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LEVEL OF ANXIETY AND CONTRIBUTING FACTORS REGARDING COMMUNITY CLINICAL POSTING AMONG SECOND YEAR B.SC. NURSING STUDENTS STUDYING IN SELECTED NURSING COLLEGE OF PANIPAT, HARYANA.

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Abstract

Background of the study: Nursing students face tremendous stressors during their community training periods that lead to physical and mental health problems and poor academic performance. But, evidence relating to stress, anxiety and depression in this population in India is limited. **Methodology:** The study design was non – experimental, descriptive survey research design. Setting of the study was Bhai Surender Kumar Memorial Nursing College – Jind. Haryana. Samples were recruited for this study through non – probability convenience sampling technique. Size of the sample was 60 B. Sc (N) II – Year students. Tool for collecting data includes State – Trait Anxiety Scale and Checklist for exploring the factors causing anxiety among samples during the time of their community postings. Data collection technique was self – reporting questionnaire method. Collected data was analysed through descriptive and inferential statistics. Results: In this study, second majority reason for causing anxiety among subjects was 50 (83.3 %). Third leading factor was Community health nursing requirements are burden to me 48 (80 %). Majority of the study subjects were with moderate level of anxiety 37 (61.7 %). Those who had mild level of anxiety were 23 (38.3 %). Severe anxiety was not seen in any of the subjects in the study. In this research significant ass0ciation between level of anxiety and the following contributing factors such as Organizing any community awareness program during my training period was a big challenge ($\chi 2 = 0.588$, df = 1, 'P' value = 0.05), I feel very hard in interacting with community health officials during my visit to CHC / PHC / SC ($\chi 2 = 4.926$, df = 1, 'P' value = 0.026), Environment and Sanitation in the area of my community is causing more bitter experience ($\chi 2 = 4.926$, df = 1, 'P' value = 0.027) **Conclusion:** Due to the compulsory training of nursing students in the community area, most academic institutions around the country have been forced to send the students for community health training program. The sudden shift to

exclusive hands-on hands practical experience methods has raised anxiety levels in nursing students, especially those in their second academic year. The highest anxiety levels were associated with contributing factors such as Organizing any community awareness program during my training period was a big challenge, being in the second year of the nursing degree.

Keywords: Assess, Impact, Peer, Parental relationship, School performance, Adolescents

Introduction and Background of the Study:

Normal nursing students are anxious.[1] College students are anxious. Students worry most about academic performance, pressure to succeed, and post-graduation plans.[2] Nursing students have long been anxious. Nursing students are more anxious than students in other healthcare fields due to heavy course loads, rigorous exams, pressure to maintain a high GPA, complex interpersonal relationships, clinical challenges, and caring for chronic and terminally ill patients. Clinical training in nursing school is more stressful than theory.[3]

Stress is linked to anxiety and depression, and the relationship is positive. The Psychology Foundation of Australia (PFA) (2014) says these three issues indicate a composite of negative emotional symptoms. Poor mental health hinders learning, lowers productivity, increases suicidal thoughts, and lowers quality of life. 10 Nursing is among the most stressful jobs.[4] Thus, nursing school is stressful. Stressful events during nursing school affect students' academic, professional, and personal lives. They must learn in labs, clinical, and community settings and undergo extensive theory and practical exams, creating a complex learning environment. Stress is inversely related to nursing students' professional knowledge, skills, patient care, and clinical performance. Sri Lankan universities now offer undergraduate nursing degrees. Thus, nursing education is transitioning from diploma to degree programmes. Thus, Sri Lankan nursing students face many challenges beyond the usual nursing education stressors. However, university nursing students in Sri Lanka have little mental health evidence.[5]

Baccalaureate nursing students often experience high levels of stress during training, which may lead to psychological or emotional impairment in their professional life, affecting patient care. Clinical instructors help students relax and enjoy clinicals. This study examined Jordanian baccalaureate nursing students' initial clinical practise stress and coping strategies.[6]

Many studies have examined nursing students' clinical anxiety, which can affect learning and performance.[7] Nursing students have always experienced stress and anxiety. Nursing students' clinical stress and anxiety have been studied since the early 1970s. Stress in nursing education, especially at universities, is a major global issue. Lazarus & Folkman defined stress as a meticulous relationship between the individual and the environment that exceeds coping resources, and anxiety as an ambiguous, annoying feeling triggered by prolonged stress and multiple stressors.[8] Japanese nursing students were studied longitudinally in 2004 to determine how coping styles and stressful life events affect anxiety and stress **(Shikai, Shono, & Kitamura, 2009)**.[9] Clinical students face stressful situations like nurses. Nursing students were most anxious about patient deaths, physician conflicts, inadequate clinical preparation, mentor support, and heavy workloads. Pre- and post-clinical mental health care for nursing students was stressed by the authors. Anxious students may benefit from psychological interventions on how to handle clinical training challenges.[10]

Based on literature findings about nursing students' anxiety and stress during clinical skill training and the researcher's college experiences, this study sought to determine nursing students' anxiety prevalence and community posting contributing factors. The study will help nursing administrators create new community clinical posting policies to reduce nursing student problems.

Statement of the problem:

A Study to Assess the Level of Anxiety and Contributing Factors Regarding Community Clinical Posting Among Second Year B.Sc. Nursing Year Students Studying in Selected Nursing College of Panipat, Haryana.

Objectives of the study:

1. To assess the level of anxiety regarding community clinical postings among B. Sc (N) 2nd Year students.
2. To determine the contributing factors regarding community clinical postings among B. Sc (N) 2nd Year students.
3. To find out association between level of anxiety and selected socio-demographic variables of B. Sc (N) 2nd Year students.
4. To find out association between factors contributing to anxiety and selected demographic variables of B. Sc (N) 2nd Year students.

Research Methodology:

Methodology is the study's blueprint. This chapter covers research design, setting, population, sample size, sampling technique, criteria for sample selection, development and description of tools, content validity, pilot study, data collection, and statistical analysis.

Research Approach - The research approach used in the current study was based on the quantitative research approach.

Research design: This study used a non-experimental design.

Setting of the study: Ved Nursing College, Panipat.

Sampling technique: Non probability convenience sampling.

Development and description of the tool:

- **Section A:** Demographics
- **Section B:** State Trait Anxiety Inventory (STAI). The 20-item State-Trait Anxiety Inventory (STAI) is a psychological inventory. The STAI measures trait and state anxiety. Anxiety rises with scores.
- **Section C:** Anxiety Factors Checklist: It includes 10 factors that caused anxiety in B. Sc (N) 2nd year students during community clinical postings. Samples answered yes or no, with 1 mark for yes. A 0 was given for "no."

Data collection: Before collecting the data, the principal of the RPIIT Nursing College gave the go-ahead. The main study was done after the ethical committee at Ved Nursing College in Panipat said it was okay. From December 5, 2022, to December 6, 2022, data was collected. The samples gave the right kind of permission to take part. The self-reporting questionnaire method was used to get information from the samples. The questionnaire took about 25 minutes to fill out for each sample.

Data Analysis: Both descriptive and inferential statistics were used to look at the data that was collected. In this study, the mean, the standard deviation, and the percentage were used to describe the data. Inferential statistics like chi-square were used to find out if there was a link between a certain demographic variable and the problems that were asked about.

Results and Interpretation:

Table – I: Frequency and Percentage Distribution of Subjects According to Socio- Demographic Variable

(N = 60)

S. No	Demographic Variables		Frequency	Percentage %
1	Age in Years	17 years	10	16.7
		18 years	27	45.0
		19 years	19	31.7
		> 20 years	4	6.7
2	Gender	Female	37	61.7
		Male	23	38.3
3	Place of residence	Rural	35	58.3
		Urban	25	41.7
4	Locality of staying	Hostel	39	65.0
		Day scholars	21	35.0
5	Father's Education	Up to Primary	5	8.3
		Up to Secondary	13	21.7
		Senior Secondary	21	35.0
		Graduation / Post Graduation	21	35.0
6	Mother's Education	No formal education	2	3.3
		Primary	18	30.0
		Up to Secondary	12	20.0
		Up to Senior Secondary	10	16.7
		Graduation / Post Graduation	18	30.0
7	Income of Family	10000 - 20000	13	21.7
		20000 -30000	27	45.0
		31000 above	20	33.3

Table: Demographic variable frequency and percentage distribution of subjects.

Most of the people in this study, 27 (45%) were 18 years old, while 19 (31.7% of the people in this study), were 19 years old. Ten (16.7%) were between the ages of 17 and 20, and four (6.7%) were older than 20. In terms of gender, 37 (61.7%) of the study participants were women, while 23 (28.3%) were men.

The subjects' places of residence show that most of them, 35 (58.3%), live in rural areas, while 25 (41.7%), live in cities. With regard to where the study participants lived, 39 (56%) of them lived in a hostel, while 21 (35%) of them lived at home. The education level of the subjects' fathers shows that 21 (35%) of the subjects' fathers went to both senior secondary school and college or university. Thirteen (21.7%) of the subjects had gone to high school, and only five (8.3%) of the subjects' fathers had gone to

high school. The education level of the subjects' mothers shows that most of the 18 (or 30%) had only finished primary school. In the same way, 18 (30%) had a bachelor's degree or higher, 12 (20%) had studied up to secondary school, 10 (16.7%) had studied up to senior secondary school, and 2 (3.3%) had no formal education. When it came to family income, most of the 27 families (45%) made between 20,000 and 30,000 Rupees. Twenty (33.3%) of the subject families had a monthly family income of more than 31,000 Rupees, and 13 (21.7%) of the subject families had a monthly family income of between 10,000 and 20,000 Rupees.

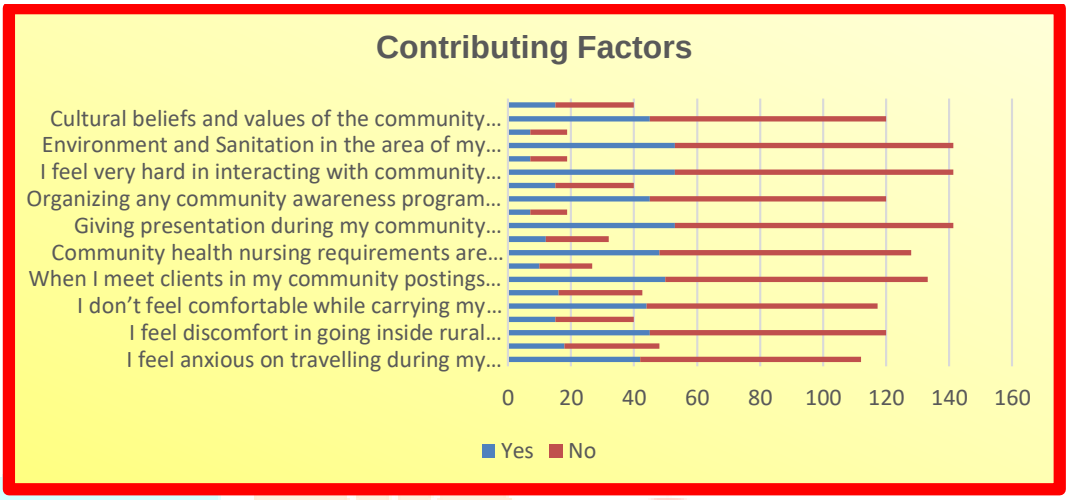

Figure – 1: Percentage Distribution of Subjects According to Contributing Factors

Figure – I illustrates the Percentage Distribution of Subjects According to the Factors Causing Anxiety. Among all the 10 factors which were contributing to anxiety among subjects in this study. Factor (6) Giving presentation during my community postings was a big stressful event, Factor 8 (I feel very hard in interacting with community health officials during my visit to CHC / PHC / SC) and Factor 9 (Environment and Sanitation in the area of my community is causing more bitter experience) were equally at high risk 53 (88.3 %) in producing anxiety among the subjects during their community postings.

In this study, second majority reason for causing anxiety among subjects was 50 (83.3 %). Third leading factor was Community health nursing requirements are burden to me 48 (80 %).

SECTION -C

Table – II: Frequency and Percentage Distribution of Subjects According to Level of Anxiety

(N = 60)

Levels		**Frequency**	**Percentage**
Anxiety	Mild Anxiety	23	38.3
	Moderate Anxiety	37	61.7
	Severe Anxiety	0	0.0

Table II shows anxiety level frequency and percentage distribution.

37 subjects (61.7%) had moderate anxiety. 23 (38.3%) had mild anxiety. No subjects had severe anxiety.

Table – III: Level of Association between contributing factors causing anxiety and level of anxiety among B. Sc (N) 2nd Year Students

(N = 60)

S. No	Contributing Factors		Anxiety		χ2 value	'P' Value
			Mild	Moderate		
1	I feel anxious on travelling during my community postings	No	15	27	0.406 (df = 1)	0.361 Not Significant
		Yes	8	10		
2	I feel discomfort in going inside rural communities during my community postings	No	19	26	1.152 (df = 1)	0.224 Not Significant
		Yes	4	11		
3	I don't feel comfortable while carrying my community bag	No	16	28	0.271 (df = 1)	0.409 Not Significant
		Yes	7	9		
4	When I meet clients in my community postings I feel nervousness	No	16	28	0.271 (df = 1)	0.408 Not Significant
		Yes	7	9		
5	Community health nursing requirements are burden to me	No	17	33	2.383 (df = 1)	0.118 Not Significant
		Yes	6	4		
6	Giving presentation during my community postings was a big stressful event	No	19	29	0.158 (df = 1)	0.480 Not Significant
		Yes	4	8		
7	Organizing any community awareness program during my training period was a big challenge	No	20	33	0.588 (df = 1)	0.05* Significant
		Yes	3	4		
8	I feel very hard in interacting with community health officials during my visit to CHC / PHC / SC	No	23	30	4.926 (df = 1)	0.026* Significant
		Yes	0	7		
9	Environment and Sanitation in the area of my community is causing more bitter experience	No	23	30	4.926 (df = 1)	0.027* Significant
		Yes	0	7		
10	Cultural beliefs and values of the community peoples whom I visit was not acceptable to my beliefs and values.	No	21	32	0.319 (df = 1)	0.451 Not Significant
		Yes	2	5		

Level of significance at ' P' value < 0.05

Table – III shows the presence of significant ass0ciation between level of anxiety and the following contributing factors such as Organizing any community awareness program during my training period was a big challenge ($\chi 2 = 0.588$, df = 1, 'P' value = 0.05), I feel very hard in interacting with community health officials during my visit to CHC / PHC / SC ($\chi 2 = 4.926$, df = 1, 'P' value = 0.026), Environment and Sanitation in the area of my community is causing more bitter experience ($\chi 2 = 4.926$, df = 1, 'P' value = 0.027)

Discussion:

In this study, most of the people who took part were between 18 and 45 years old, and most of the people who took part were women (61.7%). The subjects' places of residence show that most of them (58.3%) live in rural areas. When it comes to where the study participants lived, most of them (56%) were in hostels. The education level of the subjects' fathers shows that 35% of the subjects' fathers both went to senior secondary school and college or university. The number of subjects who had gone to school through high school was 21.7%. The subjects' mothers' levels of education show that most of them (30%) had only gone as far as elementary school. When it came to the family's income, most of them (45%) made between 20,000 and 30,000 Rupees.

Jessica Garca-González also did a study like this one (2021) During the first and fourth weeks of the COVID-19 confinement, 460 nursing students from the University of Lorca (Murcia) and the University of Almera (Spain) took an online anxiety level test using the Spielberger State-Trait Anxiety Inventory (STAI). 78% of the people who took part in this study were women (n = 359), and 22% were men (n = 101). Also, 23.9% of the nursing students were in their first year of school, 25.9% were in their second, 23% were in their third, and 27.2% were in their last year. During the COVID-19 confinement, 58% of the parents of the students were unemployed, while 42% of them kept working. When the results were broken down by gender, the same percentages were seen: 58.2% of the parents of female students were out of work, and 57.4% of the parents of male students were out of work.[11]

61.7% of the people who took part in this study had a moderate level of anxiety. 38.3% of the people had a mild level of anxiety. None of the people in the study showed signs of severe anxiety.

KhoshaimHeba Bakr, Al-SukaytAreej, ChinnaKaruthan, Nurunnabi Mohammad, Sundarasen Sheela et al (2021) Online, a questionnaire was given out, and 400 filled-out questionnaires were sent back. The Zung self-rating anxiety scale was used to find out how anxious the people in this study were. About 35% of the students had moderate to very high levels of anxiety, according to the results. There was a strong link between age, gender, and level of education and anxiety.[12]

In this research. Factor 6: Giving a presentation during my community postings was a big source of stress. Factor 8: I find it hard to talk to community health officials when I go to a CHC, PHC, or SC, and Factor 9: The environment and sanitation in my community are making things worse for me were both high-risk factors for making people anxious during their community postings. The second most common cause of anxiety among the people in this study was 50 (83.3%). The third most important reason was that the requirements for community health nursing are a burden for me.

A similar study was done by **Biranchi Narayan Das, Anu Mohandas, Saba Syed (2021)** The goal of this study was to figure out how common depression, anxiety, and stress are among BSc nursing students, how they are related to sociodemographic and academic factors, and how they deal with them. In a teaching hospital in Hyderabad, 149 BSc nursing students were asked to take part in a cross-sectional study. A 3-part questionnaire that had already been tested was used to get the information. Part I is about sociodemographic and academic factors, Part II is about psychological information (DASS-21), and Part III is about how to deal with problems (brief COPE). SPSS version 24 was used to look at the data. The percentages of stress, anxiety, and depression were found and put into four groups: mild, moderate, severe, and extremely severe. The Chi-square test was used to look at the relationships between the different groups. For coping strategies, the mean score and the percentages were worked out. According to the study, two things that cause stress are not having enough free time (p=0.036) and having trouble in school (p=0.017).[13]

In this study, there was a strong link between the level of anxiety and each of the following factors: Organizing any community awareness programme during my training period was a big challenge ($\chi 2$ =

0.588, df = 1, 'P' value = 0.05), I feel very hard in interacting with community health officials during my visit to CHC / PHC / SC ($\chi 2 = 4.926$, df = 1, 'P' value = 0.026), Environment and Sanitation in the area of my community is causing more bitter experience ($\chi 2 = 4.926$, df = 1, 'P' value = 0.027).

The above results were similar to what **Savitsky, B., Findling, Y., Ereli, A., and Hendel, T**. found in their study **(2020)**.[14]

There were 42.8% of people with moderate anxiety and 13.1% with severe anxiety. A higher anxiety score was linked to being male, not having PPE, and being afraid of getting an infection. Anxiety levels were much lower in people who were more resilient and used humour, and they were higher in people who were mentally disengaged.

Mohebbi, Z., Setoodeh, G., Torabizadeh, C., and Rambod, M. (2019) did a study to find out how nursing students' mental health is and how it relates to other things. Most of the participants were women (65.1%); 5.3% were between 21 and 22 years old; 84.5% were single; 33.3% were in their sixth semester; and 68.5% had mental health problems. Using the GHQ-28, it was found that 7.7% of people had somatic symptoms, 13.8% had anxiety and sleep disorder symptoms, 52.3% had social dysfunction, and 6.2% were depressed. The average GHQ-28 score, the semester, the grade on practical assignments, and the total grade for physical symptoms, anxiety, and insomnia all had a negative relationship with each other.[15]

Conclusion:

Most academic institutions in the country must send nursing students to community health programmes due to the mandatory community training. Nursing students, especially second-year students, are anxious about the sudden switch to hands-on practical experience. Factors like As a second-year nursing student, organising a community awareness programme was difficult. Community health postings caused high state-trait anxiety in nursing students.

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