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The Relationship of COVID-19 Stress, Coping and Well-Being Among the Teaching Personnel of a Private University in Koronadal City

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ABSTRACT

In the world of academia, teachers are also on the front line during this time of the COVID-19 pandemic. This study aimed to determine the relationship of COVID-19 stress, coping and mental well-being in a private education institution. By utilizing the descriptive-correlational research design, the study was conducted to 94 respondents who were chosen using the stratified random sampling method. The results showed that the majority of the respondents were aged 20-29 years old (54.30%), female (63.80%), with units earned in Master's Degrees (43.60%), single (61.70%), have one to five years length of service (41.50%) and from the Senior High Department (26.60%). Furthermore, the respondents were moderately worried about COVID-19 stress in terms of perceived danger (M=2.31) and slightly worried as to xenophobia (M=1.41). They rarely experienced traumatic stress (M=1.00) and occasionally experienced compulsive checking (M=1.68). For the level of coping, respondents have good level of coping in terms of problem solving (M=3.36) and average level in avoidance coping (M=1.88). Also, respondents have a good level of mental well-being (M=3.10). Moreover, findings also showed that COVID 19 stress is not correlated to the mental well-being ($p>0.05$) of the respondents. On the other hand, the level of coping of the respondents is significantly correlated to their mental well-being ($p=0.01$). The correlation is positive, which suggest that increase on the level of coping of the respondents also enhanced their mental well-being.

Keywords: *Health, Teachers' COVID-19 Stress, Coping and Well-being, Descriptive-Correlational, Koronadal City*

INTRODUCTION

According to United National Educational and Scientific Cultural Organization (UNESCO), approximately around 180 countries joined the school closure last March 2020 to contain the infection brought by the COVID-19 virus. In response to the need of the learners to be educated despite the presence of the virus, the teachers were called to be the front line in delivering quality and safe distant classrooms. In an article written by Smiley (2020) at the University London College Institute of Education, five percent of the educators in England developed a long-term mental health issue in 2018, before the strike of COVID-19 pandemic. With the presence of COVID-19 contagion, a pronounced negative impact on regular life and mental health among teachers resulted in an increased occurrence of depression in China (Zhou et al., 2021).

In addition, considerable proportions of teachers in Asian countries are suffering from anxiety, depression, and stress than in the continents due to COVID-19 contagion (Ozamiz-Etxebarria et al., 2021).

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Moreover, in a study conducted on 1,069 teaching personnel in Mindanao, the result showed that Basic Education teachers in public schools have a high level of fear of COVID-19 and a moderate level of remote teaching burnout (Carrion et al., 2021). The fear of COVID-19 has a positive correlation with burnout.

Coping with stress and securing one's well-being is important. Examining stress and coping can improve teacher well-being and inculcate positive results in the student learning environment (Herman, 2020). Ignoring stress and depression among educators could progress to risky consequences that can distress teaching spaces in the future. It is recommended that educators must have the ability to manage stress and prevent depression (Orlanda-Ventayen & Ventayen, 2021).

The Republic Act 11036 Mental Health Act 2019 Chapter V Section 27 requires community-based mental health in academe to create a mental health program that caters promotion of mental health which includes establishing a mental health program and conducting mental health awareness, also, identifying and screening those at risk of severe mental health issues and provide a referral when necessary. Thus, this act calls for immediate intervention for Filipinos with mental health issues and strengthens the program available in various settings specifically in the education department.

With the COVID-19 virus lingering around, the researcher would like to have an in-depth and meaningful research study on how the teachers in a private school in Koronadal City perceived stress from the COVID-19 pandemic using the COVID stress scale, identify how they coped by utilizing the Brief Coping Orientation of Problematic Experienced (Brief COPE) and evaluate mental well-being through Shorten Warwick-Edinburgh Mental Well-being Scale (SWEMWBS). Specifically, to determine the relationships between COVID-19 stress and well-being, and between coping and well-being among the educator. The results will serve as the basis of future research studies about COVID-19 stress among educators, and recommend an enhancement of mental health programs for the teaching faculty.

Literature Review

COVID-19 Virus and Stress

The COVID-19 outbreak had an intense impact on the global academe system (Wang et al., 2020). School closure was recommended to limit the transmission of the virus (Askitas et al., 2020; Auger et al., 2020). Mass gatherings of students, teachers, and personnel were prohibited. Thus, 70% of the student's global population was affected by this contagion (UNESCO, 2020). To adapt to the needs of the situation, schools innovated and implemented different learning modalities (Lagat, 2021). Also, this unusual event steered educators to overwork and compulsorily adjust to the new setting. Many inquiries have been outstretched about the immediate and enduring effects of the COVID-19 pandemic on elementary education (Pozo-Rico et al., 2020).

According to Pajarianto (2020), overwhelming demands on existing education systems are extensive and have developed speedily and unpredictably. He also added, that studying from home requires teachers to deliver the educational service by demonstrating satisfactory care, assistance, and competence. However, not all teachers have computer facilities, android phones, internet networks, and the ability to work with wired learning software. In addition, teachers require training and workshops to truly comprehend online education services and deliver in a manner that learners could easily understand while they study at home. Teachers were challenged professionally and personally and had to thrive hard to cope to maintain mental well-being and keep sanity.

Anyone who serves humanity outside a medical setting also projects a vital part during an unprecedented event caused by COVID-19 contagion (Jecker et al., 2020). Teaching was shown to be one of the most worrying jobs, which made teachers susceptible to depression (Desouky & Allam, 2017). It is a physically and mentally challenging profession that uses a lot of energy in the daily work in the classroom in addition to personal and familial commitments, which are a continuous source of stress. This was proved

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by a study done to assess occupational stress across 26 jobs and found that teaching was one of the most stressful jobs (Zhou et al., 2021).

Research findings done by Rehman et al. (2021) found in India during the second week of the COVID lockdown in April 2020 indicate that students and health professionals need special attention because of their higher psychological distress. Teachers deal with students that are stressed by the COVID-19 situation. This was supported by the study of Zhou et al. (2021) that the outbreak of COVID-19 had a pronounced negative impact on regular life and mental health among teachers, resulting in an increased incidence of depression in China. Moreover, the impact of the COVID-19 pandemic on education between countries is worrying, and teachers suffering from anxiety, stress, or depression during the COVID-19 pandemic is considerable (Ozamiz-Etxebarria et al., 2021). A research study conducted in three cities in China during the pandemic evaluated the incidence of anxiety among teachers and found a prevalence of 13.67%, with women being more anxious than men and the older ones being more symptomatic (Li et al., 2020). Supporting research studies conducted in March 2020 by Zhou and Yao (2020) in China showed that the prevalence of stress symptoms in teachers was 9.1% and that it was substantial to provide care psychologically. While at the beginning of the outbreak in Spain, teachers reported having increased amounts of work, psychological problems, and fatigue (Prado-Gascó et al., 2020).

World Health Organization declared a pandemic and recommended measures to keep everyone safe. Although the intention is to reduce the spread of infection, this has caused a lot of anxiety in individuals. According to Taylor (2019), excessive-high health anxiety is characterized by undue anxiety or worries about one's health. It is also associated with high levels of functional impairment and high levels of healthcare utilization, even after controlling for physical comorbidities. In this study, respondents were assessed on how they perceived danger by checking how worried they are in terms of catching the virus, keeping their family safe, availability of health care system, availability of hygiene supplies, and if measures such as physical distancing could keep them safe. Schmidt et al. (2021) stated that perceived infection from the COVID virus is significantly associated with COVID-19-related behaviors, distress, and impairment. Coccia (2020) found out that countries with a prior high investment in healthcare, have the social and health structures for alleviating the fatality rate of COVID-19. This implies respondents' level of worry was affected by the health services available. Accessibility to medical care could ease respondents' worry.

The respondents were checked on how worried about the socio-economic consequences, particularly on how worried they were in terms of food and water supply, availability of grocery stores, cleaning and disinfecting supplies, and prescribed medicines. The lockdown gave a limitation on access to basic commodities. Thus, it stressed every individual. The shortage should be addressed with coordination, communication, and transparency at each of the levels, globally, nationally, and regionally. The study made by Mongin et al. (2022) identified that the socio-economic level of people was affected by COVID-19 infection because of their employment status, risk factor, and living in lower-income neighborhoods.

Xenophobia or fear of foreigners was also included in the COVID-19 stress. Teachers were asked how they perceive foreigners when they see them or come near them. However, in the study of Dhanani and Franz (2021), he noted that there was little evidence about how the COVID-19 pandemic is creating such prejudice towards foreigners or minority groups. However, a study conducted in Italy revealed that respondents' prejudices against immigrants were translated by a so-called cultural representation of cleanliness (Passini & Speltini, 2022). Furthermore, acquiring the virus from public spaces and surfaces, from the asymptomatic person, cash transactions, and mail are also included in the COVID – 19 stress assessment for teachers. They cannot avoid going to public places for their personal needs. In the report of Richardson (2022), there are one in 12 teachers is absent due to the COVID-19 infection in the United Kingdom. This place had already started opening the school but due to COVID-19 resurgences, several teachers need to isolate.

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The teachers in this study were evaluated on how this contagion affects their concentration, sleep, thoughts, and physical health. Recent readings have pointed out that during quarantine, educators have suffered stress from having to adjust to provide online curriculums (Besser et al., 2020). This stress has often been accompanied by symptoms of anxiety, depression, and sleep disturbance as a magnitude of the increased amount of work resulting from home teaching. In a study conducted by Harding (2019) where he associated the teacher's well-being and students' well-being and psychological need. He pointed out that pre-pandemic the increase in levels of teachers' depressive symptoms was associated with poorer student psychological distress and well-being. In an online cross-sectional survey, Zhou et al. (2021) found that 56.9% of teachers suffered from depression during the outbreak of COVID-19, and 16.1% suffered from moderate to severe depression, which required follow-up diagnosis and treatment. It also revealed that the depressive symptoms were significantly related to age, participation in epidemic prevention and control, parent-child relationship, opinions toward distant teaching and prolonged school closure, increased working intensity and time, sleep duration/day, physical exercise duration, spending time with family, attitude toward COVID-19, mental resilience and stress (Zhou et al., 2021). Boredom, loneliness, and anger are evident in patients with confirmed or suspected COVID-19 infection due to lockdown. They may experience fear of the consequences of an infection with a potentially serious new virus. In addition, indications of the contagion, such as fever, hypoxia, and cough, as well as adverse effects of treatment, such as insomnia caused by corticosteroids, could lead to worsening anxiety and mental distress. 2019-nCoV has been constantly described as a killer disease, which has propagated a sense of danger and uncertainty among frontline workers and the public. In the early phase of the SARS outbreak, a range of psychiatric morbidities, including persistent depression, anxiety, panic attacks, psychomotor excitement, psychotic symptoms, delirium, and even suicidality, were reported (Xiang et al., 2020). Compulsory contact tracing and 14 days of seclusion, which form part of public health responses to the 2019-nCoV pandemic, could increase patients' anxiety and guilt about the effects of contagion, quarantine, and humiliation on their families and friends. In addition, in the study conducted by Ismael et al. (2021), the COVID-19 contagion has a positive statistical association with the level of depressive symptoms, anxiety, and post-traumatic stress symptoms in a person with mild COVID-19 symptoms.

The COVID-19 Stress could have increased the compulsive checking behavior. Pandey (2020) claimed, that a person with previous anxiety had relapsed due to fear of C0VID-19 contagion. In one case, a middle-aged woman recovering from an obsessive-compulsive disorder (OCD) washed her hands and is back to square one rinsing her hands more than ever. In India, online mental wellness apps have seen a 30% increase in Indians calling in to converse about their anxiety related to the Covid-19 pandemic. With increasing cases and quarantine, they expect more calls to contribute to the anxiety-induced calls.

Coping among Teachers

The speedy adaptation to online learning, the blurred lines between work and home, and the universal concern for the health of family and oneself have produced high levels of stress. Teachers cope to live. This study with 94 respondents includes inquiry on how frequently they use different coping styles such as avoidance style in confronting the COVID-19 stress through the use of alcohol or drugs, blaming and criticizing themselves, diverting attention to some other activities/work to disremember, and giving up. Coping styles such as problem thinking, problem solving, and seeking social support were also evaluated. In the positive thinking, respondents were checked how often they accept, find something good, make fun of, and joked about their experience with COVID-19 infection. In the problem solving coping style, respondents were checked how respondents confront and take action against the contagion. Likewise, the seeking social support coping style includes assessing how's the habit of respondents in terms of finding comfort from religion and loved ones, and getting help, advice, and emotional support from the community.

In a study conducted by MacIntyre et al. (2020) on approximately 600 language teachers worldwide, active coping to first facing the crisis and attempting to confront it through activities such as

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reframing and seeking emotional support. In terms of psychosomatic health and well-being, coping techniques like active and approach-oriented including emotional coping are related to the more positive results. The use of avoidant-coping strategies is associated with undesirable psychological outcomes. The increased use of avoidant coping is associated with increasing levels of stress and a variety of negative emotions such as anxiety, anger, sadness, and loneliness. The outcome of the study revealed three main coping profiles categorized by different combinations of problem-focused and emotion-focused coping strategies. Teachers were using a variety of techniques to manage stress but some strategies are better than others.

A study was conducted by Wang et al. (2021) among 947 practicing Canadian teachers. They categorized teacher coping profiles into three, namely; most adaptive, problem–avoidant and social-withdrawal. The most adaptive person profile has high problem solving and seeking social support, and low disengagement behavior. However, the problem-avoidant profiles exhibit low problem solving and support seeking, and the high problem avoidance and social-withdrawal profile demonstrated high disengagement and social withdrawal. They concluded that the person who uses adaptive coping represented the most adaptive profile, and the person using avoidant coping and social withdrawal demonstrated poorer outcomes.

Sensible levels of fear and anxiety can motivate people to cope with health threats but severe distress can be draining. The distress of an impending pandemic can precede any actual pandemic; hence, lessening the salience of the threat and concentrating on recovering from the crisis are the ways to effectively cope and solve the crisis (Taylor, 2019). Puertas et al. (2019) suggested improving the emotional intelligence of teachers to reduce worry and anxiety could result in better school performances, physical health, and mental well-being

COVID-19 Stress and Mental Well-being

In a study conducted on the island of Mindanao on 1,069 Basic Education teachers, they found a significant effect of fear of COVID-19 on distant teaching burnout (Carreon et al., 2021). Education leaders need to develop measures to address the needs of teachers who may have psychological issues caused by the pandemic and remote teaching stress (Wang et al., 2020). Also, COVID-19-related psychological methods and mental health mediations and the psychosocial facet of outbreaks among teachers must not be ignored. To support educators to manage and deal with stress for them, to better function in their lives, as well as prevent further psychological consequences of the COVID-19 pandemic, it is recommended to create a stress management program for them (Oducado et al., 2021).

According to Daly (2020), a wide-ranging study conducted on United Kingdom adults found that the incidence of likely mental health problems increased by 13% from 24.3% (measured 2017–2019) to 37.8% in April 2020 due to the COVID-19 pandemic. Though several pieces of literature have shown that persons with mental concerns before the pandemic may be at greater risk of developing mental health problems related to the COVID-19 pandemic. Pinkham (2020) discovered that the pandemic has no worsening of mood or increase psychotic experiences, even the well-being and resilience were higher.

In a qualitative study conducted on an older adult with pre-existing depression and mental health issues, participants were distressed by guidelines and protocols set by the government. The participants are more anxious about the transmission of the virus than the risk of isolation. The participants perceived the reduction in quality of life and believed that social separation will agonize their mental health. However, the symptom scores reflect that there is no difference before the pandemic (Hamm, et al., 2020). These symptoms include depression, anxiety, and suicidal ideation.

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Coping and Mental Well-being

During this time of the COVID-19 pandemic, people use different coping strategies to maintain their well-being. In quantitative research outcomes, persons who fear COVID-19 infection are mostly unmarried females, have lower-incomes, and with comorbidities. Resilience has a negligible relationship between task-oriented coping and fear of the COVID-19 contagion (Gökmen et al., 2021). Students in Saudi Arabia have identified the COVID-19 fear due to poor knowledge, the perceived danger of COVID-19, and the use of coping strategies; thus, the result also predicts the mental health of the students (Alsolais et al., 2021). In the United States, there were 1,129 preschool teachers participated in the study about predictors of psychological well-being. The results showed that there is an association between the psychological well-being, self-value, and work environment of preschool teachers (Jeon et al., 2018).

In a study conducted in Finland by Aulén et al. (2021), four coping strategies were identified among teachers. These are low-focused, problem-focused, high-focused, and emotion-focused coping. Teachers use mainly emotion-focused coping techniques to cope with work-related stress. However, teachers that use low-focused coping strategies report less stress, depressive symptoms, and sleep problems. The use of a few coping strategies and problem-focused coping may improve mental health.

Bermejo-Toro et al. (2016) assumed that teachers having a coping profile with high problem-focused coping have also high well-being (low stress, burnout, depressive symptoms, sleep problems, and insomnia) paralleled to a coping profile with more emotion-focused coping. However, a study conducted by Shen and Slater (2020) found that coping style has no significant relationship with mental health among the academic staff of Ulster University in Northern Ireland.

Mental Well-being and the Importance of Mental Health Program

Teachers may need stress reduction to improve their mental well-being and alleviate the effect of stress on their health (Oducado et al., 2021). The respondents were asked how they perceived their psychological health and rated the statement on how often they feel optimistic, useful, and relaxed. Also, they were assessed on how their mind can think clearly, compose themselves, and connect with other people. The result was that respondents regularly think of their well-being.

The research findings in a study conducted by Cece et al. (2022) with teachers, particularly Physical Education lecturers revealed that they had better psychological support and lower level of physical fatigue during the lockdown. However, in the study conducted by Thakur et al. (2022), the result showed a dramatic negative effect on the psychological well-being of teachers in India. Promoting teachers' well-being through stress management and prevention of exhaustion and subsequently, generating a helpful emotional environment is possible (Pozo-Rico et al., 2020). Regular and well-planned counseling services should be available to support their mental health and welfare (Sahu, 2020).

An intervention called Inquiry-Based Stress Reduction (IBSR) was conducted in Jerusalem among teachers during the COVID-19 pandemic dated November 2019 to May 2020. The method is about emerging mindfulness and cognitive reframing intervention on teachers' well-being. Participants are required to be present at least 80% of the face-to-face session and half of the home practice. Intervention includes two and a half hours per meeting in a group session and one-hour individual session to be accomplished twice a week for 20 weeks. The results revealed that IBSR-blended intervention enhanced the resilience and improved the subjective and psychological well-being of teachers (Zadok-Gurman, 2021).

Psychological intervention can be useful in the early stages of a pandemic when anticipatory anxiety and worry are likely to be high, and in later stages, especially when people are exposed to traumatic events such as witnessing the death of friends and loved ones (Mellins et al., 2020). Early prevention, detection, and management are essential to protect teachers from depressive disorder and improve their mental health (Zhou et al., 2021).

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It is best to support teachers in the future who may find themselves in situations of heightened stress, such as during transitions across schools, during periods of educational reform, or when facing intense work phases such as end-of-year exam seasons. All existing prospects should be established to provide mental health promotion interventions to young people in the school community, with a requirement for educational professionals to be provided the essential skills and knowledge to safeguard that the school setting continues to be a beneficial environment for conducting mental health promotion (O'Connor et al., 2017). The success of the program for the mental health of the learners relies on how well teachers carry on their mental health.

The exploration of various literature on COVID-19 stress, coping, and well-being have provided direction and supported this study. Daly (2020) predicted positive significance in the relationship between COVID-19 stress and well-being, and between coping and well-being. However, Pinkham (2020) showed no significance except for those with underlying people with psychological issues. Also, Kim et al. (2020) discovered that predictors of COVID-19 anxiety depend on individual resilience and well-being and recommended that people should consider and develop ways to address the potential return of the COVID-19 threat and other future health pandemic threats.

Theoretical Framework

This study was anchored to theories: Betty Neuman's System Model by Reed (1993) and Mishel's Theory of Uncertainty in Illness by Clayton et al. (2018). The two theories outlined the importance of nurses' roles in identifying the respondents' stressors and how respondents react to the stressors in order to maintain their health and well-being.

Betty Neuman's System Model could explain how a respondent deals with stress, as an individual with unique qualities in keeping a stable self. In the model, stress could be internal and external that threaten the line of defense of an individual. COVID-19 stress is a type of external stressor. Depending on how a person reacts to COVID-19 stress, a person may adapt and adjust to cope and provide protection to self and maintain equilibrium. If the coping style used by the respondents could not maintain a positive mental well-being, the stress could break the line of defense that could lead to illness. Therefore, the role of the nurse in terms of prevention and management of stress should be given emphasis to promote wellness. Neuman recommended the use of the three levels of prevention; primary, secondary, and tertiary prevention (Neuman, 1998). Primary prevention includes assessment and management specifically in determining and minimizing the factors brought by COVID-19 stress. Secondary prevention pertains to a symptom-based approach in cases like severe traumatic stress where the provision of psychological intervention and treatment may be required. Tertiary prevention refers to the adjustive process towards normalcy that leads back to primary prevention.

Meanwhile, the Theory of Uncertainty in Illness could relate to the COVID-19 stress that has caused uncertainty among the respondents. Respondents may consider COVID-19 stress as a danger or an opportunity. Also, respondents used different coping styles that could either reduce, maintain, or increase the level of COVID-19 stress. The expected positive result is the adaptation to a new life. It is the responsibility of the nurse to prevent misconceptions about COVID-19, avoid unnecessary worry, promote effective coping styles and cater to those with traumatic experiences for faster recovery.

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Conceptual Framework

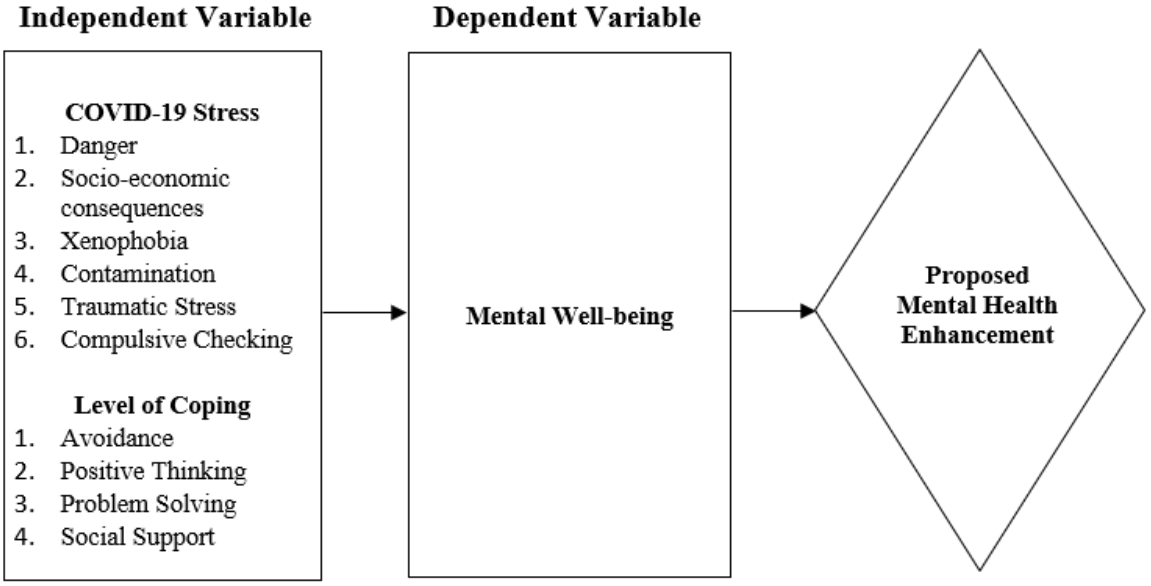


Figure 1. *Research Framework*

Figure 1 illustrates the relationship between the level of COVID-19 stress and mental well-being, and between the level of coping and mental well-being. The COVID-19 stress and coping style were classified as independent variables. COVID-19 stress includes measuring the respondents on the following aspect such as; danger, socio-economic consequences, xenophobia, contamination, traumatic stress, and compulsive checking. Coping is comprised of strategies used by the respondents to address COVID-19 stress such as avoidance coping, positive thinking coping, problem solving coping, and seeking social support coping. Mental well-being reflects on the dependent variable in the framework. It determines the level of well-being, respondents will rate the mental well-being statement as never, seldom, sometimes, often, and always. The data from the study can be used to propose an enhancement of the mental health program in the university.

Statement of the Problem

The study will determine the relationship between respondents' well-being on the stress brought by COVID-19 contagion and identify the coping style they are using.

Specifically, it will answer the following questions.

1. What is the demographic profile of the respondents in terms of;
   a. age,
   b. gender,
   c. educational attainment,
   d. marital status,
   e. length of service, and
   f. department?
2. What is the level of COVID-19 stress of the respondents in terms of;
   a. danger,
   b. socio-economic consequences,

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   c. xenophobia,
   d. contamination
   e. traumatic stress, and
   f. compulsive checking?
3. What is the level of coping of the respondents in terms of;
   a. avoidance coping,
   b. positive thinking,
   c. problem solving, and
   d. seeking social support?
4. What is the level of well-being of the respondents?
5. Is there a significant relationship between the respondents' level of COVID-19 stress and well-being?
6. Is there a significant relationship between the respondents' level of coping and well-being?
7. Based on the findings, what enhancement of the mental health program may be proposed?

METHODS

Research Design

The researcher used the descriptive-correlational quantitative design using an independent and dependent variable conceptual framework. This design is a non-experimental design that focuses on defining and reconnoitering the identified independent variables (Schneider & Fuller, 2018). Respondents were selected through stratified random sampling using Raosoft Calculator. An adopted-research question was created and validated. Respondents rated the statement using a Likert scale. The demographic data of the respondents were used for profiling. A corresponding descriptive interpretation was made to understand the accumulated data on the level of COVID-19 stress, coping, and mental well-being. The relationship between COVID-19 stress and well-being, and between coping and well-being were analyzed using Spearman's rank-order to come up with a statistical result and identify any significant relationship. An enhancement mental health program was proposed afterwards on the basis of the data that was gathered.

Setting

The data were gathered in a private university in the city of Koronadal. The Koronadal City is situated at the province of South Cotabato which is the southern part of the Philippines. The university has two campuses namely the College Campus and the Integrated Basic Education Department (IBED). Site no. 1, College Campus, is located at Alunan Avenue, Zone 3, City of Koronadal. The IBED can be found along the highway of General Santos Drive, City of Koronadal. Most of the respondents reside in Koronadal City. Some are from nearby Cities like Tacurong and General Santos City, and neighboring municipalities like Banga, Lake Sebu, Surallah, Tantangan and Tampakan, Polomolok.

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Figure 2. *Research Settings*

Respondents

The research respondents were selected using a stratified random sampling method. The respondents were of legal age and with teaching load in a selected private university. Using a Raosoft calculator with 94 respondents out of 215 teaching personnel, it has achieved a 6.4% margin of error, 90 % of confidence, and 50% response distribution. The data below presented the distribution of the respondents, see Table 1.

Table 1. *Distribution of Respondents of the Study*

Department	Population per Department	Expected Number of Respondents per Department	Actual Number of Respondents per Department	Percentage (%)
Elementary Department	15	10	12	12.8
Junior High School Department	20	13	16	17
Senior High School Department	27	17	25	26.6
College of Arts and Sciences	100	65	23	24.5
College of Education	18	12	2	2.1

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College of Business Administration	16	10	8	8.5
College of Engineering and Technology	19	12	8	8.5
Total	**215**	**139**	**94**	**100**

The researcher has identified reasons why the expected respondents were not achieved despite the provision of printed copies to the respondents and weekly follow-up. For the researcher, there was a lack of face-to-face discussion about the research study and time constraints. Also, the respondents lack the willingness to join the data gathering due to some personal and professional obligations.

Measure

The study utilized researcher-adopted survey questionnaires to measure the level of COVID-19 stress, level of coping, and level of well-being of teaching personnel. The questionnaire was divided into two sections. In the first section, the researcher asked questions about the profile of the respondents in terms of age, gender, educational attainment, marital status, length of service, and department.

The second section has three parts. Part one is consist of 36-survey questions COVID stress scale by Taylor (2020). The COVID stress tool determines six specific indicators such as perceived danger, socioeconomic consequences, xenophobia, contamination, traumatic stress, and compulsive checking due to COVID-19 contagion. The results in the consistency of scale using Cronbach alpha coefficients for each scale in each sample were that all of the coefficients were > .80, indicating good-to-excellent reliability as internal consistency (Taylor, 2020).

Presented in Table 2 were the rating description and interpretation used in assessing COVID-19 stress under the four indicators such as perceived danger, socio-economic consequences, xenophobia, and contamination. The researcher used a five-point (5) scale ranging from 0 (not at all), 1 (slightly worried), 2 (moderately worried), 3 (very worried) to 4 (extremely worried).

Table 2. *COVID-19 Stress in terms of Perceived Danger, Socio-economic Consequences, Xenophobia, and Contamination*

Scale	Description	Interpretation
0	Not at all	Respondents do not worry about the danger, socio-economic consequences, xenophobia, and contamination from COVID-19 infection.
1	Slightly Worried	Respondents had a negligible worry about the danger, socio-economic consequences, xenophobia, and contamination from COVID-19 infection.
2	Moderately Worried	Respondents had a reasonable worry about the danger, socio-economic consequences, xenophobia, and contamination from COVID-19 infection.
3	Very Worried	Respondents worry too much about the danger, socio-economic consequences, xenophobia, and contamination from COVID-19 infection.
4	Extremely Worried	Respondents had excessive worrying about the danger, socio-economic consequences, xenophobia, and contamination from COVID-19 infection.

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Table 3. is the scale description and interpretation of the COVID-19 stress level on the remaining two indicators namely traumatic stress and compulsive checking.

Table 3. *COVID-19 Stress in terms of Traumatic Stress, and Compulsive Checking*

	Description	Interpretation
0	Never	Respondents had no experience of compulsive checking and traumatic stress from COVID-19 infection.
1	Rarely	Respondents hardly experience compulsive checking and traumatic stress from COVID-19 infection.
2	Sometimes	Respondents had an occasional experience of compulsive checking and traumatic stress from COVID-19 infection.
3	Often	Respondents had a repeated experience of compulsive checking and traumatic stress from COVID-19 infection.
4	Almost Always	Respondents experience excessive compulsive checking and traumatic stress from COVID-19 infection approximately all the time.

In part two, the researcher utilized Brief Coping Orientation of Problems Experienced (Brief COPE) developed by Carver (1997) and used by Baumstarck et al. (2017) with internal consistency reliability of at least 0.7 Cronbach's alpha coefficient for each scale. Also, Leaune et al., (2021) cited this coping inventory with Cronbach's alpha ranging from 0.71 to 0.82. Baumstarck et al. (2017) identified a four-factor structure namely avoidance, positive thinking, problem solving, and seeking social support. Each factor has a subsequent subscale. Avoidance has ten statements that indicate the following behavior such as disengagement, self-distraction, substance use, denial, and self-blame. Positive thinking includes humor, positive reframing, and acceptance. Problem solving consists of active coping and planning. Lastly, seeking social support has eight statements that pertain to venting, emotional support, instrumental support, and the use of religion to cope. Each statement is rated from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot.), see Table 4.

Table 4. *Coping in terms of Avoidance, Problem Solving, Positive Thinking, and Seeking Social Support*

Scale	Description	Interpretation
1	I haven't been doing this at all	Respondents do not use the coping style.
2	A little bit	Respondents hardly use the coping style.
3	A medium amount	Respondents regularly use the coping style.
4	I've been doing this a lot	Respondents use the coping style most of the time.

In the last part of the questionnaire, to measure mental well-being, the researcher used Short Warwick-Edinburg Mental Well-being Scale (SWEMWBS). It has seven statements which is originally 14, and a short version of the Warwick-Edinburg Mental Well-being Scale (WEMWBS). Both scales showed good internal consistency, with Cronbach's alpha values of 0.930 and 0.884, correspondingly (Fung, 2019). Each statement is rated from 0 (never) to 4 (always), see Table 5.

Table 5. *Mental Well-being*

Scale	Description	Interpretation
0	Never	Respondents feel that they have no time for their well-being.
1	Seldom	Respondents hardly give time for their well-being.
2	Sometimes	Respondents occasionally give time for their well-being.

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3	Often	Respondents regularly give time for their well-being.
4	Always	Respondents always give time for their well-being.

Ethical Consideration

In conducting this study, the researcher observed ethical considerations. An approval to conduct the study from the Master of Arts in Nursing Program Chair of the Davao Doctors College, Incorporated was secured before starting the research study. Then, permission to conduct a study was secured from the administrators of the university as a setting for the research study. The ethics informed consent was obtained from the teaching personnel who agreed and willingly responded to be a part of the study. The informed consent was attached to the Google form research questionnaire for those respondents who preferred to answer online. Also, a printed form was made available for those who favored a manual copy. With the use of the consent, the respondents were able to know the nature of the study, its purpose, procedures, benefits, and the potential risks associated with their participation. In addition, the rights of the respondents in this study were also presented in the informed consent– which includes, but re not limited to, the right to refuse, withdraw or discontinue participation at any time during the conduct of the study without prejudice, and the right to privacy and confidentiality. Furthermore, the handling and storing of data were dealt with carefully as well as the accuracy of results was observed, free from falsification and plagiarism. All questionnaires were given codes and stored separately from any names or other direct identification of participants. Only the persons involved in the study could access the files and data collected. The process of disposing of the accomplished questionnaires was by shredding the papers and burying it in a biodegradable compost pit while the electronic data was stored in a computer's folder not readily accessible to any user. The data will be kept for until five years.

Procedures

The following step-by-step process was observed by the researcher in conducting this study:

1. The researcher asked permission to conduct the study from the Program Chair of the Master of Arts in Nursing of Davao Doctors College, Incorporated to conduct a study.
2. Then, the researcher validated the questionnaire to the three research experts for face and content validation.
3. After the researcher-adopted questionnaire has been validated, the researcher asked permission from the university president as well as the department heads to conduct the study.
4. After the university administrators' approval of the study, the researcher requested the names and contact details of the teaching personnel.
5. The researcher-adopted questionnaire with the informed consent was disseminated through an online platform – Google form, and printed copy, depending on the preference of the respondents.
6. The researcher utilized stratified random sampling. The selected respondents were given seven days to answer the questionnaire. In case a respondent refused to answer the questionnaire or the questionnaire had not been returned after 7 days, another selected respondent was requested to answer the survey.
7. The data was collated, analyzed, and interpreted afterward. Based on the findings, an enhancement of the mental health program was proposed.

Statistical Tool

The following statistical tools were used for the study:

Frequency and Percentage. These statistical tools were able to determine the socio-demographic profile of respondents in terms of age, gender, educational attainment, marital status, length of service, and department.

Mean. This statistical tool revealed the respondents' level of COVID-19 stress, level of coping,

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and level of well-being.

Spearman Rho. This statistical tool was able to determine the relationship between the level of COVID stress and mental well-being, and the level of coping and the mental well-being of the respondents.

RESULTS AND DISCUSSION

Presented in this chapter are the data collected, collated, statistically treated, and presented into tables for presentation, interpretation, and analysis.

What is the demographic profile of the respondents in terms of age, gender, educational attainment, marital status, length of service, and department?

Table 6. *Demographic Profile of the Respondents*

Demographic Profile	Frequency (n = 94)	Percentage (%)
Age		
20 - 29 years old	**51**	**54.30**
30 - 39 years old	21	22.30
40 - 49 years old	17	18.10
50 - 59 years old	4	4.30
60 - 69 years old	1	1.10
Total	94	100
Gender		
Male	34	36.20
Female	**60**	**63.80**
Total	94	100
Educational Attainment		
Bachelor Degree	23	24.5
Unit Earner of Master Degree	**41**	**43.6**
Master Degree	17	18.1
Unit Earner of Doctorate Degree	8	8.5
Doctorate Degree	5	5.3
Total	94	100
Marital Status		
Single	**58**	**61.7**
Married	35	37.2
Widow/Widower	1	1.1
Total	94	100
Length of Service		
Less than a year	15	16.00
1 - 5 years	**39**	**41.50**
6 - 10 years	20	21.30
11 - 15 years	9	9.60
Above 15 years	11	11.70
Total	94	100
Department		
Elementary Department	12	12.80
Junior High School Department	16	17.00
Senior High School Department	**25**	**26.60**
College of Education	2	2.10

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College of Arts and Sciences	23	24.50
College of Engineering and Technology	8	8.50
College of Business Administration	8	8.50
Total	**94**	**100**

Presented in Table 6 is the demographic profile of the respondents in terms of age, gender, educational attainment, marital status, length of service, and department. According to the tabulated data shown, the majority of the respondents are from 20 to 29 years old (51 out of 94; 54.30%), female (60 out of 94; 63.80%), unit earner Master's Degree (41 out of 94; 43.60%), single (58 out of 94; 61.70%) have been working in the service for one year to five years (39 out of 94; 41.50%). Most of the respondents were from the Senior High School Department (25 out of 94; 26.60%).

What is the level of COVID-19 stress of the respondents in terms of danger, socioeconomic consequences, xenophobia, contamination, traumatic stress, and compulsive checking behavior?

Table 7. *Level of COVID-19 Stress of the Respondents in terms of Danger, Socio-economic Consequences, Xenophobia, Contamination, Traumatic Stress, and Compulsive Checking Behavior*

Indicators	Mean (M)	Description
Danger	**2.31**	**Moderately**
Socio-economic Consequences	1.88	Moderately
Xenophobia	1.41	Slightly
Contamination	2.07	Moderately
Overall Mean	**1.92**	**Moderately**
Traumatic Stress	**1.00**	**Rarely**
Compulsive Checking Behavior	1.68	Sometimes
Overall Mean	**1.34**	**Rarely**

Legend: 4.00-3.50 – Extremely; 3.49-2.50 – Very; 2.49-1.50 – Moderately; 1.49-0.50 – Slightly; 0.49-0.00 – Not at all
Legend: 4.00-3.50 – Almost Always; 3.49-2.50 – Often; 2.49-1.50 – Sometimes; 1.49-0.50 – Rarely; 0.49-0.00 – Never

Presented in Table 7 is the summary of the level of COVID-19 stress of the respondents in terms of danger, socio-economic consequences, xenophobia, contamination, traumatic stress, and compulsive checking behavior. Based on the tabulated data shown, perceived danger from COVID -19 infection got the highest worrisome for the respondents (M = 2.31). Respondents' worry in terms of perceived danger includes inadequacy of the health care system, and measures like physical distancing and hand washing were not enough to secure safety. This finding agrees with the study of Coccia (2020). He found out those countries with a prior high investment in healthcare, have the social and health structures for alleviating the fatality rate of COVID-19.

The overall mean of the perceived danger, socio-economic consequences, xenophobia, and contamination is (1.92). Thus, the respondents had a reasonable worry about the danger, socio-economic consequences, xenophobia, and contamination from COVID-19 infection.

The result revealed that respondents rarely experienced traumatic stress (M = 1.00). In this study, lack of concentration, disturbed sleep, hallucinations or illusions, bad dreams, and physical reactions such as sweating and pounding of the heart were part of traumatic stress. Also, respondents occasionally experience compulsive checking behavior (M = 1.68) from COVID-19 infection. Furthermore, the overall mean of the traumatic stress and compulsive checking behavior is (1.34). In contrast, the COVID-19 contagion has a positive statistical association with the level of depressive symptoms, anxiety, and post-traumatic stress symptoms in persons with mild COVID-19 symptoms in the study conducted by Ismael et al. (2021),

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What is the level of coping of the respondents in terms of the following styles: avoidance, positive thinking, problem solving, and seeking social support?

Table 8. *Level of Coping of the Respondents in terms of Avoidance, Positive Thinking, Problem Solving, and Seeking Social Support*

Indicators	Mean (M)	Description
Avoidance	**1.88**	**Average**
Positive Thinking	3.04	Good
Problem Solving	**3.36**	**Good**
Seeking Social Support	2.96	Good
Overall Mean	**2.81**	**Good**

Legend: 4.00-3.50 – Excellent; 3.49-2.50 – Good; 2.49-1.50 – Average; 1.49-0.00 – Poor

Table 8 presented the summary of the level of coping of the respondents in terms of avoidance, positive thinking, problem solving, and seeking social support. Based on the table, the respondents had a good level of problem solving coping (M = 3.36). Problem solving was referred to the respondents' ways of dealing and finding solutions to the stress encountered. In addition, the respondents had an average avoidance coping (M = 188). Engaging in alcohol and drugs, blaming self, giving up to cope, and ignoring the stress were included in the avoidance coping. Similarly, in the result of the study conducted by Gupta et al. (2021) about stressors and relevant coping strategies used by the Indian and foreign hospitality and tourism lecturers during this time of the pandemic, avoidance coping had a negative result compared to other coping approaches.

The overall mean is computed to determine the level of coping of the respondents. The overall mean has a value of (2.81). This implies that the respondents regularly use the four major coping styles namely avoidance, positive thinking, problem solving, and seeking social support. The findings coincide with the result of Mar et al. (2017) to special education teachers have high coping styles in terms of problem solving, cognitive restructuring, and social support, and moderately used problem avoidance, self-criticism, wishful thinking, and social withdrawal.

What is the level of well-being of the respondents?

Table 9. *Level of Mental Well-Being of the Respondents*

Questions	Mean (M)	Description
I've been feeling optimistic about the future.	**3.44**	**good**
I've been feeling useful.	3.30	good
I've been feeling relaxed.	**2.82**	**good**
I've been dealing with problems well.	2.97	good
I've been thinking clearly.	3.02	good
I've been feeling close to other people.	2.97	good
I've been able to make up my own mind about things.	3.16	good
Overall Mean	**3.10**	**Often**

Legend: 4.00-3.50 – Excellent; 3.49-2.50 – Good; 2.49-1.50 – Average; 1.49-0.00 – Poor

Presented in Table 9 is the result of the perceived level of mental well-being of the respondents. According to the tabulated data, the highest mean of 3.44 is seen in "I've been feeling optimistic about the future". Although the mean score of "I've been feeling relaxed" was 2.82, the lowest of all the scored statements, it still implies that respondents regularly felt relaxed. This could be attributed to Executive Order No. 20 by the City of Koronadal on the implementation of Alert Level 2 (Ogena, 2022), and cases

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around the country were around 500 and below (Dong et al., 2020) during the conduct of the gathering of data from March 15 to April 24, 2022

The overall mean has a value of (3.10). Hence, the respondents regularly give time for their well-being. This study was supported by Alves et al. (2021) where the teachers had a moderately positive perception of well-being. Moreover, he concluded that teachers were satisfied with the education system prior to the COVID-19 pandemic. However, the pandemic had a negative effect on the perception of well-being among the teachers, particularly on their future professional careers.

Is there a significant relationship between the respondents' level of COVID-19 stress and well-being?

Table 10. *Relationship Between Respondents' Level of COVID-19 Stress and Level of Mental Well-being*

Level of COVID-19 Stress	r_s	p-Value	Decision Ho	Remarks
	Perceived Level of Well-being			
Danger	-0.085	.417	Accept	Not Significant
Socio-economic Consequences	-0.114	.275	Accept	Not Significant
Xenophobia	-0.007	.945	Accept	Not Significant
Contamination	-0.127	.223	Accept	Not Significant
Traumatic Stress	-0.215	.037	Reject	Significant
Compulsive Checking Behavior	-0.073	.485	Accept	Not Significant

Note: r_s = Spearman's rank correlational coefficient

A Spearman's rank-order correlation was used to assess the relationship between the level of COVID-19 stress, particularly on the perceived danger, socio-economic consequences, xenophobia, contamination, traumatic stress, compulsive checking behavior, and perceived level of well-being.

Shown in Table 10 is the correlation between perceived mental well-being and the level of COVID-19 stress. The result shows that well-being of the respondents had a negligible correlation with danger (r_s = -0.085), socio-economic consequences (r_s = -0.114), xenophobia (r_s = -0.007), contamination (r_s = -0.127), traumatic stress (r_s = -0.215), and compulsive checking behavior (r_s = -0.073). Furthermore, there was no significant relationship between well-being of the respondents and danger (p = .417), socio-economic consequences (p = .275), xenophobia (p = .945), contamination (p = .223), and compulsive checking behavior (p = .485) except for the traumatic stress (p = .037). It implies that the COVID-19 stress (i.e. in terms of danger, socio-economic consequences, xenophobia, contamination, and compulsive checking behavior) of the respondents could not be used as a predictor of their well-being. However, there was a significant relationship between traumatic stress and the well-being of the respondents even though there was a negligible correlation. This simply means that the sample size is large enough for the traumatic stress and mental well-being as statistically significant.

In contrast, a study conducted in Poland on the 285 teachers revealed that they experienced mild levels of stress, anxiety, and depression, in both the first and second waves of the pandemic (Jakubowski & Sitko-Dominik, 2021). They concluded that teachers' well-being could have been worsened due to distance work where professional work and family life have been disturbed. professional work. The previous study, however, included distance learning, isolation, and lockdown that could be contributed to the changes in the social relations among teachers. The current study explored how COVID-19 stress affects mental well-being.

Moreover, a study conducted by Sommer et al. (2021) where people who perceived COVID-19 as the worst trauma are prone to experience post-traumatic syndrome, anxiety, and depression compared to others. The current study, however, did not focus if respondents had a previous traumatic experience.

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Is there a significant relationship between the respondents, level of coping and well-being?

Table 11. *Relationship Between Respondents' Level of Coping and Level of Mental Well-being*

Level of Coping	r_s	p-Value	Decision	Remarks
	Perceived Level of Well-being			
Avoidance	-0.081	.439	Accept	Not Significant
Positive Thinking	0.209	.043	Reject	Significant
Problem Solving	0.507	.000	Reject	Significant
Social Support	0.315	.002	Reject	Significant

Note: r_s = Spearman's rank correlational coefficient

Shown in Table 11 is the test of correlation between the level of coping and the perceived level of well-being. The result revealed that the well-being of the respondents had a negligible correlation with avoidance (r_s = -0.081), and positive thinking (r_s = 0.209). Furthermore, there was no significant relationship between the well-being of the respondents and avoidance (p = .439). However, although well-being and positive thinking had negligible correlation, they were statistically significant (p = .043). This simply means that the sample size is large enough for the two indicators as statistically significant Moreover, well-being and problem solving as coping styles had moderate positive correlations (r_s = 0.507). In addition, there was a significant relationship between the well-being of the respondents and problem solving (p = .000). It means that problem solving as a coping style can be a predictor of well-being with a moderate positive correlation.

These results agree with the findings of Gurvich et al. (2021) on 1,195 adults living in Australia revealed that coping strategies associated with positive reframing, acceptance, and humor reflect better mental health while self-blame, venting, behavioral disengagement, and self-distraction were associated with poorer mental health.

Additionally, well-being and seeking social support as a coping style had a low positive correlation (r_s = 0.315). There was a significant relationship between the well-being of the respondents and problem solving (p = .002). It implies that seeking social support as a coping style can be a predictor of well-being with a low positive correlation. The results agree with the study of McLean et al. (2019) where emotional social support was negatively associated with psychological distress. Thus, greater emotional social support was linked with lower perceived stress during the pandemic which could play a protective role on mental health.

Furthermore, MacIntrye et al. (2020) concluded that various types of stressors require multidimensional coping strategies since there are coping styles that are better than others. This suggests that every individual has a different interpretation of every stress they have encountered, thus the approach to stress varies from person to person and the crisis situation.

Based on the findings of the study, what intervention or enhancement of the mental health program may be proposed?

The result shows that respondents were moderately worried about COVID-19 contagion, although they regularly used coping styles such as avoidance, positive thinking, problem solving, and social support, and often considered their mental well-being. Also, the traumatic stress and avoidance coping style could affects their mental well-being. Thus, the researcher recommended enhancing mental health programs, particularly on stress management that focuses on traumatic experiences and effective coping styles. This is supported by Oducado et al. (2021) in their study, in which they recommended creating a stress management program for educators to help them deal with stress, better function in their personal and professional lives as well as to prevent further psychological problems.

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Summary

Teachers are on the front lines of education. During this time of the pandemic, their psychological condition was also threatened. This descriptive-correlational study was conducted to identify the level of COVID-19 stress, coping and well-being of teachers in a private university in Koronadal City as well as to determine if COVID-19 stress and coping styles could be a predictor of mental well-being. The data gathering started from March 15 to April 25, 2022, using stratified random sampling. A total of 94 teachers responded and answered the research-adopted questionnaire. Frequency and percentage were used in the profiling of the respondents. A statistical tool such as mean was used to identify the level of COVID-19 stress, coping and mental well-being, and the Spearman rank-order was utilized to provide the result on the correlation and significance between COVID-19 stress and mental well-being, and between coping and mental well-being. Presented in the following section is the summary of the findings generated from this study.

Summary of the Findings

Listed below is the summary of the findings of the study:

1. The majority of the respondents were ages 20-29 years old (51 out of 94; 54.30%), female (60 out of 94; 63.80%), unit earner with Master's Degree (41 out of 94; 43.60%), single (58 out of 94; 61.70%) have been working in the service for one year to five years (39 out of 94; 41.50%). Most of the respondents were from the Senior High School Department (25 out of 94; 26.60%).
2. The level of COVID-19 stress of the respondents in terms of; danger garnered a mean of 2.31 (moderately worried), socio-economic consequences garnered a mean of 1.88 (moderately worried), xenophobia garnered a mean of 1.41 (slightly worried), contamination garnered a mean of 2.07 (moderately worried), traumatic stress garnered a mean of 1.00 (rarely), and compulsive checking behavior. garnered a mean of 1.68 (sometimes). The overall mean of the first four domains namely danger, socio-economic consequences, xenophobia, and contamination is 1.92 (moderately worried) while the overall mean of the traumatic stress and compulsive checking behavior is 1.34 (rarely).
3. The respondents' level of coping in terms of avoidance garnered a mean of 1.88 (average level), positive thinking garnered a mean of 3.04 (good level), problem solving, garnered a mean of 3.36 (good level), and seeking social support garnered a mean of 2.96 (good level). The overall mean has a value of 2.81 (good level).
4. The respondents' level of mental well-being gained an overall mean of 3.10 (often).
5. The well-being of the respondents had negligible correlation with danger (ρ = -0.085), socio-economic consequences (ρ = -0.114), xenophobia (ρ = -0.007), contamination (ρ = -0.127), traumatic stress (ρ = -0.215), and compulsive checking behavior (ρ = -0.073). Furthermore, there was no significant relationship between well-being of the respondents and danger (p = .417), socio-economic consequences (p = .275), xenophobia (p = .945), contamination (p = .223), and compulsive checking behavior (p = .485).
6. The well-being of the respondents had a negligible correlation with avoidance (ρ = -0.081), and positive thinking (ρ = 0.209). Furthermore, there was no significant relationship between well-being of the respondents and avoidance (p = .439). Meanwhile, well-being and positive thinking had a negligible correlation (p = .043). Moreover, well-being and problem solving as a coping style had a moderate positive correlation (ρ = 0.507). In addition, there was a significant relationship between the well-being of the respondents and problem solving (p = .000). Additionally, well-being and seeking social support as a coping style had a low positive correlation (ρ = 0.315). There was a significant relationship between the well-being of the respondents and seeking social support (p = .002).

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7. Based on the findings of the study, Stress Awareness and Management Program is offered for consideration.

CONCLUSIONS

Listed below are the conclusions based on the findings of the study:

1. Majority of the respondents are from 20-29 years old, female, unit earner in Master's Degree, single, and have been working in the service for one year to five years . Most of the respondents were from the Senior High School Department.
2. The respondents are moderately worried in terms of danger, socio-economic consequences, and contamination, and slightly worried in terms of xenophobia. Overall, the respondents had a reasonable worry about the danger, socio-economic consequences, xenophobia, and contamination from COVID-19 infection. Further, the respondents rarely experienced traumatic stress, and occasionally experienced compulsive checking behavior. Therefore, the respondents hardly experience traumatic stress and compulsive checking behavior from COVID-19 infection.
3. The respondents used avoidance coping at an average level while positive thinking, problem solving, and seeking social support were utilized in a good manner. Thus, the respondents regularly use the four major coping styles namely avoidance, positive thinking, problem solving, and seeking social support.
4. The respondents regularly give time for their well-being.
5. The COVID-19 stress in terms of danger, socio-economic consequences, xenophobia, contamination, and compulsive checking behavior of the respondents could not be used as a predictor of their well-being. However, there was a significant relationship between traumatic stress and the well-being of the respondents even though there was a negligible correlation. This simply means that traumatic stress could be a predictor of mental well-being.
6. The well-being of the respondents had a negligible correlation with avoidance and positive thinking, a moderate positive correlation with problem solving, and a low positive correlation with seeking social support. Furthermore, there was no significant relationship between the well-being of the respondents and avoidance, but a significant relationship between the well-being of the respondents and positive thinking, between the well-being and problem solving, and between the well-being and social support were found. It implies that positive thinking coping, problem solving coping, and seeking social support coping except for avoidance coping could be a predictor of mental well-being.
8. Based on the findings of the study, Stress Awareness and Management program is offered for consideration, as follows.

Recommendations

Based on the findings that were gathered, the following recommendations were made**.**

***Teachers*.** The result revealed that COVID-19 stress could not be a predictor of mental well-being except in traumatic stress, and coping could be a predictor of mental well-being except for avoidance. In this regard, the researcher recommends an enhancement in the mental health program to cater to the traumatic stress and maintain the coping skills of the teacher. Sahu (2020) reiterated a routine and well-planned counseling services should be available to support their mental health and welfare (Sahu, 2020). This program may help address the psychological need of the teachers and strengthen the relationship between the teacher and the institution.

Studentry. Based on the result findings, teachers coping styles has a significant relationship with their well-being. Although, students may indirectly benefit on the mental health program. The school has the opportunity to maintain the well-being of the teachers to deliver quality education.

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Guidance Officer. Based on the data, traumatic stress could be a predictor of the mental well-being of the respondents. With this considered, the researcher recommends that activities such as counseling and stress management be the priority of guidance counselors for those experiencing crisis situations such as COVID-19 stress. In addition, activities that enhance coping skills must also be considered.

School Clinic Personnel. The data revealed that there is a significant relationship with COVID-19 Stress, particularly the traumatic stress and perceived well-being of the teachers. Teachers with the post-traumatic syndrome and with psychological weakness should be identified for referral and be monitored by the school nurse, in partnership with the guidance personnel.

Human Resource Officer. It has been revealed that majority of respondents have a moderate worry about COVID-19 stress. Specifically, traumatic stress from COVID-19 infection affects the teachers' well-being, although respondents revealed good coping strategies. The level of coping should be maintained or even improve. As a department that handles teachers' concerns and well-being, it is recommended that an enhancement program for teachers will be headed by Human Resource Department. According to Jeon et al. (2018), there is an association between psychological well-being, self-value, and work environment. This department should take into consideration the welfare of the teaching personnel, subsequently, teachers take good care of the clientele, and the learners. By providing a mental health program for teachers, teachers will be able to know whom they can rely on during a crisis such as COVID-19.

School Administration. Similar to what has been recommended for teachers. The researcher recommends that university administrators invest in and support activities that cater mental health of teachers, since it has been identified that teachers have a moderate amount of worry about COVID-19 stress. Maintaining and improving the way teachers cope could indirectly benefit the welfare and integrity of the university.

Educational Agencies. The result of the study revealed that teachers' well-being was threatened particularly by traumatic stress, however, respondents have positive coping styles used that positively affect their well-being. Hence, the researcher recommends that this agency should keep teachers psychologically healthy by providing an effective mental health program that focuses on identifying vulnerable individuals, addressing concerns about crisis situations such as COVID-19 pandemic, and maintaining their effective coping skills.

Future Researchers. This study found that teachers' well-being has a significant correlation with traumatic stress and coping styles such as positive thinking, problem solving, and seeking social support. The researcher recommends future researchers to conduct more studies on identifying the post-traumatic experiences from the pandemic and may use a different tool for stress, coping, and well-being for the improvement of this study.

Despite the study having a substantial contribution to this research topic, the researcher would like to acknowledge the identified limitations of this study. First, the current study mainly focused on identifying the relationship between COVID-19 stress and mental health, and between coping and mental health. A future study that includes a correlation between COVID-19 stress and coping, and an association between demographic profile and well-being would be a very promising topic. Second, the respondents were limited to teaching personnel at a chosen private university in the locality using random stratified sampling. A different sampling technique and respondents that do not limit to teaching personnel but to school personnel in a larger setting may lead to a more comprehensive result. Lastly, a mixed-method research design may help broaden the significance of this study.

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