



Work transition following serious hand injury: Current occupational therapy practice in South Africa

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Context

Unemployment
26.7%

Biomedically
focussed
rehabilitation
services

Fragmented &
under-resourced
health system

High injury
burden

Ongoing
disparities

High proportion
of unskilled
labour

Background

Definition used: Serious hand injury

- ▶ out of work for ≤ 6 weeks, or
 - ▶ requiring reasonable accommodation, or
 - ▶ requiring work-related assistive technology.
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- ▶ Aim: To describe current occupational therapy practice related to work transitions for people with serious hand injuries

Methodology

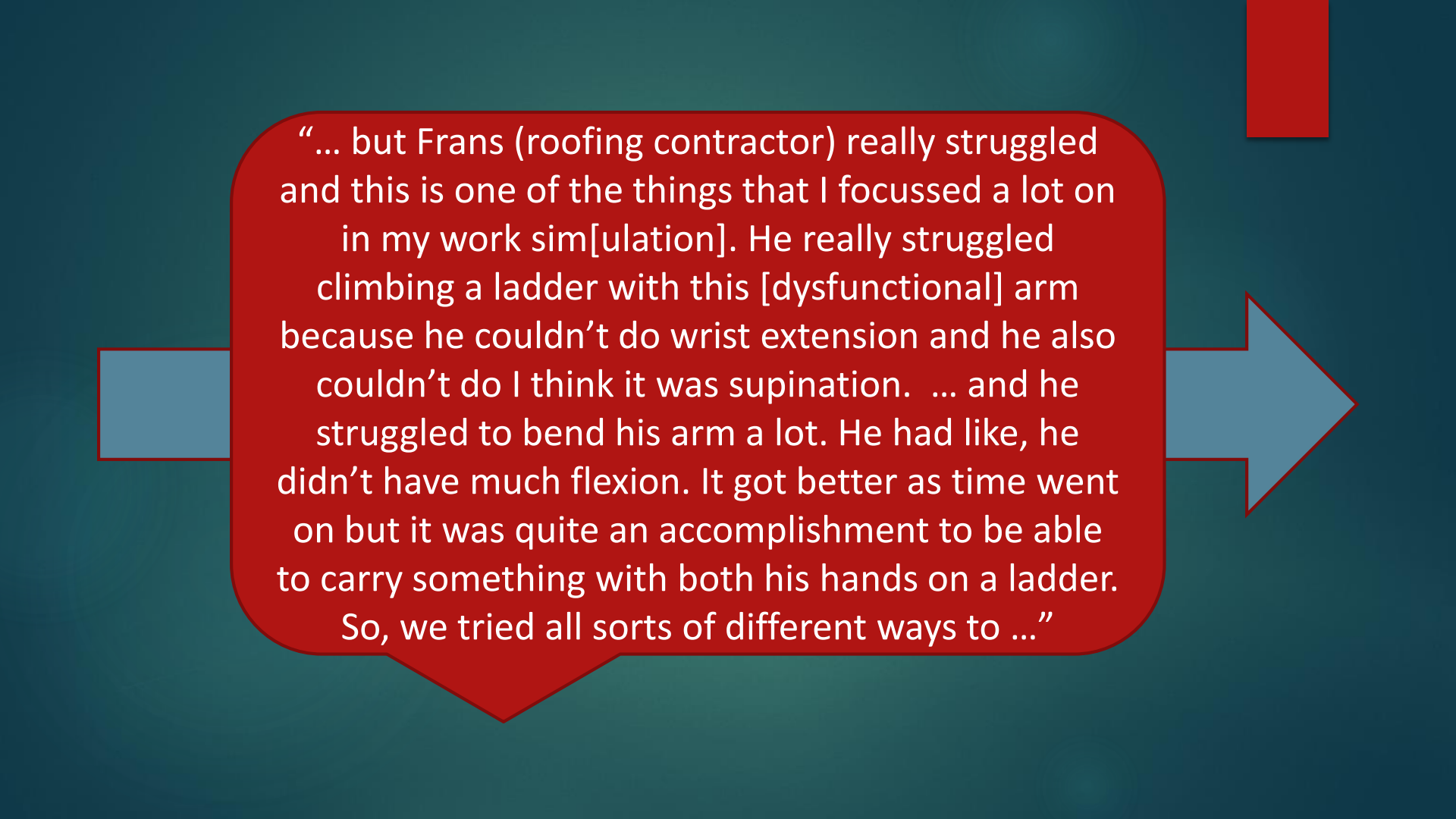
- ▶ Qualitative descriptive design
- ▶ Maximum variation sampling
- ▶ Individual semi-structured interviews
- ▶ Qualitative content analysis
- ▶ Triangulation, peer debriefing, member checking and an audit trail

Findings

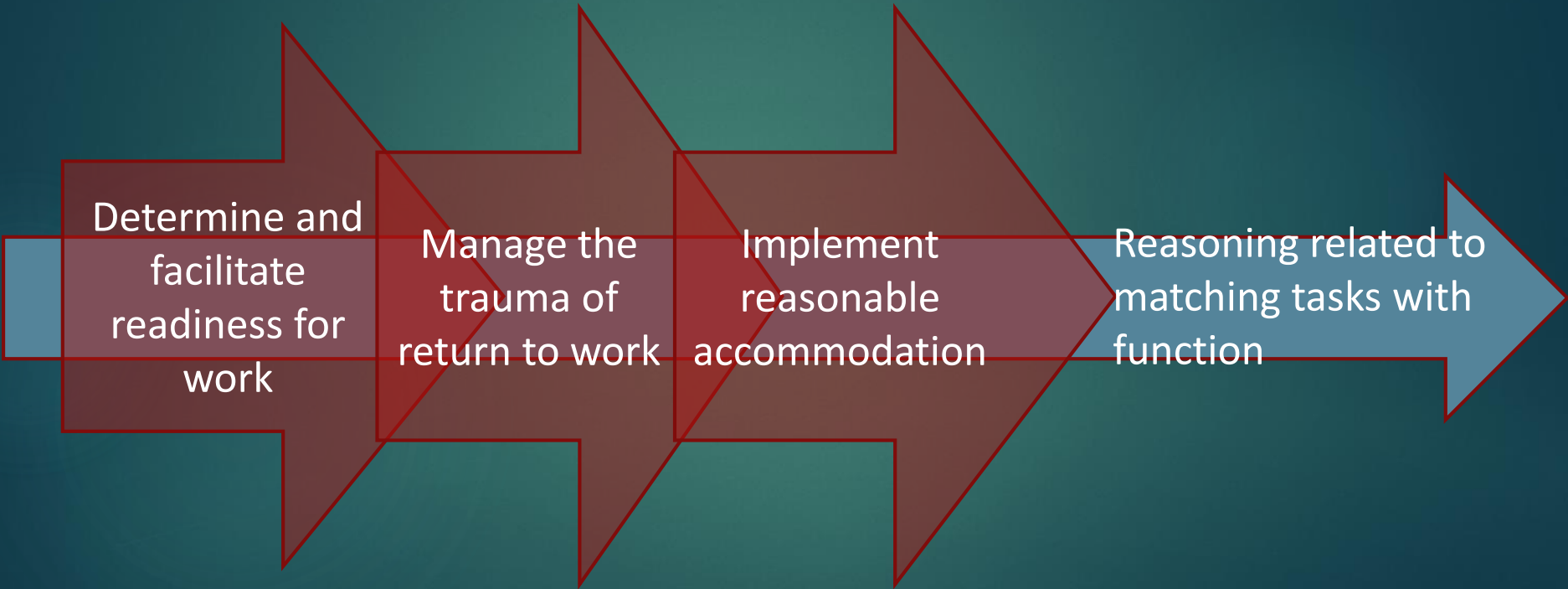
At the core...



Reasoning related to matching tasks with function

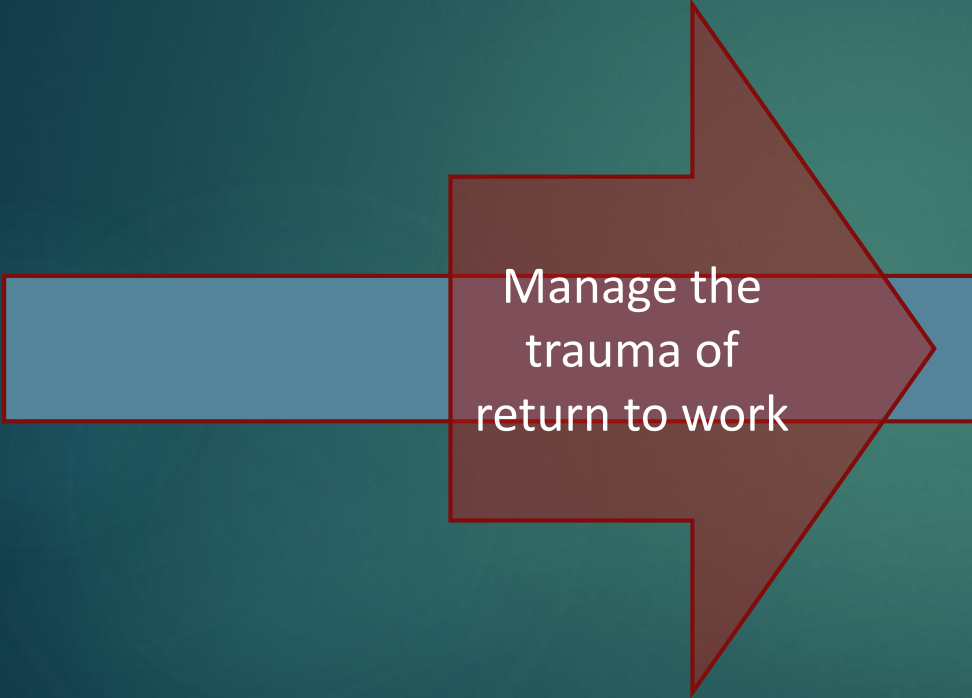


“... but Frans (roofing contractor) really struggled and this is one of the things that I focussed a lot on in my work sim[ulation]. He really struggled climbing a ladder with this [dysfunctional] arm because he couldn't do wrist extension and he also couldn't do I think it was supination. ... and he struggled to bend his arm a lot. He had like, he didn't have much flexion. It got better as time went on but it was quite an accomplishment to be able to carry something with both his hands on a ladder. So, we tried all sorts of different ways to ...”

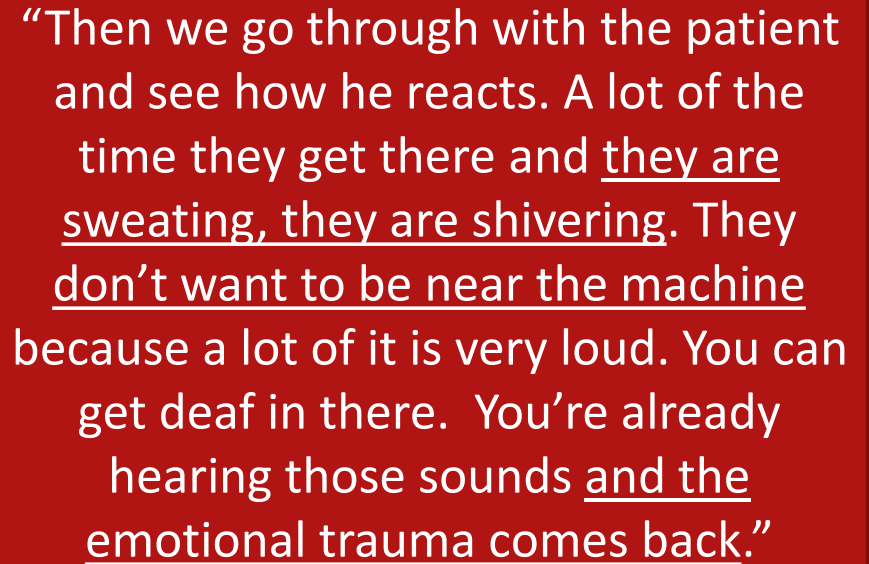


Determine and
facilitate
readiness for
work

“She was quite fine [pasting stickers on boxes] because I let her do it while I was there. And when she saw that she could do it, she was happy. At that point, she couldn’t wait to get back to work, but I think as it got closer and reality sunk in, she became more anxious.”



Manage the
trauma of
return to work



“Then we go through with the patient and see how he reacts. A lot of the time they get there and they are sweating, they are shivering. They don't want to be near the machine because a lot of it is very loud. You can get deaf in there. You're already hearing those sounds and the emotional trauma comes back.”

Implement
reasonable
accommodation

“Her case was quite easy because, I think from a nursing background they were ... quite willing to get her back onto light duty. She had a second carer that came to help with transfers or something more heavy. Her biggest functional problem at work was putting on pressure stockings [for DVT prevention] - she couldn't do that, ah ja, till probably close to the end of therapy. It was really hard for her to pull with some force with getting those stockings on. And that was another carer that quickly came to help... So she was back at work but not fully at all work tasks. So she kept coming [for therapy] until we could get hand function back to normal - full range, good grip strength, and she was able to do the stockings at the end.”



Conclusion

- ▶ A seemingly simple process
- ▶ BUT actually complex, context-driven and different from practice moment to practice moment

Acknowledgements

- ▶ Funding from the National Research Foundation
- ▶ Study participants who shared their experiences so willingly

