PREVALENCE OF TEST ANXIETY AMONG MEDICAL AND DENTAL STUDENTS

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ABSTRACT:
Test anxiety is a combination of physiological over-arousal, tension, and somatic symptoms, along with worry, dread, fear of failure, and catastrophizing, that occur before or during test situations. It is a physiological condition in which people experience extreme stress, anxiety, and discomfort during and/or before taking a test. This survey study was conducted among different medical and dental college students of different medical and dental colleges. The personal and demographic data were collected on a predefined proforma. The level of test anxiety was determined by the Westside Test Anxiety Inventory (WTAI). A total of 119 medical and dental students participated in the study. There were 72 males and 40 females in the study. The mean age of the students was 21.32±2.39 years. The prevalence of problematic test anxiety among students was 57% and it was higher in females (72%) than in males (42%). This test anxiety was higher in oral / viva voce tests than the written test.

Keywords: Test Anxiety, Medical Students, Dental Students

INTRODUCTION:
Test anxiety is a combination of physiological over-arousal, tension, and somatic symptoms, along with worry, dread, fear of failure, and catastrophizing, that occur before or during test situations. It is a physiological condition in which people experience extreme stress, anxiety, and discomfort during and/or before taking a test. This anxiety creates significant barriers to learning and performance. Research suggests that high levels of emotional distress have a direct correlation to reduced academic performance and higher overall student drop-out rates. Test anxiety can have broader consequences, negatively affecting a student's social, emotional and behavioural development, as well as their feelings about themselves and school.

Highly test-anxious students score about 12 percentile points below their low anxiety peers. Test anxiety is prevalent amongst the student populations of the world. It has been studied formally since the early 1950s beginning with researchers George Mandler and Seymour Sarason. Sarason’s brother, Irwin G. Sarason, then contributed to early investigation of test anxiety, clarifying the relationship between the focused effects of test anxiety, other focused forms of anxiety, and generalized anxiety.

Test anxiety can also be labeled as anticipatory anxiety, situational anxiety or evaluation anxiety. Some anxiety is normal and often helpful to stay mentally and physically alert. When one experiences too much anxiety, however, it can result in emotional or physical distress, difficulty concentrating, and emotional worry. Inferior performance arises not because of intellectual problems or poor academic preparation, but because testing situations create a sense of threat for those experiencing test anxiety; anxiety resulting from the sense of threat then disrupts attention and memory function.
Researchers suggest that between 25 and 40 percent of students experience test anxiety. Students with disabilities and students in gifted educations classes tend to experience high rates of test anxiety. Students who experience test anxiety tend to be easily distracted during a test, experience difficulty with comprehending relatively simple instructions, and have trouble organizing or recalling relevant information (1-3).

MATERIAL OF METHODS:
This survey study was conducted among different medical and dental college students of different medical and dental colleges. The personal and demographic data were collected on a predefined proforma. The level of test anxiety was determined by the Westside Test Anxiety Inventory (WTAI). All the data was analyzed with SPSS Ver. 23.0. Relevant statistical analysis was performed. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS:
A total of 119 medical and dental students participated in the study. There were 72 males and 40 females in the study. The mean age of the students was 21.32±2.39 years. The prevalence of problematic test anxiety among students was 57% and it was higher in females (72%) than in males (42%). This test anxiety was higher in oral / viva voce tests than the written test.

DISCUSSION:
Anxiety is defined as the psychological mechanism whereby the current intensification of a dangerous drive results in the elicitation of defenses. George Mandler and Seymour Sarason (1952), developed the theory that anxiety present in testing situations is an important determinant of test performance. Individuals that
become highly anxious during tests typically perform more poorly on tests than low-test anxious persons, especially when tests are given under stressful evaluative conditions such as a post-secondary exam. The feelings of forgetfulness, or drawing a "blank" are developed because of anxiety-produced interference between relevant responses and irrelevant responses generated from the person's anxious state. The difference in performance of a high-anxious test taker compared to a low-anxious test taker is largely due to the difference in their ability to focus on the tasks required. A low-anxious test taker is able to focus greater attention on the tasks required of them while taking the test, while a high-anxious test taker is focused on their internal self, and the anxiety they are feeling. Anxious test takers do not perform adequately on the test as their attention is divided between themselves and the test. Therefore, students with high test anxiety are unable to focus their full attention on the test. Furthermore, anxiousness is evoked when a student believes that the evaluative situation, such as an assessment, exceeds his or her intellectual, motivational, and social capabilities. Psychologists Liebert and Morris (1967) analyzed the structure of test anxiety given on two distinct factors: Cognitive Test Anxiety and Emotionality. Emotionality means that the individual shows high levels of several different symptoms related to test anxiety that can be seen through physiological responses experienced during situations where they are being evaluated; such as an exam. Some of the physiological manifestations include: increased galvanic skin response and heart rate, dizziness, nausea, or feelings of panic. There is evidence that emotionality is a distinct part of test anxiety; however, it can be seen that when an individual displays high emotionality it means that it is mostly associated with declining performance, but only when the
The individual is also experiencing high levels of worry.

The other factor mentioned is Cognitive Test Anxiety, also known as worry. It is mostly composed of the individuals cognitive reactions to situations where they are being evaluated, in the times prior to, during, and after those tasks. Some of the thoughts that individuals with high cognitive test anxiety are constantly dealing with are comparing self performance to peers, considering the consequences of failure, low levels of confidence in performance, excessive worry about grades, feeling that they are unprepared for tests, and loss of self-worth. Researchers Putwain, Woods & Symes (2010), found that a low academic self-concept was associated with higher worry and tension about their abilities to do well on a test. A student's metacognitive beliefs play an important role in the maintenance of negative self-beliefs (4-6).

REFERENCES: