



## **Lived Experiences of Road Traffic Accident Victims on Rehabilitation Counselling at A Selected Orthopedic Hospital in Lusaka District, Zambia**

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### **Abstract**

*The paper presents experiences of road accidents victims in terms of the rehabilitation counselling they received. An interpretative phenomenological design was used. To this effect, twenty participants were interviewed. The results indicated that rehabilitation counselling was viewed to be very important in helping the victims of road traffic accidents to live and cope with life after an accident. Although the victims acknowledged the importance of rehabilitation counselling they received, most of them experienced the need for qualified rehabilitation counsellors. In addition, victims needed counsellors to talk to them when they were in hospital ward or during hospital reviews. Participants added that they experienced inadequate supportive aids. Based on the findings, there was need that the Ministry of Health formulates a policy for every hospital to have trained rehabilitation counsellors. Additionally, the hospital should ensure that victims of road traffic accident have access to walking aids such as wheel chairs, artificial limbs, orthoses, and crutches to ensure that they are accorded an opportunity to live a meaningful life.*

**Keywords:** *Counselling, Accident victims, Rehabilitation counselling*

## INTRODUCTION

The paper discusses lived experiences of road traffic accident victims on rehabilitation counselling they received at one of the orthopedic hospitals in Lusaka District of Zambia. Due to road traffic accidents being ranked the highest cause of physical disability and death in Zambia, there was need to understand lived experiences of road traffic accident victims on the importance of rehabilitation counselling received at one of the orthopedic hospitals in Lusaka district.

Rehabilitation is a process aimed at enabling people with disabilities to reach and maintain their optimal physical and sensory, intellectual and social functional levels in society [1], [2] while counselling has been described as a mutual process of helping a person/s in need of help and is done by a trained counsellor [3]; [4]. As posited by [5] and [6] persons with disability face a number of challenges due to disability thereby necessitating rehabilitation counselling. Consistent with [1] rehabilitation counselling aims at removing or reducing as much as possible the restrictions on the activities of persons with disabilities, enabling them to become more independent and enjoy the highest possible quality of life.

Road traffic accidents victims were selected to provide their lived experiences on rehabilitation counselling they received because the Government of the Republic of Zambia Auditor General's report of 2015 on measures to reduce road traffic accidents indicated that road traffic accidents ranked highest cause of physical disabilities and death in Zambia. In 2017, for instance, Lusaka province Road Traffic and Safety Agency (RTSA) recorded the highest number (15,195) of road traffic accidents in Zambia. This implies that the number of people with physical disabilities requiring rehabilitation counselling is high in Zambia and Lusaka district in particular. As far as 2004 [8] acknowledged the importance of rehabilitation counselling to persons with disability. It helped persons with disabilities to come to terms with their disability. [9] reported that a study by [10] surveyed certified rehabilitation counsellors to examine the importance of knowledge areas underlying credentialing in rehabilitation counselling and they identified four essential domains: (a) job placement, consultation, and assessment; (b) case management and community resources; (c) individual, group, and family counselling and evidence-based practice; and (d) medical, functional, and psychosocial aspects of disability. The research argued that these areas could benefit clients of rehabilitation counselling to cope with disability. Similarly, [11] found that in general, counselling was viewed to be important in addressing stress in Zambia's teachers. The teachers who received counselling reported improved social economic status, health, work place performance, and better understanding of themselves and their learners. Additionally, [12] found that students who accessed guidance and counselling services exhibited acceptable behaviour in various aspects of their lives. If guidance and counselling could help to change behaviour of students, could it not also be helpful in the road traffic accidents victims? However, lived experiences of road traffic accident victims on the rehabilitation counselling received in Lusaka district remained unknown. [13] conducted a qualitative focus group study informed from the theoretical perspective of phenomenology of patients' and physiotherapists' experiences of rehabilitation following lumbar discectomy. Results showed that patients and physiotherapists perceived the study patient leaflet and 1:1 physiotherapy intervention as high quality and valuable. Patients' personal priorities, for example, their need to return to work influenced their

preferences for rehabilitation interventions following surgery. In relation to this study there is need to understand the lived experiences of road traffic accidents victims in terms of the importance of rehabilitation received and cross check it with the views of the counsellors and physiotherapists on the phenomenon.

In terms of competencies of counsellors providing rehabilitation counselling,[8] revealed seven major job functions as central to the professional practice of rehabilitation counseling that included: (a) vocational counselling and consultation, (b) counseling interventions, (c) community-based rehabilitation service activities, (d) case management, (e) applied research, (f) assessment, and (g) professional advocacy. In 2010, six competence areas were identified by [14] as important and frequently used in rehabilitation counselling: (i) vocational counselling, (ii) professional practice, (iii) personal counselling, (iv) rehabilitation case management, (v) workplace rehabilitation case management, and (vi) workplace intervention and programme management. Similar views were cited by [15]. Are these competencies similar with what was offered by the rehabilitation counsellors at the hospital? However, [16] found that in Zambia's schools due to inadequate training, instead of school counsellors easing stress on learners, they made it worse by breaching confidentiality. [4] also found that school counsellors were not familiar with sign language but went ahead to counsel deaf pupils even when there was visible communication breakdown. The researchers wondered if this was the case in rehabilitation counselling. Based on this background, there was need to establish lived experiences of road traffic accident victims on how important they considered rehabilitation counselling received at one of the hospitals in Lusaka district of Zambia.

**Statement of the problem:** Road traffic accidents were ranked highest as the cause of physical disabilities and death in Zambia and Lusaka in particular [17], thereby necessitating provision of rehabilitation counselling. However, lived experiences of road traffic accident victims on rehabilitation counselling they received remained unknown. There was need therefore, to understand lived experiences of road traffic accidents victims on how important they considered rehabilitation counselling they received at one of the orthopedic hospitals in Lusaka district of Zambia.

**Purpose of the study:** the study sought to understand lived experiences of road traffic accidents victims on how important they considered rehabilitation counselling they received at one of the orthopedic hospitals in Lusaka district of Zambia.

**Study question:** The question that guided the study was; what were the lived experiences of road traffic accidents victims in terms of importance of the rehabilitation counselling they received at the orthopedic hospital in Lusaka district of Zambia?

## METHODOLOGY

### Research design

Since there was need to have in-depth understanding of how the road traffic accident victims experienced the rehabilitation counselling, how they judged it, felt about it or talked about it with

others, an interpretative phenomenological design was used to guide the study. Agreeing with [18] meanings attached to participants' experiences are key in phenomenological studies. Similarly, one of the issues this study also sought to understand were meanings attached to certain experiences of road traffic accidents' victims in terms of importance of the rehabilitation counselling they received.

**Sample:** A homogeneous purposive sample was chosen. In line with [19] homogeneous purposive sample is one that is selected for having a shared characteristic or set of characteristics. In relation to this study, road traffic accidents victims who received rehabilitation counselling at one of the orthopedic hospitals formed a homogeneous sample which met the purpose of this study. Thus, the sample chosen were participants who had received rehabilitation counselling and were victims of road traffic accidents. These were expected to provide in depth experiences, meanings, judgement, feelings and perceptions about the rehabilitation counselling they received. In addition, physiotherapists and counsellors were included in the sample for purposes of data triangulation.

**Sample size:** In terms of size of the sample, in qualitative studies it is not pre-determined. Similarly, [20] established that size of the sample in qualitative studies was arrived at when no new themes were observed in the data. As such, the authors targeted to interview 15 road traffic accidents' victims, three counsellors and two physiotherapists. It was realized that at the eighth interview with road traffic accidents' victims, saturation was reached. [21:59] state that data saturation is the point when "no new information or themes are observed in the data." [22] described four models of saturation (see table 1), each of them with its specific purpose. These models guided in choosing the appropriate model for this study.

Table 1: Models of saturation and their principal foci in the research process

Model	Description	Principal focus
1. Theoretical saturation	Relates to the development of theoretical categories; related to grounded theory methodology	Sampling
2. Inductive thematic saturation	Relates to the emergence of new codes or themes	Analysis
3. A priori thematic saturation	Relates to the degree to which identified codes or themes are exemplified in the data	Sampling
4. Data saturation	Relates to the degree to which new data repeat what was expressed in previous data	Data collection

Since this study focused on data collection, data saturation model was used. Data saturation model shows the degree to which new data repeat what was expressed in previous data.

In order to have data that is trustworthy, interviews went up to the fifteenth victim. The three counsellors and two physiotherapists were included in the sample for purposes of cross-checking

views of road traffic accidents' victims. The sample size of twenty participants is consistent with the views of [23] who found that in a phenomenological research, the size of the participants can be between 2 and 25. The sample that was selected was therefore adequate for this study.

**Sampling procedure:** Since the study sought to select participants with similar characteristics that met the purpose of the study, homogeneous purposive sampling procedure was used. According to [19] there are seven types of purposive sampling techniques with different purposes. These are: homogeneous purposive, maximum variation/heterogeneous sampling, typical case sampling, extreme/deviant case sampling, critical case sampling, total population and expert counselling procedures. Apart from the homogeneous purposive sampling procedure, the other purposive sampling procedures were analysed and not found appropriate to the purpose of this study.

**Instruments:** Semi-structured interview guide was used to collect data from the sample. The instrument was chosen because it allows for follow up questions which enables in-depth understanding of the phenomenon being studied.

**Procedure for data collection:** Semi-structured interviews were conducted with the road traffic accidents victims to establish their lived experiences about the rehabilitation counselling they received at the hospital.

**Data analysis:** thematic analysis was used to analyse the data. Thus the following six steps suggested by [24] guided the study. Familiarization, generating initial codes, searching for themes, reviewing the themes, defining and naming the themes and finally writing the report.

The first step in analysis the data was familiarisation with the data. Transcription, re-reading of the data and noting down initial codes was done in order to familiarize ourselves with the data. Thereafter, initial codes were generated and systematically assigned to interesting features of the data set. The third step was to search for themes. This was done by gathering all data relevant to each potential theme. Step four of data analysis involved reviewing the themes. This was done by checking if the themes related with the coded data extracts and the entire data set. This was followed by the fifth step which involved defining and naming themes. This was done by an ongoing data analysis to refine each theme. The sixth step was report writing. This stage provided final opportunity for data analysis by selecting appropriate extracts, relating them to the research questions and reviewed literature.

## FINDINGS

The study sought to understand lived experiences of road traffic accidents victims on how important they considered rehabilitation counselling they received at the orthopedic hospital in Lusaka district of Zambia. The findings are presented according to the themes generated.

**Importance of rehabilitation counselling received:** The results indicated that rehabilitation counselling was viewed to be very important in helping the victims of road traffic accidents to live and cope with life after a disability. V01 had this to say; “to me, rehabilitation counselling is very important.” In following up the view, a follow up question was asked. C01: “Why do you consider rehabilitation counselling to be very important to you?” in response V01: said,

It helped me to come to terms with my disability. You can understand that I did not know how I was going to live my life over again. Due to rehabilitation counselling I received at the hospital, I accepted that I had a disability and started thinking of getting back to my life and I am now coping with it. (V01)

V03 explained her experiences as follows:

I was thinking of committing suicide when I discovered that my hand was amputated. My thoughts were how was I am going to work with one hand, drive and do other daily activities? Rehabilitation counselling played an important role in helping me to see other options that could help me manage my life again. Due to rehabilitation counselling I received, all my suicidal thoughts are now gone to the point that sometimes, I even forget that I have a disability. (V03)

To further explain that rehabilitation counselling was important to the road traffic accidents' victims, V06 described his experiences as follows:

*I lost my arm in a road traffic accident and got admitted to the hospital. I got very stressed because of the loss of my hand. The medical doctors and nurses assured me that I would recover. They pointed me to other road traffic accident victims who had their hand or legs amputated and were coping in artificial limbs. I told myself I will recover and use the artificial hand.*

In seeking to verify data from the road traffic accidents' victims, rehabilitation counsellors were also interviewed. They all agreed that rehabilitation counselling was important to road traffic accidents' victims. To this effect, C01 said, “rehabilitation counselling is important to road traffic accident victims because it provides counsellors an opportunity to help the victims to come to terms with the stress caused by the accident and having disability.” In addition, C02 explained that “*rehabilitation counselling helps road traffic accident victims during the process of recovery to regain their self-esteem and confidence.*”

C03 also considered rehabilitation counselling to be important to road traffic accidents' victims. To this effect, he said that,

when the road traffic accident victims are admitted to hospital, they usually show signs of suicidal ideas. Others get so depressed because they do not know how they will cope with the disability. Rehabilitation counselling is important because it helps them to realise that it is not the end of everything. It also helps them to change their mind set about how they will cope with the disability. (C03)

**Competency of rehabilitation counsellors:** Although the road traffic accidents' victims and counsellors acknowledged the importance of rehabilitation counselling, other participants in the study reported the need for qualified rehabilitation counsellors. The experiences of V05 were, "the hospital has good services but it could do better if they had more counsellors specifically trained in rehabilitation counselling. Most of the counsellors are priests and sisters and who usually offer spiritual counselling." In verifying truth of this view about the complaint of the road traffic accidents' victims, one of the physiotherapist (PHY01) who was also providing rehabilitation counselling was interviewed. In response he said, "I am a physiotherapist but I also play a role of a rehabilitation counsellor. I am not trained in rehabilitation counselling. It could be better if the hospital had qualified people in rehabilitation counselling." Clearly, there is need for qualified rehabilitation counsellors. In addition, since physiotherapists deal with road traffic accidents' victims in providing physiotherapy, their curriculum while in training should include rehabilitation counselling.

**Need for counselling:** Road traffic accident victims expressed the need for a counsellor talking to them in the hospital ward or during hospital reviews as a way of rehabilitating them after an accident. To this effect, V09 said that, "I did not receive rehabilitation counselling in hospital. I would have loved to have been helped by counsellors." In seeking to understand why some road traffic accident victims did not receive rehabilitation counselling in hospital, a question was asked to counsellors. In response, C02 said, "some of the victims are brought to the hospital in a critical condition and we do not offer rehabilitation counselling to such people."

**Adequacy of supportive aids:** In terms of adequacy of supportive aids the participants felt that the available supportive aids were not adequate. In support, one participant (PHY02) said,

at times we experience inadequate supportive aids. In the physiotherapy department, we have supportive aids such as bicycles, Trojans, quadriceps, hot stepper legs, treadmills, physio balls and pulley. In addition, there are boards, wheel chairs, crutches and walking frames. These supportive aids at times are not adequate. I feel we can receive some more if well-wishers want to support the hospital so that every time we have adequate supportive aids.

**Feelings about the rehabilitation counselling received:** It was reported by the recipient of the rehabilitation counselling that they were happy with the rehabilitation counselling they received. For example, one of the road traffic accident victims (V09) said, "I am happy with the rehabilitation counselling I received at this hospital because the counsellors and medical personnel assured me of recovery." Similarly, V02 said,

I am happy with the rehabilitation counselling I received because, I was counselled about my condition and what was expected after surgery. The medical personnel arranged for family counselling to help my family understand how my life will be after a surgery.

## **DISCUSSION**

The study sought to understand lived experiences of road traffic accidents victims on how important they considered rehabilitation counselling they received at the orthopedic hospital in Lusaka district of Zambia. The discussion brings out experiences of the rehabilitation received through the themes derived from the voices of participants. For purposes of data triangulation experiences of victims, counsellors and medical personnel/physiotherapist are reported.

### **Importance of rehabilitation counselling received**

The results indicated that rehabilitation counselling was viewed to be very important in helping the victims of road traffic accidents to live and cope with life after a disability. These results are supported by road traffic accidents' victims, counsellors and physiotherapists. Being involved in an accident and losing a part of their body brought worries as to how they would cope with their lives thereafter. Rehabilitation counsellors helped the victims come to terms with the disability. Similarly, Chan et al. (2004) and Ndhlovu et al. (2015) acknowledged the importance of rehabilitation counselling to persons with disability. They indicated that it helped persons with disabilities to come to terms with their disability. This implies that rehabilitation counselling was indeed important to people who had been involved in road traffic accidents and had disability. Evidence was seen in victims who were amputated and given artificial limbs to continue with daily activities. Even victims whose limbs were not replaced artificially also found a way of coping with the disability and made use of other body parts to carry out activities of the lost limb. Some of the victims were in formal employment while others owned businesses therefore acquiring a disability worried them on how they would cope with the disability and provide for themselves and their families. For this reason, rehabilitation counselling was important in making the victims realise that disability is not inability and helped them to get back to their normal economic activities and consequently made them economically stable again.

### **Competency of rehabilitation counsellors**

The victims in the study mentioned that usually they were given rehabilitation counselling at the hospital by the clergy because the hospital did not have trained rehabilitation counsellors. Although the victims acknowledged the importance of rehabilitation counselling they received, they also reported the need for qualified rehabilitation counsellors. In contrast, Catalana et al. (2004) revealed seven major job functions as central to the professional practice of rehabilitation counselling that included: (a) vocational counseling and consultation, (b) counseling interventions, (c) community-based rehabilitation service activities, (d) case management, (e) applied research, (f) assessment, and (g) professional advocacy. In addition, six competence areas were identified by Matthews et al. (2010) as important and frequently used in rehabilitation counselling. These were: (i) vocational counselling, (ii) professional practice, (iii) personal counselling, (iv) rehabilitation case management, (v) workplace rehabilitation case management, and (vi) workplace intervention and programme management. Due to these specific competence areas required by rehabilitation counsellors, it was important that rehabilitation counsellors at the study hospital were trained in these areas in order to adequately offer the services to victims of



road traffic accident. For instance, vocational counselling offered by rehabilitation counsellors can help in counselling victims to identify careers that suit their abilities and get training and consequently earn a living despite having a disability. In addition, training in community-based rehabilitation counselling can help in follow-up sessions with discharged victims from the hospital. It implies that counsellors ought to check with the progress made by the victim and how they are coping with the disability. Rehabilitation counsellors are also key to boost the self-esteem of victims who develop negative attitude towards themselves as a result of acquiring a disability. As seen from the findings, evidence suggest that rehabilitation counselling helps road traffic accident victims during the process of recovery to regain their self-esteem and confidence which helps in day to day living. As such there is need to have trained rehabilitation counsellors to provide rehabilitation counselling to clients.

### **Need for counselling:**

Road traffic accident victims expressed the need for a counsellor talking to them in the hospital ward or during hospital reviews as a way of rehabilitating them after an accident. Being involved in an accident and discovering that it has resulted in acquiring a disability can be quite depressing and stressful for victims. For this reason, rehabilitation counselling should be given to road traffic accident victims because it provides counsellors an opportunity to help the victims to come to terms with the stress caused by the accident and having a disability. In line with this study, Ndhlovu et al. (2015) found that counselling was viewed to be important in addressing stress in Zambia's teachers. In their study, teachers who received counselling reported improved social economic status, health, work place performance, and better understanding of themselves and their learners. This implies that generally offering appropriate counselling to people in need of the service is key to improve their lives. In another similar study Leahy et al. (2013) surveyed certified rehabilitation counselors to examine the perceived importance of knowledge areas underlying credentialing in rehabilitation counseling and they identified four essential domains: (a) job placement, consultation, and assessment; (b) case management and community resources; (c) individual, group, and family counseling and evidence-based practice; and (d) medical, functional, and psychosocial aspects of disability. Their research argued that these areas could benefit clients of rehabilitation counselling to cope with disability. For this reason, the need for trained rehabilitation counsellors in the hospital cannot be over emphasised because there is sufficient evidence that points to many technical roles that they play to help an accident victim come to terms with the disability and function normally in their environment.

### **Adequacy of supportive aids:**

Findings of this study showed that there were inadequate supportive aids for accident victims in the physiotherapy department. Due to this factor, the pace at which the victims were rehabilitated was somehow reduced because they did not have all the supportive aids needed to help them carry out the activities. This implies that the road traffic accidents' victims remained with restrictions. This could be the reason for Mandyata et al. (2017) to say that rehabilitation counselling should aim at removing or reducing as much as possible the restrictions on the activities of persons with disabilities and enabling them to become more independent and enjoy the highest possible quality of life.

### **Feelings about the rehabilitation counselling received**

It was reported by the recipient of the rehabilitation counselling that they were happy with the counselling they received. Some counsellors expressed concern that when the road traffic accident victims were admitted to hospital, they usually showed signs of suicidal ideas but after counselling the situation changed. For this reason, rehabilitation counselling is important because it helped victims of road traffic accidents to realise that it was not the end of everything, there was still a lot of hope on what they could do despite having a disability. Evidence from the findings also showed that participants felt rehabilitation counselling helped the victims to change their mind set about how they would cope with the disability for the rest of their lives. Victims that were counselled acknowledged that the counselling they received helped them to understand and embrace the situation and live happy again. Similarly, Ndhlovu and Kasonde-Ng'andu (2011) revealed that persons with disability face a number of challenges due to disability thereby necessitating rehabilitation counselling. This could be the reason for feeling happy with the rehabilitation counselling received. In addition, it implies that the rehabilitation counselling received met their needs.

### **CONCLUSION AND RECOMMENDATIONS**

This sections presents conclusion and recommendations based on the findings of the study.

#### **a) Conclusion**

This study concludes that rehabilitation counselling is very important in helping the victims of road traffic accidents to live and cope with life after a disability. In addition, despite the need for trained rehabilitation counsellors, road traffic accidents' victims were happy with the rehabilitation counselling received.

#### **b) Recommendations**

Based on the findings, there was need for hospital to have trained rehabilitation counsellors. Additionally, the hospital should ensure it has adequate supportive aids.

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