



Rehabilitation challenges for Aboriginal clients recovering from brain injury: a qualitative study engaging health care practitioners.

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Young Adult

Abstract: To explore the experiences of health care practitioners working with Aboriginal clients recovering from acquired brain injury (ABI).
Participatory research design using qualitative methods.
Fourteen in-depth, semi-structured interviews were conducted. The Framework Method of analysis was used to uncover emerging themes.
Five main categories emerged: practitioners' experience with brain injury, practitioners' experience with Aboriginal clients, specialized needs of Aboriginal clients recovering from brain injury, culturally sensitive care and traditional healing methods. These categories were then further divided into emergent themes and sub-themes where applicable, with particular emphasis on the specialized needs of Aboriginal clients.
Each emergent theme highlighted key challenges experienced by Aboriginal peoples recovering from ABI. A key challenge was that protocols for rehabilitation and discharge planning are often lacking for clients living on reserves or in remote communities. Other challenges included lack of social support; difficulty of travel and socio-cultural factors associated with post-acute care; and concurrent disorders.
Results suggest that developing reasonable protocols for discharge planning of Aboriginal clients living on reserves and/or remote communities should be considered a priority.

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[From health care to home community: an Aboriginal community-based ABI transition strategy.](https://arctichealth.org/en/permalink/ahliterature138013)

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Abstract: To explore the barriers and enablers surrounding the transition from health care to home community settings for Aboriginal clients recovering from acquired brain injuries (ABI) in northwestern Ontario.
Participatory research design using qualitative methods.
Focus groups conducted with clients with ABI, their caregivers and hospital and community health-care workers. The Framework Method of analysis was used to uncover emerging themes.
Six main categories emerged: ABI diagnosis accuracy, acute service delivery and hospital care, transition from hospital to homecare services, transition from hospital to community services, participant suggestions to improve service delivery and transition, and views on traditional healing methods during recovery.
A lack of awareness, education and resources were acknowledged as key challenges to successful transitioning by clients and healthcare providers. Geographical isolation of the communities was highlighted as a barrier to accessibility of services and programmes, but the community was also regarded as an important source of social support. The development of educational and screening tools and needs assessments of remote communities were identified to be strategies that may improve transitions.
Findings demonstrate that the structure of rehabilitation and discharge processes for Aboriginal clients living on reserves or in remote communities are of great concern and warrants further research.

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