

# Women's Discourse On Their Professional Concerns After Organ Transplantation: A Multiple Case Study

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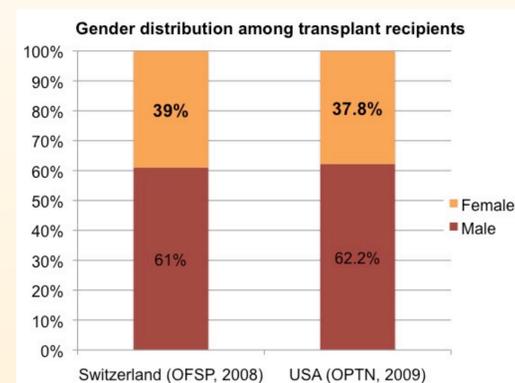
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## 1. Aim and background

Nowadays, little is known about Swiss women's professional concerns after an organ transplant, as they constitute a minority among transplant recipients, like in the USA (OFSP, 2008; OPTN, 2009).

Despite this gender difference, most of existing studies focusing on psychosocial aspects of transplantation usually present undifferentiated results, in which women's concerns tend to vanish.

Hence, the **aim** of this IRB-approved study was to explore transplanted women's discourse concerning their own management of tensions between illness and work, whether they currently work or not. And if not, to investigate the reasons they put forward to explain it.



## 2. Methods

A **longitudinal multiple-case study design** was used in order to better understand the real-life phenomenon of women dealing with work demands after their transplant and in their specific context of being currently working or not (Yin, 2009). Women were approached through the University Hospital of Lausanne where they all received a kidney or liver transplant. They had actually been included in the larger sample of a quantitative study about return to work after transplant (Praz-Christinaz, 2005) and had accepted to be contacted again.

**Nine women** agreed to become involved in the study and were met twice at home, the hospital or university, depending on their choice. Semi-structured interviews were conducted, which focused on daily activity in order to avoid limiting work to paid employment alone. The interviews were integrally recorded with the participants' agreement and then transcribed verbatim. The researcher's observations or discussions before, during or after each interview were also carefully documented to help complete the data.

A first qualitative thematic analysis was performed, based on an original developmental **Embodied-Socio-Psychological (ESP) model**, whose particularity is to acknowledge that people mention in their discourse a body that is much more than physical or biological. Indeed, it is also a kind of embodiment made of inner feelings and experiences. The latter are then explained in the light of the historic and cultural context in which the person is involved, so that they can become coherent at the psychological level. Furthermore, the specificity of this model is to run in an upward spiral bound movement, which means that every loop is different from the previous one but also integrating it (Santiago Delefosse, 2002).

## 3. Preliminary results from the first set of interviews

Intrusion of illness as a **turning point** in these women's daily life

- a. Previous experiences of the world **collapsed** as the future became extremely uncertain
- b. Effort to **forget** illness by continuing to work or live like before, without facing reality

"Suddenly I felt as if my life had been divided up. And I was left in the last part, where everything collapsed."  
(Case 3, I1, A69)

"The reason why I got so involved in my work was, it was a trial that this illness could not affect me. In the beginning it was to tell myself, it does not affect me. (...) I was professionally involved, intensely enough so that I could forget myself."  
(Case 9, I1, A3)

"What keeps me [from working] is that in the morning, when I wake up, I feel good. And then it hurts, it burns, and then pain."  
(Case 8, I1, A120)

"I mean, I work 25%, but I live 100%."  
(Case 3, E1, A135)

"I think 80% of them are no more capable of working, anyway, psychologically and physically."  
(Case 5, E1, A111)

Reconstruction process as a trial to **make sense** of the transplant experience in their own situation

Embodied concerns

- c. Daily **fight** with the body's needs and physical impairments that prevents from working

Social concerns

- d. Active trial to recover the previous life of "a **normal** person" by working or having a lot of activities
- e. Need to **assess** oneself in the light of other recipients who did not return to work in order to feel stronger

Psychological concerns

- f. **Integration** of illness as a part of body experience, social mind and historical and affective story

"I could feel my strength come back again. I felt this body becoming tonic again. Thus, by feeling a tonic body, my strength, my confidence were coming back again, myself. And it was important. It was important to feel like this. (...) And then everything follows, everything goes better."  
(Case 9, E1, A3)

## 4. Discussion

Preliminary results suggest that these women's professional concerns were completely shaken by the intrusion of illness in their life before they could try to find a way of managing the new situation. As the reconstruction process was ongoing, they all had to face different moments of embodied, social and psychological concerns in order to come forward.

However, a thorough analysis of these women's interviews is necessary to complete the conclusions, before using them as leads for the future. Indeed, they could help developing adapted support during the transplant process in order to improve positive employment outcomes after organ transplantation.

## 5. Bibliography

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