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Reassessing PTSD's Influence on Psychological Health-Related Quality of Life: Evidence from Middle-Aged Southeast Asian Immigrant MVA Survivors in Canada

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Abstract

Post-Traumatic Stress Disorder (PTSD) is a psychological condition that may develop following exposure to traumatic events and can negatively affect individuals' emotional and physical well-being. However, evidence regarding its influence on health-related quality of life among immigrant populations remains inconclusive. This study re-evaluated the influence of PTSD severity on psychological health-related quality of life among middle-aged Southeast Asian immigrant survivors of motor vehicle accidents in Alberta, Canada. A cross-sectional quantitative research design was employed involving 217 participants. PTSD severity was assessed using the PTSD Checklist for DSM-5 (PCL-5), while physical and psychological health dimensions were measured using the WHOQOL-BREF instrument. Multiple regression analysis was conducted to examine the predictive relationships among the study variables. The findings revealed that physical health was a statistically significant predictor of PTSD severity ($\beta = 0.197$, $p < 0.05$), whereas psychological health was not a statistically significant predictor ($\beta = -0.258$, $p > 0.05$). In addition, PTSD severity did not significantly predict mental health-related quality of life ($p = 0.370$). The findings suggest that trauma recovery among immigrant populations is influenced by complex interactions extending beyond individual psychological factors alone. The study highlights the importance of culturally responsive and multidimensional approaches to trauma recovery that address psychological, social, and structural determinants of well-being among immigrant trauma survivors.

Keywords: PTSD; psychological health; Quality of Life; Immigrant Health; Trauma; WHOQOL-BREF

1.0 Background

Psychological health is widely recognized as a central component of overall well-being and an important factor in trauma recovery. Theoretical perspectives such as the stress-buffering hypothesis suggest that positive psychological functioning can reduce the negative effects of stress by strengthening emotional regulation, cognitive appraisal, and adaptive coping mechanisms (Cohen & Wills, 1985). Within PTSD research, psychological health has frequently been associated with lower symptom severity, improved coping capacity, and better quality of life outcomes following traumatic experiences. However, emerging evidence suggests that the

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relationship between PTSD and psychological health-related quality of life is complex and may differ across social and cultural contexts rather than operating uniformly across populations.

Empirical findings on PTSD and quality of life among immigrant populations remain inconsistent. While some studies report that psychological well-being contributes positively to trauma recovery, others demonstrate that PTSD continues to impair quality of life despite the presence of psychological coping resources (Guay et al., 2006). Among immigrants, the effects of PTSD may be intensified by migration-related stressors such as language barriers, social isolation, discrimination, economic instability, and limited access to culturally responsive healthcare services. Research in Canada further indicates that many Southeast Asian immigrants experience difficulties accessing mental health services due to cultural stigma, unfamiliarity with healthcare systems, and reliance on informal support networks, all of which may influence psychological well-being and recovery outcomes (Guruge, Khanlou, & Gastaldo, 2010; Kirmayer et al., 2011). These structural and cultural challenges suggest that PTSD may affect psychological health-related quality of life differently among immigrant populations compared to the general population.

Motor vehicle accidents (MVAs) are among the leading causes of trauma-related psychological distress globally and are strongly associated with PTSD development. For middle-aged adults, the consequences of PTSD may be particularly significant because individuals within this life stage often balance multiple responsibilities related to employment, financial stability, caregiving, and family obligations. Trauma-related psychological distress may therefore disrupt occupational functioning, social relationships, and overall well-being more substantially in middle adulthood than in other age groups. Among middle-aged Southeast Asian immigrants in Canada, these challenges may be further compounded by migration pressures, cultural adjustment difficulties, and socioeconomic vulnerabilities, creating unique recovery experiences that warrant separate scholarly attention.

Despite growing literature on PTSD and quality of life, limited research has specifically examined how PTSD influences psychological health-related quality of life among middle-aged Southeast Asian immigrant survivors of MVAs in Canada. Existing studies frequently generalize findings across populations without adequately considering the cultural, structural, and age-related factors that shape immigrant trauma experiences. This study, therefore, addresses an important gap in the literature by examining the extent to which PTSD severity predicts psychological health-related quality of life among middle-aged Southeast Asian immigrant MVA survivors within the Canadian context.

1.1 Problem Statement

Despite research demonstrating that post-traumatic stress disorder (PTSD) adversely affects individuals' quality of life, the mechanisms underlying this relationship remain poorly understood. Psychological health is widely conceptualized as a protective factor that can buffer the negative effects of trauma by enhancing coping capacity and emotional regulation. However, empirical findings on its role in PTSD recovery are inconsistent, with some studies reporting significant protective effects while others suggest that its influence is weak, context-dependent, or mediated by external factors. This lack of consensus creates a critical gap in understanding the extent to which psychological health contributes to improved outcomes among trauma-exposed populations. The gap is pronounced among immigrant populations, who face unique and

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compounded stressors that may alter the relationship between PTSD and quality of life. Factors such as language barriers, cultural stigma surrounding mental health, limited access to healthcare services, and migration-related disruptions can undermine psychological health and diminish its effectiveness as a coping resource. As a result, assumptions about the buffering role of psychological health, largely derived from general populations, may not adequately reflect the lived realities of immigrants.

In addition, motor vehicle accidents (MVAs) are a source of trauma associated with PTSD, yet limited research has examined middle-aged immigrant survivors of such events. This group is at a critical life stage marked by substantial social, occupational, and financial responsibilities, which may intensify the impact of PTSD and further complicate recovery. Despite this, existing studies often overlook age- and context-specific dynamics, leading to generalized conclusions that may lack applicability. Consequently, there is insufficient empirical evidence on whether psychological health significantly moderates the relationship between PTSD and quality of life among middle-aged Southeast Asian immigrant survivors of MVAs. Without this understanding, interventions and policies risk being inadequately tailored, potentially limiting their effectiveness in addressing this population's needs. This study, therefore, seeks to address this gap by re-evaluating the role of psychological health in shaping the relationship between PTSD and quality of life within this specific context.

2.0 Theoretical Framework

This study is anchored in the Stress-Buffering Hypothesis and Cognitive Appraisal Theory, which together provide a comprehensive lens for understanding the relationship between post-traumatic stress disorder (PTSD), psychological health, and quality of life (QoL). These frameworks are particularly relevant in examining whether psychological health functions as a moderating factor in trauma outcomes among immigrant populations.

The Stress-Buffering Hypothesis, advanced by Cohen and Wills (1985), posits that psychological resources can mitigate the negative effects of stress on an individual's well-being. According to this perspective, individuals with stronger psychological health are better equipped to manage stressors through effective emotional regulation, adaptive coping strategies, and positive cognitive restructuring. In the context of PTSD, this theory suggests that psychological health should weaken the adverse impact of trauma symptoms on quality of life. Thus, individuals with higher levels of psychological health are expected to experience less deterioration in QoL despite the presence of PTSD symptoms. However, the hypothesis also implies that the buffering effect is contingent upon contextual factors, including social environment and access to supportive resources, which may vary significantly across populations.

Complementing this perspective, Cognitive Appraisal Theory, developed by Lazarus and Folkman (1984), emphasizes the role of individual perception in shaping responses to stress. The theory argues that psychological outcomes are not determined solely by the traumatic event itself, but by how individuals interpret and evaluate the event and their ability to cope with it. Primary appraisal assesses the significance of the stressor, while secondary appraisal evaluates available coping resources. Psychological health is therefore central to both appraisal processes, as it influences how individuals perceive threats and mobilize coping strategies. In the case of PTSD, impaired appraisal processes may lead to maladaptive interpretations, such as persistent fear or helplessness,

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thereby reducing quality of life. Conversely, stronger psychological health may promote more adaptive appraisals, potentially improving outcomes.

When integrated, these theories suggest that psychological health plays a dual role in trauma recovery. It functions both as a buffering resource that can reduce the negative impact of PTSD on quality of life and as a cognitive mechanism that shapes how trauma is interpreted and managed. However, this relationship may not be uniform across all populations. Among immigrants, structural and socio-cultural challenges such as language barriers, cultural stigma, and limited access to healthcare may constrain the effectiveness of psychological health as a protective factor. These contextual limitations may weaken both the buffering capacity proposed by the Stress-Buffering Hypothesis and the adaptive appraisal processes described in Cognitive Appraisal Theory.

This study, therefore, applies these theoretical perspectives to examine whether psychological health significantly moderates the relationship between PTSD and quality of life among middle-aged Southeast Asian immigrant survivors of motor vehicle accidents. By doing so, it seeks to test the applicability and limitations of these theories within a population that experiences both trauma and migration-related stressors, thereby contributing to a more context-sensitive understanding of trauma recovery.

3.0 Methodology

This study adopted a quantitative cross-sectional design to investigate the relationship between post-traumatic stress disorder (PTSD), social support, and quality of life (QoL) among middle-aged Southeast Asian immigrant survivors of motor vehicle accidents (MVAs) in Alberta, Canada. A purposive sampling strategy was employed to recruit 217 participants aged 45-64 years who had experienced an MVA and agreed to participate in the study. The design enabled examination of associations among key variables within a specific population at a single point in time.

Data was gathered using standardized and validated instruments. The WHOQOL-BREF was used to assess QoL across four domains, the PTSD Checklist for DSM-5 (PCL-5) measured PTSD symptom severity, and the Multidimensional Scale of Perceived Social Support (MSPSS) evaluated levels of perceived social support. A pilot study was conducted to ensure the instruments' clarity and cultural relevance, resulting in minor refinement where necessary. Data collection was conducted through structured questionnaires administered either face-to-face or via guided self-completion.

The data were analyzed using SPSS version 29. Descriptive statistics were applied to summarize participants' demographic characteristics, while multiple regression analysis was used to examine the effect of PTSD on QoL and to assess the moderating role of social support. An interaction term between PTSD and social support was included in the model. Statistical significance was determined at $p < 0.05$, and all relevant regression assumptions were tested and satisfied.

Ethical approval was obtained from the appropriate institutional review board, and informed consent was secured from all participants. Measures were taken to ensure confidentiality and anonymity, and participation was entirely voluntary. Overall, the methodology provided a systematic and robust approach to exploring the relationships among PTSD, social support, and quality of life.

4.0 Findings

A multiple regression analysis was conducted to determine the extent to which physical health and psychological health predict PTSD severity among middle-aged Southeast Asian immigrant survivors of motor vehicle accidents in Canada ($n = 217$). The analysis aimed to examine the independent contribution of each predictor while controlling for the influence of the other variables included in the model. In line with the study objective, the analysis further explored whether PTSD severity significantly influenced mental health-related quality of life.

The regression results indicated that physical health was a statistically significant predictor of PTSD severity ($\beta = 0.197, p < 0.05$). This finding suggests that variations in participants' physical health status were significantly associated with differences in PTSD symptom severity. Specifically, increases in physical health scores corresponded with higher PTSD severity scores after controlling for psychological health. Although the positive direction of the relationship may appear counterintuitive, it may reflect the complex interaction between post-accident physical recovery, symptom awareness, and psychological trauma among immigrant MVA survivors. The result implies that physical health experiences remain an important factor in understanding PTSD outcomes within this population.

Psychological health, however, was not found to be a statistically significant predictor of PTSD severity ($\beta = -0.258, p > 0.05$). While the negative coefficient suggests that better psychological health was associated with lower PTSD severity, the relationship did not attain statistical significance. This indicates that psychological health did not independently explain a meaningful proportion of variance in PTSD severity once physical health was taken into account. The finding may suggest the presence of other unmeasured social, cultural, or environmental factors influencing PTSD symptoms among Southeast Asian immigrant survivors.

Table 1: Multiple Regression Results Predicting PTSD Severity

Predictor Variable	β (Standardized)	p-value	Significance
Physical Health	0.197	< 0.05	Significant
Psychological Health	-0.258	> 0.05	Not Significant

Further analysis examined whether PTSD severity significantly influenced mental health-related quality of life. The findings revealed that PTSD severity was not a statistically significant predictor of mental health-related quality of life ($p = 0.370 > 0.05$). This suggests that differences in PTSD symptom severity were not significantly associated with variations in participants' perceived mental health-related quality of life.

Table 2: Effect of PTSD Severity on Mental Health-Related Quality of Life

Predictor Variable	p-value	Significance
PTSD Severity	0.370	Not Significant

The absence of a statistically significant relationship indicates that PTSD symptoms alone may not sufficiently explain mental health-related quality of life outcomes among middle-aged Southeast Asian immigrant MVA survivors. Other contextual factors, such as social support, acculturation experiences, coping mechanisms, socioeconomic conditions, and access to healthcare services, may play a more substantial role in shaping the psychological quality of life within this immigrant population.

5.0 Discussion

This study examined the influence of PTSD severity on psychological health-related quality of life among middle-aged Southeast Asian immigrant survivors of motor vehicle accidents in Canada. The findings revealed that PTSD severity did not significantly predict mental health-related quality of life, while physical health significantly predicted PTSD severity, and psychological health did not demonstrate a statistically significant effect. These findings suggest that the relationship between PTSD, psychological well-being, and quality of life within this population is more complex than commonly assumed (Bonanno et al., 2011; Kirmayer et al., 2011). Specifically, the significant association between physical health and PTSD severity indicates that physical recovery following motor vehicle accidents does not necessarily correspond with psychological recovery. Survivors experiencing chronic pain, mobility limitations, or prolonged medical treatment may continue to experience trauma-related distress despite improvements in physical functioning (Tan et al., 2022; Schnurr & Green, 2004).

The negative but non-significant relationship between psychological health and PTSD severity suggests that although better psychological well-being may contribute to lower PTSD symptoms, psychological health alone may not function as a strong independent protective factor in this context. This finding may reflect the influence of broader structural and socioeconomic challenges experienced by immigrant populations. Factors such as financial strain, migration-related stress, language barriers, limited access to culturally responsive healthcare, and social isolation may weaken the buffering role of psychological health and complicate trauma recovery processes (Guruge, Khanlou, & Gastaldo, 2010; Forte et al., 2019). Consequently, PTSD outcomes among Southeast Asian immigrant survivors may be shaped not only by individual psychological resources but also by social and environmental conditions affecting recovery and adaptation.

The study's central finding that PTSD severity did not significantly predict mental health-related quality of life further suggests that quality of life among immigrant survivors is multidimensional and influenced by factors beyond trauma symptoms alone. Although PTSD is frequently associated with impaired psychological functioning, the present findings indicate that variations in PTSD severity were insufficient to explain significant differences in participants' reported quality of life. This may be because immigrant populations often evaluate well-being within broader social and cultural contexts, including family support, employment stability, social integration, cultural belonging, and access to healthcare services (The WHOQOL Group, 1998). Cultural perceptions of trauma and mental illness may also influence symptom reporting and help-seeking behaviour, particularly among Southeast Asian communities where stigma surrounding mental health and reliance on informal support systems may shape recovery experiences differently from dominant Western clinical models (Kirmayer et al., 2011).

Overall, the findings demonstrate that PTSD severity alone does not adequately explain psychological health-related quality of life among middle-aged Southeast Asian immigrant MVA survivors. While physical health showed a significant association with PTSD severity, psychological health and PTSD severity did not significantly predict the expected outcome variables. These findings highlight the importance of adopting a multidimensional and culturally sensitive approach to trauma recovery that incorporates physical rehabilitation, culturally responsive mental healthcare, social support systems, and interventions addressing socioeconomic barriers affecting immigrant populations (Forte et al., 2019). Future research should also strengthen analytical rigor by including model fit statistics such as R^2 , adjusted R^2 , F-statistics, confidence intervals, and regression diagnostics to improve the interpretability and robustness of regression findings (Field, 2018).

6.0 Conclusion

This study re-evaluated the role of psychological health in the relationship between PTSD severity and health-related quality of life among middle-aged Southeast Asian immigrant survivors of motor vehicle accidents. The findings provide limited support for the commonly held assumption that psychological health consistently acts as a strong protective factor in trauma recovery. Although psychological health was negatively associated with PTSD severity, the relationship was not statistically significant, and PTSD severity did not significantly predict mental health-related quality of life. In contrast, physical health emerged as a significant predictor of PTSD severity, highlighting a more complex and non-linear pattern of recovery.

These results suggest that trauma recovery cannot be fully understood through individual-level psychological factors alone. Among immigrant populations, psychological health appears to operate within a broader context shaped by structural barriers, socioeconomic pressures, and cultural influences. As such, its buffering capacity may be constrained, limiting its independent effect on PTSD outcomes and quality of life.

The study contributes to the literature by demonstrating that the relationships between PTSD, psychological health, and quality of life are context-dependent and may differ across populations. It underscores the need for more nuanced, multidimensional approaches to trauma recovery that integrate psychological, social, and structural dimensions.

From a practical perspective, the findings underscore the importance of developing culturally responsive, system-level interventions that go beyond conventional psychological support. Enhancing access to healthcare, addressing socioeconomic challenges, and incorporating culturally grounded understandings of mental health are critical for improving recovery outcomes among immigrant trauma survivors. Future research should further explore these dynamics using mixed-methods approaches and longitudinal designs to better capture the evolving nature of trauma recovery across diverse populations.

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