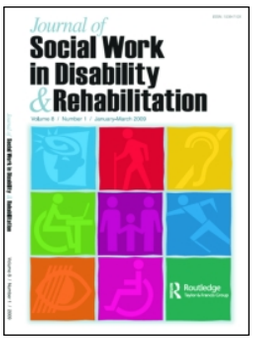

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Support Persons' Perceptions of Giving Vocational Rehabilitation Support to Clients With Acquired Brain Injury in Sweden

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ABSTRACT

The aim of this article is to explore the perception of being a support person for clients with acquired brain injury undergoing vocational rehabilitation. Nine support persons, identified by clients with brain injury, were interviewed. Interviews were analyzed using qualitative content analysis, resulting in 3 themes for assisting the client: commitment, adaptation, and cooperation. Within each theme, multiple dimensions were identified, reflecting the complexity of vocational rehabilitation following acquired brain injury. Commitment built on social relations is linked to sustainability of support. The included support persons' role was especially valuable in contexts where adaptation and cooperation were required.

KEYWORDS

Acquired brain injury; content analysis; empathy and support; inclusion; rehabilitation; return to work; support person; vocational rehabilitation

Previous research shows that support is essential for successful return to work (RTW) in people with acquired brain injury (ABI; Forslund, Roe, Arango-Lasprilla, Sigurdardottir, & Andelic, 2013; Gilworth, Eyres, Carey, Bhakta, & Tennant, 2008; Matérne, Lundqvist, & Strandberg, in press; Tomberg, Toomela, Ennok, & Tikk, 2007). However, research about support persons' perceptions of assisting clients with ABI in the vocational rehabilitation (VR) process is limited. The objective of this study is therefore to explore support persons' perceptions of supporting clients with ABI in a successful RTW.

Vocational rehabilitation denotes all efforts to help someone to return to work and remain in work despite disability (Waddell, Burton, & Kendall, 2008). In Sweden, the VR process involves many parties, such as the Swedish Social Insurance Agency, the Swedish public employment service, employers, and the health care system (SOU, Swedish Government Official Report, 2011). The investigation of claims for sickness benefits and the coordination of benefits are the responsibility of the Swedish Social Insurance Agency.

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The rehabilitation and VR process in Sweden is a tax-funded service. Employers have the obligation to organize the workplace and work as best they can to meet the rehabilitation needs of their employees with disabilities (Swedish Work Environment Authority, 1977). What the VR process might look like varies from individual to individual. Personal support systems like case management, as seen in the United Kingdom or Australia, for instance, do not systematically exist in Sweden (Clark-Wilson et al., 2016; Lannin, Henry, Turnbull, Elder, & Campisi, 2012).

Acquired brain injury is an umbrella term that includes brain damage from cerebrovascular accidents, infections, tumors, toxins, and traumatic brain injury (Campbell, 2000). ABI can result in cognitive, physical, emotional, or behavioral impairments, leading to permanent changes in functioning, with consequences for all aspects of the person's life, such as the person's ability to return to work (Campbell, 2000). ABI has an annual incidence of about 100 to 300 per 100,000 people of working age in Western countries (Fortune & Wen, 1999). In Sweden, the yearly incidence of people who acquire a brain injury is approximately 45,000 to 50,000 (Kleiven, Peloso, & von Holst, 2003; Lexell, Lindstedt, Sörbo, & Tengvar, 2007).

Clients with ABI who come back to work rate their life satisfaction higher compared with those still unemployed (Jacobsson, 2010; Kendall, Muenchberger, & Gee, 2006). To return to work is a major goal for many persons with ABI (Alaszewski, Alaszewski, Potter, & Penhale, 2007; Johansson & Tham, 2006). However, RTW rarely happens without extensive support. A support system built for the brain-injured person for keeping in contact with the workplace during the transition phase from sick leave back to work is invaluable (Ellingsen & Aas, 2009). It enables continuous follow-up with the person and facilitates interaction between the parties involved in the VR process, such as the person with ABI, the workplace, the rehabilitation clinic, and the social insurance agency (Ellingsen & Aas, 2009). Support from all the parties throughout the VR process is essential for the client to successfully return to work.

Asked to state who is most important for their recovery and motivation, persons with brain injury have indicated that apart from society and employers, close relatives play an important role (Strandberg, 2009). The family is particularly important because clients with ABI need support for a long time after their injury (Strandberg, 2009). Consequently, one study reported that clients with support from family members in their everyday life experienced lower levels of emotional distress compared to clients receiving no family support (Stergiou-Kita, Dawson, & Rappolt, 2011). It has also been found that involving close family members in the everyday life of persons with ABI leads them to experience less emotional distress during the VR process (Hooson, Coetzer, Stew, & Moore, 2013). Furthermore, other informal support, such as from close friends, also plays an important role and studies show that those with

support from friends have a higher probability of returning to work compared to those without support from friends (Forslund et al., 2013). This informal support also lasts longer compared to professional support (Willer & Corrigan, 1994).

Although family and friends are vital, other kinds of support provided by vocational services and rehabilitation staff (e.g., social workers cooperating with occupational therapists) are important for the clients' RTW ability. For example, clinicians could explain the impact of treatment interventions and make recommendations, as clients require information about their injury so that they can participate in decisions about their own rehabilitation, sometimes together with family members (Kissinger, 2008; Knox, Douglas, & Bigby, 2013). Another essential issue is to get professional support from clinicians in dealing with psychological problems. This help is also important in the VR process (Hooson et al., 2013).

Social support at work from colleagues and employers is another factor contributing to the brain-injured person's feeling of being understood and accepted (Ellingsen & Aas, 2009). Whereas a previous study reporting clients' experiences of successful RTW (Matérne et al., in press) contributes to qualitative research on the subject, little research has focused on support at the workplace and from other support persons. This study focuses on support persons identified by the clients in our previous study (Matérne et al., in press). No studies focusing on support persons were identified from the previous literature. To date, very little is known about the role of support persons in VR, and it follows that they are an underutilized resource in current VR models as applied by social and health professionals. The aim of this study is to explore the support persons' perceptions of being a support for clients with ABI in the VR process.

Method

In this study, the definition of successful RTW corresponds to the definition used in previous research (Matérne et al., in press), which is to return to previous work or to a new job at least 50% (e.g., 4 hr a day, 5 days a week) for at least 1 year, after brain injury. There is, to the best of our knowledge, no consensus in the literature on what defines successful RTW.

Participants

All participants in this study were support persons for brain-injured clients participating in a previous study and all provided their support for 8 to 14 years (Matérne et al., in press). The participating clients in that study were 5 men and 5 women aged 27 to 55 years, with mild to moderate ABI, who had gone through VR with successful results. The clients were all recruited

Table 1. Characteristics of the included support persons and the clients with acquired brain injury (ABI).

	Support persons (participants)			The clients with ABI		
No.	Sex	Occupation/function	Formal or informal mandate to support the client	Diagnosis	Years since the brain injury	Occupation postinjury
1	F	Employment consultant/coworker	Informal	Stroke	9	Study counselor
2	M	Security coordinator/coworker	Informal	Stroke	13	Registered nurse
3	F	Employer/manager	Formal	Stroke	12	Masseur
4	F	Employer/manager	Formal	Brain tumor	14	School assistant
5	M	Salesperson/coworker	Informal	Stroke	8	Controller
6	M	Social worker at the outpatient unit for patients with ABI	Formal	Stroke	14	Finance assistant
7	F	Occupational therapist at the outpatient unit for patients with ABI	Formal	Subarachnoid hemorrhage	10	Logistician, transportation
8	F	Employed in the same organization/next of kin	Informal	Stroke	9	Controller
9	F	Employer/personnel manager	Formal	Traumatic brain injury (car accident)	11	Information assistant

from an outpatient clinic in a Swedish county. Their main postinjury problem was cognitive impairment. The ABI clients were asked to select a person who had, in their opinion, been the most important support person in their VR process. Nine of the 10 clients identified a support person and gave permission to the researcher to contact this person. The nine support persons were contacted by letter. They all volunteered to participate in this study. Characteristics of the participants and the clients are shown in Table 1.

The study was approved by the regional ethical review board in Uppsala, Sweden. Written informed consent was obtained from the participants before the interviews.

Procedure

An interview guide was designed by formulating interview questions to address the aim of the research (Kvale & Brinkmann, 2009). Semistructured interviews were chosen because the researcher wanted the participants to talk freely within a structure (Kvale & Brinkmann, 2009; Richards & Morse, 2013). The interviews were performed with the intention to learn more about the support persons' perceptions of giving support in the VR process.

The interview guide consisted of four key areas, which covered (a) the support person's background, (b) the consequences of work for the brain-injured

client from the support person's point of view, (c) working life for the client, and (d) support. The interview questions were piloted with a human resource officer before the data collection started. No modification was made to the interview guide after this interview. The participants were free to decide where the interview should take place. Eight of the interviews were conducted in the researcher's office and one in the support person's home. Each interview lasted 60 to 90 min. All interviews were conducted by the first author, and were audio-recorded and transcribed.

The topic of the study, perception of VR, was not that complex for the participants. If unsure of a participant's statement, the interviewer checked with the participant during the interview to clear up any misunderstandings. The material obtained from the 9 participants was rich and included statements covering 225 pages, with the participants having no problem expressing their thoughts on the subject.

Analysis

A hermeneutic approach has been used as a theory of science in this study. This scientific approach provides an interpretation and understanding of texts and aims to reach an understanding of the life-world of an individual or a group of individuals (Gadamer & Lewis, 1997). For analysis of the data, qualitative content analysis was conducted (Graneheim & Lundman, 2004). This method was chosen because it is focused on texts and is suitable for analysis of sensitive and multifactorial phenomena with a distinct research question (Elo & Kyngäs, 2008). Content analysis can capture variations in the interview texts, highlighting similarities and differences, which was considered an advantage in this study. In this study, an inductive approach was used for open-minded examinations and transparency, because there are no previous studies dealing with this phenomenon (Elo & Kyngäs, 2008). The data were structured using the qualitative software program NVivo10 (QSR International, Inc., Cambridge, MA).

The analysis, described by Graneheim and Lundman (2004), consisted of seven steps. The first step started with creating meaning units from a meaningful part of the text. The second step was to condense the meaning units. In the third step, the condensed meaning units were coded with a label. Several codes with similar content were formed into subcategories in the fourth step; these were combined, in the fifth step, into categories. This fifth step was on a manifest and descriptive level. Several categories together formed the sixth step with subthemes, which was on a latent level. In the seventh, and final, step, subthemes are formed into themes, which describe the latent content. The whole analysis process was conducted by the first author and discussed with the second and third authors. In the last two steps, all authors first worked individually and then discussed the findings until consensus was

reached about the subthemes and themes. Consensus in this study was a group process in which the input from the three authors was carefully considered, based on listening to each other, to reach an agreement and make a decision on which subthemes and themes best represented the text. No triangulation to validate the findings was conducted.

Results

The data analysis resulted in three themes that described the support person's perception of being a VR support to a client with ABI. The themes were commitment, adaptation, and (c) cooperation. Each theme consisted of three subthemes (see Table 2). The themes are discussed next.

Commitment

The first of the three themes concerns commitment. All participants talked about the importance of commitment from different perspectives. They described their commitment to the client and to the client's VR process and the impact this commitment had for the client's successful RTW. The support persons' commitment meant being a part of the VR process and being involved in the client's working life.

Table 2. Findings divided into themes, subthemes, and categories.

Themes	Subthemes	Categories
Commitment	Supporting the client's motivation and drive	Motivation and drive Poor support gives no result
	The support person's role and empathy	Support from the environment Supporting strategies of support persons Stress and high standards are a barrier for successful RTW
	Support from the workplace	The support person's role is to be a discussion partner, ensure continuity, and provide encouragement
Adaptation	Social and professional skills as adaptation	Skills and social skills are important personal characteristics Reintegration provides confidence
	Adaptation of the client's working conditions	Adaptation of working conditions RTW according to own ability Adaptation of working time
	Adaptability of the workplace and working environments	Workplaces are more difficult to adjust to after a brain injury It is easier to adapt large workplaces on the open labor market
Cooperation	Clear responsibility for the client	Information and communication Economy and certificates can be cumbersome to explain
	Return to the same workplace	Return to the same job is a success factor
	Coordination of the VR process	Cooperation is a key factor Clear organization and accountability are important

Note: RTW = return to work; VR = vocational rehabilitation.

Supporting the client's motivation and drive

One of the three subthemes concerned support as a motivation and drive for the client. The support persons perceived that it was easier for the client to return to work if they themselves were motivated. Lack of commitment on the part of the support person was perceived to negatively affect the client's motivation and consequently also his or her chances to return to work. The participants believed that they played an important role in keeping the client motivated and all of them considered themselves to be highly committed in their support.

The support persons also thought that reasonable demands on the work tasks set by the employer and colleagues were important for the client's motivation. To be a support in the process of setting reasonable demands, the support persons believed that they and the employer first and foremost needed information about the client's condition with respect to the brain injury. With adequate information, it was easier for the support person, the employer, and the client's colleagues to set reasonable demands and be committed to, and supportive in, the client's VR process. One support person described a motivated client who also had managers that set reasonable demands on the client: "Well, partly I think it's this particular motivation and incentive … I also think that the bosses somehow, actually adapted and made just enough demands" (Interviewee 9).

The support person's role and empathy

Another subtheme within this theme of commitment was that of the support person's role. The description the participants gave of their role included "sowing the seeds" for finding new avenues and opportunities for the client in the work situation. Participants further believed that their function as a sounding board and a discussion partner was important. One of the participants described his role as follows:

> I've been an important person, and I've given him a sense of security and calm, and have sort of been able to confirm him. He's been able to communicate this apprehensiveness … to me, so I've been a sort of security filter for him. (Interviewee 6)

An important component of their role as support person was, according to all the participants, the ability to empathize with the client's situation. One support person had personal experience of being seriously ill herself. She felt that she understood the client better; she had a natural commitment for the task, and could easily put herself in the client's situation with feelings of empathy. She felt that her own illness and experience of successful RTW helped her in supporting the client.

> But of course, if you experience a serious health event, like I'd developed breast cancer, obviously your life changes considerably. That's what you hold on to—to friends and to your day-to-day life—in a whole new way. … You understand what it's like when you get some extremely serious disease. (Interviewee 1)

Support from the workplace

Another subtheme that emerged was the importance of support from the working environment. All the support persons emphasized the importance of support from colleagues and others involved in the VR process. The participants talked about commitment at the workplace. Seven of the participants described the important role of acting as a communicator between the client, and his or her colleagues and managers. They highlighted the support from managers as invaluable in successful RTW. One of the participants said that the manager was unsupportive and not sufficiently committed, so the client lost motivation for RTW.

> I mean, you've got to admit X recovered extremely well, but [he] is naturally dealing with the effects of this stroke as well as the first one … and lost his forward momentum. If you're not getting any support from management either, you lose a great deal of your drive. (Interviewee 2)

In some workplaces, it was natural to help each other; several of the participants had experienced this. For instance, one support person gave an example of a workplace that she thought did not support the client enough; the employer resumed an old conflict when the client came back to work after her sick leave. This support person felt that the employer had no sense of empathy at all. It became quite turbulent at the workplace and the client had a bad start to her RTW. Another participant who worked in a logistics company said that his workplace was committed to solving problems and trying to help each other in different ways. He felt that his colleague's brain injury was regarded at the workplace as just another problem to solve. The support person felt that his role in his colleague's VR process was no different from his normal work as a problem solver. It was like a challenge for him and the workplace to support the client.

> We're actually very used to it, because many people at work here are problem solvers. … That's actually a large part of what we do [solve problems]. So for us it's just another thing to tackle. (Interviewee 8)

Adaptation

The second theme was adaptation. Adaptation, according to the support persons, was about the client's social and professional capacity to adapt, the adaptation of the client's working conditions, and the workplace's potential to adapt the environment that could help the client to manage working life.

Social and professional skills as adaptation

One aspect of adaptation of the client's skills is the social competence several of the participants observed in the brain-injured persons. They defined the client's social competence as the skill to communicate and interact with others,

both verbally and nonverbally. These abilities helped the client in his or her RTW. Social skills helped the person with ABI to be accepted more readily in the working group and also to get help with work tasks from colleagues.

Another kind of adaptation that some participants talked about as important was the client's professional competence. Those support persons who assisted clients with extensive professional knowledge and skills facilitated the employer's task to adapt the clients' work tasks because the more skilled and knowledgeable the brain-injured person, the wider the work assignment area: "Involve X in the issues that I know he's really good at, so he feels he can continue working and focusing on issues about which he is knowledgeable" (Interviewee 2).

Adaptation of the client's working conditions

All participants gave examples of different kinds of adaptations for the client at work, ranging from adapted work tasks to completely different work. For example, one participant described a client who worked with children in a preschool. She could not handle the noise and messy environment after her brain injury. Her employer offered her a new job as an administrator for the preschool. Describing an open-minded employer who tried to adapt the work situation for the client, another support person said:

> Yes, it's partly that they are extremely helpful—they want things to go well for the client and are open to change … not just during rehabilitation, but also later on the job—there'll be certain things this person doesn't have to do. (Interviewee 7)

Four of the participants thought that there was a big difference between public and private employers with regard to the possibilities to adapt the working situation. One participant who also was an employer in a public-sector company argued that it was much easier for public-sector companies to make adaptations, both in terms of working time and in terms of performance, compared to companies in the private sector. This employer accepted that the employee did the best she could, without any pressure at all. Another participant with the same experience argued that public companies accept more gradual change and do not have the same financial pressure as companies in the private sector: "It's probably an organization that is not exposed to competition. … I'm not saying it's like, 'Here we are with our quill pens,' but you're not seeing new accounting software every year" (Interviewee 6).

Adaptability of the workplace and working environment

One support person who was the employer of a person with ABI proposed that it has become much harder to adapt the working conditions compared to a few years ago. Her experience was that previously, employers could be more tolerant with people who did not perform their duties quickly or well

enough. She thought that the cyclical implication, taking into account the economic situation, of this for adaptation affected the possibilities to return to work and also became a societal problem in the end: "But it's super strict now. It's back to the job you had before. … So I've had people [employed] after X who have had other concerns and I haven't been able to help them in the same way, it's tough" (Interviewee 4).

Several participants gave examples of how the labor market has become more demanding, saying that it has become easier for employers to dismiss staff members who cannot perform the tasks for which they were hired. This applies to both the private and the public sector. One support person who had met several persons with brain injury at her workplace described that her perception was that workplaces sometimes do not have any willingness at all to cooperate in terms of adaptation or finding new work tasks for a brain-injured employee: "I've been at workplaces where their attitude is, if you can't manage these tasks, we haven't got anything [for you to do]. There's no room for any kind of adaptation" (Interviewee 7).

Another support person, who was the owner and manager of a small family business, made adaptations immediately and developed the business based on the needs that she saw the client had. She had the mandate to make decisions about all kinds of customizations, for example, relating to working time, workloads, and assignments for the client: "So, the organization we had then was amazing; it was such an inspiration for her to feel she was free to do what she wanted, so she has really grown with that" (Interviewee 3).

Cooperation

The third theme was cooperation, which the participants described as an overall collective action on the organizational level to plan for a successful RTW for a client. This organizational level includes authorities who are involved in the VR process for the client. This theme also included cooperation at the workplace among the employer, colleagues, and the client.

Clear responsibility for the client

In the VR process, there has to be cooperation among several government agencies, employers, and the client to create a successful RTW. Talking about cooperation, 7 of the participants emphasized clarity regarding the different parties' roles in the VR process; without clarity, there could be confusion about who does what. The participants gave examples of when the cooperation did not work because of uncertainties between the parties. For example, when there is a change in management, information about the client can get lost and the new manager might not have sufficient information about the client to make decisions about adaptations.

With knowledge about the client's abilities and inabilities, there is increased cooperation among the parties involved in the VR process. Knowledge about the client's needs and disability facilitates cooperation: "I believe information is quite important … who is supposed to know? How are we going to follow it up? New people coming and going, it's a matter of integrity and consideration for the individual" (Interviewee 9).

Return to the same workplace

Eight of the participants had experience of supporting clients returning to the same workplace as before the injury. Four of the clients also returned to the same duties they held preinjury; this signified success on the part of the clients. One of the participants described that the previous work of a client with ABI had been in economics, but that, after the injury, he experienced problems with numbers and had to change work. With cooperation among the client, the social worker (from the outpatient unit for clients with ABI), and the employer, they found work with new assignments. In this case, it was a job that the client had done previously and could still perform with modifications. Another participant described her client's return to the previous work as follows:

> Partly [the fact] that he could return to his own job, and [partly] that he as a person had a good ground to stand on. … Going back to work is tough, but in some way, it's what he has done [because] he's familiar with the work, he's used to the working conditions. (Interviewee 9)

Coordination of the vocational rehabilitation process

In the participants' views, those who are involved in the VR process (e.g., employers, the authorities, and outpatient unit staff such as social workers and occupational therapists) all have to coordinate directly with each other to enable the client to reach the goal of returning to work. The cooperation should start soon after the injury, and should include the professionals, as one participant argued:

> It's important to be there and give early support, and that you get professional help and figure out with the [client] … what I can manage, what I will be able to manage, and how much I should be able to manage now? Support in that process! (Interviewee 2)

Discussion

The aim of this study is to explore support persons' perceptions of supporting clients with ABI in achieving a successful RTW. The analysis elicited three themes that described what the support persons perceived as important for the client to successfully return to work: commitment, adaptation, and

cooperation. All support persons testified their commitment to the client. They perceived their role to be vital for the client, especially where adaptation and cooperation were required.

The results show that the support persons' commitment was a factor in helping create and sustain the clients' motivation in the VR process. Also, support and commitment from colleagues and managers at the workplace played a significant role for a successful RTW. However, we found that the ability of support persons, colleagues, and managers to give support was dependent on adequate knowledge about the client's conditions and needs, which is consistent with findings from other studies (Gilworth et al., 2008). Lack of support from the work environment created low client motivation for RTW and also lower commitment from the support person. So it could be hypothesized that one of the key factors to successful RTW is to ensure that adequate support is combined with commitment to create highly motivated clients. This hypothesis is in line with findings by Bonneterre and colleagues that workplace support is a key factor for job retention (Bonneterre et al., 2013).

Previous research shows that support through job coaches, supportive coworkers, or employers with a personal experience of disease or disability could be important for the motivation and ability of workers with ABI to sustain employment (Macaden, Chandler, Chandler, & Berry, 2010). This is consistent with the findings of this study. In our study, one participant reported that she herself had experienced a disease and the subsequent struggle to return to work. She believed that she was better able to understand the client's situation and had become more committed in the client's VR process because of her own personal experience. The results therefore suggest that designating a support person who himself or herself has a personal experience of work rehabilitation could be a favorable approach for supporting clients with ABI to successfully return to work. If it is not possible to find a colleague with a personal experience of work rehabilitation, a coworker could function as a mentor and give support, including support in productivity and self-esteem (Target, Wehman, Petersen, & Gorton, 1998).

Previous research shows that continuity and long-term support are necessary because recovery from ABI takes a long time (van Velzen, van Bennekom, van Dormolen, Sluiter, & Frings-Dresen, 2011). In this study, the participants had given support to the brain-injured persons for 8 to 14 years. As the complexity and difficulty of work tasks change during recovery, a person with ABI needs to have someone close to discuss these issues with during the whole VR process and also for a long time afterward. Where the client can choose the support person himself or herself and build a social relationship with this person, this facilitates and sustains the work for a longer time (Matérne et al., in press).

When the clients in our previous study were asked to choose the most supportive person, they all chose people in the near surroundings, persons

at work, relatives, or professionals from the outpatient unit for ABI patients. Only three chose a person with a formal responsibility for client support. It can be concluded that an important support person is not necessarily a person with formal power to act in the rehabilitation process. Much more important is that this person should have a focus on the support, as a discussion partner; for example, helping in the decision-making process for the client (Knox et al., 2013). The interviewed support persons also gave the client confirmation, acted as facilitator for the client at work in different ways, informed colleagues of the client's needs, and understood the client's difficulties. All these actions from the support persons to facilitate the VR process contributed to the successful VR and a sustainable working life for the clients.

Research also shows that it is easier for the client to return to the workplace if he or she is socially accepted by his or her colleagues and managers, because he or she will then receive help if needed (Shames, Treger, Ring, & Giaquinto, 2007). Social skills are, in other words, an important factor for the possibility to return to work. The support persons in this study played an important role in the development of the clients' social skills. A brain-injured person has trust and confidence in his or her support person and together they can reflect on his or her social capabilities.

A workplace often has to adapt work tasks for the client to return after brain injury. The client's professional skills play a key role in this adaptation. Previous studies have suggested that people with white-collar jobs and higher education have better opportunities for job adaptation, contributing to an easier RTW process, compared to their blue-collar counterparts (Kassberg, Prellwitz, & Larsson Lund, 2013; Keyser-Marcus et al., 2002; Walker, Marwitz, Kreutzer, Hart, & Novack, 2006). One of the participants in this study, who herself was a manager and could make decisions about the work situation for the client, adapted the client's work all the time and took into account the disability the client had. This is also in line with Van Velzen et al. (2011), who found the most success occurs if the decision-making process takes place near, and includes, the client. Similarly, in this study, the support persons played an important role in this adaptation process by acting as discussion partners and thus helping to find new opportunities for developing or adapting the client's work tasks.

Cooperation in the VR process is likewise important for a successful RTW. Returning to the preinjury workplace appears to be the best option for a successful RTW. This is in line with findings by Tate, Simpson, and McRae (2014), who argued that the client has already established a relationship with the employer at the preinjury workplace, which facilitates RTW. Furthermore, he or she feels supported in returning to an existing social network at the workplace. Also, returning to a known situation minimizes the need for new learning. Our findings support this. We also found that the employer of a client returning to a known situation is emotionally involved and has

more knowledge of the client's competence, which facilitates cooperation in the VR process. Consequently, going back to the preinjury workplace seems to reduce the client's anxiety about the VR process and as a result gives better possibilities for employer–employee cooperation (Tate et al., 2014).

The participants in this study had different kinds of assignments as support persons. Some had a formal mandate as support persons, whereas others acted in a more informal capacity. Regardless of having a formal or an informal mandate, the participants stated that their powers regarding the employer–employee cooperation were unclear. The support persons perceived that nobody is fully in charge of the collaboration, which creates a lack of clarity for all involved, not least the client. The Swedish Social Insurance Agency has a responsibility for coordination, but the assignment is in fact unclear (Ekberg, Eklund, & Hensing, 2015). Vestling, Ramel, and Iwarsson (2013) found that a personal mentor can help the client to return to work. We also found this, but emphasize that this mentor should be well aware of the consequences of the client's brain injury and should be given mandate in the VR process. Despite the fact that the included support persons had different mandates, missions, roles, gender, age, and work, we found that their perceptions of support to the client were comparatively equal.

Study reflections

This study is exploratory and describes the support persons' perceptions of the VR support they gave persons with ABI. However, the results are limited in terms of generalizability to the population of support persons, as we only had 9 participants. The participants in this study had different types of occupations, client relationships, mandates (formal or informal), and working roles, which provided a heterogeneous group and rich material. This is an advantage in a qualitative study that aimed to study differences in the results. All the participants came from a limited geographical area in Sweden, which could give a smaller cultural difference in the group. However, in this study, the clients themselves selected the support persons who were interviewed, which adds interest from a client participation perspective. The group that the support persons in this study supported have mild to moderate ABI, which could, in part, explain the successful RTW outcomes. The situation for persons with severe ABI would be quite different; for instance, more extensive support systems would be required, particularly formal or structured VR service delivery. Therefore, it was not possible to generalize our findings to persons with severe ABI.

Participants in research can change their stories from one telling to the next as a consequence of memory recall. Furthermore, new experiences cause them to see the nature of, and connection between, the events in their lives differently from one time to the next (Sandelowski, 1993). Some years had passed

by, but all the participants still had contact with the client; six continued being a support person to the client even at the time of the interviews. The aim was to study the participants' perception, and we captured their opinions about their work as support persons. Therefore, the memory of what it was like to be a support for these participants could be kept alive and the risk of forgetting important events in the VR process was lower than if they had completely lost contact with the clients.

It is important to ensure the validity of the research, which in this study was done by designing the interview questions and study method (Richards & Morse, 2013). The intent was not to verify that data were labeled and sorted in exactly the same way, but to determine whether the researchers agreed with the way those data were labeled and sorted (Woods & Catanzaro, 1988).

To preserve the meanings of the quotes, a language editing company made an initial translation from Swedish to English. This was then reviewed by the authors, with some minor corrections being made to the quotes in discussion with the translator.

Future research

This study explores the support persons' perceptions. One further question that arises is how other parties perceive the VR process. How can the different parties, such as employees, the social insurance agency, or rehabilitation clinics, interact with each other to achieve the best outcome in the VR process for the client? Furthermore, it is interesting to know more about the clients' participation in their own VR, because, as we found in this study, the clients' participation was perceived as a main factor for successful VR. Another research issue concerns the role of VR service provision in Sweden. There is no formal or consistent implementation of VR in Sweden, and the participants in this study raised the matter of lack of role clarity and leadership in the VR process. This area needs more attention to provide a better understanding of the role and contribution that VR services can or could make to the VR process.

Conclusion

Support persons are important to clients with ABI for successfully returning to work. To be chosen by the client to be a support person, with or without a formal mandate, created a commitment. The support persons further perceived that they could be of help in situations that required both adaptation and cooperation. There are many complex and strategic issues that emerge for clients during the VR process that require reflection and decision making. In these situations, the support persons perceived that they were fulfilling an important role. The support person role is often

an underutilized resource and could be used systematically in the VR process for clients with ABI.

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