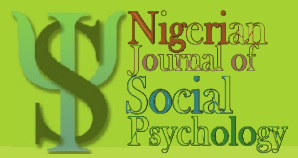


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COPING WITH TEST ANXIETY: NEED FOR PROFESSIONAL INTERVENTION

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Abstract

This study examined the effectiveness of coping strategies adopted by students for test anxiety. A total of 150 undergraduates comprising 70 males and 80 females aged 19-30 years, (mean age) were involved in the study. An 18-item Examination Anxiety Coping Strategies Questionnaire developed by the researcher was used for data collection. Pearson r and t-test results indicated a high positive correlation of study coping strategy with students' examination performance while prayer coping and cheating coping strategies have no significant correlation with. The results also showed no significant gender difference for prayer and study coping strategies but a significant gender difference for cheating coping strategy. Males were found to engage in cheating strategy more than females. It was therefore concluded that study coping strategy is the only positive strategy of the three coping strategies examined. The researcher recommended that psychological intervention need to be implemented to help the students to effectively apply study coping strategy and control the ineffective cheating strategy.

Keywords: *anxiety, adolescence, coping strategies, stress, undergraduates*

Introduction

Predictions of some students' performance in the examinations based on their class performance sometimes fail. On enquiry, their usual response might be "I was not feeling fine on the exam day". Attempts to get a clear definition of "not feeling fine", most times reveal that most of the symptoms experienced by such students are anxiety related. This informed the authors' curiosity about the relationship between anxiety and test performance and the coping strategies adopted by students. The author has observed this scenario in both male and female students of Ebonyi State University, hence, the need to also find out the gender ratio of the effect of test anxiety on academic performance.

Anxiety has been defined variously from different perspectives in psychology. Anxiety has been defined from psychoanalytic perspective by Goldeson as a diffused feeling of dread, apprehension and impending catastrophe experienced when one is threatened by an unknown danger from within or by unconscious conflict. From an existential point of view, Kaur et al. (2023) defined anxiety as an apprehension cued off by a threat to values that an individual holds essential, to his/her existence as personality. Still, from a behavioural perspective, Kaur et al, (2023) defined anxiety as a conditioned form of reaction which has a highly useful function of motivating and reinforcing behaviour that tends to avoid or prevent the occurrence of pain production. These various definitions were summarized by Borkovel who defined anxiety as a complex and varied pattern of behaviour characterized by subjective apprehension and tension accompanied by physiological activation which occurs in response to various stimuli of both external and internal sources. Anxiety disorders are the most common mental disorders and people develop one of the

disorders at some point in their lives.

Test anxiety' refers to the set of phenomenological, physiological, and behavioral responses that accompany concern about possible negative consequences or failure on an examination or similar evaluative situation (Page et al.,2020). The severity of TA is related to peer pressure, inability to concentrate, concern about previous examinations, and interpersonal issues (Kaur et al, 2023). Failure during the examination and the excessive course load (Kaur et al, 2023) unsatisfactory examination preparation, and discomfort with testing methods were some of the major factors influencing test anxiety.

According to only about one fifth of these people seek treatment. Test anxiety which is a category of 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 (Page et al.,2020). It is physiological condition in which people experience extreme low mood, worry and discomfort during and or before taking a test (Zeidner, 1998). Anxiety creates significant barriers to learning and performance. Research has revealed that high levels of emotional distress have a direct correlation to reduced academic performance and higher overall students drop out rate (Pritchard & Wilson, 2003). Test anxiety can have broader consequences, negatively effecting a student's social, emotional and behavioural development as well as his/her feelings about him/her self and academic institution.

Although test anxiety can be labeled as anticipatory anxiety, situational anxiety or evaluation anxiety, some level of anxiety is normal and often helpful to stay mentally and physically alert (Parviz & Mimno, 2010). However, when one experience extremely high anxiety, it can result in emotional or physical distress, difficulty concentrating and 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 (Chakraborty et al., 2023)

Test anxiety has been differentiated from general anxiety disorder (GAD) in the sense that GAD is characterized by "trait anxiety" which results in a person experiencing high levels stress across a wide range of situations whereas people with test anxiety have a state anxiety which results in high levels of nervousness specific to testing situations (Sady, 2010). Degree of test anxiety can range from moderate to severe. Students who experience moderate symptoms can still perform moderately well in exams but students with severe anxiety often experience panic attack (Cherry et al.,2010). Common physical symptoms of test anxiety include headache, stomach upset, feeling of fear, feeling of dread, shortness of breath, sweating profusely, reacting thoughts, crying, blanking out and even frequent urinating as can observed during exams. Many students would excuse themselves to go and ease themselves once the exam papers are shared. Among the possible causes of test anxiety are parental pressure which is associated with greater worry, test irrelevant thoughts such as "this lecturer is wicked and will always set difficult questions" and strong bodily symptoms relating to anxiety during test. Other causes of test anxiety may include fear of failure, previous poor test performance as well as the characteristics of the test environment such as nature of the task, difficulty level, atmosphere, time constraints, mode of administration, examiner characteristics, physical setting.

Kaur et al, (2023) investigated interventional strategies to reduce test anxiety among nursing students: a systematic review and found that test anxiety was assessed by different scales. Aromatherapy hand massage, aromatherapy using a diffuser in combination with music therapy, confidence training for test relaxation, coping program, music therapy, emotional freedom

technique, animal-assisted intervention, and guided imagery were all found to be effective in reducing test anxiety.

Chakraborty et al., (2023) investigated the root causes of examination anxiety: effective solutions and recommendations and found that test anxiety or examination anxiety is a common problem that can significantly affect academic performance, leading to procrastination and low self-confidence. Students experiencing elevated levels of anxiety before exams are more prone to achieving satisfactory results, while those with low self-efficacy may doubt their abilities and feel unprepared for the exam. However, there are several effective methods for managing test anxiety and improving self-confidence. Relaxation techniques, cognitive-behavioral interventions, time management, and study skills training can all be helpful in reducing anxiety and improving academic performance. By understanding the impact of test anxiety and taking steps to manage it, students can overcome this obstacle and succeed in their academic endeavors

Putivain et al. (2011) studied test performance among elementary children when the teacher put pressure on the students to create a high stress environment. Their findings showed that students performed worse in high threat situations and experienced more test anxiety and worrisome thoughts than when in a low threat environment. The diagnostic criteria for test anxiety (APA, 2013) include:

- Marked and persistent fear that is excessive or unreasonable cued by the presence or anticipation of a specific object or situation (e.g., flying heights, animals, receiving an injection, seeing blood and course test situations).
- Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response which may take the form of a situationally bound or situationally predisposed panic attack (in children, the anxiety may be expressed by crying, tantrums, freezing or clinging),
- The person recognizes that the fear is excessive or unreasonable (in children, this feature may be absent).
- The phobic situation(s) is avoided or else is endured with intense anxiety or stress.
- The avoidance, anxious anticipation or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning or social activities or relationships or there is marked distress about having the phobia.
- In individuals under age 18yrs, the duration- is at least six months.
- The anxiety, panic attack or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder such as obsessive compulsion disorder (e.g., fear of dirt in someone with an obsession about contamination, post-traumatic stress disorder (e.g., avoidance of stimuli associated with severe stressor), separation anxiety disorder (e.g., avoidance of school), social phobia (e.g., avoidance of social situations because of fear of embarrassment), panic disorder with agoraphobia or agoraphobia without history of panic disorder.

Assessment of anxiety

All over the world, tests and examinations at all stages of education, more so at higher education level, are regarded as important and powerful tool for decision making in the contemporary society. People of all ages are evaluated with respect to their skills, abilities and achievements. Today the lives of many people are also determined by their test performances. Observation has shown not only that test and examination stress prevents some individuals from achieving their academic potentials but also that performance may be worse each subsequent time. One good example is the Joint Admission and Matriculation Board (JAMB) examination where an individual may sit for the same examination for about six times: - the latest performance being worse than the previous ones. This scenario correlates positively with the finding that students consistently perceive examination as an anxiety provoking stimulus laden with uncertainty or unfairness in letting them demonstrate their true achievements (Chakraborty et al., 2023; Spieloberger, 1985; Zotlar et al., 1990).

Several researchers explored gender differences with respect to test anxiety and found that females have higher levels of overall test anxiety than males (Cassady et al., 2002). The current author has witnessed both males and females manifesting symptoms of test anxiety but has not put any statistical analysis to measure the ratio of males to females who manifest test anxiety, symptoms during examinations. Gender differences in test anxiety is however not the focus of this paper.

The author observed that students adopt such coping strategies as praying severally before and during examinations, using multiple handkerchiefs, speaking in tongues, cheating during exam (engaging in exam malpractice). Some students confess a need to talk to somebody or they feel an intense pressure within them. This is evidenced by the fact that some students must talk even after several instructions, such as "no conversations during exam". Basically, coping refers to an individual's attempt to tolerate or minimize the effect of stress, whether it is the stressor or the experience of stress itself. In psychology, coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict; (Weiten et al., 2008).

In our contemporary competitive society, tests and examinations at all stages of education level have been considered an important, and powerful tool for decision making. In all endeavours of life people are evaluated with respect to their achievements, skills, abilities, etc.

In the school setting, anxiety is experienced often by students when being evaluated, such as when taking tests or making public speech. Such feelings among students limit their potential performance during test situations resulting in higher test anxiety (Hill et al., 1984), directly causing drop in the student achievement. Perhaps this explains why students say "the lecturer failed me", instead of "I failed the course" Various studies in the past have demonstrated inverse relationships between test anxiety and student's achievement. Khaled et al. (2009) explored the relationship between test anxiety and students' academic achievement. They found that students with academic achievement have low test anxiety scores and vice versa. Chapel et al. (2005) collected data from a large sample of graduate and undergraduate students to explore the relationship between test anxiety and academic performance. They found a significant and negative relationship between test anxiety and academic achievement.

Hancock (2001) investigated the effects of students test anxiety and teachers' evaluation practices on students' achievement and motivation at post-secondary level. He found that students especially with high anxiety level performed poorly and were less motivated to learn.

Cassady et al. (2002), in their study on effect of cognitive test anxiety on students' academic performance, found that cognitive test anxiety exerts a significant stable and negative impact on academic performance measures.

Farooqi et al. (2007) compared the level of test anxiety in students studying in semester system with those by annual system. Their findings showed no significant different difference in test anxiety among students studying under the two educational systems. The implication of this study is that annual and semester educational systems do not reduce test anxiety in students. Richard (2008) found the differential effects of anxiety in terms of the interaction between anxiety and grade level over learning, nature of the tasks and intellectual ability.

Collins et al. (2012) found that students with high test anxiety as well as those with low test anxiety showed lower academic performance but students with moderate levels of test anxiety preferred better than those with high and low levels. This study suggests that moderate anxiety may not be negative always as it energizes and motivates some individuals, thereby promoting the efficient performance of tasks particularly if such tasks are simple and very well learned (Omoluabi, "lecture notes on psychopathology, 2005). Putwin et al., (2010) found that low academic self-concept was associated with higher worry and tension about their abilities to do well on a test. Impliedly, a student's meta-cognitive beliefs play an important role in the maintenance of negative self-beliefs. Anxiety reactions can be generalized from previous experiences to testing situations. Feelings of inadequacy, helplessness, anticipation of punishment or loss of status and esteem manifest anxiety responses. Also, the presence of an audience can debilitates the performance of high anxious test takers and increase the performance of low anxious test takers. Interestingly, persons who score high on anxiety scales tend to describe themselves in negative and self-devaluating terms. Aaron et al. (2005) investigated the relationship between test anxiety and academic performance of undergraduate students and graduates. They found a significant but small inverse relationship between test anxiety and grade point average (GPA) in both groups. Furthermore, the findings on trait anxiety established a relationship between "trait worry" and performance. Hong (2001) found that trait worry was positively related to statistics course anxiety even though statistics course anxiety was found to have no significant effect on statistics achievement. Julkunen (2004) found that anxious people exhibit traits like worry, tension, test-irrelevant thoughts, physical reactions and fear of failure. However, Crimes (2007) reported that under-prepared students demonstrated higher levels of anxiety.

Dew et al. (2007) reported relationship between high anxiety and numerical manipulation tasks. Similarly, Everson (2003) compared college students self-reported anxiety levels in English, Mathematics, Physical Sciences and Social Sciences. Self-reported evaluative anxiety was found to be highest in physical sciences, Hong (2009) found that female students reported higher trait test anxiety and statistics anxiety than males. This finding amplified the findings of Rasor et al. (2004) which reported that female students are in greater need of help than males in overcoming anxiety. Female students were reported to experience higher worry than emotionality, while little in components was found for males (Williams, 2006). In much the same vein, Nasser and Takahashi (2006) -reported that girls manifest higher anxiety levels than boys in worry, tension and bodily symptoms but not in test-irrelevant thoughts.

Kim et al. (2004) in studying relationship between individual difference variables and performance in computerized Adaptive Testing, considering anxiety as one of the individual difference variables. They found no significant relationship between anxiety and test performance. Similarly, Williams (2007) assessed efficacy' for self-regulated learning on academic performance and anxiety among university students. Survey indicated that students

who perceived themselves as more capable of self-regulated learning tended to have higher academic achievement and the association was unaffected by amount of anxiety. Brown et al. (2003). Used a factorial design in which levels of anxiety were crossed with levels of academic performance. The results showed that students in high academic performance group (e.g., those with high grades) scored higher on measures of academic skills than students in the low group regardless of their reported levels of anxiety. Physiological correlates of anxiety (Yehuda, 2000) implies that the physiological changes or symptoms of anxiety include muscle tension, goose-bumps, increased heart rate, increased perspiration, accelerated respiration, stomach acid inhibition, secretion of adrenalin, decrease in salivation. These physiological changes begin in the brain when the amygdala recognizes a threat and begins the process of activating the neurochemical and neuroanatomical circuitry of fear (Yehuda, 2000).

The amygdala signals the hypothalamus to activate two neuro-endocrine systems; the autonomic nervous system (especially the sympathetic division) and the adrenal-cortical system. The sympathetic nervous system acts directly on the smooth muscles and internal organs to produce some of the bodily changes like increased heart rate and elevated blood pressure. The sympathetic system also stimulates the release of a number of hormones including epinephrine and norepinephrine which perpetuates a state of physiological arousal. The hypothalamus system by releasing corticotropin-release factor which signals the pituitary gland to secrete adrenocorticotrophic hormone (ACTH) which is the body's major stress hormone. ACTH stimulates the adrenal cortex resulting in the release of a group of hormones among which is cortisol. The amount of cortisol in blood or urine samples is often used as a measure of stress. The activity of the ACTH signals the adrenal gland to release more other hormones each of which play a role in the body's adjustment to emergency situation. These hormones eventually signal the hippocampus (which regulates emotion) to stop the physiological changes when the threatening stimulus passes out.

Freud and many other early theorists believed that anxiety is the underlying cause of most forms of psychopathology. Freud used the term "neurosis" to refer to disorders in which the anxiety caused by unconscious conflict could not be reduced by defence mechanisms.

Two main groups of attention theories attempt to explain performance in pressured situations (Decaro et al., 2011). The first group is the explicit monitoring theories which state that when a person is expected to perform a specific skill, the pressure may cause an increased self-consciousness and inward focus which can disrupt his/her ability to successfully perform that task, (Decaros, et. al., 2011). This theory suggests that thinking about step up procedures can inhibit one's ability to execute a task.

The second group of theories are distraction theories which state that high pressure environments create a dual-task situation in which the person's attention is divided between the task at hand and unhelpful thoughts about the situation and possible negative consequences of poor performance. (Beilock et al., 2011). Attention is an important part of working memory which is the system that actively holds several pieces of relevant information (Beilock, 2011). Working memory has a limited capacity and the addition of stress and anxiety reduces the resources available to focus on relevant information (Revlin, 2013).

In situations in which individuals need to concentrate their attention on a specific task, emotional stimuli can divert their attention to a greater degree than non-emotional stimuli. (Richard et al., 2011). Emotional stimuli will often dominate a person's thoughts and any attempt to suppress them will require additional working memory resources (Revlin, 2013)

when working memory divides resources between aversive cognition and the task relevant material, then the person's ability to use the relevant information on a test will suffer (Mowbray, 2012).

This theory attempts to explain some of the possible causes of test anxiety which include previous poor test performance, fear of failure, test irrelevant thoughts such as "this lecturer is wicked and will always set difficult questions" and "people fail this course so much" as these may constitute part of the aversive cognition during tests. Therefore, people who suffer from test anxiety are more likely to experience negative cognitions while in evaluative situations. Furthermore, test anxious persons have been found to bias their attention towards threatening and anxiety related stimuli more than non-emotional stimuli (Baddeley, 2013).

Research has also found that tasks that rely heavily on working memory are ones that suffer the most during pressure (Beilock, 2011). Short falls in performance that are caused by test anxiety seem to be related to the extent to which the student has full access to their working memory (Ju, 1999). When comparing these two theories in the context of academic performance, a majority of work, support distraction theories (Beeik'ck, 2011). One reason for this is that many of the skills performed in the classroom require heavy demands on working memory. However, there are different kinds of pressure situations. There is monitoring pressure in which an individual's performance is impacted due to the presence of an audience and outcome pressure in which an individual's performance is influenced by the consequences of the testing result. (Decaro, 2011). In a study, Decaro found that performance on a rule-based task, that relies heavily on working memory, was impaired by outcome pressure, but not monitoring pressure, whereas performance on an information integration task which does not require attention, was impaired by monitoring pressure and not outcome pressure, (Decaro, 2011). These findings indicate that performance is compromised in different ways depending on the type of task and types of pressure.

Hebb theory of arousal (1966), cited in states that there are ideal levels of arousal for various activities. It further assumed that people try to keep near these levels. Arousal refers to the activation of the body and the nervous system which is low during sleep, moderate during normal daily activities and high at times of excitement, emotion or panic and zero' at death. This theory assumes that we become uncomfortable when arousal is too low or too high, therefore suggested that performance is usually best when moderate. It may be argued that when students are least anxious for an exam, their arousal level is. too low and their performance will suffer. However, if their state of anxiety or panic about a test is too high, their performance will be poor.

Several theories have been used to expand the meaning of coping. Coping theories have been divided into two different parameters.

- a. Trait-oriented versus State-oriented theories,
- b. Microanalytic versus Macroanalytic Approaches.

The Trait- oriented theories emphasize the early recognition of person's resources and tendencies related to coping while State-oriented theories focus on the actual coping of an individual and the outcome of his/her application of coping strategies. On the other hand, Microanasytic approach studies a wide variety of specific and concrete coping strategies while Macroanalytic approach concentrates or fundamental and abstract coping strategies.

Repressicn-sensitization theory state there is a popular dimension in which a person copes with the stress in one of two opposite poles, repression or sensitization. People who sue repression cope; with the stress by means of denying or minimize it's existence. They use the avoidance

coping mechanism which makes them unable to realize the potential negative outcomes of the stressful experience. People who use sensitization on the other hand tend to react to stress with rumination, excessive worrying and obsessive search for information on stress-related cues. Folkman and Lazarus proposed yet another theory of coping strategies that focus on emotion or on the problem itself as well as the functions related to them. They classify the coping strategies into eight groups which are self-controlling, confrontative coping, seeking social support, distancing, escape-avoidance, accepting responsibility, positive reappraisal and planful problem solving.

Some researchers have suggested various measures to reduce test anxiety including managing external factors and such examination environment, behaviour of examiners and internal factors such as clarity in instructions to students, sufficient description of the context. Where these measures to minimize test anxiety are not in place, examinations may remain the most disruptive factor for students. Kavelin developed a theory of coping in which she emphasized that people cope with the anxiety produced by feeling unsafe and undervalued by disowning their spontaneous feelings and developing elaborate strategies of defense.

The effectiveness of coping efforts depends on the type of stress and/or conflict, the particular individual and the circumstances. Psychological coping mechanisms are commonly referred to as coping strategies or coping skills excluding subconscious or non-conscious strategies (e.g. defence mechanisms). Although coping strategies generally refer to adaptive or constructive coping strategies; that are strategies reduce stress levels, some coping strategies can be considered maladaptive, that is stress levels increase. Coping can be reactive in which coping response follows the stressor or proactive in which a coping response aims to head off a future stressor. Coping responses are partly controlled by personality (habitual trait) and partly by the social environment, particularly the nature of the stressful environments (Carver et al.,2010).

Hundreds of coping strategies have been identified (Carver et al.,2010). However, classification of these categories into a broader meaning has not been achieved. Common distinctions are often made between various contrasting strategies. Weilen et al., (2008) identify three broad types of coping strategies which are appraisal-focused, problem-focused and emotion-focused.

Appraisal focused is directed towards challenging one's own assumptions. It occurs when an individual modified the way he/she thinks, for instance, employing denial or distancing oneself from the problem. Problem-focused strategies are used when people try to deal with the cause of their problem. They do this by finding out information on the problem and formulating new skills to deal with the problem.

Problem-focused aims at changing or eliminating the source of the stress. Susan et al. (1990) identified three problem-focused coping strategies to include taking control, information seeking and evaluation of the content of the information.

Emotion-focused involve catharsis, distracting oneself, managing hostile feelings, mediating and using systematic relaxation procedures. Emotion-focused is directed towards managing emotions that accompany the perception of stress (Brannon et al.,2009).

While some coping strategies are positive techniques, some others are negative techniques. Proactive coping is one good example of positive technique (Brannon, 2009).

Proactive coping is when one reduces the stress of some difficult challenge by anticipating what it will be like and preparing for how one is going to cope with it, (Skynner et al., 1994).

Other positive coping include social coping such as seeking social support from others and meaning-focused in which the person concentrates on deriving meaning from the stressful experience (Brannonet. al, 2009).

Negative or maladaptive coping or non-coping will just reduce symptoms while maintaining and strengthening the disorder, contrary to positive technique which improves and ensures better functioning. Examples of maladaptive coping include dissociation, sensitization, anxious avoidance and escape (including self-medication).

Dissociation is the ability of the mind to separate and compartmentalization of thoughts, memories and emotions. Sensitization is when a person seeks to learn about, rehearse and/or anticipate fearful events in a proactive effort to prevent these events from occurring in the first place.

Anxious avoidance is when a person avoids anxiety provoking situations by all means. This is the most common strategy (Jakofsky, 2011). Escape is closely related to avoidance. This technique is often associated with people who experience panic attack or have phobias. These people want to flee the situation at the first sign of anxiety (Jakofsky, 2011). Test and examination stress are thought to prevent some individuals from reaching their academic potentials. Also, students have been found to persistently perceive examination as a source of increase in anxiety and a situation engulfed with uncertainty/unfairness in letting them demonstrate their true achievements (Spieberger, 1995, Zollard et al.,1990). From the above discussion, it becomes glaring that all the explanations from research findings stop at either establishing or not establishing a relationship between test anxiety and academic performance more often with gender bias. This gave rise to the following research questions.

Research Questions

- (i) Does coping strategies enhance students test performance?
- (ii) Do males and females differ in academic performance?

This creates a need for the solution to the problem identified.

Therefore, this study attempted to explore possible coping strategies and a need for professional intervention for test anxiety.

HYPOTHESES

There will *be* no significant relationship between coping strategies and academic performance
a. There will be no significant gender difference in academic performance.

Method

Participants

Participants were 150 students, made up of 70 males and 80 females who were randomly selected from the department of psychology, Ebonyi State University, Abakaliki. Their ages ranged, between 18 and 30 years,

Instrument

An 18-item Coping Strategies Questionnaire (see Appendix) developed by the researcher was used for data collection. The instrument has three sections, prayer coping strategy, study coping strategy and cheating coping strategy: denoted P, S & C. The instrument has a direct scoring method.

The higher a score, the more the student uses that particular coping strategy. Each item in the instrument loaded significantly on one of the factors (3 and above) except items 7 and 8 which did not load significantly on any of the factors and were therefore removed. It is also observed that there was no significant double loading. Reliability of prayer coping strategy showed a highly positive correlation between the six items with a Cronbach's Alpha of .684 and a Cronbach's Alpha of .7 based on standardized items. Study coping strategy had a lower bound of Cronbach's Alpha of .4 and Cronbach's Alpha based on standardized items of .484 which may be attributed to small number of items. However, the item-item correlation of the factor shows reliability of measurement.

Cheating coping strategy with a Cronbach's Alpha of .75 based on standardized items and the inter-item correlation. shows a highly positive correlation between the items with some slightly higher than others. Participants' academic performance was obtained from their records in form of their cumulative grade point averages.

Procedure

The instrument was administered to the participants in the classroom with the help of two other colleagues in the department. All available psychology students were invited to final year lecture hall. After explaining that the purpose of the invitation was to know how students cope with examination anxiety, the students were told that the outcome of the research will help reduce failure rate among them especially the participants. Many students volunteered to participate, out of which 150 were randomly selected.

Design/Statistics

Cross-sectional design was used in this study. Data analysis involved linear regression and t-test. IBM SPSS (version 20) was used for data analysis.

Results

Table 1: Correlation (r) of Students' Examination Coping Strategies

	Prayer Coping	Study Coping	N
Study Coping	.09 [#]	-	145
Cheating Coping	-.17 [*]	.17 [*]	145

*: $P < .05$; #: not significant ($P > .05$)

Table 1 shows that the relationship between study coping and prayer coping is $r = .09$. This is less than its relationship with cheating coping. This means that those who use study coping also use cheating strategy; ($r = .17$); but use of prayer coping was negatively related to cheating coping ($r = -.17$). Those who use study coping also use a bit of prayer coping but more of cheating coping.

Table 2: Gender Differences in Use of Exam Coping Strategies

Strategy	Gender	N	Mean	SD	T	Sign
Prayer	Male	84	20.79	3.42	-0.14	.89
	Female	66	20.71	2.84		
Study	Male	84	10.07	1.82	-0.15	.89
	Female	66	10.03	1.58		
Cheating	Male	84	11.39	3.95	-2.01	.05
	Female	66	10.17	3.35		

Table 2 shows that male students were slightly higher than female students both in the use of prayer and study coping. Male students did not differ significantly from female students in the use of prayer coping: $t = -0.14$, $df = 148$, $> .05$; and study coping: $t = -0.15$, $df = 148$, $P > .05$, Male students (mean = 11.39, standard deviation = 3.95) were however significantly higher than female students (mean = 10.17, standard deviation = 3.35) in the use of cheating: $t = -2.01$, $df = 148$, $P = .05$. In other words, males were significantly higher than females in cheating as a coping strategy but not in prayer or study coping strategies.

Table 3: Regression Results of Exam Coping Strategy and Gender as Predictors of Examination Performance (CGPA)

Factor	Group	Mean	Standard Deviation	N	Beta	t	Sig
Gender	Female	3 .33	0.68	65	.004	0.05	.96
	Male	3 .34	0.56	80	-	-	-
Exam Coping Strategy	Prayer	3 .30	0.59	52	.13	-1.46	.15
	Studying	3 .46	0.57	60	.18	2.13	.04
	Cheating	3 .17	0.69	33	-.20	-2.25	.03

Table 2 shows a mean score of 3.33. for females and 3.34 for males with t-value of 0.05 and $P = .96$ ($P > .05$), which is an indication that gender could not predict CGPA. Both genders have similar academic performance.

Prayer strategy with a mean score of 3.30 and t-value of -1.46 with $P = .15$ ($P > .05$) and cheating coping strategy with a mean score of 3.17 and t-value of -2.25 with $P = .03$ ($P > .05$) is an indication that both prayer coping and cheating coping strategies were negatively associated with CGPA; with higher cheating coping being significantly associated with lower CGPA (beta = -.20, $t = -2.25$, $P = .03$; $P < .05$). However, study coping strategy with a mean score of 3.46 and r-value of 2.13 with $P = .04$ could predict CGPA.

Discussion

The findings of this study indicate a high positive correlation of study coping with CGPA while prayer coping and cheating coping have no significant correlation with CGPA. This finding is in consonance with "problem-focused" coping strategy postulated by Weiten et al., (2008). Students who adopt study coping strategy engage in information seeking and formulation of new skills to deal with examination problem which are major components of problem-focused coping strategy as postulated by Weiten et. al. 2008.

The finding of this study is also in line with the three problem-focused strategies identified by Lazarus (1990) which are taking control, information seeking and evaluation of the context of the information. Students who adopt study coping try to take control of the examination by seeking out information concerning the examination and evaluating such information in relation to the exam context. Such evaluation includes comparing the information they have with what others have which may be seen as seeking social support.

Study coping therefore is a proactive coping which is a good example of positive coping. Prayer coping on the other hand falls within "emotion focused coping strategy since prayer has cathartic effect. Students who adopt prayer coping may experience catharsis after praying which shows to have no correlation with exam performance from the findings of this study.

Prayer coping therefore falls within the category of negative or. maladaptive or non-coping which will only reduce symptoms while maintaining and strengthening the problem, contrary to positive coping which improves and ensures better functioning.

Cheating coping also shows to be a maladaptive coping strategy since cheating is closely related to escape and anxious avoidance which are examples of negative or maladaptive coping. Students who adopt cheating strategy try to avoid the anxiety presented by exams simply by preparing unwanted aids like the use of phones, copying information on a piece of paper or even planning to sit near an intelligent student from whom he may copy.

The findings of this study also reveal a significant gender difference for cheating coping and not for prayer and study coping strategies. Males display a higher mean for cheating than females.

From' the above discussion, the first hypothesis that "there would be no significant relationship between coping strategies and test performance" was rejected since study coping has positive correlations with CGPA.

The second hypothesis that "there will be no significant gender difference on coping strategies" was also rejected as the study shows a significant gender difference in cheating coping strategy.

Conclusion

From the findings of this study, it can be empirically state that study coping is the only positive coping strategy out of the various coping strategies adopted by students for text anxiety. It is therefore advised that students should be given proper orientation on text anxiety and the proper approach for coping with test anxiety which is studying.

Students should also be made to understand the negative effects of other maladaptive coping methods like cheating, praying, anxious avoidance etc.

It will be a hard drive to tell students that prayer alone cannot enhance academic performance more so the religious fanatics among them. This is because the modern religious tenacity has attributed all problems, to spiritual problem or attack including exam failure and can only be solved using prayers. This creates the need for professional intervention.

Limitations

The major problem encountered in this study was getting the correct CGPA of students. Most students did not understand the purpose of the study, hence they supplied false CGPA, However, we solved this problem by insisting that students attach their printed results.

Recommendations

From the findings of this study, the researcher recommends as follows:

1. Session orientation on coping process. Students should be given constant lectures on how to learn as this will enhance their readiness for exams and reduce the need to adopt negative coping strategies.
2. Departments should prepare fliers for new university entrants educating them on the system of learning in university and the joy of knowledge acquired in the university.
3. Students should be informed that prayer can only make them experience catharsis which reduces symptoms only but study coping strategy can only solve the problem of test anxiety.

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