

Original Article




Phenomenology Study: Experiences Of Community Living Near A Road In Providing Help To Accident Victims

Vela Purnamasari¹, Nove Lestari¹, Nurul Laili²

¹Lecturer of D3 Nursing Study Program, STIKES Karya Husada Kediri, East Java, Indonesia

²Lecturer of S1 Nursing Study Program, STIKES Karya Husada Kediri, East Java, Indonesia

ARTICLE INFO	ABSTRACT
<p>Article History: Submit : Dec 17, 2022 Revised : Dec 18, 2022 Accepted : Dec 26, 2022</p>	<p>Background: A phenomenon that often occurs in the community when a traffic accident occurs is that those who provide first aid (first responders) are mostly not medical officers but ordinary people around the scene. Of course, ordinary people will have unique and profound experiences that need to be explored to describe rescue actions when finding accident victims with all their limitations.</p> <p>Methods This study uses a qualitative design with an interpretive phenomenological approach to explore the meaning of the experiences of ordinary people who live close to the highway in assisting accident victims. Data saturation was achieved with 7 participants. The instrument in this research is the researcher as the core instrument, and other supporting tools in the form of a netbook equipped with a voice recording program (Camtasia studio), ballpoint pen, and paper for field notes. Data collected through in depth interviews processed into transcripts and then analyzed using Interpretive Phenomenological Analysis (IPA) .</p> <p>Results: The results of the study found three major themes, namely trying to help victims as best they could, hoping for the best for victims and hoping for cooperation between the rescue team and the health care system. The three major themes are built from several sub-themes..</p> <p>Conclusion: The conclusion is that people who live near highways will have the potential to become first responders in helping accident victims in the prehospital phase . With good cooperation between the general public and special lay parties and assisted by health services, it will greatly assist the process of first aid and follow-up assistance to accident victims, so that morbidity and mortality in accident victims can be minimized.</p>
<p>Keywords: Accident Victims, Aid, Ordinary People Living Near Highways</p>	

 **Corresponding Author** : Vela Purnamasari
 **Affiliation** : Lecturer of D3 Nursing Study Program, STIKES Karya Husada Kediri, East Java, Indonesia
 **Email** : velapurnama@gmail.com
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Introduction

A traffic accident is an incident on the road that unintentionally involves a vehicle with or without other road users resulting in human casualties or property loss (Triyanasari, 2019). The provision of inappropriate first aid partly causes a high morbidity and mortality rate in accident victims. Lack of knowledge, lack of awareness, worries, and fears are the cause of many ordinary people who are less able to carry out the transportation process or act of transferring accident victims with emergency conditions because they may think about the risks in the future if help is not done properly (Sam et al., 2019; Weda Ayuni, 2015). The first aid in question is the transportation or transfer of accident victims, which is trying to move victims from an emergency place to a safe place without using tools. Depends on the situation and field conditions. Therefore, a helper must have good knowledge, skills, and experience in the field of rescue (Imardini et al., 2020; Lukumay et al., 2019). The high incidence of accidents around the world is that around 1.2 million people die from traffic accidents yearly, and another 50 million are injured. Indonesia is one of the countries with a large number of traffic accidents (WHO, 2016). POLRI reports the number of traffic accidents in Indonesia as many as 107,500 incidents recorded in 2019, an increase of 3% from the previous year. Meanwhile, the number of accidents in Kediri City in 2019 amounted to 582 incidents and resulted in 81 deaths.

Accidents occur, one of them due to human error or *human error*, such as irregular traffic, vehicle conditions that do not meet Indonesian national standards, and road conditions with potholes. These are often the cause of traffic accidents, not infrequently. Some of them claim lives and disabilities for life. Every hour an average of 3 people die from traffic accidents. This can be seen from the large number of accidents caused by several things, namely the ability and

characteristics of the driver, vehicle factors related to the fulfillment of roadworthy technical requirements, infrastructure factors, the environment, and the general public as first aid providers during the prehospital phase (Azoulay et al., 2018; Peraturan Direktur Jenderal Perhubungan Darat Tahun 2020, Tentang Petunjuk Teknis Pemeliharaan Perlengkapan Jalan, 2020)

A poor prehospital system will impact health services, especially emergency services outside the hospital that are less professional. The unprofessional description of emergency services can also be seen in the first aid process for accident victims. This includes the victim's first helper (*first responder*) to the process of transporting the victim (*transportation*) from the scene to a nearby hospital. Often the initial rescuers for accident victims are not trained medical personnel, but they are the victim's family, police, public transport drivers, and people who are around the scene, and almost all of them do not have or do not have the competence to provide both medical assistance and assistance. Basic life (Firdaus et al., 2018; Khan et al., 2003; Riches & Dawson, 1996). Transportation for the transfer of accident victims must be provided quickly, and precisely when first seeing the victim. A rescuer should not be nervous, overly anxious, and in a hurry to provide first aid. All first aid measures must be performed appropriately and in a calm manner. These first aid measures include performing a respiratory examination, such as seeing the rise and fall of the victim's chest, hearing the sound of the victim's breathing, and examining the injury to the victim, after that the rescuer must move the victim to a safe and flat place in the right way, a rescuer must immediately contact the medical team. so that victims quickly get further help (Ning Arti & Erni, 2018). A helper rarely does this due to lack of knowledge, ability and concern about first-aid measures given to accident victims (Farrell et al., 2019; Ntontis et al., 2020; Rahmania, 2019). The

impact that arises if the community knows that lack of abilities and excessive worries will affect victims, such as exacerbating injuries, severe trauma to brain tissue, aggravating pain to loss of consciousness (Ana Anggraini et al., 2018). People with good transportation skills will make it easier for the health team to take further action, as well as increase the life expectancy of someone whose life is threatened (Rahmania, 2019).

The phenomenon of an unorganized *prehospital* system requires an effective and efficient solution. The unbalanced ratio between the number of human resources, ambulances, a relatively large area in Indonesia, and traffic congestion problems will take a long time to overcome. What can be done in this case is to optimize existing opportunities, including empowering human resources who are more often exposed to road accidents, such as families, police, public transport drivers, and ordinary people who also have more opportunities to encounter accidents. They usually help call an ambulance, transfer and transport patients to the hospital, and provide moral support to victims and their families (Firdaus et al., 2018).

The Integrated Emergency Service System is a series of interrelated emergency service efforts carried out at the Pre-Hospital level - in the Hospital - between Hospitals and interwoven in one system, being the best solution to assist someone with the criteria of "emergency". Through education, by providing counseling to the general public in the form of socialization and ongoing training to the general public, especially in this case, the general public will specifically be able to improve their abilities on how to take appropriate first aid measures for victims of traffic accidents (Rahmania, 2019).

Methods

This study uses a qualitative research design with an interpretive phenomenological

approach to explore the meaning of the experiences of ordinary people who live near the highway in helping traffic accident victims. The research was carried out in May 2021. The research location was in Bendo Village, Pare District, Kediri Regency. Data saturation was achieved through 7 participants who were selected based on the inclusion criteria. The instrument in this study is the researcher as the core instrument, and other supporting tools in the form of a netbook equipped with a *Camtasia studio* voice recorder program, a ballpoint pen, and paper for *field notes*. Data were collected through *in-depth interviews* with structured interviews (Afiyanti & Imami Nur, 2014). The data was then processed into transcripts and then analyzed using *Interpretive Phenomenological Analysis (IPA)*. This research has undergone ethical considerations, and data validity criteria must be met in qualitative research. Ethical Clearance No. 612/EC/LPPM/STIKES/KH/IX/2021.

Results and Discussion

The results based on the research objectives obtained three themes: trying to help the victim as much as possible, hoping for the best for the victim and hoping for the cooperation of the rescue team with the healthcare system. The three major themes are built from several sub-themes.

The theme of trying to help victims as much as possible consists of two sub-themes: trying to help immediately and helping by using makeshift equipment. The sub-theme of trying to help immediately was built by three categories: not knowing how to help, limited ability to help, and not knowing how to stop bleeding. The sub-theme of helping with improvised equipment was built on four categories: calling for help, moving the victim to a safer place with the help of other rescuers, stopping the bleeding with makeshift cloth, and placing wooden supports or boards on the injured body part.

The participants desired to immediately be able to help the victim even though they still felt doubts because they felt they did not have good enough abilities to provide first aid. Participants felt that their ability to help was limited because they were not health workers who could perform first aid properly. So that participants tried to ask for help from others and immediately tried to contact the nearest health service facility.

"At first, I was doubtful that you wanted to help, I was afraid that I couldn't help but in my heart I wanted to help immediately... so that I could immediately be taken to the hospital too, Ms..."(P2)

(Saya awalnya ya ragu mbak mau nolong itu, ya takut tidak bisa nolong tapi dalam hati ya ingin segera menolong...kan biar bisa segera dibawa ke rumah sakit juga mbak terus dapat pertolongan kan disana nanti...)(P2)

"I was afraid when I saw the victim's condition... the blood was flowing from her legs... I just covered it with a handkerchief. sis..."(P5)

" Takut mbak saya pas lihat kondisi korban itu..lha darahnya mengalir terus dari kakinya...saya tutup saja gitu dengan sapu tangan..mau saya apakan ya bingung juga, ya langsung saya teriak-teriak minta tolong ke orang- orang disitu saja mbak..."(P5)

The limited ability to help causes the way of giving help is not completely correct, including one of them the experience of stopping bleeding is lacking and there are even participants who feel that they cannot help. People in providing first aid to accident victims feel that it is not entirely correct to apply the method of providing first aid because they feel they are not health workers so that they feel that the assistance provided is not fully correct (Ulya et al., 2017).

The second theme, namely wishing the best for the victim, consists of two sub-themes, namely doubts when providing first aid and

worrying about the condition of the victim. The sub-theme of doubt when providing first aid is built on three categories, namely fear when you first see the victim's condition, doubt that you can't help properly and worry about the impact of the help that has been done. The sub-theme of worrying about the victim's condition is built on two categories, namely feeling sorry for the condition of the victim, worried about the victim not surviving.

Almost all participants expressed fear and doubt about making a decision to help or not to help. This is because the participants feel they do not have the right ability to help. Some participants said they were worried about the condition of the victims who could not be saved.

"At that time, I was doubtful and confused, sis... whether I should help or not.. the problem is that at that time, it was already sunset. The road was actually quite quiet... so I was actually afraid if I wanted to help, moreover I didn't either. know how to help the right way..." (P4)

"Saat itu saya sempat ragu dan bingung mbak...antara saya harus menolong atau tidak..soalnya ya saat itu kan sudah mau magrib jalannya sebetulan juga agak sepi..jadi ya saya sebenarnya takut kalau mau nolong itu, apalagi saya juga tidak tau caranya menolong yang benar itu gimana..."(P4)

"When I saw the victim lying on the side of the road, there was a lot of blood on her legs and face, yes, I was afraid, ma'am... I feel sorry for the locals, they were just sidelined while waiting for the police to come..." (P7)

"Waktu melihat korban sudah tergeletak di tepi jalan terus banyak darah di kaki dan wajahnya ya saya takut mbak...kasihan juga, sama warga sekitar ya hanya dipinggirkan begitu sambil menunggu polisi datang..."(P7)

Doubts and worries felt by participants are natural things that are felt by an individual when encountering unexpected events, especially when finding accident victims who do not rule out the possibility that the victim is in a life-threatening condition or has even died. Ordinary people who do not have special advantages in the health sector will feel confused if they find cases of accidents, so people immediately take victims to health services (Ning Arti & Erni, 2018). Some people still decide not to help because they are still doubtful about their ability to help and are worried about the impact that might occur due to the help that has been done.

From the point of view of ordinary people who are faced with conditions that require them to provide first aid in cases of traffic accidents, there are several factors that influence them to help or not to help victims. Intrapersonal, psychosocial and situational factors become temporary answers to why someone provides help (Firdaus et al., 2018). In an emergency, these three factors are the reason that there are still many ordinary people who prefer not to help the victim even though the accident victim should need immediate help.

For the third theme, the hope for good cooperation from the rescue team with the health care system consists of two sub-themes: hoping that assistance will come to help soon and hoping for good cooperation from related parties. The sub-theme hopes that there will be assistance that will immediately help, which is built into three categories, namely hoping that the ambulance will come soon, feeling happy when the police come and immediately securing the location and hoping that the surrounding community will immediately help. The sub-theme hopes that there will be good cooperation from related parties, which is built by two categories, namely hoping that the community will cooperate and immediately help seek medical assistance, feel relieved when the ambulance immediately comes to help the victim.

Some participants said they felt calmer when other community members helped and quickly sought help. Participants also expressed joy and relief when the police and ambulance immediately came to help at the scene.

"I feel like I feel relaxed in my heart.. that's how it is, Ms.

"Kayak dihati merasa plong..gitu mbak..pas lihat polisi datang mengamankan dan ambulans juga cepat datang ke lokasi kejadian..."(P5)

"Yes, it's a relief, sis... when I see the victim has been helped by health workers and brought into the ambulance, I'm happy to hear that.. while praying that the victim is safe, Ms..."(P2)

"Ya lega mbak...pas lihat korban sudah ditolong oleh petugas kesehatan dan dibawa masuk ke ambulans ya ikut senang rasanya..sambil berdoa semoga korban bisa selamat mbak..."(P2)

The *prehospital* system that has not been well coordinated will worsen emergency services, increasing victim mortality (Firdaus et al., 2018). The rescuer who is the first to assist the victim, especially when dealing with victims with emergency conditions, is in a condition full of tension and stress. The first rescuer is the first at the scene of the incident. Regardless of the condition, the safety of the victim is paramount. So in any condition of feeling, the readiness of the helper in any form, the main priority remains the safety of traffic accident victims (Akbar Khayudin, 2020; Elmqvist et al., 2010).

Empowerment to the general public regarding basic assistance in accidents is crucial because ordinary people can become first responders (helpers who first find accident victims) at the scene with all existing limitations and limited capabilities. This community empowerment needs to be done with socialization starting from the most basic level, for example, at the village level cadres. Socialization regarding the provision

of first aid to accident victims needs to be improved and implemented sustainably and systematically to save accident victims properly and correctly without causing permanent disability or even death.

Conclusion

People who live near the highway will likely be the first responders in helping accident victims in the *prehospital* phase. With good cooperation between the general public and special lay parties and assisted by health services, it will significantly assist the process of first aid and follow-up assistance to accident victims, so that morbidity and mortality in accident victims can be minimized.

Authors Contributions

The author carries out tasks from data collection, data analysis, making discussions to making manuscripts

Conflicts of Interest

All research teams agree with the final results of this study and there is no conflict of interest in this study.

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