UNIVERSITY OF CAPE COAST

LIVED EXPERIENCES OF ROAD TRAFFIC ACCIDENT SURVIVORS

EFUA POMAAH GYAN

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BY

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Thesis submitted to the Department of Education and Psychology of the Faculty of Educational Foundations, College of Education Studies, University of Cape Coast, in partial fulfilment of the requirements for the award of Master of Philosophy degree in Clinical Health Psychology

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DECLARATION

Canditate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature……. Date …….

Name……

Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Supervisor's Signature…… Date……

Name……...

ABSTRACT

Road traffic accidents are on the ascendancy globally and contribute to several disabilities and even death. Survivors of road traffic accidents have been found to have varying challenges affecting their quality of life. Road accidents are common in Ghana too, but there is little knowledge on the lived experiences of the survivors. Hence, this study sought to explore the lived experiences of road traffic accidents survivors in Sekondi-Takoradi, specifically highlighting their physical, psychological, and social experiences as well as their coping strategies. This study used a qualitative phenomenological design using a semi structured interview guide to get responses from the participants. Participants were purposively sampled at Effia-Nkwanta regional hospital. The Interpretative Phenomenological Analysis was used to analyse results of the study. The study found that road traffic accidents survivors have physical challenges through injuries, pain, hospital environment and a lack of strength. Psychologically, most of them experienced post-traumatic stress disorder (PTSD) while few had depressive and anxiety symptoms. Survivors had to make some lifestyle adjustments to accommodate their new circumstances, they experienced financial hardships, and other social support problems like negative attitudes of some healthcare providers. It was also discovered that their relationships with significant others and friends were either strained or strengthened. Social support and spirituality were found to be the most used coping strategy in this study. In view of this, it was recommended that medical practitioners collaborate with clinical/health psychologists to regularly assess RTA survivors to improve healthcare.

KEY WORDS

Road traffic accident survivors

Road traffic accident

Lived experience

Phenomenological

Coping strategies

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DEDICATION

To my sisters (Maame Esi and Nana Esi) and Williams

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LIST OF ACRONYMS

RTA	Road Traffic Accident
ENRH	Effia-Nkwanta Regional Hospital
OPD	Out-patient Department
PTSD	Post-traumatic stress disorder
ASD	Acute Stress Disorder
WHO	World Health Organization
NRSA	National Road and Safety Authority
IPA	Interpretative Phenomenological Analysis

CHAPTER ONE

INTRODUCTION

Individuals who have survived road traffic accident (RTA) tend to have physical, psychological and social challenges. These challenges do not affect only the survivors but their families and friends. The challenges that result from RTA requires the individual to adopt a coping strategy to better handle the adverse effect of the condition. Globally, RTA has been found to lead to serious injuries and even death. In Ghana, statistics show how widespread RTA is and how devastating the effects are. Studies that are conducted on RTA looked at prevalence, pattern of injury, infrastructure etc. Nonetheless, there is limited research with regards to the experience of RTA and coping from the perspective of the survivors. Hence, this study sought to understand the experience of surviving an RTA and coping from the perspective of the survivors. The transactional model of stress and coping was the theory used to buttress this study. Using phenomenological design, survivors were interviewed with a semi-structured interview question. This study is envisioned to add to the growing body of literature on RTA. Furthermore, it will also serve as a reference material for healthcare professionals in developing interventions for survivors of RTA.

Background to the Study

Automobiles are essential today because they make it possible for people to move from one place to another. The increased use of vehicles has led to a drastic increase in road traffic accidents (RTA) recently (Rahman et al., 2022). According to the Global Status Report on Road Safety by the World Health Organisation [WHO], (2018), out of the ten leading causes of death,

road traffic accidents (RTA) are the ninth. Over 1.35 million people lose their lives due to road accidents, and 20–50 million more suffer injuries yearly (WHO, 2018). The report added that road traffic accidents cause economic and social costs which in turn affects the broader development and environmental goals addressed by the SDGs (WHO, 2015). Studies (Dunne et al., 2020; Londoño et al., 2022) conducted in Latin America found that road traffic accident accounted for about 50.6% of the injuries at the hospitals. A study in Europe also found that, out of the fatalities in the country, 42% is because of RTA (Bauer et al., 2016).

According to Aga et al. (2021), the situation with road traffic accidents is terrible in sub-Saharan Africa. The region has the highest rate of road traffic fatalities and major property damage because of these incidents. In Africa, for every RTA related death, 43% of the victims who survive RTA suffer permanent impairment (WHO, 2013). Ghana is not an exemption when it comes to the prevalence and fatalities of road traffic accidents, in 2017, an estimated number of 2,076 persons lost their lives in road traffic accident (Darko, 2018). During the same year, 12,166 passengers had injuries but 2,421 of them recovered (Darko, 2018). A study by Blankson et al. (2019) at the Korle- Bu Teaching Hospital found that, 62% of fatalities at the casualty unit of the emergency department were caused by car accidents and that of those killed by road accidents, 50% of them were pedestrians, 31% were passengers and 18.7% were drivers. Some victims of road traffic accidents are motorcyclists. The National Road and Safety Authority (NRSA) of Ghana in their report to the Daily Graphic stated that, out of 13,675 crashes that occurred in the year 2022, 14,239 persons survived with some degree of

injuries (Ngnenbe, 2022). In Ghana and some developing countries, motorcycles have become the easiest and fastest mode of transport for most people, as a result, it was found that road traffic accidents had surged at a record-breaking rate in conjunction with the rising use of motorcycles (Chalya et al., 2010; Konlan et al., 2020).

As mentioned above, RTA can have an impact on people all over the world, but the factors that cause these accidents may vary according to location. Generally, RTAs are caused by a variety of factors like the engineering design of the traffic infrastructure, the type of vehicle, the nature of the road and traffic regulations (Bjerre et al., 2006). In Saudi Arabia for instance, most collisions were caused by driver error and especially those on the highways were found to have been caused by poor road safety and poor car maintenance (Ansari et al., 2000). A study by Konlan et al. (2020) discovered that over speeding, reckless driving/riding, breaking of traffic laws, improper overtaking and poor roads made up a higher percentage of the factors that contributed to higher accident rates in Ghana. Constant and Lagarde (2010) also found that, other factors that contributed to road traffic accident were certain vehicular factors like the roadworthiness of vehicles and the existence or absence of certain equipment like seatbelts. These factors lead to serious consequences that affect the victims of RTA.

Victims of RTA may experience financial, psychological, and physical consequences. Injuries that are sustained from RTA may range from minor cuts and bruises to broken bones, whiplash, spinal and back problems, paralysis and even death which alters the dynamics of the family which in turn causes both emotional and financial problems (Gebru, 2017). According to

Nasirian, Olsén and Engström (2018), injured people may feel stress that comes from pain, panic, anxiety, unexpected hospitalisation, and as well as perceived and actual loss of body structures and functions that may last for years after the initial injury. Trauma experienced from the accident can impair the overall psychological well-being of survivors leading to maladjustment, driving anxiety, depression, and panic attacks (Thrasher, 2013). They also experience Post-Traumatic Stress Disorder (PTSD) and acute stress disorder, depression, anxiety, and travel phobia (Ehring, Ehlers & Glucksman, 2006; Jaapar, Abidin & Othman, 2014; Kumar et al., 2014). Post-Traumatic Stress Disorder (PTSD) which results from RTA, has been found to affect about 20.7% of survivors (Jaapar et al., 2014). Lieberman and Neria (2011) observed that the survivors who experience PTSD may be prone to depression, nightmares, flashbacks, and hypervigilance.

RTA survivors also experience social challenges; work disabilities and absences, the loss of economic productivity, impediments to the return to pre-injury activity and participation in life as well as relationship problems (Tournier et al., 2014; Gopinath et al., 2015). Motor vehicle accidents have an impact on a person's life in numerous ways, including the physical, social, spiritual, psychological, functional and cognitive abilities (Kenardy et al., 2015).

Challenging circumstances need to be handled with perseverance. Thus, it is vital to learn how to effectively deal with the stress and despair that accompanies traumatic incidents. In order to help a person cope with traumatic situations, experts have suggested that coping mechanisms be used (McFadden et al., 2021). According to research (Tournier et al., 2015; Gopinath et al.,

2017), even in RTA survivors with minimal injuries, the physical and mental aspects of health-related quality of life are diminished with time (Rissanen, Berg & Hasselberg, 2017). Therefore, these victims employ strategies that help them cope with the devastating effects of the accidents (Beierl et al., 2020). Dijkstra and Homan (2016) found that, in stressful events, people employ escape and avoidance as a coping mechanism despite their being ineffective over a long term. This study, hence, sought to explore the lived experiences of RTA taking to consideration their experiences including their coping strategy.

Statement of the Problem

Road traffic injuries are expected to account for 1.25 million fatalities by the year 2030, ranking them the sixth biggest cause of death worldwide (WHO, 2015). According to the WHO (2019) Status report on road safety, there had been an increase in traffic related death and injuries in Africa over the past three decades. In Ghana, during the past ten years, road traffic accidents have resulted in 72 people per 100,000 suffering from severe bodily harm and around 8 people per 100,000 dying from road traffic accidents (Hesse & Ofosu, 2014). Furthermore, RTA incidence in Ghana ranked 31st globally, with RTA being among the top 10 causes of death and disability in Ghana, which is ranked 23rd globally (Yiadom et al., 2018; WHO, 2018). Given the unsettling trend and intriguing statistics of RTA incidents and injuries in Ghana, it is essential to investigate.

Some studies (Gebru, 2017; Londoño et al., 2022) have revealed the physical effects of RTA on survivors, other studies also reported the psychological distress (Guest, Tran, Gopinath, Cameron & Craig, 2016;

Kumar et al., 2014) and social challenges (Gopinath et al., 2015; Tournier et al., 2014) which tend to affect the recovery of the survivors (Haagsma et al., 2011). Irrespective of reports on the psychological distress and social factors among RTA survivors (Guest et al., 2016; Gopinath et al., 2015), treatment and recovery of RTA survivors mostly focuses on their physical challenges than their psychosocial challenges (Bedaso et al., 2020). Similarly, a study by Amankwah-Poku, Amoah, Sefa-Dedeh & Akpalu, (2020) reported that in Ghana, the focus of treatment for RTA survivors is mostly on the physical challenges rather than their psychosocial challenges. In addition, undetected and untreated psychological issues lengthen the patient's stay at the hospital, which may in turn worsen the psychological distress (Singh, Bhardwaj, Pathak & Ahluwalia, 2011; Sullivan et al., 2017).

Since these psychosocial challenges have been found to influence the well-being of the individual (Kenardy et al., 2015; Rissanen et al., 2017), which in turn significantly impact the survivors' abilities to return to pre-injury employment and life participation (Gopinath et al., 2015), there is the need to examine the influence of RTA on the lives of the survivors.

Sabet et al. (2016) conducted a study on the lived experiences of RTA survivors in Iran but focused on their return to life after the accident. Another study on lived experiences of RTA survivors in Zambia, focused on their experiences in rehabilitation (Ndhlovu, Chikopela, Mandyata & Ndhlovu, 2021). Although studies have existed on RTA in Ghana, the focus is mainly on injury patterns of RTA and challenges (Aggrey-Orleans, 2019; Wilson et al., 2020), the trend of RTA (Mends-Brew et al., 2018), prevalence and pattern of RTA (Konlan et al., 2020) and reducing the dangers of RTA (Agyeman,

2018). These studies did not explore the lived experiences of RTA survivors. Conversely, an exploratory qualitative case study by Ojo et al., (2018) on lived experiences of interurban commercial bus drivers who have survived RTA, focused on only urban bus drivers with regards to the causes of the accident and their experiences post-accident. However, the study did not highlight the coping strategy of the survivors. The study focused on only one aspect of RTA survivors and not on all RTA survivors as this study intends to investigate.

Therefore, this study seeks to fill the gap by exploring the lived experiences of RTA survivors in general, using qualitive phenomenological design.

Purpose of the Study

The main purpose of this study was to explore the lived experiences of road traffic accident survivors. Specifically, the study aimed to:

- Ascertain the physical experiences of road traffic accident survivors.
- Identify the psychological experiences of RTA survivors.
- Investigate the social experiences of RTA survivors.
- Identify the coping strategies these survivors adopt.

Significance of the Study

Motor vehicle accidents have become rampant these days. The experiences the survivors of RTA face ranges from physical injuries which impact the psychological and social aspect of their lives as well. Most studies available focus on some aspect of RTA, while few looked at the experiences of these survivors from their perspective. Thus, this study will add to the growing body of knowledge on road traffic accident concerning the lived experiences and the coping strategies of the survivors.

The knowledge from this study will also serve as a reference material to nurses, doctors and clinical/clinical health psychologists and others who take care of these patients to develop interventions and care plans which will not focus on only the physical injuries but the other aspects of the individual's life like the psychological and social aspects, that will be effective in treating the impact of the accident. It is also envisioned that knowledge on the experiences of RTA survivors will inform hospital authorities to establish and implement follow-up programmes to help identify patients who may be experiencing these challenges to get the help they need.

In addition, this study will provide information to major stakeholders like the Ministry of Health, Ghana Health Service, Mental Health Authority, and the Ghana Psychology Council to establish and implement healthcare initiatives which will include collaboration between clinical/clinical health psychologists and the other medical professionals to improve healthcare.

Delimitation

Conceptually, this study was delimited to the following variables: physical, social and psychological experiences of RTA survivors and coping strategies specifically of those who had been hospitalised for at least 2 weeks and have been discharged at most 12 months.

Geographically, this study was delimited to the Sekondi-Takoradi Metropolis, Western region of Ghana.

Limitations

The researcher used the qualitative approach that employed phenomenological design, and this helped the researcher gain insight into the experiences of the participants under study. However, the transferability of

this study was limited as lived experience is subjective so this may differ from one RTA survivor to the other in other regions of Ghana.

Another limitation of this study was the sample size. Saturation was not reached because the number of RTA survivors that were available and accessible at the time of data collection were used. This limits the possibility that if there were more survivors, they might have mentioned something different that may have also been relevant for the study.

Operational Definition of Terms

- **Lived experiences:** A depiction of a person's experiences and decisions as well as the knowledge gained from these experiences and choices.
- **Coping strategies:** Behavioural and cognitive tactics used to manage crises or events that are appraised as distressing.
- **Road traffic accident (RTA):** An accident involving at least one vehicle on a road open to public traffic where there is a collision between a vehicle and another vehicle, tree, pole, animal, person, or a stationary object.
- **Road accident survivors:** Anyone who has continued to live after a road accident despite coming close to death.

Organisation of the Study

This study is organised into five chapters. Chapter one includes the background of the study, statement of the problem, research questions, significance of the study, limitations, delimitations and organisation of the study while chapter two highlights the theoretical framework and empirical studies related to this topic in chapter three the focus is on methodology

specifically the research design, population, sampling, data analysis and data collection procedure. Chapter 4 presents the results and discussion of the findings of the study. In the final chapter, which is chapter five, it summarises, concludes and gives recommendations for future studies.

CHAPTER TWO

LITERATURE REVIEW

This chapter elaborated on theory that support this study, and empirical review. The Transactional Model of Stress and Coping is the theoretical framework underpinning this study. This chapter also presents empirical studies on the problem under study according to the objectives of the study. The chapter concludes with a summary of the review of literature.

Theoretical Framework

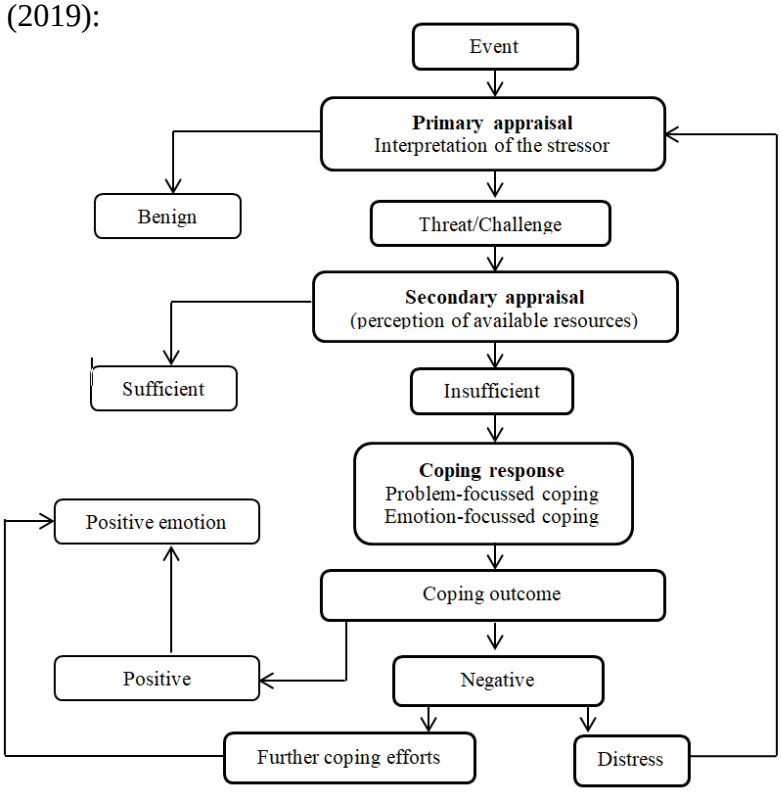
To support this study, the transactional model of stress and coping by Lazarus and Folkman (1984) was used.

The Transactional Model of Stress and Coping

This study employed the transactional model of stress and coping by Lazarus and Folkman (1984) to elucidate how experiencing road traffic accident causes stress and the coping strategies that the survivors employ. The transactional model of stress and coping was first propounded by Richard Lazarus and Susan Folkman in the 1960's and was later modified in 1984. This model is a renowned theory which has been used by numerous scholars (Koutsimani, Montgomery & Georganta, 2019; Zacher & Rudolph, 2021) to explain various experiences relating to stress and coping.

This model emphasises the bidirectionality between the individual and his environment with respect to stress and coping. This model presents that the individual's appraisal of an event contributes to the stress, and this affect the coping strategy that will be adopted. That is, if an individual perceives an event to be stressful, the event becomes a stressor that requires the individual to employ certain coping strategies (Lazarus & Folkman,1984). When the

coping strategy proves effective, it produces positive emotions, but if the coping strategy is ineffective or unresolve, it results in negative emotions like stress which will require alternate coping mechanisms. Lazarus (2006) proceeded to define stress as a state in which the demands of the stressor exceed the resources (personal and social) that are available. When expanding on the types of stressors, Lazarus (2006) mentions cataclysmic stressors which are unexpected and unfortunate events that may affect many people or individuals, like, wars, natural disasters, etc. Road traffic accidents are unexpected and unfortunate and so can be termed cataclysmic indicating that survivors of RTA experience stress. Below is a framework of the Transactional Model of Stress and Coping as depicted by Turner-Cobb and Hawken (2019):



Source: (Turner-Cobb & Hawken, 2019)

According to Lazarus and Folkman (1984), the interaction between an individual and their environment is mostly influenced by their cognitive appraisal and coping skills. Cognitive appraisal evaluates the nature and

intensity of a transaction between an individual and their environment (Lazarus & Folkman, 1984). This cognitive appraisal has two forms: primary and secondary appraisal. Primary appraisal essentially outlines the significance of the incident or stressor for the victim's health and overall well-being (Webb, Miles & Sheeran, 2012). Primary appraisals determine whether circumstances are relevant (benign or stressful) or irrelevant. If the individual perceives the event to have no practical consequences for their health or wellbeing, it is considered irrelevant and requires no coping mechanism. However, if perceived as significant or relevant, then the individual searches for means of coping (Didymus et al., 2021). When this happens, the individual now employs secondary appraisal, where the individual assesses the resources available to deal with the effects of the events (Lazarus, 1991). During secondary appraisal, the person examines their financial resources, such as money, as well as their psychological and social resources, including their self-efficacy and self-esteem. When there are adequate resources available during the secondary appraisal to manage stressors, stress is reduced, but inadequate or unavailable resources cause stress to escalate (Lazarus, 1991; Nurmi, 2011).

Coping is the process through which a person manages the stressful demands of their person-environment relationship and the associated emotions. Lazarus and Folkman (1984) continued to elaborate this model by grouping the coping strategies into emotion-focused and problem-focused. Emotion-focused coping concentrates on controlling emotions that develop because of stressful interactions between a person and their environment. Baker and Berenbaum (2007) described that, in emotion-focused coping, the

individual makes efforts to control unpleasant emotions by controlling the emotions surrounding the situation through reframing the meaning of the stressful event without changing the situation. This method of coping focuses on internal factors that cause emotional reactions rather than factors outside of oneself. Munroe, Al-Refae, Chan and Ferrari (2022) added that, while others use positive forms of emotion-focused coping like journaling, meditation, distraction etc., others resort to the negative ones which are often unhelpful like avoidance, suppression, alcohol, and drug use.

Conversely, problem-focused coping involves steps taken to deal with stressful events and change an adverse person-environment interaction to reduce or eliminate the sources of stress through personal behaviour (Munroe et al., 2022). Lazarus and Folkman (1984) continued that crucial problem-focused coping techniques are undermined when an individual has negative beliefs about their ability to control a situation or about the effectiveness of a specific strategy that one adheres to. Example of problem-focused coping will be an individual ending a relationship that causes him or her anxiety or distress (Aldwin & Yancura, 2004).

Even though Lazarus and Folkman (1984) established that both emotion-focused and problem-focused coping effectively help in dealing with stressful events, most psychologists agree that problem-focused coping is the better coping technique because it has been consistently linked to less stress and greater mental health (Penley, Tomaka & Wiebe, 2002). Furthermore, Chiavarino et al. (2012) found that, compared to individuals who use problem-focused coping, those who use emotion-focused coping are more susceptible to stress-related disorders (such as heart disease). In contrast, Garnefski and

Kraaji, (2006) argued that, although emotion-focused coping is frequently branded as being less effective than problem-focused coping, in some situations (such as when a stressor cannot be changed), emotion-focused coping may be more helpful than active coping strategies. The transactional model of stress and coping, developed by Lazarus and Folkman in 1984, clarifies that coping strategies are neither inherently effective nor ineffective but rather depend on how precisely they match the cognitive appraisal and situational conditions and as a result, the effectiveness of a coping strategy is related to how well it fits and the context within which the coping strategy is used.

Relevance of the Model to this Study

As explained above, the transactional model of stress and coping explains that stress is an effect of the interaction between an individual and his environment. When the wellbeing of the individual is compromised, the transactional effect becomes stressful which then requires the employment of coping strategies to combat the effects. This model was appropriate for this study because in like manner, the transactional effect of RTA survivors is affected as they experience physical pain, psychological and social issues because of the road accident. This effect influences their appraisal of the accident by assessing the resources (finances, social and emotional support) available to deal with the challenge (injury, bills, psychological issues). The model was appropriate for this study because it helped the researcher comprehend how the stressful event (road traffic accident, injury and pain) affects the quality of life of the survivors which then dictates the coping strategy (avoidance, acceptance, problem-focused) to employ.

The coping aspects highlighted to the researcher what type of coping strategy is employed by the RTA survivors. It also helps to understand that a survivor who perceives the accident as stressful is likely to adopt some form of coping strategy to combat the effects of the stress. This also explains that their well-being is likely to improve if the coping strategy works. The model also helps in understanding how the cognitive and environmental perspectives of the individual influence them.

The transactional model of stress and coping has been adopted by most researchers in understanding certain phenomena: psychological impact of Covid-19 in Malaysia (Sundarasen et al., 2020), Relationship between burnouts, depression and anxiety (Koutsimani et al., 2019), Copping emotion regulation and psychopathology in childhood and adolescence (Compas et al., 2017), Interventions on improving stress appraisal for haemodialysis patients in Tehran (Sharifabad et al., 2020). Therefore, this study also adopted this model to better understand the experiences of RTA survivors regarding their quality of life and coping strategies.

Conceptual Review

Road Traffic Accident

Road traffic accident is any collision that involves at least one moving vehicle on a public or private road that the public has access to and that leaves at least one person hurt or killed (International Transport Forum, 2021). According to Hareru et al. (2022), the causes of RTA may range from the driver factors to vehicle and roadway factors. All elements pertaining to drivers and other road users can be considered driver factors in RTA. This could involve driver conduct, reaction time, decision-making skills and visual

and auditory acuity. The driver, if under the influence of drugs or alcohol, can influence all these factors leading to RTA. The most prone road users are pedestrians and cyclists (Gandupalli et al., 2023). The outcome of RTA sometimes leaves an indelible impact on the survivors and their families. Survivors of RTA not only suffer injuries but accompanying psychological and social problems. The injuries that result from the accident tend to leave financial burden of the families of the survivors (Mekonnen et al., 2022). RTA can cause trauma that can alter the psychological wellbeing of the survivor. These psychological issues sometimes affect the survivor's pre-trauma functionality like work and other social activities. It can also impact the healing of the physical injuries and vice versa (Kenardy et al., 2015).

The psychological effects that survivors of RTA suffer can be PTSD, depression, anxiety, stress, travel phobia, sleep problems (Kumar et al., 2014). Anxiety can hover around the financial burden that comes with treatment and their physical well-being. PTSD is a form of anxiety and is also recognised as one of the primary psychological effects on survivors of RTA. PTSD is a disorder that develops after an individual has experienced a traumatic incident like RTA, war, disasters etc. The symptoms of this condition are recurrent flashbacks, nightmares, hyperarousal, experiencing intrusive thoughts, sleep problems, travel phobia etc and has been found to be more prevalent in female survivors (Hourani et al., 2016). Even though some studies mention that PTSD develops and worsens with the severity of the injury, other studies argue that the mere experience of a traumatic event is enough to make one develop PTSD. The distress that comes with PTSD may contribute to the development or intensifying of other psychological conditions like depression, anxiety,

insomnia etc (Goh et al., 2019). The condition not only affects the person's health but may affect their relationship with their family as well (Yaşan et al., 2009).

Concept of Coping

These conditions that resolve from RTA requires the individual to develop some form of coping mechanism to help the person deal with the challenges present. Coping strategies are behavioural and psychological techniques that people use to specifically reduce or manage the impact of stressful situations (Folkman, 2012). Coping is a process that begins in an emotional environment and is closely linked to controlling emotions, particularly distress. The coping process is thought to have two functions; to manage the stressful situation and to regulate the emotion produced by the situation (Peer, 2016). In stressful situations, it has been found that most people employ escape and avoidance as their means of coping even though it is often ineffective after a while (Dijkstra & Homan, 2016). Generally, coping has been classified as either emotion-focused or problem-focused (Lazarus & Folkman,1984). Different people may employ different means of coping based on their personal preferences, personality, background and status in society (Roberts et al., 2016). RTA survivors, however, have been found to be using emotion-focused type of coping. This is because this form of coping emotional responses surrounding the situation helping them to positively reframe their emotions for that moment (Arora et al., 2023).

Empirical Review

In this section, studies related to the objectives of the study were reviewed.

Experiences of road traffic accident survivors

Experiences following a road traffic accident encompass a wide array of physical psychological and social challenges regarding aspects of the individual's life after experiencing a traumatic road accident (Mitchell, 2021). Experiencing road traffic accidents can be traumatizing and stressful (Bedaso et al., 2020). This is in conjunction with a study by Ndhlovu et al. (2021) on the lived experiences of RTA victims on rehabilitation with eight (8) RTA survivors, where some of the participants explained their traumatizing experience with road traffic accident especially because it is unexpected. In their findings, the participants highlighted how this experience caused challenges for them which they required help to deal with. ; interviewed 20 maxillofacial patients in their study to explore their posttraumatic experience of RTA, described the experience with the accident to be unreal. This study focused on only one type of injury from road traffic accidents hence this finding may not be generalised to all injuries relating to RTA.

Physical Experience of RTA Survivors

Road traffic accidents are the major cause of physical disabilities as millions of people are injured from RTA every year. There are many types of injuries that can result from a road traffic accident, but the most common types are injuries to the pelvis, arm, chest, lower limbs, head, shoulder, and spine. This is evident in a study by Kulkarni and colleagues to assess the pattern and distribution of skeletal injuries in victims of fatal accidents. They found that the most common injury were fractures to the skull, ribs, lower limb bones

which even led to death in some victims (Kulkarni et al., 2020). Similarly, a cross-sectional study in Ghana to examine the injuries and socio-demographic profile of RTA casualties in the emergency unit found that, most of the injuries sustained by RTA survivors were lower and upper limb injuries, chest, spine, and head injuries (Aggrey-Orleans, 2019).

These injuries tend to cause adverse impacts on the survivors as a prospective study by Gopinath et al. (2017) that used cohort of 252 adults who had sustained mild to moderate injuries. That is, except serious injuries in motor vehicle crashes in New South Wales, Australia which was aimed at tracking the experience and key outcomes of persons who had sustained mild or moderate injuries as they returned to health and work following a road traffic crash. Patients were recruited and interviewed at baseline (within three months of their crash) and at 6, 12 and 24 post injury. They discovered that minor injuries had major impacts on pain ratings, physical and mental well-being, health-related quality of life and return to work and pre-injury participation during the 24-month post injury phase. Furthermore, they found that the prognostic indicator for mild to moderately severe injuries were biopsychosocial factors such as age, pre-injury health, quality of life, pain etc. The study was longitudinal allowing for the hypothesis that RTA has a long-term effect on the survivor. However, the downside of the study was that it employed an observational approach which cannot determine cause and effects and other underlining factors like psychosocial experiences that could have contributed to the pain of the individual.

A retrospective study by Heron-Delaney et al. (2017) using 382 RTA patients which aimed at determining the factors that limits a patient's ability to return to work after a car accident found that, aside prior psychiatric conditions of the patients, 21.6% of the participants could not return to work because of high levels of disability and pain leading to low functioning that limited their ability to return to work. In examining the health-related quality of life (HRQOL) of RTA survivors, Alghnam and his colleagues conducted a retrospective study with 590 motor accident patients to examine the long-term morbidity, pain or discomfort, depression or anxiety of patients injured through road crash (Alghnam et al., 2015). They found that injured patients involved in road crashes were more likely to suffer pain (severe or moderate) and be limited in their usual activities (Alghnam et al., 2015). In contrast to the above studies, a cross-sectional study that was conducted by van Delft-Schreurs et al. (2014) to measure the subjective quality of life of severely injured patients after their rehabilitation phase following an accident found that, the impaired QOL of the patients depended on their inability to return to preinjury activities rather than the physical challenges resulting from the accident. The study used a quantitative approach which failed to explore from the survivors' point of view on what impaired their QOL.

These injuries that are sustained can lead to lengthened hospitalisation for both men and women depending on the type of injury (Chalya et al., 2012). A study by Cullen et al. (2021) exploring the gender differences in road crashes refuted this claim as they found that women are most likely to suffer injuries that lead to hospitalisation than men even though men have an increased risk of being involved in a road crash. In conjunction with this

finding, a study by Aldred et al. (2021) aimed at comparing the risk posed by men and women as well as the different modes of transport in road accidents, highlighted that men pose a lot of risk in road crashes and so may sustain a lot more injuries than women. Concerning the length of stay at hospital after an RTA, a retrospective study by Herbosa, Lu and Lu (2022) to examine how road crash affects length of hospital and its association between demographics and other clinical variables in Philippines found that, injuries to the head, neck, face and other extremities significantly increased the individual's stay at the hospital. Even though the study covered the appropriate demographics that could affect the patient's length of hospital stay, the findings may not explain in details other factors that may have resulted in the lengthened hospital stay because it was a quantitative study that used already existing data.

Psychological Experiences of RTA Survivors

There is compelling evidence that road traffic accident has significant negative impact on the psychological well-being of the victims. Studies have found a significant correlation between RTA pain and/or injury and psychological well-being (Huang et al., 2022; Kenardy et al., 2015; Pozzato et al., 2020; Sterling et al., 2011). Common psychological issues related to RTA are posttraumatic stress disorder (PTSD), acute stress disorder (ASD), depression and anxiety (Abidin & Othman, 2014; Kumar et al., 2014). After exposure to real or life-threatening illness or major injury or sexual assault post-traumatic stress disorder or ASD can develop. One traumatic event that might lead to PTSD or ASD is road traffic accident (Kearns et al., 2012). However, the focus of treatment is mostly on physical well-being. According to DSM-IV criteria, the primary distinction between ASD and PTSD is the

former's emphasis on dissociative responses to the trauma and the length of the symptoms; PTSD can be diagnosed from 4 weeks after RTA while ASD is from 2 days from 4 weeks. ASD allows for the prediction of trauma-related individuals who may develop PTSD (Bryant et al., 2011).

In a longitudinal study by Valentine et al. (2016) to examine the association between mental and physical health problems at 4 weeks and 16 weeks post road traffic crash, they found that, mental health issues (PTSD and depression) at 4 weeks after the accident were linked to severity of bodily pain at 16 weeks post-crash. They concluded that, early assessment of mental health symptoms in severely injured survivors is paramount in the treatment of RTA survivors. In conjunction with this study, another longitudinal study by Fekadu et al. (2019) conducted in Ethiopia to determine the incidence level and risk factors of PTSD after RTA found that, out of the 299 injured survivors they used as participants, more than half of them had developed PTSD. In view of this, they recommended that clinicians give special attention to these patients, especially those who sustained serious injuries. The study did not include why that number of survivors developed PTSD.

In contrast to these studies, a study that focused on epidemiological and clinical features that characterise PTSD among RTA victims living in a non-hospitalised community setting long after the RTA event, found that PTSD was not associated with the severity or gravity of the RTA (Kupchik et al., 2007). This study did not include survivors in hospitalised communities hence, this finding may not be generalised to all RTA survivors. A meta-analysis by Dai and his colleagues to identify the pooled prevalence of acute stress disorder in RTA using 13 studies collectively involving 2989 RTA

survivors, revealed 287 (one-sixth) of the survivors experienced ASD. When concluding, they suggested the need for early assessment of early trauma responses among RTA survivors and the early implementation of psychological interventions (Dai et al., 2018).

Initial research found that depressive mood affects 21–67% of RTA survivors post-traumatic stress disorder (PTSD) affects 20% to 40% of RTA survivors and heightened anxiety and driving phobia affect up to 47% (Mayou & Bryant, 2003). Findings from cohort research involving three European countries (Greece, Germany and Italy) lend additional credence to this assertion. The aim of this cohort research was to do a follow up on a group of road crash survivors in hospitals for one year assessing the impacts of injury on their psychological and physical conditions. The participants were invited to join the study and they were interviewed on three different time points at one month (baseline), six months and 12 months. A total of 120 patients participated in the study. The results presented there was a 79% and 88% lower risk of depression at the first and second follow up respectively as compared to their baseline time and for PTSD there was 72% lower risk at the second follow-up compared to their baseline time. Even though there were a number of factors (age, marital status, type of injury, previous emotional reaction to injury) that may have distinguished the rate of an individual developing a psychological distress, they concluded that being involved in a road traffic accident causes an individual to develop psychological issues or distress even months after the accident (Papadakaki et al., 2017). Similarly, a prospective study by Tøien et al. (2010) that aimed at investigating the level of psychological distress after trauma, ICU stay and memory and predictors of

psychological distress at 3 months (baseline) and 12 months post-accident found that, psychological distress persisted after a year of experiencing the RTA. Additionally, in one of the findings of a meta-analysis conducted by Craig and colleagues, they discovered the levels of psychological distress of RTA survivors who have major injuries was more elevated than those with no injury. However, they later admitted from one review that RTA survivors who sustained no injuries also battle with psychological distress and further explained that this could be as a result of memories and flashbacks from the accident (Craig et al., 2016).

RTA survivors in Africa also experience psychological distress as was discovered by Wilson et al. (2020) in their interpretive qualitative study to explore the experiences of RTA survivors in Ghana. Their results indicated that RTA survivors struggled with both the aftermath of their survival and the immediate effects of their injuries, they experience constant episodes of intrusive thoughts, anxieties, nightmares suggestive of PTSD and other emotional problems that are often undiagnosed or given little attention (Wilson et al., 2020). This study did not include the coping strategies adopted by the victims against the psychosocial challenges they experience. Affirming this finding, was a related study in Southern Ethiopia by Bedaso and associates in their cross-sectional study with the purpose of examining the prevalence and determinants of PTSD among RTA survivors. At the end of their study, they ascertained that the probability of a survivor developing PTSD is high (15.4%) and the determinants for PTSD were, time since accident, history of previous RTA, exhibiting depressive symptoms and other

common mental disorders (Bedaso, et al., 2020). This finding is in conjunction with a similar study by Fekadu et al. (2019) also in Ethiopia.

Concerning the high rate of PTSD, a cross-sectional study was conducted with cohort of 734 RTA survivors after 1 year of the accident in Benin to determine the prevalence and risk factors of PTSD following an RTA in Benin. They found the prevalence of PTSD to be 26.43% and the risk factors of PTSD were hospitalisation, female gender, negative impact of RTA on income. The findings suggested the early diagnosis and multidisciplinary management of PTSD among RTA survivors in Benin (Daddah et al., 2022). This study used self-reported instrument which could have led to biases and partial information as opposed to an interview which would have enabled the participants to express their PTSD symptoms and risk factors.

Social Experiences of RTA Survivors

Road traffic accident survivors also experience impairments to their social well-being like financial issues, delay or unable to return to work and relationship problems (Tournier et al., 2014). Supporting this assertion is a study by Másilková (2017) aimed at assessing the health and social consequences of road traffic accident. The study findings revealed that after an RTA, 32% of survivors are unable to return to work and this causes financial issues since they still must cater for their treatment bills. Similarly, a study by Gabbe et al. (2014) to explore the financial and employment impacts after serious injury concluded that, after hospitalisation, survivors' economic status, including their salary, job promotion, and future earnings, were negatively impacted by extended absences from work.

Social support has been found to be significantly linked to the recovery of RTA survivors. The retrospective study by Gopinath et al. (2017) mentioned earlier did not only focus on physical well-being but highlighted social support as one of biopsychosocial predictors of recovery, which meant that a lack of social support was like to slow down the recovery process of the individual. This finding corroborated with a cross-sectional study that examined the effects of family structure and social support sources on physical health, continual pain and return to work after a road traffic accident. The outcome of the study revealed that physical recovery of survivors depended on the support of family and friends, and that patients without social and family support structures were reported to have higher continual pain and were less likely to return to work after the road traffic accident (Prang et al., 2015).

Conversely, lack of social support has been found to be a predictor of the onset and persistence of PTSD as was discovered by Coronas et al. (2008). Additionally, a prospective study by Yaşan et al. (2009) investigating factors associated with the development and persistence of PTSD following an RTA concluded that, lack of social support after trauma could initiate a negative cycle, worsening psychological distress and raising the risk of ASD, which may then negatively impact social support systems by limiting social connections and promoting isolation. Furthermore, they discovered that RTA affects the survivor's work and social activities, and this may also cause or worsen emotional issues (Yaşan et al., 2009). In a survey to explore the impact of RTA on the families of the survivors, they reported 85% of 1291 families used for the study experienced a strain in their relationship with the survivor

due to the RTA (Huang, 2016). However, the studied did not explore the relationships pre accident which could have contributed to the strain.

Healthcare providers are part of the social support for patients, but some portray negative attitudes towards patients based on varying reasons which can affect the condition of the patient (FitzGerald & Hurst, 2017). This was affirmed in a study to investigate the attitude and intended behaviour of healthcare providers towards people with traumatic brain injury which discovered that healthcare professionals showed negative attitudes towards patients they believed were responsible for their condition and this evoked a reluctance in extending the help these individuals needed (Redpath et al., 2010). The stress level and possible interaction between the health professional and patients were not explored in the study to determine if it contributed to the negative attitude. In contrast to the earlier assertion and finding, a prospective study to investigate the attitudes of clinicians towards people injured through road accident and other mechanisms found that, clinicians had no negative attitude towards injured victims and indiscriminately treated any person regardless of the injury (Beverly, 2021).

Coping strategies of RTA survivors

Any challenging circumstance needs to be handled with perseverance. The stress and frustration that follow traumatic situations must therefore be adequately managed and so, during traumatic circumstances, coping has been seen as a protective mechanism that may help a person with their psychosocial adaption (Dijkstra & Homan, 2016). On account of this, a cross-sectional survey was conducted at a tertiary care institution in India with 250 RTA survivors, to access the coping strategies adopted by them. They divided

coping strategies into emotion-focused, problem-focused, and dysfunctional. Emotion-focused coping was found to be the major coping style adopted by RTA survivors, followed by problem-focused and then dysfunctional. Aside from these three strategies, they found that survivors also used religion, emotional support and acceptance as a means of coping (Arora, Belsiyal & Rawat, 2023). Similarly, an exploratory qualitative study by Bahari et al. (2016) that focused on the psychosocial and spiritual coping strategies employed by RTA survivors with PTSD found that participants used psychological, social and spiritual coping strategies. The psychological coping included, processing the incident to have beliefs to get over it (cognitive coping) and doing things to keep them busy to prevent them from constantly thinking about the accident (behavioral coping). The study then grouped the spiritual coping as participants used religion or spirituality to make sense of the situation and to handle the distress that comes with surviving an accident. In their social coping, participants mentioned social support from family, friends, and healthcare professionals (Bahari et al., 2016). Social support appears to be an integral part of a patient's recovery as a lack of it has been found to contribute to the worsening of the condition (Machisa et al., 2018; Yaşan et al., 2009). In conjunction with this finding, Yohannes et al. (2018) in their study to determine the prevalence of PTSD and associated factors among survivors of RTA discovered that poor social support was one of the predictors of PTSD. The study used standardised questionnaire for PTSD, so this accurately presented the symptoms of PTSD. However, the nature of the study failed to explore which factors caused PTSD and just presented the association between the factors like social support and PTSD.

Resilience is one quality linked to social support that helps an individual cope with an adverse event (Jang, 2012). Sultan and associates in their study titled "*Social support, resilience and post-traumatic growth in road accident survivors*" investigated the mediating role of resilient coping between social support and post-traumatic growth in road accident survivors. They sampled 225 RTA survivors from the Mayo hospital in Lahore and administered the Multidimensional Scale of Perceived Social Support, Brief Resilient Coping Scale, and Post-Traumatic Growth Inventory-Short questionnaires to them 3 months post-accident. The results indicated that, the role of family and friends helps the survivor develop resilience to combat the effects of the RTA. However, they concluded that the victim's own optimism is even more effective in helping them recover than social support alone (Sultan et al., 2021). Resilience sometimes occurs in the presence of hope because they are both a solid psychological trait that serves as a buffer for people against stressful life events (Greiner et al., 2005). Hope has been found to be one of the effective ways of coping with adversities because it moves the individual to deal with the demands of their new reality or condition as discovered by Folkmann (2012), one of the proponents of the transactional model of stress and coping. In conjunction with this assertion, a study that aimed at identifying the coping strategies of people with spinal cord injuries found that hope was the most common coping strategy used and was even the basis on which participants adopted other coping strategies to help them accept their reality and strife to recover (Babamohamadi, Negarandeh & Dehghan-Nayeri, 2011). Nonetheless, the study did not point out other factors that could have influenced the hopeful nature of the participants.

CHAPTER THREE

RESEARCH METHODS

This section covered the research design, the study area, the population, the sampling procedure that was used to select participants for the study, the data collection instruments, the data collection procedure, data analysis, data management and ethical considerations.

Research Design

This study used the qualitative approach and phenomenological design (Donalek, 2004). As explained by Wertz, Charmaz and McMullen (2011), qualitative research is a type of research that gathers and analyses data in a descriptive form in order to gain in-depth understanding of how individuals perceive their world and/or experiences or generate new ideas for research. The data for qualitative research can be obtained through interviews, observations etc. (Savin-Baden & Major, 2023). Foley and Timonen (2015) explained that qualitative research could describe human behaviour processes, patterns and experiences that will be difficult to quantify or measure. The qualitative approach also allows the participants themselves to describe their experiences regarding how they feel or think about an event in detail. This makes the qualitative approach the appropriate research approach to use for this study since the researcher seeks to understand the survivors' experiences of the road traffic accident from their own perspective.

There are various designs that can be used to achieve qualitative research; grounded theory, case studies, ethnography, narrative research, and phenomenological design (Creswell, 2013).

Phenomenological research design involves investigating a phenomenon through the person's lived experiences (Donalek, 2004). This design explores the everyday experiences of the participants in relation to the phenomenon under study. The objective of phenomenology is to explain the significance of the experience both in terms of what was experienced and how it was experienced (Teherani et al., 2015). Many phenomenologists (Gasparyan, 2021; Hourigan & Edgar, 2020; Koopmans, 2015) believe that to extract meaning or understanding from a phenomenon, the best teachers are those who experienced it themselves. Therefore, to accurately understand the challenges or experiences of having survived a road traffic accident, phenomenological design is appropriate to give room for the survivors to express their experiences. This type of design was selected because of its adaptability, which gave the interviewer greater opportunity to delve into the essence of other people's experiences (Miles et al., 2014). Another strength of the phenomenological design is that it allows the researcher to gain insight directly from those who experienced the phenomenon (Eddles-Hirsch, 2015).

Even though it offers interesting research data, phenomenological research design has some downsides; the issue of bias is one that many people are concerned about (Creswell, 2014). In addition, the data that is collected in phenomenological research cannot be generalised and there is a limitation to the reliability of the data since there is no test to measure and it is dependent on the researcher to explain how credible the data collected are (Janesick, 2016). With these limitations, the researcher ensured to collect the data cautiously and present it in its purest form to avoid biases and less credibility.

Research Setting

The study was conducted at the regional hospital in Western Region, Effia-Nkwanta Regional Hospital (ENRH). It is situated in the Sekondi-Takoradi metropolis and is one of the largest hospitals in Ghana aside Korle-Bu, Komfo Anokye and Cape Coast Teaching hospitals. The region has recorded several RTA which increased this year (2023) from 354 crashes to 374 crashes according to the Head of NRSA in Western region (Gamson, 2023). Most studies reviewed on RTA for this study were done in other regions of Ghana. Since there is a record of RTA in Western region as well, the researcher sought to site the research there in the region's hospital, ENRH. This hospital was selected because it serves about 22 districts within the Western region and serves as the main referral centre of cases including RTA cases for the districts in the region.

ENRH has 350 bed capacity and different departments that provide specialised care to all categories of patients. Patients from the surgical unit, Accident and Emergency (A&E) unit and the orthopaedic unit were used for this study. The Accident and Emergency department consists of the triage, the A&E ward, and the A&E OPD. The accidents and emergency department attends to medical, surgical, orthopaedic, and paediatric emergencies which include road traffic accidents emergencies. After patients are cared for at the A&E, they transfer those who require surgery to the surgical and orthopaedic wards. The department has 30 bed capacity and attends to a variety of cases including road traffic accidents.

Population

A population comprises of all participants with specific characteristics that the researcher seeks to investigate (Majid, 2018). The population for this study will be survivors of road traffic accidents. The target population consisted of RTA survivors in the Western region and the accessible population was RTA survivors who are receiving treatment at ENRH.

Sample and Sampling Procedure

Sampling is the process of selecting a portion of the population of study to infer the characteristics of the whole population (Silverman, 2019). Purposive sampling technique was used to recruit participants who are 18 years and above and are receiving treatment at Effia-Nkwanta regional hospital (ENRH). The primary goal of purposive sampling is to generate a sample that can be logically taken as representative of the population, and this is often achieved through employing expert knowledge of the population to choose a sample of elements that accurately represent a cross section of the population in a non-random manner (Alhazmi & Kaufmann, 2022). This entails finding and selecting individuals who have specific knowledge or experience in the topic of interest (Cresswell & Plano-Clark, 2011). They continued that, in purposive sampling, the researcher selects participants based on specific characteristics of interest for the study and that the participants are chosen on purpose and not on random basis. This sampling technique was appropriate for this study because it gave the researcher the chance to select participants who have the characteristics suited for this study and to provide in-depth information on surviving a road traffic accident.

In qualitative research, the main objective is not to generalise the findings of the study but rather to gain in-depth knowledge of the phenomenon under study, thus, a small sample size is enough to discover the in-depth knowledge (Dawson, 2019). In view of this, sample size in qualitative research is governed by the principle of saturation, that is a period in data collection when no additional issues or perspectives emerge and data starts to repeat, indicating that sufficient sample size has been achieved (Hennink & Kaiser, 2022). Nonetheless, Creswell (2013) suggests that in phenomenological studies the sample size should range from 2-25 participants. However, the RTA survivors available at the time of data collection were 10. But only 7 of them met the inclusion; one was a minor, the other had traumatic mutism and could not speak nor write and the other person was being transferred to another outside of the region. Thus, for this study, the researcher proceeded to collect in-depth information from the 7 RTA survivors available.

Inclusion Criteria

Patients who were include in this study, were:

1. 18 years and above.
2. Had survived an RTA and was receiving treatment at ENRH.
3. Had evidence of an injury (wound or fracture) due to RTA.
4. Could speak or write Fante, Twi or English.

Exclusion Criteria

Patients who were diagnosed with psychiatry conditions before the RTA which could affect their responses were excluded. Additionally, survivors with any form of mutism were also excluded because the study required that the survivors themselves relate their experience.

Data Collection Instrument

In the collection of data, the researcher interviewed the participants using semi-structured interview guide. Giorgi (1985), Van Manen (1990), Moustakas (1994), and other phenomenologists have noted that phenomenological study depends on interviews with individuals who have experienced occurrences to understand the phenomenon. It is important to note that the interviews are structured to promote discursive responses over affirmative or contradictory ones (as mentioned in Hoffding and Martiny, 2016). Engaging in the interviews is intended to learn new viewpoints and angles on the phenomena under investigation, not just to confirm or refute what is already known about it (Brinkmann, 2013). There are three ways of conducting interviews in qualitative research: structured, semi structured, and unstructured interviews. In conducting structured interviews, a researcher can create administered questionnaires with a set of prepared questions for respondents and no room for subsequent inquiries; It is simple to manage but does not allow for in-depth investigation of the problem or phenomena (Segal et al., 2006).

An unstructured interview, on the other hand, is performed with little to no organisation and does not reflect any preconceived notions or assumptions. Therefore, researchers can simply begin this interview with an opening question relevant to the research issue, and then they can base their subsequent questions mostly on the response to the opening question (Gesch-Karamanlidis, 2015). However, doing this type of interview can be time-consuming and challenging. The researcher may also forget the order of the questions under the topic because there are no planned questions prepared for

unstructured interviews. As a result, the participant could experience confusion and ultimately become lost (Gesch-Karamanlidis, 2015). The semi-structured interview allows a researcher to include some important questions pertaining to the subject, as well as for both the interviewer and interviewee to veer off course to deeply examine a problem or response (Evans & Lewis, 2018). In contrast to structured interviews, this is hence flexible. When an interviewee veers off-topic during a semi-structured interview, the researcher can make suggestions or consult with them about what to talk about in order to keep the conversation focused on the subject at hand, allowing the interviewer to explore in-depth information about the phenomenon (Britten, 1999).

In view of this, a semi-structured interview guide was generated based on the empirical reviews, theory, and objectives of this study. It consisted of two parts; the first section for background information of the participants and the second section highlighted their experiences (physical, psychological, and social) and coping strategies. The interview was done in the Fante and English languages. The responses of the interviewees were recorded to ease data analysis.

Pretesting of Data Collection Instrument

Pretesting is a widely acknowledged strategy for enhancing the validity of qualitative data and the interpretation of results (Brown, Lindenberger & Bryant, 2018). Pretesting is essential because it can help identify inaccuracies in cross-cultural language relevance and word ambiguity as well as potential problems with survey measurement variables. Brown, Lindenberger and Bryant (2018) continued that, in qualitative research, a typical pretest entails conducting an interview with a group of people who share the same traits as

the intended study population. The interview should also be conducted in a way that replicates how the data collection session will be introduced and what kinds of study materials will be used (such as consent forms, demographic questionnaires, interviews, etc.) as part of the procedure.

The consent of two RTA survivors at a private hospital, who met the inclusion criteria was sought to be used for the pretest, but their responses were not included in the results. The responses were transcribed to ensure clarity of questions and no ambiguity. After pretesting, some questions which were unclear were simplified to be well understood by other participants.

Data Collection Procedure

An introductory letter from the Department of Education and Psychology as well as an ethical clearance from the University of Cape Coast Institutional Review Board (IRB) was submitted to Effia-Nkwanta regional hospital to be received before data collection begun. With approval from ENRH, the participants for the study were selected through purposive sampling. The topic, aim and significance of the study was explained to participants to decide if they would want to participate or not. With the consent of each willing participant, the interview began using the semi-structured interview guide and with their approval, the interview was recorded. Each interview lasted between 30-45 minutes. The behaviours and mannerisms of the participants were observed to aid the researcher to better interpret the information given.

Ethical Considerations

Observing ethical guidelines ensures the safety and rights of the participants while verifying the credibility of the study (Botma et al., 2010). In

view of this, an ethical clearance was obtained from the Institutional Review Board of University of Cape Coast, which was submitted to Effia-Nkwanta regional hospital for endorsement. The purpose, significance, and any possible risks from the study, as well as a consent form was explained to the participant for them to verbally consent and sign to the participation of the study. Confidentiality is an important part of ethical considerations (Petrova, Dewing & Camilleri, 2016); this was ensured by keeping the identity of the participants anonymous and using pseudonyms rather than their actual names as well as keeping the conversations private. Recorded responses were kept safe on a laptop with passcodes. An arrangement was made to have a licensed clinical psychologist join the interview to help any of the participants who experienced psychological distress because of flashbacks. However, most of the participants were composed and did not display any form of psychological during the interview.

Data Analysis

Data analysis for this study was conducted using the Interpretative Phenomenological Analysis (IPA) by Smith and Osborn (2007). This form of analysis seeks to explore the detailed meanings people ascribe to the experiences and the sense they make out of it. When analysing a collection of qualitative data in phenomenology, IPA is an effective technique of discovering in depth about people's beliefs, knowledge and the 'lived experience' of the research participants (Alase, 2017). IPA is a technique in qualitative data analysis that is participant oriented as it mainly focuses on the sense participants make from their experience (Pietkiewicz & Smith, 2014). It also emphasises that the research is a unique process with the researcher as an

active role in the process. This means that the participants try to make sense of their world, while the researcher also tries to make sense of the participants' trying to make sense of their world (Pietkiewicz & Smith, 2014). Smith and Osborn (2007) continued that IPA is concerned with the researcher trying to understand what it is like, from the perspective of the participants concerning their experiences with the phenomenon. Engward and Goldspink (2020) outlined a procedure to streamline the analysis and aid the researcher in recognizing and attending to the key elements of IPA; reading and re-reading the transcripts, generating initial codes, developing emergent themes, searching for a connection across emergent themes, defining, moving to following cases, looking for patterns across issues and lastly, producing the report.

In analysing the data, the audio recordings from the interview were manually transcribed after each participant. The researcher read the transcript over and over to familiarise with the data and to understand the responses to help in interpreting and grouping into themes. The transcripts were further read to identify similar thoughts and ideas to generate codes and main themes reflecting the objectives. After that, similar responses were grouped into sub themes under each of the main themes. These themes were used to analyse each transcript by grouping each participant responses under the various themes. Finally, the analysis were presented by comparing the responses to each theme and sub-theme and quoting some of the responses of the participants to support the finding and the interpretation of the researcher was included at the end of each main theme.

Trustworthiness of Data

In qualitative research, trustworthiness ensures that data, its interpretations, and methods are accurate and reliable (Connelly, 2016). This requires that the researcher uses the appropriate research tools and methods. Trustworthiness or rigor of qualitative data is the equivalence of reliability and validity in quantitative research. Lincoln and Guba (1985) established that credibility, transferability, dependability, and confirmability be used to ensure trustworthiness of qualitative data. Therefore, to ensure the trustworthiness of this study through the researcher ensured reflexivity, credibility, transferability, dependability, and confirmability. Each of these is described below:

Credibility

Credibility measures how authentic a qualitative study is and the accuracy and preciseness of the findings of the study (Noble & Smith, 2015). It requires data triangulation, member checking, prolonged engagement (Noble & Smith, 2015). The credibility of this study was achieved through member checking, where the researcher checked with each of the participants to ensure that their answers were consistent with the interpretations of the researcher. This helped eliminate any misunderstandings and ensure clarity of information. Another way the researcher ensured credibility was by triangulating the data. For this study, answers were sought from healthcare providers, relatives, or friends of the survivors to verify the truth in the responses from the participants. Credibility was ensured by spending time with the participants to first build rapport. Additionally, to get familiar with the data that has been recorded, the researcher frequently listened to the

recorded responses, spent time with the participants which also helped them (participants) build trust in the researcher by calling them on phone some time before the data collection day and this moved the survivors to give responses without feeling the need to withhold certain vital information.

Reflexivity

Reflexivity is the ability of the researcher to purposefully analyse his or her own subjective viewpoint and determine how their subjectivity can affect the findings of the study (Olmos-Vega et al., 2023). In this study, reflexivity was achieved through bracketing. A graduate student researcher was consulted to analyse researcher's interpretations of each participant's response to note any biases on the part of the researcher. Additionally, the researcher wrote down her thoughts and feelings before the data collection and constantly compared it to her interpretation and after data collection. This was done so that no personal knowledge or feelings of the researcher, being a clinical psychology student, would not influence the findings of the study.

Transferability

Transfer ability is the equivalent of external validity in quantitative studies, and it indicates how the conclusions of a steady can effectively be applied to similar studies using different participants and research settings and methods (Konradsen, Kirkevold & Olson, 2013). In this study, transferability was ensured by highlighting the background information of participants, sampling technique and sample sise and stating accurately the responses the participants gave to each question in the interview guide. In addition, circumstances surrounding interviews were highlighted.

Dependability

Shenton (2004) asserts that a researcher can determine dependability if "similar results would be obtained if the work were repeated, in the same context, using the same methods, and with the same participants." The researcher employed colleagues to review the data and recode for accuracy.

Confirmability

Another way to ensure trustworthiness of qualitative data is confirmability, which requires a researcher to demonstrate that the findings of the study was not due to mere predispositions of the researcher but accurately depicts the results of the data (Shenton, 2004). Confirmability can be achieved through member checking and audits trail. An audit trail is a transparent account of the research procedures followed from the inception of the study to the development and dissemination of findings (Lincoln & Guba, 1985). This was achieved by stating objectives, making clear the research methods being employed, transcribing the responses of each participant before the next interview to avoid data mix-up, the researcher will also made available process of data analysis and reporting of results.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter summarises the findings from the analysis of participants' data on their experiences with surviving a road traffic accident. The purpose of the study was to explore the lived experiences of road traffic accident survivors in the Sekondi-Takoradi Metropolis. Data was collected from survivors of road traffic accident and then analysed using interpretative phenomenological analysis. Most of the participants were still at the ward receiving treatment, while some were discharged and came for treatment on OPD basis. Based on the objectives and field notes, the responses of the participants were sectioned into four (4) themes and eighteen (18) subthemes. **Table 2** displays the contents of the themes and sub-themes.

Background Information

Data was saturated on the seventh (7^{th}) RTA survivor. Out of this seven (7), five (5) male and two (2) females. Their ages ranged from 19 to 41 years. Participants were also assigned pseudonyms that are not their actual names to keep them anonymous. The background information included the participants' sex, age, religion, educational level, marital status, occupation, employment status, duration since the accident, RTA and vehicle type treatment type. Table 1 provides the background information on participants.

Table 1: Demographic Data

Pseudonym	Age	Sex	Marital Status	No. of Children	Occupation	Religion	Current work status	Educational level	Duration since RTA	Vehicle type	Treatment type
Leroy	40y	M	Married	3	Auto electrician	Christian	Not working	SHS	4 months	Car(pedestrian)	Ward
Lily	22y	F	Single	1	Trader	Christian	Not working	JHS	2 weeks	Motor(passenger)	Ward
Jake	41y	M	Married	5	Miner	Christian	Not working	SHS	5 months	Motor(rider)	Ward
Kwaku	28y	M	Single	0	Rubber farmer	Christian	Not working	Tertiary	5 months	Motor(rider)	Ward
August	32y	M	Married	1	Teacher	Christian	Working	Tertiary	6 months	Motor(rider)	OPD
Winnie	28y	F	Married	0	Midwife	Christian	Working	Tertiary	1 year	Car(passenger)	OPD
Mike	19y	M	Single	0	Unemployed	Christian	Not working	SHS	10 months	Car(pedestrian)	Ward

From **Table 1** above, there were 5 males and 2 females with varying ages and occupations. Out of the seven (7) participants, only two (28.6%) had returned to work after the accident and the remaining five (71.4%) were not working but are eligible to work once they attain full recovery. The duration from the RTA to the time of the data collection ranged from 2 weeks to 1 year. From the table, it can be observed that four (57.1%) of the participants had motorcycle accidents while the remaining three (42.9%) had car accident with two (28.6%) passengers, another two (28.6%) were pedestrians whilst three (42.8%) were motor riders. Concerning the type of treatment, five (71.4%) were receiving treatment on the ward while two (28.6%) were receiving treatment on OPD basis.

It can also be seen from the table that all participants are Christians. Three of the participants had no children while five had children ranging from 1 to 5 (number of children). The educational level was spread across JHS, SHS and tertiary. Only one person had up to JHS education, two for SHS and the remaining five had tertiary education.

There was a total of 4 themes and 18 subthemes as shown in Table 2 below:

Table 2: Themes and Subthemes

THEMES	SUB-THEMES
1. Physical Experience	a. Hospital stay/environment.
	b. Injury
	c. Physical Pain
	d. Lack of strength
2. Psychological Experience	a. Perceived Stress
	b. ASD/PTSD
	c. Anxiety
	d. Depressive symptoms
3. Social Experience	a. Social support
	b. Healthcare providers' attitude
	c. Finances
	d. Lifestyle adjustment
	e. Relationship/marital strain
4. Coping Strategies	a. Spirituality
	b. Hope
	c. Resilience
	d. Social support
	e. Positive thinking

Physical Experience of RTA survivors

In exploring the physical experiences of RTA survivors, participants were asked to express themselves concerning the physical experiences they had following the road accident. The researcher was able to identify from the participants' narrations the type of accident they were involved in. Four of the participants had motorcycle accidents, the remaining three had car accident, one as a passenger and the other two as pedestrians.

Hospital stay/environment

Three of the participants had complaints about the hospital environment and the length of stay because they believed it was worsening their condition. They stated it as:

"I hate the hospital environment; I feel like it worsens my condition." (***Jake, 41yrs***)

"...I have never been at the hospital for this long so being here this long is causing me distress" ***(Kwaku, 28yrs)***

*"... also, it is not comfortable staying at the hospital especially for this long, you don't know day or night and a lot of sick people around you too are screaming here and there because they are also in pain." (**Leroy, 40yrs)***

Injury

All participants sustained some form of injury to their hands, legs, shoulder, and head. They explained how the injury has affected them, especially their movement. They related their experiences as:

"*Physically, the accident affected my leg for which I'm still undergoing surgery." (**Leroy, 40yrs)***

*"... the truck hit the motorcycle and dragged it with my leg locked under it so the sole of the heel of my left leg is completely torn." (**Lily, 22yrs**)*

*"You see, because of how the truck hit my motorcycle, I was lifted and fell on my back. The doctors said it has affected my spine, so I can't really feel my legs, I have wounds at my back and head too. If I want to turn left or right, my wife does it". (**Jake, 41yrs)***

*"I had a broken nose, arm and leg, and as you can see, there are metals in my leg so I can't really move my leg". **(Kwaku, 28yrs)***

*"I broke my thigh and arm. I have been scheduled for another surgery to remove the metal from my thigh". (**August, 32yrs**)*

*"I sustained internal and external injuries to my hand, clavicle bone, ribs which caused me to bleed internally as well as a dislocated neck bone. I relied on my family to sit up or lie down". (**Winnie, 28yrs)***

Physical pain

Participants explained that the pain they experienced was as a result of the injuries sustained. Some described the pain to be unbearable while others said

it was excruciating to the point where they had to constantly rely on pain medications to relieve the pain, which helped only a little. Their responses pertaining to the pain was:

"Sometimes, I feel so much pain in my leg but other times it's better." ***(Leroy, 40yrs)***

"Hmm, the pain can be so excruciating that I cry sometimes, but the nurses bring the painkiller it subsides." ***(Lily, 22yrs)***

"I felt nothing initially maybe because of the shock, but now, I have frequent headaches, and my chest hurts so bad too, it can be unbearable." ***(Jake, 41yrs)***

"I don't think I can describe the pain. Even the painkillers wear off easily then the pain is back again." ***(Kwaku, 28yrs)***

"I was in so much pain, but I tried to be strong because my wife was around, and I didn't want her to see me in pain. I still experience pain in my thigh." ***(August, 32yrs)***

"… and I didn't know which pain to focus on because of the multiple fractures, it felt like the painkillers didn't even work. Even today, after 1 year I still experience pain especially when the weather is cold, I sometimes cry." ***(Winnie, 28yrs)***

One of the participants further explained how the pain they experienced affected their sleep and eating:

"The pain was so much that it deprived me of sleep, and I lost appetite because I was only focused on the pain subsiding than eating, so I lost so much weight." ***(Winnie, 28yrs)***

Lack of Strength

Participants reported lack of strength because of the injuries that were sustained. They explained that they had little or no strength to go about their usual activities.

*"This accident has affected my strength, I feel like it's not like before because even when I hold my bag with my hand, I feel pain… also, my husband has to always help me with chores because I don't have much strength now". (**Winnie, 28yrs**)*

*"As I mentioned, I can no longer do something as simple as turn to the left or right, I have to always rely on someone." (**Jake, 41yrs**)*

The responses above elaborate on the first objective of the study to explore the physical experience of RTA survivors. In this study, the physical experience following an RTA was not limited to only pain and injury as stated in other studies (Tournier, Dommes & Cavallo, 2016; Samoborec, Ruseckaite, Ayton & Evans, 2018) but extend to the influence staying longer in a hospital has on the individual's recovery. This may also explain why RTA survivors experience stress that result from the RTA.

Psychological Experiences of RTA Survivors

Participants related to the researcher how the RTA and injuries have affected their feelings, thoughts, and behaviours over time. Their responses were grouped under perceived stress, ASD/PTSD, anxiety and depressive symptoms. Relatives of some of the participants also shared their view on the psychological impact of the accident.

Perceived Stress

Participants shared their experiences on how they perceived the circumstances surrounding the accident whether they perceived it as stressful or not. Relatives of some of these participants shared their perceptions as well.

*"I constantly think about my friend with whom I had the accident who died on the spot leaving behind his wife and three kids. I feel frustrated knowing that I could have helped them financially if I was discharged and working". (**Leroy, 40yrs**)*

*"It is stressful because you just lie here sleeping all day and constantly have to rely on people… and I haven't been admitted to the hospital, so it is uncomfortable being here". (**Kweku, 28yrs**)*

*"The feeling that you can't speed up everything makes it stressful; it is unbearable knowing that you are out of control". (**Jake, 41yrs**)*

*"Staying at the hospital makes it even more stressful because my sister keeps telling me my daughter wants to see me and since I don't see her often, I keep wondering how she's eating or faring". (**Lily, 22yrs**)*

*"I feel stressed almost all the time especially knowing there is little I can do about my condition now. I'm going to have the pain for the rest of my life, I wish I listened to my dad and boarded a bigger bus instead of the small one." (**Winnie, 28yrs**)*

Contrary to these comments, one participant who also sustained injuries did not perceive the incident and its outcome as stressful.

"As I mentioned, my leg was amputated but I think it is good because the pain and stigma I received with having a crooked leg was unbearable.

*Now, I feel I have total control and do not feel stressed at all, I believe everything happens for a reason." (**Mike, 19yrs**)*

It was also observed that the relatives of these participants perceived the incident as stressful since they were with them all time.

*"My husband kept asking me when the doctor said we will go home, he would get angry with me even though I wasn't the cause of the accident. Whenever I saw how stressed he was, I felt discouraged and helpless." (**Wife of Jake**)*

ASD/PTSD

The interviews revealed that some of the participants had vivid flashbacks of the incident either awake or in their dreams, some had intrusive thoughts that they tried to block because it made them feel distressed. Some could not even remember certain portions of the accident as some could not explain into detail what happened, and this was not due to a head injury. Some of the participants mentioned using the route where the accident occurred caused them to have flashbacks hence, they tried to avoid using the route. Their responses suggesting this were:

*"When I'm asleep, I don't really dream about the accident, it is only when I'm awake that I experience flashbacks about how the whole accident occurred. Sometimes, the flashbacks make it look like the accident is happening all over again and I get scared thinking if I can ever take motorcycle again, but I don't have a choice because that is the common means of transportation in my village". (**Lily, 22yrs**)*

"...I can't even close my eyes because I keep seeing everything unfolding whether I'm asleep or awake. I see vividly how the accident

*occurred like I'm watching a movie, this has even affected my sleep since I dream about it. Also, I get startled at the sound of a motorcycle; I don't think I ever want to ride motor again." (**Jake, 41yrs)***

*"I'm unable to stay asleep because I have flashbacks of the whole accident. When the thoughts of the accident come to mind, I find myself sweating and a little bit uneasy so I try to not think about it by focusing on other things like what I will be doing when I leave here. When my siblings come around and want to talk about it, I don't let them because I want to try and forget about it." (**Kwaku, 28yrs**)*

*"It's like I don't even remember what happened except the sound of the crash. I try not to have flashbacks, so I block it. I tell my wife not to bring it up." (**August, 32yrs**)*

*"I still get flashbacks after a year of the accident. Initially, I used to dream about it but now when I'm not occupied, the scene unfolds in my mind's eye. I see how the car somersaulted, and I can feel my heartbeat in my throat. Whenever I hear road accident on the news, I relive the experience. I try to block the memories, but it seldom works, it's terrible. I sometimes wish I can avoid the route of the accident, but I can't because it is a main road to my house" (**Winnie, 28yrs**)*

Contrary to these responses, one participant explained not experiencing these symptoms.

*"I do not experience any flashbacks neither do I have nightmares about it because it has already happened, I don't spend time thinking about it." (**Leroy, 40yrs**)*

The wives of two of the participants also shared their views regarding PTSD symptoms exhibited by the survivors (husbands).

"Sometimes I catch him absent-minded and when I call his name, he gets startled. But when I ask him, he says he is fine. He refuses to talk about the accident." ***(Wife of August)***

"Ever since the accident, my husband always gets angry over the slightest thing. He keeps arguing with me and his sister. While he sleeps, you can see him fidgeting like he's having a bad dream." ***(Wife of Jake)***

One of the participants experienced PTSD symptoms not related to the RTA but was rather triggered by the RTA. After the accident, aside the PTSD symptoms he exhibited from the RTA, he recalled a trauma he experienced when he was young. He explained as:

"I try to block the memories from the accident but, I started recalling vividly a maltreatment I experienced when I was living with my auntie as a little boy. I find myself experiencing panic attacks whenever that memory comes to mind, it amases me because I never remembered until after this accident." ***(Jake, 41yrs)***

Anxiety

Some of the experiences the survivors related suggested they had anxiety. They mentioned being startled, panicking, being afraid or worried and these affected their sleep and emotions.

*"I worry a lot because I don't know when I will be discharged. I wonder what if I don't make it out alive because of the injuries, I'm even scared to sleep for fear that I may die in my sleep". (**Jake, 41yrs**)*

*"... my friend with whom I had the accident with had been discharged just few days after the accident, I started getting anxious because I kept thinking if that meant my condition is that worse and if I would be discharged any time soon since I haven't been hospitalised this long. Also, I worry about my leg what if I am not able to walk like before my work requires me to walk about a lot...I am alone in this ward and so at night I get scared, praying it'll be morning so I can see my family." (**Kwaku, 28yrs**)*

*"...I panicked most of the time especially when the pain gets excruciating." (**Winnie, 28yrs**)*

Depressive symptoms

Participants exhibited some symptoms relating to depression but may not have experienced full-blown depression. Relatives of some of the participants also expressed their view of the symptoms they saw the participants exhibit.

*"...when I was admitted initially, I used to cry a lot but now I'm fine." (**Lily, 22yrs**)*

*"I get sad at times because I'm immobile and constantly must rely on someone to get something for me. I get so sad that I refuse to eat but because of the medications, I must eat; I'm beginning to feel useless and a burden". (**Jake, 41yrs**)*

*"I used to feel sad most part of the day, I was occupied with the thoughts of how my family would have coped if I died. I felt like a burden since I had to rely on my family to be doing everything for me." (**Winnie, 28yrs**)*

In investigating the psychological experiences of RTA survivors, the above responses indicate that not only the survivors experience psychological issues but their relatives as well. One participant (Winnie, 28yrs) mentioned

she experiences flashbacks and other symptoms of PTSD even after a year post accident. This indicates that psychological experiences may not disappear after a little while but can linger on and cause further issues (Guest et al., 2016). Nonetheless, not all the participants may perceive the experience as stressful as indicated by *Mike, 19yrs.* This may be because he had accepted his condition and had built resilience as indicated by his coping strategy.

Social Experience of RTA Survivors

The survivors also related to the researcher their experiences they had socially because of the road traffic accident. This experience was grouped under social support, social isolation, relationship restrain, lifestyle adjustment, financial issues and healthcare providers' attitude These subthemes elaborated the social experiences of the survivors.

Social support

Participants acknowledged the role of people in their lives that kept them going. Some explained how people were available to give support while others stated the lack of support from friends.

*"My wife and my big sister are here all the time to cater to my needs. My wife is even unable to work since she is here always making sure I get all I need." (**Leroy, 40yrs**)*

*"I'm grateful for my mother… she is here supporting me, and the nurses and doctors are very nice to me, they pamper me a lot. My boyfriend also comes around and stays to keep me company." (**Lily, 22yrs**)*

*"My parents and in-laws have been so supportive; they visited me and took turns in babysitting our baby while my wife comes to visited me at the hospital". (**August, 32yrs**)*

*"My friends and family do come around to visit me, they sometimes share jokes to lighting the mood this makes me always look forward to their visits." (**Kwaku, 28yrs**)*

*"...for me I have a lot of social support; my colleagues at work, members from my church, my family, and friends, those who couldn't visit in person would video call and this made feel good. Even now, I still have that support from my husband, he helps me out in doing a lot of things I don't have the strength to do now because of the accident." (**Winnie, 28yrs**)*

In contrast to these responses, one participant noted that his currently condition has driven friends away.

*"I am quite popular in my town, and I've always been there for people in difficult situations but none of those I call my friends have been here to see me ever since the accident, thoughts of this make me sad and feel less loved. Even my younger brother that I have sacrificed a lot for, refuses to help. My wife and sister take turns in caring for me, all those I expected to run to my aid have abandoned me. Rather, a boy I never expected to care is the one who comes to visit and encourages me; I now know those who loved me". (**Jake, 41yrs**)*

Another participant mentioned how his friends made mockery of him because of the injury he sustained.

*"As I mentioned, the accident caused me to have crooked legs and because of this my friends would mock me, even at church and in the neighbourhood. This made my mother cry every time." (**Mike, 19yrs**)*

Healthcare providers' attitude

All participants acknowledged the positive attitude of the health care providers and stated how the healthcare providers selflessly took care of them while two of the participants mentioned the negative attitude of healthcare providers towards them. This also contributed to the social experience they had because of road traffic accident.

*"The doctors and nurses are good, they give me painkillers when the pain is getting worse and also console me when I cry because of the pain, I'm grateful to them." (**Lily, 22yrs**)*

*"Oh, the doctors and nurses were amazing, they listened to me and treated me well. They informed about any procedure and explained things to me, it helped reduced the anxiety I had sometimes." (**Winnie, 28yrs**)*

*"They made the stay a little easier because they empathised with us. One of them even motivated me about my dream to be a doctor, she told me I can even though one of my legs is amputated." (**Mike, 19yrs**)*

However, two of the participants explained their unfortunate interactions with some healthcare professionals.

*"...and the painful part is how rude some of the nurses are to us. Some say painful things forgetting accident is not meant for just one person and that it could happen to anyone." (**Leroy, 40yrs**)*

*"...the nurses don't even mind you. Sometimes I must beg them to turn me or dress the wound at my back (bed sore), I was even giving off bad odour until my wife came to turn and clean me the next day." (**Jake, 41yrs**)*

Finances

Participants highlighted to the researcher how the accident has affected their finances as they are unable to work because of hospitalisation or reduced strength. Some also mentioned how they have been getting financial help from other places. Their responses are represented as:

*"This accident has affected my finances because I'm not working at the moment and my wife cannot also go to work because she is here taking care of me while we also have the hospital bills to pay." (**Leroy, 40yrs)***

*"...and the small money at home is what my sister uses to take care of my daughter and sends the rest to us here. Fortunately, the company of the truck that caused the accident takes a part of the hospital bill". (**Lily, 22yrs**)*

*"We've spent almost every penny we have because I'm stuck here at the hospital. One of my boys at the site has been kind enough to be paying some of the bills." (**Jake, 41yrs**)*

*"...because of this accident I can't work since I'm stuck here in the hospital. I was even on my way to give rubber to a customer when the accident occurred and so now that I'm here I doubt the other workers could do exactly as I did for that customer which will mean that I may lose a customer and money. Also, money for the hospital is sometimes a problem because I'm the breadwinner of my family and so money comes from nowhere except my account; I have to pay for the hospital bills, and it looks like I'm not done with the procedures." (**Kwaku, 28yrs**)*

*"The money we set aside to build our house was what we had to use for the hospital. Even though our parents are helping, we can't burden them with all the responsibility." **(August, 32yrs)***

*"The accident affected finances since it was an unplanned event so money that could have been used for something else was used to cater for the bills. However, friends and families who visited by the hospital would always give us some money so that helped a lot." (**Winnie, 28yrs**)*

*"We are financially drained because he had a lot of reviews and procedures to be done. He is not the only child; his younger siblings are in school too and have to be taken care of, but we've used most on his injury. The driver who caused this problem doesn't also answer our calls" (**Mother of Mike**)*

Lifestyle adjustment

This highlights certain adjustment participants had to make because of the injuries or pain they experienced. Their response was recorded as:

*"I can't move unassisted, so my wife has to help me into the wheelchair to either use the bathroom or get fresh air, if there is no one then I'm stuck in bed." (**Jake, 41yrs**)*

*"Now my husband does most of the chores for me. I feel bad sometimes that he must do most of the things a wife has to do but I can't do them either because my health is compromised." (**Winnie, 28yrs**)*

*"I must use crutches to walk now because of my amputated leg. I can't move as fast as before, but there's nothing I can do about it." (**Mike, 19yrs**)*

Relationship/Marital strain

This subtheme highlights participants' responses regarding how the injuries or pain affected their relationships with either family members or friends. Some also related that this accident brought them closer to their partners.

*"The pain and other challenges relating to this accident could make be preoccupied with many thoughts, and that is when my wife wants to say or ask something then I will be annoyed." (**Jake, 41yrs**)*

Regarding how the accident has strengthened their relationship, they corroborated the experience as:

*"I've come to appreciate my wife so much because she has been my pillar. At certain times when I have low mood, she encourages me and assures me of her constant support and love." (**August, 32yrs**)*

*"...so, he comes to the kitchen and helps allowing us to spend time together. He never complains even when I feel like I'm a burden. I've gained more respect for him, and I do all I can for us." (**Winnie, 28yrs**)*

The third objective was to investigate the social experience of RTA survivors. The responses above suggest that the main social experience RTA survivors had was social support, which was experienced both negatively and positively. Negative attitude of healthcare professionals in this study may be because of stress on the part of the professionals. The circumstances surrounding RTA usually causes strain in relationships as explained by Huang (2016), but some participants of this study found that their relationships were rather strengthened. The possible interpretation of this finding was highlighted in their responses above. This was because they spent more time together in doing chores.

Coping Strategies of RTA Survivors

The researcher inquired of the participants on how they coped following the RTA and majority of them mentioned social and emotional support and

spirituality as the main coping strategy. Some also attributed it to resilience and hope.

Spirituality

This depicts the belief in a higher being and activities that are relating to the strengthening of such relationship like praying, meditating, and singing of religious songs.

*"I believe God has healed my leg spiritually, it's only left with the physical aspect for me to be completely fine." (**Leroy, 40yrs**)*

*"...then when I pray, especially when I'm in pain it helps me relax a little." (**Lily, 19yrs**)*

*"My wife and my sister pray for me most of the time so I believe God will hear them and heal me." (**Jake, 41yrs**)*

*"The belief in God's power and might help me cope. I think it's a miracle that I survived the accident". (**August, 32yrs**)*

*"As I mentioned, I'm a Christian and I believed since God has brought me out of this accident, He was also going to finish my healing." (**Winnie, 28yrs**)*

Regarding how religious songs, meditation and other religious activities helped them cope, they explained as:

*"Whenever I experience flashbacks, I meditate on certain scriptures and sing some gospel songs relating to my condition and this takes my mind off the intrusive thoughts." (**Winnie, 28yrs**)*

*"I get encouragement from the gospel songs; I have felt closer to God in this difficult time." (**August, 32yrs**)*

Hope

Hope is a positive mental state that stems from a motivation to successfully achieve something in response to a situation. During the interview, the researcher noted that the participants were hopeful mostly because of their spirituality and some from extrinsic motivation.

*"Whenever I pray or sing a gospel song, my hope is restored especially when I feel down." (**Winnie, 28yrs**)*

*"God renews my hope every day so I'm positive I will completely recover." (**August, 32yrs**)*

Some also tapped their hope from motivations they had extrinsically like encouragement from others or comparing their conditions with others and hope and faith in the healthcare providers.

*"I heard the orthopaedic surgeon who will be operating on my leg is highly qualified and experienced and so this has increased my hope that I will definitely get better." (**Leroy, 40yrs**)*

*"I've seen people with conditions worse than mine being discharged, hence I have hope that I will also be out of here soon". (**Lily, 22yrs**)*

Some of the participants admitted losing hope at some point but was restored from motivations others gave them.

*"I lost hope at some point because I felt useless, but a lady came with the doctors, she is a psychologist, she helped me regain my hope. She made me realise having life is the most important thing." (**Jake, 41yrs**)*

*"I felt hopeless some weeks ago, but my siblings motivated me and also knowing I survived even though some have died, I regained hope." (**Kwaku, 28yrs**)*

Resilience

This is the ability of an individual to adapt to stressful situations quickly and build strength to promote wellbeing. Three of the participants gave responses depicting resilience helped them coped with surviving the accident with injuries:

*"As for me, I'm someone who easily bounces back after a stressful event. The accident has already happened so there's no need worrying over it all the time". (**Leroy, 40yrs**)*

*"...so, I believe once you have life, you have all you need. I won't let this disability pull me down, I focus on what I can do and leave the rest; I'm not the first disabled person." (**Mike, 19yrs**)*

*"... I'm a man so I try to fight the intrusive thoughts and be strong. Sometimes when the pain is too much it isn't easy, but I try to endure and when I feel anxious, I tell myself I'll be out of here soon because I'm the breadwinner of my family so I need to be better so that I can go back to work." (**Kwaku, 28yrs**)*

Social support

All the participants revealed that social support from friends, families, work colleagues, church members and health care providers was their main source of coping through the experience of road traffic accident. They mentioned that healthcare providers played an important role in their stay at the hospital, and this helped them cope.

"Healthcare professionals even though some had negative attitude towards me, others were very thoughtful. One time when I was having problems with sleeping, I told the doctors when they came around and the next

*day, a lady psychologist came to speak with me. I really appreciate all that she told me because that helped me to regain my strength psychologically to fight what I was going through and after her visit, my sleep improved." (**Jake, 41yrs**)*

*"The doctors and nurses who take care of me are very nice to me and they've been very helpful. When I tell them about the pain, they get me painkillers and when I'm down they encourage and make me smile." (**Lily, 19yrs**)*

*"I had heard of psychologists but had never met one until I told a nurse about the panic attacks and insomnia, and they referred a psychologist. When they arrived, they listened to me, explained what I was experiencing and even showed me how to relax when I panic. This eased my thoughts, and I become more optimistic." (**Kwaku, 28yrs**)*

*"It helps a lot having knowledge of what is going on with you and the doctors did very well by explaining to me how the procedures and things to expect. The nurses also encouraged me a lot; they would commend me if I was able to walk unassisted to the bathroom and would console me times when I felt so down." (**Winnie, 28yrs**)*

The participants also revealed how the support from family, friends, work colleagues and church members helped them to cope. Some explained that their family and friends or colleagues even catered for their bills and would give them money to take care of themselves; this helped reduce their financial burden.

"I will be forever grateful to my wife because she left her job and is here 24/7 taking care of me as well as the children at home. My sister was

*also here and when my wife had to go home and prepare meals for me, she would keep me company till she came." (**Leroy, 40yrs**)*

*"My mom and my boyfriend being here also help me to cope. I don't know what I would have done if she wasn't here… my sister is helping take care of my daughter and this helps me not to think so much about her because if she wasn't around, I would be thinking of my daughter a lot, and this may impede my recovery." (**Lily, 22yrs**)*

*"My wife and my sister have helped me cope. Their encouragements and presence are enough for me to get through this difficult time. In addition, a boy from my site has offered to pay part of my bills and whenever he comes, and he gives us some money." (**Jake, 41yrs**)*

*"My wife has been helpful, she is a nurse herself, so she knows what to do. Our parents also helped us financially so this helped ease the financial burden so that I could focus on my recovery." (**August, 32yrs**)*

*"My family's support helped me cope because when I felt like a burden, they never said or did anything that affirmed my thoughts. They sacrificed their comfort to be there for me, made me feel loved and they were looking forward to my recovery. My colleagues from work visited and they gave me some money, other friends also gave my parents some money. People from my church also took turns in cooking and bringing me food. I am grateful to all of them because I could not have coped without them." (**Winnie, 28yrs**)*

Positive Thinking

This involves focusing on good things happening in one's life to combat negative thoughts and feelings. Some participants revealed that focusing on good things helped them to cope.

*"When I get flashbacks, I try to replace it with happy thoughts and meditate on some Bible verses that helped me stay in the present." (**Winnie, 28yrs**)*

*"I think of the fact that I'm still alive and all the things I could do when I'm discharged home, this strengthens my resolve to push through." (**Lily, 22yrs**)*

*"I've been watching videos of people in my condition and are excelling in life, so this helps me keep positive thought and attitude." (**Mike, 19yrs**)*

The final objective for this study was to identify the coping strategies of the RTA survivors. Spirituality and social support were the most used coping strategy. Social support has been found to build an individual's resilience in adverse situations (Sultan et al., 2021). These factors may explain why some of the participants had hope and resilience to combat the effects of the RTA. Based on the transactional model of stress and coping used for this study, the coping strategies identified here can be grouped under problem-focused, emotion-focused and avoidance/escape coping strategies.

Summary of Findings

The findings of this study revealed the different aspects of lives of the survivors that were affected by road traffic accident. The experiences were grouped under physical (hospital environment/stay, wound/injury, pain and strength), psychological (Perceived stress, PTSD/ASD, anxiety and depressive symptoms) and social (Social support, healthcare providers' attitude finances, lifestyle adjustments and relationship/marital strain) as well as the coping strategies (Spirituality, hope, resilience, social support and positive thinking) they adopted.

This highlights that the experiences of RTA survivors exceed only medical to psychological and social which called for the need to have mechanisms that could help them cope. Social support was found to be the main form of coping then spirituality, hope, resilience, and positive thinking.

Discussion of Results

In discussing the findings of this study, the demographic information of participants and the themes of the results based on the objectives of this study are explained. The discussion is in conjunction with reviewed literature and theory underpinning the study.

Background Information of Participants

The participants for this study had the accident either by a motorcycle or a car as pedestrians, riders, or passengers showing that road traffic can be experienced by any road user. This finding is in line with a study by Blankson et al. (2019) as they discovered that the survivors of RTA were a mixture of pedestrians, passengers, and drivers. It can also be seen that majority (57.1%) of the participants for this study were motorcyclists whose accident occurred through a collision with a car. This may be ascribed to the fact that in Africa, motorcycles have become one of the main means of transport. This finding is in conjunction with a study by Chalya et al., (2010) in Tanzania as they revealed that the rate of road traffic accident is on the ascendency in developing countries because of the rising use of motorcycles as the fastest and easiest means of transport. This reason was also highlighted by Konlan et al. (2020) in their study in Ghana to determine the pattern and prevalence of motorcycle crashes in Adidome which found that motorcyclists were mostly involved in road crashes mainly because of over speeding. This study

highlighted the danger in motorcycling as was discovered by Aldred and colleagues when comparing the risk in the different modes of transport and concluded that motorcycles have more risks and so should be discouraged (Aldred et al., 2021). This result is consistent with a related study that discovered that motorcycle riders were the most common RTA victims, followed by pedestrians (Kulkarni et al., 2020).

In this study, the male survivors were more than the female population. This aligns with a study by Pratibha et al. (2020) which also found that 83% of the survivors used of RTA were males. Additionally, the study found that irrespective of the sex or age suffered some form of injuries which required hospitalisation. This finding, however, is not in line with a study by Chalya et al. (2012) that found that women are most likely to be severely injured and hospitalised. The difference in results may be because the study did not focus specifically on the gender differences regarding the injuries or hospitalisation.

The results also present that out of the five employed participants, only two were currently working as the injuries they sustained limits their strength hence affecting their ability to return to pre-injury work. This finding corresponds with a study by Heron-Delaney et al. (2017) which aimed at determining the factors that limits a patient's ability to return to work after a car accident found that, 21.6% of the survivors were unable to return to work because of high levels of pain and disability which led to low functioning. This finding also correlates with a prospective study by Gopinath et al. (2017) which sought to explore the experience and key outcomes of RTA survivors with mild to moderate injuries as they return to work. They found that

survivors who sustained mild to moderate injuries had difficulties returning to work even after 2 years post-accident.

Physical Experiences of RTA Survivors

The physical experiences of RTA survivors for this study were grouped as hospital stay/environment, injury, pain and strength. All the participants sustained injuries which led to them being hospitalised. Some of the participants explained that the environment or the length of stay at the hospital contributed to their distress as some also explained this is the longest, they have ever stayed in a hospital. This longer hospital stay was found to be because of the injuries they sustained for which they have been receiving treatment for months. This finding aligns with a study by Chalya et al. (2012) which found that hospitalisation could lengthen because of the injuries sustained. Similarly, a retrospective study by Herbosa, Lu and Lu (2022) found that RTA survivors are likely to stay longer in the hospital because of sustained injuries.

The findings of this study confirms that RTA survivors sustain varying degrees of injuries; the participants of this study sustained leg and hand fractures, injuries to the face, neck and head as revealed by Kulkarni et al. (2020) and affirms to a similar study in Ghana by Aggrey-Orleans (2019) which also found that survivors who were admitted to the emergency unit had sustained injuries to the head, lower and upper limbs, chest, spine and abdominal region. As indicated by this study, these injuries cause pain which can be unbearable at times causing participants to have decreased strength. This finding conforms with a study by Alghnam et al. (2015) which found that injured patients involved in road crashes were more likely to suffer pain

(severe or moderate) and be limited in their usual activities. This is like a study conducted a by Heron-Delaney et al. (2017) which found that the pain experienced by RTA survivors can render them non-functional and unable to return to pre-injury activities.

Psychological Experience of RTA Survivors

This study found that RTA survivors not only suffer physically but also psychologically as discovered by some scholars (Kenardy et al., 2015; Pozzato et al., 2020). The participants of this study discussed their psychological experience from their perceived stress. All but one of the survivors perceived the experience to be stressful. One of the participants did not experience regardless of the experiences relating to the accident. This can be explained by the Transactional Model of Stress of Coping which indicated that stress is perceived differently by others, and this informs the influence the event can have on the individual and ultimately affects the type of coping (Lazarus & Folkman, 1984). The stress was found to be because of the hospitalisation, injury/pain and other challenges like finances and lack of social support related to the RTA. This finding corresponds with a study by Nasirian, Olsén, and Engström (2018) which discovered that, stress that results from pain, fear, worry, unplanned hospital stays, and the perceived or real loss of bodily parts and functions can cause individuals who have been injured to experience stress that may persist for years after the initial injury. This perceived stress is buttressed by the transactional model of stress and coping used for this study. The theory explained that unfortunate events like disasters, wars, accidents which are termed cataclysmic develop or contribute to stress (Lazarus, 2006).

This stress caused problems with sleep, flashbacks, hypervigilance, nightmares, and intrusive thoughts suggestive of post-traumatic stress disorder (PTSD). One of the participants even experiences these intrusive thoughts and flashbacks even after 12 months post-accident. This finding corresponds with a cohort study to do a follow up on a group of road crash survivors in hospitals in Europe for one year assessing the impacts of injury on their psychological and physical conditions found survivors to exhibit signs of PTSD after 12 months (Papadakaki et al., 2017). One of the participants exhibited acute stress disorder because of the duration (2 weeks) since the accident. Bryant et al. (2011) explained that PTSD can be diagnosed from 4 weeks after RTA while ASD is from two (2) days to 4 weeks and ASD allows for the prediction of trauma-related individuals who may develop PTSD. Most of the participants for this study had symptoms of PTSD and this corresponds with a longitudinal study by Fekadu et al. (2019) conducted in Ethiopia to determine the incidence level and risk factors of PTSD after RTA which found that, out of the 299 injured survivors they used as participants, more than half of them had developed PTSD. However, one of the participants did not experience any PTSD or ASD symptoms even though the accident was fatal and was severely injured. This finding is contrary to a study by Wilson et al. (2020) which concluded that almost all RTA survivors suffer some of form PTSD. This difference may be due to the participants previous history of accident, personality or date since the accident as discussed by Bedaso, et al. (2020). This finding hence aligns with a study on the epidemiological and clinical features of PTSD that found that the determinant of PTSD is not based on the severity of the accident or injury (Kupchik et al., 2007).

The narratives of some of the participants disclosed that they suffered anxiety and depressive symptoms. They experienced worry, fear, sadness, eating problems mostly because of the admission to the ward, injuries sustained, and pain involved. This finding is in conjunction with a study conducted in Ghana by Wilson et al. (2020) on the psychosocial challenges of RTA survivors which found that road traffic accident survivors experience recurrent intrusive repetitive thoughts, anxiety and other emotional problems which are unrecognised.

Social Experiences of RTA Survivors

This study discovered that the survivors had different experiences regarding their social life which may have worsened or made their condition better. Most of the participants mentioned the support they received from friends, families, and health professionals. This affirms a study by Yasan et al. (2009) on factors associated with the development and persistence of PTSD following an RTA which highlighted the need for social support as it aids in the recovery of RTA survivors and prevents the further worsening of their psychological and social conditions. Concerning support from healthcare professionals, a prospective study by Beverly (2021) found that health professionals are unbiased and rendered services to patients injured by vehicles regardless of the cause or injury. Some also expressed the lack of social support from friends and negative attitudes of some healthcare providers which may have caused some form of distress; one of the participants explained that the nurse blamed him for being careless and being in this situation. This finding regarding the negative attitude of healthcare providers correlates with a study by Redpath et al. (2010) as they discovered that health

professionals showed negative attitude towards patient especially when the patients were blamed for their condition and this attitude in turn affected their dedication to willingly help these patients.

The study also discovered that the accident affected participants' finances, relationships and led to many lifestyle adjustments. These challenges were attributed to the injuries sustained and the length of the hospital stay and the overall strength of the individual. Some experienced financial issues because of the demands of their treatment and their inability to work, while others had to adjust in their lives to compensate for their current state. The psychological and physical experiences of the survivors in this study caused some form of strain in their relationship as one participant revealed that he now uses crutches to walk since his leg has been amputated due to the accident. Another participant also stated that he must be wheeled into a chair in order to move from one place to another. These findings confirm that survivors of road traffic accidents have financial relationship employment issues due to the injuries they sustained through the accident as stated by Tournier et al. (2014) and Gopinath et al. (2015). The finding also aligns with another study that found that RTA was found to be accountable for survivors' inability to return to work, creating a financial burden since they still must cover the hospital bills (Másilková, 2017). This is also related to the study by Yasan et al. (2009) which revealed that RTA affects the survivor's work and social activities, and this may also cause or worsen emotional issues. The finding affirms a study that explored the impact of RTA on the families of the survivors, which reported majority of the families used for the study experienced a strain in their relationship with the survivor due to the RTA

(Huang, 2016). Contrary to the finding by Huang (2016), two participants of this study mentioned that RTA had strengthened their relationship with their spouse. They explained that this is so because they spend more time with their spouses because they lack strength to perform pre-injury chores which they now receive support from their spouses to perform them allowing them to bond together.

Coping Strategies of RTA Survivors

In this study, the participants revealed social support was their main means of coping with the adverse effects of the accident. It encompassed financial and emotional support as well, which helped ease some of the social burdens they encountered because of the accident. This aligns with a cross-sectional study to assess the effects of family structure and social support sources on physical health, continual pain and return to work after a road traffic accident which revealed that physical recovery of survivors depended on the support of family and friends, and that patients without social and family support structures were reported to have higher continual pain and were less likely to return to work after the road traffic accident (Prang et al., 2015).

Another finding was the use of spirituality, hope, positive thinking, and resilience in coping. This study discovered that the spirituality of the participants was linked to their hope, resilience, replacing negative thoughts with positive ones and this in turn helped them to cope. Most of the participants of this study who used spirituality also had hope and used positive thinking. One of the participants who mainly used resilience coping had no PTSD symptoms as he attributed that to his personality. These findings correspond with an exploratory study by Bahari et al. (2016) which found that

survivors of RTA used psychological, social, and spiritual coping forms of coping which helped them make sense of their condition. Similarly, a study by Sultan et al. (2021) found a link between social support and resilience and the benefits it has on helping survivors of RTA cope. The finding of this study on hope also corresponds with the discovery by Folkman (2012) that hope is vital for people dealing with severe and prolonged psychological stress.

Finally, the findings of this study relate to the transactional model of stress and coping used to support this study (Lazarus & Folkman, 1984). The model explained that stress is a result of the interaction between the individual and their environment as well as the resources they have for the situation. It could be analysed from this study that the RTA survivors who perceived the incident to be stressful was based on the environment (hospital stay) and resources (social and emotional support, finances) to combat the effect (physical, psychological, and social challenges) of the accident. The model mentions that individual who appraise the situation to be stressful apply secondary appraisal (assessing the resources available to deal with the situation) to cope with the event. All the participants in this study applied some form of coping whether they appraised the situation as stressful or not. Most participants in this study employed emotion-focused coping like; positive thinking, meditation, avoidance, and hope corresponding with the explanation of emotion-focused coping by Munroe et al. (2022), while a few of the participants also employed problem-focused coping as explained by one participant who agreed for an amputation because the crooked leg affected his confidence. Even though some studies suggest that problem-focused coping is better than emotion-focused, almost all the participants mentioned that nothing

could be done about their current situation, particularly the injuries sustained. And this finding affirms the finding by Garnefski and Kraaji, (2006) which argued that, although emotion-focused coping is frequently branded as being less effective than problem-focused coping, in some situations (such as when a stressor cannot be changed), emotion-focused coping may be more helpful than active coping strategies. The existence of resources including financial, spiritual, social, and emotional support also had a role in the pleasant emotion and successful coping outcome. Avoidant coping was also used in the form of resilience and some activities of spirituality like singing of gospel songs to avoid thinking of the accident and the issues they are experiencing.

In summary, the findings of the study revealed that road traffic accident survivors experience physical, psychological, and social challenges because of the accident and these challenges required coping strategies. These experiences were present regardless of the demographics of the participants. The physical experience comprised of hospital environments or stay, injury, pain, and overall strength of the participants. Regarding their psychological experiences, participants of this study either suffered from some form of PTSD or ASD, anxiety, exhibited depressive symptoms and others had appraised the situation as stressful while others less stressful. The social experiences also comprised of the social support they lacked or gained in this stressful event, attitude of health care providers, finances, lifestyle adjustments and effects on their relationships. These experiences led participants of this study to employ coping strategies such as spirituality, hopefulness, resilience, social supports and positive thinking.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter highlights the summary, conclusion of findings and recommendations for organisations and policy makers and suggestions for future studies.

Summary

The study employed a qualitative approach with a phenomenological undertone to explore the lived experiences of road traffic accident survivors, specifically aiming at their physical, psychological, and social experiences as well as their coping strategies. Data collection began after approval of ethical clearance from the UCC Institutional Review Board. The study was conducted at the Effia-Nkwanta Regional Hospital (ENRH) with RTA survivors from the surgical unit. The participants for the study were purposively sampled and data was saturated on the 7th participant. An interview guide which was pretested on two participants with the same characteristics for the study was used to gather information from the participants.

The interview lasted 30 to 45 minutes per participant the responses were recorded and transcribed the transcripts was used to develop codes which was categorised into themes and sub-themes and analysed using the interpretative phenomenological analysis (IPA).

The key findings of the study are presented below:

1. The injuries sustained by RTA survivors cause them immense physical pain that tends to limit their strength and deprive them of sleep. The hospital environment or the length of stay at the hospital can also affect the survivor aside the injuries.

2. The stress perception of RTA differs from one survivor to the other; some perceive their experience to be stressful whiles others do not. Nonetheless, they all suffer some form of psychological challenges; post-traumatic stress disorder (PTSD), depressive symptoms and anxiety. These psychological experiences were found to have been because of either the injuries or having experienced the accident in general. Some were also due to the social circumstances surrounding the individual.
3. Survivors received social and financial support from friends, family, work colleagues, church, and health professionals. Some survivors also experienced a strain in relationships (spousal and friends), while the experience strengthen the relationship of other survivors. Some healthcare professionals had negative attitudes toward the survivors contributing to their distress.
4. These challenges led to the adoption of a strategy to cope. Social support (friends, family, healthcare professionals) and spirituality (prayer and gospel songs) were the main coping strategies used by RTA survivors. RTA survivors also used resilience and positive thinking to help them combat the negative experiences relating to the accident. The most used coping strategy was emotion-focused coping.

Conclusion

As the results have highlighted, the domains of quality of life (physical, psychological, and social) of road traffic accident survivors were affected either negatively or positively as opposed to how other research explain the experience to be only negative. There is an interplay between these

factors that influences the individual's recovery. The pain and injuries RTA survivors sustain lead to longer hospital stay which can be the genesis of a psychological condition. Interchangeably, psychological conditions can extend the physical health difficulties of RTA survivors.

Road traffic accident survivors suffer post-traumatic stress disorder/acute stress disorder, symptoms of anxiety and depression. These challenges were found to have developed and persisted because of experiencing the accident, the injuries they sustained, financial issues, lack of social support, negative attitude of health professionals and major lifestyle adjustments. Not all RTA survivors perceive the experience as stressful. The negative appraisal and experience led to the employing of coping strategies through social support, praying, resilience, hope and positive thinking elucidating the use emotion-focused coping.

This study elaborated on both the negative and positive experiences of RTA survivors. Contrary to other studies RTA does not always cause a strain in relationships but can strengthen relationships (spousal or friendship). This can be attributed to the fact that friends and families are available to help the survivors hence allowing them to bond and have more time to communicate. This study also highlighted that in this part of the country, social support and spirituality are the main coping strategies for RTA survivors. In addition, this study revealed that psychological and social challenges could potentially prolong a survivor's stay in the hospital causing further psychological and social issues. Finally, this study revealed that some health workers may display negative attitude towards survivors, and this also contributes to the psychological issues they suffer.

Recommendations

In relation to the findings of the study the following recommendations are suggested for consideration:

1. The management of health facilities should make the wards more conducive for survivors especially those who require long hospital stay since a less conducive hospital environment can affect the individual's sleep pattern inhibiting fast recovery.
2. Health organisations like the Ministry of Health, the Ghana Psychology Council and the mental health authority should enforce the collaboration of medical professionals and clinical/ health psychologists to perform a routine comprehensive psychological assessment on RTA survivors to help in the early detection of any psychological condition that may prolong the recovery of the individual.
3. The hospital management should also formulate policies to support RTA survivors financially and socially especially for those who lack them. This could be done through soliciting for funds from NGOs, churches, media houses etc. They should make available routine stress management programs for the health professionals to better handle stress and promote high professionalism.
4. Medical professionals should collaborate with relatives of RTA survivors and provide counselling to both survivors and their relatives to effectively help in their recovery.

Suggestions for Further Research

It was observed that relatives (caregivers) of RTA survivors were also affected by the conditions of the survivors. Hence, further studies should explore the in-depth experiences of caregivers of RTA survivors. Additionally, further studies could explore the reasons for the negative attitude of health professionals towards RTA survivors. Finally, since the findings of this study cannot be generalised, a quantitative study or mixed method could be conducted to examine the objectives of this study.

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APPENDICES

APPENDIX A

CONSENT FORM

Topic: Lived experiences and coping strategies of road traffic accident survivors

Investigator: Efua Pomaah Gyan

Final year student (MPhil. Clinical Health Psychology)

University of Cape Coast

General information about the research

The main aim for this study is to explore the lived experience and coping strategies of road traffic accident survivors and to investigate how this experience has affected the quality of life of survivors. The result from this study is expected to help improve healthcare for people who have survived accidents.

This study will use semi-structured interview which is expected to cover 20-30 minutes. If you consent, the interview will be done when and where it is convenient for you. The questions will cover your experiences following a road traffic accident, how it has affected your life in various ways and what you are doing to cope through the experience.

Possible Risks

There are no expected risks during the interview, however, there will be a clinical psychologist on standby if you should experience any psychological distress.

Confidentiality

Any information from this interview will only be used for academic purposes. Please be assured that your identity will be kept anonymous as your name will be not mentioned. The recordings will not be accessed by any unauthorised persons except the researcher, the supervisor, independent coder, and field assistant. The recordings will be kept on a phone and laptop with passcode which can only be accessed by the researcher.

Right to Participation

You have the right to participate or withdraw from participation at any time if you do not wish to continue or feel uncomfortable with the interview as your participation is solely voluntary. You will not be penalised for not participating or withdrawing from the study.

VOLUNTEER AGREEMENT

The purpose, significance, risks, and procedure for this study titled **"Lived experience and coping strategies of road traffic accident survivors"** has been read and explained to me by the researcher. I agree to participate as a volunteer and would answer the questions to the best of my ability.

X _____

signature of participant

Date:

APPENDIX B:

INTERVIEW GUIDE

TOPIC: *LIVED EXPERIENCES OF ROAD TRAFFIC ACCIDENT SURVIVORS*

Section A: Background characteristics of participant (Demographic Information)

a. Sex
b. Age
c. Religion
d. Educational level
e. Marital status
f. Number of children
g. Occupation
h. Status of employment
i. Duration since RTA
j. Type of RTA (pedestrian, passenger, driver/rider) and Vehicle (car, motorcycle, bicycle)

Section B

1. How did the accident happen?
2. What does it feel like, surviving an RTA?
    - **Probe:**
        - Perceived Stress
3. How did the accident affect various aspects of your life?
    - **Probe:**
        - Physically

- Psychologically
- Socially

4. Did the health workers help in any way?
    - **Probe:**
        - Empathy from them
        - Effective communication
        - Response time
5. How are you coping?
    - **Probe:**
        - Resilience
        - Religion
        - Family
        - Friends
        - Health workers
6. Please, what other thing would you like me to know?

APPENDIX C:

COVER LETTER FROM THE DEPARTMENT OF EDUCATION AND PSYCHOLOGY

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF EDUCATION AND PSYCHOLOGY

Telephone: 03320-91697
Email: dep@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref:

Your Ref:

15th June, 2023

Dear Sir/Madam,

LETTER OF INTRODUCTION – MS. EFUA POMAAH GYAN

We introduce to you Ms. Efua Pomaah Gyan, a student with registration number EF/CHP/21/0011 from the University of Cape Coast, Department of Education and Psychology. She is pursuing a Master of Philosophy degree in Clinical Health Psychology, and she is currently at the thesis stage.

Ms. Gyan is researching on the topic: **"LIVED EXPERIENCES AND COPING STRATEGIES OF ROAD TRAFFIC SURVIVORS"**.

She has opted to collect or gather data at your institution/establishment for her thesis work. We would be most grateful if you could provide her with the opportunity and assistance for the study. Any information provided would be treated strictly as confidential.

We sincerely appreciate your cooperation and assistance in this direction.

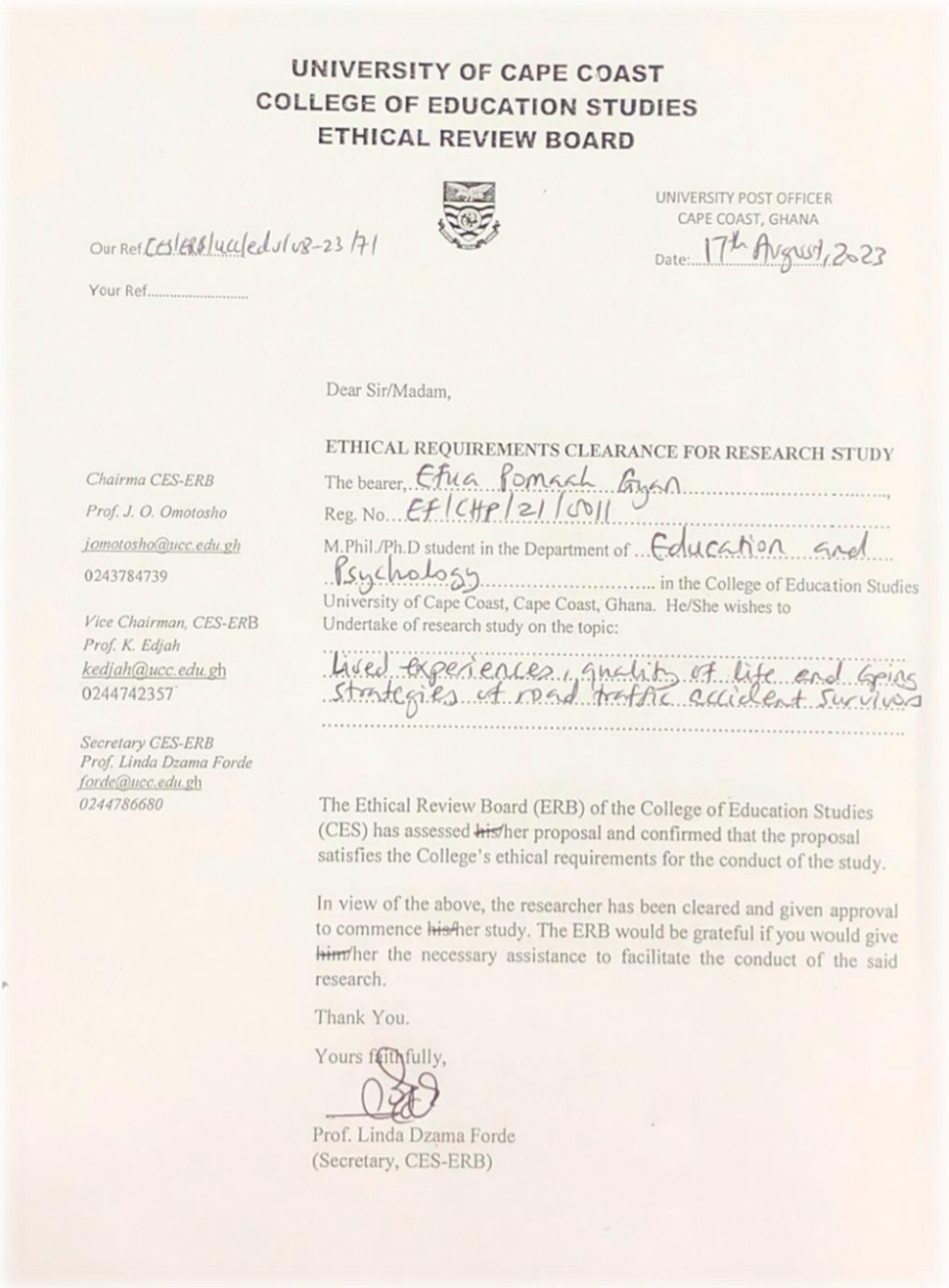
Thank you.

Yours faithfully,

Prof. Mark O. Amponsah
HEAD

APPENDIX D:

ETHICAL CLEARANCE FROM THE COLLEGE OF EDUCATION STUDIES ERB, UCC



UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICER
CAPE COAST, GHANA

Our Ref CES/ERB/ucc/edu/08-23/71

Date: 17th August, 2023

Your Ref.....

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

The bearer, Efua Pomaah Gyan,
Reg. No. EF/CHP/21/0011
M.Phil./Ph.D student in the Department of Education and Psychology in the College of Education Studies University of Cape Coast, Cape Coast, Ghana. He/She wishes to Undertake of research study on the topic:

Lived experiences, quality of life and Coping Strategies of road traffic accident survivors

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed ~~his~~/her proposal and confirmed that the proposal satisfies the College's ethical requirements for the conduct of the study.

In view of the above, the researcher has been cleared and given approval to commence ~~his~~/her study. The ERB would be grateful if you would give ~~him~~/her the necessary assistance to facilitate the conduct of the said research.

Thank You.

Yours faithfully,

Prof. Linda Dzama Forde
(Secretary, CES-ERB)

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