

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

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Abstract:- Emergency medical services are the first link in the delivery of healthcare services before patients are eventually turned over to medical health professionals -- medical doctors, nurses. While the latter have been the subject of voluminous studies regarding their experiences, challenges, physical and mental health, emergency volunteers seem to be relegated to the background that little or no studies have been conducted on them, especially in the local setting.

This research dealt with the lived experiences of regular volunteer emergency first responders. They were composed of volunteer emergency medical technicians (EMT), first aid providers, search and rescue volunteers, and firefighters among others. They did round-the-clock lifesaving emergency care for individuals involved in different emergencies. This qualitative research study explored the lived experiences of nine volunteers who shared their involvement in being volunteers.

A phenomenological inquiry was chosen as the method to explore the experiences of the participants with the use of semi-structured interviews. They were asked several open-ended questions supporting the primary question to go deeper into their lived experiences.

Recorded interviews revealed four essential themes across volunteer-respondents regarding their continuous service as volunteer emergency first responders: (a) desire to help transcends volunteers' age, civil status, years of service, and educational attainment; (b) helping others is a rewarding experience; (c) constant retraining and camaraderie among peers can easily surmount financial difficulties and lack of equipment; and, (d) willingness on the part of volunteer-responders to face injury or death in the process of helping others. This is the first account of lived experiences of volunteer emergency first responders, and it hopes to provide a better understanding of the people who put their lives on the line so that others may live.

Keywords:- Lived experiences, First Responders, Emergency Medical Technicians.

I. INTRODUCTION

Volunteer emergency first responders are a diverse group of people consisting of different professions. These are the firefighters, emergency medical technicians/ emergency medical service providers, and rescue workers, among others. Generally, these individuals are family members, friends, or neighbors, hiding in plain sight. They provide care and services in the immediate aftermath of emergencies and disasters and at times, may remain in the emergency, for weeks or months. Nonprofit organizations substantially rely on volunteers to pursue their organizational goals (Bidee et al. 2013). They also witness human harm, physical destruction, and psychological devastation that may accompany disasters and emergencies. These scenes may take a toll both on their physiological and psychological well-being.

Serving as a volunteer emergency first responder is one of the most rewarding and challenging commitments a person can do. Having that great responsibility for both the life and safety of a fellow human being can be exciting and anxiety-triggering, but a humbling experience.

Being a volunteer is generally considered by many as an altruistic activity intended to promote welfare and to improve quality of life. However, the question one must ask is why would a person do volunteer work and put his life in danger in order to help strangers? This study aimed to answer that question. In addition, this study specifically focused on regular volunteer EMS or EMTs and firefighters with at least 5 years of service as a volunteer to shed light on the reasons why they decided to keep on helping others.

A. Background of the Study

The volunteer emergency first responders' population outnumbers government responders. Yet, in the Philippines, there is, yet a dearth of study about volunteer emergency medical technicians/ emergency medical service providers and firefighters. The first responders are those individuals who come in the early stage of an accident or disaster and with this, they experience a broad range of physiological and psychological consequences because of their exposure to incidents. They experience stressors in the line of duty like witnessing death firsthand. The question is why would volunteers do such heroic acts?

Being a volunteer emergency first responder is not for the weak of heart. It may be self- fulfilling but being exposed to mass casualty incidents, pediatric injury or death and being personally injured or assaulted, among others, are stressors that can hinder the fulfillment of their duties along with things like sleep deprivation and problems not related to

work, such as but not limited to familial or personal problems. Pre-hospital emergency care and patient transport has been practiced for the longest time. Biblical references speak of the Good Samaritan who cared for a man attacked by robbers, he bandaged the victim’s wounds and brought him to an inn (Luke 10:25-37). This is practically what the emergency medical volunteer does.

The system of emergency medical services in place today can be traced as far back as the US Civil war. The systematic and organized method of field care and patient transport was established out of necessity. Military conflicts and other needs provided innovations in the transportation and treatment of patients. In the 1960s funeral home hearses were being used as ambulances.

In the Philippines, it was not until the 1970s when the emergence of ambulance services came from the initiatives of local chief executives and non-government organizations to purchase transport vehicles for emergencies. The first operations center that was established at the Philippine General Hospital and the non-government organization that has its own operations center is the Philippine Red Cross which has chapters nationwide.

B. Theoretical Framework

Phenomenological research starts with a narrative of a situation experienced in daily life as descriptions of what ever is in front of a person’s eyes (Golgi, 1985). The researcher, in this instance, must keep himself open enough to prevent any judgment from interfering with the actual experience.

This study, following the phenomenological approach, involved the collection of lived experiences of emergency volunteer responders and sought an explanation for such incidents ultimately identifying the motivation for the respondents’ desire to volunteer despite the danger they encounter in the process.

Similar studies on nurses showed altruism as a reason for volunteering in food rescue missions (Mousa & Freeland-Graves, 2017). The researcher firmly believes that altruism is the driving force behind emergency volunteer responders. Their responses may be classified further according to the 10-stage Theory of Altruism by Ma (2017) as shown in Figure 1.

Ma (2017) explained the development of altruism as life span progresses as a 10-stage process. Ma looks at human relations as expressed in terms of altruism with higher levels exhibiting more altruistic behaviors than those on lower levels. For example, stage 1, Egoism includes the self as primary concern. This progresses to the family (stage 2) and friends who reciprocate what the individual does for them (stage 3), and to the members of the extended family (stage 4), which, in the Philippine setting, may include close relatives, in-laws, and others who have close affinity to the family. Stage 5 (Parochial Altruism) is regarded as a higher level since it involves holding survival of a religious or political group as more important than individual survival. This is akin to holding the Church or the government in high esteem to be worthy of the individual’s sacrifice of his own life. Stage 6 (Social Altruism) regards the neighbor as the

most reliable source of help. This is reflected in a Filipino adage, “*May kamag-anak ka man na Arsobona*

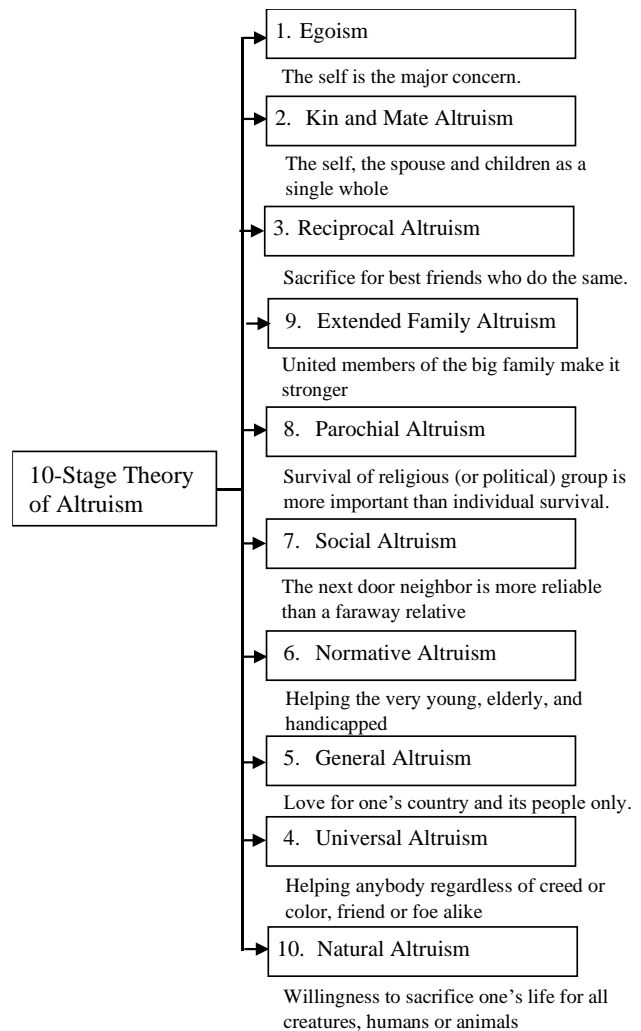


Fig. 1: Ma’s 10-Stage Theory of Altruism

nasa Cebu, mabuti pa ang kapitbahayan akahandang tumulong sa iyo” (Better to have a neighbor who is ready to help than have an archbishop relative but based in Cebu). Normative altruism (Stage 7) is directed at the very young, the elderly and the handicapped. This seems to be common among Filipinos who give preference to its senior citizens and PWDs. Love for country and its people is Stage 8 (General Altruism). “Proud to be Filipino” is the slogan of citizens of the Philippines who want to show their love for their country and its people.

In times of distress, volunteers may extend help regardless of creed or color, friends, and foes alike. This is what Stage 9 (Universal Altruism) stands for. Helping knows no boundaries, as in the parable of the Good Samaritan where a man, presumed to be a Jew, was left half-dead after his attackers stripped him of his clothes and beat him, was helped by a Samaritan. In those days, Jews and Samaritans despised each other but the latter still helped the former.

At the highest level of altruism, the volunteer is willing to lose his own life for the safety of others (Stage 10 – Natural Altruism). This is the greatest sacrifice of all, to offer one's life so that others may live.

In this study, the responses of the volunteers were combined to derive at what stage of altruism the respondents may be classified. This will shed light on their reason for volunteering and their willingness to stay.

C. Statement of the Problem

This study aimed to describe the lived experiences of regular volunteer first responders. Specifically, this study sought to answer the following questions:

- What rewards/benefits did the regular volunteer first responders receive from their service?
- What were the difficulties and struggles encountered by the participants?
- What were the risks and fears encountered by the participants?
- How did the regular volunteer first responders cope with obstacles that affect their performance?

D. Assumptions

The researcher conducted the study based on the following assumptions:

- People volunteer to help others without regard for their own life or safety.
- Emergency first responders help other people in need without prejudice to creed, color, religious belief, political inclinations.
- Volunteer first responders stay for five years or more because of their genuine concern for others and not form one tary gains.

E. Significance of the Study

This study was undertaken for a better understanding of the people who risk life and limb to provide basic health care services before medical personnel arrive with the hope that in the end, we may return the favor so that they will still find helping other people worth their while and decide to continue what they have been doing.

This study may benefit the following:

Emergency First Responders. This study may benefit the emergency first responders in a way that organizations may know how they can help their respective volunteers to stay and continue their volunteer service. The goal of this research is to boost considerations for the further development of programs and added resources to emergency first responders.

Policy Makers. From 2004, when the first bill to benefit emergency medical personnel was filed to the present, the primary link to the healthcare system in the Philippines never had the chance of having a law that would govern their profession much more provide for their needs in order to improve their lot. Through this study, policy makers might be enlightened on the relevance/importance of emergency medical responders and ultimately pass a law that will streamline the profession.

Future Researchers. This study may serve as baseline data for future researchers who intend to do similar studies in line with this research. Based on the review of studies, no local phenomenological study related to emergency first responders, specifically volunteer emergency medical technicians or emergency medical services and volunteer firefighters in the country, was conducted yet.

General Public. This study may serve as information dissemination and may shed light to the question of why volunteers do voluntary service.

F. Scope and Delimitations

The present study utilized the data collected from the regular/active male and female volunteers who have been serving as a volunteer for five years or more. They included volunteer emergency first responders and firefighters who voluntarily joined in the conduct of this study.

G. Definition of Terms

Emergency medical services (EMS). These comprise the system of professional medical care providers who respond to emergency calls that are received through the dispatching system.

Emergency Medical Technicians – Basic (EMTB). They are specially trained medical technician certified to provide basic emergency services (such as cardiopulmonary resuscitation) before and during transportation to a hospital.

Emergency situations. They refer to situations that require immediate intervention. Someone could get hurt, injured, or worse if something is not done immediately. Non-emergencies are those that may not require immediate intervention, but still need to be attended to, or it can turn into emergencies very quickly.

First Responders. They are a group of individuals consisting of diverse professions such as firefighters, police, emergency medical services/ emergency medical technicians, rescue workers, military, and volunteer first responders who arrive at the site of the emergency before regular medical personnel arrive. (Benedek, Fullerton and Ursano, 2007).

National Certificate Level II (NC II) - Emergency Medical Services This is a short technical vocational course offered by the Technical Education and Skill Development Authority (TESDA) that will train individuals in performing basic life support and other skills that are related and covered by the course.

Phenomenological research. This study attempts to set aside biases and preconceived assumptions about human experiences, feelings, and responses to a particular situation. It allows the researcher to delve into the perceptions, perspectives, understandings, and feelings of those people who have experienced or lived the phenomenon or situation of interest.

Phenomenology. It is a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experience.

Regular Volunteer Emergency First Responders These are volunteer responders who have been with their respective groups or brigades for several years and are still in the service.

Volunteer It refers to an individual or group who for reasons arising from their socio- developmental, business, and corporate orientation, commitment, or conviction, contribute time, service, and resources whether on a full-time or part-time basis to a just and essential social development cause, mission, or endeavor in the belief that their activity is mutually meaningful and beneficial to the public interest as well as to themselves.

Volunteer Firefighter This refers to a rescuer extensively trained in firefighting, primarily to extinguish hazardous fires that threaten life, property, and the environment as well as to rescue people and animals from dangerous situations without gaining monetary compensation from their services.

Volunteerism It is an act involving a wide range of activities, including traditional forms of mutual aid and developmental interventions that provides an enabling and empowering environment both on the part of the beneficiary receiving, and the volunteer rendering the act, undertaken for reasons arising from socio- developmental, business or corporate orientation, commitment or conviction for the attainment of the public good and where monetary and other incentives or reward are not the primary motivating factors.

II. REVIEW OF RELATED LITERATURE

This section features a review of all related literature gathered by the researcher to support this study. The research that was reviewed came from as far back as the 1980's because of the lack of recent studies pertaining to this research.

A. Volunteerism

Millions of people allocate a huge amount of time and energy in helping others every year, one important embodiment of such human helpfulness is volunteerism. People provide companionship to the lonely, tutoring, counseling, and giving health care among others.

Volunteerism is a universal human phenomenon that has played an increasing role in society. It has had a long history with the scale of voluntary work varying from country to country implying that volunteerism could be culture-bound. It contributes towards the enhancement of the quality of life of several sectors of society and is a renewable resource for addressing issues and concerns in the broader context of human development. Volunteerism is an expression of people's willingness and capacity to freely help others and improve their society. In summary, volunteerism is an ongoing, planned, helping behavior that increases the well-being of strangers, offers no monetary compensation, and typically occurs within an organizational context (Clary et al., 1998; Finkelstien, 2009; Penner, 2002)

In the Philippines, volunteerism has been deeply rooted from its historical and cultural tradition of "Bayanihan"

which is defined as a spirit of civic unity and cooperation among Filipinos. This involves a group of individuals who extends a helping hand to others without expecting any monetary gain. Another is "Damayan" where Filipinos show compassion to others in times of grief or crisis. Also, the term "Kawanggawa" or charity is an act of willingly aiding those in need without asking for anything in return.

B. First Responders

The term "first responders" refers to groups of individuals from various professions – law enforcement personnel, firefighters, EMS/EMTs, rescue workers, and healthcare providers (Benedek, Fullerton & Ursano, 2007) who respond to medical emergencies, natural disasters, or acts of domestic violence. These professions are continuously exposed to occupational stressful conditions, though the nature and frequency of such events may vary between professions. Continuous exposure to duty-related traumatic exposures may affect their quality of life, especially their mental health (Jones, 2017). Adverse health outcomes such as burnout and post-traumatic reactions may result from such exposure to work-related traumatic or critical incidents (Benedek, Fullerton & Ursano, 2007).

Previous studies on stressful situations focused on the psychological impact of the incident on survivors. In a recent review of available literature, Mao, et al (2017) shifted their focus on rescue workers. Exposure to stressors like encounters with injured or dead bodies, witnessing emotional reactions of survivors, or experience disappointment when they failed to save the life of their patient could increase the likelihood of negative psychological consequences on the first responders compared to those who are not exposed to the same stressors (VanderVelden, et al., 2012; Walker, et al., 2016). Negative psychological impacts on first responders include acute stress disorder (ASD), post-traumatic stress disorder (PTSD), anxiety and depression, and/or substance use/dependency disorders (Alexander & Klein, 2001; Van Der Ploeg & Kleber, 2003).

C. Emergency Medical Services

The development of emergency medical services has been based on traditions, on scientific knowledge and even on religious teachings. One of the most notable examples would be the Good Samaritan who taking pity on the wounded Jew who was attacked by robbers, cleaned his wounds, and bandaged him (Luke 10:25-37). Samaritans and Jews were generally not friendly towards each other, but the Samaritan even put the man on his own donkey and took care of him.

The history of EMS dates to the Greek and Roman eras where chariots were used to remove injured soldiers from the battlefield (Institute of Medicine, 2007). In 1794, Baron Dominique-Jean Larey instituted a system which involved trained medical personnel who would initiate treatment and transport wounded soldiers to field hospitals (Pozner, et al., 2004). Confederates and Union armies during the American Civil War tried to emulate Larrey's innovation, but lack of financial and government support, and trained personnel resulted in dismal failure. General Jonathan Letterman, a Union military surgeon, following Larrey's original models, created the first organized system in the US where injured

patients are treated and transported (Boyd, 1982). This paved the way for the first civilian-run, hospital-based ambulance service that began in Cincinnati in 1865, while the first municipally based EMS began in New York City in 1869 (Bucher & Zaldi, 2021).

During the 1860s civilian ambulance services in the United States were horse-drawn carriages which were hearses from local funeral homes with hospital interns onboard (Blackwell, 1993).

Emergency Medical Services is an intricate system that includes the initial response, evaluation, rescue, and management of patients experiencing trauma and medical emergencies in an environment outside of the hospital (pre-hospital), and transport to a medical facility by trained personnel (Owusu-Ansah, Moore, ShahI, et al, 2020).

In the Philippines, there is no clear published record of the history of emergency medical services, except that it was said to have started in the 1970s but based on the history of EMS, it started in either the US or UK. From their experiences during wars, the Americans and the British found out that survival rates are higher if something is done prior to bringing the patients into the hospital. This was corroborated in the Philippines by Bryan Paul Q. Chua, EMT and Vice President of Fire Emergency Assistance Group (FEPAG) (FEPAG EMS feature, 2016). This group of trained personnel varies in levels in the country like Emergency Medical Responders or commonly known as first-aid providers which give immediate aid and interventions before the arrival of emergency medical technicians on-board ambulances. In the Philippines most of the time, the team of volunteers is led by an Emergency Medical Technician, if available.

Dan Ryan Y. Uy, an Emergency Medical Technician (EMT) from FEPAG stated that EMS serves as a bridge between the scene of the emergency and the hospital (FEPAG EMS feature, 2016).

Emergency medical services in the Philippines is every man for himself, in other words, a group has its own way of doing things and other groups have a different way of operating because there is no standard emergency medical system in place right now, as described by Chua (FEPAG EMS feature, 2016).

D. Laws Concerning Emergency Medical Services

Most developed countries have established a single set of numbers to dial in case of emergency. By dialing 911 (US), 999 (UK), 110 (Japan) or 112 (EU), the patient is assured of help from emergency medical responders as mandated in laws governing its operations in their respective countries. Sadly, this is not true in the Philippines.

Several bills have been filed either in Congress or in the Senate, but no positive action has been taken. In 2004, Senate Bill no. 82 known as “An Act to Improve Emergency Medical Services and Trauma Care” was introduced by Sen. Luisa Ejercito – Estrada in the 13th Congress which went through the first reading but is in pending status to date. This was followed by Senate Bill No. 2091 known as the “An Act

to Improve Emergency Medical Services and Trauma Care” that was introduced by the late Sen. Miriam Defensor-Santiago in the 14th Congress. The explanatory note of Senator Juan Ponce Enrile cited the fundamental values of first aid, which are to “Preserve Life, Prevent Further Injury, and Promote Recovery” when he filed Senate Bill No. 3458, the “Emergency Medical Systems Act of 2009 which should have provided the initial push for the development of an EMS system when it was submitted to the 14th Congress. Another version came later which was Senate Bill No. 3579 known as the “Pre-hospital Emergency Care Act of 2010” by Sen. Juan Ponce Enrile, et al. It was, however, not passed into law. During the 15th Congress, Senator Jinggoy Ejercito Estrada filed a similar bill, the Senate Bill No. 2410 while in the 17th Congress, Senator Sonny Angara re-filed a similar bill, the Senate Bill No. 1573 “Emergency Medical Systems Act which are all pending in the senate. In 2017, Senate Bill No. 1416 “An Act to Encourage Good Samaritans who Provide Reasonable Assistance in an Emergency by Protecting Them from Liability” was introduced by Sen. Richard J. Gordon for the protection of volunteer emergency medical services personnel but it has not yet been passed into law.

To date, no Emergency Medical Services law has yet been passed in the Philippines in spite of a number of proposed bills from 2004 to 2019 in both houses of Congress. It is the fervent hope of this study that a law that addresses the needs of EMS responders be enacted soon.

E. Motivation for Volunteerism

Volunteering motivation is important in compelling people’s decision to contribute time and effort without expecting financial rewards. The motivations of volunteers cover a wide variety. People who volunteer are particularly motivated by the desire for experience. Volunteer first responders usually start with the wanting to just experience riding an ambulance and a fire truck, in the process, they are motivated to acquire the skills in order to fulfill the desire. Others volunteer for career advancement with the goal of having it as a related work experience. Some seek to belong to a group where they can contribute to the community and find satisfaction and enjoyment in doing it.

A survey showed that emergency care volunteers within the context of organizations such as the Red Cross and St. John Ambulance in Canada, did it because : (1) They felt that they have something to give such as time, knowledge or skill and it is also a way of giving back to the community; (2) They believed that volunteering creates a stronger bond with the community; (3) Others volunteered to acquire the skills and knowledge and hoped to increase their social network and finally, (4) They wanted to contribute to or support health and social care services (Timmons & Evans, 2012).

Experiences of emergency first responders vary from situations one must face. Saskatchewan Health Authority – Regina Canada did a ride-along with their emergency medical services and asked their responders about their experiences. Ms. Shannon Hines, an advanced care paramedic of 8 years, saw her job as rewarding because she

got to help people almost every day. (Ride-Along with Regina EMS, 2014)

F. Hazardous Factors that May Affect Volunteer Emergency First Responders

In the performance of their duty, emergency medical services personnel face both physical and psychological hazards. These hazards include being exposed to road accidents, fires, suicides, homicide. They may also get exposed to infectious disease and blood-borne pathogens, extreme temperatures, assaults, back injury, hazardous materials exposure, and sleep deprivation. Additionally, firefighters and EMTs may be the only professions, other than "military personnel who must respond to a potentially life-threatening emergency from a state of sleep". Exposure to these occupational hazards suggests that EMTs are at risk for developing stress-related disorders, both physical and mental. These disorders include posttraumatic stress disorder (PTSD) and other forms of psychological dysfunction. (Donnelly & Siebert, 2009). These are some of the factors that may affect a volunteer emergency first responder.

Part of the job was the difficulties one must face for Ms. Kate Kesinger, an EMT of 31 years. One of the difficulties was the peoples' greatest misconception that EMTs just "scoop and run." It means responders come and get the patient, put them in the ambulance, and go without proper assessment, but, emergency medical services, as Ms. Kesinger put it, "we bring the emergency room right to your front door, and there are certain steps that have to be done prior to taking you to the hospital" (Ride-Along with Regina EMS, 2014).

When asked about putting themselves in harm's way, the 31-year veteran EMT Ms. Kesinger responded, "Yes! I had put myself in harm's way many, many times. Unfortunately, you are there to serve a purpose, to help. You don't think about the consequences necessarily for yourself, you just act." (Ride-Along with Regina EMS, 2014)

One of the tough parts of a responder is the social aspect, seeing children being neglected and maltreated by their parents. Mr. Darren Townsell, an advanced care paramedic for 15 years, writes: "The gory things do not really get me, and I see this thing medically, but it is always the social aspect that gets me." Another struggle stated by Mr. Brendan Eisner, a rookie primary care paramedic, is that at the end of their shifts they wondered what happened to the patient they transported because majority of the time they never knew what happened to the person they helped. (Ride-Along with Regina EMS, 2014)

G. EMS amid the COVID-19 Pandemic

The first quarter of 2020 saw a sudden surge of an emerging disease caused by the novel coronavirus SARS-CoV-2, now more commonly known as the COVID-19 pandemic. Starting from China in 2019 (Mohammadi, et al., 2021), the disease has quickly spread in many countries including the Philippines and had a major impact on health care services worldwide. It has affected health care professionals, locally referred to as frontliners, and several studies have been done on its effect on medical doctors

(Johnson & Butcher, 2020; Barqawi, et al., 2021), nurses (Fawaz, Anshasi, & Samaha, 2020; Navales, et al., 2021), dentists (Guo, et al., 2020; Campagnaro, et al., 2020) but very limited on emergency medical services (Laukkanen, et al., 2021).

The present study noted that EMS personnel, acting as the first link in the process of providing health care services even during the pandemic, encounter a host of challenges that may take its toll on their performance (Mohammadi, et al., 2021). This could be in the form of the possibility of exposure to the virus and eventually contracting the disease, acting as carriers of the disease to their own families, or limited mobility due to lockdowns.

H. Research Literature Gaps

The purpose of this qualitative study was to explore the lives of regular volunteer emergency first responders. The findings that were obtained from this may fill the gaps in the understanding of this profession. The participants were asked to share their experiences and insights in the performance of their duty. These insights may fill the gaps regarding factors that may affect the performance of their responsibilities.

Little is known about the emergency medical services in the Philippines, with the increasing population of volunteer EMS there is still a small number of studies that tackle their purpose in going into this profession. In this study, the researcher sought to address these gaps by exploring their lived experiences.

III. METHODS

This study made use of the phenomenological approach which involved lived experiences of the respondents. The study made use of purposive sampling for the Emergency Medical Volunteers /Emergency Medical Technicians. A grand question was asked and was supported by a semi-structured questionnaire to arrive at a particular response.

A. Research Design

The researcher used the qualitative research design, specifically the phenomenological approach that included interviews in collecting data. In this study, responses of the volunteer first responders were analyzed in line with the qualitative research approach. The phenomenological pattern was utilized with the use of interviews. The phenomenological method includes three steps. First is intuiting which requires the researcher to be immersed in the phenomenon under investigation and this includes the process in which the researcher begins to know about the phenomenon as described by the participants. This is where the interview and administration of survey tools were employed. The researcher must avoid all opinions, evaluations, and criticisms in the conduct of the research and must pay strict attention to the phenomenon being studied. The second step is phenomenological analysis, which involves identifying the essence of the phenomenon under investigation based on data obtained and how the data are presented. The third step is the phenomenological description. The aim of the describing operation is to communicate and bring to verbal and written description distinct, critical elements of the phenomenon. The description

is based on a classification or grouping of the phenomenon. (Rivero Vergne, 2009).

To easily understand the procedure that was used, the recommendations of Asuncion (2021) were followed where the researcher shadowed the method in which the verbal responses were transcribed after the collection of the qualitative data. Following a process called intelligent transcribing, the stutters, and fillers like the words uhm, ah, etcetera were omitted and only the coherent responses were transcribed. The written responses then underwent fact-checking by presenting them to the respondents to validate their responses, after which the codes were used such as words or short phrases that capture the essence of the transcript in the process called the coding, on which themes were identified. The themes were the recurring features of the participants' accounts characterizing perceptions and or experiences that the researcher deemed relevant to the research question and on the transcript.

B. *Trustworthiness Measures*

Since this is a qualitative study, the researcher tested its trustworthiness by triangulation, a technique used to establish the credibility and validity of the results of the investigation. Credibility refers to the acceptability of the results; validity measures the accuracy of the results (Noble & Heale, 2019). This will eliminate fundamental biases that may arise if a single method or observer is used. Central to triangulation is the accepted concept that different methods that lead to the same results make the research findings more credible.

C. *Setting of the Study*

The researcher personally met with the volunteers after contacting them through social media and other forms of communication. During the face-to-face interview, the researcher and the respondents met at their headquarters. Due to the pandemic, some of the respondents were interviewed online via video call.

D. *Participants of the Study*

The research protocol was approved by the Centro Escolar University Institutional Ethics Review Committee (CEU-IERC).

The results for this phenomenological study were culled through data collected from interviews with involved volunteer first responders. The researcher included only respondents who: (a) completed the Informed Consent Forms and (b) Respondents' Profile.

This study investigated lived experiences of volunteer emergency first responders primarily on their motivations for volunteering, and the reasons why risks and fears notwithstanding, they still managed to stay for five (5) years or more. There were ten respondents who volunteered for this study. However, one did not meet the inclusion criteria and was subsequently excluded. This study, therefore, utilized the data collected from the remaining nine regular/active volunteer emergency first responders. Respondent-volunteers included a high school graduate, two college undergraduates, 4 college graduates, and 2 master's degree holders whose ages ranged from 25 to 47 years of age. All respondents underwent Basic Life Support – Standard First Aid Training

(BLS- SFAT), six were volunteer firefighters; 3, with Emergency Medical Technicians – Basic (EMT-B) training, and one was a TESDA-trained National Certificate II (NCII) holder.

E. *Sampling Technique*

This study made use of purposive sampling, which included only those volunteers who have been actively serving their rescue groups for 5 years or more and voluntarily participated in the study as respondents.

F. *Research Instruments*

This study utilized the following research instruments:

- Respondents' Profile is a self-authored questionnaire that covers the name (optional), age, gender, civil status, educational attainment, years/months of service and training received.
- A self-made guide questionnaire for interview was made.
- The questionnaire was then submitted to a psychologist for validation before use.

G. *Research Protocol*

The researcher secured the approval of the Centro Escolar University - Institutional Ethics Review Committee (CEU-IERC) before the conduct of the interviews. An Informed Consent Form in both English and Filipino was then distributed to the respondents for proper filling out. After the completion of the informed consent, the respondents were scheduled for a one-on-one interview.

The interviews were conducted face-to-face for some of the participants. Due to the pandemic, some of the interviews were made through video calls and voice calls online. The participants were also notified about the transcribed responses and gave their consent for its use.

H. *Data Analysis*

The present study is qualitative in nature. The responses of the participants were coded and were clustered according to themes to describe their lived experiences. No statistical treatment was applied to the collected data. Instead, triangulation was done wherein data were coded separately by the researcher and his thesis adviser and compared with the responses of three (3) persons who are not familiar with emergency response activities to increase the credibility and validity of the results. After the text edit has been completed, the paper is ready for the template. Duplicate the template file by using the Save As command and use the naming convention prescribed by your conference for the name of your paper. In this newly created file, highlight all of the contents and import your prepared text file. You are now ready to style your paper; use the scroll down window on the left of the MS Word Formatting toolbar.

IV. RESULTS AND DISCUSSION

This chapter presents the findings that were collected from interviews of 9 regular volunteer emergency first responders. The interview protocol provided was validated before administration by the researcher. Face-to-face and video conferencing interviews were recorded and transcribed in Appendix E. Responses were summarized (see Appendix F) and tallied according to similarity and shown in Table 1.

A. Reasons for Volunteering

When asked why they volunteered to become emergency first responders, the responses were varied. Motivations for volunteering came in the form of being a witness to an act of random kindness to people in need:

“Nagsimula po ako mag-volunteer ng masaksihan ko po mismosakalsada kung paanoginagawa ng mgataong nagbo-volunteer at ninais ko din po sararili ko nabalangaraw ay ako po ay magigingisang volunteer din” (I started to volunteer when I witnessed how volunteers help those [victims] on the streets and I promised myself that I will become a volunteer someday);

Or being helped in times of need:

“Minsanna din kaming nasunugan at alam ko ang hirap ng sitwasyon. Malaki ang naging impluwensiyasa akin ng mgarumespondeng bumbero noon kaya ninais ko ding maging katulad nila upang makatulong sa mgatao sa panahon ng sakuna.” (Once, when fire broke out in our place, I realized how hard it was. The firemen who responded had a great influence on me that I wanted to become a firefighter someday so that I may also help people in times of distress.)

Or an inherent desire to help others:

“I volunteered because I wanted to help other people one way or another. I found this method as a way of sharing the blessings that God has given me, may they be time or talent.”

“I want to give something back to the community.”

No matter what the underlying factor is, the fact remains that the desire to help others in need was the goal of the respondent-volunteers, albeit the absence of any form of remuneration. These emergency responders risked life and limb and are constantly exposed to threat to personal safety including injury, or worse, death to fulfill their desire to help. Altruism was found to be the common motivation for the respondents. Ma (2017), in her 10-Stage Theory of Altruism classifies this behavior as Universal Altruism (Stage 10), the highest form where the volunteers are willing to sacrifice their lives for all creatures, humans or animals.

	Responses	Respondents	Total
1.	Volunteering		
	To help others	R1, R2, R3, R4, R6, R7, R8, R9	7
	Extra-curricular activities	R4, R5	2
	First-hand witness	R2	1
	Experienced being helped/returning favor	R3	1
2.	Benefits		
	Free training	R1, R2, R3, R6	4
	Rewarding experience	R2, R5, R7, R8	4
	Exposure	R1	1
	Recognition	R3	1
	Develop self-confidence	R4	1
3.	Difficulties and Struggles		
	Financial	R1, R5, R7, R8	4
	Lack of equipment	R5, R6, R9	3
	Getting hurt	R2, R3	2
	Indifferent recipients	R3, R7	2
	Time management	R4, R8	2
	Personal health	R6	1
	Fast turnover of manpower	R1	1
	Stupidity	R6	1
4.	Risks and Fears		
	Injury or Death	R1, R2, R3, R4,	6
	Threat to Personal safety	R6, R8, R9	3
	Discrimination	R1	1
5.	Coping Skills		
	Retraining	R1, R2, R6, R9	4
	Comradery	R5, R6, R8	3
	Prayer	R2, R7	2
	Dedication	R3, R4	2
	Other passions and career	R5	1

Table 1: Tally of Participant Responses

Note: The total responses may exceed the number of total participants since some gave more than one response.

A similar result was observed among volunteers in food rescue nutrition where the primary reason for volunteering was altruism (Mousa and Freeland-Graves, 2017). This cross-sectional study made use of Motivations to Volunteer Scale, a modification of the Volunteer Functions Inventory (VFI) by Stukas, et al (1998).

A desire to help may also be seen as a volunteer motivation in wanting to promote the well-being of others and be useful to them (Yeung, 2004). Some volunteers consider what they are doing as natural for them, maybe even their calling, both in spiritual and other senses.

B. Benefits of Volunteering

Volunteer work is not easy, but people still manage to do things which others avoid if not totally reject. Respondents think differently. A feeling of satisfaction follows the following:

A show of gratitude from the patient:

“A simple smile and thank you is the best reward that we could receive from other people and learning from their experience that serves as a lesson is a bonus already.”

Being prepared for an emergency:

“Having the know-how of how to handle emergency scenarios is the most beneficial thing to have as a volunteer. A past scenario that happened to me would attest to how being a volunteer saved my life.”

Professional advancement:

“Free basic and advanced training and retraining on life-saving skills.”

Clearly, it does not take much to make these volunteers happy. Just seeing other people happy brightens up their day.

Yeung (2004) puts these motivational elements as emotional rewards, where participants experience joy, positive moods, as well as a sense of valor, peace of mind, solace, and comfort as they go about assisting those in need of help. The same study also considered the interviewees' personal experiences as the driving force for volunteering: “I help ‘cause I’ve been helped too”.

C. Difficulties and Struggles of Volunteers

Volunteers in this study encountered various forms of difficulties in the performance of their duties as volunteers. One volunteer summed it up:

“*Disgrasya, kalusugan at emosyon ng mgataosatwingrumeresponde. Kasama na din ang gastusin para tustusan ang akingsariling PPE.*” (Accidents, health, and emotional condition of the person every time he responds. This also includes additional expenses to pay for my own PPE.) This is a clear case of the volunteer, despite unremunerated services, had to shell out his own money to sustain his job as volunteer emergency first responder. It is very common for responders to suffer from posttraumatic stress disorder (PTSD) prompting many of them to leave.

Compounding their woes was a rapid turnover of volunteers as people come and go. “*Merongmagpoprobytaposmagiging regular member, taposaalis. Tapossyempreyungmatitirayun lang meron talagangpuso para mag-volunteer*” (There are those who will be probationary, then become regular members, then leave. Of course, those who will be left are only those with the heart to volunteer.) It will be noted here that the respondent-volunteers have been serving continuously for at least 5 years, a clear indication of their commitment to serve others, no matter how tiring the job is. “*Tulad ng, pagkatapos ng fire scene laban kami after that syempre pagod ka, hapóng-hapô ka, peronasaisipmo is wow nakatulongakosaibangtao,*

nakatulongakosahindi ko kilala” (Like, after responding to a fire, we are very tired but from your view you are happy you have extended help to someone you don't even know.)

Using self-report surveys for measures of burnout (the Maslach Burnout Inventory) and coping (the Coping Mechanisms Checklist), a study on volunteer Emergency Medical Services personnel in Suffolk, New York, showed an alarming percentage of volunteers with emotional exhaustion (92%) and depersonalization (99%) (Essex and Scott, 2008). Depersonalization disorder is a mental health condition now known as depersonalization- derealization disorder (DDD).

It is also apparent that to these volunteers, their social reputation or “image” comes before monetary considerations. Carpenter and Myers (2010) found that the level of small stipends paid to their volunteer firefighters declines with image concern, thus supporting a prediction that extrinsic incentives can crowd out concerns for social reputation.

D. Coping Mechanisms

These volunteers are undoubtedly exposed to a lot of traumatic situations that could result in emotional distress that demands robust coping mechanisms.

“Vigilance is important since I also have to take into account the safety of not only the patient but also ours.” This, together with retraining, keeps them mentally alert. A firm belief in God also helps a lot. “No matter what protective gear we wear to treat our patients, there is nothing else we can do but pray and ask our God for guidance and protection.”

In this study, respondents cited a positive sense of group identity by developing a strong camaraderie with members of the same team as well as a sense of accomplishment when they helped others. This kept them together, and this also made them stay. This same strategy, “talking to colleagues” to reduce stress was cited by all EMS personnel (n=139, 100%) in a study by Essex and Scott (2008). Other participants cited “thinking about the positive benefits of work” (n=132, 94.0%), and “thinking about own family” (n=128, 92%) as coping mechanisms while a smaller number of participants cited “use available EMS mental health services” (n=75, 55.3%).

A well-established coping strategy useful to health workers is social support (Jonsson, Segesten, & Mattsson, 2003). Its absence at work has been well-documented as a major contributor to chronic stress among health care personnel (MacPhee & Scott, 2002).

Much has been written about reasons why volunteers leave primarily from posttraumatic stress disorder (PTSD) and compassion fatigue (Regehr, et al, 2002) but more important would be the dearth of studies towards an understanding of why some choose to stay beyond the average (Nicholson, 2010). This study was meant to address the latter, that is, what makes volunteer emergency first responders stay.

This study deals with the lived experiences of volunteer emergency first responders and the hazards they face in the fulfillment of their duty. This qualitative research explored the personal experiences of nine qualified volunteers. The study that was conducted aimed to determine why people volunteer and what made them stay. Being the first account of lived experiences of regular volunteer emergency first responders, it hopes to provide a better understanding of the people who put their lives on the line so others may live.

V. SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This was the first account of lived experiences of volunteer emergency responders in the Philippines, and it hoped to provide a better understanding of the people who put their lives on the line so that others may live. The respondents were relatively young, with ages ranging from 25 to 47 years old, despite experiences ranging from 5 to 25 years.

Volunteers were exposed to hazards every time they responded to calls for help, which might have been life-threatening, but the desire to react was just second nature to them. A smile, a word of thanks, a recognition of their good deed was enough to keep them helping those in need without waiting for anything in return. They faced difficulties, they struggled with those, but by simply talking to their colleagues, there was recovery from the stress that developed from exposure to accidents, casualties, or deaths. Belief in God and a helping hand from their colleagues kept these volunteers on their toes, always ready to lend their own helping hands to those in need.

A. Conclusions

Recorded interviews revealed four essential themes across volunteer-respondents regarding their continuous service as volunteer emergency first responders: (a) desire to help transcends volunteers' age, civil status, years of service and educational attainment; (b) helping others is a rewarding experience; (c) constant retraining and camaraderie among peers can easily surmount financial difficulties and lack of equipment; and, (d) willingness on the part of volunteer-responders to face injury or death in the process of helping others is a truly altruistic response as this meets the criteria for altruism. The action is (1) intended to benefit others; (2) initiated voluntarily by the responder, and (3) not expecting any reward from external sources (Bar-Tal, Sharbany & Raviv, 1982).

Based on the results of the study, regular emergency first responders demonstrate their willingness to sacrifice their lives in order to save others, a stage of altruism of the highest degree, that is, Natural Altruism, stage 10 in Ma's theory.

B. Recommendations

To get a better view of the lived experiences of this group of volunteers, it is highly recommended that older respondents (≥ 50 years old) with 5 years or more experience and still active, be recruited for the study. It is also recommended that a broader base of respondents be targeted to include those who have undergone other training.

An institutionalized stress debriefing could be made available for these volunteers on a regular basis to prevent or maybe treat PTSD to help them cope with the rigors of their chosen vocation.

Likewise, the recognition of Emergency Medical Services as a profession and the availability of funding could be made available for these lowly paid, or unpaid, volunteers so that they do not have to worry about their daily necessities in the performance of their duties.

These preceding recommendations may be made possible if a law is passed by Congress that mandates the improvement and an institutionalized emergency medical services system to make sure that there will always be an adequate and qualified emergency medical service personnel everywhere in the country. (Senate Bill No. 1573)

Finally, another type of approach may be used in future research, like the Volunteer Functions Inventory by Clary, et al (1998) or its modification, the Motivations to Volunteer Scale by Mousa and Free land-Graves (2017). This may not qualify as a phenomenological study, but a comparative approach may give a much better understanding as to why people volunteer and what makes them stay longer than others.

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