



**"COGNITIVE INTERFERENCE, TEST ANXIETY AND FUTURE ORIENTATION
AMONG STUDENTS WITH DIFFERENT STREAM"**

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ABSTRACT

There hasn't been a lot written recently about test anxiety, but that doesn't mean it's no longer an issue for a significant number of students. The total sample will consist of 60 participants 30 medical and 30 non medical college going students using convenient sampling. Further, groups will be divided into two groups each consisting of 30 samples. The target sample will be approached. A general conversation will be done and then the need of study will be explained to them. All participants written consent to participate would be taken. The administration of the scale will be done individually. Our findings are supporting our hypothesis, there are related study which shows our hypothesis are Hence Proved.

KEYWORDS : Test Anxiety, Mind- Body Interventions and students.

INTRODUCTION:

There hasn't been a lot written recently about test anxiety, but that doesn't mean it's no longer an issue for a significant number of students. Those of us who don't suffer from test anxiety—and I'm betting that's most faculty—can find it hard to be sympathetic. Life is full of tests, and students need to get over it. Besides, if students have studied and prepared, there's no reason for them to feel excessively anxious about a test (Chapell et.al.2005). Perhaps we should start by reestablishing that test anxiety is a legitimate problem. A significant amount of research says that it can affect students in kindergarten right on up through college and graduate school. Here's one study (with lots of references, including several meta-analyses) that investigated the relationship between test anxiety and academic performance in 4,000 undergraduate students and 1,414 graduate students: "Low-test-anxious female and male undergraduates had cumulative GPAs averaging 3.35 and 3.22, respectively, whereas high-test-anxious female and male undergraduates had cumulative GPAs averaging 3.12 and 2.97, respectively" (Chapell et al. 2005, 271). That's essentially the difference between a B+ and a B. In this study, the relationship between test anxiety and performance was weaker for graduate students. Granted the study is more than 10 years old, but I'm not sure that makes a big difference. College students continue to take a lot of tests, and the importance of grades, coupled with the pressure to get good ones, hasn't diminished. Another article does an excellent job sorting through the causes of test anxiety, starting with anxiety that's legitimate. If students haven't prepared for the exam and they're nervous, that's test anxiety for the right reason. Perhaps it will motivate necessary behaviour changes. Mealy and Host (1992) describe three other causes of test anxiety:

- Some students don't have good study skills, don't know how to study for exams, know they're deficient, and experience anxiety as a consequence. These are the students who memorize answers but can't match them to questions, who come to exams with a head full of facts but no sense of the big picture.
- Then there are students whose negative self-talk distracts them, making it difficult to focus before and during the exam. Often these are students who've done poorly on other exams, hate taking tests, and are convinced they won't do well. They read a question and quickly decide they can't answer it, so they leave it blank and then forget to come back and make a guess. These students may have

fine study skills and they may have prepared for the exam, but the experience is so anxiety provoking that it clouds and confuses their thinking. Many of us have encountered these students and discovered that they can provide perfectly coherent answers after the test.

- Finally, there are students who think they know how to study, but they're using woefully inadequate strategies. They recopy their notes word for word. They highlight long passages in the text without any real understanding of why they're highlighting them. They talk to friends who've taken the course previously and get persuaded that the test will be easy. Many of us know these students well. They can't believe they've done so poorly. How is it possible? They studied for hours.

Teachers can't cure test anxiety. But they can offer remedies that students should be encouraged to try. Information about good study strategies should be included in every course. Sometimes that information is more persuasive if it comes from fellow classmates. Discussion of the study strategies used for the test ought to be part of the debrief session. Many test-anxious students think that nobody else falters under pressure. It is helpful for them to talk with others who experience the same problem. Most learning centres regularly offer sessions on coping with test anxiety. Teachers can encourage students with test anxiety by recognizing it as a real problem and by suggesting solutions.

AIM:

Identify the role of different streams cognitive interference, future orientation and test anxiety among students (medical and non-medical).

OBJECTIVE:

- To study the role of exam experience on test anxiety .
- To study the role of cognitive interference on test anxiety .
- To study the role of future orientation on test anxiety.
- To study and compare the role of among medical and non medical students.

HYPOTHESIS:

H1:There will be positive correlation between cognitive interference and test anxiety.

H2: There will be negative correlation and future orientation between test anxiety.

H3: There will be negative correlation between cognitive interference and future orientation.

METHODOLOGY

SAMPLE:

The total sample will consist of 60 participants 30 medical and 30 non medical college going students using convenient sampling. Further, groups will be divided into two groups each consisting of 30 samples.

INCLUSION CRITERIA:

- They should have age limit of 18-24 years.
- They should be college going students.

EXCLUSION CRITERIA:

- Those who deny to give consent to participate in the study.

TOOLS:

TEST ANXIETY QUESTIONNAIRE: MSU Missouri State University.

Nist and Diehl (1990) developed a short questionnaire for determining if a student experiences a mild or severe case of test anxiety. To complete the evaluation, read through each statement and reflect upon past test experiences. You may wish to consider all testing experiences or focus on a particular subject (history, science, math, etc.) one at a time. Scores will range from 10 to 50. A low score (10- 19 points) indicates that you do not suffer from text anxiety. In fact, if your score was extremely low (close to 10), a little more anxiety may be healthy to keep you focused and to get your blood flowing during exams. Scores between 20 and 35 indicate that, although you exhibit some of the characteristics of test anxiety, the level of stress and tension is probably healthy. Scores over 35 suggest that you are experiencing an unhealthy level of test anxiety. You should evaluate the reason(s) for the distress and identify strategies for compensating.

STROOPEFFECT:

The Stroop is based on the observation that individuals can read words much faster than they can identify and name colors. The cognitive dimension tapped by the Stroop is associated with cognitive flexibility, resistance to interference from outside stimuli, creativity, and psychopathology--all of which influence the individual's ability to cope with cognitive stress and process complex input. Whether the test is used as a screener or as part of a general battery, its quick and easy administration, validity, and reliability make it an especially attractive instrument. The test features a three-page test booklet. On the first page, the words "RED," "GREEN," and "BLUE," are printed in black ink and repeated randomly in columns. On the second page, the item "XXXX" appears repeatedly in columns, printed in red, green, or blue ink. On the third page (referred to as the interference page), the words "RED," "GREEN," and "BLUE" are printed in red, green, or blue ink--but in no case do the words and the colors in which they are printed match. For example, the word "BLUE" appears in either red or green ink.

The subject's task is to look at each page and move down the columns, reading words or naming the ink colors as quickly as possible, within a given time limit. The test yields three scores, based on the number of items completed on each of the three stimulus sheets. In addition, you can calculate an interference score, which is useful in determining the individual's cognitive flexibility, creativity, and reaction to cognitive stress. Administration time is just 5 minutes.

CIRCLE LINE TEST:

The relationship of past, present and future and the special significance of any one of the zones is measured in an instrument called the Circles Test which instructs respondents to draw the three zones as circles of varying sizes. A temporal relatedness variable is operationalized as the degree to which circles touch (continuity) or overlap (integration-projection) with one another. Dominance of a zone is defined as its size

relative to the other two. In addition, the sense of temporal emergence is examined through a so-called developmental variable. Serving as respondents, Navy personnel indicated that time primarily is atomistic (circles totally unrelated), future dominant (future the largest; past the smallest) and hence future developing.

PROCEDURE

The target sample will be approached. A general conversation will be done and then the need of study will be explained to them. All participants written consent to participate would be taken. The administration of the scale will be done individually.

STATISTICAL ANALYSIS:

T Test

ETHICAL CONSIDERAION:

All the research ethics will be followed in the study.

- Written informed consents will be taken from all the participants.
- Participants will be informed that they have the choice to withdraw from study at any point of time.
- Participants will be informed that no monetary or other benefits will be given to them for participating in the study.

RESULTS AND DISCUSSION:

GROUP STATISTICS OF MEDICAL STUDENTS

Table 1

STUDENTS	MEAN	Std.Deviation
Test Anxiety	12.7667	2.19220
Cognitive interference	-6.0177	9.62499
FU O Circle	49.2444	9.26036
FU O Line	41.2854	5.88398

In Table 1, Between group statistic of research variables are shown in a group of medical students (mbbs) which depicts Mean and Standard deviation on Test Anxiety, Cognitive Interference, Future Orientation in Circle and Line. The values of Mean are 12.7667, -6.0177, 49.2444 and 41.2854 respectively. And the values of Std. Deviation are 2.19220, 9.62499, 9.26036 and 5.88398 respectively.

GROUP STATISTICS OF NON MEDICAL STUDENTS

Table 2

STUDENTS	MEAN	Std.Deviation
Test Anxiety	13.3000	2.83026
Cognitive Interference	-13.3330	4.75349
FU O Circle	39.1724	11.96510
FU O Line	38.3577	8.63943

In Table 2, Between group statistics of research variables are shown in a group of non medical students (Btech) which depicts Mean and Standard Deviation on Test Anxiety, Cognitive Interference, Future Orientation in Circle and Line. The values of Mean are 13.3000, -13.3330, 39.1724 and 38.3577 respectively. And the values of Std.Deviation are 2.83026, 4.75349, 11.96510 and 8.63943 respectively.

Comparative t-ratio among Medical and Non- Medical Students on Test Anxiety

Table 3

Variable	Medical	Non-Medical	t-Ratio
Test Anxiety	12.7667	13.3000	-816**

NOTE: *Means t-ratio is significant at 0.5alpha level

**Mean t-ratio is significant at 0.1 alpha level

Table 3, Depicts Mean and 't' values of Medical and Non-Medical on their Test Anxiety. The scores of Medical and Non-Medical are 12.7667 and 13.3000 respectively. The 't' score obtained for Mean is -816 which is highly significant at 0.1alpha level. This clearly shows that medical students are

low on Test Anxiety then Non-medical students.

Comparative t-ratio among Medical and Non- Medical Students on Cognitive Interference

Table 4

Variables	Medical	Non-Medical	t-ratio
Cognitive Int.	13.3000	2.83026	3.733**

NOTE: *Mean t-ratio is significant at 0.5 alpha level

**Mean t-ratio is significant at 0.1 alpha level

Table 4, Depicts Mean and t-ratio of Medical and Non-Medical on Cognitive Interference. The Mean score of Medical and Non-Medical are 13.3000 and 2.83026 respectively. The 't' score obtained for mean difference is 3.733 which is highly significant at 0.1 level. This clearly implicates that Medical students are higher on Cognitive Interference than Non-Medical students.

Comparative t-ratio among Medical and Non-Medical Students on Future Orientation

Variables	Medical	Non-Medical	t-ratio
Future Orientation	41.2854	5.88398	1.534**

NOTE:*Mean t-ratio is significant at 0.5alpha level

**Mean t-ratio is significant at 0.1 alpha level

Table 5, Depicts Mean and 't' value of Medical and Non-Medical students on Future Orientation. The Mean score of Medical and Non-Medical students are 41.2854 and 5.88398 respectively. The 't' score obtained for mean difference is 1.534 which is highly significant at 0.1 level. This clearly implicates that Medical students are highly on Future Orientation then Non-Medical students.

The purpose of this study is to investigate the group difference between Medical and Non-Medical streams college going students with the age limit of 18-24 with regards to Test Anxiety, Cognitive Interference and Future Orientation. In this study the total sample was 60 in which 30 are from Medical stream and 30 are from Non-Medical stream were participated. The procedure included that target sample was approached and then a general conversation has been made and then the need of study was explained to them. All participants were written consents to participated would be taken. The administration of the scale is done individually as well as in group (as and when possible). This study includes such Test Anxiety (Missouri State University), Stroop Cognitive Interference (Stoelting and dale ,2002), Future Orientation-Circle and Line Test (Cottle,1967) has been used.

Results shows that on a measure of Test Anxiety on Medical streams and Non-Medical streams indicated Mean score of 12.766, 13.3000 with Standard deviation of 2.19220 , 2.83026.

Results shows that on a measure of Cognitive Interference on Medical and Non-Medical streams indicated Mean score of -6.0177, -13.3330 with standard deviation of 9.62499, 4.75349.

Results shows that on a measure of Future Orientation(circle) on Medical and Non-Medical streams indicated Mean score of 4.75349, 39.1724 with standard deviation of 9.26036, 11.96510.

Results shows that on a measure of Future Orientation(line) on Medical and Non-Medical streams indicated Mean score of 41.2854, 38.3577 with standard deviation of 5.88398, 8.63943.

Our findings are supporting our hypothesis, there are related study which shows our hypothesis are Hence Proved.

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