

## REPERCUSSIONS OF MOTORCYCLICAL ACCIDENT IN THE LIFE OF WORKERS AND THEIR FAMILIES

Repercussões do acidente motociclístico na vida do trabalhador e dos seus familiares

Repercusiones del accidente motociclistico en la vida del trabajador y de sus familiares

Juliana da Silva Oliveira<sup>1</sup>, Roseanne Montargil Rocha<sup>2</sup>, Adriana Alves Nery<sup>3</sup>, Jocinei Ferreira Constâncio<sup>4</sup>

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### ABSTRACT

**Objective:** to describe the repercussions of the motorcycle accident on the life of the worker and his relatives. **Method:** descriptive, qualitative study, case study type. For the collected data were applied form, semi-structured interview and the systematic observation in the domicile of the worker. The data were submitted to the technique of content analysis, thematic modality. **Results:** it was identified that due to the traffic accident the worker had definite repercussions, leading him to live in a vegetative state and retirement due to disability. From the interview emerged the categories: Abdication of life: change in the family routine; Support (or not) found; Financial difficulty and hope and renewing faith. **Conclusion:** the results showed that there were several repercussions in the life of motorcycle accident victims and their families, which demonstrates the need to develop public policies that observe the costs of traffic accidents.

**Descriptors:** External causes; Traffic-accidents; Worker; Family.

### RESUMO

**Objetivo:** descrever as repercussões do acidente motociclístico na vida do trabalhador e dos seus familiares. **Método:** estudo descritivo, de abordagem qualitativa, do tipo estudo de caso. Para a coleta de dados foram aplicados formulário, entrevista semiestruturada e a observação sistemática no domicílio do trabalhador. Os dados foram submetidos à técnica de análise de conteúdo, modalidade temática. **Resultados:** identificou-se que devido o acidente de trânsito o trabalhador teve repercussões definitivas, levando-o a viver em estado vegetativo e a aposentadoria por invalidez. A partir da entrevista emergiram as categorias: *Abdicação da vida: mudança na rotina familiar; Apoio (ou não) encontrado; Dificuldade financeira e Esperança e a fé que se renovam.* **Conclusão:** os resultados evidenciaram

- 1 Nursing Graduate by the *Faculdade de Tecnologia e Ciências de Salvador (FTC)*, PhD student enrolled in the Nursing and Health Postgraduate Program at *UESB*, Assistant Professor of the Health Department II at *UESB*.
- 2 Nursing Graduate by the *UESC*, PhD in Fundamental Nursing by the *Universidade de São Paulo (USP)*, Full Professor of the Nursing Graduation Course at *UESC*.
- 3 Nursing Graduate by the *UESB*, PhD in Nursing by the *USP*, Full Professor of the Health Department II at *UESB*, Coordinator of the Nursing and Health Postgraduate Program at *UESB*.
- 4 Physiotherapy Graduate by the *UESB*, MSc in Health Sciences by the *UESB*, Auxiliary Professor of the Biological Sciences Department at *UESB*.

que houve diversas repercussões na vida do trabalhador vítima de acidente motociclístico e da sua família, o que demonstra a necessidade do desenvolvimento de políticas públicas que observem para além dos custos originados dos acidentes de trânsito.

**Descritores:** Causas externas; Acidentes de trânsito; Trabalhador; Família.

## RESUMÉN

**Objetivo:** describir las repercusiones del accidente motociclístico en la vida del trabajador y de sus familiares. **Método:** estudio descriptivo, de abordaje cualitativo, del tipo estudio de caso. Para la recolección de datos fueron aplicados formulario, entrevista semiestructurada y la observación sistemática en el domicilio del trabajador. Los datos fueron sometidos a la técnica de análisis de contenido, modalidad temática.

**Resultados:** se identificó que debido al accidente de tránsito el trabajador tuvo repercusiones definitivas, llevándolo a vivir en estado vegetativo y la jubilación por invalidez. A partir de la entrevista emergieron las categorías: Abdía de la vida: cambio en la rutina familiar; Apoyo (o no) encontrado; Dificultad financiera y Esperanza y la fe que se renuevan. **Conclusión:** los resultados evidenciaron que hubo varias repercusiones en la vida del trabajador víctima de accidente motociclístico y de su familia, lo que demuestra la necesidad del desarrollo de políticas públicas que observen más allá de los costos originados por los accidentes de tránsito.

**Descritores:** Causas externas; Acidentes de tránsito; Trabajador; Familia.

## INTRODUCTION

External causes, accidents, and violence represent a major public health problem. Among the external causes, traffic accidents stand out due to the repercussions they cause on the life of individuals.

It is estimated that in Brazil, every year, traffic accidents cause death in about 45 thousand people and leave more than 300 thousand with serious injuries. In 2014, there were 167,247 traffic accidents on Brazilian federal roads, with 8,233 fatalities and 26,182 serious injuries, generating a cost of R\$ 12.8 billion that was borne by the Brazilian population. The cost related to accidents in the urban area was from approximately R\$ 9.9 billion to R\$ 12.9 billion, each accident cost R\$ 261,689, and an accident involving a fatal victim had an average cost of R\$ 664,821.<sup>1</sup>

The highest amount spent on individuals who have suffered traffic accidents is related to the loss of production, about 40%, that is, how much income a transit victim fails to receive, both when she is away from work - formal or informal - as well as in case of death, in relation to their life expectancy. The cost of hospital care represents about 20%.<sup>1</sup>

The population most affected by traffic accidents are men and adults within the age group from 20 to 39 years old. This points to the need for greater attention on the part of the managers since this population is in a phase of greater economic and social production, and consequently, with this type of external causes generates a larger cost to the public health system.<sup>2</sup>

Hence, traffic accidents often cause irreparable losses that will fall on social security and especially on the individual worker and/or family. Among these losses are the economic and labor repercussions, considering that this victim may depend on financial resources to continue the treatment and maintenance of their survival and the family.

The repercussions of the traffic accident can compromise the motor functions, which will cause the worker to remain sealed for a lifetime, which will lead to loss of employment, early retirement, cost with hospitalizations, medications, exams and specialized consultations, among others.

Every individual depends on the functional capacity to be able to take care of himself and perform the activities of daily life, however, conditions such as physical and motor limitations will sometimes require the dedication of family members, which will completely change the organization and family structure.<sup>3,4</sup>

Bearing the aforesaid in mind, it is essential to know the situation of the victims of traffic accidents, not only from the victim's perspective, but also from the perspective of the family, because for those who have gotten physical and/or motor and/or cognitive disabilities, they will depend on the presence of a caregiver, whether family or friends, to assist in carrying out the activities of daily life.

There are few studies that show the repercussions suffered by the worker who was a victim of traffic accidents and especially what this illness has generated in the family. Knowing these repercussions is essential for the identification of the needs of the family nucleus of the workers, aiming at indicating ways that can point to the improvement of the quality of life of both the injured and the family.

Given the aforementioned, this case study aims to identify the repercussions of a motorcycle accident on both the worker's life and his relatives.

## METHODS

It is a descriptive study with a qualitative approach, being a case study. A qualitative research seeks to understand what people understand when perceiving what occurs in their universes.<sup>5</sup> In this type of approach there is an interaction between the real world and the subject, an inseparable link between the objective world and the subjectivity of the subject in which it can not be presented in the form of numbers.<sup>6</sup>

The interest of qualitative research is not to quantify the occurrence, but to obtain quality, according to Minayo,<sup>7</sup> the subjectivity, in other words, how they occur, thus making it possible to describe the complexity of the presented problems, to analyze the interaction of some variables, to understand and classify dynamic processes experienced by specific groups, contribute to the process of change and enable the understanding of the peculiarities of the behaviors of individuals.<sup>8</sup>

The case study aims to carry out an investigation of a phenomenon present in a real-life context, especially when these are not clearly defined.<sup>9</sup> The case study aims to carry out the survey of a particular case or group, under the various aspects.<sup>10</sup> According to Marconi and Lakatos, the case study is able to gather detailed information in view of the need to use the most diverse data collection instruments, which aim to understand a specific situation and describe the complexity of the object of study.<sup>11</sup>

Thus, the adoption of the case study becomes pertinent for the development of this research since, it was tried to describe

the repercussions of the motorcycle accident in the life of the worker and his relatives, for that it is necessary to carry out a dense and exhausting investigation of an object of research, in order to allow the detailed knowledge, which, perhaps, would not be possible through the design by another type of method.<sup>12</sup>

The research was performed in the municipality of *Jequié*, *Bahia* State, in the hospital named *Hospital Geral Prado Valadares (HGPV)*, this being the only regional reference for attending to individuals who underwent traffic accidents.

The research consisted of three distinct moments: the first occurred in the *HGPV*, which was the identification of the individual who suffered a traffic accident proceeding with obtaining data through the medical records; the second, with the application of the instruments to the patient: Sociodemographic and Clinical Information Form (SCIF), Glasgow Outcome Scale-Extended (GOS-E) and Mini-Mental State Examination (MMSE); and the last moment was the realization of the semi-structured interview and made the record of the systematic observation in the domicile of the worker. It is known that in systematic observation the researcher already knows what he is looking for, but he must eliminate the influence on what is analyzed.<sup>11</sup>

A recommended instrument for the evaluation of results after Traumatic Brain Injury (TBI) is the GOS-E, which approves most of the criterion established for an evaluation of results, as well as performs a neurological evaluation.<sup>13</sup>

The MMSE allows the investigation of cognition and surveys associations and dissociations rapidly between different neurocognitive subcomponents of adults who have undergone TBI.<sup>14</sup> The MMSE rating score can range from zero to a maximum total of 30 points. Nevertheless, this instrument has only the reliability of screening and not of diagnosis,<sup>15</sup> and should not be used separately.

The data collected were tabulated in Microsoft Excel and the semi-structured interview was recorded and then transcribed in full, in order to maintain the reliability of the information. These were analyzed through content analysis, thematic modality. The analysis followed the pre-analysis stages in which the transcription and organization of the information was done; the constitution of the corpus with the categorization of empirical material; the selection of the units of significance in which he proceeded with the treatment, interpretation of the results, classification, and gathering of the thematic cores.<sup>16</sup>

In a case study, it is necessary to use various types of instruments aiming to ensure trustworthiness in the analysis process.<sup>17,9</sup>

The analysis of the results was done through the triangulation of the data of the medical record, the interpretation of the form, GOS-E and MMSE used in the research, reading the contents of the interview and systematic observation, since, triangulation is a safe way to validate the research, being an alternative for the exploration of several methodologies, expectations, and observers in the same research, which guarantees a greater rigor and complexity to the study.<sup>18</sup> Triangulation may contribute to the validity of a research and may serve as an alternative to constitute through a variety of perspectives.<sup>19</sup>

This study is derived from the Master Thesis named "Clinical-epidemiological profile and functional results in individuals showing cranioencephalic trauma history", which met the ethical precepts of the research involving human beings according to the Resolution No. 466/2012 from the National Health Council,<sup>20</sup> having been approved by the Research Ethics Committee from the *Universidade Estadual do Sudoeste da Bahia (UESB)*, under the Legal Opinion No. 961.356.

## RESULTS AND DISCUSSION

### The case study description

This study addresses a professional driver, 53-year-old male, incomplete elementary school, married for 23 years, having three children, a Catholic religion, who was admitted on August 5<sup>th</sup>, 2013 at the *HGPV*, located in the municipality of *Jequié*, *Bahia* State, showing motorcycle accident history, where such accident has occurred in the industrial center of said municipality.

The client was admitted to the *HGPV* presenting TBI, unconscious, Glasgow Coma Scale 03, short-contusional lesion in the parietal region and skull sinking. After hemodynamic stabilization and evaluation of the general condition, the client was transferred the next day, August 6<sup>th</sup>, 2013, to a trauma referral center in the *Salvador* city, *Bahia* State, where he remained hospitalized during six months, and having his wife's company. He returns to the city of origin in the company of his wife with a medical diagnosis of tetraplegia, a condition that completely changed his life and his relatives' lives as well.

During this period, it had a private health plan, guaranteed by its work relationship, and was being continuously monitored by a multidisciplinary team, although this plan declared bankruptcy. The client needed continuous monitoring of physiotherapy, nutrition, and specialists such as: neurologist, pulmonologist, among others. It should be noted that it still had a tracheostomy, in which although it was removed, there was no total occlusion of the stoma.

The son reports that his father stayed for up to four months after the accident with the covenant. "*He had the collective healthcare plan from his job, [...] the healthcare plan, he was still connected to the company, but later, the healthcare company declared bankruptcy, and then he got unassisted. From the moment he came in he had a plan, he rescinded the contract, he had to communicate if he had someone hospitalized, everything, and it was done, but even so, they claimed that they could rescind the contract, [...] we tried to revert it, but did not work... but he never stayed without assistance like that (he refers to the hospitalization at home).*"

After this period, the patient had to be admitted to *HGPV* because of a very productive cough, fever, and dyspnea, and was evaluated by a multiprofessional team (nutritional, clinical, neurological and physiotherapeutic), in which he identified the need for referral for Home Hospitalization),

being admitted on 11/21/2014 and remains until today in the care of this team.

According to his wife, [...] *before the physiotherapist who stayed with him, when he had the healthcare plan he was (a professional), then they stopped assisting him by the healthcare plan, then the physiotherapist kept coming, he got a bad respiratory infection, then I had to take him to the hospital, then when he came home he came with this care, thanks God it is still working up to now.*

Despite the clinical condition, vegetative state, the relatives have hope about the worker's prognosis.

## Results analysis and discussion

The results obtained by the SCIF were presented in the case study description. In the GOS-E instrument, he perceives that the patient had a score of 02, which defines that the injured person experiences a persistent vegetative state, showing no evidence of a significant response and does not obey simple commands or pronounce any words.

A review study showed that mild and severe TBI are prominent in motorcycle accidents, which demonstrates the importance of a prehospital neurological evaluation to avoid sequels and deaths, since the greater the severity of the trauma, the greater the possibility of death.<sup>21</sup>

The findings found in the cranial tomography revealed abnormalities that demonstrate injured areas, which was confirmed by the observation of its current clinical condition and the application of the MMSE, where it was evidenced that the injured worker did not demonstrate neurocognition, as it reached a score of 0 (zero). The patient has persistent cognitive sequelae resulting from the accident, which demonstrates a total dependence with his relatives to perform all activities of daily life.

It is important to note that the repercussion of the traffic accident on the worker generated a change not only in his life but also in the whole family that go beyond physical, emotional, cognitive and social injuries, these repercussions generated functional disability and total dependence for the simple actions such as feeding, bathing, walking, among others. The traffic accident generated eternal changes in the professional, personal and family life of this worker.

The diagnosis of severe TBI, followed by confirmation of disabling vegetative state, completely modifies the whole family routine.<sup>21</sup>

The results derived from the semi-structured interview were based on the wife's reports. Based on the interview, the following categories came about to describe the repercussions of the motorcycle accident on the life of the relatives: Life abdication: changing the family routine; Getting support (or not); Financial pressure; and, Renewing hope and faith.

### Life abdication: changing the family routine

The testimony presented by the wife demonstrates the changes in the family routine through the new situation that has been imposed on her. Among these changes is the abdication of her life to take care of her husband.

*Well, it's changed, a lot, because, the things I did, I do not do it anymore, [...], for instance, going out, like I left before [...] I stay home and when I have to leave to do something, he stays (her son).*

The wife reports that she had to quit her job.

*I used to work as a seamstress [...] in a factory in the mandacaru [...] right at the beginning (I missed it), it's because you get used to it, you have your routine and then you have to change everything.*

It is necessary to have a dedication and dedication to the individuals who are in a vegetative state, the family must follow during the hospitalization and later, carry out and promote the care at home.<sup>22</sup>

Another change that occurred in the wife's life was having stopped doing physical activity and even not going to church.

*Before it, I used to do (physical activity), [...] I would get up before going to work I would go to the gym, there I would do it. I missed it, because it was good to stay there... I got fat [...]. It's because [...] to leave like this, if I go on a walk, if I go in the morning, then if Danilo (son) is at home I leave because [...] he already gave his medication, his vitamin, so if I go, if he's not home I cannot go out, [...] I can only go out when he's home.*

*I really enjoyed going to the Catholic church, but here it is too far away, then I will not even go.*

In performing activities related to the physical and emotional well-being of the injured individual, the caregiver becomes constrained in relation to his or her own life.<sup>23</sup> In addition to these changes, there is the difficulty of apprehending caring for an individual who has a functional disability.

*I had it so (difficult) when, so at the beginning because it was something that was new to me... because I had never been through it, I had never cared for a person like him, but then I learned a little bit.*

Nonetheless, it is observed that the wife despite having had changes in her routine she does not feel obliged to take care, on the contrary, the care for her is a demonstration of liking.

*I adapt, so if now he needs care I have to take care of him, I do not... I bother, not because people talk like that, how can you keep it? Doing it, why do you have to take care of him? I do not see how I take care of him as an obligation; I take care because I like to take care of him.*

The worker's clinical condition caused him to disseminate disorganization in the family by quickly and definitively modifying the daily routine of his family members.<sup>3</sup>



The wife became a continuous caregiver along with her son trying to maintain comfort for her family.

In order for the wife to learn to take care, it was necessary to give up her life to dedicate herself to the care of the man who chose her as his wife.

## Getting support (or not)

During the journey that the wife has to face, she found support from professionals, children, family, and friends.

*The nurse technicians, nurses, they have been teaching me how to take care of him, because they knew the physicians had talked to me [...].*

*The physiotherapist is also a wonderful person because he helps me a lot too, he spends a lot for him, he teaches me a lot.*

*They treat him like this, with much affection, very present with himself, both he and the others are well attached to him. There he also (one of the children), he was interested in nursing, went to do the technical course, then finished and then he helps me to take care of him.*

*The people came, it was two, three times and even more so in the week that came [...]*

*His employer was a very good person [...] he gave him his wife's assistance.*

However, the new condition of the worker, vegetative state, also made the family perceive the remoteness of others who had a link with it. The interviewee's speech refers to suffering, the emptiness of feeling abandoned, by those who claim to be friends.

*They (his family) do not even see him, it's just me and my kids. They came, before the accident, it was the whole weekend, all together, having fun, when it happened, then everyone left. [...] but not his family... they do not come very often.*

*There are some friends who like to see him, but also not very constant no. More like this comes more friend [...] than family.*

*After more months went by and out of nowhere they were moving away, then neither did I, sometimes I wondered why? But I had no answer either, I did not call it either. The reality is as follows: me and my children, and I have to take care of them [...]*

Emotional support for victims and family members is extremely necessary for the adaptation of the new phase of family life undergoing structural transformations. Therefore, it is necessary the support of all - family, friends and professionals - so that you can overcome and relearn to live.

The support of health professionals should be performed to ensure a better physical and psychological rehabilitation of those involved, considering that, when assisting the caregiver, then him/her will feel more secure to provide assistance.<sup>24</sup>

## Financial pressure

External causes, specifically motorcycle accidents, reach the majority of the young population of productive age, with consequences that involve high social, emotional and economic costs necessary for the treatment, rehabilitation and follow-up, as well as bringing incalculable and irreparable damage to the victim and your family.<sup>25</sup>

The fact that the husband was a formal worker and had a diagnosis of functional disability facilitated his retirement process.

*I did not have any difficulty to retire him, because his retirement I got there in Salvador, then the doctor did the test... the retirement is by disability; oh, no, I had no problem, thank God.*

Just the disability retirement income is used to cover the household expenses.

*It's just him, his retirement. Because me son does not work, he has finished studying [...] but he is not working yet, this is all we have now... just keep moving on, right?*

In imagining that traffic accidents can be significantly reduced, it is emphasized the need to adopt preventive and health promotion measures that may contribute to the reduction of these morbidity and mortality rates, since such initiatives would generate smaller expenditures for the public sector, when compared to the costs related to pre, intra and post-hospital care.<sup>26</sup>

However, despite having achieved retirement, the wife describes the difficulty of financial resources so that she can take care of and take care of the husband, bearing in mind that the costs related to the care of the spouse are high. Furthermore, sometimes she has to choose between taking care of either him or herself.

*It's because it always hard, [...] his has his food, his things, supplement, his things are more expensive.*

*I started to do after I had to stop, that I started with a pain on my foot, it was this pain that was bothering me still hurts. Then I got it done until an X-ray that I went to the doctor she asked me for the X-ray I did, I was going to deliver the result to the orthopedist, but the allergy problem came to him, I postponed [...] he was needing it, I paid the appointment for him, then I do it later.*

Sometimes these family members need to ask for help of third parties to pay for the house expenses and those related to the care of the worker, and when it happens, usually, who provides help is her family.

*When I have difficulty, [...] my family helps me, [...] so I have an appointment for him, I do not have the money, they give me a little bit, another gives me another and then I'm taking it that way.*

*My family also did not let me go into scarcity, nor for my children not that thank God, my family is good... they all live far away [...] but it is a distance that becomes close, sometimes I even do not need to call them here.*

Studies reveal that there is a great absence of financial support and sometimes emotional support that ends up making it difficult and increasing family conflicts related to care to a person with functional dependence.<sup>27</sup>

## Renewing hope and faith

The wife reveals how much she has faith and hope in reversing her husband's picture, which is perhaps the way she finds it to deal with the current circumstances experienced.

*I pray that one day he will be well, with faith in God. I hope in God that one day he will. Because, he has us take caring for him, we also have the doctor who takes care of him, but first God we have to trust Him. And I believe that one day He'll do a miracle and he'll be fine.*

It is observed that for the wife, religion and hope is the source of fundamental inspiration for solving problems. It is from a faith that strength is withdrawn to provide care and to ensure better emotional control.<sup>3</sup>

It was observed that the faith of the caregiver is renewed every day, due to the minor attitudes triggered by the husband, in view of the perception of improvement of the picture throughout the care.

*Before he was very quiet, he did not move much, today he already moves, it is... you realize that he does not like to keep the light off, [...] when we turn off the light he begins to cough, it is one way... when you turn on the light he's quiet... If he's in the bedroom by himself, he does not like to be there, he coughs, when we get there then him stops [...] Then when you come in talk to him, turn on the light then he stays calm.*

The reports presented suggest that faith and spirituality serve as a basis to alleviate the suffering caused by the traffic accident in the family, helping as a reason for the resignification of life, supporting the new conditions imposed by the accident, as well as coping against adversity.<sup>3,24</sup>

The family belief is what has contributed to overcoming the repercussions of the motorcycle accident on both the worker's life and his relatives.

## CONCLUSIONS

The study identified that the traffic accident had definite repercussions on the life of the worker leading him to live in a persistent vegetative state, therefore, having to retire due to functional disability.

A complete change in family life was still evident. Several aspects were related to the repercussions that the traffic accident generated, such as: changes in the routine of life, limitations of activities of daily life, isolation, social changes and financial worries. Nonetheless, despite the difficulties, the family sought in faith and hope for strength to continue care.

The results point to the need to develop public policies that observe beyond the costs of traffic accidents, expanding the look mainly to the repercussions that this event can cause in the life of the worker and the family, through the implementation and implementation of actions with a view to reducing the morbidity generated by these diseases.

Preventive actions such as speed enforcement, housing, vehicle conditions, traffic education, thoroughness in the driver's license, improvements in urban public roads, can significantly reduce the number of these types of accidents, which might prevent other workers from losing early their functionality, and also preclude families of living in anguish and continuous suffering.

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**Corresponding author**

Juliana da Silva Oliveira

**Address:** Rua Moisés Caroso, 512

Bairro Jequeizinho, Bahia, Brazil

**Zip code:** 45.208-257

**E-mail address:** juli.silva.oliveira@gmail.com

**Telephone number:** +55 (73) 98838-1129

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