

**RESILIENCE AND COPING MECHANISM AMONG ALLIED HEALTH LEARNERS IN A PRIVATE HIGHER EDUCATION INSTITUTION IN CAVITE**

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**ABSTRACT**

This study aimed to determine the resilience and coping mechanism of the allied health learners from a selected private higher education institution in Cavite, Philippines during academic year 2024-2025 as a basis for action plan. The respondents were allied health learners classified according to course, year level, primary source of educational support, age, sex, civil status, family type, order of birth, religion, number of memberships in organizations (academic and socio) and average family monthly income (in Philippine Peso) from a selected private higher education institution in Cavite. The study used a descriptive-correlational design to analyze the relationship between the demographic profile, level of resilience, and level of utilization of coping mechanism among allied health learners. The findings of this study will contribute valuable insights for the development of an action plan that enhances the resilience among allied health learners. In the resilience of allied health learners evaluated across four dimensions such as Mindset/Self-Efficacy, Social Support, Faith/Spirituality, and Parental Expectations, students exhibit a strong sense of confidence in their abilities to overcome setbacks, indicating high resilience levels. Allied health learners experienced considerable stress during their education, which necessitates the use of effective coping mechanisms to foster resilience and prevent burnout. Their coping strategies fall into three main categories: Problem-Focused, Emotion-Focused, and Meaning-Focused coping. Overall, the findings emphasize that higher resilience levels are associated with more effective coping strategies. An action plan was created based on the study findings to promote and enhance resilience and coping mechanism of allied health learners.

**Keywords:** *resilience, coping, allied health, education institution, Cavite*

## INTRODUCTION

When the COVID 19 pandemic spread throughout the world, it has unprecedented effects on the billions of people. By this the global society's resilience is constantly being tested. The future looks uncertain in these conditions. According to Zoumpourlis et al. (Oct 2020), the SARS-CoV-2 coronavirus has significantly disrupted daily life, the global economy, international travel, and trade. It has also caused panic among civilians and insecurity at all socio-political and economic levels.

And as a result, based on the study conducted by Munir et.al (2021), the COVID-19 pandemic has forced millions of students to stay indoors and adapt to the new normal, namely distance learning at home, placing online learning in the spotlight. In addition, by Munir et al. (2021), the pandemic's impact on students' lives will be seen most acutely in until the present time. During the peak of COVID-19, public health measures such social isolation, movement restrictions, and lockdown are required. These initiatives have caused psychological suffering in students (Hasan & Bao, 2020), and some are now dealing with stress, despair, anxiety, and fear of the COVID-19 (Kassim et al., 2021). In addition to the terrible health effects, the pandemic has an impact on pupils' physical and emotional wellbeing (Zolotov et al., 2020).

Apart from the devastating health consequences, the pandemic affects students' physical and mental well-being (Zolotov et al., 2020). In a review conducted by Barrett (2022), it has highlighted -the substantial impact that the pandemic has had on nursing students, but what does the evidence tell us about why this group has been hit so hard.

Meanwhile, according to Rizqi (2017) resilience is the ability to "bounce back" after a traumatic experience. It is being able to rise above a very stressful and compromising situation. It is the ability to overcome stress and adapt to challenges. Resilience is thought of as a dynamic resting not only on the attributes of an individual but also on the environmental and social factors that are intermingled in a persons' life.

As identified by Wootton et.al (2022), COVID-19 pandemic has led to increases in stressors while limiting many of the resources previously available to cope with stress. Coping behaviors may contribute to the prevention or proliferation of psychological distress during and after the pandemic. Understanding these coping behaviors and associated psychological outcomes can help health educators develop programs that encourage effective coping and promote mental health.

This study focused mainly on the resilience and coping mechanism of allied health learners in a private higher education institution in Cavite. As what the researcher observed the pandemic has taken its toll to the mental health, resilience and coping of the learners. The resilience and coping mechanism of allied health learners in a private higher education institution in Cavite will serve as a basis for an action plan. The results of this study and the proposed action plan will be significant not only for the learners but also for the parents, school administrators and faculty members as well.

### **Current State of Knowledge**

The SARS-CoV-2 outbreak, which is responsible for the coronavirus illness 2019 (COVID-19), is a global public health emergency with serious long-term effects on people's physical and emotional well-being. According to Vinkers et. al (2020)., resilience is essential to managing stress and essential to maintaining equilibrium.

As Alter (2020) mentioned, the recent group of college students, whom Time magazine referred to as “generation pandemic” have reported a deep sense of existential anxiety due to the uncertainties and challenges caused by COVID-19 pandemic.

McIntosh and Shaw (2017) stated that the resilient Student, is therefore one who embodies a set of identified characteristics, referred to here as “internal factors”, and makes use of them in order to bounce back from setbacks and difficult situations. Importantly, in order to maintain resilience, certain environmental or external protective conditions also need to be present.

August R et.al (2021) commented that there is continued concern about how well college students handled the COVID-19 pandemic, which could have an impact on the health and wellbeing of future students. Although adaptive coping methods have been researched in relation to prior major crises, it is unclear from an empirical perspective whether college students are using these methods to cope with the pandemic. She listed various advantages for oneself, such as developing a sense of gratitude, unanticipated personal development, and fresh perspective on the future. Additionally, they listed other societal advantages of the epidemic, such as people being more unselfish, paying attention to what counts, coming up with original solutions, and working in teams. They also mentioned improvements in the environment. The benefits associated to oneself had a very strong effect.

In the study of Tanji F. et. al (2021), they found out that resilience enables medical science students particularly nursing students to concentrate intently on their studies despite the increased likelihood of academic stress. They further added that there was a significant association between the vitality of resilience components and academic performance among nursing students. Thus, they suggested that an approach that develops resilience is necessary for the academic success of nursing students.

Babicka Wirkus et. al (2021), the most commonly used coping style during the lockdown period were ‘consultation and seeking information’ and ‘spiritual and seeking support’. These coping behaviours were classified as problem-focused behaviours which aim to reduce the sources of stress by targeting its causes and they have been associated with positive physical, mental, and psychological outcomes in students. Personal resilience, on the other hand, was rated low by students. As personal resilience offers protection against stressful events such as emergency and disaster situations and disease outbreaks by strengthening an individual’s ability to endure the burden through the pandemic, building resilience through evidence-based interventions should be prioritized.

Tull et al. (2020) observed that home confinement, social distancing, and quarantine to control infection greatly contribute to a sense of loneliness among young people as they restrict them from prioritized with their peers. In addition, closure of schools could partly play a role in the development of loneliness among students as school routines and activities were identified as essential coping mechanisms, especially for young people (Auger et al., 2020).

Finally, having a supportive relationship demonstrates that people are comfortable speaking what they think and feel, or whether to say yes or no depending on the circumstance, honestly and without reservation. Results shows that most of them spend time with people who can be trusted and people whom they know are good where they can experience support, trust, encouragement from them. It shows that they need people who can share their thoughts and emotions that they can lean on during times of need in their self-care and mindful development practice, support and relationship by Mallillin (2022)

### **Theoretical Underpinnings**

The study was anchored on Dr. Norman Garmezy's Resilience Theory (1991). The word resilience was first used by Dr. Norman Garmezy, a clinical psychologist often noted as a founder of research in resilience. His research work was about stress, competence, and childhood development.

Meanwhile, coping as defined by Lazarus and Folkman (1980) as the thoughts and behaviors mobilized to manage internal and external stressful situations. It is a term used distinctively for conscious and voluntary mobilization of acts, different from 'defense mechanisms' that are subconscious or unconscious adaptive responses, both of which aim to reduce or tolerate stress.

### **Objectives**

This study aimed to determine the resilience and coping mechanism of allied health learners from a selected private Higher Education Institutions in Cavite, Philippines during academic year 2024-2025 as basis for action plan. This study sought to answer the following questions: 1. What the demographic profile of the student-respondents in terms. 2.) What is the level of resilience of Allied health learners from the selected private higher education institutions in Cavite in terms of mindset/ self-efficacy, social support, faith/ spirituality and parental expectations. 3). What is the level of coping mechanism of Allied health learners from the selected private higher education institutions in Cavite in terms of problem focused coping, emotion focused coping; and meaning focused coping. 4) Is there a significant relationship between the level of resilience and profile variables of the respondents. 5). Is there a significant relationship between the level of coping mechanism and profile variables of the respondents? 6). Is there a significant relationship between the level of resilience and level of coping mechanism of the respondents and 7). What action plan can be proposed based on the results of the study.

### **METHODS**

This section presents the discussion of the research methodology used, the subjects and respondents of the study, the research instruments used, the validity and reliability of the

instruments, the procedure for data gathering, and the statistical tools and procedure for data analysis.

### **Research Design**

This study utilized a descriptive-correlational design to analyze the relationship between the demographic profile, level of resilience, and level of utilization of coping mechanism among allied health learners from selected private Higher Education Institutions in Cavite this Academic Year 2024-25.

Descriptive design was used to describe characteristics of population or phenomenon being studied. It answered questions about how, when, and why the characteristics occurred. It was a study to depict the participants in an accurate way. More simply, descriptive research is all about describing people who take part in the study and it can be done using observation, case study or survey (Kowalczyk, 2017).

Descriptive research design is appropriate to this study for the reason that it provides important information about the present status of the study. This method will be applicable to this study because of the present condition of learner's resilience and coping mechanism.

### **Study Respondents**

The research data was collected from allied health learners from selected private Higher Education Institutions in Cavite. In order to gather the respondents, purposive sampling was utilized following this set of criteria: (1) must be officially enrolled at allied health courses in the 1<sup>st</sup> Semester academic year 2024-2025 (2) must be willing to participate in the study, and (3) has consented to participate in the study. Likewise, the researcher was guided by the following criteria for the selection of private Higher Education Institutions: (1) within Cavite, and (2) have given the researcher permission to conduct the study in its premise.

### **Instruments**

The researcher recalibrated questionnaire was utilized. Part 1 focused on the profile of the respondents that were classified according to course, year level, primary source of educational support, age, sex, civil status, family type, order of birth, religion, number of memberships in organizations (academic and socio) and average monthly family income (in Philippine Peso). Part 2 focused on the allied health learner's level of resiliency in terms of mindset/ self-efficacy, social support, faith/ spirituality and parental expectations. Lastly, Part 3 focused on the allied health learner's level coping mechanism in terms of problem focused, emotion focused and meaning focused.

The instrument has eleven (11) items for Part 1 which consists of the profile of the respondents that were classified according to course, year level, primary source of educational support, age, sex, civil status, family type, order of birth, religion, number of memberships in organizations (academic and socio) and average monthly family income (in Philippine Peso). Part 2 has twenty (20) items which focused on the allied health learner's level of resiliency in terms of mindset/ self-efficacy, social support, faith/ spirituality and parental expectations. And lastly, Part 3 has

fifteen (15) items which focused on the allied health learner's level coping mechanism in terms of problem focused, emotion focused and meaning focused.

Each part of the questionnaire required the participants to read the items and simply mark the preferred option for Part 1 which is related to the profile of the respondents. In Part 2, the respondents will respond either (4) strongly agree, (3) agree, (2) disagree, (1) strongly disagree. While in Part 3, the respondents will respond either (4) very high, (3) high, (2) low, (1) very low.

### **Data Gathering Procedure**

The researcher requested permission through written communication from the President/Director/Directress/ Dean of the School/ College, requesting to allow the researcher to distribute the questionnaires to the target respondents.

After granting the permission the researcher conducted the survey questionnaire to each respondent. The purpose of the study will be properly explained to respondents by the researcher. This study will be completed using quantitative method with a *researcher made* online survey. (*Google form*)

### **Data Analysis and Statistical Treatment**

Objective 1. used a descriptive analytical scheme and the frequency count and percentage was used which aimed to determine the profile of the respondents in terms of course, year level, primary source of educational support, age, sex, civil status, family type, order of birth, religion, number of memberships in organizations (academic and socio) and average monthly family income (in Philippine Peso).

Objective 2. used a descriptive-analytical scheme and, frequency and weighted mean was used to determine the level of resilience of allied health learners.

Objective 3. used a descriptive-analytical and frequency and weighted mean was used to determine the level of level of coping mechanism of allied health learners.

Objective 4. used an inferential analysis and spearman rank correlation, point biserial correlation and chi square test for independence was used to determine whether there is a significant relationship between the level of resilience and profile variables of the allied health learners.

Objective 5. used an inferential analysis spearman rank correlation, point biserial correlation and chi square test for independence was used to determine whether there is a significant relationship between the level of coping mechanism and profile variables of the allied health learners.

Objective 6. used an inferential analysis and spearman rank correlation was used to determine whether there is a significant relationship between the level of resilience and level of coping mechanism of the allied health learners comparative analytical scheme

### **Ethical Consideration**

Issues considered in establishing the validity and reliability of the data, analysis, and findings. Ethical considerations were applied during the study. The name of the school and the respondents were not revealed in this study, while the purpose of this study was clearly and wholly discussed to them as the researcher's obligation. The data gathered from the survey, whether in writing as they answered the questionnaire or through Google Forms, were used only for the study. Consequently, the researcher did not inject personal opinions and judgment regarding the result of the study, and all the data and information gathered were kept confidential.

### **RESULTS AND DISCUSSION**

This section deals with the presentation, analysis and interpretation of data gathered to carry out the objectives of this study. All these were made possible by following certain appropriate procedures so as to give the exact data and solution to each specific problem.

Table 1 shows that in terms of course, most students (295 or 86%) are enrolled in BS Nursing, suggesting the popularity of nursing within the allied health field. Other courses such as BS Radiologic Technology and BS Psychology share a smaller proportion, at 4.4% and 9%, respectively. BS Midwifery and BS Pharmacy, with only one student each, represent the least common fields. According to the study of Estrada and Tan (2014), BS Nursing is top choice in the allied health field due to overseas recruitment strategies. Nursing education in the Philippines shifted to meet US market demand, leading to a focus on producing nurses for developed nations, which contributed to the popularity of BS Nursing in the allied health field (Brush, 2010).

With regards to the year level of the students, results revealed that a large portion of the students are in their first year, comprising of 217 (63.3%) of the total respondents. Second-year students account for 7.9%, while third year and fourth-year students represent 12.8% and 16%, respectively. The smaller numbers in higher years may reflect attrition rates or be indicative of recent surges in enrollments (Harvey et al., 2017).

In terms of the primary source of educational support, the vast majority (329 students, or 95.9%) of students are financially supported by their parents/guardians. Only 11 students (3.2%) are self-supporting, and a minimal number (3 students, or 0.9%) rely on scholarships.

Table 1 also shows that majority of students fall within the 18-22 age group, comprising 294 or 85.7% of the total respondents. Students aged 17 and below make up 6.4%, while those aged 23 and older account for 7.9%. This distribution indicates that most students are within the typical college age range in the Philippines, reflecting standard enrollment ages for undergraduate students in allied health programs.

With regards to the sex of the students, majority of the respondent are females, with 279 students (81.3%), while 61(17.8%) are male students. This gender pattern is consistent with allied health courses, particularly nursing, which tends to attract a larger number of female students.

**Table 1**

*Demographic Profile of the Allied Health Learners from a Selected Private Higher Education Institutions in Cavite*

Profile	Category	Frequency (n = 343)	Percent
Course	BS Nursing	<b>295</b>	86.0
	BS Midwifery	1	0.3
	BS Pharmacy	1	0.3
	BS Radiologic Technology	15	4.4
	BS Psychology	31	9.0
Year Level	1st	<b>217</b>	63.3
	2nd	27	7.9
	3rd	44	12.8
	4th	55	16.0
Primary source of educational support	Self-support	11	3.2
	Parent/guardian	<b>329</b>	95.9
	Scholarship	3	0.9
Age	17 and below	22	6.4
	18 to 22	<b>294</b>	85.7
	23 and above	27	7.9
Sex	Female	<b>279</b>	81.3
	Male	61	17.8
	Prefer not to say	3	0.9
Civil status	Single	<b>340</b>	99.1
	Married	3	0.9
Family type	Nuclear	<b>216</b>	63.0
	Extended	82	23.9
	Independent	45	13.1
Order of Birth	Youngest	105	30.6
	Middle	93	27.1
	Eldest	<b>145</b>	42.3
Religion	Roman Catholic	<b>266</b>	77.6
	Islam	5	1.5
	Other Christian organizations	49	14.3
	Iglesia Ni Cristo	13	3.8
	None	10	2.9
Number of memberships in organizations	None	<b>236</b>	68.8
	1- 2	65	19.0
	3 - 4	22	6.4
	5 and above	20	5.8
Average monthly family income	10,957 and below	85	24.8
	10, 958 to 21,914	<b>98</b>	28.6
	21, 915 to 43,828	91	26.5
	43, 829 to 76,669	42	12.2
	76, 670 to 131,484	13	3.8
	131, 485 to 219,140	6	1.7
	219,141 and above	8	2.3

According to Shannon et al. (2019), allied health field is predominantly female, with a higher gender ratio compared to clinical and technical occupations. The allied health field exhibits a significant gender imbalance, predominantly favoring female professionals compared to clinical and technical occupations. This feminization trend is evident across various countries and health sectors, highlighting the need for gender-sensitive policies in workforce planning. For instance, in China, the ratio of female health professionals rose from 63.85% in 2002 to 72.4% in 2020 (Li et al., 2024)

In terms of civil status, nearly all students (340, or 99.1%) are single, with only 3 students (0.9%) reporting that they are already married. This finding is expected, given the predominantly young age of the student population.

Regarding family type, the majority (63%) come from nuclear families, while 23.9% are from extended families, and 13.1% live independently. Nuclear families in the Philippines represent a significant aspect of the country's social structure, characterized by a mother, father, and their biological children living together. This family model is prevalent, with approximately 80% of households classified as nuclear, while extended families account for about 25% (Abejo, 1995). Result also revealed that in terms of birth order, 145 students (42.3%) are the eldest among their siblings, while 93 students (27.1%) are middle children, and 105 students (30.6%) are the youngest.

In terms of religious affiliation, Roman Catholicism is the predominant faith at 77.6%, followed by other Christian organizations (14.3%) and Iglesia Ni Cristo (3.8%). A small percentage of students identify as Islamic (1.5%) or non-religious (2.9%). This religious breakdown is reflective of broader demographic trends in the Philippines, where Catholicism is the dominant faith. Approximately 80% of the population identifies as Roman Catholic, making the Philippines the largest Catholic nation in Asia (Miazin, 2022)

With regards to organizational membership, the majority of students (236, or 68.8%) are not involved in any organizations, while 65 students (19%) participate in one or two. Only 22 students (6.4%) are part of three to four organizations, and 20 students (5.8%) are involved in five or more.

The data on average family income in Table 1 indicates that a substantial majority of respondents come from lower to middle-income families. Specifically, over half of the students (53.4%) report a monthly family income of less than ₱21,915, with 24.8% falling in the lowest income bracket of ₱10,957 and below, and 28.6% in the ₱10,958 to ₱21,914 range. Meanwhile, 26.5% have a family income between ₱21,915 and ₱43,828. Smaller proportions of students come from higher income brackets: 12.2% fall within ₱43,829 to ₱76,669, while only 3.8% report family incomes of ₱76,670 to ₱131,484, and even fewer (1.7% and 2.3%) are in the upper ranges of ₱131,485 to ₱219,140 and above ₱219,141, respectively.

**Table 2**

*Level of Resilience of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite in terms of Mindset/Self-Efficacy*

Indicators	VHR	HR	MR	LR	Mean	DE
A. MINDSET/ SELF EFFICACY						
1. When I fail, I know I can bounce back.	114	181	42	6	3.17	HR
2. I have what it takes to be successful	145	172	26	0	3.35	HR
3. When obstacles arise, I can think of solutions to overcome them.	95	202	46	0	3.14	HR
4. Setbacks will happen, but I know I can overcome them	142	176	25	0	3.34	HR
5. When things get tough, I try harder.	150	172	21	0	3.38	HR
	Mean		3.28 - High Resilience			

*Legend: DE – Descriptive Equivalent; LR – Low Resilience (1.00-1.50 ); MR – Moderate Resilience (1.51-2.50); HR – High Resilience (2.51-3.50); VHR – Very High Resilience (3.51-4.00)*

Table 2 presents the Mindset/Self-Efficacy dimension of resilience among allied health learners. The level of resilience in terms of Mindset/Self-Efficacy obtained an overall mean rating of 3.28, reflecting high resilience among allied health learners. This indicates that students generally feel confident in their capacity to recover from setbacks and persist through difficulties. This result aligns with the findings of Ngwira et al. (2019), where allied health students also exhibited high self-efficacy (M = 4.37, SD = 0.64), reflecting a strong belief in their abilities. This suggests a consistent trend among allied health students in maintaining confidence in their skills, which is essential for managing the academic and clinical demands of their studies.

Among the indicators, "*When things get tough, I try harder*" obtained the highest mean rating (3.38), highlighting students' strong persistence and determination when facing challenges. This strong sense of persistence is particularly important specially in allied health programs, which demand rigorous coursework and clinical placements. Such resilience enables students to approach obstacles as opportunities to grow rather than as deterrents, contributing to their overall success and adaptability. Persistence not only enhances student retention but also significantly impacts their success in completing rigorous coursework. According to Wertz (2019), persistence is a key factor in improving retention rates among allied health learners, particularly in online settings where isolation can hinder motivation.

Table 3 shows the level of resilience among allied health learners in terms of Social Support from family and friends. The overall mean rating for Social Support is 3.00, indicating high resilience of allied health learners in terms of social support. Among indicators, "*When things get tough, knowing that others believe in me is important*" obtained the highest mean rating with 3.26, emphasizing the importance of external encouragement in strengthening students' resilience. "*Talking to my friends helps when I am stressed*" also obtained a high resilience with a mean rating of 3.22, suggesting that peer support is a valuable resource for stress relief.

**Table 3**

*Level of Resilience of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite in terms of Social Support*

Indicators	VHR	HR	MR	LR	Mean	DE
<b>B. SOCIAL SUPPORT (FRIENDS, PARENTS, OTHERS)</b>						
1. Talking to my friends helps when I am stressed.	145	142	42	14	3.22	HR
2. Talking to my family helps when I am stressed.	77	121	101	44	2.67	HR
3. If I have a problem, I cannot solve I have someone to ask for help	56	141	111	35	2.64	HR
4. Building relationships with others is important to me.	126	170	38	9	3.20	HR
5. When things get tough knowing that others believe in me is important	143	153	41	6	3.26	HR
	Mean		3.00 - High Resilience			

*Legend: DE – Descriptive Equivalent; LR – Low Resilience (1.00-1.50 ); MR – Moderate Resilience (1.51-2.50); HR – High Resilience (2.51-3.50); VHR – Very High Resilience (3.51-4.00)*

According to Kulari (2024), friends serve as critical sources of social support, particularly in mitigating loneliness and depressive symptoms among students. On the other hand, reliance on family support during stress had a lower mean rating of 2.67, indicating that students may experience feel more comfortable confiding in friends. This finding contrasts with the research conducted by Dubey and Soni (2023), which indicated that family support has a stronger correlation with student adjustment compared to support from friends. Their study suggests that students in the Philippines may prioritize family support over that from friends, highlighting cultural differences in the role of familial versus peer support in managing stress

**Table 4**

*Level of Resilience of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite in terms of Faith/Spirituality*

Indicators	VHR	HR	MR	LR	Mean	DE
<b>C. FAITH/SPIRITUALITY</b>						
1. Believing in something larger than myself motivates me.	171	138	28	6	3.38	HR
2. My faith helps me when I am stressed.	170	138	23	12	3.36	HR
3. When things go wrong my faith helps me stay motivated.	166	147	20	10	3.37	HR
4. I lay my future to my faith	119	168	46	10	3.15	HR
5. I will not give up because my faith helps me to be strong	175	142	17	9	3.41	HR
	Mean		3.33 - High Resilience			

*Legend: DE – Descriptive Equivalent; LR – Low Resilience (1.00-1.50 ); MR – Moderate Resilience (1.51-2.50); HR – High Resilience (2.51-3.50); VHR – Very High Resilience (3.51-4.00)*

Table 4 Indicator no. 5, "I will not give up because my faith helps me to be strong" stood out with the highest mean rating of 3.41 implying how crucial faith is in helping students maintain their determination and persistence when faced with obstacles. It suggests that their spiritual beliefs serve as a powerful motivator, driving them to overcome difficulties rather than succumb to

them. These beliefs foster a holistic approach to healthcare, encouraging students to address the spiritual needs of patients while also nurturing their own spiritual growth. According to Espiritu et al. (2020), spiritual beliefs can significantly motivate allied health students by enhancing their ability to treat the whole person, ultimately maximizing patient care and outcomes.

The statements "*Believing in something larger than myself motivates me*" and "*My faith helps me when I am stressed*" both received mean rating of 3.38 and 3.36, respectively. These results indicate that students find inspiration and strength in their spiritual beliefs, allowing them to cope more effectively with the pressures of their studies and personal lives. Spirituality serves as a vital resource, providing meaning and resilience during challenging times. Spirituality contributes to a sense of purpose, helping students navigate academic stress by fostering a fighting spirit and reducing feelings of hopelessness (Samuel & Kannappan, 2011).

Indicator no. 3. "*When things go wrong, my faith helps me stay motivated*" also achieved a mean rating of 3.37, reflecting how faith provides a steady source of encouragement during challenging periods. While the statement "*I lay my future to my faith*" scored slightly lower at 3.15, it still highlights a positive relationship between students' faith and their perspective on future challenges. According to Sari and Sutarto (2023), allied health students utilize spiritual coping strategies such as positive thinking, positive action, and positive hopping to find inspiration and strength, thereby enhancing their resilience against academic stress and pressure.

Overall, the level of resilience of allied health learners in terms of Faith/Spirituality dimension yielded a mean rating of 3.33, signifying a high level of resilience linked to their faith.

**Table 5**  
*Level of Resilience of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite in terms of Parental Expectations*

Indicators	VHR	HR	MR	LR	Mean	DE
<b>D.PARENTAL EXPECTATIONS</b>						
1. Making my parents proud is important to me.	262	70	7	4	3.72	VHR
2. My parents made sacrifices so I could pursue my dreams.	260	73	9	1	3.73	VHR
3. I am where I am because my parents invested in me.	228	93	20	2	3.59	VHR
4. Encouragement from my parents motivates me.	197	107	31	8	3.44	HR
5. Knowing my parents believe in me keeps me going.	228	92	17	6	3.58	VHR
	Mean		3.61 - Very High Resilience			

*Legend: DE – Descriptive Equivalent; LR – Low Resilience (1.00-1.50 ); MR – Moderate Resilience (1.51-2.50); HR – High Resilience (2.51-3.50); VHR – Very High Resilience (3.51-4.00)*

Table 5 presents the level of resilience among allied health learners from selected private higher education institutions in Cavite, in terms of Parental Expectations. The overall mean rating for this dimension is 3.61, with a verbal description of Very High Resilience. This indicates that students strongly perceive parental support and expectations as significant contributors to their resilience. Parental expectations significantly contribute to the resilience of allied health learners

by fostering emotional stability, motivation, and coping strategies. According to the study of Cheraghian (2023), parental support has a direct effect on coping and hope, which mediate the relationship with resilience.

Among the indicators assessed, the indicator no. 1, "*Making my parents proud is important to me*", received the highest mean rating of 3.72. The result emphasizes a deep value students place on their parents' pride and approval. This sentiment is reinforced by indicator no. 2, "*My parents made sacrifices so I could pursue my dreams*", which also garnered a high mean rating of 3.73, further emphasizing the students' recognition of their parents' efforts and sacrifices. Furthermore, indicator no. 3, "*I am where I am because my parents invested in me*", obtained a mean rating of 3.59, indicating that students feel a strong sense of responsibility to honor their parents' investment in their education.

Indicator no. 5, "*Knowing my parents believe in me keeps me going*", obtained a mean of 3.58, demonstrating that the emotional support from parents plays a crucial role in motivating students during their educational journey. The findings support the study of Zhang (2023), emphasizing that parental support, particularly verbal and emotional support, significantly contributes to resilience among vocational college students. High parental expectations enable students to better establish career goals and adjust coping strategies, enhancing their overall career adaptability and resilience in changing employment environments.

**Table 6**

*Summary of Level of Resilience of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite*

Dimension	Mean	Description
A. Mindset/ Self Efficacy	3.28	High Resilience
B. Social Support (Friends, Parents, Others)	3.00	High Resilience
C. Faith/Spirituality	3.33	High Resilience
D. Parental Expectations	3.61	Very High Resilience
Overall Mean	3.31	High Resilience

The Mindset/Self-Efficacy dimension received a mean rating of 3.28, indicating a High Resilience level, which suggests that students are confident in their abilities to overcome setbacks and challenges. In terms of Social Support dimension, the mean rating was 3.00, also categorized as High Resilience, highlighting the positive impact of relationships with friends and family on students' emotional well-being.

With regards to Faith/Spirituality dimension, a mean rating of 3.33, verbally described as high resilience, demonstrating that students derive strength and motivation from their spiritual beliefs during stressful times. Moreover, the level of resilience in terms of Parental Expectations obtained the highest mean rating of 3.61, verbally described as very high resilience, indicating that students feel significantly motivated by their parents' encouragement and sacrifices. The overall mean rating of 3.31 with a verbal description of high resilience.

**Table 7**

*Level of Coping Mechanism of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite in terms of Problem – Focused*

Indicators	VH	H	M	L	Mean	DE
<b>A. PROBLEM FOCUSED</b>						
When dealing with a problem.....						
1. I consider several alternatives for handling the problem.	138	183	21	1	3.34	H
2. I think about what it might say about bigger lifestyle changes that I need to make.	111	206	25	1	3.24	H
3. I often try to remember that the problem is not as serious as it seems.	81	162	88	12	2.91	H
4. I often use exercise, hobbies, or meditation to help me get through a tough time	115	149	58	21	3.04	H
5. I consider advice or help from other people.	91	168	68	16	2.97	H
	Mean		3.10 – High			

*Legend: DE – Descriptive Equivalent; L - Low (1.00-1.50); MR – Moderate (1.51-2.50);*

*H – High (2.51-3.50); VH – Very High (3.51-4.00)*

Table 7 presents the level of engagement of the problem – focused coping mechanism among allied health learners. The Problem-Focused coping dimension explores strategies allied health learners use to confront issues directly, with an overall mean of 3.10, indicating a High level of coping ability of the students. Indicator no. 1, "*I consider several alternatives for handling the problem*" obtained the highest mean of 3.34, reflecting students' proactive approach to exploring solutions. The findings suggest that allied health students are inclined to take a structured, solution-oriented approach when addressing challenges, a valuable trait for managing the complex demands most especially for allied health programs. According to Dowd (1994), a proactive approach for allied health learners emphasize collaborative learning, the cultivation of problem-solving skills, and fostering reflective practice. This method encourages students to engage actively in their learning, contribute meaningfully to discussions, and build the values necessary for holistic education and professional independence. By developing these skills, students are better equipped to handle the rigorous academic and clinical requirements of their field, preparing them for both immediate and long-term success in healthcare.

Indicator no. 2, "*I think about what it might say about bigger lifestyle changes that I need to make*" received a mean rating of 3.24, indicating a high level of engagement in reflective thinking among allied health students. The result suggests that students are not only focused on resolving immediate challenges but are also willing to consider how these challenges might prompt long-term lifestyle adjustments. High levels of engagement in reflective thinking among allied health students are crucial for their professional development and lifelong learning. The findings is consistent with the result of Pretorius & Ford (2016) suggesting that healthcare students who participated in a structured reflective practice program demonstrated a higher likelihood of recognizing and valuing reflection as a learning tool, leading to increased engagement in reflective thinking compared to those who did not participate. Study of the Van der Watt (2008)

highlighted that reflective thinking enhances their understanding of ethical dilemmas and clinical judgment for BS Nursing students.

**Table 8**

*Level of Coping Mechanism of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite in terms of Emotion – Focused*

Indicators	VH	H	M	L	Mean	DE
<b>C. EMOTION FOCUSED</b>						
When dealing with a problem.....						
1. I try to see the positive side of the situation.	128	172	35	8	3.22	H
2. I try to see the humor in it.	100	176	60	7	3.08	H
3. I try to make it light.	97	198	47	1	3.14	H
4. I work on making things better for the future by changing my habits or staying in closer touch with people I care about.	128	180	30	5	3.26	H
5. I try to find comfort in my religion or spiritual beliefs.	95	168	59	21	2.98	H
	Mean			3.14 – High		

*Legend: DE – Descriptive Equivalent; L - Low (1.00-1.50); MR – Moderate (1.51-2.50); H – High (2.51-3.50); VH – Very High (3.51-4.00)*

From the five items of emotion focused dimension, indicator no. 4, "*I work on making things better for the future by changing my habits or staying in closer touch with people I care about*" obtained the highest mean of 3.26 verbally described as high engagement. The result shows that students actively seek positive changes in their behavior or relationships as part of their coping strategy. This finding aligns with the study of Human-Vogel (2013) citing the committed students often exhibit a strong sense of identity that aligns with their academic goals. This response demonstrates students' commitment to long-term self-improvement and their ability to find constructive ways to handle stress. Students' commitment to long-term self-improvement is a multifaceted construct influenced by self-regulation, lifelong learning, and individual motivation.

Indicator no. 1, "*I try to see the positive side of the situation,*" obtained a mean rating of 3.22, emphasizing students' resilience and their ability to reframe challenges in a way that fosters optimism. Optimism serves as a crucial factor in enhancing academic resilience, enabling students to navigate difficulties effectively. Study of Tri & Rahayu (2024) highlights that academic resilience involves positive feelings and clear goals, enabling students to face challenges effectively. Optimism significantly correlates with resilience, suggesting that students who maintain positive expectations are better equipped to reframe difficulties and achieve academic success.

Additionally, students often seek to "*see the humor in it*" (mean = 3.08) or "*make it light*" (mean = 3.14), which illustrates a tendency to diffuse negative emotions through humor or by downplaying the intensity of the problem. These findings indicate that allied health students possess effective emotional coping skills, essential in healthcare settings where emotional resilience can mitigate the impact of high-stress situations. According to dos Santos Sousa et al. (2022), allied health students develop Emotional Competencies (EC) through Emotional

Education (EE), which enhances their emotional coping skills, enabling them to manage challenging situations effectively and improve their academic and professional performance. This emphasizes the important role of emotional education, coping strategies, and emotional intelligence in enhancing the emotional coping skills of allied health learners.

The Emotion-focused coping strategies obtained an overall mean of 3.14, indicating a high level of engagement in emotional regulation and adaptive emotional responses to challenges. This result allings with the findings of Grol and De Raedt (2021) highlighting their roles in adaptive emotional responses to stress. There findings suggests that these factors are crucial for allied health learners in managing challenges effectively and maintaining emotional well-being. These strategies focus on managing emotions rather than directly addressing the problem itself, helping students to maintain emotional balance in difficult situations.

**Table 9**

*Level of Coping Mechanism of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite in terms of Meaning – Focused*

Indicators	VH	H	M	L	Mean	DE
<b>C. MEANING FOCUSED</b>						
When dealing with a problem....						
1. I spend time trying to understand what happened.	161	169	11	2	3.43	H
2. I try to step back from the problem and think about it from a different point of view.	115	191	32	5	3.21	H
3. I often wait it out and see if it doesn't take care of itself.	54	154	117	18	2.71	H
4. I make compromises.	65	230	42	6	3.03	H
5. I still hope for the best.	213	117	12	1	3.58	VH
	Mean		3.19 – High			

*Legend: DE – Descriptive Equivalent; L - Low (1.00-1.50); MR – Moderate (1.51-2.50); H – High (2.51-3.50); VH – Very High (3.51-4.00)*

Table 9 shows the meaning-focused coping strategies used by allied health learners from selected private higher education institutions in Cavite. This type of coping mechanism assesses how students interpret challenges and find personal meaning in difficult situations, aiding them in reframing obstacles as opportunities for growth. The highest-rated indicator, "*I still hope for the best*" with a mean rating of 3.58 and verbally described as Very High, indicates a strong sense of optimism and resilience, as students maintain hope and positivity even when facing adversity. The result is in contrast with the findings of Calo et al. (2019), many allied health students demonstrating low levels of these traits. This optimistic outlook can be essential in high-stress academic programs like allied health, where maintaining motivation despite setbacks is critical. According to Chadwick (2019), fostering learned optimism and resilience among students, including those in allied health, enhances their ability to adapt to challenges, improves problem-solving skills, and ultimately supports their success in both academic and professional environments.

Meanwhile, indicator no. 3, "I often wait it out and see if it doesn't take care of itself" with a mean rating 2.71 suggest that while some students may take a passive approach at times, they generally prioritize active coping strategies that encourage personal growth.

Overall, meaning – focused coping mechanism obtained a high level of engagement with a mean of 3.19. Meaning-focused coping allows students to interpret their challenges constructively by finding personal significance in difficult situations. Halama (2014) emphasize the role of this coping mechanism for allied health students which can enhance psychological functioning and reduce distress, promoting better adjustment during challenging academic experiences.

**Table 10**

*Summary of Level of Coping Mechanism of Allied Health Learners from the Selected Private Higher Education Institutions in Cavite in terms of Meaning – Focused*

Coping Mechanism	Mean	Description
A. Problem - Focused	3.10	High
B. Emotion - Focused	3.14	High
C. Meaning – Focused	3.19	High
Overall Mean	3.14	High

*Legend: DE – Descriptive Equivalent; L - Low (1.00-1.50 ); MR – Moderate (1.51-2.50); H – High (2.51-3.50); VH – Very High (3.51-4.00)*

Table 10 presents the summary of level of coping mechanism of allied health learners. The mean ratings reveal a balanced reliance on problem-focused, emotion-focused, and meaning-focused coping mechanisms, all scoring in the high level. This balance highlights that student approach challenges not only with practical solutions but also by maintaining emotional stability and seeking a deeper understanding of their experiences.

With an overall mean of 3.14 verbally described as high level, the allied health learners generally exhibit strong coping abilities, suggesting that they rely on a balanced approach combining practical problem-solving, emotional regulation, and deriving personal meaning to navigate challenges effectively. This finding is in contrast with the findings of Madhumitha and Archana (2021) wherein nursing and physiotherapy students, the majority exhibited moderate resilience, with only a small percentage demonstrating high resilience. Many students exhibit moderate resilience, a significant number struggle with effective coping strategies, which can lead to burnout and decreased academic performance. To address this, educational institutions should implement strategies to promote positive coping mechanisms and resilience training to mitigate stress (Mondalla, 2022). This highlights the need for targeted interventions to enhance coping mechanisms among students.

The analysis revealed a statistically significant negative correlation between sex and Faith/Spirituality ( $r = -0.143$ ,  $p = 0.008$ ), indicating that gender significantly influences how students rely on spiritual beliefs for resilience. Specifically, female students exhibited a stronger reliance on faith and spirituality as coping mechanisms compared to their male counterparts. This finding aligns with the research of Fanai et al. (2024), which showed that females demonstrated

higher resilience and psychological well-being associated with religiosity than males, suggesting that women benefit more from greater levels of spiritual engagement.

**Table 11**

*Relationship Between the Level of Resilience and Profile Variables of the Respondents*

Profile	Resilience of Allied Health Learners									
	Mindset/ Self-efficacy		Social support		Faith/spirituality		Parental expectations		Overall Mean	
	r	Sig.	r	Sig.	r	Sig.	r	Sig.	r	Sig.
Sex	0.078	0.151	-0.088	0.105	<b>-.143**</b>	<b>0.008</b>	-0.078	0.147	-0.095	0.078
Civil Status	0.053	0.328	0.089	0.101	0.000	0.998	-0.027	0.612	0.041	0.454
Year Level	0.051	0.343	0.012	0.829	<b>.188**</b>	<b>0.000</b>	0.036	0.503	0.082	0.128
Age	0.078	0.151	-0.015	0.778	0.050	0.356	-0.060	0.264	0.003	0.953
Order of Birth	-0.043	0.431	<b>-.112*</b>	<b>0.038</b>	-0.064	0.237	-0.098	0.069	<b>-.107*</b>	<b>0.049</b>
Number of memberships in organizations	0.018	0.740	0.048	0.377	<b>.113*</b>	<b>0.036</b>	0.051	0.343	0.057	0.289
Average Family monthly income	0.015	0.778	0.084	0.120	0.004	0.939	0.059	0.274	0.061	0.263

Note. \*\*. Correlation is significant at the 0.01 level (2-tailed); \*. Correlation is significant at the 0.05 level (2-tailed).

In contrast, these findings contradict the study by Ebrahimi et al. (2012), which reported similar levels of resiliency and spiritual intelligence across both genders. This discrepancy highlights the nuanced relationship between gender and spirituality in the context of resilience. Female allied health learners may view their spiritual beliefs as a more significant source of support during challenging times. On the other hand, while women may derive higher resilience from spirituality, men often display greater optimism and adaptability in stressful situations. This complexity reflects the interplay between gender, spirituality, and resilience, as noted by San Román Mata et al. (2019).

Additionally, there is a significant positive correlation between year level and Faith/Spirituality ( $r = 0.188, p = 0.000$ ), suggesting that students in higher year levels tend to demonstrate a greater reliance on faith and spirituality as sources of resilience. The result is consonance with the findings of Phair (2014) citing that the moderating effect of age on academic resilience was significant, particularly for self-efficacy, planning, and persistence, indicating that older students

exhibit higher levels of resilience compared to their younger counterparts in university settings. This finding indicates that as students' progress through their academic programs, they may increasingly draw upon their spiritual beliefs to cope with challenges. This trend could reflect a deeper understanding of the importance of faith and spirituality in managing stress and fostering resilience, possibly due to accumulated experiences and challenges faced during their studies. As students advance in their education, they may also develop more robust coping strategies, integrating spiritual and faith-based approaches into their overall resilience framework.

Furthermore, order of birth shows weak negative correlations with Social Support ( $r = -0.112$ ,  $p = 0.038$ ) and Parental Expectations ( $r = -0.107$ ,  $p = 0.049$ ), suggesting that birth order have a significant effect on reliance on social networks and the impact of parental expectations. The result is consistent with the findings of Fukuya et al. (2021) citing that birth order impacts resilience, with last-borns benefiting more from sibling interactions that foster social and emotional competencies. Eldest children tend to have lower resilience compared to their younger siblings. This could be due to the heightened expectations placed on them by their parents, which may create pressure to succeed and meet responsibilities.

As a result, eldest siblings might prioritize fulfilling parental expectations over seeking social support, leading to a more isolated experience. Their focus on meeting these expectations may diminish their ability to engage with peers, potentially decreasing their overall resilience. On the other hand, younger siblings often experience less pressure from parental expectations, allowing them more freedom to explore social connections and build support networks. This greater emphasis on friendship and social interaction can contribute to higher resilience levels among younger children. They may be more willing to reach out for help and support during challenging times, leading to better coping strategies.

The number of memberships in organizations also has a positive correlation with Faith/Spirituality ( $r = 0.113$ ,  $p = 0.036$ ), suggesting that students who are active members of various organizations tend to utilize spiritual coping strategies more effectively. This correlation implies that engagement in organizations may provide students with a supportive community that fosters spiritual development and encourages the use of faith as a coping mechanism during challenging times. According to Muhammad (2022), students in groups often share spiritual practices, creating a collective resilience against stress. This support can be instrumental in helping them navigate academic pressures and personal challenges, reinforcing the idea that social networks play a vital role in promoting resilience through spirituality.

In contrast, average family monthly income does not show a significant relationship with any dimension of resilience, suggesting that financial background may not be a critical factor in determining resilience levels among allied health students. This aligns with the findings of Cocoradă et al. (2019), which indicate that family income is not directly linked to student resilience. Instead, resilience is often shaped by a variety of environmental factors, cultural influences, and the national context, while well-being is more closely associated with family socioeconomic status, student age, and academic performance.

These results contrast with those of Radetić-Paić (2018), who found that students with lower paternal income tend to place greater value on religion and spirituality compared to their peers from higher-income families. This discrepancy suggests that while financial resources may not significantly impact overall resilience, they could influence specific aspects such as reliance on spiritual coping mechanisms.

Additionally, civil status also fails to demonstrate a significant correlation with resilience, implying that marital status does not have a substantial effect on the resilience levels of these students. This finding suggests that whether a student is single, married, or in a partnership may not notably impact their capacity to navigate stressors and challenges in their academic and personal lives.

**Table 12**

*Relationship Between the Level of Resilience and Profile Variables of the Respondents*

Profile	Resilience of Allied Health Learners								Overall Mean	
	Mindset/ Self-efficacy		Social support		Faith/spirituality		Parental expectations			
	$\chi^2$	Sig.	$\chi^2$	Sig.	$\chi^2$	Sig.	$\chi^2$	Sig.	$\chi^2$	Sig.
Course	5.451	0.708	20.132	0.065	27.167*	0.007	11.312	0.502	16.741*	0.033
Primary source of educational support	4.012	0.404	5.007	0.543	3.704	0.717	5.383	0.496	0.909	0.923
Family type	3.994	0.407	10.055	0.122	7.284	0.295	5.936	0.430	9.118	0.058
Religion	5.638	0.465	11.306	0.255	15.648	0.075	7.443	0.591	9.236	0.161

*Note. \* Significant at 1% level*

The findings indicate that the resilience dimension of Faith/Spirituality ( $\chi^2 = 27.167$ ,  $p = 0.007$ ) and the overall resilience mean ( $\chi^2 = 16.741$ ,  $p = 0.033$ ) are significantly associated with the students' course of study. This suggests that levels of resilience related to faith and spirituality, as well as overall resilience, vary markedly depending on the specific allied health program in which students are enrolled. These results are consistent with the research of Bahad et al. (2015), which highlights that first-year students in medical, dental, and pharmacy programs exhibit differing levels of resilience, shaped by their unique academic pressures. Additionally, Miteva (2023) points out that nursing students may encounter different stressors compared to pharmacy students, resulting in distinct resilience outcomes. This variation may stem from the unique challenges and experiences inherent to each health-related field, which can significantly influence students' reliance on spiritual beliefs as coping mechanisms throughout their academic journeys.

On the other hand, dimensions such as Mindset/Self-efficacy ( $\chi^2 = 5.451$ ,  $p = 0.708$ ) and Parental Expectations ( $\chi^2 = 11.312$ ,  $p = 0.502$ ) did not show significant associations with the students'

courses. As a result, while Faith/Spirituality emerges as a crucial area where course influences resilience, other dimensions like Mindset/Self-efficacy and Parental Expectations appear to be more stable across different academic programs.

Conversely, the primary source of educational support did not show significant relationships with any resilience dimensions, suggesting that the sources of support students rely on do not meaningfully affect their resilience levels. This finding aligns with the research conducted by Amalia and Samputra (2020), which found that various assets and liabilities, as well as family guarantees, had minimal impact on the economic resilience of disadvantaged families. Therefore, the primary source of financial support did not show significant relationships with resilience dimensions.

Additionally, family type exhibited weak correlations with resilience; while some dimensions approached significance, such as the overall mean resilience ( $\chi^2 = 9.118$ ,  $p = 0.058$ ), none reached the conventional threshold for significance. The findings contradict the study of Ng & Sulaiman (2017) citing that resilience mediates the relationship between family functioning and adolescent depression for single-parent families, suggesting that family cohesion is more critical than adaptability in fostering resilience. Their study highlighted the importance of family cohesion over adaptability in nurturing resilience, suggesting that supportive family dynamics play a pivotal role in promoting resilience among adolescents.

Lastly, the Chi-square analysis concerning religion indicated no significant relationships across the resilience dimensions, although the Faith/Spirituality dimension approached significance ( $\chi^2 = 15.648$ ,  $p = 0.075$ ). These findings stand in contrast to the research conducted by Tindaon et al. (2024), which highlighted a significant relationship between religiosity and resilience, reporting that religiosity contributed effectively to resilience levels among college students by as much as 64%.

In contrast, some studies, such as those exploring the fear of COVID-19, found that while there was a correlation between resilience and religiosity, resilience emerged as a more significant predictor of psychological outcomes, suggesting that the direct impact of religiosity on resilience might be limited (Batmaz & Meral, 2022). Moreover, the findings are also supported by Karagöz (2022), whose study reported no statistically significant positive or negative effects of positive religious coping on the psychological resilience of nurses. This difference in findings emphasizes the complexity of the relationship between religion and resilience, suggesting that while faith may offer support, its influence on resilience could vary depending on individual circumstances and contextual factors.

The analysis revealed that the dimension of emotion-focused coping shows a significant positive correlation with sex ( $r = 0.119$ ,  $p = 0.028$ ), suggesting that male students tend to engage more in emotion-focused coping strategies compared to female students. This finding deviates from existing research that typically suggests women are more likely to employ emotional strategies when managing stress. The findings oppose the study of Theodoratou et al. (2023) where male students typically employ a more direct and proactive approach to dealing with stress, while

female students show a preference for emotion-focused strategies, such as seeking social support or engaging in activities to distract themselves from stressors.

**Table 13**

*Relationship Between the Level of Coping Mechanism and Profile Variables of the Respondents*

Profile	Coping Mechanism							
	Problem focused		Emotion focused		Meaning focused		Overall Mean	
	r	Sig.	r	Sig.	r	Sig.	r	Sig.
Sex	0.077	0.157	.119*	0.028	0.065	0.231	0.102	0.060
Civil Status	0.046	0.394	0.012	0.818	-0.089	0.101	-0.008	0.888
Year Level	0.082	0.129	0.091	0.094	0.008	0.886	0.064	0.239
Age	0.047	0.390	0.029	0.591	-0.039	0.473	0.020	0.711
Order of Birth	0.027	0.619	-0.026	0.634	-0.089	0.100	-0.023	0.674
Number of memberships in organizations	0.094	0.081	0.053	0.326	0.075	0.164	0.073	0.175
Average Family monthly income	0.040	0.462	0.052	0.334	0.032	0.561	0.041	0.454

\*. Correlation is significant at the 0.05 level (2-tailed).

The result also contradicts the result of Amin et al. (2019) citing that male students often use problem-focused coping strategies, while female students tend to engage more in emotion-focused coping strategies. While the predominant findings suggest that female students engage more in emotion-focused coping, it is essential to recognize that individual coping styles can vary widely within sexes, influenced by personal and contextual factors. The results may reflect alternative coping mechanisms among male students, who might favor seeking emotional support or expressing their feelings in ways that facilitate resilience.

In contrast, other profile variables—including civil status, year level, age, order of birth, number of memberships in organizations, and average family monthly income—do not demonstrate significant relationships with the coping mechanisms employed by students. These findings challenge the conclusions drawn by Khan et al. (2024), which suggest that later-born individuals typically exhibit lower anxiety levels, potentially giving them an advantage in coping with stress. Additionally, Alcover et al. (2020) argue that group memberships provide essential emotional and practical support, which is critical for managing academic stressors, contradicting the current findings. Supporting this perspective, El-Awaisi et al. (2023) emphasize that students utilize a variety of coping strategies, including seeking social support and participating in health-promoting activities. In terms of family monthly income, Anayan & Penuela (2021) cited that students with higher family income tend to utilize more adaptive coping strategies, such as problem-solving and seeking support.

Similarly, both year level and age demonstrate weak correlations, indicating that students' use of coping mechanisms does not vary significantly with their year level or age. This aligns with the findings of Ukoba et al. (2024), which suggest that while stressors may differ across age groups

and year levels, the coping strategies employed do not consistently reflect these variations. For example, younger students may face different challenges than their older counterparts, yet their coping mechanisms might remain similar. In contrast, Fitzgibbon and Murphy (2023) present a differing perspective, indicating that coping strategies among healthcare professional students do vary according to year level, age, gender, and geographical location. Their research suggests that these factors significantly influence the selection of coping mechanisms, with positive strategies associated with reduced stress and enhanced psychological well-being. This discrepancy underscores the complexity of coping behavior in academic settings, highlighting the need for further exploration into how these factors interact.

**Table 14**

*Relationship Between the Level of Coping Mechanism and Profile Variables of the Respondents*

Profile	Coping Mechanism						Overall Mean	
	Problem focused		Emotion focused		Meaning focused		$\chi^2$	Sig.
	$\chi^2$	Sig.	$\chi^2$	Sig.	$\chi^2$	Sig.		
Course	0.836	0.934	5.253	0.512	2.334	0.675	4.862	0.302
Primary source of educational support	2.419	0.659	4.264	0.641	1.911	0.752	3.149	0.533
Family type	6.358	0.174	6.529	0.367	4.034	0.401	5.857	0.210
Religion	7.628	0.267	3.863	0.920	2.969	0.813	8.770	0.187

The findings in Table 14 reveal that none of the selected profile variables—course, primary source of educational support, family type, and religion—show statistically significant relationships with the coping mechanisms employed by students, as indicated by the Chi-square test results. Specifically, the coping dimensions of problem-focused ( $\chi^2 = 0.836$ ,  $p = 0.934$ ), emotion-focused ( $\chi^2 = 5.253$ ,  $p = 0.512$ ), and meaning-focused coping ( $\chi^2 = 2.334$ ,  $p = 0.675$ ) do not significantly vary across different courses. Students across allied health disciplines exhibit a range of coping strategies that share similarities, despite variations in specific academic programs. This finding suggests that coping approaches may be consistent across different areas of study, possibly due to shared academic pressures or similar student experiences.

Furthermore, primary sources of educational support is also not significantly associated with the utilization of coping strategies. For example, the Chi-square values for problem-focused ( $\chi^2 = 2.419$ ,  $p = 0.659$ ), emotion-focused ( $\chi^2 = 4.264$ ,  $p = 0.641$ ), and meaning-focused coping ( $\chi^2 = 1.911$ ,  $p = 0.752$ ) indicate no significant differences, suggesting that students rely on similar coping mechanisms regardless of the sources of educational support.

Similarly, family type—whether students come from single-parent, nuclear, or extended families—did not show significant associations with coping mechanisms. The values across coping dimensions (problem-focused  $\chi^2 = 6.358$ ,  $p = 0.174$ ; emotion-focused  $\chi^2 = 6.529$ ,  $p = 0.367$ ; meaning-focused  $\chi^2 = 4.034$ ,  $p = 0.401$ ) suggest that the structure or dynamics of students' families do not have a substantial influence on how they manage stress or employ coping strategies. The findings oppose the study of Rahman & Paryontri (2023) citing that family

dynamics significantly influence adolescents' stress coping mechanisms. Emotional intelligence, stress levels, and religious maturity are crucial factors, highlighting that the structure of dysfunctional families impacts how adolescents manage stress and employ various coping strategies. The study of Sánchez-Romero et al. (2020) emphasizing that that family dynamics do influence children's coping strategies, as 24.5% of stressors arise from problems at home. Additionally, the lifestyle outside school, including time spent away from home, affects their ability to manage stress effectively.

Finally, religion of the student was also found to have no significant association with the overall mean of coping mechanisms ( $\chi^2 = 8.770$ ,  $p = 0.187$ ), the lack of significant associations across individual coping dimensions suggests that religious affiliation does not distinctly impact the coping strategies used. The findings of the study oppose the study of Samuel & Kannappan, (2011) citing that many allied health students rely on religious beliefs to relieve stress and maintain hope, while others may lose faith and seek alternative coping strategies, highlighting the complex relationship between religion and coping mechanisms. Although prior studies have highlighted the role of religiosity in resilience, this finding indicates that the coping mechanisms employed may be shaped by factors beyond religious identity, possibly reflecting a blend of personal belief systems and social influences.

**Table 15**

*Relationship Between the Level of Resilience and Level of Coping Mechanism of the Respondents*

Resilience	Coping Mechanism						Overall Mean	
	Problem focused		Emotion focused		Meaning focused		r	Sig.
	r	Sig.	r	Sig.	r	Sig.		
Mindset/ Self-efficacy	.512**	0.000	.489**	0.000	.457**	0.000		
Social support	.326**	0.000	.362**	0.000	.256**	0.000		
Faith/spirituality	.237**	0.000	.396**	0.000	.221**	0.000		
Parental expectations	.199**	0.000	.265**	0.000	.161**	0.003		
Overall Mean							.531**	0.000

\*\**. Correlation is significant at the 0.01 level (2-tailed).*

The resilience dimension of *Mindset/Self-efficacy* demonstrates robust positive correlations with all coping strategies: problem-focused ( $r = 0.512$ ,  $p < 0.01$ ), emotion-focused ( $r = 0.489$ ,  $p < 0.01$ ), and meaning-focused coping ( $r = 0.457$ ,  $p < 0.01$ ). This implies that students who possess a strong sense of self-efficacy and a resilient mindset are inclined to utilize a wide range of coping mechanisms effectively. Research supports the notion that self-efficacy is integral to resilience, as it empowers students to perceive challenges as manageable opportunities, thereby bolstering their capacity to cope (Riswantyo & Lidiawati, 2021).

Moreover, the strong correlations in this dimension emphasize that self-efficacy enhances students' abilities to address stress proactively, maintain emotional engagement, and extract meaningful insights from difficult situations. Additional research suggests that a positive stress mindset mediates the connection between self-efficacy and coping styles, meaning that students with higher self-efficacy are not only more resilient but also more likely to adopt adaptive coping mechanisms, reinforcing their psychological well-being (Subhasree et al., 2023). These findings underscore the critical role of self-efficacy in fostering resilience and adaptive coping strategies in academic environments.

The Social Support dimension of resilience similarly exhibits positive correlations with all types of coping strategies: problem-focused ( $r = 0.326, p < 0.01$ ), emotion-focused ( $r = 0.362, p < 0.01$ ), and meaning-focused ( $r = 0.256, p < 0.01$ ). This alignment with previous research highlights the significant role of social support in strengthening resilience. For instance, the study by Cao et al. (2024) underscores how social support positively influences psychological resilience, with mature coping styles acting as significant mediators in this relationship. The findings suggest that students with strong social networks are more likely to engage in adaptive coping, whereas immature coping styles are associated with reduced resilience and social support, a trend particularly relevant among allied health students.

Supporting this, El-Awaisi et al. (2024) noted that health profession students often sought psychosocial support as a means of enhancing resilience, especially during times of heightened stress, such as the pandemic. Their study found that engaging in social and community activities not only mitigated stress but also fortified coping strategies, reinforcing the notion that strong social connections are essential to resilience. These insights imply that students who feel supported by their social environment are better equipped to employ a range of coping mechanisms, highlighting the valuable role of social bonds in fostering adaptive coping skills.

The *Faith/Spirituality* dimension also shows positive correlations with all coping mechanisms—problem-focused ( $r = 0.237, p < 0.01$ ), emotion-focused ( $r = 0.396, p < 0.01$ ), and meaning-focused ( $r = 0.221, p < 0.01$ )—indicating that students who rely on faith and spirituality are likely to engage in a range of coping strategies, particularly those that aid in processing emotional stress. This aligns with findings by Bhugra et al. (2022), which highlight how spirituality and faith act as essential resources for managing adverse life events, suggesting that allied health students may bolster their resilience through spiritual practices, ultimately leading to enhanced mental and emotional well-being.

Furthermore, Sari and Sutarto (2023) emphasize that spiritual coping strategies, such as positive thinking, proactive behaviors, and hopeful outlooks, are highly effective in increasing resilience among students facing academic stress, reinforcing the strong link between faith-based coping and effective resilience strategies in allied health learners. This is consistent with Reutter (2014), who posits that spirituality serves as a resiliency factor, partially mediating the impact of perceived stress on psychological health. Reutter's work suggests that spirituality may buffer stress by providing psychological support and promoting well-being, thereby enhancing coping skills.

Together, these findings imply that spiritual beliefs not only offer comfort but also lay a foundation for effective coping strategies. For allied health learners, spiritual beliefs may provide a sense of peace and resilience that enables them to withstand and adapt to adversity, highlighting the value of faith and spirituality as a powerful internal resource for coping.

Parental Expectations shows weaker but still significant positive correlations across all coping mechanisms—problem-focused ( $r = 0.199$ ,  $p < 0.01$ ), emotion-focused ( $r = 0.265$ ,  $p < 0.01$ ), and meaning-focused ( $r = 0.161$ ,  $p = 0.003$ ). These findings support the study of Song et al. (2023) suggesting that students with supportive parental backgrounds exhibit higher resilience levels, which correlates with more effective coping strategies. Although the association is less pronounced than for other resilience dimensions, it still indicates that students with strong parental expectations engage in multiple coping strategies, possibly reflecting a motivation to meet familial expectations through positive coping.

The analysis reveals a strong positive association between overall resilience and coping mechanisms (overall mean  $r = 0.531$ ,  $p < 0.01$ ), suggesting that students with higher resilience levels are more likely to employ a diverse range of coping strategies. This result aligns with the findings of Delany et al. (2015), which indicate that resilient allied health learners are better equipped to utilize coping strategies effectively. By enhancing their self-efficacy and cognitive control, resilient students manage clinical learning stressors more successfully, contributing to a more positive learning experience.

Furthermore, the study by Madhumitha and Archana (2021) supports these findings, noting that higher resilience among allied health learners correlates with a more effective use of coping strategies. They also emphasize that students with moderate resilience may struggle to manage stress effectively, underlining the importance of teaching adaptive coping mechanisms to bolster resilience and support academic success. This highlights the potential benefit of resilience-building initiatives for students, equipping them with essential tools to handle academic pressures and improve overall performance.

Fullerton et al. (2021) also contributes to this perspective, emphasizing that higher resilience is positively associated with adaptive coping strategies such as positive thinking, problem-focused coping, and support-seeking, while inversely related to avoidant coping. This suggests that resilient students not only confront challenges head-on but are more likely to utilize constructive coping strategies that promote personal growth and stress reduction.

Together, these findings imply that fostering resilience among students can be instrumental in enhancing their adaptive coping abilities. By building resilience, institutions may empower students to better navigate academic and personal stressors, ultimately contributing to improved well-being and success across various domains.

## **CONCLUSIONS**

Based on the result of the study, the following conclusions are drawn, majority of the respondents are first-year BS Nursing students, female students, and a strong reliance on parental support, Roman Catholic. Additionally, most students fall within the typical college age range, are predominantly single, and mostly eldest among siblings. The findings demonstrated that resilience is a vital asset for allied health learners as evidenced by high level of self-efficacy and reliance on social support, faith, and parental expectations highlight the multidimensional nature of resilience. Allied health learners' high level of reliance on effective coping mechanisms emphasizes the necessity of supporting these strategies to prevent burnout and enhance academic success. The analysis reveals significant correlations between various demographic factors and resilience, particularly regarding sex, year level, birth order, number of memberships in organization and their course which indicates that resilience is influenced by both personal and contextual factors, highlighting the importance of tailoring support mechanisms to meet the diverse needs of students across different allied health programs. There is significant correlation between sex and emotion-focused coping strategies with male students more frequently employing these methods. There are significant positive correlations between resilience and various coping mechanisms reinforce the importance of developing adaptive strategies to foster resilience among students. The proposed action plan outlines a comprehensive strategy to bolster resilience among allied health learners in private higher education institution, emphasizing the integration of effective coping strategies, self-efficacy development, and enhanced social and spiritual support.

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