The role of social networks in supporting the travel needs of people after serious traumatic injury: A nested qualitative study

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Nicola Christie[a],[*], Sandra Braaf[b], Shanthi Ameratunga[c], Andrew Nunn[b], Helen Jowett[d], Belinda Gabbe[b]

[a] Centre for Transport Studies Dept. Civil, Environmental & Geomatic Engineering, Chadwick Building, Room 209 University College London Gower St, London WC1E 6BT, United Kingdom
[b] Monash University, 553 St Kilda Rd, Melbourne, VIC 3004, Australia
[c] Tamaki Building 730 - Bldg 730 Level 4, Room 438 Tamaki Campus Gate 1, 261 Morrin Rd St Johns, Auckland 1072 New Zealand
[d] The Royal Children's Hospital Melbourne, 50 Flemington Rd, Parkville, VIC 3052, Australia

ARTICLE INFO

ABSTRACT

This study explores the importance of social networks and transport for people who had experienced a traumatic injury three years earlier. Many participants found travelling difficult because of pain, discomfort, fatigue and mobility impairments caused by their injuries which led them to be highly dependent on being a passenger in cars driven by others, or on public transport and taxis, to meet their travels needs. After injury, participants' needs to travel were often high because they had to attend regular medical and physiotherapy appointments. They also needed to be able to travel to reengage with social activities. For those who used public transport or taxis, new challenges were faced in terms of the preplanning, lack of accessibility and availability of these modes. Participants that lived in rural areas with infrequent public transport keenly felt their dependence on others for transport as did those who were wheelchair dependent where car based travel was the only option. Participants described their dependence on others for travel as feeling they were a burden. For some participants their social network could not help with travel. This meant that they either did not travel or had to absorb the costs of taxis. Practical support from the Transport Accident Commission compensation scheme in terms of taxi vouchers were useful and appreciated. However, the service provided by taxis was perceived as costly and, at times, described as unreliable and unsafe. There were many hidden costs related to supporting the travel needs of injured people. Participants who could not travel and reengage with social activities felt emotionally low, isolated and vulnerable. Service providers need to consider injured people's ability to access support for travel, the availability of accessible transport and help with travel costs in order to support their physical and psychological recovery.

1. Introduction

The term social network describes both the informal relationships and connectivity between an individual and family and friends and the formal networks of other people who are important to a person such as colleagues at work etc. (Barnes, 1954). Social networks and the social support they provide are known to be important for health (e.g. Smith and Christakis, 2008; Berkman and Glass, 2000). Transport is known to play a major role in sustaining social networks by satisfying peoples need to be physically co-

present with members of their network (e.g. Urry, 2003; Cass et al., 2005). There is an increasing understanding of the nexus between transport, social interactions and health. Boniface et al. 2015 reviewed the evidence on the relationships between transport, social interactions and the consequences for health and wellbeing. They identified the importance of transport accessibility and trip making for wellbeing as it provides access to social networks and social participation. When access to transport is diminished this can lead to social isolation which negatively affects health and wellbeing. Moreover, research shows that access to transport is a mediating factor that facilitates mobility and social participation – acknowledged as key determinants of health and quality of life (Levasseur et al. 2015; SEU, 2003).

When a person's mobility is, or becomes restricted this can lead to social exclusion and poor health outcomes. For example, cessation of driving among older people has been linked to depression (Marottoli et al., 1997). Arguably, people who are ill or injured often experience a high need for transport not only to access health care but to tap into their social networks as these can facilitate recovery by providing emotional, psychological and practical support (Barclay et al. 2016; Prang et al., 2015). However, research has shown that transport issues can provide a major barrier to accessing health care (Cox et al., 2012; Syed et al., 2013). Similarly, people who have experienced a serious injury may experience challenges travelling because of impaired mobility (Lyons et al., 2011). Studies (Barclay et al., 2016; Carpenter et al., 2007) have shown that people who had a major trauma such as spinal cord injury found it difficult to access appropriate private or public transport, which was essential for them to reengage with social activities. People who travelled with a spinal cord injury had to expend considerable effort and energy and 'battled' to get to places only to find that the built and natural environments were inaccessible to them.

Research has shown the importance of social support for health and role of transport in accessing and maintaining those social support networks; however, few studies have explored, in detail, the role that social networks play in supporting the travel needs and desires of traumatically injured people whose mobility is impaired and the consequences of this for maintaining those social networks. This paper explores the importance of social networks in supporting the transport needs and desires of a sample traumatically injured people in Australia and the implications of this for managing their wellbeing at this time of change and vulnerability.

The study reported here was set in Victoria, Australia and was part of the REcovery after Serious Trauma—Outcomes, Resource use and patient Experiences (RESTORE) project which explored the recovery trajectories and impacts of injury of traumatically injured people. Between 2012–13 46,680 Australians were hospitalised because of an injury (Pointer, 2015). Each year approximately 3000 Victorians are seriously injured. This project used both qualitative and quantitative methods to gain a comprehensive overview of long-term patient outcomes and experiences at 3, 4 and 5 years post-injury.

2. Method

The methods of this project have been previously described in detail (Gabbe et al., 2015). Major trauma was defined as including any of the following: (i) death related to injury; (ii) an injury severity score (ISS) > 12; (iii) admission to an intensive care unit (ICU) for > 24 h and requiring mechanical ventilation for at least part of their ICU stay, and (iv) urgent surgery. For people injured in road or rail transport crashes, irrespective of fault, the Transport Accident Commission (TAC) provides compensation for treatment, rehabilitation, disability, income replacement and long-term support services.

The state of Victoria operates a regionalised trauma system, where pre-hospital and hospital services are integrated to ensure injured patients are delivered to the most appropriate facilities in the shortest possible time. The Victorian State Trauma Registry (VSTR) is a population-based registry capturing data about all major trauma patients in Victoria. The VSTR contains clinical and demographic information on all major trauma patients and is used to monitor the performance and effectiveness of the Victorian trauma system. All eligible cases are included on the registry unless they choose not to take part, which is less than 0.4% of participants (Cameron et al., 2005). In the 2014–15 financial year, the VSTR recorded 3073 hospitalised major trauma patients managed by the Victorian State Trauma system. (Department of Health, 2014).

The study was approved by the Monash University Human Research Ethics Committee and participating trauma-receiving hospitals. Two adult hospitals and one pediatric hospital are designated major trauma services that manage and provide definitive care to seriously injured people. To be eligible for the study, patients needed to be 16 years or older, registered with the VSTR with a date of injury from 1 July 2011 to 30 June 2012, survived to hospital discharge, and not have withdrawn their consent to be part of the registry. Due to resource constraints, we could only interview English-speaking participants. After completing the structured 3-year follow-up interview, an invitation was extended to participate in an in-depth interview.

For the RESTORE project 2757 adult patients were followed-up 36-months post-injury. Of these patients, there were 333 in hospital deaths and 2424 survivors to discharge. A further 222 patients had died post-discharge by 36 months. Of the 2202 adult survivors at 36 months, 1850 responders were asked if they were willing to participate in an in-depth interview. Two hundred and ninety-eight adults expressed an interest, and of these 114 were purposively selected. Those who agreed were purposively sampled based on age, gender, compensation status, residential location (metropolitan or regional), and whether they received care at a major trauma service or not. Using a topic guide, three experienced interviewers performed the interviews between July 2014 and July 2015. Open-ended questions explored areas such as the modes of transport used, any changes in transport since the injury, any impacts on home, community, work and social participation, and any relationships affected since the injury. Participants' responses directed any subsequent prompts or questions. Most interviews took between 30 and 60 min to complete. All interviews were audio recorded and transcribed and verbal consent to participate was recorded at the start of the interview.

Thematic content analysis (Braun and Clarke, 2006) was conducted on the data using NVivo software where we selected all quotes that mentioned transport and within those we coded where this was linked to social networks. This involved a number of stages. Firstly, the researchers immersed themselves in the data by reading the transcripts several times and making initial notes to develop a