EXPLORING THE FACTORS WHICH INFLUENCE EMPLOYMENT FOLLOWING SPINAL CORD INJURY IN VIETNAM: A PRELIMINARY QUALITATIVE STUDY

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DECLARATION

I certify that this dissertation does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person, except where due reference is made to the text.

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ACRONYMS

CRPD: Convention on the Rights of Persons with Disabilities

DP Hanoi: Hanoi Association of People with Disabilities

ESCAP : Economic and Social Commission for Asia and The Pacific

ICF: International Classification of Functioning, Disability and Health

PVEST: Phenomenological Variant of Ecological Systems Theory

SCI: Spinal cord injury

WHO: World Health Organization

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ABSTRACT

Background: Employment plays an important role in not only strengthening the economic situation and quality of life of people with spinal cord injury (SCI) but also promoting adjustment to disability and social inclusion. However, many people with SCI in Vietnam face a range of challenges in gaining and maintaining paid employment. This research aims to explore factors which facilitate and limit paid employment from the perspective of people with SCI in Vietnam.

Methodology: A qualitative approach using a phenomenological research design was chosen to address the research questions. Nine adults with spinal cord injury aged 22 to 35 years were recruited through the support of the Hanoi Association of People with Disabilities. Participants were interviewed via Skype and telephone with a mix of open and closed questions; interviews were audio recorded, transcribed and thematically analysed.

Findings: Factors that facilitated paid employment were: (1) personal factors including self-motivation and self-determination, desire/passion for work, and functional independence; (2) support factors including emotional, physical, and financial support from family, friends, mentors, peers, and self-help groups of people with disabilities; (3) environmental factors including accessibility and accessibility support from colleagues; and (4) workplace factors including job requirements and home-based work. In contrast, barriers included (1) personal factors such as concerns about going out, self-esteem, qualifications; (2) health condition factors such as mobility difficulties, pressure sore issues and bladder and bowel control; (3) family factors; (4) environmental factors such as inaccessible infrastructure, transportation, and workplace, societal stigma and discrimination, vocational training, and employment opportunities; and (5) employer perspective factors such as accommodation, expectations on people with disabilities, and training.

Conclusion: Emerging themes were discussed in relation to the Phenomenological Variant of Ecological Systems framework for understanding the interaction between people with SCI and socio-cultural and historical context that influences their experiences in gaining and maintaining paid employment. Recommendations for policy and practice and future research were also presented.

CHAPTER 1 INTRODUCTION

1.1. Introduction

Spinal cord injury (SCI) is defined as damage to the spinal cord or spinal nerves (Silva, Sousa, Reis, & Salgado, 2014) and can result from traumatic causes such as falls, road traffic accidents, occupational injuries, sport, and violence (New, Cripps, & Lee, 2014a; Silva et al., 2014; World Health Organization (WHO), 2013a). SCI can also result from non-traumatic causes such as infectious disease, tumour, musculoskeletal disease, and congenital conditions (New et al., 2014a; Silva et al., 2014; WHO, 2013a). It is estimated that the incidence of SCI over the world is 40 to 80 new cases per million population per year (WHO, 2013a). This means that there are from 250,000 to 500,000 new people who acquire a SCI every year (WHO, 2013a). However, there are differences in the incidence in different regions of the world (Furlan & Tator, 2012). For instance, the reported incidence rates of traumatic SCI in North America vary from 25 to 83 per million people per year; whereas, this number varies from 8 to 130.6 per million people per year in Europe (Furlan & Tator, 2012). In Asia, incidence rates ranged from 12.06 to 61.6 per million per year (Ning, Wu, Li, & Feng, 2012).

Spinal cord injury can result in physical, functional and psychological challenges for individuals (Karlsson, 2006; Post & Van Leeuwen, 2012), for instance, loss of muscle control and body movement, and loss of other functions such as autonomic nervous system dysfunction, cardiovascular dysfunction and others (Furlan & Tator, 2012; Gensel, 2014). Furthermore, people with SCI may experience mental health issues such as depression, post-traumatic stress disorder and anxiety (Post & Van Leeuwen, 2012). As a result, this may impact the participation of individuals in their daily living activities including learning, working and recreation (Karlsson, 2006).

Employment is a vital right of any person in the world, which is clearly stated in the Universal Declaration of Human Rights (United Nations, 1948) and in the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006). Employment can be remunerative or non-remunerative (WHO, 2001). Remunerative employment is an engagement in all aspects of work such as an occupation, trade or others for payment while non-remunerative employment is an engagement in all aspects of work such as volunteer, charity or others in which pay is not provided (WHO, 2001). Despite the differences in remunerative and non-remunerative

employment, it may be a key rehabilitation outcome for individuals with SCI which can promote adjustment to disability, enhance self-identity, and stimulate social inclusion (Krause, Sternberg, Maides, & Lottes, 1998; Ottomanelli & Lind, 2009). In addition, employment helps strengthen an individual's economic situation and overall quality of life (Gupta, Solomon, & Raja, 2011). Hence, employment not only helps to promote the rights of people with SCI but also brings other important benefits.

1.2. Study context

There is limited data on persons living with SCI in Vietnam in the existing literature. The International Spinal Cord Society (2011) reported a prevalence of 464 individuals with traumatic SCI per million population in Vietnam from 2006 to 2007. This number is within the worldwide prevalence of traumatic SCI ranging from 236 to 4187 per million (Lee, Cripps, Fitzharris, & Wing, 2014).

Vietnam is located in Southeast Asia with a population of 78.5 million people (The United Nations Population Fund, 2011). The reported percentage of people with disability in Vietnam is 7.8%, which is much lower than the global rate ranging from 15.6% to 19% from 15 years old (United Nations Population Fund, 2011; Vietnam National Coordinating Council on Disability, 2010; WHO & The World Bank, 2011). However, the number of people with disability in Vietnam is higher than reported in other Southeast Asian countries such as Malaysia and Thailand at 1.3% and 2.2% respectively (Economic and Social Commission for Asia and The Pacific (ESCAP), 2016). The disability rate of three countries differs probably because of the difference in definitions of persons with disabilities. Malaysia and Thailand define persons with disabilities as those who have long term impairments which in interaction with various barriers may limit their full participation in daily life and society while Vietnam only specifies those who have impairments as persons with disabilities (ESCAP, 2016). In addition, the majority of people with disability in Vietnam live in rural areas (Fritz, Miller, Gude, Pruisken, & Rischewski, 2009).

Although the Vietnamese government has sought to create employment opportunities for people with disabilities, this is still an area requiring further attention (Vietnam National Coordinating Council on Disability, 2010). According to the ESCAP (2016), it is estimated that the unemployment rate of people with disability in Vietnam is around 27%, in comparison to only 2% for people without a disability (ESCAP, 2016). There is limited research available on the employment situation for people with

SCI in Vietnam, and factors influencing employment. It is important to explore factors which influence employment outcomes and vocational rehabilitation processes of people with SCI in Vietnam in order to provide recommendations for further research and practice.

Despite the known benefits of employment, many people with SCI are not involved in the labour market (WHO, 2013a). It is reported that more than 60% of adults with SCI were unemployed globally in 2013 (WHO, 2013b). International research has identified a number of factors that impact the opportunities to gain and maintain employment including time since injury, educational background, and injury severity (Hess, Ripley, McKinley, & Tewksbury, 2000; Krause, Terza, Erten, Focht, & Dismuke, 2012; Phillips, Hunsaker, & Florence, 2012). Physical accessibility, job features, and societal discrimination towards people with disability are also key influences (Eng et al., 2007; Murphy, Middleton, Quirk, Wolf, & Cameron, 2011).

Although this topic is discussed within the contexts of several developed countries, there is limited research to date on developing countries including Vietnam. This highlights a need to conduct a preliminary investigation to provide recommendations to enhance the vocational rehabilitation process (Tasiemski, Priebe, & Wilski, 2013).

1.4. Aim of the study

This study aims to explore factors which facilitate and limit paid employment from the perspective of people with SCI in Vietnam. It is anticipated that this preliminary study will provide recommendations for future research and practice in order to inform vocational rehabilitation processes in Vietnam.

1.5. Research questions

The following questions will be addressed:

(1) What factors facilitate paid employment post SCI?

(2) What factors limit paid employment post SCI?

(3) What suggestions reported by adults with SCI support paid employment post SCI?

1.6. Dissertation structure

In this dissertation, the following chapters are included:

Chapter 2: Literature review

This chapter critically reviews the literature on employment of people with SCI and factors influencing employment following SCI. To begin, a description of SCI is presented, followed by definitions of employment, and impacts of spinal cord injury on employment. Literature examining factors influencing employment following SCI globally, and in Asian countries, is also reviewed, and an overview of employment for people with disabilities in Vietnam is then presented.

Chapter 3: Research methodology

This study aims to explore factors facilitating and limiting paid employment from the perspective of people with lived experience of SCI in Vietnam. This chapter outlines and discusses the research approach, methodological design, the method of data collection and data analysis in detail as well as exploring and outlining ethical issues involved in the current study.

Chapter 4: Research findings

This chapter presents the overall findings of the preliminary qualitative study with a focus on the themes identified during the data analysis.

Chapter 5: Discussion

This chapter presents findings of this study in relation to relevant literature and research questions. The section includes findings, discussion, limitations, recommendations and conclusion of the study.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

This chapter critically reviews the literature on employment of people with Spinal Cord Injury (SCI) and factors influencing employment following SCI. To begin, a description of SCI is presented, followed by definitions of employment, and impact of spinal cord injury on employment. Literature examining factors influencing employment following SCI globally, and in Asian countries, is also reviewed. An overview of employment for people with disabilities in Vietnam is finally presented.

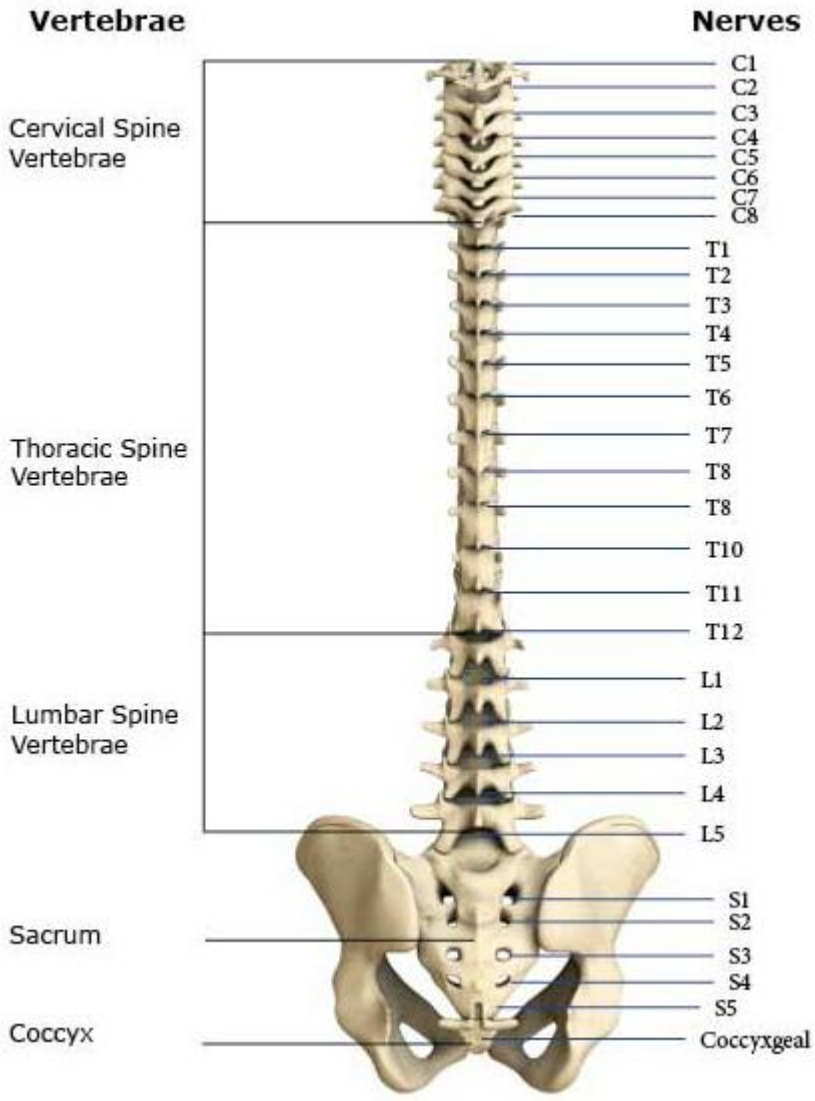
2.2. Spinal Cord Injury

2.2.1. What is SCI?

A spinal cord injury is defined as a disturbance of the spinal cord or spinal nerves (Silva et al., 2014). A SCI could be (a) complete, characterized by the complete absence of sensory and motor function in the lowest sacral segments, or (b) incomplete, involving the partial preservation of sensory and/or motor function below the level of injury (Burns, Marino, Flanders, & Flett, 2012; Liverman, Altevogt, Joy, & Johnson, 2005). Hence, the nature of injury is significantly related to the physical functions which a person can perform post injury.

The spinal cord is comprised of a delicate pack of nerve fibres connecting the brain to the body (Palmer, Kriegsman, & Palmer, 2008). The spine (vertebral column) includes seven cervical vertebrae in the neck (C1-C7), twelve thoracic vertebrae in the upper back (T1-T12), five lumbar vertebrae in the lower back (L1-L5), and a fused block of vertebrae called the sacrum at the base of the spine (S1-S5) (Palmer et al., 2008), Figure 2.1.

Figure 2.1. The spinal cord (Schmidler, 2018)



The spinal cord, like the vertebral column, has segments from cervical to sacral (Palmer et al., 2008). Two pairs of nerve roots (bundles of nerve fibres) connect with the spinal cord at each level and each pair of nerve roots consists of a sensory and a motor origin (Palmer et al., 2008). These spinal nerves pass through the vertebral column between the vertebrae, carrying sensory information from and motor information to the arms, leg, and trunk (Palmer et al., 2008). Hence, the location of the spinal cord injury determines the parts of the body that are paralysed or that lose sensation or functions. For instance, cervical spinal cord injury (C1 through C8) causes paralysis or weakness in both arms and legs (tetraplegia) so all parts of the body below the neck or the top of the back are affected (Palmer et al., 2008). Tetraplegia is frequently accompanied by loss of physical sensation, loss of bowel and bladder control, and sexual dysfunction (Palmer et al., 2008).

Thoracic spinal cord (T1 through T12) injury affects the area below the level of injury, which can cause paralysis or weakness of the legs (paraplegia), loss of sensation, sexual dysfunction, and problems with bowel and bladder control. Arms and hand functions are usually unaffected (Palmer et al., 2008).

Lumbar spinal cord (L1 through L5) injury usually results in paralysis or weakness of the legs (paraplegia), loss of sensation, sexual dysfunction, and problems with bowel and bladder control. Shoulder, arm, and hand functions are unaffected at this level of injury (Palmer et al., 2008).

Sacral spinal cord (S1 through S4) injury primarily causes loss of bowel and bladder control and sexual dysfunction. Some sacral injuries may also cause weakness or paralysis of the hips and legs (Palmer et al., 2008).

2.2.2. Causes of SCI

A SCI can result from traumatic or non-traumatic causes (New, Cripps, & Lee, 2014b; Silva et al., 2014). Traumatic SCI refers to a lesion to the spinal cord caused by an external physical force resulting in nerve disruption (Furlan & Tator, 2012). Most traumatic SCIs result from contusion or bruising of the spinal cord as a consequence of fracture and/or dislocation of the spine (Gensel, 2014). A traumatic injury to the spine may occur following 'falls, road traffic injuries, occupational, sport injuries and violence' (WHO, 2013a, p. 5). In contrast, non-traumatic SCI usually includes an underlying issue such as 'infectious disease, tumour, musculoskeletal disease such as osteoarthritis, and congenital conditions such as spina bifida' (WHO, 2013a, p. 5).

Males from 18 to 32 years of age more commonly sustain traumatic SCI in both developed and developing nations, possibly because of predominant manual labour and risk taking behaviour (Ackery, Tator, &Krassioukov, 2004; Lee et al., 2014). However, traumatic SCI affects both males and females who are older than 65 years old in developed countries because of ageing populations (Lee et al., 2014). Developed nations tend to have a higher number of SCIs from degenerative causes and tumours (New et al., 2014b). In contrast, developing countries tend to have a higher prevalence of SCI due to infections such as tuberculosis and HIV, in addition to tumours (New et al., 2014b). Non-traumatic SCIs tend to occur in the elderly population with progressive conditions in need of more expensive care for a shorter term in comparison with traumatic SCI (New, Rawicki, & J.Bailey, 2002; WHO, 2013a).

2.2.3. Impact of SCI

Spinal cord injury dramatically challenges the life of the affected person in terms of physical, functional and psychological changes (Karlsson, 2006; Post & Van Leeuwen, 2012). The injury can impact three main systems of the body: the nervous system, the immune system, and the vascular system, which interact dynamically in response to injury (Liverman et al., 2005). Though some injuries are healed during the recovery period, other tissue damage continues to expand further than the original site of injury (Liverman et al., 2005).

Firstly, SCI affects functions of the autonomic nervous system (Furlan & Tator, 2012; Gensel, 2014; B. J. Hilton, Moulson, & Tetzlaff, 2017; Karlsson, 2006; Ramer, Ramer, & Bradbury, 2014). In the acute stage, the autonomic disparity and its impact on cardiovascular, respiratory system and temperature regulation may be life threatening (Karlsson, 2006). In addition, the person with SCI can experience bladder dysfunction, cardiovascular dysfunction, bowel dysfunction and sexual dysfunction (Furlan & Tator, 2012; Gensel, 2014; Karlsson, 2006; Liverman et al., 2005; Palmer et al., 2008; Weaver & Polosa, 2006).

Additionally, individuals can lose motor and sensory function following SCI (Furlan & Tator, 2012; Liverman et al., 2005; Ramer et al., 2014). For instance, an individual with SCI may not be able to control body muscles and movement (Liverman et al., 2005). According to the American Spinal Injury Association (Kirshblum et al., 2011, p. 543), there are five levels of impairment in the American Spinal Injury Association Impairment Scale (AIS) (see Table 2.1).

Pain is a frequent and exhausting consequence of SCI (Liverman et al., 2005; Palmer et al., 2008). For some, the pain is temporary and associated with the initial trauma while others may have pain for weeks or longer (Palmer et al., 2008). However, 60% to 80% of people with SCI experience chronic pain following a SCI that is disabling and difficult to treat (Palmer et al., 2008). Chronic pain can arise from an external cause such as a noxious stimulus and tissue damage or from medical changes happening within sensory nerves (Liverman et al., 2005; Marcel, Bryce, & Jeanne, 2009). Chronic pain may result in lowering quality of life, functioning including with respect to employment participation, self-esteem, and delivering care (Liverman et al., 2005).

Table 2. 1 American Spinal Injury Association Impairment Scale (Kirshblum et al., 2011, p. 543)

'Level of injury	The motor/sensory effects
A = Complete	No sensory or motor function is preserved in the sacral segments SA-S5
B = Sensory incomplete	Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5, AND, no motor function is preserved more than three levels below the motor level on either side of the body.
C = Motor incomplete	Motor function is preserved below the neurological level and more than half of key muscle functions below the single neurological level injury have a muscle grade less than 3 (Grades 0 -2).
D = Motor incomplete	Motor function is preserved below the neurological level, and at least half (half or more) of key muscle functions below the neurological level of injury have a muscle grade ≥ 3.
E = Normal	If sensation and motor function as tested with the International Standards for Neurological Classification of Spinal Cord Injury are graded as normal in all segments, and the patient had prior deficits, then the AIS is E. Someone without an initial SCI does not receive an AIS grade.

Besides the impact on physiological systems, there are psychological effects associated with SCI (Craig, Tran, & Middleton, 2009; Migliorini, Tonge, & Taleporos, 2008; Pollard & Kennedy, 2007; Post & Van Leeuwen, 2012). According to Craig et al. (2009), individuals with SCI were vulnerable to experiencing depressive symptoms when living in rehabilitation (30%) and community settings (27%). Meanwhile Migliorini et al. (2008) assert that nearly half of people with SCI experienced mental health problems such as depression, anxiety and post-traumatic stress disorders. It was also reported that those with SCI experienced a higher level of distress than the overall population because of changes in social roles and identity as a consequence of experiencing SCI (Migliorini et al., 2008; Post & Van Leeuwen, 2012). Experiencing mental health disorders may significantly influence a person's

participation level in social and work activities leading to negative impacts on quality of life and wellbeing (Craig et al., 2009).

Effects of SCI are usually permanent as the mammalian central nervous system has a limited capability for repair and axon regeneration (Gensel, 2014). Consequently, loss of function brings about a wide influence on activity participation, and potentially has an adverse influence on interaction with social systems and the society in which the individual lives (Karlsson, 2006; New et al., 2002).

2.3. Employment

2.3.1. Definition of employment

According to Lidal, Huynh, and Biering-Sørensen (2007), there are different definitions of employment. In fact, there is no universal definition of employment because employment is dynamic (Kiersztyn, 2012). Employment is complex because it can be studied and understood in many different ways.

The WHO (2001) categorizes employment into 'remunerative' and 'non-remunerative' employment. Remunerative employment is defined as engagement in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee or self-employed, in a full-time or part time capacity. In contrast, non-remunerative employment is defined as engagement in all aspects of work in which pay is not provided, in a full-time or part-time capacity, such as volunteer work, charity work, work for a community or religious group, and working around the home.

In contrast, Hess et al. (2000) provide a more narrow definition of employment as legal and gainful work in the competitive labour market. Huang (2017) also defines employment as paid work either full-time or part-time, however unpaid work such as volunteering or homemaker duties are not considered. Similarly, Article 9 of the Labour Code of Vietnam defines employment as any working activity which generates income and is not prohibited by law (The National Assembly of Vietnam, 2012).

These definitions of employment indicate that employment is differently defined in relation to remuneration, aspects of work, hours and work settings. The current research study will focus on people's experiences in gaining and maintaining renumerated employment after SCI, and will adopt the WHO (2001) definition of

employment: engagement in all aspects of work for paid employment or self-employment in a part-time or full time setting.

2.3.2. SCI and employment

There is a low employment rate in people with SCI. Lidal et al. (2007) systematically examined 113 international studies published in English on employment for people with SCI from 2000 to 2006. They found 21% to 67% of people with SCI returned to work at the time of injury, and 11.5% to 74% of those with SCI were employed from four to 45 years since injury (Lidal et al., 2007). Similarly, Young and Murphy's (2009) systematic review of 48 studies from 1992 to 2005 in different areas such as North America, Europe, Australia, and Asia reported that overall 68% of people with SCI worked at some time following injury.

Employment rates among people with SCI also appear to vary according to region. The highest and lowest average current employment rate was at 51% and at 30% in Europe and in North America respectively (WHO, 2013a). Data for low and middle-income countries also revealed similar results. For instance, Ramakrishnan, Chung, Hasnan, and Abdullah (2011) conducted a survey with 84 people with SCI in Malaysia indicating that more than half of the people involved in the research were working at the time of the study, with an average employment percentage of 76.2%. Meanwhile results of a survey conducted with 600 people SCI in India revealed that only 41% of participants were working at the time of the study (Gupta et al., 2011). However, the employment rate of people with SCI in India was lower than the overall population at 62.5% (WHO & The World Bank, 2011).

2.3.3. Disability Employment in Vietnam

It has been estimated that the employment rate of people with disability in Vietnam is 72% (Bogenschutz, Im, & Liang, 2016). This includes the overall labour force including the competitive employment labour market and self-employment (Bogenschutz et al., 2016). This figure is lower than that of the general population at 83% (Bogenschutz et al., 2016). There is a similar pattern in the employment rate of people with disability in Australia. 53.4% of those with disability in Australia were in the workforce in contrast to 83.2% of the general population (Australian Bureau of Statistics, 2015). However, the percentage of people with disability in Vietnam in the competitive labour market and self-employment is substantially higher than Australia.

Furthermore, persons with disabilities in Vietnam face difficulties in obtaining employment, or working in vulnerable situations with little or no social insurance or job security (ESCAP, 2016). Many are working in casual fields like agriculture, handcraft, and self-employment such as independent business owners and casuals (Vietnam National Coordinating Council on Disability, 2010).

2.3.4. Factors influencing employment following SCI

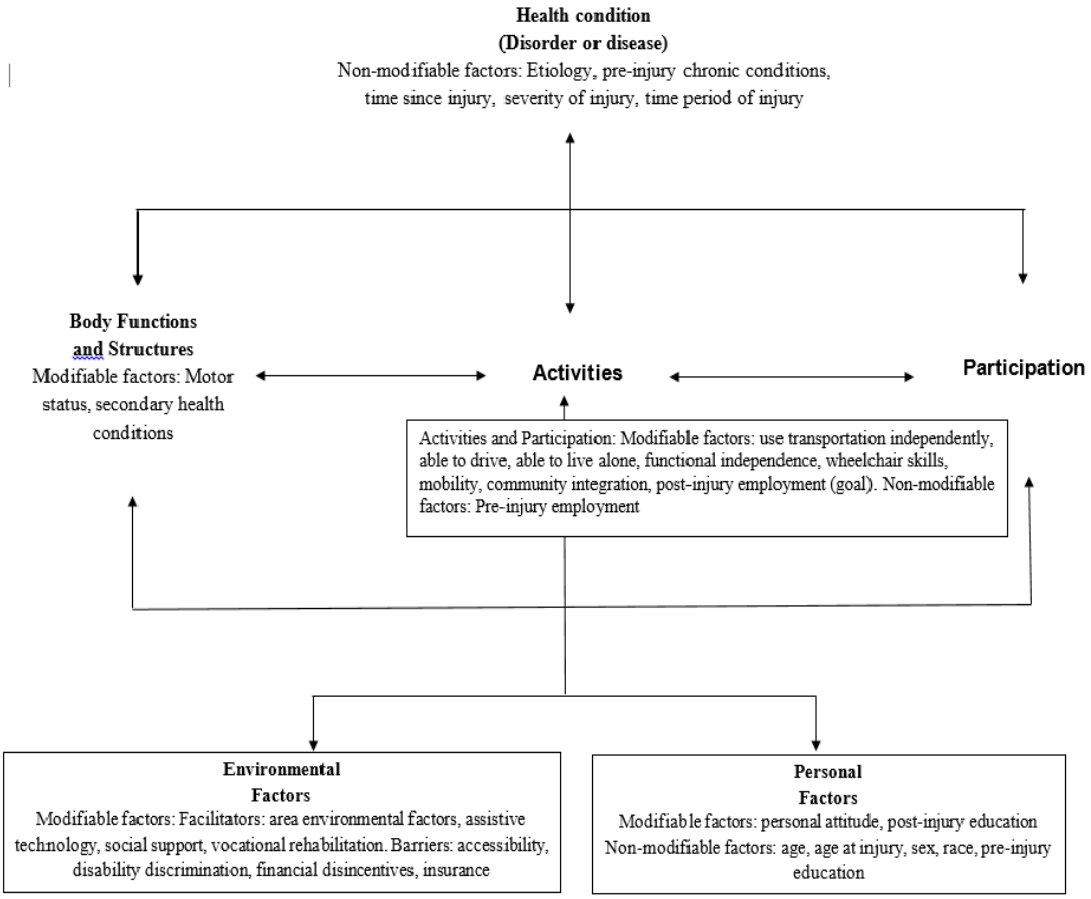
A number of research studies have identified factors which influence employment following SCI. Methodologies vary, including quantitative and qualitative approaches. This section presents and critiques the findings according to study design in order to identify what is known and highlight the gaps for future research.

Quantitative studies

Trenaman, Miller, Querée, and Escorpizo (2015) conducted a systematic review of 39 international quantitative studies from 1952 to 2014 to identify modifiable and non-modifiable factors influencing employment post SCI. They are categorised according to the International Classification of Functioning, Disability and Health (ICF) framework, including health condition, body function and structure, activity, participation, environmental and personal factors (WHO, 2001). According to the ICF, health conditions are related to diseases or disorders that a person may have. Body functions refer to the body systems' functional physiology involving psychological functions while body structures are structural body components like tissues, limbs and their parts. Activity is the implementation of a job or an action done by a person while participation means the engagement in a living activity. Environmental factors are physical, social and attitudinal features of the environment where an individual lives. These factors are either facilitators of or barriers to an individual's functioning. Figure 2.2 presents findings of Trenaman et al. (2015).

Figure 2.2: Factors influencing employment following SCI classified by ICF domain and modifiability

Source: Adapted from Trenaman et al. (2015) and WHO (2001)



This systematic review utilized the ICF framework to identify the different factors influencing employment outcomes following SCI. This framework allows the reader to determine disability aspects and modifiable and non-modifiable factors of each aspect to maximize employment success for people with SCI. However, this review did not include non-English research, and did not analyse regression or measure effects. In addition, nearly half of the studies included in this review used information from the United States (US) based National Spinal Cord Injury Statistical Centre so it is likely that some people may have participated in more than one study included in this review.

Ottomanelli and Lind (2009) conducted a systematic review of 60 international quantitative and qualitative studies from 1978 to 2008 to comprehensively summarise the existing research on rate of employment after SCI, its predictors, and the benefits

and obstacles. The authors also reported that pre and post injury education, severity of injury, time since injury, environment, social support and gender are key factors associated with employability for persons with SCI. Marital status and professional interests are also important influences in employment following SCI. Moreover, Ottomanelli and Lind (2009) identified educational attainment as the most significant predictor of return to work for those with SCI. It is noted that this systematic review is now almost ten years old, and the studies included varied in their definitions of employment, for instance employment was defined in some studies as remunerative employment while some others also included non-remunerative employment.

The most frequently identified factors from quantitative studies include: time since injury; injury severity; pre and post-injury education; gender; marital status; and environment (Franceschini et al., 2012; Hess et al., 2000; Krause & Broderick, 2006; Krause et al., 2012; Tomassen, Post, & Van Asbeck, 2000; Velzen et al., 2009).

Hess et al. (2000) conducted a longitudinal study with 4520 adults with traumatic SCI in the US during a three year period revealing that the most significant predictors of return to work were education, motor index score, ethnicity, and age at the time of injury, which were shown in high significance across three years. However, this study concentrated on return to work by omitting people who did not work at the onset of injury.

Tomassen et al. (2000) conducted a retrospective study interviewing 234 adults with SCI in the Netherlands to predict factors of return to work post injury in relation to the physical strength and dexterity required in the pre-injury work. In similarity to findings from Hess et al. (2000), Tomassen et al. (2000) concluded that high performance in activities of daily living, high level of educational background, and education level after injury were important predictors of return to work. In addition, being male and the physical job pre-injury were reliable predictors of return to work. Nevertheless, some potential significant predictors of return to work after SCI such as motivation and perspective to work were not considered in this research.

Similarly, Krause and Broderick (2006) conducted a survey with 1,391 adults with traumatic SCI in the US, with results indicating that there was a significant association between ethnicity, age at the time injury, time post injury, severity of

injury, and level of educational attainment and the present employment situation. Interestingly, this study demonstrated that people who had higher internality of locus of control and activity, attained more favourable employment results. It is noted that data used in this study were collected at a specific point of time, precluding an assumption of causality.

Krause et al. (2012) also conducted another survey with 1,329 adults with traumatic SCI in the US demonstrating that there was a correlation between being white, male, completing a four-year degree or a graduate degree, and having jobs in the service sector before injury, and in timing following SCI. It is noted that the study analysis was restricted to a subset of variables including biographic, injury and education to predict employment outcomes.

Velzen et al. (2009) conducted a prospective cohort study with 118 adults with SCI in the Netherlands to investigate whether return to work can be anticipated from wheelchair capacity at discharge from the rehabilitation settings after omission for characteristics of age, gender and lesion level. The results indicated that the wheelchair capacity was an independent variable in relation to return to work. Moreover, education level was reported to be a key predictor of return to work. Nevertheless, this study only included participants who were wheelchair users, and worked before and one year after discharge.

Franceschini et al. (2012) conducted a prospective study with 403 people with traumatic SCI in Italy, who were followed up after four years to evaluate the incidence and predictors of return to work post injury. The author reported similar results to Hess et al. (2000); Krause and Broderick (2006); Krause et al. (2012); Tomassen et al. (2000), indicating that education and mobility independence, and previous employment experience were employment predictors. Additionally, Franceschini et al. (2012) identified that driving ability and capacity to live independently were significant predictors of return to work post injury while age, being married, and re-hospitalisation predicted greater likelihood of unemployment.

From a different perspective, Blake, Brooks, Greenbaum, and Chan (2017) explored the mediating influence of hope in the relationship between attachment and full time employment for people with SCI. This study surveyed 84 participants with SCI from

Canada, the United Kingdom, and the US. Blake et al. (2017) asserted that secure attachment (secure sense of belonging and connection to others) and hope (determination and planning to achieve goals), were significantly related to employment. Likewise, hope was found to be a significant mediator between attachment and full-time employment post SCI. Participants involved in this study, however, were relatively well educated and held higher socioeconomic status so the research findings may not be readily generalized to people from diverse ethnic and socioeconomic backgrounds.

Qualitative studies

Qualitative research has also provided useful data suggesting facilitators and barriers to employment following SCI. Motivation and the desire to work are the most commonly cited facilitators (Bergmark, Westgren, & Asaba, 2011; Hay-Smith, Dickson, Nunnerley, & Anne Sinnott, 2013; Wilbanks & Ivankova, 2015), while barriers to employment post SCI include health issues, adjustment to life and prejudices of people in the labour force (Bergmark et al., 2011; Hay-Smith et al., 2013; Wilbanks & Ivankova, 2015). Support from family and community, and environmental factors such as accessibility and accommodation are perceived as both facilitators and barriers to employment following the injury depending on individual circumstances (Chapin & Kewman, 2001; Hay-Smith et al., 2013; Wilbanks & Ivankova, 2015).

Chapin and Kewman (2001) conducted a qualitative study using grounded theory with 12 adults with SCI in the US, with results indicating that psychological and environmental features were the most salient factors influencing employment. Main psychological factors were optimism, self-esteem, achievement orientation and role models while key environment factors were monetary incentives, disincentives, access and accommodation. It is noted all participants were male and the majority with paraplegia, limiting the generalizability of the findings.

Bergmark et al. (2011) conducted a qualitative study involving interviews with 8 young adults with SCI from 20 to 34 years of age in Sweden. Findings revealed that low levels of education and employment experience and restrictions because of the injury were the main barriers, although the participants held high expectations of work ability.

Hay-Smith et al. (2013) report similar findings from a phenomenological qualitative study with 12 participants with traumatic SCI from spinal units in New Zealand. Work aspiration, going back to a familiar work, and expectation were facilitators in pursuing return to work, while obstacles were health concerns, challenges in adjustment to SCI, and misunderstanding of others about employment after injury. Support such as personal care needs, equipment, transportation, working environment, and emotional support from family and friends were considered as facilitators, and insufficiency of support was considered as an obstacle for employment following SCI.

Wilbanks and Ivankova (2015) conducted a phenomenological qualitative study with four adults with traumatic SCI in the US reporting that motivation and support from family and rehabilitation professionals were the most common facilitating factors for re-joining the workforce. Other facilitators included early-training resources, assistive technology and long term support. Barriers of return to work were stamina, planning, physical difficulties, and prevailing misconceptions of others in the labour force. It is noted that participants resided in an urban area with a dynamic labour market and commerce activities, and all had sustained SCI more than 20 years ago.

Reed, Meade, and Krause (2016) carried out a narrative design study to explore the association between employment and psychological health and health management as described by individuals with SCI who were employed at least once following injury. Forty-four adults with SCI in the US were involved in six different focus groups for discussion.Findings showed that adjustment and dealing with emotional consequences of injury such as anger, mental health issues, suicidal ideation and substance abuse were important to employment post injury. In addition, gaining self-confidence by being comfortable thinking about and managing disability and reactions of others, and the prevention of burnout were significant to employment. This study also reported similar results with Wilbanks and Ivankova (2015) that self-attitudes expressed in motivation and perspectives, expectations and positive attitudes of family members were critical to gaining and maintaining employment following injury.

Holmlund, Guidetti, Eriksson,and Asaba (2017) conducted a narrative design research interviewing 8 adults in Sweden with SCI, who had not yet returned to work, to discover return to work experiences in a day to day setting. Similarly to findings from

Bergmark et al. (2011); Hay-Smith et al. (2013), Holmlund et al. (2017) identified that both hope for future work and education were possible pathways to employment. However, participants reported their negotiation of the possibilities of working was affected due to the priorities in daily life such as self-care, pain and fatigue, and their concern of job suitability in the labour market in achieving employment post injury. In contrast, unpaid occupations grounded in interest and competence were hoped to open up employment possibilities, and were perceived as pathways toward return to work following injury.

Hilton, Unsworth, and Murphy (2017) conducted a systematic review of nine qualitative studies from 1996 to 2016 to describe barriers and facilitators which influence return to work experience of people with SCI. The authors only reviewed articles discussing paid employment and explored experiences of people with SCI to seek, gain and maintain paid employment. The research found that both personal and environmental factors contribute to bring both opportunities and challenges in gaining employment post injury. Personal factors included previous life experience, personality and motivation, and environmental contexts which consist of social, cultural and institutional environments.

It is noted that studies reviewed were all conducted in western countries such as the US, New Zealand, Sweden and others. In addition, most of the studies focused on researching return to work for people with SCI other than entry to work. The following section will discuss factors influencing employment following SCI in Asia, which may have different political, economic and social contexts with those in the western nations.

2.4. Factors influencing employment following SCI in Asian countries

Reliable data on disability including spinal cord injury and employment in Asian countries is scarce (ESCAP, 2016; WHO, 2013a). Some quantitative studies have been conducted in Asian countries in identifying facilitators and barriers to employment post SCI, identifying educational background and independence in functioning are positively correlated with employment outcomes while severity of injury, pre-injury chronic conditions and financial compensation are barriers to gainful employment post injury (Huang, 2017; Jang, Wang, & Wang, 2005; Lin, Hwang, Yu, & Chen, 2009; Ramakrishnan et al., 2011).

Jang et al. (2005) conducted a survey to examine the rate of employment and factors influencing return to work for 169 adults with traumatic SCI in Taiwan. Results emphasized the importance of educational background and independence in functioning to be related to employment post injury, which is consistent with studies of Franceschini et al. (2012); Hess et al. (2000); and Tomassen et al. (2000) in western contexts. Moreover, the value of training to facilitate functional independence in the rehabilitation setting is highlighted. Notably, the data were mainly collected from one hospital in one country.

Lin et al. (2009) conducted a prospective quantitative research study interviewing 219 adults with traumatic SCI in Taiwan over a three year period. Similar findings were revealed with previous Taiwanese research by Jang et al. (2005). Education level and independence in transportation were positively and significantly associated with employment post injury. In addition, there was a positive and significant association between professional qualifications and adventure-seeking traits, and employment.

Ramakrishnan et al. (2011) reported findings from a survey with 84 adults with traumatic SCI from a disability support organisation in Malaysia, indicating that the educational level did not affect employment outcome, which is different from findings from other studies. In addition, there was a negative association between hospitalisation within the last year and receipt of monetary incentives and employment following SCI. Meanwhile Chapin and Kewman (2001) argued that monetary assistance acted as both incentives and disincentives for employment outcomes after SCI. Ramakrishnan et al. (2011), however, presented similar findings to previous studies of Franceschini et al. (2012); Krause and Broderick (2006); and Tomassen et al. (2000) which indicated that there was a significant positive association between younger age at the onset of injury, personal care independence, and capacity to drive a modified vehicle, and employment after SCI.

Huang (2017) conducted another survey with 353 adults with SCI in Taiwan to examine participants' employment situation and factors influencing employment. Results revealed that individuals with a college degree of higher education experiencing fewer functional limitations and perceiving greater social support correlated with higher probability of employment. However, the study sample was recruited through one specific organisation of people with SCI in Taiwan, which is not necessarily representative of the entire population of people with SCI in Taiwan.

In addition to results of quantitative studies on employment following SCI, Chan and Man (2005) contributed findings from a qualitative study in Hong Kong, China to discover obstacles and key factors that might prevent those with SCI from searching for and maintaining employment. Sixteen adults with SCI were involved in two separate groups for discussion. This study demonstrated some similar results with research of Chapin and Kewman (2001); Hay-Smith et al. (2013); Hilton et al. (2017). Physical impairment such as loss of limb functions, psychological characteristics such as self-esteem and optimism, and environmental factors such as government financial supports influenced participants' job consideration and exploration, job seeking and job maintenance. Interestingly, this study found that personal contacts such as former employers and recommendations from friends or relatives acted as a key factor in job seeking, offering and returning to work. Interpersonal factors and networking were also crucial factors in determining the success of re-employment. It is noted that a number of participants did not have previous working experience so results in relation to job maintenance may overlook important issues such as job commitment and fulfilment.

Most of the studies related to employment following SCI in Asian areas were conducted in Taiwan, Malaysia, and China, and adopted quantitative research designs. Hence, there is limited narrative description of experiences of individuals with SCI in relation to employment in this region.

2.5. Conclusion

This chapter has presented the literature on employment of people with Spinal Cord Injury (SCI) and factors influencing employment following SCI. Further research is required to improve understanding of factors influencing employment after SCI in Vietnam. The studies reviewed in this chapter were conducted in the US, New Zealand, Taiwan, Malaysia and other countries in which government and economic structures and policies differ. Current knowledge concerning employment following SCI lacks narrative description of personal experience from those who come from Asian countries. Hence, there is a need to conduct a qualitative study to gain a preliminary understanding of factors facilitating and limiting employment following SCI in Vietnam.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Introduction

This study aims to explore factors facilitating and limiting paid employment from the perspective of people with lived experience of SCI in Vietnam. This chapter outlines and discusses in detail the research approach, methodological design, the method of data collection and data analysis as well as exploring and outlining ethical issues involved in the current study.

3.2 Study design

3.2.1. A qualitative approach

Qualitative research aims at exploring an issue and providing a comprehensive understanding of a central phenomenon (Creswell, 2014). This exploration is utilised where there is a necessity to understand a group of people or a population, and determine variables which are rarely measured, or hear silenced voices (Creswell, 2012). Hence, it is important to undertake an exploration of an issue rather than use results from existing studies (Creswell, 2014). In addition, qualitative research is used when the researcher seeks to enable people to tell their experience, listen to their voices, and limit the power relationships between a researcher and the participants in a study, which may occur in research (Creswell, 2012). Qualitative research is additionally utilized when the researcher desires to have an understanding of the situation or settings in which participants present an issue (Creswell, 2012). It is impossible to separate people's stories apart from the context in which they present such as home, family or work (Creswell, 2012).

The current study aims to explore employment issues following SCI in Vietnam, and then develop an in-depth understanding of influencers on employment for a group of people with SCI post injury. This study is also expected to empower people with SCI in Vietnam to share their stories of acquiring SCI, and gaining and maintaining employment following SCI. Moreover, the current research seeks to hear the voices of people with SCI in Vietnam in their personal contexts and environments. Hence, the research questions and objectives of the current study are best explored through qualitative research approaches.

3.2.2. Phenomenology

There is a broad range of qualitative approaches. Denzin and Lincoln (2011) discussed qualitative research strategies consisting of case study, ethnography, participant observation, performance, phenomenology, grounded theory and others. In contrast, Creswell (2012) suggested that there are five popular qualitative approaches in the social science and health science literature including case study, grounded theory, narrative, ethnography, and phenomenology. Each approach represents different discipline perspectives in the social, behavioural, and health sciences (Creswell, 2012). Phenomenology expects to describe the essence of a lived experience (Creswell, 2012; Creswell, Hanson, Clark Plano, & Morales, 2007; Crotty, 1996). After reviewing all these qualitative research design methods, the phenomenological approach is considered the best alternative to examine the research objectives in the current study.

Phenomenological research was chosen as the most relevant method for this study because it enables the researcher to discover the meaning of a phenomenon through the lived experiences of a number of people (Creswell, 2012; Crotty, 1996; Van Manen, 2016). The main notion of phenomenology is to define the commonality of participants' experiences in relation to a central phenomenon (Creswell, 2012; Creswell et al., 2007). The central phenomenon of this study is how people with lived experience of SCI in Vietnam experience employment post injury. In order to understand the central phenomenon, phenomenologists start from participants' explicit statements and experiences (Creswell et al., 2007). Therefore, the current study is best investigated through a phenomenological approach.

Phenomenology involves a descriptive and interpretive process in which the researcher interprets the meaning of the lived experiences (Creswell et al., 2007; Crotty, 1996; Van Manen, 2016). Additionally, Van Manen (2016, p. 26) asserted that 'interpreting is not a reading in of some meaning, but clearly a revealing of what the thing itself already points to...We attempt to interpret that which at the same time conceals itself'. In contrast, Moustakas (1994) views descriptive phenomenology as less concentrated on the interpretation of the researcher. Instead, it is more directed to giving fresh and pure description of the experience of the phenomenon, in which the researcher puts aside possible bias associated with his or her own experience (Moustakas, 1994). Similarly, Van Manen (2016, p. 25) described this type of

phenomenology as the 'pure description of lived experience'. However, this approach is seldom perfectly achieved (Creswell et al., 2007; Van Manen, 2016). Hence, the current study adopted interpretive phenomenology as it allows a description of the lived experience and also an interpretation through the researchers' perspectives which are produced through the process of collecting and analysing data.

Carrying out a phenomenological study, the researcher collects information from people who experience the phenomenon, and then explains comprehensively aspects of the experience for all individuals (Creswell, 2012). This explanation includes what and how individuals experience the central phenomenon. Data collection mainly involves in-depth interviews with participants (Creswell, 2012; Crotty, 1996). Data analysis follows a structured process starting from analysing data narrowly, to wider analysis and then to a detailed explanation (Creswell, 2012). The final stage ends with a detailed description of what and how individuals experience the phenomenon (Creswell, 2012).

3.2.3. Theoretical framework

The Phenomenological Variant of Ecological Systems Theory

Understanding and interpreting the experiences of an individual with SCI in gaining and maintaining employment post injury should be placed within a social, political and cultural context of the countries in which the persons with SCI are located (Creswell, 2012; Fougeyrollas, 2001; Shakespeare, 2013). According to Priestley (2001), it is impossible to separate the lived experience of a person with disability from the context of their societies as the economic and political development affects people with disability differently in different societies. Additionally, Shakespeare (2013) asserts that experience of disability reveals both human variation in encountering environmental obstacles and socially mediated difference that develops group identity and a phenomenological perspective.

For the purpose of this study, the phenomenological variant of ecological systems theory (PVEST) developed by Spencer (2008) is adopted as a theoretical framework to conceptualize what and how people with SCI in Vietnam experience employment after SCI. This theory allows researchers to investigate the interaction between an individual's view of the world and the impact of socio-cultural and historical contexts that influence the individual's experiences (Spencer, 2008). The PVEST comes from a cultural-ecological perspective involving the interaction of identity, experience and

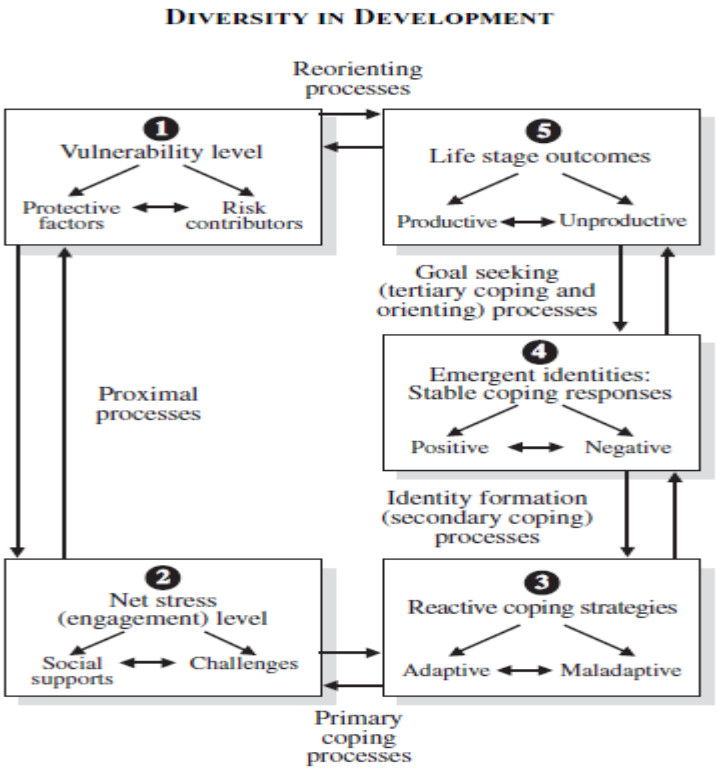
culture. Moreover, the PVEST incorporates social, political, and cultural features with processes of experiences.

The PVEST is conceptualized as five key components to form a dynamic, cyclic model (Figure 3.1). The first component of the PVEST is the net vulnerability level, consisting of the contexts and features that can potentially challenge the development of a person during his/her life. A risk contributor is an aspect which might bring about negative results for the person at a specific developmental period. For a person with SCI, risk factors may include disability, discrimination, stigma, and unemployment, while protective factors may be cultural identity, education, family and income (Global Consortium for the Advancement of Promotion and Prevention in Mental Health (GCAPP), 2008).

The second component of the PVEST is net stress engagement level which refers to risk and protective factors in real life situations that may create challenges for well-being of a person. For instance, social support received from family members, friends and community might help people with SCI to deal with or enhance adjustment to disability (Hampton, 2004).

Reactive coping strategies refer to methods and approaches which are used to solve an adverse situation. For instance, strategies supporting a person with SCI in solving unemployment post injury may include being involved in a vocational rehabilitation program (Hay-Smith et al., 2013).

Figure 3.1. Phenomenological Variant of Ecological Systems Theory (Spencer, 2008, p. 708)



Emergent identities explain how people perceive themselves in and between their different development contexts and may present consistency across time and space. An individual finds themselves in various contexts such as family, school, neighbourhood, and country. For example, a person following SCI may perceive their identities differently within and across home, school and workplace settings.

Life stage outcomes include productive and unproductive results. If the result is adverse, the person's identity will experience insufficient assistance from other people. If the outcome is positive, it will consequently bring benefits to well-being, confidence and positive relationships. For a person with SCI, productive outcomes can be living independently, and having a job after injury while unproductive outcomes might include unemployment and experience of mental health issues (Holmlund et al., 2017).

Placing experiences of a person with SCI in Vietnam in relation to employment into the five components of PVEST, which represent a person's interaction between self- and the surrounding contexts, helps to answer the research questions of this study.

3.3. Sampling/Participants

This study aims to provide an in-depth study of a central phenomenon so to have an understanding of this phenomenon, the qualitative researcher purposefully determines persons and locations, namely purposeful sampling (Creswell, 2014). The standard used in choosing participants and sites is whether they are "information rich", which means that study participants are persons who have a lot of information and experience on the research topic (Creswell, 2014, p. 207). Hence, the current study used purposeful sampling to select individuals and sites which might have potential participants who have rich lived experience of sustaining SCI and of employment.

Inclusion criteria for this study required that participants:

- sustained a SCI over 1 year ago,
- were over 18 years of age at time of participation,
- could communicate verbally in conversational Vietnamese,
- were no longer in a rehabilitation setting,
- were either currently working or seeking paid employment,
- expressed an interest in participating in the study

Participants were recruited through the Hanoi Association of People with Disabilities (DP Hanoi). This is a non-government organisation with more than 5000 members living with disability based in Hanoi, the capital city of Vietnam. A letter of permission was sent to the President of DP Hanoi, which is attached in Appendix A. Upon gaining this permission, the information package including a letter of introduction, an information sheet and a consent and contact form for participation was sent to DP Hanoi who distributed the study information to potential participants. These forms were attached in Appendix B, C, and D of this paper. Interested potential participants then contacted the researcher through email to indicate their willingness to participate in the study. Upon receipt of their email and signed consent and contact form, each participant was contacted by the researcher, and the selection criteria for the study were used to screen participants for eligibility over the telephone.

For the purpose of this preliminary investigation, small participant numbers (i.e. 1-10) are sufficient in order to provide an in-depth and detailed understanding of the lived experience of a few people (Creswell, 2012). The first ten participants who met the

study inclusion criteria were invited to take part in a telephone interview at a convenient time and place.

3.4. Procedures

After gaining approval from the Flinders University Social and Behavioural Research Ethics committee (Project No 7793, Appendix E) to conduct this research, a pilot test with the first participant was conducted to refine interview questions and the procedure. As no major changes were made to the interview schedule, the data from this pilot was included for analysis with subsequent interviews (Creswell, 2014).

All the interviews were carried out by the research student who has the same cultural and language background as the participants, and has work experience with people with SCI as a Social Worker in Vietnam. Each telephone interview lasted from 45 to 60 minutes, and was conducted at a convenient time and place for the participant. The interview duration ended if responses became repetitive and there was no further new information, as guided by the participant (Mapp, 2008). The interview followed the interview guide, provided in Appendix G.

3.5. Ethical considerations

Due to the potentially sensitive nature of this study, the following measures were taken to ensure confidentiality and preserve anonymity and integrity of participants.

- Informed consent for participation was gathered from each participant (Appendix D)
- Participants were provided with details of the study, including their rights to stop the recording or withdraw at any time without any disadvantage.
- The researcher who conducted the interview, transcribed the interview tapes.
- The participant information was treated with strictest confidentiality, with participants' de-identified transcriptions.
- Participants were offered the chance to view transcripts, provide feedback, and request clarification or changes where applicable.
- Research data were stored in a locked filling cabinet in the Disability and Community Inclusion Unit, Flinders University, and will remain there for a minimum period of five years following publication.

- Participants' responses to questions or concerns expressed during the interviews that required follow-up were immediately addressed by providing contact details of local counselling services.
- Participants were encouraged if they felt concerned, upset or experienced discomfort to contact the hot line counselling service offered by the Ministry of Health of Vietnam.

Ethics approval was attained from the Flinders University Social and Behavioural Research Ethics Committee. (Ethics Approval Number 7793) (Appendix E)

3.6. Data collection

Qualitative research involves several forms of data collection: observations, interviews and questionnaires, documents and audio-visual materials (Creswell, 2014; Denzin & Lincoln, 2011). The interviews were considered the most salient tool in collecting data for this study because this approach allows an exploration of each individual's concepts, situation definitions and reality construction (Creswell, 2012, 2013; Gray, 2004; Punch & Oancea, 2014). In addition, the interview in phenomenology contains an informal and interactive process and uses open-ended questions (Moustakas, 1994) as it allows participants to create the options for responding (Creswell, 2014). Hence, interviews using open-ended questions can best voice participants' experiences unconstrained by the perspectives of the researcher.

There are several forms of interviews such as 'one-one interviews, focus group interviews, telephone interviews and e-mail interviews' (Creswell, 2014, p. 218). These interview approaches feature variations in time and place according to the communication method (Creswell, 2014). The telephone interview is the most appropriate option for collecting most of the data when the researcher does not have an opportunity to carry out a face to face interview (Creswell, 2014). Due to the distance between Vietnam and Australia, the telephone interview approach was adopted for the current study with consideration for time differences between the two countries.

3.7. Data analysis

According to Punch and Oancea (2014), there are multiple perspectives and practices in the analysis of qualitative data because of the richness and complexity of social life and its meaning to people within natural contexts on which the qualitative research

focuses. Despite the variety and diversity in qualitative data analysis, Creswell (2012) asserts that all qualitative data analysis includes stages from preparing and organizing information for analysis, to arranging the information into themes through developing codes, and then representing the information into discussion.

Creswell (2012) reviewed several approaches for conducting data analysis in phenomenological research. For instance, one method discussed by Moustakas (1994) contains steps to write description of the phenomenon incorporating both 'what - textual description' and 'how - structural description' (Creswell, 2012, p. 194). Meanwhile Van Manen (1990) provided a less structured approach named 'phenomenological reflection' which analysed the data for themes, using different approaches to examine the information and consider the guides for reflection, which should yield the explicit structure of the meaning of the lived experience (Creswell, 2012, p. 195). In addition, Larkin and Thompson (2012) presented an interpretative phenomenological analysis (IPA) as a method for analysing data for hermeneutic phenomenology. This approach requires the researcher to collect detailed experiences from participants for investigation (Larkin & Thompson, 2012; Murray & Chamberlain, 1999). Thus the approach is phenomenological in that it is concerned with an individual's personal perception of an object or an event (Murray & Chamberlain, 1999).

For the purpose of this study, the IPA, which is relevant to the research design, was used to analyse and interpret data collected from interviews with research participants (Larkin & Thompson, 2012).

There are several steps in using the IPA including identifying 'themes' which are drawn from the detailed, line-by-line commentary on the data, called 'codes' (Larkin & Thompson, 2012, p. 105). Then themes are drawn together into a structure so an overview of the analysis can be presented. After that, a narrative explanation of this organisation is produced for the analysis component of the study report. IPA was used for this study by following steps which were adapted from Larkin and Thompson (2012) and are described below.

Step 1: first, the audio files were transcribed into texts. These texts were inserted into NVIVO 11, a computer software program, which allows users to analyse and manage qualitative information (QSR International Pty Ltd, 2017). As the interviews were conducted in Vietnamese, translation into English was required for data analysis and

reporting. In order to strengthen the credibility of the research results, a native Vietnamese speaker as a co-researcher was recruited to independently analyse the first three transcripts. At this step, both the primary researcher and the co-researcher read the texts and performed line by line analysis of the transcripts. Codes were produced at this stage.

Step 2: both the primary researcher and co-researcher identified emerging themes by emphasizing both commonality and difference.

Step 3: the two researchers discussed their coded data, and their understanding of its meaning.

Step 4: both researchers developed themes together into a structure which illustrated the relationship between themes.

Step 5: quotes and themes were translated into English for the supervision team to read and review to assist with checking and to improve the consistency and credibility of the interpretation.

Step 6: the primary researcher wrote a narrative account of the structure of themes, drawing on examples.

3.8 Rigour of qualitative study

It is important to ensure that this study is reliable and valid, meaning findings and interpretations from the process of data collection and analysis are accurate (Creswell, 2014). The need for accuracy or credibility of findings is more significant when the researcher's personal and professional experiences in qualitative research might influence the researcher's interpretations (Creswell, 2012). Thus, the following measures were taken to enhance the rigour of this study:

- All interviews were conducted and transcribed by the same researcher. This, therefore, helped to limit any issues relating to consistency among multiple researchers conducting interviews.
- Interview guide questions were used to ensure consistency.
- The first interview was conducted as a pilot study allowing for refining the interview questions and process to enhance its validity. Some minor modifications to wording of questions was introduced and the order of questions changed slightly for subsequent interviews. For instance, when the interviewee talked about his/her employment history, the researcher asked to

understand both facilitators and barriers of gaining and maintaining each job that the interviewee had in the past.

- Participants were offered opportunities to review their interview transcripts and provide feedback and suggestions. This allowed the researcher to ensure that the transcripts and details gathered were correct and accurate and a valid representation of the participants' perspectives and experiences as discussed during the interview. So, participants took up these opportunities to read their transcripts and gave their agreements on the researchers' representation of their saying.
- Member checking was used to confirm the accuracy and credibility of the findings. Member checking is an approach that brings the study findings back to one or some participants and ask them about the study features including the comprehension and the accuracy of the themes, and the representativeness of the interpretations (Creswell, 2014). This study asked several participants of the study to check the accuracy and credibility of the study findings. These participants were asked to provide feedback on whether the study description and themes are accurate and complete and interpretations are fair and representative. Feedback and comments from participants helped strengthen interpretation of findings to be representative for people with SCI. This enabled further strengthening of the credibility of the study.

3.9. Chapter summary

This chapter presented the research methodology employed in addressing the research questions. The rationale for the choice of a qualitative approach rather than a quantitative approach was explained. Hermeneutic phenomenology was selected from among different qualitative methods to be the research approach. Additionally, a description of the theoretical framework that the current research was based on, was presented. Further, sampling procedures and selection as well as ethical issues involved in the study were discussed. Finally, the telephone interview as the technique of data collection and interpretative phenomenological analysis as the method of data analysis were presented in this chapter, providing a basis for presentation of research findings in Chapter 4.

CHAPTER 4 RESEARCH FINDINGS

4.1. Introduction

This chapter presents descriptive information of participants and their experiences of employment post SCI. Research questions are addressed by reporting key themes and subthemes. Quotations are also included to provide insights into individual experiences. The *italicised* fonts (without bold) used throughout this chapter capture the participant's responses.

4.2. Participant information

Twelve persons with SCI responded to the letter of invitation. Three did not return their completed contact and consent forms. Interviews with nine individuals were conducted. Demographic and injury-related information are presented in table 4.1.

Seven out of nine participants were male. All participants came from different provinces and cities across Vietnam, with five living in rural regions and four in urban areas. Only one participant was married while the remaining lived with parents. Participants' ages ranged from 22 to 35 years (mean age 30 years). Education background of participants ranged from not finishing high school to achieving a bachelor degree.

The cause of SCI for the majority of participants was traumatic events such as road traffic accidents and falls with two resulting from spinal tumour. Almost all had an incomplete level of injury while only two had complete injury losing all control of motor and sensation function. Participants' average time since injury was 9.6 years (ranging from 5 to 13 years). Almost all participants went through rehabilitation after injury, however, one participant did not receive any rehabilitation services. Regarding transition support from rehabilitation settings to home, seven out of nine participants reported no support after discharge from the rehabilitation hospital. Meanwhile, one participant received a wheelchair from a non-profit organisation to use at home when leaving the rehabilitation hospital. Only one participant received vocational training that was organised by a non-profit organisation after discharge.

Table 4.1 Demographic and injury-related information

Participant No	Current age (years)	Gender	Marital status	Place of residence	Education level attained	Type of SCI	Level of SCI	Time since SCI (yrs)	Rehabilitation	Transition support
1	28	Female	Single	Rural	High School (12/12)	Traumatic, fall	Incomplete (L1)	9	Yes	No
2	27	Female	Single	Rural	High school (11/12)	Traumatic, road accident	Incomplete (T1)	8	No	No
3	35	Male	Married	Urban	College	Traumatic, road accident	Complete (C5)	13	Yes	No
4	32	Male	Single	Rural	High school (12/12)	Traumatic, road accident	Incomplete (L1)	10	Yes	Yes
5	28	Male	Single	Rural	Bachelor	Traumatic, road accident	Incomplete (T7)	5	Yes	No
6	35	Male	Single	Urban	University (third year)	Non-traumatic, spinal tumour	Incomplete (C2)	12	Yes	Yes
7	22	Male	Single	Rural	High school (10/12)	Non-traumatic, spinal tumour	Incomplete (C5)	13	Yes	No
8	29	Male	Single	Urban	Bachelor	Traumatic, natural	Incomplete (T11)	5	Yes	No

						disaster				
9	35	Male	Single	Urban	High School (12/12)	Traumatic, road accident	Complete (C5)	12	Yes	No

Table 4.2 Presents participant employment details. Five participants were students before the SCI while another three worked as employees. Eight participants were in full-time employment at the time of the interview, with five self-employed, and three holding jobs as employees for other businesses, with almost all working from home. Only one participant was unemployed. Among those in current employment, occupations varied including sales, online marketing, teacher, stock trader, and drafter.

Table 4.2. Participant employment details

Participant No	Occupation before SCI	Current occupation	Place of work	Employment faction
1	High school student	Self-employed business owner in food and household supplies	Home	Full time
2	High school student	Online marketing (employee)	Home	Full time
3	Police officer	Unemployed		
4	Factory worker	Self-employed photographer (portrait and passport) Self-employed pigeon breeding and sales	Home	Full time
5	Sales	Transcriber (employee)	Home	Full time
6	University student	Self-employed art teacher and artist	Home	Full time
7	High school student	Self-employed stock trader	Home	Full time
8	University student	Self-employed orchid growing and sales	Home	Full time
9	Driver	Draftsperson (employee)	Company	Full time

4.3. Research question 1: Factors that facilitate paid employment post SCI

Thematic analysis of the interview transcripts revealed four primary themes in relation to factors which facilitate paid employment post SCI. They are: (1) personal factors, (2) support factors, (3) environmental factors, (4) and workplace factors. Themes and relevant subthemes are presented in table 4.3.

Table 4.3: Factors that facilitate paid employment post SCI

Primary themes	**Personal factors**	**Support factors**	**Environmental factors**	**Workplace factors**
Sub-themes	• Self-motivation and self-determination • Desire/ passion for work • Functional independence	• Family: emotional and financial support • Friends: emotional and physical support, job information, and collaborative work, workplace accommodation • Mentors • Peer support: emotional support, job information sharing, and self-help groups.	• Accessibility • Accessibility support from colleagues and employers	• Job requirements: suitable for people with SCI, health condition, and disability • Home-based work

4.3.1 Theme 1: Personal factors

Participants identified three different personal factors which positively influenced paid employment after SCI. These included self-motivation/self-determination, desire/passion for work, and functional independence. These factors will be discussed in detail below.

Self-motivation and self-determination

Almost all participants reported self-motivation and self-determination as the most important factors influencing their ability to gain and maintain paid employment post SCI. Participant 2, an online marketing employee, stated:

The factors that helped me to get a job were my own motivation and determination. No one can help. For instance, I cannot cook, there is a person who can cook for me but if I am not determined to have a job, I could never get it. Despite a lot of difficulties for a person living with SCI, I myself am determined to solve them to get and maintain a job.

Self-determination was also described as a factor which compensated for 'wasted time' after the SCI.

Factors that help me to get employment come from my own determination because I spent eight years doing nothing. (Participant 4, a self-employed photographer and pigeons breeding and sales)

Participant 1, a self-employed business owner in food and household supplies, was determined to gain her first paid job to overcome boredom and pessimism after acquiring her injury, and experience new life outside the home:

When I acquired SCI, I was so pessimistic. I felt bored when staying at home too long. I wanted to discover the outside world. So I decided to go out for work to experience life outside my home. I felt inside myself that I had to move on so I went out.

An interesting theme was the desire to challenge stigmatising and low expectations from society – this became a strong motivation for some participants to achieve their work goals:

As I raise pigeons, I post my activities on a social online group. A lot of people in that group told me that I should not do that job, and I could not do it. However, my perspective is that they told me not to do but I will try my best to do it and show them my abilities. (Participant 4)

Desire/ passion for work

Both employed and unemployed participants identified desire for work and passion for work as important factors in seeking employment opportunities, and gaining and maintaining employment. Desire for work was described as spending time to search for jobs, and passion for work as interests and enthusiasm for work.

It is important to stay focused and spend time at the beginning on searching employment opportunities and put enthusiasm in them. Desire for work and passion for work are significant to get employment. (Participant 5, an employed transcriber)

In a similar view, participant 7, a self-employed stock trader, said:

I think it is important to have passion for work such as personal interests in that job [to help sustain employment].

Functional independence

Participants emphasized the importance of functional independence on gaining more employment opportunities than people who have to depend on others to facilitate functional independence.

A person who has higher functional independence, may have more opportunities to gain employment. For instance, they can live independently. They can go out to meet others by themselves. They can use their wheelchairs or modified tricycle to go to work or places they wish. Then they can have more employment opportunities. They are independent, they can live in big cities where there are more job opportunities. But for those who are not independent of self-care, toileting and mobility, they can only work around their homes which might have very limited available jobs. If they want to go to big cities, family members have to accompany them but nobody can do that forever. (Participant 8, a self-employed orchid grower and salesperson)

According to participant 5, the ability to perform self-care tasks was an essential factor to gain employment:

Any job requires interests and passion but it also needs background knowledge, specific qualifications, and good health status… Good health status means the ability to have functional independence and self-care.

4.3.2 Theme 2: Support factors

Support from family

All participants identified parents and extended family members as fundamental sources of support to gain and maintain paid employment post SCI. Family was described to not only provide emotional support and financial support, but also technical support.

For instance, participant 6, a self-employed art teacher and artist highlighted the importance of family in providing emotional support to people with SCI, which underpinned achieving employment.

To any person with disabilities, family is the main source in helping them firstly stabilize psychological states. They always consider their families as the best supporters. They at first see that their families love them, and offer them a lot of support and assistance, which build up happiness, motivation, and encouragement for

persons with disabilities. When people with disabilities feel happy and motivated, they are confident to move to the next step, which is going out and getting a job. Then they can live independently and do not have to depend on their families for every issue.

Family was also cited as a source of financial support for participants to set up their own employment.

Thanks to financial support from my parents, I can open my own convenience shop so that I can earn some money. If I did not have the support of my parents, I could not do what I do today. (Participant 1)

Financial support was not only shown in monetary assistance but also in provision of materials. Participant 2 described her experience when receiving material support from a family member to start employment after injury:

I was given a computer by my younger brother four years ago. By using this computer, I was connected with a group of people with SCI who introduced me to this job (online marketing). I have been working in this job for four years now.

Besides the provision of emotional and financial support, parents also supported participants in performing physical tasks that they could not complete independently due to their physical impairments.

To set up a matrix system to hang orchids at the beginning, I had to ask for support from my parents because the system needed to be placed in a high position but I could never reach that level. In addition, my parents help me water the orchids every day because I use a wheelchair so it is very hard to move and water the orchids. My parents can water all of them for 10 to 15 minutes. If I did it, it could take hours. (Participant 8)

Besides essential support from parents, extended family members also offered participants assistance in finding job opportunities, and studying technical job requirements.

I have this job ("manga" [storytelling] drawings) because my cousin works for that company. She knows that job and offered me to do the job at home for her company. (Participant 6)

I did not think of this job (stock trader) at the beginning but my uncle instructed me so then I learnt and started to invest in the stock market. … He supported me in

everything such as background knowledge, accounting report, searching company information, methodology. He also encouraged me to continue because I did not want to start this job at the beginning. (Participant 7)

Support from friends

Besides crucial support from family, friends were also an essential resource to participants. Supports from friends included provision of job information and collaborative work:

I have this job as a transcriber thanks to an introduction from my friend who gave me a job and we have worked together for several years now. (Participant 5)

Mentors

Participants also emphasized the role of the mentor in assisting to start and keep a job. For example, participant 7 stated:

Besides passion for work, and knowledge, I think it is very important to have a mentor who will instruct job details. If there were no mentor, it would become very hard to achieve and maintain a job.

Peer support

Most participants emphasized the positive influence of support from peers with SCI (met through online social networks) to their psychological state, employment opportunities, and technical job requirements.

Although participant 3 was currently unemployed, he highlighted the significance of emotional supports from peers in improving self-confidence in searching for employment:

Thanks to social networks, I know friends with SCI that I can talk to and share my experiences. It is easy to talk with them because we have the same disability. So I feel more motivated, and gradually I do not feel upset about myself. Then I am thinking about finding a suitable job.

Participants also reported that they found out about employment opportunities from information provided by their peers:

I joined an online group on Facebook for people with SCI. I made friends and contacts with them. They introduced me to my job (online marketing)…. Then I worked on that job for several months. (Participant 5)

Peers not only provided information on employment opportunities, they also offered coaching on performing a job:

I knew a friend who had the same disability like me. She advised me to do this job (photographer). Then she came to my house for two weeks to teach me how to perform the job. (Participant 3)

Participating in self-help groups of people with disabilities was also cited as helpful in accessing information about employment opportunities.

I think that a local self-help organisation of people with disabilities is helpful in supporting me to find a suitable job. For instance, the organisation organised a job fair where employers came to introduce about job vacancies for people with disabilities every year. I think it is a good chance for people with disability to easily access employment information. (Participant 3)

Participant 6 described a similar experience when participating in a local self-help group of youth with disabilities.

I joined a group named Youth with disability in Da Nang (a city in Vietnam) in which I made friends and contacts with others with disabilities. The group provided me with information about one company who recruited people with disabilities. So I applied to that company and got a job.

4.3.3 Theme 3: *Environmental factors*

Environmental factors including accessibility, and workplace supports were described as facilitating paid employment post SCI.

Accessibility

Participants highlighted the importance of accessible infrastructure and transportation in building confidence among people with SCI to gain and maintain employment. For example, participant 6 stated:

In my opinion, to help people with SCI gain employment, it is important to make them confident in travelling. They have to be confident in using their wheelchairs, they are

confident that they can go everywhere with their wheelchairs. When they are already confident in travelling, they will become confident to think about other goals such as employment. To achieve that, transportation accessibility is very important. This needs to be done first.

This participant added:

Next, persons with SCI are worried about their toileting issues when they go out. This is a big issue. To help people with SCI to be confident in going out to get a job, transportation accessibility is important and accessibility at the workplace and accommodation for toilets for people with SCI are also important.

Similarly, participant 9 expressed the significance of accessible infrastructure to maintain employment at the workplace:

Thanks to my employer who has provided me a lot of support so I can maintain this job for that long a time. I work on the second floor but the building initially did not have any lifts so my employer made a simple lift for me to go up the stairs to work.

Accessibility support from colleagues

When participants went out for work, support from colleagues played an important role in facilitating participants' maintenance at work. The supported included both emotional and physical aspect. For example, participant 1 recalled:

They (my colleagues) helped me move my wheelchair from home to workplace… Sometimes due to electricity outage, we could not use lifts at the workplace, they carried me from the ground to the third floor where I worked… We were very close, we talked and shared our stories. Then I felt more motivated, and forgot all the sadness.

In a similar way, participant 9 received support from colleagues for tasks that the participant could not perform due to physical impairment:

When I arrive at my company, I have to ask for support to press the lift because I cannot reach the button. Or when working, I have to print out documents and have to bind them but I cannot do it so I have to ask my colleagues to collect documents for me and bind them.

More importantly, holistic support from an employer facilitated participants' opportunities to gain and maintain paid employment. This includes workplace accommodations and technical requirements. This support came from the employer's empathy to the employee's difficult situation:

My boss lives in the same residential area as my family. He knows everything about me and my parents. He knows the reasons for my disability and my story. So he agreed to recruit me to work for his company…. He created favourable conditions for me to work. For instance, my workplace is on the second floor but the building does not have a lift so he asked somebody to make a special lift for me to go up and work every day…Moreover, he supported me to learn techniques for my work. I do not have formal qualifications for this job (drafter), I have made a lot of mistakes. But he does not dismiss me, he teaches me how to correct them…. These are the reasons why I have been staying for this company for around six years.

4.3.4 Theme 4: Workplace factors

Job requirements

Participants highlighted job requirements which were suitable for their available time, injury, and health conditions in helping participants gain and maintain their employment:

I take and commit myself with this job because I feel it is suitable for my time. This job requires a lot of time which I have. Besides, this job is suitable for my health conditions. This job also brings me stable income…. Actually now I do not have chances to choose favourable jobs but I think that I will take any job that is suitable for me. (Participant 2)

Participant 8 also noted that

Until now this job quite suits me. That's why I have been working in this job for more than two years. It suits my health conditions. It means that I can work freely. When I am tired, I can take a rest without asking permission. Then I can learn and work at the same time. In general, the job does not really require connection to others.

Home-based work

Seven out of nine participants were working from home. They highlighted advantages such as comfort, independence and health conditions. To participants, working from home was a substitute for working outside:

I could not go out to work because I use a wheelchair. I think that I can work from home. So I do it. I used to work far from my home. I had several different jobs but stayed in each job for only some months. After two years going out to work, I felt it was so difficult. I decided to go home and work from home though working from home does not bring as much income as working out. However, at home I felt more comfortable. I do not have to follow any rules. Now if anyone offers me a job to work outside, I will not take it. (Participant 1)

Participant 9, on the other hand, mentioned that working at home was the most suitable workplace for people with SCI because of their 'difficulties' with environmental access and others' attitudes in comparison with others in the open labour market:

I think that a facilitator for people with SCI to achieve employment is to provide assistance for them to work at home in sales or similar jobs. Because it is very difficult for them to work in offices that require knowledge and qualifications. Now the young generations are very active and good. People with SCI often worked in manual jobs before acquiring injury so they may not have qualifications and knowledge. Hence, I think working at home is the most suitable.

In summary, participants identified factors that facilitated their paid employment post SCI. Although there were differences in each participant's experiences, they all identified personal factors, support factors, environmental factors, and workplace factors that helped gain and maintain paid employment after SCI.

4.4. Research question 2: Factors that limit paid employment post SCI

Five primary themes relating to factors which limit paid employment post SCI emerged, including: (1) personal factors, (2) health condition factors, (3) family factors, (4) environmental factors, (5) employer perspective factors. Themes and relevant subthemes are presented in table 4.4.

Table 4.4 Factors that limit paid employment post SCI

Themes	Personal factors	Health condition factors	Family factors	Environmental factors	Employer perspective factors
Subthemes	• Concerns of going out • Self-esteem • Qualifications	• Mobility difficulties • Pressure sores issues • Bladder and bowel control	• Protection	• Inaccessible workplace • Inaccessible infrastructure and transportation • Societal stigma and discrimination • Vocational training • Employment opportunities	• Accommodation • Expectations by employers of people with disabilities • Training

4.4.1 Theme 1: Personal factors

Participants identified personal factors that limited gaining and maintaining paid employment post SCI. These include concerns of going out, self-esteem, and qualifications.

Concerns of going out

Participants had concerns about going out of their homes to find jobs due to social stigma and accessibility issues:

…people with SCI do not go out to work because they are afraid of stigma from society. Some people have never gone out post injury. They feel concerned. (Participant 1)

Participant 2 expressed concerns related to accessibility issues.

I still hesitated to go out for work because I have to use a wheelchair but I am not sure whether the workplace is accessible to wheelchairs or not, and whether toilets at the workplace are accessible or not. It really concerns me.

Self-esteem

Participants reported low self-esteem related to trauma, psychological issues, bladder and bowel problems, and mobility difficulties. These contributors limited participants' confidence to go out to find a job. For instance, participant 3 explained the combination of those contributors that stopped the participant from accessing employment.

I did not go to the employment fair organized by the local organisation of people with disability because I felt unconfident…I was upset about my injury, my psychological state was not stable. Before I was a healthy normal person. When the accident happened, it was a trauma. Now I am quadriplegic, I have to face a lot of difficulties in daily living. I am still concerned about toileting and mobility issues that prevent me from going to work.

Participant 4 described a similar experience of the impact their traumatic injury had on low self-esteem and confidence.

I did not do anything for around seven years after injury. I felt depressed and upset. I did not want to do anything. Before I could walk by myself, I could do everything I want by myself. Now I am paralysed, I felt disabled.

Besides factors relating to trauma, participants considered themselves as a financial burden on family that also lowered self-esteem.

When a person acquires a SCI, they require a lot of money from family. For instance, every day they have to use medicine, medical needs, nappies,… This injury is not a day or a month. It is lifelong so it will cost a lot of money. A lot of persons with SCI feel disabled because they spend a lot of money of their families. They become upset, feel unhelpful and become a burden to their families. As a result, they are unmotivated to go out and do something else.

Low self-esteem was also shown in psychological barriers of participants. This limited participants from gaining employment.

I have psychological barriers. I myself do not believe in my abilities… As a result, I have not applied for any jobs until now…. I am not confident with my functional independence that prevents me from access to any new employment opportunities. I have not yet solved my internal issues. I am still in my comfort zone. (Participant 8)

From another perspective, some participants view their injuries as potential obstacles to employers, preventing them from applying for job vacancies:

To be honest, I feel shameful about my injury and condition. As a person living with SCI, I feel ashamed because I can create troubles for employers and let them down. (Participant 8)

Qualifications

Participants also saw being unqualified as a barrier to gaining employment:

I do not have any ideas to work for any company because I do not have any qualifications. If I want to work for a company, I must have a qualification. (Participant 6)

From another perspective, lack of qualifications limited participants' choice of employment opportunities. As a result, they decided to stay at one job when employed.

Persons who are like me, worked in manual jobs before injury so we do not have qualifications. When I acquired SCI, I did not dare to think about going to work because I am disabled, I do not have qualifications so nobody wants to recruit me…. I try my best to maintain my work at the current place because I think that no other company wants to employ me.

4.4.2 Theme 2: Health condition factors

Health conditions including mobility difficulties, pressure sores issues, and bladder and bowel issues were identified as barriers to paid employment post SCI.

Mobility difficulties

Mobility difficulties negatively affected participants at different stages of their employment journey such as access to employment information, gaining, and maintaining a job. For instance, participant 1 stated:

The second reason preventing me from going to work is my mobility. I can move from bed to wheelchair for the last year. Before, my parents had to carry me. I spent most of the time in bed because it is very hard for me to move. So it is a barrier for me to meet others or access employment.

Even when participants found and were offered a suitable job, mobility difficulties prevented them from starting that job:

That company is suitable for me. Their jobs only require hands to work so I can do it but my mobility is so difficult. I have to use a wheelchair but their workplace is not accessible for wheelchairs. (Participant 1)

Participants had to face mobility difficulties for the whole journey from home to the workplace:

The first reason is mobility difficulties. Mobility for people with disabilities is difficult, especially for those who are paraplegic or quadriplegic. For instance, I use a wheelchair. I want to go to one company, I cannot use my wheelchair to go to that workplace by myself. I have to ask for support. So I have to depend on others. Or I can go by bus or taxi. If I go by taxi, it will cost a lot of money. If I go by bus, the bus is not accessible for wheelchair users. (Participant 6)

Pressure sore issues

Participants reported their concerns of pressure sore issues as a barrier to apply for a job and accept employment offer post SCI:

I do not dare to apply for jobs because I am afraid that I have to sit for a long time. When I work for a company or an enterprise, I have to sit for work but I cannot sit for a long time. Besides, when I work, I do not have time for physical exercises. If I do not take physical exercises, my muscles will be diminished… and I am afraid that when I sit for a long time, I will suffer from pressure sores. (Participant 2)

Participant 8 described worries about health conditions and pressure issues which restricted them from taking an employment offer:

Basically, people with SCI are quite weak in physical well-being. When the weather changes, the body can become painful and tired. And pressure sores is one big problem. When we sit for 30 minutes, we have to move to avoid pressure sores. I was offered to work in interior design and decoration but I could not accept even though

the employer was very supportive, because it requires me to sit for a long time so I am afraid that I will get pressure sores.

When participants were employed, pressure sore issues were still their concerns and barriers to keep their jobs:

I used to work as a designer and colour drawer for manga but I had to stop after a period of time. Because I had to sit in front of a computer for a long period, I felt unwell, I was sick and I got high fever. When working, I was concentrating for too long. Then I felt sick, so I decided to quit the job and go back home. (Participant 6)

Bladder and bowel control issues

Bladder and bowel control issues restricted participants from being confident in applying for jobs:

The most significant barrier preventing me from going out to work is my toileting issues… it is the only thing that prevents me from doing anything. Because of that, I am not confident. If I want to go, I have to use sanitary pads. But I would need to use them for every day. (Participant 2)

Bladder and bowel control issues created a lot of difficulties such as hygiene and work interruption to participants who were working at the workplace:

I use a catheter to take care of my urine. I stick it to my leg, however, it sometimes does not stay. So I was wet and made the workplace dirty. Sometimes I had to stop my work to go home to take care of my bowel. It really troubled me. I cannot use the toilet at the workplace because it is too small for my wheelchair. (Participant 9)

4.4.3 Theme 3: Family

As discussed in section 4.3, support from family plays an important role in facilitating employment for people with SCI post injury. However, overprotection by the family was identified as a restriction when going out and finding a job. This included perceptions of parental concern for the physical well-being of participants.

My family motivates me to maintain good health. They do not want me to go to work…. They are worried about my health conditions. They think that I am weak, if I go to work, I can be sick, and have to be admitted to hospital. If so, everyone will be tired. (Participant 3)

Parental concerns around living independently were also cited:

I am too protected by my parents so I wish to go far from my home. My friends invited me to go to Hanoi (the capital city of Vietnam) where I was offered a job and am involved in social activities. But, my father does not want me to go…. He said that he is worried. He is afraid that I am unable to be independent. He is afraid I will face a lot of difficulties and troubles when going out.

Participant 5, on the other hand, mentioned that the lack of support from family was a barrier to set up work at home as they wished.

When I first started, I asked my parents to install the internet for me to work. But they did not agree, they did not understand why I need internet. Finally I got it… I had to spend a lot of time convincing them to do so.

4.4.4 Theme 4: Environmental factors

Participants identified environmental factors that limit their employment. They included inaccessible infrastructure and transport, inaccessible workplaces, societal stigma and discrimination, and limited employment opportunities.

Inaccessible infrastructure and transport

Participants reported infrastructure and transportation in both big cities and rural areas as being inaccessible to wheelchairs, which became barriers for them to go to work.

Participant 6 described the same situation in a city of Vietnam:

In Da Nang (a big city of Vietnam), there is only one bus named Quang An, which is said to be accessible to wheelchairs. There is a place for wheelchairs inside the bus. However, the entrance to the bus is not accessible. It has a ramp but I cannot move my wheelchair with that ramp by myself. Somebody has to help me move my wheelchair. After that, there is still one or two steps to reach the wheelchair seat. Then somebody has to carry me…. I am very strong but there are always steps blocking me. I want to go to public buildings but I cannot access them because they put a lot of steps. There is no accessible path for wheelchairs.

Accessibility of infrastructure and transport seemed to be even more difficult in rural areas:

I live in Lang Son province (a mountainous province in the north of Vietnam), all infrastructure is not suitable for wheelchairs…. Transportation is also not accessible for wheelchairs. Whenever I want to access public buildings or shopping centres, I cannot because paths are not accessible to wheelchairs. (Participant 2)

Inaccessible workplace

Beside inaccessible infrastructure and transportation, participants also described wheelchair accessibility difficulties in the workplace:

I applied for a job at a company in Hanoi which recruited people with disabilities before. I can do that job but they refused to recruit me because their workplace is not suitable for wheelchairs. And wheelchairs cannot go inside the toilets. So it is a big barrier for me to be accepted at the workplace. (Participant 4)

In addition, participant 1 stated:

This company also recruits people with disabilities but its design is not accessible for people with disabilities. The job is suitable for those with disabilities but its accommodation and workplace are not accessible. There are a lot of slopes in the workplace. A person like me cannot move if there are a lot of slopes. So I worked for that company for a period then I gave up.

Societal stigma and discrimination

Societal stigma and discrimination were also identified as restrictions in terms of low expectations on abilities of people with disabilities which prevented participants from going out to work:

They generally do not have sufficient expectations on people with disabilities. Vietnamese culture is somehow like that, I feel they discriminate against people with disabilities. Especially when I go out, they see me as an abnormal person… This prevents me from going out to find a job. I prefer to work at home. (Participant 4)

Participant 5 explained a similar perspective:

I will never go out for work… Because I feel that it is related to society who have a very bad perspective on people with disabilities. They think that people with disabilities are disabled and cannot do anything.

In another circumstances, societal discrimination prevented the participant from maintaining employment:

I feel that they discriminated against people with disabilities. It is not fair… For instance, we have to use hands to work and we do not have to use legs. A person without a disability performs that job. I also do the same. But they receive higher payment than me… so I feel that's unfair. I decided to quit the job. (Participant 1)

Vocational training

Almost all participants in the current study were not involved in any vocational training programs post SCI:

As far as I know the youth with disabilities club in Thanh Xuan district had a lot of vocational training programs such as teaching English, handicraft, and information technology. But there is none in my area. I was not introduced to any vocational training program after acquiring SCI. (Participant 3)

Participant 8 shared similar experiences:

I did not attend any vocational training course after injury. I have not heard any information about vocational training programs. There is only one centre for people with disabilities and an orphanage in my city. They mainly teach handicraft but no other jobs.

Even though participants were introduced to attendance at a vocational program in the local area, its content was reported not to be relevant to participants' needs:

At that time I was invited to attend one vocational course which was about Photoshop. However, I did not attend because the course venue was too far from my home and I used to work in Photoshop and quit the job.

Limited employment opportunities

Participants reported that limited employment opportunities were available in their local areas, which became obstacles for participants to find jobs.

Regarding employment opportunities, I hardly see any in my area. I have been living with SCI for nearly 20 years but I have never heard about employment opportunities in my area. I never see anybody or any company who comes to my community to talk about employment opportunities or vocational training. I hardly see it. (Participant 6)

Participant 1 described a similar opinion:

I live in Lang Son province where there are only a few job opportunities and very few companies…Hanoi (the capital city of Vietnam) can be better but in my province, persons who are unlucky like me, face a lot of difficulties in finding an employment.

The shortage of employment opportunities in the participants' local areas limited options for participants to work:

… I think employment opportunities are very limited. I think only two biggest areas that people with SCI can work, are working online or sales or design. The second area is crafts. (Participant 8)

4.4.5 Theme 5 Employer's perspective

Employers' perspectives negatively influenced participants in gaining and maintaining employment post SCI. Participants felt that employers did not want to recruit people with SCI because of accommodation issues, low expectations of people with disabilities, and training issues.

Accommodation issues

To participants, accommodations to adapt to the needs of people who use wheelchairs became obstacles for employers to recruit participants:

When they recruit a person like me, they have to modify the design of the workplace such as entrance and exit paths. The existing paths are suitable for people without disabilities but persons like me could not use them. So they have to change but they do not want to do so. (Participant 4)

In a similar view, participant 8 reported:

The company is not accessible, it has a lot of steps. Persons who are have severe disability like me, have to use wheelchairs for mobility. Whenever we want to move, we have to ask for support. So it becomes very complicated. So they (employers) ignore it.

Expectations by employers of people with disabilities

Low expectations by employers of people with disabilities became a barrier for participants to apply for job opportunities:

I know a lot of group members (a group of persons with SCI) have qualifications but none of the companies or enterprises recruit them, only social enterprises want to employ them. Like me, I have a bachelor degree of biotechnology, I can work in food production companies or research institutes but they prefer to recruit persons without disabilities. They may think that I could not meet their requirements. (Participant 8)

Training issues

Participants reported employer's concerns about training for people with SCI, which became an obstacle for participants to get a job.

When I apply for jobs, they (employers) may have to provide training for me. But they do not want to do so. (Participant 4)

4.5. Research question 3: Suggestions to support paid employment post SCI

Participants recommended a range of strategies for supporting paid employment for people with SCI in Vietnam. Emerging themes are presented in table 4.5.

Table 4.5. Suggestions to support paid employment post SCI

Themes	**People with SCI**	**Family of people with SCI**	**Employers**	**Vocational training providers**	**The Vietnamese Government**
Subthemes	• Psychological support	• Foster positive expectations	• Allow flexible work arrangement • Accommodate workplace environment	• Provide vocational training • Secure jobs after training completion	• Translate policy into practice • Make accessible infrastructure and transport • Provide funding supports

4.5.1 Theme 1: Suggestions for people with SCI

Psychological support

Participants suggested that people with SCI should have psychological support before they think of next steps such as employment or social inclusion:

At first, it is important to influence the psychology of persons with SCI. They are persons with severe disability, they lose control of mobility and sensations, and they are shameful about themselves. It is a big barrier preventing them from going out. So they need supports to reduce their shame and become motivated to go out. (Participant 3)

Participant 1 shared a similar perspective on the importance of positive thinking:

For people with SCI, it is important to change the mind-set first. They should have positive thinking. If they are pessimistic, they could not do anything. Persons with SCI have to think what they can do, actively participate in social activities, and work for this organization or other companies. If they stay at home, and be upset about their destinies, they could not achieve anything.

4.5.2 Theme 2: Family of people with SCI

Foster positive expectations

Participants recommended family of people with SCI believe in participants' abilities to live independently and work. For instance, participant 7 stated:

I think that family of people with SCI should allow their children to try to go out, and live independently from their parents.

4.5.3 Theme 3: Employers

Flexible work arrangements

In addition, employers should allow people with SCI to work flexibly in a way which is responsive to individual circumstances. For instance, participant 8 stated:

If possible, employers can allow people with SCI to work at home. If needed, they can come to work at the company sometimes. People with SCI can work at home, they will feel more comfortable with their health conditions.

Participant 2 expressed a similar desire:

I think it is best for people with spinal cord injury to learn a vocation and then they can work at home because suitable jobs and suitable environments are very important for people with SCI.

Accessible workplace environment

Participants suggested that workplaces, especially toilet facilities, should be modified to be suitable for wheelchair users.

Wheelchair users expect companies to open opportunities for people with disabilities, to make ramps for wheelchairs for easy access, and to have accessible toilets. Accessible toilets are very important for people with SCI to go to work and stay with the company. (Participant 4).

4.5.4. Theme 4: Vocational training providers

Provide vocational training to people with SCI in their local areas

Almost all participants emphasized the importance of providing vocational training to people with SCI, which may turn into employment after training.

More vocational training courses should be open for people with SCI, who can study and work as people without a disability. When a person with SCI has a job, he/she will become confident and find it meaningful to live. It is the biggest desire of people with SCI. (Participant 4)

Secure jobs after training completion

Participants recommended vocational training courses should be available at small provinces and villages. Besides, employment introduction should be followed after training completion:

I want to propose that programs of vocational training and job creation should be open in small provinces. Currently these programs are available in big cities. (Participant 8)

Participants suggested the provision of vocational training and job security will help participants to improve self-confidence:

…. The next step is to provide vocational training. It is important to help them have vocational training based on their interests. After they complete their training, it is

important to provide them some job opportunities. In so doing, people with SCI feel secure and confident in their lives. (Participant 6)

4.5.5 Theme 5: The Vietnamese Government

Translate policy into practice

Participants recommended that policies for people with disabilities should be genuinely implemented.

I think they (the government officers and institutions) are superficial. They issued legal documents and policies but they did not implement them. Or if they implement policies, they do it very superficially. All the things are on paper but they do not care about results in reality…. So I suggest that the Government and its subordinates need to implement policies to support people with SCI to be socially included. (Participant 6)

Accessible infrastructure and transportation

Many participants suggested that infrastructure and transportation should be modified to be accessible for wheelchair users.

Participant 1 suggested:

Infrastructure has to be suitable for wheelchair users. There are a lot of people with SCI who still stay at home, have not gone out yet. If there is accessible infrastructure, they will become more confident to go out and find a job.

Participant 6 expressed a similar expectation from the Government on this issue:

In general, the Government needs to restructure infrastructure and transportation to make it accessible for people with disabilities. When they are able to participate in transportation, they will become confident to be socially included.

Funding supports

Participants suggested people with SCI should be supported with some financial funds. For instance, participant 8 recommended

Some people with SCI want to have their own business at home but they lack funds. But they cannot borrow from the banks because they are unemployed and receive social allowance from the government. Actually, they do not need a lot of funds, they just need 5 million dong (about AUD 250) to start their new job and live independently. However, they do not have that small amount. Their families are poor.

Social banks, government banks do not lend to them. It is very difficult for them to get a loan because they do not have any guarantors.

4.6 Chapter summary

This chapter presented the results from interviews with nine people with SCI. Factors which facilitated paid employment post SCI included personal factors such as self-motivation, desire for work, qualifications and functional independence; support factors from family, friends, colleagues, and peers; environmental factors such as accessibility, mentors, and support from local groups of people with disabilities; and workplace factors. In contrast, factors which limited paid employment post SCI included personal factors such as low self-esteem, health conditions, family factors, environmental factors, and factors limiting employers' perspectives. Finally, participants identified suggestions to help people with SCI achieve better employment outcomes.

The next chapter will discuss these findings in relation to the PVEST with comparisons to previous research. The limitations of the current study, in addition to recommendations for practice and future research will be presented.

CHAPTER 5 DISCUSSION

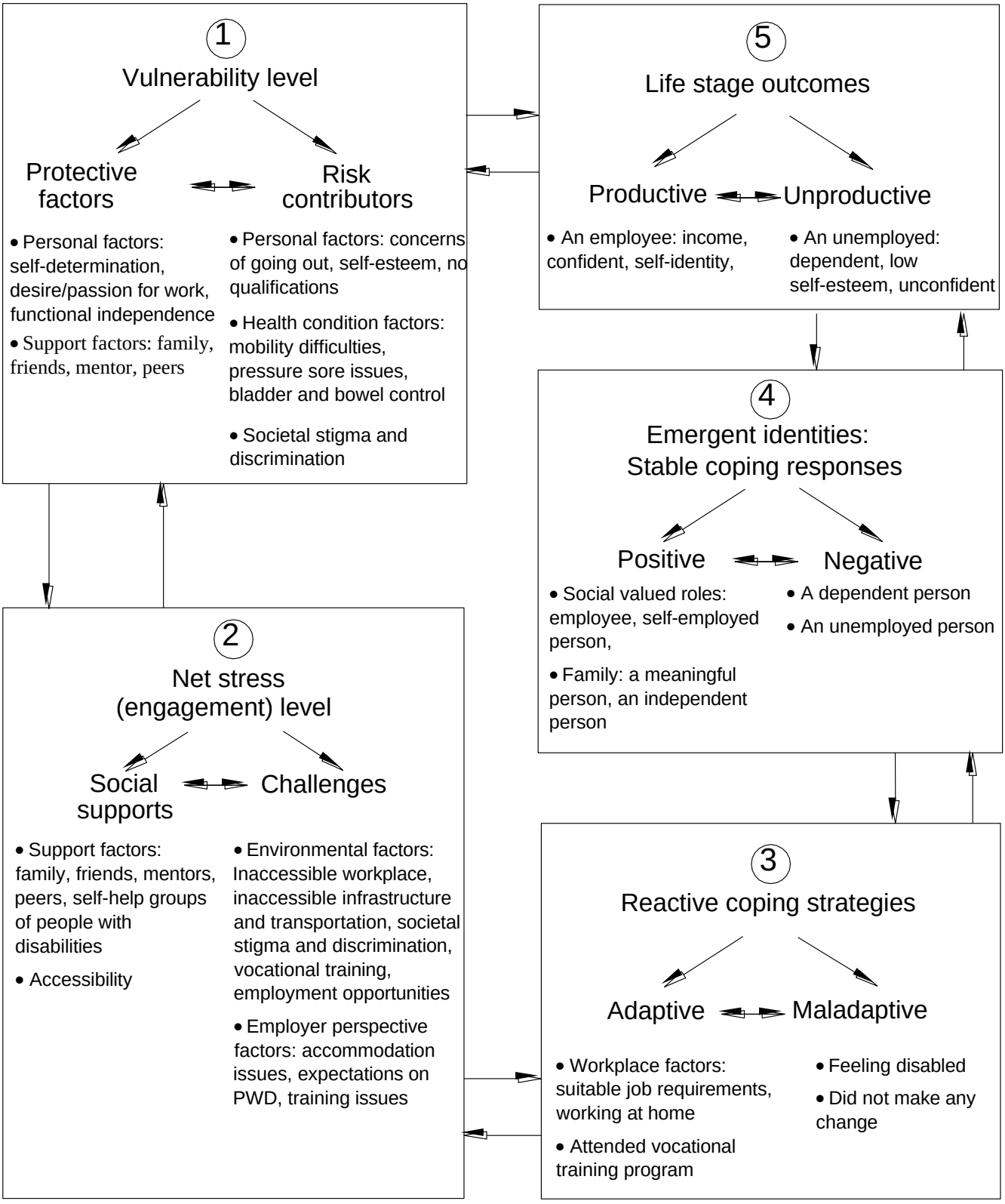
5.1. Introduction

This study aimed to explore factors which facilitated and limited paid employment from the perspective of people with SCI in Vietnam. This chapter will summarise and discuss the findings utilising the phenomenological variant of ecological systems framework, identify limitations, discuss implications for policy and practice, and provide recommendations for future research.

5.2. Factors that facilitate and limit paid employment post SCI

The phenomenological variant of ecological systems theory (PVEST) (discussed in Chapter 3) provides a framework to investigate the interaction between an individual's view of the world and the impact of socio-cultural and historical contexts that influence the individual's experiences (Spencer, 2008). The PVEST consists of five levels: vulnerability, net stress engagement level, reactive coping strategies, emergent identities, and life stage outcomes (Spencer, 2008). Integrating results of this research into the PVEST helps with understanding the interaction between people with SCI and socio-cultural and historical factors that influence their experiences in gaining and maintaining paid employment in Vietnam post SCI (Spencer, 2008), see Figure 5.1.

Figure 5.1. Factors which influenced paid employment post SCI within a PVEST framework



5.2.1. Factors that facilitate and limit paid employment post SCI

At the first level of PVEST, the vulnerability level represents the balance between protective and risk factors. Protective factors help facilitate an individual's positive experiences while risk factors might challenge persons from achieving expected results (Spencer, 2008). Participants of the current study identified a number of factors that helped them to gain and maintain paid employment post SCI, which can be seen as protective. They are self-determination and self-motivation, desire/passion for work, functional independence, supports from family, friends, colleagues, employers and peers.

Self-determination and desire for work were highlighted as participants' motivation to achieve employment after SCI. This is also reported in a study conducted by Hay-Smith et al. (2013), which explored the experiences of 12 people with SCI in pursuing a return to employment in New Zealand. Participants of that study expressed a strong self-generated desire to be in paid employment. However, this study only revealed results of participants who returned to work post SCI. This study found that self-determination was not only an important factor for those who returned to work but also for those who had worked before injury.

Functional independence resonates with the results of the previous study conducted by Ramakrishnan et al. (2011), which investigated the impact of demographic, injury-related and work-related variables on employment outcomes of people with SCI in Malaysia. Quantitative results revealed that independence in personal care including bladder and bowel control, self-wheelchair transfer and ability to drive a modified vehicle were positive factors in relation to employment outcomes. Similarly, participants in this study identified functional independence as personal self-care and ability to use wheelchairs. In addition, the ability to use modified vehicles independently was highlighted by participants of the current study. This can be explained as participants might have to use their own vehicles for mobility instead of using public transport which is reported to be inaccessible to wheelchair-users. Jang et al. (2005) conducted a study to investigate determinants of return to work with 169 persons with traumatic SCI in Taiwan, also suggesting that training to increase

functional independence in rehabilitation is important to improve employment outcomes.

Support from family, extended family members, and friends was identified as a valuable resource in providing job information, job offers and job maintenance. This was also highlighted in a previous study conducted by Chan and Man (2005), which explored and identified the barriers and important factors that might impact 16 participants with SCI on seeking and maintaining jobs in Hong Kong. Qualitative results illustrated that people with SCI had successful job seeking, offers, and return to work thanks to personal contacts such as family, friends, or former employers.

Emotional supports from peers who had the same disability helped participants gain self-confidence and overcome emotional distress experienced as a consequence of SCI. Connecting with peers, furthermore, assisted participants to access job information and requirements for job performance. This finding is consistent with a study conducted by Veith, Sherman, Pellino, and Yasui (2006), which explored the peer-mentoring relationship among seven individuals with SCI in the US. It is stated that support from peers helped facilitate adjustment to SCI, increase knowledge of resources and hope, reduce distress, and generate motivation to work. This can be explained as people are comfortable with associating with others who have faced a similar issue so that they can compare experiences and learn effective coping abilities (Veith et al., 2006). Hence, support from peers becomes crucial to participants of this study as there is a lack of support from public sectors in facilitating paid employment to people with SCI in the areas where participants were living (Phan, 2017).

Risk factors included personal factors such as low self-esteem, low levels of education, health condition factors such as pressure sores, and societal stigma and discrimination. These risk factors were considered to be barriers that limit participants in gaining and maintaining paid employment.

Low self-esteem was also identified in a number of studies as a barrier for returning to work and maintaining employment. Chapin and Kewman (2001) conducted a study with 12 participants with SCI to examine factors that differentiated persons with SCI who returned to work from those who did not. It is stated that people with SCI were anxious and fearful about returning to work. Meanwhile, Chan and Man (2005) asserted that low confidence and self-esteem contributed to difficulties for people with

SCI in staying at work. However, participants in the current study reported that low self-esteem prevented them from going out to find a job. This suggests that in order to support people with SCI to gain employment after SCI, it is vital to help them to be confident about themselves and their employability.

Worries about the development of pressure sore issues resulting from prolonged sitting at work prevented participants from applying for job opportunities and accepting job offers. Pressure sores also sometimes made participants in the current study so sick that they had to quit the jobs. Losing control of bladder and bowel made participants lose confidence when making decisions to go out. That also created a lot of inconvenience such as work interruption and shame when participants were at work. This finding is in line with studies conducted by Hay-Smith et al. (2013) and Chan and Man (2005). Pressure sore issues which potentially interrupted the life and work of people with SCI and prolonged sitting at work made their pressure sores worse and that may result in giving up jobs (Anderson, Dumont, Azzaria, Bourdais, & Noreau, 2007). The loss of bladder and bowel control was considered to be the main hindrance to work by Chan & Man (2005). Some studies revealed that pain and fatigue were barriers preventing people with SCI returning to work (Fadyl & McPherson, 2010; Hay-Smith et al., 2013; Holmlund et al., 2017). However, these factors were not identified by participants of the current study. This suggests the need for further exploration in understanding participants' experiences of coping with consequences of SCI, and the role of sociocultural influences on perception and reporting of the experience of pain, including gender of participants and researchers.

In short, the vulnerability of participants in gaining and maintaining paid employment post SCI was the balance between protective factors (self-determination, motivation for work, functional independence, and supports from family, friends, and peers) and risk factors (low self-esteem, health condition issues, and societal stigma and discrimination) (GCAPP), 2008).

At the second level of the PVEST, the net stress engagement level refers to social supports that helped people with SCI to gain and maintain paid employment post SCI, and challenges that they had to face in this process. Social supports reported in this study included supports from families, friends, mentors, peers, and self-help groups of

people with disabilities while challenges involved environmental factors, societal stigma and discrimination, and workplace factors.

Support from local self-help groups of people with disabilities was considered to be a valuable resource for participants to seek job information, vocational training and job opportunities. These groups have been considered as an essential human resource for people with disabilities thanks to benefits such as sharing information, experiencing mutual support, and developing social networks (Phan, 2017). The availability of self-help groups of people with disabilities were critical to participants of the current study. This is particularly so, considering the current state administration system of Vietnam has not yet sufficiently covered all persons with disabilities (Phan, 2017). Hence, self-help groups became important supporters in organising activities and services for all Vietnamese people with disabilities in both rural and urban areas (Wells-Dang, 2012).

Physical environmental factors including lack of accessible infrastructure, transportation, and inaccessible workplaces were identified as barriers that limited participants of this study from gaining and maintaining paid employment post SCI. All participants of the current study were wheelchair-users so inaccessibility might create many troubles in relation to their mobility. This negatively impacted participants' decisions to apply for jobs and maintain their work. This result aligns with the study conducted by Fadyl and McPherson (2010) which identified factors that influenced decisions about whether and when to return to work for 13 participants with SCI in New Zealand. Challenges of getting the required adjustments or modifications done at the workplace resulted in people with SCI making decisions about continuing in employment or not (Fadyl & McPherson, 2010). This suggests that ensuring physically accessible environments plays an important role for people with SCI to gain and maintain their paid employment after injury.

Societal stigma and discrimination negatively impacted decisions to go to work and maintain employment. It is reported that people with SCI who never went out of their homes due to fear of societal stigma, were also too worried to go to work. In addition, discrimination from employers in terms of unfair payment was reported to be a barrier to maintaining a job for some of those who were employed. In contrast, the research of Burns, Boyd, Hill, and Hough (2010), which explored the relationship between

employment status and discrimination with 83 men living with SCI in the US, revealed that perceptions of discrimination predicted the greater likelihood of employment. However, this study used a quantitative methodology and reflected experiences of people with SCI in the US. The current study reflected experiences of people with SCI interacting with socio-cultural environment in Vietnam. Hence, it may require further research to understand the impact of societal stigma and discrimination on the employment outcomes of people with SCI.

Workplace factors included employers' resistance against accommodating the workplace environment to meet needs of people with SCI. This supports findings of a study conducted by Hay-Smith et al. (2013). Participants of this study also revealed that employers denied opportunities to adapt the working environment, which consequently prevented them from returning to work. In addition, participants of the current study reported employers' preference for employing people without disabilities because of low expectations about the abilities of people with disabilities. This hesitation extended to reluctance to recruit people with SCI due to being afraid of spending time and money for training. It is therefore likely that perspectives and practices of employers towards people with SCI had significant impact on the relative success or otherwise of those people with gaining access to paid employment. This suggests the need for further exploration in understanding employers' perspectives and practices in employing people with SCI in order to improve the success of paid employment for people with SCI. In addition, there is a need for involvement of qualified staff members to assist with policy implementation and facilitate changing attitudes.

At the third level of the PVEST, reactive coping strategies include both adaptive and maladaptive approaches (Spencer, 2008). Participants of the current study developed both adaptive and maladaptive reactive coping strategies based on protective factors, social supports, risk factors, and challenges.

Adaptive strategies included attending vocational training programs, suitable job requirements and home-based work. Home-based work was emphasized to meet participants' employment needs, and provide a flexible and comfortable working environment. In addition, home-based work also helped participants resolve barriers of employment relating to health conditions such as pressure sore issues and bladder

and bowel control, and accessibility. Seven out of nine participants of the current study were working at home. Three of them used information and communication technologies for performing their jobs. The advantages of these technologies to increase return to work outcomes of people with SCI were also discussed by Bricout (2004). It is revealed that home-based employment options using information and communication technologies were a strategy for return to work for people with SCI because of less dependency on community accessibility or transportation, less focus on physical limitations, and relative freedom from employer biases. Therefore, this probably suggests that home-based work could be an option to enhance employment outcomes of people with SCI.

In contrast, the maladaptive strategy reported by participants in this study was their hesitation to change after acquiring SCI. A participant reported that acquiring SCI was a trauma which significantly changed his life from being able to being disabled. The feeling of being disabled was pushing him back from accessing employment opportunities.

At the fourth level of the PVEST, participants developed both positive and negative evolving identities. Participants who were employed or self-employed perceived themselves as gaining socially valued roles such as employees or self-employed persons. They viewed themselves to live meaningfully by earning income, interacting with others, and performing meaningful activities. In contrast, an unemployed participant considered himself dependent on his family for almost all activities and as not having any opportunity to make financial contributions to his family. However, employed participants still considered themselves as dependent persons to some extent due to lack of or reduced capacity to perform certain tasks which required physical abilities.

At the fifth level of the PVEST, participants of the current research had both productive and unproductive life stage outcomes. Productive outcomes included participants' roles as employees earning income, being confident, and regaining self-identity while unemployed participants had unproductive outcomes associated with feeling dependent, having low self-esteem, and experiencing shame. However, this result was reported at the time of conducting the interview. These life stage outcomes

would change after further reorienting processes. As a result, a new cycle of the life of persons with SCI in gaining and maintaining paid employment post SCI begins.

The difference in perceived identity between employed and unemployed people with SCI aligns with a study conducted by Chapin & Kewman (2001). This qualitative study of 12 participants with SCI in the US examined factors that differentiated people with SCI who returned to work from those who did not. The employed participants of this study viewed employment as a very important part of their life which brought personal growth, a sense of purpose, and social contact. Moreover, they associated employment with independence and income generated from employment which enabled them to maintain their previous lifestyle. Meanwhile, none of the unemployed participants viewed themselves as having high self-esteem and confidence. The majority of the unemployed saw themselves as shy and introverted. This suggests that employment might create the difference in perceived identity between employed and unemployed people following SCI. Future research on psychological differences between groups could be useful to provide insights into factors influencing employment of people with SCI.

5.3. Strategies for supporting paid employment post SCI

Participants of the current study recommended several strategies for supporting paid employment post SCI, divided into categories of persons involved.

Psychological support

For individuals with SCI, participants identified the need for psychological support in dealing with emotional consequences of SCI before they can consider next steps such as community integration and employment. Participants of the current study stated that when people with SCI receive this support, they will become more confident about themselves and their ability to work. Emotional adjustment post SCI was also highlighted in a study conducted by Reed et al. (2016) which examined the relationship between employment and psychological health and health management of 44 individuals with SCI. Participants in Reed et al.'s study also identified need for adjustment and dealing with emotional reactions to be managed before employment. People with SCI need to regain their self-confidence, and become more comfortable about living with their disability and then think out work.

Flexible work arrangements and accommodation

Employers were recommended and encouraged to allow flexible work arrangements, and accommodate changes to the workplace environment. Flexibility and accessible workplace environments were considered to be salient factors to stimulate people with SCI to gain and maintain paid employment. Accommodation by employers has previously been raised and discussed as an important factor to contribute to return to work in persons with SCI (Lidal et al., 2007).

Vocational training

Participants highlighted the need for provision of vocational training programs for people with SCI in their local areas, with opportunities to secure jobs upon completion of training. The role of vocational training to facilitate employment of people with SCI post injury was strongly encouraged in a study conducted by Anderson et al. (2007). The authors asserted that vocational training for individuals with SCI should be a priority in order to facilitate their integration into a work environment because many people with SCI have been absent from work for long time. People may need training to update their skills (Anderson et al., 2007) and matching of interests and skills to specific employment opportunities through assessment and counselling processes facilitated by qualifed and experienced personel to build confidence to return to work after injury. Similarly, participants of the current study reported their need for vocational training which is perceived as a fundamental step to gaining paid employment post SCI. This can be explained as a key factor as only one of the nine participants of the current study had the opportunity to participate a vocational training course after injury.

Policy and practice

The participants strongly suggested that the Vietnamese Government translate policy into practice, to make infrastructure and transportation accessible, and provide financial support. Vietnam issued the Law on Persons with Disabilities in 2010 that specifies the equal right of people with disabilities to access employment, receiving support to have better employment outcomes, and prohibiting discrimination against those with disabilities (The National Assembly of Vietnam, 2010). In addition, Vietnam ratified the Convention on the Rights of Persons with Disabilities in 2014 to realize human rights and to enhance opportunities for people with disabilities to be

able to participate fully in all aspects of social, political, economic and cultural life (Phan, 2017). However, there is still a gap existing between policies and practice relating to employment (Mizunoya, Yamasaki, & Mitra, 2016). This gap may reflect physical and social barriers in the general environment, and is evident in the workplace through apparent prejudice and discrimination from employers (Mizunoya et al., 2016). Policy translating into practice is also highlighted as an important action to provide real changes in employment of people with SCI in some other studies. Trenaman et al. (2015) found that the implementation of the Americans with Disabilities Act resulted in a 20% increase in opportunities for employment among people with disabilities. So the implementation of policies is expected to bring positive employment outcomes for people with SCI and potentially to extend to other aspects of community participation and genuine inclusion in Vietnam.

Funding support for start-ups

Participants of the current study also suggested that the government should provide funding support for people with SCI to start their own businesses, which might help to facilitate their employment outcomes. Support for funding provision is also suggested in a study conducted by Palmer, Groce, Mont, Nguyen, and Mitra (2015) which explored the economic experiences of families with disabilities and their management of the economic challenges associated with disability in Vietnam. It found that there is a lack of current social assistance programmes in Vietnam to provide adequate funding for people with disabilities to meet their economic needs (Palmer et al., 2015).

5.4. Strengths and limitations

This preliminary study aimed to explore factors which facilitate and limit paid employment from the perspective of people with SCI in Vietnam. The research method fits the purpose of the study, which allowed for a detailed qualitative exploration of factors influencing paid employment post SCI, enabling the voices of the participants to be heard through sharing of their lived experience.

Participants were recruited through electronic distribution of an invitation to participate facilitated by a non-government organisation in the capital city of Vietnam. This consequently may have limited participation to people who were in the network of that organisation, and had internet access. Perhaps recruiting participants

through a range of organisations in different geographical areas, and utilising additional methods of recruiting participants such as sending mail may have provided access to a wider variety of experiences and richer data from which to gather findings.

Interviews were conducted via Skype and telephone. As a result, the researcher may have missed non-verbal and contextual cues that could be important for interpreting data. Using member checking of interview transcripts was one of the critical strategies to reduce this potential impact.

Interviews were conducted in Vietnamese so translation into English was required for data analysis and reporting. The strategy to address this limitation was to use a second native Vietnamese speaker who had completed the Masters in Disability Policy and Practice degree by research, to independently analyse one third of all transcripts to identify, discuss, and reach agreement on final themes in English. In addition, reviewing the study findings and results with supervisors was another checking mechanism to reflect on the translation and interpretation.

Finally, eight out of nine participants of the current reserarch were working at home so their experiences might only have reflected those who work inside the home. Recruitment of participants who were working in different settings might have provided a richer data for gathering findings.

5.5. Implications

The ultimate goal of this preliminary study was to gain insight into the lived experiences of people with SCI in accessing and maintaining paid employment, and provide evidence that can inform future research and practice for vocational rehabilitation processes in Vietnam.

5.5.1. Recommendations for policy and practice

The following recommendations to improve vocational outcomes for people with SCI have emerged from the results:

- People with SCI should firstly be supported to stabilize their psychological state after SCI through the support of counselling programs, self-help groups and peer to peer networks which could be organised by both public and private sectors. Support of

family, rehabilitation professionals, and relevant agencies could further support them to manage mental health issues which may be associated with adjustment to disability.

- Vocational training programs staffed by suitably qualified and experienced personnel to enable matching of interests and desires by people with SCI to be made available in their local areas in order to equip them with essential skills and knowledge for gaining jobs in the labour market.
- Home-based work was found to be common to participants in this research. This is not surprising, considering the Vietnamese cultural context (Zhu, 2005). Technical and financial supports for people with SCI to set up and maintain their work at home could be beneficial to promote paid employment for both transitional and going purposes.
- In addition, translating current policies into practice is critical to improve employment outcomes of people with SCI in Vietnam. For instance, setting up a committee which is led by the government to monitor the implementation of accessibility in public infrastructure, transportation and buildings. This is to ensure that the policies about accessibility are put into practice. An anti-discrimination policy should be issued in supporting the current Law on Persons with Disabilities of Vietnam to specify rules and regulations in relation to reducing discrimination towards people with disabilities. An independent body should then be set up to receive claims about this issue. Hence, genuine implementation of these policies will help Vietnam to realise human rights as outlined in the CRPD which Vietnam ratified in 2014 (Phan, 2017), and may bring broader benefits of community participation for people with SCI, and also benefits for other citizens.

5.5.2. Recommendations for future research

- The current study was limited by recruiting participants who had access to the Internet and through a specific organisation. Perhaps, other methods of recruiting participants such as sending mail could potentially provide access to the wider population of people with SCI in Vietnam.
- Further research using other methods of data collection such as face to face interviews and focus group discussion rather than Skype/telephone interviews could be useful to gain richer data. These methods might bring wider experiences by having non-verbal cues and enable more in-depth discussion.

- Further studies to follow up participants' journeys in paid employment could be useful to understand their challenges and coping strategies in gaining and maintaining paid employment.
- The majority of participants of the current research were working at home so the discussion of lived experience by this group might have overlooked other important issues in maintaining employment in the workplace outside the home. Hence, insights into experiences of people with SCI who are at work outside the home could be explored in future studies.
- There is a need to further explore paid employment post SCI with a wider range of stakeholders such as employers, colleagues, vocational rehabilitation professionals, and policy makers. It is possible that these stakeholders may have different perspectives of factors which influence paid employment post SCI in Vietnam.

5.6. Conclusion

This dissertation has explored a range of factors influencing employment following SCI. Guided by a phenomenological approach, the current study has utilized interviews with nine people with SCI in Vietnam to explore their lived experience and employment following SCI. The findings indicated that factors which facilitated paid employment post SCI included personal factors (self-determination, motivation for work, functional independence, and supports from family, friends, and peers), while barriers included low self-esteem, health conditions, societal stigma and discrimination. These findings were discussed within the framework of the PVEST, revealing the interaction between socio-cultural and historical contexts that influence experiences in gaining and maintaining paid employment post SCI. It is anticipated that strategies such as provision of counselling programs, self-help groups, peer to peer networks, provision of vocational training programs in regional areas, and genuine implementation of current policies will contribute to improving employment outcomes for people with SCI in Vietnam. This will strengthen moves towards genuine inclusion as recommended in the CRPD, with vital implications for enhanced quality of life and economic participation for people with SCI in Vietnam.

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APPENDIX A: LETTER OF PERMISSION FROM THE HANOI ASSOCIATION OF PEOPLE WITH DISABILITIES

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM/ SOCIALIST REPUBLIC OF VIETNAM
Độc lập - Tự do - Hạnh phúc/ Indendence – Freedom – Happiness

Hà Nội, ngày/date..25.... tháng 8 năm 2017

Thay mặt Hội Người khuyết tật thành phố Hà Nội/ On behalf of Hanoi Association of People with Disabilities
Tôi (tên)/ Name : Dương Thị Vân
Chức danh/Position: Chủ tịch / Chairperson

ĐỒNG Ý HỖ TRỢ / GIVE SUPPORT FOR

Chị Đàm Thị Mai, sinh viên đại học Flinders
Ms Thi Mai Dam, a Master Student of Flinders University

Thực hiện việc tuyển đối tượng nghiên cứu cho đề tài nghiên cứu / To recruit the participants for the research entitled

"Phát hiện các yếu tố ảnh hưởng đến vấn đề việc làm của người tổn thương tuỷ sống tại Việt Nam"
'Exploring the Factors which influence employment following spinal cord injury in Vietnam'

tại Hà Nội và một số tỉnh lân cận từ tháng 11/2018 đến tháng 2/2019
In Hanoi and neighbouring provinces from November 2018 to February 2019

Về quy định liên quan tới quy trình xét duyệt vấn đề đạo đức khi tiến hành nghiên cứu có yếu tố con người, Hội Người khuyết tật thành phố Hà Nội khẳng định không có quy định cụ thể về quy trình này. Tuy nhiên đề nghị chị Mai cần tuân theo quy định về đạo đức do trường quy định khi tiến hành nghiên cứu này.
Regarding requirements on ethical approval processes for conducting research which is involved with human being, I would like to confirm that Hanoi Association of People with Disabilities does not have this requirement. However, Ms. Mai must follow the moralistic provisions which are issued by the university in the process of conducting this research.

Ký tên và đóng dấu/ Signature and Official Stamp

THÀNH HỘI

CHỦ TỊCH
Dương Thị Vân

Dr Michelle Bellon
Senior Lecturer
Disability and Community Inclusion
College of Nursing and Health Sciences
GPO Box 2100
Adelaide SA 5001
Telephone +61 8 8201 3645
Michelle.Bellon@flinders.edu.au

APPENDIX B: LETTER OF INTRODUCTION

LETTER OF INTRODUCTION

Dear Sir/Madam,

This letter is to introduce Thi Mai Dam, a student in the Master of Disability, Policy and Practice in Disability and Community Inclusion, College of Nursing and Health Sciences, at Flinders University.

She is undertaking research titled *'Exploring the Factors Which Influence Employment Following Spinal Cord Injury in Vietnam: A Preliminary Qualitative Study'.*

This study seeks to explore explore the facilitators and barriers to paid employment from the perspective of people with lived experience of spinal cord injury (SCI) in Vietnam. It is anticipated that this preliminary study will provide recommendations for future research and practice in order to develop vocational rehabilitation processes in Vietnam. The research will be conducted through telephone interviews with ten people with (SCI) in Vietnam who satifisty the study inclusion criteria.

If you are over 18 and sustained a SCI over one year ago, can communicate verbally in coversational Vietnamese, no longer in rehabliation setting, and currently working or seeking paid employment, I would be grateful if you would volunteer to assist by participating in this study.

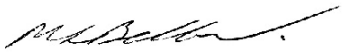
Your participation would involve a Skype/telephone interview which will last from 45 to 60 minutes at a convenient time for you. Since Thi Mai will will make a tape recording of the interview, she will seek your consent to record the interview, and to use the transcription in preparing the report, on condition that all names and identities are not revealed. Please refer to the Information Sheet for further details.

If you would like to participate, please complete and return the Consent and Contact Form via email to dam0002@flinders.edu.au to register your interest by 1st January 2018. Thi Mai will then contact you to arrange an interview.

Please be assured that any information provided will be treated in the strictest confidence and no participant will be individually identifiable in the resulting publications. You are, of course, free to discontinue participation at any time or to decline to answer particular questions. Please be assured that this will not result in any discrimination, reduction in the level of support, or any other penalty. At the end of the study, you will be given the opportunity to read and comment on the data and conclusions made.

Thank you for your time and assistance.

Yours sincerely,



Michelle Bellon, PhD
Disability and Community Inclusion
College of Nursing and Health Sciences
Flinders University

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 7793). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201-3116 or by fax on 8201-2035 or email human.researchethics@flinders.edu.au.

Ms Thi Mai Dam

Student

Disability and Community Inclusion

College of Nursing and Health Sciences

APPENDIX C: INFORMATION SHEET

INFORMATION SHEET

(for *'people with spinal cord injury'*)

Title: 'Exploring the Factors Which Influence Employment Following Spinal Cord Injury in Vietnam: A Preliminary Qualitative Study'

Researcher:

Ms Thi Mai Dam

Disability and Community Inclusion Unit

College of Nursing and Health Sciences

Flinders University

Phone: + 61 8 8201 3645

Email: dam0002@flinders.edu.au

Supervisors:

Dr Michelle Bellon

Disability and Community Inclusion Unit

College of Nursing and Health Sciences

Flinders University

Phone: + 61 8 8201 3645

Email: michelle.bellon@flinders.edu.au

Ms. Ruth Crocker

Disability and Community Inclusion Unit

College of Nursing and Health Sciences

Flinders University

Phone: + 61 8 82013423

Email: ruth.crocker@flinders.edu.au

Description of the study

This study is part of the project titled *'Exploring the Factors Which Influence Employment Following Spinal Cord Injury in Vietnam: A Preliminary Qualitative Study'.* This project will explore the facilitators and barriers to paid employment from the perspective of people with lived experience of spinal cord injury (SCI) in Vietnam. This project is supported by College of Nursing and Health Sciences, Flinders University.

The interpretive phenomenology will be utilized to direct all research steps. Initially, data will be collected through telephone interviews with ten people with SCI in Vietnam who satisfy the study inclusion criteria. Then data analysis to identify key themes will be performed to explore factors influencing people with SCI in Vietnam to get employed. Findings will then inform recommendations for future research and practice in order to develop vocational rehabilitation processes in Vietnam.

Purpose of the study

This project aims to find out the facilitators barriers to paid employment from the perspective of people with lived experience of spinal cord injury in Vietnam.

What will I be asked to do?

If you are over 18 and

- sustained a SCI 1 year ago
- can communicate verbally in coversational Vietnamese,
- no longer in rehabliation setting,
- currently working or seeking paid employment,

we would be grateful if you would volunteer to assist by participating in this study.

You are invited to attend a Skype/telephone interview with a researcher. The interview will

- take about 45 to 60 minutes
- be audio recorded using a digital voice recorder to help with reviewing the results
- be conducted at your convenient time

You will be asked to answer questions including:

- demographic questions such as your gender, age, place of living, marital status and educational background
- your SCI, rehabilitation process and employment history
- specific questions to identify the facilitators and barriers you experienced in gaining and maintaining employment following SCI

What benefit will I gain from being involved in this study?

We are very keen to improve employment outcomes for people living with SCI. It is expected that research findings will help policy makers, and disability and social workers, and general public to understand facilitators and barriers of people with spinal cord injury in employability. As a result, polices and practice supporting people with SCI are expected to change. Your involvement directly assists the improvement of employability for people with spinal cord injury in the future.

Will I be identifiable by being involved in this study?

Please be assured that any information provided will be treated in the strictest confidence, and you will not be individually identifiable in the resulting report or any other publications.

Are there any risks or discomforts if I am involved?

The researcher anticipates no risk from your involvement in this study; however, given the nature of the project some participants could experience emotional discomfort. If any emotional discomfort is experienced, you can contact

Ministry of Health, Hot line (24 hour counselling services) 19 00 90 95

This service will refer callers requiring more in-depth or ongoing support to a counsellor in the callers' local area.

If you have any concerns regarding anticipated or actual risks or discomforts, please do not hesitate to contact the Researcher directly.

How do I agree to participate?

Participation is voluntary. If you agree to participate please read, complete and sign the consent and contact forms via email dam0002@flinders.edu.au. You can also email the researcher via dam0002@flinders.edu.au to register your interest and discuss the project before signing and returning the consent form for participation. The first 10 person who register their interest and meet inclusion criteria will be selected for participation. You are free to withdraw from the study at any time without effect or consequences.

How will I receive feedback?

You will be provided with your interview transcript at the completion of the data collection process, and invited to comment if you would like.

Thank you for taking the time to read this information sheet, and we hope that you will accept our invitation to be involved.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number: 7793).

For more information regarding ethical approval of the project only, the Executive Officer of the Committee can be contacted by telephone on (+ 61 8) 8201 3116, by fax on (+61 8) 8201 2035, or by email to human.researchethics@flinders.edu.au

APPENDIX D: CONSENT AND CONTACT FORM

CONSENT AND CONTACT FORM FOR PARTICIPATION IN RESEARCH

(by interview)

Exploring the Factors Which Influence Employment Following Spinal Cord Injury in Vietnam: A Preliminary Qualitative Study

I ….....

being over the age of 18 years, hereby volunteer to consent to participate in the research project titled Exploring the Factors Which Influence Employment Following Spinal Cord Injury in Vietnam: A Preliminary Qualitative Study

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to data collected from the study to be used in preparing the report and publications, on condition that my name or identity is not revealed
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:

   • I may not directly benefit from taking part in this research

   • I am free to withdraw from the project at any time and am free to decline to answer particular questions

   • While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential

- Whether I participate or not, or withdraw after participating, will have no effect on any service/support that is being provided to me

6. I agree to data collected being made available to other researchers who are not members of this research team, but who are judged by the research team to be doing related research, on condition that my identity is not revealed.

Participant's signature……Date……...

Please fill your contact details that the researcher can contact you directly.

Home phone:…… Mobile:…….

Work phone:……..Email:……

My preferred method of contact is (circle): Home phone / Work phone / Mobile /Email

These are the best times to contact me:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time/s							

Can you please send this signed and completed form to my email address: dam0002@flinders.edu.au

Sincerely thanks!

Thi Mai Dam

APPENDIX E: ETHICS APPROVAL

FINAL APPROVAL NOTICE

Project No.:	**7793**
Project Title:	Exploring the Factors which Influence Employment Following Spinal Cord Injury in Vietnam: A Preliminary Qualitative Study
Principal Researcher:	Mrs Thi Mai Dam
Email:	dam0002@flinders.edu.au

Approval Date:	7 November 2017	Ethics Approval Expiry Date:	**30 June 2019**

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided.

RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

1. Participant Documentation

Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

- all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.
- the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and questionnaires – with the exception of purchased research tools) and the current

Flinders University letterhead is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used and documentation should contain international dialling codes for all telephone and fax numbers listed for all research to be conducted overseas.

· the SBREC contact details, listed below, are included in the footer of all letters of introduction and information sheets.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 'INSERT PROJECT No. here following approval'). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

2. Annual Progress / Final Reports

In order to comply with the monitoring requirements of the *National Statement on Ethical Conduct in Human Research (March 2007)* an annual progress report must be submitted each year on the **7 November** (approval anniversary date) for the duration of the ethics approval using the report template available from the Managing Your Ethics Approval SBREC web page. *Please retain this notice for reference when completing annual progress or final reports.*

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please submit either (1) a final report; or (2) an extension of time request and an annual report.

Student Projects

The SBREC recommends that current ethics approval is maintained until a student's thesis has been submitted, reviewed and approved. This is to protect the student in the event that reviewers recommend some changes that may include the collection of additional participant data.

Your first report is due on **7 November 2018** or on completion of the project, whichever is the earliest.

3. Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such proposed changes / modifications include:

· change of project title;
· change to research team (e.g., additions, removals, principal researcher or supervisor change);
· changes to research objectives;
· changes to research protocol;
· changes to participant recruitment methods;
· changes / additions to source(s) of participants;
· changes of procedures used to seek informed consent;
· changes to reimbursements provided to participants;
· changes / additions to information and/or documentation to be provided to potential participants;
· changes to research tools (e.g., questionnaire, interview questions, focus group questions);
· extensions of time.

To notify the Committee of any proposed modifications to the project please complete and submit the *Modification Request Form* which is available from the Managing Your Ethics Approval SBREC web page. Download the form from the website every time a new modification request is submitted to ensure that the most recent form is used. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

Change of Contact Details

Please ensure that you notify the Committee if either your mailing or email address changes to ensure that correspondence relating to this project can be sent to you. A modification request is not required to change your contact details.

4. Adverse Events and/or Complaints

Researchers should advise the Executive Officer of the Ethics Committee on 08 8201-3116 or human.researchethics@flinders.edu.au immediately if:

· any complaints regarding the research are received;
· a serious or unexpected adverse event occurs that effects participants;
· an unforeseen event occurs that may affect the ethical acceptability of the project.

APPENDIX F CONFIDENTIALITY AGREEMENT WITH THE TRANSLATOR

Flinders University and

SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE

TRANSLATION ACCURACY CERTIFICATION

Participant Documentation

PROJECT NO.	**7793**

Principal Researcher	Mrs Thi Mai Dam
Supervisor Name (student projects only)	Dr Michelle Bellon Ruth Crocker
Project Title	Exploring the Factors which Influence Employment Following Spinal Cord Injury in Vietnam: A Preliminary Qualitative Study

Does your proposed research require documentation to be translated into another language?	x	Yes
		No

Place the letter 'X' in the relevant box

If NO, please note that this form does not need to be completed.

If YES, please complete the sections below.

		YES	Individuals Name or Company Name
HOW will information and documentation to be distributed to prospective participants be translated?	By the student researcher?	**YES**	THI MAI DAM
	By the students supervisor?		
	By one of the staff researchers?		
	By an employed research assistant?		
	By a professional translation company?		

Translations undertaken by Researcher	**Signature**
If information and/or documentation to be provided to prospective participants will be translated by one of the student or staff / supervisor researchers, please sign to the right to certify that the translations represent an accurate translation of the English versions provided to the committee.	Thi Mai Dam **Date:** -------17/09/2017----------

APPENDIX G: INTERVIEW GUIDE

INTERVIEW GUIDE

EXPLORING THE FACTORS WHICH INFLUENCE EMPLOYMENT FOLLOWING SPINAL CORD INJURY IN VIETNAM: A PRELIMINARY QUALITATIVE STUDY

PART I – Instructions

Good morning/afternoon, my name is Thi Mai Dam, I am a student of Flinders University in Australia. This interview is about your experiences of spinal cord injury (SCI); how the injury influences your employment status; and what factors impact seeking, gaining and maintaining paid employment after SCI. I would like you to feel comfortable to talk about your experience.

Tape Recorder Instructions

If it is fine for you, our conversation will be audio-recorded. It is because I can get all the information that you have shared. Please be assured that any information provided will be treated in the strictest confidence, and you will not be individually identifiable in the resulting report or any other publications.

Consent Form Instructions

I would like to thank you for sending me your signed consent form. Before we start, I would like to confirm that you have read and understood the consent form. Do you have any questions before we get started?

Part II – Participant Information

Gender Age Address: Date

Contact number

Interviewed by Mai Thi Dam

Part III – Participant's experience of getting and maintaining employment post injury

1. Could you please tell me about yourself?

- Where do you live?

- Marital status: Single/Married/Divorced

- Educational background

2. Could you please tell me about your spinal cord injury (SCI) and rehabilitation process?

- How did you get your SCI?

- How long ago?

- What type of SCI do you have (eg location of injury)?

- When did you go through rehabilitation?

- What are services/supports did you receive during rehabilitation?

- Did you receive any transition support from the rehabilitation centre to home/employment? If yes, what were they?

- Can you tell me about how you engage in activities of daily living (eg personal care, mobility, communication, social participation etc)

3. Could you please tell me about your employment history?

- Did you have any paid work before the SCI? If yes, what job/s?

- Do you have any paid work now?

+ If yes, what type of work (eg self-employed; competitive employment; special organisations for people with disabilities; full-time/part-time etc)

4. In your opinion, what are the factors that have **helped** you to gain and maintain paid employment?

5. In your opinion, what are **barriers** that you have faced to gain and maintain paid employment?

6. Do you have any **suggestions** to improve the rehabilitation experience to support people with SCI to gain and maintain paid employment?

7. Do you have any other comments you would like to share?

Conclusion

Thank you for your participation and contribution to this research. I may contact you in the future to check my understanding and interpretation of your experiences. Please feel free to ask me if you have any questions.

Once again, thank you very much.

Goodbye.