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An Appraisal of Drivers' Attitude towards Road Accident Victims in Nigeria

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Abstract Road Traffic Accidents (RTAs) remain a leading cause of morbidity and mortality worldwide, with developing nations like Nigeria experiencing disproportionately high fatality rates. Despite the presence of a dedicated road safety agency, Nigeria's road traffic fatality rate remains one of the highest globally, with contributing factors including risky driving behavior, inadequate emergency response, and societal attitudes towards accident victims. This study aims to appraise drivers' attitudes toward assisting road accident victims in Nigeria. A survey research design was adopted, utilizing primary data collected through questionnaires administered to five respondent groups: transport operators, commuters, law enforcement agents, health practitioners, and accident survivors. A total of 316 questionnaires were distributed, with 309 returned and analyzed using descriptive statistics and SERVQUAL analysis. A multi-stage sampling technique, incorporating stratified and snowball sampling, was employed. Findings reveal that a majority of respondents were reluctant to assist accident victims due to fears of mob violence and police arrest. This indicates structural and social barriers preventing timely first aid and emergency response. The study concludes that despite the significant impact driver assistance could have in reducing victim fatalities but they reluctant to rescue victims, it was recommended that improving driver education, legal protection for good Samaritans, and structured first-aid training programs could significantly enhance accident survival rates.

Keywords Road Traffic Accidents, Driver Attitude, First Aid, Emergency Response

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1. Introduction

Worldwide, accidents cause more morbidity and mortality than any other disease entity (WHO, 2012). In most regions of the world, road-traffic accidents (RTAs) constitute the leading cause of accident-related fatalities and account for a significant portion of these incidents. Worldwide, RTA causes 20–50 million injuries or disabilities and over a million deaths annually (WHO, 2012). According to WHO (2015), road traffic accidents (RTAs) cause an estimated 1.25 million deaths and 50 million injuries worldwide each year. In developing nations, road traffic accidents (RTAs) and the injuries they cause are a serious public health issue. Timely emergency pre-hospital care and transfer of accident victims to a health institution may help minimize the number of accidents and injuries.

Road traffic injury (RTI) is a persistent public health concern in most parts of the world, resulting in significant human and economic costs. Every year, over 1.25 million people die, and nearly 50 million more are wounded or incapacitated, while RTI costs the world economy 1-3% of its GDP. Despite having just 48% of the world's registered automobiles, poor and middle-income nations account for more than 90% of all road deaths.

Nowadays, it is rare for a day to pass in Nigeria without a traffic accident, which raises morbidity and death rates overall and costs money to both society and the person concerned.

With an estimated 21.4 accidents per 100,000 people (WHO, 2018), Nigeria's road traffic mortality rate is still among the highest in the world. The global average is 18.2. However, the nation still maintains a number of reputable top-tier road safety organizations (World Bank, 2020). 5483 people died on the roads in 2019, while 35,981 others had injuries (44.1% from speeding, 11.7 from losing control, and 8.2 from reckless driving). As is widely acknowledged for other nations like Cameroon and India, driving while distracted or using a cell phone, drinking alcohol while operating a car or motorbike, and using drugs have all been demonstrated to be important contributors to auto accidents (Zogo et al. 2021).

When emergency pre-hospital medical services and professionals arrived on the spot, many of these injuries and deaths might be prevented with prompt action (Bigdeli et al., 2010). Pre-hospital treatment from the moment of the traffic collision until the patient is admitted to the hospital can reduce the number of fatalities and the severity of injuries sustained by victims. Almost all trauma specialists agree that the initial 60 minutes following an accident what they refer to as "the golden hour" are critical for determining the likelihood

of further damage severity or death. After this time, there is thought to be an increased chance of death or serious harm.

Driving behaviour is a significant predictor of traffic accidents. The deliberate and inadvertent traits and behaviours a driver displays when operating a motor vehicle are referred to as driving behaviour. A driver's behaviour can be influenced by a variety of factors, such as age, experience, gender, attitude, emotions, weariness, tiredness, and the driving environment. While some research has linked driving behaviour to collisions, other studies have demonstrated that age and gender have an impact on dangerous driving behaviour (Waseela and Laosee, 2015; Niezgoda, Kamiński, Kruszewski, and Tarnowski, 2013). Socioeconomic variables including monthly income, drivers' educational attainment, and trip distance might also contribute to risky driving behaviour. (Bazzaz, Zarifian, Emadzadeh, and Vakili, 2014; Sheriff, Forbes, Wessely, Greenberg, Jones, Fertout, Harrison, and Fear, 2015; Asefa, Ingale, Shumey, and Yang, 2015) as well as psychological elements like personality type, emotional state, and distraction.

Numerous variables influence Nigerian drivers' attitudes toward accident victims, which can lead to both favorable and bad reactions during emergencies. Programs for driver education and training sometimes place insufficient focus on handling accidents and emergency circumstances, which causes drivers to get confused, panic, or take insufficient action when such events occur. There are often no thorough training courses that include crisis management, basic first aid, and emergency response protocols. In certain situations, vehicles are reluctant to pull over for accident victims out of fear of extortion or mob violence, which is generally caused by a lack of confidence in law enforcement or increased tensions within the community.

According to Larsson, Martensson, and Alexanderson (2002), first aid is the initial care given once a sufferer has been shielded from more injury and help has been called. According to Oxer (1999), the two most likely causes of mortality following an injury-related collision are uncontrolled bleeding and airway blockage that results in asphyxia.

First aid represents an immediate action that must be administered to accident victims or individuals experiencing emergency conditions or sudden illness before the arrival of an ambulance, medical doctor, or other trained personnel. Rajaratenam, Martini, and Lipoeto (2014) note that adequate knowledge can influence a person's attitude toward providing first aid to traffic accident victims. Attitude reflects a person's inclination to act, think, and feel toward a particular situation or object, and when supported by appropriate knowledge, it can lead to a suitable response. Increased knowledge enhances awareness and shapes the attitude that guides one's actions, including the willingness to provide first aid in traffic accident situations (Mastarida, 2020).

Prioritizing their own safety over helping accident victims is acknowledged by the majority of drivers, and a respectable percentage of them assert that they are qualified to provide first aid. Only half of those who claimed to be capable of administering first aid, however, had actually undergone any official training in providing emergency care to victims of traffic accidents. The remaining drivers, who lacked official training, were nonetheless eager to assist and would profit from organized training. Drivers' unwillingness to help accident victims is frequently associated with fear of extortion or mob violence, which is bolstered by mistrust of law enforcement or societal unrest, which probably deters first responders from stepping in.

Sadly, many victims of traffic accidents pass away as a result of delayed first help. In these situations, serious injuries that result in significant blood loss, damage to the brain or organs, obstruction of the airway by objects, breathing difficulties caused by vomit or blood, cardiac arrest, shock, or trauma can all cause death. Extreme environmental exposure can also cause victims to experience hypothermia, dehydration, or heat stroke. Thus, the purpose of this study is to evaluate drivers' attitudes toward victims of traffic accidents.

2. Literature Review

According to many studies (Chukwubuike, 2021; Ogunyemi et al., 2021; Venkatraman et al., 2020), one of the main causes of injuries, fatalities, and disabilities in Nigeria is the country's growing reliance on road transportation. Due to the high rates of sickness, death, and economic loss associated with road traffic events, which are recorded on a daily basis, this scenario constitutes a significant public health burden in the nation. The widespread disregard for traffic laws is largely responsible for the ongoing frequency of traffic accidents. According to Rojas-Rueda (2020), traffic safety which refers to policies intended to lessen traffic accidents by influencing the attitudes and behaviors of road users remains the most significant public health determinant associated with transportation.

Road users in Nigeria are all people who use the road for different purposes. The goal of efforts to improve traffic safety is to control driving patterns and drivers' reactions to the driving environment. Traffic safety rules, such as speed limits, road signs, and other regulations, are crucial to driving and should be strictly adhered to. The main purpose of traffic safety laws is to prevent risky driving behavior by making such actions illegal (Eby, 2004), but poor traffic safety has long been known to be detrimental to both individual and public health (Singleton et al., 2020).

Any unforeseen and inadvertent incident involving cars on the road, with or without other road users, that results in property damage or human casualties is referred to as a traffic accident. Numerous reasons, such as human mistake, infractions, weather, vehicle conditions, road conditions, and impaired sight, can lead to such incidents. Road, vehicle, and driver-related issues can all have an impact on accidents. The likelihood of growing traffic issues might be increased by rapid transportation expansion (WHO, 2011). Road traffic accidents (RTAs) are a recognized cause of death and injury worldwide, although they are not a recent problem. Preventive measures and point-of-injury care are crucial in lessening the effects of RTAs, according to studies conducted in low- and middle-income countries (LMICs). Despite these

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initiatives, rising RTA-related morbidity and mortality in LMICs are still a result of increased mobility, lax passenger safety laws, poor road infrastructure, unsafe driving practices, and a lack of organized pre-hospital care (WHO, 2012).

Prolonged response times are sometimes caused by infrastructure and emergency-related issues, such as inadequate emergency services and poor road maintenance. Due to the possibility of legal issues or being held accountable for the collision, this deters vehicles from pulling over to help victims. Investing in better road infrastructure, upgraded emergency response systems, better-equipped ambulances, operational emergency hotlines, and efficient coordination among pertinent agencies are all necessary to address these problems.

First aid is an immediate intervention that must be provided to victims facing emergency conditions due to an accident, sudden illness, or other incidents before medical personnel arrive. Emergencies can occur anywhere, to anyone, and at any time, often resulting from accidents, diseases, chemical exposure, fires, or other unanticipated factors (Margareta, 2012). First aid can preserve life and limit damage until expert assistance arrives (Van de Velde et al., 2009). In workplaces, schools, homes, and public spaces, first aid serves as a vital life-preserving mechanism (Agarwala et al., 2014). These studies emphasise the importance of first aid in saving lives, and effective administration can minimise injury consequences (Howard et al., 2012). Despite the critical role of first aid in road traffic accidents (Oxer, 1999), limited literature explores the role, perception, and actions of first aiders in such situations (Mabbott, 2001).

Delays in providing care for victims or improper initial management by onlookers are frequently the cause of high rates of death and disability following accidents or other crises. In order to prevent disability and preserve lives, first aid is crucial (Swasanti, 2014). Timely emergency pre-hospital care at the accident scene might save many injury-related fatalities. The risk of serious injury or death can be decreased by prompt pre-hospital assistance and prompt transfer to medical institutions. The first 60 minutes following an injury are known as the "golden hour," and trauma specialists emphasize that this is the most critical time for saving lives, with risks rapidly rising beyond this point (Carr et al., 2006).

2.1. The Need for First Aid Training

In 2006, 13 individuals lost their lives on ACT roads (ACT Department of Territory and Municipal Services, 2006). The main objective of basic life support is to sustain airway, breathing, and circulation until professional medical support becomes available. First aid refers to the immediate measures applied after the victim is protected from further harm and help has been called (Larsson, Martensson, and Alexanderson, 2002). Oxer (1999) notes that in crashes involving injuries, the main fatal factors are airway obstruction leading to suffocation and uncontrolled bleeding. Although programs aimed at preventing RTAs are important, such prevention has yet to be achieved fully anywhere. As a result, harm-minimisation strategies are essential for reducing deaths and severe injuries from RTAs. It is feasible to provide communities with skills needed for early intervention to prevent further harm or death among road accident victims. Peterson and Russell (1999) found that both immediately and six months after receiving first aid training, individuals were more likely to stop and offer assistance at a crash. Hussain (1994) and Khangure (1998) similarly argue that at least 7% of road fatalities could be prevented through basic first aid administered at the scene, demonstrating a significant opportunity for community participation in reducing traffic-related deaths and disabling injuries.

Goniewicz (1998) investigated the reasons why individuals are reluctant to step in during an RTA in a Polish research. Psychological obstacles, such as feelings of inadequacy brought on by subpar training or a lack of abilities, were the main causes among 560 government drivers. Additionally, Eisenburger and Safar (1999) contend that psychological barriers affect spectators' willingness to act, pointing out that stage fright and crowds at accident scenes can be frightening.

Rajaratenam, Martini, and Lipoeto (2014) assert that people's opinions toward administering first aid to victims of traffic accidents are greatly influenced by their level of expertise. An individual's inclination to behave, think, and feel in certain situations is reflected in their attitude, which, when accompanied by relevant information, can result in appropriate behavioral reactions. Increased awareness brought forth by greater information affects attitudes and choices, such as the readiness to administer first aid (Mastarida, 2020). According to Kureckova et al. (2017), critical first aid procedures include evaluating the situation (safety, victim count, and overall scene), acting quickly in life-threatening situations (such as unconsciousness, severe bleeding, or breathing problems), and providing care when it's feasible. In a same vein, Kurniawati et al. (2020) point out that successful first aid requires fundamental community skills including victim transportation, splint dressing, and basic life support. When the general population is aware of appropriate first aid procedures for accident victims, these measures can be effectively carried out.

3. Methodology

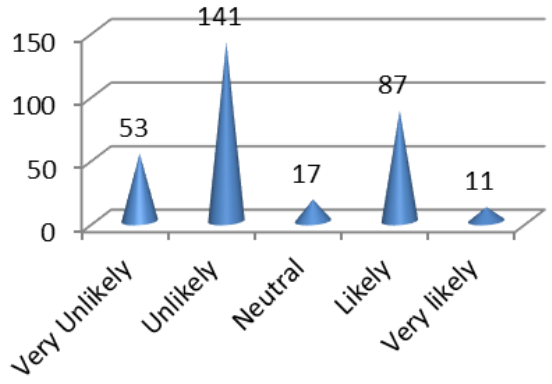
In appraising drivers' attitude towards road accidents victim, Survey method was adopted to carry out this research and data were collected through primary sources, which consisted of questionnaire administration in line with the objectives of the study, interview and observation. Questionnaires were administered to five groups of people involved in giving first aids to road accident victims as well as survival of road accident victims. These included, transport operators, Commuters, Law enforcement agent, health practitioners and accident victims to obtain information as regards examine the behavior of drivers towards accident in the study area. A total of three hundred and sixteen (316) questionnaires were administered since the population is an infinite population while three hundred and nine (309) questionnaires were returned and analysed. A multi-stage sampling technique was employed. Respondents were stratify into five (5) strata

namely: transport operators, Commuters, Law enforcement agent, health practitioners and accident victims, snowball sampling technique was also used to administered questionnaires to the respondents. Both descriptive and SERVQUAL were used to analysis the data collected.

4. Results and Discussion

Figure 1 revealed that, 53 (17.2%) of respondents said they were very unlikely to assist road accident victims, 141 (45.6%) of respondents said they were unlikely to assist road accident victims, 17 (7.7%) of respondents said they could not decide whether they will assist or not road accident victims, 87 (28.2%) respondents said they were likely to assist road accident victims while the remaining respondents said they were very likely to assist road accidents victims. This indicate that majority of respondents were unlikely to assist road accident victims due to mob action.

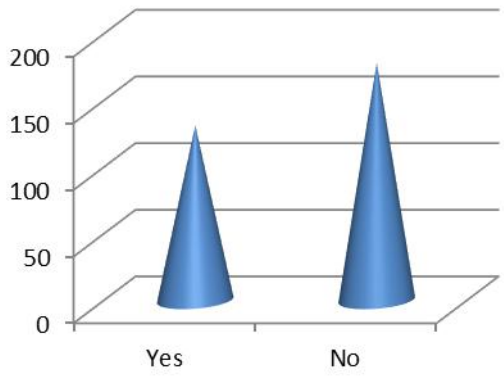
Figure 1. Assist to Road Accident Victims



Source: Authors' field survey (2025)

The data in figure 2 shows a significant inclination towards "No" responses, suggesting that more individuals have not assisted road accident victims. This could imply potential social or structural barriers that discourage people from offering assistance during road accidents.

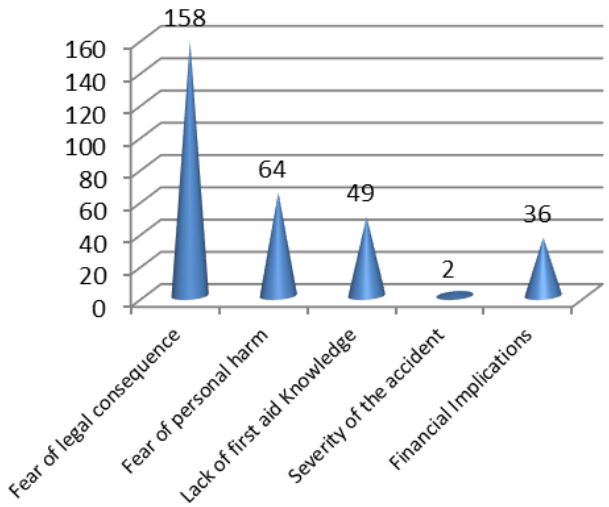
Figure 2. Have you ever assisted a road accident victim



Source: Authors' field survey (2025)

Figure 3 shows that, 158 (51.1%) of the respondents' said fear of legal consequence prevent drivers from providing assistance to accident victims, 64 (20.7%) of the respondents' said fear of mob action prevent drivers from providing assistance to accident victims, 49 (15.9) of the respondents' said lack of first aid knowledge prevent drivers from providing assistance to accident victims, 2 (0.6%) of the respondents' severity of the accident prevent drivers from providing assistance to accident victims while the remaining of the respondents' said prevent drivers from providing assistance to accident victims. This implies that, majority of respondents refuse to assist accident victims due to the fear of being arrested and detain by police officers.

Figure 3. Perceived barriers that prevent drivers from providing assistance to accident victims



Source: Authors' field survey (2025)

Figure 4 revealed that, 51 (16.5%) of respondents was of opinion that their very unsafe to stop to assist accident victims, 201 (65.0%) of respondents was of opinion that their unsafe to stop to assist accident victims, 18 (5.8%) of respondents was of opinion that their neutral whether to stop or not to assist accident victims, 27 (8.7%) of respondents was of opinion that their safe to stop to assist accident victims while the remaining of respondents was of opinion that their very safe to stop to assist accident victims. This implies that, drivers were of the opinion that they are not safe due to mob action and legal consequences which characterize the process.

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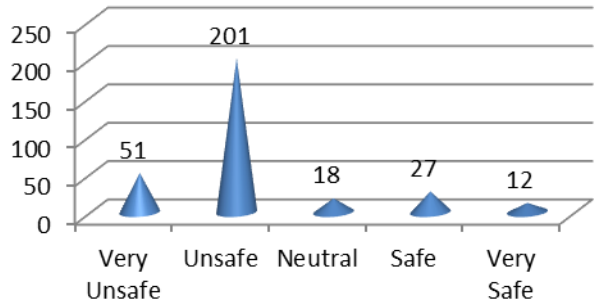
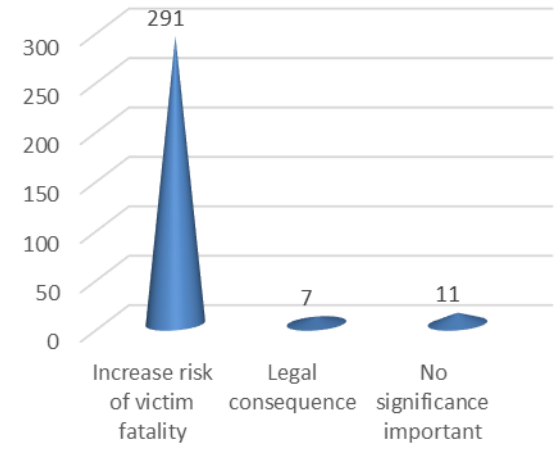
Figure 4. How safe is stopping to assist accident victims



Source: Authors' field survey (2025)

Figure 5 shows that, 291 (94.2%) of respondents said consequence of not assisting accident victims increased risk of victim fatality, 7 (2.3%) of respondents said consequence of not assisting accident victims legal implications and 11 (2.3%) of respondents said there is no important significance of not assisting accident victims. This implies that, majority of accident might not result to death if prompt action were taken to rescue the victim.

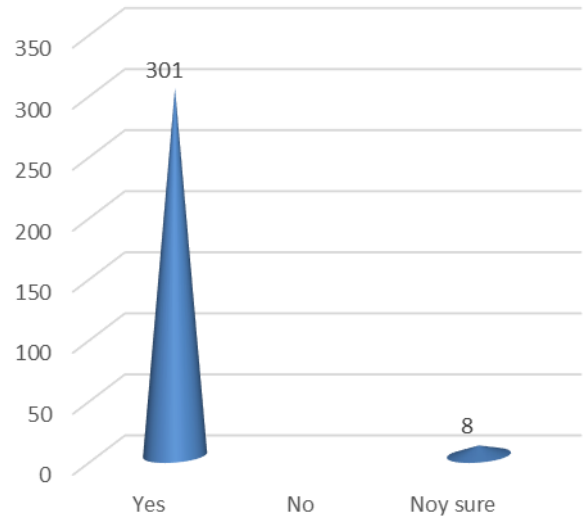
Figure 5. Consequence of not assisting accident victim



Source: Authors' field survey (2025)

Figure 6 revealed that, 301 (97.4%) of drivers said there should be legal protection for drivers who attempt to provide first aid to accident victim while the remaining respondents are not sure whether there should be legal protection for drivers who attempt to provide first aid to accident victim. This indicates that, if there would be legal protection for drivers making an attempt to safe accident victims, drivers would be willing to rescue road accident victim.

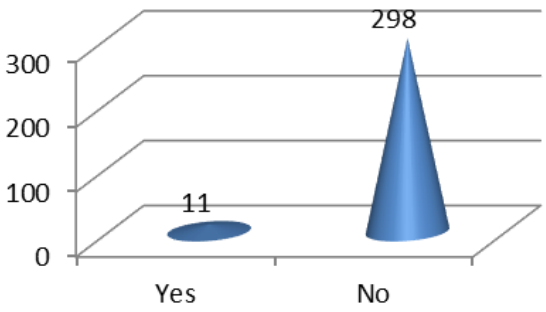
Figure 6. Legal Protections to provide first aid for accident victim



Source: Authors' field survey (2025)

Figure 7 shows that, 11 (3.6%) of respondents said they did received formal training on first aid training and 298 (96.4%) of respondents said they did received formal training on first aid training. This implies that, those that could have been a life safe could not do so due to the fact that they did not receive first aid training.

Figure 7. Formal training in first aid by drivers



Source: Authors' field survey (2025)

It can be deduced that there is a gap result between the perceived and expected services for empathy. Table 1 shows that the significance value of empathy (0.000) is less than 0.05 at 95% level of significance, thus the null hypothesis is rejected under this variable.

The size of a lower-case "j" will give the point size by measuring the distance from the top of an ascender to the bottom of a descender.

Table 1. Drivers Perception of rescuing Road Accident Victims

		Mean	SD	Mean difference	t-value	p-value
Reliability	Perceived	6.02	1.01	-0.084	1.142	0.244
	Expected	6.10	1.12			
Responsive	Perceived	5.79	1.21	-0.559	5.476	0.358
	Expected	6.25	1.01			
Assurance	Perceived	6.02	1.04	0.037	0.562	0.612
	Expected	5.98	1.20			
Empathy	Perceived	5.88	0.98	-0.205	2.808	0.000
	Expected	6.09	1.15			
Tangibility	Perceived	5.56	1.02	-0.298	3.482	0.217
	Expected	5.59	1.25			

Significance at p-value < 0.05

Source: Authors' computation (2025).

5. Conclusions

The findings reveal that the majority of respondents are unlikely to assist road accident victims, primarily due to fears of mob action and legal consequences. The lack of first aid training and legal protection further discourages drivers from providing assistance, despite the significant impact their help could have in reducing victim fatalities. Most drivers feel unsafe stopping to assist accident victims, underscoring a critical gap in public safety perception. It was recommended that the introducing and enforcing laws that protect individuals who assist road accident victims from legal liabilities and potential mob action.

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