



Navigating the road back to work after stroke: what does the evidence say?



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Clinical Design
& Innovation

Person-centred, co-ordinated care



Health &
Social Care
Professions



THE BRÍ CLINIC

Private Occupational Therapy Services

No Conflict of Interest

Framing the Problem

RTW (Return to Work) is a major goal for people who were working at the time of their stroke

BUT

Upper estimates are that 50% of those working before their stroke RTW after their stroke, and this has been as low as 12% in some cohorts. However, trend to increasing numbers with time

AND

1 in 3 of those who RTW have issues sustaining work after they have returned
- reduction in hours, responsibilities, withdrawal from the work role, sick leave, etc

Work & Stroke

- Increasing numbers of people of working age having a stroke

INAS 24% to 27%

- Contribution of Work

- Sense of belonging, self-esteem, valued role
- Financial impacts
- Social function and temporal routine
- Societal and cultural factors
- Marker on the road to “recovery”
- Health impacts and quality of life

- Benefit to society and the economy



Changing nature of “Work”

- Paid employment – major focus of the talk
- Self-employment and the “gig” economy
- Remote & asynchronous working
- “Productivity” – a wide lens which may include volunteering, learning, researching, advocacy, etc
- Unpaid work – e.g. caring roles
- Age not a barrier to work, e.g. agricultural sector (37.8% of Irish farmers are 65 and over)



What is most likely to pose a challenge?

- Fatigue
- Cognitive factors
- Difficulty Communicating
- Older Age
- Job Characteristics – especially engaging in Manual work
- Workplace support
- Physical Issues
- Stress

*“Looking normal
but not feeling
normal”*

Qualitative research
Research

Barriers and facilitators to staying in work after stroke: insight from an online forum

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1. Understanding Stroke, especially hidden impairments, most commonly fatigue
2. Support, adjustments, communication within the workplace
3. Changing nature of impairments and recovery

What can we do about it?

Challenges

- Heterogeneity of Stroke – everyone is different!
- Heterogeneity of Work - everyone's work is different!
- Perception of Stroke as an older person's disease
- Limited access to services across Europe
- Evidence base that clearly supports practice in terms of rehabilitation

Service Development

- Information, development of work strategies, advocacy and support, and individualised guidance.
- Examples in Ireland include:
 - Irish Heart Foundation vocational group
 - Acquired Brain Injury Ireland
 - National Learning Network
 - Individual healthcare professionals and sites, e.g. rehab teams, GPs, OTs, – very variable in provision of vocational rehabilitation, guidance and support
 - Peer supports

What if return to work is not an option?

- Emotional support – acceptance, grief, anger, shame
- Exploring new types of learning or productivity
- Financial advice
- Maintaining links and open doors – is it a “no” or a “not yet”

Cognition & Language

Planners,
diaries,
calendars

Note-taking and
checkers (e.g. AI,
work buddy)

Structure and
planning

Fatigue

4Ps – planning,
pacing, prioritizing,
positioning

Designated rest
breaks. Quiet
spaces

Graded return

Psychosocial factors

Stress management
strategies

Mindfulness

Work “buddy” or
designated contact

ACT

Vision and Perception

Lighting, glare

Work with strongest
sense, e.g. text to
speech app

Ergonomics and
Safety

Conclusion

Return to work is both an outcome and a process

- Education and preparation of the employer/workplace as well as the person with stroke
- Maintaining supportive relationships before, during and after the return to work period
- Strategies tailored to the individual needs and work roles

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