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The Effects of COVID-19 Pandemic on the Perceived Stress and Coping Strategies among Filipino Immigrants in America

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Abstract		Original Research Article

The Filipinos in America are an at-risk group during the pandemic not only because of their exposure as health care workers but also due to the intersections of various factors like economic insecurity, pre-existing health conditions, a lack of health insurance, and the fact that tens of thousands of undocumented Filipinos. Also, Filipinos faced Asian hate during the pandemic. All the circumstances Filipinos in America faced amid the pandemic can contribute to perceived stress. Filipinos are also known to have good coping skills despite the adversities in life. However, not many studies specifically represent Filipino-Americans but rather Asian Americans collectively. This study sought to examine the effects of the COVID-19 pandemic on Filipinos' perceived stress and coping strategies in America. Using a descriptive inferential research design, this study revealed that the COVID-19 pandemic influenced the level of perceived stress and the coping strategies of the respondents. Also, it showed that there was a significant relationship between the respondents' profile and their level of perceived stress and coping strategies. The findings of this study can contribute to the development of Filipinos' knowledge-based mental health status in America. Also, this can be used for delivering effective treatment programs for Filipinos in America by different healthcare professionals.
Keywords: COVID-10, Coping strategies, Filipino immigrants, Perceived stress.

INTRODUCTION

The world braced itself for the enormous range and magnitude of impact that the pandemic has brought to the people. Lockdowns were imposed, economies stopped working and travel was shut down. All of us were stuck where we had to accept what COVID-19 had in store for us. Within a few weeks, COVID-19 propagated like a chain. People have been infected and many suffered grueling days, battling fever, weaknesses, and breathlessness. Many lost their invaluable loved ones. Some lost their jobs, all their savings and were left homeless. Globally, as of 28 December 2021, there have been 280,119,931 confirmed cases of COVID-19, including 5,403,662 deaths and there have been 51,775,769 confirmed cases of COVID-19 with 809,908 deaths in the United States, as reported to WHO. There are many factors that this pandemic impacts the life of the people. One of the factors is mental health. Anxiety, depression and suicidal thoughts skyrocketed during the COVID-19 pandemic. According to Elbogen *et al*., (2021), COVID-19-related stress symptoms, loneliness, and financial strain were associated with thoughts of suicide/self-harm in multivariable logistic regression analyses, as were younger age, being a military veteran, past homelessness, lifetime severe mental illness, current depressive symptoms, alcohol misuse, and having tested positive for COVID-19.

According to Batalova (2020), the United States is home to by far the largest number of Filipinos abroad. In 2018, just over 2 million Filipinos lived in the United States, accounting for 4.5 percent of the country's 44.7 million immigrants. Today, Filipino immigrants represent the fourth-largest origin group after the foreign born from Mexico, India, and China. Filipinos who migrated to America have no escape from this pandemic impact. A report from the UC Davis Bulosan Center for Filipinx Studies of 2021 found Filipinos were an at-risk group during the pandemic not only because of their exposure as health care workers, but also economic insecurity, pre-existing health conditions, a lack of health insurance and the fact that there are tens of thousands of undocumented Filipinos. Another crisis that the Filipinos faced during the pandemic is the Asian hate. Venkatraman (2021) stated

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that the FBI reported 279 hate crimes against Asians in 2020, compared to 161 in 2019. Chan & Litam (2021) added that the emergence and global spread of COVID-19 precipitated a massive public health crisis combined with multiple incidents of racial discrimination and violence toward Asian American and Pacific Islander (AAPI) communities. Although East Asian communities are more frequently targeted for instances of pandemic-related racial discrimination, multiple disparities converge upon Filipino communities that affect their access to mental health care in light of COVID-19.

All of these circumstances that Filipinos in America faced amid pandemic can contribute to perceived stress. According to Phillips (2013), perceived stress is the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period. In addition, perceived stress incorporates feelings about the uncontrollability and unpredictability of one's life, how often one has to deal with irritating hassles, how much change is occurring in one's life, and confidence in one's ability to deal with problems or difficulties. However, Filipinos are also known to have good coping skills despite the adversities in life. Gardner *et al.*, (2021) stated that coping skills include a range of actions and adaptations in response to stressful experiences, which can be critical for determining pathways of resilience and vulnerability. Dela Cruz (2020) added that Filipinos have survived the Covid-induced disruptions in their life not because they are tops in discipline, but because of their resilience, sense of bayanihan, and faithfulness.

According to Constante (2021), Filipino Americans reported a higher Covid mental health toll than Asian Americans. Furthermore, as David (2020) stated, race or Lapid (2021) data in relation to COVID-19 is very limited. Thus, there are many things about how COVID-19 may affect various communities including the Filipino American community. Regardless of how resilient and very good the Filipinos are in terms of coping skills when it comes to stress and perceived stress, the researcher is led to believe that there is a need to conduct research that would be used as a basis for the contribution on the mental health of the Filipinos here in America.

MATERIALS AND METHODS
A. Research Design
The descriptive inferential research design was used since the researcher used inferential statistics in gathering, presenting, analyzing, and interpreting the collected data.

B. Locale of the Study
This study was conducted in Prince George's County located in the state of Maryland. It borders the eastern part of Washington D.C.

C. Respondents and Sampling Procedure
The respondents of the study were the Filipino immigrants who were 21 and above, reside in Prince George's County and were able to respond to online questionnaires. Filipinos who reside in Prince George's County were invited to respond to the survey questionnaire via email and posted on Facebook, Twitter and Instagram. The respondents forwarded the link to friends and acquaintances. The researcher shared the link to the survey questionnaire to 300 people but only 292 respondents agreed and 8 declined to respond to the survey questionnaire.

D. Research Instrument
The online instrument consists of general information about the study and information involving confidentiality, risks, benefits, consent to respond, and withdrawal from the study. The survey was anonymous since it did not collect identifying information such as name, address, and email address. At the end of the general information, there was a checkbox indicating that the respondent agrees to respond to the survey questionnaire. Potential respondents were only taken to the next page to start the survey after clicking the box which states "Yes, I will participate in this survey". Part I was the respondents' profile form which includes the age, gender, occupation, income level, educational attainment, generational status, and presence of COVID-19 case near their residence. Part II is the modified Perceived Stress Scale (PSS-10-C) of Campo-Arias *et al.*, (2021) which was an adaptation of the famous Perceived Stress Scale (PSS-10) of Cohen and Williamson (1988). Part III is the Filipino Coping Strategies Scale (Rilveria, 2018), a 37-item, four-point Likert scale that aims to measure the coping strategies of Filipinos towards stress and generates a coping dispositional profile that can be used to aid in the assessment of coping behaviors.

E. Data Gathering Procedure
The survey questionnaire for this study was designed online through Google Forms. An approval from the Research Ethics Committee of Cagayan State University was obtained before collecting the data. An online survey was an effective way to collect data due to the COVID-19 restrictions. The Survey link was sent via email and posted on Facebook, Twitter, Messenger, and Instagram. The respondents clicked the online survey link, and they were directed to the participant information form which was available in English. Responding to the survey questionnaire was completely voluntary, anonymous, and consensual.

F. Data Analysis
Frequency counts, percentage, and mean were used in treating the profile of the respondents. The assessment of the perceived stress level and coping strategies was treated using a weighted mean. Chi-square was used to test the relationship between the profile of the respondents' perceived stress and coping

strategies. Pearson's Product Moment Correlation to determine the correlation between perceived stress and coping strategies of the respondents.

RESULTS AND DISCUSSION

Table 1 summarizes the characteristics of the 292 respondents. The data showed that the average age of the respondents was 42.63. The respondents of all ages (21-through over 65) were represented. Most of the respondents were aged 30-49 which accounted for 122 (42%) and the smallest number of respondents was in the oldest age bracket 65 and above (2%). The respondents of this study aged 30-49 had a lower percentage than the 2019 national statistics on Filipinos and Filipino Americans (28%) (Budiman, 2021). The majority are female (61%) respondents in this study. It is estimated more Filipina women out of the total Filipino population in the United States (U.S. Census Bureau, 2013; Diaz, 2021). Most of the respondents were teachers or childcare professionals (49%) followed by health professionals (34%). This differs from the American Community Survey Bureau (ACS, 2020) that the bulk of the Filipino community in America is in management, business, science, and arts occupations. On the other hand, the Migration Policy Institute (2020) and Batalova (2020) found that Filipinos represent registered nurses, employees in service occupations, and sales, and have jobs related to production,

transportation, and logistics. Although the majority of the respondents of this study are teachers or childcare providers, the result suggests that Filipinos in America represent different fields of the workforce. In line with the occupation of the respondents, the average current household net income was $77,200.34. The majority of the respondents have an annual household net income between $75, 000 and $99,999 (46%), and only 3 (1%) had an annual income over $150,000. This study conveys that Filipino teachers or child caregivers, and nurses or healthcare professionals have significantly high incomes. Respondents whose highest educational attainment was master's degree and bachelor's degree were larger in number accounting for 47% and 46% respectively. The data revealed that the majority, 73%, of the respondents are first generation (moved to the U.S. from the Philippines). The result of this study contradicts the result of the study of Sebastian and Diaz (2021) where they found that majority are second-generation Filipino Americans.

The findings revealed that more respondents said there was a presence of COVID-19 cases inside or near their residents. The result agrees with the data collected by the Los Angeles Times (2020) and Wong (2020) that Filipino Americans accounted for at least 35% of coronavirus deaths among Asians in California.

Table 1: Frequency and Percent Distribution of Respondents' Profile

Age	Frequency	Percent
21-29	57	20.0
30-49	122	42.0
50-64	106	36.0
65 and above	7	2.0
Mean	*42.63*	
Gender		
Female	177	61.0
Male	115	39.0
Occupation		
Teacher/Child Care	142	49.0
Health Professional	99	34.0
Hotel and Casino Employee	21	7.0
Restaurant Employee	9	3.0
Store Employee	16	6.0
CEO	1	0.34
US Army	2	1.0
Federal government Employee	1	0.34
Current Household Net Income		
$15,000-$29,999	9	3.0
$30,000-S49,999	36	12.0
$50,000-$74,999	81	28.0
$75,000-$99,999	134	46.0
$100,000-$150,000	29	10.0
Above $150,000	3	1.0
Mean	*$77,200.34*	

Highest Educational Attainment		
Bachelor's degree	134	46.0
Master's degree	137	47.0
Doctorate	14	5.00
Associate	7	2.00
Immigration Generation Status		
First	212	73.0
Second	53	18.0
Third	27	9.0
Presence of COVID -19 Case in or Near Residence		
Yes	179	61.0
No	100	34.0

Table 2 shows the assessment of the perceived stress level among Filipinos in America during the COVID-19 pandemic. The findings revealed that the statement, "I have felt as if something serious was going to happen unexpectedly with the pandemic" achieved the highest PSS score with a mean of 4.14 which was interpreted as having high stress. According to the respondents, they have felt very anxious about any worst-case scenario that might be caused when they or their family members get infected by the COVID-19 virus. They are stressed about the idea of getting into the ICU or about dying alone in the hospital bed, or if this might happen to their loved ones. Moreover, the respondents expressed that some difficulties they experienced were the devastating illnesses and deaths of loved ones, abnormality of social distancing, job loss, healthcare costs, and racial discrimination and violence towards Asian communities (Item 2=high stress). The respondents' feeling that they are tied with the strict health protocols resulting in their seemingly loss of freedom of doing things the way they had before the pandemic has also caused them stress (Item 3=high stress). The respondents expressed that there are strict protocols in mingling back with people at the time the data was collected. They must show that they are fully vaccinated or if they do not choose to be vaccinated that they need to have COVID-19 testing done every week. Inside any enclosed building, they must wear masks and be mindful of the distance when talking to a co-worker or anyone.

Overall, the mean was 3.65 which indicates that the perceived stress level among Filipinos in America during the COVID-19 pandemic was high. This is similar to the study of Diaz (2021) who found that the Filipino Americans had high perceived stress during the COVID-19 pandemic. Also, Filipinos did not get away from the anti-Asian discrimination during the pandemic. According to Ta Park *et al*., (2022), 61.3% of Filipinos experience discrimination during the COVID-19 pandemic due to being Asian-American. Sadang (2020) found out from her study on the lived experience of Filipino nurses' work in COVID-19 quarantine facilities that the nurses demonstrated outstanding professional efforts and sacrifices in battling this crisis to overcome difficulties amidst insufficient or unavailable needed resources. The result implies that Filipinos in America are experiencing various adversities during the COVID-19 pandemic that is causing their high level of stress.

Table 2: Assessment of the perceived stress level among Filipinos in America during the COVID-19 pandemic

Statements	Mean	Descriptive Value
I have felt as if something serious was going to happen unexpectedly with the pandemic.	4.14	High Stress
I have felt that the difficulties are increasing in these days of the pandemic, and I feel unable to overcome them.	4.08	High Stress
I have felt that I am unable to control the important things in my life because of the pandemic	4.04	High Stress
I have felt nervous or stressed about the pandemic.	3.87	High Stress
I have felt optimistic that things are going well with the pandemic.	3.86	High Stress
I have been upset that thing related to the pandemic are out of my control.	3.37	Moderate Stress
I have felt unable to cope with the things I have to do to monitor for a possible infection.	3.26	Moderate Stress
I have felt that I can control the difficulties that could appear in my life as a result of the infection.	3.14	Moderate Stress
I have felt that I have everything under control in relation to the pandemic.	3.08	Moderate Stress
Overall mean	**3.65**	**High Stress**

Table 3 shows the coping strategies of the Filipinos in America that they applied to alleviate their stress on COVID- 19 pandemic. The data showed that the respondents reported various ways of coping with

COVID-19-related stress experiences. It can be gleaned that items 3, 10, and 18 which are all statements that can be categorized as religiosity are interpreted as "always". The respondents revealed that they pray individually, with their own household, with the prayer group, and with families in the Philippines through an online platform. This is similar to the findings of several studies that Filipinos sought relief from the stressors by turning to their religions and expressed that the strength of prayer help them get through difficult times (Van Der Ham *et al*., 2014; Connor 2016; Almazan *et al*., 2019; Awoke *et al*., 2021). This study suggests that Filipinos in America turn to their spiritual beliefs and practices as a resource to help cope with stress and anxieties during the COVID-19 pandemic.

Other positive coping strategies that were rated "always" are the statements on making a way to solve problems (Items 2 and 9). One of the ways the respondents mentioned was the spirit of unity and cooperation among Filipinos in America (bayanihan) to aid the other Filipinos who lost their jobs during the pandemic. The respondents revealed that they do positive self-talk and find joy in small things. They also reframe their mind by turning the bad situation during the pandemic into an opportunity for them to stop and reflect on their life (Item 1). Scott (2020) stated that positive thinking can reduce your stress level, help you feel better about yourself or your situation and improve overall well-being and outlook. One more positive coping strategy that is rated always is the statement "I entertain myself with a mean of 3.38, and the statement "I engage in activities that would make me calm" with a mean of 3.33. The respondents affirmed that some of the activities they do to entertain and relax are watching their favorite TV shows, gardening, knitting, and sewing, taking care of their pets, using social media, and creating or editing videos. Scott (2020) and Chua

(2019) added that fun activities provide a source of good stress that keeps you feeling vital and alive. Having regular fun in life can help you feel less overwhelmed by the stressors you face.

On the other hand, there were statements that were rated never. These are items are "I take medicine that would help me feel and think better", I drink alcohol to reduce the stress", "I take medicine that provides relief" "I smoke to ease my negative feeling", and "I drown myself with alcohol to ignore my problem for the meantime." The findings showed that most respondents did not resort to drinking alcohol, taking medicine, and smoking cigarettes to manage their perceived stress. This result supports the findings of Awoke *et al*., (2021) that substance use was the lowest means reported for coping with stress. Most of the respondents of this study are teachers or childcare providers and healthcare professionals who know the negative effects of falling into some maladaptive coping mechanism and expressed that they only drink alcohol in moderation. They also shared that cigarettes are expensive, and they rather save or use their money for other important matters. They only use medication when they cannot take the pain anymore like headaches due to stress or other health-related condition. The result of this study is different from the study of Rogers *et al*., (2020) in that when both COVID-related worry and fear are considered together, individuals may be using substances because they are worried about the future more than the current situation.

The overall mean of 2.69 which is interpreted "most of the time". It implies that most of the time Filipinos in America had their own coping mechanism to apply to adopt some adversities and minimize the effect of stress themselves. The result is similar to the study of Sheroun *et al*., (2020).

Table 3: Assessment on the coping strategies of Covid-19 among Filipinos in America

Statements	Mean	Descriptive Value
I think positively about my problem.	3.47	Always
I think of ways to solve my problem	3.51	Always
I pray my problems to God.	3.88	Always
I cry my problems out	2.25	Sometimes
I exhaust myself doing something to lessen the stress I have.	2.27	Sometimes
I entertain myself.	3.38	Always
I drink alcohol to reduce my stress.	1.46	Never
I think a good reason why I have this kind of problem.	2.89	Most of the Time
I solicit advice from my friends.	2.49	Sometimes
I believe that God will help me in my problem.	3.83	Always
I tend to just accept the stressful feeling until it is gone.	2.92	Most of the Time
I find something to release my anger to because of my stress.	2.61	Most of the Time
I overwork.	1.87	Sometimes
I go to places where I can rest.	3.07	Most of the Time
I smoke to ease my negative feeling.	1.31	Never
I think I can overcome my problem.	3.10	Most of the Time
I make ways to solve my problem.	3.34	Always
I pray to God in order to take my stress away.	3.86	Always

Statements	Mean	Descriptive Value
I need to be tired doing other things.	2.53	Most of the Time
I engage in activities that would make me calm.	3.33	Always
I take medicine that would help me feel and think better.	1.53	Never
I look at the good effect of this stress.	2.79	Most of the Time
I need support from other people.	2.66	Most of the Time
I endure the stress I am experiencing.	3.03	Most of the Time
I release my emotional pain.	2.67	Most of the Time
I burden myself with other things to do in order to redirect my thoughts.	2.27	Sometimes
I take medicine that provides relief.	1.36	Never
I try to view the problem in a different perspective.	2.64	Most of the Time
I need care and understanding from the people who are close to me.	2.82	Most of the Time
I consider all possible solutions just to overcome my problem.	3.07	Most of the Time
I believe that what I am experiencing is God's will.	3.73	Always
I let others feel my negative emotions.	1.98	Sometimes
I eat a lot and sleep longer hours to temporarily lessen the stress load.	2.13	Sometimes
I find activities that can relax my mind.	2.99	Most of the Time
I drown myself with alcohol to ignore my problem for the meantime.	1.15	Never
Overall Mean	**2.69**	**Most of the Time**

Table 4 shows the relationship between the respondents' profile variables and their perceived stress levels. The respondents' age and their perceived stress had a high significant relationship. Age was highly significant to the perceived stress level as this age group has a lot of responsibilities placed on their shoulders. Some of them worried about how to protect their children and other family members living with them from the virus, especially the older ones. Some of them who lost their jobs during the pandemic were frightened that they would not be able to feed their families or be able to afford the medical expenses when they got infected by the virus. Others working from home had difficulty balancing their work and helping their children with their academic studies during virtual classes. All these situations that the respondents experienced contributed to their high stress level. The findings of this study do not support the study of Diaz (2021) in which there was a significant negative relationship between the perceived stress scale score and age.

The respondents' occupation and their perceived stress had a high significant relationship. Most of the respondents were teachers and healthcare professionals. In the case of the teachers, when the data was collected, they delivered their instruction in a form of hybrid learning. Educators teach remote and in-person students simultaneously using tools like video conferencing hardware and software. They shared that they lack the training and experience to accomplish the job successfully. They also need more time to prepare visual and physical materials for virtual and in-person students. They also expressed that they feared getting the virus as they had close contact with the students and other staff in their building. On the other hand, the nurses were the ones taking care of the patient in the hospital and they experienced challenges as they did

their job. There was a lack of nurses to take care of many patients which meant an added volume to their workload. There was a shortage of personal protective equipment that led them to fear of getting the virus or having their loved ones get infected because of them. These experiences cause them to have fatigue and trauma that elevates their stress.

The respondents' monthly gross income and their perceived stress had a high significant relationship. Most respondents shared that they still receive a salary, and some have an increased salary. Still, they are anxious and stressed with the nature of work they do as they are in close contact with other people with the possibility of getting infected or their families. The result of this study is similar to Diaz (2021) in which individuals who reported an increase in income since the beginning of the pandemic had higher perceived stress scale scores.

The respondents' immigration generation status and their perceived stress had a high significant relationship. Loweree et al., (2020) stated that USCIS suspended all in-person services at its offices for the first three months of the pandemic, before beginning a slow reopening process in certain locations. As a result, interviews for all immigration benefits and asylum applications were postponed and rescheduled when normal operations resume. The first-generation immigrants who have visa issues were affected by this situation which led to high perceived stress. As stated by Michigan Medicine (2020), first-generation migrants are reportedly at higher risk of mental ill-health than the settled population. Downward social mobility, host country, and country of origin are associated with an increased risk of mental ill health in first-generation migrants during the COVID-19 pandemic.

Table 4: Correlation results on the relationship between the respondents' profile and their perceived stress level

Profile variables	Chi-square value	p-value
Age	20.34949	0.0024**
Occupation	28.04435	0.0055**
Monthly Gross Income	24.69661	0.0060**
Immigration Generation Status	61.43226	<0.0001*
Highest Educational Attainment	16.11836	0.0131
Sex	1.33056	0.5141
Presence of COVID -19 Nearby	15.8234	0.1133

**Highly significant *Significant

Table 5 shows the relationship between the respondents' profile variables and their coping strategies. The data revealed a highly significant correlation between the respondents' age and coping strategies. The result of this study is also consistent with the study of Labrague *et al*., (2018) that age was statistically correlated with the coping behaviors of the respondents. The average age of the respondents was 42.63 which belongs to the age group with strong spirituality, aimed to solve the problem and have a better balance in life. Monteiro *et al*., (2014), indicated in their study that as people mature, they are better able to adopt a range of behavioral, cognitive, and emotional strategies to cope with stressful life events. One explanation is that older adults may engage in a more differentiated approach to problem situations by using diverse strategies in handling stress.

A highly significant correlation between the respondents' occupation and coping strategies was also seen. Most of the respondents were teachers who faced a lot of unprecedented situations in their careers. Hidalgo-Andrade *et al*., (2021) stated that the result of their study indicated that most teachers used more than one coping strategy and the three most frequently reported strategies were social support, physical activity (exercise), and leisure activities. On the other hand, healthcare professionals were on the frontlines and had daily exposure to COVID-19. These situations caused high stress. Thus, they cling to positive coping strategies already in their tool belt such as their religion, entertainment, and social interaction with friends and families through social media platforms. This result is supported by the study that health professionals coped with their stress during the pandemic using various techniques ranging from psychological, social, and religious/spiritual approaches (Asuncion *et al*., 2022; Htay *et al*., 2021).

The data revealed a highly significant correlation between the respondents' highest educational attainment and their coping strategies. Most respondents have bachelors' degree or higher which implies that they are most likely to learn and practice healthy behaviors which include positive coping mechanisms. A study conducted by Gage-Bouchard *et al*., (2013) had a similar finding on the association of caregivers' educational attainment and the use of coping mechanisms.

A highly significant correlation between the presence of COVID-19 nearby the respondents' residences and their coping strategies is seen. The respondents in this study employed some healthy coping mechanisms to address their needs and of other family members. The result of this study agrees with the study of Kim *et al*., (2022) that a stronger fear of infection was associated with increased engagement in preventive behaviors. The tendency to engage in more preventive behaviors when the perception of the threat is higher. Other current studies are consistent with the result (Bashirian *et al*., 2020; Jang *et al*., 2020; Ferreira *et al*., 2021)

There was a significant correlation between the respondents' monthly gross income and their coping mechanisms. Most respondents had an annual household net income of between $75, 000 and $99,999 which means they could afford a healthy lifestyle and the different amenities at home to entertain themselves. This is similar to the study of Mehta *et al*., (2020) that an increase in income would correspond to greater use of adaptive coping strategies such as panful problem solving and positive reappraisal. On the other hand, the study by Labrague *et al*., (2018), showed a negative correlation between the family income and the coping behaviors of the respondents.

Table 5: Correlation results on the relationship between the respondents' profile and their coping mechanisms

Profile variables	Chi-square value	p-value
Age	27.32245	0.0013**
Occupation	49.38525	<0.0001**
Highest educational attainment	24.87384	0.0004**
Presence of COVID-19 nearby	19.18586	0.0038
Monthly gross income	20.77658	0.0227*
Sex	0.08092	0.9604
Immigration generation status	2.44971	0.6537

**Highly significant *Significant

The correlation between the respondent's perceived stress and coping mechanisms was presented in Table 6. The data reveals that the relationship between the respondents' perceived stress and coping strategies were highly significant with the r-value of 0.37900 (p-value=<0.0001). The findings of this study were consistent with the previous studies conducted (Awoke *et al.*, 2021; Labrague, 2021; Labrague *et al.*, 2018; Thai *et al.*, 2021; Umucu & Lee, 2020; Yan *et al.*, 2021). In the contrary, the study of Diaz, (2021) revealed that there was no significant relationship between the perceived stress and the resilience of the Filipinos and found a weak negative correlation between perceived changes in stress from COVID-19 pandemic and perceived changes in resilience from COVID-19 pandemic. The inconsistency of the findings could have been attributed to the occupation of the respondents. The majority of this study were teachers and childcare providers whereas in Diaz's (2021) were healthcare professionals. Also, the local of this study in the state of Maryland, and Diaz's (2021) was in the state of California.

Table 6: Correlation results in the relationship between their perceived stress and coping strategies

Profile variables	R-value	p-value
Perceived Stress Level vs. Coping Strategies	0.37900	<0.001**

**Highly significant *Significant

CONCLUSION

The stress level of Filipinos in America was high. The Filipinos were considerably stressed and anxious because of the uncertainties about what might happen to them, their families, their sources of income because of the COVID-19 pandemic. However, they are resilient and exhibit a positive outlook in life despite their stress and anxieties as they employed varied coping strategies to alleviate the stress caused by the COVID-19 pandemic. Most Filipinos in America utilized religiosity as their top coping strategy. They also took advantage of social support, doing some relaxation and recreation activities. However, the Filipinos in America consider drinking alcohol, smoking, and taking medication as their least preferred coping mechanism. Most of the Filipinos in America are teachers or child caregiver and healthcare professionals whose jobs are highly affected by the COVID-19 pandemic that led to higher stress. Filipino teachers and childcare providers and nurses and healthcare professionals are at an average age of 42.63 which is mature enough to tackle their problems using positive coping strategies. Also, they have a higher income that they can afford the amenities and entertainment themselves or avail the of other forms of relaxation to cope with their stress. Moreover, they are highly educated, and they always inform themselves on how to alleviate stress so they can maintain their psychological well-being. The level of stress and coping mechanisms had a significant relationship. Therefore, Filipinos in America have high stress, but they also strive to incorporate varied coping strategies to mediate their perceived stress level.

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