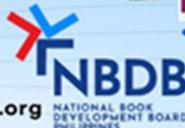




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Level of Anxiety and Coping Strategies in the New Normal Education among Allied Health Science Students

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Abstract

Aim: This study aimed to determine the level of anxiety and coping strategies in the new normal education among allied health science students.

Methodology: This study used a descriptive-correlational research method to describe the variables and the relationships that occur naturally between and among them. The study included one hundred fifty-three (153) allied health science students currently enrolled at President Ramon Magsaysay State University with the students from Bachelor of Science (BS) in Nursing, Bachelor of Science (BS) in Psychology, and Bachelor of Science (BS) in Biology.

Results: Based on the statistical results, there is no significant difference between the anxiety levels of the respondents and their profile characteristics.

Conclusion: Results from the overall weighted anxiety levels were found at "mild level of anxiety" and experienced "more than half of the day". The students under allied health science courses described that they engage in healthy coping strategies when dealing with anxiety or stress through formulating solutions, accepting the reality of their situation, and turning to work or other activities to take mind off worries.

Keywords: *anxiety, coping strategy, news normal, mental health, Covid-19*

INTRODUCTION

New modes of learning were ruled out as an alternative response to the closure of schools during the peak of COVID-19 pandemic which led to a major impact on students' mental health status. As the pandemic started, there is a need for unique and creative ways for students to build the fundamental skills necessary for practice-based learning opportunities because the clinical placement for allied health students is currently under pressure. The learning delivery modalities that schools may utilize may be one or a combination of self-learning modules, and other additional learning resources include textbooks, activity sheets, study guides, and other study materials, as well as learner's materials in print or digital format/electronic copy, depending on the learner's situation. Learners utilize a computer, tablet, PC, or smartphone to access electronic versions of the instructional materials. E-learning resources, including offline E-books, can be distributed using CDs, DVDs, USB storage, and computer-based apps (Llego, 2021).

On the other hand, there are numerous aspects of the pandemic that make it particularly challenging for allied health science students. Besser & Zeigler-Hill (2020), confirmed that students had a 'pervasive negative reactions' to the online transition. Also, different research studies concluded that: stress, anxiety, depression, loneliness, and isolation were the most common issues since the onset of the pandemic. Moreover, it was noted that the pandemic has resulted in a surge of mental health problems.

In addition, the rates of depression and anxiety among Filipino Allied Health Science students have increased over the years. They are two to three times at risk for depression and anxiety problems compared to the general population. Students experiencing difficulties coping with their studies have up to five times higher risk for depression and anxiety. Instituting mental health promotion in school settings can decrease these rates by up to 18.6% (Alibudbud, 2021).



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Furthermore, there was a notable spike in suicide rates due to such mental health concerns (Mayo Clinic, 2021). College students are one of the major populations affected. Anxiety and depression among college students have increased significantly since the start of the COVID-19 pandemic. According to a recent study, one in every three college students suffers from significant depression and anxiety (Druckenmiller, 2022).

With these, different coping strategies have emerged and some of them caused negative effects. For instance, it was reported that people have increased their use of alcohol or drugs, thinking that these can help them cope with their fears about the pandemic (Mayo Clinic, 2021).

Moreover, the sudden shift in the modality of learning made it worse for students to cope with their mental issues. Since outdoor activities have been limited, the usual conduction of face-to-face classes was also halted, which then resulted in the adaptation of a new norm of learning – online classes.

According to Friedman & Moody (2020), online classes can be typically defined as a mode of learning comprised with video recordings or live lectures, as well as readings and assessments that students can complete on their own time. Since the courses are taken online, the learning environment is also virtual.

In that case, Mitchell (2019) described online classroom as a formal online environment that includes synchronous and/or asynchronous learning opportunities for students to actively interact with one another. It is hosted by a learning management system, which allows students and teachers to interact with one another synchronously or asynchronously over the internet (Carlson, 2022).

This innovation allowed the resumption of classes at the premises of the students' homes as per what COVID-19 guidelines suggest. In fact, Commission on Higher Education chair, Dr. Prospero De Vera III, even said in an interview that this mode of learning will be the new norm and its implementation will be continued in academic year 2021 and thereafter as he saw the conduction of traditional classes a huge risk in the health of stakeholders and a waste of investments in technology, teachers' training, and facility retrofitting (Magsambol, 2021).

However, many students do not share the same sentiments as Dr. De Vera. Most of them expressed dissatisfaction and clamored for academic freeze, which is their plea for a temporary halt in the school year until there are no clear solutions or safer methods that will allow students to learn freely in a productive environment (Ki, 2020).

One of the reasons that is seen to cause this uprising is the declining mental health of students. When Rotas and Cahapay (2020), summarized the problems that students face during online classes in twelve themes, it included mental health struggles.

Furthermore, it is indeed clear that the COVID-19 pandemic posed a threat to societies' mental health, including allied health science students who are supposed to be members of the country's healthcare team in the future. Also, present research studies only devoted little attention to coping techniques during the COVID-19 pandemic, and few measures were implemented to analyze the coping strategies and level of anxiety among allied health students, particularly following the closure of universities.

Research Questions

The main problem of the study is to determine the level of anxiety and identify the type of coping among allied health students in President Ramon Magsaysay State University during the second semester of AY 2021-2022. Specifically, it sought to answer the following questions:

1. What is the profile of the respondents in terms of:
 - 1.1 age;
 - 1.2 gender;
 - 1.3 course;
 - 1.4-year level;
 - 1.5 civil status;
 - 1.6 religion; and
 - 1.7 family monthly income?
2. What is the level of anxiety of student respondents from allied health courses?
3. What is the coping mechanisms of students from allied health courses in terms of:
 - 3.1 problem-focused coping;
 - 3.2 emotion-focused coping, and
 - 3.3 avoidant coping?
4. Is there a significant difference in the level of anxiety perceived by allied health students when grouped according to their profile variables?



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5. Is there a significant relationship between the level of anxiety and coping strategies of the respondents when grouped according to their profile variables?

Hypothesis

Given the stated research problem, the following hypotheses were tested on 0.05 level of significance:

Hypothesis 1: There is no significant difference between the level of anxiety perceived by allied health students when they are grouped according to their profile.

Hypothesis 2: There is no significant relationship between the level of anxiety and the coping strategies of the respondents.

METHODS

Research Design

This study used a descriptive, correlational research method using surveys to describe the variables and the relationships between the level of anxiety and coping strategies in the new normal of learning.

Population and Sampling

This study was conducted at the President Ramon Magsaysay State University among allied health science students from Bachelor of Science in Nursing, Bachelor of Science in Psychology, and Bachelor of Science in Biology with 153 respondents.

Instrument

A survey questionnaire was used to collect the necessary data in this study. Said instrument was validated by experts in the field.

Data Collection

The data were gathered, read, and analyzed following the objective of the study and in adherence to all protocols in the conduct of research.

Treatment of Research

Statistical Analysis were used to analyze the level of anxiety and coping strategies in the new modes of learning among allied health students in President Ramon Magsaysay State University.

Ethical Considerations

The researcher ensured that all research protocols including ethics in research were strictly followed and complied with the protection of all people and institution involved in the conduct of the study.

RESULTS and DISCUSSION

The gathered data showed that among the 153 respondents, in terms of age, 44 of them belonged to the 18-20 years' age group, 69 of them were 21-22 years old, 34 were in the 23-24 years' age group, while the remaining 6 individuals were 25 years old or above. In terms of gender, 63 of the respondents were male while 90 of them were female. Regarding their courses, 51 individuals were currently enrolled in Bachelor of Science in Nursing, 52 were taking up Bachelor of Science in Psychology, while 50 of them were students of Bachelor of Science in Biology.

In terms of year level, 26 of the 153 respondents were first year students, 34 were second year, 57 were third year, and the remaining 36 were fourth year students.

As to the civil status of the participants, 149 of them were single, 4 were married, and none were divorced, separated, or widowed. Regarding their religion, among 80 of them were Roman Catholics, 37 were Born Again Christians, 32 were members of Iglesia Ni Cristo, 1 respondent is a Muslim, while 3 of them belong to other religions that are not specified in the survey form.

In terms of monthly family income, 35 out of 153 respondents earn less than 9,520 pesos, 65 of them earn between 9,520 to 19,040 pesos, 35 receive a family monthly income between 19,040 to 38,080 pesos, 15 of them belonged in the 38,080 to 66,640 pesos' income range, 2 were earning 66,640 to 114,240 pesos, while there is only 1 respondent who declared their family income around 114,240 to 190,400 pesos.



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Overall, the students claimed that they experienced a mild level of anxiety, and experience for more than half of the day, specifically most inclined to feeling afraid, as if something awful might happen, while least of them felt restless that it is hard to sit still when being anxious.

In general, the students employed all given coping strategies at a medium frequency or amount of time, with problem-focused coping being practiced the most than other coping strategies, such as emotion-focused coping and avoidant coping. In terms of problem-focused coping, most of the respondents cope by trying to come up with a strategy about what to do while the least of them try to get advice or help from other people. On the other hand, their main emotion-focused coping was done by accepting the reality of the fact that a troubling situation has happened, while saying things to let the unpleasant feelings escape was done by the respondents' least. Lastly, the avoidant coping strategy of the respondents was turning to work or other activities to take their mind off things, while it was uncommon for them to use alcohol or other drugs to help in getting through.

According to the statistical results, there is no significant difference between the anxiety levels of the respondents and their profile characteristics.

Level of Anxiety of Respondents from Allied Health Courses

Yassin, et al. (2021) found out that the outbreak of COVID-19 caused university students to feel anxious, worried, and restless since there is no definite cure for the disease yet. Table 1 demonstrates the Level of Anxiety among Allied Health Students in the New Modes of Learning.

Table 1
Level of Anxiety of Respondents from Allied Health Courses

Level of Anxiety	Mean	SD	VI
1. Feeling nervous, anxious, or on edge.	2.18	0.77	More Than Half the Days
2. Not being able to stop or control worrying.	2.20	0.77	More Than Half the Days
3. Worrying too much about different things.	2.22	0.74	More Than Half the Days
4. Trouble relaxing.	2.19	0.80	More Than Half the Days
5. Being so restless that it is hard to sit still.	2.01	0.89	More Than Half the Days
6. Becoming easily annoyed or irritable	2.15	0.78	More Than Half the Days
7. Feeling afraid, as if something awful might happen.	2.23	0.84	More Than Half the Days
Overall	2.17	0.80	More Than Half the Days

- (0.00-0.49) *Not at All,*
- (0.50-1.49) *Several Days*
- (1.50-2.49) *More Than Half the Days*
- (2.50-3.00) *Nearly Every Day*
- (SD) *Standard Deviation*
- (VI) *Verbal Interpretation.*

According to the table, most of the participants' responses to their level of anxiety is equivalent to a mean of 2.17 and a standard deviation value of 0.80. These values indicate that majority of the respondents experienced a mild level of anxiety for more than half of the day.

In particular, the highest mean equal to 2.23 and a standard deviation of 0.84 belongs to the statement 'Feeling afraid, as if something awful might happen', with a verbal interpretation of 'More Than Half the Days'. The statement 'Worrying too much about different things' gained the second highest mean equal to 2.22 and a standard deviation value of 0.74. Since the standard deviation is low, this means that the average responses of the students to



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the statement were not widely spread-out. Thus, almost all their responses were also 'More Than Half the Days'. This is in line with the findings of Rezapour, Dehzangi and Saadati (2022), wherein it appeared that more educated people take the pandemic more seriously than less educated people, as evidenced by feeling more fearful. This fear and worry maybe due to COVID-19 as it were discovered in a study Wang, et al. (2022) that college students feel a moderate level of fear due to the threats brought about by the pandemic. Moreover, Downing et al. (2020) have also observed that fear of negative evaluation was also identified as the primary factor underlying student anxiety in active-learning courses.

Meanwhile, the statement that has the lowest mean value of 2.01 and standard deviation of 0.89 belongs to 'Being so restless that it is hard to sit still'. Still, most of their responses to the statement was 'More Than Half the Days'. In addition, the statement 'Becoming easily annoyed or irritable' has the second lowest mean of 2.15 and standard deviation equivalent to 0.78, with a verbal interpretation of 'More Than Half the Days'.

Although this indicates that least of the respondents experienced restlessness and becoming easily annoyed or irritable for more than half of the day, other studies say otherwise. Yassin, et al. (2021) found out that the outbreak of COVID-19 caused university students to feel anxious, worried, and restless since there is no definite cure for the disease yet. In addition, Prabhu, et al. (2016) have noted that many medical students have anger episodes that last a day on average, and the vast majority said it was "somewhat difficult" for them to concentrate on their work, studies, and relationships because they lack time to deal with certain emotions (including anger) due to their hectic schedule.

Coping Strategies of the Respondents from Allied Health Courses by their Problem-Focused Coping

Table 9 indicates the summary of the coping strategies of the respondents from allied health courses by problem-focused coping statements. The number of statements that show the problem-focused coping of the respondents are items 2, 7, 10, 12, 14, 17, 23, 25.

Table 2
Coping Strategies of the Respondents from Allied Health Courses by their Problem- Focused Coping

Problem-Focused Coping	Mean	SD	VI
2. I've been concentrating my efforts on doing something about the situation I'm in.	2.92	0.71	Medium Amount
7. I've been taking action to try to make the situation better.	2.94	0.71	Medium Amount
10. I've been getting help and advice from other people.	2.95	0.82	Medium Amount
12. I've been trying to see it in a different light, to make it seem more positive.	2.93	0.80	Medium Amount
14. I've been trying to come up with a strategy about what to do.	3.06	0.73	Medium Amount
17. I've been looking for something good in what is happening.	2.95	0.76	Medium Amount
23. I've been trying to get advice or help from other people about what to do.	2.91	0.85	Medium Amount
25. I've been thinking hard about what steps to take.	3.03	0.73	Medium Amount
Overall	2.96	0.80	Medium Amount



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- (1.00-1.49) Not at All
- (1.50-2.49) Little Bit
- (2.50-3.49) Medium Amount
- (3.50-4.00) Doing a lot
- (SD) Standard Deviation
- (VI) Verbal Interpretation

Based on the table above, the average responses of the study participants to their coping strategies by problem-focused coping is equal to a mean of 2.96, standard deviation of 0.80, and verbal interpretation of 'Medium Amount' ($\bar{x} = 2.96, SD = 0.80$). Thus, majority of their responses were equal to 'medium amount' which could indicate that students could cope up moderately when dealing with problems. However, these results oppose the findings of Coiro, Bettis and Compas (2017) which stated that students with higher levels of interpersonal stress and higher levels of depression, anxiety, and somatization were reported to engage less with coping strategies and more of disengagement coping strategies. On the other hand, Huang, Xu, and Liu (2020) discovered that nurses have stronger emotional responses and are more willing to use problem-focused coping than nursing students.

Furthermore, the statement 'I've been trying to come up with a strategy about what to do' has the highest mean value of 3.06 and standard deviation of 0.73 ($\bar{x} = 3.06, SD = 0.73$). Since the standard deviation was low, this means that their response to the statement was not widely diverse indicating that most of their response was 'Medium Amount'. While, the second highest mean of 3.03, standard deviation of 0.73, belongs to 'I've been thinking hard about what steps to take' ($\bar{x} = 3.03, SD = 0.73$). This indicates that most of the respondents try to formulate methods in what to do involving their present concerns. This measure, according to Anxiety Canada (2022), can be helpful when dealing with problems since it would make a person generate more ideas and be closer to a solution.

On the other hand, the statement 'I've been trying to get advice or help from other people about what to do' gained the lowest mean of 2.91 and standard deviation of 0.85 which indicates that most of their response to the statement was 'Medium Amount' ($\bar{x} = 2.91, SD = 0.85$). Moreover, the second lowest mean equal to 2.92 and standard deviation of 0.71, belongs to 'I've been concentrating my efforts on doing something about the situation I'm in', with a verbal interpretation of 'Medium Amount' ($\bar{x} = 2.92, SD = 0.71$).

Although these were the least coping strategies employed by the respondents, Babicka, et al. (2021) revealed that majority of the students required assistance when coping up with anxiety or stress and sought advice from family and friends. Dr. Ryan Patel, a psychiatrist from Ohio State University, also recommended that college students communicate with their family or friends during problematic times as it could help them to cope well. May it be to ask for advice, vent out, or share their worries, conversing with people may help students to alleviate the anxiety or stress caused by their problems as it avoids oneself from feeling alone (Bell, 2021).

Emotion-Focused Coping

Table 10 shows the summary of the respondents coping strategies by their emotion-focused coping. Statements number 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27, 28, contains the items that are related to emotion-focused coping.

Table 3
 Coping Strategies of the Respondents from Allied Health Courses by their Emotion-Focused Coping

Emotion-Focused Coping	Mean	SD	VI
5. I've been getting emotional support from others	2.90	0.87	Medium Amount
9. I've been saying things to let my unpleasant feelings escape.	2.84	0.76	Medium Amount
13. I've been criticizing myself.	2.90	0.76	Medium Amount



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15. I've been getting comfort and understanding from someone.	2.90	0.80	Medium Amount
18. I've been making jokes about it.	2.93	0.76	Medium Amount
20. I've been accepting the reality of the fact that it has happened.	3.05	0.71	Medium Amount
21. I've been expressing my negative feelings	2.96	0.80	Medium Amount
22. I've been trying to find comfort in my religion or spiritual beliefs.	2.97	0.79	Medium Amount
24. I've been learning to live with it.	2.98	0.76	Medium Amount
26. I've been blaming myself for things that happened.	2.97	0.83	Medium Amount
27. I've been praying or meditating.	3.02	0.78	Medium Amount
28. I've been making fun of the situation.	2.88	0.86	Medium Amount
Overall	2.94	0.79	Medium Amount

- (1.00-1.49) *Not at All*
 (1.50-2.49) *Little Bit*
 (2.50-3.49) *Medium Amount*
 (3.50-4.00) *Doing a lot*
 (SD) *Standard Deviation*
 (VI) *Verbal Interpretation*

According to the table above, the overall mean of the respondents coping strategies by emotion-focused coping is equal to 2.94, with a standard deviation of 0.79 and verbal interpretation of 'Medium Amount' ($\bar{x} = 2.94$, $SD = 0.79$). This indicates that almost all of their responses to the statement were 'Medium Amount'. Moreover, the highest mean of 3.05, standard deviation equal to 0.71, and verbal interpretation of medium amount, belongs to 'I've been accepting the reality of the fact that it has happened' ($\bar{x} = 3.05$, $SD = 0.71$). The statement 'I've been praying or meditating', gained the second highest mean of 3.02, with a standard deviation of 0.78 and verbal interpretation of 'Medium Amount'. This means that most of the respondents tend to accept the reality and pray or meditate often as ways of coping up which is in line with the findings of Salman, et al. (2020) wherein religious/spiritual coping and acceptance were the most common coping strategies used by the students upon dealing with anxiety and stress caused by the COVID-19 pandemic. Moreover, Gurvich, et al. (2020) revealed that students who employed acceptance as a coping strategy, which is another positive emotion-focused coping style defined as the ability to learn to accept the reality of a stressful situation, was found to be significantly associated with lower anxiety and stress levels.



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Meanwhile, the statement 'I've been saying things to let my unpleasant feelings escape' gained the lowest mean of 2.84 and standard deviation of 0.76 ($\bar{x} = 2.84, SD = 0.76$). However, this still shows that most of their response to the statement was 'medium amount'. The statement that has the second lowest mean of 2.88, standard deviation equal to 0.86, and verbal interpretation of 'Medium Amount' belongs to 'I've been making fun of the situation' ($\bar{x} = 2.88, SD = 0.86$). This is aligned with the results of El-Monshed, et al. (2022)'s research about the coping strategies of university students during COVID-19 pandemic wherein it showed that verbal affirmations and humor were the least used among emotion-coping strategies.

Avoidant Coping

Table 4 presents the summary response of the respondents to their coping strategies by avoidant coping; the statements indicating avoidant coping are 1, 3, 4, 6, 8, 11, 16, 19.

Table 4
 Coping Strategies of the Respondents from Allied Health Courses by their Avoidant Coping

Avoidant Coping	Mean	SD	VI
1. I've been turning to work or other activities to take my mind off things.	3.03	0.72	Medium Amount
3. I've been saying to myself "this isn't real."	2.75	0.88	Medium Amount
4. I've been using alcohol or other drugs to make myself feel better.	2.47	1.04	Little Bit
6. I've been giving up trying to deal with it.	2.78	0.91	Medium Amount
8. I've been refusing to believe that it has happened.	2.73	0.87	Medium Amount
11. I've been using alcohol or other drugs to help me get through it.	2.37	0.99	Little Bit
16. I've been giving up the attempt to cope.	2.79	0.92	Medium Amount
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	2.98	0.74	Medium Amount
Overall	2.74	0.88	Medium Amount

- (1.00-1.49) *Not at All*
- (1.50-2.49) *Little Bit*
- (2.50-3.49) *Medium Amount*
- (3.50-4.00) *Doing a lot*
- (SD) *Standard Deviation*
- (VI) *Verbal Interpretation*

As per the table above, the overall mean of the coping strategies by avoidant coping of the respondents was equal to 2.74, with a standard deviation of 0.88 ($\bar{x} = 2.74, SD = 0.88$). Considering that the standard deviation was low, the majority of the responses to the statements have a verbal interpretation of 'Medium Amount'.

In addition, the statement 'I've been turning to work or other activities to take my mind off things' gained the highest mean of 3.03, standard deviation of 0.72, and verbal interpretation of 'Medium Amount' ($\bar{x} = 3.03, SD = 0.72$). While the second highest mean of 2.98, with standard deviation of 0.74 and verbal interpretation of 'Medium Amount' belongs to the statement 'I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping' ($\bar{x} = 2.98, SD = 0.74$). These results are inclined to the study conducted



by Kwaah and Essilfie (2017) wherein students were noted doing self-distracting activities such as watching TV and listening to music as main measures to cope with stress.

Furthermore, the statement 'I've been using alcohol or other drugs to help me get through it' has the lowest mean value of 2.37 and standard deviation equal to 0.99 ($\bar{x} = 2.37$, $SD = 0.99$). Still, the majority responses to the statement were 'Little Bit'. While the second lowest mean of 2.47, standard deviation of 1.04, and verbal interpretation of 'Little Bit' belongs to 'I've been using alcohol or other drugs to make myself feel better' ($\bar{x} = 2.47$, $SD = 1.04$). This is similar with the findings of Steiner-Hofbauer and Holzinger (2020) wherein among the students, risky substance uses such as alcohol, tobacco, and cannabis were uncommon.

Significant Difference in the Level of Anxiety of Respondents by their Profile Characteristics

Table 5 presents the significant difference in the level of anxiety of respondents by their profile characteristics.

Table 5

Significant Difference in the Level of Anxiety of Respondents by their Profile Characteristics

Variables Tested		Kruskal-Wallis H	Mann-Whitney U	p-value	Decision	Remarks
Factor	Profile Characteristics					
Level of Anxiety	Age	5.017	-	0.171	Failed to Reject Ho	No significant difference
	Gender	-	2574.5	0.295	Failed to Reject Ho	No significant difference
	Course	1.760	-	0.415	Failed to Reject Ho	No significant difference
	Year Level	6.223	-	0.101	Failed to Reject Ho	No significant difference
	Civil Status	0.167	-	0.683	Failed to Reject Ho	No significant difference
	Religion	5.973	-	0.201	Failed to Reject Ho	No significant difference
	Family Monthly Income	10.500	-	0.062	Failed to Reject Ho	No significant difference

Reject Ho if p-value is less than 0.05 alpha level

According to the outcome of the test of significant difference, there is no significant difference between respondents' level of anxiety by their profile characteristics. In particular, the level of anxiety by age has a Kruskal-Wallis H value of 5.017 and p-value of 0.171 ($H = 5.017$, $p\text{-value} = 0.171$). Considering that the p-value is greater than the alpha level of 0.05 ($p\text{-value} = 0.171 > 0.05$), there is no significant difference between their level of anxiety by age. The level of anxiety by gender of the respondents has Mann-Whitney U value of 2574.5 and p-value of 0.295 which is greater than 0.05 alpha level; this indicates that there is no significant difference between respondents' level of anxiety by gender ($U = 2574.5$, $p\text{-value} = 0.295 > 0.05$).

Moreover, there is no significant difference between respondents' level of anxiety by course, with a Kruskal-Wallis H equal to 1.760 and p-value of 0.415 which is greater than 0.05 alpha level ($H = 1.760$, $p\text{-value} = 0.415 > 0.05$). also, there is no significant difference between respondents' level of anxiety by year level, having a Kruskal-Wallis H equivalent to 6.223 and p-value of 0.101 which is greater than 0.05 alpha level ($H = 6.223$, $p\text{-value} = 0.101 > 0.05$). While the respondents' level of anxiety by civil status also has no significant difference with a Kruskal-Wallis H equal to 0.167 and p-value of 0.683 which is greater than 0.05 alpha level ($H = 0.167$, $p\text{-value} = 0.683 > 0.05$).

In addition, the level of anxiety by religion of respondents has a Kruskal-Wallis H value of 5.973 and p-value greater than 0.05 alpha level equal to 0.201; this indicates that there is no significant difference between their level of anxiety by civil religion. Furthermore, the respondents' level of anxiety by family monthly income also has no significant difference with a Kruskal-Wallis H equal to 10.500 and p-value of 0.062 which is greater than 0.05 alpha level ($H = 10.500$, $p\text{-value} = 0.062 > 0.05$). Having indicated that there is no significant difference between respondents' level of anxiety by their profile characteristics, the null hypothesis of the study was not rejected. This result, however, is in line



with what was cited in Amponsah, et al. (2020) that stress can affect an individual's well-being, regardless of age, race, or socioeconomic background. In other words, anxiety levels can be felt similarly despite differences in demographic profile since anyone in all walks of life are equally prone to experience such mental concerns.

Significant Relationship Between the Level of Anxiety and Coping Strategies of the Respondents by their Profile Characteristics

Table 6 indicates the significant relationship between the level of anxiety and coping strategies of the respondents by their profile characteristics.

Table 6
Significant Relationship Between the Level of Anxiety and Coping Strategies of the Respondents by their Profile Characteristics

Variables Tested		x ² value	Cramer's V	Strength of relationship	p- value	Decision	Remarks
Factor	Profile Characteristics						
Level of Anxiety	Age	8.166	0.133	Negligible	0.518	Failed to Reject Ho	Not Significant
	Gender	2.867	0.137	Negligible	0.413	Failed to Reject Ho	Not Significant
	Course	5.412	0.133	Negligible	0.492	Failed to Reject Ho	Not Significant
	Year Level	9.523	0.144	Negligible	0.390	Failed to Reject Ho	Not Significant
	Civil Status	0.341	0.047	Negligible	0.952	Failed to Reject Ho	Not Significant
	Religion	12.863	0.167	Negligible	0.379	Failed to Reject Ho	Not Significant
	Family Monthly Income	29.146	0.252	Weak	0.015	Reject Ho	Significant
Coping Strategies	Age	9.246	0.142	Negligible	0.415	Failed to Reject Ho	Not Significant
	Gender	0.782	0.072	Negligible	0.854	Failed to Reject Ho	Not Significant
	Course	7.944	0.161	Negligible	0.242	Failed to Reject Ho	Not Significant
	Year Level	7.898	0.131	Negligible	0.544	Failed to Reject Ho	Not Significant
	Civil Status	1.971	0.114	Negligible	0.578	Failed to Reject Ho	Not Significant
	Religion	13.037	0.169	Negligible	0.366	Failed to Reject Ho	Not Significant
	Family Monthly Income	28.601	0.250	Weak	0.018	Reject Ho	Significant

Reject Ho if p-value is less than 0.05 alpha level

Based on the table above, there is no significant relationship between respondents' level of anxiety and coping strategies by their age, gender, course, civil status, and religion; while there is a significant relationship between respondents' level of anxiety and coping strategies by their family monthly income. In particular, there is no relationship



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between respondents' level of anxiety by age having a Pearson Chi-Square value of 8.166, Cramer's V of 0.133, and p-value of 0.518 which was greater than 0.05 alpha level ($x^2 = 8.166$, Cramer's V = 0.133, p-value = 0.518 > 0.05). Also, there is no relationship between respondents' level of anxiety by gender having a Pearson Chi-Square value of 2.867, Cramer's V of 0.137, and p-value of 0.413 greater than 0.05 alpha level ($x^2 = 8.166$, Cramer's V = 0.133, p-value = 0.413 > 0.05). There is no relationship between respondents' level of anxiety by course with a Pearson Chi-Square equal to 5.412, Cramer's V equal to 0.133, p-value greater than 0.05 equal to 0.492 ($x^2 = 5.412$, Cramer's V = 0.133, p-value = 0.492). The relationship between respondents' level of anxiety by year level was also not significant, having a Pearson Chi-Square value of 9.523, Cramer's V of 0.144, p-value of 0.390 greater than 0.05 ($x^2 = 9.253$, Cramer's V = 0.144, p-value = 0.390 > 0.05). Moreover, there is no relationship between respondents' level of anxiety by civil status with a Pearson Chi-Square value of 0.341, Cramer's V of 0.047, and p-value of 0.952 greater than 0.05 alpha level ($x^2 = 0.341$, Cramer's V = 0.047, p-value = 0.952 > 0.05). The relationship between respondents' level of anxiety by religion was also not significant, having a Pearson Chi-Square value of 12.863, Cramer's V of 0.167, and p-value greater than 0.05 alpha level which was equal to 0.379 ($x^2 = 12.863$, Cramer's V = 0.167, p-value = 0.379 > 0.05).

Furthermore, there is no significant relationship between respondents' coping strategies by age with a Pearson Chi-Square value of 9.246, Cramer's V of 0.142, p-value equal to 0.415 greater than 0.05 alpha level ($x^2 = 9.246$, Cramer's V = 0.142, p-value = 0.415 > 0.05). There is no significant relationship between respondents' coping strategies by gender having a Pearson Chi-Square value of 0.782, Cramer's V of 0.072, p-value equal to 0.854 greater than 0.05 alpha level ($x^2 = 0.782$, Cramer's V = 0.072, p-value = 854 > 0.05). In addition, there is no significant relationship between respondents' coping strategies by course with a Pearson Chi-Square equal to 7.944, Cramer's V of 0.161, and p-value equal to 0.242 which is greater than 0.05 alpha level ($x^2 = 7.944$, Cramer's V = 0.161, p-value = 0.242 > 0.05). The relationship between respondents' coping strategies by year level was also not significant, having a Pearson Chi-Square value of 7.898, Cramer's V of 0.131, p-value equal to 0.544 greater than 0.05 alpha level ($x^2 = 7.898$, Cramer's V = 0.131, p-value = 0.544 > 0.05). Moreover, there is no significant relationship between respondents' coping strategies by civil status with a Pearson Chi-Square value of 1.971, Cramer's V of 0.114, p-value equal to 0.578 greater than 0.05 alpha level ($x^2 = 1.971$, Cramer's V = 0.114, p-value = 0.578 > 0.05). The relationship between respondents' coping strategies by religion was also not significant, having a Pearson Chi-Square value of 13.037, Cramer's V of 0.169, and p-value of 0.366 which is greater than 0.05 alpha level ($x^2 = 13.037$, Cramer's V = 0.169, p-value = 0.366 > 0.05).

On the other hand, there is a significantly weak relationship between respondents' level of anxiety by their family monthly income considering that the Pearson Chi-Square value is 29.146, Cramer's V equal to 0.252, and the p-value was less than 0.05 alpha level which is equal to 0.015 ($x^2 = 29.146$, Cramer's V = 0.252, p-value = 0.015 < 0.05). Also, there is a significantly weak relationship between respondents' coping strategies by their family monthly income, with a Pearson Chi-Square equivalent to 28.601, Cramer's V of 0.250, and p-value of 0.018 which is less than 0.05 alpha level ($x^2 = 28.601$, Cramer's V = 0.250, p-value = 0.018 < 0.05).

Considering that the p-value of the respondents' level of anxiety and coping strategies by their age, gender, course, year level, civil status, and religion was greater than the alpha level, there was no significant relationship between variables. Hence, the null hypothesis indicating no relationship between respondents' level of anxiety and coping strategies by their age, gender, course, year level, civil status, and religion was accepted. Meanwhile, the p-value of respondents' level of anxiety and coping strategies by family monthly income is less than 0.05 alpha level. This indicates that the null hypothesis of the study specifying that there is no relationship between respondents' level of anxiety and coping strategies by their family income was rejected.

Summary, Conclusions, and Recommendations

A typical Allied health student was enrolled in Bachelor of Science in Psychology, aged 21-22 years old, 3rd year, single, female, roman catholic, with a family monthly income of P9,520 to P19,040 low income level (but not poor).

Results from the overall weighted anxiety levels were found at "mild level of anxiety" and experienced "more than half of the day". The students under allied health science courses described that they engage in healthy coping strategies when dealing with anxiety or stress through formulating solutions, accepting the reality of their situation, and turning to work or other activities to take mind off worries.

The majority of students also preferred to perform problem-focused coping strategy than emotion-focused and avoidant measures, which portrays that students act upon the root cause of anxiety or even just to "minimize it" rather than getting so emotional or using avoidance.



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There is no significant difference between the anxiety levels and profile characteristics of the respondents, which means that all students are equally prone to anxiety or stress regardless of age, gender, course, year level, civil status, religion, and family income.

However, in terms of family income, there is a weak significant relationship between anxiety levels and coping strategies. This stipulates that students at a stable or high level of family income tend to cope better and are more likely to adapt healthy coping strategies.

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