

Increasing Readiness to Employment for Stroke Survivors

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Background

Tan Tock Seng Rehabilitation Centre (TTSHRC) provides holistic management of patients with acquired disabilities after stroke. Many of such patients continue to live with some form of impairments after discharge back home. They report challenges faced in reintegrating back to the community post recovery.

Target Population

In Singapore, the total number of young stroke patients aged between 15 and 59 years who were admitted to public hospitals increased to 2,122 in 2016 from 1,263 in 2008^1 . Stroke survivors belonging to this age group are expected to be in their productive years. Despite the higher likelihood in having better prognoses in terms of physical recovery, they are greatly impacted by their acquired disabilities in their familial and societal roles. They are also more likely to have a stronger need to be re-engaged and return to work, reducing productivity lost due to impairment.

The target population was identified to be stroke survivors between 18 to 60 years old.

Methodology

Based on the ESTHER Café conducted with this group of ESTHERs, the findings are as follows:



ESTHERs' Experiences

Financially-challenged

Low self-esteem

Loss of independence

Lack of control in life

Frustration over the gaps and inconsistencies of the healthcare systems

Felt that their stroke symptoms are not being properly managed by the hospitals

Lack of information and knowledge in getting resources

Hence, the ESTHERs concluded that it is important for them to...

To be financially independent

Return back to work

However...

ESTHERs' Challenges

Unaware of which organizations to approach Unaware of where and how to start the process of returning to work

Rejection faced by organizations that employ physically disabled persons

Objective

The aim is to increase stroke survivors' readiness in employment through improving their awareness of employment barriers. This was facilitated using a self assessment guide which identifies at least 1 achievable goal as part of the ESTHERs' return-to-work process.

Facilitated ESTHER Café

with Return-To-Work

service providers

Proposed Solutions and Outcomes

Administered **Employment Readiness** Assessment trial on 1 selected ESTHER

Feedback

Piloted with 1 ESTHER

who is keen to return

back to driving and

identified at least 1

goal to achieve as part

of his return to work

process

The tool is not sensitive in picking up certain barriers such as physical, cognitive and emotional factors of **ESTHER**

The tool is too prescriptive apply on every individual and circumstances

and generic to

Lack of awareness on RTW process

Job expectations i.e. Motivation level, lack of knowledge of

Of which... 464

18 Missing group of potential

Data Collation

Total no. of patients

Stroke patients

between the age of 18

to 60 years old

Suitable

with post score of:

• mRS¹ (1-4)

• NHISS $^2 \le 15$

Adapted existing **Employment Readiness** Self-Assessment Guides



uidelines on Fitness to Drive (2011) by Singapore Medical Association. You are strongly encourage he tasks or demands of your job and develop a plan to return to work. Each time you complete segment of a critical area, it will lead to a discussion among the people supporting you and you

Used the Self-

Assessment Guide for

stroke survivors who

would like to return to

work as a driver with

Return-To-Work

coordinators



Future Plans

- > To encourage the use of a common Self-Assessment Guide for the following professions on their patients who are keen to return to vocational driving:
 - ☐ Return-To-Work Coordinators in TTSH
 - ☐ Care & Counselling Department in TTSH (Medical Social Workers)
 - ☐ Nurse Clinicians in Stroke Clinic at NNI
 - Respective service providers invited at ESTHER Café (SPD, SG Enable, ABLE, HWA and TRIFAM)
- > To develop Self Assessment Guides for stroke survivors of other industries like blue-collar and white-collar workers with the Return-To-Work Coordinators in TTSH

Learning Points

- > Appreciation of the importance of ESTHER Cafes to facilitate the understanding of perspectives of both groups of ESTHERs (stroke survivors and service providers) and what matters to them
- > Importance of exploring ESTHERs' personal strengths which can guide and influence their personal goals
- > Importance of leveraging on existing data, resources and research evidences to optimize team productivity

#Ischemic and Hemorrhagic patients known to National Neuroscience Institute in 2018 ¹ modified Rankin Scale (mRS) – measures the degree of disability or dependence in ADL. Score of 1 to 4 means mild to moderate severe disability ² National Institutes of Health Stroke Scale (NHISS) – measures the impairment caused by stroke. Score of 1 to 15 means NIL to moderate stroke symptoms ¹ Health Promotion Board (2018). Singapore Stroke Registry Annual Report 2016. Retrieved from National Registry of Diseases Office website

https://www.nrdo.gov.sg/docs/librariesprovider3/Publications---Stroke/singapore-stroke-registry-annual-reprot-2016_upload_nrdo_website.pdf?sfvrsn=c81670e4_0 ² Southwestern Ontario Stroke Network (2015). Return to Work - A Self Assessment Guide for People with Stroke. Retrieved from Southwestern Ontario Stroke Network, London Health Sciences Centre website - www.swostroke.ca/rtw-self-assessment-introduction/