ISLAMIC UNIVERSITY JOURNAL OF SOCIAL SCIENCES VOL 4, NO 4, JULY 2025 ISSN: 2709-2429(Print), 2709-2437(Online)-Published 30th July 2025

Psychological Impacts On Quality Of Life Among Traffic Officers In Lagos State, Nigeria

by

[*1,3]Bushura Afolabi Aroyewun., [2]Sunday Oladotun Adeyemo., [3]Seunara Atobatele.

[1,3]Department of Psychology, University of Lagos, Nigeria

[2]Department of Psychology, Olabisi Onabanjo University, Ago-Iwoye, Ogun State, Nigeria

***Corresponding Author**:

Aroyewun, B. A; **Email:** aaroyewun@unilag.edu.ng

Abstract

Traffic officers are important aspect of traffic decongestion especially in developing cosmopolitan cities like Lagos, Nigeria, however, little is known about the quality of life of Federal Road Traffic Officers (FRSC) which are special forces trained to help with ease of vehicular movement in Nigeria. Therefore, this study examined the psychological factors influencing quality of life of FRSC officers in Lagos State Command. The study was correlational design with 425 participants who responded to a set of questionnaires such as WHO-BREF Quality of Life Scale, Becks Depression Inventory, Templar Death Anxiety Scale and Maslach Burnout Inventory. The data was analysed with zero order correlation and multiple regression analysis. The result revealed that psychological factors (depression, death anxiety and burnout) jointly had significant prediction on quality of life ($F [3,421] =39.604$, $R =.469$, $R^2 =.220$, $p<.05$), while, depression ($B=-.704$, $\beta=-.471$, $t=-10.698$, $p<.05$) and Death anxiety ($B=-.384$, $\beta=-.094$, $t=-2.190$, $p<.05$) significantly and negatively predict FRSC officers' quality of life. The study concludes that psychological variables had composite contribution to quality of life while depression and death anxiety had independent negative prediction but burnout had independent positive prediction for quality of life of FRSC officers.

Keywords: Psychological factors, quality of life, FRSC Officers.

Introduction

The history of traffic congestion in large cities cannot be severed totally from the process of urbanization (Economic Conference of Ministers of Transport, 2007). It is in the nature of big cities to attract large vehicular movement and this comes with lot of problems such as traffic jams, accidents etc. In more developed cosmopolitan cities, there are smarter ways most especially through engagement of technology in solving traffic jams; however, in less developed or developing cosmopolitan cities such as Lagos, Nigeria, traffic officers are still important in ensuring easy passage of human and vehicle. Most of the times, these traffic officers endure

environmental pollution, such as carbon monoxide from the exhaust of vehicles, noise pollution from honks of vehicles and sometimes dusts generated by speeding cars (Bhandari, Guatan & Bhandari, 2015), and they have been shown to experience a lot of challenges (Aslam & Shail, 2015) which could negatively impact on their quality of life (Gangwar & Kiran, 2017).

In a wider sense, quality of life is talking about the general well-being of an individual. According to Constanza et al. (2007), QoL is a concept of how well human needs are met in relation to either they are satisfied or dissatisfied with various aspects of their life. This definition reflects the importance of not neglecting meeting one's needs for how satisfied one can be about life. According to Otu et al. (2019), QoL is tied to indices of human survival in relation to how life events affect it. QoL concept can be pushed beyond the level of biology to include human value, factors in environment, culture and social milieu in which he lives which ultimately defines his well-being (Phyo et al., 2020). QoL reflects more the quality of interaction an individual is having in the context of factors that determine his well-being. Because of the broadness of the concept of quality of life, researchers have suggested that measuring it should not be an objective affair alone but almost always must include subjective factors. According to Pukielene & Starkaukiene (2011), factors such as built-in environment, economic indices influence objective measurement, while well-being statuses, life satisfaction, and concept of happiness or otherwise connotes subjective description of quality of life. The World Health Organization (2012) which is the prism through which we view QoL in this study aligns more with the subjective definition of quality of life because it wants to get the perception of individual on the effects of disease and health interventions on the subjective well-being.

This concept of QoL is influenced by psychological factors (Cabrita & Gasper, 2017). Hierarchy of needs of Malsow (1954) is a pyramidal structure of needs. The work of (Sirgy, 1986) links

this theory with quality of life. Basically, higher need becomes operational when lower needs have been satisfied. The needs represent well-being of an individual that drives him towards achieving satisfaction with his life. For example when the family link which is tantamount to the sense of belonging need of Maslow's theory is positive, the search to satisfy the need for esteem becomes operational either consciously or unconsciously. Traffic officers are workers who have one need or another to be satisfied.

In Nigeria, special traffic officers with the name Federal Road Safety Corps (FRSC) were established in 1988 to ensure safety especially on Nigerian highways. With the huge works that these officers are mandated by laws to perform especially as it pertains to safe vehicular and human movement, it is disheartening that there is relatively no work focused on their well-being. Attempt to consider the quality of life of FRSC officers can go a long way in enhancing their work life and shows that the care and support that the officers need even till death are enough to meet their needs (Bowling, 2009) and that that the officers are happy in the sense of Plato as surmised in his Republic's Dialogue that the goal of quality living (living right) is to be happy (1986).

Burnout is a job induced type of stress caused by discrepancy between a worker and the nature of his work characterized by physical, emotional and behavioural syndromes. It manifests as emotional tiredness, experience of depersonalization, and reduction in the personal accomplishment that is work-related (Maslach, 1982). Burnout can be caused by externalizing and internalizing factors. The former deals with organizational factors such as the reason for the establishment of an organization, the laws, policies and regulations of work, worker's career development (Klamut, Olivera-Figura, Weisenberger, 2022), while the latter is concerned with the individual characteristics such as age, gender, marital status, experience on the job (Maslach,

Leiter, 2005). Among police officers which is a closely related profession to traffic officers as they are both helping professions (Ugokwe-Ossai & Ucheagwu, 2010), burnout is a chronic state which can have negative impact on job (Garcia-Riviera et.al, 2020) . Burnout which is now recognized as a psychopathology in ICD-11 (2019) has three components; emotional exhaustion is defined as energy expenditure, and it is somewhat what can be called burnout. The other two components are depersonalization and diminished personal achievement. The former which is also called cynicism is a feeling of pessimism which the worker harbours on the job and directed towards clients, while the latter which is called inefficacy is a negative self-assessment of the worker about his relevance on the job broadly characterized with reduced productivity or capability, low morale and an inability to cope (Maslach & Leiter, 2016). Not much has been written on FRSC officers in Nigeria especially in the context of job burnout and quality of life; therefore this study would be filling this gap in literature. However, researchers have worked on similar constructs in related professions to these traffic officers. In a study investigating factors influencing job burnout and subjective well-being among nurses in China, Qu & Wang (2015) found out that the components of job burnout significantly predicted subjective well-being of nurses. In another study by Wang, Wang, Shao, Jia & Xao (2020), emotional exhaustion, depersonalization and diminished personal achievement were found to have negative association with subjective well-being.

Death anxiety simply refers to the fear of one's death. It is the irrational preoccupation about death that can affect occupational and social functions. Human existentialism revolves around death; however, humans try as much as possible to put death fears under control by denying it (Becker, 1973). Death and the anxiety its knowledge generate create a humbling experience for humans. Since part of the function of FRSC officers in Nigeria is to respond to road accident

emergencies, many of these experiences could turn out to be fatal. Does this mean the anxiety that the knowledge of death created would affect the well-being of these officers? In Ottu et al. (2019), anxiety about dying is signposted in one's well-being. Studies such as Sharman, Norman & McSherry, 2010, Maddahi et .al. (2011), Soleimani et.al. (2015), and that of Gupta & Khaana (2016) reported inverse relationship between death anxiety and quality of life.

While it has been revealed that there is a relationship between depression and quality of life among police officers (Kutlu & Karaoglu, 2009; Chou & Kuo & Tsai, 2010), same has not been successfully proven among traffic wardens. Depression is a public health problem. It is a mood problem in which the sufferer experiences sadness and loss of interest in pleasurable activities. The nature of job of police officers and by extension traffic officers has been said to make them prone to depression (Njiro et.al, 2020), and those experiencing higher rate of depression have worse quality of life (Chen, et.al. 2006).

It is important that to maintain sanity on the roads and highways in developing cities like Lagos, the sanity of traffic officers through their quality of life should be looked into. This study therefore investigated the impacts of psychological variables on the quality of life of Federal Road Safety Corp Officers in Lagos Metropolis, Nigeria.

Methods

Design: This study was a correlational design with the aim to find the prediction of psychological variables such as burnout, death anxiety and depression on quality of life.

Setting:

This study was carried out at the Federal Road Safety Corp, Lagos state Command. Federal Road safety is a Nigerian Law Enforcement agency saddled with preventing and minimizing accidents on the highways (FRSC Enabling Act, 2007). Lagos state plays a host to Lagos metropolis. Metropolitan Lagos is the fastest growing city and the urban centre with highest level of motor vehicles in Nigeria (Atubi, 20212). According to Lagos Urban Transport Project, 2002, Lagos state has 9 percent excess population growth per year, or 25,000 per month or 833 per day or 34 per hours in the last ten years. This bust in population translates to more presence of vehicles and more work for traffic warden.

Participants

The study involved 425 participants who are FRSC officer from Lagos chapter. The age ranges from 26-60 years with mean age of 44.22 and standard deviation of 7.24. Specifically, about 292(68.7%) males and 133(31.3%) females participated in the study.

Sampling and Sampling Technique

This study adopted a purposive sampling technique. The reason for this is the fact that this study has a clear and distinct population target. Additionally, the choice of sampling technique was based on the assumption that despite easy accessibility of the population, randomization of sample was not easily achievable. In essence, the questionnaires were distributed to the participants that are easily accessible and willing to participate in the study at the period of data collection.

Procedure

We sought permission to administer questionnaire to the FRSC personnel from Lagos state FRSC Command Headquarters. After the approval, participants were approached with the questionnaires and were assured of their confidentiality, voluntariness to participate in the research and anonymity. We collected the questionnaire 2 weeks after they must have been completed. FRSC officers who were on ground at the command post and who had experience of traffic control were included in the study while those on leave were excluded from the study.

Instruments

We employed the use of standardized and revalidated questionnaire comprising of six (6) sections, namely A, B, C, D, and E.

Section A: contained demographical variables such as the age and sex of the participants.

Section B: Quality of Life Scale

The WHOQOL-Bref was used to assess quality of life. It contains 26 questions, two of which addresses self-perception of quality of life and satisfaction with health, and the remaining were divided into four domains that assess physical quality of life (7 items), psychological (6 items), social relations (3 items) and environment where the individual is inserted (8 items). The first two questionnaire items assessed the overall quality of life and general health. The first question on the WHOQOL-BREF, “how would you rate your quality of life?” measures the general quality of life and the second question, “how are you satisfied with your health?” measures general health. Good quality of life was categorized by responses; “very good” and “good” while poor quality of life was categorized by responses; “neither poor nor good”, “poor” and “very poor”. With regards to the four domains, the mean score of the individual items within each domain was used to calculate the domain score. Each domain scores were transformed into a

score range from lowest 0 to the highest 100. The answers are assessed on a 5-point Likert scale. The final scores for each domain were classified into three quartiles. Workers who had higher scores (that is, upper quartile) had a better quality of life while lower scores (that is, lower quartile) were considered to have a poor quality of life. This scale presented good reliability, with a Cronbach's alpha of 0.85.

Section C: Maslach Burnout Inventory (MBI)

Burnout was measured by the Maslach Burnout Inventory (MBI). This is a 22 items scale that was developed by Maslach et al. (1997). This scale was designed to measure participants' self-perception of burnout. This scale measures on a 7 point likert-type response format ranging from 0 - "Never" (0), "At least a few times a year" (1), "At least once a month" (2), "Several times a month" (3), "Once a week" (4), "Several times a week" (5), to "Every day" (6). The MBI encompasses three domains. These domains are: occupational exhaustion measured with 9 items – 1, 2, 3, 6, 8, 13, 14, 16, and 20 (score range 0-15 low, 16-25 medium and 25-54 high), depersonalization measured with 5 items – 5, 10, 11, 15, and 22 (score range 0-2 low, 3-8 medium and 9-30 high), and personal success measured with 8 items – 04, 07, 09, 12, 17, 18, 19, and 21 (score range 0-33 low, 34-42 medium and 43-48 high). The high emotional exhaustion and depersonalization score and the low personal achievement score indicate that burnout is at an advanced level. Example of BMI items are "I can easily understand the actions of my colleagues/supervisors" was rephrased to "I feel emotionally drained from my studies," "I feel that I influence other people positively through my work," "I deal with other people's problems successfully," "Working with people the whole day is stressful for me." The reliability coefficient of this scale was .806.

Section D: Beck Depression Inventory

Depression was measured by Beck Depression Inventory - Second Edition (BDI-II). BDI-II is a 21 item inventory that was developed by Beck, Steer, and Garbin (1988). It is a self-report instrument that was designed to quantitatively assess for the existence and severity of depressive symptoms. BDI-II is a 21 items scale rated on four (4) likert range from 0 to 3. Items in the BDI cover mood, pessimism, sense of failure, lack of satisfaction, guilt, sense of punishment, self-hate, self-accusation, self-punitive wishes, crying spells, irritability, social withdrawal, indecisiveness, body images, work inhabitation, sleep disturbance, fatigue, appetite, weight, somatic preoccupation, and libido. These items which correspond to a symptom of depression are summed together to give a single score for the BDI-II. Score between 0 and 13 is considered minimal range, score between 14 and 19 is considered mild, score between 20 and 28 is considered moderate, and score between 29 and 63 is considered severe. The total score range is from 0 to 90. In the present study, the Cronbach's alpha reliability was estimated as 0.803.

Section E: Death Anxiety

Death anxiety was measured by the Death anxiety scale. This is a 15 items scale that was developed by Templer (1970). This scale was designed to measure the fright of personal demise. This measures on a 2 point likert-type response format ranging from 1 (Yes) and 1 (No). Thus, total score is between maximum 15 and minimum zero. All items are positively worded and cover death anxiety and its related issues; events such as sudden diseases, world war, speed of time passing, shortness of life, and fear of a painful death. Examples of DAS items include, "It does not make me nervous when people talk about death," "I dream to think about having to have an operation," "I am not at all afraid to die." The scale was tested for reliability and overall

it has appropriate validity and reliability. In the present study, the scale reliability coefficient was estimated to be 0.611.

Data Analysis

All data analysis was done with IBM SPSS version 22.0. The data was subjected to descriptive statistics for the socio-demographic information of the respondents. We calculated zero order correlation matrix to investigate the relationship among the independent and dependent variables. Afterwards, multiple regression analysis was used to estimate the predictions of burnout, death anxiety and depression on quality of life. $p<0.05$ was considered as significant.

Results

Table 1: Summary of multiple correlation analysis showing the correlation among burnout, depression, death anxiety, and Quality of Life of Federal Road Safety Corps Officer in Lagos, Nigeria

Variables	1	2	3	4	$\bar{x}$	SD
1. Quality of Life	1				87.81	10.65
2. Burnout	.027	1			67.68	15.07
3. Depression	-.443**	.206**	1		13.17	7.12
4. Death Anxiety	.087	-.045	-.028	1	21.87	2.61

*****. Correlation is significant at the 0.01 level (2-tailedN=425)***

Table 1 showed that depression (r[425]=-.443; p<.05) was significantly negatively associated with Quality of Life. Burnout (r[424]=.027; p>.05) and death anxiety (r[425]=.087; p>.05) were not significantly associated with Quality of life.

Table 2: Summary of Multiple Regression Analysis showing the independent and joint prediction of burnout, depression and death anxiety on Quality of life of Federal Road Safety Corps Officers in Lagos, Nigeria

Predictors	B	***B***	**T**	Sig	**R**	R^2	**Δ R^2**	F	P
Burnout	.085	.120	2.722	**<.05**					
Depression	-.704	-.471	-10.698	**<.05**	.469	.220	.220	39.604	**<.05**
Death Anxiety	-.384	-.094	-2.190	**<.05**					

Dependent variable: Quality of Life

Table 2 showed that burnout, depression, and death anxiety significantly and jointly predict Quality of Life (F [3,421] =39.604, R =.469, R^2 =.220, p<.05). Independently, burnout positively predicts FRSC officers' (B=.085, β=.120, t=2.722, P<.05) Quality of Life. Depression (B=-.704, β=-.471, t=-10.698, p<.05) significantly and negatively predicts FRSC officers' Quality of Life. Death anxiety (B=-.384, β=-.094, t=-2.190, p<.05) significantly and negatively predicts FRSC officers' quality of life.

Discussion

Urbanization necessitated high volume of vehicles in metropolitan centres. For developing metropolitan centres that are not using technology to control traffic, the problems lie solely on the shoulders of traffic officers which are called Federal Road Safety Corps officers in Nigeria. This set of paramilitary officers has been understudied especially on their quality of life. This study therefore investigated impact of psychological variables on quality of life among Federal Road Safety Corps Officers in, Lagos State, Nigeria.

The results that show that burnout predicted quality of life has similarities in the literature. Qu & Wang (2015) reported the same thing as ours. We expected that burnout among traffic officers should bring about negative profile of quality of life because of the nature of the job (Aslam et.al. 2015); however, the result from our study indicated that with more experience of burnout there would be likelihood that there would be better experience of quality of life. This surprising result could be because of the nature of jobs of traffic officers which are characterized by extended, sometimes monotonous shifts, the policies of the organization, career development and familial characteristics such as balancing work and family life can all impact on the quality of life.

This current study revealed that depression inversely predicted quality of life of police officers. Chen et.al. (2006) supported our results. They were of the opinion that being depressed contributed to low quality of life. Kutlu et.al. (2009) also found out that there was significant reduction of quality of life for police officers that are experiencing depression. Despite the fact that our study concentrated on traffic officers, the reports on the negative prediction of depression on quality of life of a closely related profession of care is a sign that the mood state of traffic officers need to be looked into.

In this present study, death anxiety impacts on quality of life of traffic officers. This is absolutely true with the results of the previous studies in this area. Soleimani et.al (2015) found out the fear about the knowledge of death has negative prediction on quality of life among cancer patients. Death anxiety is an existential concern not only for individuals experiencing terminal illnesses but also for those in caring professions. Gupta et.al (2016) demonstrated that having heightened experience of death anxiety dips the experience of better life satisfaction.

Conclusion

This study is particular to special road traffic officers in Nigeria. It shows that psychological variables considered in this study (burnout, depression and death anxiety) had composite prediction on quality of life; however, independently, burnout has positive impact on quality while depression and death anxiety had negative impact on quality of life.

Recommendation

The nature of job of traffic officers exposes them to burnout which has impact on quality of life. Management officers of FRSC should develop intervention programmes that can help to reduce burnout so that quality of life of their staff can be positive. Furthermore, the staff of FRSC Lagos state command can benefit from routine mental health check involving depression so that staffs who are depressed can get treatment which can contribute to better quality of life. Reducing the existential concern of death for example by debriefing them when they experience fatalities on their jobs can alleviate their quality of life.

More research attention especially on the sub-domains of these psychological variables and the relationships they have with the sub-domains of quality of life need to be considered.

References

Alborz, A. (2017). The nature of quality of life: A conceptual model to inform assessment. Journal of Policy and Practice in Intellectual Disabilities, 14(1), 15-30,

Alsalam, P. & Sohail, T. (2015). General self-efficacy beliefs, life satisfaction and burnout in traffic wardens. Pakistan Vision 15(2), 126-150

Atubi, A. (2012). Identification of cycles and periodic oscillations of road traffic accidents over Lagos state, Nigeria. *International Journal of Humanities and Social Sciences: 2*; 24, 212-327

Becker, E. (1973). The denial of death. New York: Free Press.

Bhandari A.A, Gautam R, Bhandari S. "Knowledge and practice on prevention of respiratory health problems Among traffic police." International Scholarly Research Notices. Vol. 2015, pp: 6.

Chen, H., Chou, F., Chen, M…(2006). A survey of quality of life and depression for police officers in Kaohsiung, Taiwan. *Quality of Life Research: 15*; 925-932

Chou, F.H. & Kuo, M.H. & Tsai, K.Y. (2010). Quality of life and depression in police officers: Perspectives from Chinese in Taiwan. Handbook of Disease Burdens and Quality of Life Measures: DOI: 10.1007/978-0-387-78665-0_205

CMT (European Conference of Ministers of Transport). Joint Transport Research Centre (2007). Managing Urban Traffic Congestion (SummaryDocument).

Gangwar, D. & Kiran, U.V. (2015). Correlation between psychological well-being and quality of life among traffic police. *International Journal of Science and Research; 6;10,* 919-921

Gupta, S. & Khaana, J. (2016). Pattern of life satisfaction and death anxiety in civil police and provincial armed constabulary (P.A.C) police: A gender based study. Journal Global Values; 8, 2, 1-6

Klamut, O., Oliver-Figueroa, L.A. & Weissenberger, S. (2022). A balanced time perspective and burnout syndrome in the corporate world. International Journal of Environmental Research and Public Health: 19, 14466. https://doi.org/10.3390/ ijerph192114466

Kutlu, R. & Karaoğlu, S.C.O. (2009). The assessment of quality of life and depression among police officers. Turkiye Klinikleri Journal of Medical Sciences 29(1):8-1

Maddahi, M. E., Khalatbari, J., Samadzadeh, M., Amraei, M., Ahmadi, R., & Keikhafarzaneh, M. M. (2011). The study of quality of life and personality traits of NEO five factors concerning death anxiety in Shahed University Students.
International Journal of Scientific and Engineering Research, 2(12), 1–4.

Maslach, C., & Leiter, M. P., 2005, Stress and burnout: The critical research in Cooper,C.L. (Ed.), Handbook of Stress Medicine and Health, Lancaster: CRC Press, 155-72

Maslach C., 1982, Burnout: The Cost of Caring.New York: Prentice-Hall

Maslow, A. (1954). *Motivation and personality*. New York: Harper & Row

Njiro, B.J., Ndumwa, H.P., Msenga, C.J. et.al. (2021). Depression, suicidality and associated risk factors among police officers in urban Tanzania: A cross-sectional study. *General Psychiatry*: 34:e100448. doi:10.1136/ gpsych-2020-100448.

Phadke, S.D. & Gupta, A.A. (2012). Application of WHOQOL-BREF in measuring quality of life in traffic police. International Journal of Science and Research, 3 (6); 1580-1583

Plato, Works, Vol. V, Scientific and Encyclopedic Publishing House, Bucharest, 1986, pp. 55-68.

Pukeliene, V. & Starkauskiene, V. (2011). Quality of life: Factors determining its measurement complexity. Engineering Economics: 22 (2) DOI: 10.5755/j01.ee.22.2.311

Sharman, D. W., Norman, R., & McSherry, C. B. (2010). A comparison of death anxiety and quality of life of patients with advanced cancer or AIDS and their family caregivers. Journal of Association of Nurses and AIDS Care, 21(2), 99–112.

Sirgy, M.J. (1986). A quality-of-life theory derived from Maslow's developmental perspective. The American Journal of Economics and Sociology; **https://doi.org/10.1111/j.1536-7150.1986.tb02394.x**

Soleimani, M.A., Lehto, R.H., Negarandeh, R., et.al (2015). Relationships between death anxiety and quality of life in Iranian patients with cancer. Asia Pacific Journal of Oncology Nursing; 3: 183-91.