

Chapter I

Introduction

“Caring is the essence of nursing”

- **Jean Watson.**

Definition

“Nursing encompasses autonomous and collaborative care of individual of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care to ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles” (International Council of Nurses, 2002).

Meaning

Nursing education enables students to advance the data, abilities, and attitudes necessary to deliver nursing care through a blended form of both theoretical and practical learning practices (Nabolsi, Zumot, Wardam and Abu-Moghli, 2012). Nursing can be defined as an action or set of characteristics displayed by a caregiver in the context of a person's relationship with their surroundings (Fawett, 1984). One of the chief nursing theorists Watson (2006) asserts that the disease might be cured, but sickness would persist because lack of caring, health is not achieved and healing does not occur.

One among many healthcare experts nurses take proper action in administering medications and treatment, scheduling care plans for patients, 24-hour care on vital signs and keeping medical records. Nurses deal with patients in hospitals and clinical, also they provide in-home care services. In some administrations like schools, colleges, MNC companies have nurses as on-staff to assist in case of emergencies. Nurses play an important role in dealing with patient and their families and other healthcare providers to ensure that they provide attentive care at all times.

General Responsibilities

In a healthcare setting, nurses perform a number of on-going responsibilities, each with a different set of tasks:

Rudimentary Health Providers

Certain sorts of patient treatments and procedures are directly provided by nurses. Depending on their position and level of training, some nurses have more duties than others. Treatment-related tasks consist of:

- Blood sampling
- Diachylon
- Intra-cutaneous injection
- Administering medications to patients on time
- Keeping an eye on the heart rate as well as other vital markers
- Taking out stiches
- Preparing patients for surgery

Patient Assistance

A patient's primary point of contact with the healthcare system is frequently a nurse. Regarding their overall care plan, they speak with patients personally and provide additional forms of continuing support. Some of these tasks are

- Interpreting care plans
- Providing directions for recovery
- Connecting patients to support groups and other resources
- Explaining meaning of each diagnosis
- Educating patients on healthy living practices
- Promoting patient's rights to the greatest care

Management

By coordinating interactions between doctors, technicians, and other nurses, they play a crucial administrative role. When treating patients, they carry out a variety of tasks to keep the entire team synchronized such as

- Updating patient chart with current information
- Arranging for medical treatment
- Discussing a patient's health and medical history with the doctor
- Examining medical standards
- Contacting insurance companies

- Contacting emergency contacts
- Preparing medical supplies and materials (Nursing duties and responsibilities, 2023).

Therefore, nursing is a highly stressful job, wherein students who learn nursing also experiences many physiological, psychological and social difficulties in order to provide a healthy medical care to the patients.

Nursing in India

After finishing the four-year Pre Service Education (PSE) program, which is required in India and attempts to impart skills for both the nursing and midwifery professions, a nurse can join the healthcare field. The same midwifery program, named General Nursing and Midwifery, is offered for three years and also as a component of a four-year B. Sc. in nursing degree. Throughout their academic and professional lives, nurses frequently experience discrimination and are treated with neglect. Another impediment is the unequal distribution of nursing facilities, and the privatization of education has resulted in an unequal output of health-related human resources.

In India, institutions with nursing council approval educate and provide practical experiences through many specialized courses. Institutions like CMC at Vellore, MAHE at Manipal, NIMHANS and St John's Medical College, Bengaluru playing a key contribution in changing role of nurse in India. Although the nurses specialises in different expertise they have been serving in poor structure roles in clinical domains. This condition leads the Indian nurses to go abroad and compete at international levels. United Kingdom and other nations have embraces Indian nurses and their self-less services towards patient care; however, in India systematic development is highly required to improve their professional quality of nurses.

SECTION I

Test Anxiety

Psychological mechanism whereby the current intensification of a dangerous drive results in the elicitation of defences. (Rosenwald, 1961).

As per the American Psychology Association, test anxiety is the feeling of stress and unease that comes with taking a test, often leading to a decline in one's performance

on the test. Test Anxiety is a term used to describe the various feelings, physical reactions, and actions that occur when someone is worried about potentially experiencing negative outcomes or failing during an exam or other evaluative event (Zeidner, 1998). Students who experience test anxiety have a very low level of anxiety tolerance when it comes to evaluating situations, often seeing test situations as personally challenging or intimidating. When put in situations where they are being evaluated, they often respond with significant concern, mental confusion, stress, and physical stimulation. (Spielberger and Vagg, 1955) Test anxiety is commonly experienced alongside unhelpful thoughts such as seeing things as threats, having a lack of belief in oneself, assuming failure before it happens, and dealing with the situation by being overly critical of one self (Matthews et al.). A definition proposed by Spielberger (1980) that is widely agreed upon describes test anxiety as the stimuli and environments related to tests, as well as the varying levels of stress encountered during a test. In general, evaluative settings and trait test anxiety may interact to cause anxiety states (Sarason et al., 1995).

Meaning

The concept of test anxiety is seen as a characteristic that varies among individuals and determines how much they feel threatened by exams (Spielberger and Vagg, 1995). There are wide and limited definitions within this general perspective. These highlight the importance of how others perceive one's performance and the impact of social interactions. According to Spielberger (1966), the concept of 'ego threat' can be understood in a broader sense as it encompasses threats to one's self-esteem, as well as the outcomes of success or failure in performance. This definition also takes into account the possibility of facing negative judgments from others. Zeidner (1998) further breaks down test anxiety into three main components.

Cognitive: The pessimistic opinions and self-critical reports that occur while evaluating oneself throughout assessments (such as exams or evaluations) 'If I don't succeed in this exam, my entire life is considered a failure,' implies that failing the exam would result in the perception of one's entire life as a failure. Additionally, anxiety can lead to obstacles in performance, such as decreased capabilities. Remembering information and struggling with comprehending and interpreting prompts

Affective: The individual evaluates their physical condition in terms of their level of tension, muscle tightness, and trembling.

Behavioural: The behavioural aspects such as poor study skills, escaping and postponement of work.

Test anxiety is a significant issue that impacts approximately 30% of nursing students, according to Driscoll, Evans, Ramsey, and Wheeler (2009). Nursing students face greater levels of test anxiety compared to students in other health science fields. This is primarily due to the demanding nature of nursing curricula, as well as the challenge of juggling many work and personal responsibilities while dedicating long hours for studying (Beggs et al., 2011). These consistent and tireless job responsibilities contribute to a highly stressful atmosphere in which students have a greater chance of achieving success.

Test anxiety shoots from poor readiness towards test, unwanted negative thoughts leading distress with the challenging situation in spite of adequate knowledge of the material, and/or wrong insights regarding test-taking skills (Beggs et. al., 2011). Test anxiety is being perceived as a menace, resulting in negative consequences like helplessness, increased feeling of fear (Oermann and Gaberson, 2009). One of the most common phenomenon among students of various fields test anxiety. As per DSM-V there is no specific category for test anxiety but it falls under anxiety disorders and specifically classified as specific phobia.

Emotionality: The physiological and/or bodily symptoms are dizziness, feelings of panic, increased heart rate. These conditions would involve in heightened level of emotionality which displays the declining performance of an individual (Cassidy and Johnson, 2001).

Symptoms

The symptoms of test anxiety may range from mild to severe based on their experiences in dealing with test related performance. There are few other physiological, behavioural, emotional and cognitive aspects provided by Anxiety and Depression Association of America. They are as follows; Physical Symptoms (Sweating, Trembling, Quick Heartbeat, Dry Mouth Black out and Queasiness). Cognitive and Behavioural Symptoms; Avoiding situations when tests are administered, Skipping class or even tardily leaving school, Problems in retrieving and remembering, Difficulties in attention and concentrating, Negative self-talk. Emotional Symptoms; Unhappiness/Sadness, low self-worth, outrage and anguish

Theories of Test Anxiety

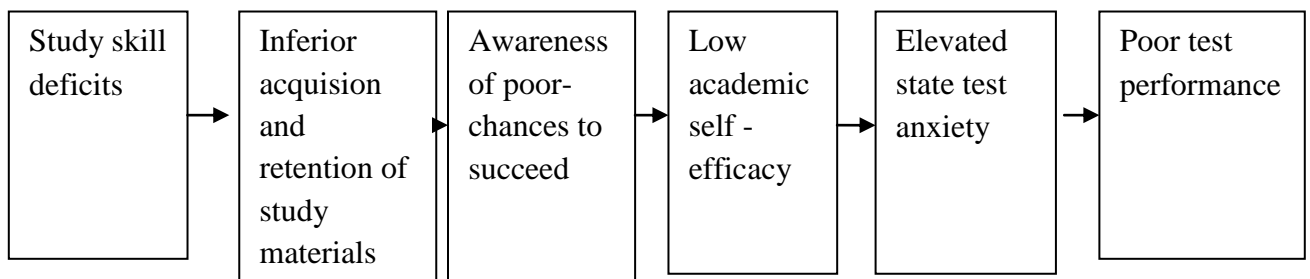
Theories of test anxiety should offer recommendations for reducing anxiety and improving performance through targeted treatments.

Cognitive-Attentional (Interference) Model

Current test anxiety theory is largely influenced by a "cognitive-attentional" or "interference" approach (Culler & Holahan, 1980; Weinstein, Cubberly, & Richardson, 1982; Wine, 1971b; I. G. Sarason, 1980a). According to this model, high- and low-test-anxious students differ in their attentional focus, resulting in performance differences. Individuals with high test anxiety may become excessively focused on themselves during evaluative tests, which may hinder their performance by diverting them from the task at hand (Wine, 1971b).

Skills-Deficit Model

This model suggests that poor study habits can develop independently of worry, with anxiety resulting from repeated academic failures (Covington & Omelich, 1988).



SECTION II

Stress

Meaning

Stress involves changes affecting nearly every systems of the body, influencing how people feel and behave. Severe stress is manifested by the general adaptation syndrome. By causing these mind-body changes, stress contributes directly to psychological and physiological disorder and disease and affects mental and physical health, reducing quality of life (Hans Selye, 1940).

CAUSES OF STRESS AMONG STUDENTS

Exams are stressful for students for four reasons (Denscombe, 2000), consequences of marking self-esteem, judgment of others, fear of teachers.

- Consequences: exams are stressful because of their academic and/or career consequences.
- Markers of self-esteem: students rate each other based on their scores, with high scores translating into high appreciation. To a greater or lesser extent, there has been uptake of the message that respect can be enhanced by academic success.
- Judgement from others, especially from parents, family members, peer groups
- Fear appeals by teachers: the repetitive messages that teachers convey to students about importance and timing have been identified as a cause of stress in some students.

Theories of Stress

To comprehend how to handle stress, it is crucial to initially contemplate the various ways stress is defined and how coping strategies have advanced in response to different stress theories. Stress has been seen and understood in various ways, such as a reaction, a trigger, and an interaction. This involves when someone perceives stress influences how they react, adapt, or deal with it.

General Adaptation Syndrome

The general adaptation syndrome of stress by Selye's (1936) created a model that analyses a person's response to long-term stress, divided into three main stages, the initial stage, the intermediate stage, and finally the exhaustion stage.

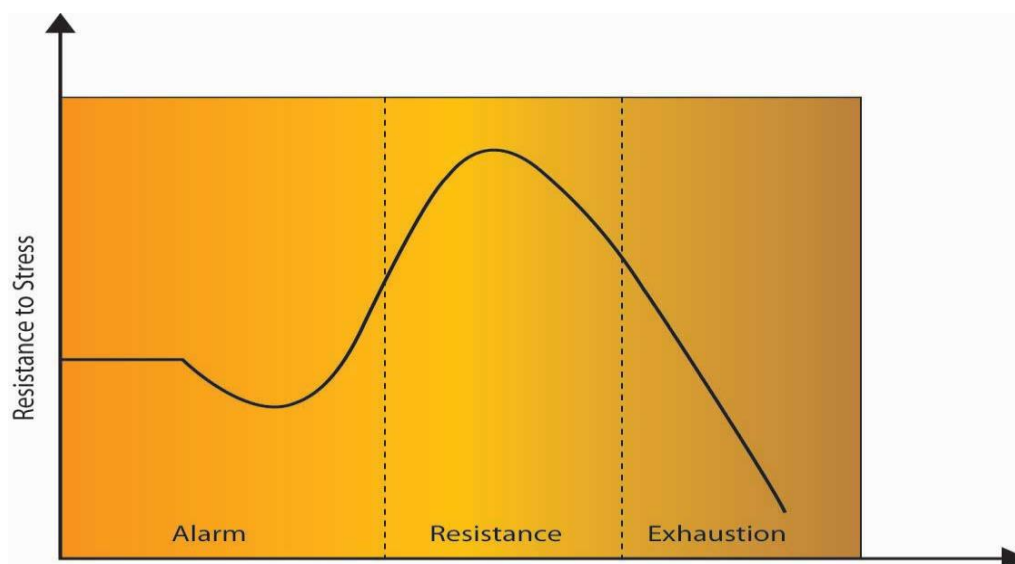


Figure 1: *General Adaptation Syndrome (GAS) Model*

The alarm phase, the body responds to the stressor by triggering the "fight or flight" response. This activates the parasympathetic nervous system and results in the release of hormones from the adrenal medulla (Richard Gross, 2010). If the source of stress persists, the body enters a stage of resistance. During this stage, the body appears to function normally, but levels of blood glucose, cortisol (triggered by ACTH hormones), and adrenaline remain higher than usual. Additionally, the individual's heart rate, blood pressure, and breathing will be higher than normal. The person might seem calm, but they are mentally and physically prepared for action. In the last stage, known as the exhaustion stage, the hormones that have already been triggered inhibit the continued release of ACTH. Additionally, the levels of ACTH circulating in the blood also contribute to this inhibition. At this stage, the body starts to deplete its stored energy or resources, resulting in inadequate functioning. When the level of glucose in the blood decrease, the person's susceptibility to illness and mortality increases. According to Nicky Hayes (1994), this last stage results in an immediate and intense response to even minor sources of extra stress, which can sometimes be excessive

Stress Response and Nursing Knowledge

The understanding of stress response in nursing has been built through the development of theories, application in nursing practice, and empirical research. The Roy's Adaptation Model (RAM, 1964) is a theory that centre on the person as an adaptive bio-psychosocial system. It describes nursing as a humanistic profession that places an emphasis on the individual's coping mechanisms in order to achieve excellent health.

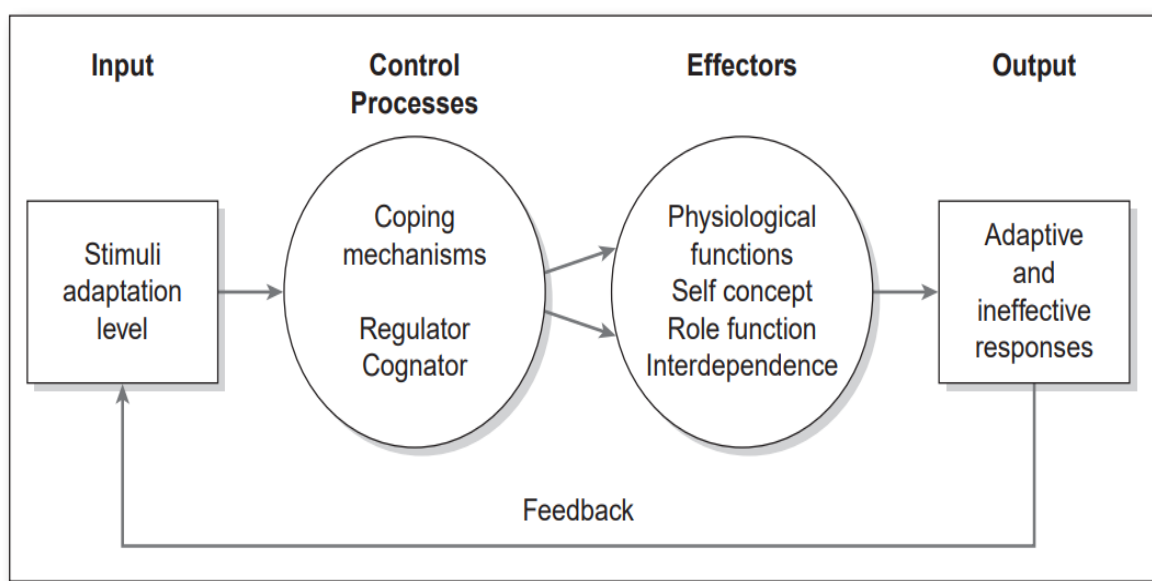


Figure 2: Roy's Adaptation Model (RAM)

This approach mainly focuses on the notion of stress, the idea of adaptation, and the capacity of nurses to help clients adapt or cope with stress. The author selects the notions of stressors, stress, and adaptation for his model from the stress theory. She defines stress as “a constantly changing point, made up of focal, contextual, and residual stimuli, which represent the person’s own standard of the range of stimuli to which one can respond with ordinary adaptive responses” (Roy, 1984). This proposal theorizes that there is a reciprocal interaction between the adaptive system (a person) and different stimuli (input) both from the surrounding environment and from the adaptive system itself. The processing of responses to stimuli involves subsystems, comprising of two control mechanisms, namely coping processes, and four adaptive modes. The regulator subsystem is one form of a control mechanism. It reacts naturally through neural, chemical, and endocrine procedures. Sensory inputs from both the internal and external environment are received by the

nervous system, circulatory system, and endocrine system within the body.

Automated, instinctual (coping) reactions are generated. The second subsystem, known as the cognator, is responsible for accepting information from both external and internal sources that trigger psychological reactions related to perception, learning, decision-making, and emotional experiences. The regulator and cognator are connected in facilitating this process. There are four different modes within this subsystem.

- (a) Physiological functioning (biological integrity derived from basic needs)
- (b) Self-perception (interaction with others and the psychic integrity regarding perception of self)
- (c) Role functioning (social propriety and carrying out obligations based on social status)
- (d) Interconnection for more support systems (seeking assistance, love, and attention, as well as maintaining close bonds with loved ones and support networks) (Roy and Andrews, 1991).

Changes can happen mostly in unimodal or can occur concurrently in multiple modes. The results of the adaptive system can be either adaptive (effective) responses or maladaptive (ineffective) responses. Illness arises as a consequence of inadequate coping mechanisms. Being able to adapt to the challenges results good health. The objective of nursing is to preserve and improve the ability to adapt to different situations while also transforming behaviours that are not effective into ones that are. Each person has a limited capacity to adapt, which can be influenced by their circumstances and their ability to deal with them. This concept brings in the concept of control regarding stress, which expands upon previous theories that viewed individuals as being passive in response to external stimuli. It also presents a positive perspective on what humans are capable of achieving and their potential (Rice, 2012).

Stress as a Stimulus

The stress as a stimulus theory, which was first put forth in the 1960s, considers stress to be a significant occurrence or change in life that calls for a reaction, adaptation, or adjustment. The Social Adjustment Rating Scale (SARS), developed by

Holmes and Rahe in 1967, rates the estimated degree of adjustment that each of life events (such as marriage, divorce, moving, change or loss of life, employment, and loss of loved ones) requires of the individual experiencing it. Both writers propose that stress, rather than being the experience itself, is the source of an experience and an independent variable in the stress-health-coping equation. There are issues with the stress-as-stimulus idea, notwithstanding the association between SARS scores and sickness (Rahe, Mahan, and Arthur, 1970; Johnson and Sarason, 1979) there are problems with the stress-as-stimulus theory. The stress as stimulus theory assumes:

- Change by its very nature is stressful.
- There is a common threshold of adjustment beyond which sickness will result.
- Life experiences demand the same levels of adjustment across the community.

According to this theory, the theorists considered human beings as a reflexive receiver of stress or stressors. Further, in detailing this theory has an extension over analysing the results of both positive experiences and negative experiences rely on their cognitive and emotional factors of each individual. Although, the real life experiences deals with the cognition and emotional aspects however, the components such as social, cultural, support systems, personality and learning has been excluded (Rahe and Arthur, 1978).

Stress as a Transaction

A dynamic process of understanding stress in better perspective Richard Lazarus advanced a method called Transactional Theory of Stress and Coping (TTSC) (Lazarus, 1966; Lazarus and Folkman, 1984), presenting that, the stress is a result of matter (which includes physiological, psychological, cognitive, affective and neurological backgrounds) between a person and his or her multipart environmental aspects. Hardiness was a term used to represent stress given by Kobasa (1979). A pattern of characteristics helps in identifying the differences that people maintain a healthy lifestyle under life stress compared with those who develop health related issues.

In the late 1970s, the toughness notion was established by Maddi and Kobasa (1984) and team of graduate students at the University of Chicago. Toughness has prominent resemblances with other character constructs in psychology, including locus

of control (Rotter, 1966), coherent consciousness (Antonovsky, 1987), self-efficacy and self-esteem. Self-efficacy (Bandura, 1997) and optimistic personality (Scheier and Carver, 1985). All of this will be discussed in the next section. Investigators have included several stress variables as transactional models, developing and classifying different issues to account for the multifaceted system involved in the experience of a stressor (Werner, 1993). The nature of stress has been described in many ways: acute, episodic or episodic and chronic. Different types of stressors emerge, such as events, situations, cues, and conditions, which are then classified into categories based on locus of control, predictability, tone, impact and duration.

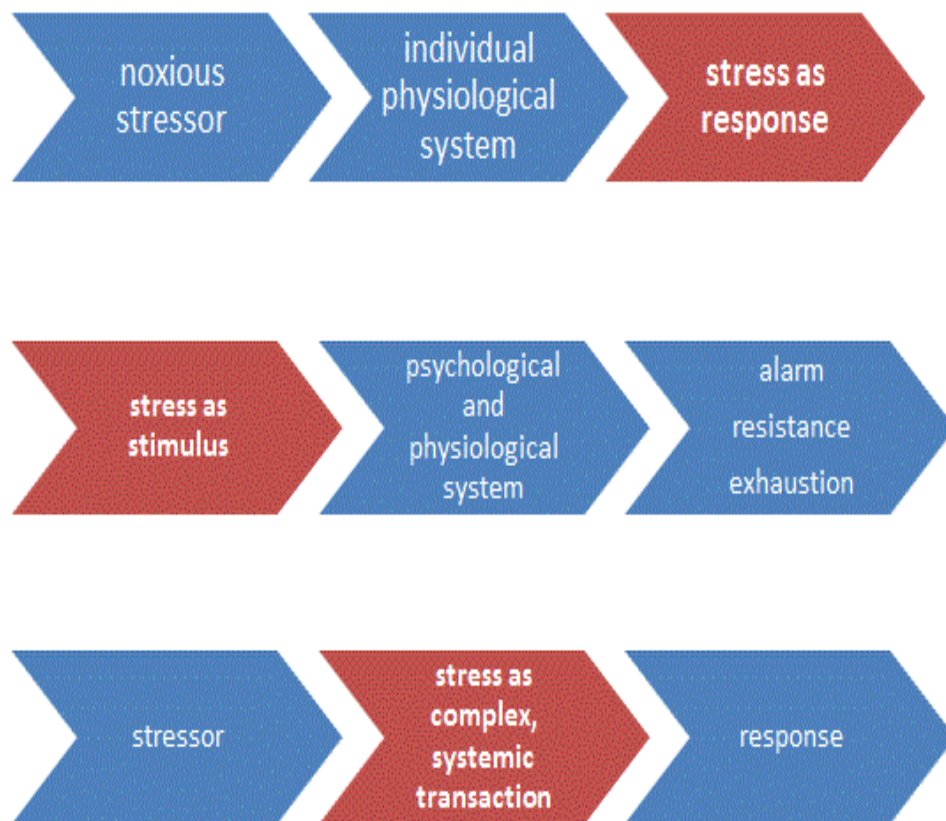


Figure 3: Theories of stress as response, stimulus and transaction

Lazarus and Folkman (1984) expanded the idea of construal in their model of stress appraisal; including primary, secondary, and reappraisal components (see Figure 16.5, "Transactional Theory of Stress and cope"). The basic assessment is to determine whether the stressor poses a threat. Secondary appraisal includes the individual's assessment of the resources or coping strategies available to deal with any

perceived threat. The process of reassessment is on-going and involves on-going reassessment of the nature of the stressor and the resources available to respond to it. (Walinga, 2012)



Figure 4: The transactional theory of stress and coping

Nursing Students and Stress

Due to the transitional nature of college life, nursing students are prone to stress. It is well recognized that stress has negative effects on one's health and academic performance. Students deal with a variety of stresses, including the strain of an educational program with the responsibility to succeed, an unknown future, and challenges assimilating into the system. Stressors can come from personal relationships, health issues, finances and personal expectations. By 2020, according to the World Health Organization (WHO), stress-related diseases will rank among the top causes of disability. Nursing schools are now considered stressful environments, often negatively affecting students' academic and psychological performance. Research studies from the UK and India reflecting the alarming state of stress in the field of nursing is being noticeably increasing every year (Gomathi and Jasminedebora, 2017).

According to Pulido-Martos, Augusto-Landa, and Lopez-Zafra (2011), nursing students experience both academic and professional stress while undergoing their training. In order to better understand how stress develops in organizational contexts, research on work stress focuses on the sources of stress, or stressors (Spielberger and Reheiser, 2005). Time restraints, workload, decision-making, on-going change, and financial blunders made at work are some of the most frequent stressors. Stress has an impact on practically all professions, according to several reports from occupational health groups. The health of healthcare professionals, particularly nurses, is negatively impacted by higher

stress levels and more stressors (Demeuroti et al. 2000; Humpel andCaputi 2001; Lim et al. 2010).

SECTION III

Achievement Motivation

Achievement motivation is affected by evaluated performance when competing with an excellent standard was crucial(McClelland, Atkinson, Clark, and Lowell, 1953).

Definition

Motivation is defined as the internal and external factors that stimulate desire and channel a person's energy to continue effort until a goal is achieved. Motivation is the product of the complete combination of desire and aptitude. Research in organizational behaviour has practically developed towards the development of various motivational theories for effective human resource development. For convenience, theories of motivation can be broadly classified as naturalistic, rational, and content- and process-based. Naturalistic theory is based on the study of natural forces (motivations, needs, desires) on human behaviour, rational theoretical structures (tools, identity), internal theory content studies the “what” and process theory focuses on the “how” motivation takes place. The applicability of motivation theories may seem unscientific, but proper control of motivation can help achieve desired goals. It is important to understand employee motivation and plan motivational techniques.

The Latin word "movere"—which means to move—is the source of the English word "sample" The internal energy that activates and controls behaviour is referred to as motivation. The processes that explain why and how human behaviour is engaged and directed are referred to as motivational theory. It is regarded as one of the most crucial fields of research in organizational behaviour. Content theory and process theory are two types of motivation theories. Although there are many distinct incentive theories, none is embraced by the general public. The content theory of motivation, also referred to as the needs theory, places a strong emphasis on the internal forces that drive and influence behaviour in people. Some key content hypotheses (Singh, 2011).

Maslow's Theory

There are five levels of hierarchy of needs which is often represented as hierarchical pyramid. A total of five levels has been developed, whereas, the first four levels were categorized as lower-order needs which are highly considered as the physiological needs, whereas, on top of all four levels is represented as growth needs. The lower-order needs should be satisfied before they reach the higher-order need which can influence the behaviour of an individual. Below depicted the Maslow's Hierarchy of needs;

- Self-actualization – includes morality, creativity, problem solving, etc.
- Esteem – includes confidence, self-esteem, achievement, respect, etc.
- Belongingness – includes love, friendship, intimacy, family, etc.
- Safety – includes security of environment, employment, resources, health, property, etc.
- Physiological – includes air, food, water, sex, sleep, other factors towards homeostasis, etc (Maslow, 1943).



Figure5: Maslow's Hierarchy of Needs Pyramid

Mc Clelland's Theory of Motivation:

The book "Successful Society" explains three primary reasons that are related to McClelland's theory of motivation. This idea can be broken down into three main parts: the needs for power, affiliation, and achievement. This idea is often referred to as "Learning Needs Theory" or "Three Social Motivation Theory." Depending on their dominating motive, people will have varying traits. The distinctive mixture that gives each person their identity is the product of variations in relative demands. He also discovered that these three social reasons account for 80% of daily mental activity or cognitive processing (1987, McClelland). The generalized figure below describes three social motives:



Figure 6: McClelland's Achievement Motivation Theory

Need for Achievement - The desire to accomplish something difficult, master complex tasks, achieve high levels of success, and outperform others. Therefore, the individual who pursues the need for achievement will be known as someone who is willing to question his or her goals and is realistic.

Need for Power–Lussier and Achua (2007) define the need for power as an unconscious concern to influence others and seek positions of power. It is described as the desire to make others, behave in the same way that the individual appears. Daft (2008) defines the need for power as the desire to control or influence others, have power over others, and be responsible for others. Individuals also tend to produce performance to gain influence over others.

Need for Affiliation– Desire to form close personal relationships, avoid conflicts and establish warm friendships. People with a need for affiliation seek social approval, friendships, and interpersonal relationships.

Alderfer's ERG Theory

According to Alderfer's (1969) concept, these three demands are what drive all human motivation. This theory's most focused and compelling idea is survival, which is really about both bodily and psychological survival. The yearning to belong, a sense of belonging, and a healthy relationship with us make up the next level. Alderfer's growth need, which truly has to do with growth, fulfillment, and feeling like one's potential is being fulfilled, is the least defined but nonetheless significant need in the ERG model. According to Alderfer's ERG theory of motivation, people can be driven by several different levels of requirements at once, and their priorities may shift over time. In other words, an individual's priorities and motivations can change and shift between existential levels, relationships, and the evolution of needs over time. They can move up and down at any point depending on their level of motivation.



Figure 7: Alderfer's ERG Theory

Features of High Achievement Motivation

According to theorists such as John Murray, David C. McClelland, and John Atkinson, individuals with high achievement motivation have a moderate problem-solving and challenge orientation.

Moderate Challenge

People who are highly motivated to succeed prefer tasks and problems that are moderately difficult. As a rule, these people aim at ambitious but achievable goals, the results of which their abilities and efforts can influence.

Personal Reinforcements

Rather than being motivated by the potential for reward, individuals who are highly motivated to achieve use reinforcements, such as professional recognition and financial benefits, as a way to measure their achievements. These people place greater value on a sense of personal accomplishment.

Relevant Feedback

Another characteristic of individuals with high achievement motivation is the desire to receive feedback. These individuals seek feedback not on their personal qualities but on the success of their efforts. Feedback is used to measure their work performance.

Problem-solving

Individuals who are highly motivated to succeed also have a strong problem-solving orientation. They spend a lot of time thinking about potential solutions to current problems, as well as actively brainstorming and analysing other opportunities for improvement.

Interpersonal Skills

Due to their focus on success and achievement, individuals who are highly motivated to succeed are often characterized by poor interpersonal skills. These people tend to overemphasize results and have difficulty managing people effectively (Switzer, 2018).

SECTION IV

Cognitive Behaviour Therapy (CBT)

Cognitive behavioural therapy (CBT) is a psychotherapeutic technique that uses a variety of explicit and goal-directed systematic techniques to treat dysfunctional emotions, maladaptive behaviours, and behavioural problems, Cognitive response, process, and content. Cognitive behavioural therapy is a combination of behavioural therapy and cognitive therapy based on the cognitive behavioural concepts and research explicitly mentioned in this term. This technique is problem-focused, which implies that it is used to solve specific problems, and is action-oriented, suggesting that the therapist helps the client choose specific techniques to solve these problems (Schacter et al., 2010).

CBT (cognitive behavioural therapy) is a short-term, goal-oriented psychotherapy and problem-solving approach. The main goal of cognitive behavioural therapy is to change people's problems and thereby change the cognitive or behavioural patterns that create their emotions. It is used to treat various problems in a person's life, such as insomnia, relationship problems, drug and alcohol addiction, anxiety, and hopelessness (Martin, 2016). Individuals with the cognitive and behavioural abilities to promote adaptive functioning and improve health are the target of cognitive-behavioural therapy (Kazantzis, 2006). CBT is a structured, short-term therapy in which the therapist must conceptually visualize (or frame) the client to better understand emotional, behavioural, and physiological patterns (Beck, 1995a, 2005b; Leahy, 2004; People, 1989).

Deep Breathing practices supports to decreases anxiety by slowing heart rate, lowering blood pressure, and triggering a feeling of relaxation. Continuous practice of deep breathing practices helps in improving concentration and thus leading a pathway in distracting themselves away from negative thoughts and feelings oriented towards test and test-related anxiety and/or fear.

Relaxation Techniques is method which helps to reduce anxiety of the students. The students learn to slowly relax concentrating only on the breathing of an individual. This technique of relaxation helps them to learn consciously to relax their despite of place or situation in order to feel calm and composed.

Cognitive restructuring is a technique that helps identify cognitive distortions which are irrational thoughts that tend to be negative in nature. These irrational thoughts lack evidence but can still lead to feelings such as depression, anger, and increased anxiety levels leading to poor test results.

e.g., “I am going to fail”

“All my classmates are smarter than me. There is no way that I will do well in this test”

“I failed in the exam, I cannot become a nurse”

Cognitive distortions constitute the second stage. Once harmful cognitive distortions are identified, students can challenge them by examining the evidence. Socratic questioning, Catastrophizing, and thought tracking are techniques that can be used for this purpose. Once cognitive distortions are resolved, they can be replaced with rational thoughts.

Using positive thoughts helps to improve the inner dialogue or statements people say to themselves. Negative self-talk increases test anxiety, while positive self-talk leads to positive feelings about the test, which improves student performance.

e.g., “I am well prepared for this test”

“I am going to do my best”

“I can see myself passing this test” (Therapist Aid, 2023)

In addition to the above techniques, Cognitive Behaviour Therapy log and mindfulness also play a key role in reducing test anxiety.

CBT therapy for stress enables one to understand about thinking and behaviour patterns of an individual which can increase stress levels. It can also help to develop new thinking and behaviour patterns which enable in identifying stress causing triggers and increase confidence and ability to deal with stressful situations more effectively (Morrow, 2023). It helps to reduce the level of stress using progressive relaxation training and controlled breathing techniques, which helps to bring down the level of anxiety, physical tension and overall stress level. Assertiveness and effective communication training skills can be used as a combination to reduce the level of stress. CBT log on identifying the stress and the events triggering the stressful situation helps to aid the level of stress. CBT also helps to improve problem-solving skills resulting reduced stress (ABCT, 2023). CBT

helps to reduce physical, emotional, cognitive and behavioural symptoms also it reduces the internal and external stress of an individual (Salaun, 2022).

NEED FOR THE STUDY

Nursing school is indeed challenging, but anything worthwhile is worth working hard to achieve. Rigid curriculum plans are one of the greatest obstacles that make nursing school difficult. Medical terminology, basic anatomy, physiology, psychology, nutrition, microbiology, and nursing theory are the first subjects covered in undergraduate nursing programmes. The time and effort required to study and learn the required material is one of the key factors contributing to nursing school's difficulty. Prior to clinical, nursing students should participate in hands-on practical lab experiences, also referred to as simulation lab experiences. Clinical rotations in nursing school can be exciting. The chance to apply the theories they acquired in class to oversee patient care comes to nursing students during clinical rotations. Nursing students may feel overburdened at this time. As clinical practicum's demand applying what was acquired in the laboratory in addition to class for the start of functioning like a nurse. Nursing students implement the nursing process for patients, families, and/or visitors during clinical under the direction and supervision of the clinical instructor, a registered nurse employed by the facility. She or he evaluates the patient's condition by checking the temperature, pulse, blood pressure, and other vital indicators to look for deviations from the norm.

A total of 121 studies were included in the Metaanalysis. Most nursing students (42.1%) reported moderate stress, while 19.4% to 25.1% reported mild to moderate anxiety. In their third or fourth years, the level of stress for nursing students was significantly higher compared to its first and second years, at 29,0 % versus 15,1 % (Vo , Chiu , Chuang , Huang ,2023). Test anxiety is a major issue for nursing students across all levels. It creates a variety of negative symptoms, both physical and emotional, that are adverse to academic progress (Shapiro, 2014). The study examined the incidence and degrees of exam anxiety among nursing students at University Sultan Zainal Abidin in Terengganu, Malaysia. According to the study findings, just 1.7% of respondents reported no anxiety, 36.7% had mild anxiety, 58.3% had moderate anxiety, and 3.3% had severe anxiety. The majority of first-year nursing students experienced test anxiety (Farrahdilla and Mat, Khairi and Bhagat, Vidya and Amaran, Safiya and Haszalina, 2018). Tavakoli, Hadanzadeh, and Emadian (2022) analysed the effect of Mind Wandering in mediating the

relationship among motivation to succeed and perceived academic stress in nursing students. Mind wandering between achievement motivation and perceived academic stress was found to perform a moderating role in nursing students. It can be argued that in nursing students, mind wandering between success motivation and perceived academic stress plays a mediation role.

Stress and test anxiety are two closely connected concepts that can have an important effect on a person's academic achievement and overall well-being. Stress is the body's reaction to demands or problems, whether they are physiological, emotional, or psychological. Test anxiety, on the other hand, refers to the feelings of uncertainty, nervousness, and panic that can emerge when taking exams or tests. While there have been many quantitative and qualitative studies to understand the stress, test anxiety and achievement motivation of nursing students the research focuses the importance of timely intervention in helping nursing students to feel a blissful life. The main focus of this study is to improve the Psychological efficiency among nursing students. Therefore, the present study provides an insight to understand and manage test anxiety, stress and enhancing achievement motivation through Cognitive Behaviour Therapy.