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Review

Life quality and rehabilitation after a road traffic crash: A literature review



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ABSTRACT

Road traffic injuries continue to pose a worldwide threat to health and well-being of people. In European Union, for example, each year more than 25,000 people are killed and 1.4 million people are injured or disabled in road traffic crashes (RTCs). Additionally, families of RTC victims and their lives are affected emotionally, socially, psychologically, and economically. It should be noted that as in the beginning of 1990s, however, the majority of available literature is focused on the pre-RTC factors (e.g., prevention) rather than the post-RTCs (e.g., the rehabilitation of severely injured) period. As a result, disproportionately greater weight is attached on the pre-RTCs internationally whereas little is known about the psycho-social and economic burden of the post-RTCs period. In this paper, a literature review including the years 1990–2013 was conducted on the publications about post-RTCs period to investigate the possible problems that prevents studying the life quality and rehabilitation after RTCs. Trauma, traffic, injury, rehabilitation, and satisfaction (related to the services and process) were used as keywords and Scopus database (www.scopus.com) was used for searching. In the first step, 443 publications were obtained. Among 443 publications, 75 publications were recorded as relevant. In addition, three publications were suggested by co-authors and 37 publications were obtained by a book source suggested by the reviewer. A total number of 114 publications are presented and evaluated under different components or “stages” of the post-RTCs’ period related to rehabilitation as (a) service utilization indicators (e.g., length of care) and service satisfaction indicators (e.g. satisfaction from services), (b) morbidity indicators (e.g., injury patterns), (c) quality of life indicators (e.g., physical and psychological well-being indicators), (d) social network indicators (e.g., type and frequency of informal care provided by family members), and (e) cost indicators (e.g., overall expenditure). The overall evaluation of the publications in literature, possible implications, suggestions, and future directions were discussed.

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1. Introduction

Road traffic injuries are one of the major factors which are the leading cause of death globally. According to The Global Status Report of World Health Organization including data from 182 countries, 1.24 million people are killed per year due to road traffic accidents (WHO, 2013). There are considerable regional differences between countries in road traffic fatalities and injuries. It should be noted that, for example, the low and middle-income countries are overrepresented in the road traffic fatalities/injuries. Even in European Union mostly including high-income countries, each year more than 25,000 people are killed and 1.4 million people are injured or disabled related to a road traffic accident (CARE, 2016). Additionally, families of RTC victims and their lives are affected emotionally, socially, psychologically, and economically. It is also well-known that, for instance, men, adolescents, and pedestrians are in more risk of being injured or killed than women, other age groups, and other road user groups (e.g. Odero, Garner, & Zwi, 1997). Especially, children are more likely to be at traumatic and psychological risk following a road traffic crash (RTC). (e.g., Ellis, Stores, & Mayou, 1998; Javouhey et al., 2006).

While the immediate costs of RTCs are routinely estimated (e.g., Al-Masaeid, Al-Mashakbeh, & Qudah, 1999; Elvik, 2000; Zaloshnja, Miller, Council, & Persaud, 2006), the psycho-social and socioeconomic costs of RTCs or the long-term effects on the individuals and total costs for the national budgets have been studied much less (e.g., Andersson, Dahlbäck, & Bunketorp, 2005). Despite the developed emergency medicine and hospital care in most countries, there is either a lack of first-aid services addressing in a systematic way the psycho-socio-economic needs at post-traumatic stage or the after RTC effects are treated separately by different disciplines or sectors, usually without a plan or interdisciplinary and inter sectorial collaboration (e.g., hospitalized services, social services). This also seems to be reflected in the majority of available literature. The main focus may be on the pre-RTCs (e.g., prevention) (e.g., Al-Naami, Arafah, & Al-Ibrahim, 2010; Rochette, Conner, & Smith, 2009) rather than the post-RTCs (e.g., the rehabilitation of severely injured). Thus, disproportionately greater weight is attached on the pre-RTCs internationally whereas little is known about the psycho-social and economic burden of the post-RTCs period. The present paper focuses on the post-RTCs period. The aim of the present paper is, therefore, to summarize the relevant literature in a structured (i.e., stage-based) manner to suggest implications for improving recovery and rehabilitation following a RTC.

It should be noted that the content, process, and effectiveness of apriori “stages” of the post-RTCs’ period may include some differences between and within countries. While the post-RTC stages may show heterogeneity across countries and regions, on the other hand, the “stages” of the post-RTCs related to rehabilitation start only in case of a significant accident and, thus, the starting point (accident) is universally the same.

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