

Health Risk Behaviors and Life Stressors of the Paramedical Students as Determinants of College Retention in One Asian Private Higher Education Institution

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Abstract - *The transition from high to college can be a stressful time in emerging adulthood. High levels of stress have been linked to a variety of psychological ailments in the college-aged population.*

The study was conducted to produce a baseline investigation on the health risk behaviors and life stressors of the paramedical students of LPU which may affect the academic performance of the students and their stay at their respective programs. With the use of descriptive-purposive design, 295 regular paramedical students of Lyceum of the Philippines University were included as participants of the study.

Results show that majority of paramedical students at LPU are female and of the right age, take Medical Laboratory Science program, and graduated from private high schools. The overall QPI of the paramedical students is 2.1274 with 100% retention rate in the Colleges of Dentistry and Nursing but not from the College of Allied Medical Professions for the entire year level. As to health risk behavior, only half of them eat their breakfast always and mostly have not slept for at least six hours daily. Many do not drink alcoholic beverages and do not smoke as well. More than half drink 5-6 glasses or more of water, exercise for at least 10-15 minutes primarily through walking, and have not sought healthcare at LPU for any physical and psychological problems or for medication. Academic stressors are the major sources of stress among the paramedical students. There is no correlation between life stressors and most health risk behaviors except for interpersonal stressors which were found to be correlated with drinking alcohol beverages and the amount of alcohol taken; and the intrapersonal and academic stressors which are correlated to cigarette smoking. The stressors

experienced by the paramedical students vary as to their program and that all programs have different levels of stress. It is recommended that strategies and interventions be crafted to address the identified health risk behavior and to aid the students cope-up with their life stressors that may improve their academic performance.

Keywords - *health risk behavior, life stressors, college retention*

INTRODUCTION

The transition from high school to college can be a stressful time in emerging adulthood. Leaving one's home to pursue a degree in a new area, or facing the fear of the unexpected, possibly doubting one's abilities to compete with other students, as well as obtaining financial means to pay for expenses, all contribute to the amount of stress the college student encounters. The college student faces the danger of isolation, in addition to the opportunity to create a new identity [1], [2]. Research suggests that events such as these negatively impact a student's perception of the campus and in turn, their academic performance [1], [3].

The atmosphere of the university, student characteristics, as well as the presence of student services must be observed. University atmosphere includes a community where students feel comfortable and possess a sense of history, as well as feel respected for the student initiative and responsibility. In the event the academic atmosphere supports student achievement and the student has the ability to perform well in the university, student services act as a buffer between negative and positive outcomes [4]. Strong

social support networks are believed to moderate the relationship between negative stress events and stressors, such as relationship conflicts, financial difficulties, and academic stress in college students [5], [6]. A study by Rhodes, Grossman and Resch [7] suggested that the relationship between mentoring and academic achievement is mediated by improved family relationships, self-worth and scholastic competence.

In the population at large, Hudd et al. [8] noted that higher levels of stress have been related to health risk behavior such as poor diet, erratic sleep patterns and increased levels of stress-related illness. According to Hirsch and Ellis as cited by Hudd et al. [8], high levels of stress have also been linked to a variety of psychological ailments in the college-aged population, such as suicide ideation.

Accurately predicting which students are likely to experience academic, personal and social difficulties, or leave college before they graduate due to stress, would aid the creation and implementation of interventions targeted to specific cases [9].

Paramedical professions such as Dentistry, Physical Therapy, Medical Laboratory Science/Medical Technology, Nursing and Radiologic Technology continue to become popular programs as there is an increasing demand for both local and abroad. With such demand, a noticeable increase of enrollees has been observed at Lyceum of the Philippines University (LPU) for the school year 2011-2012. However, during the second semester, records have shown that there were students who did not meet the Quantitative Point Index (QPI) set by the College, got lower grades than expected, and failed to maintain their scholarship grants. Moreover, there were those who opted to drop from their classes, shifted to another program or stopped from schooling. Others did not even show up during the enrolment period.

The purpose of this study is to conduct a baseline investigation on the health risk behaviors and life stressors of the paramedical students of LPU which may affect the academic performance of the students and their stay in their respective programs. The result of which can provide a snapshot of the current health behaviors and life stressors of the respondents which will aid in the formulation of specific strategies or interventions that can improve health risk behavior, reduce life stressors, and increase the college retention rates.

OBJECTIVES OF THE STUDY

This study was undertaken to assess the health risk behaviors and life stressors of the paramedical students of Lyceum of the Philippines University. Specifically, this study sought to determine the socio-demographic profile of the respondents in terms of gender, age, program, year level, classification of the secondary school and retention decision; to determine the college retention rate based on the respondents' quantitative point indices; to assess the status of the respondents as to their health risk behavior and life stressors; to correlate the respondents' life stressors with their health risk behavior; and to determine if the responses of the respondents differ when grouped according to their life stressors.

METHODS

A descriptive-purposive research design was used in the study. The researcher has formulated a questionnaire which was adopted from the Holmes and Rahe's Social Readjustment Rating Scale. It was subjected to face validation with the panel of experts to achieve clarity and ease of administrability of the instrument.

Participants

The study involved 295 regular paramedical students of Lyceum of the Philippines University who were enrolled during the first semester of school year 2012-2013. A stratified sampling was employed in choosing the respondents.

Procedure

After the instrument has been validated, the questionnaire, which is the main tool for gathering data, it was reproduced for the respondents of the study. The completed questionnaires were tabulated, analyzed and interpreted.

Statistical Tool

Frequency distribution, mean and verbal Interpretation using the Four-Likert Scale Method were used as the statistical tools in determining the respondents' demographic profile, and in assessing their health risk behavior and life stressors. Analysis of Variance (ANOVA) with eta test was used to correlate the respondents' life stressors and health risk behavior. Post Hoc Analysis with Scheffe method, was also used to determine if the responses of the respondents differ when grouped according to their life stressors.

RESULTS AND DISCUSSION

The purpose of the present study is to examine the health risk behaviors and life stressors of paramedical students of Lyceum of the Philippines University as predictors of their academic performance and college retention.

Table 1 presents the demographic profile of the 295 respondents, representing the entire paramedical students of Lyceum of the Philippines University-Batangas who were enrolled during the first semester of school year 2012-2013.

Table 1. Percentage Distribution of the Respondents' Demographic Profile

Profile Variables	%	%
Gender		
Male	70	23.70
Female	225	76.30
Age Range		
15-17 years old	115	39.00
18-20 years old	161	54.60
21-23 years old	15	5.10
27 years old and above	4	1.30
Program		
Dentistry	43	14.58
Physical Therapy	19	6.44
Medical Laboratory Science	104	35.25
Nursing	83	28.14
Radiologic Technology	28	9.49
Pharmacy	18	6.10
Year Level		
I	82	27.80
II	68	23.10
III	75	25.40
IV	64	21.70
V	4	1.30
VI	2	0.70
Classification of High School Attended		
Public School	65	22.00
Private School	230	78.00
What is your plan after the First Semester SY 2012-2013?		
Return to the same college and enroll the same program (course)	287	97.30
Shift to another program being offered by LPU	2	.70
Transfer to another university and enroll the same program	4	1.30
Transfer to another university and shift to another program	-	-
Drop out of college		
No Answer	2	0.70

In terms of gender, 76.30% (225/295) were female while 23.70% (70/295) were male respondents. At LPU, it was revealed that there is the predominance of female students who were enrolled in paramedical programs.

In terms of their year level, there is nearly equal number of respondents among the first year (27.80%), second year (23.10%), third year (25.40%), and fourth year (21.70%) respondents. On the other hand, there were few (1.30% and 0.70%) respondents from fifth year and sixth year, as they comprise the students under Physical Therapy and Dentistry programs, a five-year and six-year programs, respectively, with small number of enrollees.

In terms of the type of high school attended, most (78%) of the respondents were from private school while 22% came from public school.

In terms of their retention decision after the first semester of the school year 2012-2013, majority (97.30%) of the respondents planned to return to the same college and enroll the same program. Only few (1.3%) will transfer to another university and enroll the same program while 0.70% (2/295) will shift to another program being offered by LPU. This clearly shows that almost all of them are certain on the program that they enrolled in for they are determined to return.

College Retention Rate Based on Quantitative Point Index

A. Quantitative Point Index

Table 2. Quantitative Point Index (General Weighted Average) of the Respondents for the First Semester SY 2012-2013

Course/Program	Highest QPI	Lowest QPI	Overall QPI
Dentistry	1.52	2.88	2.1449
Nursing	1.75	3.00	2.2473
Physical Therapy	1.33	3.63	2.1316
Medical Laboratory Science	1.40	3.60	2.0487
Radiologic Technology	1.25	3.49	2.2554
Pharmacy	1.36	2.47	1.9363
Total			2.1274

Table 2 presents the quantitative point index (QPI) or the general weighted average of the students for the first semester of school year 2012-2013. At LPU, the highest grade point equivalent that a student can attain is 1.00 while the lowest is 3.00 to pass with

percentage equivalents of 99-100% and 75-77%, respectively. There is no grade of 4.00 and 5.00 is a failed grade. QPI is computed by getting the average of the courses based on their weight or the number of units. As depicted on the table, the highest overall QPI was seen on respondents under the Pharmacy program (1.9363). This is due to the fact that all of the respondents are first year who were enrolled on mostly general education courses and are less difficult than professional courses. This is followed by those under the programs Medical Laboratory Science (2.0487), Physical Therapy (2.1316), Dentistry (2.1449), Nursing (2.2473), and Radiologic Technology (2.2554).

With the overall quantitative point indices that the respondents obtained, it can be implied that truly paramedical programs are difficult. More so, all of them have licensure examinations.

Further scrutiny of the table shows that the lowest quantitative point indices of 3.63, 3.60 and 3.49 were found from the respondents under Physical Therapy, Medical Laboratory Science, and Radiologic Technology programs. These three programs, including Pharmacy programs, are under the College of Allied Medical Professions (CAMP) which uses its own grading system particularly for the core and professional courses. The transmutation table that CAMP employs has a cut-off of 60% and a base of 60%. The higher cut off could be the reason why other respondents failed to get passing grades. Thus, there were students from CAMP who were either accepted under the probationary status or who were dismissed from the CAMP.

B. College Retention Rate

Table 3 presents the college retention rate based on the QPI of the respondents.

As seen in the table, there was 100% retention rate for the Colleges of Dentistry and Nursing. Thus, all of the respondents were retained for the second semester enrolment. This is due to the fact that the required QPI for the students under those programs is 3.00 which is highly attainable. However, in the College of Medical Professions, which offers the programs Physical Therapy, Medical Laboratory Science, Radiologic Technology and Pharmacy, the 100% retention rate was observed on the first year and second year respondents under all programs which could be attributed on the fact that they mostly take prerequisite courses.

Table 3. College Retention Rate

College	Number of Retained		Number of Not Retained	
	F	%	F	%
College of Dentistry	43	100.0		
College of Nursing	83	100.0		
College of Allied and Medical Professions				
Physical Therapy				
1 st year	6	100.0		
2 nd year	5	100.0		
3 rd year	5	83.3	1	16.7
4 th year	2	100.0		
Medical Laboratory Science				
1 st year	31	100.00		
2 nd year	33	100.0		
3 rd year	24	96.0	1	4.0
4 th year	13	86.7	2	13.3
Radiologic Technology				
1 st year	8	100.0		
2 nd year	8	100.0		
3 rd year	7	87.5	1	12.5
4 th year	4	100.0		
Pharmacy				
1 st year	18	100.0		

According to Potolsky, Cohen and Saylor (2003), with prerequisite courses, students were evaluated on knowledge and retention of course content. It can be implied that students enrolled in such courses have greater chance of getting better grades since they are less difficult than the courses offered for higher years.

The fourth year respondents from Physical Therapy were retained (100%). Likewise, the fourth year Radiologic Technology respondents were all retained (100%) for they are already rotating in the hospital as interns; thus, they are least likely to fail. On the other hand, it is noticeable that there were third year students from all programs who were not retained. The observed retention rate for the third year Physical Therapy, Medical Laboratory Science and Radiologic Technology respondents were 83.3%, 96%, and 87.5%, respectively. For these programs, the professional courses are offered on third year level. With the difficulty of the program itself and the courses offered, there were respondents who were not able to cope up and thus failed to meet the required QPI.

Based on the Limited Retention Policy of CAMP, students shall be admitted to higher years of study if they have met the QPI of 2.80, 2.75 and 2.70 for

incoming second year, third year and fourth year, respectively. However, aside from QPI, there are other reasons why a student from CAMP will not be admitted for re-enrolment. This includes the number of 3.00 grades on core courses, unofficially dropped (UD) courses, and flunked courses. With the said policy, students of such programs need to persevere and strive hard to get not only passing grades but better grades for them to be retained in CAMP since QPI is not the sole basis for retention.

Health Risk Behavior of the Respondents

Table 4 presents the assessment of the health risk behavior of the respondents enrolled in the paramedical programs.

For respondents under the Dentistry program, more than half (51.2%) used to eat their breakfast everyday. However, 4.7% take their breakfast only once or twice a week and 7% never eat at all. As to the length of sleep, some (23.3%) of them used sleep for at least six hours daily. There were also those who have slept for that long three to four times a week (27.9%) and once or twice a week (14%). Still, there was a respondent (1/43) who used to sleep for less than six hours daily. As for the amount of water taken in a day, many consumed 5-6 glasses (41.9%) and 7-9 glasses of water per day (20.9%). However, 25.6% and 2.3% have taken 3-4 glasses and 1-2 glasses of water, respectively. When consuming alcoholic beverages, more than half (60.5%) do not drink while 39.5% drink, with 3-4 glasses (58.82%) and 1-2 glasses (17.65) on each occasion. Majority (83.7%) had never smoked cigarette, yet 2.3% had puffed one to four sticks a day or sometimes in a week (4.7%). When asked if they exercise for at least 10-15 minutes, more than half (51.2%) do not while nearly half (48.8%).

Walking (44.2%) followed by jogging or running (11.6%) were the main forms of exercise, which they performed 2-3 times a week (32.6%) or 2-4 times a month (14%). More than half (58.1%) of them have not sought health care at LPU clinic or consulted a physician for any physical or psychological problems or for medications.

It can be noted that many of the Dentistry students have manifested several health risk behaviors in terms of eating breakfast, sleeping, drinking water, drinking alcoholic beverages, and exercising. This is more likely due to the difficulty of the program that prompts

the students to devote more time in studying while skipping the good health habits. Some students smoke while the others drink alcoholic beverages which might probably their coping mechanisms to combat their stressors primarily those that are academic in nature.

For respondents under the Nursing program, many (48.2%) eat their breakfast everyday. However, there were those who eat their breakfast 3-4 times a week (20.5%), only once or twice a week (13.3%) and those who never eat at all (2.4%). As to the length of sleep, 28.9% of them used sleep for at least six hours daily. There were also those who have slept for that long three to four times a week (27.7%) and once or twice a week (8.4%). Still, there were respondents (3.6%) who used to sleep for less than six hours daily. As for the amount of water taken in a day, many consumed 5-6 glasses (43.4%) and 7-9 glasses of water per day (20.5%). However, 26.5% and 3.6% have taken 3-4 glasses and 1-2 glasses of water, respectively. When consuming alcoholic beverages, more than half (59%) do not drink while 41% drink, with 3-4 glasses (26.47%) and 1-2 glasses (35.29%) on each occasion. Majority (85.5%) had never smoked cigarette, yet 10.8% had tried before but had stopped smoking. There was a respondent who reported to be a chain smoker (1/83), consumed one to four sticks per day (1/83) and smokes cigarette occasionally (1/83). When asked if they exercise for at least 10-15 minutes, many (68.7%) do it every day; however, 31.3% do not exercise. Walking (55.4%) followed by jogging or running (20.5%) were the main forms of exercise, which they performed 2-3 times a week (36.1%) or 2-4 times a month (8.4%). More than half (53%) of them have not sought health care at LPU clinic or consulted a physician for any physical or psychological problems or for medications.

It is noticeable that nearly half of the students taking the Nursing program have also manifested several health risk behaviors in terms of eating breakfast, sleeping, drinking water, drinking alcoholic beverages, and exercising, similar with the Dentistry students. The Nursing program is another difficult program that prompts the students to devote more time in studying. There were also some students who smoke and drink alcoholic beverages despite the knowledge that they have acquired on such vices.

Table 4. Health Risk Behavior of Respondents Across Programs (N=295)

	Dent N=43		Nurs N=83		PT N=19		MLS N=104		RT N=28		Phar N=18		Total	
Questions	F	%	f	%	F	%	f	%	f	%	f	%	F	%
Do you eat your breakfast?														
Always (everyday)	22	51.2	40	48	8	42.1	50	48.1	17	60.7	13	72	150	50.85
Often (5-6x/week)	11	25.6	13	16	3	15.8	16	15.4	1	3.6	3	17	47	15.93
Sometimes (3-4x/week)	5	11.6	17	21	4	21.1	26	25	8	28.6	2	11	62	21.02
Seldom (1-2x/week)	2	4.7	11	13	3	15.8	12	11.5	2	7.1			30	10.17
Never	3	7	2	2.4	1	5.3							6	2.03
Do you sleep at least 6 hours?														
Always (everyday)	10	23.3	24	29	6	31.6	22	21.2	13	46.4	10	56	85	28.81
Often (5-6x/week)	14	32.6	26	31	4	21.1	38	36.5	7	25	4	22	93	31.53
Sometimes (3-4x/week)	12	27.9	23	28	3	15.8	29	27.9	7	25	3	17	77	26.10
Seldom (1-2x/week)	6	14	7	8.4	6	31.6	13	12.5	1	3.6			33	11.19
Never	1	2.3	3	3.6			2	1.9			1	5.6	7	2.37
How many glasses of water do you drink in a day?														
1-2 glasses	1	2.3	3	3.6	2	10.5	4	3.8	1	3.6	1	5.6	12	4.07
3-4 glasses	11	25.6	22	27	2	10.5	25	24	7	25	5	28	72	24.41
5-6 glasses	18	41.9	36	43	8	42.1	44	42.3	11	39.3	8	44	125	42.37
7-9 glasses	9	20.9	17	21	6	31.6	26	25	6	21.4	3	17	67	22.71
10 glasses or more	4	9.3	5	6	1	5.3	5	4.8	3	10.7	1	5.6	19	6.44
Do you drink (hard drinks/ alcoholic beverages)?														
Yes	17	39.5	34	41	3	15.8	36	34.6	9	32.1	3	17	102	34.58
No	26	60.5	49	59	16	84.2	68	65.4	19	67.9	15	83	193	65.42
If you do, what is the usual amount consumed on each occasion?														
1-2 glasses	3	17.7	12	35	1	33.3	14	38.9	4	44.4	1	33	35	11.86
3-4 glasses	10	58.8	9	26	1	33.3	5	13.9	2	22.2	1	33	28	9.49
5-6 glasses	1	5.88	7	21	1	33.3	3	8.33	2	22.2	1	33	15	5.08
7-9 glasses	1	5.88	3	8.8			1	2.78					5	1.69
10 glasses or more	2	11.76	3	8.8			13	36.1	1	11.1			19	6.44
Do you smoke cigarette?														
Yes, I am a chain smoker			1	1.2	1	5.3	1	1	1	3.6			4	1.36
Yes, 1-4 sticks per day	1	2.3	1	1.2					3	10.7			5	1.69
Yes, sometimes in a week or Occasionally	2	4.7	1	1.2			4	3.8					7	2.37
I have tried before, but I stopped now	4	9.3	9	11			7	6.7	2	7.1			22	7.46
Never	36	83.7	71	86	18	94.7	92	88.5	22	78.6	18	100	257	87.12
Do you exercise for at least 10-15 minutes?														
Yes	21	48.8	57	69	17	89.5	61	58.7	25	89.3	12	67	193	65.42
No	22	51.2	26	31	2	10.5	43	41.3	3	10.7	6	33	102	34.58
If yes, what is your form of exercise?														
Walking	19	44.2	46	55	13	68.4	42	40.4	14	50	10	56	144	48.81
jogging, running	5	11.6	17	21	4	21.1	20	19.2	7	25	2	11	55	18.64
Biking	1	2.3	3	3.6	2	10.5	8	7.7	1	3.6	3	17	18	6.10
using gym equipment	4	9.3	6	7.2	2	10.5			2	7.1			14	4.75
sports (like swimming, boxing, etc)	2	4.7	8	9.6			2	1.9	4	14.3	1	5.6	17	5.76
Others														

Table 4 (cont.). Health Risk Behavior of Respondents Across Programs (N=295)**If yes, how often do you exercise for at least 10-15 minutes?**

4x a week or more	5	11.6	19	23	6	31.6	18	17.3	8	28.6	5	28	61	20.68
2-3x/week	14	32.6	30	36	10	52.6	33	31.7	13	46.4	5	28	105	35.59
2-4x/month	6	14	7	8.4	2	10.5	10	9.6	3	10.7	2	11	30	10.17
once a month	1	2.3	5	6			3	2.9	2	7.1			11	3.73
Never	1	2.3	2	2.4			5	4.8					8	2.71
No answer	16	37.2	20	24	1	5.3	35	33.7	2	7.1	6	33	80	27.12

During the first semester of SY 2012-2013, have you sought healthcare at LPU clinic or consulted a physician for any physical or psychological problems or for medications?

Yes	18	41.9	37	45	8	42.1	38	36.5	10	35.7	5	28	116	39.32
No	25	58.1	44	53	11	57.9	64	61.5	16	57.1	13	72	173	58.64
No answer			2	2.4			2	1.9	2	7.1			6	2.03

For respondents under the Physical Therapy program, 42.1% eat their breakfast every day. However, 15.8% take their breakfast only once or twice a week and 5.3% never eat at all. As to the length of sleep, 31.6% of them used sleep for at least six hours daily. There were also those who have slept for that long three to four times a week (15.8%) and once or twice a week (31.6%). As for the amount of water taken in a day, many consumed 5-6 glasses (42.1%) and 7-9 glasses of water per day (31.6%). However, there were also those who have taken 3-4 glasses (10.5%) and 1-2 glasses of water (10.5%) per day. When consuming alcoholic beverages, most of them (84.2%) do not drink while those who drink (3/19) consumes 1-2 glasses, 3-4 glasses, 5-6 glasses on each occasion. Almost all (18/19) had never smoked cigarette, and the one who smoked was a chain smoker. When asked if they exercise for at least 10-15 minutes, majority (89.5%) of them exercise daily with walking (68.4%) followed by jogging or running (21.1%) as the main forms of exercise, which they performed 2-3 times a week (52.6%) or 4 times a week (31.6%). Only 2/19 (10.5%) do not exercise daily. More than half (57.9%) of them have not sought health care at LPU clinic or consulted a physician for any physical or psychological problems or for medications.

It can be seen that more than half of the students taking the Physical Therapy program have also manifested several health risk behaviors in terms of eating breakfast and sleeping. There were also those who do not drink enough water, and drink alcoholic beverages. Physical Therapy, a five-year program, is another program that requires intense review and focus which also prompts the students to strive harder.

For respondents under the Medical Laboratory Science program, nearly half (51.2%) eat their

breakfast every day. However, many (25%) used to take their breakfast only 3-4 times a week and some (11.5%) once or twice a week. As to the length of sleep, only 21.2% of them used sleep for at least six hours daily. Many used to sleep for at least 6 hours 5-6 times a week (36.5%), and 3-4 times a week (27.9%). Still, there were respondents who seldom slept for that long (12.5%) and who never slept for that long daily (1.9%). As for the amount of water taken in a day, many consumed 5-6 glasses (42.3%) and 7-9 glasses of water per day (25%). However, 24% and 3.8% have taken 3-4 glasses and 1-2 glasses of water, respectively. When consuming alcoholic beverages, many (65.4%) of them do not drink while 34.6% drink, with 1-2 glasses (38.89%) and 3-4 glasses (13.89%) on each occasion. Some of have taken 10 glasses or more on each occasion. Majority (88.5%) had never smoked cigarette, while few (3.8%) smoked sometimes in a week and one of them was a chain smoker. When asked if they exercise for at least 10-15 minutes, many (41.3%) do not while more than half (58.7%) used to exercise daily with walking (40.4%) followed by jogging or running (19.2%) as the main forms of exercise, which they performed 2-3 times a week (31.7%) and 4 times a week or more (17.3%). Many (61.5%) of them have not sought health care at LPU clinic or consulted a physician for any physical or psychological problems or for medications.

The same findings were observed among the Medical Laboratory Science students who have also manifested several health risk behaviors in terms of eating breakfast, sleeping, drinking water, drinking alcoholic beverages, and exercising, similar with the other paramedical students. There were also some students who smoke and drink alcoholic beverages as

their coping mechanisms to the academic stressors that they usually encounter.

For respondents under the Radiologic Technology program, many (60.7%) eat their breakfast every day. However, some take their breakfast 3-4 times a week (28.6%) and only once or twice a week (7.1%). As to the length of sleep, nearly half (46.4%) of them used sleep for at least six hours daily. There were also those who have slept for that long 3-4 and 5-6 times a week (25%) and once or twice a week (3.6%). As for the amount of water taken in a day, many consumed 5-6 glasses (39.3%) and 7-9 glasses of water per day (21.4%). However, 25% and 3.6% have taken 3-4 glasses and 1-2 glasses of water, respectively. When consuming alcoholic beverages, many (67.9%) do not drink while 32.1% drink, with 1-2 glasses on each occasion. Majority (78.6%) had never smoked cigarette, yet 10.7% had puffed one to four sticks a day. Also, there was a chain smoker among the respondents (1/28). When asked if they exercise for at least 10-15 minutes, majority (89.3%) used to exercise while few (10.7%) do not. Walking (50%) followed by jogging or running (25%) were the main forms of exercise, which they performed 2-3 times a week (46.4%) or four times a week or more (28.6%). More than half (57.1%) of them have not sought health care at LPU clinic or consulted a physician for any physical or psychological problems or for medications.

Several health risk behaviors were also observed among the Radiologic Technology students in terms of eating breakfast, sleeping, drinking water, drinking alcoholic beverages, and exercising. Smoking and drink alcoholic beverages were also the coping mechanisms of some students to the academic stressors that they usually encounter.

For respondents under the Pharmacy program, majority (72.2%) eat their breakfast everyday while few take their breakfast 5-6 times a week (16.7%) and 3-4 times a week (11.1%). As to the length of sleep, more than half (55.6%) of them used to sleep for at least six hours daily. There were also those who have slept for that long 5-6 times a week (22.2%) and 3-4 times a week (16.7%). Still, there was a respondent (1/18) who used to sleep for less than six hours daily. As for the amount of water taken in a day, many consumed 5-6 glasses (41.9%) and 7-9 glasses of water per day (20.9%). However, 25.6% and 2.3% have taken 3-4 glasses and 1-2 glasses of water, respectively. When consuming alcoholic beverages, more than half (60.5%) do not drink while 39.5%

drink, with 3-4 glasses (58.82%) and 1-2 glasses (17.65) on each occasion. Majority (83.7%) had never smoked cigarette, yet 2.3% had puffed one to four sticks a day or sometimes in a week (4.7%). When asked if they exercise for at least 10-15 minutes, more than half (51.2%) do not while nearly half (48.8%). Walking (44.2%) followed by jogging or running (11.6%) were the main forms of exercise, which they performed 2-3 times a week (32.6%) or 2-4 times a month (14%). Majority (72.2%) of them have not sought health care at LPU clinic or consulted a physician for any physical or psychological problems or for medications.

Most of the Pharmacy students have shown less health risk behaviors as compared with the other students from other paramedical programs. Since the respondents were on their lower years, they have lesser academic load.

Collectively, around half (50.85%) of the respondents eat their breakfast everyday; however, many of them do not on a daily basis. There were also those who sometimes (21.02%) and seldom (10.17%) eat, and never eat at all (2.03%). This is may be due to the fact that there were respondents who were always in a hurry and would prefer to skip meals than to be late in the class. There were also some who live in boarding houses and apartments; thus, they do not usually prepare for their breakfast. According to Hahn, Payne and Mauer [10], when people are stressed, they often skip meals or eat on the run. Since the fight or flight response requires more energy than is normally needed, it is even more essential that one eats a balanced, nutritious diet during stressful times.

As to the length of sleep, only 28.81% actually sleep for at least six hours daily. Many of them sometimes (26.10%) and seldom (11.1%) and never (2.37%) sleep for that long. Lack of sleep can be both a cause and effect of excess stress [11]. The less number of sleeping hours is probably due to the longer time allotted by the respondents in reviewing their courses due to the academic stressors that go with that and may also be due to their engagement in the use of social network. Sleep deprivation has been found to cause losses in higher cognitive processing tasks, decline in the performance of simple tasks, memory loss, and, with prolonged sleep deprivation, temporary psychosis such as hallucinations and delirium [10], [11].

As to the amount of water taken, many (42.37%) drink 5-6 glasses followed by those who drink 3-4 glasses (24.41%) in a day. Others drink less amount of

water of only 1-2 glasses (4.07%) daily. Paramedical students usually have longer hours of class schedule. This implies that they stay longer in the classroom which may limit them to leave the class to drink water. The body needs an absolute minimum of six to eight-ounce glasses of water a day. drinking water relieves stress. Pathology that is seen to be associated with social stresses like fear, anxiety, insecurity, persistent emotional and matrimonial problems, and the establishment of depression are the results of water deficiency to the point that the water requirement of brain tissue is affected. Consequently, dehydration causes stress, and stress will cause further dehydration [12].

As to the amount of alcoholic beverages taken, more than half of them (65.42%) do not drink while 34.58% (102/295) of them do with varying amounts of 1-2 glasses (11.86%), 3-4 glasses (9.49%) and 10 glasses or more (6.44%) on each occasion. There must also be a limit in alcohol beverage consumption. Alcohol makes people feel relaxed and less stressed while they are drinking it but leave them feeling more tired the next day. It can increase stress by creating new problems such as hangovers, arrests, traffic violations, fights, and accidents [13].

Majority (87.12%) of the respondents never smoke. There were those who have tried but had stopped (7.4%) and few of them smoke sometimes in a week (2.37) or puff one to four sticks per day (1.69%). There were also 4/295 chain smokers from the respondents. Nicotine is a stimulant that increases stress [13], [17].

As to exercise, more than half (65.42%) of them exercise for at least 10-15 minutes with walking (48.81%), and jogging and running (18.64%) as the forms of exercise. However, many (102/295) do not exercise daily. A number of studies suggest that exercise reduces the intensity of the stress response, shortens the time it takes to recover from stress and helps ward off illnesses in people experiencing stress [13]. One study found that just a brisk 10-minute walk leaves people feeling more relaxed and energetic for up to 2 hours. Researchers have also found that people who exercise regularly react with milder physical stress responses before, during, and after exposure to stressors. People who took three brisk 45-minute walks a week for three months reported that they perceived fewer daily hassles. Their sense of wellness also increased [11]. In addition to releasing stress, exercise gives one a “time-out” so that one can reframe a stressful situation in a more positive light and develop an effective response (Robinson & McCormick, 2011).

Table 5 shows the psychological and psychosomatic symptoms that the respondents experienced in relation to their studies.

As shown, the symptoms difficulty in concentrating, irritation, anxiety, depression, tiredness and headaches were often experienced by the respondents under the programs Dentistry, Physical Therapy, Medical Laboratory Science and Pharmacy with composite means of 2.63, 2.54, 2.59 and 2.56, respectively.

Table 5. Psychological and Psychosomatic Symptoms of Respondents Across Programs

	Dentistry N=43			Nursing N=83			Physical Therapy N=19			MLS N=104			RT N=28			Pharmacy N=18		
	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R
During the first semester of SY 2012-2013, did you experience any of the following psychological or psychosomatic symptoms due to your studies?																		
1. Difficulty in concentrating	2.58	O	3	2.34	S	3	2.79	O	2	2.63	O	3	2.25	S	3	2.83	O	2
2. Irritation	2.49	S	4	2.3	S	4.5	2.26	S	4.5	2.33	S	6	2.11	S	4	2.50	O	4
3. Anxiety	2.35	S	5.5	2.3	S	4.5	2.26	S	4.5	2.37	S	4.5	2.00	S	5	2.28	S	5
4. Depression	2.35	S	5.5	1.92	S	6	2.21	S	6	2.37	S	4.5	1.82	S	6	2.11	S	6
5. Tiredness	3.21	O	1	2.94	O	1	3.00	O	1	3.16	O	1	2.71	O	1	3.06	O	1
6. Headache	2.79	O	2	2.67	O	2	2.68	O	3	2.71	O	2	2.29	S	2	2.61	O	3
Composite Mean	2.63	O		2.41	S		2.54	O		2.59	O		2.20	S		2.56	O	

Legend: 3.50-4.00 = Always (A); 2.50-3.49 = Often (O); 1.50-2.49 = Seldom (S); 1.00-1.49 = Never (N)

On the other hand, the respondents from Nursing and Radiologic Technology programs seldom experienced those symptoms with composite means of 2.41 and 2.20, respectively. For all the respondents, they agreed that from the aforementioned symptoms which they experienced in relation to their studies, tiredness ranks first followed by headache and difficulty in concentrating.

This has similarity with the study of Misra, McKean, West & Rosso (2000), in which emotional (fear, anxiety, worry, anger, guilt, grief, or depression) and cognitive reactions (i.e., their appraisal of stressful situations and strategies) appeared to be the most common reaction to stress among the students. Other reactions that occurred less frequently were behavioral (crying, abuse of self and others, smoking, and irritability) and physiological (sweating, trembling, stuttering, headaches, weight loss or gain, or body aches).

According to Insel and Roth [11], if a stressor persists or if several stressors occur in succession general exhaustion occurs. Headaches, including migraines, have long been associated with stress. Also, when chronic stress occurs, the body reacts by being constantly ready to respond, and the muscles become braced, always in a state of tension [16].

The life stressors that were assessed from the respondents include the interpersonal, intrapersonal, academic, and environmental factors which were adopted from Holmes and Rahe's Social Readjustment Rating Scale.

Table 6 shows the assessment of the respondents' life stressors with regard to interpersonal factors. Of the eight components, respondents from Dentistry

revealed that the leading interpersonal stressors were "peer pressure", "conflict with parents" and "conflict with a close friend" with weighted means of 2.02, 1.98 and 1.91, respectively. This is similar to the reactions of respondents from Physical Therapy (2.21, 2.00 and 1.89, respectively) and Pharmacy (2.39, 1.83 and 1.94, respectively). On the other hand, respondents from Nursing reported that "conflict with parents", "peer pressure", and "conflict with a close friend" were the leading stressors with weighted means of 2.02, 1.93, and 1.88. Similarly, respondents from Medical Laboratory Science have the same stressors with weighted means of 2.26, 2.17 and 2.00, respectively. Respondents from Radiologic Technology shared the same leading stressor, "peer pressure" with a weighted mean of 1.96; however the second and third stressor include "few friends in class" and "breaking up with a boyfriend or girlfriend", both with 1.71 weighted mean.

The results are in conformity with Robinson & McCormick (2011) findings in which the most common interpersonal stressors are related to family, friends, colleagues, and romantic partners. Conflicts with the people around, especially those who are important, can create lots of stress. The conflicts are a part of life, unavoidable, and healthy if handled correctly. An important part of most college experiences is learning to take more responsibilities for his or her own life and becoming more independent. Increased independence requires changes in relationships with family. Moving toward independence can be threatening for all involved.

Table 6. Respondents' Life Stressors in terms of Interpersonal Factors

	Dent N=43			Nurs N=83			PT N=19			MLS N=104			RT N=28			Phar N=18		
Interpersonal	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R
1. Peer Pressure	2.02	D	1	1.93	D	2	2.21	D	1	2.17	D	2	1.96	D	1	2.39	D	1
2. Being teased or made fun of	1.74	D	5	1.73	D	5	1.79	D	4	1.75	D	4	1.68	D	4.5	1.72	D	5
3. Few friends in the Class	1.63	D	6	1.59	D	6	1.74	D	5.5	1.62	D	5	1.71	D	2.5	1.78	D	4
4. Conflict with a close Friend	1.91	D	3	1.88	D	3	1.89	D	3	2.00	D	3	1.64	D	6	1.94	D	2
5. Conflict with boardmate/s	1.30	D	8	1.51	D	8	1.58	D	7	1.44	D	8	1.18	D	8	1.50	D	6
6. Conflict with parents	1.98	D	2	2.02	D	1	2.00	D	2	2.26	D	1	1.68	D	4.5	1.83	D	3
7. Found out boyfriend/girlfriend cheated on you	1.53	D	7	1.55	D	7	1.26	D	8	1.54	D	7	1.57	D	7	1.28	D	8
8. Breaking up with a boyfriend or girlfriend	1.67	D	5	1.7	D	6	1.74	D	5.5	1.56	D	6	1.71	D	2.5	1.33	D	7
Composite Mean	1.72	D		1.74	D		1.78	D		1.79	D		1.64	D		1.72	D	

Legend: 2.50 – 4.00 = Stress me (S); 1.00 – 2.49 = Does not stress me at all (D)

Similarly, the study of Misra, McKean, West & Rosso (2000) revealed that Students experienced highest stress levels due to pressure, followed by self-imposed stress.

Nevertheless, all respondents agreed that all stressors did not stress them much as shown by the composite means. This implies that though such interpersonal stressors exist, they were able to cope up with them; thus, they were not really stressed.

Table 7 shows the assessment of the respondents' life stressors with regard to intrapersonal factors.

Of the 14 components, "the program enrolled" was the leading stressor among all the respondents except those from the Physical Therapy program with weighted means of 2.65 (Dentistry), 2.53 (Nursing), 2.64 (Medical Laboratory Science), 2.36 (Radiologic Technology), and 2.72 (Pharmacy). The respondents confirmed that they were really stressed in the program they enrolled except those from under Physical Therapy and Radiologic Technology. This is followed by "death of a family member" which had stressed the respondents from Physical Therapy and Medical Laboratory Science programs with weighted

means of 2.53 and 2.64, respectively; and "failure to live up to family expectations" (2.53) which had stressed the Medical Laboratory Science respondents.

Yet, the overall results from all respondents showed that intrapersonal factors did not stress them much, in general. This is in contrast with the study of Ross, Niebling & Heckert (1999) among undergraduate students at a mid-sized Midwestern university in which intrapersonal sources of stress were the most common source of stress.

According to Robinson and McCormick [14], there are many personal circumstances that people might label as stressful. The academic expectations in college will likely be higher than they were in high school. College is usually a time of change and adjustment – mentally, physically, emotionally, and socially. Regardless of the age, one will be challenged during all the college years to balance the demands of school, family, relationships, and personal well-being. Emotionally and socially, one may be faced with challenges and new situations that one have not experienced before.

Table 7. Respondents' Life Stressors in terms of Intrapersonal Factors

	Dentistry N=43			Nursing N=83			PT N=19			MLS N=104			RT N=28			Phar N=18		
Intrapersonal	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R
1. The program enrolled	2.65	S	1	2.53	S	1	2.37	D	3	2.64	S	1.5	2.36	D	1	2.72	S	1
2. Fear of being physically hurt by other students	1.77	D	8.8	1.78	D	9	1.79	D	11	1.88	D	9	1.71	D	7.5	1.83	D	9.5
3. Poor finances	2.00	D	7	1.96	D	7	2.05	D	7	2.15	D	7	2.14	D	2	2.11	D	6.5
4. Failure to live up to family expectations	2.21	D	3.5	2.28	D	3	2.11	D	5	2.53	S	3	2.00	D	3	2.11	D	6.5
5. Family problems	2.21	D	3.5	2.17	D	5	2.11	D	5	2.41	D	5	1.96	D	4	1.78	D	12
6. Feeling guilty about things I've done in the past	2.12	D	5.5	2.25	D	4	2.37	D	2	2.36	D	6	1.82	D	5	2.44	D	2
7. Fear of pregnancy	1.70	D	11	1.67	D	14	2.00	D	9	1.79	D	12	1.25	D	12	2.28	D	4.5
8. Being responsible for unwanted pregnancy	1.58	D	14	1.70	D	13	1.58	D	13	1.81	D	11	1.18	D	14	1.78	D	12
9. Death of a family member	2.35	D	2	2.30	D	2	2.53	S	1	2.64	S	1.5	1.71	D	7.5	2.28	D	4.5
10. Death of a friend	2.12	D	5.5	2.16	D	6	2.05	D	7	2.44	D	4	1.36	D	11	2.33	D	3
11. Live with relatives	1.77	D	8.5	1.77	D	10.5	2.05	D	7	1.74	D	13	1.50	D	9	1.83	D	9.5
12. Mother or father works abroad	1.63	D	12.5	1.81	D	8	1.84	D	10	1.88	D	9	1.75	D	6	1.94	D	8
13. Both parents work Abroad	1.63	D	12.5	1.77	D	10.5	1.68	D	12	1.67	D	14	1.21	D	13	1.72	D	13
14. Having parents who are separated or divorced	1.70	D	11	1.75	D	12	1.47	D	14	1.83	D	10	1.46	D	10	1.44	D	14
Composite Mean	1.96	D		1.99	D		2.00	D		2.13	D		1.67	D		2.04	D	

Legend: 2.50 – 4.00 = Stress me (S); 1.00 – 2.49 = Does not stress me at all (D)

As expected, all respondents were stressed from various academic factors which also include “lower grades than expected”, “increased class workload”, “class schedule”, “failed Midterm grades” and “fear of flunking in a class”. This implies that the major stressors of the respondents are academic in nature. College students frequently complain about the lack of time [13] which may prevent them from managing their workload in school. The results are similar to the

study of Misra, McKean, West and Rosso [15]. They found out that college students experience high stress at predictable times each semester due to academic commitments, financial pressures, and lack of time management skills. On the other hand, academic stress due to changes, conflict, and frustration were found to only cause stress among students occasionally.

Table 8. Respondents' Life Stressors in terms of Academic Factors

	Dent N=43			Nurs N=83			PT N=19			MLS N=104			RT N=28			Phar N=18		
Academic	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R
1. Class schedule	2.63	S	7.5	2.87	S	4	2.47	D	8	2.74	S	8	2.36	D	4	2.44	D	7.5
2. Classroom ambiance	2.25	D	11	2.18	D	11.5	2.26	D	11	2.12	D	14	1.93	D	10.5	3.83	S	1
3. Presenting an output before a class	2.14	D	12	2.28	D	9	2.21	D	12.5	2.22	D	13	2.04	D	7	2.28	D	10
4. Missed too many Classes	2.02	D	13.5	2.04	D	14	2.00	D	14	2.35	D	12	1.46	D	14	2.22	D	12
5. Increased class Workload	2.67	S	6	2.61	S	6	2.68	S	6	2.87	S	7	1.93	D	10.5	2.33	D	9
6. Lots of tests/quizzes	2.93	S	3	2.93	S	2	2.84	S	4	3.34	S	2	2.43	D	3	2.89	S	3.5
7. Major exams	3.21	S	1	3.16	S	1	2.95	S	2.5	3.50	S	1	2.75	S	1	3.00	S	2
8. Lots of deadlines to meet	3.16	S	2	2.89	S	3	2.95	S	2.5	3.05	S	5.5	2.25	D	5	2.56	S	6
9. Pressure to get high Grades	2.86	S	4	2.78	S	5	3.00	S	1	3.16	S	3	2.68	S	2	2.89	S	3.5
10. Lower grades than Expected	2.74	S	5	2.58	S	7	2.79	S	5	3.10	S	4	2.04	D	7	2.67	S	5
11. Failed Midterm Grades	2.56	S	9	2.40	D	8	2.47	D	8	3.05	S	5.5	2.00	D	9	2.44	D	7.5
12. Fear of flunking in a class	2.63	S	7.5	2.24	D	10	2.37	D	10	2.80	S	9	2.04	D	7	2.28	D	12
13. Discouraging teachers	2.49	D	10	2.18	D	11.5	2.47	D	8	2.54	S	11	1.89	D	12	1.89	D	14
14. Being suspended from school or on probation	2.02	D	13.5	2.17	D	13	2.21	D	12.5	2.57	S	10	1.54	D	13	2.22	D	12
Composite Mean	2.59	S		2.52	S		2.55	S		2.81	S		2.09	D		2.57	S	

Legend: 2.50 – 4.00 = Stress me (S); 1.00 – 2.49 = Does not stress me at all (D)

Table 9 shows the assessment of the respondents' life stressors with regard to environmental factors.

Respondents from Dentistry, Nursing and Medical Laboratory Science reported that “distance of the house from school” is the leading stressor with 2.26, 2.25 and 2.47 weighted means, respectively, followed by “property stolen”. On the other hand, respondents from Physical Therapy, Radiologic Technology and Pharmacy agreed that “waiting in long line” was the primary source of their stress with weighted means of 3.00 and 2.83, respectively.

Summarily, the three leading stressors did not really stress the respondents to the highest level except for the respondents from the Physical Therapy who were stressed. Aside from waiting in long line, Pharmacy respondents were also stressed when places in unfamiliar situation with weighted mean of 2.56.

On the overall, almost all of the sources of environmental stressors did not stress the respondents to the highest level. These factors exist in the background one's life which can develop into major stressors [14].

Table 9. Respondents' Life Stressors in terms of Environmental Factors

	Dent N=43			Nurs N=83			PT N=19			MLS N=104			RT N=28			Phar N=18		
Environmental	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R
1. Vacation	1.49	D	8	1.6	D	8	1.68	D	8	1.44	D	8	1.5	D	7	2.00	D	7
2. Waited in long line	2.21	D	3	2.14	D	4	3.00	S	1	2.43	D	3	2.04	D	1.5	2.83	S	1
3. Computer problems	1.91	D	6	1.93	D	6	2.26	D	5.5	1.91	D	6	1.79	D	4	2.06	D	6
4. Placed in unfamiliar Situation	2.09	D	4	2.12	D	5	2.42	D	4	2.23	D	5	1.57	D	6	2.56	S	2
5. Messy living conditions	2.07	D	5	2.19	D	2	2.26	D	5.5	2.33	D	4	1.68	D	5	2.39	D	3
6. Property stolen	2.26	D	1.5	2.18	D	3	2.58	S	2.5	2.45	D	2	1.82	D	3	2.28	D	5
7. Distance of the house from school	2.26	D	1.5	2.25	D	1	2.58	S	2.5	2.47	D	1	2.18	D	1.5	2.33	D	4
8. Living in an apartment or boarding house	1.42	D	7	1.78	D	7	1.95	D	7	1.75	D	7	1.46	D	8	1.72	D	8
Composite Mean	1.96	D		2.03	D		2.34	D		2.13	D		1.75	D		2.27	D	

Legend: 2.50 – 4.00 = Stress me (S); 1.00 – 2.49 = Does not stress me at all (D)

Table 10. Composite Mean of the Respondents' Life Stressors Across Programs

	Dent N=43			Nurs N=83			PT N=19			MLS N=104			RT N=28			Phar N=18		
Life Stressors	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R	WM	VI	R
Interpersonal	1.72	D	4	1.74	D	4	1.78	D	4	1.79	D	4	1.64	D	4	1.72	D	4
Intrapersonal	1.96	D	2.5	1.99	D	3	2.00	D	3	2.13	D	2.5	1.67	D	3	2.04	D	3
Academic	2.59	S	1	2.52	S	1	2.55	S	1	2.81	S	1	2.09	D	1	2.57	S	1
Environmental	1.96	D	2.5	2.03	D	2	2.34	D	2	2.13	D	2.5	1.75	D	2	2.27	D	2

Legend: 2.50 – 4.00 = Stress me (S); 1.00 – 2.49 = Does not stress me at all (D)

A synthesis of the overall composite mean of the respondents' life stressors is presented in Table 10. From the four major groups of life stressors, those that pertain to Academic were found to be the major sources of stress among the respondents from Dentistry, Nursing, Physical Therapy, Medical Laboratory Science, Radiologic Technology, and Pharmacy programs with composite means of 2.59, 2.52, 2.55, 2.81, 2.09, and 2.57, respectively.

This implies that there are many different types of stressors that a student will face upon entering into College. The life stressors that are classified as interpersonal, intrapersonal and environmental did not really stress the respondents to the greatest level. This is may be due to the coping mechanisms of the respondents to the aforementioned groups of stressors. On the other hand, academic stressors were the ones that truly stress the respondents. According to Insel and Roth [11], exams, grades, and choosing a major are among the many academic stressors faced by college students.

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Correlation of Life Stressors and Health Risk Behavior

To determine how significant the respondents' life stressors to their health risk behaviors are, ANOVA with eta value was used. Using the Special Package for Social Science (SPSS) computerized tool, data were processed, treated and their findings are summarized and presented in Table 11.

As shown, the four major life stressors namely, interpersonal, intrapersonal, academic and environmental were found not to be correlated with most of the different health risk behaviors since the computed eta values were greater than the critical value and the resulted p-values were less than 0.05 level of significance.

Table 11. Relationship Between Health Risk Behavior and Respondents' Life Stressors

Indicators	eta-value	p-value	Interpretation
Eating Breakfast			
Interpersonal	0.118	0.397	Not Significant
Intrapersonal	0.148	0.168	Not Significant
Academic	0.145	0.185	Not Significant
Environmental	0.171	0.071	Not Significant
Sleeping for at least 6 hours			
Interpersonal	0.124	0.481	Not Significant
Intrapersonal	0.108	0.634	Not Significant
Academic	0.172	0.120	Not Significant
Environmental	0.165	0.158	Not Significant
Drinking Water			
Interpersonal	0.134	0.261	Not Significant
Intrapersonal	0.138	0.232	Not Significant
Academic	0.142	0.206	Not Significant
Environmental	0.152	0.144	Not Significant
Drinking Alcoholic Beverages			
Interpersonal	0.168	0.015	Significant
Intrapersonal	0.121	0.116	Not Significant
Academic	0.049	0.706	Not Significant
Environmental	0.019	0.949	Not Significant
Amount of Alcohol Taken			
Interpersonal	0.217	0.016	Significant
Intrapersonal	0.171	0.127	Not Significant
Academic	0.109	0.628	Not Significant
Environmental	0.114	0.574	Not Significant
Cigarette Smoking			
Interpersonal	0.178	0.095	Not Significant
Intrapersonal	0.244	0.003	Significant
Academic	0.194	0.049	Significant
Environmental	0.136	0.366	Not Significant
Exercise			
Interpersonal	0.052	0.671	Not Significant
Intrapersonal	0.087	0.331	Not Significant
Academic	0.031	0.868	Not Significant
Environmental	0.134	0.071	Not Significant
Frequency of Exercise			
Interpersonal	0.133	0.391	Not Significant
Intrapersonal	0.088	0.809	Not Significant
Academic	0.103	0.683	Not Significant
Environmental	0.149	0.256	Not Significant
Consultation with LPU physician			
Interpersonal	0.087	0.332	Not Significant
Intrapersonal	0.026	0.903	Not Significant
Academic	0.044	0.752	Not Significant
Environmental	0.142	0.051	Not Significant

Legend: Significant at $p\text{-value} < 0.05$

On the other hand, interpersonal stressors were found to be correlated with drinking alcohol beverages and the amount of alcohol taken with obtained eta values of 0.168 and 0.217 and p values of 0.015 and 0.016 ($p = < 0.05$), respectively. This implies that when the respondents are stressed due to interpersonal

stressors such as peer pressure and conflicts with parents and friends, they resort to drinking alcoholic beverages. New peer groups that form in college can influence patterns of thought and behavior [8]. Moreover, the intrapersonal and academic stressors are correlated to cigarette smoking with obtained eta values of 0.244 and 0.194 and p values of 0.003 and 0.049 ($p = < 0.05$), respectively. This also implies that when they are stressed due to intrapersonal stressors like the program that they enrolled, death of a family member; and academic stressors such as major exams, lots of tests and deadlines to meet, they may have the tendency to smoke. This is supported by a study of Hudd et al. (2000) who revealed that students with high levels of stress tend to perceive themselves as less health and are more prone to practice a number of poor health habits. Stress has been associated with a variety of negative outcomes in the adolescent population including smoking and drinking [8].

Significant Difference of Life Stressors of the Respondents Across Programs

Table 12. Difference of Responses on the Respondents' Life Stressors Respondents Across Programs When Grouped According to Program

Life Stressors in terms of:	F-value	p-value	Decision	Interpretation
Interpersonal	0.356	0.878	Accepted Ho	Not Significant
Intrapersonal	11.383	0.000	Rejected Ho	Highly Significant
Academic	10.966	0.000	Rejected Ho	Highly Significant
Environmental	3.489	0.004	Rejected Ho	Significant

Legend: Significant at $p\text{-value} < 0.05$

To answer the specific question raised if significant difference exists among the respondents' responses when grouped according to their life stressors, ANOVA was used. Based on Table 5, the computed F-values of intrapersonal, academic and environmental were greater than the critical value and the resulted p-values of 0.000, 0.000 and 0.004 were less than 0.05 level of significance; thus, the null hypothesis of no significant difference on the respondents' responses on life stressors is rejected. This means that the stressors experienced by the students vary as to their program and that all programs have different levels of stress as supported by Post Hoc Analysis with Scheffe test.

It was found out that all respondents have similar responses to interpersonal stressors. For intrapersonal stressors and academic stressors only, the responses of Radiologic Technology respondents differ from all others respondents. This implies that Radiologic Technology program is the least stressful program in terms of intrapersonal and academic stressors. Furthermore, only the respondents from Physical Therapy and Pharmacy differ for responses on environmental factors.

CONCLUSION

Majority of paramedical students at LPU are female and of the right age, are taking Medical Laboratory Science program, and graduated from private high schools. The overall QPI of the paramedical students is 2.1274 with 100% retention rate in the Colleges of Dentistry and Nursing but not from the College of Allied Medical Professions for the entire year level. As to health risk behavior, only half of them eat their breakfast always and mostly have not slept for at least six hours daily. Many do not drink alcoholic beverages and do not smoke as well. More than half drink 5-6 glasses or more of water, exercise for at least 10-15 minutes primarily through walking, and have not sought healthcare at LPU for any physical and psychological problems or for medication.

Academic stressors are the major sources of stress among the paramedical students. There is no correlation between life stressors and most health risk behaviors except for interpersonal stressors which were found to be correlated with drinking alcohol beverages and the amount of alcohol taken; and the intrapersonal and academic stressors which are correlated to cigarette smoking. The stressors experienced by the paramedical students vary as to their program and that all programs have different levels of stress.

RECOMMENDATION

It is recommended that future research on the same theme be performed and include the students coping mechanisms at each level and the social support structures available for them. Furthermore, strategies and interventions, such as mentoring programs, stress management seminars, coping strategies, and time management, must also be crafted to address the identified health risk behavior and life stressors of paramedical students in order for them to

easily cope up with their stressors that may improve their academic performance.

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