

Emergency communication to the family member of the traffic accident victim*Comunicación de emergencia al familiar de la víctima del accidente de tráfico**Comunicação em emergência ao familiar da vítima de ocorrência de trânsito***Maria Lígia dos Reis Bellaguarda¹**

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Bellaguarda MLR, Moraes CLK, Canever BP, Silva AO, Broering JV, Martendal T. Emergency communication to the family member of the traffic accident victim. Glob Acad Nurs. 2021;2(1):e65.
<https://dx.doi.org/10.5935/2675-5602.20200065>

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Chief Editor: Caroliny dos Santos
Guimarães da Fonseca
Executive Editor: Kátia dos Santos
Armada de Oliveira

Submission: 11-17-2020

Approval: 12-01-2020

Abstract

The aim of this study was to learn about the means of communication with the family member of the traffic accident victim. Qualitative, exploratory, descriptive study followed the convergent care research, seventeen professionals participated, fifteen Nurses and two Social Assistants assigned to an emergency. Data collection was performed using the self-report technique and subjected to thematic analysis. Nurses are the professionals who communicate the accident to families, by telephone contact, in case of failure, refer to the Social Worker, the means of access to families is the most difficult factor in the process of communicating traffic accidents. This study brings to the knowledge in nursing and health, the urgent action to drive and create protocols and communication flows of traffic incidents to the families of the victims. Important strategy to support the health care provided in emergency spaces and to legitimize integrality and accessibility to health.

Descriptors: Nursing; Communication; Emergencies; Family.**Resumen**

El objetivo de este estudio fue conocer los medios de comunicación con el familiar de la víctima del accidente de tráfico. Estudio cualitativo, exploratorio, descriptivo, siguió la investigación asistencial convergente, participaron diecisiete profesionales, quince enfermeros y dos asistentes sociales asignados a una emergencia. La recogida de datos se realizó mediante la técnica de autoinforme y se sometió a análisis temático. Las enfermeras son los profesionales que comunican el accidente a las familias, mediante contacto telefónico, en caso de avería remitirlas a la Trabajadora Social, el medio de acceso a las familias es el factor más difícil en el proceso de comunicación de los accidentes de tráfico. Este estudio aporta al conocimiento en enfermería y salud, la acción urgente para impulsar y crear protocolos y flujos de comunicación de los incidentes de tránsito a los familiares de las víctimas. Importante estrategia para apoyar la atención de salud brindada en los espacios de emergencia y para legitimar la integralidad y accesibilidad a la salud.

Descriptores: Enfermería; Comunicación; Emergencias; Familia.**Resumo**

Objetivou-se conhecer os modos de comunicação ao familiar da vítima de ocorrência de trânsito. Estudo qualitativo, exploratório, descriptivo, seguiu a pesquisa convergente assistencial, participaram dezessete profissionais, quinze Enfermeiros e dois Assistentes Sociais lotados numa emergência. A coleta de dados deu-se por técnica de autorrelato e submetida à análise temática. Os Enfermeiros são os profissionais que comunicam o acidente as famílias, por contato telefônico, no insucesso remetem à Assistente Social, os meios de acesso às famílias é o fator mais difícil do processo de comunicação de acidentes de trânsito. Este estudo traz ao conhecimento em enfermagem e saúde, a premente ação de conduzir e criar protocolos e fluxos de comunicação de ocorrências de trânsito às famílias das vítimas. Estratégia importante para dar respaldo à atenção à saúde realizada nos espaços das emergências e legitimar a integralidade e acessibilidade à saúde.

Descriptores: Enfermagem; Comunicação; Emergências; Família.

Introduction

Assistance to traffic accident victims directly influences the decrease in the mortality rate and minimizes the consequences resulting from this event. The work teams present protocols for the assistance and procedures to be performed. And these interaction processes, the relationship / communication, which is established between the pre-hospital care team, families, victims, and in-hospital health teams is still incipient. Communication between those involved takes place according to the situation that and how it presents itself.

In Brazil, there were 44,812 deaths in 2012 and 42,266 in 2013, with a 5.7% reduction in traffic accidents. The mortality rate fell 6.5%, from 22.5 deaths per 100 thousand inhabitants, in 2012; to 21 cases per 100 thousand inhabitants, in 2013.¹

In Santa Catarina, the reality of this study, the data from the Ministry of Health in relation to the number of deaths from traffic accidents account for 1,916 in 2012, 1,685 in 2013 and 1,825 in 2014.²

Among the concerns of the health teams, is the communication of the grievance to the relatives of the victims seen in the hospital environment. The emergency care activities require dynamism, speed, and resolution, which makes communication with the victim and family members tenuous. Families often fall short of receiving information.³

The health team needs preparation and planning to inform and communicate the people involved in traffic accidents and their families. The ways of approaching people in conflicting situations, suffering and uncertainties require organization and flows.⁴

The nurse, along with other health professionals, performs the care and the need to communicate difficult news to victims and families. And it presents its work regulated by the Federal Nursing Council (Cofen) through Resolution No. 375/2011, which provides for the presence of nurses in Pre-hospital and inter-hospital care, in situations of known or unknown risk.⁵

The health literature is fragile when it comes to communicating injuries to the families of accident victims, which justifies the approach of this study and the objective of knowing the ways of communicating to the family member of the traffic accident victim, to answer the question: what is the communication to the family of the victim of a traffic accident?

Methodology

Descriptive exploratory research with a qualitative approach, based on primary data collection. Study carried out in the emergency room of a general hospital in the state public health system, located in a municipality in southern Brazil.

Fifteen Nurses and 02 Social Assistants participated, selected by the following inclusion criteria: professionals of both sexes, age above 18 years old, employees of the institution's staff and in activity. The number of participants was defined according to the inclusion criteria and accepted for participation in the Research.

Data collection and organization took place between March and June 2016 and followed a semi-structured script, with open and closed questions using the qualitative self-report technique of Polit and Beck⁶, composed of two parts. The first is a guiding statement to the report, about the professional's conduct in communicating the families of victims of traffic accidents in their experience in their daily work. The next step consists of a questionnaire with open and closed questions, specific to the team and institution's practice in communicating and approaching the family and the means used to inform the situation of the traffic accident victim. Individual reports, subject to prior scheduling, in view of the availability and acceptance of the respondent and occurred in the three work shifts.

After exhaustive reading of the material, the data were grouped by similarity and frequency of appearance of the responses. The analysis of the information followed the steps of the qualitative research, coding, categorization and interpretation of the data and its relationship with the existing literature and science on the topic.⁷ Subsequently, the composition of the category that forms the corpus of analysis was carried out and brings with it the discussion of the findings in the research: behaviors and ambience in emergency when communicating to the family of victims of traffic accidents.

The Research followed the recommendations of Resolution No. 466, of December 12, 2012, and complementary to the National Health Council / Ministry of Health and approved by the Research Ethics Committee of the Centro Universitário Estácio de Santa Catarina under Opinion no. 1,620,359, of July 4, 2016. With respect to individuality and anonymity, participants were identified by the initial "P" referring to Professional, followed by sequential Arabic numbers, according to the delivery of the self-reports, example: P1, P2 ... P17.

Results

The study universe included 26 professionals, 24 nurses and 02 Social Assistants, with the effective participation of 15 nurses and 02 Social Assistants, those responsible for the emergence of the Institution under study. Thus, 17 participants were the respondents of the study in question. Of these 03 men and 14 women.

According to 12 professionals, the Pre-Hospital Care team (APH) is not asked whether or not the family was warned about the accident. The other 05 participants asked the APH members questions.

The seventeen participants report that nurses are the professionals who most contact families of victims of accidents, in the event of failure, Social Workers assume responsibility.

"[...] nurses try to contact the family, given the difficulty of locating family members, social service is triggered" (P3).

The means of communication used to inform families correspond to the telephone, registration service,



national card of the Unified Health System, military police, fire department regulation, APH service and the Federal Highway Police, as follows:

"I use all means to locate the family, telephone, registration service, Google and SUS national card" (P4).

"I use the telephone, social service, except on weekends because the social service is on call and when she needs it she contacts the Military Police, Federal Highway Police, General Registry or the Service that referred the victim" (P1).

Professionals report that there are no difficulties in communicating to families, but show obstacles such as structural, organizational conditions and resources for this purpose.

"There is no 24-hour operator in the hospital, there is no phone service, each nurse earns 10 reais in credits on his password to make calls, but it doesn't even last for half the month" (P5).

"I have already used my cell phone to contact the family, but family members kept calling me, after information and questions, even outside working hours" (P9).

Another aspect refers to the environment in which information and communications are carried out. Regarding deaths, they are reported in the corridors, rest room and even toilets, this was a predominant report by professionals.

"Every time news of the patient's death or severity is given to the family in the hospital corridor, around several other patients and family members" (P11).

"Most of the time the news and death or severity of the patient is carried out in the nurses' room where the shift change is made, and the nurses' toilets, rest room and snack are used" (P17).

The ways of passing on information and communicating to families follow in a certain way a flow established by the daily work of the emergency. Social workers perform the communication when requested due to lack of documents or conditions that nurses cannot do.

The communication of death is carried out by the doctor when the family is present, in other cases, professionals report the victim's situation, but do not report deaths by telephone. When the family arrives at the institution, effective dialogue takes place.

The participants considered that the communication to the victims' family members should be carried out by the professional Nurse and Social Worker. They point out that this is not the responsibility of a single professional, everyone needs training for communication with the family.

"The nurse has more sensitivity to inform the family and gives more credibility, but time impairs this information due to the lack of professionals in the emergency room and due to having several procedures to perform" (P8).

Emergency communication to the family member of the traffic accident victim

Bellaguarda MLR, Moraes CLK, Canever BP, Silva AO, Broering JV, Martendal T

"The nurse does not have time to try to contact, only one or two attempts at most, so the ideal would be the social worker" (P13).

"The whole team is responsible for communication; it doesn't have to be a professional" (P15).

Professionals bring to light the importance of human and material resources for the realization of communications.

"We need an adequate environment where the family can receive the news, and a multidisciplinary team with psychologists and Social Workers allocated in the emergency" (P6).

As a result of the nurses' intense activities in the emergency unit, the existence of a social worker available to assist in that specific unit and material resources such as free access telephony and specific location are essential for communications to families.

Discussion

Emergency behaviors and ambience when communicating to the family of a traffic accident victim

Communication presents specificities when focused on specific areas and themes, which require prior knowledge and skills. Regarding health communication, it goes beyond,⁸ the care attention characterized by technical procedures. It refers to the integrality of care, communication is shown in the promotion of health, human rights, respect for options, assistance with ethics, welcoming and humanization.

In the specific space of urgency and emergency in a hospital, communication needs improvement, human resources and material and equipment conditions, which facilitate decision making and the communication of news and bad news.

The emergency is a space of care with a fast pace and with the surprise factor inherent to the events and the type of patient and care to be performed. In this scope, the ambience in emergency refers to the physical, technological, technical space and the relationships that are established in the dynamic assistance in terms of comfort, privacy to individuality and resolvability of actions according to complexity.⁹

Assistance to traffic accident victims focuses on stabilizing the patient and focuses on the procedures to be performed to improve the patient's clinical condition. This, therefore, the emergency is for care and resolution of serious conditions, which need immediate care.

Emergency health care cannot be thought of without relating the environment, the existing material and equipment resources and professionals within and in Pre-Hospital Care (APH), as well as the relatives of victims who are in care. The infrastructure of the emergency unit compromises nursing care and is inadequate in terms of space, in terms of personnel.¹⁰

For a new conception of a model of care for health service management to be organized, they need to understand the importance of ambience for people's health,



with adequate spatial arrangements and the entire team needs to participate as they develop work practices and processes.⁹

In this sense, the communication that permeates the entire emergency movement requires attention, since it goes beyond the routines informed and passed on to prioritize the assistance and welfare of the victims, it requires contact and warning to the families of these people. Thus, whose responsibility is it to communicate to the family of victims in distress and emergency care? Doctors, Nurses and Social Workers share this activity, however the flow is established, as when information is passed on to the families of victims of traffic accidents?

The difficulty in finding the family member highlights the importance of looking more closely at communication to families. Certain details can bring important information to the location of victims' relatives. From workplace uniforms, shirt with company logo or some identification symbol on the accident vehicle. All details are essential to find the family that can recognize the victim. It is important that a specific professional is attentive to the inflow of patients brought by the PHC service, investigate these particularities, while the nursing and medical team attends the victim.

Responsibility for reporting incidents to families is extremely delicate and difficult, given the dynamics and complexity of emergency assistance. This study reveals that the professionals who carry out the information / communication to family members are mostly nurses. Possibly, due to the continued permanence of this professional in health care and direct access to people served in health services and in accordance with the Law of Professional Practice.¹¹

Social Workers are professionals who also carry out communications, but the study shows that Nurses are still the ones who assume communication with family members and refer Social Workers after unsuccessful attempts.

The emergency is a space that legitimizes the work of the Social Worker, since it reserves the right of care for the family and the patient throughout the care path in the health service.¹² Furthermore, the Social Worker, specifically, developing an emergency activity needs to articulate research on reality, which will facilitate communication with institutions, professionals and families of traffic victims, the focus of this study.

Nurses and Doctors working in the emergency are focused on techniques and technologies to provide health and health restoration and well-being to traffic victims, which the participation of the Social Worker in this reality contributes to the sharing of assistance. This refers to communicating the victim's situation and situation to families as quickly as possible. Since the family's relationship with the health care of the traffic accident victim will facilitate care, regarding the specific health information of the person served, the emotions and administrative and practical measures of what happened.

In the reality under study, Nurses contact families more frequently, but consider that Social Assistants can do

Emergency communication to the family member of the traffic accident victim

Bellaguarda MLR, Moraes CLK, Canever BP, Silva AO, Broering JV, Martendal T so, material, and human resources for communication action.¹³

Medical professionals, on the other hand, communicate to families when they are already in the emergency room and report the severities and deaths. The search for families is a real action of nurses and social workers, in the reality of the institution under study. Bad news or bad news requires skills and not all professionals have this preparation.

Currently, there is a greater concern regarding information to patients and families of serious news and with an approach that does not lead to harm. Thus, the communication of news or bad news requires the skills of professionals trained and trained for this purpose, as well as being made to the legal guardians of the patient, victim or person affected by the injury.¹⁴

Among the protocols used as a communication strategy is the S.P.I.K.E.S. protocol, which defines efficient means of information to achieve the communication of bad news. They consist of observing the communication environment, the emotional conditions in which the family and patient find themselves maintaining frank dialogue, avoiding false expectations, and carrying out a synthesis of the conversation.¹⁴

Questions regarding material resources and communication flows appear as hindering the communication process in this study. Where, the use of telephones with minute control for family communication by nurses is restricted, weakening contact with those responsible. The number of services is much higher than the telephone resolution for the communication estimated by the institution.

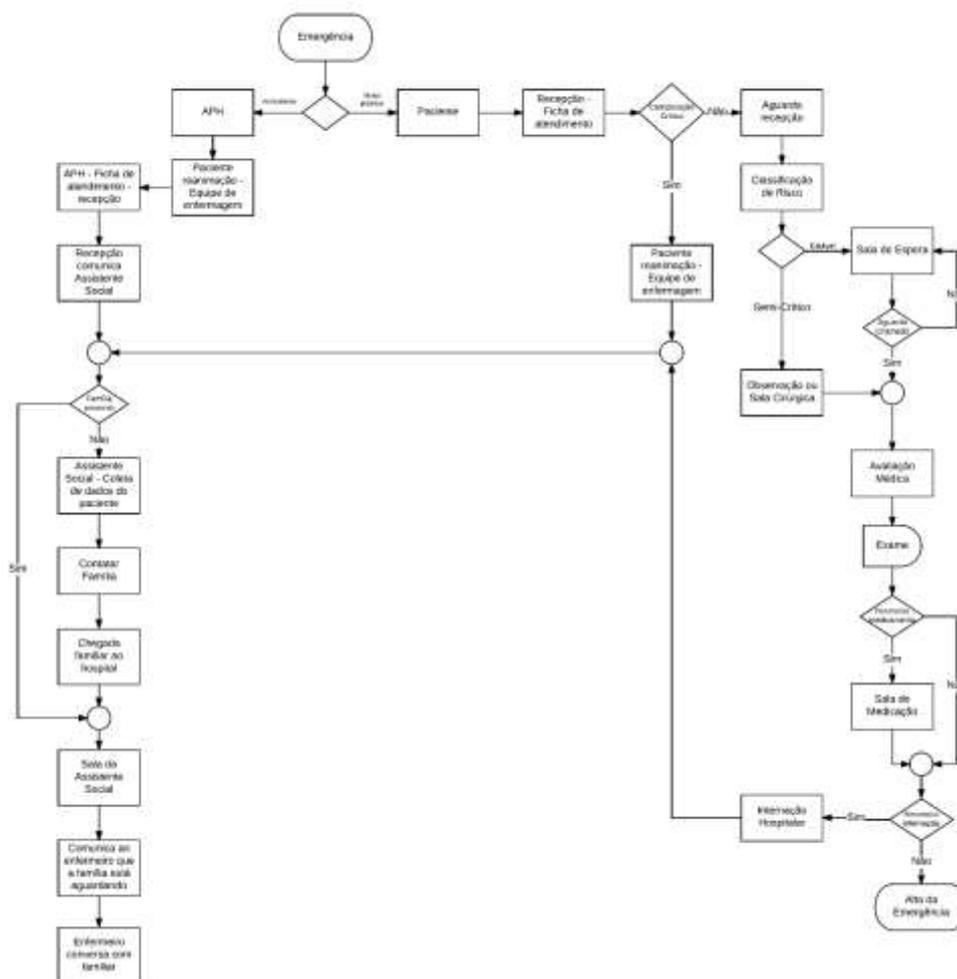
Emergency communication is done through intersectorality, since the victims of traffic accidents arrive at the emergency, often without material that identifies them. In this way, professionals need information from several public agencies to identify the victim and his family. Thus, the integrality between health and communication is an action of responsibility and needs to break with the prescriptive, disarticulated character and transform educational methodologies and techniques so that there is interaction and mobilization around the right to health.¹⁵

In view of the reality studied, the authors presented the Institution with a suggestive flow chart for emergency communication and contact with the victims' families. The flowchart is a quality control tool in service. They feature representation technique in the form of graphics and symbols that enable a clear description of the sequence of a given process.¹⁶ Flowcharts demonstrate the processes that combine equipment, people, and methods for the development of an action, work, and service. It denotes advantages such as a real presentation of how a process works, provides productive understanding and an objective and quick visualization of the work process.¹⁷

To bring contributions to the emergency locus of the study, a flow chart was suggested to facilitate communication to families. The flow follows that found, with indications from the analysis carried out.



Figure 1. Flowchart of communication to the family. São José, SC, Brazil, 2016



Final Considerations

This study made it possible to know, analyze and indicate ways of communication to families' victims of traffic accidents. It brings up evidence of the need for organizing emergency care flows and protocols about communication, an important relationship of extensive care to the family.

The family is the continuity of the person under the condition in emergency and needs to be informed,

communicated and for that, the management of the emergency services needs to establish communication flows and access to the families of the victims. Important strategy to support the health care provided in emergency spaces and to legitimize integrality and accessibility to health. The need for a specialized service for emergency communication for the family and patients, allows a more efficient and humanized health action.

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