DEMOGRAPHIC VARIABLES, COPING BEHAVIOUR AND PERSONALITY TRAITS AS PREDICTORS OF PSYCHOLOGICAL HEALTH AMONG IN-PATIENTS' VICTIMS OF ROAD ACCIDENT IN BENUE STATE

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ABSTRACT

This study investigated demographic variables, coping behavior and personality traits as predictors of psychological health among in-patient victims of road traffic accident in Benue state. A cross-sectional survey design was adopted. A total of 314 in-patient victims of road traffic accident consisting of 235 males and 79 females, both young and old with (mean =2.47) were sampled using cluster sampling, convenience sampling and purposive sampling approaches. Coping Behavior Scale, Big Five Personality Inventory and the General Health Questionnaire were used for data collection. Five hypotheses were generated and tested using univariate analysis of variance and multiple regression and the result indicated that there was no significant main effect of sex on psychological health among in-patient victims of road traffic accident. There was no significant main effect of age on psychological health among victims of road accident. Additionally, there was significant main effect of coping behavior on psychological health among victims of road accident. The results also revealed that there was significant interactive effect of sex, age and coping behavior on psychological health among the studied population. Personality traits significantly predicted psychological health, whereas, independently only neuroticism, extraversion and openness proved to be significant. Therefore, the hospitals involved in the provision of health care to road traffic accidents should provide them with training for adaptive coping and also, personality assessment to identify those with neuroticism trait to help them for better psychological health.

Keywords: *Demographic variables, coping behavior, personality traits and psychological health.*

INTRODUCTION

Globally, there has been a growing interest and concerns among health organizations and researchers in understanding association between road traffic accident and its association with subsequent psychological health (Cartwright, 2017). In Nigeria for instance, studies have evidenced a significant number of victims experience severe psychological problems after road traffic accident had occurred (Afolabi, & Gbadamosi, 2017). Though, some accident victims may not experience psychological distress, most current knowledge of the post-accident psychological health is focused exclusively on the development of posttraumatic stress disorder (PTSD), depression and anxiety disorder (Fedaku, Mekonen, Belete, Belete & Yohannes, 2019). Interestingly, research

evidence has also shown that despite traumatic experience, some people could have their psychological health intact (Akowe, 2014). Psychological health is the lack of psychological distress or psychopathology (Matlin as cited in Akowe, 2014). Psychological health involves the sum total of the mental and psychological conditions of an individual which promote adequate and balanced functioning in daily living. An imbalance or deviation from the state results in psychological illness (Omoluabi, as sited in Akowe, 2014).These psychological conditions which defined balanced psychological health include the presence of happiness, contentment, self-esteem, optimism and general satisfaction with life and living. The indicator of psychological ill health may manifest through an individual cognitive and emotional responses to stressor. Cognitive responses include lack of concentration, forgetfulness, indecision, sensitivity to criticism (Richard, Campania & Muse-Burke, 2010). Emotional responses includes nervousness, tension, irritability and anger. In a typical and normal accident setting, where people are involved in an accident, some victims have physical concerns, anxiety and acute stress issues. However, after sometime, other victims may developed depression and PTSD (Fedaku, et al., 2019), yet others have their psychological intact.

Moreover, previous research have demonstrated that gender has a significant predictive role in psychological health of road accident victims whether positive or negative (Bolton & O'Rayan as cited in Akowe, 2014). Liu, Tan, Zhou, Li, Yang, Wang, Liu, Tang, Sun and Wen (2006), posit that victims of accident within age of 18-59 years, both gender experience posttraumatic stress disorder. According to Reijneveld and Crone (2004), adolescents that were exposed to accident experienced anxiety, depression, thought problems, aggression, and alcohol

abuse. Similarly, Pires and Maia (2013), in a study investigated the posttraumatic stress disorder among victims of serious motor vehicle accidents: an analysis of predictors reported that females report more peritraumatic dissociation, ASD and PTSD than do males. Peritraumatic dissociation, ASD and gender (female) explain 26.8% of the observed variance in PTSD symptoms (t2), with gender contributing only marginally to the model. Additionally, Gyeong, Soong-Nang and Ichiro (2007) found that a gender differences to be a striking correlates of poor mental health. Other studies have also linked demographic variables with psychological health (Ajibade, Ejidokuna, Oyewole & Adeyemo, 2015).

Coping behaviour typically involves doing something to manage stressful situation. During accident, a lot of pain is inflicted by the damage it caused. The victims' evolved different measures to master, reduce or tolerate this stressful experience. Some of these ways could be blaming of self or others, putting up avoidance behaviour, using of substance among other inappropriate diversionary ways to reduce the distress, as a result this could lead to feeling of helplessness and or anxiety. However, other victims may accept their fate as natural, give positive interpretation, actively plan and concentrate on recovering. Either way, these could have significant impact on psychological health. Coping behaviour has been constantly linked with psychological health, generally demonstrating beneficial effects (Zheng, Fan, Liu, Mo & Kemp, 2012). Similarly, Jeavons, De, Horne, and Greenwood (2010) reported coping style of two consecutive hospital attendees over 6 months which indicated a significant decrease in scores on trauma symptom measures. Initial emotion-focused coping style and to a lesser extent avoidance had strong positive relationships with later trauma scores. In the same vein, Akowe

(2014) indicated that coping behaviour predict psychological health. Adoptive coping behavior has been associated with increased psychological health (Dunbar, Synder, & Jaser, 2012). Studies have shown that coping strategies has positive relationship with psychological health (Xiao-Rong, Juan-Juan & Rui-Yuan, 2017; Kheironesa & Fariborz, 2014). Therefore the study is hypothesized that there will be a significant main effect of coping behavior on psychological health among in-patient victim of road traffic accident.

Personality involves the individual characteristics such as temperament, attitudes and behaviours that distinguished one person from another. Personality is composed of different traits which includes neuroticism, extraversion, openness to experience, agreeableness and conscientiousness (Costa & McCrae, 1992). Neuroticism relates to a tendency to experience dysphoric affect, sadness, hopelessness and guilt was linked to low self- esteem, irrational beliefs and pessimistic attitude, extraversion is related to a preference to companionship and social stimulation, was linked to social skills e.g. having many friends, openness to experience is the need for variety, novelty and change was linked to having interest in travels, different hobbies and diverse vocational interests, agreeableness is the willingness to defer to others during interpersonal conflicts was linked to having forgiving attitudes, beliefs in cooperation and having inoffensive language, while, conscientiousness is a strong sense of purpose and high aspiration level and they linked it to having leadership skills, long term plans, organized support network and technical expertise (Wood & Tarrier, 2010). It has been argued that our thinking, feelings and behaviour as well as our unique individuality contribute a lot to our mental health and that based on personality traits some people may be more

prone to mental health problems than others (Godwin & Friedman, 2006).

A number of studies have pointed to the importance of personality traits in understanding psychological health (Deepa & Varghese, 2015; Amini, Heidary & Daneshparvar, 2015). Friday, Emmanuel, Aguwa, Godwin and Chioma (2015) in their study assessed gender differences, personality traits and mental health and reported that the prevalence of personality traits varied among the subjects with neuroticism being the most prevalent (22.9%), while extraversion was the least prevalent (16.9%). The study further revealed that mental health problem was present in 23.6% of the subjects. Similarly, other studies have also shown that personality traits are strong predictors of psychological health (Eriega, Isukwem, Ojo & Williams, 2014; Jee, Hve, Su Jeon & Maeng, 2016; Leila, Maryam & Hamidreza, 2015). Abbas, Nade and Setareh (2015) found people's measurable personality traits accounted for (65%) of the variance in psychological health. Psychological heath has also been found to correlate with extraversion (Adrian & Helen, 2011).

From the foregoing empirical review, it is obvious that most of the researchers have focused more on the psychological ill-health of people with traumatic experience including road traffic accident. For instance demographic variables were established to be strong predictors of psychological health (Pires & Maia, 2013; Ajibade, Ejidokuna, Oyewole & Adeyemo, 2015). Also, psychological health had been indicated to be predicted by coping behavior and personality traits (Amini, Heidary & Daneshparvar, 2015). These studies have have created a wide range of gap in assessing the prediction of psychological health in a positive light, hence the need for this present study.

The study therefore hypothesized that there will be will be a significant main and interactive effect of sex, age and coping behaviour on psychological health psychological health among in-patient victims of road traffic accident in Benue State; and personality traits will significantly predict psychological health among in-patient victims of road traffic accident in Benue state.

METHOD

Participants

The participants for this study comprised of 314 victims of road traffic accident drawn from 1699 victims of road accident victims in Benue State. Out of the total respondents, 235 (74.8%) were males while 79 (25.2%) were females, in terms of their age, 166 (52.9%) were young victims of road accident while 148 (47.1%) were old victims

Instruments

Big Five Personality Inventory

The big five personality inventory developed by John, Donahue and Kentle (1991). Validated for use with Nigerian sample by Umeh (2004). The instrument contains 44 items deigned to measures personality a five dimension perspective (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience). All items are scored directly. It is rated on a five point likert scale, 1= Disagree strongly, 2= Disagree a little, 3= Neither agree nor disagree, 4= Agree a little while 5= Agree strongly. Values of the numbers shaded are added to obtain the respondent's scores in each of the subscales. The coefficients of reliability provided by John et al., (1991) are chronbach alpha .80 and 3-months test- retest of .85. Big Five Inventory has mean convergent validity of coefficient of .75 and .85 with the Big Five Instrument authored by John, Donahue and Kentle (1991); Golberg (1992) respectively. The divergent validity coefficient obtained by Umeh (2004) with University Maladjustment Scale (kleinmuntz, 1961) are Extraversion .05, Agreeableness .13, Conscientiousness .11, Neuroticism .39, Openness .24.

Coping Behaviour Scale-Short

The Coping Behaviour Scale-Short (CBS-S) was developed in Nigeria by Onyeizugbo (2011). The CBS-S has 21items. It measures a person's coping ability as to whether it is adaptive (healthy, life-enhancing) or maladaptive (unhealthful, life-diminishing). The 21-item scale was validated on a sample whose ages range from 18-73. It has Cronbach alpha of r = .81. The scale has 5 response options: namely; Never (1), hardly ever (2); Often (3), Most of the time (4), and always (5). The values attached to each option are reversed during scoring for items that indicate maladaptive coping. The higher a person's score, the more adaptive the coping behavior one exhibits.

General Health Questionnaire

General Health Questionnaire was originally developed by Goldberg (1972) and was revised by Goldberg and William (1988). It is use to assess reaction of one to new and distress situations. The GHQ-12 was has been used in several studies to measure psychological health. Akowe (2014) used it in his study on optimism, coping behavior and gender as predictors of psychological health of flood victims in Kogi state. The general health Questionnaire contains twelve (12) items which are scored on a 4 – point Likert scale ranging 1 =not at all, 2=no more than usual, 3= rather more than usual, 4= much more than usual. Six (6) items (2, 5, 6, 9 10 and 12) are reversed score. The total scales score will be used in this study, the

high score indicate presence of psychological health. General health Questionnaire has shown to have a good reliability; with Goldberg and Williams (1988) reporting Cronbach's alpha ranging from .77 to .93. Also Taghavi (2002) reported reliability coefficient of .89. The instrument has been used in research with Nigerian samples. Ifeagwazi & Ezema, (2010), Ugwu. (2012). Ifeagwazi and Ezema (2010) reported a Cronbach's alpha of .72.

Procedure for Data Collection

After obtaining approval from the relevant hospital authorities, the researcher approached the participants in their respective locations. Research assistants were selected from the studied hospitals and trained to assist in data collection. Nguher Clinic Katsina-Ala, Federal Medical Centre Makurdi and Royal Hospital Otukpo were used for the study. The reason for choosing hospitals within these towns was due to the fact that they have huge population of accident patients. All in-patient victims of road traffic accident who met inclusion criteria and who were interested were given questionnaire to respond to. All the three hundred and fourteen (314) respondents were sampled using cluster sampling, convenience sampling and using purposive sampling techniques across three hospitals. Cluster sampling was used to divide Benue State in to smaller size, convenience sampling for easy accessibility while the reason for using purposive sampling was because the study specifically targeted only in-patient victims of road traffic accident who met other inclusion criteria

Data collected for this study were analyzed using Statistical Package for Social Sciences, (SPSS) version 20. Univariate analysis of variance was used to test hypotheses one, two, three and four. While, multiple linear regression was used to test hypothesis five. Also, descriptive statistics such as percentages, mean and standard deviation were used in analyzing demographic data of the participants.

Ethical consideration

The study was approved by the health authorities in the various locations sampled. Also, through the information provided on the questionnaire, respondents were informed that participation was voluntary and that the data obtained would be treated with absolute confidentiality. Participants were duly consented and briefed about the study before given questionnaires to fill. To ensure confidentiality and anonymity, all the questionnaire copies administered were coded without any form of identification. Only relevant information were collected so as to avoid unnecessary invasion of their privacy. Participants were not subjected to any form of physical or psychological harm throughout the study period.

Design and Statistics

A cross sectional survey design was adopted for the study because it enables the researchers to study e a phenomenon at one time and across various characteristics. In this study, this design was used to study road accident victims with different characteristics such as sex and age and how they differ on psychological health. Data was analyzed using descriptive statistics and 3-way Analysis of Variance and multiple regression. Variables that were measured categorically were analyzed using ANOVA while the personality trait variables which were measured on interval scale were analyzed using multiple regression.

RESULTS

Table1: Descriptive Statistics of the Various Groups of In-patient Victims of Road Traffic Accident on Psychological Health.

Groups	Category	Number (N)	Mean	Standard Deviation
Sex	Male	235	90.0979	6.93768
	Female	79	88.2658	7.18030
Age	Young	166	90.0120	7.05561
	Old	148	89.2162	7.00781
Coping Behaviour	Adaptive	143	90.0070	6.82425
	Maladaptive	171	89.6369	7.29349

Note: The higher the mean score, the better the psychology health.

Table 2: Univariate Analysis of Variance showing result for the Main and Interactive Effect of Sex, Age and Coping Behaviour on Psychological Health among In-patient Victims of Road Traffic Accident in Benue State

Variables	SS	MS	df	F	P	Partial Eta
Sex (A)	67.968	67.968	1	1.386	.240	.005
Age (B)	123.947	123.947	1	2.527	.113	.008
Coping behavior (C)	89.435	89.435	1	235.671	.040	.560
A*B * C	91.664	91.664	1	2.997	.033	.290
Error	15010.303	49.053	306			
Total	15482.611		313			

The in table 2 also revealed that there was no significant main effect of sex on psychological health among in-patient victims of road traffic accident [F (1,313) = .240, P>.05]. The result shows that male in-patient victims of road traffic accident reported higher mean score (M= 90.6102, SD= 6.73390) than female folks (M= 87.7368, SD= 6.40175). However, hypothesis two was not accepted.

The result in table 2 showed that there is no significant main effect of age on psychological health among in-patient

victims of road traffic accident [F (1,313) = 2.527, P>.05]. The result indicated that young in-patient victims of road traffic accident reported higher mean score (M= 90.4531, SD= 8.07183) than their old counterparts (M= 89.5806, SD= 7.02816). Based on this finding, hypothesis one was not confirmed. The result in table 1 also indicated that there was a significant main effect of coping behavior on psychological health among in-patient victims of road traffic accident [F (1,313) = 235. 671, P<.05]. Those who use adaptive coping behavior reported

higher mean score (M= 89.1449, SD= 6.79159) compared to their counterparts that used maladaptive coping behavior (M= 87.3778, SD= 7.29349). It further revealed that coping behavior with partial eta of .560 has the effect size of 56% on psychological health of in-patient victims of road traffic accident. Based on this finding, hypothesis three was accepted. Also, table 2 indicated that there was no significant interactive effect

of sex, age and coping behavior on psychological health among in-patient victims of road traffic accident [F (1,313) = 2. 997, P<.05]. Further observation showed that sex, age and coping with the partial eta of .290 has the effect size of 29% on psychological health of accident victims. With this result, hypothesis four was accepted.

Table 3: Multiple Linear Regression showing Prediction of Personality Traits on Psychological Health among In-patient Victims of Road Traffic Accident in Benue State

Variables	R	R^2	β	F	t	P
Constant	.339	.446		7.516	3.889	.000
Neuroticism			-.118		-1.072	.034
Extraversion			.295		5.274	.021
Openness			.119		2.145	.033
Agreeableness			-.094		-1.644	.101
Conscientiousness			.028		.510	.610

Findings in table 3 revealed that personality traits (neuroticism, extraversion, openness, agreeableness, and conscientiousness) significantly predicted psychological health [F (5,294) = 7.516, P<.001] among in-patient victims of road traffic accident. The result further showed that 44.6% of the total variance in psychological health in-patient victims of road accident was been accounted for by personality traits. On their individual contribution, conscientiousness (β= .028, P>.05) and agreeableness (β= -.094, P>.05) did not make significant contribution to the model, while, extraversion (β= .295, P<.05) and openness (β= .119, P<.05), made positive contribution to the observed variance in psychological health among in-patient of road traffic accident, on the other hand, neuroticism (β=-.118, P<.05) had

significantly and negatively contributed to the observed variance in psychological of in-patient victims of accident in Benue state. With this result, hypothesis two was confirmed for neuroticism, extraversion and openness

DISCUSSION

The study was designed to assess demographic variables coping behavior and personality traits as predictors of psychological health among victims of road traffic accident in Benue State. Result of the analysis revealed that there is no significant main effect of sex on psychological health. This implies that sex did not affect psychological health. The result further demonstrate that biological differences such like male or female does not make people to stay healthy psychologically. The result

support previous study that found that psychiatric morbidity has no significant relationship with socio- demographic variables, but some accident variables such as length of time post-accident, types of accident previous accident experience immediate reaction post-accident and perceived effect of the accident in life were strategically associated with psychiatric morbidity (Ajibade, Ejidokuna, Oyewole & Adeyemo (2015).

However, the present study contradicts the finding of Gyeong, Soong-Nang and Ichiro (2007). The authors submitted that that sex and age differences are correlates of poor mental health. This contradiction may be explained based on the fact that some of these studies are conducted on people with different culture from the present study, it is most likely that their psychological health will also be different. Similarly, the present study is not inconsonance with McDermott and Lee (2005) who in their study to examined posttraumatic stress disorder and general psychopathology in children and adolescents following a wildfire disaster reported that younger children and individuals with greater exposure to and perception of threat experienced higher levels of PTSD and general psychopathology. Female students reported a greater perception of threat but did not report higher levels of PTSD or other symptoms.

Hypothesis two stated that there will be significant main effect of age on psychological health among in-patient victims of road traffic accident. This hypothesis was not confirmed. This means that the absence of feeling of sadness, frustration, anxiety and a number of other negative mood states by the in-patient victims of road traffic accident is not as a result of their age. The further shows that being young or old does have effect on the

psychological health of in-patient victims of road traffic accident. Perhaps, this may be because the impact of the accident can be evenly felt by every victim, irrespective of whether one is young or old, male or female. The result support previous study that found that psychiatric morbidity has no significant relationship with socio- demographic variables, but some accident variables such as length of time post-accident, types of accident previous accident experience immediate reaction post-accident and perceived effect of the accident in life were strategically associated with psychiatric morbidity (Ajibade, Ejidokuna, Oyewole & Adeyemo (2015).

However, the present study contradicts the finding of Gyeong, Soong-Nang and Ichiro (2007). The authors submitted that that sex and age differences are correlates of poor mental health. This contradiction may be explained based on various characteristics explained by these samples. Since this study was conducted using different samples, it is most likely that their psychological health will also be different. Similarly, the present study is not inconsonance with McDermott and Lee (2005) who in their study to examined posttraumatic stress disorder and general psychopathology in children and adolescents following a wildfire disaster reported that younger children and individuals with greater exposure to and perception of threat experienced higher levels of PTSD and general psychopathology. Female students reported a greater perception of threat but did not report higher levels of PTSD or other symptoms.

The result of hypothesis three indicated that there was a significant main effect of coping behavior on psychological health among in-patient victims of road traffic accident. The finding further indicated that coping behavior has the effect size of

56% on psychological health of in-patient victims of road traffic accident. Based on this finding, hypothesis three was accepted. This demonstrates that when accident victims adopt an adaptive coping behavior in dealing with their accident experience, it makes them to stay psychological healthy. This result is in line with Akowe (2014) who examined optimism, coping behavior and gender as predictors of psychological health and reported that coping behaviour predict psychological health among flood victims. This result is also consistent with Xiao-Rong, Juan-Juan and Rui-Yuan (2017) who examined coping style, job burnout and mental health of University Teachers and reported that negative coping style has a significant positive predictive effect on job burnout and mental while positive coping style has significant negative predictive effect on job burnout and mental health. This result also agreed with Kheironesa and Fariborz (2014) who maintained that there is a significant relationship between mental health and coping styles with educational performance.

Hypothesis four stated that there will be a significant interactive effect of sex, age and coping behavior on psychological health among in-patient victims of road traffic accident in Benue State. This hypothesis was confirmed. This means that the psycho-demographic variables; sex and age and coping behaviour can cause a change in psychological health among accident victims. The result further revealed that sex, age and coping behavior accounted for the effect size of 29% on psychological health of accident victims. This result demonstrates that even though sex and age does not have main effect on psychological health, when combined with the psychological variable coping behavior, both can stir up some effect on the psychological health of accident victims. This findings further shows that accident victim's biological difference in terms male

or female or chronological age cannot contribute to their staying healthy psychologically, however, when combined with the approach of managing the accident experience (coping behavior), it significantly affect psychological health.

Lastly, hypothesis five revealed that personality traits significantly predicted psychological health among in-patient victims of road traffic accident. This implies that the internal resources of the accident victims such as neuroticism, extraversion, openness, agreeableness, and conscientiousness help them to stay psychologically healthy in-spite of their accident experience. The result however established that independently, conscientiousness and agreeableness did not significantly predicted psychological health. This result shows that the accident victim's tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others, and also to be organized and dependable, show self-discipline and act dutifully did not predicted psychological health. The findings also indicated that while neuroticism significantly and negatively contributed to psychological health, extraversion, and openness contributed significantly and positively to the psychological health of accident victims. Also, the finding of this result revealed that personality traits contributed 11.5% to the variance in psychological health of in-patient victims of road traffic accident. This finding failed to support Amini, Heidary and Daneshparvar (2015) who found out that there is a significant but negative correlation between agreeableness, conscientiousness and mental health. While, extraversion positively and significantly predict psychological health among in-patient of road traffic accident. This means that the higher the sociability and the tendency of accident victims to seek stimulation in the company of others, and be

talkative, the better or the more they stay psychologically health.

However, the result corresponds with Amini, Heidary and Daneshparvar (2015), f ound out that there is a significant but negative correlation with extraversion personality trait agreeableness and conscientiousness. The result also reported that openness to experience significantly predicted psychological health among in-patient accident victims. This suggested that the more imaginative or independent, and the tendency of personal preference for a variety of activities over a strict routine accident victim could be, the better their psychological functioning. This finding is in line with Eriega, Isukwem, Ojo and Williams (2014) who reported that, neuroticism and extraversion personality influenced post-traumatic stress disorder while, openness to experience did not. On the other hand, neuroticism had significantly and negatively predicted psychological of in-patient victims of accident. This result shows that dominant of neuroticism can affect psychological health. The result further established that the more the tendency to experience unpleasant emotions easily, such as anger, anxiety, depression, and vulnerability among accident victims, the more reduced their psychological health. This result coincides with Deepa and Varghese (2015) who reported in their on gender differences, personality traits and mental health among secondary school adolescents that, Neuroticism significantly and negatively influenced mental health.

This study has implication for clinicians to perform a variety of specialized services including appropriate coping skills training to help improve psychological health among in-patient victims of road accident. Also, this finding will help clinicians in taking age and sex and coping behaviour in to consideration why dealing with in-patient victims of road traffic accident as the three

factors interacts to affects psychological health. This study also implies that clinicians should always do personality assessment to identify those patients with neuroticism personality trait in order to give them more attention as it negatively affect psychological health

CONCLUSION

This paper therefore concluded that psychological health is an indispensable component of health. Health facilities that are involved in the care and management of victims of traffic accident should always try to assess victims on coping behavior in order to encourage the use adaptive coping skills for effective recovery and improved psychological health. Personality assessment should also be done to identify people with dominant of neuroticism for priority attention so as to save them from been plugged in to psychological ill-health.

RECOMMENDATIONS

Based on the findings of this study, it is the recommended that;

In-patient victims of road traffic accident should be trained and encouraged by qualified clinicians on the use adaptive coping behavior to be psychologically healthy. For more effective mental health promotion and illness prevention approach, in-patient victims of road accident should be given personality assessment by trained clinicians, and those who are high on neuroticism personality trait be given more attention as they are more prone to develop psychological ill-health.

IMPLICATIONS

Considering the psychological health of in-patient victims of road accident in Benue State and its environ, research seems to have paid less attention to demographic variables, coping behavior and personality

traits as composite study. The results of this current study have some implications for future research and actions for in-patient victims of road accident. Demographic variables, coping behavior and personality traits as predictors of psychological health observed among the victims in the current study call for a holistic approach of integration of these variables/factors into the training of drivers, road users and road safety agencies. Also, the psychological health of road accident victims should be given utmost priority when brought to the hospital as way of building their hope of survival and coping abilities. To reduce high rate of road crashes from time to time, the personality traits of drivers can be taken care of if taken into account a designed safety program that will yield better results.

LIMITATIONS

One limitation of this result is that it focused on in-patient victims of road traffic accident without consideration to outpatients, subsequent research should focused on the outpatients who are also likely to have psychological health issues. Also, this study was conducted in three hospitals and one category of accident, road traffic accident. The replication of the current study in more hospitals may be important in generalizing the results. All measures in the present study were collected on a single questionnaire at a time, this could be subject to many participants and researcher biases. This could affect the validity of the findings. Subsequent researches should adopt a much stronger method of data collection and design for a more valid and reliable outcome.

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