

**Work-Related Experience of Individuals with  
Traumatic Brain Injury Following Rehabilitation  
Service**



By

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## Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgment in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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# **Dedication**

**To My precious Family and Teachers**

## TABLE OF CONTENTS

### CONTENTS

<b>Board of Examiners .....</b>	<b>ii</b>
<b>Statement of Authorship .....</b>	<b>iii</b>
<b>Acknowledgement .....</b>	<b>iv</b>
<b>Dedication .....</b>	<b>iv</b>
<b>Table of Contents .....</b>	<b>vi</b>
<b>List of Tables .....</b>	<b>x</b>
<b>List of Figures .....</b>	<b>xi</b>
<b>List of Abbreviations .....</b>	<b>xii</b>
<b>Abstract.....</b>	<b>xiii</b>
<b>CHAPTER I: INTRODUCTION .....</b>	<b>1</b>
1.1 Background .....	1
1.2 Justification of the study .....	3
1.3 Operational Definition.....	3
1.3.1 Experience.....	3
1.3.2 Work .....	3
1.3.3 Employment.....	4
1.3.4 Traumatic Brain Injury .....	4
1.4 Aim of the study .....	4
<b>CHAPTER II: LITERATURE REVIEW .....</b>	<b>Error! Bookmark not defined.</b>
2.1 Overview of the workplace and return to work.....	5
2.2 Challenges .....	7
2.3 Coping Strategies .....	8
2.4 Facilitators .....	10
2.5 Satisfaction with work-life after TBI .....	10
2.6 Employer's Perspective .....	11
2.7 Key Gaps of the Study .....	12
<b>CHAPTER III: METHODS .....</b>	<b>Error! Bookmark not defined.</b>
3.1 Study Question, Aim, Objective .....	13
3.1.1 Study Question.....	13
3.1.2 Aim .....	13
3.1.3 Objectives .....	13
3.2 Study Design .....	13

3.2.1 Method .....	13
3.2.2 Approach.....	14
3.3 Study Setting and Period.....	14
3.3.1 Study Setting .....	14
3.3.2 Study Period.....	14
3.4 Study Participants.....	14
3.4.1 Study Population.....	14
3.4.2 Sampling Techniques.....	15
3.4.3 Inclusion Criteria .....	15
3.4.4 Exclusion Criteria .....	15
3.4.5 Participants Overview .....	15
3.5 Ethical Considerations.....	16
3.5.1 Ethical approval from IRB .....	17
3.5.2 Informed Consent.....	17
3.5.3 Unequal Relationship.....	17
3.5.4 Risk and Beneficence.....	18
3.5.5 Power Relationship .....	18
3.5.6 Confidentiality .....	18
3.6 Data Collection Process .....	18
3.6.1 Participant Recruitment Process .....	18
3.6.2 Data Collection Method.....	19
3.6.3 Data Collection Instrument .....	20
3.6.4 Field Test .....	20
3.6.5 Non- participant .....	20
3.7 Data Management and Analysis.....	20
3.8 Trustworthiness and Rigor .....	21
3.8.1 Methodological rigor .....	22
3.8.2 Interpretive rigor .....	23
<b>CHAPTER IV: RESULTS .....</b>	<b>Error! Bookmark not defined.</b>
4.1 Theme one: Work roles and responsibilities .....	26
4.1.1 Sub-theme one: Previous work role and responsibilities.....	26
4.1.2 Sub-theme two: Present work role and responsibilities.....	26
4.2 Theme two: The motivation behind returning to work .....	27
4.2.1 Sub-theme one: Financial independence .....	27
4.2.2 Sub-theme two: Self-reliance.....	28
4.2.3 Sub-theme three: Negative feelings .....	28
4.3 Theme three: Barriers.....	29



4.3.1 Sub-theme one: Physical limitations.....	29
4.3.2 Sub-theme two: Cognitive impairments .....	29
4.3.3 Sub-theme three: Communication difficulties .....	30
4.3.4 Sub-theme four: Stigma and Discrimination .....	30
4.4 Theme four: Relationship with coworkers .....	30
4.4.1 Sub-theme one: Acceptance.....	31
4.4.2 Sub-theme two: Collaboration .....	31
4.4.3 Sub-theme three: Ignorance .....	31
4.4.4 Sub-theme four: Conflictual .....	32
4.5 Theme five: Experience of working life .....	32
4.5.1 Sub-theme one: Work effort .....	32
4.5.2 Sub-theme two: Feelings about Work before and after injury.....	33
4.6 Theme six: Coping strategies .....	33
4.6.1 Sub-theme one: Intelligence .....	33
4.6.2 Sub-theme two: Environmental modification.....	34
4.6.3 Sub-theme three: Support from others.....	34
4.7 Theme seven: Satisfaction in work-life.....	34
4.7.1 Sub-theme one: Satisfaction Before Injury.....	34
4.7.2 Sub-theme two: Satisfaction post-injury.....	35
4.8 Theme eight: Recommendation .....	35
4.8.1 Sub-theme one: Advice for workplace .....	35
4.8.2 Sub-theme two: Advice for self-care and skill development.....	36
<b>CHAPTER V: DISCUSSION .....</b>	<b>Error! Bookmark not defined.</b>
<b>CHAPTER VI: CONCLUSION .....</b>	<b>Error! Bookmark not defined.</b>
6.1 Strengths and Limitations .....	40
6.1.1 Strengths .....	40
6.1.2 Limitations .....	40
6.2 Practice Implication.....	40
6.2.1 Recommendations for Future Practice.....	40
6.2.2 Recommendations for Future Research .....	41
6.3 Conclusion.....	41
<b>LIST OF REFERENCE .....</b>	<b>Error! Bookmark not defined.</b>
<b>APPENDICES .....</b>	<b>Error! Bookmark not defined.</b>
Appendix A: Ethical Approval/ Permission Letter .....	49
Appendix B: Information sheet & Consent Form (English and Bangla Version) ...	51
Appendix C: Interview guide (English and Bangla Version) .....	60
Appendix D: Translator consent form (English and Bangla Version).....	63

Appendix E: Supervision Record Sheet .....65

**LIST OF TABLES**

<b>Serial number of the Table</b>	<b>Name of the Table</b>	<b>Page no</b>
Table 3.1	Participant's overview	16
Table 4.1	Overview of Result	25

**LIST OF FIGURES**

<b>Serial number of the Figure</b>	<b>Name of the figure</b>	<b>Page no</b>
Figure 2.1	Overview of Literature Review Findings	5
Figure 3.1	Participant recruitment process	18

<b>LIST OF ABBREVIATIONS</b>
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<b>ADL</b>	Activities of daily living
<b>BBA</b>	Bachelor of Arts
<b>BHPI</b>	Bangladesh Health Professions Institute
<b>COREQ</b>	Consolidated Criteria for Reporting Qualitative Research
<b>CRP</b>	Centre for the Rehabilitation of the Paralysed
<b>IADL</b>	Instrumental Activities of daily living
<b>IRB</b>	Institutional Review Board
<b>LLB</b>	Bachelor of Laws
<b>mTBI</b>	Mild traumatic Brain Injury
<b>RTA</b>	Road Traffic Accident
<b>RTW</b>	Return to work
<b>TBI</b>	Traumatic Brain Injury
<b>VR</b>	Vocational Rehabilitation

## ABSTRACT

**Background:** Return to work rates after Traumatic brain injury vary significantly and are influenced by psychosocial, economic, and cultural factors. Executive dysfunction is a common brain injury outcome that affects attention, social skills, thinking abilities, judgment, reasoning, and behavior. Return to work benefits patients financially and enhances their recovery through productive employment opportunities. However, there are disparities in productivity and community participation among various racial/ethnic groups after TBI. The study provided new insights into coping strategies and recommendations for work and work-life experiences before and after TBI.

**Aim:** The study aimed to explore the work-life experience before and after traumatic brain injury.

**Methods:** This study used qualitative methodology with a narrative approach. Participants were recruited from their homes and workplaces. Ten Participants were selected through purposive sampling. Participants were between 18 and 59 and were employed for at least six months and undergoing neurorehabilitation therapy at a rehabilitation facility in Bangladesh. The student researcher collected data until data saturation. The interview was conducted face-to-face with a semi-structured guide, and the student researcher recorded audio. Braun and Clark's six-step thematic analysis framework was used for data analysis.

**Results:** Eight themes were found: work roles and responsibilities, the motivation behind return to work, barriers, relationships with coworkers, the experience of working life, coping strategies, satisfaction in work life, and recommendations. Related

subthemes were also identified with various responses and experiences of survivors after TBI.

**Conclusion:** The study examined the potential experience of TBI survivors in their workplace. These findings demonstrated the past and present work roles and responsibilities, difficulties, coping strategies, coworker relationships, work-life satisfaction, and recommendations. After taking rehabilitation services, participants shared their experiences and perceptions of dealing with their barriers and assuming the worker role successfully. The study provides insights among health professionals and Occupational therapists about work-related advocacy and intervention programs. Participants can also gain a deep understanding of the challenges and opportunities in their working sector. This study helps individuals with TBI to enhance their knowledge about their work life.

**Keywords:** Experience, Work, Employment, Traumatic Brain Injury.

## CHAPTER I: INTRODUCTION

### 1.1 Background

According to the annual report of Bangladesh, the number of TBIs in 2021 was 5% lower than in 2020 (Health, 2022). TBI is a significant global health issue causing disability and death in young adults. It was responsible for approximately 50% of all trauma-related deaths worldwide (Levin et al., 2014). Worldwide, approximately 69 million people suffer from TBI each year. The percentage of TBI caused mainly by road traffic accidents (RTA) was highest in low and middle-income countries like Southeast Asia and Africa (Dewan et al., 2018; Das et al., 2023). Bangladesh is the most densely populated country in the world, with a population of approximately 17 million (Worldometer, 2023). In Bangladesh, the annual incidence of head injury was 814.8 per 100,000 people, with a mortality rate of 23.39 per 100,000 population (Das et al., 2023). TBI incidence was 2.22 times higher in men than women. The prevalence of TBI was 16.7% in the general population and 8.5% in women (Biegon, 2021). The most common age group of TBI was between 21 and 30 years old in Bangladesh (Das et al., 2023).

TBI can vary in severity, ranging from mild to severe (Darries, 2015). The common problems associated with TBI are persistent impairments, including cognitive, physical, emotional, and behavioral issues, and social barriers, such as lack of understanding and fear of employment impacting job opportunities (Rakic et al., 2007). Jobs, occupations, and individual contributions are essential to society, providing individuals with a sense of purpose, belonging, and social bonds (Mardon, 2021). Recent studies showed that return to work (RTW) rates after TBI vary significantly, ranging from 18% within six months to 30% to 55% in 2 to 10 years (Wang et al.,



2019). One study found that less than half of the participants could return to work within two weeks after their injury.

Additionally, 17% of the participants could not work after 12 months. 5% to 20% of individuals with mild TBI could not return to working life after 1 to 2 years (Polich et al., 2018). Psychosocial, economic, and cultural factors significantly influenced return to work rates, resulting in wide variations across settings and countries (Shames et al., 2007a). Most studies and reviews synthesized evidence and state of knowledge on factors related to employee RTW (Alves et al., 2020).

Executive dysfunction is a common brain injury outcome that affects attention, social pragmatics, higher-order thinking, judgment, reasoning, and impact. One study showed how barriers, facilitators, and coping processes affected participants' ability to resume work roles. Executive function impairments could impact daily living activities and predict daily living skills (Perna et al., 2012).

Early intervention and return to work benefited patients financially and enhanced their recovery through productive employment opportunities (Rakic et al., 2007; Shames et al., 2007). There are significant differences in productivity and community participation among various racial and ethnic groups after experiencing a TBI (Stevens et al., 2021). The study findings provided new insights into how work life changes before and after experiencing TBI. The study identified different work roles and responsibilities, motivational factors, barriers, coping strategies, and satisfaction levels with work and work-life experience before and after the injury. It was essential to learn from both positive and negative experiences.

## **1.2 Justification of the study**

The study benefited Occupational therapists, social workers, policymakers, work organizations, and participants. The study explored how their work life changes before and after injury. According to knowledge, the Occupational therapist has a vital role in a patient's gradual return to work plan, work environment, and vocational training. The findings from this study would help occupational therapists determine areas they need to work on more for the rehabilitation progress and vocational training for TBI patients. This study generated recommendations for the patients to assess their challenges and improve their quality of life at their workplace. This study helped health professionals determine the individuals with TBI difficulties in adjusting to their work lives, and it is also beneficial for occupational therapy treatment programs. This study promoted client-centered practice and evidence-based practice. Participants understand their needs more profoundly and overcome their barriers. The study's findings would help policymakers make policies in the workplace and add insights into employment opportunities, current workplace safety, and accessibility. The researcher was interested in doing this research because returning to work is an essential issue for individuals after an injury.

## **1.3 Operational Definition**

### **1.3.1 Experience**

Something that someone has done or lived through a task (Roth & Jornet, 2014).

### **1.3.2 Work**

Work refers to a physical or mental activity carried out to achieve a specific goal, a place of employment, or a job or task that a person performs. Work refers to an occupation and the employment industry (Mardon, 2021).

### 1.3.3 Employment

Employment refers to working at least one hour per week in exchange for payment, such as a wage, profit, commission, or unpaid work in a family business (Garon, 2006).

### 1.3.4 Traumatic Brain Injury

TBI is any alteration in brain function caused by an external force that results in temporary or permanent impairment of cognitive, physical, or psychosocial function (National Institute of Neurological Disorders and Stroke (NINDS), 2019).

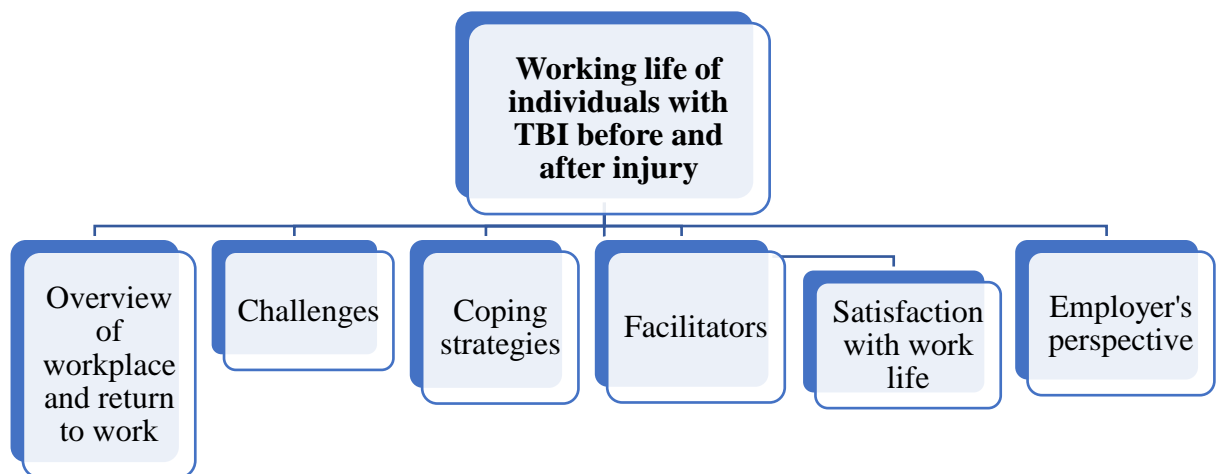
## **1.4 Aim of the study**

The study aims to explore the work-life experience before and after traumatic brain injury.

## CHAPTER II: LITERATURE REVIEW

This chapter reviews related literature about work-related experiences of individuals with TBI following rehabilitation. It includes information about the findings of a few articles about work-life before and after TBI. It also provides information about challenges, facilitators, and employers' perspectives. Articles published within the last 23 years were searched on Google Scholar, PubMed, Scopus, and Google. Please see the figure for an overview of the literature review findings.

**Figure 2.1 Overview of literature review findings**



### **2.1 Overview of the workplace and return to work**

After experiencing a TBI, it was often not possible to return to working life. The authors provided an overview of the current understanding of RTW after TBI. The result identified emphasizes the significant functional consequences of TBI and the intricate relationship between pre-existing characteristics, injury-related factors, post-injury impairments, and personal and environmental factors in TBI. Failure to RTW is often

associated with injury severity and a lack of self-awareness. Medical, psychosocial, and rehabilitative interventions were utilized to enhance the likelihood of RTW (Shames et al., 2007b).

A systematic review examined the effectiveness of vocational rehabilitation treatments aimed at helping adults with TBI obtain competitive employment. The study included 67 intervention reports, with only three randomized controlled trials meeting inclusion criteria. These randomized controlled trials had parallel interventions, such as psycho-educational vocational training systems and vocational rehabilitation (VR) based training programs that use artificial intelligence. Most participants were white and African American, but the other study had more Hispanic/Latino and white participants. The alternate interventions were more effective than the primary intervention, with employment rates ranging from 55% to 94%. All interventions showed positive average gains, but none were deemed more effective than the others (Graham et al., 2016).

Another systematic review examined the factors influencing a person's ability to return to work after experiencing an acquired brain injury. After reviewing 27 studies, they found that individuals with a higher level of education are more likely to return to work after a traumatic ABI. Conversely, those with low education, unemployment, and more extended rehabilitation periods are less likely to return to work. For individuals with non-traumatic ABI, being independent in daily living activities is positively associated with returning to work. Injury-related factors in the emergency department do not appear to impact returning to Work (Donker-Cools et al., 2016).

Another systematic review of nine relevant electronic databases and quantitative peer-reviewed publications stated that manual work was moderately linked to lower

work retention after ABI. The evidence suggested a U-shaped relationship between workload and complete return to work at six months, while no link was found between workload and RTW at 12 months. Additionally, manager roles were positively related to RTW, while large enterprise size was negatively associated with RTW (Alves et al., 2020).

## **2.2 Challenges**

Perna et al. (2012) found that after a brain injury, many people experienced executive dysfunction, which made it difficult for them to perform everyday activities like working, managing money, driving, and taking care of their home. Neuropsychological tests could help predict how well someone did in these areas. The study showed that people with higher executive functioning scores tended to require less assistance with daily tasks.

Bottari et al. (2012) conducted a qualitative study to examine the perception of driving abilities in individuals with mild TBI in Montreal, Canada. The study surveyed 27 drivers aged 18-65 with post-concussive symptoms secondary to a traumatic brain injury and varying degrees of post-injury recovery time. The results identified that 93% of the participants experienced at least one difficulty impacting everyday activities, with fatigue and reduced concentration being the most common problems. Most participants reported moderate to severe post-concussive symptoms such as fatigue, depression, anxiety, and post-traumatic stress disorder. The most common problems experienced by the participants were fatigue (78%), concentration problems (74% and 63%), anger (56%), anxiety (52%), and difficulty doing more than one thing at a time (48%). Individuals expressed experiencing headaches, heightened anxiety, reduced ability to anticipate events, issues with memory, difficulties with spatial orientation, and irritability that impacted their decision-making while driving.

Another study conducted in Australia by Libeson et al. (2022) examined the experiences of employers who hired individuals with TBI and the challenges they faced in supporting them to return to work through rehabilitation therapy. The study included 72 employees and 32 employers. TBI patients often experience occupational identity disruption, impacting their participation in community living. The article discussed theoretical perspectives on identity, evidence on post-TBI occupational identity disruption, and the role of occupational therapy in evaluating and treating it. The therapist identified specific problems with expression, memory, attention, problem-solving, decision-making, vision, balance, coordination, endurance, and left upper extremity strength.

Another study conducted in the United States by Cotton (2012) involved a single 23-year-old male participant who was anxious to return to work but worried about his attention, memory, and anger management issues potentially affecting his job performance. Additionally, participants felt societal underestimation of their work and occupation abilities, leading to disappointment and an inability to meet the expected societal role.

Finally, a qualitative study conducted by Darries (2015) aimed to explore the challenges experienced by women who sustained TBI in the work environment after VR. The study included ten female participants aged 18 and older recruited from the Cape Metropole and recruited data from the Occupational Therapy Department at a health institution, Tygerberg Hospital. They faced challenges returning to work due to loss of functional capacity, workplace stigma, and contextual hindrances.

### **2.3 Coping Strategies**

Humans are naturally occupational beings who engage in occupations for their health, well-being, and survival. Coping strategies involve accepting an individual's various

functional losses. The study was a Qualitative study located in South Africa. Two occupational therapists who were key informants were interviewed using semi-structured interviews. Kingler's statement supported the findings that indicated individuals with brain injury must learn a new way of being before transitioning to a new one (Darries, 2015).

Klinger (2005) conducted a qualitative study in Canada on seven individuals who had suffered from brain injuries. This study aimed to gain a deeper understanding of how individuals with traumatic brain injury adapt to their occupational environments. When Therapists work with individuals, brain injury survivors are frequently directed towards locating alterations to tasks and activities to cue memory recollection, formulating healthy routines, facilitating planning and organization of functions, eliminating distractions, and directing attention toward a particular activity or conquering and compensating for physical or communication disabilities that obstruct successful functioning.

Another systematic review examines the role and perceived meaning of occupational participation in the lives of people with Traumatic Brain Injury. Active participation in daily occupations is essential for individuals with traumatic brain injuries to support adaptation, improve self-awareness, and re-establish occupational identity (Klepo et al., 2022).

A Quantitative study examined 45 adults who had suffered moderate or severe traumatic brain injuries at least two years prior. The hypothesis was that pre-existing psychiatric and substance abuse issues, as well as lack of social support after the injury, would lead to poorer post-injury adaptation, including employment status, independent living status, and neurobehavioral symptomatology. The level of post-injury disability was linked to pre-existing coping issues. (MacMillan et al., 2002). Bottari et



al. (2012) conducted a study to investigate the impact of mild TBI on driving resumption from the perception of symptomatic and currently active mild TBI drivers, aiming to understand better the driving difficulties encountered and the strategies used to compensate for these difficulties. Despite being independent, some participants used strategies to overcome the challenges, such as driving with their left leg when the pain was too severe or stopping on the side of the road for a nap.

## **2.4 Facilitators**

A Quantitative study was conducted at Hospital del Trabajador to evaluate patients' psycho-pathological and social situations after TBI. Two hundred two people were assessed by a psychologist and an occupational therapist using the Hamilton Anxiety and Depression Rating Scale and NRS-R. The study found that unemployed patients had more severe anxiety and depression symptoms than those working (Franklin et al., 2004).

A Qualitative phenomenological study was conducted by interviewing seven people with moderate to severe TBI. The study aimed to explore the experiences of individuals who attempted to return to work following TBI, emphasizing factors related to perceptions of 'successes or 'failure.' Another study reveals that evaluating vocational rehabilitation should consider subjective work experience as a multifaceted approach (Levack et al., 2004). Another qualitative study reported that rehabilitation helped individuals improve recovery and acceptance of their situation and enhanced their skills and knowledge to resume a work role in the workplace (Darries, 2015).

## **2.5 Satisfaction with work-life after TBI**

A cross-sectional study included 75 patients two years or more after a severe TBI. The study investigated how life satisfaction is related to disability after severe TBI. The results indicated that patients were consistently satisfied with their lives despite their

impairments. However, they felt slightly dissatisfied with their cognitive functions, physical abilities, and self-esteem. A factor analysis revealed that the relationship between life satisfaction and disability was not straightforward. A factor analysis revealed that the relationship between life satisfaction and disability was not straightforward. Moderate disability resulted in the lowest satisfaction scores. Many outcome studies have indicated that the participants were young males who continued to experience cognitive abnormalities after suffering from TBI. About half of the participants required some form of assistance with complex activities of daily living (ADL), which is consistent with earlier studies. At the time of the survey, 60% of the participants reported no activity (Mailhan et al., 2005). A longitudinal study evaluated the level of satisfaction that individuals with brain injury experience and how it relates to their re-entry to work. The study included 36 participants who were asked to complete questionnaires three and six years after beginning a rehabilitation program. The results revealed that individuals with brain injury have low levels of satisfaction in various aspects of life, particularly in their ability to perform Instrumental Activities of Daily Living (IADL) at the second follow-up. Work status did not show any correlation with overall life satisfaction. The findings highlighted the long-term impact of brain injury on an individual's life (Johansson & Bernspång, 2003). Occupational participation offers connection, competence, control, satisfaction, and a means to construct and maintain self-identity, self-confidence, and independence (Klepo et al., 2022).

## **2.6 Employer's Perspective**

According to Libeson et al. (2022), RTW was a complex and emotional journey. Vocational rehabilitation providers must carefully balance employment, injury, and psychosocial factors to predict what would be in the employee's best interest. Despite

these challenges, employers were genuinely concerned for their employees' welfare and went above and beyond to support them. The study examined the experiences of employers who hired individuals with TBI and the challenges they faced in helping them to RTW through rehabilitation therapy. The results revealed that employers still felt unprepared emotionally to support employees with TBI and RTW. Balancing the needs of the organization and the employee could be challenging and intricate. Employers were required time to help injured employees and manage their disabilities. Some employers struggled to handle difficult conversations with employees who lacked self-awareness and could not perform tasks. To tackle the issue, some employers suggested implementing a short work trial before RTW to build insight and avoid negative consequences. However, employees might require more than a shorter trial to develop an understanding.

Furthermore, employers experienced conflicting attitudes and emotions when supporting their employees to RTW following TBI. Despite their efforts, some employers felt they had failed and expressed regret about unsuccessful outcomes. It was essential to allow attempting their previous roles to avoid long-term regrets and develop an awareness of limitations for future job seeking.

## **2.7 Key Gaps of the Study**

- Most study Participants lived in the same geographical area or attended the same rehabilitation program. So, the results cannot be generalized all over the world.
- Most of the literature focused on work experience after TBI.
- There are no specific results about workplace modification for increased RTW and coping strategies after TBI.
- More data regarding the work experience of TBI patients in Bangladesh must be provided.

## CHAPTER III: METHODS

### **3.1 Study Question, Aim, Objective**

#### 3.1.1 Study Question

What is the work-related experience of individuals with TBI before and after injury?

#### 3.1.2 Aim

The study aimed to explore the work-life experience before and after TBI.

#### 3.1.3 Objectives

- To know the work role and responsibilities before and after TBI.
- To identify the motivation for returning to work after TBI.
- To explore the barriers to the work process in the workplace after TBI.
- To explore the coping strategies with work.
- To identify the satisfaction with their work-life performance before and after TBI.
- To know the recommendations for improving their workplace.

### **3.2 Study Design**

#### 3.2.1 Method

This study followed a qualitative study design to explore the work-life experience of individuals before and after TBI. The study aimed to understand the participants' experiences and challenges in their work-life. Qualitative research starts with underlying assumptions and theoretical frameworks that inform the analysis of research problems centered around the meaning individuals or groups give to a social or human problem. Through this study, the researcher wanted to explore the understanding of participants' experiences and challenges in their work-life coping strategies (Creswell, 2013).

### 3.2.2 Approach

The narrative approach followed the study. This approach elucidated a particular group, individual, and personal experience story. This study included individuals with TBI stories and experiences of their past and present work lives. With this approach, the student researcher utilized stories as primary data to gain insight into the participant's culture, history, identity, and lifestyle. Therefore, the student researcher interpreted the collected data from participant interviews and found their significance and narrative experiences before and after TBI (Butina, 2015).

## **3.3 Study Setting and Period**

### 3.3.1 Study Setting

The student researcher conducted research in different districts of Bangladesh. The student researcher collected the data at the participant's convenience and at a convenient time, prioritizing the participant's decision when selecting the place. The participants in the study were from their respective communities. The student researcher collected six sets of data from the participant's home and four sets of data from the participant's workplaces. All the interviews were conducted in a quiet and comfortable place.

### 3.3.2 Study Period

The study period was from May 2023 to February 2024, and the data collection period was between 1 November 2023 to 10 December 2023.

## **3.4 Study Participants**

### 3.4.1 Study Population

The study participants were 10 participants who were working after TBI and took neurorehabilitation services.

### 3.4.2 Sampling Techniques

The student researcher selected the purposive sampling method for a specific group of individuals. Purposive sampling was a flexible method that allowed the researcher to choose the most relevant participants according to the research question or objectives (Lewis-Beck et al., 2012). Participants with the inclusion characteristics were included and excluded according to exclusion criteria. The inclusion and exclusion criteria are given below.

### 3.4.3 Inclusion Criteria

- Both male and female participants.
- Age group from 18 years to 59 years. The age was selected according to the Bangladesh government employee age (Goals et al., 2021).
- Medically stable Participants.
- Participants who were employed in their workplace for at least six months.
- Participants who received neurorehabilitation treatment at any rehabilitation center.

### 3.4.4 Exclusion Criteria

- Participants who were taking anti-depressant drugs.
- Participants who had been diagnosed with severe cognitive problems and severe speech problems.
- Participants who had Nontraumatic brain injury.

### 3.4.5 Participants Overview

Ten participants, all male, worked after TBI. One participant was working with a wheelchair. All participants with TBI fulfilled different roles and responsibilities in their working sector. The names of the participants were coded with pseudonyms to ensure confidentiality. The participant overview is shown in Table 3.1.

**Table 3.1: Participant's Overview**

<b>Pseudo name</b>	<b>Age (Year)</b>	<b>Educational level</b>	<b>Marital Status</b>	<b>Occupation</b>	<b>Duration of returning to work</b>	<b>Duration of Work Experience</b>	<b>Area of residence</b>
Sakib	18	Class 8	Unmarried	Carpenter	1 year	6 months	Rural
Rakib	36	Class 5	Married	Maintenance worker	4 months	8 years	Urban
Rahim	40	Degree	Married	Businessman	1 year	7 years	Urban
Karim	40	Masters	Married	Job holder	3 months	1 year	Urban
Jalil	26	BA	Unmarried	Shopkeeper	6 months	5 years	Rural
Awal	28	Class 10	Unmarried	Shopkeeper	2 years	7 years	Urban
Kamal	40	LLB	Married	Lawyer	5 months	1 year	Urban
Jamal	34	Class 5	Married	Shopkeeper	2 years	3 years	Rural
Mehedi	20	Class 7	Unmarried	Auto driver	1 year	5 years	Rural
Humayon	35	SSC	Married	Shopkeeper	6 months	4 years	Rural

### **3.5 Ethical Considerations**

Research ethics involves protecting the rights of participants in investigations to avoid conflict and maintain transparency. Proper ethical consideration ensured that the investigation was safe and transparent. The World Medical Association created the Declaration of Helsinki as a statement of ethical principles for medical research (World Medical Association Declaration of Helsinki, 2022).

### 3.5.1 Ethical approval from IRB

The study's ethical clearance was accepted by the Institutional Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) after the student researcher explained the study purpose through the Department of Occupational Therapy, BHPI, IRB clearance number CRP/BHPI/IRB/10/2023/768 (See Appendix A). Before gathering the participant's information, the student researcher obtained permission from the participant.

### 3.5.2 Informed Consent

#### **Information sheet:**

The student researcher informed each participant about the details of the information sheet. Every participant received an information sheet from the student researcher, which included the goal and purpose of the study (See Appendix B).

#### **Consent form**

The student researcher explained the purpose and procedure to the participants to participate in the study. The student researcher did not force the participants to participate in the survey against their interests. Participants willingly consented to participate in the survey (See Appendix B).

#### **Withdrawal form**

Participants had the right to withdraw any information before starting the data analysis. The student researcher informed the participant about the withdrawal form. For this reason, the withdrawal form has been attached to the information sheet (See Appendix B).

### 3.5.3 Unequal Relationship

The student researcher had no unequal or powerful relationship with the participants.



### 3.5.4 Risk and Beneficence

There were no risks or benefits to participating in this study.

### 3.5.5 Power Relationship

The student researcher did not have any power relationships with any participants.

### 3.5.6 Confidentiality

The student researcher maintained the confidentiality of the participant's personal information. The researcher only disclosed the participant's name and identity to the supervisor, as stated on the information sheet. Additionally, volunteers signed a transcription contract form saying they would not share any information (See Appendix B for details).

## 3.6 Data Collection Process

### 3.6.1 Participant Recruitment Process

**Figure 3.1** shows the participant recruitment process.

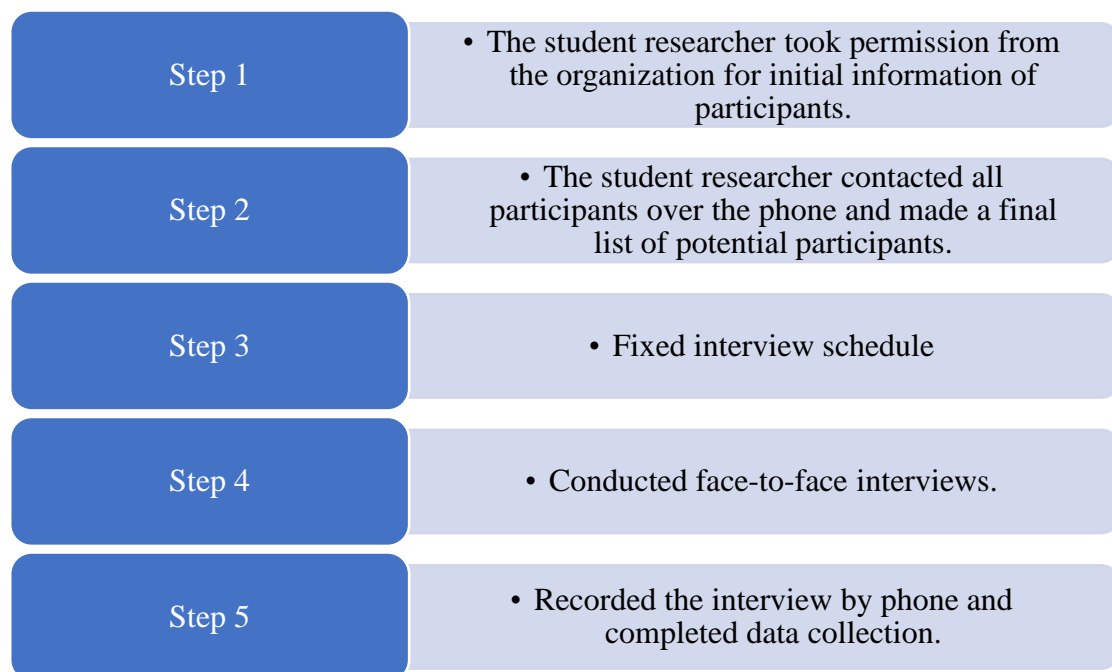


Figure: Overview of Participant Recruitment Process

The student researcher contacted the center manager of CRP, Savar, and Dhaka. Then, the student researcher found out the names and contact information of the participants.

The student researcher listed and contacted participants working after TBI over the phone. Student researchers selected potential participants according to inclusion and exclusion criteria. After clearly explaining the study, the student researcher conducted an interview and visited the participant's comfort place.

### 3.6.2 Data Collection Method

The student researcher collected data through face-to-face, in-depth, semi-structured interviews within a session lasting 25 to 30 minutes. Through Face-to-face interviews, student researchers could ensure accurate screening, such as verbal and nonverbal cues, and that participants felt comfortable during the interview. This method allowed the researcher to delve deeply into participant experiences, perspectives, and opinions. Student researchers had the opportunity to ask detailed questions and explore complex and sensitive issues (Taherdoost, 2021). A quiet place was selected for the interview so that participants felt safe and comfortable. Student researchers build rapport with participants to create a harmonious environment and to establish trust. The student researcher gave a clear concept of the study's aim, purpose, and interview procedure, such as audio recording. The student researcher interviewed using an interview guide after obtaining the participant's written and verbal permission. The student researcher recorded the entire interview using a high-quality cell phone. After confirming data saturation, the student researcher stopped data collection after conducting ten interviews. A semi-structured interview was a formal and flexible method of interview. The interviewer asked follow-up questions based on the participant's answer. It enhanced the depth of understanding of open-ended qualitative data.

### 3.6.3 Data Collection Instrument

The student researcher conducted the interview using a semi-structured interview guide. The student researcher developed both Bangla and English versions of the interview guide. The guide was created by reviewing the worker role interview guide (Braveman et al., 2005). The student researcher discussed it with the supervisor. The interview guide included questions about the worker's role and responsibilities, the importance of returning to work, barriers, coping strategies, satisfaction, and recommendations for their workplace. Student researchers used a mobile recorder, paper, and pen for data collection instruments.

### 3.6.4 Field Test

Two participants participated in a field test. After the field test, the student researcher modified two questions about barriers to the work process and coping strategies with work. This test helped to make necessary adjustments before starting data collection.

### 3.6.5 Non- participant

One nonparticipant with a participant was the participant's family member. Student researchers tried to avoid interruptions between interviews. The researcher allowed her family member to participate because the participant was unwilling to be interviewed without his family member. The nonparticipant was slightly interrupted during the interview. However, the participant provided information comfortably.

## **3.7 Data Management and Analysis**

The student researcher selected thematic analysis. Student researchers followed Braun & Clarke's six steps during analysis (Braun & Clarke, 2021).

### **1. Familiarization with the data**

During this phase, the student researcher actively listened to each interview during the recording. The student researcher transcribed data verbatim in Bangla and translated it

into English. After transcription, the student researcher helped volunteers translate two interviews. The student researcher rechecked all the transcription and translation. Then, the student researcher thoroughly read the data and noted initial thoughts.

## **2. Generating initial codes**

After reading the data, the student researcher got a general overview and selected relevant segments. The student researcher created some initial codes and labeled them. Then, the supervisor checked the initial codes.

## **3. Generating themes**

The student researcher wrote down all meaningful coding and highlighted similar codes into potential names. Following that, the student researcher wrote down on a paper. Then, the Student researcher gathered all the data and gave the possible names.

## **4. Reviewing potential themes**

In this step, the student researcher rechecked all coding and themes and made a correlation between the theme and sub-theme. The student researcher generated a thematic map of the analysis and discussed it with the supervisor.

## **5. Defining and naming the theme**

At this phase, the student researcher deeply analyzes the underlying data of the theme and sub-theme. The student researchers generate clear definitions and specific names for each theme.

## **6. Producing the report**

Finally, the student researcher produced a scholarly report in the dissertation by writing the result chapter with verbatim quotes from participants.

## **3.8 Trustworthiness and Rigor**

To ensure trustworthiness, methodological and interpretive rigor were maintained (Loh, 2013)

### 3.8.1 Methodological Rigor

#### *Congruence*

The following steps were maintained congruence:

- This study followed the qualitative study design narrative Approach, which was suitable for achieving the aim and objectives of exploring the work-related experience before and after TBI.

#### *Responsiveness to Social Context*

The following steps were maintained responsiveness:

- The student researcher developed the research design to respond to real-life situations within the social contexts.
- The student researcher familiarized themselves with the context by directly interacting with participants in person.

#### *Appropriateness*

The following steps were maintained appropriateness:

- A purposive sample was most appropriate for including a suitable participant for the study.
- Ten participants were selected in this study based on inclusion and exclusion criteria.

#### *Adequacy*

Adequacy was maintained by following steps:

- Student researcher collected data through face-to-face interviews through an interview guide.
- The interview was recorded by mobile recorder.
- Participants' opinions and voices are presented verbatim, representing data originality.

***Transparency***

The following steps were maintained transparency:

- All data was transcribed verbatim in Bengali as the first language and then translated into English for academic review.
- Braun and Clarke's six steps analyzed data.

## 3.8.2 Interpretive rigor

***Authenticity***

The student researcher presented the participants' views in verbatim quotes during the study and rechecked the participants' understanding of the explanation.

***Coherence***

The student researcher transcribed the data verbatim, listening to the audio in Bengali as the first language, and translated it into English. The respected supervisor checked all the documents.

***Reciprocity***

The student researcher wrote codes from similar data, and the supervisor checked them.

The student researcher did not share data analysis with any participants.

***Typicality***

Student researchers described the context of the study in depth so that the reader could easily understand.

***Permeability of the researcher's***

The student researcher strictly adhered to the rules of ethics and the researcher's intentions, perceptions, values, and preferred theories.

## CHAPTER IV: RESULTS

This chapter discussed ten participants with traumatic brain injury who shared their work-related information before and after injury. Eight themes that emerged from the data analysis included: i) Work roles and responsibilities, ii) The motivation behind returning to work, iii) Barriers, iv) Relationships with coworkers, v) Experience of working life, vi) Coping strategies, vii) Satisfaction in work-life, viii) Recommendation. Student researchers found multiple sub-themes for each theme. This chapter lists them below in Table 4.1 for an overview of the results.

**Table 4.1: Overview of Results**

<b>Themes</b>	<b>Sub-themes</b>
Work role and responsibilities	Previous work role and responsibilities
	Present work role and responsibilities
The motivation behind returning to work	Financial independence
	Self- reliance
	Negative feelings
Barriers	Physical limitations
	Cognitive impairments
	Communication difficulties
	Stigma and discrimination
Relationship with coworkers	Acceptance
	Collaboration
	Ignorance
	Conflictual
Experience of working life	Work effort
	Feelings about work life
Coping strategies	Intelligence
	Environmental modification
	Support from others
Satisfaction in work-life	Satisfaction before injury
	Satisfaction post injury
Recommendation	Advice for workplace
	Advice for self-care and skill development



## **4.1 Theme one: Work roles and responsibilities**

Work roles and responsibilities are the assigned tasks and duties that come with a particular job position. Roles and responsibilities for individuals with TBI vary based on their background and work experience. All participants shared their experiences regarding their roles and responsibilities before and after their injury. Some participants could continue doing the same job after their injury, while others had to adjust to new roles and responsibilities. Out of all the participants, only two could return to their previous job positions after their injury. The related sub-themes are given below:

### 4.1.1 Sub-theme one: Previous work role and responsibilities

Two participants studied before the injury. Before the injury, Jalil was a home tutor. He used to go to student homes besides his studies. Sakib used to work by selling products. Another participant, Rakib, made the horn of launch before his injury.

Kamal shared,

"I wrote legal documents on properties, issued them, and sent them to court. I also received letters and sent them to issue the arrest order."

Jamal stated,

"I used to work as a welder and welding machine for 12/13 years, and within that, I did machine work for about 3/4 years. I used to make doors and windows, iron houses with angles, and chairs and tables for garments. These were basic work in Japanese garments. I used to do such small to big work."

### 4.1.2 Sub-theme two: Present work role and responsibilities

Out of ten, four participants were shopkeepers. Humayon, Jamal, and Jalil shared that they worked in the shop. Humayon stated,

"I worked in the grocery shop. I arranged the shop so that I could easily navigate it with a wheelchair. The company's people deliver all the goods in the shop."

People from different companies come and deliver the order. I used to sit twice daily: once in the morning and once in the afternoon."

Jamal said that he worked at a rice mill. He ground the rice and spice with the help of a machine. Awal worked in a mobile shop. Another participant did his internet and car business. Other participants did different types of work, such as Carpenters, Lawyers, Job holders, and Auto drivers.

#### **4.2 Theme two: The motivation behind returning to work**

Participants reported how they became motivated to return to work. After the injury, most participants expressed negative emotions about staying home. Some felt helpless due to their financial difficulties. Another participant stated that there were other reasons for returning to work, such as avoiding boredom, socializing with colleagues, and earning money. All participants expressed a desire to work and achieve independence. The related sub-themes are given below:

##### 4.2.1 Sub-theme one: Financial independence

Participants experienced a sense of relief when they could support their families financially. Awal stated,

"I have received treatment from CRP for a long time after an injury. I stayed at home for a few years after receiving treatment. Then I realized that I could not stay at home like that. Something needed to be done. There was some pocket cost of my own and to spend my time. Something needed to be done to convey the cost. That's why I did the business due to my pocket expenses from the business and to spend my time productively."

Rakib also shared,

"My relatives supported me financially for a month and a half after the injury. Then, everyone went away slowly. At that time, I used to spend about 1500 taka a day on medicines. I had to pay 3200 Taka for each injection. Then, I had trouble living, so I called my boss, and he told me to rest properly. He also said that he would get well soon and then join the work. I said that if I worked, I would get well soon."

#### 4.2.2 Sub-theme two: Self-reliance

Most participants shared that returning to work promoted independence and a sense of self, vital for empowering individuals to take control of their lives and make decisions. Participants expressed negative emotions such as guilt about relying on family and being unable to help them. Kamal stated,

"It was important for me to return to work because I was the only earning member of my family. I needed to think about my family, life, and future. No one would think of it. So, it was important for me to get back to work after an injury."

#### 4.2.3 Sub-theme three: Negative feelings

Some participants shared that they faced changes after the injury and strived to regain their previous work life. They felt that returning to work was a significant step for them. Besides Jamal stated,

"Before the injury, I had a daily routine of going to work at 8 a.m. and returning home around 8 to 9 p.m. After the accident, I developed insomnia and could not sleep properly in the dark. For that reason, I continued to work, but the memories of my old routine would haunt me at home, leaving me upset and causing me to seek comfort in spending time with work."

### 4.3 Theme three: Barriers

Participants faced difficulties with work role performance and productivity due to reduced cognitive and physical abilities. Most participants said they could not do all the work even if they tried. Participants mentioned particular issues, including stigma, discrimination, physical barriers, cognitive impairment, and speech problems in the workplace. Accordingly, the related sub-themes are given below:

#### 4.3.1 Sub-theme one: Physical limitations

Out of ten, eight participants reported that they experienced weakness, coordination problems, fatigue, and difficulty with everyday tasks such as lifting objects, writing, and typing due to their affected hand pain and weakness. Four participants could not walk properly due to the severity of their condition. Awal stated,

"I felt difficulty moving. I cannot walk alone and need support. I can only do work slowly. If no one helps, I do it with support, try to do it, or cannot."

Rakib shared,

"After my injury, my right foot became paralyzed. "I am unable to function when carrying any weight. "It felt like a robot, and I had to use my full body force to move it. When I carried something heavy, it felt like it automatically jams."

#### 4.3.2 Sub-theme two: Cognitive impairments

Most participants mentioned that they struggled with memory, attention, concentration, problem-solving, and decision-making, which impacted their job performance. Two individuals did not experience any cognitive challenges while working. Kamal shared, "Before the injury, I had a sharp memory and could recall past events. Now, I needed help remembering the name of a known person. I forgot the situation just happened one month ago [said upset]."

#### 4.3.3 Sub-theme three: Communication difficulties

Four participants needed help with their speech, which made it hard for them to communicate effectively in the workplace. They felt uneasy when they communicated with their coworker or others. Awal shared,

"I could not talk as fast as before. As I worked in bikash and flexiload shop, communication difficulties impacted customer service. Due to my slow mobility and difficulty in communication, customers hesitated to transact with me, resulting in time-consuming interactions. These limitations prevented me from responding well."

#### 4.3.4 Sub-theme four: Stigma and Discrimination

Most of the participants reported that they did not experience discrimination in their workplace. Two participants expressed their anxiety about their disability. However, those who worked under someone faced discrimination. Two participants shared that people bullied them for no reason after the injury, which made them feel bad. Rakib stated,

"Two people hindered my work by giving me tasks I could not do alone. They say it had to be done, but many behind said he was not like before."

Karim also stated,

"Many people believe that this person had a brain injury and should not be given any important tasks. They treated me like a madman. However, I had done many important works before the injury [said sadly]."

### **4.4 Theme four: Relationship with coworkers**

All participants talked about their relationships with their colleagues. Most participants were pleased with their coworker's supportive behavior and respect. A few participants shared terrible experiences. The related sub-themes are given below:

#### 4.4.1 Sub-theme one: Acceptance

Most participants reported that their colleagues offered assistance and emotional support in the workplace. Participants shared that their boss was supportive and understanding after the injury. One participant also shared that the boss allowed him to take therapy during working hours. Jalil, Rahim, Jamal, and Sakib shared the same experience. Jamal stated,

"I had a good relationship with my colleagues. I needed support to move. One of my colleagues who worked with me always helped me to take my home. He always motivated me that you would get well soon."

#### 4.4.2 Sub-theme two: Collaboration

Most participants said they had a good relationship with colleagues and worked collaboratively. Jalil shared,

"Many items were brought together in the store. I needed help bringing all the groceries and organizing things. I could not lift things like sacks or oil tanks. The boy who worked with me helped me lift things. He helped me with any difficult tasks."

#### 4.4.3 Sub-theme three: Ignorance

Three participants reported their colleague's ignorance. The participants did not perform the tasks they did before the injury, so their colleagues should give them priority. Kamal who was a lawyer shared,

"Before the injury, my colleagues invited me to any meeting or program. However, they did not invite me to office programs after the injury. They felt shy about me. They did not value me and underestimated me. My work environment was not the same anymore."

#### 4.4.4 Sub-theme four: Conflictual

Two participants revealed that their colleagues were disrespectful and did not communicate properly. Their colleagues were attempting to identify their mistakes. Karim expressed concern about a junior employee made fun of him. Although he understood the situation, he found it difficult to respond. Karim also felt disappointed when the junior employee made an unnecessary complaint to their boss about him. One of Karim's colleagues, whom he had trained, filed a complaint with his boss, stating that Karim was incapable of delivering satisfactory output.

Karim also reported,

"My boss did not talk to me politely after the injury. He gave me lower-level work because of my disability. Before the injury, I used to do whatever sir had told me to do the way he wanted. Nevertheless, I could not gain anyone's trust. My boss's behavior was not only heartbreaking but also disappointing to me. He did not like me anymore, and he could fire me at any time. He kept me in the job because I had worked in the office for a long time. I would try to go to another company. I did not want to stay a day longer."

### **4.5 Theme five: Experience of working life**

Participants reported how they worked before and after their injury. After the injury, they tried too many things, but none succeeded as they hoped. The related sub-themes are:

#### 4.5.1 Sub-theme one: Work effort

Most participants shared that they should have put more effort into their work to improve their performance. Rakib who worked in garments, said,

"Before the injury, I worked late at night until I finished. The next day, I would come at 10 a.m. After the injury, there was a lot of pain. The legs would swell,

and then the body would tremble. Still, I would not give up in that situation; I would leave for work at 5 a.m."

Another participant shared that he put in more effort after the injury. Rahim stated, "Before the injury, I tried to do something but could not succeed. Everything I got in my life was after the injury. I can do my best. Even I can give my highest effort. I have no problem."

#### 4.5.2 Sub-theme two: Feelings about Work before and after injury

All participants shared their positive feelings and perceptions about their previous work lives. They felt happy about their work lives before the injury, but most of the participants were worried about their future after the injury.

Awal shared,

"Before the injury, I could talk to people and walk normally; everything was normal. I liked it. After an injury, Talking is not normal. Movement is not normal. Nothing is the same, so it is not easy to work. It is too bad not to speak properly; I can't even move. Again, many customers do not transact with me due to the time taken. I have a little trouble talking and a little trouble walking. That is why many customers are afraid to transact with me. Then I felt upset."

### **4.6 Theme six: Coping strategies**

Despite many barriers and problems, participants developed coping strategies to deal with the situation as much as possible. Depending on the individual's needs, participants tried to adjust to their situation.

#### 4.6.1 Sub-theme one: Intelligence

Most of the participants stated that they tried to work with their techniques. Rakib shared,



"I worked by comforting myself. For example, when the boss gave me tough work that was impossible to do alone, I tried to manage it with my intelligence and patience. I tried to divide my task into small steps. "

#### 4.6.2 Sub-theme two: Environmental modification

One participant made his work environment accessible with a ramp so that he could move with the wheelchair. Humayon stated,

"I had prepared the shop so that I could pass products by moving my wheelchair although some products were in the up stores in that case buyers helped me because most of the buyers were my neighbors. I had made a direct smooth slop shop to the house so that I could enter the shop along with my wheelchair."

#### 4.6.3 Sub-theme three: Support from others

Four participants took help from their assistants. Kamal stated,

"As I couldn't write after the injury, I appointed a person to sit beside me the whole day and tell him how to assist in my work. He wrote all documents according to my preference."

### **4.7 Theme seven: Satisfaction in work-life**

#### 4.7.1 Sub-theme one: Satisfaction Before Injury

All participants were satisfied with their work-life before the injury. Kamal stated,

"I was satisfied before the injury because there were no complications in the workplace. I worked in the same sector for many years. It was a comfortable place for me and all my colleagues were very nice to me. By the grace of Allah, it was a nice place to work for me."

#### 4.7.2 Sub-theme two: Satisfaction post-injury

Eight participants were satisfied with their working environment after adapting to their limitations. A few participants had high expectations, which they felt they needed more.

Awal reported,

"I was not fully satisfied with my work performance after the injury. I was confident about my skills before the injury. I tried to do better than that. Working takes time, and even talking to someone was a problem. I was not happy about it. Hopefully, it would gradually decrease in time."

Jalil stated,

"I worked for a living. I did not realize that I would be able to come back to work after the injury. I wanted to be grateful to Allah. I felt happy after adjusting to work tasks and supporting my family financially."

### **4.8 Theme Eight: Recommendation**

Most participants mentioned recommendations based on their experiences to create better work opportunities.

#### 4.8.1 Sub-theme one: Advice for workplace

Most of the participants were advised about the work environment. Six participants shared that they need a supportive workplace where they can work with their limitations. Kamal stated,

"The workplace in Bangladesh should be like my workplace, as they were helping me. Creating an environment where individuals from all backgrounds felt included and valued was important to foster a supportive and inclusive workplace culture. Every organization should support and respect individuals' opinions, encouraging people to do their jobs."

Another participant stated,

"I needed to stand for a long time and I felt fatigued. It would be good for me if the authorities gave me a break in my work schedule."

#### 4.8.2 Sub-theme two: Advice for self-care and skill development

All the participants wanted to focus on their physical and emotional well-being. Few Participants shared that they needed more skills and training, such as vocational training after rehabilitation service. Humayon stated,

"My good health and mind helped me improve my work performance. If my physical limitations were reduced, I could effectively focus on my productive life. I wanted to be financially more stable so that I could expand my shop."

## CHAPTER V: DISCUSSION

This study presented the work-related experience of TBI survivors in Bangladesh. Ten participants participated in the study, which identified eight themes that emerged from their transcripts.

The study's first objective was to know the work roles and responsibilities. In this study, Participants worked as carpenters, maintenance workers, job holders, business people, lawyers, and auto drivers after injury. Four participants worked in their shop. Only two participants returned to their previous jobs. The job responsibilities of participants may vary according to their positions and backgrounds. Participants returned to work four months to two years. This study found that survivors of TBI perform different roles in Bangladesh. Previous studies found that TBI survivors were employed in transportation and warehousing, finance, professional, education and health, leisure and hospitality, construction, manufacturing, local government, state government labor, cleaning, and driving (Bottari et al., 2012; Graham et al., 2016; Klinger, 2005).

The second objective was to identify the motivation for returning to Work after TBI. The participants in the current study expressed how they became motivated to return to work. After their injury, most participants expressed negative emotions about staying at home. They felt burdened and tried to support their family members. They wanted to become financially independent in their work life. A systematic review found that manual work is associated with lower work retention, and manager roles were positively related to return to work. In contrast, large enterprise size was negatively related to return to Work (Alves et al., 2020). RTW was often associated with injury

severity, personal development, and self-awareness (Shames et al., 2007b; Frostad et al., 2016).

The third objective of the study was to explore the barriers to the work process in the workplace after TBI. This study showed that most participants experienced physical barriers, such as weakness, coordination problems, fatigue, and functional difficulty. They faced cognitive issues and communication difficulties. They also faced stigma and discrimination in their workplace. In Canada, a study found that 93% of the participants experienced at least one difficulty impacting everyday activities, specific problems with expression, memory, attention, problem-solving, decision-making, vision, balance, coordination, endurance, and left upper extremity strength, which is consistent with the current study (Bottari et al., 2012). Other literature from Canada and South Africa reported similar findings (Klinger, 2005; DARRIES, 2015).

This study also reported that TBI survivors struggled to work with their colleagues and bosses. In Australia, literature found that there was a conflicting relationship between employers and traumatic brain injury survivors who return to work (Libeson et al., 2022).

The fourth objective was to explore coping strategies with work. In this study, most Participants tried to cope with their barriers and difficulties. They mentioned some coping strategies, such as intelligence, patience, and environmental modification. Some of them appoint a helping hand to assist their work. Previous literature on Canada focused on how they deal with physical and communication disabilities, develop healthy routines, alternate tasks and activities, and use compensatory skills. Interestingly, participants were more inclined to talk about their struggle to accept their new identity following the injury (Klinger, 2005).

The sixth objective was to identify the satisfaction with their work-life performance before and after TBI. This study found that most participants were satisfied with continuing their work role and adjusting their work performance after the injury. Few Participants were dissatisfied because of their physical limitations and the unsupportive behavior of their employer. The current study reported that most participants were satisfied with their working environment and adapting to their limitations. In France, a study supported this finding that patients showed consistent satisfaction with their lives despite their impairments. However, they felt slightly dissatisfied with their cognitive functions, physical abilities, and self-esteem (MacMillan et al., 2002).

The participants of this study provided some recommendations to improve their workplace, such as physical well-being financial independence, and skills training. This current study revealed positive and negative experiences in their work lives. They also reported that the job helped them overcome barriers and negative thoughts and made them independent.

## CHAPTER VI: CONCLUSION

### 6.1 Strengths and Limitations

The student researcher has found some strengths and limitations.

#### 6.1.1 Strengths

- Data were collected from the different working sectors, which makes good sense regarding work-life experience as these showed a variety of jobs.
- The study followed a qualitative method to achieve the aim and objectives that were best suited for the study.
- The student researcher followed the COREQ (Consolidated criteria for reporting Qualitative research) checklist in this study.
- The study will help in future research on this phenomenon.

#### 6.1.2 Limitations

- Nonparticipants affect some data in one interview.
- All participants received treatment from the same rehabilitation center.
- The student researcher collected data from three districts, which needed more to generalize the study findings.
- The result of the study may be generalized to individuals with mild traumatic brain injury.
- As this is the student researcher's first experience conducting a study, mistakes can impact the quality of the study.

### 6.2 Practice Implication

#### 6.2.1 Recommendations for Future Practice

- Occupational therapists, social workers, and multidisciplinary rehabilitation teams can establish work-related advocacy for equal employment opportunities.

- Health professionals can identify the barriers and coping strategies that influence the TBI worker's work role and raise awareness programs for the TBI workers.
- Occupational therapists can develop a vocational assessment form, and return-to-work plan and focus on skills training for traumatic brain injury survivors.
- Besides, Occupational therapists can create follow-up programs to support TBI survivors for vocational rehabilitation.
- This study assists in providing insights on safety and accessibility to help work-related organizations create secure and accessible environments for TBI survivors.
- Employers can aware of the capabilities and reduce the workload for TBI workers.

#### 6.2.2 Recommendations for Future Research

- Experience of occupational adaptation in the workplace after TBI.
- Identify the satisfaction with the rehabilitation of TBI survivors after returning to work.

### **6.3 Conclusion**

This study focused on exploring the work-life experience before and after traumatic brain injury. It highlighted the experience and perception of individual TBI workers.

Participants reported both positive and negative experiences regarding their working lives. These findings demonstrated the previous and present work roles and responsibilities, the motivation behind returning to work, difficulties, coping strategies, Coworker relationships, and recommendations for their workplace. Only one participant shared how he could concentrate properly and exert effort after the injury. However, they all tried to get out of the barrier in their way. Three participants took



help from their assistants. Participants also shared that they felt satisfied with assuming their work role and successfully participating in work life. Occupational therapists, social workers, and rehabilitation teams have an important role to play in advocating for equal employment opportunities for workers with TBI. They can identify barriers that prevent TBI workers from finding and maintaining employment, raise awareness of the unique needs of TBI workers, develop vocational assessments, and support vocational rehabilitation. Organizations can use the findings of this study to create safe and inclusive work environments and reduce workload barriers for workers with TBI.

## LIST OF REFERENCE

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## APPENDICES

### Appendix A: Ethical Approval/ Permission Letter

#### Ethical Approval Letter from IRB



**বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)**  
**Bangladesh Health Professions Institute (BHPI)**  
(The Academic Institute of CRP)

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Ref: CRP-BHPI/IRB/16/2023/768

Date: 18.10.2023

To  
 Noor A Thohura Hima  
 4<sup>th</sup> Year B.Sc. in Occupational Therapy  
 Session: 2018-2019 Student ID: 122180338  
 Department of Occupational Therapy  
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

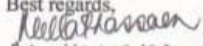
**Subject:** Approval of the thesis proposal “Work-Related Experience of Individuals with Traumatic Brain Injury Following Rehabilitation Service” by the ethics committee.

Dear Noor A Thohura Hima,  
 Congratulations.  
 The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Md. Saddam Hossain as the thesis supervisor. The following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Interview guide (English & / or Bengali version)
3	Information sheet & consent form.

The purpose of the study is to explore the work-life experience before and after TBI. The study involves the use of an interview guide to explore how their work life changes before and after the injury. It may take about 25 to 30 minutes to conduct the interview and there is no likelihood of any harm to the participants and no economic benefits for the participants. The Ethics Committee members have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 23<sup>rd</sup> September 2023 at BHPI 38<sup>th</sup> IRB Meeting.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol, and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working in accordance with the Nuremberg Code 1947, the World Medical Association Declaration of Helsinki, 1964 - 2013, and other applicable regulations.

Best regards,  
  
 M. U. HOSSAIN... MILLAT HOSSAIN  
 Associate Professor, Project & Course Coordinator, MRS  
 Member Secretary, Institutional Review Board (IRB)  
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

নির্বাহক-চাপাইন, সবার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭০০ ০৫৯৬৪৭  
 CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647  
 E-mail : principal-bhpi@crp-bangladesh.org. Web: bhpi.edu.bd



## permission letter for Data Collection

19.10.2023

To

Center manager

Centre For the Rehabilitation of the Paralysed

CRP, Mirpur, Dhaka-1206

Subject: prayer for permission to collect data for the research project.

Sir,

With due respect, I would like to draw your kind attention that I am a 4<sup>th</sup> year student of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI). I have to submit a research paper to the University of Dhaka in partial fulfillment of the degree of Bachelor of Science in Occupational Therapy. My research title is "The Lived Experience of Occupational Adaptation in the Workplace after Traumatic Brain Injury" which is supervised by Md. Saddam Hossain, Lecturer of Occupational Therapy Department, Bangladesh Health Professions Institute (BHPI). This study aims to explore work life experience before and after TBI and the process of occupational adaptation after rehabilitation.

As it is Qualitative research, I would like to interview patients with Traumatic brain injury who received treatment from CRP. That is why I need permission to start my research project. I assure you that anything in my project will not be harmful to the participants and all the information gathered during the process will be kept confidential.

So, I look forward to having your permission to start data collection to conduct a successful study as a part of my course.

Sincerely yours,

Hima

Noor A Thohura Hima

4<sup>th</sup> Year B.Sc. in Occupational Therapy

Session: 2018-2019, Student ID: 122180338

Bangladesh Health Professions Institute (BHPI)

CRP-Savar, Dhaka-1343, Bangladesh

Signature and comments of The Head of The Department

Sk. Moniruzzaman

Head of the Department

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP-Savar, Dhaka-1343, Bangladesh

## **Appendix B: Information sheet & Consent Form (English and Bangla Version)**

### **Information sheet (English version)**

Title of the study: Work-Related Experience of Individuals with Traumatic Brain Injury Following Rehabilitation

This information sheet will describe your role in the study. You have been invited to participate in a research study. Before deciding, it is essential to understand the purpose of the study and what it entails. Please read the following information carefully and discuss it with others. You can ask me if you need clarification or want more details. Take time to decide whether or not you wish to take part. After explaining the study details, I will provide you with a consent form to sign.

### **Who am I, and what is this study about?**

I am Noor A. Thohura Hima, a 4th-year student with a B.Sc. in the Occupational Therapy Department of Bangladesh Health Profession Institute (BHPI), the academic institute of the Centre for the Rehabilitation of the Paralysed (CRP). As a part of my academic course curriculum, I must conduct a dissertation this academic year. Md Saddam Hossain, Lecturer of the Occupational Therapy Department, Bangladesh Health Professions Institute (BHPI) supervises the study. The study explores the experience of work life before and after TBI. The study focuses on the impact of work-life changes on workers after TBI, examining their challenges, well-being, coping strategies, and the overall effect on their work environment.

### **What will take part involve?**

If you intend to participate in this study, you will be asked questions according to the interview guide. The interview may take approximately 25 to 30 minutes to complete.

It will take place at a pre-scheduled time in your comfort place. The whole interview will be digitally audio-recorded.

**Why have you been invited to take part in it?**

You have been selected for this study because you meet all inclusion criteria. According to the inclusion criteria:

- Both male and female participants.
- Age group from 18 years to 45 years.
- Medically stable participants.
- Participants who were working after TBI for at least six months.
- Participants who received neurorehabilitation treatment.

**Do you have to take part?**

Participation in this study is voluntary. You can withdraw from the study at any time without giving any reason and without any negative consequences until the data is analyzed.

**What are the possible risks and benefits of taking part?**

Participating in the research study will involve no cost to you. By sharing your experience, you will not benefit economically. No such questions will be too personal or sensitive to you.

**Will taking part be confidential?**

No other outside the research project can access the original recordings. All information collected during the study will be kept safe and secure. We will use all your personal information (name, address, contact number) in a symbolic way in the study.

**What will happen to the result of the research study?**

The findings will help health professionals determine TBI patients' workplace challenges. Occupational therapists will know what to focus on more during rehabilitation services.

It is expected that the result of this research study will be published and presented in different forums, such as social media, websites, conferences, discussions, and reviewed journals. The final result of the study will be documented in the student thesis of the Occupational Therapy Department at the Bangladesh Health Professions Institute (BHPI).

**Source of funding to manage research:**

The researcher's funds will cover all costs of this research.

**Who should you contact for further information?**

If you have any inquiries about the research, you can ask without hesitation. You are always welcome to contact the following person.

**Name of the student researcher: Noor A Thohura Hima**

B.Sc. in Occupational Therapy

4th year, Session: 2018-19

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Contact Number: 01959666694

Email: [himatohura@gmail.com](mailto:himatohura@gmail.com)

**Name of the supervisor: Md. Saddam Hossain**

Lecturer

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Contact Number: 01977398324

Email: [saddamot6@gmail.com](mailto:saddamot6@gmail.com)

**Thank You**

## Information sheet (Bangla Version)

### তথ্য পত্র

**গবেষণার শিরোনাম:** পুনর্বাসনের পর আঘাতমূলক মস্তিষ্কের আঘাতে আক্রান্ত ব্যক্তিদের কাজের সাথে সম্পর্কিত অভিজ্ঞতা |

### ভূমিকা

এই তথ্যপত্রটি গবেষণায় আপনার ভূমিকা বর্ণনা করবে। আপনাকে এই গবেষণায় অংশ নিতে আমন্ত্রণ জানানো হচ্ছে। আপনি সম্মতি দেওয়ার পূর্বে আপনাকে অবশ্যই বুঝতে হবে কেন গবেষণাটি করা হচ্ছে এবং এতে কি জড়িত থাকবে। অনুগ্রহ করে নিচের তথ্যগুলো মনোযোগ সহকারে পড়ার জন্য সময় নিন এবং আপনি চাইলে অন্যদের সাথে আলোচনা করুন। যদি কোন বিভ্রান্তি থাকে বা আপনি যদি আরো তথ্য জানতে চান তবে আমাকে জিজ্ঞাসা করতে পারেন। আপনি অংশ নিতে চান কিনা সে বিষয়ে সিদ্ধান্ত নিতে সময় নিন। এর পরে, আমি আপনাকে গবেষণায় অংশগ্রহণের জন্য একটি সম্মতি পত্রতে স্বাক্ষর করতে বলবো।

### আমি কে এবং এই গবেষণাটি কি সম্পর্কে করা হবে:

আমি নূরে তহুরা হিমা, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) সিআরপিআর শিক্ষা প্রতিষ্ঠান, অকুপেশনাল থেরাপি বিভাগে অধ্যয়নরত চতুর্থ বর্ষের একজন ছাত্রী। আমার একাডেমিক কোর্স পাঠ্যক্রমের একটি অংশ হিসাবে, আমাকে এই শিক্ষা বর্ষে একটি গবেষণামূলক কাজ করতে হবে। বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) এর অকুপেশনাল থেরাপি বিভাগের প্রভাষক মোঃ সাদ্দাম হোসেন এই গবেষণার তত্ত্বাবধান করছেন। এই গবেষণার লক্ষ্য হলো কর্মজীবনের অভিজ্ঞতা এবং আঘাত জনিত মস্তিষ্কের আঘাতের পরে অভিযোজন এর প্রক্রিয়া খুঁজে বের করা। গবেষণাটি আঘাতের পরে কর্মীদের উপর কর্মজীবনের পরিবর্তনের প্রভাবের উপর দৃষ্টি নিবদ্ধ করে, তাদের চ্যালেঞ্জগুলি, সুস্থতা, অভিযোজন এবং তাদের কাজের পরিবেশের উপর সামগ্রিক প্রভাব দেখবে।

### এতে অংশ নেয়ার জন্য কি কি করতে হবে?

আপনি যদি এই গবেষণার অংশগ্রহণ করতে চান তাহলে সাক্ষাৎকার নির্দেশিকা অনুযায়ী আপনাকে প্রশ্ন জিজ্ঞাসা করা হবে। সাক্ষাৎকারটি সম্পূর্ণ হতে প্রায় ২৫ থেকে ৩০ মিনিট সময় লাগতে পারে। এটি আপনার স্বাছন্দের জায়গায় একটি পূর্ব নির্ধারিত সময়ে অনুষ্ঠিত হবে। পুরো সাক্ষাৎকারটি ডিজিটাল ভাবে অডিও রেকর্ড করা হবে।

### কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

আপনি এই গবেষণার জন্য নির্বাচিত হয়েছেন কারণ আপনি সমস্ত অন্তর্ভুক্তির মানদণ্ড পূরণ করেছেন। অন্তর্ভুক্তির মানদণ্ড অনুযায়ী :

- পুরুষ এবং মহিলা উভয় অংশগ্রহণকারী
- বয়স ১৮ বছর থেকে ৪৫ বছর
- অংশগ্রহণকারীরা যারা বর্তমানে সুস্থ আছেন
- অংশগ্রহণকারীরা যারা টিবিআই এর পরে কমপক্ষে ছয় মাস ধরে কাজ করছেন
- অংশগ্রহণকারীরা যারা নিউরোরিহাবিলিকেশন চিকিৎসা পেয়েছে

### আপনাকে কি অংশ নিতে হবে?

এই গবেষণায় আপনার অংশগ্রহণ সম্পূর্ণরূপে নিজের ইচ্ছা। আপনি যেকোনো সময় কোন কারণ না দেখিয়ে এবং তথ্য বিশ্লেষণ না করা পর্যন্ত কোন বিরূপ প্রতিক্রিয়া ছাড়াই গবেষণা থেকে প্রত্যাহার করতে পারেন।

### অংশগ্রহণের সম্ভাব্য ঝুঁকি ও সুবিধাগুলো কী কী?

গবেষণায় অংশগ্রহণের জন্য আপনার কোন খরচ হবে না। আপনার অভিজ্ঞতা শেয়ার করার মাধ্যমে আপনি অর্থনৈতিকভাবে লাভবান হবেন না। এমন কোন প্রশ্ন করা হবে না যা আপনার কাছে অত্যন্ত ব্যক্তিগত বা সংবেদনশীল।

### অংশগ্রহণের গোপনীয়তা কিভাবে নিশ্চিত করা হবে?

গবেষণা প্রকল্পের বাইরে অন্য কাউকে মূল রেকর্ডিং অ্যাকসেস করার অনুমতি দেয়া হবে না। অধ্যয়নের সময় সংগৃহীত সমস্ত তথ্য নিরাপদ এবং সুরক্ষিত রাখা হবে। আপনার সমস্ত ব্যক্তিগত তথ্য (নাম, ঠিকানা, যোগাযোগ নম্বর) গবেষণায় প্রতীকী উপায়ে ব্যবহার করা হবে।

### গবেষণার ফলাফলের কি হবে?

এই ফলাফল গুলি স্বাস্থ্য পেশাদারদের তাদের কর্ম ক্ষেত্রে টিবিআই রোগীদের চ্যালেঞ্জগুলি নির্ধারণ করতে সহায়তা করবে। অকুপেশনাল থেরাপিস্টরা জানতে পারবেন যে পুনর্বাসন প্রক্রিয়ার সময় তাদের কি বিষয়ে আরো বেশি গুরুত্ব দিতে হবে। আশা করা হচ্ছে যে এই গবেষণার ফলাফল বিভিন্ন সোশ্যাল মিডিয়া, ওয়েবসাইট, কনফারেন্স, আলোচনা এবং পর্যালোচনা করা জার্নালের মতো বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে। অধ্যয়নের চূড়ান্ত ফলাফল বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) এর অকুপেশনাল থেরাপি বিভাগের ছাত্র থিসিসে নথিভুক্ত করা হবে।

### গবেষণা কাজে আয়ের উৎস:

এই গবেষণার সকল খরচ গবেষক এর নিজস্ব তহবিল থেকে প্রদান করা হবে।

### আরো তথ্যের জন্য আপনার কার সাথে যোগাযোগ করা উচিত?

গবেষণা সম্পর্কে আপনার যদি কোন জিজ্ঞাসা থাকে তবে আপনি নির্দিধায় জিজ্ঞাসা করতে পারেন। নিম্নলিখিত ব্যক্তির সাথে যোগাযোগ করার জন্য আপনাকে সর্বদা স্বাগত জানাই।

গবেষকের নাম :নূরে তহুরা হিমা

বি.এস.সি ইন অকুপেশনাল থেরাপি

চতুর্থ বর্ষ, সেশন ২০১৮-১৯

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

সিআরপি,সাভার, ঢাকা

যোগাযোগ নম্বর:০১৯৫৯৬৬৬৬৯৪

ইমেইল : [himatohura@gmail.com](mailto:himatohura@gmail.com)

সুপারভাইজারের নাম: মোঃ সাদ্দাম হোসেন

প্রভাষক

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

সিআরপি,সাভার, ঢাকা

যোগাযোগ নম্বর:০১৯৭৭৩৯৮৩২৪

ইমেইল: [saddamot6@gmail.com](mailto:saddamot6@gmail.com)

ধন্যবাদ

**Consent form (English version)**

Respected Participants,

The researcher, Noor A. Thohura Hima, is a 4th-year student of B.Sc. in the Occupational Therapy Department of Bangladesh Health Professions Institute (BHPI).

The title of my research study is "Work-Related Experience of Individuals with Traumatic Brain Injury Following Rehabilitation." The study aims to explore the experience of work life before and after traumatic brain injury.

I am .....wanted to inform you that all information from the participant during the interview will be kept safe and secure. The Confidentiality of the participant's information will be highly maintained. Only the researcher and supervisor can access the data and information. The researcher will be available to answer any study-related question. No financial benefit will be given to the participants of this study.

I am a participant in this study, and I have read and understood the provided information. I have the right not to answer any of the questions. My participation is voluntary, and I have the right. I understand that I can withdraw from this agreement at any time without a reason. I acknowledge that I will receive a copy of this consent form.

I voluntarily agree to take part in this study to my satisfaction.

**Participant name:**

Participant signature/Thumbprint:

Date:

Researcher's signature:

Date:



## Consent form (Bangla version)

### সম্মতিপত্র

সম্মানিত অংশগ্রহণকারী,  
 গবেষক নূরে তহুরা হিমা বর্তমানে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) এ বি.এস.সি ইন অকুপেশনাল থেরাপিতে চতুর্থ বর্ষে অধ্যয়নরত। আমার গবেষণার শিরোনাম “পুনর্বাসনের পর আঘাতমূলক মস্তিষ্কের আঘাতে আক্রান্ত ব্যক্তিদের কাজের সাথে সম্পর্কিত অভিজ্ঞতা”। এই গবেষণার লক্ষ্য হলো কর্মজীবনের অভিজ্ঞতা এবং আঘাত জনিত মস্তিষ্কের আঘাতের পরে অভিযোজন এর প্রক্রিয়া খুঁজে বের করা।

আমি..... আপনাকে জানাতে চাই যে  
 সাক্ষাৎকারের সময় অংশগ্রহণকারী সমস্ত তথ্য নিরাপদ ও সুরক্ষিত রাখা হবে।  
 অংশগ্রহণকারীর তথ্য কঠোরভাবে গোপনীয় থাকবে। শুধুমাত্র গবেষক এবং সুপারভাইজার  
 ডেটা এবং তথ্য এক্সেস করতে পারবেন। গবেষক গবেষণা সম্পর্কিত যে কোন প্রশ্নের উত্তর  
 দিতে উপলব্ধ থাকবেন। এই গবেষণায় অংশগ্রহণকারীদের কোন আর্থিক সুবিধা দেয়া হবে  
 না।

এই গবেষণায় আমি..... একজন  
 অংশগ্রহণকারী এবং আমি প্রদত্ত তথ্য পড়েছি এবং বুঝেছি। কোন প্রশ্নের উত্তর না দেয়ার  
 অধিকার আমার আছে। আমার অংশগ্রহণ স্বেচ্ছাসেবী এবং কোন কারণ ছাড়াই যে কোন  
 সময় প্রত্যাহার করার অধিকার আছে। আমি বুঝতে পেরেছি যে আমাকে এই সম্মতিপত্রের  
 একটি কপি দেয়া হবে। আমি স্বেচ্ছায় আমার সন্তুষ্টির সাথে এই গবেষণায় অংশ নিতে  
 সম্মত।

### অংশগ্রহণকারীর নাম:

অংশগ্রহণকারীর স্বাক্ষর বা আঙ্গুলের ছাপ:

তারিখ:

গবেষকের স্বাক্ষর:

তারিখ:

**Withdrawal form (English version)**

Title of the study: Work-Related Experience of Individuals with Traumatic Brain Injury Following Rehabilitation.

I am ..... informed that I have the right to withdraw consent, and none of my data or information will be shared in the study before data analysis has been completed. I..... at this moment request to withdraw from the study and want to end my participation in this study.

**Participant name:**

Participant signature/ Thumbprint:

Date:

**Withdrawal form (Bangla version)****প্রত্যাহার পত্র**

**গবেষণার শিরোনাম:** “পুনর্বাসনের পর আঘাতমূলক মস্তিষ্কের আঘাতে আক্রান্ত ব্যক্তিদের কাজের সাথে সম্পর্কিত অভিজ্ঞতা” |

আমি..... (অংশগ্রহণকারীর নাম) জানাচ্ছি যে আমার সম্মতি প্রত্যাহার করার অধিকার আছে এবং ডেটা বিশ্লেষণ সম্পন্ন হওয়ার আগে আমার কোন তথ্য গবেষণায় অন্তর্ভুক্ত হবে না |

আমি .....এতদ্বারা গবেষণা থেকে প্রত্যাহার করার জন্য অনুরোধ করছি এবং এই গবেষণায় আমার অংশগ্রহণ শেষ করতে চাই |

**অংশগ্রহণকারীর নাম:**

অংশগ্রহণকারীর স্বাক্ষর বা আঙ্গুলের ছাপ:

তারিখ:

## **Appendix C: Interview guide (English and Bangla Version)**

### **Interview guide (English version)**

#### **Sociodemographic information**

Participant No:

Age:

Sex:

Education level:

Occupation:

Workplace:

Marital status:

Several family members:

Living address:

#### **Semi-structured interview guide:**

The study aimed to explore the work-life experience before and after traumatic brain injury.

#### **Objective 1: To know the work role and responsibilities before and after TBI.**

##### **Interview questions:**

1. Tell me about your current job. What are the main tasks that you must perform in your workplace?
2. What did you do before the injury?

#### **Objective 2: To identify the motivation for returning to Work after TBI.**

##### **Interview questions:**

3. Describe the importance of returning to work after injury.
4. Has your work life changed after the injury? If yes, what has changed in your work life after the injury?
5. Can you describe what your work life was like before your injury?
6. How much effort can you put into your work now and before your injury? Explain me.
7. How do you feel about working before and after an injury?

#### **Objective 3: To explore the barriers to the work process in the workplace after TBI.**

##### **Interview questions:**

8. Do any physical barriers at work prevent you from working, and how?
9. Do you have any mental health problems that affect your ability to work in the workplace, and how?

10. How do you manage these challenges in the workplace?
11. Do the people or situations place limits on your work?
12. Have you felt discriminated against at your workplace after the injury?  
If yes, can you please explain?

**Objective 4: To explore coping strategies with work.**

**Interview questions:**

13. How do you manage your activities in the workplace after injury?
14. How do you cope with your work environment to improve your work role performance before and after injury?

**Objective 5: To identify the satisfaction with their work-life performance before and after TBI.**

**Interview questions:**

15. Are you satisfied with your work performance and workplace? How?
16. How is the relationship between you and your coworker or employer?

**Objective 6: To know the recommendations to improve their workplace.**

**Interview questions:**

17. What suggestions would you like to give for the workplace?
18. What kind of changes can make your work life easier?

**Interview guide (Bangla version)**

**সাক্ষাৎকার নির্দেশিকা**

**প্রাথমিক প্রশ্ন:**

অংশগ্রহণকারীর নাম:

বয়স:

লিঙ্গ:

শিক্ষার যোগ্যতা:

পেশা:

কর্মক্ষেত্র:

বৈবাহিক অবস্থা:

পরিবারের সদস্য সংখ্যা:

ঠিকানা:

**মূলপ্রশ্ন:**

১. আপনার বর্তমান চাকরি সম্পর্কে বলুন। আপনার কর্মক্ষেত্রে কোন কাজগুলো করেন?
২. আঘাত পাওয়ার পূর্বে আপনি কি কাজ করতেন?
৩. আঘাতের পরে কর্মক্ষেত্রে ফিরে যাওয়ার গুরুত্ব বর্ণনা করুন।
৪. আঘাত পাওয়ার পর কি আপনার কর্মজীবনে কোন পরিবর্তন এসেছে? যদি হয়, আঘাতের পর আপনার কর্মজীবনে কি পরিবর্তন হয়েছে?
৫. আঘাতের পূর্বে আপনার কর্মজীবন কেমন ছিল বলেন?
৬. আপনি এখন এবং আপনার আঘাতের আগে আপনার কাজে কতটা প্রচেষ্টা দিতে পারতেন? ব্যাখ্যা করুন।
৭. আঘাতের আগে ও পরে আপনার কর্মক্ষেত্রে কাজ করতে কেমন লাগে?
৮. কর্মক্ষেত্রে আপনার এমন কোন শারীরিক প্রতিবন্ধকতা আছে যা আপনাকে কাজ করতে বাধা দেয় এবং কিভাবে?
৯. আপনার কি কোন মানসিক সমস্যা আছে যা কর্মক্ষেত্রে আপনার কাজ করার ক্ষমতাকে বাধা দেয় এবং কিভাবে?
১০. আপনি কিভাবে আপনার প্রতিবন্ধকতা গুলো নিয়ে আপনার কর্মক্ষেত্রে কাজ করেন ?
১১. কাজের ক্ষেত্রে লোকজন অথবা পরিস্থিতি এমন কেউ কি আপনার কাজকে বাধা দেয়?
১২. আঘাতের পরে কি আপনি আপনার কর্মক্ষেত্রে কোন ধরনের বৈষম্যের শিকার হয়েছেন? যদি হয়ে থাকে অনুগ্রহ করে ব্যাখ্যা করুন।
১৩. আঘাতের পরে আপনি কিভাবে কর্মক্ষেত্রে আপনার কার্যক্রম পরিচালনা করেন?
১৪. আঘাতের আগে এবং পরে আপনার কর্মক্ষমতা উন্নত করতে আপনি কীভাবে আপনার কাজের পরিবেশের সাথে মোকাবিলা করেন?
১৫. আপনি কি আপনার কর্ম দক্ষতা এবং কর্মস্থল নিয়ে সন্তুষ্ট ? কিভাবে?
১৬. আপনার এবং আপনার সহকর্মী বা নিয়োগকর্তার মধ্যে সম্পর্ক কেমন?
১৭. আপনার কর্মস্থলের জন্য আপনি কি পরামর্শ দিতে চান ?
১৮. কি ধরনের পরিবর্তন আপনার কর্মজীবনকে সহজ করবে?

## **Appendix D: Translator consent form (English and Bangla Version)**

### **Translator consent form (English version)**

I am Noor A Thohura Hima, a 4th-year student of B.Sc. in the Occupational Therapy Department of Bangladesh Health Professions Institute (BHPI), an academic institute of the Centre for the Rehabilitation of the Paralyzed (CRP). As a part of my academic course curriculum, I am doing a research study entitled "Work-Related Experience of Individuals with Traumatic Brain Injury Following Rehabilitation ."The study aimed to explore the work-life experience before and after traumatic brain injury.

As per the research rules and regulations, only the student researcher and the study's supervisor can access the data. The interview information cannot be referenced elsewhere, and personal information must be kept confidential. As a translator, I am fully aware of the objectives and aims of this research and the importance of maintaining the confidentiality of data. Therefore, I will translate the research data into English while maintaining Confidentiality. I assure you that I will not discuss any information related to this matter with anyone.

**Translator's name**.....

**Translator's Signature**.....

**Date**.....

**Student researcher's signature**.....

**Date**.....

### Translator consent form (Bangla version)

অনুবাদক চুক্তিপত্র

আমি নূরে তহুরা হিমা, বিএসসির ৪র্থ বর্ষের ছাত্র। বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটের (বিএইচপিআই) পেশাগত থেরাপি বিভাগে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রের (সিআরপি) একটি একাডেমিক ইনস্টিটিউট। আমার একাডেমিক কোর্সের পাঠ্যক্রমের একটি অংশ হিসাবে, আমি একটি গবেষণা অধ্যয়ন করছি যার শিরোনাম "আঘাতজনিত মস্তিষ্কের আঘাতপ্রাপ্ত ব্যক্তিদের পুনর্বাসনের সাথে সম্পর্কিত কাজের অভিজ্ঞতা"। অধ্যয়নের লক্ষ্য ছিল আঘাতমূলক মস্তিষ্কের আঘাতের আগে এবং পরে কাজের-জীবনের অভিজ্ঞতা অন্বেষণ করা।

গবেষণার নিয়ম ও প্রবিধান অনুযায়ী, শুধুমাত্র ছাত্র গবেষক এবং অধ্যয়নের তত্ত্বাবধায়ক ডেটা অ্যাক্সেস করতে পারবেন। ইন্টারভিউ তথ্য অন্য কোথাও উল্লেখ করা যাবে না, এবং ব্যক্তিগত তথ্য গোপন রাখা আবশ্যিক। একজন অনুবাদক হিসেবে, আমি এই গবেষণার উদ্দেশ্য ও লক্ষ্য এবং তথ্যের গোপনীয়তা বজায় রাখার গুরুত্ব সম্পর্কে পুরোপুরি সচেতন। অতএব, আমি সম্পূর্ণ গোপনীয়তা বজায় রেখে গবেষণার তথ্য ইংরেজিতে অনুবাদ করব। আমি আশ্বাস দিচ্ছি যে আমি এই বিষয় সম্পর্কিত কোন তথ্য কারো সাথে আলোচনা করব না।

অনুবাদকের নাম .....

অনুবাদকের স্বাক্ষর.....

তারিখ.....

গবেষকের স্বাক্ষর.....

তারিখ.....

## Appendix E: Supervision Record Sheet





Bangladesh Health Professions Institute  
 Department of Occupational Therapy  
 4<sup>th</sup> Year B. Sc in Occupational Therapy  
 OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Work-Related Experience of Individuals with Traumatic Brain Injury  
 Following Rehabilitation Service

Name of student: Noor A Thohuna Hima

Name and designation of thesis supervisor: Md. Saddam Hossain  
 Lecturer  
 Department of Occupational Therapy

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	08.08.23	OT Dept waiting room	Overview the topic of research, provide supervision guideline	45 min	Helpful introduction to work ahead	Hima	
2	10.08.23	OT Dept waiting room	Discussion of methodology	1hr 40min	Got a clear concept of methodology	Hima	
3	12.08.23	OT Dept waiting room	provide guideline for research proposal	2hr 10min	Structured guide line for proposal	Hima	
4	08.09.23	BHPI library	provide feedback about title, aim, objective.	1 hour 35 min	Need to modify objectives	Hima	



6	12.09.23	BHPI Library	check participant check list, literature matrix	2 hr 10 min	Need to search literature matrix for review	Hima	<del>scribble</del>
7	17.09.23	BHPI building	Research methodology, Literature review	2 hr 30 min	Need to modify literature review	Hima	<del>scribble</del>
8	20.09.23	Teachers room	Objectives of the study, Interview guide	1 hr 20 min	Need to modify Interview guide	Hima	<del>scribble</del>
9	28.09.23	OT Dept waiting room	Appendix	1 hr 15 min	Data collection preparation	Hima	<del>scribble</del>
10	04.10.23	OT Dept waiting room	Guideline for data collection, Interview guide	2 hr 30 min	Helpful for field test	Hima	<del>scribble</del>
11	10.10.23	OT Dept waiting room	Discussion about participant & Interview guide	1 hr 25 min	Need to modify objectives	Hima	<del>scribble</del>
12	17.10.23	Teachers room	Transcription	2 hr 40 min	Need to check transcription	Hima	<del>scribble</del>
13	30.10.23	BHPI Library	provide feedback for transcription	2 hr 20 min	Structured guide line for transcription	Hima	<del>scribble</del>
14	03.12.23	OT Dept waiting room	Translation	1 hr 45 min	Need to do coding	Hima	<del>scribble</del>
15	09.12.23	Teachers room	Coding	1 hr 30 min	Need to finish coding	Hima	<del>scribble</del>

17	13.12.23	Library Building	Coding	2hr	Need to make thematic map	Hima	<i>[Signature]</i>
18	<del>02.01.23</del>	OT Dept waiting room	Discussion about theme	1hr 50min	Need to do result	Hima	<i>[Signature]</i>
19	02.01.24	OT Dept waiting room	Literature review feedback	1hr 25min	Update literature review	Hima	<i>[Signature]</i>
20	08.01.24	Teachers room	Discussion	2hr 5min	Need to Check discussion	Hima	<i>[Signature]</i>
21	10.01.24	OT Dept waiting room	1st draft check	2hr 15min	Need to modify result, discussion	Hima	<i>[Signature]</i>
22	08.02.24	OT Dept waiting room	Feedback on 1st draft	1hr 40min	Get helpful feedback	Hima	<i>[Signature]</i>
23	14.03.24	OT Dept waiting room	Feedback on Introduction Abstract	45min	Need to connect based on feedback	Hima	<i>[Signature]</i>
24	04.04.24	OT Dept waiting room	Feedback about 2nd draft & discuss Presentation	2hour 10min	Got clear idea & vision.	Hima	<i>[Signature]</i>

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.