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College Students' Wellness Status and Coping Mechanisms during the COVID-19 Pandemic: Toward Responsive Counseling Interventions

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ABSTRACT: Intensively disrupting higher education, the COVID-19 pandemic had undeniably affected college students' overall well-being. Consequently, there was a need for effective coping strategies for them to manage the unprecedented academic and psychosocial struggles they faced. This study examined the wellness status and perceived coping mechanisms of college students during the pandemic. Utilizing a descriptive-correlational research design, data were collected from 404 allied-health and non-allied health students enrolled in selected academic programs of a private university in Makati City. The study used a validated researcher-made Wellness Status Questionnaire and an adapted version of Carver's Brief Coping Orientation to Problems Experienced (Brief COPE) Inventory. Results showed that participants generally exhibited a moderate level of wellness, with mental wellness obtaining the highest mean, followed by emotional and physical wellness. Generally, the students sometimes experienced positive wellness behaviors across the three domains. As regards coping mechanisms, they usually employed coping strategies to a medium amount, with problem-focused coping appearing as the most frequently utilized orientation, followed by emotion-focused coping, whereas avoidant or less useful coping strategies were normally practiced only to a little extent. Students predominantly relied on adaptive coping strategies while maintaining satisfactory levels of wellness despite the challenges brought about by the pandemic. Counseling interventions are empirically designed to strengthen the students' adaptive coping skills, promote their holistic wellness, and enhance their resilience during periods of crisis and transition.

1. INTRODUCTION

Globally, the COVID-19 pandemic resulted in incomparable and unprecedented disruptions to higher education. It basically changed how students learned, interacted, and managed their daily lives. In the Philippines, the sudden suspension of in-person classes, implementation of community lockdowns, prolonged physical and social isolation, and transition to online mode of learning created considerable and magnified academic, psychological, and social struggles for college students.

Aside from threat to physical health, the pandemic affected practically every aspect of students' well-being—their emotional disposition, mental stability, social connection, and lifestyle behaviors. As universities had a difficulty to maintain academic continuity while ensuring students' safety, issues about student wellness had become as a similarly significant priority requiring investigation and intervention. Recent studies consistently show that university students experienced high levels of stress, anxiety, depression, isolation, sleep troubles, lessened physical activity, and reduced general well-being during the pandemic

(Nair & Otaki, 2021; Ramón-Arbués et al., 2020). Thus, there was a need for colleges and universities to strengthen not only student support services but also mental health programs.

Historically, the term "wellness" was coined by Dr. Halbert L. Dunn in 1961, and eventually enriched by Dr. Bill Hettler, who articulated the six-dimension wellness model, stressing the interconnected nature of physical, emotional, spiritual, intellectual, environmental, and social wellness. The model also motivates people to pursue uplifting ideologies and meaningful pursuits that integrate all aspects of their health (Global Wellness Institute, 2023; Oliver, Baldwin, & Datta, 2018 as cited in Hung et al., 2023).

Considered a multi-aspect concept, wellness extends beyond the absence of illness—physical or otherwise. As defined by Eriksson et al. (2024), wellness is "a holistic and comprehensive multidimensional concept represented on a continuum of being well, that goes beyond health." Also, it is a dynamic process through which people actively pursue optimal functioning across several interconnected domains, including physical, emotional, mental, social, occupational, and spiritual dimensions. Corbin and Pangrazi (2001), on the other hand, define wellness as "a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being."

Therefore, instead of directing the focus only on disease prevention, wellness puts at the core the development of healthy behaviors, improvement of adaptive functioning, promotion of resilience, and strengthening of personal growth. This holistic perspective is specifically important in academic settings where students experience several developmental, academic, and psychosocial burdens that affect their general quality of life and academic success. Accordingly, promoting student wellness has become an essential component of higher education policies aimed at upholding both academic feat and lifelong well-being. The multidimensional framework of wellness as espoused by Eriksson et al. (2024) and Corbin and Pangrazi (2001) represents the three interrelated domains—physical, mental, and emotional wellness—that largely impact students' ability to adapt in times of crisis.

According to Hung et al. (2023), physical wellness is defined as the "state of overall health and well-being that is achieved through regular exercise, proper nutrition, adequate sleep, and avoiding harmful habits." Hence, it encompasses behaviors and physiological conditions that promote bodily health, including adequate sleep, balanced nutrition, regular physical activity, and the absence of debilitating physical symptoms. During the COVID-19 pandemic, mobility limitations and extended home confinement greatly modified students' routines, resulting in diminished physical activity, increased sedentary behavior, disrupted sleeping patterns, and unhealthy dietary habits.

Meanwhile, mental wellness refers to an individual's ability to think clearly, process information effectively, solve problems, maintain concentration, learn continuously, and adapt cognitively to changing circumstances. Global Wellness Institute (2023) states that mental wellness is "an internal resource that helps individuals think, feel, connect, and function; it is an active process that helps them build resilience, grow, and flourish." It is a positive state of emotional, psychological, and social health, characterized by a sense of contentment, resilience, and the ability to effectively cope with life's challenges and encompasses positive emotions, a sense of purpose, and the capacity to engage in fulfilling relationships and activities (Gautam et al., 2024).

For college students, mental wellness also involves sustaining motivation, maintaining academic engagement, making informed decisions, and effectively managing scholastic responsibilities during uncertain times. The shift to online mode of learning required students to quickly possess digital skills, independent study skills, and self-regulation. While some successfully adapted to the new learning demands, others experienced cognitive overload, lessened enthusiasm, learning fatigue, and diminished academic confidence.

Equally important is emotional wellness, which pertains to individuals' capacity to recognize, understand, regulate, and appropriately express their emotions while maintaining psychological resilience amidst stressful experiences (Yang et al., 2024; Albaum et al., 2021). It is considered one of the strongest antidotes to life imbalance. Emotional wellness enables individuals to cope with uncertainty, manage anxiety, sustain optimism, and cultivate positive interpersonal relationships despite adversity. It is an established fact that during the COVID-19 pandemic consistently reported elevated levels of anxiety, depression, fear, uncertainty, loneliness, and emotional exhaustion among university students across different countries.

While the negative effects of the COVID-19 pandemic on college students' physical, mental, and emotional well-being have been at length documented, studies have shown that they do not respond similarly to stressful life events (Iqra, 2024; Barbayannis et al., 2022; Deng et al., 2022). Individual differences in coping behaviors substantially influence how students

perceive stressors, regulate emotions, maintain psychological functioning, and preserve the totality of wellness. Thus, determining students' coping mechanisms has become an essential area of inquiry in counseling, psychology, and higher education because coping strategies may either buffer or exacerbate the negative consequences of stressful experiences. Rather than viewing students as passive recipients of pandemic-related adversities, present-day studies stress their proactive role in choosing cognitive, emotional, and behavioral responses that facilitate adjustment to unprecedented circumstances (Wang, 2024; Di Pietro, 2023).

One of the most widely used frameworks for understanding coping behaviors is Charles S. Carver's Coping Orientations to Problems Experienced (Brief COPE) Inventory. Developed from the transactional model of stress and coping proposed by Lazarus and Folkman (1984), the COPE theorizes coping as a multidimensional process that involves definite behavioral and cognitive reactions to stressful life events. According to Lazarus and Folkman (1984 as cited in Tang et al., 2021), coping consists of "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). The Brief COPE consists of 28 coping strategies that are commonly grouped into two broader orientations: problem-focused coping and emotion-focused coping (Carver, 1997). A few argued that these distinctions are too simple and further classified coping as dysfunctional (avoidant or less useful coping), problem-focused coping, and emotion-focused coping (Carver et al., 1989; Cooper et al., 2008).

Problem-focused coping includes active coping, planning, and seeking instrumental support to directly address the source of stress. Meanwhile, emotion-focused coping involves acceptance, positive reframing, emotional support, humor, religion, and other strategies that regulate emotional responses to stress. In contrast, dysfunctional coping, or sometimes called avoidant or less useful coping, includes behavioral disengagement, denial, self-distraction, substance use, and self-blame, which usually decrease suffering momentarily without resolving the underlying problem. Because of its sound psychometric properties and extensive application across diverse populations, the Brief COPE remains one of the most frequently utilized instruments for assessing coping behaviors in health, psychology, and educational research (Carver, 1997; Eisenberg et al., 2012).

Empirical studies conducted during the COVID-19 pandemic consistently demonstrated that students relied on multiple coping orientations to manage academic disruptions, uncertainty, and social isolation (Waterhouse & Samra, 2026; Wang et al., 2025; Dost, 2025). Adaptive strategies such as problem-solving, planning, positive reframing, acceptance, and seeking emotional or informational support were generally associated with lower levels of anxiety, depression, and perceived stress, as well as higher levels of resilience and psychological well-being (Puchalska-Wasyl, 2025; Shvay et al., 2025; Mondragon et al., 2025). Conversely, maladaptive or avoidant coping strategies—including denial, behavioral disengagement, self-blame, and substance use—were associated with poorer mental health outcomes, greater emotional distress, and diminished life satisfaction (Makarus et al., 2025; Ahmead et al., 2024). In addition, some studies say that coping serves as an important mechanism through which stressful situations affect students' overall health and functioning, emphasizing the importance of knowing the specific coping patterns employed by university students during public health emergencies (Chaman & Shaheen, 2024; Halim et al., 2024; Bhochhibhoya et al., 2024; Samuolis et al., 2023). Thus, coping mechanisms should not merely be viewed as reactions to stress but as significant determinants of students' wellness status and adaptive functioning (Fluharty et al., 2021; Pandya & Lodha, 2022).

The present study is anchored on Schlossberg's Transition Theory, which explains how individuals adapt to significant life transitions and unexpected events. Schlossberg (1981, 2011) argued that successful adaptation depends not merely on the occurrence of a transition but on how individuals perceive the transition and utilize available resources to manage it. Her widely acclaimed 4S System—Situation, Self, Support, and Strategies—explains that adjustment is affected by the characteristics of the transition itself, the individual's personal attributes, the availability of social support, and the coping strategies employed throughout the adaptation process. The COVID-19 pandemic represents a major nonnormative transition that required students to adjust simultaneously to changes in educational delivery, family dynamics, financial conditions, health concerns, and social interactions. Applying Schlossberg's framework enables the present study to examine coping mechanisms as adaptive strategies that facilitate students' successful transition during an unprecedented global crisis while recognizing that wellness outcomes are shaped by both personal and environmental factors.

Despite the growing body of literature on student wellness and coping during the COVID-19 pandemic, several gaps remain. Many studies recommend strengthening mental health services. However, relatively few have translated empirical findings into counseling interventions specifically designed to address students' multidimensional wellness and coping needs within higher education settings. This is essentially significant because counseling interventions become more effective when grounded on

empirical evidence regarding students' wellness conditions and preferred coping strategies. To determine whether students principally use adaptive or maladaptive coping orientations and determining how these coping patterns relate to their physical, mental, and emotional wellness may provide valuable insights for designing responsive counseling programs for university students. Similarly, such empirical data may lead higher education institutions in developing holistic wellness programs that respond to future crises and promote students' long-term resilience, healthy adaptation, and overall well-being.

Specifically, this study examined students' wellness status and their coping mechanisms during the COVID-19 pandemic across three interrelated domains—physical, mental, and emotional wellness—and identified the coping strategies they employed based on Carver' (1997) coping orientations, namely problem-focused coping, emotion-focused coping, and avoidant or less useful coping. In simultaneously determining these constructs, the study sought to provide a more extensive understanding of how college students maintained their well-being while exploring one of the most disruptive events in modern education history. Counselling interventions are also proposed based on the findings.

2. MATERIALS AND METHODS

2.1 Research Design

The study employed a descriptive-correlational quantitative research design to assess the wellness status and coping mechanisms of college students during the COVID-19 pandemic. The descriptive aspect was used to determine the students' level of physical, emotional, and mental wellness, as well as the extent to which they employed problem-focused, emotion-focused, and avoidant or less useful coping mechanisms. The correlational component examined the relationship between the students' overall wellness status and their coping mechanisms. The study also determined whether students' wellness differed according to gender, academic program, and year level. As the study sought to describe the participants' existing conditions and coping responses without manipulating any variable, the findings were subsequently used as the basis for proposing a counseling intervention responsive to the identified wellness and coping needs of the students.

2.2 Participants and Sampling

The participants were college students enrolled in different allied-health and non-allied-health programs at Centro Escolar University-Makati during the first semester of Academic Year 2020–2021. The population frame consisted of 2,659 enrolled university students. Eligible students were invited to participate through an online survey, and 404 complete and usable responses were successfully retrieved and included in the analysis. Participation was voluntary, and only students who provided informed consent and completed the questionnaire were included in the study.

The participants came from different year levels, from first year to sixth year, including students with irregular academic standing. The inclusion of students from various programs and year levels enabled the researchers to obtain a broader representation of the wellness experiences and coping responses of CEU–Makati students during the pandemic. However, because participation depended on students' willingness and accessibility to the online questionnaire, the study employed a voluntary-response or convenience sampling approach.

Table 1. Demographic Profile of the Participants

Demographic Profile	**f**	**%**
Gender	**f**	**%**
Male	69	17.1
Female	328	81.2
Preferred Not to Say	7	1.7
Total	**404**	**100**
Courses	**f**	**%**
Psychology	90	22.3

Pharmacy	49	12.1
Doctor of Dental Medicine	133	32.9
Nursing	50	12.4
Medical Technology	24	5.9
Computer Science and Information Technology	26	6.4
Accountancy and Management	21	5.2
Hospitality Management	11	2.7
Total	**404**	**100**
Year Level	**f**	**%**
First Year	170	42.1
Second Year	112	27.7
Third Year	84	20.8
Fourth Year	15	3.7
Fifth Year	5	1.2
Sixth Year	8	2.0
Irregular	10	2.5
Total	**404**	**100**

2.3 Instruments

Wellness Status Questionnaire

The first part gathered information regarding the participants' gender, academic program, and year level. These variables were used to describe the sample and determine whether students' wellness differed across demographic groups.

The second part consisted of a researcher-made wellness questionnaire developed to assess the participants' physical, emotional, and mental wellness during the COVID-19 pandemic. The questionnaire underwent validation by qualified experts to determine the relevance, clarity, appropriateness, and alignment of the items with the dimensions being measured with a Cronbach's alpha of 0.82, showing strong reliability. Suggestions provided during the validation process were incorporated before the instrument was administered. The participants responded to the wellness items using a five-point frequency scale: 4.21 – 5.00 (Almost Always), 3.41 – 4.20 (Sometimes), 2.61 – 3.40 (Every Once in a While), 1.81 – 2.60 (Rarely), and 1.00 – 1.80, (Never).

Carver's Brief COPE Inventory

The second part assessed the participants' coping mechanisms based on Carver's coping orientations. The items represented three broad categories: problem-focused coping, emotion-focused coping, and avoidant or less useful coping. The coping items were contextualized to reflect the experiences of students during the pandemic and were subjected to expert validation before administration. Responses were recorded using a four-point utilization scale: 3.26-4.00 (High Utilization), 2.51-3.25 (Moderate Utilization), 1.76-2.50 (Low Utilization), and 1.00-1.75, (Very Low Utilization).

2.4 Data Collection

Prior to data collection, the researchers secured approval from the Ethics Committee of Centro Escolar University–Manila. Permission to conduct the study and distribute the questionnaire among CEU–Makati students was also obtained from the appropriate university authorities.

The validated questionnaire was converted into an electronic format using Google Forms because face-to-face data collection was restricted during the COVID-19 pandemic. The online form contained an introductory section explaining the nature, objectives, procedures, potential benefits, voluntary nature, and confidentiality provisions of the study. An electronic informed-consent statement was presented before the questionnaire, and only students who indicated their consent were permitted to proceed.

The survey link was distributed electronically to eligible students from the different academic programs. Participants completed the questionnaire at their preferred time and location using an internet-enabled device. The researchers monitored the submission of responses and reviewed the retrieved forms for completeness. From the population frame of 2,659 students, 404 complete responses were retained for statistical analysis.

2.5 Data Analysis

The collected data were encoded, organized, and analyzed using appropriate descriptive and inferential statistical tools such as (1) frequency and percentage to describe the participants according to gender, academic program, and year level, (2) mean and standard deviation to determine the students' wellness status and their coping mechanisms, (3) Pearson's product-moment correlation coefficient to determine the relationship between the students' overall wellness status and their utilization of problem-focused, emotion-focused, and avoidant or less useful coping mechanisms, (4) one-way analysis of variance (ANOVA) to determine whether the students' physical, emotional, mental, and overall wellness differed significantly according to gender, academic program, and year level.

3. RESULTS

1. Overall Wellness Status of the Students during the Pandemic

Table 2. Level of Overall Wellness Status of the Students

Overall Wellness Status	Mean	SD	VI
Physical Wellness	3.44	1.19	Sometimes
Emotional Wellness	3.48	1.04	Sometimes
Mental Wellness	3.74	1.05	Sometimes
Total	3.55	1.11	Sometimes

Table 2 presents the overall wellness status of the students across physical, emotional, and mental dimensions. The participants obtained an overall mean of 3.55 (SD=1.11), interpreted as "Sometimes." Mental wellness recorded the highest mean (M=3.74, SD=1.05), followed by emotional wellness (M=3.48, SD=1.04) and physical wellness (M=3.44, SD=1.19). All three dimensions were similarly interpreted as "Sometimes."

This indicates that the students experienced or demonstrated the signs of physical, emotional, and mental wellness with moderate or inconsistent frequency during the pandemic. Thus, absence of wellness during such a stormy time in the history of education is a myth. However, the result reveals a condition in which positive wellness behaviors, deeds, and activities were present but were not consistently sustained. The relatively large overall standard deviation also suggests considerable variation among the students, with some reporting favorable wellness conditions and others experiencing more substantial difficulties.

Table 3. Level of Physical Wellness Status of the Student-Participants

Physical Wellness Status	Mean	SD	VI
I do not feel nervous.	3.22	0.98	Every Once in a While
I do not feel pain in some parts of my body pain/chest pain/stomach and the likes.	3.11	1.15	Every Once in a While

It is easy for me to breathe.	4.30	1.02	Almost Always
I do not feel nauseous.	3.35	1.41	Every Once in a While
I have a healthy eating habit.	3.53	1.05	Sometimes
I find time to exercise/stretch.	3.34	1.11	Every Once in a While
I spend enough time sleeping.	3.25	1.17	Every Once in a While
Total	3.44	1.19	Sometimes

For physical wellness, students registered an average mean of 3.44 with a standard deviation of 1.19, falling under "Sometimes." Hence, they underwent healthy physical functioning and health-promoting practices but not consistently done. The highest-rated indicator was "It is easy for me to breathe" with a mean of 4.30, interpreted as "Almost Always." Thus, most of them usually did not feel constant breathing difficulty, which may entail that severe physical signs were rare among the student-participants.

However, other physical wellness indicators received lower ratings. Healthy eating habits had a mean of 3.53, while exercise or stretching obtained 3.34, sufficient sleep obtained 3.25, absence of nervousness obtained 3.22, absence of bodily pain obtained 3.11, and absence of nausea obtained 3.35. Although the students were generally free from serious respiratory difficulty, they encountered inconsistencies in sleep, exercise, nutrition, nervousness, and some physical manifestations of stress.

Table 4. Level of Emotional Wellness Status of the Student-Participants

Emotional Wellness Status	Mean	SD	VI
I can handle my emotions well.	3.44	1.01	Sometimes
l can identify the range of my emotions in an acceptable way.	3.60	1.00	Sometimes
I do not get easily worried over minimal changes in my current situation.	3.18	1.03	Every Once in a While
I am happy with my current situation.	3.42	1.14	Sometimes
l can express all ranges of my emotions in an acceptable way.	3.59	0.95	Sometimes
I feel I am motivated to continue my goals.	3.71	1.02	Sometimes
Due to the current times, I can adapt to my tasks online.	3.45	1.02	Sometimes
Total	**3.48**	**1.04**	**Sometimes**

Similar with physical wellness, emotional wellness received an overall mean of 3.48 (SD=1.04), translated as "Sometimes." This could mean that student-participants were moderately able to identify, express, and control their emotions, remain motivated, adapt to online and digital activities related to learning, and experience satisfaction with their situation. Nonetheless, these capacities were not consistently shown across circumstances.

The highest-rated emotional wellness indicator was "I feel I am motivated to continue my goals" with 3.71 mean. This was followed by the ability to identify emotions acceptably (M=3.60) and express a range of emotions acceptably (M=3.59). Here, students maintained a relatively average mark of goal orientation and emotional awareness despite the disruptions caused by the pandemic.

The lowest emotional wellness indicator was "I do not get easily worried over minimal changes in my current situation," with a mean of 3.18, interpreted as "Every Once in a While," signifying that students were vulnerable to worry when confronted with even reasonably minor changes. Happiness with the current situation also received a comparatively low mean of 3.42.

Although the students were motivated and could identify their emotions, they were not necessarily satisfied with the conditions under which they were studying and living.

Table 5. Level of Mental Wellness Status of the Student-Participants

Mental Wellness Status	Mean	SD	VI
I seek chances to learn practical skills while staying at home.	3.51	1.01	Sometimes
I search for learning opportunities and mentally stimulating activities.	3.47	1.02	Sometimes
I can focus on the mental aspect required to manage my own tasks.	3.48	0.99	Sometimes
I enjoy learning new things during this pandemic.	3.70	1.06	Sometimes
Before making decisions, I search for facts.	4.16	0.97	Sometimes
I keep myself informed about the current issues.	4.11	1.00	Sometimes
Total	**3.74**	**1.05**	**Sometimes**

Meanwhile, the data yields a mean of 3.74 (SD=1.05) for mental wellness, interpreted as "Sometimes." Although not consistently ideal, the student-participants displayed a fairly favorable capacity to remain mentally and rationally active, learn new things, seek information, and manage cognitively demanding activities during the pandemic.

The highest-rated mental wellness item was "Before making decisions, I search for facts," with a mean of 4.16, followed by "I keep myself informed about current issues," with a mean of 4.11. Drawing from the data, it bears stressing that students relied extremely on information-seeking and fact-checking when responding to uncertainty. On the other hand, enjoyment of learning new things received a mean of 3.70, while seeking practical skills, finding mentally stimulating activities, and sustaining focus yielded means between 3.47 to 3.51. With these results, college students exerted efforts to remain perceptually productive and fecund, despite issues on concentration and sustained engagement amidst period of uncertainties.

2. Perceived Coping Mechanisms of the Students during the Pandemic

Table 6. Overall Perceived Coping Mechanisms of the Students

Perceived Coping Mechanisms	Mean	SD	VI
Problem-Focused Coping Strategies	3.04	0.87	Moderate Utilization
Emotion-Focused Coping Strategies	2.66	1.04	Moderate Utilization
Avoidant and Less Useful Strategies	2.47	1.03	Low Utilization
Total	**2.76**	**1.01**	**Moderate Utilization**

With an overall mean of 2.76 (SD=1.01), the student-participants used different coping mechanisms to a moderate extent during the pandemic. Among the three coping orientations, problem-focused coping received the highest mean (M=3.04), followed by emotion-focused coping (M=2.66), while avoidant or less useful coping obtained the lowest mean (M=2.47). During pandemic, students generally preferred active and constructive responses over withdrawal, disengagement, or denial.

Table 7. Perceived Coping Mechanisms of the Students in terms of Problem-Focused Coping

Problem-Focused Coping	Mean	SD	VI
I consider my efforts on doing something about my problems.	3.05	0.81	Moderate Utilization
I take extra action to try to get rid of my own problem.	3.16	0.76	Moderate Utilization
I take immediate action to get to my problems.	3.02	0.78	Moderate Utilization
I do what needs to be done through a step-by-step manner to solve my problem.	3.13	0.81	Moderate Utilization
I usually make plans before taking action.	3.21	0.77	Moderate Utilization
I try to strategize things before taking an action.	3.23	0.76	Moderate Utilization
I think of alternatives in solving my problems.	3.24	0.78	Moderate Utilization
I ponder on the steps I need to take.	3.23	0.71	Moderate Utilization
I seek advice from my friends and/or families about what to do.	2.91	0.96	Moderate Utilization
I prefer to get information from my friends and/or families to find out more about the situation.	2.94	0.90	Moderate Utilization
I talk to someone who could give me specific advice about my problem.	2.87	0.99	Moderate Utilization
I ask my acquaintances on how they will handle the difficult situations.	2.52	1.02	Moderate Utilization
Total	**3.04**	**0.87**	**Moderate Utilization**

Obtaining a total mean of 3.04 (SD=0.87), problem-focused coping was moderately utilized. College students temperately used planning, direct action, problem analysis, alternative generation, and information-seeking to manage pandemic-related difficulties.

The highest-rated items were thinking of alternatives in solving problems (M=3.24), strategizing before taking action (M=3.23), pondering the steps to take (M=3.23), and making plans before taking action (M=3.21). With these findings, students were wont toward cognitive and perceptual planning and assessment than toward impulsive action as they attempted to understand their problems, take into consideration potential solutions, and move forward methodically. Wont

In comparison, the social and advice-seeking components of problem-focused coping received much lower means. Seeking advice from family or friends obtained 2.91, obtaining information from them received 2.94, talking to someone who could provide specific advice obtained 2.87, and asking acquaintances how they would handle difficult situations received 2.52. While these were interpreted as "moderate utilization," university students were more comfortable independently evaluating their difficulties than consulting other people.

Table 8. Perceived Coping Mechanisms of the Students in terms of Emotion-Focused Coping

Emotion-Focused Coping	Mean	SD	VI
I think my maturity as a person is a result of my experience.	3.46	0.72	High Utilization
I see my problems as an opportunity to change for the better.	3.32	3.32	High Utilization

I search for positivity in what is happening around me.	3.15	3.15	Moderate Utilization
I make it a point that I learn something from my experience.	3.44	0.69	High Utilization
In times of anxiety, I say to myself "this isn't real" and "this isn't happening."	2.24	0.96	Low Utilization
In times of trouble, I reject the idea that it has happened.	2.08	0.89	Low Utilization
When experiencing difficulty, I act that it hasn't really happened.	2.07	0.93	Low Utilization
When faced with struggle, I think as though it hasn't even happened.	2.02	0.91	Low Utilization
I share my feelings with friend/s and/or families.	2.61	0.97	Moderate Utilization
I seek emotional support with friend/s and/or a family member.	2.60	1.00	Moderate Utilization
I prefer talking to my friends and/or families when I am in pain.	2.43	1.04	Low Utilization
I talk to friends and/or families about how I feel.	2.49	1.01	Low Utilization
Total	**2.66**	**1.04**	**Moderate Utilization**

With a total mean of 2.66 (SD=1.04), emotion-focused coping was also moderately used by the college students, showing substantial variation within this coping orientation. Positive reinterpretation and personal growth were highly utilized, while denial and some forms of emotional support-seeking were used less often.

The highest-rated item was "I think my maturity as a person is a result of my experience" (M=3.46), followed by learning something from experience (M=3.44) and seeing problems as opportunities for positive change (M=3.32). While the students frequently utilized positive reframing by interpreting pandemic experiences as opportunities for learning, maturity, and personal improvement, denial-related items obtained low means ranging from 2.02 to 2.24. In general, student-participants did not respond to hardships by convincing themselves that the situation was unreal or had not happened. The low use of denial is encouraging because the persistence of denial may delay problem recognition and decrease engagement with appropriate support.

Emotional disclosure and support-seeking were less consistently practiced. Sharing feelings with family or friends received 2.61, seeking emotional support obtained 2.60, talking to others when in pain got 2.43, and discussing feelings yielded 2.49. As students were able to reinterpret experiences internally, they were less likely to openly communicate emotional pain. This is a reflection of stigma, fear of judgment, emotional privacy, or the belief that personal problems should be managed independently.

Table 9. Perceived Coping Mechanisms of the Students in terms of Avoidant and Less Useful Strategies

Avoidant and Less Useful Strategies	Mean	SD	VI
I admit to myself that I cannot hold my problems anymore.	2.66	1.01	Moderate Utilization
I simply give up trying to solve my problem.	1.94	0.87	Low Utilization
I attempt to let go in solving my problems.	2.07	0.84	Low Utilization
I do not exert much effort I'm putting into solving the problem.	1.89	0.82	Low Utilization

I turn to work or other substitute activities to take my mind off things.	3.12	0.83	Moderate Utilization
I daydream about things than solving my problems.	2.42	1.00	Low Utilization
I sleep more than usual so as not to think of my problems.	2.44	1.03	Low Utilization
I watch series/movies/music videos to think about my problem less.	3.23	0.91	Moderate Utilization
Total	2.47	1.03	**Low Utilization**

Being interpreted as "Low Utilization," avoidant and less useful strategies obtained a total mean of 2.47 (SD=1.03), showing that college students did not rely heavily on giving up, decreasing effort, too much sleeping, daydreaming, or other forms of disengagement. This is a positive result because avoidant strategies may provide short-term relief without addressing the causal and principal source of stress.

The lowest-rated strategies were not exerting effort to solve the problem (M=1.89), giving up (M=1.94), and attempting to let go of solving the problem (M=2.07). These findings show that majority of the students continued trying to manage their difficulties rather than entirely withdrawing from them.

Nevertheless, distraction-based behaviors were moderately utilized. Watching series, movies, or music videos to think less about problems obtained 3.23, while turning to work or substitute activities received 3.12. These approaches should not *ipso facto* be considered maladaptive or counterproductive. Short-term distraction can aid control overwhelming emotions and allow persons to recoup psychological, cognitive, and social battery. It becomes less useful when it replaces necessary problem-solving or is used excessively and disproportionately.

Sleeping more than usual to avoid thinking about problems and daydreaming instead of solving problems received low means of 2.44 and 2.42, respectively. The results indicate that passive avoidance was present among some students but was not the dominant coping pattern.

3. The Relationship Between the Students' Wellness Status and Their Perceived Coping Mechanisms

Table 10. The Relationship Between the Students' Wellness Status and Their Perceived Coping Mechanisms

Wellness Status	Coping Mechanisms	*r*	*p*	VI	Decision
Overall students' wellness	Problem-focused	.479	< .001	Moderate positive correlation	Significant
	Emotion-focused	.298	< .001	Weak positive correlation	Significant
	Avoidant/less useful	−.322	< .001	Weak negative correlation	Significant

The results revealed significant relationships between the students' wellness status and all three coping orientations. Overall wellness was moderately and positively related to problem-focused coping, $r(402) = .479$, $p < .001$. This means that college students who more frequently engaged in planning, active problem-solving, seeking information, and taking concrete action were inclined to report better physical, emotional, and mental wellness.

Overall wellness was also positively related to emotion-focused coping, although the relationship was weak, $r(402) = .298$, $p < .001$. Thus, strategies such as positive reframing, seeking emotional support, sharing feelings, and deriving personal growth from difficult experiences were associated with better wellness, but less strongly than problem-focused coping.

In contrast, avoidant or less useful coping exhibited a significant negative relationship with overall wellness, $r(402) = -.322$, $p < .001$. Students who more frequently disengaged from their problems, gave up attempting to resolve them, slept too much, or relied on distraction tended to have lower wellness scores.

Therefore, the null hypothesis stating that there is no significant relationship between students' wellness status and perceived coping mechanisms is rejected.

4. Differences in Students' Wellness Status When Grouped According to Demographic Profile

Table 11. Differences in Students' Wellness Status When Grouped According to Demographic Profile

Demographic	Wellness Dimension	*f*	*p*	η^2	Effect Size	Decision
Gender	Physical	3.314	.037	.016	Small	Significant
	Emotional	2.603	.075	.013	Small	Not significant
	Mental	0.820	.441	.004	Negligible	Not significant
	Overall wellness	2.673	.070	.013	Small	Not significant
Academic program	Physical	2.501	.016	.042	Small	Significant
	Emotional	1.401	.203	.024	Small	Not significant
	Mental	1.998	.054	.034	Small	Not significant
	Overall wellness	2.108	.042	.036	Small	Significant
Year level	Physical	2.879	.009	.042	Small	Significant
	Emotional	2.617	.017	.038	Small	Significant
	Mental	2.393	.028	.035	Small	Significant
	Overall wellness	3.537	.002	.051	Small	Significant

Table 11 shows the results of the Analysis of Variance (ANOVA) as regards the students' wellness status when grouped according to their demographic profile. Overall wellness did not significantly differ according to gender ($p = .070$), although a significant difference was observed specifically in physical wellness ($p = .037$, $\eta^2 = .016$). This suggests that gender may be associated with some variation in students' physical wellness but does not substantially distinguish their emotional, mental, or overall wellness. The limited gender effects are consistent with the view that pandemic stressors were widely experienced, although their manifestations could differ among groups.

Meanwhile, academic program exhibited significant differences in physical wellness ($p = .016$, $\eta^2 = .042$) and overall wellness ($p = .042$, $\eta^2 = .036$), indicating that college students from different academic courses may have experienced changing levels of wellness during the pandemic. These differences are a reflection of variations in school demands, learning activities, and program-specific academic experiences. In fact, health-related programs, for example, may involve laboratory work, clinical exposure, patient-contact requirements, and licensure-related expectations that were particularly difficult to reproduce online.

Computing, business, and hospitality programs may have faced different challenges involving technology access, practical training, group projects, and industry placement.

Year level showed the most consistent pattern, with significant differences observed in physical ($p = .009$, $\eta^2 = .042$), emotional ($p = .017$, $\eta^2 = .038$), mental ($p = .028$, $\eta^2 = .035$), and overall wellness ($p = .002$, $\eta^2 = .051$). Thus, students' wellness was a mix of experiences according to their stage of academic progression. Possibly, this is due to differences in adjustment, academic responsibilities, and developmental demands across year levels. Lower-year students may have faced adjustment to college, limited social integration, unfamiliar learning systems, and reduced opportunities to establish peer networks. Upper-year students, on the other hand, may have experienced concerns involving clinical training, internships, research requirements, graduation, licensure examinations, and employment.

Nevertheless, all significant differences yielded small effect sizes. This means that although demographic profile was statistically related with wellness, their practical influence was limited. In conclusion, students' wellness during the pandemic cannot be sufficiently explained by gender, academic program, or year level alone, as other individual, familial, academic, socioeconomic, and environmental factors may account for a greater proportion of the variation in wellness.

Implications for Counseling Interventions in Higher Education Institutions (HEIs)

The empirical findings of this study have implications for university-based wellness and counseling services. First, the adoption of a multidimensional approach of student wellness in counseling interventions is encouraged. The relatively stronger mental wellness observed in this study did not correspond to equally strong physical and emotional wellness. While scholastically engaged, informed, motivated, or cognitively productive, college students may still experience sleep difficulties, worry, physical distress, or emotional burden. Accordingly, being mere occupied in academic endeavors may not be enough as an essential element of student well-being.

Second, counseling activities may build on coping mechanisms that students already use effectively. The prevalence of problem-focused coping and positive reframing indicates existing strengths in planning, problem-solving, learning from experience, and finding meaning in hardship such as the pandemic. Counseling interventions may reinforce these capacities through problem-solving skills training, stress management, resilience-building activities, and psychoeducation.

Moreover, the comparatively lower use of advice-soliciting, emotional openness, and interpersonal support is a potentially essential gap revealed in the study. Therefore, counseling services should promote help-seeking literacy, normalize appropriate emotional disclosure, and provide accessible and confidential platforms for individual counseling, peer support, and small-group processing. The objective is not to replace students' self-dependence, but to balance it with the ability to look for assistance when personal coping resources are not enough.

Finally, the significant but small demographic differences indicate that counseling interventions should not be designed solely around gender, academic program, or year level. These profiles may help identify groups experiencing particular academic or developmental demands, but they should not trade for personal assessment. A mix of universal wellness programs, targeted interventions, and individualized counseling may therefore provide a more responsive approach to student support.

4. DISCUSSION

Based on the findings, college students maintained a moderate but inconsistent level of wellness during the COVID-19 pandemic. As a matter of fact, mental wellness emerged as the strongest dimension, next to emotional and physical wellness. Consequently, students were relatively able to sustain cognitive and perceptual engagement and information-searching despite disruptions in their physical routines and emotional stability. The aforecited results reveal the multifaceted nature of wellness, where functioning in one domain does not automatically mean comparable well-being in others. COVID-related studies have likewise shown that university students remained scholastically engaged while simultaneously experiencing anxiety, sleep instabilities, social seclusion, and abridged quality of life (Cleofas, 2021; Cleofas et al., 2023; Son et al., 2020). In the Philippine setting, Mantaring et al. (2023) similarly documented distress among university students arising from the effects of COVID-19 on teaching, learning, and everyday living, with sleep disturbance and avoidance of schoolwork among the commonly perceived responses to stress.

The relatively lower physical wellness scores, particularly in sleep, exercise, and bodily comfort, suggest that pandemic restrictions disrupted everyday health-promoting practices. In fact, De Los Santos et al. (2022) and Tan and Fangkingan-Faba-

an (2026), who reported associations between COVID-19-related fear, poor sleep quality, and irritability among Filipino nursing students, and with Son et al. (2020), who documented disturbances in sleep and daily routines among college students during the pandemic. Mantaring et al. (2023) likewise found sleep disturbance to be among the most frequently perceived effects of stress among Filipino university students during the pandemic. Emotional wellness similarly reflected both resilience and vulnerability. Students remained motivated to pursue their goals and demonstrated the ability to recognize and express emotions, yet they were more susceptible to worry and dissatisfaction with their circumstances. This pattern supports previous findings that resilience and meaning in life may help sustain student well-being amid adversity, even when emotional strain remains present (Rasheed et al., 2022; Cleofas et al., 2023). Moreover, Ly-Uson and de la Llana (2023) found that Filipino medical students expressed specific concerns regarding work-life balance, academic demands, finances, and perceived support for personal and health matters. This shows that student well-being is affected by several interrelated dimensions.

Mental wellness received the highest score, particularly in fact-seeking and staying informed. This may indicate that students relied on information and cognitive engagement as a means of managing uncertainty. Baloran (2020) similarly found that Filipino students demonstrated adequate knowledge and risk awareness concerning COVID-19 despite experiencing anxiety and difficulties with online learning. However, continued cognitive engagement should not be equated with complete well-being, as students may remain productive and informed while experiencing physical discomfort, sleep difficulties, worry, or emotional dissatisfaction. Chiong et al. (2025) mirrors this finding, stating that Filipino medical students exhibited varied levels of well-being across stages of education and coexist with academic demands and burnout.

In terms of coping, students generally favored adaptive strategies. This is similar with the university employees who simultaneously showed adaptive coping strategies and psychological resistance (Pilao et al., 2026). Problem-focused coping was the most frequently used, followed by emotion-focused coping, while avoidant and less useful strategies were least utilized. The preference for planning, considering alternatives, strategizing, and taking concrete action shows that they were inclined to confront problems rather than disengage from them. Consistent with this finding is Park et al. (2022), who found problem-solving to be a commonly used coping strategy among college students during the pandemic. Positive reframing and learning from experience were also prominent, indicating that students attempted to derive meaning, maturity, and personal growth from difficult circumstances. Such patterns are consistent with evidence that resilience and meaning-making may support psychological well-being during periods of crisis (Rasheed et al., 2022; Cleofas, 2021).

Despite these adaptive tendencies, students were less likely to seek advice, disclose emotional concerns, or rely on interpersonal support. This suggests that students may have been more comfortable independently analyzing their difficulties than openly seeking assistance from others. Physical distancing, privacy concerns, reluctance to burden family or friends, or a preference for self-reliance may have contributed to this pattern. Notably, Mantaring et al. (2023) found a considerable gap between the availability and awareness of institutional support services, with only 28% of surveyed students perceived to be aware of the process for receiving support for distress. Similarly, Ly-Uson and de la Llana (2023) identified perceived support for personal and health concerns as an important area affecting medical student well-being. The finding is important for counseling practice because adaptive coping involves not only independent problem-solving but also the capacity to seek appropriate social or professional support when needed.

The significant relationships between wellness and coping further reinforce the importance of coping orientation. Problem-focused coping showed the strongest positive association with wellness, while emotion-focused coping also demonstrated a positive, although weaker, relationship. In contrast, avoidant and less useful coping was negatively associated with wellness. These findings suggest that students who more frequently engaged in planning, problem-solving, positive reframing, and active responses tended to report better wellness, whereas greater reliance on disengagement and avoidance was associated with poorer wellness. However, because the study is correlational, these relationships should be interpreted as associations rather than evidence of causality.

Differences in wellness according to demographic characteristics were present but limited. Gender was associated only with physical wellness, while academic program was associated with physical and overall wellness. Year level showed the most consistent differences across all wellness dimensions, suggesting that students at different stages of their academic progression may have encountered distinct pandemic-related demands. Lower-year students may have faced adjustment and social integration concerns, whereas upper-year students may have experienced pressures involving clinical training, internships, research requirements, graduation, licensure, and employment. This pattern finds support in Chiong et al. (2025), who reported

variations in well-being and burnout across learning-unit levels among Filipino medical students and attributed some of these differences to heavier workloads, clinical responsibilities, and differences in educational experience. Nonetheless, all observed effect sizes were small, indicating that gender, academic program, and year level explained only a limited portion of the variation in wellness. Other personal, familial, academic, socioeconomic, and environmental factors may therefore have contributed substantially to students' experiences during the pandemic. This interpretation is consistent with Ly-Uson and de la Llana (2023), who identified work-life balance, academic demands, finances, and personal and health support as relevant dimensions of student well-being.

In general, the findings depict students as having meaningful adaptive resources during the pandemic, particularly in problem-solving, information-seeking, positive reframing, and persistence. At the same time, inconsistencies in physical and emotional wellness, together with relatively low interpersonal help-seeking, indicate areas where institutional support remains necessary. Evidence from Philippine wellness interventions further underscores the potential value of structured institutional programs. Argañosa and Binghay (2024) demonstrated the relevance of multidimensional wellness programming to physical, occupational, socio-emotional, intellectual, and spiritual wellness among Filipino workers, while Tan-Lim et al. (2022) reported that a structured resiliency and wellness program showed potential for promoting mental health and emotional wellness despite implementation challenges during the pandemic. Amalia et al. (2022) likewise demonstrated that a structured wellness program could improve adherence to physical exercise, highlighting the potential role of organized interventions in supporting health-promoting behavior. Taken together, these findings support the development of counseling interventions that strengthen existing adaptive coping strategies while also promoting emotional regulation, physical self-care, social support, and appropriate help-seeking.

5. CONCLUSION

College students demonstrated a moderate and fluctuating state of wellness during the COVID-19 pandemic, with mental wellness emerging as the relatively strongest dimension and physical wellness as the least consistently maintained. Despite the disruptions brought about by the pandemic, students remained motivated, cognitively engaged, and inclined toward information-seeking and fact-based decision-making. However, inconsistencies in physical routines and emotional functioning indicate that continued academic and cognitive engagement did not necessarily signify optimal overall wellness.

Students moderately utilized coping mechanisms, with problem-focused strategies being the most frequently employed, followed by emotion-focused strategies, while avoidant and less useful strategies were least utilized. Planning, problem-solving, positive reframing, and learning from difficult experiences emerged as important coping resources. Conversely, the comparatively lower utilization of interpersonal advice-seeking and emotional disclosure suggests an area requiring greater institutional and counselling support.

Wellness was significantly and positively associated with problem-focused and emotion-focused coping and negatively associated with avoidant and less useful coping. Demographic differences in wellness were also observed, particularly according to year level and academic program; however, the small effect sizes indicate that these characteristics explain only a limited proportion of the variation in student wellness.

In summary, students showed meaningful adaptive resources during the pandemic while simultaneously experiencing vulnerabilities in specific areas of wellness and help-seeking. University counseling interventions should therefore strengthen existing adaptive coping capacities while addressing physical self-care, emotional regulation, interpersonal support, and appropriate help-seeking.

6. RECOMMENDATIONS

Based on the findings, higher education institutions may strengthen comprehensive student wellness programs that integrate physical, emotional, and mental dimensions rather than focusing exclusively on psychological distress. Counseling services may incorporate structured activities on problem-solving, stress management, positive reframing, resilience, emotional regulation, sleep and self-care practices, and help-seeking. Particular attention may be directed toward making confidential professional counseling and peer-support mechanisms more visible and accessible, considering the comparatively lower utilization of interpersonal advice and emotional disclosure among the participants.

While academic program and year level may inform targeted programming, interventions should remain responsive to individual needs because the demographic differences observed in the study had only small effect sizes. Periodic wellness screening may therefore complement universal and group-based interventions by identifying students who require individualized support.

Future studies may examine wellness and coping using longitudinal or prospective designs to determine how these constructs change over time and across periods of crisis and recovery. Studies involving multiple institutions and more diverse student populations are also recommended to improve generalizability. Additional variables such as socioeconomic conditions, family support, academic stress, social support, resilience, and access to mental health services may be investigated to account for the variation in wellness not explained by the demographic characteristics examined in the present study. Because the present findings are correlational, future research may also employ multivariate or longitudinal analyses to clarify the direction and relative contribution of factors associated with student wellness.

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AUTHOR CONTRIBUTIONS

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ETHICS STATEMENT

Ethical approval was obtained from the Centro Escolar University Institutional Ethics Review Board (CEU IERB) before data collection commenced.

DATA AVAILABILITY STATEMENT

Research data are available upon request.

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