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PERCEIVED SATISFACTION OF THE KUMUSTAHAN PROGRAM AMONG NURSING STUDENTS AT NATIONAL UNIVERSITY – MANILA

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Abstract

Grounded in the necessity of providing strong psychosocial interventions during rigorous academic training, this study investigated the Kumustahan Program by evaluating nursing students' demographic profiles alongside their perceived satisfaction levels across three specific domains (mental health, stress level, and social relationships), while determining if significant differences exist between these demographic profiles and their satisfaction with the program. Utilizing a comparative analytical design, this study selected 229 nursing students (Levels 2 to 4) via stratified random sampling and Cochran's formula to assess variations in satisfaction and

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perceptions of the Kumustahan Program across year levels, ages, and genders using descriptive statistics and ANOVA. In mental health, Level 2 scored lowest in distraction-free thinking (M=3.1667), followed by Level 4 (M=3.3458) and Level 3 (M=3.4600). For stress, Levels 2 (M=2.9722) and 3 (M=3.2400) had the lowest self-awareness/emotional resilience and unexpected-event-handling scores, respectively, with Level 4 (M=3.1402) having the lowest in life control. Socially, Level 3 (M=2.4400) scored lowest in having a confidant for fears/concerns, followed by Level 4 (M=2.6916) and Level 2 (M=2.8750). Program satisfaction differed significantly by age (p=0.043) and year level (p=0.009), but not by sex (p=0.231, gender-neutral). The Kumustahan Program serves as an effective, inclusive peer-support initiative that provides essential emotional, connection, and coping support for nursing students' demanding workloads. Satisfaction levels vary significantly across Levels 2, 3, and 4 by age and academic stage, yet remain gender-neutral, benefiting male and female students equally. Findings suggest implementing year-level-specific interventions, curricular mental health awareness, faculty wellness check-ins, professional referral systems for cognitive overload, and junior-senior peer mentorship loops.

Keywords: *nursing students, satisfaction, peer support program, webinar*

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Introduction

Mental health is integral to overall well-being, influencing how people think, feel, and act. Encompassing emotional, psychological, and social aspects, it impacts how individuals manage stress, interact with others, and make decisions. Rather than just the absence of mental disorders, it includes positive characteristics like resilience, adaptability, and a sense of purpose. The alarming rise in mental health concerns among young people emphasizes the necessity for targeted interventions incorporating individual needs (Abrams, 2023). Moreover, the World Health Organization (2022) defines mental health as a state where individuals realize their potential, cope with everyday life stresses, work productively, and contribute meaningfully to their communities. Conversely, poor mental health and disorders like depression or anxiety lead to significant challenges, including emotions of hopelessness, low self-esteem, social isolation, and hindered academic or professional performance (Health Qual Life Outcomes, 2021). These issues can also cause strained relationships and dangerous behaviors like substance misuse or self-harm, often severely impacted by risk factors like poverty, violence, and lack of social support (BMC Public Health, 2022). Consequently, there is growing concern over rising cases of depression and anxiety in the Philippines, especially among young people, despite increased awareness and legislative efforts like the Mental Health Act in 2018.

The Guidance Services Office (GSO) of National University–Manila offers the Kumustahan Program, a peer support initiative allowing students to express feelings and seek guidance regarding personal, academic, and social concerns. Conducted via scheduled webinars for specific year levels or office walk-ins, the program requires participants to complete follow-up assessments and feedback comparing how they felt before and after the session. To ensure the guidance supports overall well-being, the GSO conducts regular check-ins. This comprehensive approach evaluates indicators like mental health to identify early signs of psychological distress or burnout for timely interventions, social relationships to gauge support systems and peer dynamics to combat isolation, and stress levels to determine if coping mechanisms are effective against a heavy workload.

This program is particularly advantageous for nursing students, who frequently face intense academic pressure, clinical demands, and emotional stress. Access to this structured peer support program allows them to openly discuss challenges in a safe, supportive environment, helping them manage stress, improve coping strategies, and maintain emotional resilience. Moreover, their overall well-being and adjustments are sustained by the regular follow-up provided by the Kumustahan initiative.

Review of Related Literature

Mental Health, Well-Being, and Its Factors

Davis (2024) defined well-being as experiencing health, happiness, and prosperity, a state positively correlated with mental health, where overall health, feeling well, and a decrease in mental illness must be prioritized. Cristobal (2021) and Afzal et al. (2023) elaborate that personal factors, unexpected life events, adaptability, engagement in leisure activities, and environmental, physical, emotional, and social influences shape an individual's overall well-being. Mental health refers to a state of well-being that enables individuals to handle life's challenges, realize capabilities, learn and work effectively, function productively, and contribute to communities (World Health Organization, 2022; Fusar-Poli, 2020).

However, once mental health deteriorates, it negatively impacts lifestyles, a crisis evident in the Philippines, where a silent epidemic of anxiety and depression is exacerbated by social stigma, discrimination, and limited services (Alibudbud, 2023; Ahad, 2023; Philippine News Agency, 2023). Furthermore, while chronic stress or academic pressure severely threatens well-being across physical, emotional, and social domains (American Psychological Association, 2022; Barbayannis et al., 2022), manageable stress can positively influence motivation and school satisfaction (Akbaba, 2024). Ultimately, implementing proactive institutional policies, strengthening social

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connections to combat isolation, and addressing shifting cultural norms are essential to advancing mental health, service utilization, and overall societal progress (Obatavwe, 2024; Lee, 2023; Maravilla & Tan, 2021; Martinez, 2020).

Roles of Webinars

Webinars serve vital roles as flexible, cost-efficient tools for professional development, public health dissemination, and mental health awareness, offering global access to high-quality training across various fields. Interactive webinars promote active participation, boost academic performance, and bridge the gap between academic theory and practical application when industry professionals are involved (More, 2024). They significantly enhance participant perceptions of knowledge, foster connections, and promote hope for future growth, making them essential in adapting to the new normal of education (Tacunan, 2021). To ensure an effective educational experience, webinars typically feature consistent slide designs, interactive engagement, clearly defined objectives, and content refinement based on feedback (Bekemeier, 2022). These online platforms also enhance access to psychoeducation, foster self-awareness, and promote low-cost well-being practices. For instance, a study by Maulana (2022) showed that webinars significantly enhanced participants' understanding of mental health and nutrition, yielding knowledge improvements of 46.7% and 47.9%, respectively. Furthermore, their accessibility bolsters the resilience and adaptability of Filipinos amid technological limitations (Rivière, 2022), especially when integrating essential cultural contexts and social relationships to enrich public health education (Castillo, 2019).

However, webinars come with notable drawbacks, including technical issues, limited personal interaction, and difficulties maintaining engagement compared to in-person meetings (Sarkar, 2020). Prolonged screen time can lead to mental exhaustion, information overload, stress, distractions, and overall dissatisfaction, making excessive attendance counterproductive (Tanucan, 2023). To maximize their potential and ensure participants fully grasp shared knowledge, factors like content depth, interactivity, and alignment with participant expectations must be prioritized (Vigilla-Montecillo, 2023), alongside incorporating feedback to drive positive outcomes in awareness and retention (Noceda, 2022).

The Influence of Webinars on Engagement in Peer Support Programs

Student engagement in webinars significantly influences participation in peer support programs by fostering interactive, low-cost, and easily accessible environments that encourage active collaboration, critical thinking, and a profound sense of community belonging. Mussaui-Ulyanishcheva (2020) argues that webinars support student engagement through discussion and brainstorming, which boosts motivation and mastery in social and psychological disciplines. This active involvement acts as a bridge to broader support networks, positively impacting mental health and emotional well-being during limited traditional socialization. Sweetman (2021) and Main (2020) emphasize that engaging in webinars enhances students' learning outcomes, social-emotional competencies, and attitudes toward their educational community.

Guidance counselors optimize this influence in peer support programs by using interactive tools, such as polls and breakout discussions, and implementing e-counseling resources to maximize attendance, personal growth, and ongoing emotional expression. These structured programs foster a positive school culture while also providing counselor networks that promote job satisfaction and self-care. Galovski et al. (2024) highlight that the interactive nature of webinars acts as an essential entry point for diverse populations to engage with mental health resources, facilitating safe environments for individual consultations. These consultations foster personal growth, empathy, self-reflection, and self-efficacy. Sammaritter (2023) and Ramadhani et al. (2024) further demonstrate that secure, trustworthy consultation settings empower individuals to share sensitive information and confront personal demands.

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However, the influence of webinars on program engagement faces crucial obstacles; high stress and mental distress can limit participation. In the Philippines, Alejandria (2022) highlights that unstable household dynamics and generational misunderstandings create unique barriers to engagement. Furthermore, Escuadra (2024) notes that demanding digital requirements, information overload, and a lack of face-to-face socialization can increase isolation and hinder participation. Despite these limitations, Hechanova (2023) underscores that webinars remain vital, structured resources that successfully bridge the gap in traditional mental health support and connect students to indispensable peer and professional guidance.

Synthesis

Well-being is essential to how people feel, interact, and succeed, requiring individuals to remain mentally and physically healthy to navigate life's challenges, pursue personal objectives, and manage stressors such as personal issues, pressure, or medical conditions. For students, academic stress, relationships, and study satisfaction significantly affect mental health and overall well-being, making webinars a valuable tool for learning helpful strategies, seeking mental health support, and receiving professional guidance. The interactive nature of these webinars allows students to actively engage through discussions and polls led by guidance counselors, helping them reduce stress, deepen their knowledge, and secure support from peers and mentors to handle heavy academic loads. However, there remains limited literature that specifically addresses the experiences and satisfaction levels of nursing students with the Kumustahan program, a specialized mental health support initiative. Assessing nursing students' satisfaction with the Kumustahan program will demonstrate whether it effectively meets their unique needs, supports their mental health, and prepares them for the demands of their field, thereby helping fill this gap and improve well-being and academic success.

Theoretical Framework

Jean Watson's Theory of Human Caring emphasizes the profound impact of meaningful relationships on health and overall well-being. Watson asserts that effective care requires not only specialized technical skills but also deep emotional connections that facilitate healing and personal growth through transpersonal caring relationships, carative factors, and a caring environment. Described as an evolving, descriptive framework that encourages input from others, its principles align well with contemporary qualitative nursing approaches.

In the context of the Kumustahan Program, Watson's theory offers a valuable lens to assess how promoting heartfelt interactions and supportive relationships alleviates stress, enhances emotional resilience, and fosters student well-being. Recent studies support this framework within nursing education; a randomized controlled trial by Bidik and Sisman (2024) found that a mindful self-compassion program structured around Watson's theory significantly enhanced nursing students' psychological resilience, emotional regulation, and health-promoting behaviors. Similarly, Ozan et al. (2020) demonstrated that a clinical education program based on Watson's caring framework effectively reduced anxiety and improved coping strategies among nursing students during high-stress academic periods, reinforcing that caring-centered educational interventions foster emotional well-being, personal growth, and student satisfaction.

Watson's theory is relevant to this study because its holistic approach recognizes the interconnectedness of physical, emotional, and social well-being, which is particularly important for nursing students facing high levels of stress and isolation. By applying these principles, the research explores how the Kumustahan Program cultivates a supportive atmosphere that enhances overall student well-being, emotional health, and mental health. Specifically, it assesses how fostering empathy and trust within the program can strengthen community ties, highlighting the importance of caring practices in academic settings as a crucial element of the study.

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Conceptual Framework

The conceptual framework of this study centers on the Kumustahan program as the foundational independent variable and primary intervention designed to influence nursing students' experiences. This program branches out directly into two key dependent variables: student engagement and perceived satisfaction. Rather than acting as mere endpoints, these variables function as vital behavioral and psychological bridges that transform participation into deeper, long-term benefits. This mechanism aligns with recent intervention literature by Ng, Ng, and Siu (2025), who examined an 8-week positive education intervention among university students and discovered that engagement behaviors significantly mediated the relationship between the intervention and subsequent well-being outcomes. This empirical evidence underscores that engagement functions as a crucial mechanism linking structured program activities to positive mental health.

When nursing students take part in the Kumustahan program, a similar dual-pathway mechanism is activated. On one hand, the program sparks heightened student engagement, which, as supported by Ng et al. (2025), drives individuals to actively interact with and utilize available support resources to enhance the intervention's overall effects. On the other hand, the perceived satisfaction students feel reinforces their emotional commitment, making them more receptive to the program's benefits. Together, this combination of active involvement and positive perception works to reduce stress, elevate academic satisfaction, and cultivate meaningful social connections. Ultimately, this framework demonstrates that the Kumustahan program is a powerful catalyst for student well-being, proving that effective engagement and high satisfaction are essential vehicles for building emotional resilience and stronger relationships among nursing students.

KUMUSTAHAN PROGRAM → Students' Engagement and Perceived Satisfaction

Figure 1. Conceptual Framework

Statement of the Problem

This study sought to answer the following questions:

1. What is the demographic profile of the nursing students in terms of age, sex, and year level?
2. Are there significant differences in the satisfaction levels of Level 2, 3, and 4 nursing students regarding the Kumustahan Program in terms of:

   2.1 Mental Health

   2.2 Stress Level

   2.3 Social Relationship

3. What is the significant difference between the demographic profile of the nursing students and their level of satisfaction with the Kumustahan Program?

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II. METHODS

Research Design

This study used a comparative analytical design to assess how satisfaction levels and perceptions of the Kumustahan Program vary among nursing student subgroups, such as year levels, ages, or genders. This design enables a systematic examination of these differences, making it easier to identify trends and patterns in the data, such as whether certain demographic groups report higher or lower satisfaction. Revealing these important insights helps inform program improvements and tailor specific interventions to distinct student populations.

Additionally, the design allows researchers to explore differences between variables, focusing on the influence of participation in the Kumustahan Program on mental health, stress management, and social relationships. Examining these factors helps establish causal links to better understand how the program contributes to overall student well-being. Ultimately, identifying these strengths and weaknesses provides critical data for program development and refinement to better meet the diverse needs of the student population.

Research Locale

This research was conducted at National University – Manila, specifically in the Department of Nursing.

Sampling Design and Sample Size

The study utilized stratified random sampling, which ensures that all relevant subgroups are adequately represented. This approach yields more comprehensive insights into satisfaction levels across demographics. By dividing the population into strata, the researchers reduced variability within each subgroup, enhancing the precision of estimates related to satisfaction levels and allowing for a clearer analysis of differences between groups.

Using the Cochran formula, a total sample size of 229 nursing students was determined to reduce the risk of sampling bias and ensure that the results accurately represent the entire nursing student population rather than a specific subgroup. To ensure representative participation across different levels using the Finite Population Correction, targets were set at 72 for Level 2, 50 for Level 3, and 107 for Level 4. This resulted in varying margins of error per level (ranging from 8.59% to 12.58%), which is a common approach in stratified sampling when certain groups represent larger portions of the total population.

Instrumentation

The study employed a survey questionnaire to comprehensively assess nursing students' well-being, focusing on mental health, stress management, social connections, and academic performance as influenced by their participation in the Kumustahan Program. A demographic profile was used to collect factors like age, gender, and year level, which may offer insights into how satisfaction varies among different student groups (Hughes et al., 2022). To evaluate specific targets, a self-made questionnaire was developed to assess perceived satisfaction across three key dimensions: mental health, stress level, and social relationships. Formulating self-made questionnaires for mental health and well-being is important as it allows inclusivity by embedding culturally relevant items reflecting the unique context of the target population, ensuring a flexible, collaborative tool responsive to individual needs (Duncan & Reese, 2024). Additionally, self-made questionnaires reflect specific population goals, ensuring a holistic view of well-being that allows individuals to assess their own mental well-being, resilience, and community contribution to promote better mental health outcomes (Munder et al., 2022; Adriaens, n.d.).

The first part of the tool measures how people feel and function over time using a 5-point scale to capture the program's influence on mental health. To measure stress management, the second part utilizes a 16-item

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questionnaire rating stress-related experiences on a 5-point Likert scale, where reverse-scoring generates a total score. Lastly, the third part assesses social relationships to determine the program's impact as a supportive intervention. To ensure content validity, the instrument was subjected to expert evaluation by three licensed psychometricians, one grammarian, and one statistician to enhance clarity, relevance, and construct alignment. Expert validation is a vital step in ensuring the psychometric integrity of newly developed tools targeting mental health and behavioral constructs (Munder et al., 2022). Measurement-based care benefits significantly from culturally adapted and psychometrically tested instruments, making self-made surveys both practical and powerful when properly applied following theoretical alignment, pilot testing, and statistical review to improve internal consistency (Duncan & Reese, 2024; Wang & Zhang, 2024). Ultimately, these validated instruments use demographic data to analyze satisfaction variations, guiding recommendations to enhance program effectiveness and promote overall nursing student well-being.

Data Collection Procedure

The researchers began the study by clearly defining specific research objectives focused on the perceived satisfaction with the Kumustahan Program and its effects on the well-being of nursing students at National University—Manila. To gather data, a comprehensive survey questionnaire was developed using statements assessed on a 5-point Likert scale, where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree." This tool covers various dimensions of the program, including emotional support, social interaction, and overall satisfaction. After creating the initial draft, the survey tool was validated, and a pilot test was conducted with a small group of nursing students not part of the main sample to collect valuable feedback regarding the clarity, relevance, and completeness of the questions.

Based on this feedback, the questionnaire was revised to enhance its effectiveness before undergoing a reliability test with subject matter experts to ensure its ongoing reliability and relevance. Following validation, the researchers sought Research Ethics Approval and prepared for data collection with accurate survey administration methods and essential ethical guidelines. During the Kumustahan Program, nursing students at all levels were invited to participate, with clear communication that their involvement was voluntary and responses would be kept confidential. After data collection, the completed surveys were entered into statistical software, cleaned for accuracy, and analyzed in collaboration with a statistician to provide insights into overall student satisfaction and its perceived impact on well-being.

The overall procedure followed nine sequential stages: (1) approval of the study proposal, (2) validation of the survey tool, (3) pilot-testing, (4) reliability testing, (5) research ethics approval, (6) securing departmental approval to conduct the study, (7) selection of participants and informed consent signing, (8) dissemination and collection of survey forms, and (9) data analysis, interpretation, and presentation of results.

Data Analysis

This study utilized descriptive analysis to comprehensively determine the collected data and facilitate the summarization of key variables, including mental health, stress levels, and social relationships. By calculating measures such as means, standard deviations, frequencies, and percentages, the researchers aimed to gain insights into overall satisfaction levels among nursing students and identify differences based on demographic factors like age, gender, and year level. Descriptive analysis is appropriate because it allows the researchers to summarize patterns, compare group trends, and observe variations in satisfaction levels without requiring inferential testing, making it suitable for describing the current state of participants' perceptions. For instance, comparing average satisfaction scores across domains can suggest where the program is particularly effective in addressing specific emotional, psychological, or academic needs.

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Additionally, Analysis of Variance (ANOVA) was used to determine the strength, direction, and statistical significance of the differences between the variables under study. This statistical test measured the degree of association between the Kumustahan Program and the demographic profile of nursing students, providing clear evidence on noticeable trends or disparities across demographic groups. To ensure the accuracy and reliability of the results, the researchers collaborated with a statistician during the data analysis process. This professional guidance strengthened the interpretation of descriptive findings, ensuring that conclusions drawn about the Kumustahan Program genuinely reflect the experiences and satisfaction levels of nursing students to support recommendations that address the diverse needs of the student population.

Table 2.1

Statistical Treatment of Variables

Research Objective	Section of Tool	Variable / Level of Measurement	Statistical Test
Differences in perceived satisfaction by age, sex, and year level	Demographic profile	Age (Ratio); Sex (Nominal); Year Level (Ordinal)	Descriptive Analysis
Differences in satisfaction with the Kumustahan Program across Level 2, 3, and 4 (mental health, stress level, social relationship)	Part I–III	Mental Health, Stress Management, Social Connections (Interval)	Descriptive Analysis
Differences between demographic profile and level of satisfaction	Part I–III	Age (Ratio); Sex (Nominal); Year Level (Ordinal)	ANOVA

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III. RESULTS

Demographic Profile of Respondents

Table 3.1 presents the age distribution of the respondents, offering a clear view of the demographic composition of the nursing students who participated in the study. In terms of age, the largest proportion of respondents were in the age bracket of 21–23 (50.22%), followed by those aged 18–20 years old (47.6%). The least represented age group was 24–26 years old (2.18%). Overall, the study included a total of 229 participants.

Table 3.1

Age Distribution of Nursing Students Participating in the Perceived Satisfaction Survey of the Kumustahan Program

Age	Frequency	Percent
21–23	115	50.22%
18–20	109	47.6%
24–26	5	2.18%
Total	229	100%

Table 3.2 demonstrates the distribution of sex among the respondents who participated in the survey. This is to determine the effectiveness of the Kumustahan program across a group, or if this has only been beneficial to a specific sex group. The nursing respondents were predominantly female (81.22%), while male respondents accounted for 18.78% of the sample. This distribution reflects the commonly observed gender trend in nursing programs, where female students typically comprise the majority.

Table 3.2

Sex Distribution of Nursing Students Participating in the Perceived Satisfaction Survey of the Kumustahan Program

Sex	Frequency	Percent
Female	186	81.22%
Male	43	18.78%
Total	229	100%

Table 3.3 presents the year-level distribution of nursing students who participated in the study. Among the 229 respondents, Level 4 students make up the largest portion (46.73%), followed by Level 2 (31.44%), and Level 3 (21.83%) students. This distribution indicates representation across all academic levels, with particularly strong participation from senior students who typically experience heightened academic and clinical demands. Stratified

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random sampling significantly enhanced data quality by ensuring that the unique experiences, expectations, and stressors of each academic year were adequately represented in the response distribution.

Table 3.3

Year Level Distribution of Nursing Students Participating in the Perceived Satisfaction Survey of the Kumustahan Program

Year Level	Frequency	Percent
Level 4	107	46.73%
Level 2	72	31.44%
Level 3	50	21.83%
Total	229	100%

Satisfaction Level: Mental Health

Table 3.4 presents cognitive and emotional vulnerabilities across the entire student body, with specific items emerging as consistent weaknesses regardless of academic year level. Foremost among these challenges is a documented struggle with cognitive overload, as the item "My thinking is free from distractions" ranked as the primary weakness for all three-year levels, appearing severe and highly variable for Level 2 sophomores (M=3.1667, SD=1.90383), persisting through Level 3 (M=3.4600), and manifesting notably among Level 4 seniors (M=3.3458). This systemic cognitive fatigue corresponds with lower scores in day-to-day focus, establishing "My thinking is on point" as a universal secondary weakness for Level 2 (M=3.4583), Level 3 (M=3.6800), and Level 4 (M=3.5047).

Beyond these shared cognitive challenges, distinct developmental vulnerabilities indicate a vulnerability in self-image for Level 2 students (M=3.4444), which shifts to a polarized coping environment regarding problem management for Level 3 juniors evaluating "I manage my problems effectively" (M=3.7000, SD=1.07381), before this perceived coping capacity drops to its lowest level among Level 4 seniors (M=3.5607).

Table 3.4

Descriptive Statistics of Nursing Students' Satisfaction on the Kumustahan Program in Terms of Mental Health

Items	Level 2		Level 3		Level 4	
	M	SD	M	SD	M	SD
I feel hopeful about what lies ahead.	3.7083	0.86297	4.2200	0.70826	3.9252	0.78549
I feel that I make a positive contribution in life.	3.7917	0.85477	4.0800	0.82906	3.9346	0.80413
I experience a sense of calm.	3.6667	0.88811	3.7600	1.00000	3.8318	0.89533

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Items	Level 2		Level 3		Level 4	
	M	SD	M	SD	M	SD
I show concern for others' well-being.	4.1250	0.78610	4.1400	0.67036	4.2523	0.70166
I have an abundance of energy.	3.6806	0.81925	3.8400	0.76559	3.6916	0.84016
I manage my problems effectively.	3.5972	0.89851	3.7000	1.07381	3.5607	0.87067
My thinking is free from distractions.	3.1667	1.90383	3.4600	1.09190	3.3458	1.02886
My thinking is on point.	3.4583	0.82116	3.6800	0.91339	3.5047	0.79353
I have a positive self-image.	3.4444	0.91757	3.9600	0.87979	3.5514	0.88204
I feel emotionally connected to others.	3.6111	0.84845	4.0600	0.73983	3.9626	0.78818
I feel sure of myself.	3.4722	0.87165	3.9600	1.12413	3.7570	0.86702
I make independent decisions.	3.8889	0.74220	4.2000	0.80812	4.0000	0.76479
I feel loved and cared for.	3.8194	0.86116	4.0600	0.73983	4.1682	0.72014
I am curious about new ideas.	4.1528	0.81638	4.4400	0.64397	4.3084	0.74494
I feel happy.	3.7639	0.83063	4.0200	0.86873	3.9626	0.73108
I feel lighthearted.	3.7083	0.84649	3.9400	0.91272	3.8785	0.83225

Legend: 1–1.80 Very low, 1.81–2.60 low, 2.61–3.40 moderate, 3.41–4.20 high, 4.21–5.00 very high

Satisfaction Level: Stress Level

Table 3.5 presents a clear pattern of systemic vulnerability across all three-year levels, characterized by low evaluations of personal agency and emotional coping mechanisms. For Level 2 sophomores, this vulnerability manifests sharply in the item "I feel that I have become more self-aware and emotionally resilient," which yielded a remarkably low mean score (M = 2.9722, SD = 1.00663). This struggle with adaptive coping carries directly into the mid-major years for Level 3 juniors, who recorded critically low satisfaction on "I handle unexpected events calmly" (M=3.2400). By the final year, the focus of vulnerability among Level 4 seniors shifts toward a broader crisis of autonomy, with the lowest recorded evaluation being "I feel in control of my life" (M=3.1402).

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Table 3.5

Descriptive Statistics of Nursing Students' Satisfaction on the Kumustahan Program in Terms of Stress Level

Items	Level 2		Level 3		Level 4	
	M	SD	M	SD	M	SD
I feel confident in solving personal issues.	3.2639	0.96404	3.3800	0.92339	3.3458	0.90181
I feel overwhelmed by my problems.	3.5556	0.94778	3.5400	0.95212	3.7103	0.82427
I manage daily frustrations effectively.	3.4444	0.88634	3.4800	1.11098	3.4206	0.84716
I struggle to handle my responsibilities.	3.6111	0.94281	3.5800	0.75835	3.5514	0.92383
I feel in control of my life.	3.1111	0.88103	2.6800	0.81916	3.1402	0.96592
I feel anxious or on edge.	3.4722	0.87165	3.4600	0.76158	3.5140	0.78144
I feel that things are going well for me.	3.2500	1.07140	3.4200	0.85928	3.4299	1.04072
I feel unable to manage important aspects of my life.	3.0694	0.82780	3.2800	0.83397	3.3486	0.87128
I handle unexpected events calmly.	3.5833	0.76473	3.2400	0.79693	3.3645	1.00370
I feel angry when things are beyond my control.	3.4583	0.97775	3.5000	0.86307	3.5888	0.98050
I feel that I am able to handle stressful situations calmly.	3.5000	0.85580	3.6600	0.93917	3.6729	0.92935
I feel long-term stress without feeling overwhelmed.	3.8333	0.83918	3.6400	0.85141	3.9065	0.84153
I feel well-supported when dealing with stress or burnout.	3.6667	0.80491	3.8800	1.02300	4.0467	0.82854
I feel that the environment I have helps me relax and open up.	3.9583	0.81253	4.0400	0.87970	4.0935	0.91665
I feel that I have become more self-aware and emotionally resilient.	2.9722	1.00663	3.2400	0.89351	4.2406	1.18987

Legend: 1–1.80 Very low, 1.81–2.60 low, 2.61–3.40 moderate, 3.41–4.20 high, 4.21–5.00 very high

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Satisfaction Level: Social Relationship

Table 3.6 shows a clear pattern of systemic social vulnerability across all three-year levels, specifically concerning deep emotional disclosure and isolated social integration. The primary vulnerability across all year levels is documented in the item "I don't have anyone to confide my deepest fears and concerns in," representing a profound lack of confidential emotional support networks in all levels, particularly for Level 3 juniors (M=2.4440), Level 4 seniors (M=2.6916), and Level 2 (M=2.8750). Additionally, for sophomores, this restriction in emotional depth occurs alongside a highly variable, lowered capacity to secure companionship for basic leisure planning (M=2.9722, SD=1.08734), suggesting early-stage clinical students struggle to balance recreational peer schedules due to shifting academic duties.

Table 3.6

Descriptive Statistics of Nursing Students' Satisfaction on the Kumustahan Program in Terms of Social Relationships

Items	Level 2		Level 3		Level 4	
	M	SD	M	SD	M	SD
It is difficult for me to find someone to go on a day trip with.	2.9722	1.08734	2.6800	1.05830	2.8505	1.09720
I don't have anyone to confide my deepest fears and concerns in.	2.8750	1.04730	2.4400	0.92934	2.6916	1.08516
If I get sick, I'd only find someone to help with my daily tasks.	3.2222	0.98184	3.3600	0.80331	3.6355	1.01305
I know someone I can ask for family-related advice.	3.5972	1.07021	3.5800	0.81039	3.8411	0.96299
If I wanted to see a movie tonight, I could find someone to come.	3.3750	0.98492	3.6200	1.22708	3.7009	1.05701
I know someone I can ask for help with personal problems.	3.6944	1.08302	3.7400	1.04608	4.0093	0.96637
I rarely get invited to social activities.	3.0833	1.00351	2.4800	0.61412	2.8598	1.12810
If I wanted to have lunch with someone, I could find a companion.	3.6250	0.95589	3.9400	0.91272	3.8224	0.92973
If I were stranded far from home, I know someone I could call for help.	3.7083	0.92596	3.5800	0.99160	3.9439	0.84487
During a family crisis, it would be hard to find good advice.	3.1250	1.12510	3.0200	0.86873	3.0467	1.10217

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Items	Level 2		Level 3		Level 4	
	M	SD	M	SD	M	SD
If I needed help moving, I'd struggle to find someone to assist.	3.0694	1.06581	2.5800	0.94954	3.0467	1.20050
I feel that I have a good connection with my peers.	3.7500	0.94571	3.6400	0.82709	3.9720	0.87330
I feel a sense of belonging when interacting with my peers.	3.6250	0.92596	3.5600	0.83690	3.8318	1.01392
I feel comfortable expressing my thoughts during group interactions.	3.5139	0.97855	3.5600	0.92934	3.8692	0.94254
I enjoy spending time and interacting with my classmates.	3.5139	0.88800	3.6400	0.82709	4.1121	0.74387

Legend: 1–1.80 Very low, 1.81–2.60 low, 2.61–3.40 moderate, 3.41–4.20 high, 4.21–5.00 very high

Demographic Profile and Satisfaction: ANOVA Results

Table 3.7 shows that the demographic profiles of nursing students, specifically age and year level, have a significant relationship with satisfaction on the Kumustahan Program, with p-values of 0.043 for age and 0.009 for year level, resulting in the rejection of the null hypothesis ($p < 0.05$) and indicating that students experience, utilize, or benefit from the program differently based on these variables to meet specific stage-specific challenges. Conversely, the demographic variable sex shows a non-significant p-value of 0.231 ($p > 0.05$), failing to reject the null hypothesis and indicating that the program's outcomes are gender-neutral.

Table 3.7

ANOVA Results on the Variance in Student Satisfaction with the Kumustahan Program across Demographic Profiles

Variable	F	P-value	Decision	Conclusion
Age	3.201	0.043	Reject null hypothesis ($p < .05$)	Significant
Sex	1.475	0.231	Accept null hypothesis ($p > .05$)	Not Significant
Year Level	4.837	0.009	Reject null hypothesis ($p < .05$)	Significant

Summary of Findings

The nursing student participants ranged in age from 18 to 26 years, with the most represented age group being 21–23 years (50.22%), followed by 18–20 years (47.6%) and 24–26 years (2.18%). The distribution of respondents by sex showed that the majority of participants were female, totaling 186 (81.22%), while only 43

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were male (18.78%). By year level, the majority of participants were from Level 4, with 107 students (46.73%), followed by Level 2 with 72 students (31.44%), and the fewest from Level 3 with 50 students (21.83%).

Findings revealed common mental health challenges across all year levels, as students consistently reported difficulties with distractions, mental focus, and cognitive overload associated with the demanding nursing curriculum. Lower scores were also observed in problem management and self-perception, particularly among Level 2 and Level 4 students. Persistent stress-related vulnerabilities were found across all year levels, including anxiety, emotional exhaustion, fatigue, insufficient rest, and difficulty managing daily life, with Level 2 students struggling more with confidence in resolving personal concerns, Level 3 students experiencing declines in sustained motivation, and Level 4 students reporting emotional drainage from clinical duties. Continuing difficulties in deeper emotional relationships were also revealed, as students across all year levels commonly reported having few individuals to confide their deepest concerns in and experiencing feelings of social isolation or lack of inclusion, despite improvements in overall peer companionship.

Both age ($p=0.043$) and year level ($p=0.009$) were significantly associated with students' level of satisfaction, leading to the rejection of the null hypotheses ($p < 0.05$). This suggests that nursing students' perceptions, experiences, and benefits gained differ according to their developmental stage and academic level. In contrast, sex did not show a significant association with satisfaction ($p=0.231$), leading to acceptance of the null hypothesis and indicating that the program provides similar support and benefits regardless of whether the student is male or female.

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IV. DISCUSSION

The findings revealed a significant difference in the satisfaction levels of Level 2, 3, and 4 nursing students regarding the Kumustahan Program in terms of mental health, stress level, and social relationships. Consistent with Watson's Theory of Human Caring, which underpins this study's conceptual model, the program appears to function through transpersonal caring relationships: students reported feeling emotionally supported, experienced strengthened peer connections, and were assisted in coping with the academic and clinical demands of nursing education. Differences in perceived satisfaction were observed across year levels, with Level 3 and Level 4 students demonstrating higher confidence, emotional stability, resilience, and peer integration than Level 2 students, who were still adjusting to the demands of clinical education and developing coping mechanisms. These developmental gradient echoes prior work showing that engagement functions as a mediating mechanism linking structured program participation to well-being outcomes (Ng, Ng, & Siu, 2025), and supports the conceptual framework's premise that engagement and perceived satisfaction jointly drive the program's benefits.

Significant differences were found when satisfaction was grouped by age and year level, indicating that experiences and perceptions differ depending on developmental and academic stage, while no significant difference was found according to sex, suggesting the program provides similar support and benefits to both male and female nursing students. This gender-neutral outcome aligns with the program's design as an inclusive, universally accessible peer-support initiative rather than one targeted at a specific demographic subgroup.

Despite these positive perceptions, common challenges were identified across all year levels, including difficulties related to mental distractions, anxiety, fatigue, emotional exhaustion, and limited opportunities for deeper emotional connection with peers. These findings resonate with the broader literature on webinar-based interventions, which notes that prolonged screen time and information overload can generate mental exhaustion and dissatisfaction even within otherwise beneficial programs (Tanucan, 2023), and with research indicating that unstable household dynamics and generational misunderstandings can create additional barriers to engagement in the Philippine context (Alejandria, 2022). While generally satisfied with the support systems and peer interactions, the findings suggest that additional improvements may still be necessary to further strengthen students' mental focus, stress recovery, and emotional support, particularly among lower-year students who consistently demonstrated lower mean scores in several indicators.

Overall, the study concludes that the Kumustahan Program is an effective and inclusive peer-support initiative that contributes positively to the well-being and overall student experience of nursing students, providing essential emotional, social, and coping support amid their demanding workloads.

Recommendations

The Guidance and Student Affairs Office is encouraged to strengthen the Kumustahan Program by creating year-level-specific interventions to directly address the findings. For Level 2 students, who demonstrated lower scores in mental focus, self-perception, problem management, and social adjustment, the office may implement adjustment and transition programs focused on emotional resilience, confidence-building, stress coping, and peer integration through guided peer mentoring, wellness check-ins, and small support circles. For Level 3 students facing anxiety, motivational fatigue, and limited emotional disclosure, programs may focus on emotional processing, burnout prevention, and safe emotional expression via counseling, peer-sharing, and mental health workshops. For Level 4 students experiencing emotional exhaustion, cognitive overload, and clinical stress, the office may provide stress-management seminars, mindfulness, emotional debriefing, and wellness programs. Since all year levels demonstrated lower scores in deep emotional support and social inclusion, the office should develop consistent, intimate peer-support activities to promote trust, belongingness, and stronger emotional connections.

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The Department of Nursing is encouraged to continuously support the program by integrating mental health awareness, stress management, and peer-support activities, with faculty conducting regular emotional wellness check-ins to create supportive environments. Since students reported cognitive overload, distractions, anxiety, and emotional fatigue, the department may coordinate with guidance counselors and mental health professionals for accessible interventions, while encouraging peer collaboration and mentorship between junior and senior nursing students. Furthermore, National University – Manila is encouraged to allocate additional resources for counseling services, mental health campaigns, and flexible wellness programs tailored to the significant differences found in developmental and emotional needs across age and year levels.

Lastly, future researchers are encouraged to explore student satisfaction toward peer-support programs using broader populations and additional variables, examining long-term effects on well-being and comparing approaches like one-on-one sessions, group discussions, and online support activities.

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