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ADDIS ABABA UNIVERSITY**

**THE LIVED EXPERIENCE OF FIRST RESPONDER
TRAFFIC OFFICERS IN ADDIS ABABA, ETHIOPIA**

BY:

SOLEYANA GEZACHEW

ADVISORS:

PROFESSOR ATALAY ALEM

HENOK HAILU

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BY:

SOLEYANA GEZACHEW

ADVISORS:

**PROFESSOR ATALAY ALEM (MD, Ph.D., Professor, Director WHO
collaborative Center, Department of Psychiatry, Addis Ababa University**

Consultant Psychiatrist, Tikur Anbessa Hospital)

HENOK HAILU (Clinical Psychologist)

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BY:

SOLEYANA GEZACHEW

APPROVED BY:

EXAMINER

SIGNATURE

DATE

DR. SELAM ABBERA

EXAMINER

SIGNATURE

DATE

GETAHUN TIBEBU

ADVISOR

SIGNATURE

DATE

PROFESSOR ATALAY ALEM

ADVISOR

SIGNATURE

DATE

HEN OK HAILU

JUNE, 2020

ADDIS ABABA UNIVERSITY

ADDIS ABABA, ETHIOPIA

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Abstract

First responders are among the occupational groups that are susceptible to numerous events that might affect their well-being and may be regarded a "high-risk" occupational category with a wide variety of physical and mental health effects because they have work-related exposure to serious events. Stress in first responders is caused by something other than emergencies; it can also be triggered by personal and work-life circumstances. Besides, police staff, including traffic police, may encounter unique occupational stressors. This phenomenological study aims to explore the lived experiences of First Responder Traffic officers in Addis, Ababa, Ethiopia. 15 participants from different sub-cities were selected using convenience sampling and interviewed using topic guide questions then data were analyzed using thematic analysis. Five themes were identified; Challenges faced in the profession, Impacts of being first responder traffic professional, Experience of emotional distress and its effects, coping mechanisms, and Perception of Mental health and being first responder professionals. Results indicate that. First responder traffic officers experience numerous problems arising from their professional duties related to various major road collisions involving tragic deaths and civilian injury. To cope with the distress, first responder traffic officers use various coping mechanisms such as social support; support from colleagues; activities that can help them to relax can also have constructive effects on these professionals. Positive aspects of the profession like educating people, providing care and satisfaction were also identified. This research highly recommends further researches to be done in this area and a possible intervention program for these professionals.

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ACRONYM

DSM – Diagnostic and Statistical Manual of Mental Disorders

PTSD – Post- Traumatic Stress Disorder

RTA – Road Traffic Accidents

SAMHSA - Substance Abuse and Mental Health Services Administration

SPSS - Statistical Package for the Social Sciences

WHO – World Health Organization

CHAPTER ONE

1.1 Background

One of the main aspects of life which can affect a person is a workplace. Work is believed to have an impact on self-esteem, social recognition, and personal identity, although it's difficult to put in numbers, and most mental health professionals agree that it also has a substantial effect on the mental wellbeing of an individual (Harnois & Gabriel, 2000). There has been increasing in the acknowledgment of the role of work in promoting mental wellbeing and, in contrary, hinder wellness leading to mental illness

First responders are one of the occupational groups who are prone to different events that can affect their well-being (Pietrantonio & Prati, 2008). It refers to those people whose job involves being the first person to reach the emergency scene. These could include people working as police officers, firefighters, or paramedics. First responders have high exposure to potentially traumatic events and any events which have a stressful consequence and are capable of affecting a person's sense of control, connection, and meaning given to life. These are named critical incidents and include traumatic events like mass accidents, RTA, major fires, murder scenes, accidents that involve children, violent accidents, and burns.

First responders are typically the first to encounter demanding, hazardous, and exhausting conditions on the scene (SAMHSA, 2018). They are also the first to reach out to survivors of the tragedy and give them emotional and physical assistance. While important to the local community, these responsibilities are stressful for first responders and, over time, put them at an increased risk of trauma.

As a result, first responders can be considered as the occupational group with “high risk” to a broad range of physical and mental health consequences since they have work-related exposure to critical incidents (Benedek, Fullerton & Ursano, 2007). It has been reported that duration, intensity, and proximity of the exposure are the most important predictors of physical and mental health symptoms in first responders (Pietrantonio & Prati, 2008).

Stress in first responders is caused by more than just emergency situations; it may as well be caused by personal and work-life conditions (Prater, 2018). Long-term or persistent stress experience is known to be chronic and dangerous. As a result, normal stress reactions that become exacerbated such that the stress baseline is elevated and stress-related body functions may not have the opportunity to be reduced to a healthy level. Individuals with chronic stress may experience feelings of physical and emotional exhaustion

Also, police officers including traffic police can face various occupational stressors such as increased time-limit to resolve Crimes, immense workloads, long working hours, physical hard work, and increasing demands for employment (Hammad et. al., 2012). With growing pressures from the workforce and the hostile external world in which police workers operate, they build insecurities in their minds. This increases the level of stress, thus reducing the individual's performance.

Road traffic accident (RTA) can be defined as an incident which involves at least one road vehicle in motion and maybe on a public or private road open to the public (Mekonnen & Teshager, 2014). RTA may either be a collision between cars, between vehicles and pedestrians, between vehicles and wildlife, or between vehicles and geological or architectural barriers. Thus, RTAs can be considered a vital challenge to public health yet neglected.

WHO's 2013 report showed that more than 1.24 million people die per year from road traffic accidents, making it "the eighth leading cause of death globally and the leading cause of death for young people aged 15–29" (WHO, 2013). It is expected to be the fifth leading cause of death worldwide by 2030, based on the latest patterns

Road traffic injury in Ethiopia is heavy; at least 70 people die per year for every 10,000 car collisions (IRIN, 2011). More than half of road traffic incident deaths in Ethiopia include pedestrians, 20 percent of whom are children under the age of 18. RTAs continue to deepen suffering as families suffer from loss of breadwinners with medical bills or funeral expenses.

1.2 Statement of the Problem

This study intended to explore different aspects of the lived experiences of first responder traffic officers. These officers are among first responder groups who are exposed to different traumatic traffic accidents involving severe injury or even death (Agolla, 2009; Bano, 2011; Anderson, Litzenberger, & Plecas, 2002). Moreover, these officers face different stressors in the workplace. There are numerous studies conducted on different first responder populations including firemen, emergency medical service providers, and police which mainly focus on the prevalence of mental disorders (Bezabh et. al, 2018; Bowler et. al, 2016; Ward, Lombard, & Gwebushe, 2006). There are also qualitative studies assessing stress related to the police profession including traffic police (Anderson, Litzenberger, & Plecas, 2002; Agolla, 2009; Bano, 2011; Joseph & Nagrajamurthy, 2014). However, there is little research conducted on these officers concerning their lived experiences.

In Addis Ababa, Ethiopia, around 300 people are killed by RTAs and 1500 get involved in mild to serious injury every year (Samson, 2006). Hence, this indicates that traffic police, especially first responders, are exposed to several potential traumatic events. Given the responsibility of saving the lives of RTA victims and ensuring justice for the lost ones, these

officers go through various obstacles. Thus, this study attempts to show the different challenges faced by the officers and their methods of coping. There is a study conducted on survivors of RTA, which was conducted in Ethiopia to see the prevalence and correlates of PTSD among the survivors (Yohannes et. al., 2018). Nevertheless, there are no studies conducted in Ethiopia to explore the burden of these traumatic experiences on the police officers.

1.3 Research Questions

1. What are the challenges and impacts that first responders traffic officers face due to their job?
2. What is the experience of emotional distress among first responder traffic police?
3. What are the coping mechanisms used by first responders?
4. What is the perception of these officers on mental health and their job?

1.4 Objectives of the Study

1.4.1 General Objective

The main objective of this study is to explore the lived experience of first responder traffic officers in Addis Ababa, Ethiopia.

1.4.2 Specific Objectives

1. To explore the challenges faced and perceived impacts of those challenges on their performance
2. To assess some signs of the emotional disturbance faced by the professionals
3. To identify coping mechanisms employed by these first responders

4. To assess the perception of mental health problems among them

1.5 Significance of the Study

This study is first of its kind in this population so it can serve as a gate opening study for further studies and intends to fill the knowledge gap. Moreover, this study highlights the basic challenges and impacts experienced by these people. The study shows that these professionals undergo various problems that are related to their professional duty. Hence, it can be crucial for further interventions and policymaking.

1.6 Operational Terms

- First responder traffic officers– refer to the traffic police officers who are road traffic accident investigators and who are the first to respond to RTAs with regards to the law.

CHAPTER TWO

LITERATURE REVIEW

2.1 First Responders and Mental Health

The WHO defines the concept of mental health as a state of well-being in which the person understands his or her abilities can cope with normal life stresses, can function productively and fruitfully, and can contribute to his or her society (Maurya, & Agarwal, 2013).

Mental distress is a mixture of abnormal thoughts, feelings, and behaviour that greatly affects the normal lifestyle of a person in various aspects like self-autonomy, self-efficacy, integrity, and ability to understand one's own intellectual and emotional capacity (Olsen, Mortensen, & Bech, 2006). It may be also described as an individual's level of mental complaints and symptoms. Mental distress is frequently used as an outcome measure in medical and psychological research

In South Africa, a cross-sectional epidemiological study was conducted among pre-hospital emergency services personnel to assess exposure to a critical incident and associated mental health consequences (Ward, Lombard, & Gwebushe, 2006). The study used questionnaires that covered critical incident exposure, The Critical Incident Inventory (CCI), risky alcohol use (CAGE questionnaire), general psychopathology (General Health Questionnaire (GHQ-28)), symptoms of PTSD (The Impact of Event Scale-Revised (IES-R)), and psychological and physical aggression among colleagues (Revised Conflict Tactics Scale). Open-ended questions were also used to explore additional stressors. The result showed that critical incident exposure and general psychopathology rates were higher in contrast to the studies conducted in the developed world and the critical incident exposure was associated with the symptoms of PTSD, aggression among colleagues, and general psychopathology. However, it was not associated with alcohol use. Comparing the emergency service employees, traffic

police had higher general psychopathology scores compared to ambulance, fire, and sea rescue services. There was also lower PTSD and psychological aggression in the sea rescue workers than the traffic police. Higher rates of general psychopathology and psychological aggression exposure were found to be higher in women. Additional stressors identified in this study were death notification, organizational problems, and working conditions

A cross-sectional study in Addis Ababa was conducted to see the prevalence and associated factors of PTSD among 603 emergency responders working at Addis Ababa Fire and Emergency Control and Prevention Service Authority using the PTSD checklist- civilian version; Oslo 3-Item Social Support Scale to measure social support; and List of Threatening Experiences for Other stressful life events (Bezabh et. al, 2018). Results showed a 19.9% prevalence of PTSD. The study identified significant predictors of PTSD among the emergency responders which were found to be the history of mental illness in the family, prolonged years in service and also persistent exposure to emergency situations, and also RTAs.

Bowler and colleagues conducted a longitudinal study on police responders (n= 1,884) who took part in the 9/11/2001 World Trade Center (WTC) attack (Bowler et. al, 2016). PTSD was assessed using the PTSD Checklist-civilian version (PCL), and anxiety and depression were assessed using the 7-item Generalized Anxiety Disorder scale (GAD-7) and the 8-item Patient Health Questionnaire (PHQ-8), respectively. The result showed that 12.9% (243) police had probable PTSD. Of these, 53 (21.8%) belonged to the probable PTSD without comorbidity with depression or anxiety group; 60 (24.7%) were in the PTSD and comorbid with depression group; 14 (5.8%) were in the PTSD and comorbid anxiety group; the remaining 116 (47.7%) were in the group of PTSD that had comorbidity with both anxiety and depression and PCL score of police in this last group indicated more severe PTSD symptoms than the others.

2.2 Police and Stress

Occupational stress is the perception or awareness of inconsistency among environmental demands or stressors and the individual's capacity to satisfy these demands (Ongori & Agolla, 2008). Occupational stress factors include potential job loss and health, sitting for lengthy or heavy lifting hours, lack of protection, the difficulty of repetitiveness, and lack of job autonomy (Botha & Pienaar, 2006). Furthermore, the shortage of resources and equipment; work conditions such as late-night hours or overtime, and workplace environment are also factors to stress for workers.

Police work is among the most stressful occupations. Police strive to protect life and property and undertake investigations of different crimes facing various dreadful features of crimes (Bano, 2011). Although there may be differences between different places, police work generally includes different roles, such as investigation, patrol, crime scene, traffic, accident attendance, and rioting. Police face unexpected and violent incidents that can be considered as a prominent source for physiological and psychological stress (Agolla, 2009).

Police officers often face acute stressors outside the bounds of normal human experience (Anderson, Litzenberger, & Plecas, 2002). They can be called upon at any time during the shifts of police officers to respond to circumstances in which their physical well-being or the physical well-being of a fellow police officer or the general public is threatened.

Stress would manifest in policemen in various forms such as depression, fatigue, concentration problem, irritability, and impulsive behavior (Bano, 2011). These signals of danger are very common in police personnel.

Occupational stress in the police work can be classified as physiological (numerous health problems like blood pressure, headaches and also being more predisposed to death from a medical illness like a heart attack); emotional (facing distress such as depression, PTSD due

to severe and prolonged exposure to various traumatic events, even suicide in extreme cases); and behavioral (absenteeism, low performance in the job, low motivation, quitting and early resignation) (Agolla, 2009)

A study in India to explore the causes of stress and objectively identify the socio-demographic factors which have an impact on the level of stress among police personnel was conducted (Bano, 2011). 65 police personnel in Aligarh (Uttar Pradesh) were selected using a multi-stage random sampling technique. The Result of this study identified primary causes of stress among police personnel such as Political pressure (71.2%), lack of time for family (68.2%), lack of cooperation from the public and negative public image (62.1%) and low salary (57.6%). Furthermore, lack of support from the government (48.5%), recurrent transfer (48.5%), the burden of work (48.1%), excessive job (35.5%), lack of support from the department or organization (36.4%), and torture by senior colleagues (30.3%). Additionally, it also appeared that stress is substantially more prominent among younger, more educated, deployed in rural areas, and police personnel who had less work experience.

Similarly, another empirical study was conducted in Kerala, India to investigate the causes of stress and the socio-demographic factors which have an impact on the stress level of police officers (Joseph & Nagarajamurthy, 2014). Using a convenience sampling technique, 118 police officers in Kerala police were selected for this study. According to the findings of this study, the main causes of stress in police personnel were political pressure (73.5%), lack of time for family (67.3%), lack of cooperation from the public and negative image in the public (63.4%) and low income (55.6%). Other causes were also mentioned by most of them such as lack of support from the government (45.6%), workload (56.8%), frequent transfer (65.7%), lack of organizational and departmental support (46.7%), and torture by senior officers (66.8%). In relation to socio-demographic factors, stress was more prevalent in those police

personnel who are younger (less than 40 years of age), more educated (preferably graduate and above), deployed in urban areas, and less experienced (less than 10 years). The study also found that Police position or post and marital status have no major effect on police stress rates.

Another study attempted to determine what job events are perceived as major sources of stress in police work (Suresh et. al, 2013). For this study, the Police Stress Inventory was developed based on interviews with police staff and policing experts. A representative group of 220 police officers was given the questionnaire. All respondents rated employment situations as most stressful. Additionally, the respondents find their job's organizational and social aspects to be more challenging particularly round the clock service, loss of family time, international political pressures, and insufficient facilities. The results also indicate stress is attributable more to the organizational factors than to workplace physical hazards.

A cross-sectional study was conducted among correctional services workers in South Africa to define occupational stress dimensions and investigate the role of psychological attributes in the occupational stress experience which are the work locus of control and affect (Botha & Pienaar, 2006). Findings showed that an external locus of control and negative effect contribute to the job stress experience among the professionals. Lack of resources was found to be the most severe stressors.

The prevalence and socio-demographic correlates of stress among policemen were measured by a cross-sectional study in Malaysia using the 21-item Depression, Anxiety, and Stress questionnaire (Masilamani et. al, 2013). 579 police officers were taken from 11 police stations in Metropolitan Kuala Lumpur, Malaysia. The total prevalence of stress was found to be 38.8% and among that, 5.9% severe; 14.9% moderate; and 18% mild stress were found. This study also found that severe stress prevailed among inspectors when compared to that of

the junior officers. Also, a moderate level of stress was seen among the police personnel who criticized that their salaries were disproportionate to the work when compared to those who were satisfied with their salaries.

Adams & Buck (2010) investigated the relationships of social stressors with turnover intention, psychological distress, and mental fatigue arising from encounters with people and offenders (outsiders), and colleagues and superiors (insiders). This also analyzed surface acting, which refers to a way of falsifying appropriate feelings, as a mediator of such partnerships. The data was collected through an online survey from 196 policemen and the results showed that the social stressors which stem from both outsiders and insiders were associated to all three outcomes and that the surface acting regulated such relationships

A comparative study aimed at examining if panic symptoms mediate the relationship between fear, helplessness, and horror (PTSD criterion A2 in the DSM IV) among police officers (n=709) and civilians who had previously been exposed to different critical incidents (n=317) (Fikretoglu et. al., 2007). The Critical Incident History Questionnaire was used for the police respondents and the Trauma History Questionnaire was used to assess exposure to critical incidents in civilians. The result of this study indicated that panic symptoms completely mediated the relationship between fear, helplessness or horror responses (PTSD criterion A2), and dissociation in civilians and only partially mediated in the police officers. Hence, this study showed that police and civilians may differ in mechanisms of developing PTSD.

2.3 Road Traffic Accidents

Road transport provides opportunities to nations and individuals alike by promoting the flow of goods and persons (Beyene et. al., 2019). It enables increased access to jobs, economic markets, education, recreation, and health, which in turn, directly and indirectly, impacts people's health positively. The increase in road transport, however, has also placed a

substantial burden on the welfare of individuals in the form of road traffic injuries, and the health consequences resulting from a reduction in physical activity.

An accident is an incident that occurs suddenly, unpredictably, and involuntarily under unexpected events (Hailemichael, Suleiman, & Pauolos, 2015). Road traffic accidents (RTA) can be described as an incident that occurs on a public transport route or street leading to one or more people being killed or injured and involving at least one moving vehicle.

Although traffic injuries are a significant burden to global public health, most of them occur in low- and middle-income countries like Ethiopia (Persson, 2008). The most disadvantaged in Ethiopia are pedestrians and commercial vehicle riders, while collisions in high-income countries mainly include private-owned cars with the driver being the only car occupant wounded or killed. For example, 60 percent of the fatalities account for car drivers in the United States of America, while 5 percent account for drivers in Ethiopia. This means that the number of people killed or wounded in one accident is around 30 times higher in Ethiopia than in the US.

A retrospective descriptive cross-sectional study was conducted to assess the extent and contributing factors of road traffic injury deaths in Addis Ababa, Ethiopia (Beyene e. al., 2019). Data was collected from Addis Ababa Police Commission; Traffic Police Department from the information checklist which was gathered by the Police officer at the sight and analyzed using SPSS. In total, 2372 road traffic accidents were reported in Addis Ababa during 2006 (2013/14). Of these, 382 were fatal (16.1 %). Many of the deaths involved 279 males (73.03%), 3:1 males/females, and 321 pedestrians (84.0%). Fatal incidents on isled roads 262 (60.7 percent) were more prevalent and involved mostly commercial vehicles. More than half of 205 deaths (53.8 percent) resulted when pedestrians were not offered a path.

Mekonnen & Teshager (2014) conducted a descriptive study to explore the vital causes and consequences of RTAs in the Amhara Region, Ethiopia. The study used secondary data gathered by Amhara National Regional State Police Commission from 2007-2011. Graphs of death rates, figures, lines, and bars were used to demonstrate the causes and effects of road accidents. As shown in the result, nearly half (51 %) of all incidents affected transportation vehicles followed by motor cars that made up one third (34.5 %) of all injuries. More than half of the collisions (54.8 %) happened on interstate highways. Passengers accounted for the highest proportion of deaths from road accidents across the country and pedestrians were the biggest casualties in urban areas. Errors performed by drivers are the major causes of collisions, such as failure to consider traffic, pace, failure to remain on the right side of the lane, failure to ensure the distance between cars, and failure to give other cars the right to ride. Ultimately, 83.8 % of all road injuries compensated for these causes.

The burdens of RTAs not only impair society's physical well-being but also have a significant effect on emotional and psychological health. An institution-based cross-sectional study conducted in public hospitals in Addis Ababa, Ethiopia evaluated the prevalence and correlates of post-traumatic stress disorder among RTAs survivors (Yohannes et. al., 2018). PTSD Checklist-Specific (PCL-S) version was used to explain the occurrence of PTSD; Oslo 3-item social support scale was introduced to determine social support; depression was assessed using Patient Health Questionnaire-9 (PHQ-9). 22.8% prevalence rate of PTSD was found among the RTAs survivors. The severity of PTSD was high in the present research. Besides, being female, having low social support, the period after the incident (1–3 months) have been substantially correlated with PTSD among road traffic accident survivors in this study.

2.4 Stress and Coping

Although the term coping has been defined in several ways, it is commonly defined as the constantly changing cognitive and behavioral efforts of an individual to manage specific external and/or internal demands which are assessed as taxing or exceeding resources (Evans et. al., 1993). Coping strategies consist of several interactions between a person who has a set of resources, beliefs, and values to cope with their demands and restrictions, and the environment. Police officers use many coping strategies which may help them cope more or less effectively.

Concurrently, social support can act as an emotion-focused and problem-focused coping mechanism (Folkman and Lazarus (1991). Talking to a coworker about a stressful event, for example, can function as a problem-focused coping strategy when the person gets tangible information which helps in solving the event. Talking to someone about a stressful event is considered as an emotionally focused coping strategy when emotional support is used to constrain emotional reactions resulting from the event.

The impacts of coping and social support on psychological distress experienced by police personnel were studied in the United States (Patterson, 2003). A sample of 233 police officers employed within a mid-sized northeastern law enforcement organization volunteered for this study as part of a wider study investigating stress and coping. The results revealed that increased distress was associated with the main effect of life events. Problem-focused coping resulted in a “reverse buffering effect” meaning the relationship between work events and distress was associated with higher distress. Additionally, seeking social support shielded the relationship between work events and distress, and the relationship between life events and distress was buffered by emotion-focused coping.

CHAPTER THREE

METHODOLOGY

3.1 Study Design

As the study aimed to spotlight experiences of first responder traffic officers in their job, the phenomenological design was found appropriate for this study. Phenomenological study is a type of qualitative study which emphasizes studying certain phenomena from the points of view of those who are living in it (Qutoshi, 2018).

3.2 Study Area

The study area of this research is Addis Ababa, Ethiopia. Addis Ababa, the capital city and the largest city of Ethiopia, is divided into 10 sub-cities namely “Arada”, “Addis Ketema”, “Akaki Kaliti”, “Bole”, “Gullele”, “Kirkos”, “Kolfe Keranio”, “Lideta”, “Nefas Silk”, and “Yeka” Sub City. There are traffic police offices in each sub-city to which first responder traffic officers are assigned.

3.3 Population and Sampling

Traffic police who are the first responder to RTA is the target population in the study. These officers are responsible to assess and differentiate RTA and report to the responsible department. In Ethiopia, these officers are referred to as “Ye Traffic Adeg Mermari”. These officers get trained in Addis Ababa and assigned in the 10 sub-cities of the city. The distribution of these officers may differ from one sub-city to another. As the researcher found out from the Addis Ababa police commission head office, there are more of these officers in sub-cities where RTA occurs more often like “Nifas Silk Laphto”, “Bole”, “Akaki”, and “Kirkos”. But the average number of these professionals in one sub-city is 10 [Addis Ababa Police Commission, 2020].

As RTAs occur, the traffic police on duty will notify the first responders who are assigned in that sub-city. Their responsibilities include classifying the degree of RTA's damage the accident has brought on people and property such as; serious injury, mild injury, death, and property damage. Another responsibility that they have is collecting evidence like tactical evidence, in which they will collect information from eyewitnesses of the RTA about what they saw, heard, or other information they have witnessed on the scene of the accident. Another type of evidence is called technical evidence, which includes objective evidence of the accident such as damaged or broken parts of the vehicle, bloodstain, photographic evidence, and others. These officers also go and visit RTA survivors and see if it's a mild or serious injury. After engaging in these tasks, they organize a document on the accident and report to the responsible division. According to the city police commission, there were 121 first responder police officers in Addis Ababa and these were our target population for the study.

A purposive convenience sampling method was employed to pick participants in this study. Willing officers who were available on the day of data collection were chosen as participants for the study. The sample size was determined by the level of theoretical saturation.

3.4 Inclusion Criteria

First responder traffic officers

- ✓ Traffic police who are first responders
- ✓ Currently on the job
- ✓ Have worked as a first responder at least for one year
- ✓ Willing to participate in the research

3.5 Data Collection Instrument

A semi-structured topic guide was prepared for this study which includes 11 questions in total (Appendix 3) with some follow up questions. The questions encompass different areas related to work and personal experiences like the challenges, availability of resources, experiences of traumatic accidents, emotional distress, coping mechanism and perception regarding mental health and first responder traffic officer

3.6 Data Collection Procedure

The researcher first obtained a letter of support from the Addis Ababa University Department of Psychiatry and submitted it to the Addis Ababa Police Commission head office Traffic Accident and Investigation department to get information about the distribution of first responder traffic polices and permission to contact them. Then the researcher went to six sub-cities (Arada, Bole, Kirkos, Kolfe Keranyo, Lideta, and Nifas Silk Laphto) and the interview was conducted on fifteen (15) willing and available participants. All the interviews were carried out in the offices of the participants by their own choice and physical distance was maintained between the interviewer and the participants. A written informed consent form was developed (Appendix 1), translated into Amharic (Appendix 2), and was given to the participants, and consent was affirmed by signature. All participants had the chance to ask questions for clarification regarding the interview or the study and questions were answered accordingly. Then participants were asked basic demographic questions before proceeding to the in-depth interviews. Participants were notified when the audio recording before the in-depth interview. Then the interview was accomplished using the topic guide questions which were translated into Amharic since the interview was in the Amharic language. The researcher avoided any jargon that may confuse the participants and some questions were elaborated to give a clearer picture to participants. The interviews lasted 15-30 minutes on average.

3.7 Data Analysis

Data analysis was done using thematic analysis which is the process of identifying patterns or themes within qualitative data (Alhojailan, 2012). In this method of analysis, the data gathered are reduced into chunks of meaning, which is referred to as Coding. Hence, the recordings of interviews with each participant were transcribed and translated from Amharic into English. The principal investigator read through each transcription and identified codes. The codes with certain patterns and associations were then grouped. Then themes were formed from the groups of codes. Themes were reviewed afterward and the result was produced.

3.8 Ethical Considerations

Ethical clearance was obtained from the department of psychiatry, School of Medicine, College of Medicine, Addis Ababa University. Then permission was required from the Traffic police department in each data collected subcity police station showing the ethical clearance. Then the researcher moved to willing participants and gained informed consent. The researcher gave a copy of the informed consent form to each participant and gave them time to understand and decide on participation. The researcher explained the aim of the study; the use of the information obtained from them, the confidentiality of the information. The researcher reassured each participant that they have the right not to participate in the research if they so wish and that there will not be any consequences in refusing so that they don't feel any discomfort or insecurity by participating in the research by clearly stating that in the informed consent form. The researcher also disclosed any information the participant should know about the research so that genuine informed consent is obtained. The name of the participants was not recorded but rather code was used to maintain confidentiality.

CHAPTER FOUR

RESULTS

4.1 Socio-demographic Characteristics of the Participants

An in-depth interview was conducted on fifteen (15) willing and available participants from six subcities (Arada, Bole, Kirkos, Kolfe Keranyo, Lideta, and Nifas Silk Laphto) and most of them lived in their assigned sub-city. Their age ranged from 27-46 and among the participants, 13 were male and 2 were female. Fourteen of the participants were Christian and 1 was Muslim in religion. In relation to the marital status of the participants, 5 were single, 9 were married and 1 was divorced. Eight of the participants had no children. The educational level of the participants was from 10th grade complete up to First Degree. The number of years in the profession ranged from 1 and a half to 12 years

Table1. Demographic characteristics of the participants

Characteristics		Number of participants
Sex	Male	13
	Female	2
Age	27 – 33	8
	34 - 40	6
	41 - 46	1
Religion	Christian	14
	Muslim	1
Marital Status	Single	5
	Married	9
	Divorced	1
Number of Children	None	8
	1-3	7
Level of Education	10-12	3
	Diploma	4
	Degree	8
Years in the Profession	1 – 4	8
	5 – 8	3

	9 - 12	4
Assigned Subcity	Arada	1
	Bole	3
	Kirkos	2
	Kolfe Keranyo	2
	Lideta	2
	Nifas Silk Laphto	5

4.2 Themes

Five themes emerged from the data; *Systemic and resource challenges faced at work, Impact of working as first responder traffic officer on one's life, emotional distress, and its effects, Perception about the relationship between mental health and being first responder officer, and coping mechanisms.*

1. Systemic, Resource and work Challenges faced by the participants

According to the participants, there are various challenges that these officers face while executing their duty. Lack of resources needed for the job was reported by all of the participants as a challenge in their work. Some of the challenges mentioned by the participants were related to the roles that they have like the burden of work (60%). Another challenge that was reported by the participants was having to face different traumatic accidents in their duty. All participants have mentioned at least one traffic accident that was very distressing to them in their work experience. These challenges are further discussed as follows.

Lack of resources

All participants have mentioned that there is a shortage of essential resources for their work. Some of the identified resources which are not fulfilled are vehicles (53.3%), uniforms including Reflective garments (53.3%), office materials and stationeries (33.3%), field

instruments like measuring meters and flashlight (20%), safety materials like gloves (20%), and shortage of officers (13.3%).

The participants stated that the lack of these resources has different impacts on their work such as providing service properly to their clients. Clients may have to wait until the officer finds the needed materials or borrow from a colleague. The investigation process may also be disrupted due to these problems and evidence may be lost just because they are not able to reach the place where the accident occurred on time.

"...if a client comes to me and I don't have these materials, their time would be wasted..." (p4)

"...to serve one client you may need to look for the materials and that should be. These things should be adjusted and available..." (p14)

"...if you don't reach the accident place quickly you can't gather evidence..." (p10)

The availability of necessary resources may even have a role in saving victims' lives. When vehicles are not available, they may not reach the accident site quickly, and even after arriving, they may have to look for ways to take victims to hospitals and that may endanger the victims' lives.

"...we may coordinate people or use police cars and in the middle of all this, victims may lose a lot of blood and get severely injured..." (p2)

"...due to the lack of vehicles, the accident may get worse and severe damages may be caused..." (p5)

There may also be economical consequences that are caused due to the lack of resources. Sometimes they would have to buy from their pocket or pay for transportation and other expenses related to their work. To save the lives of victims, they may need to contract a taxi and take them to health care facility when there is no ambulance available and there is no assigned car for them

“...since there is no suitable condition, we would take the victims to hospitals by contract a taxi from our own pockets...” (p2)

“If I buy something using my salary because it’s not fulfilled, I may be affected economically because they didn’t provide the materials properly so I am having extra expense...” (p4)

Not only in their work but the lack of resources also have an impact on their safety. They may be exposed to traffic accidents themselves because of the absence of reflective garments available when they work in nightshifts and other health risks such as contact with the blood of victims when severe accidents occur. They may face the dilemma of saving the life of the victim and their safety and mostly they would carry out their duty and help victims get the care they need.

“...people die in accidents and we are vulnerable to situations, and not just to corona but what was before that, HIV/AIDs and we may be vulnerable since there is lacking resource, we may touch the blood in the investigation...” (p6)

“...for example, when we work on nightshift and go to dark places to capture plans if reflective uniforms are not available we may not be visible so accidents may occur to us...” (p12)

Traumatic Experiences

Being first responders to traffic accidents, these officers witness severe accidents that are beyond the realm of the human mind. They are exposed to horrifying events when severe accidents occur. There may be times that they couldn't even tell whether it's a human body because it is badly injured or even smashed. They would witness tragic deaths of children which could be harder to see than other accidents. Different body parts and internal organs may be spread all over the place and they may have to pick those up, or even worse, it may stick to the ground that they may have to use a shovel to collect the parts.

"...because we are the ones who reach there in the first place and we see many things that are disturbing, very disturbing... you find body parts you only knew in biology class on the floor..." (p14)

"...they go around the square and hit the woman and strike her to the pole then her body got rolled on the wheel and she was left there on the road...when I reach there her body parts were covered with a scarf..I had to find a pickup car and put those body parts on the car by my hand..." (p7)

"...what is challenging about traffic accidents is for example when a person gets hit by a car severely, the body may get torn apart and the brain may be out on the floor... she was hit by a car and her head exploded, her brain was on the floor.." (P12).

Some participants also experienced the death of their colleagues due to accidents which could be more traumatic than other accidents because they lost someone close to them and think that the same thing may happen to them.

"...when I see someone who wears and works as same as me, the distress is much more than other accidents...when I saw him with the torn uniform and

found his cap, battery, stick and stuff on the floor, you would think what if that happens to me tomorrow...” (p14)

“...he was my batch we graduated together...he was very tired and sleepy so he wasn't aware of his surrounding and when only two meters were left to reach his home, he was hit by a car, the traffic accident investigator himself died by a car accident...” (p15)

Work Burden

One of the challenges faced by the officers is the burden of work. There are times that they have to work 24 hours when there are mass accidents, or when the victim has no collateral and they have to look after them. They may also need to stay the whole day after nightshifts if they haven't finished their work and if they have to gather evidence.

“...we may have to work full day and night depending on the accident. There may be 12 victims in one car if it is a taxi so when this happens we may work whole day and night...” (p1)

“...you may spend the whole day after nightshift because you just can't leave the victim in the hospital if they don't have someone and you also have to gather evidence...” (p2)

Apart from the work overload, the officers also have to deal with different clients which are also challenging. They may need to convince offenders about their crime and some clients may insult or even try to hit them. Sometimes, it could be because of a lack of knowledge about the law and they may consider themselves as victims when the law decides that they are guilty and sometimes it could be because they just want to get away with their crime. They may explain what the law says to calm the clients down.

"...they may not accept when you explain and maybe in bad mood and talk to you emotionally, insult you, or even try to start a fight..." (p5)

"...they may say how and insult you and you may call and sit them down and explain what the law says" (P13)

They may also have a negative image in society when they are carrying out their duty. People may not cooperate with them when they go to collect evidence and may even assume they are cruel and have no humanity when they pick up a corpse from accident sites.

"...when we go to accident places, people don't think that we would give them justice and they think other ways and we have to deal with that..." (p5)

"...we may use a shovel to pick up the body parts. We would be disturbed but people may not understand that it's our duty and say that we are cruel..." (p10)

The process of the investigation could also be another burden on these officers because they may face hit and run cases where they can't tell who the criminal is which complicates the process of the investigation. They may receive wrong information from witnesses about the plate number or the other relevant information about the accident. Some civilians may not be willing to give their word.

"...they don't even cooperate when you go to get their testimony because they don't want to come over to police station and court and you can't proceed without witnesses..." (p3)

"...it's very challenging to collect evidence and to identify the offender when the drivers disappear because witnesses may give the wrong plate number..." (p4)

2. Impact of Working as First Responder Traffic Officer on Psychological and social wellbeing

Having to face the above challenges and all, participants state that they are affected in many ways because of their duties. Some of the identified impacts in this study were psychological and behavioral (80%) and impacts on personal life (20%). This study also has identified the positive impacts of the profession on the first responders (46.6%).

Psychological Impact

Being exposed to various traumatic experiences, participants mentioned that they have been affected psychologically (40%). Some of the participants reported that they have distressing nightmares when they experience traumatic accidents. They may wake up in the middle of the night remembering the accident.

"...sometimes when you see a very horrible accident, it would even come in your dreams... like nightmares..." (p2)

"...you may have nightmares sometimes after you pick up corpse ..." (p10)

"...I may think that am still in the accident place and wake up in the night..." (p12)

These traumatic experiences may also make these officers hate or avoid cars. Witnessing tragic accidents in their job, they may find it hard to travel by car because they think that accidents may happen to them.

"...when you think about traveling in a car, you would always think that accident may occur to me personally, I don't trust cars I just go because it's my duty to investigate...you would get scared when you see cars..." (P1)

"...for instance, I used to drive a car. I got license before being a traffic accident investigator and I wasn't scared of accidents but after seeing accidents, I stopped driving, it's been 8 years since I renewed my license..."

(P3)

Another impact stated by the participants is that they may be anxious when they are told that an accident has occurred. They would worry about what kind of accident they are about to face. They may fear that another traumatic accident may have occurred. They may also think about the accident even after they go home if the accident is very disturbing.

"...at that moment, when I go to the accident place, what comes to my thought about what I am about to face makes me feel anxious..." (P4)

"...if I work on severe accident one day, I may assume that it may be severe and may affect my morality the next time accident is reported..." (p5)

"...after coming back from picking up a corpse, you would remember it for two days or so..." (P13)

One participant mentioned that there is a feeling of hopelessness when there is exposure to traumatic accidents causing death. The participant said that life is purposeless because you could die any minute.

"...you feel hopeless when you see the things that happen to people and you would question why you are even trying..." (p10)

Most of the participants said that they have a loss of appetite after being exposed to traumatic accidents and that they may have difficulties to eat for a while. There could also be a lack of time to eat when there is work overload.

“...I find it hard to eat when I see these kinds of things... you may even vomit when you try to eat for two-three days...” (P14)

“...we may find torn body parts and we collect those and put them in plastic bags and after doing that, you may not eat because it affects your appetite...” (P5)

Impacts on social life

Participants claimed that their personal life could also be affected due to their profession. The burden of work may consume the time that they would have limited time for their social life. There may be times that they would miss appointments with their friends due to work. Not only the work overload but also the traumatic experiences may affect their relationship with their family and friends.

“...when you go home to your family and explain, they may not understand and say that your work doesn't end...even you may make appointments with your friends and not be able to make it...” (p1)

“...it may have a lot of impact on your personal life because we work 24 hours and may not have time for your social life...” (p2)

Positive Impact

Although these professionals have to face difficulties in their job, participants stated that there are also positive impacts that their job has on them. Some said that they educate people around them about traffic accidents since they see how horrible it is. Others said that they have learned how to help injured people and provide first aid after joining this profession.

"...I would talk about traffic accidents to my friends who drive and try to create awareness..." (P1)

"...it has thought me about humanity...at least I know how to provide care for injured people and that is very satisfying..." (P7)

"...it has positive impacts because for example when people are injured I can give first aid..." (P14)

Most participants also mentioned that they get great satisfaction from their job because they are there to help people. They mentioned that their job is being there for victims and that makes their profession interesting.

"...I am very happy with my job because it's the job I wanted and helping others with your profession is satisfying" (p10)

"...traffic accident investigation is very interesting because we sacrifice ourselves to save people..." (p13)

3. Emotional distress and its effects

Participants were asked that if they have ever experienced emotional distress and most (66.6%) of them confirmed that they have and all of them said that the experiences of emotional distress were related to their exposures at work. Most of these participants experienced emotional distress when they were new to the job. However, they would still have distress when there are traumatic accidents.

"...you see different accidents all the time and that affects you emotionally because what you see is accident and accidents are horrible..." (P2)

"...I might have assumed that I may face these things when I entered this job but after I started working with accidents, what I see is very distressing..."

(p10)

"...you may be disturbed since you are new because you would have to see the corpse and severe accidents..." (p13)

Participants were also asked about the effects of emotional distress on their work and personal life. These aspects are discussed as follows.

Work

Among those who reported emotional distress, most of them (80%) reported that emotional distress has no impact on their work while the rest said it has affected their work. The reasons given by the participants for their functionality beyond the emotional distress were their commitment and responsibility for their job. They would also be held accountable if they don't work properly so they deal with their emotional distress and focus on their work.

"...there is nothing it causes on the work I do my job properly because I know I would be held accountable if I don't..." (p13)

"...there is determination because we joined this profession to serve others...since there is the commitment, it doesn't affect work..." (p2)

Some participants said it affects the work when they are distressed. They may have difficulty in providing service to clients and they may even consider changing the job because of the effect it has on them.

"...yes when you're distressed it would be difficult to help that person... you would not fulfill clients' needs..." (P6)

“...you may say that this is not a job to be in and it’s not right to stay in this job...” (p14)

Personal life

Most participants who have experiences of emotional distress (70%) reported that the distress doesn’t affect them and they have a good social life, the rest said it affects to some extent. It may impact their behavior and that may affect their relationship with their families.

“...the emotional distress might make you irritable and you may act differently around your family and children and if you don’t see a psychiatrist it may create chaos...” (p15)

Sleep

Most participants attributed the sleep disturbances to the traumatic experiences they face and work overload rather than the emotional distress. They may have difficulty sleeping after experiencing horrible accidents and also the burden of work they have could deprive them of sleeping since many accidents may occur.

“...you wouldn’t get a good sleep after seeing all that...” (P2)

“...if a horrible accident occurs, you may not be able to sleep because of what happens at the time...” (P15)

“...after working whole day, you feel tired and you try to sleep but another accident may occur...” (P6)

Appetite

Similarly, most participants reported that they have a loss of appetite when they are exposed to traumatic experiences. Others reported they do not get the time to eat. However, some participants reported that the emotional distress itself may affect their appetite.

"...yes it affects appetite. Normally you need to be in good state of mood to do anything..." (P5)

"...when someone is emotionally disturbed, many things are affected so at that time, you may lose appetite..." (P6)

Memory

Most participants reported that there is no effect on their memory which is caused by emotional distress. The memory may be affected by the work overload sometimes, they may investigate many accident cases and they may not have difficulty in remembering all the cases.

"...since there is the burden of work, we may not remember our cases. I may investigate up to 50 cases so there may be challenging to remember..."

However, some participants claimed that the emotional distress by itself may affect their memory.

"... yes, it has an influence very much. I may forget where I put something..."
(p15)

4. Mental Health and First Responder Traffic Officer

Participants were asked about their views on mental health and their profession, whether any relationship exists between the two or not. Nine participants (60%) said that their profession

has an impact on the mental health of the officer while 5 participants (33.3%) said there is no relationship between mental health and their profession. One participant (6.6%) said there may or may not be any relationship between the two

Most participants said that their profession has many challenges, especially traumatic accidents that may have an impact on their mental health. Some of them mentioned that it would even be better to change the field because of the burden that they face. Staying long in this job may be harmful to their wellbeing because of the different challenges they face every day especially witnessing the traumatic accident that occurs to people

"...it's very bad and I think I shouldn't stay in this job for a long time because it may have an impact on me if I keep getting exposed to these kinds of things, I may get stressed and my feelings might get hurt..." (p5)

"...as I told you, the work of traffic accident investigation is challenging profession. You may experience traumatic accidents and sometimes that makes you say I should quit this job..." (p12)

Some participants said that there is no relationship between their work and mental health. These participants said that the challenges that are faced by them are part of their duty and that it is expected.

"...it's something I've believed in when I entered this profession... so it doesn't affect mental health that much..." (p1)

"...it's not something threatening mental health there may be serious or light accidents and that is something I have accepted when I entered this job so I don't think it has any impact" (p4)

One participant said that the impact of the profession on mental health depends on the person. It may differ from individual to individual.

"...it differs from person to person. Some people are scared and others may not be scared so it depends on the officer..." (P9)

5. Coping Mechanisms

The study identified various coping mechanisms that were mentioned by the participants which help them to deal with the various challenges and emotional disturbances. Some of the primary coping mechanisms are reading books (40%), seeking social support (40%), support from colleagues (33.3%), religious practices (26.6%), adaptation (20%), and movies and theatre (20%). Participants were also asked which ones were more helpful and social support or spending time with friends and family were found to be helpful to more participants than others; among the 6 participants (40%) who mentioned social support as a coping mechanism, 3 of them reported it was more helpful than other coping mechanisms.

Participants mentioned that talking to their friends outside of work about their experiences at work is helping to ease the distress and also they would receive constructive advice from their friends. Additionally, sharing experiences with senior colleagues is helpful to cope with traumatic experiences.

"...especially when I meet up with my friends who work in different areas and talk about my experiences at work and share my problems, I feel relieved... they may also advise me if I have made mistakes..." (P10)

"...we establish a connection with senior inspectors and they will share their experiences with us which helps us forget about the distress..." (P13)

Other activities were also reported to be helpful to cope with emotional distress such as listening to music, exercise, focusing on work were also mentioned to be helpful by some participants.

Participants were also asked if they ever tried to seek help for emotional distress. Only one participant had sought medical care and he reported that it was very helpful.

"...when I started forgetting and fight with people, I questioned myself and decided to see a doctor and I took the initiative and went there...yes it was very helpful..." (p15)

Some participants (60%) said that the emotional distress wasn't to the extent of seeking help and they haven't considered that.

"... I haven't reached to that extent because I know what is disturbing me so I try to forget it..." (p1)

"...you get some rest when there is a burden of work and get back to your work after refreshing so the distress is not serious enough to seek medical help..." (p7)

Other participants stated that they don't seek medical care for emotional distress because they can cope with themselves using different methods.

"... I believe that I can deal with it by myself so I've never gone to health care..." (P2)

"...I would try to forget about it with any chance I get, I would forget the stress at work when I get out so I've never sought care..." (p5)

CHAPTER FIVE

Discussion

This study has attempted to explore the lived experience of traffic officers who are the first responder to RTAs. As illustrated in the analysis, there are various challenges that these professionals face in their duty and there are different sources to these challenges such as lack of materials, witnessing traumatic incidents, and burden of work.

Lack of resources was reported to be a challenge by all the participants in this study. This finding is in line with findings reported by Botha & Pienaar (2006) where lack of resources and equipment along with potential job loss and health, sitting for lengthy or heavy lifting hours, lack of protection, the difficulty of repetitiveness and lack of job autonomy, work conditions such as late-night hours or overtime and workplace environment are factors to stress for workers occupational stress.

Studies show that the primary causes of stress among police personnel are political pressure, lack of time for family, lack of cooperation from the public and negative public image and low salary and other factors such as lack of support from the government, repeated transfer, the burden of work, excessive job, lack of support from the organization, and torture by senior colleagues (Bano, 2011; Joseph & Nagrajamurthy, 2014; Suresh et. al, 2013). Our study also found that lack of time for family was one of the impacts that the work burden has on these officers. Additionally, the excessive workload was similarly found to be a challenge in this study. Negative public image and lack of cooperation were also identified as challenges in this study. However, the relationship with senior colleagues was reported to be supportive and one of the coping mechanisms they used to get relief from stressful situations they face at their work. Other causes of stress such as low salary, lack of support from the

government, repeated transfer described from other studies were not found in this study. This could be due to the differences in study settings and the difference in the aim of the studies.

Another challenge of these professionals indicated in the current study is the relationship with clients. They sometimes had to bear offensive behaviors of different clients who may threaten to harm or insult them. A study conducted by Adams & Buck (2010) reported similar encounters that offenders and civilians or witnesses bring on the law enforcing officers which lead to psychological distress and other adverse consequences

Support from their families and friends as well as from their colleagues were reported as effective coping mechanisms by most participants in our study. Such social support was identified as a helpful coping mechanism in different studies (Folkman & Lazarus, 1991; Patterson, 2003). It is suggested as good social support which serves as both emotion-focused (gaining emotional support) and problem-focused (getting useful information to solve the problem) coping mechanisms. As indicated in the current study, these professionals utilize social support to vent their emotions and also learn from the experiences of others and get advice. This can verify the function of social support as a coping mechanism supported by the literature.

Another coping mechanism identified by the current study was the adaptation to the work. As they spend more time in the job, these professionals reported that emotional distress related to the exposures to adverse scene and burden of work decreases. In contrast, Masilamani and colleagues found that senior inspectors exhibited a higher level of distress than the junior officers (Masilamani et. al., 2013). This might be explained by the increased demand to do more complex work from senior officers in those countries while our participants are expected to do the same thing even when their experience increases over time.

Various studies state that first responders including the traffic professionals can suffer from mental health problems such as PTSD, anxiety, and depression due to their exposure to critical incidents (Bezabh et. al., 2018; Fikretoglu et. al., 2007; Ward, Lombard, & Gwebushe, 2006). Likewise, the Psychological impact was among the findings of this study. Having distressing nightmares after being exposed to traumatic accidents and hating or avoiding cars were stated as the impacts under this section. These manifestations can indicate possible PTSD among the professionals. Another impact stated in this study is the feeling of anxiety and worry about potential exposure to severe and traumatic accidents. Apart from the feeling of hopelessness reported by one participant, this study has not found other indications of depression.

Conclusion

First responder traffic officers experience various challenges resulting from their professional duty. They strive to provide service to the public despite the lack of resources which could affect their safety and economic welfare. As traffic accidents are sudden occurrences, they work in nightshifts which can disrupt their personal life.

Moreover, they are exposed to various severe traffic accidents resulting in deaths and injuries of civilians. Besides, emotional distress seems to prevail among these professionals mainly affecting their personal life, sleep, and appetite.

To cope up with the distresses, various coping mechanisms are utilized by first responder traffic professionals such seeking social support; support from colleagues; activities that can help them relax including reading books, engaging in religious practices, watching movies and theatre; and adapting or adjusting with the work-related exposures. The importance of social support seems to excel other coping mechanisms among these professionals.

Despite the various challenges and impacts, the profession has on the employees, it can also have constructive impacts on these professionals such as being able to create awareness to the people around them about traffic and being eligible to provide first aid help in emergency situations. Additionally, being there for victims to save their lives and ensure justice create a great sense of satisfaction compensating the burden they face in their duty.

Limitations

Since the study used a qualitative method, interpretation of the information gathered will not be free from the researcher's bias. Another limitation of this study is its generalizability as there is no representativeness of the participants in the study. Although the presence of emotional distress was assessed in the study, behaviors related to or its manifestations were not fully explored which could be important to indicate potential psychological problems.

Recommendations

We recommend that further exploration should be done on these professionals, especially regarding their mental health. Objective studies should be carried out to investigate the magnitude of mental health problems in this workforce and associated factors for planning appropriate intervention. It is also crucial for the police commission to consider the mental health of the professionals and create a system so that they can access mental health care.

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Appendix 1

Informed Consent Form (English)

Consent form

My name is Soleyana Gezachew and I am a post-graduate student of Clinical Psychology in the Department of Psychiatry at Addis Ababa University. I am doing my Masters dissertation on "Lived Experience of First responder Traffic officers in Addis Ababa, Ethiopia". The study will focus on the on the job experiences of Traffic accident investigators and the challenges they face.

For this purpose, a question and answer type interview will be conducted with the researcher for about 40 minutes. The researcher might need you to elaborate on some of your answers. For the better success of the research, the interview will be recorded in audio-only. All information you provide is completely confidential. For that purpose, the researcher might use code names. The interview will be conducted in a place that is quiet and comfortable for you.

You will not be compensated for participating in the study. However, this study will contribute greatly toward giving recognition to the issue in the future and your participation will have a positive impact on the success of the study. The decision to participate in this study is completely at your discretion. There will not be any negative consequences for not participating in the study. You will not be asked your name or any information that may reveal your identity in the interview. For any questions regarding the study or the interview feel free to contact the researcher at 0973054237.

If you agree to the proposed conditions, please sign below to provide your consent.

I deeply appreciate your giving your time.

Signature:

Date:

Appendix 3

Topic Guide (English)

Part – I: Demographic Information

Gender:

Age:

Marital Status:

Do you have children?

If you have children, how many?

Level of Education:

Religion≡

Years spent on the job:

Sub-city you're assigned to:

Sub-city you live in:

Part – II: Interview Questions

1. How would you describe being a traffic accident investigator?
2. How is it different from ordinary traffic police?
3. Do you believe there are enough tools provided for your job? If not, what kind of impact do you think it has on the job and/or the worker?
4. How was your experience so far?
5. What would you say are the challenges of being a traffic accident investigator?
6. I assume that in your years as a traffic accident investigator, you have come across some accidents that have put emotional stress on you. Would you please tell me about those experiences, if any?

7. Do you believe that being a traffic accident investigator has influenced your life in any way?
How?
8. Have you ever experienced emotional distress?
9. If you have answered q#8 Yes:
 - What do you attribute the emotional distress to?
 - How did the emotional distress affect you, if it did?
 - How did/does it affect your personal life?
 - On your emotions
 - On your sleep
 - On your appetite
 - On your relations
 - On your memory
 - What did you do/are you doing to handle these problems?
 - Which helps you the most?
 - Have you ever consulted a medical officer about this issue?
10. If you have answered q#8 No:
 - What do you think contributed to that?
11. How do you perceive the nature of your work and mental health?

Appendix 4

Topic Guide Questions (Amharic)

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