College of Medicine

Psychosocial Care for Road Traffic Injury Patients: An Exploration of Service Provision to Patients Attending Orthopaedic Clinic at Queen Elizabeth Central Hospital in Blantyre, Malawi.

By

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(Bsc Mental Health-Psychiatric Nursing)

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DECLARATION

I, **Maclean Grace Chingwalu** hereby declare that this dissertation is my unaided work (except where acknowledgements indicate otherwise) and it has never been submitted at any other institution of tertiary education or examining body for academic purposes.

Signature: 

Date : 30th March, 2022.

CERTIFICATE OF APPROVAL

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ABSTRACT

Every year the lives of approximately 1.35 million people globally, are cut short as a result of a road traffic crash. Road traffic accidents are responsible for different types of injuries and disabilities which affect the individual's quality of life as they may suffer limitations in physical, social and mental well- being. However, the nursing practice at QECH does not focus much on psychosocial wellbeing of patients. This study therefore, explored the provision of psychosocial services to patients with road traffic injuries attending Orthopaedic clinic at Queen Elizabeth Central Hospital in Blantyre, Malawi. Literature shows that psychosocial care in patients with orthopaedic injuries is important as it involves collaboration between health care professionals as well as multidisciplinary care. This was a qualitative study employing a phenomenological design which focused on nurses, caregivers and patients. A purposively selected sample of 20 adult patients, who were attending adult orthopaedic clinic at QECH were interviewed. The sample was selected from orthopaedic patients attending clinic at QECH. Data analysis was done manually by following principles of thematic content analysis. Psychosocial issues are not recognized and nurses focus their care on Bio-physiological issues. Over 75% of the participants felt that delay to go to theatre lengthened their stay in hospital which further affected the patients psychosocially since their financial resources became depleted more and more. Holistic approach to patients' care is necessary to provide psychosocial care to orthopaedic trauma patients. There should be development of standardized guidelines which will include psychosocial care in dealing with orthopaedic trauma patients.

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ABBREVIATIONS AND ACRONYMS

COMREC	College of Medicine Research Ethics and Committee
DALYs	Disability Adjusted Life Years
DRC	Democratic Republic of Congo
IDI	In-depth Interview
MH	Mental Health
MOH	Ministry of Health
NCDs	Non-Communicable Diseases
PRE-OP	Preoperative
POST-OP	Postoperative
RTA	Road Traffic Accident
QECH	Queen Elizabeth Central Hospital
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Road traffic accidents are responsible for different types of injuries and disabilities which affect the individual's quality of life as they may suffer limitations in physical, social and mental health therefore they continue to impose a significant burden on the health care systems of resource -limited countries such as Malawi. This research study explored the service provision to patients who are attending orthopaedic clinic at Queen Elizabeth Central hospital in Blantyre. The paper has five chapters which include introduction, methodology, presentation of results, discussion of results and recommendations.

Chapter one of this paper presents the global and national burden of road traffic injuries and it also highlights how the biopsychosocial health model impacts the management of orthopaedic conditions. The chapter includes background information, statement of the problem, review of literature, justification of the study, study objectives and conceptual framework on which this thesis is based.

1.2 Background Information

Every year the lives of approximately 1.35 million people, globally are cut short as a result of a road traffic crash (1) . The World Health Organization reports that because of road traffic accidents between 20 to 50 million people sustain non-fatal injuries, with many incurring a disability as a result of their injury and these occupy 30 to 70 percent of orthopaedic beds in developing countries' hospitals (1). More than 90% of

road traffic deaths occur in low and middle-income countries and these deaths are highest in the African region. Even within the high income countries, people from lower socio-economic backgrounds are more likely to be involved in road traffic crashes(1). According to the 2015 Global Status Report on road safety, the WHO African Region had the highest rate of fatalities from road traffic injuries worldwide at 26.6 per 100,000 population for the year 2013 and over 90% of DALYs lost from road traffic injuries occurred in low and middle income countries which have 47% of the world's registered vehicles (3). **(See figure 1)**

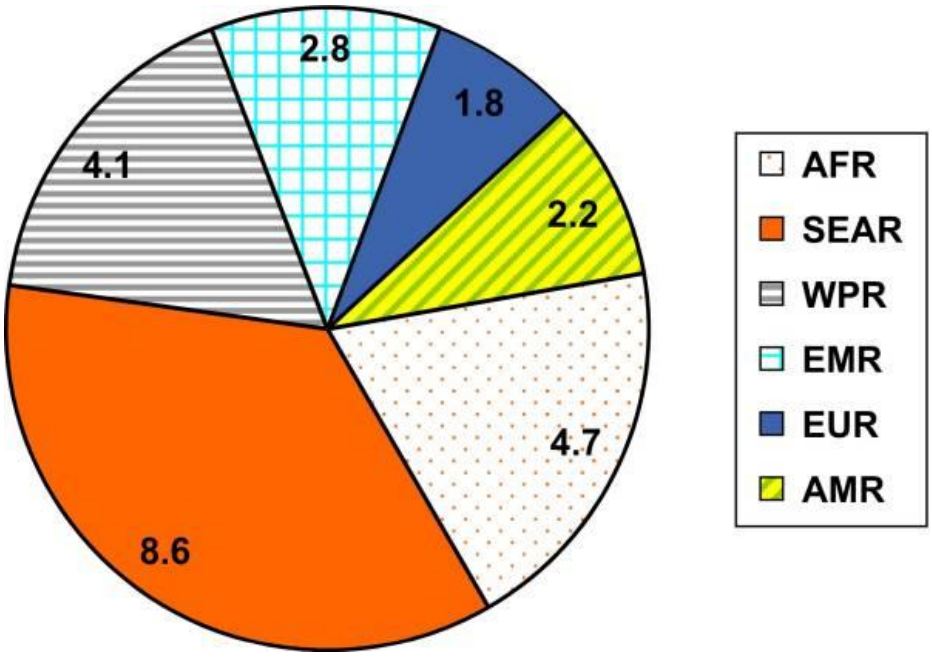

Figure 1: Chart Depicting Road Traffic Injuries for WHO Regions adapted from (Paniker J, Graham SM, Harrison JW. Global trauma: the great divide. SICOT-J. 2015;1. doi: 10.1051/sicotj/2015019)

Road Traffic Injuries are a common cause of hospital visits in Malawi and they are also the leading cause of adult related fatalities (3). In a study which was done at

Kamuzu Central Hospital by Kohler et al, it was discovered that limited mobility due to road traffic injuries lead to unplanned long term disruptions in work, personal financial loss and household economic hardship(3). Eventually these affect overall quality of life. The direct economic costs of global road crashes have been estimated at 518 billion United States dollars with the cost in low and middle income countries estimated at 65 billion United States, exceeding the total annual amount received in development assistance (4).

Several large prospective studies have examined long time outcomes of injury. Despite these differences, a consistent picture emerges that most severely injured patients are not fully recovered twelve to eighteen months post injury. Apart from determining mechanism of injury, assessment of patient's social and professional status to identify potential problems that might affect treatment and rehabilitation is also necessary and psychosocial care is part of this rehabilitation.

While information on road traffic deaths is available in most European countries, there is no systematic information which can be compared on health of survivors. According to European Federation of Road Accidents Victims, it is estimated that a minimum of 150,000 survivors in road crashes sustain permanent disability in European countries every year but data on the long term health consequences of road traffic injury is not collected on a systematic basis (5). Less serious but more common are injuries to the ankles, knees and the cervical spine which can result in chronic physical pain and limit an injured person's physical activity. The resulting disability from road traffic crashes

in adult population often leaves working age men and women with a diminished capacity to care for the families and decreased ability to contribute meaningfully to the nation's development (5). In 2019, Noura Almutairi and Mohammed Abdulrahman published a study in International Journal of Medicine in Developing countries which demonstrated 42.9% of severely injured patients reported have an impact on their social life. Besides, 57% of those affected have been or were still suffering from a psychological disorder (6). All these findings point to the psychosocial consequences of road traffic injuries that the impact and burden of road traffic injuries extend to the family of the victim. A significant decrease in the standard of living and quality of life were reported by 85% of disabled victims (6).

In-depth studies of patients attending hospital with fractures to the upper and lower limbs had some form of disability four years after the crash and these road crashes result in a variety of long term psychiatric and psychosocial problems (5). Mental health services have historically been underutilized by orthopaedic specialists and therapists despite evidence that orthopaedic injuries result in significant psychopathology(5). Parkinson et al published a study in South African Medical Journal in 2013 and this study demonstrated the significant injury burden associated with road traffic crashes to patients at a regional hospital in South Africa and confirmed that really, these patients are economically active and that there is significant loss of economic activity associated with road traffic crashes (7). So these patients, because they are not as productive as before, they may become psychologically and psychosocially affected. In a study which was done in Tanzania

by Sonya Davey et.al regarding perceived burden, it was found that 73.7% of patients reported that their injury health care costs are a catastrophic burden to themselves and their families and post injury disabilities lead to 40.6% of patients losing their job (8). This affects their psychosocial well-being. Malawi is a low income country with a per capita gross national income of only 340 United States dollars but the estimated rate of road traffic deaths in the country is 35 per 100,000 people per year, the second largest in the world with an estimated economic impact up to 5% of gross domestic product (8).

When traffic accidents occur, quality of labour is affected adversely, human capital is lost, market size is reduced and potential economic growth is suffocated. The low and medium income countries are deprived of 2 to 3 percent of their domestic gross product because of road traffic accidents while loss to the global economy is estimated at 518 million dollars annually (1). What it means is that when the economy in high income countries is affected, usually the poor countries face the negative externalities in various ways. On this same issue, vulnerable road users benefit the least from policies designed for motorized travel but bear a disproportionate share of the risks of motorization in terms of injury. Trauma resulting in musculoskeletal injury is an unforeseen life changing event and once the acuity of injury is over, patients are left with fabulous task of reintegrating into their lives (9). Although medical advances have dramatically improved survivorship, these injuries nevertheless result in poor quality of life and 50 to 90 percent of patients develop psychological distress (9) because of the sudden and unexpected nature of events and other issues that affect the

patients' wellbeing. Therefore lack of psychosocial care contributes to injury reoccurrence, re-hospitalisation and higher personal and societal healthcare costs (9).

Biopsychosocial models where psychosocial factors are assessed and treated along with medical care have become standard of care in the treatment of many medical conditions but have not been incorporated in most orthopaedic practices (10). The biopsychosocial model offers a multidimensional perspective by recognizing the impact of psychological and social factors which are emotional states, beliefs, social factors and disease (11). In orthopaedics, the biopsychosocial model has impacted the management of musculoskeletal conditions because despite overwhelming success of orthopaedic procedures, functional improvement after surgery varies widely. Poor functional outcomes have been correlated with poor emotional health such as anxiety, depression, poor coping skills and poor social support (11). However the outcomes after treatment have been primarily limited to measures of biological function and return to health is viewed as symptom-free state. This happens because most of health workers do not have time to probe more on psychosocial issues from orthopaedic patients and others feel that the patients will feel stigmatized if asked this.

Many studies have shown that many patients who have orthopaedic trauma due to road traffic accidents tend to have psychosocial breakdown for one reason or another but none in Malawi, especially at Queen Elizabeth central hospital has explored the service provision for psychosocial care to these patients.

1.3 Statement of the Problem

Recovery from orthopaedic injuries can often take an extended period of time, especially in the Sub-Saharan Africa (SSA) and conservative treatments are common in low and middle-income countries due to persistent lack of resources needed to provide more convenient surgical intervention. This leads to long term disability. Poor functional outcomes have been correlated with poor emotional health such as anxiety, poor coping skills and poor social support. Other authors have noted that psychological factors were associated with persistent pain after orthopaedic injury and that post injury psychological distress is often present after injury.

Much as there are available mental health services in our central and district hospitals, these services are underutilized in that orthopaedic personnel rarely identify psychosocial issues and if at all they have been identified, these psychosocial factors are not considered to be part and parcel of the total patient care. It is because of this gap that this study was conducted in order to uncover the lived experiences of patients attending orthopaedic clinic and evaluate the type of care that health providers who are nurses in this study provide to orthopaedic patients. It is on this basis that this study was conducted in order to address this gap of not incorporating psychosocial care to all patients who have had road traffic injuries and have orthopaedic trauma.

1.4 Literature Review

1.4.1 Psychosocial Services

Psychosocial care is culturally sensitive provision of psychological, social and spiritual care through therapeutic communication (13). It involves collaboration between health care professionals and multidisciplinary care. Evidence suggests that effective psychosocial care improves patients' health outcomes and quality of life (13). The term "psychosocial" refers to the close relationship between the individual and the collective aspects of any social entity. Psychosocial support can be adapted in particular situations to respond to the psychological and physical needs of the people concerned, by helping them accept the situation and cope with it.

In a study which was done by (10), it was observed that upper extremity and ankle orthopaedic surgeons are generally neutral regarding referring patients for psychological care. Despite the abundance literature on the importance of psychosocial intervention in improving pain and disability in orthopaedic patients, biopsychosocial models where both medical and psychosocial factors are assessed and addressed have not yet been incorporated in most surgical practices. In this study, only surgeons are shown to have a role in this area, but both nurses and surgeons have a pivotal role in this transition process, by noticing when these factors are present, discussing them with patients and providing referrals to psychosocial treatment when necessary. Although medical advances have dramatically improved survivorship, these injuries nevertheless result in poor quality of life related outcomes in otherwise healthy people, concomitantly 50 to 90% of patients develop severe psychological

distress (9). In this study it stated that patients are typically not provided with comprehensive support and resources that are necessary to successfully cope with psychological distress. The lack of psychosocial support contributes to injury recurrence, re-hospitalisation and higher personal and societal health costs (9). In a study which was conducted in Sweden, showed similar results that medical costs and lost productivity do not capture the psychosocial losses associated with road traffic crashes, either to those injured or to their families. “Every patient with fracture needs the care giver to talk to him gently, console him and to be kind to him in response to his questions”(14). In a study which was conducted by (15), applying the Biopsychosocial model of health and evaluating the significant impact of psychological and social factors on recovery from trauma is needed in particular, investigations which evaluate effective screening strategies and interventions to treat psychosocial dysfunction during recovery from trauma is highly desirable (15).

1.4.2 Influence of Health Workers

It has been noted that the presence of multiple injured patients presents great challenges to accidents and emergency nursing staff and subsequently, failure to recognize and treat traumatic injuries correctly and promptly tends to cause early morbidity and mortality. The consequences and after-effects of accidents have been neglected and under emphasized, however few researchers in this area seem to have made significant findings (16). Among the complications commonly identified are pain, disproportional disability, helplessness and psychiatric complications, thus the consequences of road traffic injuries to the patients are very significant to the nurses

and needs to be taken care of because patients will react to these stressors by various defense mechanisms like withdrawal, anger and anxiety. The effectiveness of the provision of psychosocial care depends on nurses' understanding and their competence in providing it, therefore the role of health professionals in timely decision making about provision of holistic care is also perceived as important (14). In the study which was conducted by (17), lack of communication and systematic decision making between health and social professionals was identified as a problem and perceived as leading to poor quality of care and lack of care coordination, however this study was done in a different context than ours.

Other effects reported in literature are posttraumatic stress disorder and travel anxiety. These are among the psychological symptoms that have received less attention. Consequently literature is also scarce on the management of these after-effects following road traffic injuries and inadequate information about injury and prognosis, as well as lack of psychosocial support is associated with a higher risk of problems (16). Therefore poor interaction between care givers and patients can contribute to eventual poor quality of life.

1.4.3 Lived Experiences

Regarding perceived burden, a study which was conducted in Tanzania by (18) it was found that 73.7% of the patients reported that their injury health care costs are catastrophic burden to themselves and their families (8). Post injury disability led to 40.6% of patients losing their job and 3.4% changing their job. So this study looked at

socioeconomic impact of musculoskeletal injury at one of the largest tertiary hospitals in Tanzania but the study did not look at the barriers in provision of psychosocial care. In a study which was conducted in Democratic Republic of Congo by (19), it was observed that patients with fractures kept coming to the hospitals for physiotherapy; their conditions become chronic with physical, psychological and social impairment (19). Some of these patients spent more time than expected in hospital far away from their families. It was also reported that other patients delayed accessing hospital care due to reported lack of money and by the time they turned up for treatment their fractures had fused in improper positions, thus requiring longer and even more expensive interventions. Okonta (19) notes that there is disturbance in relationships with family members or friends, wife putting pressure on husband that he cannot satisfy needs of his family. This brings a threat of divorce in the family. There is also abandonment by friends because of these fractures. All these are psychosocial aspects that need to be considered and since these findings are from within the Sub-Saharan Africa, doing this study in Malawi would help in identifying or isolating sociocultural factors which can contribute to either having the same or different experiences.

1.4.4 Factors that Hinder Full Recovery

Orthopaedic surgeons and nurses have a pivotal role in the transition process of patients from acute stage to recovery but if they do not notice that these psychosocial factors are present and do not discuss with patients, their recovery can be affected in various ways. In a study which was conducted in Nigeria by (20), it demonstrated that it is important that the surgeon talks to his patient to allay the patient's anxiety as well

as foster professional rapport. The patient must have up to date information about his surgery; when it is scheduled to take place, why such a time was chosen and why surgery did not take place at the appointed time . So this means that psychosocial care is really important to address issues that these patients can have. Patients who are not at fault for the accident, experience more emotional and mental disturbances than those who are not at fault and claiming compensation was associated with longer time to resolution of symptoms in patients with whiplash. In a prospective cohort study which was conducted by (17) in Victoria, psychosocial support was found to be an important factor in patient's recovery. Poor social support was associated with worse long term functioning while everyday emotional support, appreciative support and informative support have shown a relationship with long term functionality (14).

1.5 Justification of the Study

When a patient suffers a trauma, the presenting symptoms start during the traumatic event. Some of these symptoms disappear completely, but others linger on and may last much longer than normally expected and this leads to a disability (19). These injuries continue to impose a significant burden on the health care systems.

Literature shows that psychosocial care in patients with orthopaedic injuries is important as it involves collaboration between health care professionals as well as multidisciplinary care (21). To the best of the researcher's knowledge, no qualitative studies on psychosocial care of road traffic injury patients have been conducted in Malawi up to date. There is still a big gap in understanding factors that prevent health

care workers from doing much on psychosocial issues of their patients. This study was conducted at a central hospital which has wards which provide this care.

The researcher was interested in adult orthopaedic patients because adults are responsible people who most of the times are bread winners so much that if they are involved in road traffic accidents their quality of life may become affected, even the whole household may also become affected because he is a sole earner.

Currently there are no guidelines to be followed when taking care of orthopaedic patients when it comes to psychosocial care (21). The results of this study therefore are critical to the development of standardized guidelines which will include psychosocial care in dealing with orthopaedic trauma patients.

1.6 Broad Objective

To explore the provision of psychosocial services to patients with road traffic accident injuries attending Orthopaedic clinic at Queen Elizabeth Central Hospital.

1.6.1 Specific Objectives

The study has four specific objectives.

- To establish barriers and enablers in providing effective psychosocial care in road traffic injury patients attending orthopaedic clinic at Queen Elizabeth Central Hospital.

- To examine influence of health workers in ensuring provision of psychosocial care to orthopaedic patients involved in road traffic injuries.
- To describe lived experiences of orthopaedic patients involved in road traffic accidents.
- To identify psychosocial factors that hinder holistic recovery of orthopaedic patients involved in road traffic injuries.

1.7 Conceptual Frame Work of the Study

The conceptual framework draws from the Biopsychosocial model outlined by George Engel's classic science paper, four decades ago. This emerged from dissatisfaction from the Biomedical model of illness which remains the dominant health care model but which has left no room within its framework for social, psychological and behavioral dimensions of illness (22). The Biomedical model of health solely focuses on the biological reasons to learn about the illness and with the use of this model of health, doctors consider the patient as a body that is ill; they handle, explore and treat the disease independently from their mind and other external measures . On the other hand, the Biopsychosocial model predicts that people will be ill without underlying pathology (22). By increasing attention on the patient as a person and requiring greater collaboration and sharing of care and resources, it will provide a more successful and sustainable health system (11).The Biopsychosocial model was intended to be a more complete account of health care and illness behaviour but it does not replace biomedical matters. The Biopsychosocial model is now the best established alternative model and publications relating to it have grown steadily (11).

1.8 Psychosocial Care as a Component of Biopsychosocial Model

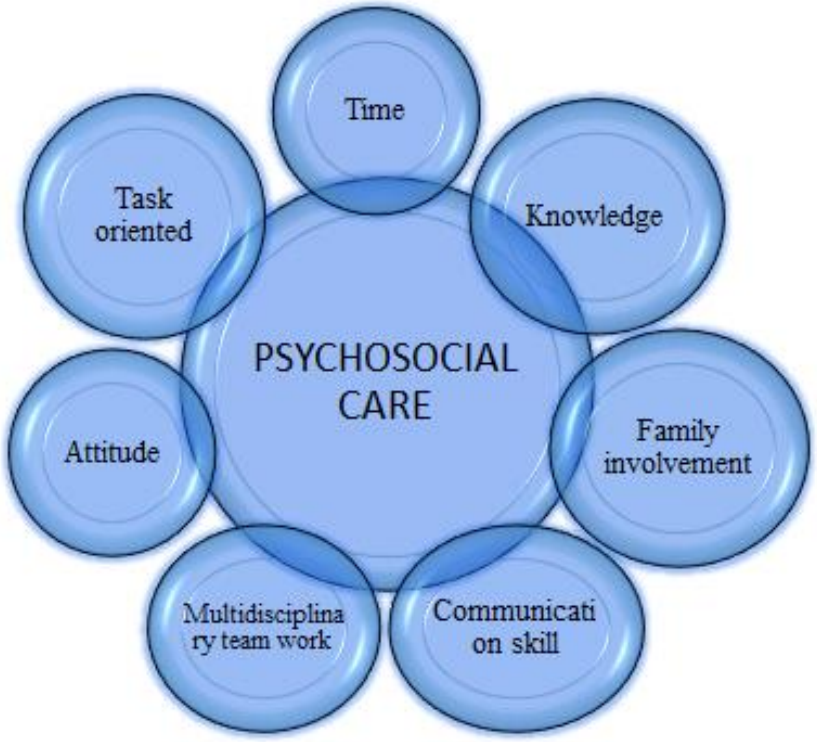

Figure 2: Conceptual Framework for this study

Psychosocial care is a holistic approach to nursing to meet the psychological and social needs of the patients and recent studies reveal that good psychosocial care may improve patient overall health outcomes (13). Additionally, appropriate psychosocial care reduces patient anxiety and stress and it also alleviates pain thereby improving quality of life as well as reduction in hospitalization cost due to decreased need for medical resources. So social, economic and psychological parameters are becoming increasingly accepted as having substantial bearing on recovery after traumatic injury (23).

CHAPTER TWO: METHODOLOGY

2.1 Introduction

This section explains the methodological procedure employed in the study. It includes the description of study design, study site and population, sample size, inclusion and exclusion criteria data collection method and analysis, ethical consideration, reliability of the design, and dissemination of the findings.

2.2 Study Design

This was a qualitative study employing a phenomenological design as it examined human experiences through the descriptions that are provided by the people.

2.3 Study Place

This study was conducted in an adult outpatient clinic where various follow-up clinics are done at Queen Elizabeth Central Hospital. Queen Elizabeth central hospital is one of the tertiary hospitals situated in the southern region of Malawi in Blantyre district. It is the biggest hospital in Malawi which serves as a referral hospital for all southern district hospitals as well as for other central hospitals. Clinics such as medical, surgical, psychiatric, diabetes and orthopaedic are done at this out-patient clinic but on different days, so orthopaedic clinic is done every Thursdays.

2.4 Study Population

The study population comprised of all the patients coming to orthopaedic clinic for follow-up visits and their caregivers. The researcher included patients who were

admitted, got discharged and were booked for this clinic. Full time employed nurses working in either male or female orthopaedic ward for a period of over one year and were willing to participate also comprised the study population. The respondents were twenty, four nurses, four caregivers and twelve patients.

2.5 Inclusion and Exclusion Criteria

2.5.1 Inclusion criteria

- Orthopaedic patients who had limb fractures due to road traffic injuries
- Participants were those who had reached legal adulthood (18 years and above).
- The trauma history should not exceed one year.
- Participants were those admitted and were followed-up at orthopaedic clinic.
- The caregivers who were full time staying with the patients.
- Full time employed nurses working in either male or female orthopaedic ward for over a year.

2.5.2 Exclusion Criteria

- Participants who were involved in road traffic accidents but were not admitted.
- Participants under eighteen years.
- Participants with limb fractures due to other causes or pathologies.

- Full time employed nurses who had worked in these wards for less than a year.
- Caregivers who had just brought the patient to the clinic but did not stay with him or her.

2.6 Sampling Technique and Sample Size

A sampling frame was obtained from the patients attending orthopaedic clinic. This hails from the conclusion that is made from different authors that state that in a qualitative study, any number of participants from 5 to 50 is enough (24). The researcher used the assumption that a sample should be large enough to sufficiently describe the phenomena of interest and address the research question at hand. The goal of qualitative study is to have enough sample size to uncover a variety of views but to limit the sample size at the point of saturation, whereby adding more participants to the study does not result in additional information (24). So the reason is that, from the suggested population ranges, the researcher would reach a saturation and develop relevant conceptual categories.

Purposive sampling technique was used because study participants should be representative of the study phenomenon and should be those that are especially knowledgeable about the question at hand. The sample size was twenty which comprised of twelve patients, four guardians and four nurses.

2.7 Data Collection

The researcher utilized in-depth interviews (IDIs). In-depth interviews were used to generate rich narrative descriptions on nurses, caregivers and patients. The IDI interview guide include an introductory part where the nurses were describing the type of patients they have and caregivers and patients were describing the injury that occurred. Face to face interviews were carried out and all participants were given a pseudonym and interviewed individually. Nurses were interviewed in ward 6A which is a male orthopaedic ward and 5B which is a female surgical and orthopaedic ward. Two caregivers were those whose patients were just being discharged and two were from the clinic while all the twelve patients were from the clinic. Approximate time for these interviews was 10 to 30 minutes and no interviews were interfered with medical procedures or treatment. Each interview was recorded to ensure accuracy for transcription. The recordings have been placed in a laptop with a secured password.

2.8 Study Period

Data was collected between June and July, 2020. Data collection took approximately four weeks as it was being done at intervals. Data was analysed in the month of December, 2020 and report writing started immediately after.

2.9 Data Processing, Management and Analysis

Each respondent was identified by a number which was unique for anonymity. Data was audio recorded to ensure ease of transcription. The researcher transcribed all the interviews and only had participant's pseudonym to prevent patient identification. The

interview transcripts were then reviewed and notes were included. In the early stages of data analysis, each transcript was read a minimum of five times and each recording was listened to a minimum of five times to ensure accuracy and reliability of recorded data. Data is stored in a laptop with folders passwords protected so, only those involved in this study will have access to data. Data was analysed using content analysis.

Effective data categorization was achieved through collecting and sorting data into matrices under common themes. After further consideration of the participant's transcripts and the audio recordings, the matrices were further be divided into sub-themes. In the final stage of data analysis, key themes arose from individual interviews, then the research supervisor was met to discuss the key themes identified and ensure consistency and consensus of opinion. Once reciprocal agreement on the themes emerging from the individual interview was reached, important quotations that highlighted these themes were extracted.

2.10 Ethical Consideration

Before proceeding with the study, the research proposal was submitted to COMREC for approval. After approval, permission to conduct the study was sought from the hospital director of Queen Elizabeth Central Hospital in order to conduct the study at the institution. A written consent was obtained and signed by the participants who were asked to voluntarily do so and they were clearly informed that they had a right to withdraw from the study at any point if they wished to do so. Privacy was be ensured

by conducting the interview in a separate room where no other clients could abruptly come in and go out. The information collected was handled with confidentiality and anonymity was ensured by using codes and not recording names on the interview guide. No data was linked with participant's names.

CHAPTER THREE: PRESENTATION OF RESULTS

3.1 Introduction

The analysis revealed the following themes:

1. Barriers and enablers in providing effective psychosocial care.
2. Influence of health workers in ensuring provision of psychosocial care.
3. Lived experiences of orthopaedic trauma patients.
4. Factors that hinder holistic recovery of orthopaedic trauma patients.

3.2 Respondents by category

Table 1: Nurses category

Code number	**Age (in years)**	**Sex**	**Marital status**	**Occupation**	**Education**	**Years of working**
01/01	27	Female	Single	Registered nurse/midwife	Bsc. in nursing	4 years
01/02	37	Female	Married	Registered nuse/midwife	Diploma in nursing	7 years
01/03	23	Female	Married	Registered nurse/midwife	Bsc. in nursing	One year six months
01/04	28	Female	Married	Registered nurse/midwife	Bsc. In nursing	5 years

Table 2*:* Caregivers category

Code number	Age in years	Sex	Marital status	Occupation	Education	Hospital days
02/01	47	Female	Married	Business lady	Form 2	One and half years
02/02	35	Male	Married	Teacher	Diploma in education	One month
02/03	43	Male	Married	Businessman	Form 4	One month
02/04	43	Female	Married	House maid	Standard 7	One week

Table 3: Patients category

Code number	Age in years	Sex	Marital status	Occupation	Education	Hospital days	Mode of travel
03/01	23	Male	Single	Painter	Form 4	2 weeks	Pedestrian
03/02	31	Male	Single	Mechanic	Form 2	Two and a half months	Pedestrian
03/03	33	Male	Married	Farmer	Standard 1	12 days	Cycling
03/04	50	Male	Married	Farmer	Standard 1	2 weeks	Passenger
03/05	45	Male	Married	Teacher	Form 4	One and a half months	Passenger
03/06	45	Male	Married	Businessman	Standard 2	5 months	Pedestrian
03/07	60	Male	Married	Security guard	Form 2	Two months	Cycling
03/08	45	Male	Married	Security guard	Standard 6	Two and a half months	Pedestrian
03/09	22	Male	Single	Builder	Form 1	10 days	Passenger
03/10	34	Male	Married	Driver	Form 4	1 month	Driving
03/11	28	Female	Married	Businessman	Standard 8	1 month	Passenger
03/12	33	Male	Married	Businessman	Form 4	29 days	Pedestrian

3.2 Theme One: Barriers and Enablers in Psychosocial Care

3.2.1 Barriers as described by nurses

The researcher established that lack of necessary resources, shortage of nurses, lack of expertise and lack of multidisciplinary team work prevent provision of psychosocial care and these have been presented as sub-themes.

Lack of resources

The researcher established that nurses struggle to make sure their patients have necessary resources such as crutches and wheel chairs when going home. The patients do not understand the whole process and feel not supported by health workers, so this

makes their work difficult and this was shown from all the four health workers. One of the participants said:

> *What is very much needed for fractures, especially those of lower extremities are crutches. A patient cannot go home without crutches so we tell them to buy and that the government does not provide for free so they buy. If the injury is so intense that they cannot even use crutches, there is need for them to have a wheel chair, like we are having a couple of patients who were severely injured and they cannot be on their feet right away. As you know Malawi, many people are not well-to do so they struggle to get wheel chairs.*
>
> **Participant 1, 27 years.**

> *To work in the ward is sometimes painful because resources are most of the times inadequate so we tend to improvise so to provide care to many patients is rather difficult.* **Participant 2, 37 years.**

Shortage of nurses

The researcher established that shortage of nurses is another issue. Nurses are not always available to address patients' issues. So having shortage of staff makes them unable to address psychosocial issues. Other participants had this to say.

Sometimes we are few nurses so we are unable to provide comprehensive care to many patients. This compromises the care that we give to our patients. **Participant 2, 37 years**

We are unable to provide care that an orthopaedic patient needs to receive when it comes to psychological care and other related health care that the patient needs to receive fully as an individual because of shortage of staff. Or sometimes we do not allocate any nurse that means anyone has to go there and when there is no ward round, it's rare for a nurse to be there. **Participant 3, 23 years.**

Lack of multidisciplinary team work

The researcher learnt that nurses are unable to advocate for the patients when it comes to theatre procedures especially when procedures keep on being postponed. Patients do not understand that nurses have limited scope of practice. Another nurse said:

W*e are unable to provide psychological care because what hinders is the management. For a patient who is going to theatre, we will not be able to have a say when the patient will go to theatre. So we try to explain to them but patients may not understand fully. Of course we know the reason is to do with the availability of anaesthetists.* **Participant 3, 23years.**

3.2.2 Barriers as described by caregivers

Attitude issues

It was noted that 2 (50%) of the participants said that nurses did not communicate to them in a polite way when they were being discharged and no any instructions were given. One participant said:

> *The strange thing was when we had stayed for two weeks we were told that we were being discharged, meaning that the second operation was not to be done. The discharge was unreasonable because we were asked, ''Have you bought crutches, I thought you are discharged today?'' and we said how would we buy the crutches as if we knew we are being discharged today.* **Participant 8, 43 years.**

3.3.3 Barriers as described by patients

Attitude issues

It was established that 5 (41.6%) of the participants, their concerns were not being addressed properly; nurses were taking long to address them and sometimes the nurses would do other things and forget them. This made them think that nurses had no listening ear and they felt ignored. Other participants had this to say:

> *When I asked that when am I going to theatre the type of responses were not good ones especially the nurses. The doctors were approachable but nurses would not respond to us well and sometimes*

> *they were even scolding us instead of just explaining to us how things are. We know that the theatre is a busy place, sometimes there are emergencies that need to be done on the same day but it was difficult for them to explain to us.* **Participant 20, 33 years.**

Enablers

The researcher established that the ability for the nurses to establish therapeutic relationship was a first step of having one another understood.

From the nurses the researcher established that all the four participants had good interaction with the patients starting from the admission time up to the day they are discharged which can make it possible to provide the psychosocial care. Some participants had this to say:

> *So what we do from admission we tell them that there will be time when you will be discharged so that they get prepared psychologically. When we are through at the admission, we make the beds and do damp-dusting because one of the ways to prevent infections is to do the basic simple things.* **Participant 1, 27 years.**

Another participant said:

> *For the relationship of a nurse and patient to be tangible, we make sure that the patients understand what is happening around them and the care they are receiving and the other thing is that we also provide necessary care to their condition as we are administering drugs and provision of activities of daily living. We assist them with the basic things.* **Participant 3, 23 years.**

From the caregivers, the researcher noted that 2 of them appreciated the care given by the nurses. Some nurses were dedicated and concerned with what their patients were going through. Another participant had this to say:

> *To say the truth, from deep down my heart and we were even discussing this with my patient, that the nurses were helping us much. If medicines were not there they were substituting with another*. **Participant 7, 43 years.**

From patients, it was noted that 7 (58%) of the participants saw that the nurses were concerned with what the patients were going through. Some of them had this to say.

> *I was satisfied with their care because when I was in pain, I would tell them that I was lacking sleep because of pain, they would give me injection. I was also given aspirin and Panadol up till discharge.* **Participant11, 30 years.**

I was welcomed properly and even though I had no caregiver from Monkey-Bay, there were some nurses who were cheering me up and giving me words of comfort. They were telling me that a person does not only have a caregiver from home but even God himself can be a caregiver. **Participant 19, 28 years.**

3.4 Theme Two: Influence of Health Workers

Discharge plan and referral to mental health unit were established to be focus areas nurses have that influence on and have been presented as sub-themes.

3.4.1 Discharge plan as described by nurses

The researcher established that during discharge nurses mostly focus on physiotherapy because most patients undergo surgery hence they need to give proper instructions. None of the nurses mentioned something on psychosocial issues and this was shown in two of the four participants.

When patient is nearing discharge, there are various discharge plans. For a patient who has fractured limb, he is told that on such a day you will be discharged. Before you get discharged you have to buy crutches because the leg which has been fixed should not touch the ground, so we tell them to buy prior to discharge. When they buy then physiotherapists teach them on how to use them, then they are given a date for review. **Participant 2, 37 years.**

> *Okay, mostly I can say the number one thing, we emphasize on physiotherapy whereby exercises, because mostly we do have patients who underwent theatre and they require physical exercise, so we make sure that as they are going home we have to plan on physiotherapy thing.* **Participant 3, 23 years.**

It was also noted that two of the four participants said that they give good care to the patients as regards to physical well-being such as the importance of nutrition and need to have wounds dressed at nearest health centres. The researcher observed that this lack comprehensiveness in that the psychosocial component is left out. One participant had this to say.

> *Mainly our discharge plan, we include a lot of information on diet, medication as well as wound care because most of our patients have wounds so we tend to refer them when they are in need of continued, continuity of wound management at health centres.* **Participant 4, 28 years**

Referral to mental health unit

The researcher noted that most of the patients who are referred to mental health unit are those orthopaedic patients with a known psychiatric condition with obvious signs and rarely those that the nurses have identified as having a psychosocial issue. This was noted in all the four participants. Two participants had this to say.

> *No, it is mostly known psychiatric, if he has a history of psychiatric because sometimes the mental health nurses do not explain well so from the way you assessing, you know it is psych, so they come and do their management in the ward.* **Participant 1, 27 years.**

> *Yes, some were showing signs of psychosis and ah, mental, what can I say disorders yes, so if we see these signs we refer them to room 6 (mental health unit). Mental conditions that come from injuries are not really, really common but most of them have other previous history of maybe epilepsy and psychosis which will just be precipitated to when they are in the hospital.* **Participant 4, 28 years.**

However, two of the four participants said they support the patients psychologically and realized that good approach to the patients helps to discuss issues well. Participant 1&2 had this to say.

> *Sometimes we provide psychological care but not as often. It cannot be comprehensive due to the environment and the type of staff we have; we are not specialists, like we have not specialized in psychiatric but we handle the way we can manage it.* **Participant 1, 27 years**

> *As nurses we are supposed to explain, provide psychological support and reassure the patient that eventhough he has been involved in an*

accident, this is a big hospital and he is going to receive quality care and he will be well. **Participant 2, 37 year**

3.4.2 Discharge plan as described by caregivers

The researcher established that when patient is being discharged, the caretakers are told to go to physiotherapy department to be given a date and there after go to room 8 which is an orthopaedic outpatient for review date booking. They also receive instructions on how the patient should be cared for at home. Participant 3 had this to say.

We were told that we were getting discharged and that the patient should be taken care of. He should say it when he is not feeling well and if any problems he should come back to be seen and that once in every two days dressings should be done and the leg should be elevated.

3.4.3 Discharge plan as described by patients

The researcher noted that on discharge, patients were given different instructions according to type of fracture and site. Some of the patients 5 (42%) were told not to step on the affected limb and were shown how to use crutches while 6 (50%) were just told to come for review and 2 (17%) were told to go to physiotherapy for booking. However one participant felt the discharge was so hasty and had this to say:

I had five operations. Our discharge was done so hastily. Two days after the operation, we were surprised to see doctors and nurses coming and telling us that everybody in the ward is being discharged because of corona virus disease, so they prescribed me medications but medications to use for cleaning I bought them on my own. **Participant 18, 34 years**

3.5 Theme Three: Lived Experiences

Two sub-themes emerged under this theme namely; ability to identify psychosocially affected persons and interventions done.

3.5.1 Lived experiences as described by nurses

Ability to identify psychosocially affected patients

The researcher established that all the four participants agreed that indeed the patients display psychological problems because of the injury, but according to their experience most patients that need interventions are those with known psychiatric history. It was also noted that patients who have psychosocial issues are not captured in the ward. One participant said that the nurses are not always available to give the psychosocial care. She had this to say:

Yeah, they display psychological outcomes, some they just stay quiet like they are depressed, so you try and probe more, like what is really going on. If you sit down with the patient, does not need you to rush or

hurry up because you won't rule out anything but if you take your time, you chat with the patient, they really have psychological problems; some say "I don't want to go home, I better be here", so those are big issues and you know that patients are affected psychologically.

Participant 1, 27 years

Orthopaedic patients who develop psychosocial problems usually recover after certain interventions are done to them. One participant had this to say:

I met such type of patients twice, those that have been involved in road traffic accident and are showing signs of psychological break down. They usually recover after sometime after undergoing psychiatric review or counselling. I feel that this happens because at that moment they have not accepted that they have been involved in RTA. After sometime, they come back to normal. **Participant 2, 37 years**

Interventions by nurses

The researcher established that nurses give prescribed medications to patients who are already known psychiatric patients and for new ones they send a consultation form to mental health unit for mental health nurses to come and review the patient in the ward. This was responded by three of the four participants. On this, one participant had this to say.

> *Mostly I would say that when the patient is already known, a mental health patient, we usually follow-up on medication, whether they are taking the medication or whether they are adhering to their medication so if we find out that on the adherence of the drugs there are problems, the patient is unable to adhere to drug therapy, we have to also seek our friends to help us*. **Participant 3, 23 years**

It was also established that eventhough the psychosocial care is rarely done, all the four participants were able to mention how psychological care can help understand what is going on with the patient. One participant said this:

> *Okay, so this thing mostly affects patients, I can say psychologically when it comes to individual issues. Some have kids, so when a mum with for example, a two year old baby or less than a year old baby, when they stay long in the ward, that means the care that the mother is supposed to give to the children is compromised.* **Participant 3, 23 years**

3.5.2 Lived experiences as described by caregivers

The researcher established that three of the four caregivers really perceived the burden that the patients were facing such as pain and mental disturbance as shown by participant 1:

> *For her, the problems that I saw were that her mind was disturbed because she was staying alone, doing her own businesses so when the accident happened, everything turned upside down. She lost her money and everything, so when she remembers that, her mind seems not working. She says she is now lame. She has many thoughts.* **Participant 5, 47 years**

> *The problem that he was facing was that when the operation was done and he was going for dressings, he could complain of severe pain and the metals which were fixed were making him feel numb and it was stretching the bone*. **Participant 7, 43 years**

The researcher established that all the four caregivers felt that the traffic injuries turned everything upside down and life was at a standstill because most of the patients were bread winners and their hospitalization meant that their sources of finances were affected. Some participants had this to say:

> *The other thing, you know that he has a family and two children and the wife and with the problems that he is just staying. He is a bread winner and now he has financial problems but also you know that with what has happened now, he is very much affected and many things are difficult for him to do.* **Participant 7, 43 years**

Relatives and friends played a great role in visiting and bringing them necessities such as food and money when they were in the ward as shown by participant 4:

> *Aah, they would come for those who could manage, because our home is far but those who were able were coming to see us and I am thankful that they supported us till discharge*. **Participant 6, 43 years;**
>
> **Participant 1, 47 years**

3.5.3 Lived experiences as described by patients

The researcher established all the 12 participants (100%) narrated that the injury affected them in various ways. It affected them financially, physically and socially. Below are some of the participants' experiences:

> *The injury has affected me very much because now my limbs have lost strength, it is not like the way they were before. My thoughts are disturbed because of loss of strength because to be a Security guard needs strength and hastiness. My employers have been giving me half salary and I do not think they can continue keeping me there. The easiest job to find in Malawi is that of a security guard but now they cannot employ me because one of my limb is weak*. **Participant 15, 60 years**

The problems that I have encountered because of this injury have really affected my mind and within my family because it is like I have gone back to my childhood years, people have to do things for me so it affects me. For a household to be called a home it is because of a woman; without a woman there is no home and nowadays we should not rely on husbands to do everything for us. I cry day and night. **Participant 19, 28 years**

3.6 Theme 4: Identifying Factors that Hinder Holistic Recovery

The researcher established two sub-themes under this theme as follows: delay in theatre procedures and lack of support.

3.6.1 Delay in theatre procedures as explained by nurses

The researcher established that all the four participants thought delays in theatre procedures has an effect on patients' well-being. The theatre procedures keep on being postponed and sometimes patients stay long because they have not yet been scheduled for operation. Two of the participants had this to say.

I can say delay to go to theatre. Sometimes it takes time, yeah, sometimes it happens that a patient can go on conservative management, for example putting patient on conservative management for the bone to heal. For example, using skin traction or skeletal traction; when these things fail, they have to undergo the operation

which also, I think is another thing because duration of the patient to stay in the ward will be long. Someone has to undergo conservative management for six weeks, after six weeks she will be told, no, it has not worked, we need to take you to theatre. **Participant 3, 23 years**

Sometimes people stay long in the ward because they have to be scheduled for theatre. It is not that when a patient is admitted today, will go to theatre tomorrow, no, they have to wait up to the day they have been given, so it takes long and patients complain about that. It is understandable, they have to complain, they are human beings. **Participant 3, 23 years**

They take a long time in the hospital. They take longtime because of those fractures that may need traction, the traction has to stay for six weeks for bones to unite so if they are not healing, they are taken for operation. It takes long for someone to be operated and this makes them to stay long. **Participant 4, 28 years**

Lack of social support

It was also noted that lack of support in various areas is another contribution to delay in healing process. This was reflected in the following quotes:

That can have an effect, let me use an example. For a patient, a plan is to be on traction for six weeks and let us assume that this patient does not have a guardian, I think psychologically the patient will be affected in terms of who is going to help her change or bath or do other activities of daily living. So that person needs a person to be there and not any other person but a relative which is a good thing. When relatives are there, they help to reduce anxiety. **Participant 3, 23 years**

On nutritional part, because ah, you know that these patients take a long time so their resources may not be enough for the whole period, so sometimes resources are scarce that they only depend on food from the kitchen which only give breakfast, lunch and supper. There is no variety like fruits, vegetables. **Participant 4, 28 years**

Pre-existing mental disorder

The researcher also noted that mental health issues need to be addressed before the patient complies with the care, otherwise these can contribute to lengthy stay in hospital. This was noted in two of the four participants and they had this to say.

There are other patients because they are mentally unwell they don't take instructions. When they are told not to step on their foot, they do step. So the fixed bones become affected and so the patient is held inorder to deal with his mental condition so that when he is back to

normal the bones can be refixed. Patient's mental disturbance makes communication to be difficult. **Participant 2, 37 years**

To my thinking, I can say, on the fracture side and psychological care, I think ah, healing process is not affected as long as patient has been managed psychologically. **Participant 3, 23 years**

3.6.2 Delay in theatre procedures as explained by caregivers

The researcher established that delay to go to theatre made their patients to stay for a long time in the ward which increased their anxieties and stresses. This was noted in all the four participants and one of them had this to say:

*We stayed for a long time in the hospital for reasons which were painful. We were put on theatre list several times but we did not go. Then we were affected with risk allowance strike so we just stayed and we were assisted after the strike. Had it been he received care at the right time, he would have been somewhere but because he received care late it can make him have pain***. Participant 6, 35 years**

My patient was affected very much. He was always worried and it seems it was because he had stayed in the hospital for quite long and being his first admission. He was also affected by what was happening in the ward, so many things were happening. He was in pain and from

time to time say I have stayed long and he was heartbroken to see that everything was at a standstill. **Participant 7, 43 years**

However, three of the four participants felt that nature of illness also contributed to lengthy stay in the ward. One of them had this to say.

When we arrived, we had to wait because they were saying that the leg which was swollen should be well. The wound was bandaged and was being dressed. Then they put a lighter plaster of Paris to just keep the bone in place because a full plaster of Paris would make the wound go bad. So to wait for all these, everything delayed. Again when he was due to go to theatre he had malaria and was treated and afterwards he went to theatre. I was affected but not much, as I said previously that everything happens for a purpose. **Participant 7, 43 year**

She was admitted twice but we did not stay long during the second admission. That was when Covid-19 started so they said all booked patients should be returned. Today we came to be seen by the doctor and we have been told to be readmitted because the metal thing is not well positioned on the affected leg, so they have to do an operation for a second time. **Participant 5, 47 years**

3.6.3 Delay in theatre procedures as explained by patients

All 12 (100%) participants narrated that they went for a theatre procedure at some point during their hospitalization and this had similar effects on individual patients. These theatre procedures were mostly delayed for different reasons according to the participants some of them being Covid-19 pandemic and nature of the injuries. Some of the participants had this to say.

> *I stayed August, September, October, November, and December while still in the hospital. I never got discharged. This happened because there was a problem of where to get the skin for grafting and the other thing was that I was severely injured so they wanted me to be healthier inorder to do the skin graft, that is why I stayed for a long time. I have gone to theatre several times. What happened was that at first they wanted to put metal things outside inorder to join one bone with the other, then I went for skin graft but instead they just cleaned and removed debris because the wound was rotten. I stayed for a long time, then I went again and skin graft was done. What made me stay long was because I was severely injured*. **Participant 14, 45 years**

> *In times that I was supposed to go to theatre, I was being unfortunate that the theatre procedure was being postponed and it reached to a point where my guardian met the hospital ombudsman. After raising a complaint to him, telling him that there is a patient inside whose issues*

are not alright. So the ombudsman came into the office and my wife explained. Later I got a chance of going to theatre. **Participant 6, 45 years**

The researcher also established that 3 (25%) of the participants felt that delay to go to theatre lengthened their stay in hospital because complications started setting in which further affected the patients psychologically since their financial resources became depleted more and more. One participant had this to say:

I underwent operations three times. During the first operation, they just cleaned the wound. Because it took time to go to theatre, the wound started getting bad, especially on the fracture site. Mostly the problem that I faced was delay to go theatre. **Participant 20, 33 years**

Lack of social support

The researcher also noted that 2 (17%) of the participants experienced that having no social support contributed to delay in healing process because they were lacking the sense of belonging. One of them had this to say.

What affected me was that I had no relative. During visiting time people were coming to see patients; other patients' beds were surrounded by many visitors, all were strange people and for me, no guardian. This was affecting me and made me cry. Even now it affects

me because when going for check-up patients are going with their relatives but for me I am travelling alone or sometimes with my last born child who is very small. I do not have parents; my mother and father both passed on. **Participant 19, 28 years**

3.7 Summary of Main Findings

The findings of this study highlighted long hospitalization, which came in because of delayed theatre procedures to be the principal cause of psychosocial issues in orthopaedic trauma patients. Delayed theatre procedures resulted in more stresses and anxieties which were rarely noticed by the health professionals which in turn delayed recovery of these patients. Poor communication coupled with issues of attitude and neglect by health professionals was a cause of patient dissatisfaction and complaints which came in because of poor multidisciplinary team work and lack of shared responsibility which resulted in cancellations of theatre procedures. However, a few appreciated the overall care.

CHAPTER FOUR: DISCUSSION

4.1 Introduction

Road traffic injuries are the single biggest cause of injuries and injury-related mortality, accounting for a quarter of all injury deaths. Worldwide an estimated 1.3 million people are killed in road traffic crashes each year and as many as 78.2 million are injured. There is a projected increase by about 65% over the next 20 years if there is going to be no commitment to prevention and the projected increase will be greater in low and medium income countries including Malawi (25). Pedestrians and two wheeler users are at a greater risk than vehicle occupants and bear the greatest burden of injury as shown in this study whereby 10 out of 12 (83%) participants were either walking, cycling or on a motor bike. This indicates that most of the people who suffer these injuries are from low socio-economic status. Because most of them are poverty-striken, they move around looking for piece-works and others could be seeking health services and in their way get hit by vehicles. The traumatic event, like any other illness gives rise to personal experiences that are peculiar to the patient. These include ideas, fears, concerns and expectations generated by the fracture. The patient's mental health will be affected depending on the type, intensity, extent and duration of the traumatic event and the dynamics of patient's environment such as family, community and work will also be affected (19). This study was carried out to explore provision of psychosocial services to patients with RTIs attending Orthopaedic clinic at Queen Elizabeth Central Hospital. Data was collected through in-depth interviews. This chapter discusses main findings of the study as presented in chapter three above.

These include: Barriers and enablers of psychosocial care for orthopaedic patients, influence of health workers in providing psychosocial care, lived experiences and factors that hinder holistic recovery of orthopaedic patients.

4.2 Barriers and Enablers in Providing Effective Psychosocial Care

4.2.1 Barriers

As outlined in chapter three of this thesis, the nurses verbalized that they were unable to provide psychosocial care because of barriers such as shortage of staff, lack of resources, lack of expertise and lack of multidisciplinary team work. Lack of resources made them unable to give good care to the patients. They may want to explain the care to the patient but when the necessary resources are not there, the care is compromised. This finding is similar to the study which was conducted in Singapore by Siyun et al. which found that nurses perceive that barriers such as lack of time, heavy workload and feeling of inadequacy prevent provision of this care (13). Shortage of staff was perceived by the participants in this study to consist of mainly routine nursing care and these were prioritized over psychosocial care.

While caregivers felt that attitude issues contributed, which made psychosocial care not delivered by nurses. Caregivers stated that some nurses were not explaining properly what the caregivers should do, other caregivers were shouted at. This finding is similar to the study which was conducted in Singapore which found that nurses were neglecting their complaints and lamented that every patient needs a nurse to talk to (13). This study finding also highlighted that lack of multidisciplinary team work

impedes the provision of psychosocial care. The participants felt that poor communication and collaboration among nurses, doctors and anaesthetists make the nurses dumbfound when it comes to explaining the time the patients are going to be operated on; they do not have answers to the patients which compromises the psychological care. In a study which was done by (26), it was found that incidence of other conditions in orthopaedic patients who were under multidisciplinary care was lower than those who were not under this care (26).

4.2.2 Enablers

The researcher established that the ability of nurses to formulate nurse-patient relationship was an indication that provision of psychosocial care could be possible, though in this study this was not established, instead the interaction between nurse and patient mostly is to do with biomedical issues such as drug administration, wound dressing, pre-op and post-op care. Literature supports that good communication between nurses and patients results in better medical care. Greater rapport and trust, forms the basis of therapeutic relationship (13).

4.3 Influence of Health Workers in Providing Psychosocial Care

The study findings show that nurses focus much on the biomedical component of care as seen when the patient is being discharged. Usually the type of discharge plan is dominated by issues to do with physiotherapy, nutrition and to have dressings done at a nearest health centre. This study finding is similar to the study which was conducted in seven European countries by (27), which found that the content of education given

to patients and their caregivers emphasized bio-physiological and functional needs and this was related to how physically demanding nurses found their job to be (27).

The study finding also showed that patients who were referred to mental health unit were those that already had history of mental disorders and those with psychosocial issues were rarely identified.

4.4 Lived Experiences

The findings of this study revealed that participants recognized that orthopaedic patients feel disabled by the fracture that lead to loss of a job, inability to make a living and loss of independence. They suffer severe pain which they experience for a long time. This finding is similar to the findings of the study which was conducted in Democratic Republic of Congo by (19) which stated that patients suffer from pain which to some of them lingered for some months (19). When a patient is involved in traffic injury and is admitted, he suffers various problems in all areas. Many of them are bread winners and life becomes at a standstill when they are in hospital; for females their role to take care of the children is compromised. Many patients keep on coming to the hospital for reviews for many months and others stay at their relatives in town which further drain their financial resources. This finding is also similar to the findings of the study which was conducted in DRC which found that some of the patients are forced to spend more time than expected in the hospital, far away from their families with others relocate their families inorder to have access both to hospital care and family support (19). Furthermore, this study revealed that nurses felt that

having a caregiver for every patient can help to reduce stresses since the nurses are not always available for the patients. This finding is similar to the study which was conducted by (13), which found that patients and caregivers are an important aspect of psychosocial care. Assuring family members also help allay patients' fears which positively impacts the patient's recovery because of reduced stress levels (19) However in this study, participants felt that lack of family involvement did not prevent them from providing psychosocial care. Patients with no caregivers could be supported psychosocially by the nurses.

According to this study, some care givers and patients experienced negligent and uncaring behavior of nurses whereby complaints were ignored and explanations not given properly. This finding is similar to the study finding which was done by (19) in DRC which highlighted that some nurses did not care, you call them for help but they did not come; they neglected their complaints. However, other caregivers and patients appreciated the good care they received.

4.5 Factors that Hinder Holistic Recovery

4.5.1 Delayed Theatre Procedures

The findings of this study indicate that the participants felt that holistic approach to patients' care would be necessary to provide psychosocial care. However, this study found that delay for the patients to go for theatre procedures contributed to long hospitalization and delayed healing as outlined in theme four of chapter three. Patients are put on skin traction for six weeks, then another six weeks on skeletal traction if

there was no union of bones, and can proceed to theatre interventions in need be. This finding is similar to the study which was done in northern Tanzania by (8) which found that musculoskeletal injuries in SSA often received prolonged in-patient treatment due to limited access to surgical care (8). In another study done by (28) in Australia, it was found that delays to surgery were prevalent and was perceived to be due to lesser injury severity. On the contrary, this study found that severity of the injury, which needed other interventions before operation and inavailability of anaesthetists contributed to this delay which made theatre procedures to be post-poned. The study findings are also similar to the study findings which was done by (29) in United Kingdom which found that the longer the delay to go to theatre, the higher the mortality rate (29).

4.5.2 Lack of Social support

Family and social support was found to be an important factor in patients' recovery in this study. Poor social support is associated with worse long term functioning. In this study, participants highlighted that when a patient has no care giver, he will not have someone to bath him when he is on traction or attend to other activities of daily living and this affects him because he sees that other patients in the same ward are being looked after by their caregivers. This study finding is similar to the study which was done in Uganda by (30) which found that surgical wards had limited nursing care and injured patients had to rely on those dependents for hygiene and feeding (30).

4.6 Study Limitations

The challenge of this study was finding time which was suitable for the participants who were eagerly waiting to be reviewed by orthopaedic doctors. The researcher did the interviews before the start of the clinic. Another challenge was that the study was not gender sensitive on the part of patients and nurses in that 92% of patients were male and all nurses were female. This was because female nurses were in majority in these wards. I had one male nurse but he did not meet the inclusion criteria as he had worked for less than a year.

Trustworthiness of the Study

Study precision is one of the most important factors in all stages of qualitative research and leads to the readers understanding of the researcher's events and activities (31). In addressing generalizability of this study, the accurate and truthful capturing of a participant's lived experiences was achieved through engagement and observation of study participants to learn the context of the phenomenon. Transferability was enhanced by using purposive sampling method and providing a thick description and strong data with a wide range of information through the detailed and accurate descriptions of patients, their caregivers and the nurses' lived orthopaedic trauma experiences by continuously returning to the texts. In this study, recruitment of participants and data collection continued until the data saturated. During the analysis phase, every attempt was made to document all aspects of analysis by reading large amounts of transcripts looking for similarities and differences and then finding themes and developing categories. This was done to achieve reliability. The trustworthiness is

genuinely reflecting through its design which was a qualitative study employing a phenomenological design and it has reported participants' perspectives and context it was carried. No triangulation of investigators was done because I was the only researcher. Because of limited time of interacting with the participants, the issue of member checking was not accomplished.

4.7 Study Implications

This section presents the implications of the study findings as regards to policy, clinical practice, mental health research and education.

4.7.1 Policy

The study found that holistic approach to patients' care would be necessary in order to provide psychosocial care. Nurses have direct contact with patients and are in the best position to provide psychosocial care, but this study found that nurses only focus on bio-physiological care of patients such as drug administration, wound dressing, pre and post-operative care. Even on discharge, much focus is on physiotherapy and ensuring that patients go home with crutches or wheelchairs. The quality of trauma patient discharge is undermined by system and ward level processes and they encounter complex barriers to quality discharge that likely require comprehensive multidisciplinary intervention. There is no established policy that guides holistic care of these orthopaedic trauma patients as such this leaves patients with emotional wounds that are not attended to and can affect their recovery.

4.7.2 Practice

The lived experiences from all the three groups of participants (100%) suggest that psychosocial care really needs to be implemented though this was described differently among them. In this study, all participants felt disabled by the fracture that led to inability to make a living and loss of independence. Most participants reported mixed experiences and few reported negative experiences, whereby some nurses were mentioned as being neglecting and ignoring patients' complaints. This implies that psychosocial care is not perceived as being a component of holistic care of the patient because when a nurse ignores patients' complaints that means the patient will be psychologically affected and this can hinder speedy recovery. This is also shown by statements from nurses that psychosocial problems on patients with orthopeadic injury are rare and that patients who are referred to mental health unit are those with a known history of mental disorder, other than that no psychosocial issues are identified.

4.7.3 Research

This research study found that there is a gap in utilization of Biopsychosocial model approach by health providers in the orthopaedic wards in Malawi. The current health systems were founded on Biomedical model approach, though 50% of participants narrated as perceiving psychosocial care as an important aspect of care. Because they are so focused on their tasks, they often ignore the psychosocial needs of their patients. The Biopsycosocial model where medical and psychosocial factors are assessed and addressed have not been incorporated in most surgical practices. This

indicates the necessity for carrying out similar studies to guide decision making at policy level and to enable health workers implement appropriate services.

4.7.4 Education

The study has revealed that patients who have sustained injuries due to traffic accidents face psychosocial issues. Their conditions become chronic with physical, psychological and social impairment but only the physical conditions are addressed. The consequences and after-effects of road traffic accidents have been neglected and under-emphasized. This implies that there are no guidelines which every health provider regardless of the cadre should follow and adhere to when implementing their interventions.

4.7.5 Conclusion

This study findings show that road traffic injured patients with orthopaedic conditions are faced with psychosocial issues because of treatment delays which prolong their stay in hospital and overall recovery. It has also been shown that much focus is on physical or biomedical care and it is a huge issue at this hospital. This may imply that there is no clear guidance to direct health professionals on how to comprehensively manage orthopaedic patients. This finding is generally similar with those findings found by other researchers worldwide.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

In summary, this study aimed at exploring the provision of psychosocial care in road traffic injury patients attending orthopaedic clinic at Queen Elizabeth Central Hospital. Results of this study suggest that psychosocial issues in orthopaedic patients are to a larger extent attributed to their lengthy stay in hospital. The study findings show that orthopaedic trauma patients receive prolonged in-patient treatment due to limited access to surgical care which come in because of other unforeseen problems such as shortage of anaesthetists. Delayed surgical care negatively affects the fractured patients and this effect is rarely recognized by health professionals.

5.2 Recommendations

The results of this study have Global Health implications that are essential for policy makers in the field of mental health.

- It has been noted that health professionals find it difficult to integrate psychosocial care into routine practice and currently there are no guidelines to be followed when managing orthopaedic patients when it comes to psychosocial care. The researcher therefore recommends that there should be development of standardized guidelines which will include psychosocial care in dealing with orthopaedic trauma patients.
- The patient's mental health will be affected depending on the type, intensity, extent and duration of the injury and the dynamics within the

patient's environment such as family, community and work will therefore be affected (19). The researcher therefore recommends that psychosocial dimensions should be explored and included in the management plan.

- The researcher noted that there is a longstanding issue of having shortage of anaesthetists in this hospital and a country as a whole. There is no action taken to ensure availability of this important service, therefore the researcher recommends that MOH should train health professionals in anaesthesiology. This will ensure that theatres have enough anaesthetists and the tendency of postponing procedures would reduce or come to an end.
- After training the ministry should monitor the deployment of these professionals because it can happen that the district hospitals have more than enough anaesthetists while the central hospital is facing challenges, so distribution of these anaesthetists should be considered.
- Every orthopaedic trauma patient has a certain degree of psychological or psychosocial problem but this is not identified by health professionals. The effectiveness of the provision of psychosocial care depends on nurses' understanding and their competence in providing it (13). The researcher further recommends that there should be trainings at hospital level to consolidate professionals' existing knowledge. Additionally, performance appraisals should be done. This will allow

them to identify their areas of strengths and weaknesses as regards to provision of psychosocial care in orthopaedic trauma patients.

- The researcher noted that lack of human and material resources directly affect patients' recovery, for instance, crutches and wheelchairs are not provided by the government for free of charge. Patients buy and sometimes well-wishers donate. The researcher suggests that if government would further reduce the price many patients would manage to buy. This would be cost-effective as it will eventually reduce medical expenditures from readmissions.
- Trauma patients encounter complex barriers to quality discharge from hospital, for instance, the information given to one patient will be different from the information that would be given to another patient with same presentations on discharge and other discharges are done so hastily which affect the patients further. The researcher recommends that the hospital should devise a checklist which would be used on discharge which will have all the necessary information, including psychosocial care.
- Finally, further research is required to evaluate the implementation of biopsychosocial model of care on orthopaedic patients as delivered by different health professionals.

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APPENDICES

Appendix I: Consent Letter for Patients

COLLEGE OF MEDICINE

Health Systems and Policy Department

This Informed Consent form is for orthopaedic patients who are attending services at Queen Elizabeth Central Hospital and who we are inviting to participate in in a research titled " Psychosocial Care for Road Traffic Injury Patients: An Exploration of Service Provision for patients attending Orthopaedic Clinic."

Part 1: Information Sheet

Introduction

I am Maclean Chingwalu, a student pursuing Master of Science in Global Health Implementation at University of Malawi, College of Medicine. I am doing research on Psychosocial Care for road traffic injury patients. These injuries are common in this country and in this region. I am going to give you the information and ask you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do

not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them.

Purpose of the research

We are being faced with different types of road traffic accidents and when we come to the hospital, we are given the care related to the injury but sometimes we fail to realize that there are other things which might not look important but really matter to the recovery of the injured patients. We want to learn from the patients their lived experiences and how they would feel if this care is given to them.

Type of Research intervention

This research will involve your participation in a discussion which will take about 45 minutes. You are being invited to take part in this research because we feel that your experience as a patient who was once admitted in orthopaedic ward can contribute much to our understanding and knowledge on what type of care is given to injured patients.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all services you receive at this hospital will continue and nothing will chang**e.**

Procedures

We are asking you to help us learn more about the care that is given to road traffic injury patients, who were once admitted in orthopaedic wards. If you accept to take

part in this research, you will be engaged in some form of an interview. During the interview, I or another interviewer will sit down with you in a comfortable place at the clinic. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would want someone else to be there. The information recorded will be confidential and no one else except myself and doctor Umar will access to the information documented during interview. The entire interview will be tape-recorded, but no one will be identified by name on the tape. The data will be stored in a laptop with folders passwords protected, so only those involved in in this research will have access to data. The tapes will be destroyed after being done with them. The research study will take for a total period of 14 days and you will have only one session of being interviewed.

Risks and Benefits

There is a risk that you may share some personal or confidential information by chance or that you may feel uncomfortable talking about some of the questions. However we do not wish this to happen. You do not have to take part in any interview if you feel the questions are too personal or if you feel talking about them makes you uncomfortable. There will be no direct benefit to you but your participation is likely going to help us find out how best psychosocial care can be in cooperated in the care of orthopaedic patients with traffic injuries. You will not be provided with any incentive to take part in the research. However, we will give you K1000 if arrangement for you to come at an agreed time which is not your clinic day is done.

Sharing the results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to your name. The knowledge that we get from this research will be shared with this hospital before it is made available to the public. Eventually the results will be published so that other interested people may learn from the research.

Right to Refuse or Withdraw

You may stop participating in the interview at any time you wish without your care being affected. You will be given an opportunity at the end of the interview to review your remarks, and you can also modify your remarks or remove portions of those, if you do not agree with my notes or if I do not understand you correctly.

Part II: Certificate of Consent

I have been invited to participate in research about Psychosocial care for road traffic injury patients: An exploration of Service Provision for patients attending orthopaedic clinic at Queen Elizabeth Central Hospital.

I have read the foregoing information, or it has been read to me. I have had opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant_____

Signature of Participant_____

Date _____

Day/Month/Year

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____ Thumb print of participant

Signature of Witness_____

Date_____

Day/Month/Year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

_____

1.

2.

3.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been

coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent has been provided to the participant_____

Print Name of Researcher/Person taking the consent_____

Signature of Researcher/ person taking the consent_____

Date _____

Appendix II: Consent Letter for Patients in Chichewa

COLLEGE OF MEDICINE

Health Systems and Policy Department

Kalatayi ndiyopempha kutenga nawo mbali pa kafukufuku kwa anthu omwe anavulala pangozi ya pamsewu ndipo akupemphedwa kutenga mbali pa kafukufuku yemwe tikufuna kuona chithandizo chomwe chimapelekedwa kwa anthu amenewa.

Mau Oyambilira

Ine Maclean Chingwalu, ndine wophunzira pa sukulu ya ukachenjede ya College of Medicine. Mbali imodzi ya maphunzirowa ndikupanga kafukufuku. Kotero kafukufuku amene ndikufuna kupanga ndiwoyang'ana chithandizo chomwe chimaperekedwa kwa anthu omwe anagonekedwa mchipatala cha Queen Elizabeth, atathyoka miyendo kapena mikono pa ngozi ya pansewu, ndipo akupitiriza kulandira chithandizo ku kiliniki ya mafupa. Vuto la ngozi za pamsewu ndilalikulu mdziko mwathu muno komanso maka kum'mwera kwa Malawi. Ndikuunikirani za kafukufuku ameneyu ndipo ndikupemphani kuti mutenge nawo mbali. Kalatayi itha kukhala ndi mau ena omwe simukuwamvetsetsa; muli ndi ufulu nthawi ina iliyonse kundifunsa kuti ndifotokoze bwino. Ngatinso mungakhale ndi mafunso nthawi ina

iliyonse muli ndi ufulu wakufunsa ine kapena mzanga amene ndikugwira naye ntchito limodzi.

Cholinga cha kafukufukuyu

Dziko lathu likukumana ndi ngozi za pamsewu zosiyana siyana ndipo wovulala akabwera kuchipatala, amalandira chithandizo cholingana ndi momwe iye wavulalira. Ngakhale izi zili chonchi, pali chisamaliro china chomwe chimaoneka ngati chosafunikira koma chimathandizira kuti wodwala wathu achire kwatunthu. Choncho tikufuna tidziwe kuchokera kwainu za chithandizo chomwe munalandira nthawi yomwe munagonekedwa mu chipinda cha wodwala komanso ngati chithandizo china chowonjezerachi chili chofunikira.

Mupemphedwa kuyankha mafunso mwakuya kwa mphindi 45 ngati mbali imodzi ya kafukufukuyu.

Mukusankhidwa kutenga nawo mbali pa kafukufukuyu chifukwa taona kuti muli nazo zoyenerera kuti mutidziwitse popeza munagonekedwapo m’chipatala chimenechi ndi vuto la ngozi ya pamsewu. Tili ndi chikhulupiliro kuti zomwe mufotokoze zithandiza kwambiri kuti tiunikirenso magwiridwe athu antchito.

Kutenga nawo mbali pa kafukufukuyu ndi kosaumiriza

Kutenga nawo mbali pa kafukufukuyu ndi kosaumiriza, kotero muli ndi ufulu wotenga nawo mbali kapena ayi. Chisankho chanu sichisokoneza kalandiridwe ka chithandizo cha ku chipatala kuno mwanjira ina iriyonse.

Ndondomeko yake

Mukupemphedwa kuti mutithandize kudziwa za chithandizo chomwe chimapelekedwa kwa anthu omwe avulala pangozi ya pamsewu ndipo agonokedwa m'chipatala cha Queen Elizabeth Mukavomera kutenga nawo mbali mudzayenera kuyankha mafunso omwe ndidzakufunseni kwa mphindi 45 kapena kupitilirapo. Nthawiyi ikafika, mudzapemphedwa kuti mukhale malo abwino amene simudzasokonezedwa. Sipadzakhala munthu wina womvetsera zomwe mukuyankhula kupatulako yemwe akukufunsani mafunso, pokhapokha ngati inuyo mungafune nokha kukhala ndi munthu wina. Mayankho anu adzakhala a chinsisi ndipo adzagwiritsidwa ntchito pa kafukufuku yekhayu. Kuwonjezera apo mayina anu sadzagwiritsidwa ntchito pa kufukufukuyu chifukwa mudzapatsidwa nambala yomwe idzagwiritsidwe ntchito m'malo mwa dzina lanu.

Kutengapo mbali pakafukufukuyu ndi kosaumiriza; muli ndi ufulu woyankha mafunsowo kapena ayi. Komabe, tikuyembekezera kuti mutengapo mbali chifukwa mayankho anu ndiofunika kwambiri. Ndinu womasuka kufunsa china chilichonse chokhudzana ndi kafukufukuyu kapena kutengapo mbali.

Kafukufukuyu akhala wa nthawi yokwana masabata awiri koma inu mudzafunsidwa kuyankha mafunso kamodzi.

Zitha kuchitika kuti mkatikati mwa kucheza, pali mau ena omwe ndi a chinsisi kwambiri, kuti ndinu omangika kuti muwayankhule. Sitimafuna izi kuti zichitike, komabe muli ndi ufulu wosayankhula mawu amene mukuona kuti simuli omasuka kuwayankhula.

Palibe dipo lina lirilonse pakutengapo pa kafukufukyu. Komabe mudzapatsidwa ndalama yokwana K1000 ngati mungadzapemphedwe kuti kucheza kwathu kuchitike nthawi ina yapadera.

Zotsatira

Chilichonse chomwe muyankhule sichidzagawidwa ndi wina aliyense kupatula okhawo omwe ali okhudzidwa mukafukufukuyu. Maganizo anu adzadziwitsidwa kwa ogwira ntchito pa chipatala pano, ndipo kenako adzadziwitsidwa kwa a Malawi kutinso ena adzaphunzire pa kafukufuku ameneyu.

Kalata ya chilolezo

Ndapemphedwa kutenga nawo mbali pa kafukufuku woyang'ana chithandizo chomwe chimaperekedwa kwa anthu omwe anagonekedwa mchipatala cha Queen Elizabeth, atathyoka miyendo kapena mikono pa ngozi ya pansewu, ndipo akupitiriza kulandira chithandizo ku kiliniki ya mafupa. Ndawerenga mwatsatane tsatane za zomwe ndikupemphedwa kuchita, ndakhala ndi mwayi wofunsa mafunso ndipo ndayankhidwa mogwira mtima. Ndikuvomera kutenga nawo mbali pa kafukufukuyu.

Dzina la otengapo mbali_____

Saini ya otengapo mbali_____

Ngati sadziwa kulemba

Ndikuperekera umboni kuti zonse zomwe zalankhulidwa ndamvetsetsa bwino ndipo otengapo mbali pa kafukufuku anali ndi nthawi yokwanira kufunsa mafunso omwe ayankhidwa bwino lomwe.

Dzina la woimilira_____ Chidindo cha chala cha wotengapo mbali

Saini ya woimilira_____

Date _____

Day/Month/Year

Appendix III: Consent Letter for Guardians

COLLEGE OF MEDICINE

Health Systems and Policy Department

This Informed Consent form is for orthopaedic patients'guardians whose patients are attending services at Queen Elizabeth Central Hospital and who we are inviting to participate in in a research titled " Psychosocial Care for Road Traffic Injury Patients: An Exploration of Service Provision for patients attending Orthopaedic Clinic."

Part 1: Information Sheet

Introduction

I am Maclean Chingwalu, a student pursuing Master of Science in Global Health Implementation at University of Malawi, College of Medicine. I am doing research on Psychosocial Care for road traffic injury patients. These injuries are common in this country and in this region. Iam going to give you the information and ask you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them.

Purpose of the research

We are being faced with different types of road traffic accidents and when we come to the hospital, we are given the care related to the injury but sometimes we fail to realize that there are other things which might not look important but really matter to the recovery of the injured patients. We want to learn from the patients their lived experiences and how they would feel if this care is given to them.

Type of Research intervention

This research will involve your participation in a discussion which will take about 45 minutes. You are being invited to take part in this research because we feel that your experience as a guardian who was once with a patient in orthopaedic ward can contribute much to our understanding and knowledge on what type of care is given to injured patients.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all services your patient receive at this hospital will continue and nothing will chang**e.**

Procedures

We are asking you to help us learn more about the care that is given to road traffic injury patients, who were once admitted in orthopaedic wards. If you accept to take part in this research, you will be engaged in some form of an interview. During the interview, I or another interviewer will sit down with you in a comfortable place at the

clinic. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would want someone else to be there. The information recorded will be confidential and no one else except myself and doctor Umar will access to the information documented during interview. The entire interview will be tape-recorded, but no one will be identified by name on the tape. The data will be stored in a laptop with folders passwords protected, so only those involved in in this research will have access to data. The tapes will be destroyed after being done with them. The research study will take for a total period of 14 days and you will have only one session of being interviewed.

Risks and Benefits

There is a risk that you may share some personal or confidential information by chance or that you may feel uncomfortable talking about some of the questions. However we do not wish this to happen. You do not have to take part in any interview if you feel the questions are too personal or if you feel talking about them makes you uncomfortable. There will be no direct benefit to you but your participation is likely going to help us find out how best psychosocial care can be incooperated in the care of orthopaedic patients with traffic injuries. You will not be provided with any incentive to take part in the research. However, we will give you K1000 if arrangement for you to come at an agreed time which is not your clinic day is done.

Sharing the results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to your name. The knowledge that we get from this research will be shared with this hospital before it is made available to the public. Eventually the results will be published so that other interested people may learn from the research.

Right to Refuse or Withdraw

You may stop participating in the interview at any time you wish without your care being affected. You will be given an opportunity at the end of the interview to review your remarks, and you can also modify your remarks or remove portions of those, if you do not agree with my notes or if I do not understand you correctly.

Part II: Certificate of Consent

I have been invited to participate in research about Psychosocial care for road traffic injury patients: An Exploration of Service Provision for patients attending orthopaedic clinic at Queen Elizabeth Central Hospital.

I have read the foregoing information, or it has been read to me. I have had opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant_____

Signature of Participant_____

Date _____

Day/Month/Year

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____ Thumb print of participant

Signature of Witness_____

Date_____

Day/Month/Year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

_____

1.

2.

3.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent has been provided to the participant_____

Print Name of Researcher/Person taking the consent_____

Signature of Researcher/ person taking the consent_____

Date _____

Appendix IV: Consent Letter for Guardians in Chichewa

COLLEGE OF MEDICINE

Health Systems and Policy Department

Kalatayi ndiyopempha kutenga nawo mbali pa kafukufuku kwa anthu omwe akudikilira abale awo omwe anavulala pangozi ya pamsewu ndipo akupemphedwa kutenga mbali pa kafukufuku yemwe tikufuna kuona chithandizo chomwe chimapelekedwa kwa anthu amenewa.

Mau Oyambilira

Ine Maclean Chingwalu, ndine wophunzira pa sukulu ya ukachenjede ya College of Medicine. Mbali imodzi ya maphunzirowa ndikupanga kafukufuku. Kotero kafukufuku amene ndikufuna kupanga ndiwoyang'ana chithandizo chomwe chimaperekedwa kwa anthu omwe anagonekedwa mchipatala cha Queen Elizabeth, atathyoka miyendo kapena mikono pa ngozi ya pansewu, ndipo akupitiriza kulandira chithandizo ku kiliniki ya mafupa. Vuto la ngozi za pamsewu ndilalikulu mdziko mwathu muno komanso maka maka kum'mwera kwa Malawi. Ndikuunikirani za kafukufuku ameneyu ndipo ndikupemphani kuti mutenge nawo mbali. Kalatayi itha kukhala ndi mau ena omwe simukuwamvetsetsa; muli ndi ufulu nthawi ina iliyonse kundifunsa kuti ndifotokoze bwino bwino. Ngatinso mungakhale ndi mafunso nthawi ina iliyonse muli ndi ufulu wakufunsa ine kapena mzanga amene ndikugwira naye ntchito limodzi.

Cholinga cha kafukufukuyu

Dziko lathu likukumana ndi ngozi za pamsewu zosiyana siyana ndipo wovulala akabwera kuchipatala, amalandira chithandizo cholingana ndi momwe iye wavulalira. Ngakhale izi zili chonchi, pali chisamaliro china chomwe chimaoneka ngati chosafunikira koma chimathandizira kuti wodwala wathu achire kwatunthu. Choncho tikufuna tidziwe kuchokera kwainu za chithandizo chomwe munalandira nthawi yomwe munagonekedwa mu chipinda cha wodwala komanso ngati chithandizo china chowonjezerachi chili chofunikira.

Mupemphedwa kuyankha mafunso mwakuya kwa mphindi 45 ngati mbali imodzi ya kafukufukuyu.

Mukusankhidwa kutenga nawo mbali pa kafukufukuyu chifukwa taona kuti muli nazo zoyenerera kuti mutidziwitse popeza munali wodikilira wodwala m'chipatala chimenechi. Tili ndi chikhulupiliro kuti zomwe mungafotokoze zithandiza kwambiri kuti tiunikirenso magwiridwe athu antchito.

Kutenga nawo mbali pa kafukufukuyu ndi kosaumiriza

Kutenga nawo mbali pa kafukufukuyu ndi kosaumiriza, kotero muli ndi ufulu wotenga nawo mbali kapena ayi. Chisankho chanu sichisokoneza kalandiridwe ka chithandizo cha wodwala wanu ku chipatala kuno mwanjira ina iriyonse.

Ndondomeko yake

Mukupemphedwa kuti mutithandize kudziwa za chithandizo chomwe chimapelekedwa kwa anthu omwe avulala pangozi ya pamsewu ndipo agonokedwa m'chipatala cha

Queen Elizabeth. Mukavomera kutenga nawo mbali mudzayenera kuyankha mafunso omwe ndidzakufunseni kwa mphindi 45 kapena kupitilirapo. Nthawiyi ikafika, mudzapemphedwa kuti mukhale malo abwino amene simudzasokonezedwa. Sipadzakhala munthu wina womvetsera zomwe mukuyankhula kupatulako yemwe akukufunsani mafunso, pokhapokha ngati inuyo mungafune nokha kukhala ndi munthu wina. Mayankho anu adzakhala a chinsisi ndipo adzagwiritsidwa ntchito pa kafukufuku yekhayu. Kuwonjezera apo mayina anu sadzagwiritsidwa ntchito pa kufukufukuyu chifukwa mudzapatsidwa nambala yomwe idzagwiritsidwe ntchito m'malo mwa dzina lanu.

Kutengapo mbali pakafukufukuyu ndi kosaumiriza; muli ndi ufulu woyankha mafunsowo kapena ayi. Komabe, tikuyembekezera kuti mutengapo mbali chifukwa mayankho anu ndiofunika kwambiri. Ndinu womasuka kufunsa china chilichonse chokhudzana ndi kafukufukuyu kapena kutengapo mbali.

Kafukufukuyu akhala wa nthawi yokwana masabata awiri koma inu mudzafunsidwa kuyankha mafunso kamodzi.

Zitha kuchitika kuti mkatikati mwa kucheza, pali mau ena omwe ndi a chinsisi kwambiri, kuti ndinu omangika kuti muwayankhule. Sitimafuna izi kuti zichitike, komabe muli ndi ufulu wosayankhula mawu amene mukuona kuti simuli omasuka kuwayankhula.

Palibe dipo lina lirilonse pakutengapo pa kafukufukyu. Komabe mudzapatsidwa ndalama yokwana K1000 ngati mungadzapemphedwe kuti kucheza kwathu kuchitike nthawi ina yapadera.

Zotsatira

Chilichonse chomwe muyankhule sichidzagawidwa ndi wina aliyense kupatula okhawo omwe ali okhudzidwa mukafukufukuyu. Maganizo anu adzadziwitsidwa kwa ogwira ntchito pa chipatala pano, ndipo kenako adzadziwitsidwa kwa a Malawi kutinso ena adzaphunzire pa kafukufuku ameneyu.

Kalata ya chilolezo

Ndapemphedwa kutenga nawo mbali pa kafukufuku woyang'ana chithandizo chomwe chimaperekedwa kwa anthu omwe anagonekedwa mchipatala cha Queen Elizabeth, atathyoka miyendo kapena mikono pa ngozi ya pansewu, ndipo akupitiriza kulandira chithandizo ku kiliniki ya mafupa. Ndawerenga mwatsatane tsatane za zomwe ndikupemphedwa kuchita, Ndakhala ndi mwayi wofunsa mafunso ndipo ndayankhidwa mogwira mtima. Ndikuvomera kutenga nawo mbali pa kafukufukuyu.

Dzina la otengapo mbali_____

Saini ya otengapo mbali_____

Ngati sadziwa kulemba

Ndikuperekera umboni kuti zonse zomwe zalankhulidwa ndamvetsetsa bwino ndipo otengapo mbali pa kafukufuku anali ndi nthawi yokwanira kufunsa mafunso omwe ayankhidwa bwino lomwe.

Dzina la woimilira_____ Chidindo cha chala cha wotengapo mbali

Saini ya woimilira_____

Date _____

Day/Month/Year

Appendix V: Consent Letter for Health Providers

COLLEGE OF MEDICINE

Health Systems and Policy Department

This Informed Consent form is for health providers who work in adult orthopaedic wardsat Queen Elizabeth Central Hospital and who we are inviting to participate in in a research titled " Psychosocial Care for Road Traffic Injury Patients: An Exploration of Service Provision for patients attending Orthopaedic Clinic."

Part 1: Information Sheet

Introduction

I am Maclean Chingwalu, a student pursuing Master of Science in Global Health Implementation at University of Malawi, College of Medicine. I am doing research on Psychosocial Care for road traffic injury patients. These injuries are common in this country and in this region. Iam going to give you the information and ask you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do

not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them.

Purpose of the research

People are being faced with different types of road traffic accidents and when they come to the hospital, they are given the care related to the injury but sometimes health workers fail to realize that there are other things which might not look important but really matter to the holistic recovery of the injured patients. So want to learn from the health providers their lived experiences and how they would feel if this care is given to them.

Type of Research intervention

This research will involve your participation in a discussion which will take about 45 minutes. You are being invited to take part in this research because we feel that your experience as a health provider who from time to time provide the necessary care to the injured patients can contribute much to our understanding and knowledge on what type of care is given to injured patients.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all services your patient receive at this hospital will continue and nothing will chang**e.**

Procedures

We are asking you to help us learn more about the care that is given to road traffic injury patients, who were once admitted in orthopaedic wards. If you accept to take part in this research, you will be engaged in some form of an interview. During the interview, I or another interviewer will sit down with you in a comfortable place which is convenient . If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would want someone else to be there. The information recorded will be confidential and no one else except myself and doctor Umar will access to the information documented during interview. The entire interview will be tape-recorded, but no one will be identified by name on the tape. The data will be stored in a laptop with folders passwords protected, so only those involved in in this research will have access to data. The tapes will be destroyed after being done with them. The research study will take for a total period of 14 days and you will have only one session of being interviewed.

Risks and Benefits

There is a risk that you may share some personal or confidential information by chance or that you may feel uncomfortable talking about some of the questions. However we do not wish this to happen. You do not have to take part in any interview if you feel the questions are too personal or if you feel talking about them makes you uncomfortable. There will be no direct benefit to you but your participation is likely going to help us find out how best psychosocial care can be incooperated in the care of orthopaedic patients with traffic injuries. You will not be provided with any incentive

to take part in the research. However, we will give you K1000 if arrangement for you to come at an agreed time which is not your clinic day is done.

Sharing the results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to your name. The knowledge that we get from this research will be shared with this hospital before it is made available to the public. Eventually the results will be published so that other interested people may learn from the research.

Right to Refuse or Withdraw

You may stop participating in the interview at any time you wish without your care being affected. You will be given an opportunity at the end of the interview to review your remarks, and you can also modify your remarks or remove portions of those, if you do not agree with my notes or if I do not understand you correctly.

Part II: Certificate of Consent

I have been invited to participate in research about Psychosocial care for road traffic injury patients: An Exploration of Service Provision for patients attending orthopaedic clinic at Queen Elizabeth Central Hospital.

I have read the foregoing information, or it has been read to me. I have had opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant_____

Signature of Participant_____

Date _____

Day/Month/Year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

_____

1.

2.

3.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent has been provided to the participant_____

Print Name of Researcher/Person taking the

consent_____

Signature of Researcher/ person taking the consent M. Anyosa

Date 24/06/2020

Appendix VI: Interview Guide for Patients

SECTION A: DEMOGRAPHIC QUESTIONS

Number

Age

Gender

Marital status

Religion

Education level

Occupation

SECTION B: INJURY-RELATED QUESTIONS

When did you get injured? Can you explain what actually happened?

How long did you stay in the hospital?

Did you undergo any operation when you were in the ward?

Were you transferred to another ward? If yes, what was the reason?

What advice were you given the time you were being discharged?

SECTION C: EFFECT OF INJURY QUESTIONS

Describe how this injury affected you.

Can you describe the problems you encountered when you were in the ward because of the injury?

Probe: What was the most worrisome problem and why?

How were these problems addressed in the ward?

How satisfied were you with the care given?

Describe your daily activities before the accident?

Explain how this injury will affect your work.

How supportive was your family and relatives when you were in the hospital?

Do you think you stayed in the hospital for a longer time than expected? If yes, what do you think was the reason?

Probe: Describe how this affected you

How will this injury affect you when you go back to your work?

Appendix VII: Mafunso kwa Odwala

SECTION A.MAFUNSO A PAMSONKHO

Nambala

Zaka zanu

Mkazi /Mwamuna

Wokwatira/ Wokwatiwa kapena ayi

Sukulu munalukezera kalasi yanji?

Mumagwira ntchito yanji?

SECTION B. MAFUNSO OKHUDZANA NDI KUVULALA KWANU

Tsiku lomwe munavulala

Longosolani mwachidule chomwe chinachitika

Munakhala masiku angati mchipatala?

Munapangidwa opareshoni nthawi yomwe munali mchipatala?

Munatumizidwapo kupita wodi ina?

Ngati eya, munatumizidwa chifukwa chiyani?

Munauzidwa zotani nthawi yomwe munkatulutsidwa mchipatala

Munakhudzika bwanji ndi ngoziyi?

Fotokozani mavuto ena omwe munakumana nawo nthawi yomwe munali m'chipatala chifukwa cha ngoziyi.

Pamavuto omwe mwatchulawa, ndi vuto lanji lomwe munaliona kuti ndi lalikulu kuposa onse?

Chifukwa chiyani vuto limeneli linali lalikulu kuposa onse? Longosolani.

Munathandizidwa bwanji ndi ogwira ntchito mchipatala pa vuto lomwe mwatchulali?

Munakhutitsidwa motani ndi chithandizo chomwe munalandira.

Longosolani ntchito zomwe mumagwira ngoziyi isanachitike.

Kodi mukuona kuti zovuta zomwe mwakumana nazo chifukwa cha ngoziyi zikhudza bwanji magwiridwe anu antchito? Longosolani.

Abale kapena a pabanja anu akhala akukuthandizani motani nthawi yomwe mwakhala mukudwala?

Kodi mukuona kuti m'chipatala munakhalamo nthawi yaitali kuposa m'mene mumayembekezera?

Ngati mukuvomera, mukuona kuti chimachititsa izi ndi chiyani? Longosolani.

Zinakhudza bwanji moyo wanu.

Mukalingalira za ngozi yomwe inakuchitikirani, magwiridwe anu antchito akakhala otani mukabwerera kuntchito / bizinesi? Longosolani.

Appendix VIII: English Interview Guide for Guardians

SECTION A: DEMOGRAPHIC QUESTIONS

Number

Age

Gender

Marital status

Religion

Education level

Occupation

SECTION B: INJURY-RELATED QUESTIONS

When did your patient get injured? Can you describe what actually happened?

How long was your patient in the hospital?

Did your patient undergo any operation?

Was your transferred to another ward? If yes, what was the reason?

What advice were you given on discharge as regards to patient care?

Can you describe some of the problems that your patient had because of the injury?

Out of all the problems, which one affected him/her most and why?

How was this problem addressed by health professionals in the ward?

How satisfied were you with the care provided to your patient?

Can you describe the type of work that your patient was doing before the injury?

Explain how this injury is going to affect your patient's daily activities.

How did relatives and family members assist you when you were in the hospital with the patient?

Do you think your patient stayed in the hospital longer than you expected? If yes, what could be the reasons?

How were you affected with this?

Can you describe how your patient will cope up when he/she returns to work/business?

Appendix IX: Mafunso kwa Odikirila Odwala

SECTIONA:MAFUNSO A PA MSONKHO

Nambala

Zaka zanu

Mkazi /Mwamuna

Wokwatira/ Wokwatiwa kapena ayi

Sukulu munalukezera kalasi yanji?

Mumagwira ntchito yanji?

SECTIONB: MAFUNSO OKHUDZANA NDI KUVULALA KWA WODWALA WANU

Tsiku lomwe wodwala anavulalaLongosolani mwachidule chomwe chinachitika

Mwakhala masiku angati mchipatala ndi wodwala wanu?

Anapangidwa opareshoni nthawi yomwe anali mchipatala?

Anatumizidwapo kupita wodi ina?

Ngati eya, anatumizidwa chifukwa chiyani?

Munauzidwa zotani nthawi yomwe munkatulutsidwa mchipatalaMunakhudzika bwanji ndi ngoziyi? Fotokozani

Fotokozani mavuto ena omwe wodwala wanu anakumana nawo nthawi yomwe anali m’chipatala chifukwa cha ngoziyi

Pamavuto omwe mwatchulawa, ndi vuto lanji lomwe munaliona kuti ndi lalikulu kuposa onse?

Chifukwa chiyani vuto limeneli linali lalikulu kuposa onse? Longosolani?

Wodwala wanu anathandizidwa bwanji ndi ogwira ntchito mchipatala pa vuto lomwe mwatchulali?

Munakhutitsidwa motani ndi chithandizo chomwe wodwala wanu nalandira

Longosolani ntchito zomwe wodwala wanu amagwira ngoziyi isanachitike

Kodi mukuona kuti zovuta zomwe wodwala wanu wakumana nazo chifukwa cha ngoziyi zikhudza bwanji magwiridwe awo antchito? Longosolani

Abale kapena a pabanja anu akhala akukuthandizani motani nthawi yomwe mwakhala mukudikirira wodwalayu?

Kodi mukuona kuti wodwala wanu anakhala m’chipatala nthawi yaitali kuposa m’mene mumayembekezera? Eya /Ayi.

Ngati mukuvomera, mukuona kuti chimachititsa izi ndi chiyani? Longosolani

Zinakhudza bwanji moyo wanu? Longosolani

Mukalingalira za ngozi yomwe inakuchitikayi,magwiridwe awo antchito akakhala otani mukabwerera kuntchito / bizinesi? Longosolani.

Appendix X: Interview Guide for Health Providers

SECTION A: DEMOGRAPHIC QUESTIONS

Number

Age

Gender

Cadre

For how long have you worked in this ward?

For how long have you been working as a nurse?

SECTION B: TRANSITIONAL QUESTIONS

Can you describe the type of patients that you usually have

Can you describe the type of care you give to your patients from the day they are admitted up to the discharge day?

SECTION C: KEY QUESTIONS

What do you include on discharge plan?

Have you had any referrals to other departments? Yes/No

If yes, which departments and for what reasons?

Have you ever had time to refer some of your patients to mental health unit? Yes/No

If yes, what were the problems that these patients had?

What did you do before sending them?

Most of road traffic injury patients in this ward have limb fractures. Can you describe some of the problems that they face?

Have you had any patients who were psychologically affected because of their injury? Yes/No

If yes, how were they affected?

Explain how these problems impact their healing process.

If patient presented with such problems, how did you intervene?

Have some of your patients had any readmissions? Yes/No

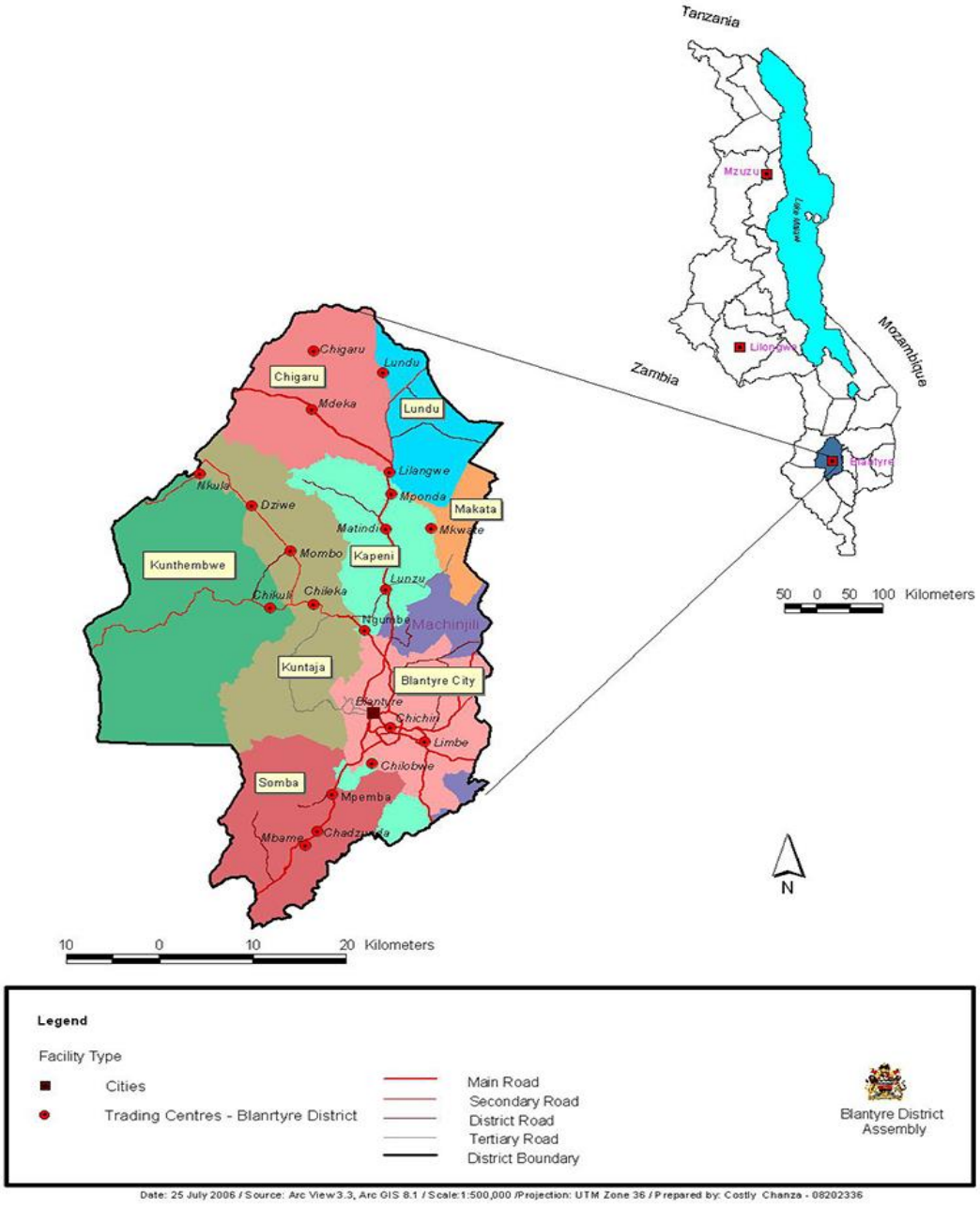
If yes, what problems did they present with?

Can you describe any factors, other than biomedical that hinder full recovery in these patients?

How do you intervene?

Can you describe any challenges that you encounter when delivering care. What could be the solutions?

Appendix XI: Map of Blantyre



Adapted from *https://localgovt.gov.mw/blantyre*

Appendix XII: Certificate of Ethical Approval

UNIVERSITY OF MALAWI

CERTIFICATE OF ETHICS APPROVAL

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.01/20/2904 - Psychosocial Care for Road Traffic Injury Patients: An Exlporation of Service Provision to Patients Attending Orthopaedic Clinic at Queen Elizabeth Central Hospital in Blantyre by Maclean Chingwalu

On 05-Jun-20

As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC some of which are indicated on the next page for your study

05-Jun-20

Prof. E. Umar -Chairperson (COMREC)

Date

Approved by College of Medicine
05-Jun-2020
(COMREC)
Research and Ethics Comm

Appendix XIII: Manuscript

INTENTION TO PUBLISH

I am intending to publish this dissertation in peer review journal.

Psychosocial Care for Road Traffic Injury Patients attending Orthopaedic Clinic at Queen Elizabeth Central Hospital, Blantyre, Malawi

Maclean Grace Chingwalu, Eric Umar.

Kamuzu University of Health Sciences

Corresponding author: Maclean Grace Chingwalu, Queen Elizabeth Central Hospital, P.O Box 95, Blantyre, Malawi.

All authors have contributed and have approved the final submitted manuscript.

Abstract

Introduction: Annually, approximately 1.35 million people globally, are cut short as a result of a road traffic crash. Road traffic accidents are responsible for different types of injuries and disabilities which affect the individual's quality of life as they may suffer limitations in physical, social and mental well- being. Road traffic injuries continue to impose a huge burden on the health care services. The high demand could affect the quality of services in orthopaedic clinics especially in resource-limited countries such as Malawi. This study explored the provision of psychosocial services to patients with road traffic injuries attending Orthopaedic clinic at Queen Elizabeth Central Hospital (QECH) in Blantyre, Malawi.

Method: This was a qualitative study employing a phenomenological design which focused on nurses, caregivers and patients. A purposively selected sample of 20 adult patients, who were attending adult orthopaedic clinic at QECH were interviewed. Data was analysed using thematic content analysis.

Results: Little attention, if at all, is paid to psychosocial concerns for patients with orthopaedic problems. Nursing focuses on Biophysiological concerns. Majority of the participants felt that they suffered psychosocially, emanating from the traumatic event leading to the injury. The psychosocial concerns are heightened by delay to be operated, thus lengthening their hospital stay. Psychosocial concerns are further reinforced by financial demands owing to the long stay in the clinic.

Conclusion: In addition to concerns emanating the traffic injuries, uncertainties regarding when they could go to theatre, long stay and financial problems expose

orthopaedic patients to psychosocial problems. Orthopaedic patients 'care should include psychosocial component currently neglected.

Key words

Care giver burden, delayed theatre procedures, psychosocial care, Malawi, qualitative, social support.

1.0 INTRODUCTION

Apart from determining mechanism of injury of those patients who have sustained fractures from road traffic accidents, assessment of patient's social and psychological status to identify potential problems that might affect treatment and rehabilitation remains a problem worldwide. Recent reports from the World Health Organization reveal that each year more than 50 million people are injured in road traffic injuries, worldwide (6).The World Health Organization reported that because of road traffic accidents between 20 to 50 million people globally, sustain non-fatal injuries, with many incurring a disability as a result of their injury (6) and these occupy 30 to 70 percent of orthopaedic beds in developing countries' hospitals (7).

Road Traffic Injuries are a common cause of hospital visits in Malawi and they are also the leading cause of adult related fatalities (7). Less serious but more common are injuries to the ankles, knees and the cervical spine which can result in chronic physical pain and limit an injured person's physical activity. Trauma resulting in musculoskeletal injury is an unforeseen life changing event and once the acuity of injury is over, patients are left with enormous task of reintegrating into their lives (8) which needs mental health intervention. Various factors have been identified as contributing to limited provision of mental health services and psychosocial care. These factors include, attitude by health professionals, lack of multidisciplinary team work, poor communication skills, lack of family involvement and lack of time. Mental health services have historically been underutilized by orthopaedic specialists despite evidence that orthopaedic injuries result in significant psychopathology (8) and although medical advances have dramatically improved survivorship, these injuries

nevertheless result in poor quality of life and 50 to 90 percent of patients develop psychological distress because of the sudden and unexpected nature of events and other issues that affect the patients' wellbeing(9). Lack of psychosocial care contributes to injury reoccurrence, re-hospitalisation and higher personal and societal healthcare costs (9). Research suggests that appropriate psychosocial care reduces patients' anxiety and stress. It also alleviates pain thereby, improving quality of life. It also reduces hospitalization cost due to decreased need for medical resources. Therefore, social, economic and psychological parameters are becoming increasingly accepted as having substantial bearing on recovery after traumatic injury(10).

Biopsychosocial models where psychosocial factors are assessed and treated along with medical care have become standard of care in the treatment of many medical conditions but have not been incorporated in most orthopaedic practices(10). The biopsychosocial model offers a multidimensional perspective by recognizing the impact of psychological and social factors which are emotional states, beliefs, social factors and disease. In orthopaedics, the biopsychosocial model has impacted the management of musculoskeletal conditions because despite overwhelming success of orthopaedic procedures, functional improvement after surgery varies widely. The current study was conducted in order to uncover the lived experience of patients attending orthopaedic clinic and explore the nature of psychosocial care provided to orthopaedic trauma patients.

Previous studies on factors that hinder provision of psychosocial care in orthopaedic patients looked at lack of patient involvement and independence where shared decision making is one of the strategy to involve the patient (11). The primary cause

of psychosocial problems in orthopaedic trauma patients was delay to go for theatre procedures and this was established from 100% of the participants in this study.

2.0 METHODS

2.1 Study Design

This was a qualitative study employing a phenomenological design as it examined patients' experiences of receiving psychosocial care in the clinic.

2.2 Study Setting

This study was conducted in an adult outpatient clinic where various follow-up clinics are done at Queen Elizabeth Central Hospital, Blantyre in Malawi. Clinics such as medical, surgical, psychiatric, diabetes and orthopaedic are done at this place but on different day. The orthopaedic clinic is done on Thursdays.

2.3 Study Sample

A sampling frame was obtained from the patients attending orthopaedic clinic from which a total of 12 patients were randomly sampled. Four caregivers and four nurses were also interviewed. Literature suggests that a sample of 5 to 50 is enough for in-depth interviews (IDI) (12). The sample was large enough to sufficiently describe the phenomena of interest and address the research question at hand researcher used the assumption that a sample should be large enough to sufficiently describe the phenomena of interest and address the research question at hand (13).

2.4 Data Collection

In-depth interviews were conducted with nurses, caregivers and patients. Separate interview guides were developed for nurses, caregivers and patients. Two caregivers were those whose patients were just being discharged and two were from the clinic while all the twelve patients were from the clinic. Interviews took approximately 30 minutes on average and were audio recorded.

2.5 Data Analysis

The audio recordings were transcribed verbatim in Chichewa, one of Malawi's popular vernacular languages and translated into English. Data analysis was on going. Thematic content analysis was conducted. In early stages of data collection, transcripts were read to identify emerging themes as well as to check if data was saturated. This process formed part of data familiarization which was followed by coding and generation of themes.

2.6 Ethical consideration

The study was approved by the University of Malawi, College of Medicine Research and Ethics Committee (P.01/20/2904). Permission to conduct the study was sought from the hospital director of Queen Elizabeth Central Hospital. Informed consent was obtained and signed by the participants.

3.0 RESULTS FOR THE STUDY

3.1 RESPONDENTS PROFILE

Table 1: Showing respondents' profile

Participant code	Age (years)	Sex	Marital status	Education	Occupation	Hospital days
03/01	23	Male	Single	Secondary	Spray painter	14 days
03/02	31	Male	Single	Secondary	Mechanic	75 days
03/03	33	Male	Married	Primary	Farmer	12 days
03/04	50	Male	Married	Primary	Farmer	14 days
03/05	45	Male	Married	Tertiary	Teacher	45 days
03/06	45	Male	Married	Primary	Businessman	5 months
03/07	60	Male	Married	Secondary	Security guard	30 days
03/08	45	Male	Married	Primary	Security guard	75 days
03/09	22	Male	Single	Secondary	Builder	10 days
03/10	34	Male	Single	Secondary	Driver	30 days
03/11	28	Female	Married	Primary	Fish seller	30 days
03/12	33	Male	Married	Secondary	Businessman	29 days
02/01	47	Female	Married	Secondary	Businesslady	45 days
02/02	35	Male	Married	Tertiary	Teacher	30 days
02/03	43	Male	Married	Secondary	Businessman	30 days
02/04	43	Female	Married	Primary	House maid	7 days
01/01	27	Female	Single	Bsc in	Registered	Not

				nursing	nurse/midwife	applicable
01/02	37	Female	Married	Diploma in nursing	Nurse/midwife technician	Not applicable
01/03	23	Female	Married	Bsc in nursing	Registered nurse/midwife	Not applicable
01/04	47	Female	Married	Bsc in nursing	Registered nurse/midwife	Not applicable

Table 2: Showing mode of travel by the injured patients

Participant code	**Travel**
03/01	Pedestrian
03/02	Pedestrian
03/03	Cyclist
03/04	Passenger
03/05	Passenger
03/06	Pedestrian
03/07	Cyclist
03/08	Pedestrian
03/09	Passenger
03/10	Driver
03/11	Passenger
03/12	**Pedestrian**

3.2 NEED FOR PSYCHOSOCIAL CARE

Most patients reported that the injury affected them physically, psychologically, socially and economically. Except for the physical needs, most patients indicated that the other needs were a challenge to be met in the hospital. The patients had lost their strength because of the injury and could not do activities they previously were able to do. They had gone back to childhood years where others had to do things for them.

3.2.1 Economic effects

Some of the patients were working and risked termination of work from their companies while others were doing businesses and experienced dwindling of their businesses because upon coming out of the hospital, they did not have any capital to sustain their businesses. They had to start from all over again and with compromised physical functionality. A point illustrated by the following patient:

"This accident affected me because my limbs are weakened and I cannot perform work as I used to do. I have a disturbed mind because to work as a watchman requires enough strength and now I do not have that strength, therefore I cannot work. My employers are now paying me half salary and very soon they are going to stop paying me. I also do not have hope that I can continue working there so when I am finally dismissed, it will mean problems for me because the simplest job in Malawi is that one of the watchman. I believe they cannot employ me because one limb is weak and lacks strength. So this is how I am affected". (03/07)

Another patient had this to say:

"This injury affected my life and it still does and I cry day and night thinking about the way my arm is. I am a person who depend on myself to make ends meet. I do business and look after my children. I also farm but now I am struck with hunger because I did not farm and my husband cannot manage to go to work and do farm work. So I am crying in my heart and I cry for my children especially with the responsibilities that I have. I rely for other people to come and wash for me and fetch water for me. If people do not come to help me then I just sit. So what type of life am I leading?"(03/11)

Care givers perceived the burden brought by road traffic injuries as being vast. They reported that patients were experiencing much pain and others were exhibiting mental disturbances. Traffic accidents turned everything upside-down and life was at a stand-still because most of the patients were bread-winners and their hospitalization meant that their sources of finance were affected.

A point explained by the following caregiver:

"My life was very much affected because she is a bread winner even for me. I get financial help from her and she is the one who was also running my business because I am now aged and we were just contributing money towards the business but she was the one doing it. Therefore I am very much affected and in addition we stayed a longtime in hospital which made things not to move". (02/01)

3.2.2 Long hospitalization

Long stay in hospital was reported to be a concern to both the patients and their caregivers and among other things, this was due to delayed theatre procedures. Theatre

procedures were not straight forward. Most patients reported that delay to go to theatre lengthened their stay in hospital because complications started setting in which further affected them psychologically since their financial resources became depleted more and more.

Delays to go to theatre had a negative impact to the patients because communication that the operation was postponed was being delayed, usually done after the patient had stayed without food for the whole day hence increasing their stresses. The following patient had this to say:

"*Long stay in the hospital affected me very much because I was staying without a caregiver and at the same time I was thinking of my children at home. I was caught between two thoughts; thinking about my children at home and being alone in the hospital. Sometimes I would cry and wipe the tears myself. My husband only managed to escort me to Mangochi but Blantyre is far and he needs to look after the children and he works as a guard so it is difficult for him". (03/11)*

Caregivers reported that it was painful to see their patients cancelled from the theatre list for several times. Caregivers indicated that the patients were told to starve as a preoperative measure only to be told that they were not going for operation in the afternoon. This caused more anxiety to the patients who were told that their fractures could only heal after surgical intervention. On the other hand, other caregivers appreciated the delay because it enabled their patients to have other issues attended to hereby minimizing risk of complications during and after theatre procedures. A caregiver illustrated this point:

"*I think he cannot even explain but the problem that both of us encountered was the delay to go to operation because we could see time passing up to two months. The operation was done after one month and after the other operation the doctors accepted that it really took time and they said it was because of covid-19, so it was like that. So the biggest problem was delay to go to operation but on the other hand we could understand them that the operation maybe delayed because of anaemia, but this was difficult for relatives who are lay people to understand as we could see others coming and going and even in the Covid-19 period other patients would be going for operation. We signed consent for five times, this fifth time was the one which saw the patient going to theatre".* (02/02)

3.3 LACK OF FORMAL PSYCHOSOCIAL CARE

Patients reported that having inadequate psychosocial care contributed to delay in healing process because they were lacking emotional and logistical needs and a sense of belonging. Patients reported that having no visitors coming to see them and having no caregivers affected most of the patients because these people would bring in food and other resources that would be needed for their day to day living. Patients and caregivers reported this challenge from their families' perspective and health providers' perspective.

3.3.1 Family perspective

Just as Psychosocial support had beneficial effects on physical and mental health outcomes of orthopaedic trauma patients, those without spouses, friends and family to provide psychological care and material resources were affected. Patients

overwhelmingly mentioned the role of family and social networks in facilitating healing process as illustrated by the following patient:

"Having no caregiver affected me much and even during visiting time I would see many visitors all over but none to my bed and this made me cry. Even now I am affected because my friends are being escorted with their caregivers for check-up but I come alone, sometimes with my child. This affects me. I do not have a mother or a father, they both died almost five years ago. My husband's relatives are not taking any role in helping me". (03/11)

Caregivers perceived visitations by friends and relatives to be uplifting in that provision of necessities reduced their financial burden. Caregivers also needed other people to support them because they were burdened with patients' issues. Taking sole responsibility to see to it that patient's wellbeing was taken care of, was another challenge as the following caregiver reported when asked about the role of the family in orthopaedic trauma patients.

"*As caregivers, we are also affected because we are now going to be responsible for his wellbeing which is challenging indeed for a village person. We just look up to God to see how He is going to intervene for us. So we will assess whether he can work on his own or not. If unable, then those of us who surround him will have to take the role of helping him .We are thinking that when he is better, we should help him open a new business which will make him sell commodities himself and in so doing, relieve his anxiety".* (02/02)

3.3.2 Health workers perspective

Some of the patients reported the negligent, uncaring behavior of some nurses in that the patients were not informed about their condition and management plan. Some level of psychosocial support such as providing emotional support and information about one's illness which is supposed to accompany much of routine care was not never appreciated by some patients and their caregivers.

A point illustrated by the following caregiver:

"What happened on that day was that I went to radiotherapy department that was on the 5th of March when I was coming back that was when my next bed neighbour told me that my patient would be discharged tomorrow. So when I went to the nurses station I was told the same and to go to room one then room 8. When I went to room 8 the following day, the clinician asked me if my patient was able to walk and I said no, and furthermore, I haven't been told how I am going to take care of the wound so this doctor told me not to go but to wait until the following Tuesday, the ward round day so that we can go home on Wednesday but when I reached the ward the nurses scolded me saying why are you still here? I thought you have been discharged, so I said to myself that when other things happen God has a reason for it. We were discharged on ward round day but we were not even given a discharge note, nor told where we were supposed to go from there. We just left ignorantly. I was not told what to do with the wound which had bandages on but I just thought it to myself that the dressings needed to be changed so I removed the dressings and left it open and little by little, it got healed but later one side started to gape and a big wound developed". (02/04)

The doctors were helping me but sometimes if I tell them that I am not feeling well it was taking long for them to come and address your problem. They would do other things or actually forget you and I felt ignored. So those things were happening indeed. I was worried because I was not taken as a human being and I could feel sorry for myself. (03/01)

3.4 INABILITY OF SYSTEM TO PROVIDE PSYCHOSOCIAL CARE

Nurses reported that the patients really displayed psychosocial problems but there are no systems in place to clearly guide health professionals on what to do. Nurses indicated that lack of psychosocial support from friends and loved ones complicated the injured patient's health status. Patients who lacked psychosocial support had increased stresses because they did not feel belonged to and loved. Increased anxieties or stresses significantly lowered patients' immunity which affected their healing process. The nurses mostly provided biomedical care such as giving medications, doing wound dressings and preparing the patients for orthopaedic surgeries and on orthopaedic surgeries, nurses also indicated limited surgical capacity which delayed treatment and made recovery from their injury to take an extended period of time.

3.4.1 Personnel shortage

Nurses reported that for those who were able to identify psychosocial issues of patients, they were unable to provide it because of shortage of staff. They indicated that because they were few, there was no patient allocation and were just randomly working and focused their care on physical biomedical issues. A point illustrated by the following nurse:

"Sometimes staff is not enough, therefore it becomes difficult to provide comprehensive care to the patients, so such things happen. For us nurses, sometimes we have a nurse there, sometimes no nurse is allocated because of shortage in number of nurses who are there, so it can affect the patient psychologically in terms of the care that others are receiving". (01/02)

Another nurse had this to say:

"The challenge that we encounter as a nurse is that we are unable to provide psychological care that the orthopaedic patients need to receive and other related health care that the patients need to receive as an individual because of shortage of staff. We do not have allocations, anyone goes anywhere and more especially when we do not have ward round, it is rare for a nurse to be there". (01/03)

3.4.2 Multidisciplinary team work

Nurses indicated that they had limited advocacy role for their patients who kept on complaining about delayed theatre procedures. There was no proper communication between the orthopaedic surgeons and anaesthetists which saw some patients' procedures being cancelled. The nurses reported that they would be able to provide psychological care at the moment when the patient was being prepared for surgery, but they would not have a tangible information to give to the patients whose surgery was postponed. The patients were in pain and their only hope was to have the surgery done. A nurse illustrated this point:

"The other thing is that when it comes to theatre procedures, for a patient to understand that a nurse has insufficient knowledge when it comes to theatre

procedures, that she is not the one doing procedures is a challenge. So we try to help patients understand but still more we are burdened because it appears as if we are not doing anything to them. It is difficult for us to advocate for a patient especially when it comes to having operations done. It is up to the doctors to decide which patient goes to theatre as an emergency therefore, it will not matter how many times patients complain to us; we do not have answers to tell them that you will go tomorrow unless we are told". (01/03)

4.0 DISCUSSION

Road traffic injuries are the single biggest cause of injuries and injury-related mortality, accounting for a quarter of all injury deaths. Worldwide an estimated 1.3 million people are killed in road traffic crashes each year and as many as 78.2 million are injured. There is a projected increase by about 65% over the next 20 years if there is going to be no commitment to prevention and the projected increase will be greater in low and medium income countries including Malawi (14). Pedestrians and two wheeler users are at a greater risk than vehicle occupants and bear the greatest burden of injury as shown in this study whereby 10 out of 12 (83%) participants were either walking, cycling or on a motor bike. (Table 2)

The traumatic event, like any other illness gives rise to personal experiences that are peculiar to the patient. These include ideas, fears, concerns and expectations generated by the fracture. The patient's mental health will be affected depending on the type, intensity, extent and duration of the traumatic event and the dynamics of patient's environment such as family, community and work will also be affected (5). This study was carried out to explore provision of psychosocial services to patients with RTIs

attending Orthopaedic clinic at Queen Elizabeth Central Hospital. Data was collected through in-depth interviews. Main findings of the study focused on the need for psychosocial care, lack of formal psychosocial care and inability of the system to provide psychosocial care.

4.1 NEED FOR PSYCHOSOCIAL CARE

Provision of psychological and social care through therapeutic communication is an important entity in the recovery of an orthopaedic trauma patient as it improves patient's health outcomes and quality of life. The findings of this study revealed that orthopaedic patients felt disabled by the fracture that led to loss of a job, inability to make a living and loss of independence. They suffered severe pain which they experienced for a long time. This finding was similar to the findings of the study which was conducted in Democratic Republic of Congo by H. Okonta, K.L Malemo and G.A Ogunbanjo which stated that patients suffer from pain which to some of them lingered for some months(5). There are also emotional wounds that these patients suffer from that are less visible but take longer to recover than the material losses.

4.1.1 Economic Effects

When a patient is involved in traffic injury and is admitted, he suffers various problems in all areas. Many of them were bread winners and life became at a standstill when they were in hospital; for females their role to take care of the children was compromised. Many patients kept on coming to the hospital for reviews for many months and others stayed at their relatives in town which further depleted their financial resources. This finding was also similar to the findings of the study which was conducted in DRC which found that some of the patients were forced to spend

more time than expected in the hospital, far away from their families with others relocating their families in order to have access both to hospital care and family support(5). The health care costs also affected the caregivers who had their daily activities put to hold the time they were in the hospital with the patient and this finding is similar to the study findings done in Tanzania by Sonya Davey et al, which found that 73.7% of patients reported that their injury health care costs were a catastrophic burden to themselves and their families(15).

4.1.2 Long hospitalization

Prolonged hospital stay is a major cause of many of the consequences that orthopaedic trauma patients face when they are in the hospital and this study found that delay for the patients to go for theatre procedures contributed to long hospitalization and delayed healing. Patients were put on skin traction for six weeks, then another six weeks on skeletal traction if there was no union of bones, and could proceed for theatre interventions in need be. This finding was similar to the study which was done in northern Tanzania by Joy Obayemi and Neil Sheith, 2020 which found that musculoskeletal injuries in SSA often received prolonged in-patient treatment due to limited access to surgical care (16). In another study done by Gabbe Bellinda, Sleney Jude, Gosling Cameron and Wilson Krystle in Australia, it was found that delays to surgery were prevalent and was perceived to be due to lesser injury severity. On the contrary, this study found that severity of the injury, which needed other interventions before operation and inavailability of anaesthetists contributed to this delay which made theatre procedures to be post-poned. The study findings were also similar to the

study findings by P. Lewis and J.P Waddell in United Kingdom which found that the longer the delay to go to theatre, the higher the mortality rate (17).

4.2 LACK OF FORMAL PSYCHOSOCIAL CARE

Provision of psychological and social care was found to be an important factor in patients' recovery in this study. Poor psychosocial support was associated with worse long term functioning. In this study, participants highlighted that when a patient has no care giver, he will not have someone to bath him when he is on traction or attend to other activities of daily living and this affects him because he sees that other patients in the same ward are being looked after by their caregivers. This study finding was similar to the study which was done in Uganda by Nathan O'Hara, Rodney Mugarura, Gerald Slobogean and Maryse Bouchard, 2014 which found that surgical wards had limited nursing care and injured patients had to rely on those dependents for hygiene and feeding (18).

4.2.1 Family perspective

Orthopaedic injuries do not only have a substantial impact on the patients but also on their families and friends. According to this study, caregivers highlighted that they were overwhelmed with the responsibility of seeing to it that their patients were being attended to, while at the same time attending to issues at home. When discharged, the caregivers had to continue taking sole responsibility of taking care of the patients. This finding is similar to the study finding by Newcomb, Moore and Matto 2018 which found that a patient was at a vulnerable state upon return to home requiring considerable care at the outset. The transition marked the beginning of the most extensive phase of recovery in which family assumed primary responsibility for the

work of caregiving and health care management (19). Assuring family members also help allay patients' fears which positively impact the patient's recovery because of reduced stress levels (20).

4.2.2 Health worker perspective

Figuring out how to have a conversation with patients and caregivers about the type of care they are going to receive was critical. According to this study, some caregivers and patients experienced negligent and uncaring behaviour from nurses whereby complaints were ignored and explanations not given properly. This finding was similar to the study finding which was done by Onkonta, Malemo and Ogunbanjo in DRC which highlighted that some nurses did not care, when they were called for help but they did not come; they neglected their complaints (5). While it is reasonable to take some time to gather information before speaking to patients and caregivers, if this period is too long, patients and caregivers can become frustrated. In this study, patients were being told that surgery had been cancelled very late in the afternoon after patients had been starved. This finding is similar to the study finding done in Toronto by Kuluski et al, 2020 which found that poor communication was particularly evident for patients, caregivers and nurses during delayed care transition because the next step in care and associated timeliness were often unclear (21). However, other caregivers and patients appreciated the good care they received.

4.3 INABILITY OF SYSTEM TO PROVIDE PSYCHOSOCIAL CARE

Health care systems are designed around acute biomedical care models and hence struggle to improve patient-reported outcomes because the psychosocial elements are not the area of focus. Most health care systems are not aware of and rarely use

Biopsychosocial model of illness as highlighted in this study that nurses were executing care such as wound dressing, giving medications, pre and post-operative care which were more biomedical. This finding is similar to the study finding which was done in Singapore by Chen Cassandra Siyun, Chan Sally Wai-chi, Chan Moon Fai, Yap Suk Foon, Wang Wenru and Kowitlawakul Yanika, 2017(22), which highlighted that nurses often found it difficult to integrate psychosocial care into routine practice.

4.3.1 Personnel shortage

At health system level, capacity shortages within facilities negatively affect orthopaedic trauma patient care. Though most nurses lack expertise in providing the psychosocial care, those few that are willing to do so using their basic knowledge are unable to do that because the wards are always short-staffed. Nurses reported that they were unable to provide psychosocial care because of barriers such as shortage of staff coupled with lack of resources. This finding was similar to study done in Sierra Leone by Virk et al 2021. The study was done across Sub-Saharan Africa and they found that health providers from government hospitals reported massive shortages of equipment and trained staff (23). Lack of resources made them unable to give comprehensive care to the patients. They would want to explain the care to the patient but when the necessary resources were not there, the care was compromised. This finding is similar to the study which was conducted in Singapore by Cassandra et al 2017, which found that nurses were too focused on the tasks, sometimes they just never cared about the patient(22). Shortage of staff was perceived by the participants in this study to consist of mainly routine nursing care and these were prioritized over psychosocial care.

Feelings of inadequacy in those who were previously trained in basic mental health nursing was noted to be huge in this study. It was noted that most patients that were referred for mental health assessment were already known psychiatric patients, otherwise patients with psychosocial issues were rarely identified. Nurses highlighted that they were unable to provide psychosocial care because

4.3.2 Multidisciplinary team work

Involvement of multidisciplinary team plays a role in making sure that psychosocial issues are addressed in orthopaedic trauma patients. The collaborative work of various health professionals facilitates positive outcomes in orthopaedic trauma patients so that their needs are met. However, in this study, nurses reported that they worked within their scope of practice therefore, they were unable to advocate for their patients to go for surgery in the earliest possible time. In this study, poor communication among health professionals led to patient dissatisfaction which brought in psychological issues. Nurses highlighted that patients complained that they were not being told in time that their operation was cancelled. However, this finding is different from the study finding by Mehta, Bryson and Cutler, 2018 which found that other patients preferred if the doctors had discussed cancellations with them and not the nurses (24). The ward rounds are normally done by the orthopaedic surgeons and the nurses which make it difficult to engage the varied roles of multidisciplinary team in a timely manner because consultations for other health professionals to come and see patients take long.

4.4 STUDY LIMITATIONS

The challenge of this study was finding time suitable for the participants who were eagerly waiting to be reviewed by orthopaedic doctors. The researcher did the interviews before the start of the clinic. Another challenge was that the study was not gender sensitive on the part of patients and nurses in that 92% of patients were male and all nurses were female. This was because female nurses were in majority in these wards. There was one male nurse but he did not meet the inclusion criteria as he had worked for less than a year.

5.0 STUDY IMPLICATIONS

5.1 POLICY

The study found that holistic approach to patients' care would be necessary in order to provide psychosocial care. Nurses have direct contact with patients and are in the best position to provide psychosocial care, but this study found that nurses only focused on bio-physiological care of patients such as drug administration, wound dressing, pre and post-operative care. Even on discharge, much focus was on physiotherapy and ensuring that patients went home with crutches or wheelchairs. The quality of trauma patient discharge is undermined by system and ward level processes and they encounter complex barriers to quality discharge that likely require comprehensive multidisciplinary intervention. There is no established policy that guides holistic care of these orthopaedic trauma patients as such this leaves patients with emotional wounds that are not attended to and can affect their recovery.

5.2 PRACTICE

The lived experiences from all the three groups of participants (100%) suggested that psychosocial care really needs to be implemented though this was described

differently among them. In this study, all participants felt disabled by the fracture that led to inability to make a living and loss of independence. Most participants reported mixed experiences and few reported negative experiences, whereby some nurses were mentioned as being neglecting and ignoring patients' complaints. This implies that psychosocial care is not perceived as being a component of holistic care of the patient because when a nurse ignores patients' complaints that means the patient will be psychologically affected and this can hinder speedy recovery. This was also shown by statements from nurses that psychosocial problems on patients with orthopeadic injury were rare and that patients who were referred to mental health unit were those with a known history of mental disorder and no psychosocial issues were identified.

5.3 RESEARCH

This research study found that there was a gap in utilization of Biopsychosocial model approach by health providers in the orthopaedic wards in Malawi. The current health systems were founded on Biomedical model approach, though 50% of participants perceived psychosocial care as an important aspect of care. Because they were so focused on their tasks, they often ignored the psychosocial needs of their patients. The Biopsychosocial model where medical and psychosocial factors are assessed and addressed have not been incorporated in most surgical practices. This indicates the necessity for carrying out similar studies to guide decision making at policy level and to enable health workers implement appropriate services.

5.3 EDUCATION

The study revealed that patients who had sustained injuries due to traffic accidents faced psychosocial issues. Their conditions became chronic with physical,

psychological and social impairment but only the physical conditions were addressed. The consequences and after-effects of road traffic accidents have been neglected and under-emphasized. This implies that there are no guidelines which every health provider regardless of the cadre should follow and adhere to when implementing their interventions.

6.0 CONCLUSION

In summary, this study aimed at exploring the provision of psychosocial care in road traffic injury patients attending orthopaedic clinic at Queen Elizabeth Central Hospital. Results of this study suggested that psychosocial issues in orthopaedic patients were to a larger extent attributed to their lengthy stay in hospital. The study findings showed that orthopaedic trauma patients received prolonged in-patient treatment due to limited access to surgical care which came in because of other unforeseen problems such as shortage of anaesthetists. Delayed surgical care negatively affected the fractured patients and this effect was rarely recognized by health professionals.

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Table 1: Demographic characteristics of participants

Characteristic	Frequency	Percentage (%)
Mean age	36 years	-
Gender (Nurses)		
Male	Nil	(0%)
Female	04	(100%)
Gender (Caregivers and Patients)		
Male	13	(81%)
Female	03	(19%)
Marital status (Nurses)		
Married	03	(75%)
Single	01	(25%)
Marital status (Guardians and patients)		
Married	13	(81%)
Single	03	(19%)
Educational qualification		
Primary	06	(30%)
Secondary	09	(45%)
Tertiary	05	(25%)
Occupation		
Employed	10	(50%)

Business	08	(40%)
Farming	02	(10%)