

2016

# An Ethnographic Study of Traumatic Brain Injury Survivors Returning to Work

Bruce Santy  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

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2016

**Abstract**

An Ethnographic Study of Traumatic Brain Injury Survivors Returning to Work

by

Bruce Winn Santy

MPA, Evergreen State College, 2000

BS, City University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

March 2016

## Abstract

People who suffer a traumatic brain injury (TBI) experience challenges in returning to work differently and at a rate that surpasses the return to work transition for people who experience other types of disabling injuries. In part, this challenge is a result of a lack of policy structure that promotes the successful return to work transition. The purpose of this ethnographic study was to explore the policy implications of the return to work transition for TBI survivors, address the gap in the literature, and identify key factors that contribute to the success of return-to-work programs in Washington State. A hybrid of Smith's institutional ethnography approach and Foucault's critique of bureaucratic institutions was used as the framework for this study. Data were gathered from 12 interviews and 2 focus groups with TBI survivors who had access to TBI support groups and employers connected to the TBI community. Data were inductively coded and categorized using a comparative analytical method. The study results indicate that an inclusive culture, collaborative communication, TBI-focused knowledge, integrated support, and survivor/employer motivation to interact are key factors in the successful return to work process. This study promotes positive social change by providing information for use in expanding TBI employment policy, TBI employment education, and accommodation practices. The study findings are intended to inform new policies to improve employment post-TBI outcomes for TBI survivors, employers, and their community.

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## Dedication

I dedicate this research study to Tommy Manning, to all the TBI survivors who want to return to work, to the Brain Energy Support Team, the Brain Injury Alliance of Washington, HeadStrong for Life, Provail, the State of Washington Traumatic Brain Injury Strategic Partnership Advisory Council, and to the employers who all work tirelessly to improve the quality of life for TBI survivors and their families.

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## Chapter 1: Introduction

### **Background**

Disability employment policy in the United States is changing as government leaders become more effective in communicating the need to increase job opportunities for people with disabilities by providing return to work opportunities (U.S. Department of Labor Office of Disability Employment Policy, 2014). The National Governors Association has made disability employment a priority (2013a); since 2013, many U.S. states have initiated plans to improve employment for people with disabilities. One of the stated priorities of the National Governors Association (2013) is changing the current belief system from excluding people with disabilities from the workforce to a belief system, which values inclusion and equal opportunity. States like Delaware, South Dakota, Connecticut, Iowa, Virginia, Minnesota and Kansas have subsequently taken steps to improve disability employment policy and employment opportunities (Markell, 2013).

Effective disability employment policy begins with communicating the needed changes in this policy, by creating interagency task forces, public private partnerships, and developing comprehensive strategic plans (National Governors Association, 2013).

Understanding the employers' significant barriers to disability employment is an important part of the task force discourse in improving disability employment opportunities. According to Governor Inslee (State of WashingtonOffice of the Governor, 2014a), employers report barriers to disability employment as: the nature of the work, costs of accommodations, concerns about cost of workers compensation premiums,

concern about the cost of health care coverage, fear of litigation, lack of knowledge or information, attitudes of customers, discomfort or unfamiliarity with disability, the attitudes of coworkers, supervisors, stereotyping, and biased decision making (p. 11) and provides a meaningful starting point for the discourse. To bring a balanced approach to each side of the disability employment issue, people with disabilities report barriers as: being unable to find a job, get the needed accommodations, discrimination, poverty, access needed to education and training, inadequate transportation options, lack of access to technology, and the fear of losing necessary benefits and supports (p. 12).

The items listed by Inslee (State of Washington Office of the Governor, 2014a) are significant barriers to members of the traumatic brain injury (TBI) population gaining employment and returning to work. This research study examined one part of this broad policy area of disability employment and was designed to understand a small group of TBI survivors who have experienced the process of returning to work. It was specifically designed to examine the policies, practices, and social relations of TBI survivors returning to work. This chapter provides an introductory overview, background, and contextual portrait for the study. It describes the reason why the topic of TBI survivors returning to work is important and includes the problem statement, research questions, approach and significance as well as a summary.

Generally, TBI survivors and their families face a complex and confusing spectrum of services, medical professionals, and human services during their recovery. A TBI survivor whose condition results from an occupational injury is generally supported by worker's compensation systems that provide medical, vocational rehabilitation, and

return-to-work services. Workers' compensation systems like most insurance companies provide partial wages for time loss. They also provide time limited case management services such as a case manager who acts as an internal coordinator between the injured worker, medical provider, vocational specialist, and the employer. According to Wrona once the worker's compensation case or claim is closed however, the service coordination burden shifts to the TBI survivor and family (2010).

The process of recovery and re-employment following a TBI takes a significant amount of time and money. Often, a TBI survivor is concerned about the future and is uninformed about the challenges of returning to work (Shames, Teger, Ring, & Giaquinto, 2007). This lack of information is important because the Centers for Disease Control (CDC) estimated that 1.7 million citizens sustain a TBI every year, approximately 80% of which are treated and released from emergency departments, and 75% of which are mild (nonlife-threatening) concussions. The financial costs of TBI are estimated to be approximately \$76.5 billion every year in medical costs and lost productivity (CDC, 2014). When a TBI survivor cannot perform their work the negative consequences may include loss of self-awareness, depression, psychosocial and health issues (Shames, Treger, Ring, & Giaquinto, 2007). The nature of a TBI injury along with unemployment may impact the TBI survivor more deeply and require a system of support to reverse the impact. Employment provides a measure of self-worth, fulfillment, and economic stability. The return to work after a brain injury is of economic and social importance for TBI survivors and their families (Shames et al., 2007).

There is limited extent of academic research literature that is directly related to the scope of TBI survivors returning to work (viz., Shames et al., 2007; Wrona, 2010). The primary source of this recent literature is from the medical sector and concerns the treatment of brain injuries such as concussions and related vocational rehabilitation in the United States, Canada, and European Union. As a result of this limited available literature, there is a research gap regarding the experiences of TBI survivors returning to work in terms of policy and social practices. This study was designed to directly address this gap in the academic literature. It was designed in part to create a deeper understanding of TBI survivors returning to work and promote positive outcomes for the TBI community, and to help develop the policy and social practices necessary for this population to return to work.

### **Problem Statement**

The U.S. Health Resources and Services Administration (HRSA)'s TBI Program was initially authorized by the Traumatic Brain Injury Act of 1996 (P.L. 104-106) and reauthorized by the Traumatic Brain Injury Act of 2008 (P.L. 106-310). This federal program funding motivated some individual states to create systems and advocacy improvements for TBI survivors and their families through grant programs (Department of Health and Human Services, 2014). The policy design of the federal program was to distribute grants to the states to initiate sustain enable infrastructure and capacity for comprehensive and coordinated services for this population (Department of Health and Human Services, 2014). The infrastructure added by the grant objectives have created advisory councils, increased public knowledge and awareness of TBI, and expanded

coordinated services in the majority of states (Department of Health and Human Services, 2014).

Despite this enabling legislation and parallel improvements, TBI-related services do not fully meet the needs of the TBI population. For example, delivering return-to-work programs for this population have a recognized need for improvement as suggested by the State of Washington Traumatic Brain Injury Council School and Work Technical Advisory Committee (School and Work TAC, 2013). This need to improve return to work begins to address the TBI community's general perception that the majority of TBI survivors are unable to return to work or sustain employment, and that this has adversely affected their quality of life (Phillips, Drummond, Radford, & Tyerman, 2010).

This study was designed to examine the problem of high unemployment of TBI survivors and determine why this is still prevalent despite current return-to-work programs, policy, process, and practice. According to the CDC (2006), TBI is a major cause of death and disability in the United States and is estimated to contribute to 30% of injury deaths (p. 1). Recent estimates from the Centers for Disease Control (CDC) put the number of people living with TBI-related disabilities in the United States at approximately 2.5 million (CDC, 2014). However, little research has been done on the social relations that facilitate the transitions of TBI survivors back to employment and the institutional factors that make return-to-work-programs successful. Thus, this study was specifically designed to address this gap in the literature by examining organizational social relations and the process of return-to-work programs in general and the State of Washington in particular.

### **Purpose Statement**

The purpose of this ethnographic study was to explore the policy implications of the return to work transition for TBI survivors, address the gap in the literature, and to identify key factors that contribute to the success of return-to-work programs in Washington State.

### **Significance of the Study**

The significance of this research was to fill the void in the literature by examining organizational social relations and the process of return-to-work programs in the State of Washington for TBI survivors. Through this study, I sought to address this gap in the academic literature. Institutional ethnography research illuminated the institution of return-to-work for TBI survivors and how the services are provided. This insight and understanding of what successful return-to-work is for TBI survivors was intended to benefit and create potential new opportunities for researchers, employers, policy makers, and the TBI community. The study may also help to develop and catalyze successful return-to-work outcomes for TBI survivors. More generally, the study was designed to also promote a greater cultural awareness and comprehension of TBI, the importance of returning to work, and positive social change for this marginalized class in the State of Washington.

### **Nature of the Study**

This study used a qualitative, institutional ethnographic approach to explore the cultural patterns in organizational implementation of successful return-to-work programs and the experiences of TBI survivors in that context. The ethnographic approach aligned

with the guidelines of Smith (2006). Institutional ethnography (IE) is a useful method in exploring existing social inequalities of marginalized populations and to inform on the social process (Campbell, 1998). For example, in the return-to-work process institutional ethnography was used to discover the institutional organization of power that controls a TBI survivor's return to work experiences because it asks the broad question "How do things work?" The study specifically used interview data collected from participants in the TBI community who have attempted or have returned to work, and I sought to reveal the institutional power relations such as policies and procedures that shape their experience, as suggested by Campbell (1998). This research was informed by my familiarity with the TBI community and being a member of the TBI council. This positioned my researcher standpoint such that the social organization of return-to-work was framed by the policies and procedures of textually mediated ruling practices that control TBI survivors returning to work (see Figure 1).

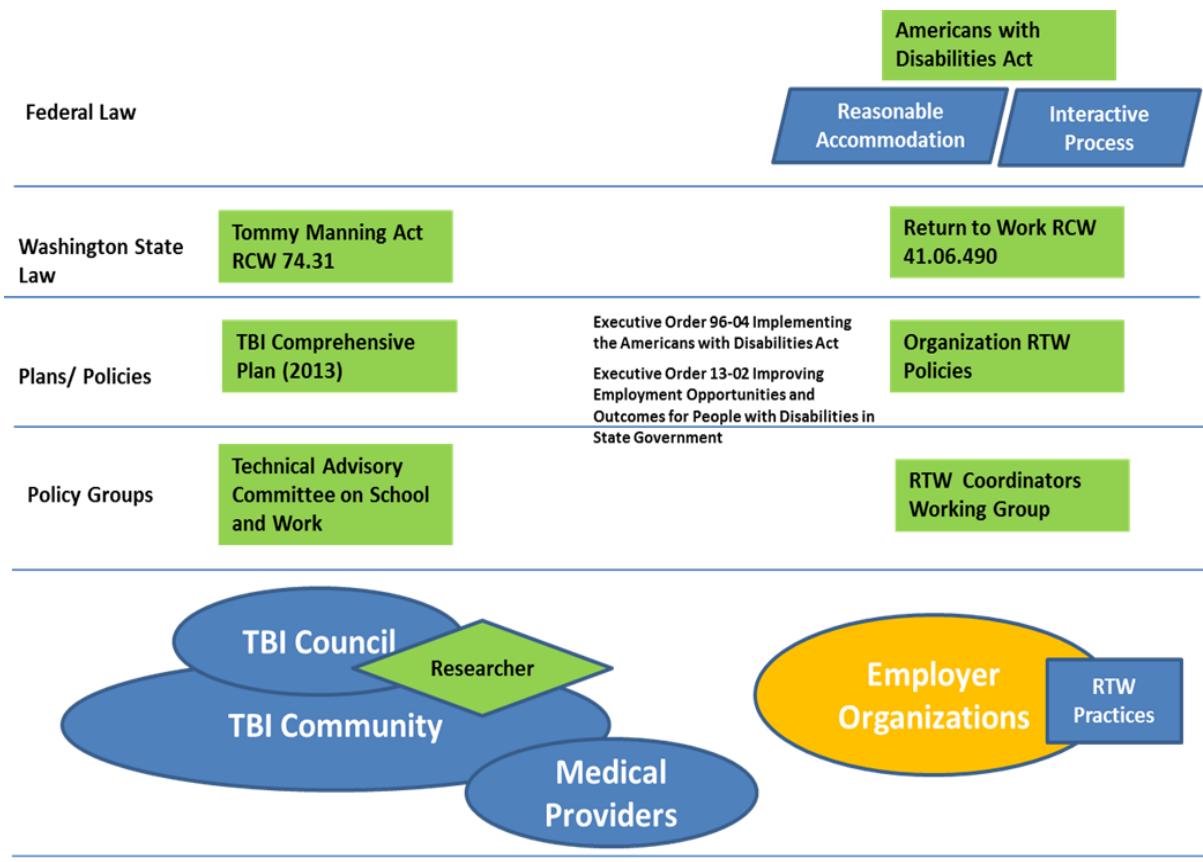


Figure 1. A diagram of the return to work system from a researcher's standpoint.

### Research Questions

This study approached the social organization of TBI survivors return-to-work utilizing the institutional ethnographic method of inquiry described by Smith (2006). The social relational approach permits an explication of how TBI survivors return to work in organizations with return-to-work programs, and how the process is coordinated by various policies, procedures, and mediating texts that govern this process (Campbell, 1998). Generally in the U.S., return-to-work programs return injured workers back into the workplace when medically feasible and may include accommodations, alternative or modified job duties, transitional work, or work reassignment (Job Accommodation

Network, 2013a). Return to work programs provide an effective approach for an organization's most valuable assets (Office of Disability Employment Policy, 2012b).

The following research questions guided this study:

- Primary Research Question: What key factors contribute to the success of return-to-work programs for TBI survivors in Washington State?
- Subquestion 1: What does successful return to work mean for a TBI survivor in Washington State?
- Subquestion 2: Do organizational cultures play a role in return-to-work programs for TBI survivors?
- Subquestion 3: What is the importance of the TBI survivor's knowledge of the reasonable accommodation interactive process in successfully returning to work?
- Subquestion 4: What is the role of the power relationship between employer, TBI survivor, and medical provider in achieving a sustained success in employment?

### **Conceptual Framework**

The conceptual frame for the study is based on Smith's (2006) institutional ethnography method of inquiry. Smith (1987) developed IE, which was originally used as a feminist method of inquiry during the women's movement of the 1970s and 1980s to explain and understand social and power structures within institutions. Institutional ethnography uses procedures from ethnography to explain the social organization of knowledge and asks the question "How do things work?" Smith's IE framework is rooted

in Foucault's (1983) concept of power and Foucault's theory that power/knowledge is everywhere. As a result, this framework has key elements that create the logical connections that stem from the primary question "How do things work?"

In the IE method, the researcher takes a standpoint position in the TBI community to better understand the lived experience and the institutional apparatus that organize and control the return-to-work process. The institutional ethnography in this study consisted of exploring the social setting of return-to-work interactions with the employer and medical providers, as well as processes such as the reasonable accommodation interactive processes that are governed by return-to-work and reasonable accommodation policies and procedures. The goal of this study was to create a deeper understanding of the social and institutional power structures that govern successful return-to-work.

### **Definitions**

The following terms are described as they apply to this study:

*Civil liberty:* A concept that provides guiding concepts, rights, and freedoms such as life, liberty, and the pursuit of happiness. These are best encapsulated in the United States as the Bill of Rights (Brettschneider, 2006).

*Decision package:* A mechanism used for funding the parts of the comprehensive plan from idea to implementation. It is composed of a working title that will identify the concept, the background on the concept or trends that will give the council an idea why the concept should be considered. The decision package is required to link to the current plan and/or the RCW 74.31, and should include recommendations and performance

measures to know if the concept has been effectively implemented. The decision package includes a project design and a description of the barriers and constraints to be addressed. A project timeline and suggested funding are required for each year of the concept (School and Work TAC, 2013).

*Discourse:* The translocal field of relations that includes not only activities, texts and the intertextual conversation, but the activities of people in actual sites who use them or create them (Smith, 2006).

*Governmentality:* A complex web of institutions, policies, procedures, and tactics that are related to the action of individuals (Foucault, 1991).

*Institution:* A term encompassing an institutional process and ruling functions that extends across multiple sites to coordinate local activities and experiences (Smith, 2006).

*Problematic:* A term describing an issue or a problem of interest in the lived experience of people in the world and is specific to institutional ethnographic research (Smith, 1987). It describes the standpoint for the researcher and the research setting in which disjuncture takes place, and accounts for the relations and hidden power structures.

*Relations of Ruling:* A term used in the context of institutional ethnography to refer to textual venues such as legislation, governing boards, management, and administration where power is generated and perpetuated in society across multiple sites (Smith, 2006).

### **Assumptions**

The foundational assumption made in this study flows from the use of the institutional ethnographic method from Smith (1987) in that it relies on the experience of

the participants to explain "How do things work?". It is also assumed that the participants in this study will answer the interview questions truthfully. I assumed that the return-to-work coordinators are well trained and educated on return-to-work policies, procedures, and practices and those employers perform return-to-work in a similar manner. Finally, I assumed that the return-to-work program process is organized, coordinated, and textually mediated by policy and practice.

### **Scope, Limitations, and Delimitations**

The scope of this research study was to explicate the social organization and return to work experiences of TBI survivors in the State of Washington in organizations that have return-to-work programs. The scope was generally reflected at the state level, which also includes the standpoint of myself, who is embedded in the TBI community as a governor appointed member of the State of Washington TBI Council.

The delimitations are the choices that I made to utilize institutional ethnography to explicate the experiences of TBI survivors. These TBI survivors are connected through many support groups to the TBI Council, and have had the experiences of returning to work with their employer of injury. While I understand the support group infrastructure, I am not familiar with any specific TBI survivor that was selected for this study. The potential for researcher bias was expected and I addressed this as part of this study. Employers who do not have return-to-work programs are beyond the scope of this study.

The return-to-work policy in the State of Washington is connected to the Workers' Compensation system and was the central policy text for this research study. This narrows the sample to occupational related brain injuries and samples TBI

survivors' experiences with employer return-to-work coordinators who work with or have experience with return-to-work programs to inform this research study. The role that return-to-work coordinators provide is to coordinate return to work when medically appropriate, negotiate light duty or part time employment, implement accommodations, and provide some measure of communication and training between employer, medical provider, and TBI survivor. To find a representative TBI community, participants were identified for interviews through a community partner organization that provides support to TBI survivors. During the recruitment process, 12 to 20 participants were identified as potential candidates for interviews. Institutional ethnography uses the term informants to differentiate to the reader that the participants are not what is to be studied but instead it is the social organization and institutional process that will be examined (DeVault & McCoy, 2002).

There are limitations to this qualitative research study and are consistent with the nature of qualitative design. First, restricting the number of participants will limit generalizability and the findings cannot be generalized to a larger population (Patton, 2008). The source of the participants was drawn from support groups that are sponsored by the State of Washington Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Council). The research design was qualitative using institutional ethnography (IE). Purposive sampling criteria was used to select TBI survivors who returned to work in organizations, which have return-to-work programs. Limiting the number of participants provided for a more in-depth examination of the research questions. The sample population was limited to the State of Washington.

The second limitation was information and how it may affect validity and reliability. To find a balance and mitigate concerns, I used methodological triangulation from different sources of information (Campbell & Gregor, 2004). I used methodological triangulation of my interviews (with TBI survivors and employer representatives), specific focus groups (TBI survivor professional support group and the Brain Energy Support Team [BEST] Board of Directors), and textual analysis of institutional texts (committee reports, return to work policies and related documents) to be more confident about my results. The additional procedures examined the ruling relations maps, my research logs, and reflective journal.

The third limitation was my own researcher bias for the study. Without this self-awareness key ideas or other data may have been ignored or lost due to personal bias. Building in validation methods helped temper researcher bias as well (Creswell, 2007). Accuracy in interviews or observations is a key element to qualitative data research. In qualitative research bias is a concern. For example, I am a member of the TBI Council appointed by the governor of the State of Washington. My role could be perceived as mixed with regard to reflexivity. Therefore, it was important to monitor, acknowledge, reflect, and discuss any personal biases over the course of this research study. Strategies such as journaling and peer reviews were utilized to mitigate researcher bias.

### **Chapter Summary**

There is a profound need to better understand return to work for TBI survivors (TBI School and Work TAC, 2013). The Hooson study (Hooson, Coetzer, Stew, &

Moore, 2013) suggests that TBI survivors find the return to work process difficult and recommends changes in return-to-work to facilitate optimal support and better outcomes.

Return to work programs and the ADA reasonable accommodation process provide a policy framework and the possible opportunity for positive outcomes when a TBI survivor enters this institutional social process. However, there is little research information regarding this population and there are largely negative perceptions by the TBI community regarding the opportunities to return to work.

In chapter 1, the contemporary background on disability employment policy was introduced. The focus was narrowed to a smaller population in the disability community of TBI survivors and the problem of returning to work. The nature and significance of the study was acknowledged. Institutional ethnography was introduced as the conceptual framework and offers an analytical approach to understand the social organization of return to work for TBI survivors. The central research question was: What key factors contribute to the success of return-to-work programs for TBI survivors? The research question and subquestions, conceptual framework, definitions, assumptions, scope, limitations, and delimitations and a brief overview of the research process were also discussed.

## Chapter 2: Literature Review

Recent national estimates put the number of people living with Traumatic Brain Injuries (TBI)-related disabilities in the State of Washington at approximately 145,000 (State of Washington Traumatic Brain Injury Strategic Partnership Advisory Council [TBI Council], 2013). In 2007, the State of Washington Legislature established the TBI Council and the TBI Fund (74.31 Revised Code of Washington, 2011). This State of Washington law describes TBI as a serious problem and that current programs and services do not adequately address the needs of TBI survivors and their families (74.31 Revised Code of Washington). The TBI Council was specifically created to draft a strategic statewide comprehensive plan for assessing the needs and bridging the gaps in programs and services for the TBI community in the state (TBI Council, 2013).

One service area in need of attention by the TBI Council consisted of programs and services that return TBI survivors to work (School and Work TAC, 2013). This need is underscored by the general perception of the TBI community that the majority of TBI survivors are unable to return to work or sustain employment, which has adversely affected their quality of life (Wrona, 2010). This perception is also reflected in the finding that the majority (65%) of TBI survivors were unable to return to employment one year after injury (Kreutzer et al., 2003). More recent research findings reflect a similar rate (64%) of unemployment (Mackenzie, Fountain, Alfred, & Combs, 2015).

### **TBI Policy**

The purpose of this ethnographic study was to explore the policy implications of the return to work transition for TBI survivors, address the gap in the literature, and to identify key factors that contribute to the success of return-to-work programs in Washington State. This understanding of what successful return to work is for TBI survivors is intended to benefit and create potential new opportunities for researchers, employers, and the TBI community. Significant research has not been conducted on the social organizations that facilitate the transition of TBI survivors back to employment and the key factors that make return-to-work programs successful. Thus, the intent of this study was to fill this void in the literature by exploring the social organization of return-to-work programs in the State of Washington. This chapter attempts to summarize the state of knowledge in the recent academic research literature that is directly related to the scope of TBI survivors returning to work.

The literature review introduces a relevant synthesis of the theories and recent academic literature in the thematic academic tradition. The chapter introduces TBI policy, the search strategy utilized, and the systematic process used to seek the academic literature. Additionally, the broad thematic categories of TBI policy in selected states, a historical overview of TBI policy in the State of Washington, the research concept, effective leadership, return-to-work, education, and the ADA interactive process, are described as a synthesis of the current policies and practices in the United States.

### **Literature Search Strategy**

I used multiple academic databases that I accessed through the Walden University Library to identify relevant resources. The databases that I consulted included LexisNexis Academic, Political Science: A SAGE Full-Text Collection, Political Science Complete, LegalTrac, PolicyFile, ProQuest Central, New! NetLibrary eBrary E-book collections, SocINDEX with Full Text, Business Source Complete, Criminal Justice Periodicals, Communications & Mass Media Complete, Military & Government Collection, Dissertations and Theses, ResearchNow, Encyclopedias from Sage, and Science Direct.

I initially employed Google Scholar, GoPubMed, and the Social Science Research Resources Network to find relevant academic sources. The keywords used for the search string logic included *reasonable accommodation interactive process, return to work, traumatic brain injury, traumatic brain injury AND return to work, return to work AND interactive process, and traumatic brain injury AND interactive process*. My preliminary search of the previously listed databases through the Walden University produced 710 articles. To improve the comprehensiveness and accuracy of the literature search, I consulted a research librarian at a local college; however, this process did not produce any additional articles.

A second search stage consisted of my systematically searching ProQuest Central using key search term combinations of *traumatic brain injury, interactive process, and return to work* to identify germane scholarship on this dissertation topic. I also applied these key search term combinations to Sage, LegalTrac, SocINDEX, and ProQuest Dissertations and Theses to provide a multidisciplinary approach to academic

scholarship. I obtained recent literature from government sources and the State of Washington TBI Council. I also obtained materials from the TBI Council website and gained access to the council's SharePoint site to review documents on relevant work by the council's School and Work TAC. Access to the SharePoint information was limited to the council membership, including me, and public disclosure.

The following sections provide a limited context and background information about what has been implemented within six selected states (New York, California, Idaho, Hawaii, Oregon, and Washington) and the implementation of Federal TBI Implementation Partnership Grants by their leadership. This part of the document does not compare the implementation of the federal grant program, but provides a vital context for what these selected states have implemented regarding TBI. The initial goals of the federal grant program were to provide federal dollars to implement infrastructure that names a lead agency for each state, creates a task force or council, create an awareness campaign with regard to TBI, fund support activities such as a helpline, and support groups in a systematic and coordinated effort (Department of Health and Human Services, 2013d). A list of such grant activities that summarizes the infrastructure for a specific state can be found in Appendix E Table 11.

### **New York State**

The State of New York acquired its Federal TBI Implementation Partnership Grant for April 1, 2009 through March 2, 2014 and received \$2,630,324 during this period (Department of Health and Human Services, 2013d, p. 1). At the time of this study, New York hosted the Traumatic Brain Injury Services Coordinating Council

(TBISCC), which meets regularly to provide an expert dialogue on TBI issues with council members appointed by the Governor. The lead agency for the New York TBI program is the Department of Health. The New York TBI program infrastructure also include a TBI registry, the TBI Medicaid Waiver, a Head Injury Division in the Department of Health, and State funding for TBI programs (Department of Health and Human Services, 2013d).

The New York Department of Health has been consistent in its leadership and using federal grants to expand TBI infrastructure for the citizens of their state. The New York State Traumatic Brain Injury Five-Year Action Plan described a program limitation in “workforce reentry remains a particularly difficult process for many people following a TBI” (p. 20). The plan also recommended the need for “individual accommodations in the workplace”(New York State Department of Health, 2012, p. 25). The spectrum of vocational services provided by the TBI program in this state are the New York State Adult Career & Continuing Education Services, Vocational Rehabilitation, and the Brain Injury Association of New York State (New York State Department of Health, n.d.). New York State does provide return-to-work programs for occupational injuries and is connected to the Workers’ Compensation system, providing a gateway for injured workers to return to employment (New York State Insurance Fund, n.d.).

## **California**

The State of California secured a Federal TBI Implementation Partnership Grant from April 1, 2006 – March 31, 2009 (\$453,936), but was not currently participating in this program at the time of this study (Department of Health and Human Services,

2013a). The lead agency for the state is the Department of Rehabilitation, which maintains a Traumatic Brain Injury Advisory Board. It is unknown why California has not been consistent with accessing the federal grant program but they continue to make progress (Department of Health and Human Services, 2013a). Transitions in TBI program leadership could be a possible factor. The leadership has a clear role in determining lead agency resources to develop, apply, and implement the goals of the grant. The California TBI program infrastructure also includes a TBI registry and maintains dedicated funding for the program from the Seat Belt Penalty Fund (State of California Department of Rehabilitation, 2014). The department serves TBI survivors through the Vocational Rehabilitation Services and Independent Living programs (State of California Department of Rehabilitation, 2014). California's Department of Industrial Relations administers the workers' compensation system and return-to-work programs for the state (State of California Commission on Health and Safety and Workers' Compensation, 2014). The return-to-work programs are for occupational injuries and provides an injured worker with services to return to work such as part time, light duty, accommodations, and assistive technology.

### **Idaho**

The State of Idaho's Federal TBI Implementation Partnership Grant received \$2,317,814 between April 1, 2009 and March 31, 2014 (Department of Health and Human Services, 2013c, p. 1). The lead agency for Idaho is the Idaho State University Institute of Rural Health, which maintains a TBI advisory council and monitors the TBI Medicaid Waiver and TBI registry (Department of Health and Human Services, 2013c, p.

1). Idaho has made progress and has identified a lead state agency but funding the program still remains an issue to be resolved by the state. The TBI program and advisory council has active partnership involvement with the Brain Injury Alliance of Idaho, the Idaho State Aging and Disability Resource Center, and with the State of Washington's TBI Model Systems Program (Department of Health and Human Services, 2013c, p. 1). The diversity of the advisory council partnership, which is inclusive (government, advocacy, private, and public) in representation of the TBI community is more likely to introduce funding legislation for the program. For example, the program has finalized an analysis of the TBI needs assessment along with state and national motor vehicle accident data, which may result in establishing a trust fund for the state based on a portion of every traffic ticket. This funding method is also being used in the State of Washington. Additionally, Idaho provides return-to-work programs, which are connected to the State Insurance Fund, which provides the Workers' Compensation system injured workers for occupational injuries (Idaho State Insurance Fund, n.d.).

### **Hawaii**

Hawaii did have a previous Federal TBI Implementation Partnership Grant from April 1, 2006 – March 31, 2009 (\$1,049,844) but is not currently participating (Department of Health and Human Services, 2013b, p. 1). The reason for this is unknown but Hawaii, like California, has not been consistent with accessing the federal grant program. The leadership has a clear role in determining lead agency resources to develop, apply, and implement the goals of the grant, and like California, transitions in TBI program leadership could be a possible factor. The lead agency for the State is the

Department of Health, Developmental Disabilities Division and maintains a State Traumatic Brain Injury Advisory Board. Hawaii also sustains funding for the TBI program. The Department of Health along with the University of Hawaii provides a voluntary statewide neuro-trauma registry and a concussion Awareness and Management Program (Department of Health and Human Services, 2013b, p. 1). The registry helps TBI survivors and their families connect with services such as health care, employment training and personal assistance. The State of Hawaii Department of Labor and Industrial Relations is responsible for the Workers' Compensation and the return-to-work program for injured workers for occupational injuries (2014).

### **Oregon**

The Oregon Federal TBI Implementation Partnership Grant for April 2, 2006 – March 31, 2014 received \$2,570,414 in grant funding (Department of Health and Human Services, 2013e). The lead agency for Oregon is the Department of Education, which administers a Governor's Task Force, which meets regularly to discuss TBI policy issues (Department of Health and Human Services, 2013e). The lead agency has been consistent in their leadership using federal grants to expand TBI infrastructure for the citizens of their state. Oregon maintains dedicated funding for TBI programs. The University of Oregon provides a Center on Brain Injury Research & Training, which has a focus on research to improve the lives of TBI survivors and their families (Center on Brain Injury Research & Training, 2014). Oregon also has a Concussion Awareness and Management Program to provide systematic guidelines for student athletes returning to academic and sports after a concussion (Center on Brain Injury Research & Training,

2014). The Oregon Department of Education provides a grant to the University of Oregon to provide TBI consultative and resource services to assist the needs of students with TBI who are eligible under the Individuals with Disabilities Education Improvement Act of 2004. Oregon does provide a return-to-work program for occupational injuries and is connected to the Workers' Compensation system, which is administered by the Department of Consumer and Business Services Workers' Compensation Division (State of Oregon Workers' Compensation Division, 2014). The return-to-work program is for occupational injuries generally providing an injured worker with services to return to work such as part time, light duty, accommodations, and assistive technology.

### **Washington**

The State of Washington did have a previous Federal TBI Implementation Partnership Grant from April 1, 2006 – March 31, 2009 and received \$1,063,600 in grant funding during that period (Department of Health and Human Services, 2013f). I had observed that Washington has not been consistent with accessing the federal grant program. The leadership has the clear role in determining lead agency resources to develop, apply, and implement the goals of the grant, but consistency with the grant program was not maintained. A possible factor that I observed as a member on the TBI Council was several transitions in lead agency TBI program leadership. The council members are appointed by the Governor. The lead agency for the State of Washington is the Department of Social and Health Services Division on Aging and Long-Term Support Administration. Washington is not currently participating in the Federal TBI Grant program. The lead agency maintains the TBI Council and has dedicated funding for the

TBI programs. The TBI Council and lead agency have collaborated on the comprehensive plans providing recommendations to the legislature and use of the TBI Fund. The fund currently supports the TBI Information and Referral line with Resource Coordination Services. In addition the fund supports TBI Support Groups, the annual TBI Conference, TBI Peer Mentor Programs with the Veterans Conservation Corp, and a pilot TBI Clubhouse project (Department of Health and Human Services, 2013f). Washington does not have a TBI registry or a TBI Medicaid waiver as part of the current infrastructure. The Washington Department of Labor and Industries administers the workers' compensation system and return-to-work program. The return-to-work program is for occupational injuries generally providing an injured worker with services to return to work such as part time, light duty, accommodations, and assistive technology.

Because of the need to address TBI as a policy issue, the great majority of states have TBI programs, advisory boards and/or task forces to communicate the awareness of TBI as an increasing silent epidemic. There are however variations in TBI infrastructure, systematic implementation, lead agency leadership interests, and the application of coordinating public and private resources to support expanding TBI policy. With medical improvements more citizens are surviving concussions but consequently the quality of life of TBI survivors and their families suffer the enormous effects of the injury and significant economic affects. Consequences of the injury can include physical, cognitive, psychosocial, behavioral and/or emotional impairments, which can often cause stress with relationships such as family, school, and work. Employment for TBI survivors is still a less coordinated and fractionalized issue. New York State (New York State

Department of Health, 2012) and Washington State (TBI Council, 2013) have both recently elevated employment as an issue into their strategic plans. The only common program in the United States for a non-occupational injury TBI survivor to return to work is Vocational Rehabilitation (VR) with services provided by the Federal Rehabilitation Act in every state (Goodall, Lawyer, & Wehman, 1994). To qualify for VR services, the TBI survivor must have a disability that impedes employment, and in theory rehabilitation will lead to successful re-employment.

### **Historical overview of TBI policy in the State of Washington**

Traumatic Brain Injury is a serious public health issue, and it has only been recently recognized as a public policy issue in the State of Washington. The Centers for Disease Control and Prevention describes TBI as "caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain" (CDC, 2014, para. 2). This serious public policy health issue gave rise to the Tommy Manning Act, which recognized that programs and services were insufficient to meet the needs of individuals with TBI.

The Tommy Manning Act was passed into law in 2007 by the State of Washington Legislature (74.31 Revised Code of Washington, 2011). This act created the TBI Council, the TBI fund, and described how the council operates in the State of Washington. Tommy Manning, who had sustained a brain injury, approached the State of Washington legislators about sponsoring a bill, which would establish an advisory council and a TBI account (TBI Council, 2014). He was supported in his efforts by the Brain Injury Alliance of Washington and other stakeholders. The TBI account would be

used to fund the following: (1) expenses associated with the operation of a TBI Council; (2) a staff person to coordinate policies, programs, services, and provide support to the Council; (3) a public awareness campaign with leveraged private advertising resources; (4) programs selected through an RFP that facilitate support groups for persons with brain injury and their families; (5) information and referral/resource facilitation. Per the original legislation, the account could be used during SFY 2009 – 2011 to fund long-term care services to persons with TBI contingent upon availability of funds and recommendations of the Department and Council. This provision was removed by amendments to the statute in 2011. The bill – HB 2055 (TBI – a Life Altering Impact) – was sponsored by Representative Dennis Flannigan, Representative John McCoy, Representative Timm Ormsby, and Representative Sharon Tomiko Santos. HB 2055 was ratified in May, 2007 and signed into law (RCW 74.31.020 - .060) by Governor Christine Gregoire. Amendments to the statute were made via HB 1614, ratified in February 2011. It became alternatively known as the Tommy Manning Act.

The Traumatic Brain Injury Account was created in the state treasury. RCW 46.63.110 (7) (c) states that a person found to have committed a traffic infraction shall be assessed a monetary penalty. No penalty may exceed two hundred and fifty dollars for each offense unless authorized by this chapter or title. Two dollars of each penalty fee imposed under RCW 46.63.110 (7) (c) is forwarded to the state treasurer for deposit in the Traumatic Brain Injury account established in RCW 74.31.060. Funds in the TBI Account must be appropriated by the legislature before they can be spent.

The TBI program became operational in March, 2008. The State of Washington Department of Social and Health Services is the lead agency that administers the fund. The following public awareness activities helped to launch the program in 2008 and met the objectives of the federal TBI grant and are summarized in Appendix E *Table 11*.

The TBI Council was established at the same time as the TBI Account and advises the Governor, the Legislature, and the Department of Social and Health Services (TBI Council, 2013). It makes recommendations for using the TBI Account to form strategic partnerships and fostering the development of services and supports for individuals impacted by TBI. It provides recommendations regarding funding priorities and expenditures, input into the development and implementation of the TBI Comprehensive Statewide Plan, and recommendations for providing adequate support for council activities. Priorities are determined by needs and recommendations cited in the Comprehensive Statewide Plan and the areas designated in statute RCW 74.31.

The TBI Comprehensive Statewide Plan represents a more hopeful future-state for the TBI community. The plan is also reflective of the complexity of the issues that need to be addressed and the diversity of interests of an organized system. But, at the same time, it creates a “significant and positive impact on individuals living with TBI” (TBI Council, 2013, p. 2).

The TBI Comprehensive Statewide Plan is developed by the council every two years as described in the statute. The plan is a long term vision for the TBI system in the State of Washington. For example, in 2014 the council worked to develop the plan making recommendations and reporting the accomplishments to the State of Washington

Legislature in January of 2015. While the plan continues the foundational activities as described in the statute (information and referral for public awareness, and TBI related support groups) it also recommends building capacity through training and education, improve the coordination of services, establish agreements, systemic reform, and self-advocacy (TBI Council, 2013).

The Tommy Manning Act was followed by the Zackery Lystedt Law, which was passed by the State of Washington Legislature in 2009 (28A.600.190 Revised Code of Washington, 2009). The Lystedt Law recognized the need to protect young athletes from severe brain injuries by providing medical clearance before return-to-play (28A.600.190 Revised Code of Washington, 2009).

Shortly after Washington passed the Zackery Lystedt law in 2009, Oregon followed suit with a similar return-to-play law, with Senate Bill 348 (661Oregon State Laws, 2009) referred to as “Max’s Law” a young athlete like Zachery Lystedt. In Alaska, House Bill 15 (14.30.142-143 Alaska State Statutes) was passed into law in 2011 and requires the school districts to provide guidelines to educate coaches, parents and student athletes regarding the risks of concussions. The law follows the Zachery Lystedt law in that if a student athlete is suspected of having a concussion that student will be immediately removed from play and not returned until qualified to return. California also passed a similar law 2013 AB 25 (49475 California Education Code) as part of California's Education Code and follows the framework of the Zachery Lystedt law. In 2012 HB 2273 (197 2012 Hawaii Sessions Laws) was passed in Hawaii and requires schools (public and private) to develop concussion awareness programs. Also, in 2012

Idaho passed House Bill 632 (299 Idaho Session Laws) adopting the framework of the Zachery Lystedt law. TBI policy has expanded for the population of vulnerable young athletes and contact sports. Governance mechanisms are typically placed with the schools and sports programs. Prevention, early detection and treatment illustrate a community of shared responsibility that now exists in laws across the United States in just five years (National Conference of State Legislatures, 2014).

Over the past five years all fifty states have passed similar legislation targeting youth sports related concussions similar to the Zackery Lystedt law in the State of Washington (Adler, 2014). Commonly referred to as the return-to-play law, these laws focus on prevention and diagnosis of concussions and affirm the ethic of care and rehabilitation before returning to play (Herring, 2014).

In 2012, the State of Washington TBI Council formed the School and Work TAC, which was one of four technical committees designed to focus on "specific gaps and specialty areas" (TBI Council, 2013) for the TBI community. The School and Work TAC made a number of important recommendations for the 2013 TBI Comprehensive Plan Report to the State of Washington Legislature. What is relevant from their recommendations for this study is to "train employers to integrate TBI survivors back to jobs" (TBI Council, 2013, p. 10) and "train individuals on disclosure and requesting accommodations" (TBI Council, 2013, p. 13).

The State of Washington Legislature has recognized that TBI is a serious problem and that current programs and services are not adequate or do not exist to address the needs of TBI survivors and their families (74.31 Revised Code of Washington, 2011).

The Tommy Manning Act (74.31 Revised Code of Washington, 2011) is the State of Washington Law that describes the legal mandate of the TBI Council, and the responsibility that it has to the people of the State of Washington. This legal framework sets the stage for the operation of the Council to identify opportunities in programs and services, and to develop a strategic comprehensive plan to address the needs of the TBI community. The TBI Council represents a statewide policy group actively working to improve TBI policy for TBI survivors and their families.

It is the job of the TBI Council to make recommendations to the State of Washington and is reflected in the statewide comprehensive plan to the State of Washington Legislature. These recommendations are accomplished through different Technical Advisory Committees (TACs), which develop decision packages. TACs are composed of members of the council, TBI survivors, and other interested parties and are a relatively new construction within the TBI Council (TBI Council, 2013). The Americans with Disabilities Act (ADA) is the federal law that applies to both public and private employers in the United States.

This Act is powerful in its simplicity. It will ensure that people with disabilities are given the basic guarantees for which they have worked so hard: independence, freedom of choice, control of their lives, and the opportunity to blend fully and equally into the rich mosaic of the American mainstream. (2011a)

The ADA at the federal level frames the ethic of care (O'Brien, 2003) and social equity that extends into the Revised Code of Washington (RCW) with the Tommy Manning law RCW 74.31 and Return to Work law RCW 41.06.490. The State of

Washington TBI Comprehensive Plan reflects the ethic of care and social equity in each biennial (two year) construction to the State of Washington Legislature. From a public policy perspective, the ethic of care and social equity cascades through these laws and into the work of the TBI Council and the TBI community. These laws also imply the duty of care for employers in how to ethically respond in a return-to-work scenario. The complexity of a brain injury can introduce a number of persistent impairments to the TBI survivor. Impairments may be cognitive and impact attention, communication, executive function, problem solving, and reasoning. It may introduce emotional issues with anger, anxiety, depression, and impulse control. Impact from a TBI may also be physical and affect balance, fatigue, sleep, strength and vision. Depending on the severity and recurrence interval impairments may resolve or persist over time. Impairments by their very nature can interfere with returning to work and the performance of the essential functions. The employee and employer relationship may run into social barriers with coworkers who do not understand TBI and may have concerns with the support of an injured worker. Because of these barriers an alarming percentage of TBI survivors are not able to return to work or sustain employment.

The ADA is part of the broad general policy framework that exists above the social organizations as illustrated in Figure 1. Because of changes under the ADA and the recent Amendments Act of 2008 (ADAAA), organizations are seeing a rise in the requests for reasonable accommodations and particularly with TBI (Valderrama, 2010). The relevant portions of the ADA require an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants

for employment, unless to do so would cause an undue hardship by the employer (U.S. Equal Employment Opportunities Commission, 2011). The interactive process is the first step between the individual and the employer. It is described in the ADA as being timely, collaborative, and in good faith process (Rosenthal, 2007). Shaw, Hong, Pransky and Loisel (2008) discussed effective return-to-work strategies and effective prevention of work environment injuries. The authors pointed out that successful return-to-work may depend more on the return-to-work coordinator's competent interactive reasonable accommodation process, communication, and training. Two of the ninety journal articles that were reviewed by Shaw et al. specifically focused on Traumatic Brain Injury (2008) and the importance of the reasonable accommodation interactive process as a possible key factor in successful return-to-work.

### **Effective leadership**

Effective leadership was mentioned briefly in Chapter 1 and in the beginning of Chapter 2 to illustrate the importance of communicating changes in disability employment policy. In achieving effective leadership and communication Boga and Ensari's (2009) perspective appears to lean more towards transformational change than the evolutionary change typically characterized by many organizations. This may be one of the key issues with understanding the human element in the work environment. Boga and Ensari expand on the leader's role as a change agent, using the tools of communication interaction and vision to chart the course for an organization.

Historically, organizational change has followed a sequence of changes. Scientific management was developed by Frederick Taylor in the late 1800s. Taylor's goal was to

improve productivity using detailed study, analysis, and precise controls of work process and a focus on increasing the work flow. The sociotechnical system was an interesting organizational change evolution in the design interaction between the work environment, technology, and workers, and was developed during the 1940s. The working theory was an optimization of the design interactions between the workers, technology, and the work environment, integrating more systems facets into the work flow (Van de Ven, Dooley, & Holmes, 2004, p. 40). Management consulting is a more contemporary practice that helps organizations to improve performance through business analysis and planned organizational development (Van de Ven, Dooley, & Holmes, 2004). Organizational learning is an important concept of organizational development, and implies that leadership can choose to foster a culture of learning to help foster positive organizational change (Marquardt, Leonard, Freedman, & Hill, 2009). The overarching role of the leader(s) should be transformational, dealing with a conceptual complexity of the inclusion. Leaders will need to be able to move seamlessly through the different cultural contexts, dealing with the disability employment, return-to-work, workers, supervisor, managers, and agency directors. To be effective, leaders will need to form a governance method for strategic decision making and be able to clearly communicate the decisions made. The leaders will need to inspire all to participate in making the change successful (Marquardt, Leonard, Freedman, & Hill, 2009). Welbourne (2009) suggests that the strategic decision making process needs to be mindful and inclusive of the diverse organization, and that communication of decision and methods of communication need to be ethically and morally grounded. She illustrates a more effective model of extreme

strategizing as a continuous process, which is effective, timely, and adaptive to the business environment of today (Welbourne, 2009). Friedman and Sebenius (2009, p. 1) highlight the catalyst for the changes as coalitional leadership, that is, “the art and science of building a sufficient and sustainable winning coalition of support for your vision” (p. 1). According to the authors, this approach is different than inspirational, command oriented, or charismatic leadership approaches, and they believe that this approach is more sustainable for the transformed organization. The positive aspects of the organizational culture are also an important and significant element to which leaders need to have awareness. In addition, beyond the business boundary is the social responsibility to local communities that an organization must have to sustain itself. The indicators of cultural and social responsibility to the organization and the community are two indicators of a healthy and inclusive organization.

The TBI Council Executive Committee recognized the importance of effective leadership and process in the successful return-to-work scenario by creating the School and Work TAC (School and Work TAC, 2013). The School and Work TAC is aware of the increases in the number of Washingtonians who sustain a TBI, in particular among older adults, youths, and veterans returning from Iraq and Afghanistan. They are aware that all states have enacted laws to develop return-to-play guidelines for sports related concussions such as youth football and soccer. Two states (Vermont & Virginia) have also expanded the return-to-play guidelines to include “return to learn” to help with identification of TBI and the needed accommodations and educational support to be successful academically (Wolfkiel, 2014).

### **Return to work**

A United States medical study looked at employment outcomes three years after individuals sustained a TBI. The population of the study included 113 subjects with moderate to severe TBI ages 18 to 65 years old. This quantitative study analyzed the high risk variables that indicate long term unemployment for TBI survivors (Grauwmeijer, Heijenbrok-Kal, Haitsma & Ribbers, 2012). The authors also concluded that the employment rate at three months post injury was 15% and gradually increased to 55% three years post injury. According to this study, the post injury employment rate significantly increased from the three months to one-year post injury and suggests vocational rehabilitation to avoid long-term unemployment (Grauwmeijer, Heijenbrok-Kal, Haitsma, & Ribbers, 2012).

The Shaw et al. (2008) return-to-work study and literature review described objective return-to-work coordination as an effective strategy but found the scope of coordination services is not well defined. The literature review conducted by Shaw et al. selected 40 articles from 22 studies regarding return-to-work coordinators providing workplace liaison to reduce work absences with regard to health conditions. The role of return-to-work coordinators applies directly to the understanding of return-to-work programs. The overall study and literature review developed a useful set of six competency domains for return-to-work coordinators and were identified as: (1) ergonomic and workplace assessment; (2) clinical interviewing; (3) social problem solving; (4) workplace mediation; (5) knowledge of business and legal aspects; and (6) knowledge of medical conditions (Shaw, Hong, Pransky, & Loisel, 2008).

Tyerman (2012) suggested that 40% of TBI survivors in the Netherlands return to work. The objective of the study was to review vocational rehabilitation models and outcomes after TBI to inform on related agencies development. The study found evidence to support the benefit of different models of specialist vocational rehabilitation such as TBI rehabilitation, work preparation, work trials and supported placements after TBI, and suggested more evidence on cost-effectiveness is needed to inform on funding decisions (Tyerman, 2012). The study also questioned why in the United Kingdom only a small portion of this population receives vocational rehabilitation to enable return to work.

One quantitative study conducted in the United Kingdom by Andelic, Stevens, Sigurdardottir, Arango-Laprilla, and Roe (2012) analyzed employment one year after a Traumatic Brain Injury for a working age population. The study included 93 subjects with moderate to severe TBI who were 16 to 55 years old. The study concluded that vocational rehabilitation consultants should consider the disability components of the International Classification of Functioning (ICF) as a conceptual model when planning interventions for TBI survivors.

Wrona (2010) conducted a study in the State of Washington that looked at return to work outcomes and referrals after TBI from 1998 to 2002. The quantitative study utilized injured worker data from the State of Washington Department of Labor and Industries. A total of 797 cases were identified, which had identified referral trajectories. No disability was the outcome in 9% of the cases. Temporary disability accounted for 53% of referred cases and 31% were permanent disability cases. The study concluded that employment rates are similar to other state vocational rehabilitation programs. The

study also concluded that only half of the cases were referred for return-to-work services, and stated that rates of employment after vocational referral was at 65% (Wrona, 2010).

In the State of Washington, executive order 13-02 "Improving Employment Opportunities and Outcomes for People with Disabilities in State Government" was introduced by Governor Inslee in May 2013 in support of the disability community. Another interesting executive order was 96-04 "Implementing the Americans with Disabilities Act" that was written by Governor Lowry in 1996. In June of 2014 in Olympia, Washington the State of Washington Governor's Task Force on Employment of People with Disabilities began a set of workgroups to better understand the return to work opportunities that were underway in Washington and other states. There were two topic workgroup areas that I attended that were of interest to this research study. The first one was on "Ticket to Work", which is the U.S. Social Security Administration's program based on the Ticket to Work and the Work Incentives Improvement Act of 1999. The second workshop was on "Expanding Supported Employment" and is defined in the federal Rehabilitation Act. The Rehabilitation Act and Amendments establish and fund the Vocational Rehabilitation program across the states. Supported employment is in the process of evolving due to recent case law regarding the right to work and assists individuals such as TBI survivors, finding and sustaining employment. The State of Washington is in the process of developing a strategic plan that includes federal grant funding, infuses integrated employment into the Medicaid Waiver and other State Plan Options with technical assistance from other state agencies such as Department of Employment Security, and the Department of Social and Health Services. The State of

Washington was selected to participate as a mentor state in the Employment First Leadership Mentor Program (2014). Iowa, Oregon, and Tennessee are all states connected to Washington as the mentor and receive federal funding to assist in development and implementation of their strategic plans (U.S. Department of Labor Office of Disability Employment Policy, 2014). These states all share the common goal to improve employment outcomes for individuals with significant disabilities through an interchange of strategies, and improving state policies and practices.

To illustrate this point with another example, the State of Alaska launched a federal Medicaid Infrastructure Grant, with a performance goal to increase the hiring of people with disabilities by 10%-15% before the grant ended in December 2011 (State of Alaska, 2011). This included a survey to better understand the workforce and people with disabilities, accommodations, and making the workplace more supportive. In addition, they were improving the state's employment system to allow people with disabilities to gain a better chance at permanent employment through integrated support.

There are other motivating factors for the states to increase employment for people with disabilities. The 2013 chair of the National Governors Association (NGA), Governor Markell of the state of Delaware made increasing employment of people with disabilities the NGA priority for that year. "We can't forget the people in our states with disabilities; we need to be the jobs governor for them, too. That's why I've chosen to focus my initiative on ways that states and businesses can increase employment opportunities for individuals with disabilities" (National Govenors Association, 2013a, para. 4). Following the initiative was the NGA Academy on Employing People with

Disabilities held in May of 2013 (National Govenors Association, 2013b). This provided the forum for Governor Inslee of Washington to announce and launch his initiative by issuing his Executive Order 13-2 increasing employment within the state service workforce from 2.3% to 5% by June of 2017 (Inslee, 2013a). Executive Order 13-2 also formed the State of Washington Governor's Task Force on Employment of People with Disabilities to make recommendations on how to achieve the 5% target in disability employment by 2017, and guidance and support to other organizations on "recruitment, retention, accommodation, and accessibility for persons with disabilities" (Inslee, 2013a, p. 2).

In the State of Washington as the leadership of the Governor's Disability Employment Task Force moves forward with expanding supported employment availability under the State Medicaid Plan the emerging goal will possibly be a more comprehensive employment system. The task force can recommend the coordination of state resources towards integrated employment; develop integrated funding and data systems that will connect employers to citizens with disabilities who seek employment opportunities. The Governor's Disability Employment Task Force met May 9, 2014 to review and update progress. Building organizational cultures and developing an employment pipeline for people with disabilities were identified as the goals to be successful (State of Washington Office of the Governor, 2014b, p. 14). These are reflected in the phase one focus "launch a state government leadership led initiative promoting a culture of valuing people with disabilities" (State of Washington Office of the Governor, 2014b, p.17) and "create a state facilitated centralized funding pool for

reasonable accommodation and technical assistance for state government” (State of Washington Office of the Governor, 2014b, p.18). The task force believes that creating a centralized funding pool for reasonable accommodations may lead to a less fragmented and consistent approach and in particular, “dispersing accommodation costs to unit supervisors makes RA [reasonable accommodation] processes unnecessarily adversarial and protracted” (State of Washington Office of the Governor, 2014b, p. 18). The presentation included expanding supported employment availability for brain injury by affirming that “expansion would be particularly beneficial to Washingtonians with psychiatric disabilities or brain injuries, including many of our veterans” (State of Washington Office of the Governor, 2014b, p. 19).

Return-to-work and accommodation best practices serve to help organizations design, implement, and sustain an effective return-to-work program. Dowd et al. (2010) did a study of the economic impact of programs to improve communication and coordination between the employer, physician and injured worker to successfully return to work. Their findings indicated a 94% savings from reduced medical costs and modest efforts to coordinate accommodations and medical care that allowed earlier reintegration into the workplace and a return to work. Adams (2004) discussed the importance of consulting with the Department of Labor that oversees the ADA and offers a sample program and guidance on accommodation and return-to-work. Shaw, Hong, Pransky, and Loisel (2008) found that successful return-to-work coordination may primarily depend on skills in accommodation, communication and, conflict resolution rather than on medical training. Orslene (2013) noted that four business goals that return-to-work programs

provide are: (a) reduction in disability leave costs, (b) maintaining productivity of employees and work units, (c) complying with disability related legislation and (d) reducing costs associated with recruiting and training a new employee. According to Orslene, having a return-to-work program is a sound business strategy. Generally, return-to-work programs are designed to return an individual to work when medically able. Progressive return-to-work policies have historically been associated with injured workers and occupational injuries. Orslene (2013) further noted that many organizations are integrating return-to-work programs for non-occupational injuries into their disability management strategy. In defining crucial components for return-to-work Orslene (2013) added that:

Crucial elements of an RTW [Return-to-Work] process include viewing the process as a partnership between the employer and employee where both parties' needs are met. The employee may be very apprehensive about the process initially. As with anyone, the employee's focus beyond recovery will be on understanding the financial implications of return-to-work. Providing clear information that includes all the employer and legislatively mandated benefits ready for the employee will help build a trusting partnership. (p. 2)

In the State of Washington RCW 41.06.490 directs each State agency to adopt a return-to-work policy, requires each agency to name an agency representative responsible for coordinating the return-to-work program, provides information about the program to employees, and requires training of supervisors on the return-to-work policy. Developing

a recovery oriented practice as described by Davidson (2010) is a "recovery-oriented practice also reverses the conventional wisdom of suggesting that people become less symptomatic first before trying to return to work, based on the knowledge that work reduces symptoms while sustained unemployment and inactivity do not" (p. 2).

### **Education**

TBI was added as a disability category under the Individuals with Disabilities Education Act (IDEA) in 1991. As with any injury, TBI survivors can be affected at any stage in their life. Despite the addition of this category over two decades ago there remains a discrepancy between the incidence of Traumatic Brain Injury and the frequency with which schools identify students for special education services (Glang, Todis, Thomas, Hood, Bedell, & Cockrell, 2008). While there are other mechanisms of support in schools other than special education such as the TBI Team model that was developed and implemented in Iowa, Kansas, and Oregon in K-12, there remain concerns that students with TBI are being under-recognized and underserved in the school setting. Furthermore, even when students with TBI are identified in the school setting, educators often lack the knowledge and training to serve them adequately (Glang, Tyler, Pearson, Todis, & Morvant, 2004). Likewise, trained personnel in employment who coordinate stakeholders and provide transition support for people with brain injury in returning to employment are needed. "Ultimately, the presence of persons who are educated in TBI within our education and employment systems will increase the capacity to support our veterans and civilians with brain injury as they transition back into the community" (School and Work TAC, 2013, p. 1). What is unique and significant about this decision

package in providing transitional support is that it extends related academic research, and utilizes exploratory work of the School and Work TAC, which is composed of members from the State of Washington TBI Council (TBI Council Co-Chair B. Schwieterman, personal communication, July 11, 2013). Two examples of scholarly research were shared with the TBI Council by members of the School and Work TAC during the July 2013 Council meeting with regard to a decision package for “Transforming Lives: TBI Transitions Project” (School and Work TAC, 2013). The basis for the decision package was the research conducted by Glang, Tyler, Pearson, Todis, and Morvant (2004) on the TBI Team model that was developed to provide a group of well-trained peer consultants and implemented in Iowa, Kansas, and Oregon. The second basis for the decision package was the research conducted in 2008 by Glang et al. The goal of the decision package was to develop a statewide program to provide “the presence of persons who are educated in TBI within our education and employment systems will increase the capacity to support our students, veterans and civilians with brain injury during their transition back into our community” (School and Work TAC, 2013, p. 1). The TAC also concluded that there was no research done or information gathered with regard to TBI survivors successfully returning to employment.

### **Americans with Disabilities Act (ADA)**

Marquardt et al. (2009) made the case for action learning as the best option for developing leadership. To better understand implementation, organizational transformation and development, and given the ADA federal mandate, there begins to be an understanding of the organizational processes necessary for implementing positive

social change that are necessary for the disability community to return to work. The ADA requires that covered employers provide effective and reasonable accommodations to employees with disabilities. President Barack Obama reaffirmed disability rights by Proclamation 9217 – International Day of Persons with Disabilities on December 2, 2014 to “rigorously enforce the protections against disability based discrimination and expand workforce training and employment opportunities for people with disabilities”(Obama, 2014). To further expand on the principles of equality and individual rights, Post describes that each person in the workplace has equal status and each person enjoys the same rights and basic liberties as everyone else in the workplace (2006).

Return to work is an interactive process, which is supported by the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008. The interactive process describes a collaborative or good faith dialogue between employee and employer, when a person is seeking an accommodation during a return to work scenario. While the interactive reasonable accommodation process is not required, it is recommended by the Equal Employment Opportunity Commission(EEOC) for employers to legally show that they are making a good faith effort to comply with the ADA mandate, to ensure that employees with disabilities enjoy equal access to all employment opportunities (EEOC, 2002).

The interactive reasonable accommodation process is a recommended and prescribed method by the Equal Employment Opportunity Commission (EEOC) to help determine effective reasonable accommodations (Rosenthal, 2007). From a legal perspective the EEOC recommends the interactive process as a means to illustrate a

collaborative and good faith effort to comply with the ADA of 1990 and the ADA Amendments Act of 2008. This process describes a collaborative or good faith dialogue between employee and employer when a person is seeking an accommodation (Rosenthal, 2007). Interestingly, the interactive reasonable accommodation process is not required, but recommended by the Equal Employment Opportunity Commission (U.S. Equal Employment Opportunities Commission, 2011) for employers to legally show that they are making a good faith effort to comply with the ADA mandate, to ensure that employees with disabilities enjoy equal access to all employment opportunities.

The ADA had major amendments included in 2008 (ADA Amendments Act of 2008) that expand disability policy reaffirming the principles of equality and social justice in the United States. Since 1990 the Department of Justice (federal) and the Equal Employment Opportunity Commission or EEOC (federal) has enforced the ADA providing guidance to employers. Employers are influenced by changes in the ADA are pushed to make updates to their ADA policies and practices and may have not been mindful of the impacts (Jenero & Ketay, 1999). The insight in analyzing this public policy issue is that the language of the ADA and subsequent amendments lack due process and place the burden on the disabled to seek remedies with the EEOC, the justice system, and other entities mandated with the enforcement when the individual's rights are violated or when the good faith dialogue stops (McMahon, Roessler, Rumrill, Hurley, West, & Chan, 2008). The results of the comparative study on allegations of discrimination filed with the EEOC between 1992 and 2005 indicated that most of the ADA discriminatory allegations fall into the categories of job retention and career

advancement (McMahon et al., 2008). In an effort to shore up the legal aspects of the good faith dialogue that should take place between employee and employer, the EEOC has developed and recommended the interactive reasonable accommodation process as a best practice. However, employers are not required but are encouraged to use the interactive process. On the reflection of the democratic principles, processes, and the implementation of disability policy, the interactive process is an important and relatively new process recommended by the EEOC. The compliance challenges of the ADA has the EEOC and courts reminding employers that the reasonable accommodation process is a means to remove barriers to equal employment in the light of developing law and social change (Mook, 2007)

According to Adelson (2009), what remains to be done to achieve the goals of the ADA is in providing equality of opportunity, and to continue the dialogue on disability policies and programs. The interest by disability policy networks is to establish new mechanisms to improve coordination, implementation, and enforcement of disability policies, and to energize disability policy networks towards political and legal action to guide future development of disability policy (Karger & Rose, 2010).

There is a magnitude to solving complex issues and developing, implementing, maintaining, and monitoring cooperative solutions, which take a cooperative and collaborative effort. The role that the policy network plays in the solutions of social change is as the change agent, acting as the catalyst for social change. The role of democratic governance also must be collaborative. Given that the ADA is just one part of many local, state, and federal nondiscrimination regulations, the development of

disability policies has been a confusing maze of government policies that conflict and fail to fulfill the promise of equality (Karger & Rose, 2010).

Post (2006) describes the complexity in the relationship between the principle of equality and democracy. The author also expands on the natural “tension” that must exist in a democracy in recursive self-determination. The principle of due process is also extremely relevant to creating trust and respect between the government and the society to guarantee the liberties of the democracy (Post, 2006).

Given the selected principles examined, contemporary governance needs to be responsible and accountable to these principles, and maintain the quality of the principles. A democracy needs to advocate a dialogue in which people play an active role in making, implementing, and sustaining good public policy (Shohamy, 2001). Lightfoot and Lum provide a good example of this dialogue in their work, which examines the correlation between implementation of the ADA, and employment participation by people with Disabilities (2006).

One theory that adds value in examining the social relations of TBI survivors returning to work in the context of the TBI community is Frederickson’s (Frederickson, 1990) *social equity theory*, which advocates fairness, justice, and equality. This theory is reflected in the policy mandate by the State of Washington Legislature addressing the needs of the TBI community by forming the TBI Council to “bring together those in both the public and private sectors with expertise in this area to address the needs of this growing population” (74.31 Revised Code of Washington, 2011, p.1) in creating or changing government service programs for the TBI community. In general, from a public

policy perspective, social equity theory provides values in a much broader sense of social equality with a public policy commitment that promotes removing the barriers, which marginalize and disadvantage citizens (Frederickson, 1990). When applied to the issue of TBI survivors returning to work, this theory provides a direct linkage between policy and practice to carefully examine the opaque barriers of process.

With the principle of individual rights, Levine (2003) guides us into the ethical organization in his passage, “in this construction, the diverse organization is a moral community and the organization becomes an ethical organization by becoming a diverse community” (p. 283). Levine (2003) also points out with regard to diversity and the principle of equality is well established in policy and law as equal treatment.

In the workplace, programs that support diversity foster a work environment that respects and values differences. When applied with an organizational commitment it takes on a unique combination of varied skills, ideas, experiences and backgrounds of diverse employees to better serve employees and customers in the work environment (Selden & Selden, 2001). From a business perspective, diversity is an important leadership commitment to a knowledgeable, service oriented, and high performing workforce. In the workplace the strategies to achieve diversity need to include creating an inclusive work environment and culture, which reinforces diversity through creating diversity programs throughout the organization. Learning organizations with diversity increase self-awareness and appreciation of differences, and help to sustain the effort internally and externally for the organization. Selden and Selden (2001) sums it up by affirming that inclusion should be a natural state of public organizations, and should be

more apt to challenge systems that tend to maintain “separation and inequality” (p. 323) and replace those systems with “toleration, understanding, and acceptance” (p. 323).

### **TBI Policy Summary**

From a public policy perspective, there are improvements in TBI policy across the nation and in the State of Washington. Medical practices have improved and public leaders are working to improve employment opportunities for the disability community. TBI survivors are returning to school and work. But there is a gap in the research literature regarding the experiences of TBI survivors successfully returning to work. From the medical perspective the literature about TBI is increasing as more resources are applied to study the issue. The TBI Council has allocated medical research dollars for a Statewide Quality Improvement in Acute Traumatic Brain Injury Care for the next biennium. The research is conducted at the University of Washington and is typically quantitative research. Another pilot for whom the TBI Council has allocated research dollars is for pre-hospital providers in TBI cases. This pilot expands the recognition and detection of TBI symptoms through education to EMTs across the State of Washington. Also, the TBI Council executive committee shares TBI research from international sources, which are largely medical and clinical studies.

In the last two years there has been a shift in the focus of the TBI Council from identification and treatment to more of a lifecycle view, which is also reflected in other states. I would best explain this lifecycle view as from identification and treatment or a medical model to community integration model, and where appropriate, returning to work.

At a conceptual level employer return to work programs acquire a sense of legitimacy in a state or a nation when their intentions are connected to broader cultural values such as the ethic of care, mutual aid, and a duty to accommodate. What may be hidden from view is to what extent that employers conform or transform in their structures and patterns of operation specified by law and policy.

It is shocking when you consider the reaction to high rates of unemployment in the general population. For TBI survivors the perception is valid that the majority of TBI survivors do not return to work. The studies in this literature review reveal percentages many times that of the general population unemployment rate, which currently stands at 5.0% as of December of 2015 (United States Department of Labor, 2016). The TBI community has the hopeful vision of being employed at the same rate as the general population. Their belief is that the social inclusion of employment leads to better health and quality of life.

### **Conceptual framework**

In chapter 1 the problem was described from the context and perspective of the TBI community questioning the limited opportunities for TBI survivors to return to work. My standpoint (see Figure 1) was as an imbedded active member of the State of Washington TBI Council, and sets the margins for the research and the orienting lens for this IE study. The IE method was also introduced to help create a deeper understanding of the processes and practices of return-to-work.

The IE conceptual framework emerged from the study of the feminist writings of Smith (1987) and power and resistance assumptions of Foucault (1983). In Smith's

framework, Foucault (1972) informs this study with regard to knowledge, power, and resistance to understand and explicate the return-to-work reasonable accommodation interactive process. Foucault was part of the poststructuralist movement of the late 1960s, which was a reaction to structuralist thought in the social sciences that introduced other critical perspectives and interpretations. Because of the complexity of interpreting language, symbols, and rules of every system, his poststructuralist critique involved the underlying systems of knowledge and power that produced institutional structures. Foucault's critique was grounded in the transcendent truth that inspires the interaction, process, and social systems (1977). He closely studied the relationship between knowledge and power and considered them to be integral, and advocated the need to critically analyze bureaucratic institutional processes (1984). This is commonly referred to as the Foucauldian critique of bureaucratic institutions, which is useful in this research study to identify knowledge and power and uncover the hidden power of social relations in the return-to-work process. These two authors offer an important analytic method for mapping the ruling relations within institutions, such as return-to-work programs that have a profound influence on the outcomes of TBI survivors returning to work. The policy and process knowledge for return-to-work programs to operate are largely understood and owned by the employer (Orslene, 2013). The employer has the power to decide or rule on the process of return-to-work. Whereas the TBI survivor is an active participant, they may not be knowledgeable of the policy or process, and may not be aware of how the ruling takes place. Therefore, the employer's social apparatus has a profound influence on the outcome of their return to work experiences.

Smith (2006) points out that “the general relevance of the inquiry comes, then, not from a claim that local settings are similar, but from the capacity of the research to disclose features of ruling that operate across many local settings” (p. 18). She further points out that the ruling of “social processes … produce experiences of subordination” (2006, p. 19). For this research study, the Return to Work Coordinators Working Group is a feature of ruling that may operate across many employers’ local settings, which provide the social process of return-to-work. The social groups layout the social relations and settings that are a part of this study. Campbell and Gregor (2004) suggested that a “research project identifies both what is known and what needs to be discovered about the topic to explicate its social organization” (p. 51).

### **Institutional Ethnography**

The institutional ethnography (IE) research methodology emerged from the work of Dorothy Smith (1987; 1990; 1999; 2005; 2006) and is a qualitative research method of inquiry. The basic context of the method is that social relations and the exercise of power are inherent in the lived experience, and describing how a situated lived experience in work is organized and coordinated (Smith, 2005). Smith argues that the activation of texts and ruling relations happen in local and trans-local settings and can be used to investigate lived experiences in local settings to illuminate power in social relationships (2005). Smith introduces a vocabulary, which is specific to IE. The problematic in IE sets the situation and opens the topic for inquiry (1987). The ruling relations in IE are described in textual forms in legislation, policies, rules, and administrative practices where power is generated and sustained in the social relations across local and trans-local

sites (Wright, 2003). IE describes institutional texts as those that govern social relations. IE describes informants as interviewed participants with the lived experience, which are analyzed to identify ‘institutional traces’ and to demystify the related textually mediated processes of their experiences (Smith, 2006). This conceptual framework has emerged as a method to describe the “ruling practice in contemporary society [and] its reliance on text-based discourses and forms of knowledge” (Smith, 2006, p. 17).

Coffield's (2002) research of the experiences of mothers in the welfare system explicitly defined the standpoint, field site, welfare policy, and then explicated the social processes being developed in Indiana using IE. Coffield (2002) discussed that IE appears to be particularly adept at explaining process oriented information and connecting such processes to a specific context and perspective, which can increase the visibility and awareness of policy changes to the communities served and to the lead agency with the regulatory mandate.

IE is a method of social inquiry that seeks to empirically explore how people’s experiences are organized and coordinated by institutional processes. For example, institutional ethnographer George Smith (1998) researched the social organization of education from the standpoint of gay male students. Sumsion and Lencucha’s (2009) IE study focused on occupational therapist’s experience of working on teams to support clients with mental illness. The 12 therapist’s interviews capture their experiences and approach to this practice. The study conclusion provides an understanding of the key factors that influence client-centered practice.

Mortenson and Dyck (2006) used IE to explain issues with power sharing in a client-centered practice. Using semi-structured interviews of 9 therapists and a variety of institutional documents, three main themes were identified in the results. Mortenson and Miller (2008) used IE to explore the procurement process from the perspectives of wheelchair clients and their therapists that revealed five major themes in their data analysis. Both of these studies use semi-structured interviews and institutional documents for their data collection and similar data analysis.

Forbes's (2014) IE study explains the problems with measuring disability using the deficit/hyperactivity disorder diagnostic questionnaire, and how the texts produce and encourage the capability to disable. Welsh and Rajah (2014) used IE to explore the work coordination, process, and the invisible punishments imposed on women after incarceration. Wehbi, Parada, George, and Lessa (2014) chose IE to research and explore the internationalization of social work and the neo-managerial underpinnings.

In a larger study, Hughes (2014) used IE to examine the experiences of 27 people who frequented a homeless shelter in Toronto Canada. The interviews led to explaining an exclusionary practice that was perpetuated by institutional organizations in health care.

Moll, Eakin, Franche, and Strike's (2013) findings from a large mental health organization uncovered the use of silence as a core skill underlying process response. The authors interviewed 20 employees, 12 workplace stakeholders and related organizational texts; Franklin, Rowland, Fox, and Nicolson (2012) used IE to examine ethics and practice in health care. The study focus was on ethics, accessing participants, and the construction of informed consent.

Sinding, Miller, Hudak, Keller-Olaman, and Sussman (2012) used IE to highlight initiatives that endorse patient involvement at a cancer center in Ontario Canada and how they can exacerbate health care and social disparities; Krusen (2011) applied IE to explore the organizational social process of occupational therapists adapting to the organizational culture in four health care sites in the United States. The findings revealed social processes that were complex and poorly documented.

Moser (2009) utilized IE to study technology adoption at three homeless shelters in Calgary Canada. The analysis of the interviews with clients and staff at the homeless shelters suggested that information technology is a textual superpower in coordinating social relations.

In the last several pages the authors of these IE studies exposed social problems within and across an institutional social spectrum. They explored the “ruling relations” (Smith, 1999) in ways that may be useful to challenge the regimes of power, providing the knowledge and standpoints of people in the everyday world. They have also sought to make the relations of ruling visible and suggested positive social changes in ruling relations.

Return-to-work has a form of governance that coordinates operational processes, and is only visible to those in the social system that possess the knowledge and power. Foucault’s (1977) analysis of knowledge and power contributes to this understanding into governance. He points out that there are ramifications and questions to “how to govern oneself, how to be governed, how to govern others” (Foucault, 1991, p. 87). The consequences are that the return-to-work coordinators and others connected to this

process have power but may remain completely invisible to the TBI survivor who wants to return to work. When power is applied, for example, as a reasonable accommodation policy, the thoughts and actions are coordinated by the discourses which Foucault refers to as governmentality (field of possibilities) which legitimizes the process (1983). The relevant part to IE is Foucault's position that individuals become complicit in the discourse and by doing so it perpetuates the institutional power, policy, and practice (1983).

The purpose of this ethnographic study was to explore the policy implications of the return to work transition for TBI survivors, address the gap in the literature, and to identify key factors that contribute to the success of return-to-work programs in Washington State. The social organization is described by Smith as an emerged form of coordinating that is repeated again and again. A return-to-work program then can be described as a social organization of coordinating people's activities. One key factor that this research study was interested in were the ruling relations that govern the successful return-to-work process. The interview questions were designed by me and are a product of my working knowledge with the TBI Council and the School and Work TAC over the last two years to gain access to the social organization. The primary assumption was that the participants will answer the interview questions honestly. Qualitative methods for this study involved several information sources therefore; triangulation was used to improve validity and dependability. The consistent systematic verification checks of the interviews adhering to the research procedures was used to improve reliability. The initial draft of interview questions is provided in Appendix B.

The term *ruling relations* was used by Smith (1987) to identify institutional complexities that coordinate the work of administration and the lives of those subject to the administration. IE helps to illuminate the ruling relations and reveal how knowledge is socially organized. For example, in the context of this study ruling relations is the process or linkage of return-to-work of which TBI survivors are subject. Return-to-work can be thought of as linkages that form a complex network of coordination. Typically, the coordination is hidden and in textual forms such as return-to-work policies and procedures. Smith (2005) explained ruling relations as the "distinctive translocal forms of social organization and social relations mediated by texts of all kinds (print, film, television, computer, and so on) that have merged and become dominant in the last two hundred years" (p. 227). Exploring these ruling relations provides a relevant lens to experience return-to-work from a TBI survivor's perspective.

When an injured worker is medically released to return to work after a Traumatic Brain Injury, there may be a real need for that worker to request an ADA reasonable accommodation to successfully return to work. The position and force of the impact to the brain may affect one or more functional areas. For example, vision impairment is a common cause for a TBI survivor to request an accommodation for better lighting, such as changing fluorescent lighting to high intensity white lighting (Job Accommodation Network, 2013b). The relationship between worker, employer, and medical provider are the three parties that will need to collaborate in good faith and in a timely manner to craft the accommodations into place. This study specifically examined the reasonable accommodation process for TBI survivors returning to work. The effectiveness of this

process in the context of this study also included effective leadership and communication strategies (policies, procedures, etc.) with the interactive reasonable accommodation process that are indicators of an organization's ethical and social responsibility.

The research literature has presented the important value that an institutional ethnographic approach brings to the research topic. Key concepts of social relations, organization, the use of maps, the problematic, the standpoint, return-to-work policies, and ruling are used to understand TBI survivors returning to work. Smith (2006) has described the IE approach as an alternative sociology that asks the question 'how things work' and affirms:

The idea is to reorganize sociology as knowledge of society so that inquiry begins where people are and proceeds from there to discoveries that are for them, for us, of the workings of a social that extends beyond any one of us, bringing our local activities into coordination with those of others. The project is to extend people's ordinary good knowledge of how things are put together in our everyday lives to dimensions of the social that transcend the local and are all the more powerful and significant in it for that reason. We participate in them without knowing what we are doing (p. 3).

### **Summary**

This chapter included a contemporary view of the literature that informs this research study. The literature describes TBI policy and leadership actions taken at the federal and selected state levels (New York State, California, Idaho, Hawaii, Oregon, and Washington). The historical overview of TBI policy in the State of Washington was

introduced, followed by related literature on leadership, return to work, education, and the ADA. The TBI policy summary described examples of policy improvements and the recent policy shift from the medical model to a community integration model and the need to improve employment opportunities for TBI survivors returning to work. This chapter also included greater detail with the conceptual framework and institutional ethnographic literature in preparation for the next chapter on the research method. In chapter 3 the methodology is presented in greater detail. This chapter includes the research design, selection of the participants, and the techniques for data collection.

## Chapter 3: Research Methods

### **Introduction**

There is limited research literature exploring traumatic brain injury (TBI) survivors returning to work and the reasonable accommodation interactive process as a provision of support for this group. In addition, there are limited research examples that provide a deep understanding of the social relations between employer, TBI survivor, and medical providers in the return-to-work process. This study was designed to better understand return-to-work for TBI survivors who can obtain an education, have meaningful jobs, be productive at work, and break the pernicious cycle of unemployment. This improved understanding of what successful return-to-work was designed to inform TBI survivors and assist creating new opportunities for researchers, employers, and the TBI community. It was also more generally designed to create a cultural awareness and comprehension of TBI, the importance of returning to work, and positive social change for this marginalized class.

The purpose of this ethnographic study was to explore the policy implications of the return to work transition for TBI survivors, address the gap in the literature, and to identify key factors that contribute to the success of return-to-work programs in Washington State. This chapter outlines the procedures that were used to examine TBI survivors' experiences with the return-to-work process. It describes institutional ethnography (IE) as the method and rationale most appropriate for this study. The chapter also describes the practice of a TBI survivor returning to work in organizations with

return-to-work programs, the use of the reasonable accommodation interactive process, and the organizational apparatus of interest for this study.

### **Research Design and Rationale**

The objective of this dissertation study was to explore the institution of return-to-work and what factors may lead to improving outcomes for this marginalized class. Little is known about the key success factors that may contribute to TBI survivors returning to work and sustaining employment. This is the primary rationale for selecting a flexible research design for this study that depended on the inductive process of interviewing and observing the lived experience in this context. Exploring this phenomenon in the TBI community using a flexible design improved my understanding and verisimilitude. I selected IE as the desired approach because the focus of my research was on explicating the institution of return to work, providing an initial standpoint for TBI survivors, and discovering how their experiences with return to work are coordinated by trans-local processes (Smith, 2006).

### **Research Questions**

The following research questions guided this study:

- Primary Research Question: What key factors contribute to the success of return-to-work programs for TBI survivors in Washington State?
- Subquestion 1: What does successful return to work mean for a TBI survivor in Washington State?
- Subquestion 2: Do organizational cultures play a role in return-to-work programs for TBI survivors?

- Subquestion 3: What is the importance of the TBI survivor's knowledge of the reasonable accommodation interactive process in successfully returning to work?
- Subquestion 4: What is the role of the power relationship between employer, TBI survivor, and medical provider in achieving a sustained success in employment?

### **Institutional Ethnographic Research**

Institutional ethnography shares an interest in the theories of Foucault (1972), who was critical of the relationship between knowledge, power, social control, and ethic of care; however, there are important differences concerning the notion of discourse and standpoint. Smith (2006) described the term discourse as a “field of relations that includes not only texts and their intertextual conversation, but the activities of people in actual sites who produce them and use them and take up the conceptual frames they circulate” (44). IE has adopted the term “standpoint “ as a point of entry for the research inquiry into the social organization, and how the social apparatus is organized (Smith, 1987). Smith started to explore the ruling relations that enter into the experience of people’s everyday lives. According to Smith (2005), “the very concept of the ruling relations was invented to name the extra-local relations that women’s standpoint in our everyday lives began to make visible” (p. 12). While traditional sociology locates the people in a textually mediated discourse, IE locates people in their 'actualities' (Smith, 2006, p. 60). IE also takes the inquiry a step further by researching how the actualities are organized and why they happen.

The introduction and literature review introduced the central phenomenon of high unemployment for this population or what can be called the problematic in an IE. The problematic develops from the perspective of the TBI community that TBI survivors are generally unable to return to work. In addition, there was an overall lack of research that informed the policy and the social apparatus of TBI survivors returning to work.

Smith (1999) described an IE as not developing theory but making empirical links between the everyday life and a specific institutional apparatus that regulate life experiences (p. 7). The rationale for the choice of this method was the specific standpoint of knowledge needed to understand the issue of TBI survivors returning to work in organizations that have return-to-work programs.

When a TBI survivor has the opportunity to return to work, the organizational culture and support are key factors to sustained successful employment. Understanding organizational power and the collaboration between employee, employer, and medical providers are also key to sustained success in employment (Orslene, 2013). A specific indicator of these key factors occurs during the interactive process. Based on my literature review so far, no one has done research in this area; I therefore designed this study to address this gap.

The IE method relates to the study since it informs and describes the challenges that the TBI survivor has in returning to work in the employer coordinated programs and practice (Campbell & Gregor, 2004). IE explores the process used during return-to-work, namely the reasonable accommodation interactive process. The why and the how of IE

relates to the challenges of the current practices and the need to improve TBI policy with return-to-work for this marginalized population.

For this study, I sought to establish the meaning of ‘how things work’ from the interviews of the various participants. This method of inquiry empowers the participants to share their experiences with returning to work in a safe setting (Creswell, 2009); I therefore selected it as the most appropriate method given the needs of this marginalized class. The interpretive nature of this study and method would have not been possible with quantitative methods and a survey instrument would not have provided the meaning to understand the challenges of TBI survivors returning to work.

The open-ended interview questions and textual analysis provided an exploratory look into the topic. I used the qualitative software program Atlas.ti to collect, manage and analyze the data. The software program was used to code and annotate data collected. Interview data were recorded and transcribed and imported into Atlas.ti for analysis. Institutional texts such as return-to-work policies and procedures were also imported into Atlas.ti for analysis. The qualitative software program was used to develop activities, patterns and maps for this study. The interviews of the participants and observations made were carefully placed into patterns and themes. I then interpreted the patterns in the contextual setting of the participants. The data analysis and interpretation phase moved deeper into the understanding of leadership and power interpreting the eight behavioral categories, as described by Schilling (2009).

### **Role of the Researcher**

It was important that I set aside or bracket any assumptions that I had regarding the challenges that TBI survivors have with return to work and focus on the descriptions of the participants. After setting aside these assumptions, the path was clear for the participant context and perspective, as noted by Patton (2002).

At the time of the study, I was a member of the State of Washington TBI Council for 4 years and a member of the School and Work TAC. In my role, I had no power over the participants since my study was to inform on the social relation processes of TBI survivors returning to work.

In managing my own researcher bias and challenging myself to be neutral with my research, I continued to discuss matters of bias with my committee chair, and wrote in my research journal and collaboratively discussed bias with a recently retired vocational rehabilitation professional who was the Assistive Technology Consultant for the State of Washington. Since bias may occur at any phase of a research project, this individual agreed to participate for the period of this research project. The use of reflexivity helped me to deconstruct the ways in which my own beliefs and experiences intersect with the participants of this research study.

This study was designed to draw on the experiences of TBI survivors returning to work. Because there was little to no informative research on the policy and its social apparatus, this narrowed the possibility of bias. From the researcher perspective, the IE (Smith, 2006) approach is making the TBI survivor's world understandable. This positioned me as the researcher and introduced a measure of bias. IE is very clear about

use of standpoint, which in this case was TBI survivors returning to work. Maintaining this standpoint was helpful in my orientation between survivor and employer, and the coordinated institutional apparatus of return-to-work. Campbell and Gregor (2004) suggested that “institutional ethnographers believe that where the knower stands determines what can be seen” (p. 53), which aids in illuminating or making visible the complex social apparatus of return-to-work.

It was difficult to predict what ethical issues would arise since the research process followed the development of the problematic as I explicated the world of the TBI survivor returning to work. While there were no ethical issues that surfaced, I was prepared during the field work to have it reviewed with my committee chair and the consultant discussed earlier and documented as appropriate.

## **Methodology**

### **Participant Selection Logic**

My goal was to select 12 to 20 participants that included TBI survivors and employer representatives who are or have been involved in return to work programs. The purposeful sampling of the participants included selection criteria to avoid confounding the results. The primary participant population originated from the same general population of TBI survivors participating in support groups at Brain Energy Support Team (BEST). BEST is a nonprofit (501c3) organization that provides support, employment, advocacy, public awareness, education and socialization opportunities to TBI survivors and their families. The support group program’s focus is providing a state-

wide infrastructure offering group facilitators, training, technical assistance and resources to support sustainability of the support groups.

The design of this research study reduced selection bias since the outcome was not known at the time of recruitment. The primary accessible population was TBI survivors in Western Washington who have access to BEST TBI support groups in Tacoma and Olympia. In October of 2014 I reached out to the executive director of Brain Energy Support Team (BEST) as my research/community partner for this study. The response from BEST was positive and they agreed to the letter of cooperation that was submitted to Walden's Institutional Review Board (IRB).

I held an orientation session at the Brain Energy Support Team (BEST) headquarters in Tacoma Washington to provide interested TBI survivors and employment representatives with the scope of the study, the benefits to the TBI community, and the requirements. I had 24 interested participants present during the session. I introduced myself as a PhD candidate at Walden University and included my interest and background in the study. BEST provided the announcement of the orientation session through their support network and website communication several weeks in advance of the session. A sign-up sheet was circulated during the orientation session to collect contact information from participants to schedule the interviews.

Qualitative research sample sizes are generally smaller in number as opposed to quantitative research samples. The size of the qualitative sample typically should be large enough to examine the data without much repetition. Thus, the qualitative concept of

saturation (e.g., further data collection would be repetitive) in this study was the practice (Creswell, 2007).

The purposive sampling strategy was selected with an initial estimated sample size of between 12 to 20 participants. Patton (2002) suggested that there are “no rules for sample size in qualitative inquiry” (p. 244) but must be judged in the context of the inquiry. The initial interested participants were drawn from the participant pool orientation session that met the criteria of having returned to work, attempted to return to work, or are a return to work representative.

Interested participants who wished to sign up for interviews had the opportunity to complete the demographic questionnaire at the interview session after signing the consent form. The demographic questionnaire was used to ensure that the participants met the selection criteria with questions such as age, education, and employment status. The brief demographic questionnaire can be found in Appendix A. Also, interested participants who signed up during the orientation session were contacted by phone and informed in more detail about the study. Consent forms were sent via email to the interested participants that met the selection criteria. The selection criteria for the study participants, including employer representatives (covered under e), were:

- (a) have the ability and willingness to provide informed consent,
- (b) be a resident of the State of Washington,
- (c) be connected in some manner to a TBI support group,
- (d) be a TBI survivor, or

- (e) be working or have worked for an employer with a return-to-work program.

Once the consent forms were completed and returned, arrangements were made for the interview at the interview site. The participant had a choice to bring the completed consent form to the interview or complete a copy of the consent form prior to beginning the interview. In either case, the consent form was read to the participant prior to beginning the interview. Once the Participant Consent form was signed, I outlined the next 60-90 minutes. If the participant had not completed the brief demographic questionnaire (Appendix A) they were provided time to do so. The in-depth interview began with the introduction followed by the open ended semi-structured questions that can be found in Appendix B for TBI survivors or Appendix C for employer representatives. The goal of the interview was to capture the return to work experience and look for patterns that would provide a deeper understanding of success factors with return to work.

### **Instrumentation**

The interview process began after the introduction and consent form was completed. The introduction and consent form helped to establish the rapport with the participant, creating an open and relaxed environment and set the pace for the interview. I introduced myself at the beginning and discussed my background to begin to build the rapport with the participant. The interview environment was a private conference room at BEST headquarters in Tacoma Washington, providing no other distractions. The introduction was designed to clearly explain the purpose of the interview in relation to the

overall study. The interview lasted from 60 to 90 minutes and the actual time variation depended on the participant. At the end of the interview I asked the participant if “there is anything else you would like to add?”

After the consent of the participant, a digital recorder was used to capture the entire interview. The use of the digital recorder was included as an option during the consent and in cases where the participant opts out of using the digital recorder; I used my hand written research notes to capture the interview. I planned to generally use the digital recorder and take written research notes so I could add in my observations when the interview recording went through the transcription process following the interview. My hand written research notes were kept and secured in my office safe after I completed the transcription of the interview since the desired end state was an electronic text based document. Transcription of the interview provided a text based word document that I imported into Atlas.ti. This software along with the transcribed interviews was used during the data analysis phase to search for emerging patterns and themes.

To identify each proposed data collection instrument I used the consent form for each participant, participant contact information, brief participant demographic questionnaire (Appendix A), and the responses to the interview questions, which were recorded, transcribed and imported into Atlas.ti. The interview questions and how they link back to the research questions in this study are provided in Appendix B.

### **Procedures for Recruitment, Participation and Data Collection**

Recruitment began after Walden IRB had given the final approval to begin the field work. During the recruitment process, 20 were selected from the orientation pool as

participants for interviews. The overall recruitment pool from the orientation session was greater than the planned, target sample size of 12. I had been assured by BEST in conversations about the predicted interest in the orientation session and limiting the overall recruitment pool to 20 during the orientation session. An orientation announcement was sent to TBI support group facilitators by email and posted on the BEST website calendar. The announcement explained the research, the criteria, the time commitment and the researcher contact information.

When contact was made with a participant, the consent form was explained and sent by email or by U.S mail depending on the preference of the participant two weeks in advance of the interview. The consent form further explained the research, procedures, voluntary nature of the study, risks and benefits, confidentiality, and finally the statement of consent to be signed prior to the interview. The interview questions are attached in Appendix B. BEST also provided access to TBI survivor support groups. Support groups meet regularly at the primary interview site and I was able to attend and listen to the support group discussions on return to work. Following the discussion, I debriefed and transcribed my notes of the discussion. The BEST Board of Directors was also another ready-made focus group that meets quarterly. Following the discussion, I performed a similar debrief and transcribed my notes and observations.

In IE data collection and analysis occurs consistently throughout the study (Campbell & Gregor, 2004). The recursive nature of this process is important as the data and the analysis informs to create a deeper understanding of the social apparatus of TBI survivors returning to work and their social relations with the employer. The data was

collected and imported into the qualitative data analysis software program Atlas-ti. This software program was used to code, annotate and review all interviews.

Institutional ethnographic research data that I utilized for this study were interviews of TBI survivors and employer representatives, focus groups of TBI survivor support groups, and the BEST Board of Directors debrief transcripts, and institutional texts, such as committee reports, return to work policies, and related documents. I had a signed Letter of Cooperation from BEST that provided access to TBI survivors and their support groups at their headquarters in Tacoma Washington. The BEST Board of Directors meeting is conducted quarterly in a public forum and typically convenes in Tacoma Washington and is composed of TBI survivors, employer representatives, and medical providers and was also an ideal focus group for this study. I collected the data sources in Western Washington State. The fieldwork phase was during a two-month interval to balance work and research.

The interview data were digitally recorded, transcribed into a Microsoft Word document, and imported into Atlas-ti. Additional institutional texts such as policies and procedures were collected separately if suggested by the participant and were also imported into Atlas-ti for analysis. During the debriefing at the end of the interview, each participant was given the opportunity to comment about the interview. If the participant had the desire to have a follow-up interview during the field work phase of this study, they were afforded the opportunity to do so, however, no one requested a formal follow-up interview. Transcripts were provided upon the request of the participant. I reviewed with each participant about the confidentiality of the data. The transcripts were

transferred to an encrypted folder on my personal workstation. I am the only one who knows the password to the encrypted folder. The transcripts and hand written notes will be kept for 7 years after the date of completion at which time it will be shredded.

### **Data Analysis Plan**

Data analysis occurred constantly as it informs on the research questions, the sample, the IE methodology, and the data collection. I cycled through this scholarly perspective as I performed the textual analysis using Atlas-ti. This ensured the emergent nature of the qualitative design. The data collected for analysis (interview transcripts, focus group debrief transcripts, committee reports, employer return to work policies and procedures, accommodation policies and procedures, collective bargaining agreements with return to work and accommodation articles) are connected to the problematic and sub questions with the application of IE methods as described by Smith (1987), which are designed to identify the ruling relations of the social apparatus. In this study I used textual analysis to analyze the data, and identify the themes and patterns to explain the social institution of return-to-work programs and what may be the key success factors. Atlas-ti was used to code, organize, categorize, and develop the themes and patterns into a map of the social relations to visually illustrate the connection back to the problematic and sub questions of this study. The treatment of discrepant data did not arise, require further analysis, or a request for a follow up interview.

### **Issues of Trustworthiness**

Creswell's (2007) strategy to improve trustworthiness has been distilled into a set of verification procedures that I used for this study. These included: triangulation,

clarification of research bias, member checks and peer review. To improve transferability, thick descriptions were used.

To provide dependability and confirmability I asked each interview participant to review the demographic questionnaire and interview transcript to check the accuracy of the information. This is a common practice in qualitative research projects that affirms the collected data accurately reflect the participant experiences (Rudestam & Newton, 2007). Triangulation and audit trails were used to improve dependability. Triangulation as described by Erlandon, Harris, Skipper, and Allen (1993) improves internal validity by providing data from multiple participants (TBI survivors, employer representatives, and focus groups) for analysis. I also used restating, paraphrasing and summarizing of the information as a participant member check to ensure the accuracy of the response.

### **Ethical Procedures**

Agreements to gain access to participant data followed the ethical procedures as established by the Walden University Institutional Review Board (IRB) prior to the field work and data collection phase of the study. To provide a high level of confidentiality and anonymity of each participant a letter and number was assigned after consent to participate in the study and during the data collection process. For example, participant 1 was designated as P1. Subsequent participants shall be numbered accordingly (P1, P2, P3 ...). No personal information was collected. The assigned participant identifier was used in my research notes, forms, and transcriptions to identify the participant. No participant names were used during the interview or data collection process. Participants for the study were provided written disclosure of the risk/benefit of participating in this study.

All participants received the consent form at least ten days before the interview. Signed consent forms were required to participate in the interview.

Atlas-ti data was contained in a hermetic file in a secure and encrypted folder that contains research data and texts from this study. Data were treated as confidential and anonymous. Only I have access to the data. This practice is reflected in the participant's signed consent form. Archiving of the data will not occur until the completion of the study. Data will be held for seven years on my personal workstation then destroyed.

### **Summary**

This chapter explained the use of IE as the method of inquiry for the final study. The primary starting point in this study is Traumatic Brain Injury (TBI) survivors who have attempted to return to work and employer representatives who currently have return-to-work programs. Access to the TBI survivors and the organizations with return-to-work programs was through the connections made with the State of Washington TBI Council. The council represents a statewide policy group actively working to improve TBI policy for survivors and their families. The primary site was in Tacoma, Washington at BEST headquarters. The strength of this research method is that it is centered on the return-to-work problematic of the high unemployment for TBI survivors in the everyday life, is pragmatic in philosophy, and is oriented to the real world of returning to employment after a Traumatic Brain Injury. The procedures that were used in this study flow from the methods of IE as described by Smith (1987) and practiced by other IE researchers (Campbell & Gregor, 2004). The procedures investigated the work processes of return to

work, the use of the reasonable accommodation interactive process, and examined the institutional discourse and texts that mediate this process.

There were ethical concerns that required voluntary consent from the TBI survivors and the employer representatives. Alternative evaluative criteria for qualitative research were used in this study. For example, a preliminary conclusions review by the interested participants and representatives that participated in this study was utilized to confirm the results. The research requested written informed consent and required that all personal information be kept confidential. Chapter 3 explained the qualitative research method of inquiry. Institutional ethnographic studies are different from other traditional research methods. IE has defined a set of terminology that assists this method of inquiry. It described the perspective of TBI survivors and the problematic as their lived return to work experiences. The study method looked closely at the institutional apparatus and social relations of the return-to-work process as described by participant interviews, institutional texts, and institutional discourse and practices.

## Chapter 4: The Results

The purpose of this ethnographic study was to explore the policy implications of the return to work transition for TBI survivors, address the gap in the literature, and to identify key factors that contribute to the success of return-to-work programs in Washington State. This chapter provides the results from the field work that examined TBI survivors' experiences with the return-to-work process. The Walden University Institutional Review Board approved my application for this study (approval# 07-28-15-0228318, expiration July 27, 2016). I conducted one-on-one in-depth interviews with 12 participants (six TBI survivors and six employer representatives) and facilitated two focus groups for a total of 24 participants. The semi-structured, open-ended interview questions were designed to gather critical information regarding their experiences of returning to work and how return to work is organized. The following research question guided this study: What key factors contribute to the success of return-to-work programs for TBI survivors in Washington State?

Chapter 4 describes the field work, setting, and the participant demographics relevant to the study. Data collection, data analysis, the evidence of a deeper understanding, and the results are provided and summarized in alignment with the research questions, design, and analysis.

A brief summary of the results indicated the presence of key factors that exist in the successful return to work relationship between TBI survivor and employer. TBI survivors also described what successful return to work means for them in terms of financial stability, opportunities for meaningful work, and quality of life. The context of

this study explained the power between TBI survivor, employer, and medical providers in the return to work interactive process relationship.

### **Setting**

I conducted the participant interviews at the Brain Energy Support Team (BEST) headquarters in Tacoma, Washington. For this study, BEST provided a scheduled room for the orientation session in the Learning Center that could comfortably accommodate 20 people. Following the review of the informed consent and the participant's signature on the completed informed consent form, I held private interviews in an office adjacent to the BEST headquarters Learning Center, which prevented interruption, distraction, or observation by others at the center. The recorded interviews lasted no longer than 90 minutes. The focus groups were also held at the BEST headquarters meeting room in Tacoma, Washington.

### **Demographics**

All the participants agreed to proceed with the study and share their return-to-work experiences. The ages of the participants in this study ranged from 44 to 61 years' old. Each TBI survivor participant had a brain injury in the mild to moderate range that had occurred in the last 10 years. All had various levels of education above the high school/GED level. They represented various employment professions in different sectors in organizations with between 12-38,000 employees. Each participant reported different levels of a return to work experience.

I used a set of criteria and a purposeful sampling method to recruit the participants. I used the criteria to improve the overall quality assurance of the study. TBI survivors who had access to BEST were purposefully selected. BEST is a nonprofit (501c3) organization that provides support, employment, advocacy, public awareness, education and socialization opportunities to TBI survivors and their families. The BEST support group program's focus is to provide a state-wide infrastructure offering group facilitators, training, technical assistance and resources to support TBI survivors integrating back into the community (BEST, 2016). I conducted participant interviews and focus groups to deeply understand the lived experiences of TBI survivors returning to work. The demographic information provided by the TBI survivors is displayed in Table 1 and employer participants in Table 2. The summative interview data table can be found in Appendix E Table 10.

Table 1

*Demographics of TBI Participants*

Code	P2	P3	P4	P6	P7	P10
Gender	F	M	F	M	M	F
Age (years)	50	44	46	58	61	53
TBI Year	2006	2006	2006	2009	2006	2011
Education	College	College	College	College	College	College
Profession	Page	Manager	Manager	Engineer	Corrections	Accountant
Sector	Public	Private	Private	Public	Public	Public
TBI Level	Moderate	Severe	Moderate	Moderate	Mild	Mild
RTW?	Y	Y	Y	Y	Y	Y
Medically Requested Accommodations?	Y	N	N	Y	Y	N
Implemented by Employer?	Y	N	N	N	Y	Y
Change in Employment Status?	P/T Librarian	Educator	Volunteer	Volunteer	Volunteer	P/T Accountant

Table 2

*Demographics of Employer Participants*

Code	P1	P5	P8	P9	P11	P12
Gender	F	F	M	M	F	M
Age (years)	57	52	55	62	62	55
Education	College	College	College	College	College	College
Profession	Business Owner	Director	Adjudicator	Consultant	Coordinator	Manager
Sector	Private	Non-Profit	Public	Public	Private	Private
# Employees	12	75	3000	3200	75000	300
RTW?	Y	Y	Y	Y	Y	Y
Accommodation Process?	Interact	Interact	Interact	Interact	Interact	Interact

**Data Collection**

I conducted this study via one-on-one in-depth interviews with 12 volunteer participants in a private office that was provided by BEST in Tacoma, Washington. Interviews were scheduled at various times to accommodate the participant's schedule at this site. Each participant was assigned a P code (P1-P12) that was written on all interview forms, research notes, and transcripts for the purpose of anonymity and confidentiality. The participant interviews lasted no longer than 90 minutes and were recorded with the participants' consent. I also had handwritten notes, which were taken during the interviews. Two TBI survivor participants gave their consent to review their "Moving On" futures planning workbooks. I also collected return-to-work institutional

texts from the Department of Labor Office of Disability Employment Policy, the Job Accommodation Network, State of Washington Return to Work Program, the State of Washington laws, and the State of Washington Collective Bargaining Agreements.

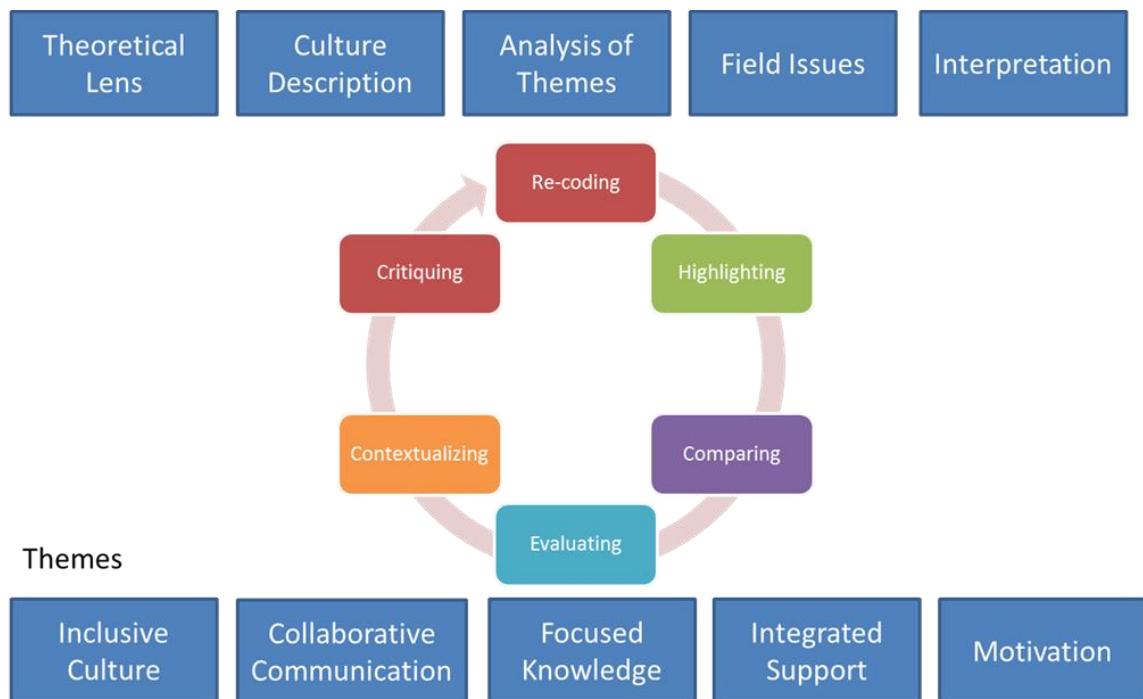
I conducted two focus groups with 6 volunteer participants each in a private meeting room at BEST in Tacoma, Washington. The focus groups were scheduled to accommodate the group schedule. A similar method of coding was used for each focus group (F1-F2), as with the one-on-one interviews. The focus groups lasted no longer than 60 minutes and were recorded with the group's voluntary consent. I also had my handwritten notes, which were taken during the focus groups.

### **Data Analysis**

After completing an interview, I created a transcript from the recording and browsed through the transcript. I made notes about my first impressions as memos in Atlas.ti. I then read the transcript again reading very carefully line by line in preparation to code my data. This is similar to my analysis procedures for observations, texts, and web documents that I included in my data analysis.

I began to code my data, labeling sections that pertained to relevant processes of return to work. Relevance was determined by repetition, importance explicitly stated by the participant, something that I recognized as an important concept, or something that surprised me during the interview. My aim was to be open-minded and look for the underlying patterns. I had several iterations at deciding which codes were the most relevant, and created code families that brought several codes together. Some of my initial codes were dropped and new codes created during this integration. My

conceptualization of the data was emerging and seemed generally more abstract than in the beginning of the data analysis work. The relevance of the code family categories and how they are connected to each other became apparent as I thought about how to best describe the connections between them. These categories and the connections are the main result of my study. I believe that this is new knowledge about return to work, from the perspective of the participants. Figure 2 summarizes my results and the flat hierarchy among the emerging themes.



*Figure 2.* A flowchart showing the data collection and analysis process.

I coded the interview and focus group transcripts according to participant responses and into the emerging themes of inclusive culture, collaborative communication, focused knowledge, integrated support, and motivation that were identified using Atlas.ti. My handwritten notes were used for context purposes and for new emergent questions.

Thematic analysis was used to examine patterns associated with the research question. I did have two participants change their responses upon review of their transcript. One clarified their response to Subquestion 1 (“What does successful return to work mean to you?”) upon reflection. The other clarified their response to Subquestion 3 (“Were you informed about the return to work process and if so how?”). The transcripts were revised as requested, and were included in the next cycle of data analysis.

### **Evidence of Trustworthiness**

The confidential demographic survey proved to be useful not only to verify the participants interview information but as an icebreaker to the interview. I also had four post interview discussions primarily with employer representatives, which I found useful in my verification procedures. I was surprised by the interest of employer representatives to continue the conversation. A high level of transferability was ensured by using detailed and thick descriptions of the participants' return to work experiences.

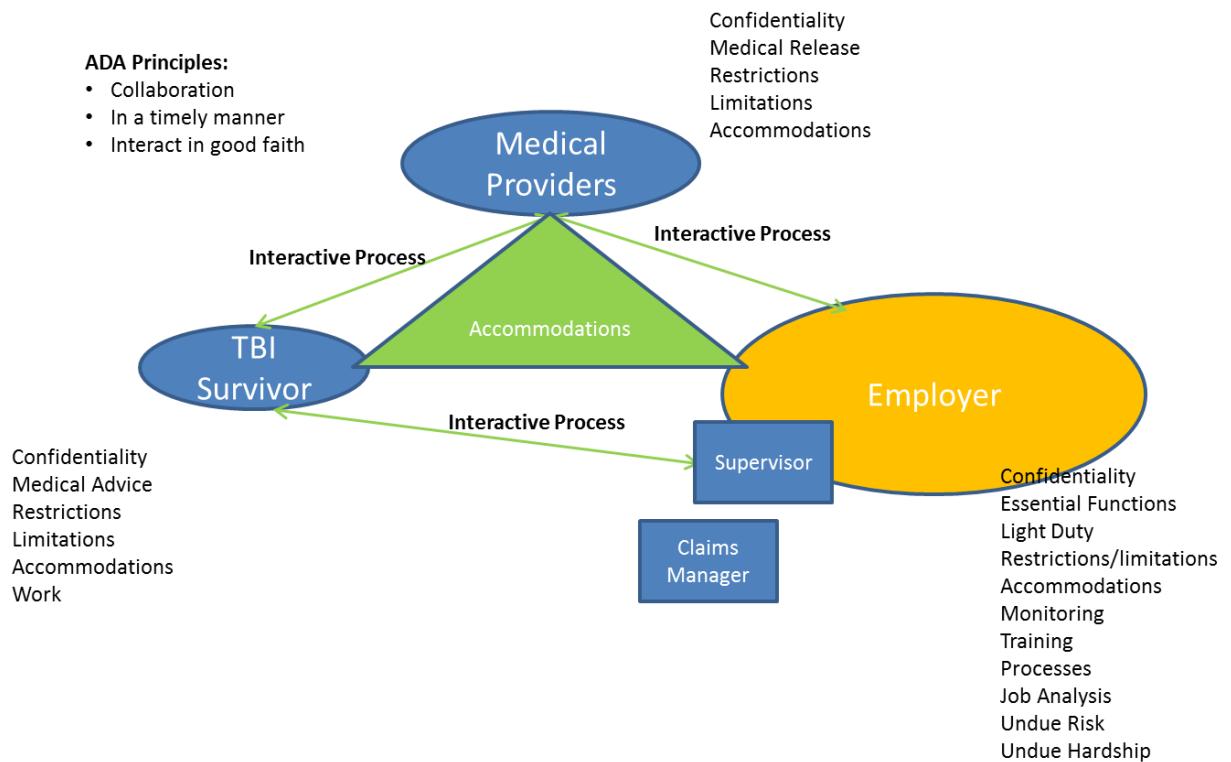
Dependability and confirmability were ensured by the participants' voluntary review of their interview transcripts in response to the research questions following the interview. P3 revised their response to Subquestion 1 ("What does successful return to work mean to you?") explaining he "could not do typical employment". P6 revised their response to Subquestion 3 ("Were you informed about the return to work process and if so how?") adding that the "return to work coordinator did not disclose the process". I had asked each interview participant to review their transcript and revise as needed. Member checking consisted of restating and summarizing information shared by each participant during the interview to ensure the accuracy of my understanding on what had been said. All of the interview participants affirmed the key factors that had emerged from this study. The two focus groups re-affirmed the key factors and my interpretation of the results as an additional verification.

### **Results**

The key factors that contribute to the success of return-to-work programs for TBI survivors is relatively unstudied, and provides a unique opportunity to understand what

works in the everyday lives in the support community. One of the employer participants (P9) summarized the key factors during the interview as, “in my view are first of all a culture of being willing to accommodate. Secondly, and this is huge, is collaboration. Third would be designing, deploying, and sustaining accommodations.” This study is a portrait of the lived experiences of TBI survivors returning to work and employer representatives involved in the return-to-work process in the State of Washington.

Figure 3 is an example of a return-to-work reasonable accommodation nexus map during the return-to-work process. In this best case scenario, the participant perspective is illustrated and mapped by the social relations interaction between the TBI survivor, medical provider, and employer. The map informs on the return-to-work process as accommodations are in a good or nexus status as illustrated with the green triangle. Power and resistance is illustrated by the thin green lines between the TBI survivor and the supervisor and represents positive actions as described by the participant. The TBI survivor describes the power between the employee and employer as supportive and participative power. Also, in this example nexus scenario, power and resistance is illustrated by the thin green line between the medical provider and the employer regarding medically requested accommodations.



*Figure 3. A map of the reasonable accommodation nexus*

The data collection consisted of in-depth interviews of 12 participants and was followed by 2 focus groups of 12 participants for a total of 24 participants. The focus of the study was on the return-to-work process and what may be the key factors in the return to work relationship. I had asked each participant to respond to a set of semi-structured open ended questions that pertained to the primary research question and sub questions (Appendices B: Interview Guide- TBI Survivors, C: Interview Guide- Employer Representatives, and D: Interview Guide- Focus Groups). The study participants shared their return to work experiences as they related to the interview questions. The participant interview session recordings were transcribed and I reviewed them multiple times to become familiar with the interview data and the patterns that emerged. I used Atlas.ti to

identify, code, and recode to develop the emerging patterns. The analysis tools were used to find patterns in the interview and primary document data for a combination of codes. Initially the word cruncher was used for word cloud content analysis and word frequency counts. The query tool was used to incrementally build complex search queries using Boolean and proximity operators to explore the codes and quotations for further meaning. Table 3 is a summary of the key factor patterns and frequencies.

Table 3

*Pattern Frequencies*

Inclusive Culture (101)	Collaborative Communication (118)	Focused Knowledge (267)	Integrated Support (114)	Motivation (39)
Decision Making (2)	Collaboration (13)	Accommodation (123)	RTW Process (16)	Employer (19)
Employer Power (7)	Communication (91)	Employment at Will (5)	Support (81)	Self (20)
Inclusive Environment (75)	Relationship (14)	Environmental Factors (1)	Support Mechanisms (17)	
Medical Power (5)		Legal Frames (4)		
Power (3)		Light Duty (2)	<i>(table continues)</i>	
Practice (6)		Meaningful Work (10)		
Transparency (3)		Policy (2)		
		Return to Work (120)		

Culture quickly emerged as an important factor during the interviews with the participants. The context of the culture evolved during the concurrent interviews and data analysis as a theme. Since all the TBI participants had several return to work experiences,

I noticed that they had all moved towards inclusive cultures. Participant 2 described, “I’ve had several jobs that didn’t work out before getting the job with the library, where I could learn the system. I had what Social Security calls unsuccessful work attempts because of my disability”. This was my first clue that I needed to be more specific in questioning the first return to work experience of the participant. The following inclusive culture theme in Table 4 provides selected responses from the participants. Additionally, inclusive culture was verified by the focus groups as a key factor for TBI survivors.

Table 4

*Inclusive Culture*

TBI Survivors	Employers Representatives
P2: I feel like I’m doing a good job for them because my best skills are being utilized, and then they see that I’m in the right job for them.	P1: I and the supervisor, who’s either another partner or lead, talk with the employee. We also have in hand any Doctor information. We talk about that and what activities we have available. In some cases, we try to dream up something that will help them ease in to work.
P4: There are some really good models out there that are new, like Walgreen, and some people that are taking on thinking about different culture. Instead of saying “I’m hiring a person with a disability because I want a tax credit, or I want to be good to the community” they say “doing this, and taking on a culture of inclusivity will increase my bottom line”.	P5: I am very passionate about the fact that employers can be very supportive of individuals with brain injury, and have successful outcomes, not just for the individual, but for the company in terms of productivity and profitability.
P10: I’m at a job where I’m going to thrive, be safe, and be honest. This gives me hope and not only allows me to do my job here, but also helps me in the real world at home. It’s just amazing. I never dreamed before that I could have something better. I was just struggling to get back to where I was before. I have hopes and dreams now where I had none of that before. I don’t know why they do the failure thing. I look at what could have happened if I had stuck with DVR and it really scares me.	P9: A healthy culture to me means that the parties involved care about one another, care about the work, care about the workers, care about the managers, etc. It is a collaborative environment. A sign of healthiness would be a positive view of any employee. Being able to discuss resources freely, for example; I can’t sit for long periods; can I use a standing work station? Those sorts of thoughts and abilities to share communication make a huge difference, and if the culture supports that, practical things can be done quite easily.

Communication also quickly emerged as an important factor during the interviews with the participants. The context of the communication evolved during the concurrent interviews and data analysis as a theme. Since communication is the basis for the reasonable accommodation interactive process, what the participants described was collaborative communication. Participant 11 described:

The interactive process is very collaborative. What I did is hold meetings, either by telephone if the person wasn't at work, or directly with the person. Depending on whether it was occupational or non-occupational, and what the condition was. I would get the restrictions from their doctor, and then I would work with the managers to see if they could accommodate those restrictions.

The following collaborative communication theme Table 5 provides selected responses from the participants. Additionally, collaborative communication was verified and emphasized by the focus groups as a key factor for TBI survivors.

Table 5

*Collaborative Communication*

TBI Survivors	Employers Representatives
P10: Open communication between employer and employee is important. Also a safe environment for the TBI survivor, where they feel comfortable disclosing needs, and asking for accommodations. A flexible environment that is not strictly rule oriented is helpful to alleviate stressors.	P1: We will talk with the employee and have the Doctor's information. We do ask that the employee provide us with Doctor's information. Then we just talk out what can, or cannot, be done. We evaluate whether they may need a gradual return, or if they may need some light duty task, or ease them in with a graduated schedule. We evaluate whatever they need.
P6: My doctors were wonderful at explaining my medically requested accommodations and did attend meetings with my employer that I had requested. But I was not successful in implementing the accommodations with my employer. At that point I knew that it was time to leave after almost two decades of employment.	P9: A huge part of the collaboration is talking amongst the parties involved. Humans do better together, than we do separately. The employer's culture has to support, anticipate, and even require, in my opinion, collaboration. This would include talking face to face, talking on site, communicating what ideas there are from the various perspectives, communicating both verbally and in writing.
P7: Being able to have help from my Doctor, and myself, was advantageous because the Doctor was listening to me. I felt the case manager was working against me. With a brain injury everybody is so different, and a whole new case. Listening to the person with what their abilities are, and how they feel, is so important.	P5: We have an accountant that we work with, and we hired a bookkeeper/admin with a brain injury. They were a full charge bookkeeper before their injury in a car accident about three and a half or four years ago. They were talking about having difficulty finding work in their field because since the injury they're having difficulty remembering, memory issues, and all kinds of challenges that come along with that kind of trauma. So we started working together, and identifying those things that were difficult, not only in terms of doing the job, but also the work environment, like lighting needs, chemical sensitiveness, etc.

Knowledge emerged as an important factor during the interviews with the participants. The content of the knowledge was different between TBI survivor and employer. Generally, the TBI participants did not fully understand the return-to-work

process and the reasonable accommodation interactive process, while the employer understood and owned the process. Knowledge of TBI by the employer participant varied. Knowledge evolved during the concurrent interviews and data analysis as a theme. Since knowledge is important to understand the return-to-work process, reasonable accommodation interactive process, and TBI, what the participants described was focused knowledge. Participant 6 shared the following regarding knowledge:

I thought I had some degree of knowledge about reasonable accommodation but I really did not understand the interactive process until I started to look into it. What I quickly learned is that the return to work coordinator did not disclose the process, and it was not explained. If I had understood the process and who actually was making the decisions I think, I would have been successful with my return to work.

The following focused knowledge theme Table 6 provides selected responses from the participants. Additionally, focused knowledge was verified and emphasized by the focus groups as a key factor for TBI survivors.

Table 6

*Focused Knowledge*

TBI Survivors	Employers Representatives
P4: It (knowledge of the reasonable accommodation process) is hugely important, and it's absolutely missing. I say that from the perspective of sitting two or three times a week with people who have a brain injury, and listening to them talk about their employment challenges.	P5: There has to be an increased level of awareness on the part of an employer. I have worked with many employers in consulting over the years, and as often as I've worked with them on organizational development, work issues, and communication skills, and accommodations to the extent of how you create an environment so that these people can be successful. That whole environmental piece of awareness of cognitive challenges just never really entered in to it.
P10: As a TBI person I don't really know what accommodations I need. I still think I'm the other person before the accident. It's hard for me to know what to ask for. It's really nice where I work now because they can see the struggles. They know the condition. They've helped me realize what accommodations I do need so it doesn't build pressure and stress. Now I'm more aware of what I need to function at a higher level which is really nice.	P8: Usually it's the VR counselor, and/or claims manager, or Workers Comp. Adjudicator that knows the accommodation situation, or can easily find out. The worker is not usually knowledgeable until they step back into the work site, or once they get there and discover they can't do some part of their work.
P4: The only true reference point I have is the JAN, the Job Accommodations Network, and some of the work they've done on brain injury, recognizing it's just scratching the surface. It's at least a talking point. I carry with me all the time the JAN accommodations, and I encourage people to sit and sift through those. There is a friend of mine who has struggled with L and I, and works in the school system, and the accommodations for her memory problems were, don't climb ladders. It's like this huge disconnect.	P9: I think that anyone who has been injured, and wants to return to work, needs to know about the ability to accommodate. One of the first things to do in reasonable accommodation is to have it posted: If you need a reasonable accommodation, you can ask for it. Secondly, someone who feels they need an accommodation should feel comfortable asking for it verbally or in writing to someone.

Support emerged as a critically important factor during the interviews with the participants. The content of the support was different between TBI survivor and

employer. Generally, the TBI participants rely on support systems and do not fully understand the return-to-work process and the reasonable accommodation interactive process as a support system. Integrated support evolved during the concurrent interviews and data analysis as a theme. Participant 4 shared the following regarding support:

While they tried to offer those kinds of accommodations, because I worked with nurses and doctors they understood the seizure part, and when (the) alarms would go off I would seize. So, I could manage that for a while. My boss also understood that one of the biggest accommodations I needed to be effective in my work was administrative support.

The following integrated support theme Table 7 provides selected responses from the participants. Additionally, integrated support was verified and emphasized by the focus groups as a key factor for TBI survivors.

Table 7

*Integrated Support*

TBI Survivors	Employers Representatives
P2: They are a State job, and are more bureaucratic. They have more rules they follow when it comes to the ADA. They went out of their way to help me, whereas the other company that fired me Christmas Eve, not so much. So you have to look for those kinds of things, so that's what I do. I had worked for a lot of private sector jobs, but after that I knew I wanted to go to the Government sector where I have more safety.	P1: We worked with VA, an organization in particular who deals with Veterans with TBI. We had several conversations about trying to get some help with this particular employee.

*(table continues)*

P4: I think another factor is the feeling that a lot of people with brain injury have about walking this balance of being disabled, or not disabled. We're often relying on systems to support us during that recovery.	P5: Employers support their employees by attending AA meetings, and some companies have good EAP programs, and this should be a part of that. This should be equally supported so that they can retain their employees. The rate of lost productivity due to what is grouped as mental illness can be challenges as a result of brain injury. I think the overall cost could diminish, productivity could increase, and it's a win-win all the way around.)
P10: I felt something was missing from my employer in this relationship. The care and support that I expected from my employer was not present at any time post injury.	P9: For TBI, there's a variety within traumatic brain injury where you could have physical injuries along with the brain injury and so on. Discovering what functional limitations there are requires talking to the person, having knowledge of medical, discovering what sort of positions are available and appropriate in the employer's arena. That requires talking to various folks within the employer's arena.

Motivation emerged as an important factor during the interviews with the participants. The context of motivation was different between TBI survivor and employer. Generally, the TBI participants rely on their motivation to overcome their brain injury enough to return to work. Employers are motivated by returning a valued employee back to work. Motivation evolved during the concurrent interviews and data analysis as a theme. Participant 10 shared the following regarding motivation:

There is a culture where you have a TBI disability and it shows, and there is help for that. Then there's the mainstream culture that I'm in where you spend about 70% of your energy trying to cover up your TBI because it's not accepted. It's hard to fit in because you don't have a severe outward disability, but you also don't fit in with the mainstream because there's no way to keep up with them.

The following motivation theme Table 8 provides selected responses from the participants. Additionally, motivation was recognized and emphasized by the focus groups as a key factor for TBI survivors.

Table 8

*Motivation*

TBI Survivors	Employers Representatives
P4: To sustain employment was a like a safety line that anchored me to who I was professionally. From my experience with the TBI group and attending the TBI conference, many of us had that same motivation to return to work. Work was a part of who we are and has a significant part of each of our identities.  P6: For me it meant everything. It means providing for my family. I found myself so hardwired to work and to return to my job that I returned probably before I was medically ready to do so.	P1: All of the partners try to be fairly educated about employee needs. I would characterize us as compassionate, and try to see the value of the individual. We have a business to run, but its run by people, not machines.  P5: We also incorporate, and strongly encourage our staff and volunteers to participate in a personal future planning program that we have. They spend time with a coach exploring things like identity, family communications, their passions, and identifying and developing personal strengths and profitability.
P3: Successful would be gainfully employed. Typical employment wasn't ever going to work for me, probably still won't nine years later. I don't think I could do typical employment. Who's going to hire you when you may need a two-hour break.	P11 You have a diverse work force for one, if you have a person with a disability. If you look at it from a Workers Comp. perspective, you're lowering your Workman's Comp. costs. It looks good for the company to be able to say you are returning people back to work.

## Summary

What does successful return to work mean for a TBI survivor in Washington State? The participants responded to this question in a similar manner, such as financial stability, opportunities for meaningful work, and quality of life. Table 9 provides selected responses from the participants.

Table 9

*What does successful return to work mean for a TBI survivor in Washington State*

TBI Survivors	Employers Representatives
<p>P4 I think success is defined very differently after brain injury. Successful return to work means I'm making enough money doing something I love, and I feel like I'm not being forced in to something I don't want. I think there are a lot of things that have influence on whether that can happen. I believe that's what successful return to work is. I need to make enough money to cover my expenses.</p> <p>P10: That I feel comfortable with what I'm doing, and that I'm allowed to ask questions and get feedback. A lot of feedback is really good because if I'm doing something incorrectly I need to know right away. If I'm doing well, I need to know that also because my self-confidence is still an issue. I want to know that I'm contributing to my employer, and earning the money I'm making. I want to feel that I'm being valuable to the company.</p>	<p>P8: If the employer has been open to the worker returning to work, and has offered emotional support and encouragement during the time off, then it's been my experience that the return to work is going to be successful.</p> <p>P9: A successful return to work I believe is defined in great part by the client. From the prospective of a consultant trying to figure that out, my focus would be on essential job tasks, and the functional requirements of that, and the functional abilities of the person. For TBI, there's a variety within traumatic brain injury where you could have physical injuries along with the brain injury and so on. Discovering what functional limitations there are requires talking to the person, having knowledge of medical, discovering what sort of positions are available and appropriate in the employer's arena. That requires talking to various folks within the employer's arena.</p>

What role does organizational culture play in return-to-work programs for TBI survivors? All participants identified the role of organizational culture as a key factor and examples are available in Table 4 Inclusive Culture.

What is the importance of the TBI survivor's knowledge of the reasonable accommodation interactive process in successfully returning to work? All participants identified knowledge of TBI, return to work, and the reasonable accommodation interactive process as important. Table 6 Focused Knowledge, summarizes the selected participant responses to this question.

What is the role of the power relationship between employer, TBI survivor, and medical provider in achieving a sustained success in employment? Participant 8 had a unique understanding of this question and shared:

I see two that have that power really. The attending physician has the power to return the worker back to work. The employer has the power and the willingness to bring the employee back to work. If there has been a family type relationship with the worker and employer there is more of a willingness to bring that worker back. With a smaller employer it is harder to offer light duty. Most of the time, a small business employer can't wait for the worker to recover from a TBI injury. Recovery in those cases, from my experience, is often 6 to 12 months. In order for a small business to survive they can't wait that long before filling that position.

Participant 11 responded similarly, that the "medical provider can take the person off work, or they can change the restrictions. That's about the only control they have

because they're outside the organization". I asked Participant 11 if the power and decision making is shared regarding accommodations. The response was:

I think so. Sometimes they have to be convinced that it's reasonable. Sometimes you need to convince and educate a manager. Sometimes we need to point out that providing special equipment for example can be cheaper than going to court over that type of thing.

Figure 4 shows a composite map of the TBI survivors' interviews and mapped by the blended social relations. While different from the return to work nexus map, the map informs on the process as return to work accommodations are uncertain as illustrated with the yellow accommodation triangle in the middle of the figure. Power and resistance are illustrated by the thicker 4pt red lines between the TBI survivor and the supervisor and claims manager, and represents adverse actions as described by the TBI survivors. Adverse actions are described because of difficulties with reasonable accommodations (disability harassment, bothering, tormenting, troubling, ridiculing, and coercing) between TBI survivor and employer. The TBI survivors described difficulties with work (bolded) and accommodations (bolded). The TBI survivors described the power between the employee and employer as coercive power. Also in this composite map, knowledge, power, and resistance, are illustrated by the thicker 2pt red line between the medical provider and the employer regarding medically requested accommodations. Note the number of coordination lines required on the employer side for the institutional return to work apparatus to function, which can represent the ruling relations and practices that are hidden from the TBI survivors view. This scenario is more complex because of the

additions of an attorney and union representative. The interactive process is at a critical disjunction and is probably not resolvable when the process has escalated to this point.

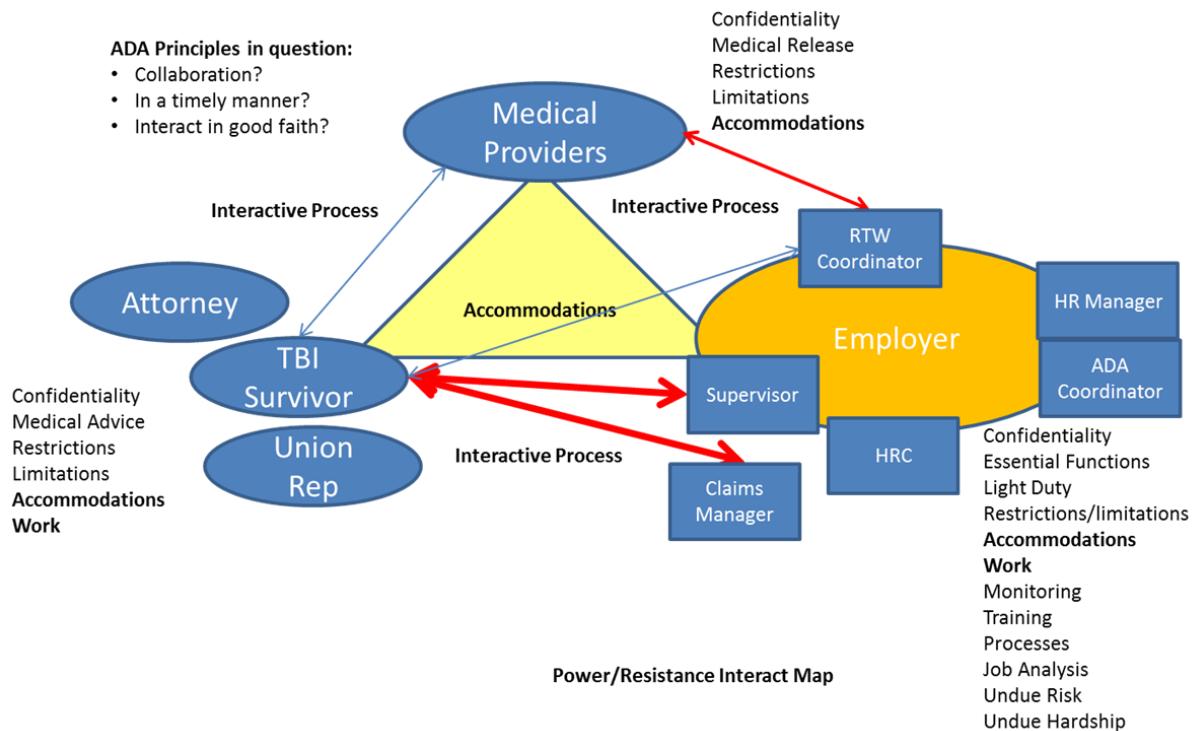


Figure 4. A composite map of the return to work: power/resistance interaction.

Several of the TBI survivors described “unfair advantage” (Jung, 2002) responses by their employers when requesting accommodations. Participant 6 provided this example of unfair advantage, “when I was going through the return-to-work process I heard my supervisor say, we cannot make this change for you because we would have to do it for everyone”. This was in regard to doctor requested accommodations.

Participants generally believed that knowledge of the power relationships helps to explain the tension that may exist in the process and how to address it. The frustrations of TBI survivors repeatedly returning to work with the same employer or different

employers was evident in this study. Return to work intervals were generally too short, with inappropriate job analysis, light duty assignments, accommodations, and a lack of knowledge specific to TBI.

There is a great need to build on the research findings in this study. The futures planning described in publications such as the *Moving On* workbook (Mount, Riggs, Brown, & Hibbard, 2003) and initiated by support groups suggests a need for follow-up case study research. Options need to be explored that address the lack of funding, coordination, resources, and services in returning to work and sustaining employment. Funding and support of transition programs needs to be actively developed by the State of Washington TBI policy groups to meet the specific needs for the TBI survivors who are motivated to return to work.

## Chapter 5: The Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this ethnographic study was to explore the policy implications of the return to work transition for TBI survivors, address the gap in the literature, and to identify key factors that contribute to the success of return-to-work programs in Washington State. This chapter provides a discussion of, conclusions from, and recommendations related to dissertation field work examining TBI survivors and employers' experiences with the return-to-work process. This includes the presentation of key success factors that have emerged as themes: inclusive culture, collaborative communication, focused knowledge, support planning, and motivation. These key success factors were present in the return-to-work program relationship where TBI survivors have been successful in employment.

### **Interpretation of the Findings**

The interpretation and findings are based on the analysis of data gathered between July 28, 2015 and October 25, 2015 at the Brain Energy Support Team (BEST) headquarters in Tacoma, Washington. I used thematic analysis of the interviews and focus group transcripts to examine and find patterns of the key success factors in return-to-work programs for TBI survivors returning to work. As I collected the data, I added notes, memos and codes using the qualitative software product Atlas.ti version 7. The dissertation study findings confirm those of Hooson et al. (2013), which suggested that TBI survivors find the return-to-work process difficult. This study extends the knowledge

of what key factors may contribute to the success of return-to-work programs for TBI survivors in the State of Washington.

I found that employer participants were reluctant to discuss the at-will employment doctrine as it pertains to the legal frame of return-to-work programs. However, several were willing to discuss return to work decisions in the context of this doctrine outside of the recorded interview. They generally stated that they used value system-based decisions on a case-by-case basis in the specific work context as it pertains to accommodations, light duty, undue risk, undue hardship, and separation from employment.

The basis of the U.S. federal government Department of Labor Office of Disability Employment Policy (ODEP) return-to-work policy recommendations is to provide national policies and practices that “increase the number and quantity of employment opportunities for people with disabilities” (Office of Disability Employment Policy, 2012a). The themes that emerged from these institutional texts reflect efforts to reduce barriers to employment, collaboration, communication, and inclusion in employment. These are analogous to the key success factors in this study that are common to the TBI survivors and employers who participated: inclusive culture, collaborative communication, focused knowledge, integrated support, and motivation. There were discrepancies between existing policy and practice in the respondents' feedback as illustrated in Figure 4.

Institutional ethnography (IE) asks the general question “How do things work?”; Foucault (1991) more specifically asks “How to govern others?” (p. 87). According to

Foucault (1972), power is fluid and power in social relations is the objective of analysis.

As shown in Figure 4, the increased coordination required by the employer for the return-to-work reasonable accommodation institutional apparatus to function represents the fluid nature of power and the expanded ruling relations and practices within the organization that were hidden from the TBI survivors' view during the reasonable accommodation interactive process. The imbalance of employers' knowledge and power and the employees' ability to negotiate during the interactive process had a transformative influence on the outcome of return-to-work experiences.

From the employer perspective, the essential structural components of a return-to-work program start with an injury notification procedure; this is the first step that helps the individual know what they should do in reporting an injury (Job Accommodation Network, 2013a). Another component is the medical treatment policy that helps the individual understand the how, when, and where regarding needed medical treatment. This policy should reflect the ethic of care from the employer and support how the individual seeks medical treatment after the injury, so as to help ensure that health and productivity are the major principles that are reflected in the return-to-work program (Job Accommodation Network, 2013a).

The post-accident procedure is a component that steps through the safety and prevention for mitigating recurring accidents and/or making safety changes. The post-accident report is the final product of this procedure and should include the final analysis of the accident and should be written as if court ready (Job Accommodation Network, 2013a).

A return-to-work policy should reflect both the ethic of care and getting individuals back to work when medically possible. Early return-to-work incentives create a workplace culture that appreciates individuals returning to work. However, this study showed that TBI survivors who return to work too early have multiple returns to work. Flexibility in the return-to-work program is therefore needed to support these TBI survivors. An ideal, revised policy will support early returns to work with leadership and support from the top of an organization, include training on the policy, and have a notification mechanism on changes to the policy. This will help ensure that organization is educated on the process, the importance of communication, and the availability of light duty work within the organization. A best practice is to maintain a meaningful inventory of transitional work that can be performed when a medical provider asks what light duty jobs are available (Office of Disability Employment Policy, 2012b). One employer participant (general manager) that represented a worldwide organization discussed their plans to expand a meaningful inventory of transitional work:

We're kind of a young person company. You've got to be physically fit to do most of the jobs here. We don't have much light duty work long term. That's why we've come up with this program where we fit them into a non-profit organization in the area that needs help. If you can keep the people from just sitting at home feeling rejected and dejected and alienated, that's better. This is one program that can do that. If we find we have made a mistake by bringing a worker back too early, we rectify that by sending them back home, or putting them into that program.

Functional ownership of the return-to-work program should be clear as to who is responsible and accountable for the return-to-work process. This should include the return to work administrator, the ADA coordinator, return-to-work coordinator, or business owner, so there is no confusion or misunderstanding. According to the Job Accommodation Network the best practice is to connect this program to the top of the organization and make it a part of the strategic management process (2013a). Contemporary case law has pointed out that flexibility and the ethic of care must be at the source of the return to work policies and practices.

Effective employer leadership is important to the sustained success of a return-to-work program. For example, I had a phone call at the research site from one of the employer participants who had a supervisor exhibiting bias with an injured employee returning to work. The employer participant selected a quick course of action with the supervisor and had a private meeting to discuss the value of returning to work and the perceived bias. When I followed up with a phone call with the employer participant after the meeting with the supervisor, they explained that the source of the supervisor bias was not with the employee, but was a return to work practice learned from a previous employer. This employer had been effective in ethically managing conflict early in the return-to-work process and had made plans to review the return-to-work process with other supervisors in the organization.

Several of the employer participants exhibited a transformational leadership style during the interviews and follow-up discussions during the course of this study, aligning with the Boga and Ensari's (2009) description. In my analysis they saw opportunities and

initiated return-to-work program changes as transforming relationships in their organizations. Typically, during any period of change, a transformational leader spends more time on considering impacts on employees and supervisors. This type of leader would have been more apt to listen to the supervisors and employees, and to determine the best path for changing a return-to-work program. Using the transformational leadership style, the leader would provide the best probable outcome to be good examples of ethical behavior (Ciulla, 2009). From a process perspective I would suggest that the supervisor and a TBI survivor returning to work may have been generally satisfied with the return to work if the process included leadership support, a period for disability adjustment, an integrated support plan, and occupational guidance from trained professionals with focused knowledge of TBI and accommodations.

Based on the study findings, the TBI survivor in a return-to-work transition to a workplace within an inclusive culture, the reasonable accommodation interactive process appears to be collaborative with a high level of communication, integrated support, and planning. Motivation by one TBI participant in this study included what I will refer to as self-accommodation. I would describe this as the ability to become self-aware of one's own specific work disability, problem solve, and seek their own resolution in their return to work environment. A Focus Group 1 participant discussed self-accommodation in more detail and commented, "One of the things I feel is most challenging in our community is that we often don't have the right language to articulate in a positive way to an employer what our accommodation needs are."

It is essential that the reasonable accommodation interactive process needs to be clearly understood by the TBI community and for those returning to work. It is described as the employee and employer working together on potential reasonable accommodations that could overcome limitations (2011b). The recommended steps are recognizing an accommodation request, gathering information, exploring accommodation options, choosing an accommodation, implementing the accommodation, and monitoring the accommodation. The Job Accommodation Network has published a fact sheet on the steps of the interactive process (2014) and the information could be easily included in TBI support group training with examples of common TBI accommodations in the workplace. The training and focused knowledge of the interactive process may possibly be the most effective way to create positive social change for TBI survivors returning to work.

The motivation by the TBI survivors in this study to return to work was a highly valued goal and a key indicator of success to the community. Perhaps over time, with leadership and positive program changes, it may be possible to build an adaptive return to work transition strategy into the culture of any organization. In these times of change and ethical challenges, the TBI community needs to act with confidence and with hope for what are socially responsible outcomes. Organizational actions borne from good values fulfills a community need for moral standards, conduct, and integrity. Without the good values, we are destined to have toxic and unethical leadership persist in organizations without a remedy (Appelbaum & Roy, 2007).

### **Limitations of the Study**

The study was not without limitations that arose during the fieldwork. The recruitment procedures may have inadvertently recruited TBI survivors who were more supported, articulate (since they were involved in support groups), motivated to return to work, and adjusted to their current environment. The geographical boundaries of the study were limited to western Washington. Most of the employer participants had differing degrees of knowledge, power, and experience with TBI, some had attended past State of Washington TBI Conferences. Not all TBI survivors have access to support groups or choose to return to work. Purposive sampling in qualitative research design is subject to errors and bias. To eliminate bias, I used carefully constructed open ended interview questions. My interview questions were reviewed with my dissertation committee to ensure reliability and credibility. Selected members of the TBI Council School and Work TAC did a similar review of my interview questions. Because of the small sample size and IE as the mode of inquiry, the limitations that I have described in Chapter 1 (Scope, Limitations, and Delimitations) and in Chapter 3 (Institutional ethnographic research) may have contributed to the potential for the limited transferability of the significant findings outside the context of this study.

### **Recommendations**

All the interviewed TBI participants expressed different levels of frustration with the return-to-work process. While this study concentrated on process and key factors, new case study research needs to be conducted to provide examples of leadership and recommended changes to facilitate optimal support and better outcomes.

I discussed the “Moving On” (Mount et al., 2003) course workbook with one of the BEST facilitators during my fieldwork. BEST facilitators use this workbook to provide personal futures planning for individuals in their brain injury support groups. The workbook was developed by the Mount Sinai Medical Center in 2003 and was integrated by BEST into several of their support groups in 2011. I reviewed two active workbooks to understand the challenges of the individuals planning to return to work. The facilitator works with the individual as coach typically on a weekly basis. The workbook helps the individual to decompose the complexity of planning achievable goals. The workbook uses SWOT (strengths, weakness, opportunities, threats) analysis to help the individual develop an analytical approach to achieving individual goals.

One of the interviewed participant’s provided the following recommendations. P6 shared:

I believe the key factors are a return to work coordinator who has experience with TBI and knowledge of the accommodations that are recommended by the Job Accommodation Network (JAN). The ability to authorize the accommodations that are medically documented, and the ability to negotiate the accommodations within the organization. There must be the willingness by all that are involved to return the TBI survivor to work. Recognizing the tension in the process and negotiating conflict resolution I believe is a key success factor in the process.

This participant had the highest level of knowledge about the interactive process. Providing training and knowledge of the reasonable accommodation interactive process

may be one of the most effective ways to create successful and sustainable work opportunities for the TBI community.

### **Implications**

The individual and group interviews in this study exhibited a potential for positive social change within the TBI community in the State of Washington. The relationship between an individual returning to work and the employer can reflect the cultural, economic, legal, social, and moral fabric of an organization that is at the heart of the return to work interaction. The importance of the key factors during the return-to-work process may create successful employment outcomes if we as a community are mindful of the process, practice, and how the process needs to evolve for this marginalized community.

Positive social change can be achieved by informing TBI survivors and employers about the key success factors, process, and practice of returning to work. It is my hope that the findings of this study may encourage others in the TBI community to become advocates to change TBI policy, to conduct research that illuminates the difficult transition of returning to work, and the supportive collaboration needed to sustain work.

By examining the key factors within return-to-work programs, the results of this study filled a gap in the research by exploring what appears to be working for a small group of TBI survivors and employers. This study filled a small but purposeful gap in the research regarding TBI survivors returning to work within the State of Washington. The participants of this study indicated support and accommodations would streamline the process of return-to-work and improve their chances of sustaining employment.

Returning to work after a TBI needs to be less difficult. If the process does not improve TBI survivors will be guaranteed a future of unemployment. Extending the recovery coupled with improvements in support services are critical to the success of TBI survivors. Several of the TBI survivors interviewed discussed planning and support services from the State of Washington Department of Social and Health Services Division of Vocational Rehabilitation (DVR) and one shared their experience:

I worked with DVR for two years, and they told me to look on Craigslist. If I could get a job by myself don't you think, I would have done it off Craigslist already? I thought DVR had employers set up who understood brain injury, but they said they don't do that.

The general inadequacy of resources and services paired with the complexity of unresolved challenges faced by people with TBI will probably guarantee high unemployment rates among this marginalized community. There is a real need to build on the research findings of this study in the area of futures planning (e.g. Moving On) and sustaining return to work. I believe there is much to be gained by bringing into the light the moral and public policy issues that arise from this discourse of TBI survivors returning to work. The usefulness of the future planning workbook "Moving On" is a key strategy for TBI survivors returning to work. Peer coaches from support groups networked with community-based organizations and employers could provide the needed guidance and support. The use of the "Moving On" workbook combined with peer coaching is just starting to emerge as a viable concept to move into practice. Increased

funding of support groups in the State of Washington is essential to improve employment outcomes for this population.

### **Conclusion**

My study explored a small group of TBI survivor and employer participants who were willing to discuss their return to work experiences and practices. The good news is that many in our communities are surviving brain injury though only a few are successfully returning to work. The need for positive social change for the TBI community is starting to come into focus as the discourse in our communities shapes emerging TBI policy around employment.

The strong desire of TBI survivors to return to work is not dissimilar from those of the mainstream labor force seeking employment. Barriers such as, lack of knowledge and acceptance of TBI, does obviate an employer's desire to return a TBI survivor to work. The aspirations of TBI survivors to return to work was a clearly evident result from the interviews, focus groups and collected texts. For example, the objective to return to work was recently added to the TBI Council's 2015 Comprehensive Plan by the efforts of the School and Work TAC. The TBI community realizes that the ability to be a productive member of the community is connected to productive activities, such as returning to school or returning to work, which are strongly associated with the perceived quality of life after a TBI.

To deeply understand the return-to-work process from my interviews with the employer participants, at-will employment and an employer's duty to accommodate a disability in the State of Washington was clearly acknowledged. Employer return to work

policies were generally similar but were implemented differently. Statutory exceptions for example, the ADA, and amendments to the ADA that have added TBI as a disability category are not clearly understood. Employers influenced by changes in the ADA are pushed to make updates to their ADA policies and practices and may have not been knowledgeable of the impacts (Jenero & Ketay, 1999). The insight in analyzing this public policy issue is that the language of the ADA and subsequent amendments lack due process and place the burden on the disabled to seek remedies with the EEOC, the justice system, and other entities mandated with the enforcement when individual rights are violated or when the good faith dialogue or interactive process stops (McMahon, Roessler, Rumrill, Hurley, West, & Chan, 2008).

It appears that there are few employer and TBI survivor relationships that have all of the key factors discovered in this study. Key factors such as focused knowledge of TBI and the reasonable accommodations interactive process for TBI survivors and employers are present in very few return-to-work programs. TBI survivors are being faced with difficult transitions as they experience the return-to-work process. Returning to work too soon after the injury may cause multiple returns, which may strain the employer employee relationship and the interactive process.

The general explanation of high unemployment among the majority of TBI survivors illustrates the hidden distribution of power and knowledge that is at the heart of the decision making disjuncture in the return to work relationship. The importance of a few TBI survivors and employers who understand the key factors in this relationship and collaboratively make it work cannot be underestimated. Returning to work and sustaining

employment for many in this marginalized class is a major community goal yet to be realized.

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### Appendix A: Confidential Demographic Questionnaire.

This study asks questions about the challenges you faced and/or the benefits you gained when you returned to work after your brain injury. The questions will also examine your experiences with your returning to work. The purpose of this study is to explore what are the key factors in successful return to work. You do not have to answer all the questions.

Would you like to proceed with this study? \_\_\_\_\_

Participant Name (First Name, Last Initial) \_\_\_\_\_

Age: \_\_\_\_\_

Month/Year of Brain Injury: \_\_\_\_\_

Level: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

#### Education

High School/GED: Y \_\_\_\_\_ N \_\_\_\_\_

Trade: Y \_\_\_\_\_ N \_\_\_\_\_

Some College: Y \_\_\_\_\_ N \_\_\_\_\_

College Degree: Y \_\_\_\_\_ N \_\_\_\_\_

#### Employment factors prior to injury

Profession: \_\_\_\_\_

Sector: Private \_\_\_\_\_ Public \_\_\_\_\_

Number of employees: \_\_\_\_\_

#### Employment factors post injury

Employer RTW? Y \_\_\_\_\_ N \_\_\_\_\_

Advocate? Y \_\_\_\_\_ N \_\_\_\_\_

Medically requested accommodations? Y \_\_\_\_\_ N \_\_\_\_\_

Implemented by employer? Y \_\_\_\_\_ N \_\_\_\_\_

#### Current employment status

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Unemployed \_\_\_\_\_

Part-time definition \_\_\_\_\_

Profession: \_\_\_\_\_

Change in employment status (Select all that currently apply)

F/T = Full time, P/T = part time

\_\_\_\_ 1= Change from employed to unemployed

\_\_\_\_ 2= Change from F/T to P/T

\_\_\_\_ 3= Change from F/T employed to voluntary

\_\_\_\_ 4= Change from F/T to employed to training

\_\_\_\_ 5= Remain in F/T employment

\_\_\_\_ 6= Change from P/T employed to training

## Appendix B: Interview Guide- TBI Survivors

<b>Interview Questions</b>	
Introduction	<p>All participants' privacy will be protected during this study. Do you have any concerns about your privacy?</p> <p>Do you have any questions about the informed consent?</p> <p>Do I have your permission to audio tape this interview?</p> <p>Do you have any questions before we begin?</p> <p>Please tell me about yourself and your work prior to your injury?</p> <p>Tell me about your employer (What sector, type, number of employees, unionized, return to work program)?</p> <p>How did you get involved with your support group?</p>
Problematic: What key factors contribute to the success of return-to-work programs for TBI survivors in Washington State?	<ol style="list-style-type: none"> <li>1. Can you tell me about your daily activities regarding your return to work experience?</li> <li>2. What were the return to work activities during the medical leave of absence?</li> <li>3. How did your supervisor respond to your work tasks after your injury?</li> <li>4. Tell me about the work practices regarding any job modifications?</li> <li>5. What about work practices regarding accommodations?</li> <li>7. How long did it take for the employer to respond the accommodation requests?</li> </ol>
SQ-1: What does a successful return-to-work mean for a TBI survivor in Washington State?	<ol style="list-style-type: none"> <li>1. What does successful return-to-work mean to you?</li> </ol>
SQ-2: What role does organizational culture play in return-to-work programs for TBI survivors?	<ol style="list-style-type: none"> <li>1. How would you characterize your organization?</li> <li>2. Can you describe examples of the supports offered to you?</li> <li>3. How would you characterize the decision process regarding your return to work?</li> </ol>
SQ-3: What is the importance of the TBI survivor's knowledge of the reasonable accommodation interactive process in successfully returning to work?	<ol style="list-style-type: none"> <li>1. Were you informed about the return-to-work process and if so how?</li> <li>2. Were you informed about the reasonable accommodation process and if so how?</li> <li>3. Was the reasonable accommodation interactive process explained? What do you recall about your work activities regarding accommodation?</li> </ol>
SQ-4: What is the role of the power relationship between employer, TBI survivor, and medical provider in achieving a sustained success in employment?	<ol style="list-style-type: none"> <li>1. Who was involved in your return-to-work experience?</li> <li>2. What was their function?</li> <li>3. Did you sense resistance? How was it displayed?</li> </ol>

## Appendix C: Interview Guide- Employer Representatives

Interview Questions	
Introduction	<p>All participants' privacy will be protected during this study. Do you have any concerns about your privacy?</p> <p>Do you have any questions about the informed consent?</p> <p>Do I have your permission to audio tape this interview?</p> <p>Do you have any questions before we begin?</p> <p>Please tell me about yourself and your work background?</p> <p>Tell me about your employer (What sector, type, number of employees, unionized, return to work program)?</p> <p>How did you get involved with in return to work?</p>
Problematic: What key factors contribute to the success of return-to-work programs for TBI survivors in Washington State?	<ol style="list-style-type: none"> <li>1. Can you tell me about your daily activities regarding your return to work program?</li> <li>2. What is your return to work activities for an employee returning from a medical leave of absence?</li> <li>3. How do you and the supervisor determine daily work activities and essential functions following the return of the injured worker?</li> <li>4. Tell me about your work practices regarding job modifications?</li> <li>5. What about work practices regarding accommodations?</li> <li>7. Typically how long does it take for you to respond to accommodation requests?</li> </ol>
SQ-1: What does a successful return to work mean for a TBI survivor in Washington State?	<ol style="list-style-type: none"> <li>1. What does successful return-to-work mean to you?</li> </ol>
SQ-2: What role does organizational culture play in return-to-work programs for TBI survivors?	<ol style="list-style-type: none"> <li>1. How would you characterize your organization?</li> <li>2. Can you describe examples of the supports offered to the TBI survivor?</li> <li>3. How would you characterize the decision process regarding return to work?</li> </ol>
SQ-3: What is the importance of the TBI survivor's knowledge of the reasonable accommodation interactive process in successfully returning to work?	<ol style="list-style-type: none"> <li>1. Tell me about the return-to-work process and if so how the information is shared?</li> <li>2. What information is shared about the reasonable accommodation process and if so how?</li> <li>3. Does the reasonable accommodation interactive process get explained? What is your work practice regarding accommodation?</li> </ol>
SQ-4: What is the role of the power relationship between employer, TBI survivor, and medical provider in achieving a sustained success in employment?	<ol style="list-style-type: none"> <li>1. Generally who is involved in the return-to-work cases?</li> <li>2. What is their function?</li> <li>3. How do you manage undue risk and undue hardship?</li> </ol>

## Appendix D: Focus Group Interview Guide

The focus group will be informed about the research purpose, the risks, benefits, and that participation is voluntary. Two focus group interviews of approximately 5-7 participants shall be conducted. The researcher will guide the group on the key success factors that have emerged from the individual participant interviews after the data analysis. The facilitator will create an environment that encourages participants to share their perceptions on the emergent key success factors. The focus group guide (Appendix D) will be finalized (with the key factor questions) after the individual interviews have been analyzed. The researcher shall facilitate and record the discussion with regard to the emergent key success factors. The focus groups will be conducted in person at BEST headquarters. The focus group duration will be approximately 60 minutes. The recording will be transcribed, analyzed, and summarized into the research findings chapter.

### Focus Group Questions

Introduction	All participants' privacy will be protected during this study. Do you have any concerns about your privacy? Do you have any questions about the informed consent? Do I have your permission to audio tape this interview? Do you have any questions before we begin?
Problematic: What key factors contribute to the success of return-to-work programs for the employer?	<ol style="list-style-type: none"> <li>1. Key factor: (example only) Collaborative communication has emerged from the interviews as a key factor. Discuss how collaborative communication can be sustained in the return to work context. How can collaborative communication be managed and monitored in practice?</li> <li>2. Key factor: (TBD)</li> </ol>

## Appendix E: Tables

Table 10

*Interview Data Table*

Interviewee	Status	Source	Saturation	Format	Length	Recording	Transcript
<b>Category 1</b> <b>TBI Survivors</b>		Yes					
P2	Conducted in person 8/9/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P3	Conducted in person 8/10/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P4	Conducted in person 8/10/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P6	Conducted in person 8/10/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P7	Conducted in person 8/17/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P10	Conducted in person 8/26/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
<b>Category 2</b> <b>Employer representatives</b>		Yes					
P1	Conducted in person 8/3/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P5	Conducted in person 8/10/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P8	Conducted in person 8/19/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P9	Conducted in person 8/21/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P11	Conducted in person 9/2/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed
P12	Conducted in person 9/12/2015	Sample frame		Semi- structured, Open ended	90 min.	Digital Audio recording	Transcribed

(table  
continues)

<b>Category 3</b>						
<b>Focus groups</b>						
Group 1 9/28/2015	Sample frame	Yes	Semi-structured, Open ended	60 min.	Digital Audio recording	Transcribed
Group 2 10/28/2015	Sample frame	Yes	Semi-structured, Open ended	60 min.	Digital Audio recording	Transcribed

Table 11

*Summary of the Washington State TBI Council Launch in 2008*


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Tagline	Traumatic Brain Injury: A Life Altering Impact
Website	<a href="http://www.TBIWashington.org">http://www.TBIWashington.org</a>
Helpline	<b>1-877-TBI-1766</b>
Launch event	March 12 <sup>th</sup> at Capitol Building
Governor's Proclamation	March 2008
Communications	Pyramid Communications contract for media stories in Seattle and Spokane (March 3-14, 2008)
	Access.wa.gov
Support Groups	Funding starts

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*Note.* Information is from the TBI Council.