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Scoping Review

The Impact of Traumatic Brain Injury on Women as Spouses and Partners: A Scoping Review

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Abstract

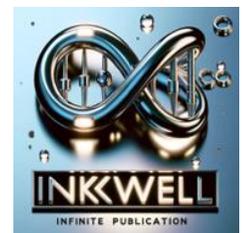
Background: Traumatic brain injury (TBI) results in enduring mental and behavioral, and emotional problems that impact both people who experience the injury and their family members. The existing review about TBI effects on women who stay in partner relationships with their spouses remains scarce because women typically become the primary caregivers for their injured husbands. **Objective:** This review was conducted as a scoping review to combine all available studies that investigated this subject. **Methods:** The review used the Arksey and O'Malley framework to conduct a scoping review which Levac and his team reported following PRISMA-ScR guidelines, later improved through methodological enhancements. The reviewers combined their review findings through a narrative review method. Following the completion of the search, all articles published before 2010 were excluded by the search filters, and the results were 128 articles on one search, 265 on Google Scholar, and 53 on Taylor Francis Online. In the study, a total of 446 articles were found in the selected databases with a filter applied to restrict the search from 2010 onwards. The articles were then screened based on specific criteria outlined in their titles and abstracts, and any duplicates were removed. After the screening process, 13 articles were identified as meeting the inclusion and exclusion criteria and were selected for full-text reading. **Results:** While considering the PRISMA-ScR guidelines, five dominant thematic domains were identified: (1) role transformation and caregiving responsibilities, (2) changes in relationship dynamics, (3) emotional and psychosocial impact, (4) social isolation and role overload, and (5) coping, adaptation, and resilience. Across studies, women experienced abrupt and sustained shifts from partner to primary caregiver, accompanied by emotional burden, relational ambiguity, and reduced social participation. **Conclusion:** There is a lack of research focusing on the well-being of traumatic brain injury (TBI) caregivers following role shifts. This area warrants further investigation on a global scale. The impact of TBI on women's ability to perform their roles as spouses and partners of people who have had TBI and the impact on their daily life requires a special program such as peer support, therapy sessions, and group therapy to reduce caregiver burnout and improve mental health status, and provide the needed care and support.

Keywords: Traumatic brain injury, Women caregivers, Spouses, Partners, Role change, Caregiving burden, Scoping review.

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Introduction

Traumatic brain injury stands as a leading cause of permanent disability, which affects people throughout the world, and it creates a significant public health issue because of its widespread occurrence and its complicated persistent effects (Dewan MC et al., 2019). It is defined as an alteration in brain function or other evidence of brain pathology caused by an external force, with severity ranging from mild to severe (Menon DK et al., 2010). Medical treatment of acute injuries has improved survival rates for brain trauma patients but numerous survivors develop enduring brain damage, which causes ongoing cognitive and emotional and behavioral problems (Blennow K et al., 2016). The extended consequences of traumatic brain injury create obstacles which prevent people from performing their daily activities and participating in social activities while damaging their ability to maintain relationships with others (Blennow K et al., 2016).

The effects of traumatic brain injury reach beyond the injured person to create significant changes in family members who become his primary caregivers, especially his spouse and close partners (Barr & Gillon, 2015). The support of partners continues throughout time as they help with emotional needs and make decisions, handle home responsibilities, and help patients deal with injury-related mental and behavioral changes (Riley, 2016). The post-traumatic brain injury changes which affect personality and communication and emotional responses, make it difficult for relationships to maintain stability and intimacy, resulting in partner distress and relationship confusion (Bodley-Scott & Riley, 2015).

The process of caring for someone with traumatic brain injury follows gender patterns because women take on most of the responsibility to care for their injured male partners (Biegon, 202). Women who have partners must handle their work responsibilities together with their roles as caregivers and parents and household managers, which leads to excessive work responsibilities and decreased freedom and increased social isolation (Kratz et al., 2015). This review has shown that partners of traumatic brain injury patients

experience emotional and relational difficulties but studies about this topic remain scattered across different fields of study without any comprehensive review that focuses on women who have spousal or partner relationships (Godwin et al., 2014. O’Keeffe et al., 2020). The scoping review methodology allows reviewers to perform systematic evidence identification and concept retrieval which helps them discover knowledge gaps that require additional review in their chosen fields (Arksey & O’Malley, 2005. Levac et al., 2010). This scoping review aims to collect and combine all available studies that examine how traumatic brain injury affects women during their time as a caregiver.

Methodology

Critical realism has been used to frame research questions and guide data analysis in a variety of areas, including applied in social science research to investigate a range of themes including healthcare delivery (Levac et al., 2010), provides a valuable framework for comprehending the complicated link between social structures and human agency, as well as recognizing the causal mechanisms that underpin social occurrences. The methodological framework that was adopted was the one that was outlined by Arksey and O’Malley (2005). The following is a list of the five stages that are followed by this methodology:

Stage 1: Identifying the research Question

The research question of this study is “What is known from the existing literature about the impact of traumatic brain injury on women's roles as spouses/partners of people who have had a TBI”. The question was chosen based on the proposal of Arksey and O’Malley (2005), which stated that a broad question should be adapted to achieve a broad coverage.

By selecting a comprehensive research question, the study can capture a variety of perspectives and experiences regarding the impact of TBI on the role of women as spouses/partners. This method is especially useful for scoping reviews, which seek to provide a comprehensive overview of the existing literature on a specific topic. The broad research question ensures that all relevant literature, even if

not explicitly related to the specific research question, is included in the scoping review.

Stage2: Identifying Relevant Studies/ Inclusion, exclusion Criteria

During this study, we relied solely on electronic databases because of our restricted access to printed journals and the inability to physically pinpoint these journals at the location where this scoping review was being conducted. And the websites listed below were utilized (one search the University of Brighton online library, Google Scholar, Taylor. Francis Online). In addition, the reference lists of the identified studies were reviewed and included in this research.

Population

All female spouses/partners of TBI patients should have been married or in a committed relationship for at least a year before the injury.

The following criteria were applied to the analysis of the studies that were found. For studies to be considered relevant, they needed to reflect on the change of the role of women and incorporate the participation of adult women aged 18 years old as the lower age limit, no upper age limit was considered in this review.

Inclusion Criteria

Even if neither the title nor the abstract mentions similar questions, then a full reading of the article will be undertaken for all studies that focused on the shift in female occupations after being a caregiver, the included research must have been conducted with female or mixed participants and must focus on the changes in female role, having been in a committed relationship or marriage before the injury at least one year.

Exclusion Criteria

Studies that had only male participants of females who had TBI will be excluded from the analysis, as will studies that were published before 2010, To narrow the scope of the search, and because gender roles have shifted resulting from changes

brought about by modern lifestyles, and studies conducted in languages other than English.

Stage 3: study selection

The study selection involves identifying and screening relevant articles based on the previous inclusion and exclusion criteria. The goal was to identify all relevant studies that address the research question while minimizing the risk of bias.

Any types of research studies published since 2010 onwards are eligible for inclusion in the study to ensure the breadth of the results is maintained and to reflect the evolution of women's roles.

Following the completion of the search, all articles published prior to 2010 were excluded by the search filters, and the results were 128 articles on one search, 265 Google Scholar, 53 Taylor Francis Online. 13 Articles were selected from the title and its reference list were read and 8 articles had a relevant title to the key words. After in-depth reading all articles that did not focus on the shifting of roles were eliminated. Finally, a total of 10 articles were included in this study.

Stage 4: Charting the data

Charting data involves extracting relevant data from the selected studies and organizing it in a systematic and meaningful way.

The process typically involves several steps. First, a data extraction form was developed to define the variables to be extracted from the selected studies. The form includes the following: author, Title of source, Year, Primary affiliation of primary author, Publication/ Journal, Location study data was collected, Type of evidence source Aim of article, Time post injury, severity, Methodology, Data collection, Outcome/findings.

Next, the relevant data will be extracted from each selected study and recorded in the data extraction.

Stage 5: Collecting, summarizing and Reporting the Results

In the study, a total of 446 articles were found in the selected databases. The articles were then screened based on specific criteria outlined in their

titles and abstracts, and any duplicates were removed. After the screening process, 14 articles were identified as meeting the inclusion and exclusion criteria and were selected for full-text reading. However, five of these articles were subsequently excluded based on the same criteria. Additionally, the researcher conducted a bibliography search, which means selected studies' reference lists and identified ten new studies that met the inclusion criteria. 6 of them were excluded. All these steps were performed following the PRISMA guide for reporting scoping reviews, as illustrated in Figure 1.

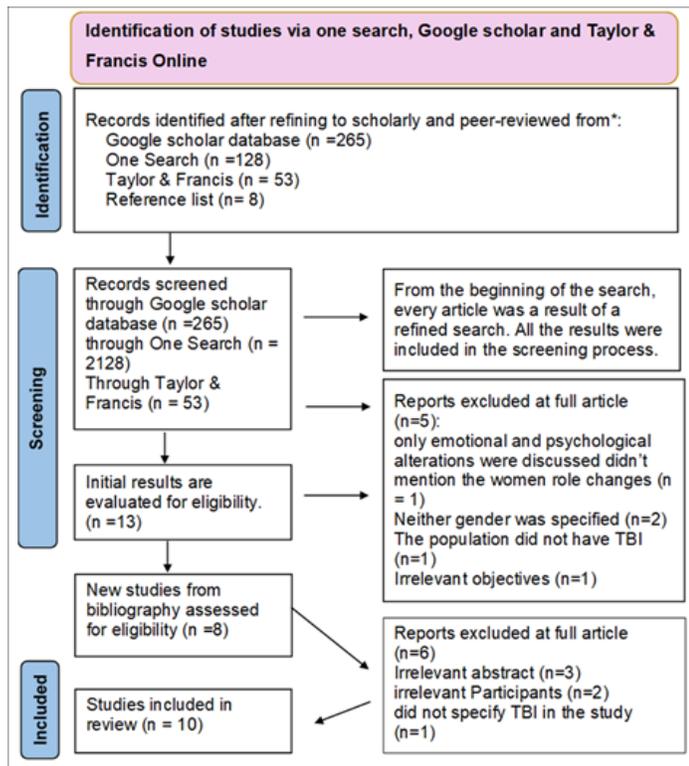


Figure 1. PRISMA flow diagram for a scoping review of what is known from the existing literature about the impact of traumatic brain injury on women's role as spouses/partners of people who have had a TBI.

Ethical approval

Ethical approval was not required for this scoping review, as it was conducted using previously published and publicly available data and did not involve direct participation of human subjects.

Results

Overview of Included Studies

Among the nine papers included in this investigation, a diverse array of literature with varied degrees of quality was identified. A qualitative approach was employed in seven research, namely Abrahamson et al. (2017), Bugri et al (2025), O'keeffe et al. (2020), Godwin et al. (2014), Kratz et al. (2015), Lucy et al. (2015), and Villa & Riley (2017). A study conducted by Nalder et al. (2012) employed a two-phase approach, consisting of a quantitative prospective longitudinal investigation in the first phase, followed by a qualitative investigation in the second phase. One study used Systematic Analysis by Mofidi et al. (2025). The final two sources used in the study were a critical literature review conducted by Godwin et al. (2011) and a systematic review conducted by Van den Broek et al. (2022).

Role Transformation and Caregiving Responsibilities

relationship work within their romantic relationships. Women partners reported that their work responsibilities shifted from performing equal tasks with their husbands to taking full responsibility for protecting and caring for their family (Riley, 2016). The transition to this new role happened suddenly after someone got hurt, and it stayed that way during their entire recovery period.

Women partners carried out multiple responsibilities, which involved running household affairs and scheduling doctor visits, providing help with daily care, and tracking behavioral shifts (Knox,2015). The increasing number of caregiving responsibilities led to changes in daily activities because caregivers spent less time on their own activities, social activities, and work activities (Kratz, 2015).

Changes in Relationship Dynamics

The studies have documented major changes that occur in how people relate to each other after they experience TBI. Women partners described how their relationships transformed, which resulted in changes to their emotional bond and their ability to communicate and decide together (O'Keeffe et al., 2020). The injuries caused people to transform,

which produced mental and personality changes that made it difficult for partners to understand each other while keeping their emotional bond (Knobloch & Pool, 2024).

Women in particular situations described how their partner evolved into someone different after their injury, which resulted in the loss of their previous relationship identity (Townshend & Norman, 2018). The loss of expected partnership roles and mutual support between partners led people to experience grief, ambiguity and relational uncertainty (Stenberg et al, 2022).

Emotional and Psychosocial Impact

The findings show that women partners experienced emotional and psychosocial effects that appeared throughout all studied cases. Women experienced worsening stress levels, emotional exhaustion, and psychological distress because they continued their caregiving duties. People in this environment received little social backing, which led to their experience of persistent sadness and frustration and their sense of being alone (Kratz et al., 2015).

The studies show that injury survivors need to manage their emotional state because they develop irritable behavior and impulsive actions and show reduced emotional responses (Knobloch & Pool, 2024). The situation became worse because people needed to conceal their emotional needs while they cared for their injured partner (Townshend & Norman, 2018).

Social Isolation and Role Overload

The main social problem which women with TBI partners faced was becoming isolated from society. Women reported reduced participation in social activities and diminished contact with friends and extended family due to caregiving responsibilities and time constraints (Kratz et al, 2015). In some cases, social withdrawal was described as a protective strategy to manage emotional fatigue or to avoid explaining the complexities of living with TBI to others (Riley, 2016).

The healthcare system failed to recognize caregiving work value, which led caregivers to

experience extreme stress because they handled numerous responsibilities (Pavlovic et al., 2019).

Coping, Adaptation, and Resilience

Review findings demonstrate that women in these relationships develop survival methods to survive, while their actions prove they can fight against their situation. Women explained their path to learning new skills which helped them create effective systems to handle their caregiving responsibilities (Bugri, 2025). People who used adaptive coping methods received help from others while they learned new things and discovered purpose in their caregiving duties.

The study examined how people develop their resilience through an active process which unites their individual characteristics with their social bonds and their environmental surroundings (Bugri, 2025). Women showed their capacity to adjust to different life circumstances through their experiences of resilience, yet these experiences did not reduce their sense of burden or distress (Mofidi et al., 2025).

Summary of Findings

There is a lack of research focusing on the well-being of traumatic brain injury (TBI) caregivers following role shifts. This area warrants further investigation on a global scale. Existing studies have indicated that the perception of the new role differs between parents and partners who perceive it differently (Kratz, et al. 2015). Most of the studies, specifically six out of nine (Abrahamson et al., 2017; O'keeffe et al., 2020; Godwin et al., 2014; Kratz et al., 2015; Lucy et al., 2015; Villa & Riley, 2017), employ qualitative research methods. These studies share common strengths and limitations. Notably, one of the key strengths of qualitative research methodology is its ability to facilitate a comprehensive investigation into the experiences of spouses/partners of individuals with TBI.

Discussion

Through this scoping review, the radical upheaval that traumatic brain injury (TBI) has caused in the occupational position of women as spouses and

partners has been clarified, but only through the prism of established gender norms, expectations of caregiving, and relationship milieus. Occupational therapy and psychosocial health are viewed through the prism of dual concepts, which serve as the basis of evidence that caregiving after TBI is not a simple task but a complicated occupation, an occupation reorganizing everyday activities, role balance, identity, and involvement in worthwhile life activities (Kratz et al., 2015; Pavlovic et al., 2019). Instead of incorporating temporary modifications, the acts of caregiving by women tended to be institutionalized, becoming effectively structural, which reflected the ideas of society to make women the main caregivers in intimate relationships (Biegon, 2021).

In the reviewed empirical studies, women partners expressed a remarkable transformation of reciprocal spousal roles to asymmetrical caregiving models, where they had enhanced responsibility concerning personal care, household management, emotional and advocacy roles in healthcare systems (Knox et al., 2015; Riley, 2016). Such role shifts often occurred suddenly, without proper preparation and assistance, thus adding to occupational imbalance and disengaged involvement in self-care, work, and social interaction. The results can be aligned with the occupational therapy models that view role disruption and occupational overload as the main factors that lead to psychosocial distress and reduced well-being (Barr and Gillon, 2015).

The social impacts of these occupational changes were the main theme of the experiences of women. Emotional detachment, loss of intimacy, and changes in mutual occupations became typical post-TBI effects, especially when there were cognitive, behavioural, or personality alterations and affected the existing patterns of interaction (Bodley-Scott and Riley, 2015; O Keeffe et al., 2020). These are the most illustrative examples of ambiguous loss when the injured partner is physically present but psychologically changed, which has created further grief and doubt in the relationship (Godwin et al., 2014). To occupational therapists, this kind of insight will remind us of the need to focus not only on occupational tasks of functional caregiving but also relational occupational tasks of communication, shared

decision making, and emotional reciprocity. The aspect of resilience emerged as a relevant topic; however, the results contend that resilience can be perceived as a relational and occupational process, but not as an individual characteristic. The adaptive responses of women, such as redefining the expectations of the relationships and developing new competencies of caregiving, were inevitably associated with maintaining the continuity of relationships and gaining social support. Resilience was seen to be more sustainable when couples had common occupations and problem-solving. On the other hand, the existence of resilience was compromised in social isolation, occupational deprivation, and the lack of psychosocial support.

Psychosocially, from a health perspective, the findings contradict deficit-based models that only understand women partners as caregivers burdened or pathological. Rather, they approve strengths-based models that acknowledge the dynamism of resilience, context-specific, and inherent in daily occupations and relationships. Notably, the gendered essence of resilience is also revealed by the review where the adaptive coping mechanisms of women often comprised of self-sacrificing, being emotionally suppressed, and placing the partner and his/her needs above their work participation (Riley, 2016; Townshend and Norman, 2018). Although these strategies can be used to maintain caregiving as a short-term task, they are prone to endangering professional imbalance and leading to the development of emotional and physical stress over time. The implications on occupational therapy and psychosocial rehabilitation practice are very clear. Interventions based on partner and family inclusive and family centered are needed to support role negotiation, occupational balance and relational wellbeing after TBI. Occupational therapists are well placed to design interventions which enhance shared occupations, identity rebuilding, and empower women partners to re-participate in meaningful activities other than taking care of the children.

Occupational overload can be mitigated with the help of dyadic interventions, caregiver education, peer support, and psychosocial counselling, and supplemented by relational resilience (Azman et al., 2020). Overall, this review contributes to

occupational therapy and psychosocial health research by placing experiences of female caregivers in the aftermath of TBI in a gendered, relational, and occupational context. It shows that resilience is not a solitary ability, but a negotiated process in the form of role balance, and participation as well as social support. Occupational and relational roles, as well as the role of psychosocial well-being that address women, are necessary interventions that can support sustainable caregiving and improve the quality of life in the long term following TBI.

Conclusions

The review conducts an extensive assessment of previous studies that investigate how traumatic brain injury affects women's capacity to perform their partner and spouse duties. The review shows that women face major changes in their roles after TBI because they must take on more caregiving responsibilities while their social connections change and they experience emotional distress and need to limit their social activities. The changes which occur because of TBI tend to last for extended periods of time, while they transform how women identify themselves and what they expect from life and their everyday activities in their close relationships.

The review studies demonstrate that women maintain their ability to adapt and show resilience when they need to provide continuous care to others. The process of adjustment seems to depend on three essential elements, which include coping strategies, social support and meaning-making processes, yet these elements do not eliminate the experience of burden or distress. Developing ethical caregiving support for women whose spouses have TBI requires a closer look at their lived experiences and their ability to cope with the daily challenges of caregiving. The review demonstrates that reviewers have dedicated an increasing study to TBI-related relationships, yet they have not conducted any specific analysis that examines how TBI affects women who are in romantic relationships. The current evidence base consists of separate studies which employ qualitative review methods to study limited groups of participants who do not show gender differences. The review should investigate women at various

recovery points to understand their unique needs, which stem from their gender identity.

The review findings show that family- and partner-centered rehabilitation programs should treat women partners as vital recovery participants instead of viewing them as secondary caregivers. The combination of psychosocial assessment with education and support for women partners who care for their injured partners will lead to better relationship results and enduring caregiving systems after traumatic brain injury occurs.

Strength and limitations

This review has several limitations. Restriction to English-language publications may have introduced language bias, and the exclusion of grey literature may limit the breadth of evidence captured. No formal quality appraisal was undertaken, consistent with scoping review methodology, which limits assessment of study rigour. Additionally, the reliance on a single reviewer during screening may increase the risk of selection bias. The present review may have inadvertently overlooked pertinent studies published before 2010, as it was limited in scope to a select number of journals and bound by a certain time frame. Furthermore, the discourse fails to acknowledge the cultural disparities in the impact of (TBIs) on female caregivers, hence limiting its generalizability across diverse groups. The temporal limitation imposed by the September 2021 knowledge cutoff hinders the inclusion of contemporary research findings and progress in the subject, potentially leading to the exclusion of novel perspectives and innovative ideas.

Most of the studies, specifically six out of nine (Abrahamson et al., 2017; O'keeffe et al., 2020; The qualitative research methodology has the potential to yield comprehensive and intricate understandings of individuals' viewpoints, affective states, and obstacles encountered upon assuming their novel responsibilities. Furthermore, qualitative research frequently yields extensive and intricate data, enabling researchers to comprehensively capture the intricacies of human experiences, emotions, and interactions. Nevertheless, it is important to acknowledge that the limited number of participants in the qualitative research may not

adequately reflect the broader community of wives or partners of individuals who have experienced TBI, therefore limiting the generalizability of the findings. Qualitative research is predicated upon the acquisition of subjective data obtained via interviews or observations. The presence of subjectivity in research can potentially introduce bias during the interpretation of results. This bias is contingent upon the perspectives of the researchers and the replies provided by the participants. Participants can offer responses that they believe as socially desirable or anticipated, so influencing the accuracy of the collected data. In general, qualitative research offers unique insights into the experiences of individuals who are spouses or partners of patients with TBI. However, it is important to acknowledge the inherent limits of this research approach when interpreting the findings. One of the experiments conducted Nalder et al. (2012) exhibited a notable advantage over prior research by employing a substantial sample size and employing a dual-method approach. The study encompassed two distinct periods. Phase one of the study was quantitative prospective longitudinal research, in which data was collected from a total of 127 persons with traumatic brain injury (TBI) and 83 family caregivers. This data was collected over the course of the first 6 months following their discharge from the hospital. In phase two of the study, a qualitative investigation was conducted, with a smaller sample size of 10 individuals, out of which 6 were spouses. Female caregivers, including mothers, spouses, and ex-partners, are well positioned to provide valuable insights via their extensive experience in caring for individuals with TBI. This allows for a comprehensive examination of the various aspects related to TBI caregiving.

However, the two remaining studies did not include actual participants. One of these studies was a critical literature review conducted by Godwin et al. (2011). It is important to note that literature reviews may be time-sensitive due to the possibility that the results and suggestions will become out of date as fresh research is conducted and as changes occur in the attitudes of society and the support systems available. Nevertheless, Van den Broek et al. (2022) published a comprehensive systematic review that builds upon the previous research completed by Godwin et al. (2011). This review

offers a comprehensive analysis of both quantitative and qualitative studies conducted thus far, focusing on the various characteristics that are linked with relationship quality and stability following TBI.

Author Contributions

All authors contributed to the conception and design of the review, literature search, study selection, data charting, and interpretation of findings. All authors drafted or critically revised the manuscript, approved the final version, and agree to be accountable for all aspects of the work.

Ethical Approval and Patient Consent

Ethical approval was not required for this study, as it is a scoping review based exclusively on previously published and publicly available data. No human participants were directly involved; therefore, informed consent was not required.

Data Availability Statement

This scoping review is based solely on published and publicly available sources. No new datasets were generated or analyzed. All data supporting the findings are included within the article and its referenced sources.

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Conflicts of Interest

Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article.

Declaration of generative AI and AI-assisted technologies

The authors used generative AI tools solely to improve language clarity and correct grammatical issues during manuscript preparation. All content was carefully reviewed and revised by the authors,

who take full responsibility for the accuracy, integrity, and originality of the final published work.

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