

# Conceptualising early intervention vocational services within inpatient SCI rehabilitation

**Final report**

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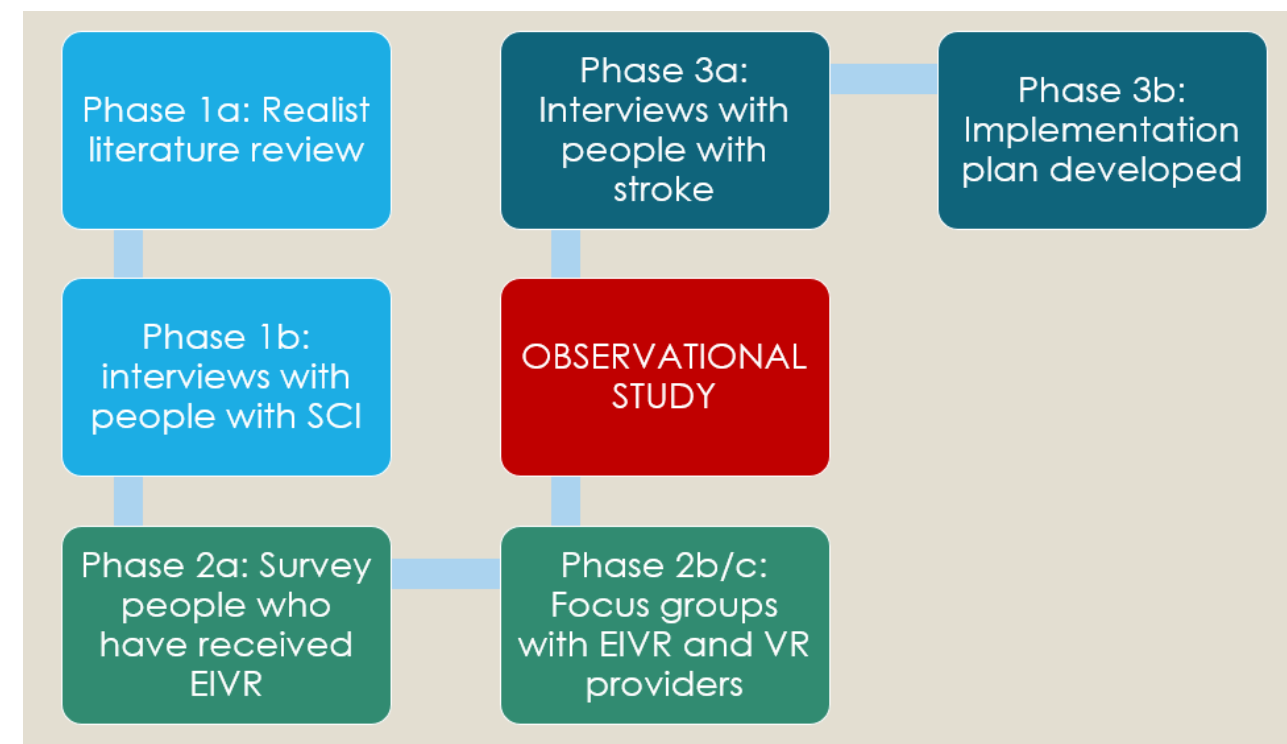
## BACKGROUND INFORMATION

Work holds financial, social, and psychological merits and is often central to a person's identity. Returning to work after a significant neurological event is often challenging. Around 35-45% of people return to work after spinal cord injury (SCI) amongst developing countries (Yasuda, 2002) and 40.8% return to work two years after traumatic acquired brain injury (Van Velzen 2009).

Early intervention vocational rehabilitation (EIVR) is an effective but novel approach to supporting people with neurological disability back to work. New Zealand is unique in that people with SCI currently receive EIVR. However, people with other acquired neurological disabilities, such as stroke, do not receive vocational rehabilitation until later in their rehabilitation journey, and there is not always a clear pathway for them to follow.

Therefore, researchers from the University of Otago and the Burwood Academy Trust has been exploring what we can learn from EIVR services for SCI and if/how similar services may be set up for people with stroke. This larger Health Research Council funded project is called 'Early Vocational rehabilitation Services following neurological disability (EVocS study).

## PHASES OF THE EVocS STUDY



## KEY RESEARCH AIMS

### What works for who and how?

- Identify how EIVR is provided to people with SCI on the Burwood Spinal Unit.
- Identify how EIVR benefits people with SCI – why (or why not) are positive outcomes achieved?
- Investigate the contextual factors that impact on whether EIVR will be successful or not for different people with SCI.
- Develop a better understanding of how an EIVR service impacts on the wider spinal unit multi-disciplinary team (MDT).

### The bigger picture

Recommendations will be made in collaboration with the EIVR and spinal unit MDT staff on how to further optimise the service.

This research will also contribute to the wider EVocS project which aims to make recommendations on how EIVR may be developed for people with other acquired neurological conditions such as stroke across NZ.

# METHODS

## RESEARCH APPROACH

This study used an observational study design with a realist research approach. A realist approach was selected as it is an established approach to developing deeper levels of understanding how and why complex interventions work (Pawson & Tilley, 1997). Realist research focuses on causation and understanding often ‘unseen’ mechanisms in relation to specific contexts and explaining variations in outcomes or mediating mechanisms in different people or different circumstances. An observational approach to data collection was taken to capture what happens, especially in relation to the wider multidisciplinary team (MDT). We also wanted to capture how things change over the course of a person’s hospital admission. Semi-structured interviews explored how EIVR and the MDT supported people (or not) with return to work after SCI. Data was collected over a 16-week period. This study was ethically approved by the University of Otago (H19/170).

## DATA COLLECTED



24 PARTICIPANTS:  
7 PEOPLE WITH SCI &  
17 STAFF



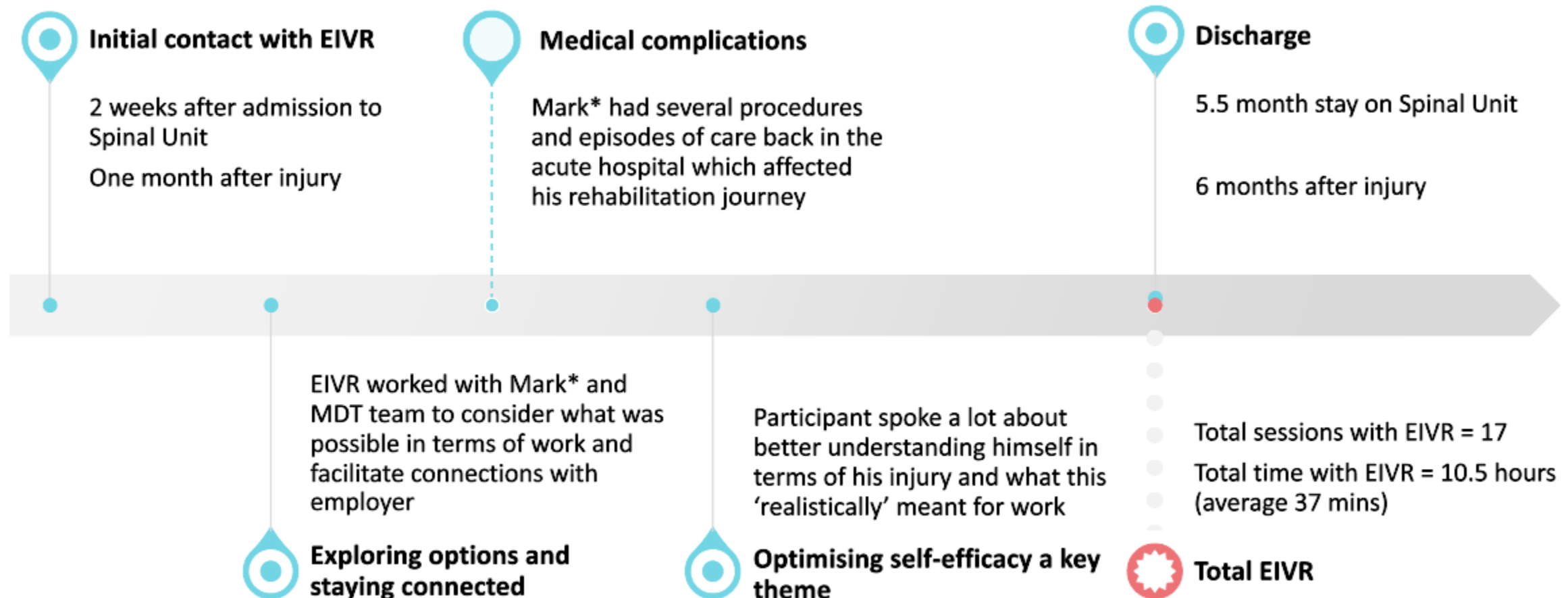
53 INTERVIEWS WITH  
PEOPLE WITH SCI AND  
STAFF



16 OBSERVATIONS OF  
REHABILITATION SESSIONS

## EXAMPLE TIMELINE OF ONE PARTICIPANT ‘MARK’\*

\* Not real name



## FINDINGS

I think [the whole team] all cross over. I think the more that you can have everyone [including EIVR] in sort of one place....I reckon it's really good.....I reckon it definitely connects, you know crosses boundaries and stuff (participant with SCI)

Interviewer: And how does that feel, that conversation [about career options]?

Participant with SCI: Opened my eyes. I feel like my brains on fire, getting some ideas and stuff.

### KEY THINGS PEOPLE WITH SCI TALKED ABOUT

- It is helpful that work is spoken about as a possibility early on, and that the type and pace of conversations are tailored to the individual.
- Developing a trusted relationship is vital for all staff to understand what a person's needs are at any given point in time.
- It is useful to have early opportunities to explore work options with a dedicated vocational rehabilitation staff member who can be flexible and support with a person's unique needs.
- There is a culture amongst the whole team that work is possible.
- Uncertainty is common after SCI, and it is helpful if all staff can gauge how this may affect a person's feelings about work.

It's just that natural conversation. So we could be, maybe going for a push outside, or we're in the middle of transfers and he's like 'I've been thinking about this [in relation to work]; what do you do...' and it's like nothing to do with what we're doing. But it's hard to predict when those conversations are going to happen (staff participant)

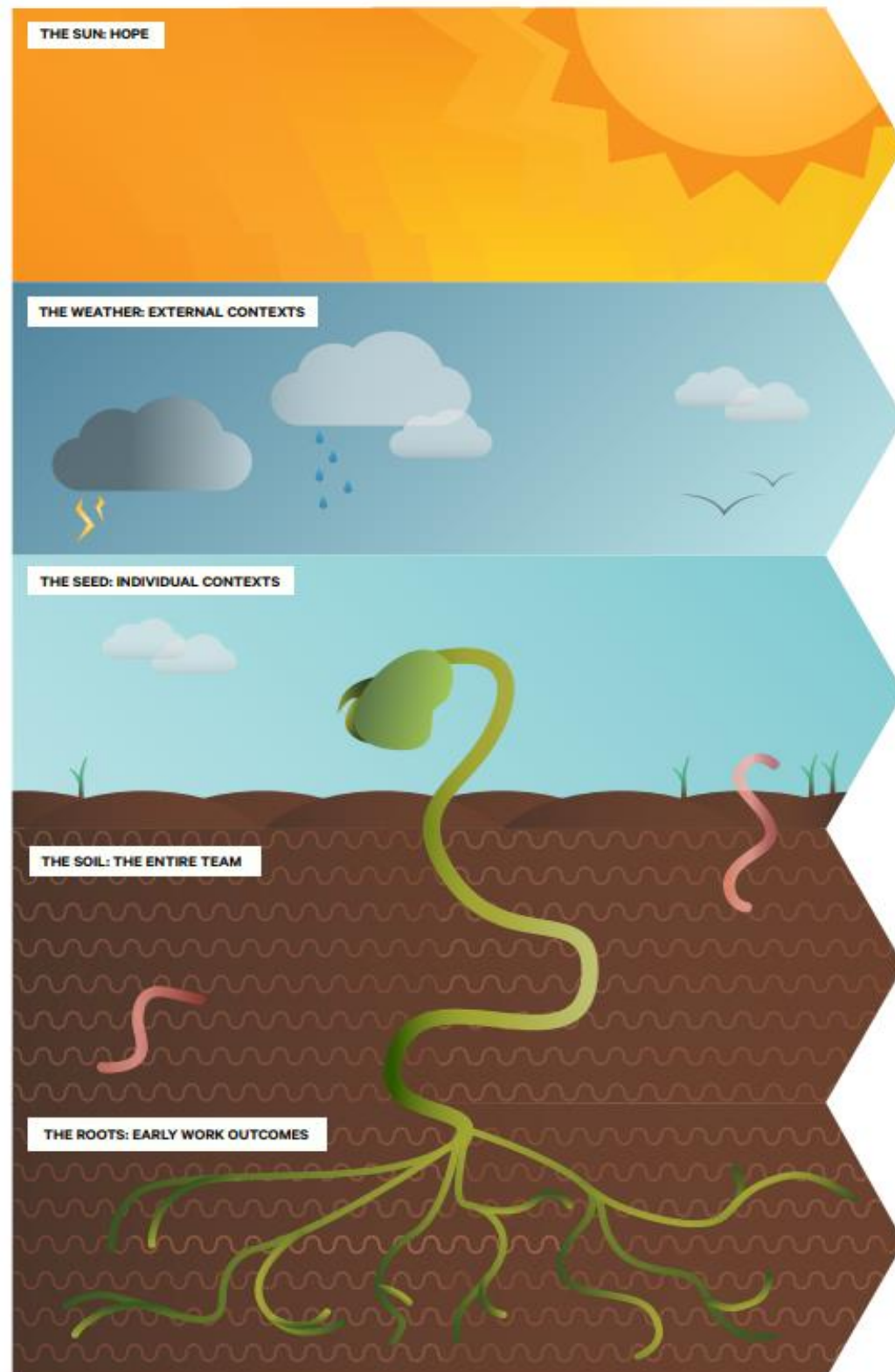
Most people, they kind of, as they go from hope to despair, they also juggle the things they've lost against the things they haven't lost. Part of our job, and the staff's job here, is to help people see that the things they've lost maybe are not as big as they seem and the things that they retain maybe are more enduring or valuable than they think they are (staff participant)

### KEY THINGS EIVR AND MDT STAFF TALKED ABOUT

- There is value in having dedicated EIVR staff while people are in hospital.
- EIVR staff can positively influence the wider MDT staff and vice versa.
- Good communication between the whole rehabilitation team (EIVR and MDT) and people with SCI is key for EIVR to work well.
- Hope and grief are significant for people after SCI but early conversations about work and/or making a meaningful contribution with both EIVR and MDT staff can be helpful for people and can impact on other areas of their rehabilitation.

# THEORETICAL MODEL

We have conceptualised how early vocational services work within inpatient SCI rehabilitation using a seed metaphor.



**The sun: hope.** An overarching theme which can be considered as a context, mechanism of effect and outcome of early work conversations. Like the sun, hope was more visible at some times than others, but was an essential requirement for growth.

**The weather: external contexts.** These external contexts effected a person's journey after SCI and influenced early work conversations. The external contexts for participants often related to their employment, financial and housing situation, and the priority of these contexts changed during a person's hospital stay, just like the changing weather.

**The seed: individual contexts.** These are the individual holistic contexts relating to the person with SCI which naturally reflected Sir Mason Durey's 'Te Whare Tapa Wha' model of health and wellbeing; physical, mental, social and spiritual (1982). They can be considered in the past, present and future, and like a seed all the potential for growth is within the individual.

**The soil: the entire team.** This represents the rehabilitation culture and early work activities which both the EIVR team and the wider rehabilitation team undertook. This included how they worked collaboratively as a team and, like the soil, must contain the correct combination of nutrients for the seed to prosper. Understanding the seed was vital for the team to provide the necessary nutrition on any given day. This understanding came from *building relationships* and effective *communication*.

**The roots: early work outcomes.** These outcomes were 1) Understanding myself, 2) Psychological adjustment, 3) Engagement in work solutions, 4) Confidence in ability to work. All the outcomes can be seen as relating to empowerment, a process by which a person gains control over their life or over aspects of their life which are important to them. Like roots, these outcomes were not always visible during a person's time in hospital but were essential foundations for their unique work journey.

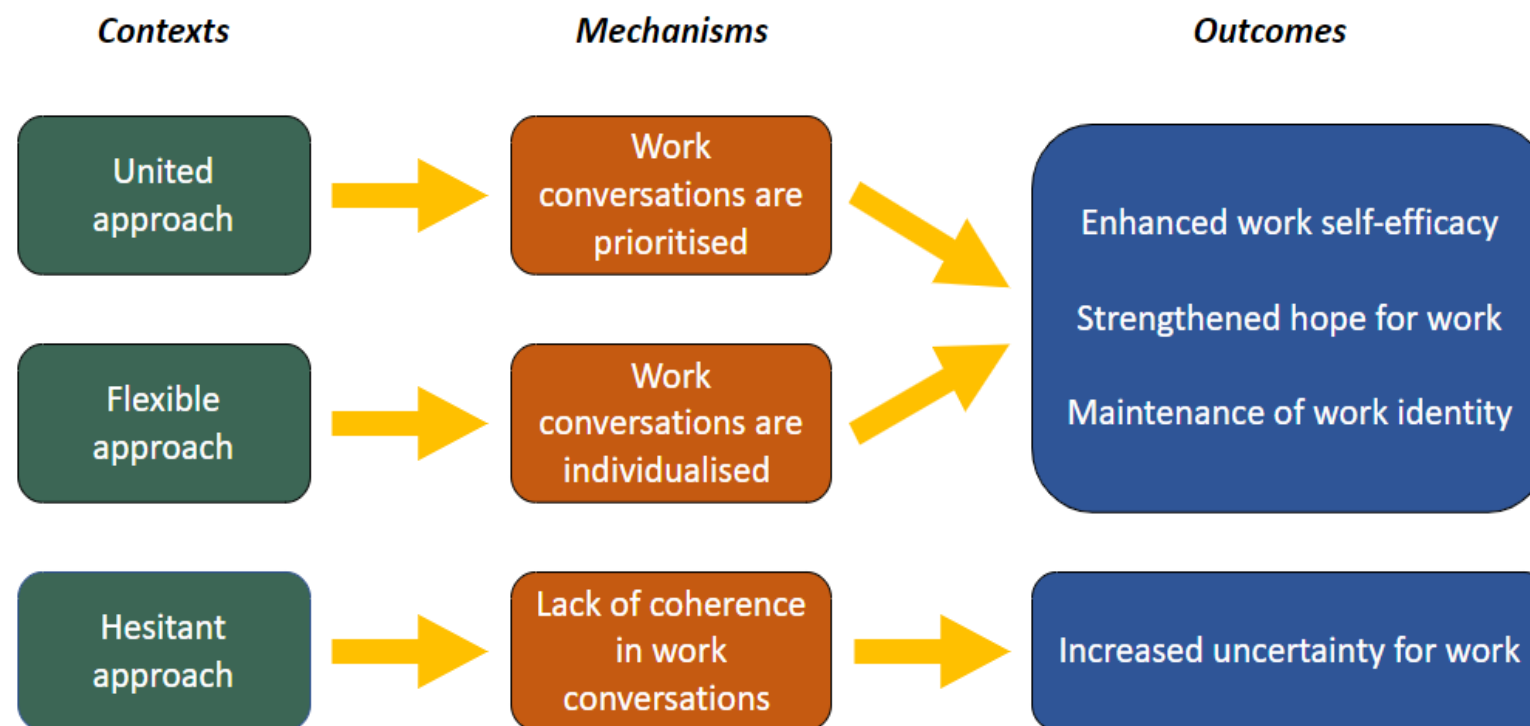
# THE INTERACTION BETWEEN EIVR & THE WIDER TEAM

## A UNITED APPROACH

- Often the team had a united approach to work conversations with a culture that work was possible for people after SCI regardless of that person's individual circumstances, although it was widely acknowledged that understanding a person's individual circumstances was important in approaching any work conversations.
- Most members of the MDT felt that they had a role in work conversations and 'integrated' work goals into their rehabilitation activities.
- This resulted in enhanced work self-efficacy, strengthened hope for work and maintenance of a person's work identity after SCI.

## A FLEXIBLE APPROACH

- The early weeks and months after SCI were often a turbulent time for participants with SCI and they spoke of the need for flexibility by the entire team, but especially for the EIVR team. EIVR staff would often have unscheduled sessions with people with SCI which created a more informal conversation whilst allowing them to understand a person with SCI more deeply and holistically.
- Flexibility allowed work discussions to be individualized to each person's unique needs and situation and well framed, non-pressured work conversations could help people psychologically adjust to their SCI.



## A HESITANT APPROACH

- There were also times when there was hesitancy for staff to discuss work with people early after their SCI for concern that they would "add pressure".
- There were also some conflicting messages about work from different members of the MDT and EIVR team which led to some participants with SCI drawing their own conclusions about the possibility of returning to work, but for others to feel more uncertain about their working future.
- When work conversations were approached hesitantly participants described increased uncertainty for work, often on top of existing uncertainties such as housing, finances and identity.

## LAST THOUGHTS AND NEXT STEPS

The presence of EIVR had the added benefit of **influencing** the wider multi-disciplinary team (MDT), who naturally thought more about work outcomes for the people with SCI they were supporting. This culture of assuming work was a possibility for anyone after SCI also implied permission, confidence and trust that any member of the wider team could discuss work as it naturally arose in conversations. This meant a person's work aspirations after SCI could be nurtured by all staff throughout a person's journey after SCI.



Similarly, the wider MDT influenced EIVR, guiding EIVR staff as to when to be more present and when to pull back from people with SCI depending on what was happening for them at the time. This had the benefit of allowing people to feel understood after their SCI, whilst directing EIVR resources to where they were required. At times EIVR and the wider team worked very closely, and at other times there was more of a separation between them. There was merit in this flexibility, provided there was good communication and clarity between everyone.

### RECOMMENDATIONS



Having a flexible EIVR service was important, but some participants would have valued more structure and clarity about how EIVR providers could best support them from the start.



Communication between EIVR, participants and wider MDT staff was not always optimal. More clarity about who is doing what and reporting back of progress in a consistent way would help this.

Ultimately, the weeks and months after SCI can be a turbulent time for people with SCI. However, many people start thinking about work within days of their initial injury. Having an environment where work can be discussed and explored at a time that is right for them is reassuring - validating them as a person beyond their injury.

***‘Poipoia te kakano kia puawai’ - Nurture the seed and it will blossom***

### NEXT STEPS

These findings will be incorporated with findings from the broader ‘Early Vocational Services (EVocS) Study’ - the aim of this project is to improve return to work outcomes for people who have had a stroke in NZ. Burwood Academy is writing up several papers that will be published in international journals.

### ACKNOWLEDGEMENTS

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### DISCLAIMER

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