

Rehabilitation Through a Cultural Lens:

The Experience of Culturally and Linguistically Diverse (CALD) Traumatic Brain Injury (TBI) Survivors in Australia

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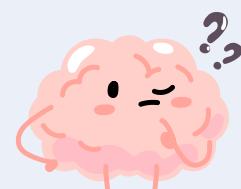
Introduction



- CALD TBI survivors face poorer functional outcomes post-injury, **however**, the reasons for this are poorly understood
- The body of qualitative research in Western countries (e.g., Australia) is limited:
 - It has not to date captured the experiences of those who speak little/no English or been in Australia for a short period of time
 - There has also been limited focus on how culturally bound factors (e.g., their beliefs and understanding of their injury) may interact with their experience
- A deeper understanding can aid clinicians in tailoring culturally safe rehabilitation and potentially improve outcomes

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Aim



To explore the lived experience of rehabilitation and recovery for Australian CALD TBI survivors

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Methodology



Semi-structured qualitative interviews were recorded and orthographically transcribed



Data were then analysed through a reflexive six-stage thematic process (Braun & Clarke, 2022)



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Participants



M = 9; **F** = 8

Mean age: 42.4 years

Mean time post-injury: 2.89 years

Mean time lived in Australia: 5 years

Number using interpreters: 8

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Findings



Six themes and 18 subthemes were identified as relating to the experience of rehabilitation and recovery for CALD TBI survivors

JOURNEY THROUGH RECOVERY:

Experience of injury

- An universal experience of TBI & its sequale was found that aligned with the broader TBI literature
- Many were thankful for the no-cost medical & rehabilitation care provided

"The fact that I didn't have to pay anything, that was a big relief.. so that made me feel safe."

Making sense of injury

- Many used religious/spiritual beliefs to do so "*a spell*", "*karma*", "*test from Allah*"
- Acceptance of circumstances (often facilitated by belief systems) helped make meaning of their injury/navigate recovery

Navigating recovery

- Many relied on their belief systems, but also felt medical care/other ways of coping were important
- "But to be honest, the medicine is actually helping me more than praying to the Buddha."*
- Returning to productivity was an important goal for all participants

Renewed perspectives and priorities

"...Whenever there's hope, hope will trump suffering. And there is an awful lot of suffering. So, you've got to have hope. Don't have that, you're in for a world of hurt."

Cultural safety of Australian healthcare system

- Staff were often described as culturally respectful
- However, some felt that communication was not always culturally appropriate
 - damaged rapport/ disengagement
- Other barriers were limited English proficiency or being hesitant to communicate needs due to cultural norms.

Family & cultural group dynamics

- The presence of immediate & extended family was highly valued through recovery
- Despite this, some faced stigma attributed to:
 - A limited understanding of TBI within their family and community
 - More broadly, differences in their cultural understanding of brain-related or mental health issues
- This led to isolation/poor mental health

FACTORS INFLUENCING THE RECOVERY JOURNEY:

- Found to influence the experience of injury & how recovery was navigated
- These were often culturally bound

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Key Takeaways



- There is a universal experience of TBI that transcends culture
- However, CALD survivors often interpret and cope with changes in unique and often culturally bound ways

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Clinical Implications



- TBI rehabilitation should encourage deeper engagement with CALD patients' belief systems, family dynamics, and community contexts
- With this comes consideration of how culturally appropriate care can be provided to manage barriers to service engagement & improve outcomes
 - (e.g.,interpreters when appropriate, integrating religious/spiritual practice, working with a patient's family and their broader community to address stigma)



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