoke about this being a grieving or mourning process. It took time for them to move past this, if at all:

> *"Remember that start, denial, anger, fear, bargaining, acceptance. Plus, like death symptoms. Death dealing with death, emotional process. But going through each of those. And for the old me which is… Actually, I'm a lot better than the old me anyway, in so many different respects that." (Poppet)*

Eventually, some participants were able to get closure through consideration of who they once were and the chance to be someone else:

> *"I was basically. Grieving. My own death and I had one big, long cry at my past life and the person that I used to be and actually now I don't miss him because he was a bit of a self-seeking little shit." (Poppet)*

Nevertheless, the feeling of having to start again was daunting:

> *"You know, I don't want to be starting again at 30 plus, I want to be getting married with kids. And you know, that can start. But so, I had to start again. I spent years in total trying to get back into IT. I worked for various companies, but every time the memory got me out." (Rob)*

Rob tried to chase this old self that he had lost through employment but found it didn't work due to the cognitive difficulties he experienced.

In contrast, Silverback grieved a person he never knew, but acknowledged that he had lost:

> *"You know, once I got hold of my sister and it was pretty hard to describe, you know, what happened. And trying to get down here, I'm trying to tell them that I can't remember my own family or anything. Yeah, that was, I mean, it's very hard to remember in detail." (Silverback)*

This grieving of a lost person was felt by everyone, amplified by having to find a different work role to that that they had held pre-injury. Each person made sense of their post-injury self as someone who replaced who they were before, and despite them still being alive, they still mourned what could have been, in both their personal lives and in their career prospects, had their respective accidents and injuries not occurred.

4.2 Acceptance to move forward

This sub-theme speaks to participants denying the extent of their injuries and cognitive difficulties. However, all made sense of this as not helping them move forward in their recovery and resulting RTW.

For Bettie, it was easier to accept the physical impact of her accident, rather than the cognitive aspects:

> *“For such a long time after my accident because I didn't acknowledge that I had a head injury. I think I was in denial about so many things.”* (Bettie)

This may have been due to being able to see and feel things improving with her body following her injury, whilst her ABI could not improve any more.

Denial was also mentioned by Poppet:

> *“Part of that is just partly denial, partly just not being capable of understanding the situation because probably I don't know whether itself. I mean I speculate that it's a self-protection mechanism because when you're like that horrific, your brain can't cope with it. So, it just shuts down. I came out of that fog over however long my brain decided it was safe to allow it to do so.”* (Poppet)

He named how he made sense of this avoidance and understood it to be a way of protecting himself until he was ready. When the “fog” lifted, he felt that it only did so when it was “safe” to do, and that is when real acceptance could happen.

Terry also described the realisation and acceptance that he would not be able to go back to who he was again:

> *"It was quite a change, and I did actually think about a bit. I'm thinking, you know, can I do anything about my current position in terms of getting back to where I used to and I've come to the realisation I can't, I just don't have the ability." (Terry)*

It was only when he accepted that this would not happen, that he was able to take steps towards finding a new meaning and thinking about what employment may offer him in this.

Many participants had to learn to accept their new limits, as this was a necessity in finding new employment that was better suited to them. It was only after acceptance that these steps could be made.

4.3 The assault course of life

The assault course of life was an idea introduced by Evelyn:

> *"So, I don't think I will ever get to that highest level assault course again. I don't think I'll ever be a front runner again. I don't have the brain power to get me there, but I'm certainly not on the beginner's course anymore. […] So, this role that I'm in was sort of my test of, OK, can I set up a career for myself? And live independently. So, in the last year I've got this role, I've moved out, living by myself. You know, I'm back to getting that independence back and I'm OK […] I'm performing a good level of the assault course. […] You know, I'm not worried about level 50. I'm quite happy on my level 41 or something. I don't know. Yeah." (Evelyn)*

This analogy spoke of living life at a certain standard pre-injury. For Evelyn, she may have been at “level 50” in life, able to meet this with ease. However, following her injury and RTDW, she and many others found that they could no longer meet the standard they had once been able to complete. This was hard to accept, and reignited the fact that the identity of the person they once were, was gone:

> *“[…] the loss, the loss of… Me. You know, that defined me that defined me. That role defined me. Yeah, I was. You know, someone of some standing. And I completely lost it. Actually, lost it. You know, I was just. Functioning. But I couldn’t do my work. And I lost that ability. […] But I realised that that I lost it. Yeah. And that that was the onset of uh depression.” (Terry)*

This realisation that you could no longer maintain the pace you could before led to many emotions, including depression, as Terry explains. The knowledge that you could do something before, but now you could not no matter how hard you tried, was frustrating for many people.

However, Evelyn’s analogy extended further, to give hope:

> *“And I love like if, like thinking about it in kind of this like return to different work role ideas... It’s levels, or you're trying that one that’s got lots of hills. You can try different things. See what level you are and how good you are at things […]” (Evelyn)*

In the assault course of life, people could try different levels to test their abilities. This was something Evelyn spoke a lot about in her interviewing – being allowed to test out who she was now in a safe place, which was employment for her. It did not matter if the level was too high or too low, as it was the trying out that mattered more.

Group Experiential Theme 5: The importance of people

Different people in participants' RTW journey were mentioned to have helped, such as families, spouses, children, peers, employers and professionals. All participants reflected on the importance of engaging with others in the RTW journeys, many commenting on the need for socialising and interaction in their new roles to make it meaningful to them.

5.1 Different forms of support in RTW

Participants spoke about the different systems and people they received support from in their transition to a different work role when returning to employment. This spanned between spouses, friends, and services.

For Bettie, who described her mum, friendship group, especially her rugby team, and her partner as important people in her life, she appeared to attribute to her idea of a meaningful job too:

> *"It's just so different and like I would put myself on the line. Yeah, for my teammates. And I assume that that's how it is in the army or the police like… The person or the regiment or whoever it is that you're out with, they are. You'll ride or die." (Bettie)*

To have the relationship she has with her loved ones carried over to her employment was important. As a therapy assistant now, she was able to practice this support that she received with others while continuing to receive support herself.

For Quentin, this discovery of finding enjoyment in taking care of his children, who were born after his stroke, led to a new path in employment that was influenced by his time with them:

> *"And I enjoy it. I think it's because if I had my kids… I think if I hadn't had the kids, I think things would be a lot more different. I don't know. Would I carry on my life." (Quentin)*

The bonus was found in being able to spend time talking to people, which he did not get to do in his previous role as an IT manager, again, attributing this to something he learnt he enjoyed when looking after his children:

> *"I just also find it was very interesting that... You know, when I talk to them, since, you know, I've done the afternoon type of thing [picking children up from school] and enjoyed it with my kids." (Quentin)*

For Silverback, this sense of support to RTW following a loss of identity was clear:

> *"Lulu is [why I returned to work], simple." (Silverback)*

Participants found that they could not successfully RTW without the support of others. Although there were times when support was not given by employers (as mentioned in the subtheme, *Discrimination and lack of understanding from others*), this support could be found in their personal lives instead.

5.2 Engagement for recovery

Some participants spoke about this sub-theme as the need to be open and engage with others about their brain injuries to continue their recovery. Some had attempted to ignore what had happened or found it difficult to accept the impact of their injuries – however, sharing your difficulties to other people was a common theme found.

Quentin, who had experienced barriers to progressing in his new work role, found that when he was open to discussing what had happened to him, he found others shared his experiences and it could further their understanding of him within employment:

> *"[Speaking about getting a new job] But when I talked to the, the, the, the girl there she said that her husband had the same, a mild heart attack and there was brain damage and... But you know, maybe it's trying." (Quentin)*

He found that, although he had experienced moments where people did not understand the impact of aphasia or stroke, he had eventually found someone who had lived experience of it and could see his potential where others could not.

For Zara, this openness with what had happened was two-fold:

> *"And teach me how to write my CV. Which is the one I told you I was scared and doing the interviews. How to pitch yourself. You're good at selling. So, you can tell who you are. Definitely. So, I learned a lot to have a confidence back and to face everything." (Zara)*

> *"I go to the therapist. So, they are coming to help me. To relax and show me how to manage to get better. But when I was looking at my face, it was like shrinking me and feeling like… as you know, a sick person has a lot of things going in in the mind. And because I'm prayerful, I was believing I can be OK, which now what you see, I am." (Zara)*

Both excerpts from Zara demonstrated how speaking about her difficulties and asking for help resulted in her increasing her confidence to what it once was. She was taught that she did not lose everything of what she was, and that her skills were transferable to other things too.

Quentin and Zara highlight the importance of speaking about difficulties related to RTDW following a brain injury. This is not only to gain support, but to also to further the understanding of others about their brain injury.

Summary of results

Participant's recollection of their journeys identified a grieving process of losing a life, some of whom had not had the chance to see what this life could have become, to begin with. In this, they began a RTW journey to a different work role, whilst trying to discover the new person they were. For many, the event of having a brain injury made them re-evaluate who they had been previously, looking outside in, and reflecting on what kind of person they were not only in their work but in life as a result. This evoked a need for change, as life was put into perspective following a near-death experience for many, and subsequently, a change in work often made sense.

For others, it took time and reflection to realise that they had not completely lost the sense of self or identity that they had before – this person still existed and still held value and skills applicable to their new working life. But they were able to re-consider what was being maintained for other reasons, and what were the parts of themselves they wanted to carry through in their new journey. As Poppet reflected, below.

> *"[…] Thinking, "I should be able to do everything." And then suddenly not being able to do any of it. And certainly not in the same way. Dealing with having to live with the new person you've become, which is maybe the person I was always meant to be in the first place anyway." (Poppet)*

Chapter 5: Discussion

This study explored the experiences of people who had returned to a different work role, post-ABI. Through IPA, five Group Experiential Themes (GETs) emerged: GET 1: *A continuous impact*; GET 2: *The status of work*; GET 3: *A new way of life*; GET 4: *Forgetting and remembering*; and GET 5: *The importance of people*.

In this chapter, I will explore these findings through existing theories and literature, as well as consider my own reflections and positioning about the study. I will also consider the strengths and limitations of the research, including a quality assessment, the concept of decolonisation within this study, and the possible clinical implications of the study's findings. I then will offer plans for dissemination and my concluding thoughts.

GET 1: A continuous impact

In this GET, participants spoke of the lasting effect of their injury, and how this impacted how they continued to live in the present day. This included their experiences of discrimination and lack of understanding from others about their ABI and developing a fear around the uncertainty of life and work.

Some of the findings in this GET were similar to those found in other RTW studies, such as comments made about experiences of stigma and discrimination (Fadhlaoui et al., 2021; Yu Ko WF et al., 2020). However, participants with ABI also commented on the RTW journey not being linear, especially when RTDW to that many in the sample had spent years forming their sense of identity around. Had participants returned to the same role, the reflection and change they experienced within the differing narratives of pre-injury and post-injury in employment may have not been experienced as much as it was discussed in the interviews (Nochi, 2000). This is often the experience of people who have had an ABI, where life was on a certain trajectory, and their injury results in this going off-course (*the Y-shaped model*, Gracey et al., 2009). As Peteet, (2000) suggested this can lead to feelings of life being unfair, whilst trying to work out how to now be following a traumatic event (Gracey et al., 2009). Participants spoke about understanding the full impact of their injury, and the frustrations whilst doing so, trying to make other people understand too. They spoke of the subsequent stigma that could arise, which ultimately impacted the identity they were trying to rediscover (Kaufman & Johnson, 2004).

Ricœur (1992) spoke of this from the prospect of understanding that your body and mind are one. For the participants, this was true in that they had had something physically occur to their bodies, and their mind was impacted. The agency they had had over their body and mind was taken away (Polkinghorne, 2004), for some by a neurological problem, but for many of the participants, due to something outside of themselves. This led to an understandable fear of the uncertainty of life, as is common in ABI. This intolerance to uncertainty is often associated with individuals experiencing post-traumatic stress. Participants had not ever imagined something as traumatic as what had occurred to them to happen, and yet it did. Forgetting this was impossible when the impact of the trauma was experienced each day (Oglesby et al., 2016). When it came to employment, most participants had an idea of what they once were able to do but could not anymore. The fact they had to RTDW and try harder to manage what they once were able to do with ease, served as a continuous reminder of this. This constant reminder is difficult and could prevent the ability to move forward or continue in work roles. How individuals may manage with this would be valuable to explore further in future research.

Nevertheless, the participants did not stop living. As Antonovsky (1993) suggested in his *sense of coherence* theory, following a threat to your health, three forms of reactions can take place: comprehensibility, where we may try to understand the problem; manageability, where we realise a threat can be managed; and meaningfulness, where we then attempt to find meaning in the stressful event (Bhattacharya et al., 2020). These inform our sense for survival, which participants demonstrated through different means, finally resulting in them finding meaning in what they could still carry over from their last job role and bringing it to a new role (e.g., Evelyn described testing her previous skills out in a new work role, or Rob finding the time to do the things he loved outside of his new work role, when, in the past, he may have not been able to nurture these passions fully). This remembering of what they were good at and what they enjoyed was helpful, leading to new job roles, and shifting what the status of work was.

GET 2: The status of work

In GET 2, participants explored how the position of work had changed in their lives following their ABI. This was often spoken about in relation to the importance it held, and how other things in their lives, such as how they wanted to be, had been put into perspective. There was a narrative of balance in the findings between living for yourself and rediscovering the meaning of work within that.

As mentioned in the previous GET, there was some fear experienced by participants about the temporality of life. In this GET, this also brought forward ideas that if life is temporary, then it should be spent doing something meaningful and lived authentically. Many participants had described their employment pre-injury as falling. Falling into job roles, falling into training or education leading to a career. Given the contexts of welfare and capitalism highlighted in the introduction, this may have been due to the expectations of *needing* to work. In order to be valued within a society, participants needed to pay into its capital by working and spending money in it (Astarita, 2021). Due to the negative connotations tied to requiring welfare and benefits, this may have been seen as a plausible solution for those who have an ABI (Barr & Hills, 1990). Therefore, RTW by any means was necessary.

However, following their injuries, many had the opportunity to instead direct this to meaning and fulfilment. Returning to a different work role allowed them to encompass this fully.

These reflections are present in the work of neuropsychotherapy and facilitating adjustment in ABI. Employment is a large part of quality of life, especially after ABI (Tyerman, 2020). For the participants, the reasons for this changed post-injury, compared to pre-injury as work was no longer serving the purpose of status or solely being seen as valuable in society (Wolfensberger, 2000). There was new meaning attached to it, such as having the opportunity to practice what the values you held as important in your life. Participants described no longer living to work but finding employment to fit the values they held in life. This highlighted an important aspect of the VR they had experienced, which focused on them as individuals with several skills, rather than the “chase” (Terry) of a career. Bendassolli and Tateo (2018) comment on this meaning of work. They prescribe work is not only a way to gain financial stability, but also to help individuals to create meanings and values within it. By doing so, as participants experienced, the phenomenon of work can be much more fulfilling, which the participants demonstrated in their interviews. This was emphasised by Bettie, who described no longer “setting myself on fire to keep nobody warm.” The uncertainty of life, and subsequently employment, resulted in ensuring you were living authentically and fully. This revaluation of work ultimately led to a rediscovery of how to now live and work.

However, in the guidelines recommended for VR, this consideration of work representing more than status is not considered (NICE, 2019, 2022). This is an important aspect of the findings, as it identifies that the reasons given for why employment is important after an ABI by VR may not be justified. More consideration of how an individual may choose to live, and how employment can then be fitted around this, may be more beneficial.

GET 3: A new way of life

This reconfiguration of the meaning of work, led to GET 3, where participants had made sense with new meaning. This also resulted in another self, not one that was quite new with newly discovered values, but one that pre-existed and now held more importance.

Through their reflections on the status of work pre- and post-injury, participants were now able to consider how they would want to live. This did not take away from the trauma of what happened, but it did lead to unintended consequences (Giddens, 1979). Participants spoke of living to their values within employment. This consideration of values can be found in Acceptance and Commitment Therapy (ACT), and was relevant to how participants made sense of their experiences. Rauwenhoff et al. (2023) discuss how people with ABI can often face significant emotional and psychological difficulties, which ACT can help with. It can do this by helping individuals accept a new reality and commit to actions that now align with their clearer value base. The concept of *self as context,* is applicable here, where such individuals can see themselves as more than their injury, fostering a broader sense of identity. This is similar to the concept of personhood (Kitwood & Bredin, 1992), where an individual should not be limited to their illness, injury or disability, but also be considered for the values, skills and person they are. Participants demonstrated this, by considering what is truly important to them, and finding work in line with this, or moving towards the idea that they are not their job or their ABI (Rauwenhoff et al., 2023).

This idea did not mean that these were new values or rules to live and work for. Many participants commented on the fact that these always existed within them. As these values always existed, participants were able to recognise that they were not completely lost. This is similar to Hume's bundle theory, where an object or person is defined by their qualities and experiences, which cannot completely disappear (Sandis, 2018), even in cases of ABI. Although the participants were not able to return to the work role they held pre-injury, this did not mean that they had lost their identity. Through reflection, such as the methods used in line with ACT (Rauwenhoff et al., 2023), they were able to recognise that identity was not solely tied to what you did for work. Other aspects of life were made more apparent, such as hobbies or the people they chose to have in their lives.

By prioritising these things over what you do for work, people who have experienced an ABI may find the process of acceptance more accessible. In the SLR, a narrative around finding distraction through employment was made. However, in the study's findings, an alternative is proposed. By reflecting on what else holds importance within identity besides work, moving past the distress of not being able to completely return to who you were, and as a result, your previous employment, is more obtainable. As Rauwenhoff et al. (2023) suggest, drawing more on this aspect of acceptance in ACT's hexaflex may be beneficial to help in the process of thinking past employment's role in life, when working with those who are returning to a different work role, post-ABI.

GET 4: Forgetting and remembering

In GET 4, participants reflected on the idea of re-evaluating their lives in order to move on fully. Some of this involved grieving what had been lost, or what had not had the chance to fully develop. Once this realisation had become clearer, participants were able to continue living as someone who had experienced an ABI.

Participants spoke about the person they had worked hard to be pre-injury. As highlighted by Ibarra (1999), our identity can be tied to our professional selves. Thus, the loss of their old employment caused participants to feel this grief and feelings of loss more so. Many participants spoke of this pre-injury person as if they were grieving. This feeling can often be present in individuals who have an ABI (Headway, 2017), however, it is not often considered within the work context. As RTW is often later in ABI rehabilitation (Brakenridge et al., 2022), this may negatively impact individuals, as this feeling of loss may resurface at a later period, where it had been assumed to have been managed, and support may not be as available.

In contrast, some narrative approaches to brain injury may be helpful to consider. Reflection on personal narratives can help individuals make sense of their experiences, adjust to the impact of their ABI, and integrate their new reality into their present life (Todd & Weatherhead, 2013). In the research, participants were able to consider what they had lost, and what still remained within their narratives. Exercises within Narrative Therapy, such as re-membering conversations (White, 2020) may be beneficial in supporting this reflection. Individuals who have had similar experiences to the participants would be able to consider who or what has played a pinnacle role in their lives, why this is, and who or what may continue to exist in their new narrative of employment. This may mean that participants who are grieving the losses experienced can openly discuss the narrative of what was, and what might remain.

For some participants, their grief instead lay in not feeling like they had had the opportunity to properly live yet. This was either due to having an ABI at an earlier age or not being able to continue with the plans they had set out for their lives due to the interruption caused by their ABI. Research demonstrates that younger individuals who have experienced an ABI can feel they are at a standstill, not having the chance or hope to see what life could have been without ABI’s impact (Dwyer et al., 2019). Concepts from neuropsychotherapy may be beneficial here and were apparent in the interviews in this research.

Neuropsychotherapy aims to help people who have experienced a brain injury to form an integrated sense of identity, with both pre- and post-injury parts of their selves included (Ellis, 1989). Many of the participants spoke about a path to acceptance in order to move on. Similar to methods found in ACT (Todd & Weatherhead, 2013), this acceptance allowed them to commit to the person they would continue to be. In the analogy mentioned by

Evelyn, this required accepting that you were not able to be on the same level of the assault course as you were pre-injury. However, you did not completely severe any ties to that person. There would still be skills from that level that you could use in your new level, and you are not off the assault course completely.

GET 5: The importance of people

in this final GET, GET 5 explored how different people and systems had impacted participants' journey in meaning-making, leading many to see the importance of sharing their experiences with others to make life more meaningful.

Participants often remarked on how others helped them get to the stage they were now within their change of work role. Many participants spoke about how others in their new jobs made the work more fulfilling and meaningful. Many of them found helping others allowed them to practice more of these values that they may have not been able to practice in previous jobs. As in SIT (Tajfel & Turner, 2014), this may have helped the narrative of identity found across the themes. By helping others and finding new work roles that allowed this to occur, a more positive identity was able to be maintained, due to the value they felt in these jobs.

This again ties to the ideas suggested by Antonovsky (1993) and Bhattacharya et al. (2020), where participants made sense of their circumstances by finding meaningfulness in others. They were able to share this meaningfulness by sharing their experiences. Of the participants, five out of eight had post-injury work roles that directly involved caring for others or helping those also impacted by ABI. They often commented in their interviews that their colleagues were understanding and were able to collaboratively adapt with them to fit their needs. This, in turn, increased the meaningfulness of the new work role and also made them feel more valued overall.

Strength and limitations

This is the first piece of research of its kind examining the impact of changing work roles because of an ABI. Although research has identified the position of employment in our sense of self and identity (Brown, 2015; Tajfel & Turner, 2014; Wolfensberger, 2000), the current research has built on this idea when forced to change jobs. This is a strength of the current research, as the findings suggest that there may be a shift from employment being tied to the value you bring within your society, and thus the value to hold for yourself, to being able to find new meanings elsewhere.

In consideration of Yardley's (2000) criteria, it could be argued that this study holds a high level of impact and importance in the current under-researched literature. The use of qualitative methodology also allowed for this experience to be discussed in-depth with participants (Cypress, 2015), and the use of an IPA methodology, which calls for full immersion into the data (Smith et al., 2022), allowed an interpretation to be carried out that sat as close to participant's experiences as possible. This is in line with Yardley's (2000) criteria of commitment and rigour within qualitative research.

As is also recommended when completing IPA, transparency was prevalent throughout this research, as demonstrated through my reflections throughout the study (Smith et al., 2022). By reflecting continuously on my own epistemological positioning, and through conversations with my research team, I practised being open and honest in my own experiences, and how this could impact how I interpreted the research (Bishop & Shepherd, 2011; Finlay, 2008).

Also included in Yardley's (2000) criteria is sensitivity to context. I reflected early on that I was not someone who had experienced an ABI, and thus my knowledge is limited to that that I only know. As described by Husserl, and in consideration to IPA, this needs to be considered to properly immerse into the data (Dowling, 2007). To manage this, an EbE was consulted in the creation of the research and its materials, where I may have unintentionally caused difficulties due to my lack of knowledge.

However, this raises some limitations. Although an Expert by Experience was consulted, they were not able to be present during the interview or during the analysis stage. As much as I attempted to be reflexive, it was never possible to completely bracket my own experiences (Finlay, 2008). I cannot know what I do not know, and I cannot completely disregard my own epistemological positioning within the research. As stated early on, I identify as a CR. I hold the position that our knowledge is impacted by cultural, historical and socio-political contexts within our societies. Much of this project has been justified by these beliefs and could have misconstrued my analysis.

Additionally, although homogeneity was sought after in the participant sample, some of the findings suggested that this was not completely successful. For example, for the participant who had no recollection of his past, his experiences may have been much more different to others. Two participants were in their early-20's at the time of their injury, which research has identified as having an additional impact on rehabilitation (Dwyer et al., 2019) They commented on the impact of this on their experiences of RTDW, however, this phenomenon may have not been fully considered due to the other findings of the study.

There was also an effort to meet the needs of decolonisation in research. Participants from a broader demographic than is common in research were sought after (Demir, 2022). Due to the nature of ABI, which often affects certain classes that are not always present in such research, the research hoped to meet this need (Holloway & Fyson, 2016). In the SLR, there were notable differences across different cultures. However, the majority of the participants in the empirical study were those of a White British background. Although the findings of this research highlighted participants experiences of work not holding as much importance as it once had, this may not have been the same result, had a larger sample from the global majority been included. As mentioned in the SLR, the importance of employment differed across countries, with some holding it to a higher status. Had this project been able to expand on this further, findings may have instead reflected that meaning could not be found elsewhere, or that employment still held the same position it did pre-injury. This highlights a gap within the research, where recruitment from wider global majorities and offering comparisons may be beneficial.

Despite this, the current research further evidenced other findings in the RTW literature and built on gaps within ABI and RTDW roles post-injury. It identified several experiences that could benefit from psychological input that may not have been fully considered previously.

Clinical implications and future research

As literature has identified, VR can often focus on goals and meet the requirements of RTW (Brakenridge et al., 2022). However, the present findings show the benefits of reflecting on the experiences of ABI and then drawing a focus on the present moment instead. Currently, this is not something that is recommended in VR services (NICE, 2022).

This aligns with much of the research sitting within ACT (Rauwenhoff et al., 2023) which is often used within neuropsychology. However, the current project further evidences its use in the field, but with a particular focus on the work completed in VR with ABI.

As also identified, the services provided may also benefit from considering narrative approaches within ABI. As mentioned by many participants, consideration of their personal narratives would help individuals make further sense of their experiences and accept new realities as a result of their injuries (Todd & Weatherhead, 2013). This would understandably take time and would benefit from being reflected in policy and the welfare state when considering sickness pay. By taking time, employment retention may be more robust, if the time can be taken to get back to work in a meaningful way that aligns with the individual's identity.

More consideration of neuropsychotherapy would also be beneficial in the area. Participants spoke about not liking the person they once were previously, and this discussion of what they want to take from their old identities and integrate into this post-injury person highlights the importance of considering this more so in VR (Ellis, 1989; Tyerman, 2008). This would be beneficial to consider alternative ways of providing a Clinical Psychology provision to individuals with an ABI, where they could be helped to reflect on why these may have been things they did not like, what that had said about them at that time, and what would their dismay in those traits mean for who they are now.

Nevertheless, the limitations above highlight gaps that would benefit from further research. More research on RTDW but with a focus on younger populations would be beneficial. Younger populations are likely to have longer periods of work, thus more research on how to ensure these experiences are meaningful and relevant to their wellbeing would be helpful. This may focus instead on a narrative perspective, using narrative analysis. This may involve in-depth interviews centring around RTDW employment and what employment has meant for individuals in not only their own context but in the context of the family and culture too. To reach a wider sample, it may be beneficial to work alongside other forms of support outside of VR, such as the Jobcentre and within faith groups.

Dissemination

The current project highlighted gaps within the literature, which will be shared widely through different forms of dissemination. This will include presenting at research conferences both within the University and those about VR providing summary reports for the service and charities, such as Headway, and preparing for the findings to be published in a peer-reviewed journal.

Final reflections

There were times in this research that I questioned the positivity of the findings. However, on reflection, this positivity was not always present, and participants had discussed the level of work it took for them to be in the position they were now. This position was not dependent on employment as much as I initially had thought. Due to the importance of work in my own life, I had applied this opinion to this population too. However, this was not the case.

In reflection of this, it has brought into question my own positionality in my career, especially as training draws to a close. I wonder how this project may impact how I continue my career, and whether I will place as much meaning as I might have done pre-project. I have and continue to hold my epistemological position as a CR, however, there is a sense of hopefulness that this project has left me with. I had long thought that we are valued based on our employment and that this is where we define our own value. However, the participants in this research project have made me reconsider this.

Maybe a move away from the long history of capitalism is coming. Perhaps, as many of the participants mentioned, we are all slowing down and rethinking what is important in living a meaningful and fulfilling life.

Conclusion

The findings in this project show how identity can be relevant to the job we hold. However, in moments where this is threatened, or the employment identity you held can no longer exist, the findings in this research show that these meaningful identities can be found in other areas instead. The importance of employment is not linear and does not have to hold the level of importance bestowed on it by society and social expectations. As the findings suggest, for some participants, this led to living a life pre-injury that they were not proud of. Since their injury, they have been able to reconsider what is meaningful and that this meaning does not always need to derive with what you do for work.

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Appendix 1 – PRISMA checklist

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	N/A
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	N/A
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	P18
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	P20
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	P21
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	P23
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	P23
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	P24
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	P25
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	P25
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	N/A
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	P27
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	N/A

Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	N/A
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	N/A
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	P25
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	P26
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	N/A
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	P26
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	P27
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	N/A

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	P29
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	N/A
Study characteristics	17	Cite each included study and present its characteristics.	P31
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	P40
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	N/A
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	P40
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	N/A
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	N/A
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	N/A

Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Appendix 3
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	N/A
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	P44
	23b	Discuss any limitations of the evidence included in the review.	P61
	23c	Discuss any limitations of the review processes used.	P61
	23d	Discuss implications of the results for practice, policy, and future research.	P62
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	P20
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	N/A
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	N/A
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	N/A
Competing interests	26	Declare any competing interests of review authors.	N/A
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	N/A

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

Appendix 2 – SLR protocol

MRP: Systematic Review Protocol

Title of the review	*A systematic review of the experiences of people returning to employment following an illness.*
First reviewer	*Nisha Chauhan*
Team of reviewers	*Derek Batten* *Dr Éanna ÓhAnrachtaigh* *Dr Andy Tyerman*
Project title (if different from review title)	*The lived experiences of people with an acquired brain injury, returning to a different work role, post-injury.*

3. Background to review

Brief introduction to the subject of the review, including rationale for undertaking the review and overall aim

Beside the financial benefits of paid employment, research has demonstrated its positive impact on social inclusion, self-acceptance and belonging, standards of living, physical health and personal support (Rezai et al., 2022).

The concept of social role valorisation (SRV) (Wolfensberger, 2011) also suggests that an individual's role in society can determine the amount of value they hold. This role is often determined by a person's employment status and job role (Jessop, 2011). Generally, we are judged by what we do, and this often impacts how we judge ourselves (Franks & Gecas, 1992).

As a result, it can be determined that employment not only impacts our physical, mental, and cognitive wellbeing, but how we measure our self-worth and who we are. However, in moments where employment is threatened, such as following an illness, it could be questioned what remains of our worth and identity (Fleming et al., 2019), including its financial and social implications (Vance et al., 2016).

Much research has been carried out examining the impact of returning to work in such cases, however no systematic review of this research has been completed. As a result, the following review hopes to fulfil this gap.

2. Specific objectives

1. *To clarify the evidence base available around people who have had a physical illness and returned to work after a break due to their illness, and the potential impact this has had on the individual.*

2. *To inform the present research study, the lived experiences of people returning to a different work role following a brain injury.*

3. a) Criteria for including studies in the review (SPIDER)	
Sample	*Adults of a working age* *≥ 18 years old* *In paid employment* *Adults who have experienced a physical illness or condition that has required them to take an extended period off work. This is not limited to those who required a hospital stay, rather a significant break due to their illness*
Phenomenon of interest	*Returning to work following a break due to an illness. The length of this break is not predetermined and will be dependent on each paper. However, the average length of time will be noted in the extraction phase of the SLR.*
Design of study	*Published and peer-reviewed qualitative research, or those with mixed methods, where direct feedback has been collected from the person who has returned to work. Qualitative findings from these sources will be included in the data extraction phase of the review.*
Evaluation type	*Research with a focus on the impact of the phenomenon of interest on the person who has returned to work – themes that have arisen from qualitative data collection*
Research type	*Qualitative*

3. b) Criteria for excluding studies not covered in inclusion criteria
Any specific populations excluded, date range, language, whether abstracts or full text available, etc

- *Individuals that have had a break in employment and subsequently returned to work, solely because of a mental health difficulty.*
- *Research that has not focused on the individual who has experienced the illness and returned to work, e.g. those that have focused on health professional experiences or family experiences.*
- *Non-English papers.*
- *Those where full texts are not available.*
- *Systematic reviews, meta-analyses, and literature reviews.*

4. Search methods	
Electronic databases Please list all databases that are to be searches	*PsychNet* *PubMed* *Scopus* *CINAHL Plus*
Other methods used for identifying relevant research i.e. contacting experts and reference checking	*Reference checking and hand searching of these.*

Search terms	*("experienc*" OR "self" OR "meaning") AND* *("return to work") AND* *("illness" OR "disease" OR "health")* *(Terms will be used to search titles and abstracts across databases listed above)*

5. Methods of review	
Details of methods Number of reviewers, how agreements to be reached and disagreements dealt with, etc.	*Two reviewers and a third to resolve any disagreements.* *Initial reviewers will include Nisha Chauhan (Reviewer 1: main reviewer) and Derek Batten (Reviewer 2), who will screen titles and abstract for appropriateness independently. Dr Éanna ÓhAnrachtaigh (Reviewer 3) will review if there are any disparities between the two initial reviewers. Reviewer 1 and Reviewer 2 will then complete a full text review, again seeking support from Reviewer 3 where necessary. Inter-rater reliability will be calculated from these two stages.*
Quality assessment Tools or checklists used with references	*CASP/Critical Assessment Skills Programme Tool for Evaluating Qualitative Research to be completed by main reviewer alone. This will be done simultaneously alongside data extraction (see below). A count for the quality of each study will be calculated here, and used in the sensitivity analysis, discussed further below.*
Data extraction What information is to be collected on each included study. If databases or forms on Word or Excel are used and how this is recorded and by how many reviewers	*Where full texts or data are missing, authors will be contacted in the first instance. If the text or data is not obtained within 2 weeks, they will be omitted from the extraction.* *A data extraction form will be created in an Excel spreadsheet by the main reviewer alone. This will include participant demographics (age, gender, ethnicity, sample size of study, health condition, work roles), where and when the study had been carried out, method of research, the length of time participants were out of work, and the themes of their experiences following their return to work. The latter will be analysed using a thematic synthesis (Thomas & Harden, 2008). This will be done through NVivo. Simultaneously, each paper will be assessed for quality using the CASP tool for evaluating qualitative research.* *Covidence will be used to keep track of references and for screening, with added assistance from Zotero.*

6. Presentation of results	
Additional material Summary tables, flowcharts, etc, to be included in the final paper	*PRISMA diagram* *Flow chart of process* *Protocol* *Data extraction form and tables, following a thematic synthesis of the data found. This will involve coding the text (in particular, responses from participants and concluding findings from the authors, developing descriptive*

	themes, and generating analytical themes. A sensitivity analysis will also be completed to determine the weight of studies and the frequency of the themes across the studies.
Outputs from review Papers and target journals, conference presentations, reports, etc	*PROSPERO registration and subsequent publication* *Informing overall research project*

7. Timeline for review – when do you aim to complete each stage of the review	
Protocol	*February*
Literature searching	*February-March*
Quality appraisal	*March-April*
Data extraction	*April*
Synthesis	*April-May*
Writing up	*May-June*

Appendix 3 – SLR prevalence of themes in studies

	Theme 1: Changes			**Theme 2: The different systems in RTW**			**Theme 3: All about the money**			**Theme 4: Work and me**		
	Not who I was before	Adaptations to working	Identity reformation	Health professionals	Employers	Family	Financial reasons for RTW	The role of benefits	The welfare state	Avoidance	Stigma and discrimination	The return to normalcy
Zambrano et al. (2020)	✓	✓	✓				✓			✓	✓	✓
Darries & Soeker (2023)	✓		✓	✓			✓				✓	✓
Aguiar-Fernández et al. (2021)		✓	✓				✓	✓	✓		✓	✓
van Egmond et al. (2017)	✓		✓	✓	✓	✓	✓	✓			✓	✓
Parsons et al. (2008)	✓						✓					✓
BerntJørgensen (2023)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
van Maarschalkerweerd et al. (2020)	✓	✓		✓	✓	✓		✓	✓		✓	
Beaulieu (2019)	✓	✓		✓	✓	✓	✓		✓		✓	✓
Bilodeau et al. (2019)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yu Ko et al. (2020)	✓	✓	✓			✓	✓			✓		✓
Brusletto et al. (2020)	✓	✓	✓	✓			✓	✓	✓	✓	✓	
Hilltrop et al. (2021)	✓			✓	✓		✓			✓	✓	✓
Mak et al. (2014)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shahbaz & Parizad (2023)	✓	✓		✓	✓	✓	✓			✓	✓	
Martin et al. (2023)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Mira & Lee (2015)	✓	✓	✓								✓	
Fadhlaoui et al. (2021)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kennedy et al. (2007)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix 4 – Reflective journal entries

Extract from reflections prior to interviews:

The concept of thinking about the things you do not know about a topic is difficult. It makes me think about how much I know, when there are so many individual differences to ABI. I think my expectations will be that participants will feel a loss of identity from not being able to return to work. But I do not know this. What I do not know is how important this concept of employment is for them to begin with. I do not know what their personal experiences of ABI and disability are, and what other systemic issues might overwrite their experiences of ABI instead. I do not know how much their family or support systems were also impact by this, and how much that was impacting going to work or not going to work. There is a lot that I do not know, and it feels like the best way to manage this is to try to be as open as possible. Without letting what research or evidence or experts acknowledge within the area, and just letting the participants speak to what they think is important.

Extract from interview with Evelyn:

Evelyn discussed being in a job where you don't have to think about what was lost anymore – is this what my experiences of working within a health care system are? But I haven't had to experience the alternative. Or is this due to what my expectations of working in health are.

I really appreciated the analogy Evelyn used for the assault course of life – this feels relevant to so many experiences we might go through. It made me think about working through mental health problems, and that we are constantly fluctuating through the levels. How much do we actually reflect on the difference of the levels we have been on and that we are on now?

I hadn't thought of Evelyn's descriptions around testing out the waters and then being able to get the confidence back of trying to chase who you once were again. This made me think that there is some remnants of being that person left in you and you are not fully able to say goodbye to that person. Or this may be due to my experiences of working with ABI and the description of loss that so many people spoke to, which might not be relevant to everyone. Especially considering Evelyn's age and the impact this have on her sense making of her experience.

Participant Information Sheet

Study title: ***The lived experiences of people with an acquired brain injury, returning to a different work role, post-injury.***

What is the study about?

The study hopes to explore an under-researched area of people's experiences who have had an acquired brain injury, and, as a result, have returned to work in a different work role to the one that they held pre-injury.

This research is being conducted as part of Nisha Chauhan's doctoral training with the University of Hertfordshire. Supporting Nisha in her research are Dr Éanna Ó hAnrachtaigh (Postdoctoral Research Fellow in Clinical Psychology) and Dr Andy Tyerman (Honorary Consultant Clinical Neuropsychologist).

Why have I been approached?

You have been identified by the Community Head Injury service as someone who has experienced an acquired brain injury and returned to a different work role to the one you held before your accident/injury.

Do I have to take part?

No. Participation is completely voluntary, and choosing not to take part will not affect your care within the service in any way.

What will I need to do?

If you would like to take part in the study, you will be asked to complete a consent form (version). You will then meet with the researcher for an interview to discuss your experiences of returning to different job, how this has impacted how you see yourself, and anything else you feel would be beneficial to talk about. Some topics may lead to thinking about difficult times – you would not be expected to discuss anything you do not feel comfortable with, and you will be free to withdraw from the interview at any point.

The interview will last approximately an hour in total, but this can be spread over a few sessions, or be shorter/longer, depending on what you think is best. You will also be able to take breaks during the interview and bring someone along for support. The researcher can come to meet you and complete the interview face-to-face, or she is happy to complete this online or over the phone, if you prefer. In the case of face-to-face interviews, this can be completed in your home or in a clinic space within the Community Head Injury service. A lone working policy will be in place for these instances. The interview will be recorded to help with transcription.

What are the potential risks and benefits of taking part?

Interviews may include talking about topics that may be upsetting. As a precaution, you will be made aware of the focus of the interview and be given the opportunity to not discuss any areas of your choice. Resources of support from both the service and other organisations will be made accessible to you.

In the unlikely event that your consent has been affected, all processes will stop, and we will discuss our next steps with the research team. Any data or information collected up until this point will also be withdrawn from the study.

There are benefits of conducting this research, as it is such an under researched area, and as a result, it may help inform neurorehabilitation vocational services in the future.

After the interview, you will be offered a debrief, where you can ask any questions or flag any concerns you have after the interview. A debrief information sheet will be provided.

You will later be invited to a presentation of the research findings once the analysis has been completed. This is not mandatory.

Will my identity be disclosed?

No. A made-up name (pseudonym) will be given to you in any reports or publications of the research. Any identifiable information will be omitted, and you will also have a chance to retract anything you think might help someone identify you prior to analysis beginning.

If you do take part in the study, you will be able to withdraw your data at any point up to when data analysis will begin. You will also be given the opportunity to retract anything shared at the end of the interview.

What will happen to the information?

In this research study we will use information from you. We will only use information that we need for the research study. We will let very few people know your name or contact details, and only if they really need it for this study.

Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules.

At the end of the study, we will save some of the data in case we need to check it.

We will make sure no-one can work out who you are from the reports we write.

The information pack tells you more about this.

Any information provided will only be shared with the researcher and her research team, which include Dr Éanna Ó hAnrachtaigh and Dr Andy Tyerman. Thus, it will remain confidential between yourself and the research team, where possible. There may be some cases when this is not possible, and confidentiality will need to be broken. This will be if there is reason to believe you or someone else is at risk, and other professionals/services will need to be made aware. You will be told if confidentiality needs to be broken, however this may not always be possible. The interview will be transcribed from the recording, and once complete, the recording will be deleted.

Your information will be kept securely for 3 years, to allow for publications to be completed to a high standard. Following this, all information will be destroyed.

How will we use information about you?

We will need to use information from you for this research project.

This information will include your name and contact details. People will use this information to do the research or to check your records to make sure that the research is being done properly.

We will keep all information about you safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.

We need to manage your records in specific ways for the research to be reliable.

This means that we won't be able to let you see or change the data we hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information at

- www.hra.nhs.uk/information-about-patients/
- our leaflet available from www.hra.nhs.uk/patientdataandresearch
- by asking one of the research team
- by sending an email to n.chauhan2@herts.ac.uk, or
- by ringing us on 01707 284953.

Who can I contact if I have any issues regarding the conduct of the research?

You can contact any of the research team below or contact the service managing team for any issues you have.

What happens if I would like to withdraw from the research?

You are able to withdraw from the research at any point, but only up until when analysis begins. You will be told when this is, if you consent to take part. Withdrawal from the research will not affect any support you receive. You can withdraw without giving a reason.

If you would like to withdraw from the research, you can let any of the researchers listed below, or a member of staff know.

Who can I contact for further information?

Please feel free to contact the primary researcher listed below, Nisha Chauhan, with any further questions you have. You can also speak to your key worker or a staff member, if preferred.

Research team contact details:

Primary Researcher:

Nisha Chauhan (Trainee Clinical Psychologist)
University of Hertfordshire
n.chauhan2@herts.ac.uk
01707 286322

Primary Doctoral Supervisor:

Dr Éanna Ó hAnrachtaigh (Postdoctoral Research Fellow in Clinical Psychology)
University of Hertfordshire
e.o-hanrachtaigh@herts.ac.uk

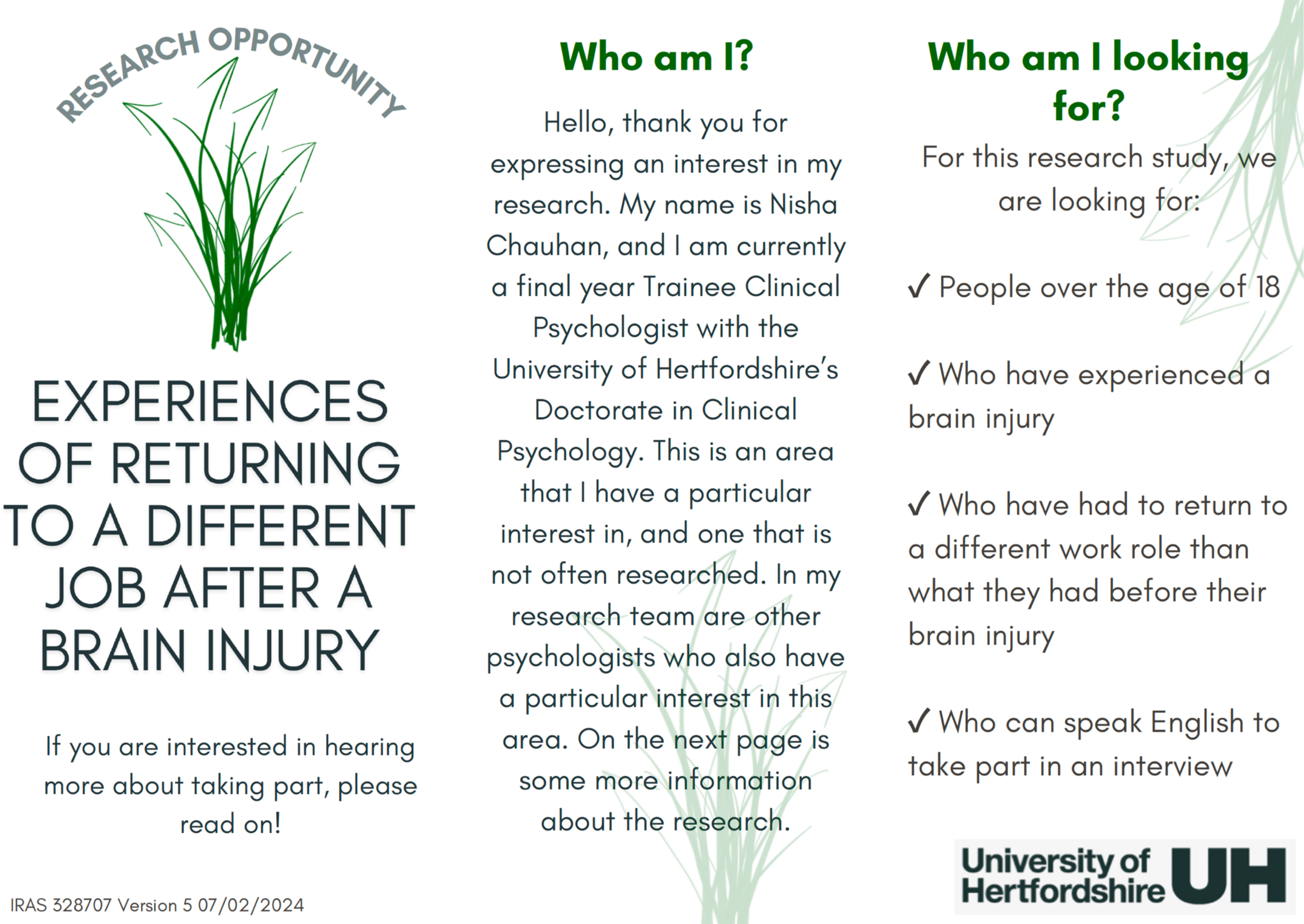
Secondary Doctoral Supervisor:

Dr Andy Tyerman (Honorary Consultant Clinical Neuropsychologist)
arer.t@btinternet.com

Ethical approval:

The project has received approval from the Health and Human Sciences Ethics Committee at the University of Hertfordshire and NHS National Research Ethics Service.

Appendix 6 – Study handout



RESEARCH OPPORTUNITY

EXPERIENCES OF RETURNING TO A DIFFERENT JOB AFTER A BRAIN INJURY

If you are interested in hearing more about taking part, please read on!

IRAS 328707 Version 5 07/02/2024

Who am I?

Hello, thank you for expressing an interest in my research. My name is Nisha Chauhan, and I am currently a final year Trainee Clinical Psychologist with the University of Hertfordshire's Doctorate in Clinical Psychology. This is an area that I have a particular interest in, and one that is not often researched. In my research team are other psychologists who also have a particular interest in this area. On the next page is some more information about the research.

Who am I looking for?

For this research study, we are looking for:

✓ People over the age of 18

✓ Who have experienced a brain injury

✓ Who have had to return to a different work role than what they had before their brain injury

✓ Who can speak English to take part in an interview

University of Hertfordshire UH

What are we researching?

We would like to explore how changing a job role following a brain injury can affect us. This change may have been for a number of different reasons. It is how this may have affected how you see yourself, and what your experience of this is, that is of most interest to us in this research. We hope that this research will guide the support given to you and others with similar experiences.

IRAS 328707 Version 5 07/02/2024

What would I have to do?

To take part in the research, you will complete an interview with myself, Nisha. This could be face to face or online, whichever you prefer.

If you would like to hear more about the research study, my contact details are on the back, or you can reach out to staff member in the service. By reaching out, you are not committing to take part in the research in anyway, and not taking part will not affect your care.

GET IN TOUCH

Please feel free to email me using the below details:

Nisha Chauhan

Email:

n.chauhan2@herts.ac.uk

Telephone:

01707 284953

Alternatively, you can discuss this with a member of staff, who can pass on your details directly to me, and I will contact you.

University of Hertfordshire UH

Appendix 7 – Participant debrief

Participation Debrief

Dear [participant name],

I’d just like to take this opportunity to thank you for participating in my study.

From your insightful interview, I hope to find themes and areas that may be being missed by supporting services.

If any of the themes that we discussed have felt distressing, please speak with your case worker within the service. Below are also some alternative services for support:

Samaritans	Telephone: 116 123 Email: jo@samaritans.org Website: https://www.samaritans.org/
Headway	Telephone: 0808 800 2244 Email: helpline@headway.org.uk Website: https://www.headway.org.uk/

I will be in touch again when I have completed my thesis, and I hope to be able to give you a summary of it later.

If you would like any further information about my findings, or the research, please do not hesitate to contact me, using the information provided below. If you’d prefer, [senior support worker/case worker] has kindly offered to pass on any questions too.

I hope to see you soon.

Best wishes,

Chauhan

Nisha Chauhan (n.chauhan2@herts.ac.uk)
Trainee Clinical Psychologist
University of Hertfordshire

University of Hertfordshire UH

Participant Consent Form

Study title: The lived experiences of people with an acquired brain injury, returning to a different work role, post-injury.

It is important that you read, understand, and sign the consent form. Your contribution to this research is entirely voluntary and you are not obliged in any way to participate. If you require any further details, please contact the primary researcher (Nisha Chauhan – n.chauhan2@herts.ac.uk).

Please tick accordingly to each statement below if you agree.

	I have been fully informed of the nature and aims of this research and have read the information sheet provided (please provide the version number of the information sheet you have read here – this can be found in the footer of the information sheet: **version**)
	I have had a chance to ask any questions about the study
	I consent to taking part in an audio recorded one to one interview
	I understand that participation is voluntary, and that I am free to withdraw at any time without giving a reason
	I understand that I can only withdraw my data up to the point when analysis begins
	I understand that the information collected will be kept in secure conditions accessible only by the researching team listed in the information sheet for a period of 5 years to allow for publication
	I understand that my identity will be protected using a made-up name (pseudonym) and anonymised quotes in the report/future publications, and that no written information that could lead to my being identified will be included in any report

If you are happy to continue with the research, please sign below giving you consent to take part. A copy of this form will be provided to you for your records.

PRINT PARTICIPANT NAME:	
Participant signature:	Date:

PRINT RESEARCHER NAME:	
Researcher signature:	Date:

Interview Schedule

The subjects below are suggestions for the interview. However, each person can share as much or as little information about these subjects as they would like.

- Experiences building up to a return to work, post injury.

Prompts:

- *What job did you have pre-injury?*
- *How much influence did your job have on your life?*
- *What is your new job?*
- *How much of an influence do you think this new job has on your life?*
- *How were things after your injury? Did you notice any major differences?*
- *If so, how did this effect your previous job?*

- Challenges (if any) they face returning to work.

Prompts:

- *Were there any challenges in you getting back to work?*
- *Why do you think that was challenging when you were trying to return to work?*
- *Were there any challenges when you did get back to work?*
- *How were these managed, supported or adjusted for?*

- Experiences of support received that they have/haven't continue using.

Prompts:

- *What kind of support or adjustments did you receive from [the service/charities/family and friends/employer]?*
- *What felt most helpful?*
- *What support continues to exist?*

- Their self-identity, pre-injury and present.

Prompts:

- *How much, if any, did you identify with your pre-injury job role?*
- *How different is this present path in life, compared to the one you may have had pre-injury?*
- *Did your pre-injury job role influence who you are? How?*
- *What is it like now?*

- *Have you noticed any changes?*
- *Are there any difficult moments in this “new” identity?*

- Their experiences of changing work role and how this change happened.

Prompts:

- *How did you arrive to this new role?*
- *What was it like to change jobs at the time?*
- *What is it like now?*
- *How do you think these feelings might change in the future?*

- Reflections on their experiences and how they have made sense of it.

Prompts:

- *How have you managed the changes we have spoken about?*
- *How has life changed because of these changes?*
- *What sense have you made of all your experiences?*

- Any other reflections on their return-to-work journey.

Appendix 10 – University Ethical Approval

University of Hertfordshire
Higher Education Corporation
Hatfield, Hertfordshire
AL10 9AB

Telephone +44 (0) 1707 284000
Fax +44 (0) 1707 284115
Website www.herts.ac.uk

Professor Wendy Wills
PhD, MSc, BSc, SFHEA, Reg Nutr (Public Health)
Professor of Food and Public Health
Pro Vice-Chancellor (Research and Enterprise)
Director, NIHR Applied Research Collaboration (ARC) East of England

Dr Éanna Ó hAnrachtaigh (Nisha Chauhan – student)
Department of Psychology, Sport and Geography
School of Life and Medical Sciences

26 March 2024

Dear Dr Ó hAnrachtaigh

Re: UNIVERSITY OF HERTFORDSHIRE SPONSORSHIP IN FULL for the following:
RESEARCH STUDY TITLE: An exploration of the lived experiences of people with an acquired brain injury (ABI), returning to a different work role, post-injury.
NAME OF CHIEF INVESTIGATOR (Supervisor): Dr Éanna Ó hAnrachtaigh
NAME OF INVESTIGATOR (Student): Nisha Chauhan
UNIVERSITY OF HERTFORDSHIRE ETHICS PROTOCOL NUMBER:LMS/PGT/NHS/02303
HEALTH RESEARCH AUTHORITY REFERENCE: 24/EM/0029

This letter is to confirm your research study detailed above has been reviewed and accepted and I agree to give full University of Hertfordshire sponsorship, so you may now commence your research.

As a condition of receiving full sponsorship, please note that it is the responsibility of the Chief Investigator to inform the Sponsor at any time of any changes to the duration or funding of the project, changes of investigators, changes to the protocol and any future amendments, or deviations from the protocol, which may require re-evaluation of the sponsorship arrangements.

Permission to seek changes as outlined above should be requested from myself before submission to the Health Research Authority (HRA) Research Ethics Committee (REC) and I must also be notified of the outcome. It is also essential that evidence of any further NHS Trust or other site permissions is sent as soon as they are received. Copies of annual reports and the end of study report as submitted to the HRA also need to be provided. Please do this via email to research-sponsorship@herts.ac.uk

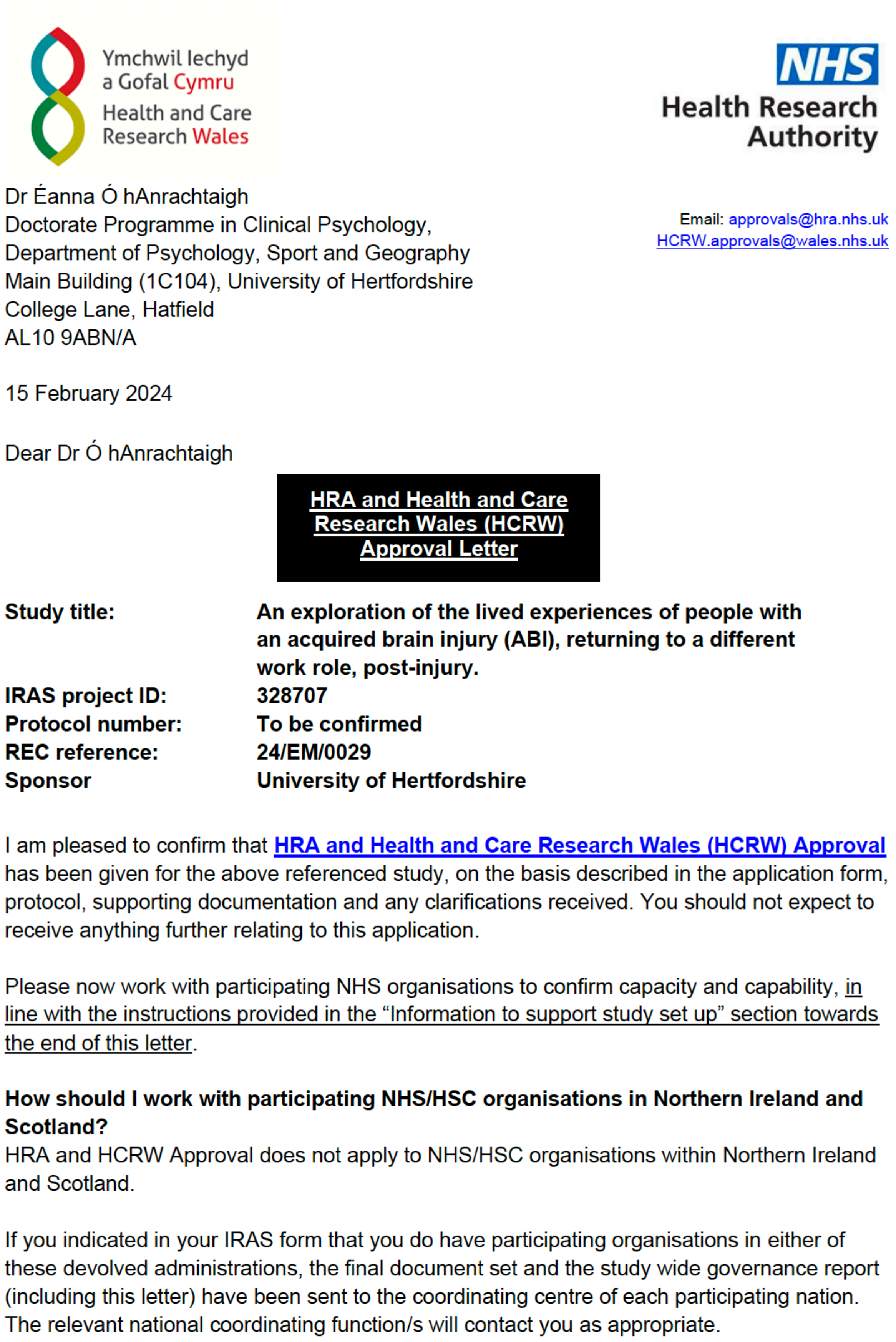
Please note that University Sponsorship of your study is invalidated if this process is not followed.

In the meantime, I wish you well in pursuing this interesting research study.

Yours sincerely,

Professor Wendy Wills
Pro Vice-Chancellor (Research and Enterprise)

Appendix 11 – HRA ethics approval



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales

NHS
Health Research
Authority

Dr Éanna Ó hAnrachtaigh
Doctorate Programme in Clinical Psychology,
Department of Psychology, Sport and Geography
Main Building (1C104), University of Hertfordshire
College Lane, Hatfield
AL10 9ABN/A

Email: approvals@hra.nhs.uk
HCRW.approvals@wales.nhs.uk

15 February 2024

Dear Dr Ó hAnrachtaigh

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**An exploration of the lived experiences of people with an acquired brain injury (ABI), returning to a different work role, post-injury.**
IRAS project ID:	**328707**
Protocol number:	**To be confirmed**
REC reference:	**24/EM/0029**
Sponsor	**University of Hertfordshire**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?
HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?

The standard conditions document "*After Ethical Review – guidance for sponsors and investigators*", issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?
Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **328707**. Please quote this on all correspondence.

Yours sincerely,
Michelle Ahmed

Approvals Specialist

Email: approvals@hra.nhs.uk

Copy to: *Ms Leire Caselles Vallejo*

List of Documents

The final document set assessed and approved by HRA and HCRW Approval is listed below.

Document	*Version*	*Date*
Copies of materials calling attention of potential participants to the research [Information leaflet]	5	07 February 2024
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Insurance]		01 August 2023
Interview schedules or topic guides for participants [Interview schedule]	4	07 December 2023
IRAS Application Form [IRAS_Form_09012024]		09 January 2024
Letter from sponsor [Sponsor letter]		15 November 2023
Organisation Information Document [OID]	3	10 January 2024
Other [Participant debrief]	4	07 December 2023
Other [Evidence of products and public liability insurance for the research activity]		
Participant consent form [Consent form]	5	07 February 2024
Participant information sheet (PIS) [PIS]	5	07 February 2024
Research protocol or project proposal [Proposal]	6	07 February 2024
Response to Request for Further Information [REC response]		15 February 2024
Schedule of Events or SoECAT [Schedule of Events]	2	11 January 2024
Summary CV for Chief Investigator (CI) [CI CV]		
Summary CV for student [Student CV]		07 December 2023
Summary CV for supervisor (student research) [Academic supervisor CV]		
Summary CV for supervisor (student research) [Academic supervisor CV]		05 January 2024

IRAS project ID	328707

Information to support study set up

The below provides all parties with information to support the arranging and confirming of capacity and capability with participating NHS organisations in England and Wales. This is intended to be an accurate reflection of the study at the time of issue of this letter.

Types of participating NHS organisation	Expectations related to confirmation of capacity and capability	Agreement to be used	Funding arrangements	Oversight expectations	HR Good Practice Resource Pack expectations
Research activities and procedures as per the protocol and other study documents will take place at participating NHS organisations.	Research activities should not commence at participating NHS organisations in England or Wales prior to their formal confirmation of capacity and capability to deliver the study in accordance with the contracting expectations detailed. Due to the nature of the activities involved, organisations will be expected to provide that confirmation to the sponsor Within **35 days** of receipt of the local information pack After	An Organisation Information Document has been submitted and the sponsor is not requesting and does not expect any other agreement to be used with participating NHS organisations of this type.	Study funding arrangements are detailed in the Organisation Information Document.	A Principal Investigator should be appointed at participating NHS organisations.	Where an external individual will be conducting any of the research activities that will be undertaken at this site type then they would be expected to hold a Letter of Access. This should be issued be on the basis of a Research Passport (if university employed) or an NHS to NHS confirmation of pre-engagement checks letter (if NHS employed). These should confirm Occupational Health Clearance. These should confirm standard DBS checks.

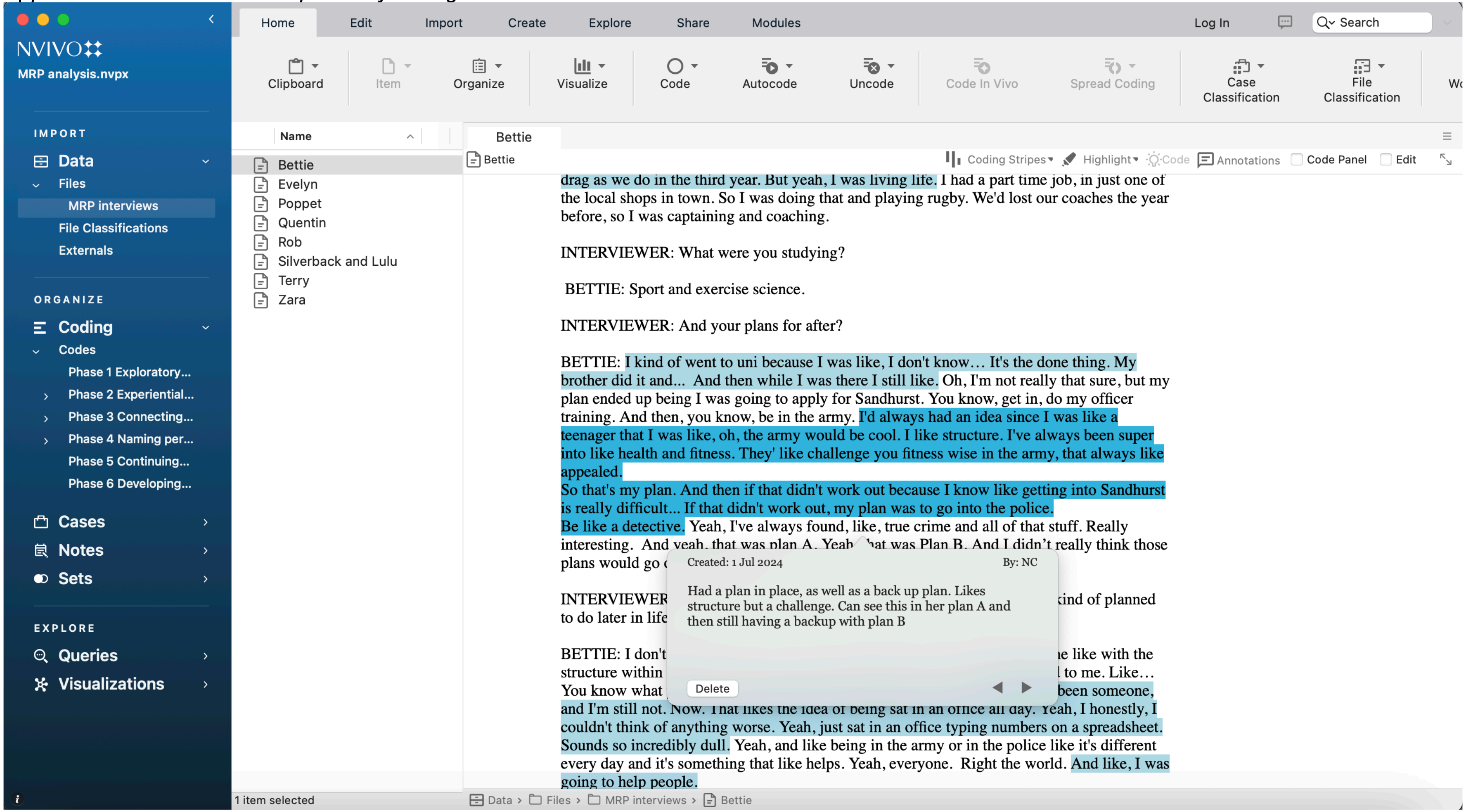
	HRA/HCRW Approval has been issued. If the organisation is not able to formally confirm capacity and capability within this timeframe, they must inform the sponsor of this and provide a justification. If the sponsor is not satisfied with the justification, then the sponsor may escalate to the National Coordinating Function where the participating NHS organisation is located.				

Other information to aid study set-up and delivery

This details any other information that may be helpful to sponsors and participating NHS organisations in England and Wales in study set-up.
The applicant has indicated that they do not intend to apply for inclusion on the NIHR CRN Portfolio.

Appendix 12 – Examples of the IPA process

Appendix 12.1 – Phase 1: Exploratory noting



drag as we do in the third year. But yeah, I was living life. I had a part time job, in just one of the local shops in town. So I was doing that and playing rugby. We'd lost our coaches the year before, so I was captaining and coaching.

INTERVIEWER: What were you studying?

BETTIE: Sport and exercise science.

INTERVIEWER: And your plans for after?

BETTIE: I kind of went to uni because I was like, I don't know… It's the done thing. My brother did it and... And then while I was there I still like. Oh, I'm not really that sure, but my plan ended up being I was going to apply for Sandhurst. You know, get in, do my officer training. And then, you know, be in the army. I'd always had an idea since I was like a teenager that I was like, oh, the army would be cool. I like structure. I've always been super into like health and fitness. They' like challenge you fitness wise in the army, that always like appealed.
So that's my plan. And then if that didn't work out because I know like getting into Sandhurst is really difficult... If that didn't work out, my plan was to go into the police.
Be like a detective. Yeah, I've always found, like, true crime and all of that stuff. Really interesting. And yeah, that was plan A. Yeah hat was Plan B. And I didn't really think those
plans would go

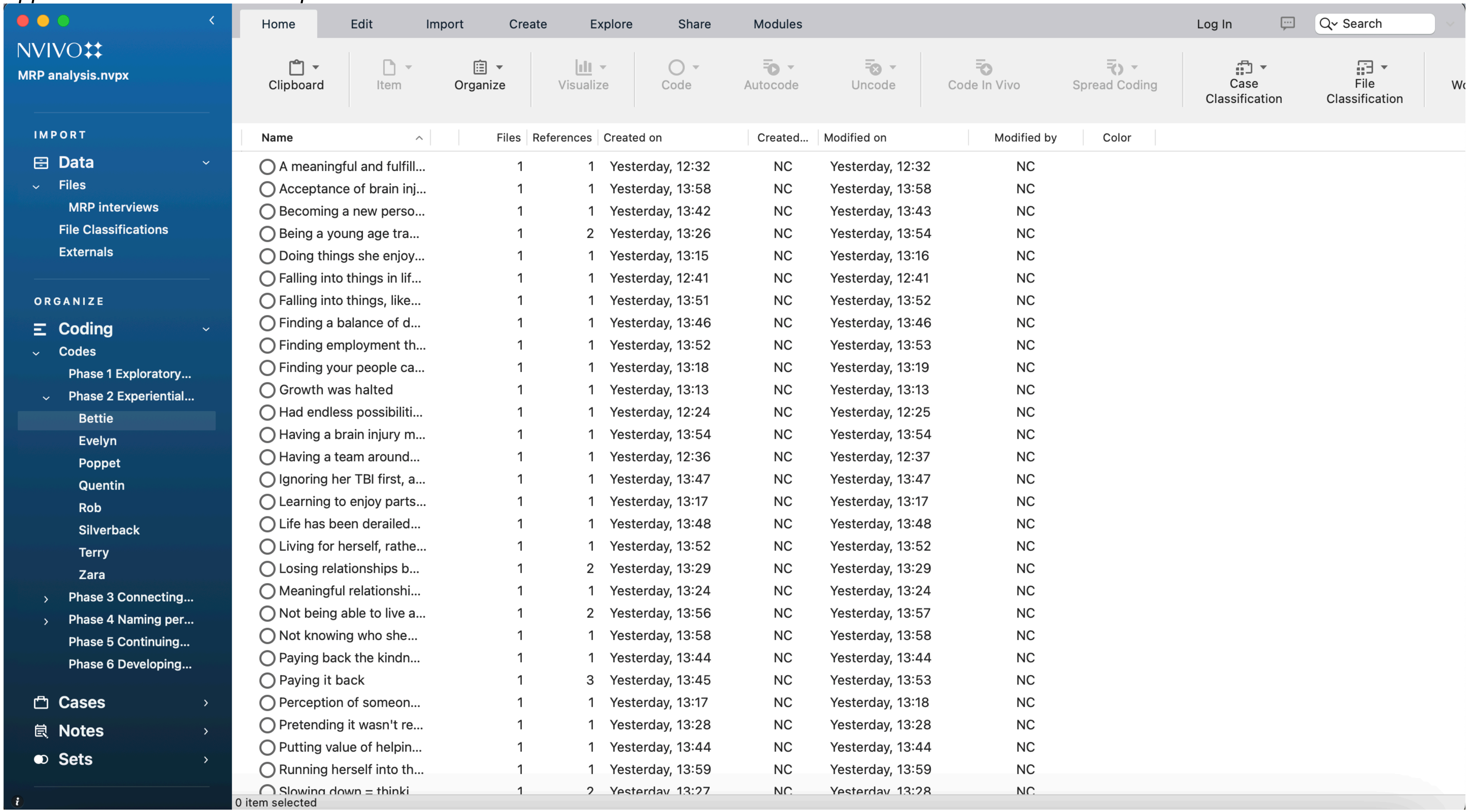
INTERVIEWER kind of planned
to do later in life

BETTIE: I don't e like with the
structure within to me. Like…
You know what been someone,
and I'm still not. Now. That likes the idea of being sat in an office all day. Yeah, I honestly, I couldn't think of anything worse. Yeah, just sat in an office typing numbers on a spreadsheet. Sounds so incredibly dull. Yeah, and like being in the army or in the police like it's different every day and it's something that like helps. Yeah, everyone. Right the world. And like, I was going to help people.

Created: 1 Jul 2024 By: NC

Had a plan in place, as well as a back up plan. Likes structure but a challenge. Can see this in her plan A and then still having a backup with plan B

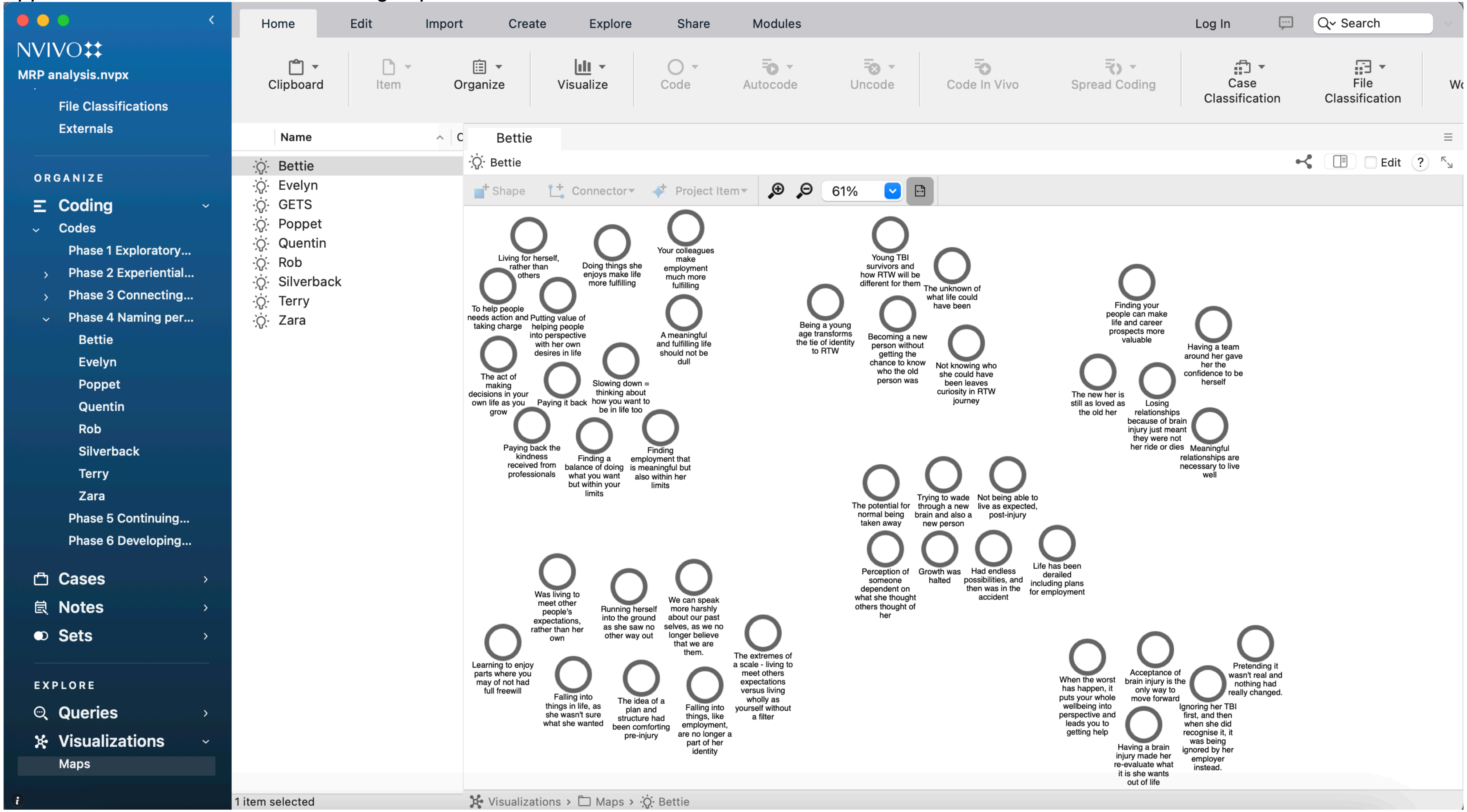
Appendix 12.2 – Phase 2: Experiential statements



Name	Files	References	Created on	Created...	Modified on	Modified by	Color
○ A meaningful and fulfill...	1	1	Yesterday, 12:32	NC	Yesterday, 12:32	NC	
○ Acceptance of brain inj...	1	1	Yesterday, 13:58	NC	Yesterday, 13:58	NC	
○ Becoming a new perso...	1	1	Yesterday, 13:42	NC	Yesterday, 13:43	NC	
○ Being a young age tra...	1	2	Yesterday, 13:26	NC	Yesterday, 13:54	NC	
○ Doing things she enjoy...	1	1	Yesterday, 13:15	NC	Yesterday, 13:16	NC	
○ Falling into things in lif...	1	1	Yesterday, 12:41	NC	Yesterday, 12:41	NC	
○ Falling into things, like...	1	1	Yesterday, 13:51	NC	Yesterday, 13:52	NC	
○ Finding a balance of d...	1	1	Yesterday, 13:46	NC	Yesterday, 13:46	NC	
○ Finding employment th...	1	1	Yesterday, 13:52	NC	Yesterday, 13:53	NC	
○ Finding your people ca...	1	1	Yesterday, 13:18	NC	Yesterday, 13:19	NC	
○ Growth was halted	1	1	Yesterday, 13:13	NC	Yesterday, 13:13	NC	
○ Had endless possibiliti...	1	1	Yesterday, 12:24	NC	Yesterday, 12:25	NC	
○ Having a brain injury m...	1	1	Yesterday, 13:54	NC	Yesterday, 13:54	NC	
○ Having a team around...	1	1	Yesterday, 12:36	NC	Yesterday, 12:37	NC	
○ Ignoring her TBI first, a...	1	1	Yesterday, 13:47	NC	Yesterday, 13:47	NC	
○ Learning to enjoy parts...	1	1	Yesterday, 13:17	NC	Yesterday, 13:17	NC	
○ Life has been derailed...	1	1	Yesterday, 13:48	NC	Yesterday, 13:48	NC	
○ Living for herself, rathe...	1	1	Yesterday, 13:52	NC	Yesterday, 13:52	NC	
○ Losing relationships b...	1	2	Yesterday, 13:29	NC	Yesterday, 13:29	NC	
○ Meaningful relationshi...	1	1	Yesterday, 13:24	NC	Yesterday, 13:24	NC	
○ Not being able to live a...	1	2	Yesterday, 13:56	NC	Yesterday, 13:57	NC	
○ Not knowing who she...	1	1	Yesterday, 13:58	NC	Yesterday, 13:58	NC	
○ Paying back the kindn...	1	1	Yesterday, 13:44	NC	Yesterday, 13:44	NC	
○ Paying it back	1	3	Yesterday, 13:45	NC	Yesterday, 13:53	NC	
○ Perception of someon...	1	1	Yesterday, 13:17	NC	Yesterday, 13:18	NC	
○ Pretending it wasn't re...	1	1	Yesterday, 13:28	NC	Yesterday, 13:28	NC	
○ Putting value of helpin...	1	1	Yesterday, 13:44	NC	Yesterday, 13:44	NC	
○ Running herself into th...	1	1	Yesterday, 13:59	NC	Yesterday, 13:59	NC	
○ Slowing down = thinki...	1	2	Yesterday, 13:27	NC	Yesterday, 13:28	NC	

0 item selected

Appendix 12.3 – Phase 3: Connecting experiential statements



Living for herself, rather than others

Doing things she enjoys make life more fulfilling

Your colleagues make employment much more fulfilling

To help people needs action and taking charge

Putting value of helping people into perspective with her own desires in life

A meaningful and fulfilling life should not be dull

The act of making decisions in your own life as you grow

Paying it back

Slowing down = thinking about how you want to be in life too

Paying back the kindness received from professionals

Finding a balance of doing what you want but within your limits

Finding employment that is meaningful but also within her limits

Young TBI survivors and how RTW will be different for them

The unknown of what life could have been

Being a young age transforms the tie of identity to RTW

Becoming a new person without getting the chance to know who the old person was

Not knowing who she could have been leaves curiosity in RTW journey

Finding your people can make life and career prospects more valuable

Having a team around her gave her the confidence to be herself

The new her is still as loved as the old her

Losing relationships because of brain injury just meant they were not her ride or dies

Meaningful relationships are necessary to live well

The potential for normal being taken away

Trying to wade through a new brain and also a new person

Not being able to live as expected, post-injury

Perception of someone dependent on what she thought others thought of her

Growth was halted

Had endless possibilities, and then was in the accident

Life has been derailed including plans for employment

Was living to meet other people's expectations, rather than her own

Running herself into the ground as she saw no other way out

We can speak more harshly about our past selves, as we no longer believe that we are them.

Learning to enjoy parts where you may of not had full freewill

Falling into things in life, as she wasn't sure what she wanted

The idea of a plan and structure had been comforting pre-injury

Falling into things, like employment, are no longer a part of her identity

The extremes of a scale - living to meet others expectations versus living wholly as yourself without a filter

When the worst has happen, it puts your whole wellbeing into perspective and leads you to getting help

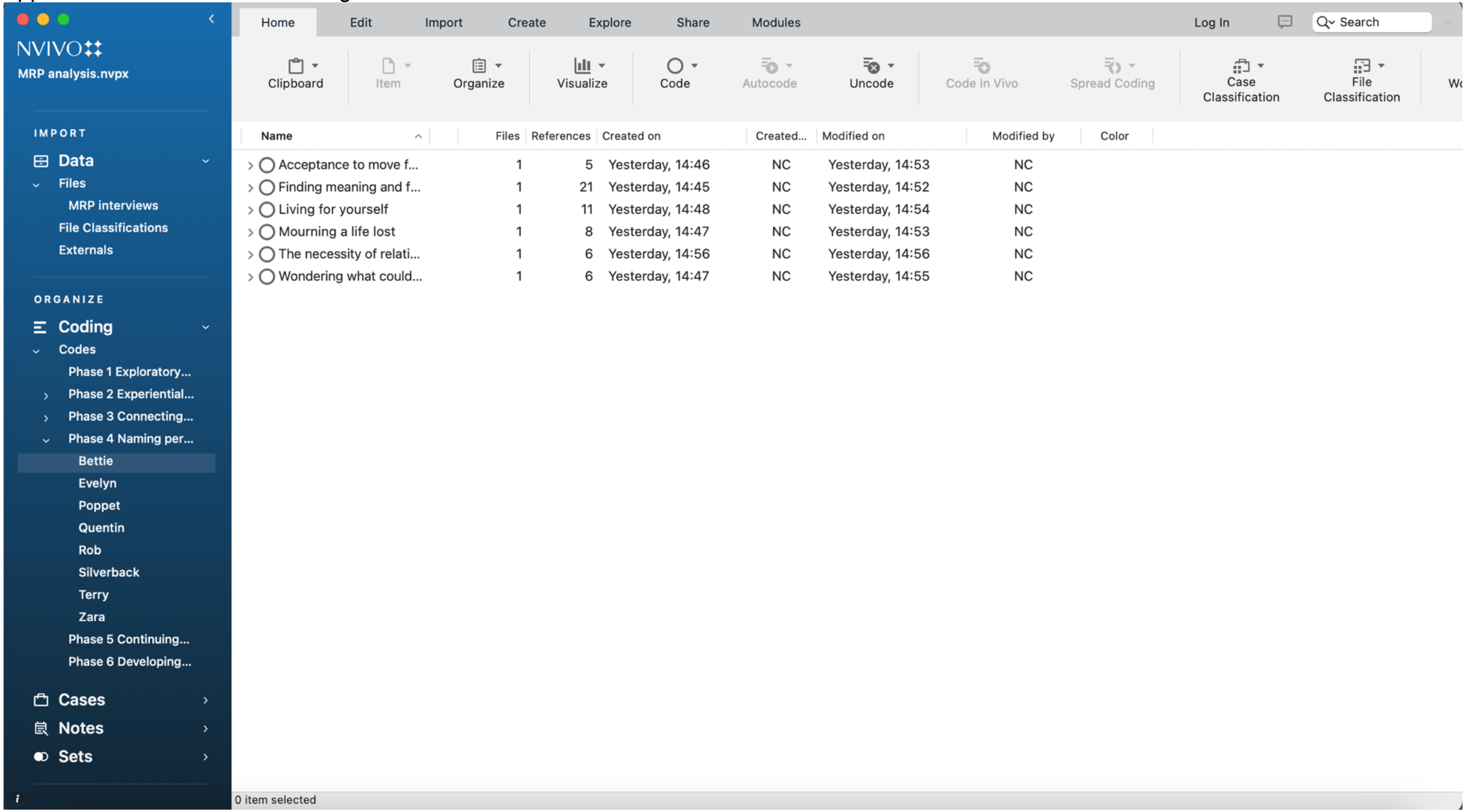
Acceptance of brain injury is the only way to move forward

Pretending it wasn't real and nothing had really changed.

Having a brain injury made her re-evaluate what it is she wants out of life

Ignoring her TBI first, and then when she did recognise it, it was being ignored by her employer instead.

Appendix 12.4 – Phase 4: Naming PETS



Name	Files	References	Created on	Created...	Modified on	Modified by	Color
○ Acceptance to move f...	1	5	Yesterday, 14:46	NC	Yesterday, 14:53	NC	
○ Finding meaning and f...	1	21	Yesterday, 14:45	NC	Yesterday, 14:52	NC	
○ Living for yourself	1	11	Yesterday, 14:48	NC	Yesterday, 14:54	NC	
○ Mourning a life lost	1	8	Yesterday, 14:47	NC	Yesterday, 14:53	NC	
○ The necessity of relati...	1	6	Yesterday, 14:56	NC	Yesterday, 14:56	NC	
○ Wondering what could...	1	6	Yesterday, 14:47	NC	Yesterday, 14:55	NC	

Appendix 12.5 – Phase 6: Developing GETS