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## The Resiliency of Mayon Responders in the Province of Albay

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### Abstract

**Aim:** This study determined the stressors faced, type of resilience, level of resiliency, and common type of resilience training acquired by Mayon Responders in the Mayon Disaster.

**Methodology:** To determine the frequency of the variables, a survey form was utilized, and a descriptive type method was used. This study was conducted at the Provincial Health Office in Albay. Purposive sampling was employed with the criteria that they are Mayon Disaster Frontliners, provide health services during the Mayon Disaster, and work in the Albay Provincial Health Office.

**Results:** The experienced intense workloads are the top stressor of Mayon responders, as indicated on the frequency distribution of 6 out of 16 responders' answers. On the types of resilience, it shows that 16 out of 16 respondents score the highest in emotional resilience, while 2 out of 16 respondents score similarly in mental and physical resilience. This indicates that the respondents are resilient in dealing with stressors connected to emotions. As to the level of resiliency, the findings showed that 9 out of 16 respondents were classified as having above-average levels of resiliency, which may mean that the respondents were doing well in coping. For the training, it is shown that 10 out of 16 respondents have mostly attended spiritual resilience trainings.

**Conclusion:** The respondents are facing high workloads, potentially leading to burnout due to staffing issues. This is a significant concern. They show strong emotional resilience but struggle with mental resilience. This means they are good at managing their feelings but might find it harder to solve problems and find solutions. They have received more training in spiritual resilience than physical resilience. Overall, they have above-average resilience, suggesting they are coping well. The researcher's recommendation is to address their mental resilience challenges and to focus more on physical well-being, which is important for overall resilience.

**Keywords:** levels of resiliency, mayon responders, resiliency, type of resiliency

### INTRODUCTION

Disaster destructions are the most depressive event that can alter a person's mental, physical, emotional, and spiritual well-being. The Bicol region is known as the entry point of every typhoon in the Philippines, especially the Albay Province. This is supported by the published article on Super Typhoon Goni (Rolly) Humanitarian Needs and Priorities (2020), which stated that when Typhoon Rolly landed, the Bicol Region was still recovering from the effects of preceding tropical cyclones, including Typhoons Tisoy and Ursula that destroyed a year ago.

Salas (2023) reported that there were 444 documented disaster incidents worldwide in 2019, 435 in 2020, 406 in 2021, and 421 in 2022. The most natural catastrophes occurred in the Asian-Pacific region in 2022. The heat wave that slammed the region caused the most deaths from a single natural disaster in the history of Europe. Between 1990 and 2019, a total number of 9,924 natural disasters happened worldwide, according to the Vision of Humanity (2020). In the Asia-Pacific region, disasters had affected almost 40% of the world. According to several reports, the area has experienced more natural disasters in the past twelve years alone than it has in the previous forty years. Considering the number of disasters all around the world, Chaudhary and Piracha (2021) discussed that the degree of vulnerability differs based on the fragilities, construction, susceptibility, inherent capacity, or weakness



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of the exposed components; therefore, if the people are prepared, there is no disaster. According to Tacio (2020), the Philippines was considered to be within the "ring of fire," that is how scientists call that thin region of dynamic volcanic and seismic activities around the rim of the Pacific Ocean, which lies along the natural path of the planet's fiercest typhoon.

In connection to this, a solution was established in the Philippines that is in accordance with Republic Act 10121 (2010), which calls for the creation of policies and plans as well as the implementation of actions and measures pertaining to all facets of disaster risk reduction and management, including good governance, risk management and early warning, knowledge development and raising awareness, lowering underlying risk factors, and preparedness for an efficient response and quick recovery. The Bicol region is one of the calamity areas in the country; this is reinforced by the published article on Super Typhoon Goni (Rolly) Humanitarian Needs and Priorities (2020). It is detailed in the article that when Typhoon Rolly hits the Bicol region, Typhoon Tisoy and Ursula just destroyed the region weeks ago. Calamities like earthquakes can also cause floods and, if the epicenter is offshore, may result in seismic waves and tsunamis. Legazpi City is a coastal town, and because of this, the local government units are required to be fully equipped with the warning and coordinative mechanism to mobilize the inhabitants in case of emergencies. Coordinative efforts are also necessary between the inhabitants, the local police, the health sectors, and non-governmental organizations. Therefore, research was conducted by Arao (2018) that seemingly the solution to the geographical location of Legazpi City in the country, the attainment of a disaster-resilient community was made possible because of the creation of CDRMO's that govern disaster operations that greatly enhanced the capacity of the local government to respond effectively and efficiently from the effects of disaster and implementation of DRRM. However, the problems have arisen, such as a lack of permanent personnel to perform the functions of the office, majorities being job orders, a lack of cooperation from the barangay officials when it comes to attending the trainings, and the hardheaded population who refuses to evacuate. Again, based on the conclusion of Arao (2018), the residents have adapted to become stronger and more resilient even before disaster strikes due to the initiatives of CDRMO. Despite the discussion of hazards and disaster, Mayon Volcano, as an active volcano in southeastern Luzon, Philippines, has dominated the city of Legazpi.

According to Matthias (2023), it was called the world's most perfect volcanic cone because of the symmetry of its shape. It has a base 80 miles (130 km) in circumference and rises to 8,077 feet (2,462 meters) from the shores of Albay Gulf. Based on the latest news from the NDRRMOC (2023), on the 5th of June 2023, the Mayon Volcano was raised to Alert Level 2, which means "Increasing Unrest" due to its sharp increase of rockfall from its summit lava dome from an average of 5 events per day from May 2023 to 49 events per day until the 5th of June 2023. On the 8th of June 2023, the Mayon Volcano was raised to Alert Level 3, which means "Increased Tendency Towards Hazardous Eruption.". On that day, there was a high chance that lava flows and hazardous pyroclastic concentrations would damage the volcano's upper to middle slopes as a result of Mayon's magmatic eruption of a lava dome. An explosion might occur in the next days or weeks. According to PHO staff (personal communication, September 25, 2023), the Albay Provincial Health Office has been giving medical missions and psychosocial activities to the evacuees from the upper to middle slopes of Mayon Volcano after they were relocated to the school evacuation centers away from the 3-6 kilometer danger zone.

In relation to this, violent disaster events can cause long-lasting damage to survivors, according to Mao and loke (2020); however, it is not limited to survivors only but to the responders as well, such as emergency medical personnel and other rescue workers.

As mentioned in the article of Substance Abuse and Mental Health Services Administration (2023), natural and human-caused disaster events have the probability to cause catastrophic loss of life and physical alteration; they are frequently unforeseen but surely can leave every person in disbelief. The responders may be exposed to behavioral and mental readjustment and later on develop post-traumatic stress disorder if not treated or lacking coping skills.

As stated in the web article of Anahana (2023), every person goes through challenges in life, either experiencing personal, social, or environmental issues. Hurley (2022) suggested that resilience is both a process and the outcome of adapting to difficult life experiences. It was also noted that in order to measure the level of resilience, 8 scales must be observed based on Ackerman (2017). The scales: optimism, altruism, moral compass, faith and spirituality, humor, having a role model, social supports, facing fear, purpose in life, and training. These scales can vary from person to person according to their needs; however, the scales were investigated to be useful to measure the levels of resilience an individual has, as they were built from different theories based on different components and were created for different populations. In connection to this, in a cross-sectional study that was published in the National Library of Medicine, low-level resilience had a greater prevalence of depression and anxiety compared with a

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high level of resilience, which were positively associated with better mental health, reduced stress, and greater well-being, as mentioned in PLoS One (2019).

According to Mayo Clinic (2023), resilience training is similarly important to resilience itself because it improves the person's physical, spiritual, emotional, and mental strength to deal with life's challenges and stressors. A personal training program can give people the tools they need to change the way their brain interprets events and situations and help them focus on the positive aspects of their lives, as stated in The Resiliency Solution (2023).

In addition, the results of the research conducted by Manning, et al. (2018) suggested that spiritual resilience training plays a strong role in promoting and maintaining the resilience of the person in the long run. It's also important to know how physical resilience affects the body and why it matters. According to Mallory (2018), healthy eating, enough sleep and rest, stretching, sports, fitness, and physiotherapy are examples of ways to help enhance physical resiliency.

Moreover, there are four (4) types of resilience, as stated in the Community Industry Group (2023) webpage: those are physical, social, emotional, and mental resilience. Physical resilience refers to the capability of the body to respond to physical difficulties, such as illness or accidents, to heal or control recurring physical health issues. Social connections, rest time, healthy lifestyles, and enjoyable activities contribute to physical resilience. Social resilience refers to the ability to connect with one another and assist one another when facing challenges. Support from the community, family, and friends is crucial when we are managing our individual or group issues. While emotional resilience refers to the ability to control our emotional reaction to difficulties and deal with strong emotions like anger, fear, vulnerability, or sadness. Accepting the reality of our circumstance is crucial, but we must also possess the emotional fortitude to go through it. Understanding how we respond to problems is crucial in this situation; by doing so, we may lessen the impact on others as well as on ourselves. Lastly is the mental resilience; it refers to the capacity to deal with difficult situations by solving problems, coming up with workable solutions, and exercising mental agility, creativity, flexibility, and the capacity to adapt and create answers to problems as they arise.

In the study of Soravia et al. (2021) at Bern, Switzerland, the rescuers disclosed that they experience light or heavy stress burdens whenever they are exposed to pressure of dealing with stressful job-related circumstances, such as handling people, specifically aggressive and violent people, dealing with suicides or deaths, threats, dealing with relatives, involving children, and work-related conditions such as inaccurate or false information about the emergency situation, shift work, and time pressure. According to the Centers for Disease Control and Prevention (2023), the sources of stress for emergency responders may include witnessing human suffering, risk of personal harm, intense workloads, life-and-death decisions, and separation from family. Stress prevention and management must be observed for responders to stay well to be able to continue extending services in emergency situations. For the responders to be able to care for others, they must take care of themselves first. According to Dowd (2020), workload and work stress lead to burnout, which the World Health Organization (WHO) describes as a form of chronic work stress that drains energy and weakens performance. In fact, 50% of employees quit their jobs due to burnout. Heavy workloads lead to burnout because employees cannot control their work. In addition, 39% of workplace stress was due to heavy workloads alone, making it a significant cause of burnout, as stated in a Statista survey web article owned by Martin (2023).

Although, according to Naz et al. (2019), Albay province in the Philippines has largely managed to maintain zero casualties during disasters despite the multiple climatic and geologic hazards, Albay's success in having zero casualties was due to the observance of 6 strategies, namely: (1) making DRRM goals, (2) ordaining policies on DRRM, (3) building institutions related to DRRM, (4) providing an adequate budget for DRRM, (5) implementing DRRM programs and projects, and (6) forging partnerships with other DRRM stakeholders. However, similar cannot be said regarding the disaster responders since there were no studies conducted on the assessment of the resiliency of the Mayon responders in Albay Province. Although there were studies about the resiliency of rescuers from other countries, they mainly focused on the psychiatric condition, stress in the workplace, and/or focused on the survivors of the disaster. As for the Bicol region, researchers study the community resilience and its DRRM framework but not the responders. Thus, the researcher recognized this gap.

This study highlights Republic Act No. 11036 or the Mental Health Act, wherein the law should uphold both the fundamental rights of those in need of mental health assistance as well as the fundamental right to mental health for all Filipinos. Section 2 stated that, "The state commits itself to promoting the well-being of people by ensuring that mental health is valued, promoted, and protected; mental health conditions are treated and prevented; timely, affordable, high-quality, and culturally appropriate mental health care is made available to the public; mental health services are free from coercion and accountable to the service users; and persons affected by mental health

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conditions are able to exercise the full range of human rights and participate fully in society and at work free from stigmatization and discrimination.”. This study recognized the mental health law and directed all the focus to the resilience of Mayon Responders.

## Objectives

The study determined the resiliency of Mayon responders during a disaster in the Province of Albay. Specifically, it sought to answer the following research questions:

1. What are the stressors faced by the Mayon Responders in Mayon Disaster?
2. Which type of resilience do the Mayon Responders have the highest and lowest?
3. What are the levels of resiliency of the Mayon Responders?
4. What are the common types of resilience trainings the Mayon Responders have attended?
5. What trainings can be recommended to enhance their resilience in the areas they have the least resiliency?

## METHODS

### Research Design

This research is a descriptive type of study that describes the frequency difference of the information collected from the resiliency of Mayon responders. This research used a survey and interview form to collect relevant data. As such, it consists of a set of gathered data or information analyzed, summarized, and interpreted along certain lines of thought for the pursuit of a specific purpose and to determine the resiliency of Mayon responders during a disaster.

### Participants

The researchers focused on the frontline office providing health services to the evacuees to determine the major responders at the provincial level. The Provincial Social Welfare Development Office (PSWDO) and Albay Public Safety and Emergency Management Office (APSEMO) were the provincial offices initially identified to be Mayon responders; however, they were not among those who extended health services to the evacuees. The PSWDO was responsible for recording the population of evacuees and assessing the basic needs provided by the evacuation center. The APSEMO was responsible for collecting data from the LGU with its assigned evacuation centers concerning how the LGU was handling disaster risk reduction management. The department head of the Provincial Health Office gave permission to conduct research on their frontline Mayon responders needed for the study. There were only 16 frontline employees identified as Mayon responders from the Provincial Health Office.

### Instrument

The instrument used in this research was a researcher-made questionnaire called the “Levels & Type of Resiliency (LTR) Test.” It is a 60-item test questionnaire based on Ackerman (2017) and Anahana (2023). The questionnaire was pilot tested in Albay Provincial Social Welfare and Development Office Mayon responders and validated by a registered psychometrician from the Province of Sorsogon. The Google Form platform was used for data gathering, wherein the LTR test was encoded in the Google Form.

### Data Collection

The researchers sought the Albay Public Safety and Emergency Management Office (APSEMO) employee through verbal communication for the identification of provincial offices responding to Mayon Evacuation Centers. A letter of permission to conduct the study was sent to the department head of the Albay Provincial Health Office, as it was the office identified to be extending health services. Upon approval, the questionnaires (LTR test) were encoded to the Google form and were sent to the respondents. Upon receiving the answers of the respondents via Google Sheets, the researcher patterned it to the scoring tool of the LTR test individually and then sought the help of a statistician for statistical treatment, data interpretation, and analysis. The data and information gathered were collated, tallied, tabulated, and analyzed.

### Treatment of Data

Descriptive statistical measures were used to group, summarize, and describe the data gathered from different sources and Mayon Responders. The statistical techniques used in the inquiry were frequency distribution,

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percentage distribution, and weighted mean. Weighted mean was used to designate the groupings of responses to be ranked.

### Ethical Considerations

The researchers ensured that all research protocols involving ethics in research were complied with for the protection of all people and institutions involved in the conduct of the study.

## RESULTS and DISCUSSION

In most research in the Philippines concerning disaster response and resiliency, the focus was usually on the community resilience of the victims or the disaster risk management program. There were few to no studies at all about the resiliency of the carers, responders, or the ones extending the services towards the victims. In this study, the stressors, highest and lowest type of resiliency, levels of resiliency, and trainings attended by the Mayon responders were sought through a 60-item researcher-made instrument called "Levels & Type of Resiliency (LTR) Test" based on Anahana.com (2023). Identifying the stressors faced by the Mayon responders during the Mayon disaster enabled the researcher to understand the possibility of having a connection with the levels and type of resiliency the Mayon responders have and use to cope with their stressors. The trainings attended were also identified that enabled the researcher to determine the type of resilience trainings recommended to the Mayon responders based on their least attended trainings.

### Stressors of Mayon Responders

The stressors of Mayon responders were presented in Table 1. The results manifested that 6 out of 16 respondents were experiencing intense workloads as their stressor during the disaster. 5 out of 16 respondents stated that their stressor was witnessing human solitude. 3 out of 16 respondents were noted to be exposed to the risk of personal harm as their stressor. While 2 out of 16 respondents have separation from family due to the need to respond during disaster as their stressor.

**Table 1**  
**Frequency Distribution of Respondents by Stressors**  
(n=16)

Stressors	No. of Mayon Responders	Percentage Distribution
Witnessing human solitude	5	31%
Exposed in risk of personal harm	3	19%
Experienced intense workloads	6	37%
Had to make life-and-death decisions	0	0%
Separation from family due to the need to respond during disaster	2	12%
Total	16	100%

The study recorded that 6 out of 16 respondents were experiencing intense workloads as their stressor during disaster, which can potentially lead to burnout if not resilient. In fact, according to Dowd (2020), 50% of employees quit their jobs due to burnout. Heavy workloads lead to burnout because employees cannot control their work. In addition, 39% of workplace stress was due to heavy workloads alone, making it a significant cause of burnout, as stated in a Statista survey web article owned by Martin (2023). Having an intense workload may be due to the fact that there was a problem about the lack of permanent personnel to perform the functions of the office, according to the study conducted by Arao (2018) in Legazpi City. The respondents then were given an intense workload since there were only a few who could perform their functions.

### Types of Resilience (test scores)

The raw scores and identification of the highest and lowest types of resilience of the Mayon responders were presented in Table 2. The results showed that 16 out of 16 respondents had scored the highest in emotional resilience. On the other hand, 10 out of 16 respondents scored the lowest in mental resilience. 2 out of 16



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respondents scored similarly in social, mental, and physical resilience. While 1 out of 16 respondents scored similarly in social and mental resilience. 2 out of 16 respondents scored similarly in mental and physical resilience. Having high scores in emotional resilience may indicate that among the types of resiliency mentioned above, the respondents were resilient in dealing with stressors related to emotions. However, scoring low in mental resiliency can mean that the respondents may have a hard time coping with stressors affecting their mental state during a disaster.

**Table 2**

Code of Respondent	Social	Emotional	Mental	Physical
13.58.53	17	20	16	15
14.50.31	17	20	15	15
18.01.43	16	19	16	16
18.02.52	17	23	16	12
18.18.42	20	24	18	22
18.48.54	18	22	17	14
19.00.46	17	21	17	17
19.01.08	18	23	16	23
19.12.59	18	24	18	20
19.51.33	12	19	14	18
19.51.39	18	22	17	19
19.54.01	19	24	18	19
20.49.02	17	19	17	16
6.30.40	19	25	18	18
12.12.27	14	18	12	15
00.00.00	14	17	13	10
Total	4	16	10	9

(yellow-lowest; blue-highest)

The study has identified a total of 16 out of 16 respondents who have scored the highest in emotional resilience. Having high scores in emotional resilience may indicate that the respondents were resilient in dealing with stressors related to emotions. It just showed that the Mayon responders have the ability to control their emotional reaction to stressors and deal with strong emotions like anger, fear, vulnerability, or sadness. They have the emotional fortitude to accept the reality of their circumstances through understanding how to respond to problems and lessen the impact on others as well as on themselves. However, scoring low in mental resiliency can mean that the respondents may have a hard time coping with stressors affecting their mental state during a disaster. On another note, 10 out of 16 respondents scored the lowest in mental resilience. Scoring low in mental resilience could indicate that the Mayon responders may be challenged in dealing with difficult situations through solving problems and coming up with workable solutions. Also, scoring low in mental resiliency may be due to the intense workload the respondents have been receiving during disasters, which enabled them to be challenged in exercising mental agility, creativity, flexibility, and the capacity to adapt and solve problems, as mentioned in the Community Industry Group (2023) webpage.

### Levels of Resiliency

The levels of resilience of Mayon responders were presented in Table 3. The findings showed that 9 out of 16 respondents were classified as having above-average levels of resiliency, which may mean that the respondents were doing well in coping but have areas of resiliency that they haven't mastered yet, but their coping skills can make up for their weak areas. 7 out of 16 respondents were classified as having a high level of resiliency, which indicates that the respondents were very resilient. They embody all the characteristics of being resilient and had the ability to bounce back from trials and crisis of life. The respondents not only have the ability to be flexible but also have a big heart to help other people cope and become resilient like them.





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**Table 3**  
**Frequency Distribution of Respondents by Levels of Resilience**  
(n=16)

Levels of Resilience	No. of Mayon Responders	Percentage Distribution
High (H)	7	44%
Above Average (AA)	9	56%
Average (A)	0	0%
Below Average (BA)	0	0%
Low (L)	0	0%
Total	16	100%

The LTR test has identified 9 out of 16 respondents were classified as having above-average levels of resiliency. According to the researcher-made instrument, being classified as above average level of resiliency in the LTR Test may indicate that the respondents were doing well in coping but had areas of resiliency that they hadn't mastered yet, but their coping skills can make up for their weak areas. To have an above-average level of resiliency can mean that the respondents have appeared to excel in 8 scales of measurement of resiliency based on Ackerman (2017), which were incorporated in the LTR Test, namely: optimism, altruism, moral compass, faith and spirituality, humor, having a role model, social supports, facing fear, purpose in life, and training. Surprisingly, 7 out of 16 respondents were classified as having a high level of resiliency, which indicates that the respondents were very resilient to withstand any stressors they may experience during a disaster and was associated with better mental health, reduced stress, and greater well-being, as stated in a cross-sectional study published in the National Library of Medicine in PLoS One (2019).

#### Resilience Trainings attended (test scores)

The identified highest and lowest scores and the number of respondents who attended resilience trainings were presented in Table 4. The results showed that 10 out of 16 respondents have mostly attended spiritual resilience trainings. While 3 out of 16 respondents have attended the physical, emotional, and mental resilience trainings. Having the highest number of respondents who attended spiritual resilience trainings may mean that they were equipped with coping skills and mostly used it as the main source of their resiliency during disaster. In contrast, 8 out of 16 respondents scored lowest in physical resilience trainings, which may mean that they need to enhance their coping skills in physical resilience by attending physical resilience-related trainings. 5 out of 16 respondents scored the lowest in emotional and mental resilience trainings, which may mean that they needed to work on their coping skills in emotional and mental resilience-related trainings. The other 3 out of 16 respondents had similar scores on physical, emotional, and mental resilience trainings, which may mean that they have balance in their remaining resilience trainings.

**Table 4**  
**Frequency Distribution of Respondents by Resilience Trainings Attended**  
(n=16)

Code of Respondent	Spiritual	Physical	Emotional & Mental
13.58.53	18	15	16
14.50.31	17	15	15
18.01.43	22	17	17
18.02.52	18	11	11
18.18.42	17	22	16
18.48.54	20	16	17
19.00.46	21	17	15
19.01.08	23	24	16
19.12.59	21	20	25
19.51.33	11	7	5
19.51.39	22	18	21
19.54.01	18	17	20



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20.49.02	20	16	15
6.30.40	20	16	19
12.12.27	12	14	11
00.00.00	17	12	19
Total no. of respondents	10	3;8	3;5

(yellow-highest; blue-lowest)

The study has determined 10 out of 16 respondents have mostly attended spiritual resilience trainings. Having the highest score in spiritual resilience trainings may indicate that the person has the ability to promote and maintain their resiliency in the long run, according to Manning et al. (2018). Since resilience training is equally important to resilience itself because it improves the person's strength to deal with life's challenges and stressors, as stated by Mayo Clinic (2023), social connections, rest time, healthy lifestyles, and enjoyable activities contribute to physical resilience. 8 out of 16 respondents scored lowest in physical resilience trainings, which may indicate the need to enhance their coping skills in physical resilience by attending physical resilience-related trainings to be able to have strength in extending services to the victims during disasters, which can usually be encountered in Legazpi City, such as typhoons, earthquakes, and floods, according to Banares et al. (2011), which may require strenuous activities. Mallory (2018) mentioned that healthy eating, enough sleep and rest, stretching, sports, fitness, and physiotherapy are examples of ways to help enhance physical resiliency.

## Conclusions

The study arrived at the conclusion that most of the respondents were experiencing intense workloads as their stressor during a disaster, which can potentially lead to burnout if not resilient due to a lack of permanent personnel in the office. The respondents had high scores in emotional resilience but low scores on mental resilience. The findings indicated that the respondents were resilient in dealing with stressors related to emotions; however, they were inclined to be challenged in dealing with difficult situations through solving problems and coming up with workable solutions. Most of the respondents were classified as having above-average levels of resiliency. Being classified as above average in level of resiliency in the LTR test may indicate that the respondents were doing well in coping but have areas of resiliency that they haven't mastered yet, but their coping skills can make up for their weak areas. The respondents have mostly attended spiritual resilience trainings and the least on physical resilience trainings. The study concluded that the respondents have the ability to promote and maintain their resiliency in the long run, according to Manning et al. (2018) because of their spiritual resilience but was suggested to attend personalized physical resilience trainings to make up for scoring low in the physical resilience training area. The respondents may be challenged in handling physically strenuous activities. According to Mallory (2018), healthy eating, enough sleep and rest, stretching, sports, fitness, and physiotherapy were examples of ways to help enhance physical resiliency and therefore recommended to attend the above-mentioned physical activities.

## Recommendations

Based on the above results and findings, the researcher offers the following recommendations: the office must promote more permanent personnel to have a distributed workload to those who can perform the functions, therefore preventing burnout in the office. Stress debriefing from time to time was also advisable to lessen the likelihood of burnout. While emotional resilience was mostly used by the respondents, it was also recommended to promote the importance of social, physical, and mental types of resilience to be able to attain the balance in all areas of resilience of the person. Attending physical resilience trainings such as healthy eating, enough sleep and rest, stretching, sports, fitness, and physiotherapy was also suggested to enhance the physical resiliency of the respondents. An in-depth study should be conducted in the aspect of effective types of resilience to be used for the specific nature of disasters to address the individual need of the responders in terms of coping. The study can be replicated in other barangays with similar subjects, such as disaster responders and their resiliency.





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