"I Realized It Wouldn't Heal": A Perspective of Road Traffic Accident Survivors and Roles of Spouses and Health Care Team Members in Northeast Thailand

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Abstract: A comprehensive understanding of the experiences of road traffic accident survivors remains limited, especially regarding their recovery processes and the ongoing challenges following injury. The impacts affect physical, psychological, and occupational aspects, making it difficult to return to their former way of living, while also leading to consequences that render survivors a burden to their families. The study aimed to 1) describe the adaptive perspectives of adult road traffic accident survivors in Northeast Thailand and 2) explore the caregiving roles and forms of support provided by spousal caregivers and healthcare team members of road traffic accident survivors. A qualitative descriptive study was conducted. In-depth interviews were conducted from November 2024 to July 2025 with 23 participants, including survivors, spousal caregivers, and an interdisciplinary healthcare team comprising nurses, physicians, physiotherapists, and social workers, representing diverse professional roles in the care and support of survivors. Data were analyzed using thematic analysis.

Four key themes were identified: 1) Acceptance, belonging, and resilience; 2) Overcoming burden through the pursuit of independence; 3) Spousal encouragement for strength and healing; and 4) Acceptance, hope, and practical support as facilitators of adaptation. The study advances understanding of the adaptive journey of road traffic accident survivors, highlighting the development of acceptance, a sense of belonging, and resilience. Spousal caregivers and interdisciplinary healthcare teams, including nurses, play a central role in supporting survivors through coordinated, culturally sensitive, and family-oriented care, through sustained engagement, psychosocial support, and effective interdisciplinary communication.

Keywords: Qualitative descriptive, Recovery process, Rehabilitation, Road traffic accidents, Survivors

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Introduction

Road traffic accidents (RTA) are a significant global problem, having a substantial impact on healthcare systems. According to the World Health Organization (WHO), claiming approximately 1.19

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million lives every year, 92% of all road deaths worldwide occur in low- and middle-income countries,[1] highlighting profound disparities in road safety and infrastructure. Also, the WHO projected that road traffic accidents would cause 500 million injuries and 13 million deaths globally over the next ten years, hindering sustainable development.[2] The situation of road traffic accidents in Khon Kaen Province, one of the provinces in Northeast Thailand, reported a mortality rate of 25.3 per 100,000 population, which exceeds the national target mortality rate of 20.7 per 100,000 population, and ranked fifth among the 20 provinces in this region.[3]

Road traffic accident survivors (RTAS) face numerous physical, mental health, psychosocial, and occupational impacts. Survivors expressed ongoing concern that their injuries and recovery placed significant stress on their families. As many family members were already occupied with work responsibilities, taking on caregiving duties added another layer of burden to their daily lives.[4] RTAS face significant psychological challenges, including feelings of guilt. Additionally, many reported vivid, distressing recollections of the accident, reflecting a heightened and ongoing state of psychological distress.[5] They may also endure intrusive thoughts, recurrent flashbacks, persistent fear and anxiety, and profound sadness. Collectively, persistent cognitive and emotional symptoms signal continued suffering and can significantly hinder efforts to rebuild life after the accidents.[6]

In terms of healthcare services in Thailand, the intermediate care (IMC) program is implemented to improve access to post-acute rehabilitation within the first six months following injuries that include spinal cord injury or traumatic brain injury.[7] This highlights the provision of continuous, integrated care for RTAS after injury, positioning IMC as a critical transitional pathway that facilitates adaptation and recovery. Nevertheless, a comprehensive understanding of the experiences of RTAS remains limited, particularly in capturing their recovery journey and the multifaceted challenges that persist long after the initial trauma.

Caregivers, often immediate family members such as spouses, play a critical role in providing physical and emotional support to RTAS. However, evidence indicates that caregivers of injured survivors commonly face inadequate preparation and limited self-confidence, along with challenges related to discharge education and their ability to provide care after discharge.[8] In the Thai cultural context, spouses conventionally assume caregiving responsibilities, offering sustained care and encouragement throughout all stages of recovery. Nonetheless, prolonged caregiving and differing perspectives may contribute to interpersonal strain and caregiver stress.[9] Nurses serve as the frontline healthcare providers managing acute conditions and preventing clinical complications.[10] Furthermore, nurses frequently care for trauma patients who are experiencing panic following an accident and support their psychological needs.[11] While evidence confirms that nursing care strengthens family engagement,[12,13] workforce shortages increasingly compromise treatment quality.[14] Despite underdeveloped survivor support guidelines, nurses leverage their continuous presence and interdisciplinary collaboration to foster holistic recovery and empower caregivers.

Thus, this study aimed to describe the adaptive perspectives of adult RTAS in Northeast Thailand, and explore the caregiving roles and forms of support provided by spousal caregivers and healthcare team members. The findings will provide a deeper understanding of the adaptive process and serve as a foundation for developing contextually appropriate nursing and healthcare interventions to support long-term recovery and adaptation among RTAS.

Review of Literature

The Sustainable Development Goal (SDG) 3 on good health and well-being, more specifically the SDG Target 3.6, aims to halve global road traffic deaths and injuries by 2030.[15] Beyond reducing fatalities and injuries, it is also essential to examine

survivors' experiences, including their recovery processes and long-term outcomes, to inform nursing practice that supports holistic recovery and well-being by shining a light on the perspective and voice of RTAS.

Thailand is recognized as one of the most dangerous countries in the world in terms of road traffic mortality. The WHO ranks the country ninth globally in terms of the highest rate of road traffic deaths. Over recent years, in Thailand, around 20,000 or more people have died annually in road traffic accidents, while thousands of others sustain injuries, many of which result in lifelong disabilities. Approximately three-quarters of the fatalities involve users of two- and three-wheeled vehicles, particularly motorcyclists.[16]

Evidence from international studies indicates that the recovery process of RTAS involves the gradual acceptance of a new sense of self, which involves adapting to accident-related symptoms and life changes over time. In addition, peers with shared lived experiences offer a sense of understanding, as they can relate to the symptoms, challenges, and recovery journey in ways others may not.[17] These factors contribute to facilitating the recovery process among RTAS. However, RTAS is also challenged by several constraining living conditions. Limitations in daily functioning, increased dependence on others, and less favorable treatment outcomes,[18] thereby making the recovery process more complex. In Thailand, existing RTA studies have examined the causes of injuries and fatalities, risk factors, and affecting factors.[19-21] However, studies exploring the perspectives of RTAS remain limited, highlighting a knowledge gap regarding their recovery process after road traffic accidents.

Spouses' caregivers of RTAS are recognized as key sources of support, offering companionship and empathy. Their involvement is crucial in helping survivors manage challenges and mobility limitations while promoting confidence, comfort, and spiritual health.[5] Additionally, healthcare team members play a vital role in providing care for RTAS, including prehospital services, in-hospital emergency and non-emergency care, and referral pathways.[22] In addition, they provide continuous care, with effective collaboration ensuring comprehensive care planning and the identification of potential problems from multiple perspectives.[23] Despite the important roles of spousal caregivers and healthcare team members in supporting RTAS, in-depth exploration of the caring roles and support provided by these two groups is still needed, particularly in settings where RTA remains a significant public health challenge.

The purpose of this research was to explore the experiences of RTAS in a country with a high burden of road traffic injuries, drawing on survivors' first-hand accounts of living through the accident and the subsequent aftermath. This study also examined the caregiving roles of spouses, nurses, and healthcare team members, as well as the challenges they encounter throughout the recovery process.

Research Questions

(1) What are the adaptive perspectives of RTAS adults in Northeast Thailand? and (2) What are the caregiving roles and forms of support provided to RTAS by spousal caregivers and healthcare team members?

Study Aims

The study aimed to: 1) describe the adaptive perspectives of adult RTAS in Northeast Thailand and 2) explore the caregiving roles and forms of support provided by spousal caregivers and healthcare team members of RTAS.

Methods

Design: This study employed a qualitative descriptive design, which is particularly well-suited to providing a comprehensive yet straightforward account of a phenomenon. This approach is especially valuable for exploring the essential elements of who

was involved and what transpired.[24] In addition, the Consolidated Criteria for Reporting Qualitative Research (COREQ) was used to guide the reporting of this study.[25]

Setting and Participants: This study was conducted in the Mueang Khon Kaen District, the central urban area of Khon Kaen Province in Northeast Thailand, which is considered high-risk for RTA.[26] This area is home to a university hospital, a regional tertiary-care hospital, and a rehabilitation center, offering a comprehensive range of services from acute care to long-term rehabilitation. It attracts survivors from within Khon Kaen Province and neighboring provinces across Northeast Thailand who are seeking specialized treatment and recovery support.

Purposive sampling was employed to recruit three participant cohorts. The primary cohort included adult RTAS. The primary investigator (PI) coordinated with community and clinical gatekeepers and provided them with information regarding the characteristics of RTAS regardless of vehicle type, who were able to articulate post-injury experiences with at least six months having elapsed since the accident. Secondary and tertiary participants comprised spousal caregivers and healthcare team members, including nurses, physicians, a physiotherapist, and a social worker, chosen for their direct roles in patient management. Common inclusion criteria for all groups required that participants be at least 18 years old, cognitively intact, oriented to person, place, time, and situation, and capable of providing informed consent. RTAS were further required to possess communicative competence, while withdrawal of consent constituted the sole exclusion criterion.

Ethical Considerations: This article is part of a doctoral thesis in the Doctor of Philosophy Program in Nursing Science at the Faculty of Nursing, Khon Kaen University, Thailand. This study was conducted in accordance with the ethical principles of the Belmont Report and the Good Clinical Practice (GCP) in Social and Behavioral Research. Ethical approval was obtained from the Khon Kaen University Ethics Committee for Human Research, Reference No. HE672167. Participants were informed that the PI was a doctoral student. The study aims and detailed research procedures were clearly explained prior to obtaining voluntary written informed consent. All participants provided written informed consent prior to participating. Participants were clearly informed that their participation in the study was entirely voluntary and that they could decide whether to participate. They were also informed of their right to withdraw at any time without prior notice. To protect participants, if they felt uncomfortable with any questions during the interviews, they had the right to decline to answer. All data were stored securely and accessible only to the research team. If participants' quotations were included in reporting the findings, they were anonymized to protect confidentiality.

Data Collection: Data were collected from November 2024 to July 2025 using semi-structured, face-to-face, in-depth interviews, and field notes were written during and after the interviews. Three interview guides were developed from prior relevant literature[6] and tailored to a) RTAS, b) spousal caregivers, and c) healthcare team members. Interview questions for RTAS focused on their perspectives following RTA. The spousal caregiver interviews explored their roles in post-discharge care, recognizing them as the principal decision-makers and primary sources of support for survivors during both the acute and prolonged phases of recovery.

Interviews with members of the healthcare team focused on providing direct care to survivors. Nurses provided continuity of care across the recovery continuum, from emergency intake to rehabilitation. Physicians managed acute interventions and longitudinal medical oversight, while physiotherapists directed physical rehabilitation. Concurrently, social workers facilitated social welfare support and service coordination. The interview sample questions for the three participants group are listed in **Table 1**.

Table 1. Example of semi-structured interview guide for RTAS, spousal caregivers, and healthcare team members

Section	Description	Interview questions
RTAS	Explores accident survivors' experiences and perspectives on adapting to life after the accident	1. Could you describe how your life changed following the accident? 2. How did you adapt to your life after the accident?
Spousal caregivers	Explores the caregiving roles and support provided by spousal caregivers to accident survivors during their adaptation	1. How have you been involved in caring for survivors of accidents? 2. Based on your experience, how have you helped or supported accident survivors in their adaptation?
Healthcare team members	Explores the caring roles and support provided by healthcare team members to accident survivors during their adaptation	1. How has your experience or role helped support accident survivors in their adaptation? 2. How has your role as a (nurse, physician, physiotherapist, or social worker) impacted the adaptation of accident survivors?

Note. RTAS = Road traffic accident survivors

The authors had no prior relationship with the participants before the study commencement. The PI underwent in-depth training in qualitative data collection prior to data collection to ensure credibility. Before each interview, the PI introduced themselves, explained the purpose of the study, and engaged in informal conversation to establish rapport with participants. Audio-recorded interviews in Thai were conducted by the PI and lasted 45-60 minutes. The final participants (N = 23) included 13 survivors, 2 caregivers, and 8 healthcare team members; recruitment ceased upon thematic saturation. To preserve narrative authenticity, data were transcribed and coded in the source language, with accuracy cross-verified by the investigators. Only the reported excerpts were translated into English, and semantic equivalence was confirmed by a bilingual academic expert.

Data Analysis: Thematic analysis was employed to systematically identify and categorize patterns in the data, yielding a rich, organized description of participants' perspectives. The analytical process followed the six phases[27]: a) familiarization with the data, b) generation of initial codes, c) identification of candidate themes, d) review of themes, e) definition and titling of the themes and f) production of the final report.

The PI engaged in an iterative review of the transcripts to achieve deep data immersion. During this phase, preliminary analytic memos were documented to capture emergent insights into survivors' post-accident perspectives and the support dynamics between spousal caregivers and the healthcare team. At this stage, no new codes or themes emerged, supported by analytic memo writing and constant comparison across transcripts.

Line-by-line coding was employed to extract meaningful segments, which were compared across transcripts to ensure consistency. Codes were collated into preliminary themes and refined iteratively to verify their congruence with the data. Themes were rigorously defined to capture their central meanings, with consensus achieved through team deliberation to minimize researcher bias. Selected quotations were used to illustrate specific findings while maintaining the narrative integrity of survivors, caregivers, and healthcare professionals.

Rigor and Reflexivity: All authors have prior experience in qualitative research. To uphold the rigor of this study, credibility was established through a consistent reflexive approach, in which the PI critically monitored personal biases and assumptions throughout

data collection and analysis. By maintaining detailed analytic memos and field notes, the PI actively managed potential subjectivity in both data acquisition and analysis, thereby strengthening the study's overall rigor. Transferability was facilitated through thick descriptions that offered rich contextual data, enabling judgments about the findings' applicability to other settings. Dependability was supported by an audit trail that documented analytic decisions and the development of themes throughout the analysis, ensuring transparency and enabling evaluation or replication of the research process. Finally, confirmability was achieved through peer debriefing, in which academic experts who mentored the PI as a visiting scholar at an international institution reviewed the analytic process, interpretations, and findings to mitigate bias and validate the study's analytical rigor.[28,29]

Findings

Characteristics of the participants

The study included 23 participants: survivors (n = 13), spousal caregivers (n = 2), and healthcare team members (n = 8). Among the survivors, males predominated, and ages ranged from 22 to 54 years. The demographic profile indicated that the majority were single, with higher secondary education the most common academic qualification, and unemployment was prevalent. Additionally, spinal cord injury was the most common type of injury, and most of the cohort lived with permanent disability, defined as conditions in which survivors held a medical disability certificate, were unable to return to their previous occupation, or had experienced the loss of a major body part. The remaining survivors lived with temporary disability, defined as conditions in which survivors did not hold a medical disability certificate or were temporarily unable to perform their usual or any occupation, with the potential for recovery and without the loss of a major body part.

All participants were Buddhist. Most survivors sustained injuries via motorcycle accidents. The post-accident duration ranged from 6 months to 13 years. **Table 2** provides a detailed breakdown of the characteristics of survivors of road traffic accidents.

Table 2. Characteristics of survivors of road traffic accidents (n = 13)

ID	Gender	Age (years)	Marital status	Education	Occupation	Nature of injury	Disability status	Vehicle	Time since accident
P1	Male	33	Partnered	Lower secondary education	Unemployed	Spinal cord injury	Permanent	Motorcycle	1 year
P2	Female	44	Partnered	Grade 6	Homemaker	Fracture	Temporary	Motorcycle	6 months
P3	Male	39	Single	Bachelor's degree	Unemployed	Spinal cord injury	Permanent	Motorcycle	10 years
P4	Male	27	Single	Grade 6	Unemployed	Traumatic brain injury	Permanent	Motorcycle	6 years
P5	Male	25	Single	High vocational certificate	Unemployed	Amputation	Permanent	Motorcycle	2 years
P6	Male	30	Single	Higher secondary education	Unemployed	Traumatic brain injury	Permanent	Motorcycle	8 years
P7	Female	37	Single	Lower secondary education	Unemployed	Traumatic brain injury	Permanent	Motorcycle	3 years
P8	Male	22	Single	Lower secondary education	Unemployed	Spinal cord injury	Permanent	Pickup truck	4 years
P9	Male	41	Divorced	Higher secondary education	Unemployed	Spinal cord injury	Permanent	Motorcycle	1 year
P10	Male	31	Single	Higher secondary education	Temporary employment	Spinal cord injury	Permanent	Motorcycle	5 years
P11	Male	37	Single	Higher secondary education	Temporary employment	Spinal cord injury	Permanent	Motorcycle	13 years

Table 2. Characteristics of survivors of road traffic accidents (n = 13) (Cont.)

ID	Gender	Age (years)	Marital status	Education	Occupation	Nature of injury	Disability status	Vehicle	Time since accident
P12	Male	45	Married	Higher secondary education	Temporary employment	Spinal cord injury	Permanent	Pickup truck	5 years
P13	Male	54	Married	Grade 6	Unemployed	Traumatic brain injury	Temporary	Motorcycle	11 months

Spousal caregivers (n = 2; one male, one female) provided physical and emotional support across the hospitalization and recovery phases (**Table 3**). In addition, the healthcare team members (n = 8) were predominantly female. Participants' ages ranged from 26 to 53 years. Regarding educational background, half of the participants held a bachelor's degree, and the other half held a master's degree. The participants consisted of an interdisciplinary group of nurses, physicians, a physiotherapist, and a social worker. This cohort represented a broad spectrum of specialties, including emergency, psychiatric, and rehabilitation nursing; emergency and rehabilitation medicine; physiotherapy; and social work (**Table 4**).

Table 3. Characteristics of spousal caregivers (n = 2)

ID	Gender	Age	Education	Role
P14	Female	53	Grade 6	Caregiver
P15	Male	49	Grade 4	Caregiver

Table 4. Characteristics of healthcare team members (n = 8)

ID	Gender	Age	Education	Role
P16	Female	35	Bachelor's degree	Accident and emergency department nurse
P17	Female	36	Master's degree	Accident and emergency ward nurse
P18	Female	53	Master's degree	Psychiatric nurse
P19	Female	43	Master's degree	Rehabilitation nurse
P20	Female	26	Bachelor's degree	Physician (Emergency medicine resident)
P21	Male	28	Bachelor's degree	Physician (Rehabilitation medicine resident)
P22	Male	42	Master's degree	Physiotherapist
P23	Male	28	Bachelor's degree	Social worker

The analysis yielded four overarching themes. Theme 1, Acceptance, belonging, and resilience, comprised of two sub-themes: 1a) Acceptance functioning as a transformative step, and 1b) The path to overcoming suffering. Theme 2, Overcoming burden through the pursuit of independence, encompassed 3 sub-themes: 2a) Rising to challenge the burden, 2b) The path to independence: integrating mind and body, and 2c) Rebuilding independence and family responsibility. Theme 3, Spousal encouragement for strength and healing, included one sub-theme: 3a) Encouragement as a catalyst for adaptation. Finally, theme 4, Acceptance, hope, and practical support as facilitators of adaptation, consisted of three sub-themes: 4a) Promoting caring for emotional and adaptive coping, 4b) Facilitating acceptance and moving forward, and 4c) Facilitating systemic navigation and self-efficacy. Collectively, these themes and sub-themes synthesize the adaptive experiences of RTAS, while simultaneously elucidating the multifaceted support provided by caregivers and healthcare team members.

Figure 1 provides a visualization of the emergent themes, illustrating the perspectives of RTAS and the roles of study participants and differentiating spousal and healthcare team members as parallel forms of support, each making unique contributions to RTAS' adaptation and recovery.

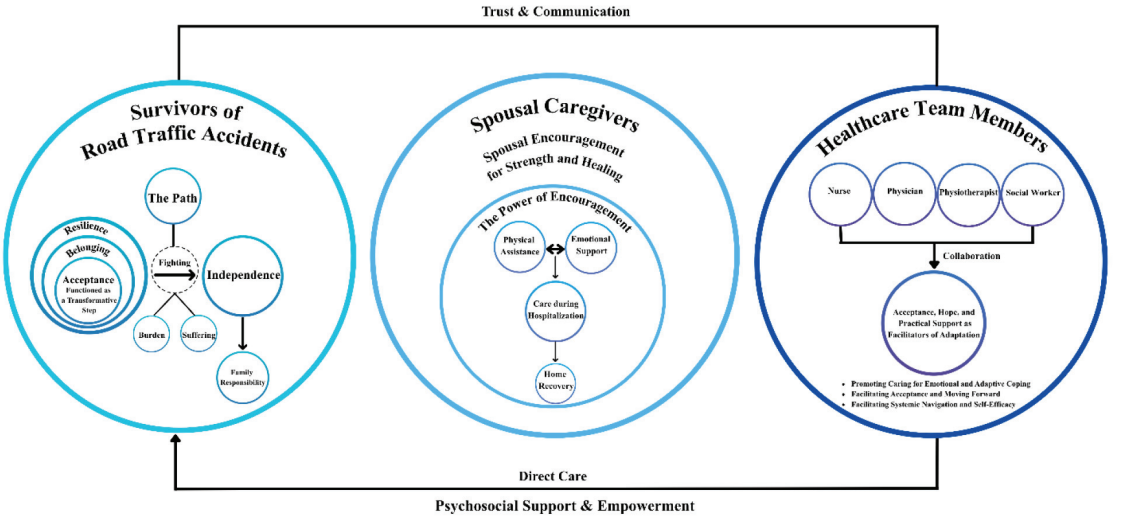


Figure 1. Visual representation of themes from road traffic accident survivors, spousal caregivers and healthcare team members

Theme 1: Acceptance, belonging, and resilience

Life following the accident was portrayed as profoundly changed, requiring survivors to adjust to new limitations. Acceptance was identified as a key adaptive mechanism; it was not passive resignation but an active process of redefining their own expectations. Once survivors realized the permanence of specific impairments, they transitioned toward viewing disability as an inseparable aspect of their lived experience. Participants also reflected on the tension between maintaining hope for recovery and recognizing what might no longer be possible. For some, the realization that healing might be partial often marked a turning point that fostered long-term resilience.

Sub-theme 1a: Acceptance functioning as a transformative step

Acceptance was the turning point that allowed survivors to rebuild. By embracing their reality, they did not just survive; they chose to forge a new path, integrating resilience into every step of their journey.

> *"My main goal is set high. As someone who cannot walk..., I wanted to walk again. However, as much as I can recover, I'll accept it. To be the same as before, a hundred percent, probably not."* (Male survivor 1)

> *"Over time, I realized it wouldn't heal, so I accepted it and chose to fight on from the point where I am, instead."* (Male survivor 8)

Sub-theme 1b: The path to overcoming suffering

The survivor's journey does not end with personal resilience; it expands. By stepping outside their own internal struggle to support peers who were still deeply suffering, unlock a new level of belonging. These friendships serve as a mirror, nurturing an inner strength that affirms their acceptance and a path to healing.

"At first, I didn't see anyone like me when I was at home, so it made me think in a certain way. But then, when I came to the hospital for training, I saw others, some were in worse condition, some had been living with it for many years, and were still suffering more than I was. Seeing that really opened my eyes." (Male survivor 1)

"If we were at home, right? It's like I'm different from my friends, right? It's an inferiority complex, right? And when I come here, there are only people like me, so we can talk and understand each other. I don't think I have an inferiority complex or anything. I'm not a burden to anyone." (Male survivor 4)

Theme 2: Overcoming burden through the pursuit of independence

Driven by a desire to alleviate the weight on their families, participants demonstrated the "guts" to fight for their own recovery. Rather than remaining stagnant in their trauma, survivors actively chose to move forward, seeking constructive change to replace the feeling of being a burden with a renewed sense of self-reliance.

Sub-theme 2a: Rising to challenge the burden

Deeply rooted in the Thai cultural value of self-reliance, participants felt a profound responsibility to care for themselves first. This cultural framework transformed their recovery into a proactive "fight" against dependency. By striving for independence, they sought to reclaim their agency and ensure they were a source of strength for their families rather than a perceived burden.

"Oh, it's so serious. It's like I'm trying to kill myself 30 times a day. When I eat, I have to disturb other people; I have to tell them to bring it to me. They won't go anywhere. Sometimes they get tired of me. I can't help myself. ...I held my breath and pushed myself up. I got up. Oh, I could get up. I kept repeating that. Lying down, then getting up. Lying down, getting up. Then, getting up, I could sit for a long time. Before, I couldn't do that. So, I held my breath and got up. I kept doing it over and over. I kept doing it. I tried to move." (Male survivor 11)

"I'd tell them to fight. Life doesn't stop here. If you don't fight, you'll just stay stuck in the same place forever. But if you choose to fight, you can move forward toward your goals, wherever you set them. Better to fight than not. If you don't fight, there's no path—just lying in bed. But if you fight, try to change your body, you can avoid being a burden on your family." (Male survivor 10)

Sub-theme 2b: The path to independence: integrating mind and body

Participants identified physical therapy as the fundamental "cornerstone" of their independence; a process of retraining the body for a fresh start. Beyond clinical rehabilitation, archery emerged as a transformative practice. It offered a dual benefit: physical muscle strengthening coupled with the mental discipline of meditation. These combined activities allowed survivors to recognize their latent potential and chart a clear, purposeful trajectory for their future lives.

"I've been getting much better because I've had physical therapy and practiced using my legs. ...At the same time, I also have another plan: becoming an athlete, a para-athlete in archery." (Male survivor 5)

"Archery is a sport that requires both concentration and physical condition. You really have to stay focused; if you lose focus, accidents or injuries can happen. It helps me practice concentration and stay with myself,

to relax and keep my mind at ease. Physical preparation is also important before playing, so I do fitness training and some physical therapy as well." (Male survivor 8)

Sub-theme 2c: Rebuilding independence and family responsibility

Empowered by their progress, survivors expressed a deep-seated need to rebuild their independence as a tribute to their families. Recognizing the immense sacrifice of their caregivers, participants viewed financial self-sufficiency not just as a personal goal but as a means to support those who sustained them. This desire to provide an income serves as a powerful motivator, allowing survivors to honor their loved ones and reclaim their status within the household.

"In the past, I didn't think much about anything. I lived a risky life: drinking, going to clubs, drinking and then driving fast, watching street races. Now, I want to focus on my studies, graduate, and work to support my family. I want to be the pillar of the household, because my parents are already in their sixties." (Male survivor 6)

"Anyway, it's not like I can stay at the center all the time. I have to go back and live the real life at home. It might be a bit hard, right? With my body like this, when I go back home, I'll need to adjust so I can live. I have to find some way to work near home, have to work anyway, because I have two kids. Even just a little is enough so they can go to school." (Male survivor 12)

Theme 3: Spousal encouragement for strength and healing

This theme portrayed how spousal caregivers wholeheartedly dedicated themselves to supporting their partners after the accident, with encouragement emerging as the most vital source of strength. These caregivers played indispensable roles by providing not only physical assistance but also steadfast emotional support and ongoing motivation throughout the recovery process.

Sub-theme 3a: Encouragement as a catalyst for adaptation

The narratives revealed that spousal commitment, resilience, and love were not merely emotional sentiments but essential resources that sustained survivors through the rigors of rehabilitation. This encouragement functioned as a psychological bridge, allowing partners to transition from the trauma of loss to the acceptance of their new reality. The following excerpts demonstrate how spouses provided the motivational scaffolding necessary for survivors to confront challenges and move forward with renewed hope.

"Encouragement is the most important thing. It comes from those around, especially from family members who take care of the patient. There is no need to look elsewhere; encouragement within the family is essential. When patients receive continuous encouragement, they gain strength and keep fighting. ...From the very beginning after the accident, the sooner they receive encouragement, the better, the faster the recovery." (Male caregiver 15)

"Because I have encouragement, I must keep fighting. No matter how hard it gets, I have to endure and get through it. I told my husband, "You must stay strong. You have to be brave. If I tell you to walk, then walk; if I tell you to do something, then do it." And he listened and followed well. ...Living with encouragement, without it, as I always say, I wouldn't make it through." (Female caregiver 14)

Theme 4: Acceptance, hope, and practical support as facilitators of adaptation

This theme elucidates the compassionate mechanisms through which healthcare professionals

facilitate survivor adaptation as they navigate the transition from acute trauma to chronic disability. By fostering a robust therapeutic alliance, clinicians provide the necessary psychosocial scaffolding and practical interventions required for survivors to reconstruct their identities and reclaim functional independence.

Sub-theme 4a: Promoting caring for emotional and adaptive coping

Healthcare team members serve as listeners, validating the narratives of loss and distress articulated by survivors following road traffic trauma. By skillfully navigating survivors' emotional crises, clinicians foster resilience by providing steady reassurance and creating a secure therapeutic environment. Such findings highlight the indispensable role of healthcare practitioners in providing compassionate, holistic support that addresses the survivor's immediate psychological needs during heightened states of vulnerability.

> *"In some cases where the patient's partner had died, the patient would startle in their sleep and say, 'Where is my partner?' as if seeing an image, as if talking with their partner. ...In most crises, we help calm them down, stabilizing them to feel secure and safe, creating a safe zone for them, and bringing them back to the present moment."* (Female psychiatric nurse 18)

> *"During the time in the ambulance, I usually talk with the patient most of the way. If they seem anxious or a bit agitated, I reassure them by saying, 'Don't be afraid. We're on the way to the hospital, and the doctors will take care of you there.' If the patient is very agitated, I emphasize, 'We're going to the hospital now. The doctor is helping you. Don't worry.'"* (Female physician 20)

Sub-theme 4b: Facilitating acceptance and moving forward

Beyond emotional stabilization, this sub-theme highlights the role of the healthcare team in assisting survivors to navigate significant identity shifts, particularly for those whose previous lives involved high-status professional roles. The transition from a position of autonomy to one of perceived dependency often exacerbated the difficulty of adaptation. To address this, clinicians employed strategic communication to facilitate cognitive reframing, encouraging survivors to move away from the immutable nature of the past and toward a present-centered, future-oriented perspective. This process proved essential in enabling survivors to integrate their new reality and embrace an adaptive path forward.

> *"Those who were not successful in adapting, one reason was because of their own personality. As observed, if it were a man, the head of the family, a true Thai man, used to giving orders, this made it more difficult. Having been the head of the household, used to giving orders, used to doing this and that, the higher the role, the more difficult the adaptation. Having been a director, having been a subdistrict administrative chief, having been someone who gave orders, from what I have seen, it was quite difficult for them to adapt because their status and role had changed."* (Female rehabilitation nurse 19)

> *"If you don't give in to it, one day there will always be a way forward. But if you keep dwelling on what you've lost, you'll just sink right there. If you change your perspective and think, 'Well, I'm still here—so how will I live from now on?' and start looking for a way, somehow you'll find it. It might take time, but eventually you'll get there. But if you only keep looking back at what's lost, you'll stay trapped in that place."* (Male physiotherapist 22)

Sub-theme 4c: Facilitating systemic navigation and self-efficacy

The healthcare team's supportive strategies were characterized by a commitment to realistic

prognostic counseling and the cultivation of survivor resilience. By balancing evidence-based expectations with an emphasis on individual self-efficacy, clinicians provided a framework for psychological empowerment. Additionally, they performed a crucial administrative and advocacy role, assisting survivors in navigating the socio-legal landscape of disability benefits and welfare services. These integrated forms of assistance are essential components of the broader psychosocial care continuum.

> *"If the purpose of the hospital visit is to enhance physical functioning. I tell them that there is still a chance. But I don't give them the kind of hope that they will return to being 100 percent like a normal person. It's more like the patient has to look day by day at how much they can regain. Most of the time, I don't talk in a way that gives hope for something I feel is impossible. But for things that are possible, I talk with them and give them hope."* (Male physician 21)

> *"After receiving the disability identification card, the next step is to register at the local administrative organization, such as the Subdistrict Administrative Organization or the municipality, to receive a disability allowance of 800 baht per month. ...The same card is also used to register under Form T.74 to maintain healthcare rights in all hospitals."* (Male social worker 23)

Discussion

This study explored the perspectives of road traffic accident survivors and the caring roles and support provided by spousal caregivers and healthcare team members in Thailand.

Within the theme of "Acceptance, belonging, and resilience," active acceptance emerged as a central adaptive process, allowing survivors to integrate loss into a new reality and facilitating the reconstruction of meaning in their lives. The literature suggests that active acceptance is an adaptive response to unchangeable conditions.[30] In this study, acceptance was described as a post-survival phenomenon, reflecting ongoing struggles and the adaptive strategies employed when physical recovery remains limited. This adaptive shift involved redirecting focus toward achievable goals, which corroborates existing literature that indicates survivors frequently an altered, often more compassionate, relationship with their bodies and health. Through this process, the body is reimagined from a symbol of loss to an emblem of resilience.[31] This is consistent with trauma-informed care, which highlights that trauma survivors often demonstrate considerable resilience and employ effective coping strategies when facing adversity.[32]

In contrast, evidence from a study in India suggests that acceptance after RTA, among individuals with spinal cord injuries, is highly challenging, as many reported difficulties coping with long-term disability, often experiencing a loss of meaning in life. They often anticipated a rapid recovery but later realized their condition was permanent, which made acceptance especially difficult.[33] This discrepancy suggests that acceptance may be shaped and at times constrained by individuals' subjective perceptions and expectations, indicating that adaptation depends not only on external support but also by personal interpretations of illness and recovery.

The theme "Overcoming burden through the pursuit of independence" is contextualized within Thai society, where profound respect is accorded to elders, while economic authority largely resides with younger and middle-aged generations.[34] Reflecting this cultural framework, the majority of survivors were working-age men occupying primary provider roles within their families. Following injury-related disruptions to income, these individuals exhibited a pronounced drive to maintain self-sufficiency and

minimize reliance on others. Early engagement in physiotherapy and mobilization was widely perceived as critical to restoring physical capacity, thereby facilitating reintegration into familial, social, and economic spheres.[35] Nevertheless, evidence from an Australian study indicates that RTAS can substantially reduce work capacity regardless of injury severity, with different injury types influencing job performance in distinct ways. As a result, many individuals are required to make major life adjustments, their lives, including changing jobs or withdrawing from work.[36] This suggests that, rather than progressing toward greater independence, some survivors experience sustained role disruption and reduced participation, reflecting a more constrained recovery trajectory.

For some survivors, archery supported physical strength, focus, and emotional resilience, helping them remain present and manage intrusive thoughts during recovery. This finding aligns with evidence that physical activity enhances physical functioning, social participation, and emotional well-being among individuals with disabilities.[37] Beyond rehabilitation, some survivors viewed archery as a pathway to a professional athletic career, aspiring to compete at provincial and national levels. These ambitions reflected a strong desire to regain independence and avoid becoming a burden to their families.

Within the theme of "Spousal encouragement for strength and healing," spousal caregivers significantly contributed to survivors' motivation and mental health recovery. Their support encompassed emotional resilience and extended beyond routine caregiving, reinforcing the relational dimension of healing. Previous research underscores the value of family presence in facilitating survivor recuperation.[6] In Thai culture, spousal partnerships are rooted in mutual commitment and care. Although only two spousal caregivers participated, their narratives conveyed deep love and purposeful support, highlighting the emotional and cultural importance of spousal caregiving in strengthening resilience and recovery.

Of the two caregivers, one was the wife of a male RTAS survivor, and the other was the male partner of a female RTAS survivor. The latter couple had been in a long-term cohabiting relationship, lived together as husband and wife, and were recognized by their community as spouses. These close relational ties can strengthen caregiving and mutual support during the life transitions that follow RTA. This aligns with evidence on relationship norms in the Thai cultural context, where strong religious influences, cultural tightness, and family responsibility standards are emphasized.[38] Collectively, these findings underscore spousal caregivers as essential partners in the care process who should be actively supported. This is consistent with previous research highlighting the need for comprehensive education and skill development for caregivers of injured patients,[8] particularly in Thailand's healthcare context, to build caregiving capacity and better support recovery.

The theme "Acceptance, hope, and practical support as facilitators of adaptation," healthcare team members assisted survivors in reframing loss, pursuing attainable goals, and accessing social welfare resources. Previous studies indicate that survivors often look to healthcare professionals for guidance, underscoring the significant influence nurses and physicians wield in shaping survivors' confidence and self-management during recovery.[4] This highlights the crucial role healthcare teams play in fostering acceptance, nurturing hope, and providing practical assistance essential for meaningful adaptation after injury.

Healthcare team members played a crucial role in delivering integrated physical and mental health care, guiding survivors through significant post-injury transitions. The identified themes demonstrate the interplay among acceptance, autonomy, relational support, and interdisciplinary professional intervention in sustaining recovery and fostering meaning-making for survivors. Within this team, the unique contributions of nurses warrant particular attention. The literature consistently recognizes nurses as trusted caregivers

across emergency, psychiatric, palliative, and rehabilitative settings, providing holistic support.[39,40] The nurse's role can facilitate adaptation by promoting acceptance of altered identities, addressing emotional distress, and helping survivors find new meaning, in alignment with patient-centered care principles that enhance quality of life.[41]

Limitations

This study has several limitations. The RTAS sample was predominantly male, which may limit the representation of women's perspectives on the post-accident adaptation. The small number of spousal caregivers may also reduce the transferability of the findings. Additionally, transcripts were not returned to participants for comment or correction, and participant validation on the findings (member checking) was not undertaken. Recall bias is possible, given that some RTAS were interviewed up to 13 years post-injury. Also, the translation process may have introduced some bias. Both of which could have influenced the findings. The study's regional focus limits its transferability; however, this does not diminish its significance in providing valuable insights to inform adaptation and recovery strategies for RTAS in the Thai context.

Conclusions

This study offers a nuanced understanding of the adaptive journey undertaken by road traffic accident survivors, emphasizing the progressive development of acceptance, belonging, and resilience. Spousal caregivers emerge as essential partners, contributing alongside healthcare professionals to support survivors in reconstructing their lives and identities. The collaborative efforts of an interdisciplinary team, including nurses, create a robust support network that delivers tailored psychosocial interventions and empowerment strategies, enabling survivors to regain agency and purpose. Nurses, through their sustained involvement, play a critical role in coordinating care and fostering communication across disciplines, ensuring comprehensive attention to both physical and psychosocial needs. The trajectory of adaptation is underpinned by mutual trust and authentic communication between survivors and care providers, further strengthening the foundation for psychological healing and sustained recovery.

Implications for Nursing Practice

This study suggests the importance of integrating holistic, person-centered care into nursing practice for RTAS, beyond acute clinical management. In the same context, nurses can incorporate ongoing psychological assessment, individualized support, and family involvement to facilitate long-term adaptation. In different contexts, these findings may guide the adaptation of care approaches to align with local resources, cultural norms, and available support systems.

Furthermore, nurses can implement peer-support integration strategies to enhance survivors' sense of belonging and emotional recovery. For example, peer-support activities can facilitate shared experiences, reduce feelings of isolation, and promote acceptance, with nurses acting as facilitators to ensure a supportive environment.

Author Contributions

Conceptualization, Method and design: L.W., C.P., J.-M.R.S.
Data collection, Drafting the manuscript: L.W.
Data analysis and interpretation: L.W., C.P., J.-M.R.S.
Editing the manuscript: L.W., C.P., J.-M.R.S.
Revising the manuscript: L.W., C.P., J.-M.R.S.
Final approval of the manuscript: L.W., C.P., J.-M.R.S.

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“ฉันรู้ว่ามันจะไม่หาย” : มุมมองของผู้รอดชีวิตจากอุบัติเหตุทางถนน และบทบาทของคู่สมรสและสมาชิกทีมดูแลสุขภาพในภาคตะวันออกเฉียงเหนือของประเทศไทย

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บทคัดย่อ: ความเข้าใจอย่างครอบคลุมเกี่ยวกับประสบการณ์ของผู้รอดชีวิตจากอุบัติเหตุทางถนนยังคงมีจำกัด โดยเฉพาะในด้านกระบวนการฟื้นฟูและความท้าทายที่ยังคงดำเนินต่อไปภายหลังการบาดเจ็บ ผลกระทบจากอุบัติเหตุส่งผลต่อทั้งด้านร่างกาย จิตใจ และการประกอบอาชีพ ทำให้ผู้รอดชีวิตประสบความยากลำบากในการกลับไปใช้ชีวิตดังเดิม อีกทั้งยังอาจก่อให้เกิดภาระต่อครอบครัว การศึกษานี้มีวัตถุประสงค์เพื่อ 1) อธิบายมุมมองเชิงการปรับตัวของผู้รอดชีวิตจากอุบัติเหตุทางถนนวัยผู้ใหญ่ในภาคตะวันออกเฉียงเหนือของประเทศไทย และ 2) สำรวจบทบาทการดูแลและรูปแบบการสนับสนุนที่ได้รับจากคู่สมรสผู้ดูแลและสมาชิกทีมดูแลสุขภาพของผู้รอดชีวิต การศึกษาพรรณนาเชิงคุณภาพนี้เก็บรวบรวมข้อมูลโดยการสัมภาษณ์เชิงลึกระหว่างเดือนพฤศจิกายน พ.ศ. 2567 ถึงกรกฎาคม พ.ศ. 2568 จากผู้ให้ข้อมูลจำนวน 23 คน ประกอบด้วยผู้รอดชีวิต คู่สมรสผู้ดูแล และทีมดูแลสุขภาพสหสาขาวิชาชีพ ได้แก่ พยาบาล แพทย์ นักกายภาพบำบัด และนักสังคมสงเคราะห์ ซึ่งมีบทบาททางวิชาชีพที่หลากหลายในการดูแลและสนับสนุนผู้รอดชีวิต ข้อมูลวิเคราะห์ด้วยการวิเคราะห์แก่นสาระ

ผลการศึกษาพบ 4 ประเด็นสำคัญ ได้แก่ 1) การยอมรับ ความรู้สึกเป็นส่วนหนึ่ง และความยืดหยุ่นทางจิตใจ 2) การก้าวข้ามภาระผ่านการมุ่งสู่ความเป็นอิสระ 3) การสนับสนุนจากคู่สมรสเพื่อเสริมสร้างความเข้มแข็งและการเยียวยา และ 4) การยอมรับ ความหวัง และการสนับสนุนเชิงปฏิบัติที่เอื้อต่อการปรับตัว การศึกษานี้ช่วยเพิ่มพูนความเข้าใจเกี่ยวกับเส้นทางการปรับตัวของผู้รอดชีวิตจากอุบัติเหตุทางถนน โดยเน้นถึงการพัฒนาไปสู่การยอมรับ ความรู้สึกเป็นส่วนหนึ่ง และความยืดหยุ่นทางจิตใจ คู่สมรสผู้ดูแล และทีมดูแลสุขภาพสหสาขาวิชาชีพ รวมถึงพยาบาล มีบทบาทสำคัญในการสนับสนุนผู้รอดชีวิตผ่านการดูแลที่ประสานงานกัน คำนึงถึงวัฒนธรรม และยึดครอบครัวเป็นศูนย์กลางด้วยการมีส่วนร่วมอย่างต่อเนื่อง การสนับสนุนด้านจิตสังคม และการสื่อสารระหว่างสหสาขาวิชาชีพอย่างมีประสิทธิภาพ

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คำสำคัญ : การศึกษาพรรณนาเชิงคุณภาพ กระบวนการฟื้นฟู การฟื้นฟูสมรรถภาพ อุบัติเหตุทางถนน ผู้รอดชีวิต

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