



## Understanding and meeting information needs following unintentional injury: Comparing the accounts of patients, carers and service providers



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### ABSTRACT

**Objective:** To explore information needs of unintentional injury patients and their carers over time, across services, and how such needs are met from the perspectives of patients, carers and service providers.

**Methods:** Qualitative nested study within a multi-centre longitudinal study quantifying psycho-social, physical, occupational outcomes and service use and costs following a range of unintentional injuries. Semi-structured interviews conducted with 45 patients during the first year post injury, 18 of their carers and 40 providers of services.

**Results:** Patients and carers needed information about the nature and severity of injury, prognosis, self-management and further services. Information needs changed over time with the biggest difficulties being during transfer from primary to secondary care. Barriers to information provision included service providers' time limitations and uncertainty around information provision, and patients' reluctance to ask for information or inability to process it. Suggested improvements included provision of reassurance as well as factual information, information about further services, earlier follow-up, increased appointment times and greater involvement of families where appropriate.

**Conclusions:** The information needs of patients and carers post injury change with time and there are a number of ways to remove gaps and barriers in current provision to meet such needs.

**Practice implications:** Providing information on injury management, prognosis and available services and reassurance at each stage of the recovery process in secondary care and when transferring to primary care would be helpful for patients and carers. A follow-up contact soon after discharge and the opportunity to ask questions could be beneficial. Better information about the patient's needs and ways they can help could help carers fulfil their caring role.

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### Introduction

Unintended injuries are a leading cause of disability worldwide [1] with wide ranging social, psychological, physical and economic

consequences for patient, family, health services and society [2–4]. In the USA alone, in 2012, there were nearly 20 million ED attendances due to unintentional injuries among 15–69 year olds [4]. Yet post-injury information needs and provision are poorly understood.

Within illness, the importance of information in increasing patient engagement in care and adherence to treatment is well established [5], as is the significance of family engagement in enhancing recovery [6,7]. Studies demonstrate how lack of information inhibits patient involvement in treatment [8] and

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causes communication breakdown [9]. Barriers to effective patient–practitioner communication include conflicting information, lack of mutual understanding, mismatch between needs and provision, lack of aftercare and treatment information [10–14].

Most studies of post-injury information have focused on issues emerging from poor information provision [15–18] and links between inadequate information and patient anxiety and mental health [17,19,20]. Less is known about how patient and carer information needs change over time, provision of aftercare, treatment information or congruence between service provider, patient and carer perspectives.

This article presents analysis of qualitative data from the Impact of Injuries Study (IOIS) [21]; a longitudinal study in four UK centres of the social, psychological, occupational and economic impacts of injury among working aged adults ( $n = 668$ ). Patient, carer and service provider interview accounts are compared to identify gaps in information provision, contributory factors and to inform recommendations for practice.

## Materials and methods

### Settings and participants

Semi structured interviews were conducted with a subset of injured patients ( $n = 45$ ) with lower or upper limb or multiple

injuries, their carers ( $n = 18$ ), and providers of services used by patients ( $n = 40$ ) (see Table 1). Limb injuries were chosen to reflect the most common injuries experienced by study participants and multiple injuries to represent more severe injuries requiring greater coordination of care. All participants in the longitudinal study with these injuries were invited to participate in the qualitative study at one of three periods post-injury (1–4 months, 5–8 months or 9–12 months). We aimed to recruit four single limb injury patients per centre/period and an additional four multiple injury patients from one site per period. Maximum variation sampling using data collected in the longitudinal study (age, deprivation score, gender, social support levels (Crisis Support Scale), depression and anxiety (HADS), Post-Traumatic Stress (IES), alcohol (AUDIT) and drug use (DAST)) was used when more than four patients responded per centre/period. Interviewed patients were asked to identify a carer willing to participate in the study and all carers who volunteered were interviewed. Service provider sampling is described in full elsewhere [21,22] and involved a variety of methods to gain broad coverage across services and levels.

Interview schedules were developed through literature review, group discussions and previous research by the authors including the UK Burden of Injury Study [10,23]. Schedules were piloted on 2 participants from each group and confirmed as fit for use. Pilot interviews were included in the analysis. Interviews with all

**Table 1**  
Characteristics of qualitative study participants.

	Patients ( $n = 45$ )	Carers ( $n = 18$ )	Service providers ( $n = 40$ )
Type of sampling			
All participants	Quota sampling	All eligible identified by interviewed patients	Quota sampling
Actual recruitment			
Invited	169	27	500–700
Responded	72 (43%)	18 (67%)	47(9–7%)
Participated	45 (27%)	18 (67%)	40 (85%)
Gender			
Men	21 (47%)	8 (44%)	N/A
Women	24 (53%)	10 (56%)	N/A
Patient injury type			
Lower extremity fracture	26 (58%)	10 (56%)	N/A
Upper extremity fracture	8 (18%)	4 (22%)	N/A
Multiple injuries	11 (24%)	4 (22%)	N/A
Patient injury mechanism			
Falls/stumble/trip/jump	25 (56%)	10 (56%)	N/A
Road traffic collision	12 (27%)	4 (22%)	N/A
Other	8(18%)	4 (22%)	N/A
Time interval between injury and interview			
1–4 months	13 (29%)	–	N/A
5–8 months	17 (38%)	11 (61%)	N/A
9–12 months	15 (33%)	7 (39%)	N/A
Site			
Bristol	10(22%)	7(39%)	12(30%)
Loughborough	8(18%)	4(22%)	6(15%)
Nottingham	18(40%)	5(28%)	15(38%)
Surrey	9(20%)	2(11%)	7(18%)
Additional information			
	Age	Relation to patient	Profession & specialism
	Mean (SD)		
	52 (13%)	Spouse/partner/ex-partner 14 (78%)	Physiotherapists 9(23%)
		Other family member 2 (11%)	Occupational therapists 2(5%)
		Friend 1(6%)	Nurses 14(35%)
		Employer 1(6%)	GPs 3(8%)
			Hospital doctors 5(13%)
			Osteopaths 2(5%)
			Ambulance service staff 3(8%)
			Psychologist 1(3%)
			Voluntary sector manager 1(3%)

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