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Identity Reconstruction, Recovery and Transition of Professionals to Work Following Cerebral Vascular Accident (CVA)

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Abstract
Stroke predominantly affects older adults. There has not been enough information on the post-stroke experiences of working-age professionals who experienced a stroke and transitioned back into the workforce. The Roy Adaptation Model served as the theoretical framework. The interviews were completed by post-cerebral vascular accident (CVA) professionals who either returned to work or waiting to return to work. The data analysis involved the narrative and the paradigmatic analysis approach. This narrative inquiry enabled subjects to share their stories, lessons, and struggles. The paradigmatic analysis included eight thematic findings common across participants' stories of identity reconstruction of transitioning to work. The obstacles against the professionals transitioning to work after stroke are holistic affecting multiple dimensions of the person. This narrative inquiry enabled subjects to share their stories, lessons and struggles to fill a gap in knowledge regarding their identity reconstruction as a means of psychological adjustment after a stroke.

Keywords: Stroke, Professional, Adjustment, Rehabilitation, Transition, Identity.

Introduction
Recovery from a Cerebral Vascular Accident (CVA) can take a medical intervention, and the patient may still never fully recover. The most challenging part of the working-age professional's recovery is transitioning back to work after rehabilitation. Identifying the challenges and experiences of professionals transitioning back to work after a CVA are the objectives of this research.

Background Statement
Nearly 25% of all stroke events affect people under 65. (The Internet Stroke Center 2019). After experiencing a CVA, people must overcome specific stressors and obstacles to transition back to work (Phillips, Gaffney, Phillips, & Radford, 2019). Transitioning back to work after a CVA has not generated substantial discussion since most people affected are already retired.

Theoretical Framework
The Roy Adaptation Model (Roy & Andrews, 1999) was the theoretical framework for the study. According to the framework, health is the proper adaptation between the patient and the holistic environment. Adaptation proceeds through the physiologic, the self-concept, the role function, and the interdependence modes.
The main problem with transitioning to work after a CVA consists of neurological function and rehabilitation at the physiologic level. The self-concept mode is the professional's identity as a CVA victim, and the role function mode is how colleagues see the professional after a CVA. Finally, the interdependence mode is the feeling of weakened interdependence between the stroke victim and colleagues.

Research Questions
The main research question was: What is the overall experience of professionals transitioning

to work after a CVA? The secondary research question was: What are the hindrances and encouraging factors concerning a professional transitioning to work after a CVA?

Gaps in the Literature

Though the number of professionals with stroke willing to return to work is relatively small (American Heart Association, 2015), this number is not negligible. These professionals' transition needs in terms of role function have not been adequately studied (Walker et al., 2017).

This limitation makes it crucial to explore the professional's experiences in identity reconstruction and psychological adjustment relating to transitioning to work and identifying critical barriers and facilitators of success.

Methods

Interview Protocol

Interview questions were open-ended, with three critical questions for each given subject.

Please tell me your story about your experience with the stroke.

What specific factors have made your rehabilitation and return to work more comfortable?

What factors have made your rehabilitation and return to work more difficult?

IRB and Related Procedures

Institutional Review Board approved the study. Each subject signed the informed consent form. Confidentiality was maintained. Participation involved approximately one hour of interview. Pseudonyms protected the participant's identities in data collection, analysis, and findings.

Participant Selection

Purposive convenience sampling was used in participant selection. The recruitment process involved putting IRB-approved fliers in public places. The total sample included 15 subjects. Data saturation was reached where new data do not improve data depth and do not give any additional insights (Vasileiou, Barnett, Thorpe, & Young, 2015). The inclusion criteria were professional status, 18 to 64 years, transitioning back to work, or transitioning after a CVA within the past five years.

Description of sample

There were fifteen participants, age 27-61, 8 males and seven females, one Asian, three Caucasians, eleven blacks, one college student, fourteen with college degrees, six nurses, four teachers/college professors, one lawyer, two accountants, one social worker, and one cosmetologist.

Data Collection Procedure

Data were collected through individual interviews by the researcher, and data were recorded using an audio device and transcribed into text documents. The interviews were semi-structured, as discussed in Rubin and Rubin (2011). Necessary demographic information collected from the subjects included age, gender, years since incurring the stroke, education level, and profession. Each interview lasted about 60 minutes. Subjects had the option of reviewing the transcripts to verify their accuracy and provide supplementary information.

Data Analysis Plans

Data analysis followed two procedures, narrative analysis and paradigmatic analysis of narrative techniques. Sharp et al. (2018) noted that despite considerable progress and more frequent appreciation and application of the narrative design, there is still no set approach to undertaking a narrative inquiry, with combinations of methods employed successfully in literature. Practical steps with narrative analysis draw on Polkinghorne's (1995) work, which described narrative analysis and paradigmatic analysis of narrative techniques in depth.

Results

Narrative analysis procedures and the paradigmatic analysis of narratives involved inductive and deductive identification of common themes across stories, as Sharp et al. (2018) and Riesman (1993) recommended. These analysis methods were used in combination in this study.

Some Individual Constructed Stories or narratives.

P1 considered himself "extremely lucky because the infarct was very small and pretty much everything had returned." P3 described himself in therapy as reliant on others for "everything." She described the first three weeks of "intense therapy" as "very, very painful - getting back the feeling and learning to walk again" P 4 described the effect of stroke, he "could not speak for a long time" and had financial concerns about not "able to pay my mortgage."

P6 described the impact of activities; everything helped" "Rehabilitation, the writing, reading, storytelling all helped" As her "focus then was to get better and go back to work" "P 8 about returning to work said, "Getting to work is more difficult and getting there on time is a challenge… taking a bath and preparing - all of those things are difficult." P9 said about supernatural powers, "God's hands were in my recovery as far as this stroke was concerned." P10 said about changes experienced after the stroke included "trying to prioritize" his "health and family overwork," and he made "adjustments" to the way he uses his affected hand. P11 is "tentative about the future" because the stroke happened "relatively young.". P 12 in terms of preparation for work, he said all the staff was ready …offering themselves and asking in what ways they can assist with any process." He believed that "going back to work helped with recovery". P13 about work said it required, "persistence, persistence, and persistence." She slowly improved "from week to week … understanding better and retaining better" P14 (Korie, 2021) "Unfortunately, in this profession [nursing] we are always thinking about doing the best we can for our patients. However, sometimes we end up sacrificing ourselves too much." (Memon, 2013); Zeitz, K. (1999).

Paradigmatic analysis of narratives

Eight thematic findings common across participants' stories included a general sense of good health or well-being that preceded the stroke. There was general unpreparedness based on their lack of expectations for a stroke event. Denial was the first experience immediately following the stroke. Most participants felt that something happened to them and could describe the physical changes experienced. Several participants described a lack of therapeutic emphasis on the return to work. Most participants agreed that rehabilitation services were beneficial to them in regaining physical readiness to return to work. Many

participants explained that the personal changes they made to work are not all pleasant or comfortable but are necessary to keep working after their CVAs.

Rehabilitation was a helpful but sometimes frustrating process that lacked an emphasis on the return to work. There was little difference in coworker relationships though there was generally a positive coworker attitude when people had returned to work; for some, the reception was less optimistic.

Returning to work was a welcome challenge that facilitated identity reconstruction and recovery. Most participants felt that returning to work helped them recover more than they would if they just stayed home. For many, fears surrounded the future. The anticipation of returning to work helped participants with the necessary identity reconstruction. Some patients talked about "searching within" to reconstruct their own vocational and personal identity. Others talked about work as an integral part of their identity. One participant said, "I always thought about wanting to get into something else for work, but my job does define me, as it has for years. It is something I have been doing for many, many years. It is really who I am." Another said work gave her "joy," and she was "discouraged" from reconstructing herself, which was "difficult." For example, reconstructing her identity involved doing part-time casework instead of her previous full-time RN job.

Discussion and Conclusions

Discussion of Findings

The format for this discussion is based on the thematic findings from the paradigmatic analysis. The first finding pertained to a general sense of good health or well-being that preceded the stroke. The social cognitive theory suggests a close relationship between self-efficacy and wellness (Bandura, 1997). Most of the participants admitted that their steps to enhance health were insufficient to protect them from CVAs.

Findings are consistent with the Roy Adaptation Model (Roy & Andrews, 1999). Generally, the obstacles against the professional transitioning to work after stroke are holistic in that they affect multiple dimensions of the person, and they must be addressed holistically.

Returning to work was regarded as a welcome challenge that facilitated identity reconstruction and recovery. Results are consistent with identity reconstruction concepts (Glintborg & Krogh, 2015) and Whitehead (2006). As the patient adopted coping practices that worked for them, identities seemed to settle, suggesting that identity reconstruction is influenced by patients' experiences, self-efficacy, and coping mechanisms. Findings are also consistent with the ideas expressed by Herbert, Lindsay & McIntyre (2016) that CVA recovery frequently involves making improvements over a timeframe.

Recommendation for Leaders

Medical professionals and workplace leaders can better emphasize the prevalence of CVA among younger patients and underscore the importance of healthy work habits. Occupational and vocational therapy assists individuals who experience CVA in their preparation to return to work. A specialized program that focuses on workplace rehabilitation would be beneficial.

Educational materials would provide the stroke patient's colleagues with information about the nature of CVAs, which would help them more effectively empathize with the patient and make reasonable accommodations if required (Morris, 2011). Family members, caregivers, and colleagues could benefit from educational interventions regarding the nature of a CVA and how they can help patients overcome the multifaceted array of symptoms (Padberg et al., 2016). Leaders should emphasize education on stroke. By receiving helpful information, the patient can develop a sense of self-efficacy and address the physical, cognitive, psychological, and socio-cultural factors that may prevent optimal adjustment after a CVA.

Suggestions for Future Research

Qualitative research could focus more on the experience or phenomenon of the stroke and the meaning of those experiences to the sense-making in participants' lives. The focus could be in the stages of grief, as experienced in the aftermath of the CVA. The social and behavioral adaptations of working-aged individuals who experience CVAs could fill a gap in the stroke experiences.

Rehabilitation and therapy, specifically as a means to return to work, could focus on additional research. The availability of vocational and occupational rehabilitation approaches and their comparison could help leaders improve rehabilitation services for individuals recovering from stroke and intending to return to work.

Limitations

Some limitations in the study that further research could address include the fact that the sample was mostly comprised of a single racial category (Black). A study to compare the differences one might experience based on demographics could be revealing. A repeat study in different locations could help establish a universal understanding of the experiences with recovery and return to individuals who experience CVAs.

Conclusion

This research study was a narrative inquiry into the identity reconstruction and transition of professionals to work after a CVA. The study helped fill a gap in literature; there has not been enough information about professionals' experiences with stroke. Results are not generalizable but can help guide others in the directions for future research. This narrative inquiry led to recommendations for leaders and suggestions for future research.

Conflict of Interest

There is no conflict of interest

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