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RESEARCH ARTICLE

Heroes Without Capes: Unveiling The Lived Experiences of Doctors to the Barrio (DTTB) Working in Geographically Isolated and Disadvantaged Area (GIDA)

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Abstract

This phenomenological study utilized a qualitative research design which aimed to understand the experiences of the Doctors to The Barrio (DTTB) working in Geographically Isolated and Disadvantaged Areas (GIDA). In this study, nine (9) DTTB were chosen as participants through purposive sampling technique. Each underwent a semi-structured key informant interview. Their responses were sorted into major categories through thematic analysis. The study revealed that working in GIDA community's entails facing extreme difficulties due to lack of medical facilities and resources, in addition to the risk brought about by cultural and environmental factors. However, being able to experience the locals' way of living is remarkable to them for it fuels their sense of purpose and fulfilment, as well as their drive to ensure that the people will be provided with quality and sustainable access to universal health care. In spite of the overwhelming challenges, doctors cope up by generating innovative strategies, exercising positive mindset through the help of their support system, and attending to physiologic and emotional needs. Nonetheless, their experiences working in GIDA highlighted concerns which must be addressed mainly through boosting the health care services and medical professionals to deliver the best possible quality care to the patients.

Background

The shortage of healthcare workers is a global issue, including in the Philippines, where over 2,300 Geographically Isolated and Disadvantaged Areas (GIDA) face severe gaps in healthcare services. To address this, the Philippine National Rural Physician

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DOI: 10.37871/jbres2267

Submitted: 27 January 2025

Accepted: 13 February 2026

Published: 16 February 2026

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Keywords

- Qualitative research design
- Phenomenological research approach
- Lived experiences
- Doctors to the Barrio
- Geographically Isolated and Disadvantaged Area

VOLUME: 7 ISSUE: 2 - FEBRUARY, 2026



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How to cite this article: Larong AS, Arce NS, Josol GFA, Kampitsis EA, Pamatian GB, Libongcogon R, Pono G. Heroes Without Capes: Unveiling The Lived Experiences of Doctors to the Barrio (DTTB) Working in Geographically Isolated and Disadvantaged Area (GIDA). J Biomed Res Environ Sci. 2026 Feb 16; 7(2): 5. Doi: 10.37871/jbres2267



Deployment Program (Doctors to the Barrio, or DTTB) was established in 1993 by the Department of Health (DOH) [1]. This program deploys rural health physicians to underserved municipalities, including those that are hard to reach or economically disadvantaged, to provide continuous, accessible, and quality healthcare [2].

Despite its long-standing implementation, only 18% of DTTBs remain in their assigned municipalities after their two-year term [1]. While various studies have explored retention issues, few have examined the lived experiences of DTTBs in GIDA communities using a phenomenological approach. This study aims to fill this gap by exploring the challenges DTTBs face, their coping strategies, and their aspirations in delivering quality healthcare.

In Davao de Oro, which has 73 certified GIDA barangays, only nine DTTBs are currently serving the entire province. These doctors encounter numerous challenges in healthcare delivery and program implementation. Understanding their experiences and perspectives is crucial for improving the DTTB program and healthcare services in GIDA communities. This study seeks to provide insights that could influence policy and enhance healthcare delivery in these areas.

Methods

This qualitative study employed a phenomenological approach to explore the experiences of Doctors to the Barrio (DTTB) in Geographically Isolated and Disadvantaged Areas (GIDA). This approach focuses on understanding participants' perceptions and meanings within their natural settings [3,4].

Participants were selected through purposive sampling, targeting male and female DTTBs with at least two years of service in Davao de Oro's GIDA communities. Consistent with recommendations for phenomenological research [5] and guidance that sample size

be determined by data saturation [6,7], nine participants were included.

Data were collected via In-Depth Interviews (IDI) using a validated interview guide developed from existing literature. A pilot study ensured the clarity and relevance of the questions. Interviews were conducted face-to-face and recorded using an audio recorder.

Transcribed data were analysed using thematic analysis to identify patterns and themes [8]. The study adhered its trustworthiness by meeting its criteria for credibility, transferability, dependability, and confirmability [9] and followed ethical principles of respect for persons, beneficence, and justice [10].

Results and Discussion

This study presents the lived experiences, coping strategies, and aspirations of Doctors to the Barrios (DTTBs) serving in Geographically Isolated and Disadvantaged Areas (GIDAs). Based on in-depth interviews with nine DTTBs in selected barangays of Davao de Oro, each with a minimum of two years of service, the findings draw from rigorously transcribed interviews and structured questionnaires, with open-ended responses forming the core data set (Table 1).

The lived experiences of Doctors to the Barrios (DTTBs) in Geographically Isolated and Disadvantaged Areas (GIDAs) highlight the complex challenges of rural healthcare delivery. Four key themes emerged: resource scarcity, high-risk working conditions, cultural barriers, and community pressures. Participants reported severe shortages in supplies, staffing, and medications—often requiring patients to travel far for basic treatments—echoing national disparities such as doctor-to-patient ratios reaching 1:31,981 in Davao de Oro [11].

High-risk environments, including insurgency-prone areas and difficult terrain, underscored the emotional and physical



Table1: Major themes on the lived experiences, coping mechanism and aspirations of doctors to the barrio working in geographically isolated disadvantaged areas.

	Major Themes
Lived Experiences of Doctors to the Barrio working in Geographically Isolated and Disadvantaged Areas	<ul style="list-style-type: none">• Lack of Facility, Medical, Financial, and Human Resources• High Risk Work• Difficulties due to Cultural Factors• Difficulties Due to People’s Demands• Experiencing the Way of Life in the Community• Sense of Purpose and Fulfilment• Personal Growth
Doctors to the Barrios’ coping working in Geographically Isolated and Disadvantaged Areas	<ul style="list-style-type: none">• Using Challenges as Motivations• Having a Support System• Having Personal Time• Personal Coping Strategies• Focusing One’s Energy to the Community
Doctors to the Barrios’ aspirations working in Geographically Isolated and Disadvantaged Areas	<ul style="list-style-type: none">• Quality and Sustainable Access to Universal Healthcare• Aspirations to Serve the Communities

demands of the role, aligning with the concept of “clinical courage” [12]. Cultural preferences for traditional healers and language barriers further impeded care, complicating communication and compliance [13].

In addition to systemic and cultural constraints, DTTBs faced intense emotional burdens due to overwhelming expectations, limited support, and burnout—challenges well-documented in rural practice literature [14,15]. Despite this, many demonstrated resilience through reframing adversity, maintaining social support, practicing self-care, and integrating into community life [16].

Notably, participants expressed strong advocacy for universal, community-based healthcare and chose to remain in GIDAs despite more lucrative or career-advancing options elsewhere. Their commitment reflects a deeper, service-oriented vocation [15], highlighting the urgent need for policy reforms that address both workforce sustainability and rural health equity.

From the physicians’ accounts, the realities of the patients they serve become unmistakably visible. Accessing care often requires navigating dangerous terrain and considerable distance,

only to arrive at facilities constrained by limited diagnostics, insufficient supplies, and scarce personnel. Poverty compounds these structural deficits, shaping health-seeking behaviours and, at times, forcing families to rely on improvised or suboptimal remedies. Frequent consultations and strong dependence on the rural physician reflect not excess demand, but the absence of viable alternatives. Yet within these conditions of deprivation, there exists an enduring thread of resilience. Communities respond not with resentment, but with trust, hospitality, and gratitude—small yet profound gestures that affirm the relational core of rural healthcare.

Ultimately, the lived experience of the Doctors to the Barrio cannot be understood solely through the lens of professional challenge or systemic inadequacy. It is equally a shared human encounter—between physician and patient—situated in contexts of vulnerability, scarcity, and hope. The essence of their experience reveals rural healthcare as both a site of inequity and a space of meaning, where service transcends obligation and becomes an act of solidarity. In recognizing this, policymakers and stakeholders are called not only to address



material deficiencies, but to honour and sustain the human relationships that quietly hold fragile health systems together.

Implication and Direction for Further Research

Implications of the Study: The study's findings provide key insights for shaping effective policies. Addressing disparities in healthcare delivery through targeted funding for infrastructure and medical resources, establishing peer networks for DTTBs, and promoting community empowerment are crucial. Effective communication with policymakers and stakeholders will help translate these insights into actionable policies, advancing healthcare quality and sustainability in GIDA communities.

Importantly, these findings align with several United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education through professional development of healthcare workers), and SDG 10 (Reduced Inequalities). By highlighting the realities of rural healthcare provision and the lived experiences of DTTBs, this study underscores the need for equitable healthcare access, workforce support, and culturally sensitive community engagement. Attaining these goals requires multifaceted strategies—strengthening infrastructure and resource availability, implementing structured peer and mentoring networks for healthcare workers, promoting resilience-building, and integrating community participation into health initiatives. Ultimately, translating frontline experiences into policy interventions ensures sustainable, community-cantered healthcare delivery, reinforces the relational core of rural medicine, and fosters health equity in the most underserved areas.

Direction for Future Research: Future research should build on these findings by

exploring the lived experiences of DTTBs in greater depth. Employing rigorous methodologies and integrating quantitative approaches can reveal new factors affecting their effectiveness and contribute to theory-building. Collaborative, interdisciplinary research will enhance understanding and improve practical applications in this field.

A key limitation of this study is its focus solely on the experiences of the physicians, which provides an essential but incomplete view of rural healthcare dynamics. To gain a more comprehensive understanding, future research should also examine the lived experiences of patients and community members, capturing their perspectives on healthcare delivery, access barriers, and interactions with rural physicians. Such an approach would offer a more holistic picture of the challenges and successes in GIDAs, informing interventions that are both contextually relevant and socially grounded.

Acknowledgement

We extend our heartfelt thanks to all who supported us in completing this study:

- To Almighty God for spiritual guidance and protection.
- To our panelists, Dr. Nancy Therese Alba, Dr. Aura Rhea Lanaban, and Dr. Felix Chavez Jr., for their critical review.
- To Dr. Nestor Arce Jr., Dean of Jose Maria College Foundation Inc. - College of Medicine, for his supervision and encouragement.
- To Dr. Glenn Pono, Research Director, for his insightful guidance and mentorship.
- To the validators for their expertise and validation of our research questions.
- To the research participants for sharing their valuable experiences.



- To our parents, siblings, friends, and the faculty of Jose Maria College Foundation Inc. - College of Medicine for their unwavering support.

Thank you all for your contributions to this study.

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