

# Through the Eyes of the First Responder Responding in Fatal Road Accident

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## **Abstract:**

This research study explored the experiences of first responders in responding to fatal road accidents, focusing on the current state of well-being of first responders, the procedures applied by the First responder before responding to road accidents, the most tragic incidents responded to by the First responder, and the interventions applied by first responders after response. Utilizing a phenomenological design, six individuals from the Province of Ilocos Norte who had experienced such incidents were purposefully selected for in-depth interviews.

The analysis revealed the emergence of eight key themes, namely: Difficult, continuous learning, verification, briefing, fractured bone, detached body parts, debriefing, and self-depriving. The findings of the study, first responders work in a stressful and demanding workplace that has a big impact on their well-being. Emotional stress, exposure to serious injuries, and ongoing preparedness are all part of their job. Nonetheless, they are able to manage these difficulties with the use of post-event interventions, debriefing and coping mechanisms, ongoing learning, and systematic processes verification and briefing. Based on the findings, the researchers recommended that the Bureau of Fire Protection should be given a mandatory 24-hour rest period after responding to traumatic incidents to allow for mental and physical recovery. The Bureau of Fire Protection should establish an internal support group that facilitates structured discussions where senior personnel can share valuable experiences and guidance with subordinates, helping them prepare for future emergencies. Community leaders should also conduct annual safety programs to educate residents on safe driving practices, adherence to traffic laws, and the dangers of driving under the influence of alcohol, thereby promoting overall public safety. This study further serves as a useful reference for future researchers exploring similar topics, offering insights that can be expanded and improved upon. Overall, first responders are encouraged to prioritize their mental

and physical well-being, ensuring they are fully prepared before responding to emergencies, as their readiness directly affects their effectiveness and ability to save lives.

## 1. The Problem and Its Setting

### Introduction

First responders are the individuals responsible for securing the scene, assisting victims, and controlling the crowd at the site of an incident. Their primary objective is to ensure that the scene is safe and properly secured. A first responder was a person who was trained to react quickly and provide immediate assistance during emergencies such as accidents, natural disasters, fires, or medical crises. A first responder referred to public safety professionals such as firefighters, law enforcement officers, and emergency medical personnel who were first on the scene and were responsible for stabilizing the situation until additional help arrived.

Emergency personnel face significant psychological and emotional stress due to the demands of responding to incidents and providing care to the injured, which can impact both personal and professional lives. Research shows that nearly all participants experienced mental health issues, including stress, anxiety, depression, burnout, and PTSD. International studies reflect similar findings: in Saudi Arabia, anxiety (19.3%) and depression (9.2%) were most common; in Pakistan, 22% reported PTSD and 28% had anxiety or depression; in Spain, EMTs—especially women during COVID-19—experienced high stress due to PPE shortages and infection fears; and in the United States, 31.5% of nurses left the profession due to job-related fatigue. Other studies also indicate that EMTs are at a higher risk of suicide compared to the general population (Ahmadi et al., 2024).

In the Philippines, volunteer emergency first responders significantly outnumber government responders, yet research on their experiences remains limited. These volunteers are the first to arrive at accidents or disasters and are exposed to a wide range of physical and psychological consequences, including witnessing death and other traumatic events. Despite the stressors such as mass casualty incidents, pediatric deaths, personal injury, assault risks, sleep deprivation, and personal or family problems, many continue to serve, raising the question of what motivates them to perform such heroic acts. Although pre-hospital emergency care and patient transport have long been practiced, the challenges faced by volunteer responders highlight the demanding nature of their work (Castillo et al., 2022).

This study aimed to explore the lived experiences of first responders in Ilocos Norte when responding to fatal road accidents.

### Background of the Study

First responders face multiple challenges that affect their current state of well-being, as repeated exposure to traumatic incidents, including fatalities and severe injuries, can lead to stress, fatigue, and emotional strain.

Broadly contextualizes first responder experiences, noting that such professionals face high risks of post-traumatic stress disorder (10-23.2%), depression (16.6-44.5%), and anxiety, with traumatic incidents significantly impacting mental health. The psychological toll includes emotional withdrawal,

hyper vigilance, and potential long-term mental health consequences, highlighting the critical need for comprehensive psychological support for these front-line workers. Includes firefighters among first responders who “respond to traumatic and life-threatening incidents” and face significant mental health risks, with PTSD prevalence rates between 10-23.2% and depression/anxiety rates between 16.6-44.5% (Jones et al., 2023).

Dela Cruz et al. (2022) presented the first documentation of the lived experiences of volunteer emergency responders in the Philippines, aiming to deepen understanding of individuals who risk their lives to save others. They found that most participants were relatively young, aged 25 to 47, yet had accumulated substantial experience ranging from 5 to 25 years. Despite constant exposure to potentially life-threatening hazards during emergency responses, the responders’ willingness to help emerged naturally. Simple gestures such as smiles, words of gratitude, and recognition of their efforts were sufficient to motivate them to continue serving without expecting anything in return. Although participants faced numerous challenges and emotional strain, they coped and recovered by sharing their experiences with fellow responders. Their faith in God and strong peer support further strengthened their resilience, commitment, and readiness to assist those in need.

This study is relevant to the field of criminal justice as it explores the lived experiences of first responders who are essential to law enforcement, emergency response, and public safety operations. By examining their challenges, coping mechanisms, and procedures used, the study provides insights that are valuable for preparing criminal justice students for the demands of frontline service. The findings contribute to criminal justice education and research by informing training, policy development, and future studies aimed at improving professional practice and responder well-being within the criminal justice system.

Previous studies have explored first responders’ experiences in general emergencies, but few have focused specifically on fatal road accidents, especially in the Philippine context. Most research addresses either operational procedures or mental health outcomes separately, without examining the full continuum of experiences before, during, and after response. This study fills that gap by exploring the lived experiences of first responders confronting fatal accidents, including procedural, emotional, and coping aspects.

This study examines the current state of well-being of first responders, the procedures applied prior to responding to fatal road accidents, the most tragic incidents they have experienced, and the interventions implemented after the response. In addition, the study explored the most tragic incidents encountered by first responders during emergency responses and identified the interventions they apply after responding to such incidents, especially those aimed at coping, recovery, and stress management.

## **Statement of the Problem**

Generally, this study aimed to explore the lived experience of First Responders in responding to fatal road accidents in Ilocos Norte.

Specifically, this study aimed to answer the following:

1. What is the current state of well-being of a first responder?
2. What are the procedures applied by the First responder before responding to road accidents?
3. What are the most tragic incidents responded to by the First responder?
4. What is the intervention applied by the First responder after the response?

## **Theoretical Framework**

The theoretical framework is the structure that can hold or support the theory of a research study (Labaree, 2009). Here's a framework encompassing relevant theories to attain the objective of the study:

### **The Social Cognitive Theory**

In relation to this theory, it explains how people learn and develop behaviors through observation, imitation, and modeling within a social context. It emphasizes the interaction between personal factors, environmental influences, and behavior, a concept known as reciprocal determinism. According to Social Cognitive Theory, individuals not only learn by watching others but also by observing the consequences of actions, which shape their future behavior. Key elements include observational learning, self-efficacy, outcome expectations, and reinforcement (Bandura, 1977).

In the context of the first responder, this emphasized that behavior was learned through observation and experience, and that self-efficacy influenced how individuals responded to challenges. In this study, Social Cognitive Theory helped explain how first responders learned to manage fatal road accidents through training, observing peers, and practicing skills. Their coping strategies and actions were shaped by prior experiences, social reinforcement, and environmental demands.

### **Resilience and Coping Theories**

Resilience and coping theories together explain how first responders manage the physical, emotional, and psychological challenges of responding to fatal road accidents. Resilience highlights their ability to adapt and recover despite exposure to traumatic incidents, while coping theory emphasizes the strategies they use, both problem-focused and emotion-focused, to handle stress and maintain functioning. Together, these theories help understand how first responders sustain their well-being and continue performing effectively in high-risk, high-stress environments (Masten, 2001).

Resilience and coping theories helped explain how first responders managed the physical, emotional, and psychological challenges of responding to fatal road accidents. Resilience highlighted their ability to adapt and recover despite exposure to trauma, while coping theory emphasized the strategies they used, such as following protocols and debriefing, to reduce stress. Together, these theories illustrated how first responders sustained their well-being and continued performing effectively in high-risk situations.

### **Secondary Traumatic Stress Theory**

Secondary Traumatic Stress Theory explains how individuals who indirectly experience trauma, such as first responders, healthcare workers, or therapists, can develop symptoms similar to those of post-traumatic stress disorder (PTSD). It highlights that repeated exposure to others' suffering, injury, or death can lead to emotional distress, anxiety, intrusive thoughts, and burnout, even if the individual was not directly involved in the traumatic event (Figley, 1995).

In relation to this theory, STS was a significant concern for first responders who worked at fatal road accidents. By recognizing the potential impact of STS and providing appropriate training, support, and resources, organizations helped first responders cope with the psychological demands of their profession and maintain their well-being.

## **Conceptual Framework**

The Input, Process, Output, and Outcome (IPOO) model was used in the investigation. A functional graph, known as an input-process-output-outcome model, indicated the processing tasks needed to transform inputs into outputs, as well as their results. It provided suitable objectives for the research and showed how they connected to produce logical findings (Swaen, 2022).

This IPOO framework provided a comprehensive structure for understanding the experiences of first responders in responding to fatal road accidents. The inputs were the current state of well-being of the first responder, the procedures applied by the First responder before responding to road accidents, the most tragic incidents responded to by the First responder, intervention applied by the First responder after response. In the process, the researcher used Qualitative research through a phenomenological study and analyzed the data through thematic analysis. The output was a documentary video entitled “First Responder: Suffering Silence,” and the outcome was the community gaining a greater appreciation for the efforts and sacrifices of first responders in responding to fatal road accidents.

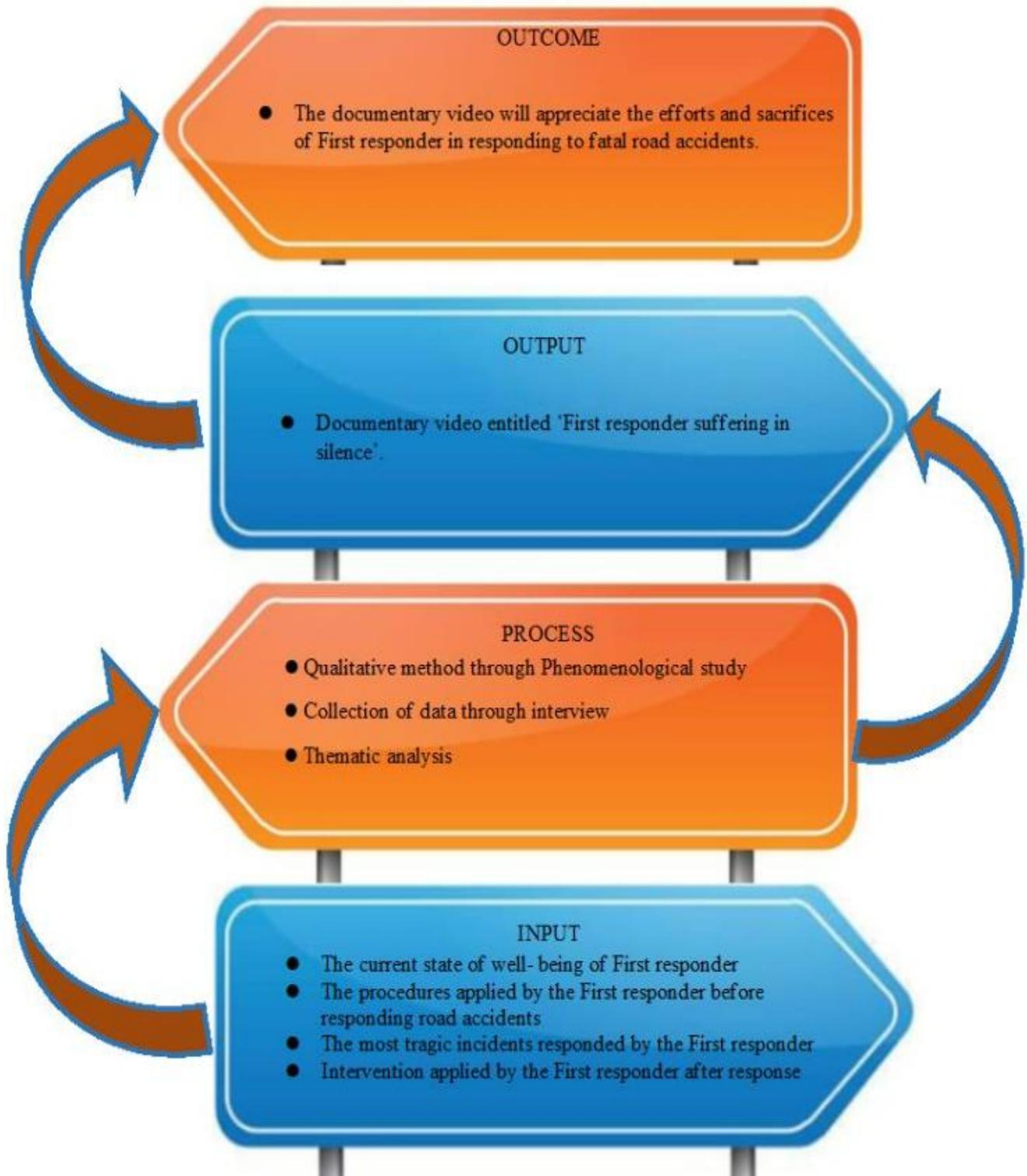


Figure 1. Research Paradigm

## Significance of the Study

This study provided a better understanding of the experiences of first responders in responding to fatal road accidents in Ilocos Norte. This study may have benefited the following:

**First Responder.** This study helps first responders by recognizing their experiences and challenges, especially the physical and emotional stress they face in responding to fatal road accidents. Its findings can support improved training, better mental health interventions, and stronger support systems that enhance their well-being, preparedness, and resilience.

**Educational Institution.** This research study serves as a valuable resource for the educational institution by providing insights and information that can be used for future academic purposes. This also benefited by enhancing its credibility through the production of research relevant to public safety and community well-being. It also supports faculty research productivity and academic publication opportunities.

**Government Agencies.** This study offers numerous benefits to agencies such as the PNP, BFP, and the Department of Safety. The main purpose is to promote and improve practices and interventions in responding to road accidents. Additionally, this study benefited government agencies by highlighting gaps in first responder training, resources, and mental health support. The findings helped guide improvements in emergency response policies and inform programs that better protect and support responders.

**Community.** This study benefits the community by improving emergency response, raising awareness of first responders' challenges, fostering support, and guiding preparedness programs to reduce fatalities in road accidents.

**Local Government Unit.** This study is significant to the Local Government Unit as it provides insights into the experiences of first responders that can inform policy development, training, and support programs. The findings can help strengthen local emergency response systems, improve responder well-being, and enhance community safety.

**Researchers.** This study serves as a foundation for researchers to learn about first responders' experiences in the field of traffic accidents.

**Future Researchers.** This study serves as a reference for future researchers by providing insights into first responders' well-being, procedures, tragic incidents, and interventions after response, establishing a foundation for exploring their lived experiences in fatal road accidents.

## Scope and Delimitations of the Study

This study highlights the experiences of first responders in responding to fatal road accidents, specifically the current state of well-being of the first responder, the procedures applied by the first responder before responding to fatal road accidents, the most tragic incidents responded to by the first responder, and lastly the intervention applied by the first responder after the response.

There were six participants in this study who were first responders from the Bureau of Fire Protection and had 5 to 10 years of experience in responding to various road accidents, specifically within

the Province of Ilocos Norte. The study was conducted during the first semester of the academic year 2024- 2025 until the second semester of the academic year 2024-2025.

## Definitions of Terms

This study defined certain terms that were tackled throughout the research to provide further in-depth knowledge to anyone.

**First Responder.** In this study, the term referred to a person who had 5-10 years of experience responding to fatal road accidents from the Bureau of Fire Protection.

**Fatal Road Accident.** In this study, it referred to collisions or crashes involving vehicles that resulted in the death of one or more individuals.

**Intervention.** In this study, it refers to the actions, procedures, and coping mechanisms after responding to road accidents.

**Procedures.** In this study, the term refers to the action plan they follow before responding to road accidents.

**Through the Eyes.** In this study, it referred to a means of viewing the world from their unique perspective, shaped by the challenges, dangers, and emotional intensity of their role. It represented how they perceived and processed the events they encountered.

**Tragic Incident.** In this study, the term refers to the road accidents they responded to.

**Well- being.** In this study, it refers to the condition in their environment or in their workplace.

## 2. Review of Related Literature and Studies

This chapter provides a thorough review of existing knowledge, identifying gaps in the literature and establishing the context and theoretical underpinnings of the study.

### **The psychological impact of disaster on first responders in the aftermath of the Bahanaga train tragedy: A mixed methods approach**

The Bahanaga train derailment, which occurred in Odisha on June 2, 2023, is one of the deadliest rail disasters in India's history and worldwide, resulting in 294 deaths and over 1000 injuries. The Bahanaga tragedy required the substantial deployment of emergency medical services personnel, firefighters, railway staff, national disaster response teams, police, and local villagers near the accident site. These first responders worked under extremely challenging conditions to rescue the injured and recover the dead after 15 coaches of the passenger train derailed and were dismantled at high speeds after the tragic collision between three trains.

The study was conducted by the Declaration of Helsinki at the Bahanaga village after getting approval from the Institutional Ethics Committee, Kalinga Institute of Medical Sciences, KIIT University vide Letter No. 1354/2023 dated 27.06.2023. The investigators were a team of qualified psychiatrists and psychiatry residents with a minimum of two years of post-graduate training who visited the Bahanaga village for over one month during July 2023. There were four visits on the 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, and 23<sup>rd</sup> July 2023.

The IDIs provided personal and vivid insights into the first responders' experiences that expanded upon the quantitative data. We found that no new themes or significant variations emerged after coding the 20<sup>th</sup> interview transcript. The final two interviews confirmed the recurrence and stability of the identified themes, indicating saturation had been achieved. Six major themes were identified through thematic analysis of their trauma narratives: First, Witnessing Trauma: First responders extensively described the distress of being exposed to horrific scenes of death, pain, and human suffering at the Bahanaga site. They recalled the shock of coming upon mutilated bodies, protruding bones, and wailing victims trapped in the train wreckage. First responders reported experiencing intense negative emotions in response to the frightening scenes at Bahanaga, including feeling terrified, horrified, and overwhelmed with sadness and pain.

Based on the findings of this study, we propose the following recommendations to address the mental health needs of first responders in India. First, implement routine mental health screening: Given the high rates of PTSD (10.2%), anxiety (11.6%), and depression (24.9%) found among first responders, regular screening using validated tools like PCL-5, GAD-7, and PHQ-9 should be conducted after disaster deployments. Second, provide psychological first aid: Address the unmet need for immediate psychological support expressed by first responders in the qualitative interviews by offering basic psychological first aid in the aftermath of disaster response. Third, enhance peer support programs: Develop structured peer support interventions, as many respondents found talking to colleagues who shared similar experiences helpful in coping with trauma. Fourth, increase mental health awareness and education: Incorporate mental health education into first responder training to address the lack of awareness and stigma identified in the interviews. Fifth, improve access to mental health services: Establish dedicated mental health support within emergency response agencies to address the unavailability of psychological help reported by many respondents. Sixth, develop trauma-informed media guidelines: Create guidelines for responsible media reporting of disasters to mitigate the retraumatizing effect of graphic imagery on first responders, as highlighted in the qualitative findings. Lastly, promote resilience-building strategies: Incorporate resilience training and stress management techniques in first responder preparedness programs, building on the positive outcomes of increased empathy and finding purpose reported by some participants.

### **Being first on the scene of an accident--experiences of 'doing' prehospital emergency care.**

Prehospital emergency care involves the assessment and treatment of patients before they reach a hospital and is traditionally the responsibility of ambulance services. However, in many emergencies, police officers and firefighters are often the first to arrive at the scene and provide initial care. Understanding the experiences of these first responders is essential to improving emergency response coordination and patient outcomes. This study aimed to describe and understand the experiences of being the first responder at the scene of an accident as perceived by police officers, firefighters, and ambulance personnel.

The study adopted a qualitative phenomenological approach grounded in a lifeworld perspective. Data were collected through 13 unstructured interviews with first responders who had experienced four different traumatic situations in southern Sweden. Participants included police officers, firefighters, and

ambulance staff. A phenomenological analysis was conducted to capture the essence and variations of their lived experiences as first responders at accident scenes.

The analysis revealed that being the first responder involved an expectation to perform a systematic course of action while simultaneously embodying a heroic role and maintaining genuine interpersonal engagement with injured individuals. This experience was characterized by a continuous movement between “being” and “doing,” where professional actions and human presence were inseparable. Five key constituents described the variations of this experience: a sense of security amid uncertainty, a balance between emotional closeness and professional distance, the perception of time as both fleeting and prolonged, cross-professional cooperation within defined role boundaries, and the need to make implicit knowledge explicit during emergencies.

The findings highlight the critical role of police officers and firefighters in providing life-saving measures prior to the arrival of ambulance personnel. The study emphasizes the importance of interprofessional collaboration and strong working relationships among first responders at accident scenes. Enhancing cooperation and role clarity among emergency professionals can improve prehospital care delivery and overall emergency response effectiveness (C. Elmqvist et al., 2009).

## **Examining distress among Saudi paramedics in responding to traumatic events: A mixed-methods study**

Paramedics play a critical role in providing timely medical care to injured patients and responding to trauma events. However, they are frequently exposed to traumatic situations such as death, serious injuries, and violence, which increases their risk of developing mental health disorders. Factors such as uncontrolled environments, repeated exposure to trauma, and the severity of patient conditions contribute to this heightened risk. This study aimed to investigate the distress experienced by Saudi paramedics in response to traumatic events, particularly road traffic collisions and assaults.

An explanatory sequential mixed-methods approach was employed to explore the experiences of distress among a sample of Saudi paramedics following traumatic events. Quantitative data identified the types and severity of traumatic events experienced, while qualitative interviews provided deeper insights into emotional, cultural, and professional factors affecting distress.

Participants ranked assaults and road traffic collisions as the most concerning traumatic events. Qualitative analysis revealed key themes related to their experiences, including emotional well-being, exposure to violence, road traffic collisions, encounters with death, personal limitations, cultural factors, coping strategies, and professional support. Intrusion and avoidance symptoms were the most commonly reported indicators of distress.

The study highlights the significant psychological distress experienced by paramedics in response to traumatic events, particularly road traffic collisions. Findings underscore the need for enhanced mental health support, targeted coping strategies, and professional resources to help paramedics manage the emotional and psychological challenges associated with their work (Williams et al., 2024).

## **Exploring paramedics' lived experiences in confrontation with patients' death during missions: a phenomenological study**

Emergency personnel are the first line of emergency response systems to respond to emergencies; in essence, they are usually exposed to a wide range of physical and psychological problems. Accordingly, the current study aimed to clarify the lived experiences of paramedics when exposed to Patients' Deaths during their missions in 2023.

This study was carried out using a qualitative approach and interpretative phenomenology from January 9, 2022, to September 21, 2023. The research was performed in Fars, Alborz, and Isfahan provinces in Iran. Data were gathered using semi-structured interviews with 17 male emergency personnel (both from the emergency medical service and Red Crescent). The obtained data were analyzed utilizing Smith's approach to clarify the lived experiences of emergency responders when facing deaths in various incidents in Iran.

Seventeen emergency personnel with an age range of 24–60 (average = 39) years and with a history of confronting patients' deaths during their services were interviewed. Their lived experiences of being exposed to patients' deaths during the emergency response in Iran were classified into three main themes: psychological and emotional status, personality, disposition, and behavior status, and mental and physical status. Sub-themes such as psychological and emotional problems, mental and physical problems, and sub-subthemes such as anxiety, stress, decreased appetite, irritability, insomnia, forgetfulness, and fatigue were also noted within the main themes.

While emergency personnel work diligently to save the lives of patients, the current study demonstrated that they were susceptible to multiple psychological, emotional, and physical problems, which potentially affect their lives outside of the workplace and make them more vulnerable to related physiological and psychological diseases. It is recommended that policymakers and clinical educators make ways to prevent these problems and provide emergency personnel with physical, psychological, and emotional support (Ahmadi et al., 2024).

## **Post-Crash First Response by Traffic Police in Nepal**

The study team worked with the Nepal Red Cross Society (NRCS), an established non-profit organization and auxiliary to the government in the humanitarian field. Based in Kathmandu, the NRCS has extensive experience in providing first-aid training for community groups, businesses, and government bodies.

We aimed to develop an intervention and evaluate the feasibility of its delivery to traffic police. We identified a district with whom we could work collaboratively, over a defined period. The study participants were all the traffic police officers stationed in the district. Provision of first aid is made explicit in the NTP mission objectives, which state that the police should "Assist the public in various stressful conditions, such as prompt first aid to accident victims."

Nepal faces high mortality and morbidity from road traffic injuries, with traffic police often transporting casualties without standardized first-aid training or emergency resources. This is common in LMICs, where untrained police or bystanders have poorer outcomes. Training traffic police is feasible and can significantly reduce mortality and morbidity (Int J Environ Res Public Health, 2022).

## **First Responder: Challenges in dealing with fatal road accidents.**

This research aims to estimate the relative risks of responsibility for a fatal accident linked to driving under the influence of cannabis or alcohol, the prevalence of these influences among drivers, and the corresponding attributable risk ratios. A secondary goal is to estimate the same items for three other groups of illicit drugs.

Police procedures for fatal accidents in Metropolitan France during 2011 were analyzed and characteristics encoded to provide a database of drivers. Information on alcohol and four groups of illicit drugs derived from tests for positivity and potential confirmation through blood analysis. The study compares drivers responsible for causing the accident, that is to say, having directly contributed to its occurrence, to drivers involved in an accident for which they were not responsible, and who can be assimilated to drivers in general.

A driver under the influence of alcohol has a higher risk of contributing to fatal accidents, with a marked dose-effect suggesting a causal role. This is due to weakening capacities for safe driving and increased self-confidence, leading to overestimation of capacities. Over two-thirds of responsible drivers are above the legal limit, contributing to one-third of all road deaths.

The study reveals that the prevalence of fatal accidents caused by drivers under the influence of alcohol or narcotics has remained stable over the past decade, with road deaths declining due to lower speeds and a similar reduction in victims due to alcohol or cannabis use (Sikasso, 2022).

## **Raising the security of first responders with C-ITS**

The study aimed to explore the experiences of traffic police officers regarding the provision of care to RTI victims in the prehospital environment, including the role of traffic police upon arriving at the crash scene, the challenges they face, and their opinions about how to improve care to RTI victims.

A qualitative study involving 41 participants found three themes: safety, health access, limited resources, and improving support systems. It suggested an emergency care system, resources, medical support, and training for police and drivers. The study also highlighted the need for C-ITS algorithms to improve efficiency and stress minimization.

Research is ongoing to identify risks and define strategies for emergency vehicle prioritization. V2X communication can be coupled semi-automatically to manual use of emergency lights or sirens, reducing concerns about automated operations. First responders face disorder, lack of communication, organization, and victims in large-scale disasters. They require emotional control and comprehension in chaos. The social implications of this study are global, as disasters affect anyone, regardless of race, socioeconomic status, or age (Seböck et al., 2023).

## **Lived Experiences of Bureau of Fire Protection Firefighters in Baguio City Fire Station, Philippines**

This study explores the experiences of firefighters at the Bureau of Fire Protection (BFP) in Baguio City, Philippines, focusing on their well-being and the challenges they face in their demanding roles. By providing insights into their experiences, the study aims to enhance firefighter morale and inform the Baguio City government and educational institutions about the realities of fire service. Such understanding could encourage future volunteerism in firefighting, fostering a stronger community response to fire

emergencies. Using a case study design, qualitative data were collected through semi-structured interviews and observational methods. A purposive sampling method yielded 28 participants. Data collection involved distributing questionnaires at the fire stations following approval from the City Fire Marshal, ensuring a comprehensive exploration of the participants' experiences. The findings reveal that while firefighters enjoy camaraderie and community support, they also encounter significant stress stemming from heavy workloads, interpersonal conflicts, and insufficient resources. Coping strategies employed by firefighters include prayer, peer discussions, and seeking guidance from more experienced colleagues, demonstrating their resourcefulness in managing stress. These insights have broader implications for enhancing firefighter training programs and organizational policies, emphasizing the necessity for improved emotional support systems and resource allocation (Collado et al., 2024).

## **Lived Experiences of Regular Volunteer Emergency First Responders: A Phenomenological Research**

Emergency medical services (EMS) serve as the first link in the delivery of healthcare before patients are turned over to medical professionals such as doctors and nurses. While medical professionals have been extensively studied regarding their experiences, challenges, and well-being, emergency volunteers have received little attention, particularly in the local Philippine context. This study aimed to explore the lived experiences of regular volunteer emergency first responders, including EMTs, first-aid providers, search and rescue volunteers, and firefighters, who provide round-the-clock lifesaving care during various emergencies.

A qualitative phenomenological approach was employed to explore the experiences of nine volunteer first responders. Semi-structured interviews were conducted, using open-ended questions to allow participants to share in-depth insights into their roles, motivations, and challenges. Data were recorded and analyzed to identify recurring themes across participants' experiences.

Analysis of the interviews revealed four essential themes: (1) a desire to help that transcended age, civil status, years of service, and educational attainment; (2) helping others was a rewarding experience; (3) continuous retraining and peer camaraderie helped overcome financial and equipment limitations; and (4) volunteers demonstrated a willingness to face injury or death in the process of aiding others.

This study provides the first detailed account of the lived experiences of volunteer emergency first responders in the Philippines. Findings highlight the dedication, resilience, and selflessness of volunteers, and contribute to a better understanding of the challenges and motivations of individuals who put their lives at risk to save others. Such insights may inform policy, training programs, and support mechanisms for volunteer first responders (Castillo et al., 2022).

### **3. Research Methodology**

This chapter detailed the research method, participants, sampling, procedures, instruments, validations, data gathering, and data treatment in the study.

#### **Research Method and Design**

The researchers used a qualitative method in the analysis of the experiences of first responders in responding to fatal road accidents. Qualitative research was a type of research methodology that focused

on exploring and understanding people's beliefs, attitudes, behaviors, and experiences through the collection and analysis of non-numerical data (Hassan, 2024).

Further, the researcher used Phenomenological research as a design. The Phenomenological research design is a qualitative approach that aims to explore and understand the essence of human experiences and the meaning people attribute to those experiences. It focuses on describing a phenomenon from the perspective of individuals who have lived through it (Delve, 2022).

## **Population and locale of the study**

The participants of this study were First responders from the Bureau of Fire Protection who had 5-10 years' experienced in responding to fatal road accidents in Ilocos Norte. The researchers used purposive sampling to obtain in-depth knowledge and detail, intentionally selecting participants based on their characteristics, knowledge, and detailed information. Purposive sampling refers to a group of non-probability sampling techniques in which units were selected because they had the experience that the researcher needed in the sample. ( Gill, 2020).

Six (6) participants were chosen to share their experiences regarding responding to fatal road accidents, specifically six (6) participants from Ilocos Norte, to wit: Barangay 47, Bengcag, Laoag City, Barangay 53, Rioeng, Laoag City, Barangay 26, Teppang, Bacarra, Barangay Ablan, Burgos, Barangay Baresbes, Dingras, and Barangay 16, Quiling Sur, Batac City.

## **Data Gathering Tool**

An interview guide was used as the data gathering tool. The researchers created an interview guide consisting of a series of questions about the current state of well-being of the first responder, the procedures applied before responding to a fatal road accident, the most tragic incidents they responded to, and the interventions applied after the response.

The researchers developed an interview guide to explore the lived experiences of first responders responding to road accidents in Ilocos Norte. The interview guide was validated by a research expert, and the finalized version was used during the data collection process with the support of a recording device. Following the validation, the researcher conducted a pilot test with a first responder in Ilocos Norte to ensure clarity, appropriateness, and reliability of the interview questions.

## **Data Gathering Procedure**

The researchers developed the interview guide and validation tool. After validation, the researchers conducted a face-to-face interview using recording devices and notes. The researchers explained to the participants the importance of their responses to the study. Confidentiality and anonymity were maintained, as the researchers did not disclose the identities or responses of the participants. The researchers clarified certain words for the participants to ensure a clear understanding and allowed them to answer freely. Afterward, the collected data were interpreted and analyzed with confidentiality and accuracy, using thematic analysis to identify key challenges and recovery patterns, which informed the study's conclusions and recommendations.

## **Treatment of Data**

The study employed thematic analysis to process and analyze the data. Thematic analysis is a qualitative research method used to identify, analyze, and interpret meaningful patterns or themes within a dataset. It enables researchers to organize and present data in rich detail and is particularly effective for exploring individuals' experiences, perceptions, and perspectives.

The researcher followed the steps of thematic analysis. The process involved familiarizing oneself with the data, generating initial codes, identifying and reviewing potential themes, refining and naming the final themes, and producing a coherent analytical narrative. This systematic approach ensured a clear, accurate, and meaningful interpretation of participants' experiences (Clarke, 2021).

## **Ethical Consideration**

The researcher informed and protected the participants regarding the sensitive nature of fatal road accidents discussed in the study. The participants were fully briefed about the purpose, procedures, and scope of the research and were given the opportunity to provide their voluntary informed consent. Consent was obtained in a clear and understandable manner to ensure that each participant fully comprehended the nature and objectives of the study. The researcher also ensured the anonymity of all participants; to maintain anonymity, privacy, and protection from potential harm, all information was handled with the utmost confidentiality. No names or identifying details of the participants were disclosed at any stage of the research.

## **4. Presentation, Interpretation, And Analysis of Data**

This chapter presents and analyzes participants' narratives on first responders' well-being, pre-response procedures, most tragic incidents encountered, and post-response interventions.

A first responder is a trained professional who is among the first to arrive at the scene of an emergency to provide immediate assistance. They play a critical role in saving lives, preventing further harm, and stabilizing situations until additional help or specialized care arrives. This study aimed to explore the tragic experiences of first responders in responding to fatal road accidents.

### **The current state of well- being of the First responder**

Current state of well-being refers to an individual's present overall condition of health and quality of life. It reflects how a person is feeling physically, mentally, emotionally, and socially at a given time.

### **Difficult**

Difficult refers to a task, situation, or concept that is hard to do, deal with, or understand because it requires considerable effort, skill, or endurance, often involving obstacles that increase complexity beyond ordinary conditions (Merriam-Webster, n.d.).

"Difficult" refers to the heavy responsibility and constant pressure of responding to emergencies, marked by the emotional burden of dealing with lives, the need to stay alert at all times, and the challenges faced when lacking prior knowledge or training.

As the first responder 1, described its difficulty that:

**“Saan tay a maikakat a narigat because we are dealing with lives.”**

(It never becomes any easier, because we’re dealing with lives.)

First responder 2 also added that:

**“Narigat kase no dadduma tay kunami nga dika makatalna ta no anytime baka adda responde.”**

(It’s tough because sometimes people say you can’t relax — at any time, you might get a call to respond.)

First responder 5, illustrated that:

**“Narigat kase adayo no ikumparak idi awn pay kanyak ti basic knowledge ti pinagresponde ti emergencies ta saan met nga innayon kadaydiay immuna a field a naggapwak.”**

(It was difficult because, when I compared, I didn’t even have basic knowledge of how to respond to emergencies—since that wasn’t included in the field I came from.)

The statements from the first three responders highlight the ongoing challenges faced in their work. One first responder emphasizes the emotional toll, noting that handling life-threatening situations never gets easier. Another describes the stress of constant readiness, where relaxation is impossible due to the potential for sudden response calls. A third first responder points out training gaps, explaining that a lack of basic emergency response knowledge from their prior field made the work particularly difficult.

The participants’ statements reveal that working as a first responder is extremely challenging. The emotional burden of handling life-and-death situations, the unpredictability of emergency calls, and the lack of prior training place significant strain on responders. These factors not only increase stress levels but also contribute to feelings of unpreparedness, underscoring the importance of proper training, continuous learning, and mental health support in this line of work.

Jones et al. (2023) highlight that being a first responder is an extremely difficult job due to chronic exposure to traumatic events, high psychological risks, and constant physical danger. They note that first responders face unpredictable and violent situations, often with potential biohazard exposure and life-threatening risks. Mental health concerns are particularly significant, with post-traumatic stress disorder (PTSD) prevalence ranging from 10 to 23.2%, and rates of depression and anxiety between 16.6 and 44.5%.

### **Continuous Learning**

Continuous learning refers to the ongoing process of consistently acquiring new knowledge and skills through formal or informal experiences, training, and study to improve competence, adapt to change, and enhance personal and professional performance over time. Continuous learning is essential for staying

current with evolving demands in work and life and reflects a commitment to lifelong growth and improvement (Coursera, 2024).

Continuous learning refers to the ongoing process of gaining knowledge and skills through every experience and response in the field. It involves applying lessons learned from previous situations, improving practical abilities, and adapting one's understanding to provide better care and service. This learning is cumulative, purposeful, and directly linked to real-life practice, allowing first responders to grow professionally while enhancing their ability to help others effectively.

First responder 3 explains the theme, cited:

**“Ti biag ti maysa a fire fighter after joining the service ti ammom ket ado da dagitay banag a masursuro pero diay mo a marealiaze nga everyday learning process every reponde so urnong ngem dagitay babassit a knowledge tapno kasta ada tu manen may apply mo diay sumaruno nga maihands on habang skillsmo bumaybayag ka ti maysa nga serbisyo.”**

(The life of a firefighter after joining the service is filled with numerous things to learn. However, you might not realize that every response is a learning process. So, gather even the small pieces of knowledge so that you can apply them in the next hands-on experience. As your skills develop, you continue to grow in the service.)

First responder 4 supported the theme, stated:

**“I cannot use the term exciting kase, parang ganon yong ano natin, exciting is not the proper term, parang mas-purposeful yong trabaho natin ngayon, mas fullfiling din siya and someway mas marami taong natutulongan, mas marami tayong buhay na nasasalba at maraming akong natututunan na way of helping the patients”**

(I can't really use the term 'exciting' because that's not quite the right word. Our work now feels more purposeful, more fulfilling, and in some ways, we're able to help more people. We're saving more lives, and I'm learning more ways to assist patients.)

In addition, the first responder 6 supported the theme, stating:

**“Kas maysa a first responder ket nagadalak ti kurso nga nursing bale 4 years ko ti college, naiyubrak ta puro medical. Bassit la nga adjustment ti bagik ti pinagtrabaho a nasayaat ket babaen ti panagadal ti first responder ket mabalbaliwan ti perception ti biag ken patauden na iti pinangisakit ti pada nga tao.”**

(As a first responder, I studied nursing for four years in college, focusing entirely on medical subjects. The adjustment I had to make was minimal because the work aligned well with

my background. Through training as a first responder, my perception of life changed, and I learned to value the importance of alleviating others' suffering.)

The participants highlighted that being a first responder involves continuous learning and personal growth. One first responder emphasized that every emergency response is a learning opportunity, where even small pieces of knowledge can be applied in future situations to improve skills. Another described the work as purposeful and fulfilling, noting the satisfaction of saving lives and learning new ways to assist patients. A third first responder added that training not only built on prior medical knowledge but also shaped their perspective on life and the importance of alleviating others' suffering.

The participants' experiences highlight that first responder work is a continuous learning process, allowing them to develop skills through hands-on experience and apply knowledge in each emergency. Beyond skill-building, the work is purposeful and fulfilling, fostering empathy, personal growth, and a deeper appreciation for helping others.

People who experience major life crises often report post-traumatic stress. However, the literature suggests that traumatic experiences can also be "catalysts" for positive change (i.e., posttraumatic growth; PTG). PTG can include improved relationships, new possibilities for one's life, a greater appreciation for life, a greater sense of personal strength, and spiritual development. While the general population isn't confronted with traumatic events regularly, individuals such as firefighters, policemen, and EMTs are (Henson et al., 2020).

### **The procedures applied by the First responder before responding to fatal road accidents.**

In this study, procedures refer to the specific steps or action plans that first responders follow before responding to a road accident. This includes the preparation, verification, and briefing they undergo to ensure they are ready to act quickly and safely. These procedures help them organize their tasks, coordinate with their team, and make informed decisions while providing effective emergency care at the scene.

#### **Verification**

Verified information is essential for first responders to make effective decisions and coordinate safely during emergencies. Research indicates that reliable communication and information exchange significantly improve situational awareness and response effectiveness by ensuring responders act on current and accurate data, which reduces errors and enhances coordination among emergency services (Abdolazadeh et al., 2023).

Verification is the process by which first responders confirm and gather accurate information about an emergency before responding. This includes identifying the location, understanding the type of incident, determining the number of people and vehicles involved, and ensuring that all necessary details are clear. Verification allows responders to plan effectively, prepare resources, and act quickly and safely upon arrival at the scene.

First responder 3, who noted:

**“No adda emergency calls nga nai-padanon kada kami, am-  
amuenmi no ania ti napasamak.”**

(If emergency calls are forwarded to us, we will find out what happened.)

First responder 4, also supported this theme, claiming:

**“Vine-verify naming yan kung ano yong location. Ano yong involved. Marami ba ito, or ilang sasakyan ang involved para magkaroon kami ng idea para prior to responding.”**

(We verify the location and what's involved, whether there are many involved, or how many vehicles are involved, so we have an idea before responding.)

Participant number 5 further supplemented the theme, stating:

**“Vehicular traffic accident, same procedure, alaem tay information, ana ti involved, mano a tao involved and briefing, span of five minutes siguro dapat naka-dispatche’n.”**

(Vehicular traffic accident, same procedure: gather the information—what’s involved, how many people are involved—and conduct a briefing. Ideally, dispatch should occur within five minutes.)

The participants of this study highlighted that there are the following measures before response, which include verifying where, what, when, who, and how the accident happened, and after the response, they are always conducting a briefing to have a synchronized action during the response and to follow a procedure that the team leader gave to everyone.

The participants emphasized that verification, information gathering, and briefings are essential steps in emergency response. By confirming the location, scope, and details of incidents before acting, responders can plan effectively and ensure timely, coordinated action. These procedures enhance situational awareness, improve safety, and contribute to more efficient and effective emergency operations.

The findings underscore the essential role of verified, accurate, and trustworthy information for first responders. Ensuring that communication systems deliver precise data supports situational awareness, decision-making, and interagency coordination under pressure. These results reinforce broader literature showing that shared, accurate information reduces errors, improves team performance, and enhances overall emergency response outcomes. Emergency response policies and training should prioritize reliable information verification and communication technologies to strengthen first responder capabilities (Choong et al., 2022)

## **Briefing**

Briefing means giving clear and concise information or instructions to someone before an activity or task. In simple terms, it is a short meeting to explain what needs to be done and how to do it (Collins COBUILD Advanced Learner’s Dictionary, Harper Collins Publishers, 2025).

Briefing is a short, structured meeting conducted by first responders to share and clarify all relevant information about an emergency before responding. It involves reviewing details such as what happened,

where and when it occurred, why it happened, and how the incident unfolded (the 4 W's and 1 H), to ensure proper understanding, coordination, and efficient action at the scene.

First responder 1, who illustrated the theme, stated:

**“Mapakaammo kayo dito station nga adda napasamak a kasdiy so agbriefing kami maibaga kanyami dagidiay naawat or inbaga tay caller nga information tapos surotenmi nukwa tay 4 W and 1 H so 1 H is How 4 W's paylaeng so umuna a W is What. What is what happened, second W is Where, ayanna ti nakapasamakanna, and third W is Why, so why, apay kasdiy ti napasamak. So fourth W is When, kaano a napasamak, and lastly is How, kasano a napasamak daydiay accidente.”**

(The station will be informed that an incident has occurred, so we can conduct a briefing and relay to us the information received or provided by the caller. Then, we follow the 4 W's and 1 H: What – What happened? Where – Where did it happen? Why – Why did it happen? When – When did it happen?, How – How did the accident happen?)

First responder 3, supported the theme and narrated:

**“Ada paylaeng diay briefing nga ubraenmi nukwa, kasta kuna daydiay no adda emergency calls a nai-padanon kadakami, am-amuenmi no ania ti napasamak.”**

(There is also a briefing that we conduct; for instance, when emergency calls are forwarded to us, we find out what happened.)

In addition, First responder 5 stated:

**“Briefing, span of five minutes siguro dapat naka-dispatche'n iso ti sursurotenmi tapno mayat metlaeng tay coordinationmi a mapan agresponde.”**

(Briefing—ideally, dispatch should occur within five minutes. This is the procedure we follow to ensure effective coordination when we respond.)

First responders followed several procedures before responding to road accidents, one of which was conducting a briefing. This study highlighted that conducting a briefing prior to an emergency response was a vital component of effective emergency management, as it prepared responders by clearly defining roles, enhancing situational awareness, outlining communication strategies, and reinforcing safety measures. Additionally, briefings provided responders with a concise action plan before attending to accidents, contributing to a more organized and successful emergency response.

The participants' statements show that briefing is an important step before responding to emergencies. By going over what happened, where and when it happened, why it happened, and how it

happened, first responders make sure everyone understands the situation. This helps the team plan, work together, and respond quickly and effectively to the scene.

Steinemann et al. (2016) found that structured briefings significantly improved nurses' performance during resuscitation scenarios. Nurses who received a physician-led briefing demonstrated greater accuracy in assessing patient morbidity and mortality, higher agreement with physicians on care priorities, and improved leadership and task completion compared to those who did not receive briefings. The study highlights that structured briefings are an essential tool for enhancing communication, coordination, and efficiency in emergency response situations.

## **The most tragic incident was responded to by the first responder**

Tragic incidents in this study refer to the serious road accidents that first responders attended to. These include accidents involving severe injuries, where victims often face life-threatening conditions.

### **Fractured bones**

Fractured bones (fractures) are breaks or cracks in bones that occur when the force applied to the bone exceeds its strength, usually resulting from injury or trauma such as falls, accidents, or sports impacts (Mayo Clinic, 2025).

Fractured bones refer to bones that are broken, twisted, or severely damaged due to a traumatic accident. These injuries often involve extreme force or impact, resulting in visible deformities or separation of bone parts, which can be highly distressing for both the victims and the first responders.

First responder 2 described the theme and stated:

**“Adda natuktukkol sakana kada imana tapos daydiay maysa nga ubing ket di pay marecognize diay langanan kase permi napitpit diay ulona. Para kanyak iso ti pinakatraumatic.”**

(There was a child whose leg was twisted and arm, the child's face was unrecognizable because the head was repeatedly crushed. For me, that was the most traumatic.)

First responder 3 supported the theme, narrated:

**“Nakitami a natuktukkol tulangna, saksakana, daydiay ti permi a makapa-trauma kaniak.”**

(We saw that his bone was twisted and he was stabbed; that image is what traumatized me.)

First responder 4 supported the theme, narrated:

**“Alam mo yung dalawang victim naghiwahiwalay yung mga partes ng katawan nila. May natanggal ang kamay at yung isa naman natanggal yung paa.”**

(You know, the two victims had their body parts separated—one had a hand detached, and the other had a foot detached.)

The participants' accounts highlight that responding to victims with fractured bones was one of the most traumatic aspects of their work. Seeing twisted, broken, or severely damaged limbs left a strong emotional impact on first responders, as these injuries are often severe and distressing. Such experiences underscore the physical and psychological challenges faced by first responders when attending to road accidents, emphasizing the need for proper training, mental health support, and coping strategies to help them manage the emotional toll of handling severely injured victims.

Seeing victims with fractured or severely injured bones can be emotionally distressing for first responders. This implies that they need proper training, psychological support, and coping strategies to handle the stress and trauma of responding to serious road accidents effectively.

Studies show that first responders, including emergency medical personnel and firefighters, are at high risk of developing trauma, particularly from witnessing or experiencing events involving severe injuries like fractured bones. This exposure can lead to various mental health challenges, including post-traumatic stress disorder (PTSD), anxiety, and depression. First responders also develop coping mechanisms to manage the psychological impact of their profession (Naidoo, 2020).

Participants number 2, 3, and 4 explained that the trauma they are currently experiencing started when they saw the brains of their patients detach from their skulls and the bones were completely ruined.

## **Detach body parts**

The statement "Detached body parts means parts of the body that have been completely separated from the body due to a severe injury or accident" aligns with medical definitions of traumatic amputation or avulsion, where body parts are forcibly separated by injury (Elsevier, 2020).

Detached body parts refer to body organs or parts that have been completely separated or severely damaged from the body due to extreme trauma, such as crushing or severe accidents. These injuries are often catastrophic, involving shattered bones and exposed internal organs, and are highly distressing to first responders who witness them.

First responder 1: Explain the theme, detailed:

**“The victim a lugan diay kurong kurong, I saw it. His brain is detached from the skull, so basically nabuong diay skullna rimwar diay utak.”**

(The victim inside the tricycle—I saw that his brain was detached from his skull; essentially, his skull was shattered, and his brain came out.)

First responder 6 supported the theme, reported:

**“Kadaydiay a responde ket ammom diay ulo ti biktima naburak tapos makitkitam diay utek nan. Nagrigatko linipat daydiay a respondemi.”**

(In that response, you can see that the victim's head was crushed, and you can see his brain. It was hard for me to forget that response.)

In addition, first responder 5 supported the theme, narrated:

**“Very traumatic kanyak ta diay pinagkitak diay tao a napitpit literally. Maimagineyo diay pusa a napitpit, kasdiay ti kitada. Iso a nagpidot kami ti internal organs saggaysa.”**

(It was very traumatic for me because what I saw was a person who was crushed—literally, you can imagine a cat being crushed; that's how they looked. That's why we had to remove their internal organs one by one.)

The participants of this study narrated the tragic incidents they had responded to, which included cases involving detached body parts. They provided detailed yet concise descriptions of these experiences, emphasizing the severity and impact of the incidents. Such firsthand accounts highlighted the emotional and psychological weight of responding to traumatic events, making these experiences particularly unforgettable for the participants. By sharing these narratives, the study was able to capture the profound challenges and realities faced by first responders in responding to road accidents.

Witnessing detached body parts during severe accidents can be extremely traumatic for first responders. This implies the need for proper psychological support, counseling, and coping strategies to help them manage the emotional and mental impact of responding to such devastating incidents.

The evidence reveals that first responders routinely encounter highly stressful scenarios, including violent incidents, fatal accidents, large-scale disasters, and situations involving human suffering. These experiences can lead to significant mental health consequences, with studies showing PTSD prevalence rates between 10-23.2% and mental health illness rates ranging from 16.6% to 44.5%. The traumatic impact stems from multiple factors: direct physical danger, witnessing human suffering, unpredictable violent situations, and cumulative psychological stress. Approximately 57-93% of first responders experience physical or verbal violence during their careers, further intensifying psychological trauma (Jones et al., 2023). The repeated exposure to such incidents significantly increases the risk of developing long-term mental health disorders.

## **The intervention applied by the first responder after the response**

After responding to emergencies, first responders engage in interventions to cope with the stress and impact of the incident. This includes debriefing, sharing experiences with the team, and taking care of their mental and emotional well-being. These actions help them recover, reduce trauma, and be ready for future emergencies.

### **Debriefing**

Debriefing is a process where first responders or team members talk about an incident after it happens. It helps them review what occurred, share their experiences, discuss challenges, and learn from the situation to improve future responses (Roberts, 2020).

Debriefing is a reflective process conducted after responding to an incident, where first responders discuss and share their experiences and emotions. It allows them to process the events, express feelings

that may have been suppressed during the response, relieve psychological burden, and prevent self-blame, ultimately promoting emotional well-being and mental preparedness for future emergencies.

First responder 2 illustrated the theme, stated:

**“Agdebriefing kami no nalpas ti responde atleast nalaganan ti riknam nga agawid nga saanmo panpanunoten daydiay napasamak a nirespondeam.”**

(You debrief after the response; at least your mind is at ease when you go home, not thinking about what happened during your response.)

First responder 1 supported the theme, narrated:

**“Dito as a group ginagawa namin yung debriefing tapno saanmi a pabasbasolen ti bagbagimi kadaydiay pasamak.”**

(Here, as a group, we conduct the debriefing so that we won't blame ourselves for what happened.)

In addition, first responder 5 supported the theme, stating:

**“Agtutungtong kayo a responder tapno kasta, maiyebkasyo dagidiay madi a napasaram ti napasamak nga aksidente.”**

(You, as responders, should debrief so that you can express those things you did not feel during the accident you responded to.)

The participants' statements show that debriefing is an important step after responding to emergencies. It provides first responders with a chance to talk about what happened, share their feelings, and release the emotional stress from the incident. Debriefing also helps prevent self-blame, promotes emotional well-being, and allows responders to reflect on their actions, which prepares them for future emergency responses.

Debriefing helps first responders cope with the emotional and mental stress of emergency situations. This implies that implementing regular debriefing sessions is essential to support their mental health, reduce trauma, and maintain their effectiveness in future responses.

Debriefing is a structured process conducted after a traumatic or high-stress event to help individuals process their experiences and emotions. In the context of first aid and emergency response, debriefing involves discussing the incident, reviewing actions taken, and providing psychological support to responders and witnesses. The goal of debriefing is to reduce the risk of long-term psychological effects, such as post-traumatic stress disorder (PTSD), and to improve future responses by learning from the event. Effective debriefing sessions provide a safe and supportive environment where participants can share their thoughts and feelings without judgment (Penn, 2023).

### **Self-depriving**

The term "self-depriving" (often referred to as "self-deprivation") refers to the voluntary act of denying oneself basic needs, pleasures, or comforts, which can occur for psychological, religious, ethical, or health-related reasons (American Psychiatric Association, 2022).

Self-depriving refers to the act of neglecting one's own emotional, mental, or physical needs after responding to a traumatic incident. It involves suppressing or not addressing feelings of stress, sadness, or trauma, which can prevent proper emotional processing and recovery. In the context of first responders, avoiding self-depriving behaviors—such as engaging in stress-relief activities, sharing emotions, or praying—helps them cope with the impact of their experiences and maintain well-being.

Participants number 3 illustrated the theme, narrated:

**“Ikarkaragmi ida nga, dagidiay victims, kasta met kadagitay pada a rescuer that time, sapay kuma ta saanda a pumosay ken saanmi ubraen tay self-depriving nga activitymi after diay napasamak a pinagresponde tapno dimi panpanunutenen.”**

(We pray for them—the victims—and also for our fellow rescuers at that time. We hope they don't lose hope and that we won't engage in self-depriving activities after the incident we responded to, so we don't dwell on it.)

Participant 4 supported the theme, stating:

**“Aside from self-depreating namin dito as a group, kung mag-isa na ako dito, usually nirerelease ko yong emotions.”**

(Aside from self-depriving activities we do here as a group, when I'm alone here, I usually release my emotions.)

In addition, participant 6 supported the theme, detailed:

**“Nag-importante kanyami daydiay stress deprive, agtutungtongkayo a responder tapno kasta, maiyebkasyo dagidiay madi a napasaram ti napasamak nga aksidente.”**

(Stress relief is very important to us; as responders, you should debrief so that you can express those things you did not feel during the accident you responded to.)

Participants in this study commonly use self-deprecation as a coping mechanism for stress and anxiety, often employing dark humor or self-deprecating remarks to manage the emotional weight of their experiences. However, excessive or prolonged self-deprecation had the potential to negatively affect their mental health. The participants also experienced self-deprivation, both physically and mentally, as a result of the demanding nature of their work and their frequent exposure to traumatic events.

The participants' statements suggest that avoiding self-depriving behaviors is important for first responders' well-being. This implies that first responders should be encouraged to acknowledge their emotions, engage in stress-relief activities, and seek support after traumatic incidents to cope effectively and prevent long-term emotional strain.

First responders frequently employ self-deprecation as a coping mechanism to manage stress and anxiety, often using dark humor or self-deprecating jokes as a way to navigate the emotional toll of their work. While this strategy may provide temporary relief, excessive or prolonged self-deprecation can have a detrimental impact on their mental health. In addition to self-deprecating humor, first responders often experience self-deprivation, both physically and mentally, as a result of the high demands and potential trauma exposure inherent in their roles. The continuous exposure to traumatic events, coupled with the need to remain vigilant and maintain high levels of alertness, often leads to exhaustion, heightened stress, and a gradual detachment from their own personal needs. Over time, these factors can contribute to burnout and emotional distress, further compromising the well-being of first responders (Noble, 2022).

## **“First Responder: Suffering in Silence.”**

### **(Research Output)**

#### **Rationale**

A first responder is a person who is among the first to arrive and provide assistance at the scene of an emergency. This includes professionals such as police officers, firefighters, paramedics, emergency medical technicians (EMTs), and sometimes trained volunteers, whose role is to provide immediate care, ensure safety, and stabilize the situation until more advanced medical or emergency services arrive. First responders play a crucial role in road accidents by providing immediate medical care, stabilizing victims, and preventing further injuries. They manage the accident scene, coordinate with other emergency services, and ensure timely communication with hospitals to facilitate effective treatment. Their rapid and skilled actions not only save lives but also reduce the severity of injuries and enhance overall safety at the scene.

The inspirational video titled ‘First Responders: Suffering in Silence’ will focus on exploring the life of the first responder before joining the team, their current life as a first responder, their most traumatic experiences responding to fatal road accidents, and the measures they take. The video tends to showcase to the community the efforts and sacrifices of first responders in responding to fatal road accidents.

#### **Objectives**

- To explore the current state well being of a first responder and their journey to become one.
- To dig into the procedures applied by the first responder before responding to road accidents.
- To draw attention to their most tragic experiences, reacting to deadly road accidents.
- To illustrate how horrific experiences can alter a person's viewpoint on life.
- To demonstrate the procedures they took prior to dealing with an emergency.

#### **Strategy**

The researcher will collaborate with the Data Center College of the Philippines College of Criminal Justice Education, as well as the Bureau of Fire Protection Ilocos Norte, which is responding

to fatal road accidents, to post the inspirational video on their Facebook page for faster and wider exposure to the community.

## 5. Summary, Conclusion and Recommendation

This chapter provides a summary, conclusion, and recommendations. It presents a synopsis of the data gathered from participants' narratives, the conclusions derived from this data, and recommendations based on the research findings regarding the experiences of First Responders in responding to fatal road accidents in Ilocos Norte.

### Summary of the Findings

The findings of the study reveals that the current state well being of the first responder is divided into two which is difficult since the condition of their job is requires considerable effort, skill or endurance, often involving obstacles that increase complexity beyond ordinary conditions and continuous learning as they describe it as the process of gaining knowledge and skills through every experience and response in the field. Through that, the first responder applied several procedures before responding to fatal accidents, such as verification to allow responders to plan effectively, prepare resources, and act quickly and safely upon arrival at the scene, and they also applied a briefing to share and clarify all relevant information about the emergency they were responding to. During their response, they experienced the most tragic incident, they responded and were framed by two major themes: fractured bones, which involve extreme force or impact, resulting in visible deformities or separation of bones. Additionally, detached body parts, which are described as shattered bones and exposed internal organs, are highly distressing to first responders. The study underscore despite of those tragic incidents experience by the first responder they applied intervention after the response in two different factors such as debriefing that allows them to process the events, express feelings that may have been suppressed during the response and prevent self blame and self depriving which is involves suppressing or not addressing feelings of stress, sadness, or trauma, which prevent proper emotional processing and recovery.

### Conclusion

In conclusion, first responder faced difficulties due to the condition of their job; despite those difficulties, they turned it to learning experience as they responded. Due to difficulties first responder applied procedures before the response to ensure proper understanding, coordination, and efficient action at the scene. The tragic incidents not only disrupt their job as first responder but also test their resilience and dedication towards their job. Yet, despite the severe incidents that the first responder endures, they find a way to release stress and relieve themselves. Therefore, the study concludes that prioritizing both professional competence and personal well-being is essential to sustain the effectiveness, resilience, and long-term service of first responders.

## Recommendations

The researchers recommend the following based on the data gathered and the conclusions of the study.

- **First responder-** For first responders, they may prioritize continuous learning by regularly attending trainings, simulations, and seminars to enhance their knowledge and skills in handling road accident emergencies. Ongoing education strengthens their competence, confidence, and decision-making abilities in high-pressure situations.
- **Bureau of Fire Protection-** The Bureau of Fire Protection may implement structured and mandatory debriefing sessions after critical incidents. These sessions can help personnel reflect on their performance, identify areas for improvement, and process emotional stress, especially after exposure to traumatic situations.
- **Community-** The community may actively participate in road safety education programs and awareness campaigns to help prevent accidents. Practicing responsible driving, following traffic rules, avoiding drunk or distracted driving, and promoting pedestrian safety can significantly reduce the number of road incidents.
- **Future Researcher-** For future researcher this study serves as a reference for future researchers investigating similar topics. It provides valuable information and insights that can be used in their research. Additionally, future researchers can build on the strengths of this study and improve its weaknesses.
- **Overall First Responder-** For the overall first responder, this study recommends that all first responders prioritize their mental and physical health, as the nature of their work is demanding both psychologically and physically. Participants emphasized that before responding to road accidents, first responders must ensure they are mentally and physically prepared, as an effective response and the ability to save lives depend on their readiness.

## References

1. Abdolazadeh, F., et al. (2023). A comparative study of interagency communications and information exchange among disaster response organizations (qualitative descriptive–comparative study).
2. A life world inquiry into first responders' experience of trauma while in the course of duty. (2019). ProQuest Dissertations & Theses Global.
3. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.
4. Arble, E., Daugherty, A. M., & Arnetz, B. B. (2018). Models of first responder coping.
5. International Journal of Stress Management, 25(4), 367–380. <https://doi.org/10.1037/str0000091>
6. Anderson, L. (2021). Emergency response and public safety: The role of first responders. Oxford University Press.

7. Anderson, L. (2022). *Emergency services and public safety: The evolving role of first responders*. Oxford University Press.
8. Anderson, L., & Lee, C. (2020). *Physical demands and health risks in first response work*. Oxford University Press.
9. Berger, W., Coutinho, E. S. F., Figueira, I., Marques-Portella, C., Luz, M. P., Neylan, T. C., Marmar, C. R., & Mendlowicz, M. V. (2012). Rescuers at risk: PTSD in emergency responders. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 36(1), 329- 335. <https://doi.org/10.1016/j.pnpbp.2011.11.008>
10. Bigley, G. A., & Roberts, K. H. (2001). The incident command system: High-reliability organizing for complex and volatile task environments. *Academy of Management Journal*, 44(6), 1281-1300. <https://doi.org/10.2307/3069401>
11. Burke, C. S., Stagl, K. C., Salas, E., Pierce, L., & Kendall, D. (2006). Understanding team adaptation. *Journal of Applied Psychology*, 91(6), 1189-1207. <https://doi.org/10.1037/0021-9010.91.6.1189>
12. Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., Hatcher, S., & Keane, T. M. (2018). Mental disorder symptoms among public safety personnel. *Canadian Journal of Psychiatry*, 63(1), 54-64. <https://doi.org/10.1177/0706743717723825>
13. Carter, D. L. (2019). Intelligence sharing in counterterrorism. *Homeland Security Affairs*, 15(1), 1-19.
14. Carter, D. L., & Ripley, R. (2013). Intelligence verification in policing. *Journal of Criminal Justice*, 41(2), 121-134. <https://doi.org/10.1016/j.jcrimjus.2013.01.003>
15. Carter, D. L., & Ripley, R. (2013). Pre-mission briefings and their effect on officer preparedness. *Journal of Policing and Society*, 23(2), 121-139. <https://doi.org/10.1080/10439463.2012.703199>
16. Choong, Y.-Y., Buchanan, K., Dawkins, S., & Spickard-Prettyman, S. (2022). *Voices of First Responders: How to Facilitate Adoption and Usage of Communication Technology* (NIST Internal Report 8443). National Institute of Standards and Technology. <https://doi.org/10.6028/NIST.IR.8443>
17. Christopher, M. S., Goerling, R. J., & Bowen, S. (2016). Mindfulness training for first responders. *Journal of Clinical Psychology*, 72(3), 310-324. <https://doi.org/10.1002/jclp.22259>
18. Cinelli, M., Quattrocioni, W., Galeazzi, A., Valensise, C. M., Brugnoli, E., Schmidt, A. L., Zola, P., Zollo, F., & Scala, A. (2020). The COVID-19 social media infodemic. *Scientific Reports*, 10(1), 16598. <https://doi.org/10.1038/s41598-020-73510-5>
19. Davis, R. (2019). *Decision-making in high-stress environments: A guide for first responders*. Harvard Press.
20. Davis, R. (2020). *Stress management for emergency responders: Coping with high-pressure situations*. Harvard Press.
21. Davis, R., & Thompson, D. (2019). *Mental health challenges among first responders: Coping with trauma and stress*. Harvard Press.
22. Driskell, J. E., & Salas, E. (1996). *Stress and human performance*. Lawrence Erlbaum Associates.
23. Endsley, M. R. (1995). Toward a theory of situation awareness in dynamic systems. *Human Factors*, 37(1), 32-64. <https://doi.org/10.1518/001872095779049543>

24. Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.
25. Flin, R. (2006). *Sitting in the hot seat: Leaders and teams for critical incident management*. John Wiley & Sons.
26. Flin, R., O'Connor, P., & Crichton, M. (2008). *Safety at the sharp end: A guide to non-technical skills*. CRC Press.
27. Garcia, T. (2021). Occupational hazards in emergency response professions. *Journal of Public Safety*.
28. Garcia, T. (2023). *Technology in emergency response: How AI and drones are changing the field*. Wiley.
29. Gill, S. L. (2020). Qualitative sampling methods. *Journal of Human Lactation*, 36(4), 579–581. <https://doi.org/10.1177/0890334420946498>
30. Greinacher, A., Derezza-Greeven, C., Herzog, W., & Nikendei, C. (2019). Secondary trauma in first responders. *BMC Psychiatry*, 19(1), 273. <https://doi.org/10.1186/s12888-019-2254-8>
31. Graves, L. (2016). *Deciding what's true: The rise of political fact-checking in American journalism*. Columbia University Press.
32. Hector, J., & Khey, D. (2022). The frontline: EMS, law enforcement, and probation and parole. In Springer eBooks (pp. 65–95). [https://doi.org/10.1007/978-3-031-15338-9\\_4](https://doi.org/10.1007/978-3-031-15338-9_4)
33. Ho, L., & Limpaecher, A. (2022). What is phenomenological research design? Delve. <https://delvetool.com/blog/phenomenology>
34. How to conduct a qualitative interview (2023 guide). (2023, May 19). Dovetail.com. <https://dovetail.com/research/qualitative-interview/>
35. Johnson, M. (2019). *The demands of first response work: Challenges and rewards*. Springer.
36. Johnson, M., & Lee, C. (2021). *Modern first responders: The role of technology in emergency services*. Springer.
37. Johnson, M., Lee, C., & Smith, J. (2020). *Stress and cortisol levels in emergency workers: A medical perspective*. Springer.
38. Jones, P., & Miller, S. (2018). *Mental health in first responders: Coping with trauma and stress*. American Psychological Association.
39. Jones, P., & Miller, S. (2020). *Law enforcement and emergency response: Challenges and strategies*. American Psychological Association.
40. Jones, P., Miller, S., & Thompson, D. (2021). *Work-life balance challenges in high-stress professions: The first responder perspective*. Cambridge University Press.
41. Kahneman, D. (2011). *Thinking, fast and slow*. Farrar, Straus and Giroux.
42. Klein, G. (2008). Naturalistic decision making. *Human Factors*, 50(3), 456-460. <https://doi.org/10.1518/001872008X288457>
43. Kumar, R., & Gupta, P. (2022). *Emergency response management: Strategies and best practices*. Springer.
44. Lukumay, G. G., Outwater, A. H., Mkoka, D. A., Ndile, M. L., & Saveman, B.-I. (2019). Traffic police officers' experience of post-crash care to road traffic injury victims: A qualitative study in Tanzania. *BMC Emergency Medicine*, 19(1). <https://doi.org/10.1186/s12873-019-0274-x>
45. McEwen, B. S. (2007). Neurobiology of stress. *Dialogues in Clinical Neuroscience*, 9(4), 367-381.

46. McMeniman, R. (2022, May 17). Road trauma - an insight from a first response police officer at a fatal crash - Sunshine Coast. Sunshine Coast.  
<https://mypolice.qld.gov.au/sunshinecoast/2022/05/17/road-trauma-an-insight-from-a-first-response-police-officer-at-a-fatal-crash/>
47. Miller, H., & Roberts, C. (2021). The impact of sleep deprivation on first responders. *Journal of Emergency Medicine*.
48. Miller, H., & Thompson, D. (2020). *Work-life balance in high-stress professions: First responders and their families*. Cambridge University Press.
49. Moussally, J., Saha, A. C., & Madden, S. (2022). TraumaLink: A community-based first-responder system for traffic injury victims in Bangladesh. *Global Health: Science and Practice*, 10(4), e2100537. <https://doi.org/10.9745/ghsp-d-21-00537>
50. Patterson, P. D., Weaver, M. D., Weaver, S. J., Rosen, M. A., Todorova, I., Weingart, L. R., Krackhardt, D., & Lazzara, E. H. (2013). Pre-response verification in EMS operations. *Journal of Emergency Medicine*, 44(4), 776-785. <https://doi.org/10.1016/j.jemermed.2012.07.077>
51. Reason, J. (1997). *Managing the risks of organizational accidents*. Ashgate Publishing.
52. Roberts, C. (2022). *Emergency services and mental health: New approaches to support first responders*. McGraw-Hill.
53. Roberts, C., & Garcia, T. (2020). *Training for emergency responders: A comprehensive guide*. Wiley.
54. Roberts, C., & Garcia, T. (2022). *Training for emergency responders: A comprehensive guide*. Wiley.
55. Robertson, R., Bowman, K., Andrews, M., & Baillie, T. (2020). The knowledge source for safe driving: The impact of road crashes on first responders & communities: Post-traumatic stress disorder & critical incident stress. <https://cdn-nrpp-s3-us.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/sites/4/2021/01/18122320/CCDD-The-Impact-of-Road-Crashes-on-First-Responders-Communities.pdf>
56. Salas, E., Bowers, C. A., & Cannon-Bowers, J. A. (1995). Military team research. *Military Psychology*, 7(1), 55-75. [https://doi.org/10.1207/s15327876mp0701\\_4](https://doi.org/10.1207/s15327876mp0701_4)
57. Salas, E., Sims, D. E., & Burke, C. S. (2008). Is there a “Big Five” in teamwork? *Small Group Research*, 39(5), 555-599. <https://doi.org/10.1177/1046496408320044>
58. Seböck, W., Biron, B., & Pospisil, B. (2023). Raising security of first responders with C-ITS? *Open Health*, 4(1). <https://doi.org/10.1515/ohe-2023-0003>
59. Shapiro, F. (2018). *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures*. Guilford Press.
60. Sigelman, K. (2025, January 27). What are the effects of car accidents? Kenneth M. Sigelman & Associates. <https://sigelmanassociates.com/effects-of-car-accidents/>
61. Silverman, C. (2014). *Verification handbook: A definitive guide to digital content verification*. European Journalism Centre.
62. Smart, G., Banstola, A., Raut, R., Ghimire, K., Mytton, J., Joshi, E., & Joshi, S. (2022). Post-crash first response by traffic police in Nepal: A feasibility study. *International Journal of Environmental Research and Public Health*, 19(14), 8481. <https://doi.org/10.3390/ijerph19148481>
63. Smith, J. (2022). *Media and public perception of first responders: A double-edged sword*. Oxford University Press.

64. Smith, J., & Brown, K. (2020). *Crisis management and first responder responsibilities*. McGraw-Hill.
65. Smith, J., & Brown, K. (2021). *Crisis management and first responder responsibilities*. McGraw-Hill.
66. Smith, J., Brown, T., & Lee, M. (2022). *Crisis management and emergency preparedness*. Routledge.
67. Starbird, K., Maddock, J., Orand, M., Achterman, P., & Mason, R. M. (2014). Rumors, false flags, and digital harm. In *Proceedings of the 2014 ACM Conference on Human Factors in Computing Systems* (pp. 807-818). <https://doi.org/10.1145/2556288.2557425>
68. Tandoc, E. C., Lim, Z. W., & Ling, R. (2018). Defining fake news. *Digital Journalism*, 6(2), 137-153. <https://doi.org/10.1080/21670811.2017.1360143>
69. Tannenbaum, S. I., Mathieu, J. E., Salas, E., & Cohen, D. (2021). Team effectiveness in complex environments. *Annual Review of Organizational Psychology and Organizational Behavior*, 8, 451-479. <https://doi.org/10.1146/annurev-orgpsych-012420-055044>
70. Tatterton, M. J., Scholes, S. L., Henderson, S., Croucher, F., & Gibson, C. (2022). The role and experiences of responders attending the sudden or unexpected death of a child: A systematic review and meta-synthesis. *Illness, Crisis & Loss*, 31(3), 426-444. <https://doi.org/10.1177/10541373221075300>
71. Thompson, D. (2022). *Stress and resilience among first responders: Strategies for coping*. Cambridge University Press.
72. Thompson, D. (2023). Cognitive impairment due to sleep deprivation in first responders. *Journal of Occupational Health*.
73. Thompson, D. (2023). The impact of sleep deprivation on first responders: Solutions for a healthier workforce. *Journal of Emergency Medicine*.
74. Tofighi, M., Asgary, A., Tofighi, G., Podloski, B., Cronemberger, F., Mukherjee, A., & Liu, X. (2021). Applying machine learning models to first responder collisions beside roads: Insights from “two vehicles hit a parked motor vehicle” data. *Applied Sciences*, 11(23), 11198. <https://doi.org/10.3390/app112311198>
75. Tufekci, Z. (2017). *Twitter and tear gas: The power and fragility of networked protest*. Yale University Press.
76. Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
77. Verzosa, N., & Miles, R. (2016). Severity of road crashes involving pedestrians in Metro Manila, Philippines. *Accident Analysis & Prevention*, 94, 216-226. <https://doi.org/10.1016/j.aap.2016.06.006>
78. Weick, K. E., & Sutcliffe, K. M. (2007). *Managing the unexpected: Resilient performance in an age of uncertainty*. John Wiley & Sons.
79. Williams, H., Miller, S., & Thompson, D. (2021). PTSD and burnout in first responders: Addressing mental health challenges. *Journal of Emergency Medicine*.
80. Williams, H., Miller, S., & Thompson, D. (2022). *Building community trust: First responders and public engagement*. Oxford University Press.
81. Williams, H., Miller, S., & Thompson, D. (2022). PTSD and burnout in first responders: Addressing mental health challenges. *Journal of Emergency Medicine*.