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ONLINE APPENDIX 1

INTERVIEW GUIDE

Group A: (Post-stroke survivors) - Yellow Flags

1. What are/were your thoughts about returning to work after your stroke?
2. What feelings are/were evoked for you about returning to work post stroke?
3. Why did you want to return to work?
4. What difficulties do/did you anticipate facing when you return to work?
5. Have you returned to work? (At what level and in which form? How did you transition back into the work environment?)
6. Were there any infrastructural or formal attempts / process initiated by your employer to assist your returning to work? Tell us about that.
7. What did you find useful? What areas for improvement were there?
8. What areas or issues do you consider most important for employers and survivors to consider when returning to work post stroke (Personal demographics, mobility, participation, function, clinical issues).

Group B: Rehabilitation Specialists- Blue Flags

1. What are the pre requisites for returning to work post stroke? How would you go about a work assessment for a stroke survivor to return to work? What factors would you deem important from rehabilitation point of view?
2. Can you identify barriers to safe return to work post stroke?
3. Can you identify facilitators to safe return to work?
4. How would you formulate the inhibitors of safe return to work post stroke?
5. Do you use any specific instruments in your assessment? Identify strengths and areas of modifications.
6. If there were an instrument that assessed return to work for post stroke survivors which domain/ focus areas do you think should be included?

Group C: (Employers of Labour)

1. What has your experience been in the employees who are survivors of stroke?
2. How did you participate in the decision making around their return to work?
3. From a human resource point of view, how does your company determine suitability for return to work after stroke?
4. What is your company's view or policy regarding disability?
5. How do you go about accommodating such employees?
6. Do you have any returning policy for returning to work after disability?
7. How do your policies affect safe return to work after sickness that leads to disability?
8. If there were an instrument that assessed return to work for stroke survivors which domain focus areas do you think should be undivided?
9. Are there modifications on instruments to enhance safe return to work after sickness that leads to disability?

INTERVIEWS ON RETURN TO WORK POST STROKE

GROUP A: YELLOW FLAGS POSTSTROKE SURVIVORS.

Question 1: What were your thoughts about returning to work after your stroke?

Response 1: I thought I couldn't make it. When I started coming it was difficult task. I used to come to work with my bike but that time I couldn't lift up my leg not to talk of riding a machine. But I managed to come to the office with the difficulty of entering bus, shifting and coming out, it was really a problem but I managed it. When I enter the bus and get to the bus stop. I will stop, I was told that walking is part of the exercise and if I don't walk, I may not recover very well, so I decided to walk to the office from the bus stop. But when I am walking I will have some pressure and pains and I will stop when I feel better I start going again. When I get to work at the clinic, I am a nurse at the clinic I feel tired and work becomes difficult. People will be asking me questions and I will not be able to answer very well. When I enter and sit down, I don't know what the patients and my colleagues all be thinking of me. Whether I don't want to come to work, this disturbs me very much because I am not a lazy person or someone that play truancy. I always like to do my work to the best of my knowledge and helping my patients. So it's a challenge to me returning to work with all the risk involved in entering a bike but I managed to do it.

Response 2: I want to return but not now. If I am fit I will return to work, I am still undergoing treatment. I want to go back to work.

Response3: I am a business man. I am back to work 60%.It was hard as I think of returning to work. it was very hard for me .I still come for my exercises. I thought it will be difficult for me to return to work.

Response 4: I want to go back to work, but have not really started. I will definitely return when I am fully okay. I think I can't start yet.

Response 5: I want to go back to work, although I do my work on my own farm. I don't think I can start yet. My hands have not fully recovered; I cannot face the demands of work yet. I feel am not ready yet to face the demands of going back to my farming.

Care giver to Respondent 5: I want her to go back to work, it will help her and make her busy. It will keep her on her toes

Response 6: I feel positive that I can go back to work now. Considering my age now. I will like to be privately employed now.

Response 7: I wish to go back. However; I don't feel up to it yet. I can't use my hands properly yet. I trade in building materials and I am self-employed.

Question 2: What feelings were evoked for you about returning to work post stroke?

Response 1: I think I needed some help. If the hospital management where I work can help me. I didn't feel very well, I needed some help from people, suggestions, advice, and I needed it urgently. I don't want to be coming to work every day, it's a challenge. I decided to be coming once a week or twice a week, so that I will have some rest but at home, I won't be well. I will be disturbed psychologically .I won't be myself, a lot of problems psychologically, thinking I will not be able to do what I have been doing before.

Response2: I feel like going back and I am no fit and it worries me, I will need help in returning to my work.

Response 3: I feel happy when I think of going back although it was difficult for me.

Response4: I am feeling fine in my mind and wish to return to work. I will want to go back to work when I get better. I am not yet fit to go back to work.

Response 5: I am still recovering. I can't take care of myself.

Response 6: I feel I can go back to work but I wish to be privately employed as I earlier mentioned. I feel ready to return, my brain is not affected. I can think and plan. Although my hands and foot is still weak my mind is sound.

Response 7: I like to return when I feel better. Presently I am ready to return, but I cannot use my hands properly yet and I need my two hands for the type of business I do.

Question 3: Why did you want to return to work?

Response: I want to return to work because I want to be active. I don't want to be bedridden and I want my muscles and everything that has been affected to come back to life. If I just keep staying at home, I may fall a victim of not coming out again. And I want to see people and people to see me. I want to see my patients as a nurse nobody forced me into it. I decided to be a nurse, I can't be a teacher or a physiotherapist and also to earn my salary. I don't want it to be tampered with since I have not retired. To be somebody not a dependent on people.

Response 2: I am not the type that likes to stay idle. I like to move around and go back to my farm.

Response3: I don't like staying idle .I like to go to work every day. Even after coming back from work I go out to chart with my friends. Staying alone is not good for someone that once had stroke. You need to talk with people and socialize .This can come as you work and relate with other people.

Response 4: I can't walk properly and have pains' fall sometimes when I walk to work. It makes me active and move about, that is why I like to go back to work.

Response 5: I bath myself, eat by myself and do my activities of daily living. I am a farmer; I cannot fully return yet because I am still recovering and not fit to work yet.

Response 6: I can return to work. What I wish to do is poultry farming now. I can employ labour for the other services I need I don't need to do all the work. I am a trained accountant; I can do the planning and the paper work on the farm.

Response 7: I like to return when I feel better. I have not yet returned to work.

Question 4: What difficulties do/did you anticipate facing if/when you return to work?

Response 1: How to move and to go back? How do I meet the demand of patients? I do give health talk, counsel and advice patients' .I give injections and even write reports, and I couldn't do all these things. So when I came back I don't participate in most of the rounds. Coming on time was also a difficulty. I was given a query and several times by the hospital management for coming late .Before I come to work I must do some exercises and if not I cannot move very well. I answered the query and I went and met the supervisor in charge of monitoring lateness and immediately I told him I had a stroke, he add pity on me, he apologized and since then they showed mercy.

Response 2: I can't do the activities of daily living. I cannot walk with my affected leg. My left hand and leg cannot function properly.

Response3: My office is upstairs on the second floor and when I think of climbing upstairs it is really very difficult for me. There is no elevator in my office and I have to climb upstairs despite my disability. But I still manage to do it all the time I go to work.

Response 4: All I need is for my hands to be properly strong. I can go to my farming. I don't need any modifications. All I want is proper recovery. My affected hand and leg which are yet to fully recover are the difficulties I might face.

Response 5: I am a business man. I need to travel most times to do my business. I do supplying of products and goods, financial and accounting decisions. If I have an honest partner to help me with my business I will be happy. I own my business. I need to go around getting my goods when they arrive and get them cleared. Who will do that for me now?

Response 6: Mobility is all I need now. I was once a bank manager. I was on a job when I had stroke. I was the manager of a big Hospitality industry in Adamawa, in the Northern part of the country. But now, I am contained in this wheel chair. I can't work by myself without support.

Response 7: My hands are still recovering .I envisage difficulty with proper use of my hand. I need the proper use of my two hands.

Question 5: Have you returned to work? (At what level and which form? How did you transit back into the work environment?)

Response 1: Yes. The transition was not smooth, it was very very rough. I have returned to work for 3months now. I had an ergometer in the house I use for my exercise. Whenever I feel I am not alright I exercise. My leg is heavy I will come to physiotherapy they will allow me to use the ergometer, I saw the ergometer sometimes, I bought it and I am using it at home. Since then it's become easy for me .I have told my department that I will soon start evening duty since I came back I've not been doing evening duty and alternating it with morning duty.

Response 2: No. I have not returned at all to work.

Response3: Yes but not fully. I am back to work 60% after my stroke experience; I went back to my office.

Response 4: No. I own my business; all I want is to recover properly. My house is alright. I come out of my house but not yet back to work.

Response 5: No. I also want to be alright. My hand is yet to fully recover. I can do everything I wish to do All I need is complete recovery.

Response 6: No. I am not yet back to work.

Response 7: Not yet

Question 6: Were there any infrastructural or formal attempt? Processes initiated by your employer to assist your return to work? Tell us about it.

Response 1: None to be precise. They just help me to get free physiotherapy treatment from the hospital was still an assistance. There was nothing they gave ,a lot of things is missing in the physiotherapy department .Initially my hands were not functional ,they were heavy but I was given the dumbbell to use at home .I returned it later when I recovered. Few people have stroke not all the workers, we should be assisted by providing mobility for us by coming to pick us up not just to leave us alone to manage ourselves.

Response 2: I am self-employed. I have not returned at all to work.

Response3: I own my business don't have any employer. I use to drive myself to work before the stroke experience. The gear to my car is manual but now I have a driver who drives me to work. I also drive an automatic geared car anytime I want to go out without a driver .There was no infrastructural changes made in my office area.

Response 4: I own my business; all I want is to recover properly. My house is alright. I come out of my house and goes to work.

Response 5: My hands are yet to fully recover. I can do everything I wish to do all I need is complete recovery.

Response 6: The manager of the formal place where I once worked has invited me to come back to work but I don't want to return to them because of the shabby way I was treated when I was hospitalized. The showed no concern about my welfare during my period of stay in the hospital.

Response 7: I own my own business and I can return whenever I feel I am fully recovered.

Question 7: What did you find useful? What areas for improvements were there?

Response 1: I am happy, I am doing my work. I attend to my patients; do my work, started doing my health talk although not very easy. People are seeing me and I am seeing them. We discuss and I forget my problems. Initially, I didn't know about stroke but eventually I discovered that many people have stroke with very bad outcome. I thank God, mine case is not worse like most people I have seen.

Response 3: I feel delighted that I was able to return to work. I find the socialization very useful and helpful. I can talk with other people. Socialisation is very important for a stroke survivor, whenever I come back from work I go out and socialize with my friends and make myself happy.

Question 8: What areas or issues do you consider most important for employers and survivors to consider when returning working Post stroke)

Response 1: Placing the person where he can fit in and less strenuous or in a light duty area.(2).Less busy unit is also okay for a person returning to work Post stroke. The employer should consider the post stroke survivor exempt him /her from late coming queries in case he/she can't make it initially until he/she has recovered fully well. The survivor should know her work, be straight forward in doing things not pretending to be ill and serious with his/her duties. I look okay but I still feel heaviness, my affected limbs are heavy if I exercise I feel light but initially in the morning is heavy although I look well outside but there is still heaviness inside. A Post stroke survivor should be exempted initially from night duties.

Response 2: Not applicable.

R2 (CAREGIVER): I want her to be functional, wash her clothes make her food and eat. She can go to her farm and come back home. She doesn't want anybody to do something for her. I don't want her to return to farming. She will stay with me and go back to her house, if she recovers, she will stay with me and go back to her house if she recovers.

Response 3: I needed a driver; I considered it important to get a driver. Although I have returned to work but my level of return to work if assessed is only 60%.i still need help to get to work. A stroke survivor needs a better way of mobility to get to work. I do my toiletries by myself. As a director, my nature of work does not require too much energy. All I do is to sign documents and cheques which I can do conveniently at this level of recovery. I discuss easily with people because I can talk. Anybody who has had stroke before and survived must have a good social life interact and chat with people. Check the blood pressure every month and take your drugs.

Response 4: I don't have a good family support. My wife doesn't show any concern and some of my children. Not everybody is careful to look after one another. I need family support which is really lacking. My wife has not being here with me before. She is showing little or no interest.

Response 5: Not applicable

Response 6: I am not back to work yet but planning to return. The manager of the formal place has invited me to come back to work as I earlier mentioned to you but I don't want to return to them because of the way I was treated. Now I am considering chicken farming. I have designed a farm facility where I would continue my work but the greatest challenge I may have is mobility. I am still using a wheelchair to move around I can't properly move about now. I can do other things. I have employees; I will do my part as the director.

Response 7: My hand is still a problem. Every other thing is fine; the place I live is not a problem to me.

GROUP B: BLUE FLAGS

SPECIALIST-OCCUPATIONAL NURSE

Question 1: What are the prerequisites for returning to work post stroke? How would you go about a work assessment from a stroke survivor to return to work? What factors would you deem important from rehabilitation point of view.

Response: I think it is the psychological aspect of his health. Most of them come out with the notion that they cannot make it again .When you ask will this person survive the physician will say if he wants to live he will live. For that it was a reality, a times you find out that it was a reality .a times you find people and ask them how they feel they will say my own is finished and truly he will die .but some who believe still survive. Predisposing factors what led to that stroke so that the stroke patient does not relapse.

Question 2: Can you identify barriers of safe return to work?

Response: The work structure determines the type of work he/she does. If the limbs are affected and cannot be put to use again. He may not be able to return to work. Relationship with fellow workers can also be a barrier .In case he is deployed to another area, a place that may need lighter job and if he has been active before taking authority and now he needs to seat down and be less active. It might be a barrier.

Question 3: Can you identify facilitators of safe return to work?

Response: Relationship with colleagues can help, can be a facilitator.

Question 4: How would you formulate the milestone of safe return to work post stroke?

Response: Visitation to the worker then counselling then physiotherapy then give a job trial on close management . Closely monitor if he/she can cope if he cannot cope we go back to counselling.

Question 5: Do you use any specific instruments in your assessment? Identify strengths and areas of modification?

Response: No instrument yet. We just evaluate the patient medically. General assessment, then diagnosis.

Question 6: if there were an instrument that assessed return to work for post stroke survivors which domain/focus areas do you think should be included?

Response: The mind assessment, psychological health, ability and strength and physical assessment. Stamina of the person and normal physical examination.

OCCUPATIONAL THERAPIST:

Question 1: What are the prerequisites for returning to work post stroke? How would you go about a work assessment from a stroke survivor to return to work? What factors would you deem important from rehabilitation point of view.

Response: Basic assessments, we look at the cognitive functions, psychological state, and cognitive skills-level of alertness for the patient. It fluctuates, orientation, alertness around place and persons. Awareness of the surrounding attention space –can he sustain his attention during conversation. Ability to respond to question, memory, ability to recall information. Ability to take commands, How he is able to manipulate tools when doing a work assessment. Visual attention, physical areas range of motion of his affected joints dexterity, how has his health affected him. This first before going into occupational assessment.

Question 2: Can you identify barriers of safe return to work?

Response: They may not have attained the highest level of function but at that their level of function. We start adaptations.

Question 3: Can you identify facilitators of safe return to work?

Response: Barrier to return to work, looking at it from Nigeria factor. In the disability act, it has not been passed. There is a universal design every one able or unable to assess the roads. The way people perceive people with disability in our environment.

Question 4: How would you formulate the milestone of safe return to work post stroke?

Response: Occupational adaptation in a post stroke, the patients' habitation, and his environment .Before stroke he walks but now he uses a wheelchair. Can he assess his room? What modifications can you make to help him assess his cloth independently? Past occupation history, present and future occupation history. This can help him .Can he return and if not which other modification can he make to return .Can you modify his vehicles to drive. Job analysis bit by bit. Because the cognitive skill has been affected. We then break the job into components to help him do his job. His abilities will be used to compensate his disabilities.

Question 5: Do you use any specific instruments in your assessment? Identify strengths and areas of modification?

Response: Cognitive skills, his alertness determines the timing of return to work. For example a tailor analysing sewing he/she must be able to pass the thread through the needle. We begin to work on that in a day we do that. The next day we take measurements that might last for two weeks. Looking at all these, the cognition for me I look at it that in a month, basic things could be done. Depending on the challenge of the post stroke survivor. Take the activity gradually with 6 months we break the activities down into pieces; this is based on my experience in the service.

1. Assessment of motor and cognitive skills.
2. Assessment of living skills and resources.
3. Assessment of motor and processing skills-ADL.
4. Canadian occupational and performance measure.
5. Functional independence Measure.
6. Independent living scale
7. Coleman's evaluation of living skills.
8. Self-care assessment.
9. Neumann's data self-skill measure.
10. Performance resources of self-care.

Our major aim is to ensure that the patient is independent. If that has not been achieved we have done nothing yet. Functional independence measure is good but must be used by a trained person. You are looking and ticking the functional abilities of the patient involved.

Question 6: if there were an instrument that assessed return to work for post stroke survivors which domain/focus areas do you think should be included?

Response: For me, I don't have to overlook anything Psychological status, Personal hygiene, occupation adaptation if necessary to earn his living. The problems that affect return to work for me is Funding for assistive devices/technology, Availability of assistive devices/technology; Professionals should recognize others for the goodness of the patient and promote collaboration

NEUROPHYSIOTHERAPISTS (THREE PHYSIOTHERAPISTS IN A GROUP DISCUSSION).

Question 1: What are the prerequisites for returning to work post stroke? How would you go about a work assessment from a stroke survivor to return to work? What factors would you deem important from rehabilitation point of view.

Response 1: He/she should be independent, and be able to balance and perform certain functions, that are the basic thing. If the employee is able to ambulate to his/her work place. The employee can still be coming for rehabilitation as he/she goes to work. Mentally he/she must be stable, ability to understand certain instructions and some level of psychological stability that must be maintained.

Response 2: I think the first thing is the employee's cognition, based on the level of deficit. Before he or she returns he/she should be re assessed, Is he able to carry out the formal activities? If not he/she can take up another Job. The earlier the employee can get back to work the better if he/she can otherwise there should be re-education for a change of job.

Response 3: He should be assessed on functional independence; part of it is mobility and some other things. I wish to give an example, I once had a patient 2 years ago who was a secretary, and he been right handed and had right hemiparesis. Flaccid in the upper limb but the lower limb had some motor function. He was not a retiree; he needed the work .we help him to improve the use of the hand. He was able to return to work and fend for his family .If he is not able to continue in his previous work then the occupational therapist can be consulted. Another problem is the stamina of the employee; if he is not able to continue in his previous work then the occupational therapist can be consulted. Another example is a nurse who had recovered, she could ambulate and do every other thing but she found out that she got tired easily. So we had to inculcate aerobic exercises to help her improve her cardiovascular function. We advised her to go to a less busy area.

Question 2: Can you identify barriers of safe return to work?

Response 1: Apart from the cardiovascular challenge, sensory deficit is the major challenge cognition problem. It depends on how they are managed clinically. We once had a patient who was a driver with these deficits. He had to import a car with a lot of modifications.

Response 2: Early intervention would help. They don't come in time when they have the problem.

Response3: Self-Motivation .Some employee if properly motivated would return. Home programmes. If the employee is not ready to translate all the therapy it would not work. The patient needs to be self-motivated otherwise whatever you do will not work. Social reintegration, knowledge and education of what stroke is , is also vital. The management may be part of the problems of returning to work. If there are deformities and the patient outlook is affected, some employers may not want to retain the employee for that.

Question 3: Can you identify facilitators of safe return to work?

Response1: Family support can facilitate return to work. Care and love from the family can go a long way. I once had a patient who had no support from the spouse and he was always depressed. Family support is one of the major facilitators for someone getting back to work. There is a way the family will support and the patient will want to return. Family support is one of the major facilitators.

Response 2: Caregivers play a very big role

Response 3: Family support is vital

Question 4: How would you formulate the milestone of safe return to work post stroke?

Response1: One has to simulate the working environment and put the patient there, if the patient scores highly in the system then we can now write a discharge report that the patient can return. But we don't have such facilities here .So what I do I put the through a close system and we put the patient in as open system if he could go through then. Okay. For example, my patient who was a secretary. We get him a cup and water to make tea. Holds the cup, walk with tea and when he became steady we let him go. **Cognition stability** to **Sensory stability** and then **Motor (balance) stability**.

Response 2: Milestone to me, means taking the patient from a less difficult part to the difficult part. Activity of daily living should be mastered and be the first thing then to the complex things. If the patient can do the activities of daily living then from there he moves on to higher and complex things. Putting the activities in a formula, to make it easy and gradually bringing stability. Cognition function - sensory stability Motor function - .

Response 3: It still depends on the kind of work. And the decision that need to be taken when working like driving. Removing dangerous things that can harm the patient. Cognition function - sensory stability Motor function

Question 5: Do you use any specific instruments in your assessment? Identify strengths and areas of modification?

Response 1: ADL and then Barthel index, Frenkel exercise to check cognition

Response 2: Balance, Base of support, Barthel index and gait assessment.

Response 3: Romberg sign, Barthel index and frenkel

Question 6: if there were an instrument that assessed return to work for post stroke survivors which domain/focus areas do you think should be included?

GROUP C: BLACK FLAGS

EMPLOYERS OF LABOR (KEY INFORMANT INTERVIEWS)

Question 1: What has your experience been with employees who are survivors of stroke?

Response1: I have not really had much experience with survivors of stroke. I can relate it to examples like staff that had gunshots and were incapacitated. If such people are in the operational department they don't really move out, there they do analysis, financial reports. However, if you are occupying a sensitive position in the marketing department it may be difficult for such employees in the banking sector. One of my colleagues had a similar problem, when he was in the marketing unit he was no longer in the operational department. He couldn't attend meetings and it affected his productivity, so for such people with marketing functions, he cannot be as productive as desired. But if in the operational department, and the brain is still active then it may not affect their productivity.

Question 2: How did you participate in the decision-making around their return to work?

Response2: Well, in my organization such decision is been taken by the human resources department. The zonal management and human resources department take that decision. In my own as at the time I was heading the operational department, the best one can do is to make recommendations. In the banking sector especially in the marketing section what speaks for you are your figures, by the time there are challenges and the figures are not working. The Head office will call in to find out why and if they feel the challenges will affect the output expected then the employee will have to go, there is nothing anyone can do about that. The final decision is with the zonal management and the human resources.

Question 3: From human resources point of view, how does your company determine suitability for return to work after stroke?

Response3: For return to work, after a stroke related sickness in as much as the only one I know about ,after that incident he came to work but was relieved of his duty. I know for one to come back after such illness the doctors' report is very important. This is general, then the zonal and possibly to some extent the branch management report has to the person's productivity, output is also very important. If from their appraisal of performance and productivity is not decreased. Then the employee will be retained but if it is affected, then the employee may be relieved. The doctors report, the zonal and branch management report is very important. Possibly, they may even call the employee to interview him/her but if the person is strategically hired and the sack will affect the company or bank the employee may be retained. If they feel that relieving the person will affect bank or company business, because of the contribution they may ask for a replacement for such a person if it becomes very difficult to retain the employee.

Question 4: What is your company's view or policy regarding disability post stroke?

Response 4: Well, I have been in the industry for 12 years. There is really no clear cut policy. They are just dynamic issues. I have not seen any policy but like I said in the two instances I gave about a gunshot that affected a colleague in the leg not his brain he was moved to another area. The other case because of his qualifications. There was no place he could be moved to and so he was relieved of his appointment. So I believe they are dynamic issues.

Question 5: How do you go about accommodating such employees?

Response 5: There is really no clear cut policy. They are just dynamic issues.

Question 6: Do you have any retraining policy for returning to work after disability?

Response 6: There is no such training.

Question 7: How does your policy affect safe return to work after stroke that leads to disability?

Response 7: No clear cut policy.

Question 8: If there were an instrument that assessed return to work for stroke survivor which domain/focus areas do you think should be included?

Response 8: For the banking sector which I know is very peculiar. He should be able to find out his ability to withstand stress. Demands from the superiors, pressure from the industry will that person be able to withstand such pressures the demands of the pressure and stress. For example operational unit, you may need to stay back to work late to meet some deadlines, may be regulatory deadline, competition deadline, business deadlines. Also look at the impact of stroke and it won't be that the individual will fall back into health distress. Stress and pressure of work.

Question 9: Are there modifications on instruments to enhance safe return to work after stroke that leads to disability?

Response 9: We don't have one now that we use. Just as I said to us they are dynamic issues. It will be good if we have an instrument and should be critically looked into. It may not be okay for someone with stroke health challenge to work in the bank. The work itself can cause stroke if the person in the banking sector is not properly managed. The person who will work in the banking sector who has stroke may be a social responsibility with a tailored function otherwise it may be very impossible for the

people with such health challenges to function effectively in the bank. There is no policy which can help people with disability to keep work in the banking sector and if there were any no one is implementing them. All these policies of 2% for disability who is implementing them?

Employer (B)

Question 1: What has your experience been with employees who are survivors of stroke?

Response: First and foremost, No. Not necessarily stroke. Not particularly stroke. But related illnesses. Yes. According to the labour law for the first 3months they get their normal payment or salaries. But if after 3months illness persist for the next 3months they are placed on half payment after that the next 6months if there is no recovery we can let them go. A times we keep managing them .I once had a colleague who had to go for surgery, came back company bore the cost .We had not translated to NHIS then, we bore the cost, rehabilitation all the treatment. He was still retained but along the line the company had a retrenchment exercise and he was retrenched. The company first deal with the situation by empathizing with the employee assist in whatever way possible, keep him/her on the payroll, after some months ,the doctors will advise ,at that point we may have to follow the advice of the physicians.

Question 2: How did you participate in the decision-making around their return to work?

Response: The occupational health department of the company takes care of that, the employee will go through their assessment and we get feedback. The specialist in the area certifies that the employee is ready to return to work recommending that he be absorbed .We retain the services of an occupational doctor if they affirm that the employee is ready then the employee will be allowed to return to his/her work

Question 3: From human resources point of view, how does your company determine suitability for return to work after stroke?

Response: Yes, we have a central policy. Once the specialists certify that the employee is fit and the assessment has been done by the occupational health department, then he/she will be allowed .We still carry out intermittent reassessment along the line to ascertain that indeed the employee is indeed fit. As a matter of fact audit medical assessment is being done for all staff members here every 2 weeks. These periodic exams help us to find out on time the fitness level of every employee.

Question 4: What is your company's view or policy regarding disability post stroke?

Response: We don't necessary have any streamline views but the company does not discriminate and where it is not possible to retain services of such people we let them go under the best possible terms and conditions. It's a mutual thing.

Question 5: How do you go about accommodating such employees?

Response: The company is like a family .We connects with our employee who has suffered .The company accepts them other employees accept them. Then the employees themselves help one another to get back to normal way of life.

Question 6: Do you have any retraining policy for returning to work after disability?

Response: It depends on the kind of work the employee is trained to do. This is a factory; here we are insured under the employee act .Physical fitness, then generally mental fitness. Has the person fully recovered mentally and emotionally because sometimes somebody gets back to work but psychologically is not ready .If there is an instrument that determines the psychological readiness, physical and mental fitness.

Question 7: How does your policy affect safe return to work after stroke that leads to disability?

Response: we meet the experts and they guide us.

Question 8: If there were an instrument that assessed return to work for stroke survivor which domain/focus areas do you think should be included?

Response: No

EMPLOYER C

Question 1: What has your experience been with employees who are survivors of stroke?

Response: I have not had any employee with stroke.

Question 2: How did you participate in the decision-making around their return to work?

Response: I have had staff off work but not stroke. They recover within two or three days .I ve had staff that had health challenges but even if I give them time off many of them prefer to be at work

Question 3: From human resources point of view, how does your company determine suitability for return to work after stroke?

Response: When a staff takes permission and knowing the duration for the recovery to return to work. It depends on the health challenge. If the staff members does not return to work. I will call to check-up .If the staff still does not return I will stop calling .May be he /she has found an alternative. The next thing is to replace the employee. I believe a staff should keep me informed and if there is lack of communication from the voice even when I call to find out, I will know if indeed the employee is willing to return, even my instinct help me in decision making.

Question 4: What is your company's view or policy regarding disability post stroke?

Response: I have a policy, but in case of a stroke condition, we are not praying for such. I once worked as a class room teacher and teachers are not well paid. I won't want to humiliate my worker because of nature. If I have such I will be paying the person .If the employee can still do some other things, it doesn't affect the person's speech or movement then I will find a place for the employee. I was working in a school before I established my own school, there was a teacher there that had an accident that affected her movement and she was sacked. I employed her; she can teach she still teaches with me.

Question 5: How do you go about accommodating such employees?

Response: My policy is to look at the person's previous record. If hardworking person before the health incident. I will continue to pay the employee. Honestly, I want to break a record in teaching line. If we have the money I will pay the employee. But if the person can still come to work and do other things I will accommodate the disability and continue to pay the employee affected.

Question 6: Do you have any retraining policy for returning to work after disability?

Response: No, we don't have any.

Question 7: How does your policy affect safe return to work after stroke that leads to disability?

Response: Not applicable.

Question 8: If there were an instrument that assessed return to work for stroke survivor which domain/focus areas do you think should be included?

Response: The person's stamina. The strength in the person. How long can his strength to do it. If there is no strength the work will not be well done. We don't sit to teach. The employee must be able to endure the stress it takes to teach.

Question 9: Are there modifications on instruments to enhance safe return to work after sickness that leads to disability?

Response: I don't know of any instrument presently. But just as I earlier said, the employees stamina or strength must be checked and ascertain for return to work to be meaningful.

RETURN-TO-WORK ASSESSMENT SCALE (RAS)

Instruction:

Returning to work is an important decision for all survivors of stroke. This instrument is designed to assist stroke survivors with assessing their readiness to return to work. The scale is made up of two sections, A and B. Section A is made up of general questions about yourself while section B includes three parts that are important to consider in your decision to return to work. In each section you will be asked to respond to questions. Carefully think about the question and indicate your answer by ticking your response to the questions. You may need to fill in some response where required. Your response on each of the part indicates the extent to which there are concerns that require attention in facilitating your return to work. Each part is scored independently

SECTION A: GENERAL INFORMATION

a. DEMOGRAPHIC INFORMATION

1. Gender: (male/female)
2. Race :(African/Hispanic/Caucasian/Asian)
3. Age: -----

b. TYPE, AREA AND SEVERITY

1. Type of stroke? (Right side/left side/both sides)
2. Location or area of the brain affected? (Right/left)
3. Grading of the stroke? (Total/partial weakness)

c. IMPAIRMENT

Was there any of the following:

1. Paralysis? (Which side? Which limbs were affected?) Right Left
2. Speech impediment? Yes No
3. Walking impediments Yes No

d. POSTSTROKE MANAGEMENT

Which of the following was required?

1. Hospitalization (which level and how long?)-----
2. Which of the rehabilitation services were provided? -----
3. Speech, Physio, OT, Psychiatric, home-based care, others.
4. At what intensity and frequency (how many times weekly/daily and how long?)-----
5. Improvement with treatment. {Good//moderate/poor}
6. Co morbid diagnoses (hypertension, diabetes, renal impairment/failure etc.)-----

e. NATURE OF EMPLOYMENT

1. Is your employment temporary, casual, contract or permanent?
2. Period off from work:-----
3. Remuneration during time off:-----
4. Are you required to return to work or are you ready to return? Yes No
5. Is there any policy for disability in your workplace? Yes No
6. Are you on any health insurance policy? Yes No
7. My current position can be classified as Administrative, technical etc.-----
8. General work hours are:-----
9. Does Work include shifts? Yes No
10. Does work include travel? Yes No
11. Is work desk bound or office bound? ----- -----
12. Level of verbal communication required: [I must speak fluently/I must not speak fluently]
13. Level of written communication required :(I must write legibly/I must not write legibly)
14. Level of interaction with colleagues, other departments, external agencies etc. {I need to communicate with people:
Daily/once a week/ month}

SECTION B

Domain 1: PERSONAL

Sub-domains:

1.1. Instrumental activities of daily living

Activities of daily living	Unable to =1	With assistance =2	Independently =3
1. I can bathe myself			
2. I can groom myself (shave or put on make-up)			
3. I can dress myself			
4. I can feed myself			
5. I can use the bathroom			
6. I can exercise bowel control			
7. I can exercise bladder control			
8. I can work unaided			
9. I can use public transport			
10. I can drive myself			
11. I can travel from home to required destination			

1.2. Cognition

Do you display the following behaviours and feelings?	Always[1]	Frequently [2]	Rarely [3]	Not at all [4]
1. Loss of interest in activities				
2. Difficulty in remembering events				
3. Difficulty in remembering people				
4. Difficulty in articulating words				
5. Talking excessively				
6. Restless and agitated				
7. Difficulty in remembering places				
8. Becoming sad, depressed and unnecessarily emotional				
9. Becoming anxious and worried				
10. Becoming angry				

1.3. Communication

To what extent do you agree or disagree with the following	Unable to=1	With assistance=2	Independently=3
1. I can follow discussions			
2. I can articulate (express) my thoughts clearly to others			
3. I can interact with others without difficulty			

1.4. Coping at place of work

	Unable to=1	With assistance=2	Independently=3
1. I can work with instruments in my former work station			
2. I can feel objects when handling them			
3. I can do my normal duties			
4. I can work at full capacity			
5. I can withstand the pressure and stress of my former duties			
6. I can withstand the rational challenges of my job			
7. I can withstand the expressive challenges of my former duties			

1.5. Motivation to return to work

My motivations for returning to work are	Sure=1	Unsure=2	Never thought about it=3
1. Fear of impact on career development			
2. Fear of loss of employment			
3. Financial			
4. Social isolation			
5. Negative impact of absence on work			
6. Negative impact of absence on perceptions of others			
7. Negative impact of absence on my mood			
8. Improved physical health			
9. Improved participation			
10. Improved ability to function independently			
11. Concerns about being perceived as			

disabled

If you have any additional comments about personal issues, please write them in here

Domain 2: WORK

Sub-domains:

2.1. Employees motivation

Do you agree or disagree with the following statements.	Never thought about it=1	Unsure=2	Sure=3
1. I am recognised by my employer as important at work irrespective of my disability.			
2. There are opportunities for personal growth at work irrespective of my disability.			
3. I will get promoted as at when due irrespective of my disability.			
4. I feel in control and empowered as I discharge my duties irrespective of my disability.			
5. I feel secure about my job and position irrespective of my disability.			
6. I am happy with my work and I enjoy doing it irrespective of my disability.			
7. I achieve my set goals at work irrespective of my disability.			
8. I have the opportunity to organise my approach to work irrespective of my disability.			

2.2. Reasonable accommodation

Do you agree or disagree with these statements	Never thought about it=1	Unsure=2	Sure=3
1. I don't need modifications to the staircase			
2. I don't need an elevator to ascend to my office			
3. I don't need access to a bathroom close to my office			
4. I don't need a change of job description			
5. I don't need a shift of duty to enable me to cope			
6. I can work normal hours despite my disability			
7. I can comfortably work from home and still meet my quota			

2.3. Employers motivation

Do you agree or disagree with these statements	Never thought about it =1	Unsure=2	Sure=3
1. My employer will retain me irrespective of my disability if I return to work			
2. My employer will transfer me to another unit if I cannot perform my former duties			
3. My employer will not sack me if I cannot perform my former duties			
4. My employer takes cordial relationship with colleagues seriously			
5. My employer does not prioritise cosmetics and physical appearance			
6. My employer is willing to give less duties if I cannot perform my previous duties			
7. My employer is emphatic and sympathetic with me due to my disability			
8. My employer does not think less of me because of my disability.			

If you have any additional comments about the system and policies of your work place, please write them in here

Domain 3: Contextual factors

Sub-domains:

3.1. Social support

Do you agree or disagree with these statements	Definitely disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Definitely agree
1. It's really easy for me to talk about my problems with my family and friends					
2. My spouse and children are really very supportive during difficult times					
3. My family and extended family assist me when making difficult decisions					
4. Sharing my pains and joy with my spouse and children gives me comfort and relieve					
5. Sharing my pains and joys with my co-workers, friends, neighbours brings relieve to me.					
6. I get moral and emotional help from my spouse and children					
7. I get help from my family and friends when making important decisions that affecting my work and health.					
8. I get enough assistance from people around me whenever I need help.					

3.2. Local transport

Do you agree or disagree with the following statement	Definitely disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Definitely agree
1. I don't need anyone to accompany me when going outdoor because of my disability					
2. My condition allows me to board, ride or disembark from a public mode of transportation(cars,bus,train)					
3. I can ride a motorcycle or drive a car to work without assistance.					
4. My condition does not prevent me from travelling to my work or to disembark at my destination.					

3.3. Attitudes of communities

Do you agree or disagree with the following statement	Definitely disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Definitely agree
1. I wouldn't be asked to stay away from work, religious and social groups					
2. I wouldn't be avoided by the community members because of my condition.					
3. My condition doesn't make people to despise me and think less of me.					
4. My condition doesn't expose me to shame and embarrassment in my community.					
5. People don't avoid me because of my condition.					
6. Returning to work and getting a new job is not difficult.					
7. My neighbors, friends colleague and others show love for me despite my condition					

If you have any additional comments about contextual factors, please write them in here

Scoring of Domain: Return-to-work Assessment Scale

Domain 1 contains five sub-domains:

Domain 1.1 – Instrumental activities of daily living

Domain 1.2 – cognition and psychosocial factors

Domain 1.3 – communication

Domain 1.4 – coping at place of work

Domain 1.5 – Motivation to return to work.

Domain 2 contains three sub-domains:

2.1 – Employees motivation

2.2 – Reasonable accommodation

2.3 – Employers motivation.

Domain 3 deals with contextual factors, and contains three sub-domains:

3.1 – Social support

3.2 – Local transport

3.3 – Attitude of communities

SCORING AND INTERPRETATION OF RETURN TO WORK ASSESSMENT SCALE (RAS)

- Domain 1
 - 0-53 Poorly, not ready to return
 - 53-106 Moderately ready to return
 - 107-140 Independent and ready to return
- Domain 2
 - 0-22 Poorly able to cope
 - 23-46 Moderately able to cope
 - 47-93 Able to cope at work place
- Domain 3
 - 0-19 Poorly supportive
 - 20-39 Partially supportive
 - 39-57 Moderately Supportive
 - 58-95 Contextual factors supportive

Interpretation of scores

- In domain one any score less than 53 is not ready to return to work,
- Domain two focuses on being able to cope at work, any score less than 23 cannot cope at work.
- Domain three focuses on contextual factors being supportive to return to work or not. Any score less than 39 are partial and unsupportive to the post stroke survivor.
- A post stroke survivor is only ready to return to work if He/She has at least 53 in domain 1, 23 in domain 2 and 39 in domain 3.