
ConvoCare: A Student-Lead Project in Handling Perceived Stress of the Pharmacy Students in a Tertiary University in Quezon City

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ABSTRACT

Mental health issues are becoming more common because of students' declining quality of life, poorer academic performance, and varied learning environments. Despite the transition from the online to face-to-face learning platform, the stress level of the allied medical students is continuously rising. While educational institutions have offered group discussions and seminars to address this issue, their impact on students' stress levels has been minimal. Considering the growing problem, serious public health actions should be launched, especially by universities and other educational institutions. A listening game and a mental health seminar were used as part of the ConvoCare Project to gauge the level of stress experienced by tertiary university pharmacy students. The pre-survey implementation revealed that most pharmacy students were experiencing moderate to high levels of stress. To cope, they employed problem- and emotional-focused coping mechanisms, which included active planning, problem-solving techniques, and seeking out social support. Fifty eight students with moderate levels of stress were part of the ConvoCare project before the activity. The listening card game had a positive impact on students' reported stress levels, which ranged from low to moderate after the project was completed. Results from the paired t-test revealed a statistically significant reduction in stress, with mean scores decreasing from 18.5 ± 3.04 on the pre-test to 14.7 ± 2.78 on the post-test. The majority of participants provided positive evaluations of the initiative, with an overall satisfaction rating of 4.57 ± 0.53 , indicating a very satisfactory evaluation. These findings highlight the importance of integrating stress-reduction strategies into educational programs to support students' mental health.

Key words: Academic stress, coping, pharmacy student, perceived stress

Anxiety and depression are the most common mental health conditions in the Philippines, and their prevalence is steadily rising (Alibudbud, 2023). Students adapting to the evolving learning landscape, from the online platform introduced during the pandemic to the hybrid learning system, were evidently grappling with these challenges, which are adversely impacting their mental well-being, quality of life, and academic achievements. These changes

have caused the students to experience a variety of issues, including stress, anxiety, sadness, insomnia, mood swings, and significant levels of PTSD (Girma et al., 2021).

Among undergraduate pharmacy students in Nigeria who participated in the study of Auwal, et al. (2020), the perceived stress scale mean was 18.4 ± 4.9 – indicating moderate stress and the volume of materials and financial constraints were identified as their common stressors. When compared with non-pharmacy students, 50.31% of pharmacy students experienced severe levels of stress while only 37.19% non-pharmacy students experienced severe stress levels and majority of pharmacy students consider their academic and financial situations as their stressors (Mardea, et al., 2021).

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In research conducted in the Philippines, Dacawe (2023) found that 63% of pharmacy students experienced moderate academic burnout, which manifested as personal, study-related, classmate-related, and instructor-related burnout. Additionally, 41.8% of medical students reported severe or extremely severe anxiety, 30.7% experienced depression, and 45.5% suffered from post-traumatic stress disorder upon returning to school (Fadel et al., 2023).

Stress can result in deeper issues that impact not just the individual but also the community to which they belong. Chronic exposure to stressful situations, as evidenced by a study conducted in Kenya can lead to a decline in academic performance, memory loss, strained relationships with family and friends, and a general sense of dissatisfaction with life (Mutiso, et al., 2023). Moreover, stress among pharmacists and medical teams has prompted an increased risk of patient morbidity and mortality (Kristina, et al., 2020; Bhat et al., 2011; Chen et al., 2013).

Educational institutions across various nations encountered numerous challenges during their diverse educational journeys, yet they were limited in their ability to offer comprehensive solutions. Self-guided stress management is one of the most widely used stress management techniques, yet research has shown that its effectiveness is quite low (Amanvermez et al., 2022). Local organizations and institutions in the Philippines initiated health promotion and education programs aimed at reducing the stress and anxiety levels of students. However, the implementation of these programs lacked consistency.

The primary objective of the study was to develop a ConvoCare Project that would assist students in managing their stress effectively. The ConvoCare Project is a “kumustahan” initiative designed to empower and assist tertiary university pharmacy students in forging new relationships with one another. In this student-led study, the researcher prepared the student facilitators to guide groups of students in sharing their ideas and emotions in a way that helps reduce stress.

MATERIALS AND METHODS

Study Design and Locale

A multiphase design was employed in this study. Descriptive cross-sectional study was used as the first research design, while quasi-experimental with program development was used in the second phase.

Phase 1: Baseline Assessment – In order to best describe a particular occurrence, data were gathered at a single point in time using a descriptive cross-sectional design for the first phase. The present information on the socio-demographics of the students in terms of age, sex, year level, and number of family members, coping strategies and post-pandemic perceived stress levels of pharmacy students was gathered and described in this phase.

Phase 2: Actual Project Implementation – In the second phase, a quasi-experiment with program development was conducted without the use of randomization with the goal of assessing the effectiveness or impact of an intervention. The purpose of this phase was to assess the ConvoCare project and determine if the intended health promotion intervention had an immediate impact on the perceived stress levels of the pharmacy students. It is crucial to note that this study only examined the difference between the pre- and post-test results that were given prior and after the program implementation, respectively; a control group was not used in this project.

Study Participants

The first year to fourth-year pharmacy undergraduate students (N=208) enrolled in the academic year 2023–2024 at the tertiary university in Quezon City served as the respondents.

Sample Size and Sampling Technique

Phase 1: Baseline Assessment – Survey Dissemination

For the first part of the project, total enumeration was used as the sampling technique. Using Raosoft for the sample size computation, the minimum sample size recommended was 136. However, 174 students out of the 208 enrolled students took part in the pre-survey.

Inclusion and Exclusion Criteria

The inclusion criteria for the project encompassed all Pharmacy students from first year to fourth year who could provide proof of enrollment for the school year 2023–2024. On the other hand, the exclusion criteria were as follows: Pharmacy students who submitted invalid, incomplete, or no responses to the questionnaire; those who had dropped at least one subject prior to the implementation of the project; and

students who had been diagnosed with mental health conditions.

Phase 2: Actual Project Implementation

In the second part of the project, purposive sampling was used. There were 58 students who took part in the project. With a sample size of 65 students, the minimum sample size recommended using Raosoft was 56. Moreover, 58 students were able to be part of the Convocare Implementation. The pharmacy students' moderate to high stress levels from the baseline assessment prompted the creation of the mental health project, ConvoCare. Furthermore, the stress levels among the students were problem- and emotion-based, supporting the relevance and necessity for a project that would address pharmacy students' elevated stress levels.

Inclusion and Exclusion Criteria

The inclusion criteria for the project required participants to have taken part in the pre-survey and to be willing to complete the entire duration of the Convocare. Meanwhile, the exclusion criteria specified that Pharmacy students who served as facilitators for the Listening Card Game were not eligible to participate in the project.

Research Instruments

The survey's questions were taken from a study conducted in Jimma, Ethiopia in 2021 by Awoke et al., titled "Perceived Stress and Coping Strategies Among Undergraduate Health Science Students of Jimma University Amid the COVID-19 Outbreak: Online Cross-Sectional Survey." The survey questionnaire was free to use if properly cited.

To make the questionnaire appropriate for the real target demographic, the researcher made modifications to it. Validity and reliability scores were gathered, and a three panel of experts (Pharmacist, Psychometrician and Statistician) were asked to validate. The validators' mean scores for relevance and clarity were 56.4 over 60 and 52.83 over 60, respectively. Prior to the actual implementation, pilot testing was done in 15 students. A Cronbach alpha value of 0.72 was found, indicating that the questionnaire is acceptable for use.

The questionnaire consisted of 43 questions, divided into three sections: (I) sociodemographic

profiles (five items), (II) perceived stress scale (10 items), and (III) Brief COPE (28 items).

For the perceived stress scale, participants were asked to rate their perceived stress on a 5-point Likert scale, ranging from "Never" (0) to "Very often" (4). Scores between 0 and 13 are considered low stress, scores between 14 and 26 are considered moderate stress, and scores between 27 and 40 are considered high perceived stress.

The Brief COPE scoring was composed of three overarching coping styles, which consist of Problem-Focused Coping (Items 2, 7, 10, 12, 14, 17, 23, 25), Emotion-Focused Coping (Items 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27, 28) and Avoidant Coping (Items 1, 3, 4, 6, 8, 11, 16, 19). The scores for each style were presented as an average score, which indicates the degree to which the respondents have been engaged in that coping style.

Data Collection

The data for Phase 1: Baseline assessment of the project was gathered using Google Forms, an online survey administration software. This software was used to collect socio-demographic information about the students, including their age, sex, year level, and the number of family members. Additionally, coping strategies and post-pandemic perceived stress levels of pharmacy students were also assessed.

In contrast, the data for Phase 2: ConvoCare implementation was collected face-to-face before and after the program (ConvoCare Project). This involved conducting pre- and post-test assessments to evaluate the impact of the program on the students.

Project Design and Development

Baseline Phase: Publication Material and Pre-test Survey

The ConvoCare Project was announced to all significant batch representatives, ranging from first to fourth year, through publication materials that functioned as invitations and social media posts made by the student council prior to the project's real implementation.

In addition to sending out invitations, the public health project started with a pre-test survey that involved all pharmacy students. Using Google Forms, the survey functioned as the initial evaluation of the student's coping strategies and perceived stress level.

Designing Phase: Stress and Mental Health Talk by the Guidance Counselor

The tertiary university's guidance counselor was invited by the researcher to give a brief discussion on the importance of prioritizing students' mental well-being and providing effective strategies to manage stress associated with their academic pursuits and other life aspects. Summarized tables including the data collected during the project's baseline assessment were distributed to help the speaker prepare for the session.

The researcher's listening cards and pre- and post-tests, which were developed based on current literature, were sent to and authorized by the university's guidance counselor.

Designing Phase: Student Facilitators Training and Orientation Related to Listening Card Game

In partnership with the researcher's former third-year students who already finished their Public Health and Pharmacoepidemiology class and have at least attended a seminar or workshop related to mental health forums, has been given a short training related to the facilitation of the listening card game. The researcher trained 15 students as facilitators to understand how the project would be implemented. To facilitate the intervention effectively, the researcher utilized the flow provided by the University of Kansas Center for Community Health and Development. Additionally, the institution's guidance counselor was consulted for advice and support to enhance and complete the training process. Appendix G contains the discussion's actual flow.

In accordance with the guidance counselor's recommendations, the flow of the small group discussion was modified to ensure its effectiveness. Additionally, the researcher went over each group member's primary tasks and stressed the value of maintaining privacy and confidentiality when discussing sensitive subjects. He also offered advice on how to monitor the discussion's progress.

During this rehearsal, the researcher served as the facilitator for the listening game exercise. Following the session, the procedure was processed to enhance the project details and overall flow. All feedbacks from the student facilitators throughout the practice period were gathered and implemented on the actual day of project implementation.

Implementation Phase: Listening Card Game

The "Listening Card Game" was the ConvoCare Project's primary intervention. A focus group discussion was used to carry out this research, in which students are divided into groups and given the opportunity to discuss subjects that were pertinent to each other.

During the actual implementation, seven groups were formed, each with six students and another three with five students. Each group was led by two facilitators. The student facilitators, guided by a deck of cards with positive and uplifting mental health questions verified by the guidance counselor, facilitated deep and insightful discussions with the participants. Everyone in the group was free to respond to the questions if they felt comfortable sharing their ideas, perceptions, and experiences with the other participants. The listening card game's duration varied depending on the number of participants in each group, ranging from thirty minutes to an hour.

Evaluation Phase

To evaluate the project, the researcher utilized formative, process, and impact evaluation:

Formative Evaluation: This was included in the pre-project-implementation: publication material and pre-test survey dissemination. A survey on interest in taking part in the ConvoCare project was administered. The objectives, timeline, and flow of activity were also shared via social media sites. Inquiries were welcomed to see the questions and concerns of the students. Google conducted an online survey for this purpose.

Process Evaluation: This part was included in the post survey of the project. A 5-point Likert scale was used to indicate whether the project has achieved its goals and whether it has the right location, amenities, visual aids, handouts, and duration. The mean and standard deviation were used to assess this. The following scoring interpretation were utilized: Very Unsatisfactory: 1.00-1.80, Unsatisfactory: 1.81-2.60, Moderately Satisfactory: 2.61-3.40, Satisfactory: 3.41-4.20, Very Satisfactory: 4.21-5.00

Impact Evaluation: This study examined immediate results, which were assessed using a pre- and post-test survey to find out how the participants' subjective stress levels changed following the application of the planned health promotion intervention. To control all other factors that may affect the result, the researcher and student facilitators have disseminated immediately the post-test questionnaire and mentioned to consider only the effect of the Listening Card Game. Other factors were not considered because the implementation runs as the pilot test of the overall project. Coping variables are not included in the post-test because the post-tests in this project were primarily aimed at assessing participants' perceived stress levels, rather than their long-term adaptive coping strategies. Effective coping mechanisms typically take weeks or months to develop, making it inappropriate to measure them immediately following the program. Additionally, verbatim responses from the Focus Group Discussion (FGD) were excluded, as they require thematic analysis and are not suitable for inclusion in a standardized post-test format. These qualitative insights are better analyzed separately.

Statistical Analysis of Data

The research utilized quantitative data analysis for this study. In answering the first objective, descriptive statistics, specifically frequency and percentage, was used to analyze the socio-demographic of the students in terms of age, sex, year level, and number of family members. Secondly, descriptive statistics, specifically frequency and percentage, and mean and standard deviation, was used to analyze the perceived stress levels and the different stress coping strategies of Pharmacy-students. Third, descriptive and inferential statistics, specifically frequency and percentage, mean, and paired T-test were used to evaluate the perceived outcome of the ConvoCare project. Lastly, descriptive statistics, specifically mean and standard deviation, was utilized to evaluate objectives, venue, facilities, visual aids, handouts, length of the program, and overall feedback score of the program.

The data collected were classified, tabulated, and coded for analysis using Jamovi Version 2.5. The demographic profile, perceived stress scale, and Brief COPE were analyzed using frequency, percentage, mean, and standard deviation. Comparison of the perceived stress score from the pre-and post-test were made through paired T-test.

Ethical Considerations

The research has been approved by the Institutional Ethics Review Committee of the Far Eastern University - Dr. Nicanor Reyes Medical Foundation with a study protocol code FEU-NRMF IERC 2023-0157.

RESULTS

Socio Demographic Profile of the Respondents (Pre-Survey Result)

There were 174 (83.65%) responders to the project's pre-survey out of the 208 students enrolled in the pharmacy school. The majority of participants were female (77.6%), in their first year (31.0%), aged 20 to 23 (68.4%), and had one to four family members (46.6%). Additionally, as Table 1 illustrates, the majority of them still live with their families (85.6%). The socio-demographic profiles of the respondents were gathered to enable participant profiling. Critical points, including the students' year level, were identified. These data can be regarded as a significant factor and their association with stress levels is recognized as a limitation for this study and intended for future research recommendations.

Table 1. Pre-survey - students' frequency and percentage distribution in terms of socio demographic profiles (N=174)

Sociodemographic Profile	f	Percentage (%)
Age		
Below 20 Years Old	52	29.9%
20 to 23 Years Old	119	68.4%
24 to 27 Years Old	3	1.7%
Sex		
Male	39	22.41%
Female	135	77.59%
Year Level		
1st Year	54	31.03%
2nd Year	48	27.59%
3rd Year	32	18.39%
4th Year	40	22.99%
Family Members		
1 to 4	81	46.55%
5 to 7	80	45.98%
8 to 9	6	3.45%
Refused to Indicate	7	4.02%
Living with Parents or Family		
No	24	13.79%
Yes	149	85.63%
Refused to Indicate	1	0.57%

Pre-Survey - Perceived Stress Levels And The Different Stress Coping Strategies Of Pharmacy Students

Table 2 shows that most students reported moderate stress (58%) and high perceived stress (35.1%). This survey was distributed to the students by disseminating the google form for two weeks to provide them enough time in answering each question truthfully. Additionally, as Table 3 illustrates, most students use both problem-focused and emotion-focused coping strategies at high levels (2.87 ± 0.57 , 2.74 ± 0.45), describing how they actively alter stressful situations through practical methods like preparation and constructive situational reframing. Conversely, the least common coping method among the respondents was avoidant coping, which suggested a decline in the use of self-distraction or disengagement from the stresses that individuals encounter. These findings validated the necessity for a project to address the rising stress levels among pharmacy students.

Table 2. Pre -survey - students' perceived stress score prior to the project implementation (N=174)

Perceived Stress Score	
Level	n (%)
High Stress	61 (35.1%)
Moderate Stress	101 (58.0%)
Low Stress	12 (6.9%)

Legend: Low Stress: 0-13, Moderate Stress: 14-26, High Stress: 27-40

Table 3. Pre-survey - students' brief cope strategies (N=174)

Coping Strategy	Mean $\pm$ SD	Qualitative Description
Problem Focused Coping	2.87 ± 0.57	High Level
Emotion Focused Coping	2.74 ± 0.45	High Level
Avoidant Coping	2.13 ± 0.46	Low Level

Legend: Very Low Level: 1.00-1.74, Low Level: 1.75-2.49, High Level: 2.50-3.24, Very High Level: 3.25-4.00

Evaluation of the Perceived Outcome of the ConvoCare Project Through a Pre- and Post- Test

Pre-Test and Post Test – Participant's Perceived Stress Level During the ConvoCare Project Implementation

The ConvoCare Project was implemented for two days to accommodate the students at the School of Pharmacy. Many participants (91.38%) said they were somewhat stressed before the activity. As shown in Table 6, the majority of the participants had moderate stress (56.90%) and mild stress (43.10%) when the listening card game was applied.

Table 4. Students' pre and post perceived stress level during the ConvoCare Project implementation (N=58)

	Pre-Test	Post-Test
Perceived Stress Level	n (%)	n (%)
High Stress	4 (6.90%)	0 (0.0%)
Moderate Stress	53 (91.38%)	33 (56.90%)
Low Stress	1 (1.72%)	25 (43.10%)

Legend: Low Stress: 0-13, Moderate Stress: 14-26, High Stress: 27-40

Significant Difference between the Pre-Test and Post-Test Scores of Perceived Stress Scores

The pre-test and post-test perceived stress level scores of the students were 18.5 ± 3.04 and 14.7 ± 2.78 respectively, as seen in Table 5. A paired T-test was used to find the significant difference in the participants' perceived stress levels. The post-test stress scores of the participants decreased significantly by an average of 3.79 points compared to their pre-test scores, as evidenced by a p-value less than 0.001 (Table 6). This shows that the intervention had a positive impact on the stress level of participating students, for there was a statistically significant drop in the perceived stress level scores after attending the intervention program.

Process Evaluation on the ConvoCare Project

The overall project response from participants was 4.57 ± 0.53 , indicating a high level of satisfaction

with the project's execution. Among the project's dimensions, the objectives and venue were found to have the lowest mean scores (3.80 ± 0.65 and 4.12 ± 0.93), indicating that they are acceptable. To enhance the program's effectiveness, improvements to its mechanics must be made and its purpose must be clarified. Additionally, the venue's size must be expanded to accommodate more students and provide ample space for conducting the listening card game. Many participants gave the listening card game facilitators positive comments, demonstrating the value of the orientation and training sessions that were held before the activity began.

Table 5. Students' pre and post perceived stress level in mean and standard deviation during the ConvoCare Project implementation (N=58)

Perceived Stress Level	Mean $\pm$ SD
Pre-Test	18.5 $\pm$ 3.04
Post Test	14.7 $\pm$ 2.78

DISCUSSION

Socio-demographic Profile of the Respondents

The pre-survey participants were evenly distributed among the pharmacy school students, with

the first-year group comprising the largest number. According to a study done in America, pharmacy students who were in their first through third year of study experienced higher levels of stress than those in their fourth year, when most of them were doing their internships or experiential learning (Zeeman, 2023). Additionally, findings of longitudinal studies involving first-year pharmacy students revealed that the students' perceived stress levels rose significantly during the course of the first year, and higher perceived stress was found to be associated with lower academic performance (Spivey et al, 2020). Most participants were female and between the ages of 20 and 23, which corresponded with the gender distribution of pharmacy course graduates (Karlovitch, 2020). While many students lived with their parents, 15% of them resided in apartments or dorms close to the university, which may have reduced the amount of support that came from their family (Braim, 2023).

Perceived Stress Levels and the Different Stress Coping Strategies of Pharmacy Students

Despite the decline in COVID-19 cases and the resumption of in-person instruction, pharmacy students still reported moderate to high levels of stress. These findings align with those of Minshew et al. (2023), who found that pharmacy students reported moderate stress on their baseline assessments. These

Table 6. Results of paired t-test on perceived stress score pre- and post-test.

Paired Samples T-Test			Statistic	df	p	Mean difference	SE difference
Pre-Test	Post-Test	Student's t	10.5	57.0	<0.001	3.7	0.362

Table 7. Process evaluation on the ConvoCare project.

Dimensions	Mean $\pm$ Standard Deviation	Qualitative Description
Objectives	3.80 $\pm$ 0.65	Satisfactory
Venue	4.12 $\pm$ 0.93	Satisfactory
Facilities	4.24 $\pm$ 0.93	Very Satisfactory
Visual Aids	4.84 $\pm$ 0.47	Very Satisfactory
Handouts	4.76 $\pm$ 0.52	Very Satisfactory
Facilitators	4.96 $\pm$ 0.20	Very Satisfactory
Length of the Program	4.88 $\pm$ 0.34	Very Satisfactory
Did you enjoy attending ConvoCare?	4.96 $\pm$ 0.20	Very Satisfactory
Overall Mean Score	4.57 $\pm$ 0.53	Very Satisfactory

Legend: Very Unsatisfactory: 1.00-1.80, Unsatisfactory: 1.81-2.60, Moderately Satisfactory: 2.61-3.40, Satisfactory: 3.41-4.20, Very Satisfactory: 4.21-5.00

could result from a variety of academic stressors, including feelings of personal inadequacy, fear of failing, conflicts with teachers or fellow students, and a lack of resources for studying (Licayan et al., 2021). Specific factors associated with being an allied medical student can contribute to the stress level experienced by pharmacy students, such as the perception of the university as stressful and toxic, experiences of mistreatment or abuse from seniors, patients, or classmates, and each family's financial ability to cover all clinical training expenses (Oku et al., 2015).

To deal with the increasing degree of stress, majority of students used problem-focused and emotion-focused coping techniques, such as actively dealing with the stressor, utilizing support systems, and dynamically planning ways to improve their position. These procedures aligned with the results of an American study in which college students believed that developing one's abilities, finding more time for meditation, enlarging one's network of family and friends for support, and boosting one's self-esteem were the best coping mechanisms (Klonoff-Cohen, 2022). Similar coping mechanisms, such as talking to friends or family, were also used by final-year pharmacy students in another study carried out in Indonesia, emphasizing the need of emotional support as a coping strategy for students (Kristiana et al., 2020). These findings align with the study conducted by Sattar et al. (2022), which revealed that medical students frequently employ diverse forms of support, such as social and emotional support from friends, family members, and peers, as coping mechanisms during their undergraduate medical education.

Execution of Focus Group Discussions – ConvoCare Project

All these results point to the significance of creating initiatives that would lower students' stress levels and improve both their personal and academic quality of life. Regarding the ConvoCare Project's goal and methodology, many students provided good feedback during its implementation. These results reaffirmed the necessity for educational institutions to start projects that will support students' health and wellness that are easily accessible, culturally relevant, and system integrated. Majority of participants said that they felt supported and validated by being able to share their experiences and thoughts through the listening card game. Participants in the experiment

by Dodd (2022) also reported benefits and positive responses from interventions and programs aimed at reducing stress levels among allied health students, particularly nursing students, such as stress management classes and meditations. Additionally, this endeavor gave the students a way to enjoy interacting with their classmates. This matched the mental health framework, which said that counselors or facilitators must give students safe spaces and stress-reduction techniques (Jaisooriya, 2021).

Evaluation of the Perceived Outcome of the ConvoCare through a Pre- and Post-Test and Process Evaluation of the ConvoCare Project

Regarding the ConvoCare's effectiveness, the paired T-test revealed a significant difference between the participants' pre- and post-test perceived stress levels, highlighting the advantage that the students obtained from the two-day public health initiative. The following factors can be linked to this impact: (1) the researcher's and the student facilitators' readiness to conduct the listening card game; (2) the face-to-face manner of delivery; and (3) the project's timing, which is after the students' initial examination. Nonetheless, the project should last for at least three to six months and include post-intervention follow-up to see the true effects of a mental health intervention (Winzer et al., 2018). According to the studies conducted by Venkatesan et al. (2021), participants in a 10-week mindfulness stress reduction program with moderate to high perceived stress scores showed a significant positive association between program time and stress reduction at twelve weeks, suggesting that support program interventions can reduce stress outcomes over time. Therefore, one of the main recommendations for this study is to carry out the project throughout the course of a semester in order to track its actual impact on the students' mental health.

CONCLUSIONS AND RECOMMENDATIONS

This is the first effort to measure students' stress levels and carry out a public health initiative to address this concerning problem in the School of Pharmacy of a tertiary university. The majority of pharmacy students who completed the pre-survey revealed a moderate to high level of stress. In response to this stress, they have been using coping mechanisms that are problem- and emotionally-focused. This

demonstrates their use of problem-solving techniques and their desire for emotional and social support.

The participants' favorable experiences with the ConvoCare project are evident in their lower stress level assessments. Their general outlook on the project's procedure was positive, indicating their satisfaction with the public health intervention. This demonstrated how well the project's pilot implementation went. The students' favorable and positive responses highlight the project's potential as an adaptable framework for the school of pharmacy's mental health support. This pilot study demonstrates the project's feasibility as a public health intervention in promoting stress reduction in a school setting, which supports holistic wellness of students. Additionally, this initiative offers an inclusive approach to stress management through a particular public health lens, ensuring that students from different backgrounds may access interventions, which is also consistent with the health equity viewpoint.

To determine the project's actual effectiveness, the researcher recommends the following based from the results:

1. Evaluating the relationship between year level and stress level to plan specific interventions for each level and faculty involved in the study. This will further capacitate the faculty to tailor activities and interventions to certain demographic groups.
2. Implementing workshops prior to the listening card game that teach problem-focused and emotion-focused techniques to the students would serve as primary intervention strategies within the context of public health promotion.
3. Carrying out the project for the entire semester with post-intervention follow-up and incorporating the project into the actual academic calendar to make implementation easier. This will guarantee that the project will enable proactive addressing of mental health and important long-term consequences and will be part of the strategy to prioritize and promote student well-being.
4. Training more student facilitators to accommodate a larger number of students and moving the study location to a larger classroom to accommodate more students and increase the sample size and generalizability of the study.

Limitation: The ConvoCare Project is a pilot study that was limited to the students who were enrolled at the school pharmacy. The listening card game was the project's most crucial activity, and it was preceded by a brief mental health lesson. There were no post-event follow-ups, so the only way to gauge the efficacy of this study was to compare the pre- and post-test results. Another limitation is that no correlation was done between the stress level scores and the different socio-demographic variables. Furthermore, the results' generalizability is impacted by the fact that the sample size of students involved in the actual implementation was limited to 30% of the school's overall student body and a non-probability methodology was implemented. Furthermore, because of the students' hectic schedules, the project's timeline kept altering. Lastly, because there was no control group in this study, there is no proof of a relationship or causality between the intervention and the findings.

Conflicts of Interest: The authors declare no conflict of interest.

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