

## CENTRE FOR PERSON CENTRED RESEARCH

HEALTH AND REHABILITATION RESEARCH INSTITUTE



# Vocational experiences following neurological injury: The importance of worker identities and 'value'

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Societal understandings about what constitutes a 'valuable' worker powerfully affect worker identities and opportunities for adults who experience disability.

Knowledge about how vocational experiences and interactions about 'value' have shaped a person's opportunities could enable rehabilitation to focus on identifying and facilitating new experiences to strengthen perceived value in a work context. This could involve a range of stakeholders, and is a task that *needs a focus beyond the individual*.

Paid work is seen as a key outcome in rehabilitation. However, research demonstrates

that because of the influence of societal norms in the job market and the workplace, disabled people often experience considerable difficulties 'moving beyond' discourses of disability to apply their skills and experience. This can have major implications, affecting people's ability to gain paid work and /or act in accordance with their skills and experience within their job role [1-3].

This was an exploratory study, designed to investigate the issue in-depth in order to gain insight that may prompt new opportunities for intervention. We sought to explore this issue by **examining the effects of societal understandings and constructions of worker 'value' for people with an acquired neurological injury**. The aim of the research was to increase understanding of **how societal discourses negatively and positively affect vocational opportunities**, in order to prompt possible interventions for maximizing positive outcomes

EVA\* was injured as a teenager, and now uses a manual wheelchair to mobilise. She is highly qualified and capable in a creative field but had significant difficulty finding work due to her 'disabled' image. Eva eventually found work through an employment scheme, but at the time of the study interviews struggled to convince herself that she is as valuable as her qualifications and skills suggest, as her experiences had communicated otherwise.

**SOPHIA** was injured in her late She had significant work 30s. history in customer service, was highly experienced and had proven capability in this field. Her difficulty with speech production is the main ongoing effect of her injury. Sophia experienced initial difficulty convincing employers of her value, but later had success in gaining customer service work despite her speech impairment. Sophia was convinced of her capability throughout her experiences seeking work, even in the face of some very demoralizing experiences (a lengthy process nearly 2 years).



#### STUDY DESIGN

We used a **collective instrumental case study design** [4], which involves comparing and contrasting different case examples. Participants were four people with diverse backgrounds and experiences, all of whom had a neurological injury as an adult in New Zealand.

JF conducted two interviews per participant, three years apart. The interviews focused firstly on experiences of considering work and employment following their injury, and then on various interactions they had experienced regarding their 'value' as a worker or employee.

We used discourse analysis methods and a sociological approach to analyse the interviews.

MCS had considerable work history in customer service and social work at the time of his injury. He uses an electric wheelchair to mobilise and has ongoing daily care provided. At the time of the second interview, MCS was employed full-time in socialwork and social entrepreneurship. MCS totally changed the focus of his career following his injury, and had key mentors in this process who helped convince him of his value to society, which is now reinforced daily in the contribution through his work.

**PAUL** was injured over a decade prior to our meeting, and following his injury, suffered severe depression for several years. The main ongoing effect of his injury is mobility difficulties, and he has been unable to get any work since. Paul previously worked in hospitality, but was unable to do the hours/tasks following his He retrained in a sedentary injury. occupation that he has a passion for, and at the time of the interview was hopeful, but so far unsuccessful, in gaining work. At the time of the interview, Paul still spent a huge proportion of his time trying to make ends meet and maintain his income. He felt written-off by the people he dealt with at the organisation who funds accident rehabilitation and wage compensation (who also happened to be the people he had most contact with).

Yes you're great at communicating with clients, Barry, but Polly can *talk*. That's what we're really looking for in a candidate for this senior role

\*Pseudonyms used in place of real names for all participants

### QUALIFICATION, DISQUALIFICATION AND LIMITATION OF VALUE ASSOCIATED WITH THE IMPAIRED BODY

Experiences described by participants overwhelmingly illustrated a perpetuation of messages in which disability is seen as a deficit. However, even within a social environment where people continually encountered these deficit discourses, some of their experiences and interpretations opened up worker identities that were not focused on impairment.

"I find [poor quality care] really oppresses our people, disabled people, so I thought "no, I know I can make a change". I just started taking one committee at a time and then slowly building up and getting involved in health board stuff and city council stuff, local authority" *MCS* 

"I don't like people to know when they work with me that I have a disability. And half the time they never meet me so they have no idea. And that's kind of cool. And when they do meet me they are sort of, kind of shocked sometimes and you get these mixed reactions but once you prove the work then it's ok. " *Eva* 

#### DEMONSTRATING AN 'EMPLOYABLE' SELF: CONSTRUCTING 'HUMAN CAPITAL'

The notion of 'human capital' articulates that **qualification** for and value within a role goes beyond skills and work experience, and includes aspects of self, such as knowledge, life experiences and personal attributes. The ways in which this is interpreted into job roles, job descriptions and desired employees is variable. In each case, the person's understanding what made them a valuable worker to the employer structured the actions that were possible for them in that type of worker identity – including seeking work, behaviour with clients and customers, developing the role, seeking more hours or higher pay, and so on.

"I sit in a boardroom with a whole lot of executive type people but I still go down the road when [friend] called me and said "one of our guys needs our help with [rehab funder]". I will go and support him in a meeting even though he swears like anything and doesn't really follow rehab, he's a bit of a rebel. To me it's all about the people. If you can't communicate with those at the grass roots then you might as well just shut yourself in a vacuum and deal with those bureaucratics up there." *MCS* 

#### IDENTITIES AND ACTIONS AVAILABLE TO THIS PARTICULAR PERSON WITHIN THEIR IDENTITIES

As well as the interactions with the specific worker identity and workplace, available identities and actions were also described by individuals in terms of prior social experiences and the underlying understandings this re/created about how "someone like me" is perceived in the world. Participants' experiences of having disability inscribed in their appearance, and its social meanings always part of every interaction greatly affected experiences of seeking and doing work. This included the ways of engaging with actual and potential employers, clients, colleagues, etc that were possible for that individual.

"It took ages for me to get over [severe depression]. But [mentor] was one of the reasons why I did. Him and another friend of mine who challenged me every day. [...] [Other friend] would come around just about every day "how are you doing?" She would start getting involved in stuff. Just can't stay at home. Use opportunities out there, hearing about doing stuff." *MCS* 

"I wish I could just shut the whole fucken world out. [and put my energy into my work] but it's just very hard yeah, [trying to cope with everything else]" *Paul* 

"You need to be able to talk to the manager or whoever is going to be with you to say: I am going to be a bit nervous, it is going to be a bit hard. There are some things I can and can't do but if I've got some time or people that can help me then the more I do over and over again then I will get it." *Sophia*  "I do a lot of work for corporate communication and I suspect if they were aware that it initially started from a work scheme they may not put so much trust in me or give me such large profile clients to deal with." *Eva* 

"I just said "this is who I am, this is what I used to do, I can do it. It might not be as fast but if it doesn't work because the person wants to be by the till, well I can do talk to them and get them to the till, and they can get the money from there. Is that going to be a problem?" *Sophia*  "I would probably never be hired because I know that if I went for an interview the first thing that someone would see is the fact that I have a broken neck." *Eva* 

"if there is something wrong, it can just be the person that doesn't like you. It can be they don't the look of you, it can be a very busy time so they haven't got enough time to tell you, to help you, to actually get the best of you. It can be absolutely anything. But if they can look at what you have done before and what you have been ..." Sophia

#### REFERENCES

[1] Galvin RD. Researching the disabled identity: contextualising the identity transformations which accompany the onset of impairment. Sociology of health & illness 2005;27:393-413.
[2] Edwards C, Imrie R. Disability and bodies as bearers of value. Sociology 2003;37:239-56.
[3] Louvet E. Social judgment toward job applicants with disabilities: Perception of personal qualities and competencies. Rehabilitation Psychology 2007;52:297-303.
[4] Stake RE. Case studies. In: Denzin NK, Lincoln YS, editors. Thousand Oaks, CA: Sage; 1994. p 236-47.

