

**PERCEPTION ABOUT VOCATIONAL TRAINING
AMONG THE SPINAL CORD INJURY PATIENTS AT
CRP.**

Manna Papia

Bachelor of Science in Physiotherapy (B.Sc.PT)

Roll No: 922

Reg. No. : 1726

Session: 2011-2012

BHPI, CRP, Savar, Dhaka-1343



Bangladesh Health Professions Institute (BHPI)

Department of Physiotherapy

CRP, Savar, Dhaka-1343

Bangladesh

August'2016.

I hereby certify that I have carefully read and recommended to the Faculty of
Medicine, University of Dhaka, for the acceptance of this dissertation entitled

**PATIENT PERCEPTION ABOUT VOCATIONAL TRAINING AMONG
SPINAL CORD INJURY PATIENTS AT CRP.**

Submitted by **Manna Papia** for partial fulfillment of the requirements for the degree
of Bachelor of Science in Physiotherapy (B. Sc. PT).

.....
Md. Shofiqul Islam
Assistant Professor
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka
Supervisor

.....
Mohammad Anwar Hossain
Associate Professor, Head of
Physiotherapy Department,
CRP, Savar, Dhaka

.....
Mohammad Habibur Rahman
Assistant Professor
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

.....
Ehsanur Rahman
Assistant Professor
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

.....
Md. Obaidul Haque
Associate Professor & Head
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

Declaration

I declare that the work presented here is my own. All sources used here have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study, I would be bound to take written consent from Department of Physiotherapy of Bangladesh Health Professions Institute (BHPI).

Signature:

Date:

Manna Papia

Bachelor of Science in Physiotherapy (B. Sc. PT)

Roll. No: 922

Reg. no. : 1726

Session: 2011-2012

BHPI, CRP, Savar, Dhaka-1343.

Contents

Table of Contents	Page no
Acknowledgement	I
Acronyms	II
List Of Tables	III
Abstract	IV
CHAPTER-I: INTRODUCTION	
1.1.Introduction	1-2
1.2.Background	3-4
1.3. Rationale	5
1.4. Research question	6
1.5. Objectives of the study	7
CHAPTER-II: LITERATURE REVIEW	8-17
CHAPTER-III: METHODOLOGY	18-21
3.1. Study design	18
3.2. Study setting	18
3.3. Participant selection procedure	19
3.4. Data collection procedure	19-20
3.5. Data collection tools and material	20
3.6. Data analysis process	20
3.7. Field test	21
3.8. Ethical Consideration	21
3.9. Rigor of the study	21
CHAPTER-IV: RESULTS	22-23
CHAPTER-V: DISCUSSION	24-40

CHAPTER-VI: CONCLUSION AND RECOMMENDATION	41
REFERENCES	42-48
APPENDIX	49-57

Acknowledgement

First of all I would like to express my gratitude to the almighty Allah. When I was started the study I didn't know whether I could complete it or not but I believed, 'Fortune favors the brave'. So, I was determined to try my best to make success and I am most grateful to almighty Allah, because now I complete my study successfully.

I would like to express the deepest appreciation to my supervisor Md. Shafiqul Islam, Assistant Professor, Department of Physiotherapy, BHPI, CRP, Savar. Without his guidance and persistent help, this research would not have been possible.

I would like to thank my honorable teacher Md. Obaidul Haque, Associate Professor & Head of the Department of Physiotherapy, BHPI. Mohammad Anwar Hossain, Associate Professor & Head of the Department of Physiotherapy CRP. Nasirul Islam, Acting Principle, BHPI and also thanks to Md. Habibur Rahman, Assistant Professor, Department of Physiotherapy and Ehsanur Rahman, Assistant Professor, Department of Physiotherapy, BHPI for their good advice. Special thanks to Md. Sohrab Hossain, Head of the programs & Associate Professor of BHPI. For his help and guidance to collect information from research. Also thanks to Kazi Shoyeb, Clinical Physiotherapist, Spinal Cord Injury unit, who was giving me valuable suggestion and helping me in different stage of the study that made the work easy, relive from difficulties and inspired me to work with enthusiasm. I am thankful to all of the staff of the Bangladesh Health Professions Institute (BHPI) Library for their cordial help to find out important books and web address in the computer.

I specially want to thank all Clinical Physiotherapist of Spinal Cord Injury unit for helping me throughout the study. Lastly I would like to thank all of my friends and those entire individual who are directly or indirectly involve with this study.

I also like to thank all participants for their cordially help to collect information for my target data. In additionally it also helpful to fulfill my research.

I also thanks to IRB to give me the approval for my dissertation & data collection.

Acronyms

ADL	Activities of Daily Living
BHPI	Bangladesh Health Professions Institute
BMRC	Bangladesh Medical Research Council
CRP	Centre for the Rehabilitation of the Paralysed
IRB	Institutional Review Board
MDT	Multi Disciplinary Team
NGO	Non Government Organization
PWD	Person with Disability
QCA	Qualitative Content Analysis
SCI	Spinal Cord Injury
U.S.	United States
WHO	World Health Organization

List of Table

SL No.	Topics	Page No.
Table 1	Socio-demographic information of the participant.	25
Table 2(a)	Participants understanding about vocational training.	26
Table 2(b)	About training environment.	27
Table 3(a)	Importance of vocational training.	28
Table 3(b)	Previous mental status	29
Table 4(a)	Regaining of self confidence.	31
Table 4(b)	Previous family/social attitude.	32
Table 5	Previous attitude change after vocational training	33
Table 6	Perform activities after returning home.	34
Table 7	Problem/challenge during vocational training.	35-37
Table 8	Suggestion about vocational training	38

Abstract

Return to work is regarded as one of the leading outcomes of reintegration in society following a spinal cord injury (SCI). It gives people a social status and connotation to life and makes them more financially autonomous. As the majority of patients with traumatic SCI are comparatively young, attention to vocational reintegration is of meticulous importance, not just to the patients themselves but also from a wider social point of view. In that point vocational training play a important role. It helps to remove their negligence, rises their confidence level and makes the person self-dependent. The aim of this study was intended to know the perception of persons with spinal cord injury about vocational training during the rehabilitation program. A participant was selected by using purposive sampling from spinal cord injury unit of Centre for the Rehabilitation of the Paralyzed. Data was analyzed by qualitative content analysis. The investigator found that most of the participants have good understanding about vocational training. All of the participants think, CRP vocational training environment is favorable for their learning and they believe vocational training is important for them. Most of the participants perform vocational training well. All of the participants report they will perform these vocational training after returning home. Majority of the participants did not faced any challenge but some participants experienced some problems during participation in vocational training. All the participants gave various suggestion about these vocational training. As the person with spinal cord injury gives value to the vocational training, it helps to achieve the purpose of the rehabilitation program. Therefore, vocational training should be practiced in a more structured way.

Key words: Spinal Cord Injury, Vocational training, Patient Perception and CRP.

1.1. Introduction

Spinal cord injury is a overwhelming neurological injury, ensuing in varying degrees of paralysis, sensory loss and sphincter disturbance which are permanent and irreversible in some cases (Rahimi et al., 2013). Globally many people are experiencing spinal cord injury almost every year. These injuries can be devastating causing physical and emotional distress as well as loss of wages. Long term physical problems may reduce the person's involvement in work, school, social and community activities. Persons with SCI experience poor health related quality life than general people (Ottomanelli & Lind, 2009). From a social point of view, return to work following SCI is regarded as one of the most important outcomes of reintegration in society (Noreau et al., 1999). It gives people a social status and meaning to life, and enables them to be financially independent. From other studies we know that the chances to resume work are restricted for patients with chronic diseases and disabilities (Schoppen et al., 2001). Working percentage for people with SCI vary from 31 to 48% in recent studies (Schonherr, 2005). Vocational services are available to assist individuals with SCI and other disabilities begin or return to work. The goal of vocational rehabilitation (VR) services is to assist people with disabilities to successfully obtain and maintain competitive employment in a field of interest, in order to support increased autonomy and full participation in society (Bolton et al., 2000). The VR system has prioritized services for disable people in the majority of states, this prioritization now exists in the Commonwealth of Virginia. However, the perception, use and efficacy of these services for individuals with SCI have not been resolute (Meade et al., 2006). Factors related to the achievement of vocational reintegration are age, education level, realistic expectations, pre-injury type of job, type of lesion and disease-specific problems and disabilities. Satisfaction with the vocational situation is usually low (Schoherr et al., 2004). For persons who returned to work after the SCI, this can be explained by unappreciated poor-quality jobs (Clayton & Chubon, 1994). In our previous study on vocational reintegration, a convincingly good job satisfaction was found (Schoherr et al., 2004).

To progress rehabilitation interventions aimed at a acceptable participation, it is significant to know the perspectives of job reintegration, time use and satisfaction

(Schonherr et al., 2005). The patients learn valuable and useful skills, and at the same time improve their physical condition (Pollanen, 2009). It can be used, as with any other activity, to facilitate desired treatment outcomes in physical, mental and social wellbeing (Harris, 2005; Holder, 2001; Perruzza & Kinsella, 2010). Participation in creative occupations has a healing effect and crafts are seen to be an inspiring occupation in people's lives (Friedland & Muriel, 2003). Craft can support the rehabilitation plan as a whole. Craft could have an independent position in the therapy process as a specific form of treatment (Pollanen, 2009). According to the review by Perruzza and Kinsella (2010), it was found that making traditional handcrafts provide a wide range of psychosocial benefits and may enrich the therapy practice (Perruzza & Kinsella, 2010).

Spinal cord injury is one of the major physically disabling medical conditions that can cause multiple impairments in participation with community reintegration (Ramakrishnan et al., 2011). Persons with SCI face intricacy in areas of occupational performance. Therefore quality of life for person with SCI is lower than non-disabled and the overall population (Dorsett, 2001).

The National Organization of Disability's Employability list reports that by year 2008, there will be 2–3 million more jobs than workers. At the same time, it is projected that there will be nearly 4 million unemployed impending workers within the disability community. It is currently predictable that the employment rate of individuals with significant disabilities is 35% (thus, unemployment is around 65%); this serves as a sharp dissimilarity to the approximately 81% of individuals without disability who are working (Meade et al., 2006). While exact figures for individuals with SCI vary, in the United States employment rates range from something like 16 to 69% (Schonherr et al., 2005).

1.2. Background

According to the disability fact sheet of the World Health Organization (WHO) 2011, over a billion of people, about 15% of the world's population has some form of disability. Between 110 million and 190 million people have significant difficulties in functioning. Rates of disability are increasing due to population ageing and increases in chronic health conditions (WHO, 2011). Disability is an important issue throughout the world, including Bangladesh. In Bangladesh, the estimated number of persons with disabilities (PWDs) is around 140 million people, which constitutes 10% of its total population (Faruque, 2008). Along with all disability, SCI is one of the most alarming conditions that leads to disability (Islam et al., 2011). Globally, SCI is a distressing situation for the health sector of developed, developing and underdeveloped countries. In different studies, it has been seen that the incidence of SCI varied from different dimensions and regions. In the world, SCI incidence is 13 to 33 cases per million population per year (Wyndaele & Wyndaele, 2006). In the United States (U.S.), the annual incidence of SCI is approximately 40 cases per million population (Jardin et al., 2000). The age adjusted incidence rate for SCI is estimated to be 14.5 cases per million of population in Australia (Dorsett, 2001). Incidence of SCI approximately 35 cases per million in Canada (Cammon & Ethans, 2011). In recent study, the incidence has been estimated as 6 cases per million in Bangladesh (Momin, 2005). However, there is a scarcity of evidence so the real fact has not found in case of Bangladesh. By comparing with the U.S., Australia and Canada, it has been seen that the incidence rate of SCI is low in Bangladesh but even so SCI continues to be a major cause of disability throughout Asia as well as in Bangladesh (Islam et al., 2011).

SCI has a devastating impact on quality of life as it contributes to a high level of long-term disability, morbidity and mortality, and imposes an economic burden on communities (Razzak et al., 2011). Persons with SCI face difficulty in areas of occupational performance such as self care, productivity and leisure and may be dependent on others (Dorsett, 2001).

Return to paid work is regarded as one of the leading outcomes of reintegration in society following a spinal cord injury (SCI). It gives people a social status and connotation to life and makes them more financially autonomous. As the majority of patients with traumatic SCI are comparatively young, attention to vocational reintegration is of meticulous importance, not just to the patients themselves but also

from a wider social point of view. Job reintegration of disabled people has been an momentous point of political interest in The Netherlands for the last decades (Schonherr et al., 2004).

Research on the belongings of the interventions during the vocational reintegration process following a SCI is incomplete (Pentland et al., 1999). According to Wade, interventions at the level of involvement include actions to maximize the behavioral collection of the patient and provide suitable opportunities for social communication, such as educational and employment services (Schonherr et al., 2004). Recommendations to increase vocational outcome are tailor-made educational and vocational counseling, contact with peer groups, altering employer perceptions, improving transportation and equal access and plummeting financial disincentives to working (Conroy & Kenna, 1999). Most of these proceedings happened after the rehabilitation period. Aiming at best possible participation for people with SCI, we have to know which interventions encourage adequate skills and strategies and generate opportunities for return to work (Tomassen et al., 2000). This study was conducted to achieve more insight in the process of vocational reintegration, which basically takes place beyond the capacity of the rehabilitation team. We were fascinated if early anticipations of individual patients with SCI regarding return to paid work were reasonable. With more knowledge of factors playing a role in the achievement of job reintegration extrapolative information becomes available for the patient and professionals. Reintegration interventions were assessed, including vocational retraining, job modifications and contacts with job professionals. Barriers in the method of reintegration were investigated as well (Schonherr et al., 2004).

1.3. Rationale

Return to work is regarded as one of the most significant outcomes of reintegration in society following a spinal cord injury. It gives people a social status of life and makes them more financially autonomous (Schonherr et al., 2004).

When taking vocational training, it is important to know about vocational training for the consumer. Therapist should address the clients' wellbeing, values, and beliefs and social or cultural needs (Holder, 2001). During the treatment session at CRP, therapists decide on some persons with SCI and give them vocational training. The reason is to connect them in spare time activities as they can pass their time significantly. However, there is no evidence of the perception of persons with SCI on vocational training with clients' attention, feelings and value on any program. By identifying the persons' needs, the therapists have the chance to take necessary steps accordingly and give a fruitful instruction to facilitate the person with SCI to engage in handcraft activities. So, the quality of services may be increased. When an injury has occurred, the person is unable to live a healthy life. When a person becomes unhealthy, then poverty increase and this creates a large impact on the economic sector of Bangladesh. CRP is the only specialized SCI hospital and rehabilitation centre in the country and here therapists use vocational training activities for persons with SCI. If training motivate persons with SCI and they find interesting and beneficial, then more persons may participate in vocational activities. After returning back to the community, that person may take these activities as an income generating activity. They may also motivate other persons with SCI to engage them in vocational activities. There are many studies done on patient and care-giver perceptions in different areas at CRP. But there is no research about perception on vocational activities. Through this study, the feelings and values of persons with SCI according to the Bangladeshi cultural perspective were explored. This study may be helpful to identify the areas that need to improve. The researcher will share the information and result with the physiotherapists of SCI inpatient unit. So this study may help the therapists to know the perception about the program in the form of written document. It may also helpful to establish evidence about these vocational training.

A standard service practice with an inclusive society can help to make a meaningful life for person with spinal cord injury. In this study I want to know their self concept or perception about vocational training that given at rehabilitation stage in CRP. It gives an idea about their willingness, their challenge and barrier to take this training.

1.4. Research question

What is the perception about vocational training among spinal cord injury patient in CRP?

1.5. Objectives of the study

1.5.1. General objective

To identify the perception of persons with Spinal Cord Injury about vocational training during the rehabilitation program.

1.5.2. Specific objectives

To identify the value of vocational training from the perspective of persons with SCI.

To find out the challenges faced by persons with SCI in vocational training during participation.

To gather suggestions from persons with SCI about vocational training.

SCI has a demoralizing impact on quality of life as it contributes to a high level of long-term disability, morbidity and mortality, and imposes an economic load on communities (Razzak et al., 2011). In one study Barclay et al. quoted in their article that, a spinal cord injury (SCI) is defined as “the occurrence of an acute, traumatic lesion of neural elements in the spinal canal, resulting in temporary or permanent sensory deficit, motor deficit or bladder/bowel dysfunction” (Barclay et al., 2011).

A spinal cord injury (SCI) is defined as damage or trauma to the spinal cord that in turn results in a loss or impaired function resulting in reduced mobility or feeling.

There are two types of lesions related with a spinal cord injury, these are known as a complete spinal cord injury and an incomplete spinal cord injury (Crepeau, 2003). A complete type of injury means the person is completely paralyzed below their lesion and incomplete injury, means only part of the spinal cord is damaged. A person with an incomplete injury may have sensation below their lesion but no movement is present. The following classification is also used in terms of spinal cord injury-

Tetraplegia: Its refers to impairment or loss of motor and /or sensory function in the cervical segments of the spinal cord due to damage or neural elements within the spinal canal (Kirshblum et al., 2011). Injury to the cervical region of spinal cord is associated with loss of muscle strength in all four extremities.

Paraplegia: This refers to impairment or loss of motor and /or sensory function in the thoracic, lumber or sacral segments of the spinal cord, secondary to damage of neural elements within the spinal column (Kirshblum et al., 2011).

SCI have various non-traumatic and traumatic etiologies with varying degrees of resulting neurological damage. A study in Bangladesh aimed to discover life expectation of persons with SCI uncovered that, falling from height, either from trees, construction works, electric poles or roofs, was found to be the most common cause (40.30%) and falling while carrying a heavy load on the head was second most common cause (16.0%). Among the non traumatic cases of SCI, spinal tuberculosis was found to be the most common cause, comprising 7.0%. Other causes were road

traffic accidents, fall of object on back, Guillain Barre Syndrome, and Transverse Mellitus (Razzak et al., 2011).

SCI causes overwhelming effects on physical, psychological, social, emotional and cultural impact of individual lives (Dorsett, 2001).

Persons with SCI may be dependent on others for support with many tasks of ADLs such as toileting, bathing, dressing, grooming, eating, community access, and leisure activities. These changes repeatedly have considerable effects on the spinal cord injured person's social relationships. The changes' effects are lifelong and influence every aspect of a person's life (Dorsett, 2001). As a result, the superiority of life of persons with SCI becomes poor. They might feel disconsolate and desperate about the future and not want to encumber others with their feelings. (Sadat et al., 2010).

Depression has been the most commonly studied psychological variable following SCI. It was a common hypothesis that persons with SCI would experience depression than in the nondisabled population (Krause et al., 2000). The predictable occurrence of depression after SCI is variable from study to study. In one study, it was reported that during rehabilitation 60% of persons with SCI residential depression and that depression persisted during the hospital admission for 33% of these persons. This study also establish no differences in depression rates between persons with paraplegia and tetraplegia (Carvalho et al., 1998).

Self-neglect is measured as an pointer of adjustment difficulties in the SCI population. When an individual experiences a trauma or everlasting disability such as SCI, the ability to participate in daily performance can change radically (Barclay et al., 2011). In addition, the time utilize of an individual may also change considerably. The person may not be able to contribute in full-time paid employment or education as he or she did earlier to the injury (Barclay et al., 2011). Some expect that they will be cured one day and come back to a normal life, but when this does not occur they often lose confidence in themselves, and become fully reliant on their families for survival (Momin, 2005). As a consequence they believe them saddle of the family and self neglect approach may be exhibited by the person.

Leisure is the activity that people do in their free time for the reason that they want to, for their own sake or for goals of their own choosing, but not for imbursement. Leisure is not only significant for able-bodied individuals but also significant for PWDs (Barclay et al., 2011). As a result of SCI, there is reduced capability to return to paid employment which outcome in extra free time that wants to be overflowing with other activities. The types of leisure concentration that the person with SCI previously occupied may not possible, therefore the person may have poor leisure approval (Barclay et al., 2011). In a study by Anna Daniel, it was described that leisure is an important constituent in the lives of PWDs and it is often related with life satisfaction, self-esteem and depression. The data from this study also illustrated the blow of leisure satisfaction on quality of life (Daniel & Manigandan, 2005).

Since the World War II, the humanity rate of SCI in the urbanized countries has decreased significantly because of the development of SCI treatment units, including well-trained, specialized teams for rehabilitation, regular follow-up and development of medical management life anticipation has also radically increased (Lin et al., 1997). Worldwide, the concept of running individual with spinal cord injury is very parallel Rehabilitation following SCI is most competently undertaken with a multidisciplinary team-based approach (Saulino, 2012). The team members consist of doctor, nurse, physiotherapist, occupational therapist, speech and language therapist, social worker, psychologist, other allied professionals and counselor. Every medical and allied health professional provide collective and incorporated treatment for individuals with spinal cord injuries within a team (Saulino, 2012). This is to guarantee an effective and efficient treatment for them to have a superior quality of life after having the injury.

Literature shows that in rising countries, lack of prevention programs and disorganized and unsuitable facilities and protocols for management of SCI are responsible for the very high morbidity and mortality rates, in disparity to developed countries where these rates have much and steadily decreased during the past five decades (Hartkopp et al., 1997). According to Wyndaele, 'life expectancy of the injured today approximately the same as in the able-bodied population, if the SCI patient is properly treated'(Wyndaele, 2010).

According to the report of WHO, rehabilitation is “a set of actions that assist individuals who understanding or are likely to experience disability to accomplish and maintain optimal functioning and communication with their environment” (Barnes, 2011). More basically rehabilitation involves maximizing purposeful self-government within the constraints compulsory by disease, illness or injury. The goal of rehabilitation is to support the person become as autonomous with their ADLs as possible. Rehabilitation covers three disparate areas: physical, social and economic. Physical rehabilitation includes health education provided to users and their family members for avoidance of further complications from SCI; Social rehabilitation is carried out through home visits to provide support to person with SCI in order to integrate them into family life, social activities, health care and education. Economic rehabilitation is provided throughout vocational training (Momin, 2005). CRP has urbanized an advance that provides treatment and rehabilitation to the person with SCI of Bangladesh. When persons with SCI are incapable to return to their previous employments, they involve new skills to be capable to take part in financial activities. Physiotherapy plays an momentous role to regenerate the person with SCI, it is a most significant part of rehabilitation and focuses on improving the persons’ functional performance and abilities and rehabilitation following SCI.

Functional autonomy is the strong factor predicting return to work. Thus, rehabilitation must be focused on education, self care ability, community mobility, vocational training and environmental modifications that may build up employment after SCI (Jang et al., 2005). The rehabilitation team can have an active role in illustration up a vocational

reintegration plan to organize the patient, employer and all professionals occupied for job reintegration (Schonherr et al., 2004).

N Gupta et al shows their studies that the return rate was 46% (276/600) and the employment rate was 41% (114/276) (Gupta et al., 2011). One studies shows that the rates ranged from 13.8% to 39.3% (Yasuda et al., 2002). Another review by Lidal et al., for review published between 2000–2006 reported a rate between 21.0 and 67.0% for those working at the period of injury (Lidal et al., 2007). Another recent studies published between 1992–2005 concluded that 40% of working age people greater than 12 months past injury were employed at the time of data collection (Young & Murphy, 2009).

In reviewing factors related with employment, access issues and economic disincentives were constantly identified as barriers to come back to employment. One factor consistently linked with success was higher educational level (Jang et al., 2005). Pflaum et al. in a study on work life after traumatic SCI found a greater likelihood of service for those with less severe disability, greater education and those in a stable marriage (Pflaum et al., 2006). There are fourteen (14) factors linked with varying degrees of employment rank, namely, education, type of employment, severity of the lesion, age, time since injury, sex, marital status, social support, vocational counseling, medical problems, employer's attitudes, race, psychological condition and environment (Anderson et al., 2007).

Ramakrishnan et al shows that the return to work rate in this study was 57.1% (employed at the time of study). The employment rate after SCI was 76.2% (worked at some point after injury). Those who were younger at time of injury (20 years of age), able to impel a modified vehicle, self-governing in personal care and mobility were positively linked to being employed. So functional independence, especially ability to drive, was strongly related with return to work (Ramakrishnan et al., 2011).

Meadea et al shows their study that Vocational Rehabilitation Services can give assistance in obtaining Employment. Respondents were asked to explain the types of services that they had or were interested in receiving. Information is accessible on individuals with SCI between the ages of 18 and 64 years old ($n = 445$), about 46% of whom were working for give at the time of survey close. Approximately 32% of respondents reported getting at least one job-related service, the most common of which was vocational counseling (19.8%). The services that individuals most frequently reported an attention in receiving included assistance with developing a new job skill (24.2%), help with finding a job (21.3%) and retirement planning (19.3%) (Meadea et al., 2006).

Vocational Rehabilitation is the procedure of enabling those disadvantaged by illness or disability to access, maintain or return to employment or useful occupation. Vocational rehabilitation reflects a wide multiplicity of interventions, including meaningful occupations through voluntary work, sheltered work, supported employment and open employment opportunities (Desiron et al., 2011). As a therapeutic intervention, come back to work includes also patients who are assisted by their therapists. A vocational rehabilitation program will occupy detailed assessment

of the individual's abilities, capacity, goals and preferences in relation to occupation, as well as connection with the employer (Crepeau, 2003). For those in employment or with a exact job in mind, worksite assessment is used to evaluate the suitability of the job and the environment for the individual. Vocational Rehabilitation involves observing the individual undertaking tasks linked with their job where it is safe and practicable to do so. Worksite assessment findings are included with the needs of the employer and their organization to identify a vocational rehabilitation program that aims to ensure productivity and satisfaction. Vocational rehabilitation must center on identifying and overcoming the health, personal/psychological, and social/occupational obstacles to recovery and return to work (Desiron et al., 2011). The objectives of vocational rehabilitation after SCI comprise not only prevention of disability but also community reintegration and civilizing quality of life (Ramkrishnan et al., 2011).

In Bangladesh, general hospitals and clinics offer very small in the way of health education training programs for people with SCL or their family members. The majority of people with SCL do not accept any mobility aids, even when such aids are essential. Very few are occupied in self-care activities, continuing education or employment following their hospitalization. As a result they are often attentive within their homes with only their family to help them. Some hope that they will be 'cured' one day and come back to a normal life, but when this does not occur they often lose assurance in themselves, and become fully dependent on their families for survival. This is a too-frequent result for ex-general hospital users because no training is provided to assist them or their families adjust to their new life situation.

In contrast, CRP has developed an approach that provides treatment and rehabilitation to the 'whole' person. It also campaigns for defensive measures and the avoidance of SCL through meetings, seminars, the electronic media and feature films. At the same time the physical and social rehabilitation course is provided through the connection of physiotherapists, occupational therapists and social workers (Momin, 2005).

Most of those anguish spinal injuries are from poor backgrounds and work as manual laborers (Islam, Hafez & Akter, 2011). Many patients at CRP will face complexity to return to their previous employment after suffering from SCI. According to the attention and ability to function persons with SCI are provided here vocational facilities. CRP try to reintegrate them in the normal society with various modifications. Now- a- days there is a vocational training institute in CRP which provides guidance at shop management, tailoring, computer application, and electronic repairing (Momin, 2005).

A review of literature indicates that diverse key factors are associated with employability among persons with SCI. These comprise education, type of employment, disability severity, age, time since injury, sex, marital status, social support, vocational counseling and medical problem linked to SCI, employer role, environment, professional interests etc (Ottomanelli & Lind, 2009). Educational attainment workings as the strongest predictors for a person with SCI to return to work (Ramkrishnan et al., 2011). Persons with college level educational level backgrounds are more likely to come back to work, whereas those with less than 12 years of education are at a complexity. One study showed re-employment rates of 95% for persons with SCI who had 16 or better years of education (Ottomanelli & Lind, 2009). It has been optional that higher level of education may be linked to amplified employability because of higher level of education being linked with higher socio economic status and amplified employed options. Those with superior level of education are less likely to get manual labor jobs, which favoritism their potential to return to work in cases where SCI is involved (Ottomanelli & Lind, 2009).

Gender and type of work have a major relationship in employment (Targett et al., 2005). The pressure of sex on obtaining employ has shown mixed result. Depending on the type of work, men are more likely to return to competitive (paid) employment, whereas women are more likely to be occupied in non paid fruitful roles (homemaker) (Ottomanelli & Lind, 2009).

In many cases men are more likely to go back to work after SCI. It is found that the females of Africa and America are twice more likely to find employment comparing with the males of Africa and America in relation with age and level of education (Targett et al., 2005). In case of contest some subjective factors are linked with positive come back to work such as coping abilities, motivation and social contact. After returning to work flexible work agenda, reduction of time pressure, barrier free access, ergonomic work place plan and positive manner of the employers and fellow employees are of great meaning in terms of returning to work (Schonherr et al., 2004). Another study establish that the persons who put importance on work than with other life areas (family, friends, leisure, sports) had fairly better vocational rehabilitation (Marti et al., 2012). Earnings of people among spinal cord injury differ depending on the type of employment. Some employments are salaried, some are nonpaid including the house hold actions and some employment requires scrupulous working hour. Young and Murphy used the definition of employment according to the International Labour Organization for the study of the employment after SCI. None of the demographic or injury related factors precious the income earned post SCI. receiving of financial compensation was negatively linked to income with the large majority (Ramkrishnan et al., 2011).

Extra factors such as low level of injury, high cost of medical equipment and supplies, incapacity to sit for long hours, inability to find appropriate job, chronic pain and perceived poor approach of rehabilitation professionals have also been noted as barriers reported by those with SCI. Asian are more likely to be working than others (Ottomanelli & Lind, 2009).

Although many studies have found an involvement between severity and employment, one study found that considering the functional communication between level of injury and degree of totality enhances the ability to predict go back to work, with those individuals who had greater physical abilities being more likely to be employed. A study shown that the persons with paraplegia are employed 2.0 to 2.2 times higher than the persons with tetraplegia (Ottomanelli & Lind, 2009).

However, previous studies have reported contradictory results on the connection between level and completeness of injury and health related quality of life. Some studies have reported a major association between higher level and more complete injury and a lower health related quality of life. It is argued that complete motor lesions may direct to the occurrence of pressure ulcers and other complications by limiting the patient to bed or a wheelchair, so they might be linked with poorer health related quality of life than patients with incomplete SCI (Saadat et al., 2010).

People with SCI some difficulties in their vocational decision making because of lack of information about occupation and employment opportunities, uncertainty about vocational and educational abilities and their overall outlook of uncertainty in many other areas of their lives (Targett et al., 2005). These also affect vocational rehabilitation. Long term medical complications cause re-hospitalization overheads along with loss of employability and decreased superiority of life. Besides, emotional distress and depression liable for decreased functional improvement (Targett et al., 2005).

Individual's interest, value, educational and vocational plans and the manner of the society are of great impact on successful job reintegration. Educational and vocational counseling, contact with peer groups, changing employer perception, improving transportation and equal access and dropping disincentives to working are some effective way to improve vocational outcome (Schonherr et al., 2004).

The perceptions of barriers linked with employment differ between employed and unemployed persons with SCI. It has been found that although employed persons with SCI tend to not recognize significant barriers to employment, 25% of individuals recognize lack of transportation and lack of social security as the main barriers. For persons with SCI who were engaged 64% indicated lack of transportation, whereas 48% having no time off for health related concerns as being main perceived barriers to employment (Ottomanelli & Lind, 2009). Difficulty accessing health care has also been linked to higher employment or part time employment. Poor physical health, physical limitations, and frequent hospitalization have been reported by some as being associated with idleness (Ottomanelli & Lind, 2009).

Unemployment can have psychological and social penalty, as well as causing financial troubles and stress (Ottomanelli & Lind, 2009). Being out of work may have an crash on a person's physical and mental health, as well as affecting their family. The financial pressure of unemployment can result in emotional distress. High unemployment rate generate a social burden. (Yasuda et al., 2002). Social support and network decreases as a result of unemployment. When social supports and networks are not existing and a person does not have hold from their friends and family, their recovery may be delayed. Returning the person to work is a suitable goal of treatment (Hasan et al., 2009). Employment after SCI is associated with life fulfillment, quality of life and relatively greater in those individuals involved in creative activities such as work. As persons with SCI transition from unemployment to employment, adjustment increases and if they change from employment to unemployment, adjustment decreases. reimbursement of employment after SCI include mental stimulation, social contact, a sense of purpose, and personal growth (Schonherr et al., 2004). The SCI injured person can go back to work in some capacity, the more likely he /she is to make a full both physically and emotionally.

3.1. Study design

The researcher selected qualitative methodology for this study, because it is helpful to find out the perceptions of people in particular settings and to understand their perspective. Qualitative research is exploratory in nature by which the researcher can gain insights into another person's view's, opinion, feeling and beliefs within their own natural setting (Ema, 2013).

The study was conducted by Qualitative Content Analysis (QCA) approach of qualitative method. Priest et al. quoted Bryman's work in their article (Priest, et al., 2002) that QCA facilitates contextual meaning in text through the development of emergent themes derived from textual data. It also facilitates the production of core constructs from textual data through a systematic method of reduction and analysis.

3.2. Study setting

The study was conducted in SCI inpatient unit at CRP, which is situated in Savar, about 25 km away from the capital city of Dhaka. CRP is a Non-Government Organization (NGO) that treats and rehabilitates persons with disabilities (PWD) regardless of their socio-economic means and aims to improve the quality of life of PWD in Bangladesh. It is specialized in the management of person with SCI (Hoque & Grangeon, 1999) In CRP, there is a SCI inpatient unit and it is a residential program and consists of 100 beds with 11 wards. The treatment takes place in four phases: acute, active, rehabilitation and community re-integration. Management is based on a multi-disciplinary treatment (MDT) approach. In inpatient unit, there run some vocational training for person with SCI. The purpose of the program is to improve patients' skills, self confidence and to help pass their time meaningfully. This setting was selected for data collection because vocational training are conducted effectively in this setting at CRP, which is easily accessible for the researcher.

3.3. Participant selection procedure

The inclusion criteria for participation in this study were the persons with SCI of inpatient unit, who participated in vocational training during their rehabilitation at CRP, Savar, Dhaka. The researcher selected the participant by purposive sampling because researcher had specific requirements and chose those who met the selection criteria. At first permission was sought from the in-charge of SCI unit and a discussion about the study was held with the responsible physiotherapist. The investigator observed the program for two days to select the study participants. The investigator made a list of persons with SCI for the data collection period on August-September who fulfilled the inclusion criteria. At that time, nine persons with SCI participated in the vocational training during the period of data collection. The investigator invited them to become a participant in the study. But two persons with SCI were disagreed to participate in the study. Because, one of them was ill and another was not interested to participate. Then seven participants were finally selected for this study.

➤ **Inclusion criteria:**

- Both male and female will be selected.
- Subject who are willing to participate.
- Easy to communicate with subject.

➤ **Exclusion criteria:**

- Subject who are not willing to participate.
- Subject who have psychological problem.

3.4. Data collection procedure

Researcher conducted face to face interview with a open ended question for data collection. With open ended question, participants get more freedom to explain their opinions. That face to face interview helps the researcher to observe the participants facial expression and non verbal expression during interview period (Depoy & Gitlin, 2015). Before starting the formal interview, researcher ensured a quiet place by contacting with the regarding authority and built connection with the participants and made them comfortable for interview. The researcher explained the research question and aim of the study. Then the researcher used information sheet and consent form to

take the permission of the participants. Next researcher asked questions. All question and information sheet was developed into Bangla. Interview was conducted in Bangla and recorded by recorder of mobile phone . The interview conducted during daytime and the duration was approximately 30 minutes for each participant. Venue of interview was SCI inpatient unit of CRP, Savar but the place of interview depended on situation and permission of regarding authority.

3.5. Data collection tools and material

A phone recorder was used to record the interview of the participants. Pen, paper and clip board was used to write down observation notes. An information sheet and consent form was used for taking permission from the participants. A open ended question sheet was used to conduct the interview.

3.6. Data Analysis

At first in data analysis, the researcher listened to the interviews several times from the tape recorder and then the interviewed data was transcribed in Bangla. The researcher checked the transcript to make sure that all the data was available in the transcript. Then three copies were made from the transcript and were given to seven people for translation from Bangla to English. Then the data was analyzed by QCA. Data was analyzed by 3 stages: coding, categorizing and generating theme.

After that, the investigator read all data repeatedly to find out the actual meaning of the participants' expressions of what they wanted to say and organized them. Then major categories were found from the interview questions. The researcher was arranging all the information according to the categorization. Under these categories, the researcher coded all the information from the interviewed transcript. After finishing the tabulation of coding, the researcher detected some important codes that made the themes of the study. At last, themes were identified and emerged as a process of interpretation.

3.7. Field test

After getting approval for conducting the research and before starting the final data collection, researcher accomplished the field test with two participants. Field test was necessary as it helped the investigator to develop a final question and to collect data from participants easily. This test was performed to find out the difficulties that exist in the question. By this test, the researcher re-arranged and modified the question as required for the participants, so they can understand the question clearly.

3.8. Ethical Consideration

The proposal of the dissertation including methodology was submitted presented to the Bangladesh Health Professions Institute (BHPI) & approval was taken from Institutional Review Board (IRB). The whole process of this research project was done by following the Bangladesh Medical Research Council (BMRC) guidelines and World Health Organization (WHO) Research guidelines. Verbal and written inform consent was taken from every patient. And ensure every patient that they can leave any time during data collection, & it was ensured that participants were not influenced by data collector. The researcher strictly maintained the confidentiality regarding participant's condition and treatments. The study was conducted in a clean and systematic way. Every subject had the opportunity to discuss their problem with the senior authority or administration of CRP and have any questioned answer to their satisfaction.

3.9. Rigor of the study

The rigorous manner was maintained to demeanor the study. This study was conducted in a systemic way by next the steps of research under supervision of an experienced supervisor. During the interview session and analyzing data, never tried to influence the process by own value, perception and biases. Be accepted the answer of the questions whether they were of positive or negative impression. The participants' information was coded accurately and checked by the supervisor to eliminate any possible errors. Try to keep all the participants' related information and documents confidential.

A qualitative study results were analyzed by content analysis. By using this analysis process, the researcher organized collected data according to categories, coding and themes. The aim of the study is to explore the perception about vocational training among spinal cord injury patient in CRP. Participants respond according to their perception. In this section coding is used to understand the participants' statement and to generate the themes.

Theme -1: Most of the participants give value to the vocational training.

Subtheme -1: Most of the participants have good understanding about vocational training.(emerged from category 1).

Subtheme-2: All the participants say that this training environment is helpful for learning. (emerged from category 2)

Subtheme-3: Most of the participants believe vocational training is important for them (emerged from category 3).

Subtheme-4: Most of the participants mental condition are not well .(emerged from category 4).

Subtheme-5: All the participant says that they are regaining their self confidence by this training.(emerged from category 5).

Subtheme-6: All of the participant says that previous family and social attitude is not supportive. (emerged from category 6).

Subtheme-7: All participants think that previous attitude will be changed after taking this training. (emerged from category 7).

Subtheme-8: All of the participant says that they will perform those activity after returning home which they are learning in this training. (emerged from category 8).

Theme-2: The majority of the participant says they have not face any kinds of problem/challenge but some of the participant have faced some problem. (emerged from category 9).

Theme -3: All of participant have given their suggestion about vocational training for making this training programs more effective. (emerged from category 10).

5.1 Discussion

In this chapter the results of the study are discussed in relation to the research questions and objectives of the study. The discussion focus on dimensions of patient perception about vocational training. The description of the theme and subtheme according to its category and coding is given below. Each table describes the interview findings. Under the different categories, different opinion is different codes. The tick was given only for those columns where the participant spoke about those issues. Here 'P' was used for participant.

Socio-demographic information	Number of the participant
Age	
17-25	6
26-35	1
Sex	
Male	6
Female	1
Educational status	
Junior School Certificate	3
Secondary School Certificate	2
Higher Secondary School Certificate	2

Family member and Earning member:

Participant	P1	P2	P3	P4	P5	P6	P7
Family member	4	7	5	5	7	6	5
Earning member	1	1	1	1	1	2	1

Table1: Socio-demographic information of the participant.

Among seven participant, most of the participants age were 17-25 years and one participant was 26-35 years old. Most of the participants were male and one was female. All the participants were literate. In the result section, it has been possible to understand the patients opinions by content analysis, where some categories have been found. Under the different categories, patients different opinions are expressed by different codes. Ten major categories were found these are: Participants' understanding about vocational training, about training environment, importance of vocational training, previous mental status before training, regaining of self confidence, previous family/social attitude, previous attitude change after training, perform activities after returning home, problem/challenge during vocational training, suggestion about vocational training.

Summary of theme that emerged from data analysis.

Theme -1: Most of the participants give value to the vocational training.

Subtheme -1: Most of the participants have good understanding about vocational training.

Category -1: Participants' understanding about vocational training.

Coding	P1	P2	P3	P4	P5	P6	P7
Practical knowledge	✓	✓					✓
Means of independency			✓	✓	✓	✓	
Getting different training			✓	✓	✓	✓	

Table-2: Participants' understanding about vocational training.

Vocational rehabilitation and vocational services are extremely important in support people in performing the behaviors necessary to go from undesirable states to more satisfactory ones (Young & Murphy, 2002). Here all of the participants were quite known about vocational training. Most of the participants consider it as a media of independency and opportunity of learning different activities for them.

Participant-1 said,

“Here give us practical training so that we learn this task and become self-reliant financially, as i have trained here on sewing.”

Participant-3 said,

“Vocational training is a training that provide us electronics, linking, tailoring and lot of working knowledge so that become solvent.”

Participant-5 said,

“Those who are disable like us are help here. We can establish ourselves by taking training here”

Participant-7 said,

“Practical training has given in there so that we can do something, after knowing this I came to vocational training”

So we can say that most of the participants have good understanding about vocational training. There they get opportunity to take different types of training. They know that it’s a training process that makes them solvent in their future life and become independent.

Literature shows that mainly Vocational training offers an option to those who cannot return to their previous jobs with the chance to obtain new knowledge and skills. Fifty percent of CRP patient with tetraplegia, and 63 per cent of people with paraplegia received such training (Momin, 2005).

Category- 2: About training environment.

Coding	P1	P2	P3	P4	P5	P6	P7
Good	✓	✓	✓	✓	✓	✓	✓
Helpful	✓	✓	✓	✓	✓	✓	✓

Table-3: About training environment.

All the participant says that the environment is helpful for learning. They are satisfied on CRP vocational training environment. Everybody help them.

Participant-3 said,

“The environment is well. I am working with everyone. There is enough space. Everybody helps me”

Participant-6 said,

“Environment is good. There have many electrical tools. Madams are also very good that’s why I came here for electrical training.”

Participant-7 said,

“Environment is good. I can move alone here. Every one help me.”

So we can say that CRP vocational training environment is favorable for their learning. Most of the participants felt the environment is good and helpful for them. Teachers are also very cooperative. CRP provides four to eight weeks for undertaking vocational training. Its purpose is to make confidence in the person with SCL and their family (Momin, 2005).

Category-3: Importance of vocational training.

Coding	P1	P2	P3	P4	P5	P6	P7
Self dependent	✓		✓	✓	✓		
For secured future life	✓	✓				✓	
Self earning			✓	✓	✓		
To avoid negligence					✓		✓

Table -4: Importance of vocational training.

Literature shows that financial rehabilitation was provided through vocational training. When people with Spinal cord lesion are not capable to return to their previous occupations, they require new skills to be able to take part in economic activities. CRP offers such rehabilitation, unlike most other SCL treatment centers (Momin, 2005).

Participant-1 said,

“Yes important. After knowing this task I will be self-employed so that there will no problem arise in future. I will do something. So, its important.”

Participant-3 said,

“Important, cause if I make a shop after taking this training, I can earn. I will not dependent with others. I will income and try to do something myself.”

Participant-7 said,

“Yes important, if i learn a work today, this negligence will be erased which i have faced.”

Most of the participants give value to the vocational training. They actually know about the present need of vocational training for their condition. They think that they become self-dependent and to avoid society negligence by this training.

This is clarified by the study of Pollanen, who put ahead that meaningful activities may instill a preferred beat at the level of everyday life (Pöllänen et al., 2013).High unemployment rates among the individuals with spinal cord lesion involve that specialized training and job are essential. Providing specialized training assistance and guidance in job procurement are essential for civilizing life quality as well as boosting the self-esteem (Young & Murphy, 2009).

Category-4: Previous mental status

Coding	P1	P2	P3	P4	P5	P6	P7
Bad	✓	✓	✓	✓			
Very bad					✓		✓
Depressed	✓	✓	✓			✓	
Anxiety				✓	✓		✓

Table-5: Previous mental status

Literature shows that A physical disability significantly reduces one’s survival benefit, and a person with a disability can be seen as another mouth to feed, while not causal to the sustenance of the family. These circumstances can render the precious individual a virtual prisoner in his or her home, with complete dependence on family and friends (Burns & O’Connel, 2012).

Here, all the participants said their mental condition before taking this training is not good.

Participant-1 said,

“Before doing this training my mental condition was not good. All time my mind was remained sorrows .As I did not move by own try so always did cry. For this reason I was feeling bad”.

Participant-2 said,

“My mental condition was not so well before taking this training. I went home, people laughed to see that I walk with a stick. Now I am coming to get training and doing fairly well.”

Participant-5 said,

“Mental condition was hard. When people walked beside me I did not feel good because I thought when I will walk, when Allah will make me well, I will join to work”

Literature shows it was a common hypothesis that persons with SCI would experience depression than in the well population (Krause et al., 2000). In one study show that it was reported that during rehabilitation 60% of persons with SCI residential depression and that depression persisted during the hospital entrance for 33% of these persons (Carvalho et al., 1998). So we can say all the participant mental condition is very degradable. Sometime they become depressed and sometime feeling anxious about their future. Literature shows it was a common hypothesis that persons with SCI would experience depression than in the well population (Krause et al., 2000). In one study show that it was reported that during rehabilitation 60% of persons with SCI residential depression and that depression persisted during the hospital entrance for 33% of these persons (Carvalho et al., 1998).

Category-5: Regaining of self confidence.

Coding	P1	P2	P3	P4	P5	P6	P7
Increase self Dependency	✓			✓		✓	
Good reputation	✓						
Increase Confident	✓	✓	✓	✓	✓		✓
Self earning		✓				✓	✓
Good mental status			✓			✓	
Getting experience			✓				
Improve economical status					✓		

Table-6: Regaining of self confidence.

All the participant says that they are regaining their self confidence by this training.

Participant-1 said,

“Yes. Becoming self-confident. I will do something to learn this task so that I can be self-employed. By the society actually everyone look me with good sight. I think that I will do that.”

Participant-3 said,

“Mental condition is better then ever. Doing this training, getting experience from training. So that I can do something.”

Participant-5 said,

“Yes. I want to solve the economic condition of my parents by taking training, making shop at home. So that continuing the work and I think I will able to help my parents.”

Participant-6 said,

“Yes. Because I did not able to do this work in before. Now learning. Feeling good . I will able to do this work in future, will able to earn and also can stand my own deeds.”

So we can say that they are experienced by taking this training and regaining their self confidence. Vocational training play a vital role. Because now they think they will be self-dependent, they will play a important role in their family solvency.

Category -6:Previous family/social attitude.

Coding	P1	P2	P3	P4	P5	P6	P7
Bad	✓		✓	✓		✓	✓
Very bad		✓			✓		
Negligence	✓	✓	✓	✓	✓		
Disturbed			✓			✓	

Table-7:Previous family/social attitude.

In literature shows, many people with SCL feel their state is a curse from God because of their misdeeds, feelings that are reinforced by the negative attitudes of society towards disabled people. This means that when people with SCL return to their communities they are not capable to participate in everyday activities due to social and environmental barriers, ranging from overt discrimination to the lack of physical access in their area (Momin, 2005).

Participant-2 said,

“I went to home after accident, people laughed at me and said that nothing is possible for me. That’s it. Only sit down to eat in whole life. People despised a lot.”

Participant-5 said,

“My condition was too hard before taking this training. My parents thought whether my son will get well properly, will able to stand on his legs or not. The people of the society thought bad and he will not well, will not able to help parents.”

Participant-3said,

“There was little worse. Everyone looked not well. If I did not work, I would have seen myself worse. Everyone used to say a lots of things like I don’t do any work, cann’t do anything.

Participant-7 said,

“My village people don’t know about spinal cord injury. They look me as a sick person. Even my family did not allow me to do something. Treat me as a sick. I was at home in this condition. Feeling bad.”

Disability due to SCI changes the patient’s position and leads to poor quality of life. Here all of the participant says that previous family and social attitude is not supportive. Most of them says they faced very negligible attitude .

Category -7: Previous attitude change after vocational training.

Coding	P1	P2	P3	P4	P5	P6	P7
By changing Outlook	✓	✓	✓	✓	✓	✓	✓
Gaining faith		✓	✓	✓	✓	✓	✓
Helpful					✓		

Table-8: Previous attitude change after vocational training

Following rehabilitation, individuals with SCI are often confronted with cruel terrains, and unreachable homes and communities. This can be complicated further by societal attitudes which diminish individuals with significant disabilities. In many developing countries, individuals rely on their physical abilities to offer for self and family, often through manual training (Burns & O’Connel, 2012).

Here, Participant-2 said,

“I am taking training for something will be happened in my future and I will have to do something to stand on my life. Then they realized that I can do something in my life.”

Participant-5 said,

“Yes, I think because I will do something after completing this training. i return home. Many people said many things that he will not able to stand. But when I will do something, people of the society will see that many work are done by him. Then they will help me. Their thinking will be changed.”

Participant-7 said,

“Of course, will be changed. Before I was such as neglected. Villagers told me as a sick. Now if I can do something by god seek then I have to go outside 15-20 meter. I have to go and back every day. Then people will see and think that he is really well now and will be able to do something.”

All participants think that previous family and social attitude will be changed after taking this training because when people will see that they are involved with work, their(people) thinking will be changed. Participant believes they will able to gain faith that they are not burden , they also take role in the society.

Category-8: Perform activities after returning home.

Coding	P1	P2	P3	P4	P5	P6	P7
Using sewing machine	✓						
Making shop		✓	✓	✓	✓	✓	✓
Business							✓

Table -9: Perform activities after returning home.

All of the participant says that they will perform those activity which they learn in this training after returning home.

Participant-1 said,

“Yes, i will do. For doing sewing very well and keeping my hand practice properly, I will buy a sewing machine. So that I can do it myself.”

This type of expect gives inspiration to them to do something at their present condition. This is supported by the literature which showed that most of the women sold their stitch work and receive the additional small income (Tzanidaki & Reynolds, 2011).

Most of the participant said that they will open a shop.

Participant-5 said,

“I will make a shop after returning home. I will sit on shop. I have not ability to do another work. Because can not walk, can not stand. So I will help my parents by making a electronics shop.”

Participant-7 said,

“After learning this work I will apply somewhere or start business or make a shop.”

This is supported by Symons et al, which showed that all participants reported a curiosity in continuing work at home or in a community (Symons et al., 2011).

Moreover, we found that most of the participants have good understanding on vocational training, they are enjoying to execute this activity and they also think it is important for them. As a result they do this work well and they have a plan to continue these activities after returning home. Therefore it can be said that the participants give worth to the vocational training.

Category-9: Problem/challenge during vocational training.

Coding	P1	P2	P3	P4	P5	P6	P7
Yes		✓		✓		✓	
No	✓		✓		✓		✓

Table -10: Problem/challenge during vocational training.

In seven participants, four participant of the participant said has they have not face any kind of problem but three participants have faced some problem.

a) Reason of yes:

Coding	P2	P4	P6
Physical problem	✓		
Tensed about residence		✓	
Seat unavailability in computer course			✓

Some of the participant mentioned that they have physical problem and they are tensed about their residence.

Participant-2 said,

“I have problem in my hand. So I can perform less work then others. If it recover gradually, I could do this work better.”

Literature supports the over mentioned findings. Long term medical complications play an important part in for facing frequent challenges in employment.

Participant-4 said,

“After coming vocational training I tensed where I will stay or not. When I got a room and then I noticed that a seat has been allotted.”

Participant-6 said,

“I came here for taking computer training, but there was not available seat. Already booked. After that I had to take electronics training.”

Here, participants faced some seat problem in computer course, so they cannot participate in computer training. One participant tensed about his accommodation.

b) Reason of no:

Coding	P1	P3	P5	P7
Increase self dependency	✓			
Helpful	✓	✓	✓	
Adaptation				✓

Participant-1 said,

“No, don’t experience any problem. Everyone thinks that I am going to learn a work so that I will able to stand on my own deeds, can be self-reliant. Everybody help me here, if any problem madam monitor that. For that there is no problem.”

Participant-3 said,

“No Everyone here seems to help me .If i cannot do any work then our teacher is doing the same work again and again. My friends also help me.”

Participant-5 said,

“No, because my madam and students here help me in those work that i can not do. They do the work which I cannot do”

Majority of participant said, they have no problem here, because madam and friends are very helpful. They are adapted with situation and day by day they become self-dependent.

Category -10: Suggestion about vocational training.

Coding	P1	P2	P3	P4	P5	P6	P7
Reduce training time/day	✓						
Modern machineries	✓			✓		✓	
Increase course duration		✓					
To include repairing coil of ceiling fan			✓				
To improve food quality				✓			
Increase number of seat of computer course					✓		✓
Expansion of space					✓		✓
To include repairing of irrigator motor coil					✓		
Economical help						✓	

Table-10: Suggestion about vocational training.

All of participant have given suggestion about vocational training for make the training more effective.

Participant-1 said,

“If give opportunity to spinal cord injury patient like us, suppose we come here 8 am and going for lunch 1pm then we work till 5 pm after lunch. If time period is reduced, will be better cause there is problem in sitting long time who are spinal cord injury. And if use modern machineries, will be better.”

Literature shows reduced and supple working hour, barrier free access and transportation help to better participation in employment of the persons with SCI (Schonherr et al., 2004).

Following injury the ability of the persons with SCI to function often reduces. They face very much complexity to work for a long time and experience from pressure ulcer, weakness, vision problem and so on. Working along with load causes not only secondary medical complications but also it is a risk for deteriorating physical state after SCI.

Participant-2 said,

“Here training is given only 6 month. If the time is increase upto 1 year, it will be better to learn the work.”

Participant-3 said,

“The ceiling fan coil can be seen occasionally burnt. If they are taught to repair, it will be

better. These works can be found in the village over.”

Participant-4 said,

“The quality of food is different here. Then some machineries is increase it will be better for everyone.

Participant-5 and participant-7 both said about increasing seat number of computer course and expansion of space of training area.

Participant-5 said,

“There was less seat on computer sector when I came to learn work, so I could not learn computer. So learning electronics. Electronics room is small. This time there

was 8 wheelchair person, we face problem to communicate. If the seat is increase and magnify the room then we will be benefited and it will better if they teach to repair the irrigation coil besides TV and mobile servicing, income will more. Because during irrigation time if one motor is disturbed, will go away. Everybody will be benefited if there is a shop near.”

Participant-6 said,

“Machineries are not sufficient here which need to learn electrical work. We need more tools and if provide some financial support after going home to start business, it will better for me”

All the participants have some suggestion to make the vocational training more effective like developed machineries, improve food quality, expansion of space, increase number of seat of computer course. Two participant include two new activities for training, they want to learn-1.Repairing of coil of ceiling fan and 2.Repairing of irrigation motor coil cause now- a-days this work is available in village. One participant wants to financial help to start business. He think, if he get any financial help, its very supportive for him to be solvent.

Mainly participants have given suggestion for making the training more effective and purposeful.

The study topic is new in the context of physiotherapy in Bangladesh. Therefore it was difficult to find sufficient books or journal on this area in the context of Bangladesh. So, it was not possible to compare the findings with other findings in the context of Bangladesh. Another limitation is researcher could not cover more participants for the limitation of resources and time.

6.1 Recommendations

This study put forward that it is important to run this vocational training in a more structured way, CRP needs to supervised more earnestly and ensure available materials to improve the Training and increase the seat number of training course. Some new activities can be added and should apply for other patients nicely.

6.2 Conclusion

Spinal cord injury (SCI) is one of the most devastating conditions known to mankind. It is a serious condition that affects lives dramatically. Although spinal cord injury is one of the most serious injuries that a person can survive, it is possible to return to a healthy, happy and productive life after even the most severe of cord injuries. From the moment of injury onward, specialized care is essential for maximization of health as well as psychosocial and functional adaptation. After SCI, patients lose some extent of functional abilities. But it is very important to try to return their functional ability. When functional ability is achieved, then the main goal is social reintegration and return to work. Vocational training play a significant role to attended a new work. It makes the patients more confident and hopeful upon their future.

The specific objectives of this study were to identify the value, challenge and suggestion of vocational training from the perspective of persons with SCI. According to data analysis, it is identified that the participants believe vocational training is very important cause it assists with developing a new job skill and assistance with finding a job for them and majority of the participants will perform these activities after returning home. They also think vocational training should be practiced more widely. The result indicates that the aim and objectives of the program has been achieved. Vocational training help the person with SCI to improve their quality of life and to achieve the purpose of the rehabilitation program. So government should offer more opportunities to take vocational training of spinal cord injury patient for erasing all negligence and making their future meaningful and purposeful.

REFERENCES

Anderson, D., Dumont, S., Azzaria, L., Le Bourdais, M. and Noreau, L., (2007). Determinants of return to work among spinal cord injury patients: a literature review. *Journal of Vocational Rehabilitation*, 27(1):57-68.

Barclay, L., Callaway, L., McDonald, R., Farnworth, L., Brown, T. and Broom, L., (2011). Time use following spinal cord injury: an examination of the literature. *The British Journal of Occupational Therapy*, 74(12):573-80.

Barnes, C., (2011). Understanding disability and the importance of design for all. *Journal of accessibility and design for all*, 1(1): 55-80.

Bolton, B.F., Bellini, J.L. and Brookings, J.B., (2000). Predicting client employment outcomes from personal history, functional limitations, and rehabilitation services. *Rehabilitation Counseling Bulletin*, 44(1): 10–21.

Burns, A.S. and O'Connell, C., (2012). The challenge of spinal cord injury care in the developing world. *The journal of spinal cord medicine*, 35(1): 3-8.

Carvalho, S.A.D.D., Andrade, M.J., Tavares, M.A. and Freitas., J.L.S.D, (1998). Spinal cord injury and psychological response. *General Hospital Psychiatry*, 20(6): 353-359.

Clayton, K.S. and Chubon, R.A., (1994). Factors associated with the quality of life of long-term spinal cord injured persons. *Archives of physical medicine and rehabilitation*, 75(6): 633-638.

Cammon, J.R.M. and Ethans, K., (2011). Spinal cord injury in Manitoba: a provincial epidemiological study. *The journal of spinal cord medicine*, 34(1): 6-10.

Conroy, L. and Kenna, K.M., (1999). Vocational outcome following spinal cord injury. *Spinal Cord*, 37(9): 624–633.

Crepeau, E.B., (2003). *Willard and Spackman's Occupational Therapy*, Lippincott, Philadelphia.

Daniel, A. and Manigandan, C., (2005). Efficacy of leisure intervention groups and their impact on quality of life among people with spinal cord injury. *International Journal of Rehabilitation Research*, 28(1):43-8.

Depoy, E. and Gitlin, L.N., (2015). *Introduction to research: Understanding and applying multiple strategies*. Elsevier Health Sciences.

Desiron, H.A.M., Rijk, Ad., Hoof, E.V. and Donceel, P., (2011). Occupational Therapy and return to work: A systematic literature review. *BMC Public Health*, 11(1): 615.

Dorsett, P.A., (2001). *Spinal cord injury: How do people cope?* [PhD thesis]. University of Queensland.

Ema, A.J., (2013). *Experience of Person with Spinal Cord Injury (SCI) About their Discharge Process Through Good Start Project (GSP) of CRP, Savar, Dhaka* (Doctoral dissertation, Department of Occupational Therapy, Bangladesh Health Professions Institute, CRP).

Faruque, A.A., (2008). *Plight of persons with disabilities: Towards effective legal framework*[Internet]. *The Daily Star*. [cited 2013 January 31]. Available from: <http://www.thedailystar.net/law/2008/04/03/index.htm>.

Friedland, J. and Muriel, D., (2003). Influences on the development of occupational therapy in Canada from 1890 to 1930. *Canadian journal of occupational therapy Revue canadienne d'ergothérapie*, 70(4):204-12.

Gupta, N., Solomon, j. and Raja, k., (2011). Employment after paraplegia in India: a postal survey. *Spinal Cord*, 49(7): 806–811.

Hasan, A.L., Alam, Z., Hakim, M., Shakoor, M.A., Salek, A.K.M., Khan, M.M., Ahmed, S.M., Rashid, M.A., Islam, M., Uddin, M.T., Rahman, M.S., Rahman, M.H. and Khan, A.A., (2009). Rehabilitation of patients with paraplegia from spinal cord injury: A review. *Journal of Chittagong Medical College Teachers Association*, 20(1): 53-57.

Hartkopp, A., Brønnum, H.H., Seidenschur, A.M. and Biering, S.F., (1997). Survival and cause of death after traumatic spinal cord injury. A long-term epidemiological survey from Denmark. *Spinal Cord*, 35(2): 76-85.

Harris, E., (2008). The meanings of craft to an occupational therapist. *Australian Occupational Therapy Journal*, 55(2): 133-42.

Holder, V., (2001). The use of creative activities within occupational therapy. *The British Journal of Occupational Therapy*, 64(2): 103-5.

Hoque, M.F. and Grangeon, C., (1999). Reed K. Spinal cord lesions in Bangladesh: an epidemiological study 1994-1995. *Spinal Cord*, 37(12): 858-61.

Islam, M., Hafez, M. and Akter, M., (2011). Characterization of spinal cord lesion in patients attending a specialized rehabilitation center in Bangladesh. *Spinal Cord*, 49(7): 783-786.

Jang, Y., Wang ,Y-H. and Wang, J-D., (2005). Return to work after spinal cord injury in Taiwan: the contribution of functional independence. *Archives of physical medicine and rehabilitation*, 86(4): 681-686.

Jardin, A., Wagner, G., Khoury, S., Guiliano, F., Padman, H. and Rosen, N., (2000). National Spinal Cord Injury Statistical Centre. Spinal cord injury: facts and figures at a glance. *J Spinal Cord Med*, 23: 153-155.

Kirshblum, S.C., Burns, S.P., Soren, F.B., Donovan, W., Graves, D.E., Jha, A., Johansen, M., Jones, L., Krassioukov, A., Mulcahey, M.J., Read, M.C. and Waring, W., (2011). International standards for neurological classification of spinal cord injury .The journal of Spinal Cord Medicine, 34(06): 535-544.

Krause, J.S., Kemp, B. and Coker, J., (2000). Depression after spinal cord injury: relation to gender, ethnicity, aging, and socioeconomic indicators. Archives of Physical Medicine and Rehabilitation, 81(8): 1099-1109.

Lidal, I.B., Huynh, T.K. and Biering-Sorensen, F., (2007). Return to work following spinal cord injury: a review. Disability and rehabilitation, 29(17): 1341-1375.

Lin, K.H., Chuang, C.C., Kao, M.J., Lien, I.N. and Tsauo, J.Y., (1997). Quality of life of spinal cord injured patients in Taiwan: a subgroup study. Spinal Cord, 35(12): 841-849.

Marti, A., Reinhardt, J.D., Grof, S., Escarpizo, R. and Post, M.W.M., (2012). To work or not to work: Labour market participation of people with spinal cord injury living in Switzerland. Spinal Cord, 50(7): 512-526.

Meade, M.A., Armstrong, A.J., Barrett, K., Ellenbogen, P.S. and Jackson, M.N., (2006). Vocational rehabilitation services for individuals with spinal cord injury. Journal of Vocational Rehabilitation, 25(1): 3-11.

Momin, A.K.M., (2005). An evaluation of the impact of medical services provided by general hospitals compared with services aligned to a social model perspective at a spinal cord injury centre in Bangladesh. The social model of disability: Europe and the majority world, 163-179.

Noreau, L., Dion, S.A., Vachon, J., Gervais, M. and Laramée, M.T., (1999). Productivity outcomes of individuals with spinal cord. Spinal Cord, 37(10): 730-736.

Ottomaneli, L. and Lind, L., (2009). Review of critical factors related to spinal cord injury: Implication for research and vocational services. *The journal of Spinal Cord Medicine*, 32 (5): 503-531.

Pflaum, C., Collister, G.M, Strauss, D.J., Shavelle, R.M. and Vivo, M.J.D., (2006). Worklife after traumatic spinal cord injury. *J Spinal Cord Med.*, 29(4): 377–386.

Pentland, W., Harvey, AS., Smith, T. and Walker, J., (1999). The impact of spinal cord injury on men's time use. *Spinal Cord*, 37(11): 786–792.

Perruzza, N. and Kinsella, E.A., (2010). Creative arts occupations in therapeutic practice: a review of the literature. *The British Journal of Occupational Therapy*, 73(6): 261-8.

Pollanen, S., (2009). Craft as Context in Therapeutic Change. *Indian Journal of Occupational Therapy*, 41(2): 43-47.

Pöllänen, S., (2013). The meaning of craft: Craft makers' descriptions of craft as an occupation. *Scandinavian journal of occupational therapy*, 20(3): 217-227.

Priest, H., Roberts, P. and Woods, L., (2002). An overview of three different approaches to the interpretation of qualitative data. Part 1: Theoretical issues. *Nurse researcher*, 10(1): 30-42.

Rahimi, M.V., Sayyah, M.K., Akbari, H., Khorramirouz, R., Rasouli, M.R., Moradi-Lakeh, M., Shokrane, F. and Vaccaro, A.R., (2013). Epidemiology of traumatic spinal cord injury in developing countries: a systematic review. *Neuroepidemiology*, 41(2): 65-85.

Ramkrishnan, K., Loh, S.Y. and Omar, Z., (2011). Earnings among people with spinal cord injury. *Spinal Cord*, 49(9): 986-989.

Razzak, A.T.M.A., Helal, S.U. and Nuri, R.P., (2011). Life Expectancy of Persons with Spinal Cord Injury (SCI) Treated in a Rehabilitation Centre at Dhaka, Bangladesh. *Disability, CBR & Inclusive Development*, 22(2): 114-123.

Sadaat, S., Javadi, M., Divashali, B.S. and Rahimi, M.V., (2010). Health related quality of life among individuals with long standing spinal cord injury of veterans and non veterans. *BMC Public Health*, 10(1): 6.

Saulino, M.F., (2012). Rehabilitation of Persons With Spinal Cord Injuries [Internet].[updated 11 January 2012; cited 2013 February 22]. Available from: <http://emedicine.medscape.com/article/1265209-overview>.

Schoppen, T., Boonstra, A.M., Groothoff, J.W., Vries, J.D, Goeken, L.N.H. and Eisma, W.H., (2013). Employment status, job characteristics and work related health experience of people with lower limb amputation in the Netherlands. *Arch Phys Med Rehabil*, 82(2): 239–245.

Schönherr, M.C., Groothoff, J.W., Mulder, G.A. and Eisma, W.H., (2005). Participation and satisfaction after spinal cord injury: results of a vocational and leisure outcome study. *Spinal Cord*, 43(4): 241–248.

Schönherr M.C., Groothoff J.W., Mulder G.A. and Eisma, W.H., (2004). Vocational reintegration following spinal cord injury: expectations, participation and satisfaction. *Spinal Cord*, 42(3): 177–184.

Symons, J., Clark, H., Williams, K., Hansen, E. and Orpin, P., (2011) .Visual art in physical rehabilitation: experiences of people with neurological conditions. *The British Journal of Occupational Therapy*, 74(1): 44-52.

Targett, P., Wehman, P., Mckinely, W.O. and Young, C., (2005).Functional vocational assessment for individuals with spinal cord injury. *Journal of vocational Rehabilitation*, Vol.22(3): 149-161.

Tomassen, P.C.D., Post, M.W.M. and Asbeck, F.W.A. van., (2000). Return to work after spinal cord injury. *Spinal Cord*, 38(1): 51–55.

Tzanidaki, D. and Reynolds, F., (2011). Exploring the meanings of making traditional arts and crafts among older women in Crete, using interpretative phenomenological analysis. *The British Journal of Occupational Therapy*, 74(8): 375-82.

World Health Organization (WHO),. (2011). [homepage on the Internet]. Disability and health: Fact sheet 352. June 2011 [cited 2012 July 22]. Available from: <http://www.who.int/mediacentre/factsheets/fs352/en/index.html>.

Wyndaele, J.J., (2010). Care of individuals with spinal cord lesion: from an untreated ailment, to coherent, comprehensive highly specialized care. *Spinal Cord*, 48(1): 1.

Wyndaele, M. and Wyndaele, J.J., (2006) Incidence, prevalence and epidemiology of spinal cord injury: what learns a worldwide literature survey. *Spinal Cord*, 44(9): 523-529.

Yasuda, S., Wehman, P., Targett, P., Cifu, D.X. and West, M., (2002). Return to work after spinal cord injury: a review of recent research. *Neuro Rehabilitation*, 17(3): 177-186.

Young, A.E. and Murphy, G.C., (2009). Employment status after spinal cord injury : a review with implications for interpretation, evaluation, further research, and clinical practice. *International Journal of Rehabilitation Research*, 32(1): 1-11.

Young, A.E. and Murphy, G.C., (2002). A social psychology approach to measuring vocational rehabilitation intervention effectiveness. *Journal of occupational rehabilitation*, 12(3): 175-189.



বাংলাদেশ হেল্থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka-1343. Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Ref: CRP/BHPI/IRB/04/17/87

Date: 06/04/17

To
Manna Papia
4th year B.Sc in Physiotherapy,
Department of Physiotherapy
Session: 2011-2012, DU Reg. No.: 1726
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal – “Perception about vocational training among the spinal cord injury patients at CRP.” by ethics committee.

Dear Manna Papia,

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application on before February 23, 2016 to conduct the above mentioned thesis, with yourself, as the Principal investigator. The Following documents have been reviewed and approved:

Sr. No	Name of the Documents
1	Thesis Proposal
2	Questionnaire (English and Bengali version)
3	Information Sheet & Consent form

Since the study involves answering a questionnaire that takes 30 to 40 minutes and have no likelihood of any harm to the participants and have possibility of benefit patients in their pain management and rehabilitation, the members of the Ethics committee has approved the study to be conducted in the presented form at the meeting held at 08:30 AM on February 25, 2016 at BHPI.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

.....
Muhammad Millat Hossain
Assistant Professor, Dept. of M.Sc in Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

February 17, 2016
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: Application for review and ethical approval.

Sir,

With due respect I would like to draw your kind attention that I am a student of Bachelor of Science in Physiotherapy at Bangladesh Health Professions Institute (BHPI)- an academic institute of CRP under Faculty of Medicine of University of Dhaka (DU). I have to conduct a thesis entitled, "Perception about vocational training among the spinal cord injury patients at CRP" under honorable supervisor, Md. Shofiqul Islam, Assistant Professor Department of Physiotherapy BHPI, CRP, Savar, Dhaka. The purpose of the study is to identify the perception of the person with Spinal Cord Injury about vocational training during the rehabilitation program. Questionnaire will be used that will take about 30 to 40 minutes. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

Therefore I look forward to having your kind approval for the thesis proposal and to start data collection. I can also assure you that I will maintain all the requirements for study.

Sincerely yours,

Manna Papia
Bachelor of Science in Physiotherapy (B.Sc PT)
Session: 2011-2012, DU Reg. No.: 1726
BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

Recommendation from the thesis supervisor:

.....*Shofiq*.....

Md. Shofiqul Islam

Assistant Professor
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

Attachment: Thesis Proposal including measurement tools and process and procedure for maintaining confidentiality, Questionnaire (English version), Information sheet & consent.

Permission Letter

July 23, 2016

The Head of the programs,

Centre for the Rehabilitation of the Paralyzed (CRP),

Chapain, Savar, Dhaka-1343.

Subject :Prayer for seeking permission of data collection to conduct my research project.

Dear Sir,

With due respect and humble submission to state that I am Manna Papia, student of 4th Professional, B.Sc. in Physiotherapy at Bangladesh Health Professions Institute (BHPI). According to course curriculum, we have to conduct a research for the partial fulfillment of our degree. My research project entitled on "Patient perception about vocational training among the spinal cord injury patient at CRP" under the supervision of Md. Sohrab Hossain, Associate Professor, Department of Physiotherapy & BHPI; CRP. So I need to take permission to collect data for my research project from the Spinal cord injury, unit of Physiotherapy department, CRP - Savar. I would like to assure that anything of my study will not be harmful for the participants.

I, therefore, pray & hope that you would be kind enough to grant my application & give me permission for data collection and oblige thereby.

Sincerely Yours,

Manna Papia

Manna Papia

4th Professional B.Sc. in Physiotherapy

Roll-22, Session: 2011-2012

Bangladesh Health Professions Institute (BHPI).

may be allowed
hgg

Md. Sohrab Hossain
Associate Professor, Physiotherapy (Unit)
Head of the Programs
CRP Savar, Dhaka

মৌখিক অনুমতিপত্র/ সম্মতিপত্র

অংশগ্রহণকারীকে পড়ে শোনাতে হবে)

আসসালামুয়ালাইকুম/ নমস্কার,

আমার নাম মাল্লা পাপিয়া, আমি এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)-এ পরিচালনা করছি যা আমার ৪র্থ বর্ষ বিএসসি ইন ফিজিওথেরাপী কোর্সের অধিভুক্ত। আমার গবেষণার শিরোনাম হল-“কারিগরি প্রশিক্ষণ সম্পর্কে সিআরপিতে মেরুরজুতে আঘাত প্রাপ্ত রোগীদের ধারণা।” এর মাধ্যমে আমি মেরুরজুতে আঘাত প্রাপ্ত রোগীদের কারিগরি প্রশিক্ষণ সম্পর্কে ধারণা জানতে চাই। আমি এখন আপনাকে কিছু ব্যক্তিগত এবং মেরুরজুর আঘাত সম্পর্কে আনুশঙ্গিক কিছু প্রশ্ন করতে চাচ্ছি। এতে আনুমানিক ৩০-৪০ মিনিট সময় নিবো।

আমি আপনাকে অনুগত করছি যে, এটা আমার অধ্যয়নের অংশ এবং যা অন্য কোন উদ্দেশ্যে ব্যবহৃত হবেনা। গবেষক সরাসরি এই স্নায়ুজ্ঞান অধ্যয়নের সাথে অন্তর্ভুক্ত নয়। তাই এই গবেষণায় আপনার অংশগ্রহণ বর্তমান ও ভবিষ্যৎ চিকিৎসায় কোন প্রকার প্রভাব ফেলবেনা। আপনি যেসব তথ্য প্রদান করবেন তার গোপনীয়তা বজায় থাকবে এবং আপনার প্রতিবেদনের ঘটনা প্রবাহে এটা নিশ্চিত করা হবে যে এই তথ্যের উৎস অপ্রকাশিত থাকবে।

এই অধ্যয়নে আপনার অংশগ্রহণ স্বেচ্ছাপ্রণোদিত এবং আপনি যেকোন সময় এই অধ্যয়ন থেকে কোন নেতিবাচক ফলাফল ছাড়াই নিজেকে প্রত্যাহার করতে পারবেন এছাড়াও কোন নির্দিষ্ট প্রশ্ন অপছন্দ হলে উত্তর না দেয়ার এবং সাক্ষাৎকারের সময় কোন উত্তর না দিতে চাওয়ার অধিকারও আপনার আছে।

এই অধ্যয়নে অংশগ্রহণকারী হিসেবে যদি আপনার কোন প্রশ্ন থাকে তাহলে আপনি আমাকে অথবা/এবং আমার সুপারভাইসর মোঃ সফিকুল ইসলাম, সহকারি অধ্যাপক, ফিজিওথেরাপী বিভাগ, বিএইচপিআই, সিআরপি, সাভার, ঢাকা-তে যোগাযোগ করতে পারেন।

সাক্ষাৎকার শুরু করার আগে কি আপনার কোন প্রশ্ন আছে?

.....

সুতরাং আমি আপনার আনুমতিতে এই সাক্ষাৎকার শুরু করতে পারি?

হ্যাঁ_____ না_____

১। অংশগ্রহণকারীর স্বাক্ষর_____

২। সাক্ষাৎগ্রহণকারীর স্বাক্ষর_____

৩। সাক্ষীর স্বাক্ষর_____

শিরোনাম: “ কারিগরি প্রশিক্ষণ সম্পর্কে সিআরপিতে মেরুরজুতে আঘাত
প্রাপ্তরোগীদের ধারণা”

সাক্ষাৎকারের তারিখ-

নাম-

বয়স-

ঠিকানা-

মোবাইল নম্বর-

শিক্ষাগত যোগ্যতা-

পরিবারের সদস্য সংখ্যা-

পরিবারে উপার্জনক্ষম ব্যক্তি-

বাংলা প্রশ্নাবলী

১। কারিগরি প্রশিক্ষণ সম্পর্কে আপনি কি জানেন?

২। এখানকার প্রশিক্ষণ পরিবেশ সম্পর্কে আপনার ধারণা কি?

৩। আপনি কি মনে করেন এই কারিগরি প্রশিক্ষণ আপনার জন্য গুরুত্বপূর্ণ? হ্যাঁ/না?

ক) যদি হ্যাঁ হয়- কিভাবে?

খ) যদি না হয়- কেন?

৪। এই প্রশিক্ষণ নেয়ার আগে আপনার মানসিক অবস্থা কেমন ছিল?

৫। এই প্রশিক্ষণ নেয়ায় আপনি কি আপনার প্রতি আত্মবিশ্বাসী হচ্ছেন? হ্যাঁ/না?

ক) যদি হ্যাঁ হয়- কিভাবে?

খ) যদি না হয়- কেন?

৬। এই প্রশিক্ষণ নেয়ার আগে আপনার প্রতি পারিবারিক / সামাজিক আচরণ কেমন ছিল?

৭। আপনি কি মনে করেন এই প্রশিক্ষণ নেয়ার পর আপনার প্রতি সেই আচরণ পরিবর্তিত হবে? দয়া করে ব্যাখ্যা করুন।

৮। এই প্রশিক্ষণে যে কাজগুলো শিখছেন বাড়িতে যাওয়ার পর কি সেগুল করবেন? হ্যাঁ/না?

ক) যদি হ্যাঁ হয়- আপনি কিভাবে করবেন?

খ) যদি না হয়- আপনি কেন করবেন না?

৯। এই কারিগরি প্রশিক্ষণে অংশগ্রহণ করতে আপনি কি কোন প্রতিবন্ধকতা বা সমস্যার সম্মুখীন হয়েছেন? হ্যাঁ/না?

ক) যদি হ্যাঁ হয়- কি ধরনের সমস্যার সম্মুখীন হয়েছেন? দয়া করে ব্যাখ্যা করুন?

খ) যদি না হয়- আপনি কেন ভাবলেন যে কোন সমস্যা হচ্ছেনা?

১০। আপনার এই কারিগরি প্রশিক্ষণ সম্পর্কে পরামর্শ কি?

VERBAL CONSENT STATEMENT

(Please read out to the participant)

Assalamualaikum / Namasker,

My name is Manna Papia. I am conducting this study for a B.sc in Physiotherapy project study dissertation titled “Perception about vocational training among the spinal cord injury patients at CRP.” By this I would like to know spinal cord injury patient perception about vocational training. Now I want to ask some personal and spinal cord injury related question. This will take approximately 30-40 minutes.

I would like to inform you that this is a purely academic study and will not be used for any other purpose. The researcher is not directly related with this area (spinal cord injury), so your participation in the research will have no impact on your present or future treatment in this area (spinal cord injury unit). All information provided by you will be treated as confidential and in the event of any report or publication it will be ensured that the source of information remains anonymous.

Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want to answer during interview.

If you have any query about the study or your right as a participant, you may contact with me and/or my Supervisor Md. Shofiqul Islam, Assistant Professor, Department of Physiotherapy, Physiotherapy Department, BHPI, CRP, Savar, Dhaka-1343.
Do you have any questions before I start?

.....

So may I have your consent to proceed with the interview ?

YES _____

NO _____

Signature of the Participant _____

Signature of the Interviewer _____

Witness signature _____

Title: Perception about vocational training among the spinal cord injury patients at CRP.

Date of Interview:

Name:

Age:

Address:

Contact number:

Educational level:

Family member:

Earning member of family:

Questionnaire –English

- 1.What do you know about vocational training?
- 2.What do you think about the training environment here?
3. Do you think this vocational training is important for you ? yes/no?
 - a) If yes-Why ?
 - b) If no –Why ?
- 4.What was your mental status before doing this ?
- 5.Are you becoming confident yourself by getting this training ? Yes/no ?
 - a)If yes –How ?
 - b) If no-Why ?
- 6.What was family/society attitude towards you before doing this training ?
7. Do you think that attitude towards you will change after taking this training ? Please explain.
8. Will you perform those activities after returning home that you are learning in this training ? Yes /no ?

a) If yes, how will you do ?

b) If no, why will you not do ?

9. Have you faced any challenge or problem participating in this vocational training ?Yes/No?

a) If yes, what type of problem you have faced ? Please explain.

b) If no, why are you think that any problem is not happening?

10. What will be your suggestion about this vocational training?

