Life Experience with Limb Trauma: A Thematic Analysis

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Abstract

Background: Today, trauma is considered as a major health problem in every society. Across health, social, and economic statuses, it has caused temporary or permanent disabilities for millions of people. Any loss of ability or independence in society has considerable effects on life. One of the most important causes of disability is limb trauma. However, the experience of life with limb trauma is relatively unexplored.

Objectives: The objective of this study was to explore the experience of life with limb trauma.

Methods: In this qualitative study with a thematic analysis approach, the purposive sample method was used to recruit 11 patients with a disability in the upper or lower limbs and a history of hospitalization caused by a traffic accident 6 months to 2 years earlier. Data were collected through semi-structured interviews continued until reaching saturation. The data analysis approach in this study was thematic analysis, which consists of a vigorous process of data familiarization, data coding, and theme development and revision. The trustworthiness of the results was ensured through constant comparisons, triangulation, member checks, and peer review.

Results: Based on the participants’ experiences, three themes were conceptualized: existing with limitations, empowerment approaches in encountering disabilities, and seeking support.

Conclusions: The experience of living with limb disability was a limiting experience, and other person’s activities and relations could aid participants in achieving empowerment through strengthening and seeking compensatory mechanisms. More attention to the problems of patients with organ failure is needed, and more research to understand their experiences and provide the necessary guidelines in this area is recommended.

Keywords: Life, Patients, Limb Trauma, Physical Disability, Qualitative Study, Thematic Analysis

1. Background

Today, trauma is considered as a major healthcare problem in every society across health, social, and economic statuses. Trauma accounts for approximately 12% of deaths worldwide and has caused temporary or permanent disabilities in millions of people (1, 2). Limb trauma is a leading cause of disability worldwide, with low-income countries suffering the greatest burden (3). It is estimated that one of the most important burdens is the economic burden (4, 5).

As are many low- and middle-income countries, Iran is plagued by a growing number of traumatic injuries, especially those due to road traffic collisions (6, 7). Physicians and nurses provide care to injured patients during acute and chronic trauma and seek to promote patients’ health to reach their maximum level of physical, mental, and social ability (8). Traumatic events have significant impacts on patients and their families. Road trauma costs more years of life lost than cancer or cardiovascular diseases (9).

While several studies on orthopedic trauma have focused on measures of complications, mortality, and costs, less attention has been paid to the subjective experiences following orthopedic trauma. The perceptions and experiences of patients with a physical disability throughout life are complex and unique (10). Therefore, this study was aimed at understanding the life experiences of patients with limb trauma.

2. Objectives

The objective of this study was to explore the experience of life with limb trauma.
3. Methods

This qualitative study employed thematic analysis to examine themes within the data. This method emphasizes the organization and rich description of the data (4).

Eleven participants were selected through purposive sampling from two hospitals which are major Iranian referral centers for the treatment and rehabilitation of people injured in traffic accidents. The inclusion criteria of the study were patients injured in motorcycle or car accidents, a physical disability in the lower or upper limbs, ability to understand and speak Persian, willingness to participate in the study, age 18 - 65 years, and the passage of a minimum of 6 months and maximum of 1 year since the traffic accident.

Patients were recruited from the orthopedic wards at the Imam Khomeini and Sina hospitals. The researcher visited the patients at the wards at a scheduled time arranged during a telephone call. Participants’ consent to participate in the interview and study was also obtained during the telephone calls. The data were collected through deep, semi-structured, face-to-face interviews. The interview began with an open-ended question based on the major research question and continued with probing and follow-up questions about the life experiences of patients with limb trauma. Data were collected over 9 months from July 2013 to March 2014. Each interview lasted 35 - 45 minutes depending on the patient’s ability to continue. The interviews were conducted in Persian by the first author and then translated into English. All the interviews were recorded with a digital voice recorder and transcribed verbatim. The major research questions were as follows: Would you talk about your limb injury caused by the traffic accident? What has been the impact on your life? How are the problems in your life? The participants were also asked probing questions during the interviews to clarify their answers.

The study proposal was approved by the ethics committee of the research council of the University of Welfare and Rehabilitation Sciences. Informed written consent was obtained from all participants, who were ensured of confidentiality of their information.

The data collected from face-to-face interview was transcribed by the principal investigator, who also noted initial thoughts and ideas in this essential stage in analysis (10). In addition, the recordings were listened to several times to ensure the accuracy of the transcription (4, 5). Listening to recordings results in data immersion and the researcher’s closeness with the data.

The data analysis approach in this study was thematic analysis, which is a vigorous process of data familiarization, data coding, and theme development and revision.

In the initial stage, the researcher carried out data familiarization and collection and next transcribed the data. Next, the researcher extracted codes from the data (applying short verbal descriptions to small amounts of data).

Some codes are denser than others. Based on the codes, the researcher attempted to identify key themes which integrated substantial sets of these codes. The researcher defined each theme so that would be clear to the reader and identified examples of theme to illustrate what the analysis achieved.

Every stage of the analysis involved revising themes and codes and modifying the analysis as ideas developed. These extracts used in this paper clearly illustrate the issues within the themes.

Regarding trustworthiness, credibility was ensured through constant comparisons, triangulation, member check, and peer review (4).

4. Results

Three main themes which express the experience structure of orthopedic trauma patients were extracted from the study results: existing with limitations, empowerment approaches in handling disabilities, and seeking support (Table 1).

4.1. Being in Limitations

One of the important categories derived from the experiences of the study participants is being in limitations, including in daily activities and economical activities.

4.1.1. Physical Limitations

Participants experienced problems in everyday activities, such as walking. These mobility limitations resulted in isolation. A number of severely affected participants talked about this issue:

For three months, I was flat, and you have to be careful in changing positions, and moving is a problem. I rested, and after about 4 months, I started to walk with a walker at home [silence.]:

“The worst problem I have is the inability to walk. I had wanted to help others, and I was a slow walker, but now I’m in a wheelchair [cries].”

4.1.2. Loss of Individual Autonomy

Due to physical problems caused by the disability, some participants were dependent on others to fulfill their individual roles and responsibilities toward their families. These participants were deeply upset about it and missed their independence. Dependent on others to do their chores, they feel like a burden. Patients recalled their
activities and capabilities before their disability in comparison to their current weakness and loss of independence, which made them upset and intensified their feelings of dependency. One participant described losing independence in personal affairs:

“My family helped me, have also helped out me in my personal affairs.”

Another participant stated:

“The worst problem I have is the inability to walk, work and do activities in daily life. The walker was slow at the beginning, but now I’m in a wheelchair, and all my functions are performed by others. Even my father is embarrassed by helping me go to the bathroom.”

4.1.3. Economic Burden

The economic burden was another important challenge for the participants in this study. The patients had insufficient economic resources for rehabilitation services, which caused them more loneliness:

“The costs of the treatments related to the accident were very expensive and terrible.”

“Only primary care in the hospitals is free, and the costs of treatment, physiotherapy, and travel are extremely high”.

The participants stated that treatment costs are not fully covered by insurance companies, so patients are financially responsible for the rehabilitation care.

4.2. Empowerment Approaches in Handling Disabilities

One of the main themes extracted from the interviews is empowerment approaches in handling disabilities. This theme consists of several main categories: adaption to the new situation, spirituality, and efforts to achieve self-care.

4.2.1. Adaptation to New Situation

Among the main themes derived from the experiences of the study participants was their gradual adaptation to the new situation and limits imposed by their bodily injury as they sought to return to normal conditions. The gradual reduction of the problems that patients encountered facilitated the adaptation process:

“My life and I started to change with the restrictions that I must accept and live with.”

The personality traits and coping skills participants used played a significant role in their acceptance of their disability:
"I tried to deal it with myself, and I hoped for the future. At this time, I tried to do things: I cooked. I got my children. I do not think that my ability is low, but it was not like that before. It took a while to get here. I always slept later, I could not work, and I was completely depressed."

One of the participants gave thanks for his new life to the grace and mercy of God and stated he now better accepted it.

4.2.2. Spirituality

Spirituality was one theme extracted from the experiences of the participants in this research. According to, spirituality in patient care quickens the patient’s return to normal.

“God healed me. I was very sick, I got a wheelchair, and God helped me. I could not do it my way, but now everything is fine, and I thank my GOD and my family.”

Participants in the study gave credit to a divine force for their achievement of fitness and satisfaction.

4.2.3. Efforts to Achieve Self-Care

One outcome of effective rehabilitative care is increasing the patient’s ability to perform everyday activities and to maintain their independence as much as possible. However, in this study, few patients were able to achieve great success in returning to a productive, independent life. A number of patients said that they were pleased when their father, mother or spouse finally admitted the patient’s illness or disability and sought to support them in a return to an independent, productive life. Participants gradually regained the physical abilities necessary for independence and self-care activities.

“I can do my work alone now but learned that gradually. Early on, my family was very helpful in my functional independence and learned that to help someone is not to rely on them. I thanked God so much for reaching my goal.”

Participants stated that giving them the maximum independence will aid in efforts to gain to skills and abilities to take care of themselves and have a useful life. The patient’s abilities and experiences of other patients and training provided by caregivers and clinicians, such as doctors, nurses, counselors, occupational therapists, and physiotherapists, were earned.

4.3. Seeking Support

One theme derived from the participants’ experiences was support to return to normal life, divided into two subcategories: team support and peer support.

4.3.1. Team Support

Participants experienced support as important as they sought to return to normal levels of individual function. Care providers, such as doctors, nurses, and physiotherapists, are considered an important factor in their return to society.

Numerous participants and their support team, especially experienced nurses, acknowledged their cooperation and mutual efforts to regain optimal health and balance:

“Our recovery depends on the support of all members of the team, which, of course, is ideal. Presently we do not have this issue. When I was in the hospital, individual and unsynchronized, people would come in over my head physiotherapy nurses, nurse practitioners, physicians, and others say the things would be better if others were gone.”

Another participant stated:

“I was hospitalized for several days at a state hospital. Instead of teamwork, one day no one was on the list, but the orthopedic operating room was full. It is interesting to a random person like me who has no need for support, but for others, it was not.”

Participants tried different methods of support to admit their problems and return to normal life.

4.3.2. Peer Support

Participants reported that, when they met and talked with other victims, they felt less worry; “I totally connect with friends, all of them. One day, those who like me had been disabled met at the occupational therapy unit of the hospital met, and now we communicate with each other.”

For participants, their peers with similar disabilities had important and effective roles in their return to a normal life.

5. Discussion

Three main themes which express the experience structure of orthopedic trauma patients were extracted from the study results: existing with limitations, empowerment approaches in handling disabilities, and seeking support.

Existing with limitations was a major themes stated by study participants. Injury can affect patients’ familial, social, and psychological functions (6), and in this study, participants reported that various aspects of their family and personal lives have undergone great changes. The results of the current study were supported by the findings of Rus-sel Ogilvie (11).

Most participants with disability experienced the inability to resume their previous work and, for some, to perform the activities of daily living (11, 12). Disability caused
Empowerment strategies for coping with disability emerged as another theme of participants’ experiences. Efforts to achieve self-care have significant effects on quality of life because proper methods for coping with and adapting to disability could increase the possibility for rehabilitation (17, 18). Valizadeh’s findings (16) suggest that patients feel more comfortable while using adaptation strategies. For instance, social support and cohesion are considered to be important factors in adapting and coping with acute and chronic somatic disability (19).

Spirituality was another aspect of adaptation experienced by study participants. In the literature, spirituality generally refers to love, sympathy, care, a relationship with God, and the relation between the body, mind, and spirit. Spirituality is also defined as energy and power effective at promoting health and good sense (20-23).

Seeking for support was also a theme of the life experiences of patients with limb trauma. Evidence indicates that peer support groups promote patient recovery and allow the opportunity for patients to learn from others who have had the same experiences (24). When patients visit and talk with other patients with limb trauma, they report feeling less concern and isolation. Sometimes, participants in support groups expand their friendships in these meetings (24). The results of another study showed that trauma survivors struggled greatly to return to normal life and needed to receive support and security from their healthcare team, especially nurses (25). Strong social support also is an important component in successful adaptation by limb trauma patients (26). Participants in this study also experienced the need for social support in different dimensions of their life. These patients had experienced severe suffering due to disability, its outcomes, and a lack of adequate social protection in various areas. Strong social support plays an important role in adaptation with disability, protects patients against stress, and decreases the negative psychological results caused by physical disability (27).

5.1. Conclusion

In this study, the most important aspect of patients’ lives was a gradual movement from limitations into effective adaptation to their particular life style and its attendant outcomes. This way of living caused many problems, such as stress, disruption of occupational and family roles, and interference in personal freedom, but patients could adapt themselves to their new life. More attention and research on the problems of patients with limb disability is recommended to understand their experiences and provide needed guidelines in this area.

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Footnote

Authors’ Contribution: The study theme and design were selected by Kian Norouzi Tabrizi, Hamid Reza Khankeh, Soheil Saadat, Fatemeh Pashaei Sabet, Alireza Bastami, and Heidar Ali Abedi. Fatemeh Pashaei Sabet and Alireza Bastami conducted the interviews with participants. Data analysis and interpretation were performed by Fatemeh Pashaei Sabet, Kian Norouzi Tabrizi, Hamid Reza Khankeh, Soheil Saadat, and Heidar Ali Abedi. A critical revision of the manuscript for important intellectual content was done by Fatemeh Pashaei Sabet, Kian Norouzi Tabrizi, Hamid Reza Khankeh, Soheil Saadat, and Heidar Ali Abedi. The study supervisors were Kian Norouzi Tabrizi, Hamid Reza Khankeh, Soheil Saadat, and Heidar Ali Abedi.

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