



Research Article

Experiences of support to return to work after stroke: longitudinal case studies from RETAKE trial

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Plain language summary

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Returning to work has physical, mental and financial benefits for stroke survivors. There are also benefits for society when stroke survivors return to work because they contribute to the economy and are less likely to claim state benefits.

However, support for stroke survivors to return to work is not always provided as part of usual care following stroke.

We designed an intervention called Early Stroke Specialist Vocational Rehabilitation. Specially trained occupational therapists provide stroke survivors, their carers and their employers with information and return-to-work support for 12 months following stroke.

To find out what difference it made, we interviewed 15 stroke survivors who received the intervention, plus their carers and occupational therapists. Their experiences were compared with 11 stroke survivors who only received usual care. They were interviewed three times during the first year following stroke.

Stroke survivors' chances of returning to work were affected by a range of factors, including post-stroke impairments and how these impacted their ability to do their job. Employers' willingness and ability to provide reasonable adjustments were also influential.

Stroke survivors who received the intervention benefited from return-to-work support which was designed around their individual needs. They valued the occupational therapist organising their care and discussing return-to-work arrangements with their employers. If they were unable to return to their previous job, occupational therapists discussed alternative options.

In contrast, stroke survivors who received usual care often felt abandoned when it finished after 2–8 weeks. Care usually focussed on physical ability, leaving them struggling to find return-to-work information and support. Sometimes they returned to work too early and then experienced problems with long-term effects of stroke, for example, tiredness.

Overall, we found that usual care is often insufficient for working-age stroke survivors and their chances of returning, and staying, in work may be improved by the intervention.