A STUDY ON THE COPING MECHANISMS AMONG SELECTED VICTIMS OF VEHICULAR ACCIDENTS OF MARIWASA SIAM CERAMICS

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Abstract

The main objective of this study was to determine the different coping mechanisms of the employees of Mariwasa Siam Ceramics that were involved in vehicular accidents. The study aims to know if there is a significant difference with the coping mechanisms in relation to the demographic profile of the respondents (age, gender, status, types of vehicle involved in the accident, and time frame). The researchers used a survey method in gathering data for the study. They created a test instrument with 30 items for each category: problem-focused strategy; emotion-focused strategy; and social-seeking-support strategy. It was distributed to 77 employees that experienced vehicular accidents. However, only 47 were able to answer the survey due to the availability and willingness of the respondents to answer. The respondents consisted of 34 males and 13 females. The researchers concluded based on the statistics that only gender and time frame has a significant difference among all the demographic profile presented in the study. In terms of status, degree of accident, work position, and time frame of the accident, the problem-focused coping mechanism was the most often used coping mechanism while in terms of gender; the social-seeking-support coping strategy was most often used.

Keywords: *coping mechanisms, vehicular accident, status, degree of accident, work position, time frame*

INTRODUCTION

There are many occurences of vehicular accidents everyday. In fact, according to Lontoc (2006), the total number of vehicles registered in Metro Manila is 5.3 million with a 4.4 percent growth rate. As reported by Schatzi

Quodala of Philippine Daily Inquirer, there were a total of 82,757 road accidents in Metro Manila in 2012 which means there is an average of 227 accidents per day.

The total number of vehicular accident cases that was recorded in Sto. Tomas, Batangas was 485 from the year 2013 to March 2014. This figure was provided by PO1 Leo Estrada from the blotter record of the Sto. Tomas Police Station.

There is a high rate of road and vehicular accidents in the country. Many people were involved in car accidents, some of them went through life-threatening experiences which may have left unwanted memories and feelings to the individuals involved. In addition, British researchers in their latest study suggest that at least one-third of all people involved in non-fatal accidents have disturbed minds and emotions.

In the aftermath of an accident, it may be difficult to decide what step to take next. There are different coping mechanisms that may be able to help people overcome the experience. People may differ on how they will handle the situation after an accident.

The researchers conducted the study to be able to know the different coping mechanisms of victims of vehicular accidents. The researchers focused their study in the different ways the victims of vehicular accidents cope with the experience they encountered.

The coping mechanisms were group into three categories. The categories are: problem-focused strategies; emotion-focused strategies; and social-seeking-support strategies, the following categories will be later discussed in the study.
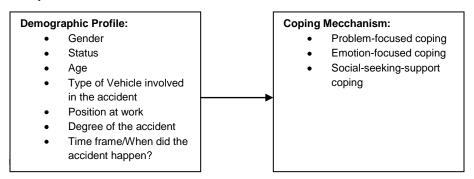
Conceptual Framework

Demographic Profile:	Coping Mecchanism:
• Gender • Status • Age • Type of Vehicle involved in the accident • Position at work • Degree of the accident • Time frame/When did the accident happen?	• Problem-focused coping • Emotion-focused coping • Social-seeking-support coping

Figure 1. Conceptual framework of the study

The variables that are needed to complete the study are the demographic profile of the respondents: age, gender and status. The researchers also included the type of vehicle that was involved in the accident for additional information. This will also be used in the comparison of the three broad categories of coping mechanisms. Another is the degree of the accidents; it may be major which means the degree of the accident is life threatening and the person experienced major injuries like dislocated and broken bones and long-term injuries. Minor accidents which mean the degree of accident that the person experienced were only bruises and small cuts. It also includes the time frame of the accident or the period of time with respect to their accident. The following variables will each be used for the comparison of coping mechanisms.

The following are the categories and definition of coping mechanisms: emotion-focused strategies—coping strategies with the primary goal of changing the unwanted emotion of the person to a more favorable one; problem-focused strategies—coping strategies that attempt to confront the situation or change it so it will be no longer traumatic; and social-seeking-support strategies—coping strategies that seek emotional or physical support from other people.

Objectives of the Study

This study aimed to know the coping mechanism among selected victims of vehicular related accidents of Mariwasa Siam Ceramics**.**

Specifically, the study aimed to acheive the following:

1.   to determine the demographic profile of the respondents and who dominated the study in terms of:

      1.1   age;

      1.2   status;

      1.3   gender;

      1.4   type of vehicle involved in the accident;

      1.5   degree of the accident;

      1.6   position at work; and,

      1.7   when did the accident happen.

2.   to determine the coping mechanism that is most adaptive to the respondents for each general demographic profile in terms of:

      2.1   age;

      2.2   status;

      2.3   gender;

      2.4   type of vehicle involved in the accident;

      2.5   degree of the accident;

      2.6   position at work; and

      2.7   when did the accident happen?

3.   to determine if there is a significant difference on the coping mechanism for each demographic profile.

Research Design

The research design used by the researchers is descriptive research. It is used to obtain information concerning a current situation and the method used by the researchers involved survey. Survey studies assess the characteristics of a population or sample of people or situation.

Descriptive-survey type is suitable wherever the subjects vary among themselves and one is interested to know the extent to which different conditions and situations are obtained among these subjects. The word survey signifies the gathering of data regarding present conditions. A survey is useful in providing the value of facts and focusing attention on the most important things to be reported (Villanueva, 2014).

The study utilized a survey method by which they asked the respondents to answer and complete a survey questionnaire from where their statistical data were derived from.

RESULTS AND DISCUSSION

This part shows the presentation, analysis, and discussion of the results of the study based on the data gathered.

Demographic profile of the respondents

The demographic profile of the respondents includes age, status, gender, degree of accident, time frame of the accident, and position at work. The variables that were considered in this study were assumed to have an effect or implication to the coping mechanisms of the respondents.

Table 1 shows the breakdown of respondents in terms of age. Eighteen or 38.30 percent of the respondents' ages are between 18-27 years old, 22 or 46.81 percent are aged 28-37 years old, six or 12.77 percent are aged between 38-47 years old, and one or 2.13 percent is aged between 48-57 years old which completes the ages of the 47 respondents.

Respondents that are aged 28-37 years old who belongs to the young adulthood stage dominate this study. In relation to age bracket, young adults are more likely to be involved in a vehicular accident in this study.

Contrary, according to World Health Organization (2004), teenagers are significantly more likely to be involved in a fatal crash than old drivers. The risk of crash fatality decreases with increasing driver age and experience. Young people are more likely to get involved in accidents because they don't have that much experience. They also underestimate dangerous situations.

Table 1. Profile of the respondents in terms of age

Age Bracket	Frequency	Percent
18 – 27	18	38.30
28 – 37	22	46.81
38 – 47	6	12.77
48 – 57	1	2.13
Total	**47**	**100.00**

Table 2 shows the breakdown of respondents in terms of civil status. Out of 47 respondents, 18 or 38.30 percent of the respondents were single and 29 or 61.70 percent of the respondents were married. In this study, more than half of the percentage of the respondents who have been in an accident were already married.

In contrast, a 2004 study involving 10,525 adult respondents by the

National Institute of Health found that drivers who have never been married had twice the risk of driver injury than drivers who were married.

This demographic profile of the respondents was included to know if civil status affects the coping mechanism of a person.

Married people are often less likely to take risk in their actions because they know that they have responsibilities as a spouse and a parent if they have children.

Table 2. Profile of the respondents in terms of status

Civil Status	Frequency	Percent
Married	29	61.70
Single	18	38.30
Total	47	100.00

The number of female respondents (27.66 percent) is very far from the number of male (72.34 percent) respondents with the total of 13 respondents for females and 34 respondents for males. Based on the figure, the dominant gender among the respondents were male—over half of the population is composed of male respondents. More of those who answered the survey were male respondents.

One of the studies entitled *Gender Differences in Appraisal and Coping*, states that males and females differ in their preference in using certain coping strategies and that gender is a moderator in the stress and coping process.

Table 3. Profile of the respondents in terms of gender

Gender	Frequency	Percent
Male	34	72.34
Female	13	27.66
Total	47	100.00

Table 5 shows the breakdown of respondents in terms of position at work. Out of 47 respondents, 25or 53.19 percent are regular employees and 22 or 46.81 percent are contractual. Majority of the respondents are regular employees. The difference between the percentage of regular and contractual employees is very close. More regular employees answered the surveyed.

According to the Iranian study of coping strategy in relation to socioeconomic status, occupation has been one of the socioeconomic factors that can influence the coping abilities of a person. People with great socio – economic resources can use that as an advantage to prevent accidents. For example, they have the capacity to have their automobiles checked before they use it.

Table 5. Profileof the respondents in terms of position at work

Position at Work	Frequency	Percent
Regular	25	53.19
Contractual	22	46.81
Total	**47**	**100.00**

The table below shows the breakdown of respondents in terms of the type of vehicle involved in the accident. Twenty two or 46.81 percent of the respondents were involved in a motorcycle accident. Respondents that were involved in accidents with a private vehicle are 10 or 21.28 percent.

Eight or 17.02 percent of the respondents were involved in an accident involving forklifts/trucks. There were five or 10.64 percent of respondents who were involved in tricycle accidents. Lastly, two or 4.26 percent were involved in accidents involving public vehicles.

Among the respondents in this study, majority were involved in a motorcycle accident. Next is accidents with private vehicle, forklifts/trucks, tricycles and lastly, public vehicles. There is a large difference between the total

number of the motorcycle accidents and accidents with private vehicles which has a 25.53 percent difference.

According to Metro Manila Accident Report and Analysis System, in the year 2006, motorcycles have the highest accident rate accounting for 23 percent.

In contrast, according to recorded traffic accidents in the year 2006 which involved mostly automobiles that have 27 percent accident rate, motorcycles with 21 percent accident rate, public utility jeepneys with 19 percent accident rate, and trucks with 11 percent accident rate (PNP Traffic Management Group, 2006).

Large vehicles like forklifts and trucks were most commonly involved in fatal and major incidents. Forty percent of accidents involving forklifts and trucks involved individuals who were either standing near or operating the vehicle (RIDDOR data 2000-2005 – Falls of vehicles, health and safety lab, 2007).

Table 6. Profile of the respondents in terms of the type of vehicle involved during the accident

Type of Vehicle	Frequency	Percent
Motorcycle	22	46.81
Private Vehicle	10	21.28
Forklift/truck	8	17.02
Tricycle	5	10.64
Public Vehicle	2	4.26
Total	**47**	**100.00**

Table 7 shows that a large majority of the respondents (40) or 85.11 percent were involved in minor accidents and only seven of the respondents or 14.89 percent or were involved in a major accidents.

The most common injuries in minor accidents were small cuts, scratches, bruises, and body pains but no internal damage or concussions. Dislocated and broken bones, and long-term and large cuts were the common injuries in major

accidents. The respondents reported to have been hospitalized for more than a week after respective accidents.

Some of the physical effects of accidents—head injuries, burns, crash injuries, prolonged pains—can directly produce, through physiological processes, adverse psychological effects such as difficulty concentrating, trauma, and emotional disability (Lahey, 2004).

If there is a direct psychological effect on the person due to the accident, automatically, that person will find a coping mechanism that will decrease the discomfort. The degree of accident is included in the study to be able to compare the coping mechanisms of the respondents that experienced minor and major accidents

Table 7. Profile of the respondents in terms of degree of the accidents

Degree of Accident	Frequency	Percent
Minor	40	85.11
Major	7	14.89
Total	**47**	**100.00**

Table 8 shows the breakdown of respondents in terms of the time frame or when the accident did happen. Accidents that happened 1-3 months ago were three or 6.38 percent. Accidents that happened 4-6 months ago were 10 or 21.28 percent. Respondents who were involved in accidents 7-9 months ago were eight or 17.02 percent. Accidents that happened 10-12 months ago and 13-15 months ago were both 13 with 27.66 percent. It shows that most of the respondents experienced accidents one year or a little more than a year before the survey was answered. All wounds are already healed.

Table 8. Profile of the respondents in terms of time frame (When did the accident happen?)

Time Frame	Frequency	Percent
13-15 months ago	13	27.66
10-12 months ago	13	27.66
7-9 months ago	8	17.02
4-6 months ago	10	21.28
1-3 months ago	3	6.38
Total	**47**	**100.00**

Table 9 shows the distribution of responses for emotion-focused strategies. The item that got the highest mean score of 4.19 with a verbal description of *often* and a verbal interpretation of the respondent is *adaptive* is item number 26, with the statement: *I make plan of action to solve my problem and follow it.* The item that got the lowest mean score of 2.09 with a verbal description of *rarely* and with a verbal interpretation of *the respondent is maladaptive* is item number 24, with the statement: *I take drugs and alcohol to escape from this situation.*

Meanwhile, the items that state: *I learned something from the experience; I am trying to solve my problem on my own*; *I find reasons to be happy*; *I keep myself busy to take my mind off the issue*; *I sleep properly and do physical exercise so that I feel relaxed*; *I keep telling myself that everything will be fine*; *I prepare myself to expect the worse*; *I listen to music to let my emotions out and to make me feel relieved*; and *I let my feelings out* also have a verbal description of *often* which means that the respondents are *adaptive* to the above-mentioned coping mechanisms.

The items that state: *I ignore my problem in the hope that it will go away*;

I do productive things like drawing, singing, dancing, etc. to forget my problems; *I act that everything is fine so that no one will take pity on me*; *I accepted and learned from my experience*; *I eat too much when I feel depressed*; *I let off steam to other people*; *I go out of town to have a break, relax, and meditate*; *I feel so afraid and worry every time I remember what happened*; *I ignore pieces of advice from my family and friends*; *I want to stay home and lock myself in my room rather than go outside*; *I cry to release my emotions*; *I want to be alone*; *I stay away from places that make me feel scared*; *I pity myself whenever I remember what happened*; *I drink alcoholic beverages when I feel alone*; *I cannot control my emotions when I am in a public place*; *I blame myself for what happened*; and *I run away from problems rather than face them* have verbal descriptions of *sometimes* which means that the respondents are *neither adaptive nor maladaptive* on the following coping mechanisms. Lastly, item 19 with a statement: *I blame myself for what happened and punish myself by hurting myself physically and emotionally* also has a verbal description of *rarely* which means that the respondents are *maladaptive* to this coping mechanism.

Based on the results of the study, using drugs and alcohol was rarely used as a coping strategy which is contrary from the literature gathered. According to the statistics research of the Dangerous Drug Board of the Philippines (2013), there are 1.7 million drug dependents in the Philippines that have different circumstances why they use drugs for the year 2013. It is low compared to drug users in the USA with 23.9 million from the same year. Since then, the Philippine government has implemented strict laws regarding the use of prohibited drugs in our country. That is why many Filipinos just to face their problems rather than use illegal drugs.

Table 9. Distribution of responses for mean score per item
for emotion-focused strategies

Item No.	Statements	Mean	Verbal Interpretation
26	I make plan of action to solve my problem and follow it.	4.19	Often
28	I learned something from the experience.	4.15	Often
2	I am trying to solve my problem on my own.	4.11	Often
9	I find reasons to be happy.	4.11	Often
1	I keep myself busy to take my mind off the issue.	4.04	Often
18	I sleep properly and do physical exercise so that I feel relaxed.	4.04	Often
21	I keep telling myself that everything will be fine.	4.00	Often
4	I prepare myself to expect the worse.	3.98	Often
17	I listen to music to let my emotions out and to make me feel relieved.	3.96	Often
27	I let my feelings out.	3.66	Often
10	I ignore the problem in the hope that it will go away.	3.49	Sometimes
3	I do productive things like drawing, singing, dancing, etc. to forget my problems.	3.36	Sometimes
14	I act that everything is fine so that no one will take pity on me.	3.34	Sometimes
30	I accepted and learned from my experience.	3.21	Sometimes
8	I eat too much when I feel depressed.	3.19	Sometimes
5	I let off steam to other people.	3.13	Sometimes
22	I go out of town to have a break, relax, and meditate.	3.09	Sometimes
6	I feel so afraid and worry every time I remember what happened.	3.02	Sometimes
15	I ignore pieces of advice from my family and friends.	3.00	Sometimes
29	I want to stay home and lock myself in my room rather than go outside.	2.96	Sometimes
25	I cry to release my emotions.	2.96	Sometimes
7	I want to be alone.	2.83	Sometimes
16	I stay away from places that make me feel scared.	2.83	Sometimes
12	I pity myself whenever I remember what happened.	2.79	Sometimes
11	I drink alcoholic beverages when I feel alone.	2.70	Sometimes
13	I cannot control my emotions when I am in a public place.	2.70	Sometimes
23	I blame myself for what happened.	2.60	Sometimes
20	I run away from problems rather than face them.	2.53	Sometimes
19	I blame myself for what happened and punish myself by	2.45	Rarely

	hurting myself physically and emotionally.		
24	I take drugs and alcohol to escape from this situation.	2.09	Rarely
	TOTAL	**3.28**	

Table 10 shows the distribution of respondents for social-seeking-support strategies. The item that got the highest mean score of 4.13 with a verbal description of *often* and a verbal interpretation of the respondent is *adaptive* in using item 6, with this statement: *I always want to have a supportive family, friends, or other people around me*. The item that got the lowest mean score of 2.60 with the verbal description of *sometimes* and a verbal interpretation of the respondent is neither *adaptive nor maladaptive* using item 5, with this statement: *I avoid people who witnessed or knew my problems*.

Meanwhile, the items that state: *I prefer that my loved ones were always at my side*; *I stay happy and strong for the people that support me*; *I prefer family or friends attending to me*; *I spend much time with my family and friends rather than be alone*; *Whenever I am sad, other people show me that they will be strong for me*; *I prefer those people showing that they were concerned for me*; *When I am upset or worried, I reach out to someone to talk to*; *There is someone who looks out for me when I need attention and comfort*; *I want to have someone who listens to me*; *I try to find people who can give me advice and can help me with my problem*; *I know that there are some people whom I can always rely on*; *I participate in a social or recreational group to enjoy myself*; *I prefer motivation from others*; *I seek out support from others to help me with my problems*; *Whenever I am down or upset, I usually look for someone who will cheer me up*; *I seek out encouragement from others*; and *Before making any important decisions in my life, I absolutely need a second opinion"* also have a verbal description of *often* which means that the respondents are *adaptive* to the enumerated coping mechanisms.

The items that state: *I prefer staying at my room rather than partying with friends*; *I prefer being alone rather than being with others*; *If I do not know how I will handle some situations, I ask others what they will do*; *Whenever I have a problem, I ask others to help me out*; *I stay away from people who caused the accident*; *I attend group discussions to help me with my problem*; *I ignore phone calls/texts from my friends and family*; *I do not attend group counseling because talking about the issue may trigger the trauma*; *I avoid questions from others regarding my problems*; and *I attend group counseling at least once/twice a month* also have verbal descriptions of *sometimes*. The respondents are *neither adaptive nor maladaptive* to the coping mechanisms.

A study entitled *Adult Attachment Styles, Perceived Social Support and Coping Strategies* by Todd C. Ognibene and Nancy L. Collins was made to determine the relations between adult attachment styles, perceived social support, and the use of various coping strategies. They examined in a sample of young adults (N = 81). Participants completed measures of adult attachment style, perceived social support from friends and family, and a modified version of the *Ways of Coping Scale*. Results indicated that secure individuals perceived more available support from friends and family and sought more social support in response to stress. Although preoccupied adults also sought social support in response to stress, they also tended to use escape/avoidance strategies. Dismissing and fearful individuals were much less likely to seek social support and were more likely to distance themselves in some contexts.

Based on the results of this study, respondents often prefer having support from their family and friends and sometimes, they also tended to use the avoidance coping strategies which conform to the literature stated above. People prefer having someone beside them in times of difficulties. Naturally, people wanted someone to comfort them when they have problems. However, according to the literature above, people who are too busy in their lives tend to just ignore

and avoid their problem rather face them because they have no time to ask for comfort from others and to socialize with them. People want to be around their family and friends more often when they have problems because they get strength from them. Most often, people with problems run first to their family and friends.

Table 10. Distribution of responses for mean score per item
for social-seeking-support strategies

Item No.	Statements	Mean	Verbal Interpretation
6	I want to have a supportive family, friends, or other people around me	4.13	Often
13	I prefer that my loved ones were at my side.	4.11	Often
14	I stay happy and strong for the people that support me.	4.11	Often
19	I prefer family or friends attending to me.	4.11	Often
2	I spend much time with my family and friends rather than be alone.	4.06	Often
30	Whenever I am sad, other people show me that they will be strong for me.	3.98	Often
17	I prefer those people showing that they were concerned for me.	3.81	Often
21	When I am upset or worried, I reach out to someone to talk to.	3.77	Often
23	There is someone who looks out for me when I need attention and comfort.	3.77	Often
25	I want to have someone who listens to me.	3.74	Often
18	I try to find people who can give me advice and can help me with my problem.	3.72	Often
29	I know that there are some people whom I can always rely on.	3.72	Often
7	I participate in a social or recreational group to enjoy myself.	3.64	Often
12	I prefer motivation from others.	3.64	Often
1	I seek out support from others to help me with my problem.	3.6	Often
11	I try to find people that who listen to my problems.	3.6	Often
27	Whenever I am down or upset, I usually look for someone who will cheer me up.	3.6	Often
8	I seek out encouragement from others.	3.55	Often
22	Before making any important decisions in my life, I absolutely need a second opinion.	3.53	Often
15	I prefer staying in my room rather than partying with friends.	3.36	Sometimes
20	I prefer being alone rather than being with others.	3.36	Sometimes
26	If I do not know how I will handle some situations, I ask others what they would do.	3.36	Sometimes
24	Whenever I have a problem, I ask others to help me out.	3.30	Sometimes
28	I stay away from people who caused the accident.	3.23	Sometimes
3	I attend group discussions to help me with the problem.	3.19	Sometimes

4	I ignore phone calls/texts from my friends and family.	2.91	Sometimes
10	I do not attend group counseling because talking about issues may trigger the trauma.	2.83	Sometimes
9	I avoid questions from others regarding my problems.	2.79	Sometimes
16	I attend group counseling at least once/twice a month.	2.64	Sometimes
5	I avoid people who witnessed or knew my problems.	2.60	Sometimes
	TOTAL	**3.53**	

Table 11 shows the distribution of respondents for problem-focused strategies. The item that got the highest mean score of 4.34 with a verbal description of *often* and a verbal interpretation of the respondent is *adaptive* in using coping strategy item 23, with this statement: *I try to be open minded about it.* The item that got the lowest mean score of 2.77 with a verbal description of *sometimes* and a verbal interpretation of the respondent is *neither adaptive nor maladaptive* using coping strategy item 7, with this statement: *I read informational books regarding coping from events.*

Meanwhile, the items that state: *I always stay positive and healthy in every aspect in my life*; *I become more alert and more careful of my surroundings in that case, I will feel safe and will not bring back unwanted feelings and can cope easily*; *I push myself to concentrate on my family and other stuff*; *I focus on my work more to keep things out of my mind*; *I concentrate on the positive things in my life that help me to cope with what happened*; *I eat my comfort food and I will instantly feel good*; *I accept that it already happened and stop being in denial*; *I set new goals for myself; I tell myself that it will not happen again*; *Whenever I think about it, I try to relax myself and be at ease*; *I just think of the positive outcomes of the accident rather than the negative ones*; *I will stop thinking of "what if's" and just think of ways to cope with it*; *I slowly do the things again that I often do to get back to my life*; *I seek social support*; *I try not to relive things that happened*; *I expose myself to the things and places to be able to cope*; *I go out to reflect and release my tensions*; *After the event, I stayed at home and got a long*

vacation to focus on my problem ; and *I think of it all the time until I got tired of thinking about it* also have verbal descriptions of *often* which means that the respondent is *adaptive* in using these coping strategies.

The items that state: *I do research about effective coping ways and apply them*; *I wrote down my experience and keep progress of my everyday life*; *I seek professional advice regarding coping*; *I read or watched real life stories of people who experienced the same event that happened to me*; *I avoided things and places that remind me of the event*; and *I read informational books regarding coping from events* also have a verbal descriptions of *sometimes* which means that the respondents are *neither adaptive nor maladaptive* to the coping mechanisms.

Pauly, Moore and colleagues found that problem-focused coping was highly more correlated with positive adjustment than emotion-focused coping. The coping strategy of self-blame was significantly correlated with problem-focused and emotion-focused coping strategies. Research has shown that emotion-oriented coping strategies may be less adaptive than problem-oriented strategies (Karlsen and Bru, 2002).

Based on the results of the study, the respondents often used positive coping strategies stated in the table, more on analyzing and understanding the situation rather than doing some research or seeking advice from the experts which is related to the literature above. In the Philippines, going to a psychiatrist still has an associated stigma. When one seeks consult with a shrink, one is already thought of as "crazy" in the eyes of others (PhilStar, 2013). Filipinos are still naive when it comes to the definition and to the job of a psychiatrist that is why they prefer to analyze the situation by themselves.

Table 11. Distribution of responses for mean score per item for problem-focused strategies

Item No.	Statements	Mean	Verbal Interpretation
23	I try to be open minded about it.	4.34	Often
25	I stay positive and healthy in every aspect in my life.	4.32	Often
24	I become more alert and more careful of my surroundings in that case, I will feel safe and will not bring back unwanted feelings and can cope easily.	4.32	Often
17	I push myself to concentrate on my family and other stuff.	4.26	Often
8	I focus on my work more to keep things out of my mind.	4.23	Often
22	I concentrate on the positive things in my life that help me to cope with what happened.	4.19	Often
19	I eat my comfort food and I will instantly feel good.	4.17	Often
13	I accept that it already happened and stop being in denial.	4.15	Often
4	I set new goals for myself.	4.15	Often
21	I tell myself that it will not happen again.	4.13	Often
18	Whenever I think about it, I try to relax myself and be at ease.	4.11	Often
5	I just think of the positive outcomes of the accident rather than the negative ones.	4.11	Often
14	I will stop thinking of "what if's" and just think of ways to cope with it.	4.06	Often
10	I slowly do the things again that I often do to get back to my life.	4.06	Often
26	I seek social support.	4.02	Often
15	I try not to relive things that happened.	3.96	Often
2	I expose myself to the things and places to be able to cope.	3.94	Often
12	I go out to reflect and release my tensions.	3.74	Often
9	After the event, I stayed at home and got a long vacation to focus on my problems.	3.72	Often
16	I think of it all the time until I got tired of thinking about it.	3.70	Often
6	I do research about effective coping ways and apply them.	3.32	Sometimes
3	I wrote down my experience and keep progress of my everyday life.	3.32	Sometimes
20	I seek professional advice regarding coping.	3.13	Sometimes
11	I read or watched real life stories of people who experienced the same event that happened to me.	3.04	Sometimes
1	I avoided things and places that remind me of the event.	2.87	Sometimes
7	I read informational books regarding coping from events.	2.77	Sometimes
	TOTAL	**3.85**	

The table below shows the mean score in terms of gender. For emotion-focused strategies, the mean score for male respondents is 3.09 with a verbal description of *sometimes* which means that coping strategies under emotional-focused strategy is neither *adaptive nor maladaptive* to the male respondents. The mean score for female respondents is 3.78 with a verbal description of *often* which means that the female respondents are adaptive to the coping strategy.

For social-seeking-support strategies, the mean score for male respondents is 3.31 with a verbal description of *sometimes* that also means that seeking social support strategy is neither *adaptive nor maladaptive* to male respondents and the mean score for female respondents is 4.08 with a verbal description of *often* which means being adaptive to the coping mechanism.

For problem-focused strategies, the mean score for male respondents is 3.74 with a verbal description of *often* and the mean score for female respondents is 4.15 which also *often*. It means that both female and male respondents are adaptive to problem-focused strategies.

A study was conducted in Christ College, Bangalore on first- and second-year students of pre-university studying in either of the branches (Bachelor of Arts, Science, or Commerce). A total of 120 samples were collected from the study population of junior college students using the random sampling method. The sample comprised, 40 students from each group—Arts, Science, and Commerce—including both of the sexes. The tools such as, socio-demographic data sheet and coping checklist, were used. The study's findings revealed that majority of the students adopted emotion- and problem-focused coping strategies. Most of the female students adopted emotion-focused coping strategies whereas the male students mostly used problem-focused coping strategies.

Gender differences in the selection of coping strategies have been

identified, with males adopting more problem-focused strategies and females adopting more emotion-focused strategies (Ptacek et al., 1994). Problem-focused strategies were more on confronting the situation and positively thinking about a solution while emotion-focused strategies attempt to change unwanted emotions and it is usually less adaptive than problem-oriented strategies which show high levels of negative adjustment (Pauly, 2012).

Based on the results of the study, females most often used the problem-focused coping strategy which is positively confronting and looking for a better solution and males most often used the social-seeking-support coping strategy which seeks emotional or physical support from other people which is contrary to the literature. It is also observed that in general, in terms of gender, the highest computed mean was the social-seeking-support coping strategy.

Table 12. Mean score in terms of gender

Gender	Emotion-focused		Social-Seeking-Support		Problem-focused	
	Mean	Verbal Interpretation	Mean	Verbal Interpretation	Mean	Verbal Interpretation
Female	3.78	Often	4.08	Often	4.15	Often
Male	3.09	Sometimes	3.31	Sometimes	3.17	Often
Total	**3.44**	**Sometimes**	**3.70**	**Often**	**3.66**	**Often**

Table 13 shows the distribution of responses in terms of civil status. For emotion-focused strategies, the mean score of the respondents with single status is 3.27 which means that emotion-focused strategies is neither *adaptive nor maladaptive* to the respondents. The result was same with the respondents with married status.

For social-seeking-support strategies, the mean score of single

respondents is 3.46 which means the social-seeking-support strategy is neither *adaptive nor maladaptive* to them. Opposite to the general result for the single respondents, the married respondents had a 3.57 mean score which has a verbal interpretation of *often* which means married people are *adaptive* to the coping mechanism under social-seeking-support.

Lastly, for problem-focused strategies, single and married people have mean scores of 3.92 and 3.81 respectively which both have a verbal interpretation of *often* which means that the respondents are *adaptive* to the coping mechanisms under the problem-focused strategy.

It is observed that single respondents often used problem-focused coping strategies and married respondents often used social-seeking-support and problem-focused coping strategies. Based on the results of the study, problem-focused strategies had the highest computed total mean of 3.87 in terms of status.

Table 13. Mean score in terms of status

Status	Emotion-focused		Social-Seeking-Support		Problem-focused	
	Mean	Verbal Interpretation	Mean	Verbal Interpretation	Mean	Verbal Interpretation
Single	3.27	Sometimes	3.46	Sometimes	3.92	Often
Married	3.29	Sometimes	3.57	Often	3.81	Often
Total	**3.28**	**Sometimes**	**3.52**	**Often**	**3.87**	**Often**

The table below shows the distribution of responses in terms of work position. For emotion-focused strategies, the mean score of regular respondents is 3.28 with a verbal description of *sometimes* and the mean score of contractual respondents is 3.29 also with the same verbal description which means that the

respondents, whether regular or contractual, are neither *adaptive nor maladaptive* to the coping mechanisms that are under the emotion-focused strategies.

For social-seeking-support strategies, the mean score of regular respondents is 3.56 with a verbal description of *often* which means that the respondents were *adaptive* to the coping mechanism and the mean score of contractual respondents is 3.48 with a verbal description of *sometimes* which means that contractual respondents were *neither adaptive nor maladaptive*. Social-seeking-support strategies were *adaptive* to regular respondents but it was *neither adaptive nor maladaptive* to contractual respondents.

For problem-focused strategies, the mean score of regular respondents is 3.79 with a verbal description of *often* and the mean score of contractual respondents is 3.92 also with a verbal description of *often*. It means that all the respondents are adaptive to problem-focused strategies.

Hence, it is observed that regular respondents often used social-seeking-support and problem-focused coping strategies while contractual respondents often used problem-focused coping strategies.

Based on the results of the study, in general terms of work position, it was observed that the highest computed mean of 3.86 was with problem-focused coping strategies.

Table 14. Mean score in terms of position at work

Work Position	Emotion-focused		Social-Seeking-Support		Problem-focused	
	Mean	Verbal Interpretation	Mean	Verbal Interpretation	Mean	Verbal Interpretation
Regular	3.28	Sometimes	3.56	Sometimes	3.79	Often
Contractual	3.29	Sometimes	3.48	Often	3.92	Often
Total	**3.29**	**Sometimes**	**3.52**	**Often**	**3.86**	**Often**

Table 15 shows the distribution of responses in terms of degree of accident. For emotion-focused strategies, the mean score for respondents who have experienced major accidents is 3.19 with a verbal description of *sometimes* and the mean score for respondents who have experienced minor accidents is 3.30 with the same verbal description of *sometimes*. Respondents that went through major and minor accidents are *neither adaptive nor maladaptive* to this strategy.

For social-seeking-support strategies, the mean score for respondents who have experienced major accidents is 3.41 with a verbal description of *sometimes* and the mean score for respondents who have experienced minor accidents is 3.54 with a verbal description of *often*. The respondents that were in minor accidents are more adaptive to this strategy compared to respondents that went through major accidents. The respondents that were in a major accident are *neither adaptive nor maladaptive* to social-seeking-support strategy.

For problem-focused strategies, the mean score for respondents who have experienced major accidents is 3.93 with a verbal description of *often* and the mean score for those who experienced minor accidents is 3.84 also with a

verbal description of *often*. All respondents are adaptive to the problem-focused coping strategy.

Hence, it is observed that respondents who have experienced major accidents often used problem-focused and respondents who have experienced minor accidents often used social-seeking-support and problem-focused coping strategies.

According to the study made by Giulia Buodo and colleagues (2013), on *Psychological Distress and Post-Traumatic Symptoms following Occupational Accidents*, no significant difference was found between trauma and the degree of physical impairment. The result of Buodo's study is in line with the findings of several studies on motor vehicle accident survivors. However, in other studies, a positive correlation has been found. The inconsistencies of the different studies may reflect the complex nature between minor or major injuries and their coping skills.

Based on the results of the study, it is observed that both respondents who have experienced major and minor accidents most often used the problem-focused coping strategy. In general, in terms of the degree of the accident, it is also observed that the highest computed mean of 3.89 was that of the problem-focused coping strategy.

Table 15. Mean score in terms of degree of accident

Degree of Accident	Emotion-focused		Social-Seeking-Support		Problem-focused	
	Mean	Verbal Interpretation	Mean	Verbal Interpretation	Mean	Verbal Interpretation
Major	3.19	Sometimes	3.41	Sometimes	3.93	Often
Minor	3.30	Sometimes	3.54	Often	3.84	Often
Total	**3.25**	**Sometimes**	**3.48**	**Sometimes**	**3.89**	**Often**

Table 16 shows the mean scores in terms of time frame of accident. For emotion-focused coping strategies, the mean score of the respondents who have experienced vehicular accidents one to three months ago is 2.86 with a verbal description of *sometimes*. The mean score of the respondents who have experienced vehicular accidents four to six months ago is 2.73 with a verbal description of *sometimes*. The mean score of the respondents who have experienced vehicular accidents seven to nine months ago is 3.33 with a verbal description of *sometimes*. The mean score of the respondents who have experienced vehicular accidents 10 to 12 months ago is 3.65 with a verbal description of *often*. The mean score of the respondents who have experienced vehicular accidents 13 to 15 months ago is 3.42 with a verbal description of *often*. All the time frame of the accident except for respondents who experienced accidents 10 to 12 months prior from the study is *neither adaptive nor maladaptive* to emotion-focused strategies. The respondents that experienced accidents 10 to 12 months prior the study is *adaptive* to this type of coping strategy.

For social-seeking-support strategy, the mean score of the respondents who have experienced vehicular accidents one to three months ago is 3.40 with a verbal description of *sometimes*. The mean score of the respondents who have

experienced vehicular accidents four to six months ago is 2.98 with a verbal description of *sometimes*. The mean score of the respondents who have experienced vehicular accidents seven to nine months ago is 3.33 with a verbal description of *sometimes*. The mean score of the respondents who have experienced vehicular accidents 10 to 12 months ago is 3.89 with a verbal description of *often*. The mean score of the respondents who have experienced vehicular accident 13 to 15 months ago is 3.73 with a verbal description of *often*. For social-seeking-support strategy, the respondents that experienced accidents one to nine months before the study are *neither adaptive nor maladaptive* to the strategy. The respondents that experienced accidents 10 to 15 months before the study are *adaptive* to social-seeking-support coping strategy.

For problem-focused coping strategies, the mean score of the respondents who have experienced vehicular accidents one to three months ago is 3.64 with a verbal description of *often*. The mean score of the respondents who have experienced vehicular accidents four to six months ago is 3.57 with a verbal description of *often*. The mean score of the respondents who have experienced vehicular accidents seven to nine months ago is 3.97 with a verbal description of *often*. The mean score of the respondents who have experienced vehicular accidents 10 to 12 months ago is 3.99 with a verbal description of *often*. The mean score of the respondents who have experienced vehicular accidents 13 to 15 months ago is 3.91 with a verbal description of *often*. All respondents are *adaptive* to problem-focused coping strategy.

According to a study titled *Reactions to a Near Fatal Accident: An Investigation of Emotion and Coping Responses* of Pauly (2012), it shows how positive adjustment and negative adjustment changed over time right after the accident. The result of the study shows a decrease in negative adjustment and an increase in positive adjustment as time since the accident increased, as time since the accident happened, the longer the time frame, individuals returned to

more stable levels.

Based on the results of the study, it is observed that the respondents who have experienced vehicular accidents 10 to 12 months ago have the highest computed mean in each of the three coping strategies and 13 to 15 months was the second highest which is in line with the literature stated, as the years have gone by, victims of vehicular accidents were adaptively coping which shows increase in positive adjustments. In general, it was also observed that the highest computed mean of 3.82 was that of problem-focused coping strategies which is positively confronting the situation and finding solutions to it which is also related to the literature stated above.

Table 16. Mean score int of time frame of accident

Time Frame of the Accident	Emotion-focused Strategies		Social-Seeking-Support Strategies		Problem-focused Strategies	
	Mean	Verbal Interpretation	Mean	Verbal Interpretation	Mean	Verbal Interpretation
1-3 months ago	2.86	Sometimes	2.98	Sometimes	3.57	Often
4-6 months ago	2.73	Sometimes	3.33	Sometimes	3.64	Often
7-9 months ago	3.33	Sometimes	3.4	Sometimes	3.91	Often
10-12 months ago	3.65	Often	3.89	Often	3.99	Often
13-15 months ago	3.42	Sometimes	3.73	Often	3.97	Often
TOTAL	**3.20**	**Sometimes**	**3.47**	**Sometimes**	**3.82**	**Often**

The table below shows the test for significant difference per demographic profile for emotion-focused, social-seeking-support, and problem-focused strategies.

Status (Married and Single)

The computed level of significance for emotion-focused strategy is 0.95.

For social-seeking-support strategy, the computed level of significance is 0.61. Problem-focused strategy has a computed level of significance of 0.48. Since the computed levels are higher than the set value of 0.01 level of significance 2-tailed or 0.05 level of significance 2-tailed, it accepted the null hypothesis. The demographic profile in terms of status shows that there is no significant difference to the coping mechanism of married and single respondents. Both are adaptive to problem-focused strategy.

According to an Iranian study regarding the association of socioeconomic status with coping strategy states that marital status has no significant difference on coping strategies of an individual (Croat, 2009). The Iranian study has an identical result with this study that states that there is no significant difference in terms of status.

Gender (Male or Female)

The computed level of significance of emotion-focused strategy is 0.00 the same computed level of significance with social-seeking-support. In problem-focused strategy, the computed level of significance is 0.01. Since the computed level of gender is lower or the same to the set value of 0.01 level of significance 2-tailed or 0.05 level of significance 2-tailed, it rejected the null hypothesis. Therefore, there is a significant difference between male and female respondents. The study shows that in all the three broad categories of coping mechanism, females scored significantly higher than the males. It also shows that male respondents are more adaptive to social-seeking-support strategy while female respondents are more inclined to problem-focused strategy.

According to the study of Matud, regarding with gender differences in stress and coping styles, the result of the study indicated that women scored significantly higher than men in daily coping. The women also scored significantly higher than the men on the emotional and avoidance coping style (Matud, 2004).

Therefore, the study of Matud regarding gender differences supported the result of this study.

Position at Work (Regular or Contractual)

The computed level of significance of emotion-focused strategy, social-seeking-support strategy and problem-focused strategy were 0.96, 0.69 and 0.37 respectively. Since the computed levels are higher than the set value of 0.01 level of significance 2-tailed or 0.05 level of significance 2-tailed, it accepted the null hypothesis. It means that there is no significant difference between regular and contractual respondents. It also shows that the respondents are *adaptive* to problem-focused strategy.

Degree of accident (Major and Minor)

The computed level of significance to emotion-focused strategy is 0.70. For social-seeking-support strategy, the computed level of significance is 0.66 and for problem-focused strategy, is 0.65. Since the computed levels are higher than the set value of 0.01 level of significance 2-tailed or 0.05 level of significance 2-tailed, it accepted the null hypothesis. There is no significant difference between respondents that experienced major and minor accidents. Both are also *adaptive* to problem-focused strategy.

According to the study made by Giulia Buodo and colleagues (2013), regarding *Psychological Distress and Post-Traumatic Symptoms Following Occupational Accidents*, there was no significant difference found between trauma and the degree of physical impairment. The result of Buodo's study is in line with the findings of several studies on motor vehicular accident survivors. However, in other studies, a positive correlation has been found. The inconsistencies of the different studies may reflect the complex nature between minor or major injuries and their coping skills.

Based on the results of the study, it shows that no significant difference was found between the degree of accident and their coping strategy and in line with the related literature stated, Buodo's study supports the result of the study on the significance of coping mechanism in terms nature of accident.

As a summary of the demographic profile that was computed using T-test, in terms of status, gender, position at work, and degree of accident, only gender rejected the null hypothesis.

Table 17. Test for significant difference per demographic profile for emotion-focused, social seeking support and problem-focused strategies

Profiling	Results	Emotion-focused	Social-Seeking-Support	Problem-focused
Status	Computed Level of Significance	0.95	0.61	0.48
	Null Hypothesis Decision	Accepted	Accepted	Accepted
Gender	Computed Level of Significance	0.00	0.00	0.01
	Null Hypothesis Decision	Rejected	Rejected	Rejected
Work Position	Computed Level of Significance	0.96	0.69	0.37
	Null Hypothesis Decision	Accepted	Accepted	Accepted
Degree of Accident	Computed Level of Significance	0.70	0.66	0.65
	Null Hypothesis Decision	Accepted	Accepted	Accepted

The table below shows the Analysis of Variance (ANOVA) in terms of age. The computed level of significance for emotion-focused coping strategies is 0.50, for social-seeking-support coping strategies, 0.21 and for problem-focused coping strategies, 0.98. Hence, there is no significant difference on the coping strategies in terms of age; therefore, the null hypothesis is accepted.

Age-related increases in emotion-focused and avoidance-oriented coping

and decreases in problem-focused coping were expected to arise from age-related differences in life context (e.g., health status, stress levels) and in the pain experience. Questionnaire data were collected from 280 older and younger adults with pain. Increasing age was associated with lower pain severity/interference and greater perceived control over pain. As hypothesized in this study, there were age-related declines in problem-focused coping.

A study entitled *Stressful Situations and Coping Strategies in Relations to Age* determined whether people cope differently with negative events at different ages. It assessed the relation to age and by type of situation perceived as potentially stressful, and by the type of coping strategy used. It also tried to determine whether the kind of coping strategy used to reduce the potential stressor was related to the type of stressor. As a result of the study, the middle-aged group (40–45 years old) chose a way of coping with problem solution but the young adult group (20–24 years old), seemed more often to elude problems. It appears that the type of stressor influences the type of coping.

The first study shows significant difference because according to the study, there is a decline on problem-focused strategy in relation to age. The second study also shows significant difference where it states that the middle-aged group chose a way to cope with the problem while young adults tend to elude problems. Therefore, the two studies contradict the result of this study.

Table 18. ANOVA in terms of age

	F	Level of Significance	Null Hypothesis Decision
Emotion-focused	0.80	0.50	Accepted
Social-Seeking-Support	1.59	0.21	Accepted
Problem-focused	0.06	0.98	Accepted

The table below shows the ANOVA in terms of time frame of accident or when the accident did happen. For emotion-focused coping, the computed level of significance in terms of time frame of accident is 0.01. Hence, the null hypothesis is rejected because there is a significant difference between the mean scores for each time frame of the accident. For social-seeking-support coping strategy, the computed level of significance in terms of time frame of accident is 0.02. Hence, the null hypothesis is rejected because there is a significant difference between mean scores for each time frame of the accident. For problem-focused coping, the computed level of significance in terms of time frame of accident is 0.27. Hence, the null hypothesis is accepted because there is no significant difference between mean scores for each time frame of accident.

Based on the results of the study, it is observed that in terms of time frame, there is a significant difference on the emotion-focused and social-seeking-support strategies and there is no significant difference on the problem-focused coping strategies.

Table 19. ANOVA in terms of time frame of accident

	F	Level of Significance	Null Hypothesis Decision
Emotion-focused	3.60	0.01	Rejected
Social-Seeking-Support	3.45	0.02	Rejected
Problem-focused	1.33	0.27	Accepted

CONCLUSION AND RECOMMENDATION

Conclusions

The researchers have reached the following conclusions based on the statements of the problems:

1. According to the breakdown of the demographic profile, respondents

aged 28-37 (46.81 percent), males (72.34 percent), married (61.70 percent), and regular employees (53.19 percent) dominated the study. Majority of the respondents were involved in motorcycle accidents with 46.81 percent. Majority of the respondents (85.11 percent) were involved in minor accidents. Most of the accidents happened 10-15 months ago with 27.66 percent;

2. Regarding the coping mechanism used for each general demographic profile, in terms of status, degree of the accident, work position, and time frame of the accident, the problem-focused coping mechanism is the most adaptive coping strategy among the three broad categories while in terms of gender, the respondents adapt more to social-seeking-support strategy compared with the other two coping strategies; and,

3. There was no significant difference on the coping mechanism for each demographic profile except for gender and the time frame of the accident.

Recommendations

The following recommendations were drawn from the results of the study:

1. To the future researchers, the researchers suggest to use a different set of respondents from a different locale with a larger population and to modify the test instrument or as much as possible, use a standardized test instrument to further improve future studies;

2. Most of the respondents were inclined to social-seeking-support; specifically, they seek support from family and friends both emotionally and physically. It is ideal for the people around the victim to attend group sessions or seminars to know the right way to help

the victim go through the processes of coping;

3. The respondents also show low results when it comes to consulting with psychiatrists, it is better for the hospital to strictly include to the victim's referral to seek psychiatrist or psychological experts to secure their mental stability or condition; and,

4. The researchers also suggest to the victims to try and eliminate negative coping like avoidance and drinking alcohol and turn to a more positive type coping by reading, watching, and listening to informational mediums that tackle coping.

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