



ANXIETY AND COPING STRATEGIES AMONG THE NURSING STUDENTS IN A SELECTED COLLEGE OF NURSING DURING THE IMPLEMENTATION OF ONLINE LEARNING

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Abstract:

During the COVID-19 pandemic, education was one of the hardest hit industries. A radical change in learning and study habits, as well as the study environment, can stress students, especially college students. There are many ways to cope with stressful situations and expectations, including behavioral and cognitive methods. Preventing stress is possible with a variety of coping skills. Anxiety and stress can have a significant impact on a person's overall health. This study seeks to provide benchmarking data as a starting point. Researchers used descriptive correlational analysis to see if two variables were related. The researcher had no control over either variable. It is designed to find out if there is any existence. The data shows a link between both variables' values changing in the same way. This study's goal is to learn more about college students' anxiety levels and coping mechanisms. The cross-sectional approach was used to collect data because it allows researchers to collect data from a population at a single point in time. As a result, researchers will gather knowledge without harming the environment.

Keywords: anxiety, coping strategies, level of anxiety, online learning, implementation of online learning, COVID-19 pandemic

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1. Introduction

In January 2020, an illness caused by a novel coronavirus (SARS-CoV-2, also known as 2019-nCoV) that began in China erupted into a global public health emergency, infecting nearly every country. This disease, more commonly referred to as COVID-19, garnered global attention as a result of increasing infection rates, eradicating the disease, and flattening the infection curve (Guo et al., 2020). According to the World Health Organization (2020), the first death outside of China, where COVID-19 originated, occurred on February 20, 2020, in the Philippines. WHO declared COVID-19 a pandemic less than a month later. So, the government set up Enhanced Community Quarantine (ECQ) to help the country control or lessen the negative effects of the COVID-19 Pandemic (David et al., 2020).

COVID-19's emergence and spread, which has a visible emotional and psychological effect, causes great concern for people, contributing to an increasing level of anxiety (Roy et al., 2020). Numerous psychological problems and critical consequences for mental health, including stress, anxiety, depression, frustration, and insecurity, emerged gradually during the COVID-19 outbreak. The most common psychological reactions to the mass quarantine imposed to contain the spread of COVID-19 are widespread fear and community anxiety, which are typically associated with disease outbreaks and were exacerbated by the escalation of new cases combined with insufficient, anxiety-inducing information provided by the media. Anxiety may be directly related to sensorial deprivation and widespread loneliness; in this case, insomnia was initially present, but depression and post-traumatic stress disorders developed later. Additionally, anxiety is strongly associated with fatigue and decreased performance, whereas boredom and loneliness are strongly associated with anger, frustration, and other symptoms associated with quarantine restrictions. The education sector is one area where the COVID-19 Pandemic had a significant impact. Many students, especially college students, feel anxious because of the sudden change in how and where they learn.

Coping strategies are behavioral and cognitive techniques used to cope with distressing situations, conditions, and demands (Carr & Pudrovskaya, 2007). As numerous and varied as the stressors that precede them, coping strategies are also numerous and varied. Specific coping mechanisms are classified into a variety of coping subtypes (Dubow & Rubinlicht, 2011). Dubow and Rubinicht (2011) list several common subtypes as problem-solving, information seeking, acceptance, distraction, emotional expression or ventilation, and seeking social support. According to Richard Lazarus and Susan Folkman, coping can be classified into two types based on its purpose: problem-focused coping and emotion-focused coping. Problem-focused coping strategies include those that involve either acting on the environment (e.g., enlisting others' assistance in resolving the problem) or self-addressing (e.g., cognitive restructuring). Emotion-focused coping, on the other hand, refers to the ways people deal with their upsetting emotions, such as by using drugs or talking about them.

Individuals deal with their problems in a variety of ways. These have significant consequences for individuals who suffer from anxiety and/or depression. Since then, numerous studies have focused on the relationship between coping styles and anxiety. Coping styles may contribute to anxiety vulnerability and may be strong predictors of symptomatology, with patients with high anxiety levels exhibiting a greater proclivity for emotion-oriented coping (Uehara et al., 2002).

College students frequently experience anxiety. According to Beiter et al. (2015), the top three concerns of students are academic performance, peer pressure, and post-graduation plans. To assist in flattening the COVID-19 curve through social isolation, colleges across the country have closed their campuses and dormitories, forcing students to leave their campus community, friends, classes, and familiar routines. While many students may be relieved to reconnect with family, others have returned to abusive households, empty refrigerators, or no home at all. For the remainder of the year, coursework was quickly converted to online delivery. Numerous highly anticipated year-end events, including commencement ceremonies, have been canceled. Numerous students have lost on-campus or local jobs, and the job search for seniors has been significantly harmed. While this is occurring, college students are physically separated from their familiar on-campus support systems. Coping with anxiety and stress is critical due to its detrimental effects on health. Su et al. (2007) found that nurses caring for SARS patients in Taiwan experienced depression, insomnia, and post-traumatic stress. While maintaining a positive attitude toward the care of SARS patients became a stress-reducing factor. A study by Huang et al. (2020) found that nurses were more likely to use problem-focused coping strategies than nursing students who used negative coping strategies.

2. Methodology

The researchers employed correlational study design stages to establish a relationship between two variables that were not in the researcher's control. It seeks to establish whether there is a positive association. All variables change in the same direction. The study's objective is to gain a thorough understanding of the phenomenon in order to assess anxiety and coping mechanisms among Adamson University students during the COVID 19 Pandemic. The researchers specifically used a cross-sectional technique for data collection, which entails examining data from a population at a single point in time. So, the researchers will be able to collect information without changing the setting of the study (Institute for Work and Health, 2015).

On the other hand, the study is also concerned with the design of quantitative research. It covers a wide range of fields when it comes to research methodologies and methodologies for these studies. It makes it easier to use quantitative methods to measure students' levels of anxiety and how they deal with it (Rahman, 2020).

This study was conducted at Adamson University. Adamson University is a Catholic institution of higher learning located in the center of Manila. Dr. George Lucas Adamson, a Greek chemist, founded the Adamson School of Industrial Chemistry in 1932. In 1941, it became a university, and in 1964, the Congregation of the Mission, or Vincentians, bought it and took over running it.

3. Discussion

Table 1: Respondents as to Age

Age	Frequency	Percentage	Ranking
19 years and below	29	30.21	2
20-21 years	55	57.29	1
22-23 years	5	5.21	3
24-25 years	4	4.17	4
26 and above	3	3.13	5
Total	96	100	

Table 1 presents in the frequency and percentage distribution on the profile of the respondents as to Age.

It indicates that rank 1 is associated with the age range of 20–21 years, with a frequency of 55.29 or 57.29 percent among respondents. It demonstrates that these first responders are self-exploring, and as such, they are unable to escape worry as they uncover their life's comfort zone. Rank 2 is associated with respondents aged 19 and under, with a frequency of 29. or 30.21 percent. It demonstrates that first responders are mature in their lives when confronted with stress and worry. With a frequency of 5 or 5.21 percent among respondents, rank 3 is associated with the 22–23-year age bracket. It demonstrates that though the responders in this study are deemed mature, they occasionally experience worry and tension during the COVID-19 crisis. The age category with the lowest rank is 26 years and older, with a frequency of 3 or 1.13 percent among responses. These responders are mature enough to take their stress and anxiety with them throughout their studies, and as such, they are not excused for their high levels of coping stress and anxiety.

Table 2: Respondents as to Gender

Gender	Frequency	Percentage	Ranking
Male	19	19.79	2
Female	74	77.08	3
Others	3	3.13	1
Total	96	100	

Table 2 presents the frequency and percentage distribution of the profile of the respondents as to Gender.

As indicated in the table, female respondents outnumber male respondents by a factor of 74, or 77.08 percent, while male respondents outnumber female respondents by a factor of 19, or 19.79 percent. On the other hand, 3 or 3.13 percent of respondents chose not to define their gender as their prerogative in life. The reasons for this are that the majority of respondents are female due to the trends in their personality and traits as soft-hearted individuals rather than masculine, and that the majority of respondents are nursing students, which are in high demand among female students.

Table 3: Respondents as to Year Level

Gender	Frequency	Percentage	Ranking
Level1	29	30.21	2
Level2	32	33.33	1
Level3	28	29.17	3
Level4	7	2.27	4
Total	96	100	

Table 3 presents the frequency and percentage distribution of the respondents as to the Year Level.

The table shows that rank 1 corresponds to level 2, with a frequency of 32.33 percent or higher among respondents. This demonstrates that the majority of levels are subjected to anxiety during their studies as a result of the requirements placed on their students. Level 1 is associated with rank 2 and occurs 29 or 30.21 percent of the time among respondents. This indicates that students at this level are still adjusting and are experiencing difficulties in their current academics as a result of their stress and anxiety. With a frequency of 28 or 29.17 percent among respondents, rank 3 is associated with level 3. Although the first responders have adjusted to their classes, they are unable to escape the anxiety and worry caused by the COVID-19 pandemic. The lowest rank is level 4, which is represented by a frequency of 7 or 2.27 percent among respondents. This demonstrates that respondents are not relaxed as a result of their school responsibilities in preparation for graduation, which contributes to their tension and anxiety during their studies, particularly as they face the problems and concerns brought about by the COVID-19 pandemic.

Table 4: Coping Strategies on the Respondents

Indicators	WM	I	R
1. I try to grow as a person as a result of the experience.	3.42	DTAL	5
2. I turn to work or other substitute activities to take my mind off things.	3.42	DTAL	5
3. I get upset and let my emotions out.	2.75	DTAMA	27
4. I try to get advice from someone about what to do.	2.49	DTALB	41
5. I concentrate my efforts on doing something about it.	3.15	DTAMA	8.5
6. I say to myself "this isn't real."	2.08	DTALB	53.5
7. I put my trust in God.	3.55	DTAL	2
8. I laugh about the situation.	2.68	DTAMA	34
9. I admit to myself that I can't deal with it and quit trying.	2.41	DTALB	43.5

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10. I restrain myself from doing anything too quickly.	2.75	DTAMA	27
11. I discuss my feelings with someone.	2.23	DTALB	49.5
12. I use alcohol or drugs to make myself feel better.	1.52	DTALB	58.5
13. I get used to the idea that it happened.	2.70	DTAMA	31
14. I talk to someone to find out more about the situation.	2.49	DTALB	41
15. I keep myself from getting distracted by other thoughts or activities.	3.00	DTAMA	19
16. I daydream about things other than this.	2.70	DTAMA	31
17. I get upset, and am really aware of it.	3.15	DTAMA	8.5
18. I seek God's help.	3.55	DTAL	2
19. I make a plan of action.	3.15	DTAMA	8.5
20. I make jokes about it.	2.58	DTAMA	37.5
21. I accept that this has happened and that it can't be changed.	3.04	DTAMA	16
22. I hold off doing anything about it until the situation permits.	2.68	DTAMA	34
23. I try to get emotional support from friends or relatives.	2.49	DTALB	41
24. I just give up trying to reach my goal.	1.99	DTALB	55.5
25. I take additional action to try to get rid of the problem.	2.70	DTAMA	31
26. I try to lose myself for a while by drinking alcohol or taking drugs.	1.52	DDTAA	58.5
27. I refuse to believe that it has happened.	1.99	DTALB	55.5
28. I let my feelings out.	2.68	DTAMA	34
29. I try to see it in a different light, to make it seem more positive.	3.04	DTAMA	16
30. I talk to someone who could do something concrete	2.41	DTALB	43.5
31. I sleep more than usual.	2.75	DTAMA	27
32. I try to come up with a strategy about what to do.	3.04	DTAMA	16
33. I focus on dealing with this problem, and if necessary, let other things slide a little.	2.88	DTAMA	22.5
34. I get sympathy and understanding from someone.	2.35	DTALB	45.6
35. I drink alcohol or take drugs, in order to think about it less.	1.52	DDTAA	58.5
36. I kid around about it.	2.16	DTALB	51.5
37. I give up the attempt to get what I want.	2.08	DTALB	53.5
38. I look for something good in what is happening.	3.10	DTAMA	12.5
39. I think about how I might best handle the problem.	3.10	DTAMA	12.5
40. I pretend that it hasn't really happened.	2.16	DTALB	51.5
41. I make sure not to make matters worse by acting too soon.	2.88	DTAMA	22.5
42. I try hard to prevent other things from interfering with my efforts at dealing with this.	2.88	DTAMA	22.5
43. I go to movies or watch TV, to think about it less.	3.10	DTAMA	12.5
44. I accept the reality of the fact that it happened.	3.10	DTAMA	12.5
45. I ask people who have had similar experiences what they did.	2.58	DTAMA	37.5
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.	2.75	DTAMA	27
47. I take direct action to get around the problem.	2.75	DTAMA	27
48. I try to find comfort in my religion.	2.58	DTAMA	37.5
49. I force myself to wait for the right time to do something.	3.00	DTAMA	19
50. I make fun of the situation.	2.23	DTALB	49.5
51. I reduce the amount of effort I'm putting into solving the problem.	2.33	DTALB	47.5
52. I talk to someone about how I feel.	2.33	DTALB	47.5

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53. I use alcohol or drugs to help me get through it.	1.52	DDTAA	58.5
54. I learn to live with it.	2.88	DTAMA	22.5
55. I put aside other activities in order to concentrate on this.	2.58	DTAMA	37.5
56. I think hard about what steps to take.	3.00	DTAMA	19
57. I act as though it hasn't even happened.	2.35	DTALB	45.6
58. I do what has to be done, one step at a time.	3.15	DTAMA	8.5
59. I learn something from the experience.	3.55	DTAL	2
60. I pray more than usual.	3.42	DTAL	5
Average Weighted Mean	2.67	DTAMA	
Standard Deviation	0.506		

Legend:

Scale	Descriptive Level	Descriptive Interpretation
3.25-4.00	Do This a Lot (DTAL)	Stress is Highly Observed
2.50-3.24	Do This a Medium Amount (DTAMA)	Stress is Observed
1.75-2.49	Do This a Little Bit (DTALB)	Stress is Limited
1.00-1.74	Doesn't Do This at All (DDTAA)	Stress is Not Observed

Table 4 presents the weighted mean and the corresponding interpretation of the coping strategies of the respondents.

As shown in the table, rank 1 is shared by the three indicators, which are: I put my trust in God; I seek God's help; and I learn something from the experience, with a weighted mean of 3.55, which means I usually do this a lot (DTAL), which means coping stress is highly observed. This shows that stress and anxiety will be lessened when they have faith in God and put all their trust in the Almighty Father, who is the source of everything because, without Him, they are nothing. That is the experience of most respondents. Rank 2 is also shared by the three indicators, which are: I try to grow as a person as a result of the experience; I turn to work or other substitute activities to take my mind off things; and I pray more than usual, with a weighted mean of 3.42 or I usually do this a lot (DTAL), which means that stress is widely observed among the respondents. This shows that their weapon to ask for guidance from the Almighty Father for them to overcome their stress and anxiety is based on the experiences of the respondents aside from shifting activities to divert anxiety and stress among them. Rank 3 is shared by the four indicators, which are: I concentrate my efforts on doing something about it; I get upset, and am really aware of it; I make a plan of action; and I do what has to be done, one step at a time, with a weighted mean of 3.15 or I usually do this a medium amount (DTAMA), which means that stress is usually observed among the respondents. This is why they encounter stress because of their lack of effort in doing something, which results in their anxiety and stress where planning must be given emphasis to avoid upset. Work must be done step by step, precept by precept, until it is accomplished. The least in rank is also shared by the four indicators, which are: I use alcohol or drugs to make myself feel better; I try to lose myself for a while by drinking alcohol or taking drugs; I drink alcohol or take drugs in order to think about it less; and I use alcohol or drugs to help me get through it, with a weighted mean of 1.52 or I usually don't do this at all (DDTAA), which means that stress is not observed. This is the outlet for some people to escape from

stress and anxiety through exposing themselves to socialization and drinking from their peers, which they think is helpful for them. However, drinking is not a solution to the issues of stress and anxiety. The overall average weighted mean is 2.67, or I usually do this a medium amount (DTAMA), which means that stress is observed in the coping lifestyle of the respondents.

Table 5: Level of Anxiety of the Respondents

Indicators	WM	I	R
1. Anxious mood as to worries, the anticipation of the worst, worries, fearful anticipation, and irritability.	4.05	S	1.5
2. Tension as to feelings of tension, fatigability, startle response, moved to tears, easily, trembling, feeling of restlessness, and inability to relax.	2.93	MO	4.5
3. Fear as to dark, strangers, being left alone, animals, traffic and crowds.	4.05	S	1.5
4. Insomnia has difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on working, dreams, nightmares, and night terror.	3.98	S	3
5. Intellectual as to the difficulty in concentration, and poor memory.	2.66	MO	6
6. Depressed mood as to the loss of interest, lack of pressure in hobbies, depression, early waking, and diurnal swing.	2.93	MO	4.5
7. Somatic (Muscular) as to pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, and increased muscular tone.	2.27	MI	7.5
8. Somatic (sensory) as to tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, and pricking of sensation.	2.27	MI	7.5
9. Cardiovascular symptoms as to tachycardia, palpitations, pain in the chest, throbbing of vessels, fainting feelings, and missing beat.	2.07	MI	9
10. Respiratory symptoms as to pressure of constriction in the chest, choking feelings, sighing, and dyspnea.	1.82	MI	10.5
11. Gastrointestinal symptoms the difficulty in swallowing, wind abdominal pains, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, and constipation.	1.82	MI	10.5
12. Genitourinary symptoms as to the frequency of micturition, the urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, and impotence.	1.75	NP	12
13. Autonomic symptoms as to dry mouth, flushing, pallor, the tendency to sweat, giddiness, tension, headache, and raising of hair.	1.74	NP	13.5
14. Behavior at interview as to fidgeting, restlessness, pacing, tremor of hands, a furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.	1.74	NP	13.5
Average Weighted Mean	2.58	MO	
Standard Deviation	0.887		

Legend:

Scale	Descriptive Level	Descriptive Interpretation
4.20-5.00	Very Severe (VS)	Level of anxiety is Highly Observed
3.40-4.29	Severe (S)	Level of anxiety is Observed
2.60-3.39	Moderate (MO)	Level of anxiety is Limited
1.80-2.59	Mild (MI)	Level of Anxiety is Not Observed
1.00-1.79	Not Present (NP)	Level of anxiety is Strongly Not Observed

Table 5 presents the weighted mean and the corresponding interpretation of the level of anxiety among the respondents.

As noted in the table, rank 1 is shared by the two indicators, which are "Anxious mood as to worries, the anticipation of the worst, worries, fearful anticipation, and irritability" and "Fear as to the dark, strangers, being left alone, animals, traffic, and crowds", with a weighted mean of 4.05 or Severe, which means that the level of anxiety among the respondents is observed." These are the contributory factors among the respondents to their level of anxiety where they anticipate many worries and irritability in the environment where their social well-being and aspects of life are being affected. They did not also overcome their fears of their surroundings, like the dark, strangers, crowds, and the feeling of being left behind. This must be overcome to avoid the anxiety that no one can control except themselves. A human being is the number one enemy in the anxiety encountered by the individual person. Rank 2 is insomnia as to the difficulty in falling asleep, broken sleep, unsatisfying sleep, fatigue on working, dreams, nightmares, and night terror, with a weighted mean of 3.98 or severe, which means that the level of anxiety is observed among the respondents. This shows that most of the respondents experienced insomnia, which contributes to their anxiety when it develops a lack of sleep due to their problems in life. This needs to be overcome because life is beautiful. Rank 3 is shared by the two indicators, which are Tension as to feelings of tension, fatigability, startle response, moving to tears easily, trembling, feeling of restlessness, and inability to relax, and depressed mood as to the loss of interest, lack of pressure in hobbies, depression, early waking, and diurnal swing, with a weighted mean of 2.93 or Moderate, which means that the level of anxiety among the respondents is limited. The respondents have learned from their own experiences that tension will only contribute to their anxiety, just as with depression or mood swings. There are always solutions to problems. Face the problem patiently and scrutinize the problem step by step until it is overcome. The least in rank is also shared by the two indicators, which are: autonomic symptoms such as dry mouth, flushing, pallor, a tendency to sweat, giddiness, tension, headache, and raising of hair' and behavior at interview such as fidgeting, restlessness, pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, and swallowing, etc., with a weighted mean though respondents have experienced anxiety, they are not aware of it, as it is already revealed in their personality through their actions and manner of speaking. The overall average weighted mean is 2.58, or moderate, which means that the level of anxiety among the respondents is limited.

Table 6: Test of significant correlation on the coping strategies as observed by the respondents

	z computed value	Comparison	z critical value	Decision
Coping strategies as observed by the respondents.	51.701	>	± 1.96	Rejected
Two-tailed tests with 0.05 level of significance				

Table 6 presents the test of significant correlation on the coping strategies as observed by the respondents.

It demonstrates that the computed z value of 51.701 is greater than the z critical value of 1.96 for the coping mechanisms observed by respondents, resulting in the choice being rejected. Two-tailed tests with a 0.05 level of significance are used. So, it is reasonable to say that there is a strong link between the ways of coping that respondents noticed and the ways shown in the study. This means that the alternative hypothesis is accepted.

Table 7: Test of significant correlation on the level of anxieties as observed by the respondents

	z computed value	Comparison	z critical value	Decision
Level of anxieties as observed by the respondents	28.499	>	± 1.96	Rejected
Two-tailed tests with 0.05 level of significance				

Table 7 presents the test of significant correlation on the level of anxieties as observed by the respondents.

It demonstrates that the z calculated value of 28.499 on the respondents' reported level of anxiety is greater than the z critical value of 1.96, using two-tailed tests with a 0.05 level of significance. The null hypothesis is discarded, whereas the alternative hypothesis is accepted. So, there is strong evidence that there is a strong link between how much anxiety respondents say they feel and how much anxiety is measured.

3.1 On the proposed program to anxiety and coping mechanisms of university students

Globally, the traditional higher education delivery system, which is based on classroom interactions between students and lecturers, has been challenged by educational delivery innovations, most notably during the COVID-19 epidemic. Innovation is critical for the proposed program's goal of addressing students' anxiety and coping mechanisms within the educational delivery system. As a result of the current pandemic crisis (COVID-19), educational institutions are under pressure to find ways to manage students' fears during the studying process. As part of the learning strategy and to solve the situation, traditional classroom instruction is being switched to online classes in order to streamline the learning process for students who struggle with the adjustment process of learning. This causes stress for students, professors, and universities, which are in charge of making and choosing the programs that students can choose from.

On the other hand, stress has become a natural part of both students and teachers' lives as a result of the present COVID-19 pandemic. Even pleasant occurrences can cause stress on a mental, physical, emotional, and financial level. However, excessive stress is not natural or healthy, and as a result, it is unhealthy. The following are potential strategies for preventing anxiety and developing coping mechanisms in students:

A. Ask and listen

To begin with, it is critical, vital, and critical to analyze the degree of stress experienced by children and teachers. Identify and feel their stress by placing your shoes beneath their feet. Commence chatting and initiating conversation immediately. It can be accomplished through individual or group discourse facilitated by the use of open-ended questions. Take note of their responses. Permit kids to express themselves and their emotions. Investigate how individuals deal with stress and coping techniques in their daily lives. They provide insight on ways to alleviate stress among them, particularly during their studies.

B. Analyze the student experience

There must be a positive relationship between the school, teachers, and students, which can be accomplished through assessing student experiences and concentrating on solving students' stress and obstacles. It is a type of relationship that exists both within and outside the classroom. Students require care and love to demonstrate their worth and significance and to build their self-esteem. When pupils are not cared for, they may choose to quit school in order to find a place where they feel accepted.

C. School should not be a stressful place for students and lecturers

Class and program schedules must include time for students to unwind. This can result in an increase in school community bonding and collaboration. Consider the status of students, particularly those who work to support their studies.

D. Tender loving care

Tender loving care must be observed among students. Students are the lifeblood of the school. They are important assets in school. Tender loving care means providing for their needs in their educational learning process through innovation and facilities and molding them as quality products of the school.

4. Conclusion

A. On the profile of the respondents

It shows that profiles are under the process of adjustment in their online classes because most of them felt stress in the process of the learning enhancement as to the procedures of the requirements of their subjects, especially for those female respondents who are sensitive to the current COVID-19 pandemic, and most of them belong to year-level 2 students.

B. On the coping strategies of the respondents

It shows that respondents put their trust in God, seek God's help when necessary, and learn something from their own experiences. This is their best way to deal with their stress and the COVID-19 pandemic crisis right now, especially in their studies.

C. On the levels of anxieties of the respondents

It shows that respondents are in an anxious mood as to worries, the anticipation of the worst, worries, fearful anticipation, irritability, fear of the dark, strangers, being left alone, animals, traffic, and crowds according to their levels of anxiety. These are the things they experienced during the COVID-19 pandemic and in their learning enhancement.

5. Recommendation

In the light of the findings and conclusions, the researchers offer the following recommendations:

A. On the profile of the respondents

Students must be mature enough in their studies despite the COVID-19 pandemic outbreak among them because most of the respondents are being affected by the COVID-19 pandemic crisis, which is affecting their studies. They should be sensitive to the protocol of the COVID-19 outbreak so that their health will not be affected, especially in their studies.

B. On the coping strategies of the respondents

Students should avoid using alcohol and drugs in their coping strategies to reduce stress during the COVID-19 pandemic and their studies because they are taught that the use of alcohol and drugs lessens stress in their studies and during the COVID-19 outbreak and pandemic. In reality, they are just adding insult to injury. They need to exercise faith in God, who is the source of everything, to overcome problems, issues, and barriers among the respondents.

C. On the levels of anxieties of the respondents

Students should avoid autonomic symptoms such as dry mouth, flushing, pallor, the tendency to sweat, giddiness, tension, headache, and raising of hair on their level of anxiety to include attitude and behavior as to fidgeting, restlessness, pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, and swallowing etc. This reveals their anxiety process. They need to spend more time on their hobbies and less time on other things to lower their anxiety.

D. Recommendation for future researchers

Future researchers need to explore other related subject areas not discussed or tackled in this study. These may include the effects on anxiety, behavior, and attitude, and the prevention of anxiety and stress among students.

Conflict of interest statement

The authors declare no conflicts of interest.

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