

Return to Work after an Acquired Brain Injury: Why the Subjective Experience of the Patient is Important?

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Acquired brain injury (ABI) for both, traumatic (TBI) and nontraumatic (nTBI) causes is one of the leading causes of disability worldwide [1]. Annually more than 1.7 million people in the United States experience traumatic brain injury (TBI) resulting in 275,000 hospitalizations and 52,000 deaths [2]. People with ABI often experience a series of changes and alterations depending on the nature and the location of the injury, which are usually organized in various areas, such as: physical changes (problems with walking, sitting, speaking clearly, chronic pain and headaches, fatigue and difficulty sleeping), cognitive changes [3,4], emotional [5] and social [6,7].

The effects of brain injury often involve long-term cognitive, physical, behavioral and emotional changes that impact survivors in different aspects of their lives, including, among other areas, work. For all this ABI is known as one of the most disabling diseases, making the return to work more difficult.

Approximately 75% of ABI survivors are of working age [8] and returning to work (or RTW), that is, returning to work in which they performed in a manner prior to the injury or finding a new job, plays a central role not only in the experience of the injury survivor [9], but also for rehabilitation and its treatment process [10].

Some research has shown that RTW is a crucial element in the quality of life of patients with ABI, providing a social environment, financial independence and a sense of personal purpose [11,12]. However, only 40% of patients with ABI return to work within two years after the injury [13].

Returning to work after an acquired brain injury can be a very complex process and demanding for patients. Some research has already synthesized that subjective phenomena such as motivation, empowerment of people with ABI, or the perception that employers provide appropriate facilitators in the workplace are very relevant for the experience of returning to work to be successful [14]. This information is particularly relevant in those rehabilitation programs that seek the labor reintegration of people with ABI. Any rehabilitation process involves negotiating objectives with the person, and with what is important to the person. If the labor return is an axis of the rehabilitation intervention, the intervention must incorporate the subject's experience, difficulties and motivations.

In this context, the subjective experience of the patient provides crucial information for the optimization of the RTW process, providing very relevant information on the factors considered, facilitating or impeding the RTW, and the implementation of effective solutions to problems in this context [7].

Occupational rehabilitation in brain injury always implies an accommodation, either in a new job, in performing a task in some different way, or in the compensations and adaptations necessary for the performance of old labor tasks, such as new ones.

Validating subjective experience offers direct clinical benefits to the RTW either in the strengthening of individual identity (as a worker) [15], the generation of stable work support [12], the maintenance or change of work [16], the modification of work tasks [10], membership to the (work) group [7], or even the planning of new goals [14].

There will always be a tension-interaction dynamic between the capabilities of the person after the injury, and the demands of the environment. Validate the subjective experience of people with ABI when returning to work, not only allows review and adjust the clinical objectives of the intervention. It allows to make the RTW process an intervention process adjusted to the reality of each patient.

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