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Complete List of Authors:	Escuadra, Catherine Joy; University of Santo Tomas, College of Rehabilitation Sciences Chiong Maya, Arlene; University of Santo Tomas College of Rehabilitation Sciences, College of Rehabilitation Sciences; UST Nava, Jordan Barbra; University of Santo Tomas, Physical Therapy Vergara, Jose Avelino; University of Santo Tomas College of Rehabilitation Sciences, Physical Therapy SAMONTE, JULIA; University of Santo Tomas, Physical Therapy Bea, Trisha Coleen; University of Santo Tomas College of Rehabilitation Sciences, Physical Therapy Javier, Angelo Miguel; University of Santo Tomas College of Rehabilitation Sciences, Physical Therapy Karamihan, Francine; University of Santo Tomas College of Rehabilitation Sciences, Physical Therapy Padilla, Diane Pauline; University of Santo Tomas College of Rehabilitation Sciences, Physical Therapy Reyes, Albert Josef; University of Santo Tomas College of Rehabilitation Sciences, Physical Therapy Serrano, Sophia Ivonne; University of Santo Tomas College of Rehabilitation Sciences, Physical Therapy
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Students' Perceptions and Experiences of an Online Wellbeing Program: A Phenomenological Study

Catherine Joy T. Escuadra, PTRP, MHPEd[1], Arlene C. Chiong Maya, MSPT, PTRP[1], Jordan Barbra P. Nava, MSPT, PTRP[1], Jose Avelino V. Vergara, MSPT, PTRP[1], Trisha Coleen M. Bea[1], Angelo Miguel L. Javier[1], Francine C. Karamihan[1], Diane Pauline G. Padilla[1], Albert Josef G. Reyes[1], Julia C. Samonte[1], Sophia Ivonne L. Serrano[1]

[1]Department of Physical Therapy, University of Santo Tomas-College of Rehabilitation Sciences, Manila, NCR, Philippines

Corresponding Authors:

Catherine Joy T. Escuadra, PTRP, MHPEd
ctescuadra@ust.edu.ph
0966 330 5676

Jordan Barbara P. Nava, MSPT, PTRP
jpnava@ust.edu.ph
0926 644 4443

Arlene Chiong C. Maya, MSPT, PTRP
acchiongmaya@ust.edu.ph
0932 149 1312

Jose Avelino V. Vergara, MSPT, PTRP
jvvergara@ust.edu.ph
0917 524 0079

Julia C. Samonte
julia.samonte.crs@ust.edu.ph
0905 520 6278

Abstract

Background: The pandemic has ensued challenges across all sections of the human population such as livelihood and educational changes, which involve the abrupt shift to online learning, immensely affecting the students' wellbeing. Negative health consequences of e-learning among students stem from the increased demand for new technological skills, productivity, information overload, and restriction of students to spend time with their peers.

Objective: To explore the experiences of the students from the University of Santo Tomas - College of Rehabilitation Sciences (UST-CRS) who participated in the online wellbeing program.

Methodology: A phenomenological design will be utilized to determine the participants' perceptions and experiences. Purposive sampling will be used to recruit 8-10 undergraduate students from UST-CRS ages 18 to 22 years, who participated in the wellbeing program and completed the study's quantitative counterpart. Semi-structured, in-depth questions will be used to conduct a focus group discussion. The transcripts will be analyzed using thematic analysis via the NVivo Version 12 software. The research will abide by the COREQ guidelines for appraisal and validity.

Ethics and Dissemination: The study protocol is approved by the UST-CRS Ethical Review Committee [Protocol Number: SI-2022-034 (Version 4)]. It will be implemented in accordance with the Declaration of Helsinki and the National Ethical Guidelines for Health and Health-Related Research, and Data Privacy Act. Findings will be published in accredited journals and presented in related scientific fora.

Registration ID: This study is successfully registered to Philippine Health Research Registry [PHRR230214-005419].

Keywords: *wellbeing, wellbeing program, rehabilitation sciences, student, experience, virtual, online, phenomenological study*

Strengths and Limitations of the Study

- The research will utilize a phenomenological approach using available online tools to explore the participants' perceptions and experiences
- The study will utilize a rigorous thematic analysis approach, a crucial method used to comprehend a collection of experiences, thoughts, or behaviors within a data set.
- The checklist COREQ was used to ensure the appropriateness of study design and to increase the transparency and replicability of the research process.
- The generalizability of the study may only be limited to participants and settings with similar characteristics as the study.

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Introduction

All facets of the human population faced difficulties as a result of the pandemic. This includes notable changes in livelihood and education, such as the abrupt shift to online learning which had affected the wellbeing of students. According to the World Health Organization, health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.[1] Physical wellbeing refers to the function and operation of the body, while psychological wellbeing pertains to one's thoughts, feelings, and emotions. Moreover, social wellbeing measures a person's response to the environment including relationships with others.[2]

Prior to the pandemic, the prevalence of wellbeing issues has already been observed. However, these have spiked in college students as online learning continues to be the only alternative solution amidst the pandemic. The increased need for new technology skills, productivity, information overload, and restrictions on students' ability to interact with their peers are the causes of the detrimental effects of e-learning on students' health. These complications vary from one factor to another, influencing a person's susceptibility to wellbeing issues. For instance, a number of studies reported high rates of disorders among health sciences students, given the complexity of the educational process they need to go through.[3] At present, no clinical guideline is available for the best and recommended practices for digital programs. However, several systematic reviews have been published to determine the level of effectiveness of the available programs. The use of multiple approaches like cognitive behavior therapy, psychological health literacy, mindfulness, and peer support are effective in improving perceived stress and burnout levels.[4] A similar study has utilized a weekly online modular approach in delivering such intervention techniques to their participants asynchronously through content developed with professionals to promote the physical and mental wellbeing of the participants by providing exercise programs, group aerobic exercises, emotion expression (ACT), social support, creating healthy relationships (iCBT) and more[5]. Additionally, another study that used a simplified MBSR (Mindfulness-Based Stress Reduction) protocol revealed minor to medium effects on participants' improved mindfulness.[6] According to a survey of college students at public, private, community, and online institutions, 73% of them had psychological health crises at some point. These crises were brought on by triggers like stress attacks brought on by feeling overwhelmed by their course load, feelings of homesickness and loneliness, and extremely high levels of anxiety, panic, and depression about their academic and personal lives.[7] Although no specific data shows the prevalence of wellbeing issues among Filipino college students, the Department of Health estimates that at least 3.6 million Filipinos face psychological health issues as of early 2020.[8]

Wellbeing programs for general adult populations have been conducted to mitigate the growing rates of wellbeing problems, such as one study introduced psychological health promotion and coping-strategy-based group workshops.[9] College students with typical psychological health issues have the option of receiving treatment through digital psychological health interventions.[10] Physical and psychological activities that are provided online may be included in a virtual wellbeing program.[5] The combination of physical and mental wellbeing activities provides a more holistic approach in dealing with better promotion of health to students since the two factors,

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physical and mental health, were determined to be correlated with each other in relation to the students' wellbeing.[5,10]

The literature on the effectiveness of online wellbeing programs specific to rehabilitation science students is still in its early stages of development. Currently, there is a lack of related literature from the Philippines, as most studies were conducted internationally, which is critical since it is challenging to relate international components to a local system. This is important in identifying how specific cultures, traditions, or practices may influence wellbeing. Additionally, most studies were quantitative, which mostly discussed assessing the participants' wellbeing and the efficacy of interventions.[11,12,13,14,15] Thus, indicating a need for qualitative studies to understand different factors that may impact the participants' experiences and perceptions of the program.

Most of the research literature gathered was focused on a general population instead of a specific group (e.g., rehabilitation science students).[16,17] Specificity to a particular population is crucial in assessing the perception of a population as these would differ from course to course depending on the academic demands. For instance, stress levels in medical students were higher, primarily attributed to studies.[18] Considering that stress can lead to interruptions on both physical and psychological health, this must be highlighted with the descriptive experiences of these students undergoing their studies. This is important in identifying which factors affect the outcomes of the research. Moreover, it was observed that most literature focused on psychological health rather than other aspects of wellbeing. Since the sole focus of other studies is on psychological health, factors such as stress, anxiety, or mood changes were only emphasized and did not include physical aspects. Although both are indisputably relevant independently, recognizing the association of physical and psychological health in contributing to an individual's holistic wellbeing is significant.

The study aims to explore the experiences of the students from the UST-CRS who participated in the online wellbeing program. It will focus on identifying the experiences of the participants, including their perspectives on their experiences regarding the online wellbeing program.

Methodology

Study Design

The study will utilize a phenomenological design to describe the lived experiences of individuals regarding a phenomenon and serves to understand their common or shared experiences of a phenomenon.[20] Through this, the researchers conducting a phenomenological study can understand the individual's perceptions, perspectives, and understandings of a particular phenomenon.[20] Other studies about implementing a wellbeing program also used a phenomenological study design to examine the effects of a peer-led intervention to the wellbeing among university students.[11]

The study will abide by the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines[21]. To develop direct and comprehensive reporting, methods and data analysis will be

conducted according to the COREQ recommendations for standardized reporting of qualitative research.

Study Participants

Figure 1 shows the participants' criteria. Officially enrolled undergraduate students of the UST-CRS ages 18 to 22 years who are currently in their first and second term (A.Y. 2022-2023) studying the program of Bachelor of Science in Physical Therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP), or Sports Science (SPS) who have participated the six-week online wellbeing program are eligible participants in the study. The online wellbeing program, which was conducted in a feasibility study, has been created specifically by health professionals for UST-CRS students[5]. It is composed of mental and physical activities that are delivered using an educational and modular format.

Figure 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
1. Undergraduate students of UST-CRS 2. 18 to 22 years old 3. Officially enrolled in their first and second term (A.Y. 2022-2023) 4. Must have participated in the Online Wellbeing Program	1. Participants who have psychological issues, musculoskeletal conditions, and visual, hearing, or cognitive impairments.

Students who meet the requirements and have finished the pre- and post-test forms of the quantitative counterpart entitled "Effectiveness of an Online Wellbeing Program for UST CRS Students: A Quantitative Study" will be included. Participants in the quantitative study will be informed that they will be contacted to join the qualitative phase of the study through the informed consent form of this study's quantitative counterpart. The list of students will be acquired through the informed consent form since those who signed up for the quantitative study have agreed that their names will be included for selection for the qualitative study.

The said participants must not fall under the exclusion criteria in the quantitative study counterpart who may not join the interventions due to psychological issues, musculoskeletal, visual, hearing, or cognitive impairments. The exclusion criteria is based on the initial feasibility study conducted for the program which consists of two questionnaires, namely the Physical Activity Readiness Questionnaire (PAR-Q) and the Counseling Center Assessment of Psychological Symptoms (CCAPS-34). These screening tools assess individuals in their readiness to participate in the study. The PAR-Q questionnaire contains several questions that require a "yes" or a "no". An answer of yes to any of the questions would require the participant to consult with their physician and obtain a clearance form to continue participation. The CCAPS-34 questionnaire incorporates the distress index and screens for academic stress and psychological symptoms among college students. Participants with high results of being at risk for suicide will be excluded.

Since the study will recruit students from the quantitative study who participated in the wellbeing program, setting target participants per program will not be feasible. Students who underwent another wellbeing program in the past or have received it after the training will affect the results. Hence, it will be considered as a separate theme or subtheme if ever it will emerge in the analysis.

A sample size of 8-10 participants is adequate to conduct a focus group discussion (FGD), the primary tool of this study. As the study is part of a large-scale project, the sample size will be based on the final number of participants of the quantitative counterpart of the study. The ideal size of an FGD is 8-10 subjects as a larger group in an FGD may limit the detail of some responses because participants may feel pressure to share airtime with others.[22] Conversely, participants in smaller groups may feel uncomfortable pressure to talk.[23] No stratification will be done to cater to the general physical and psychological wellbeing of different students from different year levels and programs. This will enable the participants to receive different insights and will encourage them to broaden their sharing of experiences. To ensure the study's quality, data saturation will be attained through constant monitoring of data and observation of repeated themes in multiple FGDs. The researchers will recruit the minimum number of participants needed for FGD. Target participants will get invitations via their UST email addresses, containing information on the research and its intention for recruitment. Each prospect will be given a maximum of one week to respond.

The study will employ a purposive sampling method. This entails finding and choosing individuals or groups who possess significant expertise or experience in a specific phenomenon that is of interest.[20] This type of sampling is significant to gain more information on exploring the participants' experiences which would lead to precise results of the study. The participants will be notified through email regarding the selection process, as this medium also serves as the main communication tool among researchers and participants.

Setting

The study will be conducted in the UST-CRS. Due to the implications of COVID-19, all methodological procedures will be conducted online. FGDs are to be conducted via video conferencing tools such as Google Meets or Zoom. The use and potential of these platforms as a medium for qualitative data collection is highly vitalizing due to their relative usability, affordability, data management features, and security options.[24]

Focus Group Discussion

FGD is commonly utilized for qualitative studies because it offers a platform in gathering various views regarding a certain area of interest.[25] The FGD will be conducted through Zoom and Google Meets and will approximately last 120 minutes, including a 10-minute break. The FGD will include one moderator, one assistant moderator, one note taker, one observer, and three researchers who will review and verify the transcript. Multiple FGDs will be conducted until data saturation is obtained. Two to three FGDs is enough to identify all of the most prevalent themes within the data set.[26] However, additional FGDs will be conducted if data saturation is not reached. Data saturation is reached when participants have no additional information or input to give.[15]

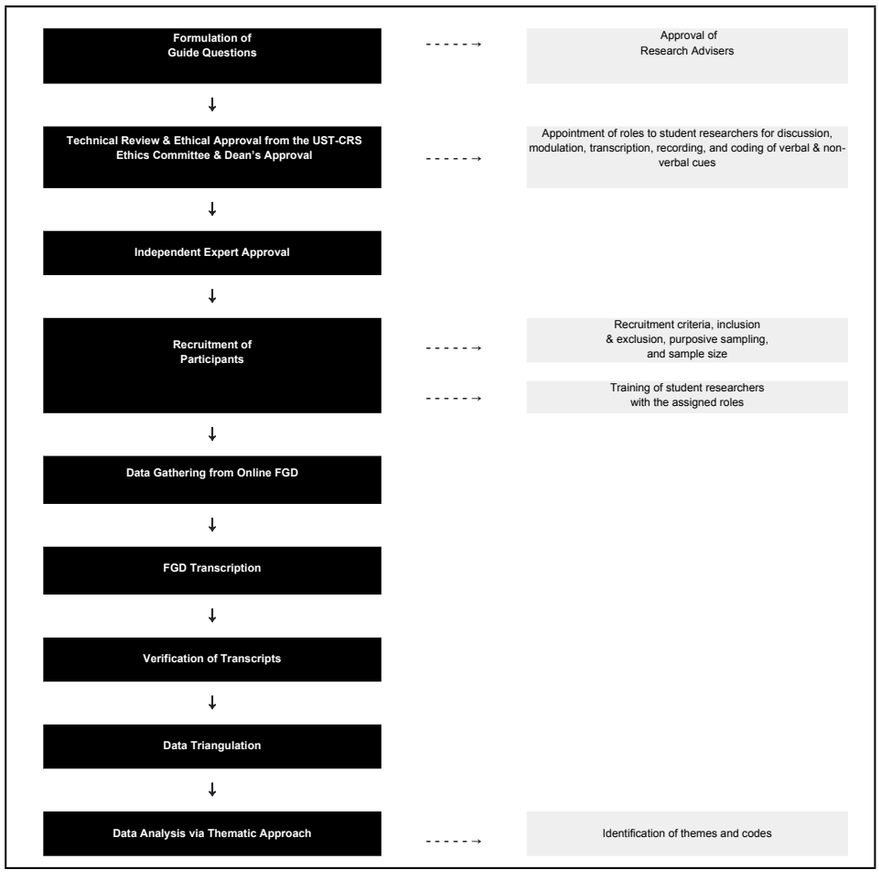
Development of Guide Questions

Development of guide questions will encapsulate the study's objectives in determining the participants' perceptions and experiences. The initial guide questions consist of semi-structured, open-ended questions that center on the students' perception and experiences in the 6-week wellbeing program. These questions are designed by the research team and are adapted from a study by Foster[27]. Four main questions with one to two probing questions each item comprising the guide questionnaire aim to focus on eliciting more detailed responses from the participants. These will be reviewed and validated by an independent expert with previous experience in FGD facilitation. Revisions will follow in accordance with the expert's comments and suggestions.[28]

Data Gathering Procedures

Figure 2 shows the process of data gathering. Data gathering will start with the formulation of guide questions applicable to the phenomenological study design. The questions formulated will be validated by an independent expert. Simultaneously, the principal moderator of the study will be assigned to a faculty author who is a female Physical Therapist and a faculty researcher with a Master's Degree in Health Professions Education with 10 years of experience who is currently on leave and does not have a teaching load within the university. Moreover, the study will be guided by three more authors, one male and two female Physical Therapists with a Master's Degree in Physical Therapy, who had previous training, experiences, and publications on conducting qualitative research. The discussion will be facilitated by the faculty authors, and participants will be questioned about their perceptions and experiences of the program. The moderator will receive assistance from physical therapy students who have completed training in the Principles of Health Research Ethics and Good Research Practices. Student researchers will take upon the roles of assistant moderator, note-takers, observers, and transcript reviewers or verifiers. The note-takers will note the participants' verbal and non-verbal expressions during the discussion, as well as any critical points to create follow-up questions as needed. The researchers will maintain awareness and openness by taking notes regarding the participants' personal feelings, biases, and insights immediately after the interview by asking for clarifications when needed to ensure confirmability.[29] The faculty author will be moderating the FGD by following an FGD Guide which consists of the following criteria: knowledge of the topic under discussion, proficiency in the local language, cultural sensitivity, not acting as a judge or teacher, does not condescend to respondents, inability to agree or disagree with what is said, and not putting words in the participants' mouths, has a genuine interest in people, sensitivity to men and women, politeness, empathy, and respect for participants.[30]

Figure 2. Process Flow of the Methodology of the Study



Student researchers will undergo a training pilot in preparation for the actual FGD with participants. Pilot training, which includes doing a test run on the video conferencing tool, rehearsing the flow of FGD, and preparedness of the faculty and student moderators, will also be conducted by the research team to ensure further rigor of the FGD process. Three key areas will be tested during the training: clarity of instructions, participant tasks and questions, and the research timing[30]. Focusing on these will ensure that the participants are not misled by the questions or confused by them, and that the discussion's workflow and time are appropriate. Moreover, student researchers will undergo a short intensive online course regarding "Qualitative Data Collection Methods" offered by Emory University. The short course will present a detailed overview of qualitative methods of data collection, including observation, interviews, and focus group discussions which involves note-taking strategies, observation guides, development of effective question guides, and transcription process.[31] A certificate will be given to the student researchers at the end of the course.

Prior to the FGD, consent will be requested from the study participants regarding the transcription process. The FGD will be led by a faculty moderator, assisted by the student researchers, after undergoing pilot training. It is expected to last for two hours. An orientation prior to the FGD will be conducted to inform participants about the expected flow, participation and their right to ask

questions or not answer during the discussion. The FGD will be video recorded with permission from the participants. A recording will be sent to the assigned transcriber. Following the FGD, the researchers and participants will review the transcripts for analysis and verification. There will be member checking by asking participants to verify their transcribed responses from the FGD and obtaining feedback from these participants. Data validation will also be done by using a peer or external auditor of the account to examine the processes of data collection, analysis, and results to ensure credibility. Attendance sheets and diaries from the wellbeing program will be collected as records review for data triangulation to verify the responses of the participants. The diaries will serve as a way for the participants to document what they experienced during the wellbeing program. This may come in a format of logs made after each session. The diaries will contain the participant's experience of the wellness program. These come in the form of their written thoughts and opinions during, and after the wellbeing program.

Strategies such as multiple-level data analysis, credibility, dependability, transferability, and confirmability will be utilized to ensure rigor. The credibility of the data gathered will be checked through the following methods:

a. Member checking by asking participants to verify their transcribed responses from the FGD and obtaining feedback from these participants;
b. Data triangulation by using data from diaries and attendance records to verify the responses of the participants; and
c. Data validation by using a peer or external auditor of the account in FGDs to ensure credibility.

Dependability will be ensured by defining the main purpose of the study, along with how and why the participants will be selected, explaining the data gathering procedures, and data interpretation. The study will also have an outside researcher conduct a thorough audit to look at the methods used to gather, analyze, and interpret the data To ensure transferability, the study will provide a clear and comprehensive overview of their data collecting experiences and a thorough description of the demographics and geographical boundaries.

Since the research authors are students and have biases and own perceptions, by taking notes about participants' remarks and their own thoughts throughout the interview, the researchers will practice reflexivity. Repeated interviews with the same participants, sustained engagement, members checking, triangulation, peer review, the formation of peer support networks and back talk groups, the keeping of a diary or research journal for "self-supervision," and the creation of an 'audit trail' of the researcher's thinking, judgment, and emotional reactions are all techniques for maintaining reflexivity.[31]

Data Analysis

The study will utilize a thematic analysis approach. When aiming to comprehend a collection of experiences, thoughts, or behaviors within a data set, thematic analysis proves to be a suitable and influential approach to employ.[32] The suggested six steps of Braun and Clarke's thematic analysis will be followed in this study, which involves becoming familiar with the data, assigning codes, developing themes, reviewing the themes, defining and labeling the themes, and documenting the findings in written form. Adapting the data analysis procedures by Versales et.

al, 2021, under the various themes that will emerge during the data analysis, the participants' responses will be coded using a variety of techniques, including word repetition, comparison and contrast, transitions, etc.[28] Any similarities and differences in the experiences and perceptions noted on the transcripts, including verbal and non-verbal cues, will be accounted for to group codes which will generate themes. Checking of codes and categories that are connected will be based on the Coding Manual. Subsequently, themes will be reviewed repeatedly to identify their relevance with the research objectives. Frequent reviewing of themes will help the researchers thoroughly analyze the data collected and develop a narrative which conveys points of outcomes of the study. NVIVO Version 12 software will be utilized to determine and visualize the weights of codes and themes identified.[33,35]

Ethics and Dissemination

The study protocol has been approved by the UST-CRS Ethical Review Committee (ERC) [Protocol Number: SI-2022-034 (Version 4)]. It will be implemented in accordance with the Declaration of Helsinki and the National Ethical Guidelines for Health and Health-Related Research, and Data Privacy Act (NEGHHR) 2017 by the Philippine Health Research Ethics Board (PHREB). Since student participants are considered to be a vulnerable group in this study,to prevent any forms of coercion from taking place, the recruitment process as well as the implementation of the Participant Information Sheet and Informed Consent Form will be carried out by the student researchers and not by their faculty co-authors. Findings will be published in accredited journals and presented in related scientific fora

Project Duration

This study is projected to run for a standard duration of one academic year, starting from the second term of A.Y. 2022-2023 to the first term of A.Y. 2023-2024 of the UST-CRS.

Data Statement

Data not yet available.

Registration ID

This study is successfully registered to Philippine Health Research Registry [PHRR230214-005419].[36]

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Individual Author's Contributions

CJTE, ACCM, JBPN, JAVV: Design, Conceptualization, Supervision, and Review of the Protocol.

TCMB, AMLJ, FCKDPGP, AJGR, JCS, SILS: Writing, Reviewing, and Editing.

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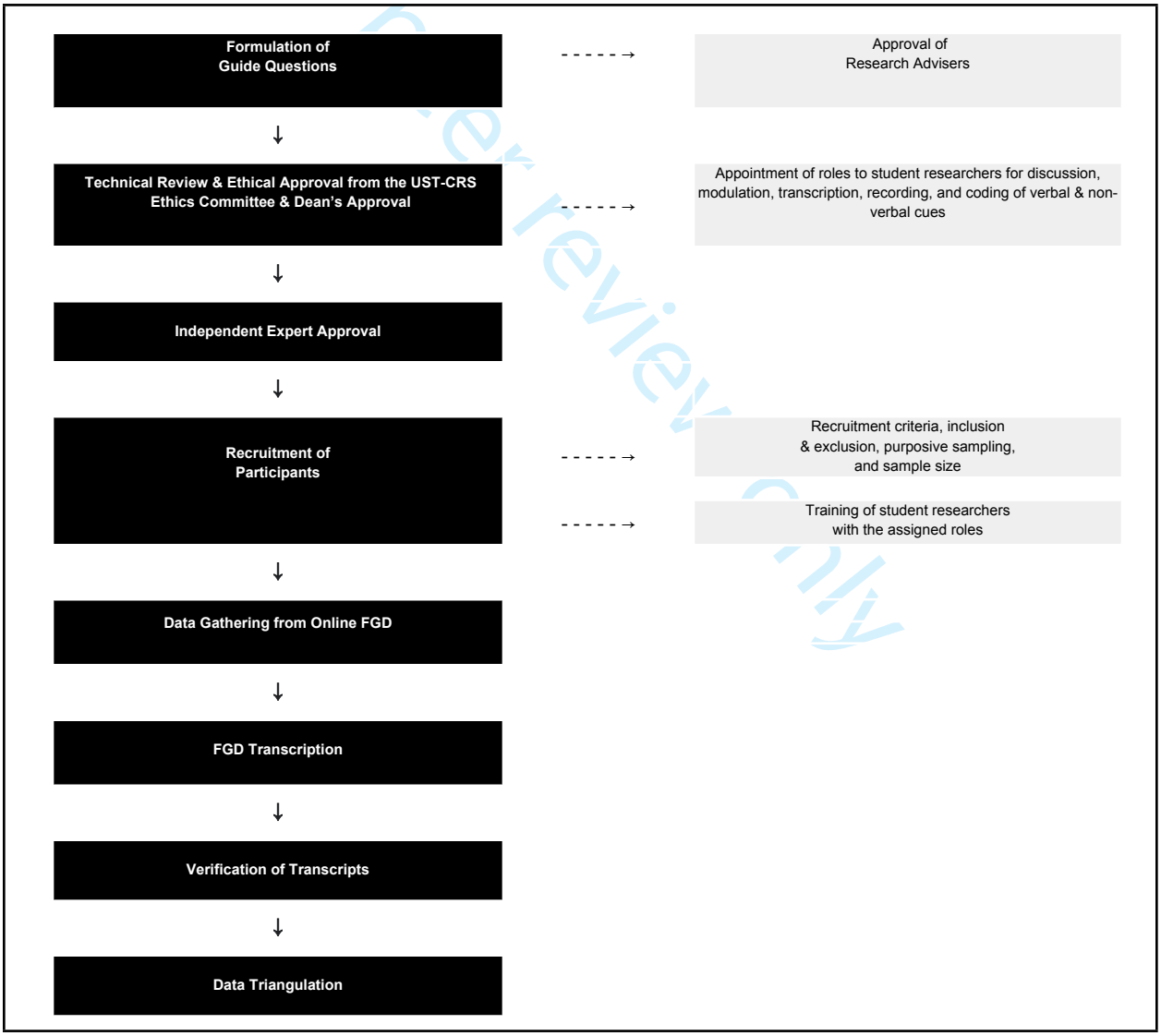
Conflict of Interest

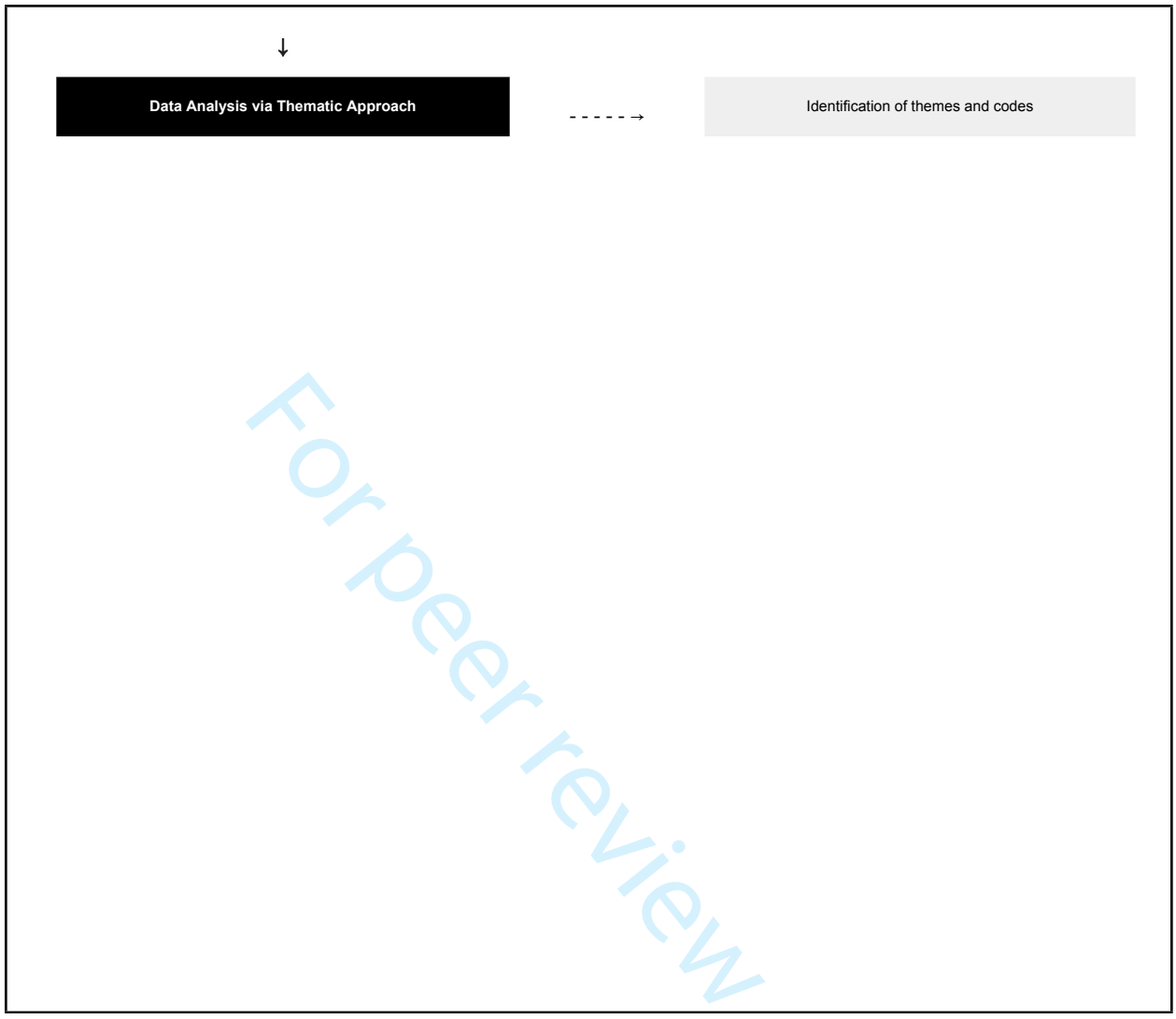
The authors declare no conflicts of interest in the study.

Figure 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
1. Undergraduate students of UST-CRS 2. 18 to 22 years old 3. Officially enrolled in their first and second term (A.Y. 2022-2023) 4. Must have participated in the Online Wellbeing Program	1. Participants who have psychological issues, musculoskeletal conditions, and visual, hearing, or cognitive impairments.

Figure 2. Process Flow of the Methodology of the Study





COnsolidated Criteria for REporting Qualitative Research (COREQ) Checklist

Students' Perceptions and Experiences of an Online Wellbeing Program: A Phenomenological Study

Topic	Item No.	Recommendation (Guide Question/Description)	Line Numbering	Comments from Students	Faculty Author Checklist	
					Found in Manuscript (Y/N)	Faculty Author
Domain 1: Research Team and Reflexivity						
Personal Characteristics						
Interviewer/Facilitator	1	Which author/s conducted the interview or focus group?	Lines 292-295 & 299-302	None	Y	None
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	Lines 294-296	None	Y	None
Occupation	3	What was their occupation at the time of the study?	Lines 292-298, 301-302	None	Y	None
Gender	4	Was the researcher male or female?	Lines 292-298, 301-302	The study includes 8 female and 3 male researchers. Among these, the faculty authors consist of 3 females and 1 male.	Y	None
Experience and training	5	What experience or training did the researcher have?	Lines 292 - 298 & 314-326	None	Y	None
Relationship with Participants						
Relationship established	6	Was a relationship established prior to study commencement?	Lines 292-295	None	Y	None
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g.	Lines 290-302	None	Y	None
Interviewer characteristics	8	What characteristics were reported about the inter	Lines 305-313	None	Y	None
Domain 2: Study Design						
Theoretical Framework						
Methodological orientation and theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Lines 190-195; Lines 374-378	None	Y	None
Participant Selection						
Sampling	10	How were participants selected? e.g. purposive, convenience,	Line 255-260	None	Y	None
Method of approach	11	How were participants approached? e.g. face-to-face, telephone,	Lines 250-253	None	Y	None
Sample size	12	How many participants were in the study?	Line 240	None	Y	None
Non-participation	13	How many people refused to participate or dropped out? Reasons?	Lines 137-141	Since the study has not yet started with the implementation, no specific number of students can be identified. Instead, we have added the line numbers that are applicable for right to refuse or withdraw and termination of the participants from the study.	Y	None
Setting						
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	Lines 263-267	None	Y	None
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	Lines 271-273	None	Y	None
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	Lines 205-209; Line 238	None	Y	None
Data Collection						
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Lines 282-287; Lines 315-320	None	Y	None

COnsolidated Criteria for REporting Qualitative Research (COREQ) Checklist
Students' Perceptions and Experiences of an Online Wellbeing Program: A Phenomenological Study

Topic	Item No.	Recommendation (Guide Question/Description)	Line Numbering	Comments from Students	Faculty Author Checklist	
					Found in Manuscript (Y/N)	Faculty Author Comments
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	Lines 273-275	None	Y	None
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	Lines 333-334	None	Y	None
Field notes	20	Were field notes made during and/or after the inter view or focus group?	Lines 304-307	None	Y	None
Duration	21	What was the duration of the inter views or focus group?	Lines 270-271	None	Y	None
Data saturation	22	Was data saturation discussed?	Lines 273-276	None	Y	None
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	Line 333-336	None	Y	None
Domain 3: Data Analysis and Findings						
Data Analysis						
Number of data coders	24	How many data coders coded the data?	Lines 271-273	None	Y	None
Description of the coding tree	25	Did authors provide a description of the coding tree?	Line 383-384; Appendix G	The coding tree, provided with a brief description, can be seen on the appendices on page 49.	Y	None
Derivation of themes	26	Were themes identified in advance or derived from the data?	Lines 274; 378-383	None	Y	None
Software	27	What software, if applicable, was used to manage the data?	Lines 387-388	None	Y	None
Participant checking	28	Did participants provide feedback on the findings?	Lines 161-165; 334-336	None	Y	None
Reporting						
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	NA	The study is currently under review by the UST-CRS ERC. Research implementation has not started, hence there are no reported findings yet.	N	Not yet applicable for the protocol
Data and findings consistent	30	Was there consistency between the data presented and the findings?	NA		N	Not yet applicable for the protocol
Clarity of major themes	31	Were major themes clearly presented in the findings?	NA		N	Not yet applicable for the protocol
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	NA		N	Not yet applicable for the protocol
				TOTAL:	**28/32** **Note that the score will change upon implementation of the study.*	

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007. Volume 19, Number 6: pp. 349 – 357
https://cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf

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Students' Perceptions and Experiences of an Online Wellbeing Program: A Phenomenological Study Protocol

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Primary Subject Heading:	Health informatics
Secondary Subject Heading:	Health services research, Qualitative research
Keywords:	QUALITATIVE RESEARCH, Quality of Life, Health Education, Adolescent

Students' Perceptions and Experiences of an Online Wellbeing Program: A Phenomenological Study Protocol

Catherine Joy T. Escuadra, PTRP, MHPEd[1], Arlene C. Chiong Maya, MSPT, PTRP[1], Jordan Barbra P. Nava, MSPT, PTRP[1], Jose Avelino V. Vergara, MSPT, PTRP[1], Trisha Coleen M. Bea[1], Angelo Miguel L. Javier[1], Francine C. Karamihan[1], Diane Pauline G. Padilla[1], Albert Josef G. Reyes[1], Julia C. Samonte[1], Sophia Ivonne L. Serrano[1]

[1]Department of Physical Therapy, University of Santo Tomas-College of Rehabilitation Sciences, Manila, NCR, Philippines

Corresponding Authors:

Catherine Joy T. Escuadra, PTRP, MHPEd
ctescuadra@ust.edu.ph
0966 330 5676

Julia C. Samonte
julia.samonte.crs@ust.edu.ph
0905 520 6278

Abstract

Background: The pandemic has ensued challenges across all sections of the human population such as livelihood and educational changes, which involve the abrupt shift to online learning, immensely affecting the students' wellbeing. Negative health consequences of e-learning among students stem from the increased demand for new technological skills, productivity, information overload, and restriction of students to spend time with their peers.

Objective: To explore the experiences of the students from the University of Santo Tomas - College of Rehabilitation Sciences (UST-CRS) who participated in the online wellbeing program.

Methodology: A phenomenological design will be utilized to determine the participants' perceptions and experiences. Purposive sampling will be used to recruit 8-10 undergraduate students from UST-CRS ages 18 to 22 years, who participated in the wellbeing program and completed the study's quantitative counterpart. Semi-structured, in-depth questions will be used to conduct a focus group discussion. The transcripts will be analyzed using thematic analysis via the NVivo Version 12 software.

Ethics and Dissemination: The study protocol is approved by the UST-CRS Ethical Review Committee [Protocol Number: SI-2022-034 (Version 4)]. It will be implemented in accordance with the Declaration of Helsinki and the National Ethical Guidelines for Health and Health-Related Research, and Data Privacy Act. Findings will be published in accredited journals and presented in related scientific fora.

Registration ID: This study is successfully registered to Philippine Health Research Registry [PHRR230214-005419].

Keywords: *wellbeing, wellbeing program, rehabilitation sciences, student, experience, virtual, online, phenomenological study*

Strengths and Limitations of the Study

- The research will utilize a descriptive phenomenological approach using available online tools to explore the participants' perceptions and experiences specific to students undertaking rehabilitation science programs.
- The study will carefully select participants who were able to complete the novel online wellbeing program for undergraduate rehabilitation science programs.
- The study will utilize externally validated questions that will focus specifically on the relevant perceptions and experiences of students who underwent the online wellbeing program.
- The study will utilize a rigorous thematic analysis approach, a crucial method used to comprehend a collection of experiences, thoughts, or behaviors within a data set.
- The generalizability of the study may only be limited to participants and settings with similar characteristics as the study.

Introduction

All facets of the human population faced difficulties as a result of the pandemic. This includes notable changes in livelihood and education, such as the abrupt shift to online learning which had affected the wellbeing of students. According to the World Health Organization, health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.[1] Physical wellbeing refers to the function and operation of the body, while psychological wellbeing pertains to one's thoughts, feelings, and emotions. Moreover, social wellbeing measures a person's response to the environment including relationships with others.[2]

Prior to the pandemic, the prevalence of wellbeing issues has already been observed. However, these have spiked in college students as online learning continues to be the only alternative solution amidst the pandemic. The increased need for new technology skills, productivity, information overload, and restrictions on students' ability to interact with their peers are the causes of the detrimental effects of e-learning on students' health. These complications vary from one factor to another, influencing a person's susceptibility to wellbeing issues. For instance, a number of studies reported high rates of disorders among health sciences students, given the complexity of the educational process they need to go through.[3] At present, no clinical guideline is available for the best and recommended practices for digital programs. However, several systematic reviews have been published to determine the level of effectiveness of the available programs. The use of multiple approaches like cognitive behavior therapy, psychological health literacy, mindfulness, and peer support are effective in improving perceived stress and burnout levels.[4] A similar study has utilized a weekly online modular approach in delivering such intervention techniques to their participants asynchronously through content developed with professionals to promote the physical and mental wellbeing of the participants by providing exercise programs, group aerobic exercises, emotion expression (ACT), social support, creating healthy relationships (iCBT) and more.[5] Additionally, another study that used a simplified MBSR (Mindfulness-Based Stress Reduction) protocol revealed minor to medium effects on participants' improved mindfulness.[6] According to a survey of college students at public, private, community, and online institutions, 73% of them had psychological health crises at some point. These crises were brought on by triggers like stress attacks brought on by feeling overwhelmed by their course load, feelings of homesickness and loneliness, and extremely high levels of anxiety, panic, and depression about their academic and personal lives.[7] Although no specific data shows the prevalence of wellbeing issues among Filipino college students, the Department of Health estimates that at least 3.6 million Filipinos face psychological health issues as of early 2020.[8]

Wellbeing programs for general adult populations have been conducted to mitigate the growing rates of wellbeing problems, such as one study introduced psychological health promotion and coping-strategy-based group workshops.[9] College students with typical psychological health issues have the option of receiving treatment through digital psychological health interventions.[10] Physical and psychological activities that are provided online may be included in a virtual wellbeing program.[5] The combination of physical and mental wellbeing activities provides a more holistic approach in dealing with better promotion of health to students since the two factors, physical and mental health, were determined to be correlated with each other in relation to the students' wellbeing.[5, 10]

The literature on the effectiveness of online wellbeing programs specific to rehabilitation science students is still in its early stages of development. Currently, there is a lack of related literature from the Philippines, as most studies were conducted internationally, which is critical since it is challenging to relate international components to a local system. This is important in identifying how specific cultures, traditions, or practices may influence wellbeing. Additionally, most studies were quantitative, which mostly discussed assessing the participants' wellbeing and the efficacy of interventions.[11,12,13,14,15] Thus indicating a need for descriptive phenomenological design, which aims to seek shared and common characteristics of a phenomena. A phenomenological study should be undertaken to comprehensively describe how the qualitative factors related to the impact of learning the program align with participants' perceptions and experiences.

Most of the research literature gathered was focused on a general population instead of a specific group (e.g., rehabilitation science students).[16,17] Specificity to a particular population is crucial in assessing the perception of a population as these would differ from course to course depending on the academic demands. For instance, stress levels in medical students were higher, primarily attributed to studies.[18] Considering that stress can lead to interruptions on both physical and psychological health, this must be highlighted with the descriptive experiences of these students undergoing their studies. This is important in identifying which factors affect the outcomes of the research. Moreover, it was observed that most literature focused on psychological health rather than other aspects of wellbeing. Since the sole focus of other studies is on psychological health, factors such as stress, anxiety, or mood changes were only emphasized and did not include physical aspects. Although both are indisputably relevant independently, recognizing the association of physical and psychological health in contributing to an individual's holistic wellbeing is significant.

The study aims to explore the experiences of the students from the UST-CRS who participated in the online wellbeing program. It will focus on identifying the experiences of the participants, including their perspectives on their experiences regarding the online wellbeing program.

Methodology

Study Design

The study will utilize a descriptive phenomenological design to describe the lived experiences of individuals regarding a phenomenon and serves to understand their common or shared experiences of a phenomenon.[19] Through this, the researchers can understand the individual's perceptions, perspectives, and understandings of a particular phenomenon.[19] Other studies about implementing a wellbeing program also used a phenomenological study design to examine the effects of a peer-led intervention on the wellbeing among university students.[11]

To ensure transferability for publication, the study will abide by the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines[20].

Study Participants

Table 1 shows the participants' criteria. Officially enrolled undergraduate students of the UST-CRS ages 18 to 22 years who are currently in their first and second term (A.Y. 2022-2023)

studying the program of Bachelor of Science in Physical Therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP), or Sports Science (SPS) who have participated the six-week online wellbeing program are eligible participants in the study. The online wellbeing program, which was conducted in a feasibility study, has been created specifically by health professionals for UST-CRS students.[5] It is composed of mental and physical activities that are delivered using an educational and modular format.

Table 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
1. Undergraduate students of UST-CRS 2. 18 to 22 years old 3. Officially enrolled in their first and second term (A.Y. 2022-2023) 4. Must have participated in the Online Wellbeing Program	1. Participants who have psychological issues, musculoskeletal conditions, and visual, hearing, or cognitive impairments.

Patient and Public Involvement

None

Recruitment

Students who meet the requirements and have finished the pre- and post-test forms of the quantitative counterpart entitled “Effectiveness of an Online Wellbeing Program for UST CRS Students: A Quantitative Study” will be included. Participants in the quantitative study will be informed that they will be contacted to join the qualitative phase of the study through the informed consent form of this study’s quantitative counterpart. The list of students will be acquired through the informed consent form since those who signed up for the quantitative study have agreed that their names will be included for selection for the qualitative study.

The said participants must not fall under the exclusion criteria in the quantitative study counterpart who may not join the interventions due to psychological issues, musculoskeletal, visual, hearing, or cognitive impairments. The exclusion criteria is based on the initial feasibility study conducted for the program which consists of two questionnaires, namely the Physical Activity Readiness Questionnaire (PAR-Q) and the Counseling Center Assessment of Psychological Symptoms (CCAPS-34). These screening tools assess individuals in their readiness to participate in the study. The PAR-Q questionnaire contains several questions that require a “yes” or a “no”. An answer of yes to any of the questions would require the participant to consult with their physician and obtain a clearance form to continue participation. The CCAPS-34 questionnaire incorporates the distress index and screens for academic stress and psychological symptoms among college students. Participants with high results of being at risk for suicide will be excluded.

Since the study will recruit students from the quantitative study who participated in the wellbeing program, setting target participants per program will not be feasible. Students who underwent another wellbeing program in the past or have received it after the training will affect the results. Hence, it will be considered as a separate theme or subtheme if ever it will emerge in the analysis.

Sample

A sample size of 8-10 participants is adequate to conduct a focus group discussion (FGD), the primary tool of this study. As the study is part of a large-scale project, the sample size will be based on the final number of participants of the quantitative counterpart of the study. The ideal size of an FGD is 8-10 subjects as a larger group in an FGD may limit the detail of some responses because participants may feel pressure to share airtime with others.[21] Conversely, participants in smaller groups may feel uncomfortable pressure to talk.[22] No stratification will be done to cater to the general physical and psychological wellbeing of different students from different year levels and programs. This will enable the participants to receive different insights and will encourage them to broaden their sharing of experiences. To ensure the study's quality, data saturation will be attained through constant monitoring of data and observation of repeated themes in multiple FGDs. The researchers will recruit the minimum number of participants needed for FGD. Target participants will get invitations via their UST email addresses, containing information on the research and its intention for recruitment. Each prospect will be given a maximum of one week to respond.

Sampling

The study will employ a purposive sampling method. This entails finding and choosing individuals or groups who possess significant expertise or experience in a specific phenomenon that is of interest.[19] This type of sampling is significant to gain more information on exploring the participants' experiences which would lead to precise results of the study. The participants will be notified through email regarding the selection process, as this medium also serves as the main communication tool among researchers and participants.

Setting

The study will be conducted in the UST-CRS. Due to the implications of COVID-19, all methodological procedures will be conducted online. FGDs are to be conducted via video conferencing tools such as Google Meets or Zoom. The use and potential of these platforms as a medium for qualitative data collection is highly vitalizing due to their relative usability, affordability, data management features, and security options.[23]

Focus Group Discussion

FGD is commonly utilized for qualitative studies because it offers a platform in gathering various views regarding a certain area of interest.[24] The FGD will be conducted through Zoom and Google Meets and will approximately last 120 minutes, including a 10-minute break. The FGD will include one moderator, one assistant moderator, one note taker, one observer, and three researchers who will review and verify the transcript. Multiple FGDs will be conducted until data saturation is obtained. Two to three FGDs is enough to identify all of the most prevalent themes within the data set.[25] However, additional FGDs will be conducted if data saturation is not reached. Data saturation is reached when participants have no additional information or input to give.[15]

Development of Guide Questions

Development of guide questions will encapsulate the study's objectives in determining the participants' perceptions and experiences. The initial guide questions consist of semi-structured,

open-ended questions that center on the students' perception and experiences in the 6-week wellbeing program. These questions are designed by the research team and are adapted from a study by Foster.[26] Four main questions with one to two probing questions each item comprising the guide questionnaire aim to focus on eliciting more detailed responses from the participants. These will be reviewed and validated by an independent qualitative research expert with previous experience in FGD facilitation, trainings on health and education research, and publications involving qualitative methodologies. Revisions will follow in accordance with the expert's comments and suggestions.[27] Below are some example questions that will focus on the perceptions and experiences of the participants:

1. What experiences have you had that influenced your consideration of participation?
    a. Probe: Have you had success with your health and wellness goals since choosing to participate in the wellbeing program?
        i. Probe: Can you enumerate those successes and why did you say that those are the effects of the well-being program to you?
    b. Probe: Do you feel there is anything else that should be offered regarding the wellbeing program that would increase participation?
        i. Probe: If yes, kindly give your suggestions. If not, why did you say so?

Data Gathering Procedures

Figure 1 shows the process of data gathering. Data gathering will start with the formulation of guide questions applicable to the phenomenological study design. The questions formulated will be validated by an independent expert. Simultaneously, the principal moderator of the study will be assigned to a faculty author who is a female Physical Therapist and a faculty researcher with a Master's Degree in Health Professions Education with 10 years of experience who is currently on leave and does not have a teaching load within the university. Moreover, the study will be guided by three more authors, one male and two female Physical Therapists with a Master's Degree in Physical Therapy, who had previous training, experiences, and publications on conducting qualitative research. The discussion will be facilitated by the faculty authors, and participants will be questioned about their perceptions and experiences of the program. The moderator will receive assistance from physical therapy students who have completed training in the Principles of Health Research Ethics and Good Research Practices. Student researchers will take upon the roles of assistant moderator, note-takers, observers, and transcript reviewers or verifiers. The note-takers will note the participants' verbal and non-verbal expressions during the discussion, as well as any critical points to create follow-up questions as needed. The researchers will maintain awareness and openness by taking notes regarding the participants' personal feelings, biases, and insights immediately after the interview by asking for clarifications when needed to ensure confirmability.[28] The faculty author will be moderating the FGD by following an FGD Guide which consists of the following criteria: knowledge of the topic under discussion, proficiency in the local language, cultural sensitivity, not acting as a judge or teacher, does not condescend to respondents, inability to agree or disagree with what is said, and not putting words in the participants' mouths, has a genuine interest in people, sensitivity to men and women, politeness, empathy, and respect for participants.[29]

< Figure 1. Process Flow of the Methodology of the Study >

Student researchers will undergo a training pilot in preparation for the actual FGD with participants. Pilot training, which includes doing a test run on the video conferencing tool, rehearsing the flow of FGD, and preparedness of the faculty and student moderators, will also be conducted by the research team to ensure further rigor of the FGD process. Three key areas will be tested during the training: clarity of instructions, participant tasks and questions, and the research timing.[29] Focusing on these will ensure that the participants are not misled by the questions or confused by them, and that the discussion's workflow and time are appropriate. Moreover, student researchers will undergo a short intensive online course regarding “Qualitative Data Collection Methods” offered by Emory University. The short course will present a detailed overview of qualitative methods of data collection, including observation, interviews, and focus group discussions which involves note-taking strategies, observation guides, development of effective question guides, and transcription process.[30] A certificate will be given to the student researchers at the end of the course.

Prior to the FGD, consent will be requested from the study participants regarding the transcription process. The FGD will be led by a faculty moderator, assisted by the student researchers, after undergoing pilot training. It is expected to last for two hours. An orientation prior to the FGD will be conducted to inform participants about the expected flow, participation and their right to ask questions or not answer during the discussion. The FGD will be video recorded with permission from the participants. A recording will be sent to the assigned transcriber. Following the FGD, the researchers and participants will review the transcripts for analysis and verification. There will be member checking by asking participants to verify their transcribed responses from the FGD and obtaining feedback from these participants. Attendance sheets and diaries from the wellbeing program will be collected as records review for data triangulation to verify the responses of the participants. The diaries will serve as a way for the participants to document what they experienced during the wellbeing program. This may come in a format of logs made after each session. The diaries will contain the participant’s experience of the wellness program. These come in the form of their written thoughts and opinions during, and after the wellbeing program.

Strategies such as multiple-level data analysis, credibility, dependability, transferability, and confirmability will be utilized to ensure rigor. The credibility of the data gathered will be checked through the following methods:

a. Member checking by asking participants to verify their transcribed responses from the FGD and obtaining feedback from these participants;
b. Data triangulation by using data from diaries and attendance records to verify the responses of the participants; and

Dependability will be ensured by defining the main purpose of the study, along with how and why the participants will be selected, explaining the data gathering procedures, and data interpretation. The study will also have an outside researcher conduct a thorough audit to look at the methods used to gather, analyze, and interpret the data To ensure transferability, the study will provide a clear and comprehensive overview of their data-collecting experiences and a thorough description of the demographics and geographical boundaries.

Since the research authors are students and have biases and own perceptions, by taking notes about participants' remarks and their own thoughts throughout the interview, the researchers will practice reflexivity. Repeated interviews with the same participants, sustained engagement, members checking, triangulation, peer review, the formation of peer support networks and back talk groups, the keeping of a diary or research journal for "self-supervision," and the creation of an 'audit trail' of the researcher's thinking, judgment, and emotional reactions are all techniques for maintaining reflexivity.[30]

Data Analysis

The study will utilize a thematic analysis approach. When aiming to comprehend a collection of experiences, thoughts, or behaviors within a data set, thematic analysis proves to be a suitable and influential approach to employ.[31] The suggested six steps of Braun and Clarke's thematic analysis will be followed in this study, which involves becoming familiar with the data, assigning codes, developing themes, reviewing the themes, defining and labeling the themes, and documenting the findings in written form. Adapting the data analysis procedures by Versales et. al, 2021, under the various themes that will emerge during the data analysis, the participants' responses will be coded using a variety of techniques, including word repetition, comparison and contrast, transitions, etc.[27] Any similarities and differences in the experiences and perceptions noted on the transcripts, including verbal and non-verbal cues, will be accounted for to group codes which will generate themes. Checking of codes and categories that are connected will be based on the Coding Manual. Subsequently, themes will be reviewed repeatedly to identify their relevance with the research objectives. Frequent reviewing of themes will help the researchers thoroughly analyze the data collected and develop a narrative which conveys points of outcomes of the study. NVIVO Version 12 software will be utilized to determine and visualize the weights of codes and themes identified.[32,33]

Ethics and Dissemination

The study protocol has been approved by the UST-CRS Ethical Review Committee (ERC) [Protocol Number: SI-2022-034 (Version 4)]. It will be implemented in accordance with the Declaration of Helsinki and the National Ethical Guidelines for Health and Health-Related Research, and Data Privacy Act (NEGHHR) 2017 by the Philippine Health Research Ethics Board (PHREB). Since student participants are considered to be a vulnerable group in this study,to prevent any forms of coercion from taking place, the recruitment process as well as the implementation of the Participant Information Sheet and Informed Consent Form will be carried out by the student researchers and not by their faculty co-authors. Findings will be published in accredited journals and presented in related scientific fora

Project Duration

This study is projected to run for a standard duration of one academic year, starting from the second term of A.Y. 2022-2023 to the first term of A.Y. 2023-2024 of the UST-CRS.

Registration ID

This study is successfully registered to Philippine Health Research Registry [PHRR230214-005419].[34]

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Individual Author's Contributions

CJTE, ACCM, JBPN, JAVV: Design, Conceptualization, Supervision, and Review of the Protocol.

TCMB, AMLJ, FCK, DPGP, AJGR, JCS, SILS: Writing, Reviewing, and Editing.

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Data Statement

Data not yet available.

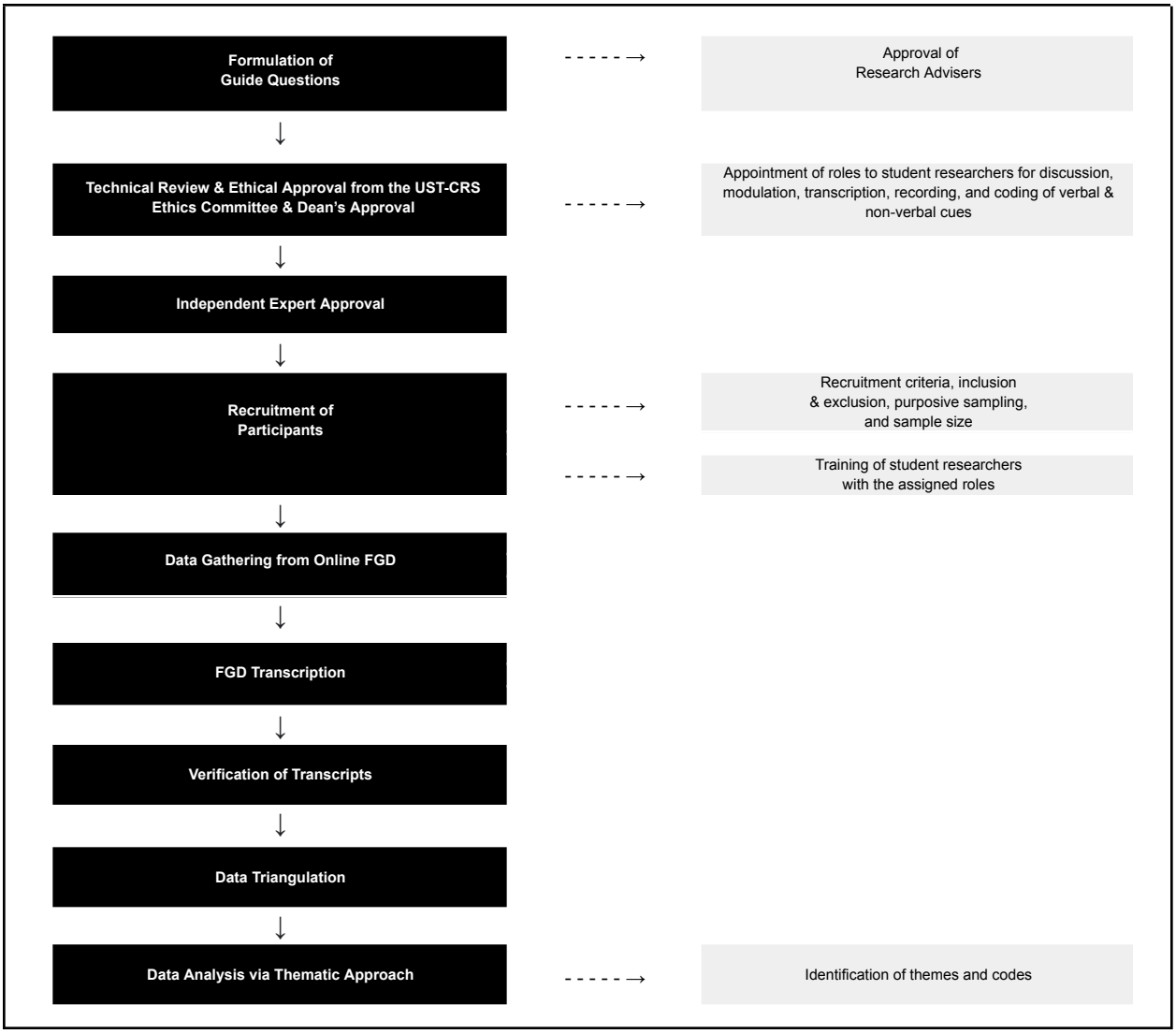
Conflict of Interest

The authors declare no conflicts of interest in the study.

< Figure 1 >

Process Flow of the Methodology of the Study

Figure . Process Flow of the Methodology of the Study



COnsolidated Criteria for REporting Qualitative Research (COREQ) Checklist

Students' Perceptions and Experiences of an Online Wellbeing Program: A Phenomenological Study

Topic	Item No.	Recommendation (Guide Question/Description)	Line Numbering	Comments from Students	Faculty Author Checklist	
					Found in Manuscript (Y/N)	Faculty Author
Domain 1: Research Team and Reflexivity						
Personal Characteristics						
Interviewer/Facilitator	1	Which author/s conducted the interview or focus group?	Lines 292-295 & 299-302	None	Y	None
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	Lines 294-296	None	Y	None
Occupation	3	What was their occupation at the time of the study?	Lines 292-298, 301-302	None	Y	None
Gender	4	Was the researcher male or female?	Lines 292-298, 301-302	The study includes 8 female and 3 male researchers. Among these, the faculty authors consist of 3 females and 1 male.	Y	None
Experience and training	5	What experience or training did the researcher have?	Lines 292 - 298 & 314-326	None	Y	None
Relationship with Participants						
Relationship established	6	Was a relationship established prior to study commencement?	Lines 292-295	None	Y	None
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g.	Lines 290-302	None	Y	None
Interviewer characteristics	8	What characteristics were reported about the inter	Lines 305-313	None	Y	None
Domain 2: Study Design						
Theoretical Framework						
Methodological orientation and theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Lines 190-195; Lines 374-378	None	Y	None
Participant Selection						
Sampling	10	How were participants selected? e.g. purposive, convenience,	Line 255-260	None	Y	None
Method of approach	11	How were participants approached? e.g. face-to-face, telephone,	Lines 250-253	None	Y	None
Sample size	12	How many participants were in the study?	Line 240	None	Y	None
Non-participation	13	How many people refused to participate or dropped out? Reasons?	Lines 137-141	Since the study has not yet started with the implementation, no specific number of students can be identified. Instead, we have added the line numbers that are applicable for right to refuse or withdraw and termination of the participants from the study.	Y	None
Setting						
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	Lines 263-267	None	Y	None
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	Lines 271-273	None	Y	None
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	Lines 205-209; Line 238	None	Y	None
Data Collection						
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Lines 282-287; Lines 315-320	None	Y	None

COnsolidated Criteria for REporting Qualitative Research (COREQ) Checklist
Students' Perceptions and Experiences of an Online Wellbeing Program: A Phenomenological Study

Topic	Item No.	Recommendation (Guide Question/Description)	Line Numbering	Comments from Students	Faculty Author Checklist	
					Found in Manuscript (Y/N)	Faculty Author Comments
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	Lines 273-275	None	Y	None
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	Lines 333-334	None	Y	None
Field notes	20	Were field notes made during and/or after the inter view or focus group?	Lines 304-307	None	Y	None
Duration	21	What was the duration of the inter views or focus group?	Lines 270-271	None	Y	None
Data saturation	22	Was data saturation discussed?	Lines 273-276	None	Y	None
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	Line 333-336	None	Y	None
Domain 3: Data Analysis and Findings						
Data Analysis						
Number of data coders	24	How many data coders coded the data?	Lines 271-273	None	Y	None
Description of the coding tree	25	Did authors provide a description of the coding tree?	Line 383-384; Appendix G	The coding tree, provided with a brief description, can be seen on the appendices on page 49.	Y	None
Derivation of themes	26	Were themes identified in advance or derived from the data?	Lines 274; 378-383	None	Y	None
Software	27	What software, if applicable, was used to manage the data?	Lines 387-388	None	Y	None
Participant checking	28	Did participants provide feedback on the findings?	Lines 161-165; 334-336	None	Y	None
Reporting						
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	NA	The study is currently under review by the UST-CRS ERC. Research implementation has not started, hence there are no reported findings yet.	N	Not yet applicable for the protocol
Data and findings consistent	30	Was there consistency between the data presented and the findings?	NA		N	Not yet applicable for the protocol
Clarity of major themes	31	Were major themes clearly presented in the findings?	NA		N	Not yet applicable for the protocol
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	NA		N	Not yet applicable for the protocol
				TOTAL:	**28/32** **Note that the score will change upon implementation of the study.*	

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007. Volume 19, Number 6: pp. 349 – 357
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