



Original Research Article

EFFECT OF A STRUCTURED INTERVENTION ON EXAMINATION-RELATED ANXIETY AND STRESS AMONG NURSING STUDENTS: A PRE EXPERIMENTAL STUDY

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ABSTRACT

Background

Examination-related anxiety and stress are common among nursing students and may affect their academic performance and psychological well-being. Structured educational and coping interventions may help students manage these challenges.

Aim

To assess the effect of a structured intervention on examination-related anxiety and stress among nursing students in a selected College of Nursing, Nuapada, Odisha.

Methods

A pre-experimental, one-group pre-test-post-test study was conducted among 60 nursing students selected through purposive sampling from a College of Nursing in Nuapada, Odisha, India. The intervention consisted of three sessions, each lasting 45 minutes, delivered in English and Odia. Examination-related anxiety and stress were assessed before the intervention and three days after its completion using the study assessment instruments. Data were analysed using descriptive statistics and paired-samples *t*-tests.

Results

The mean anxiety score decreased from 28.23 ± 4.54 at pre-test to 23.23 ± 4.79 at post-test, with a mean reduction of 5.00 points. The mean stress score decreased from 27.46 ± 4.98 to 22.35 ± 5.40 , representing a mean reduction of 5.11 points. The reported paired-samples *t*-values were 20.50 for anxiety and 19.11 for stress, with $p < 0.001$ for both outcomes. The proportion of students classified as having severe anxiety decreased from 30.0% to 6.7%, while the proportion with severe stress decreased from 28.3% to 6.7%.

Conclusion

The structured intervention was followed by statistically significant reductions in examination-related anxiety and stress scores among the participating nursing students. However, because the study used a one-group pre-test-post-test design without a comparison group, the observed changes cannot be attributed exclusively to the intervention. Controlled studies with larger samples are recommended.

(Keywords: Examination anxiety; stress; nursing students; structured intervention; B.Sc. Nursing; GNM, nursing education; stress management)

INTRODUCTION

Nursing education requires students to integrate theoretical knowledge with clinical practice, professional skill development and continuous assessment. Throughout their training, students are evaluated through written

examinations, practical examinations and clinical assessments. Although these assessments are essential for evaluating academic progress and professional competency, examination-related pressure may contribute to anxiety and stress among nursing students.

Examination-related anxiety refers to feelings of worry, apprehension and tension associated with examination situations. Students experiencing such anxiety may report difficulty concentrating, reduced confidence and concerns about their ability to recall information or perform successfully. Stress may arise from academic workload, clinical responsibilities, limited preparation time, expectations regarding academic achievement and concerns about future professional competence.[1,2]

Psychological distress among nursing students has been documented in different educational settings. A systematic review and meta-analysis by Vo et al. examined the prevalence of stress and anxiety among nursing students, highlighting the importance of recognizing and addressing these concerns within nursing education.[3] The combination of classroom learning, clinical placements and academic assessment may create multiple demands that require students to develop effective coping strategies.

Several interventions have been explored to help nursing students manage examination-related anxiety. These include relaxation techniques, guided imagery, music-based interventions and coping programmes. A systematic review by Khaira et al. examined intervention strategies for reducing test anxiety among nursing students and identified approaches that may be useful in educational settings, while noting differences among the available studies.[1]

Coping and stress-management strategies may help students identify sources of pressure, organize their academic responsibilities and respond more constructively to examination demands. Petley et al. reviewed interventions and behaviour-change techniques intended to reduce stress among student nurses and highlighted the need for further research using methodologically rigorous designs.[4] Relaxation techniques have also been investigated as a means of managing academic stress and test anxiety. Manansingh et al. reported improvements in these outcomes following a relaxation intervention among baccalaureate nursing students.[5]

Structured educational interventions can combine examination preparation, time management, coping strategies, relaxation and healthy study practices. Such programmes may be feasible for implementation within nursing institutions because they can be incorporated into existing student-support activities. Nevertheless, intervention content, duration, outcome measures and study designs vary across the literature, making further institution-based evaluation useful.

Nursing students in India also need to balance academic learning, clinical exposure and examination requirements. Institution-specific research may help identify practical approaches to supporting students during examination periods. Evidence from regional educational settings may also inform the planning of student-wellness activities appropriate to local learning environments.

Therefore, the present study was undertaken to assess changes in examination-related anxiety and stress following a structured intervention among B.Sc. Nursing and General Nursing and Midwifery students in a selected College of Nursing, Nuapada, Odisha.

NEED FOR THE STUDY

Nursing students are required to manage theoretical learning, clinical practice, skill development and continuous academic assessment. Although examinations are necessary for evaluating educational achievement, examination-related pressure may contribute to anxiety, stress, difficulty concentrating and reduced confidence.

Previous research has identified stress and anxiety as important concerns among nursing students. A systematic review and meta-analysis by Vo et al. examined the prevalence of these difficulties, supporting the importance of addressing psychological well-being in nursing education.[3] Reviews of intervention strategies have also examined approaches such as coping programmes, relaxation techniques, guided imagery and other supportive methods for managing test anxiety and stress.[1,4]

A structured intervention combining examination awareness, study planning, time management, coping strategies and relaxation may provide students with practical methods for responding to academic pressure. However, the observed usefulness of such approaches may differ according to the educational setting, intervention content, participant characteristics and study design. Institution-based evaluation is therefore important when considering their implementation in student-support programmes.

B.Sc. Nursing and General Nursing and Midwifery students undertake demanding academic programmes that include theoretical and clinical components. Understanding changes in examination-related anxiety and stress following a structured intervention may provide useful preliminary evidence for planning supportive educational activities.

Therefore, the present study was conducted to assess changes in examination-related anxiety and stress following a structured intervention among nursing students in a selected College of Nursing, Nuapada, Odisha. The findings may help inform future research and the development of student-support programmes, although the one-group design does not establish that the intervention alone caused the observed changes.

AIM OF THE STUDY

To assess changes in examination-related anxiety and stress following a structured intervention among nursing students in a selected College of Nursing, Nuapada, Odisha.

OBJECTIVES

1. To compare the pre-test and post-test examination-related anxiety scores of nursing students following the structured intervention.
2. To compare the pre-test and post-test stress scores of nursing students following the structured intervention.

- To examine the association between categorized pre-test examination-related anxiety levels and selected demographic and academic variables among nursing students.
- To examine the association between categorized pre-test stress levels and selected demographic and academic variables among nursing students.

MATERIALS AND METHODS

MATERIALS AND METHODS

Research Approach

A quantitative research approach was adopted.

Research Design

A pre-experimental one-group pre-test–post-test design was used to assess changes in examination-related anxiety and stress following the structured intervention.

The design was represented as follows:

$$O_1 \rightarrow X \rightarrow O_2$$

Where:

- O_1 = Pre-test assessment of examination-related anxiety and stress.
- X = Structured intervention.
- O_2 = Post-test assessment of examination-related anxiety and stress.

As the study did not include a control group, the design allowed comparison of pre-test and post-test scores but did not establish that the intervention alone caused the observed changes.

Study Setting

The study was conducted in a selected College of Nursing, Nuapada, Odisha, India.

Study Population

The study population comprised students enrolled in the B.Sc. Nursing and General Nursing and Midwifery (GNM) programmes at the selected institution.

Sample Size and Sampling Technique

The sample consisted of 60 nursing students, including 30 B.Sc. Nursing students and 30 GNM students. Purposive sampling was used to select participants who fulfilled the study's eligibility criteria.

Table 1. Distribution of Participants According to Nursing Programme

Nursing programme	Number	Percentage (%)
B.Sc. Nursing	30	50.0

GNM	30	50.0
Total	60	100.0

Inclusion Criteria

Students were eligible to participate if they:

- Were enrolled in the B.Sc. Nursing or GNM programme.
- Were studying at the selected institution.
- Were available during the data-collection period.
- Were willing to participate.
- Could understand the language used for data collection.
- Provided informed consent.

Exclusion Criteria

Students were excluded if they:

- Were absent during the pre-test or post-test.
- Were unwilling to participate.
- Were participating in another structured programme specifically addressing examination anxiety or stress management during the study period.
- Were unable to complete the assessment instruments.

Structured Intervention

A researcher-developed structured intervention was prepared to provide students with practical strategies for managing examination-related anxiety and stress. The intervention comprised three sessions of 45 minutes each, delivered by the researcher in English and Odia according to participants' language comprehension.

Session 1: Understanding Examination-Related Anxiety and Stress

The first session addressed the meaning and nature of examination-related anxiety and stress, common examination-related stressors, physical and psychological manifestations, recognition of personal stress responses, and the importance of early recognition and appropriate coping.

Session 2: Examination Preparation and Coping Strategies

The second session covered study planning, time management, prioritization of academic tasks, positive thinking, cognitive coping strategies, healthy examination preparation, confidence building and constructive responses to examination-related pressure.

Session 3: Relaxation and Pre-Examination Anxiety Management

The third session covered deep-breathing exercises, relaxation techniques, adequate sleep and rest, healthy habits during examination preparation, confidence-building strategies, management of anxiety immediately before examinations and reinforcement of previously taught coping strategies.

The intervention content was reviewed by experts in nursing and related fields for relevance and appropriateness. Recommendations were incorporated before implementation, according to the study records. The researcher followed the planned session sequence and duration when administering the intervention.

Data Collection Instruments

Section I: Demographic and Academic Information

A structured questionnaire was used to collect selected demographic and academic characteristics of the participants, including age, gender, nursing programme, year of study, residence and previous examination-related stress.

Section II: Examination-Related Anxiety Assessment

An assessment instrument was used to measure examination-related anxiety during the pre-test and post-test. The same instrument was used at both assessments.

Section III: Stress Assessment

Researcher-Developed Stress Assessment Scale was used to measure stress during the pre-test and post-test. The same instrument was used at both assessments.

Validity and Reliability

The assessment instruments and structured intervention were reviewed by experts in nursing and related .The instruments were revised based on the experts' suggestions. The reliability coefficients of the assessment instruments were reported as 0.89 and 0.91, respectively, according to the study records. The specific reliability-testing method used for each instrument should be stated in the final manuscript based on the original documentation.

Pilot Study

A pilot study was reported to have been conducted among a small group of eligible nursing students who were not included in the final sample. It was intended to assess the feasibility of the study procedures, administration of the intervention and completion of the assessment instruments. The actual pilot sample size was 6 .

Data Collection Procedure

Permission was obtained from the concerned authority of the selected College of Nursing before data collection. The purpose and procedure of the study were explained to eligible participants, and written informed consent was obtained.

The participants completed the pre-test assessments of examination-related anxiety and stress. Following the pre-test, the researcher administered the structured intervention

in three sessions of 45 minutes each, delivered in English and Odia.

The post-test was conducted three days after completion of the intervention using the same assessment instruments. Confidentiality was maintained, and the collected information was used for the stated research purpose.

Ethical Considerations

The study was conducted after obtaining the necessary institutional permission and ethical approval. Prior written permission letter of college management and Principal was obtained . Participants were informed about the study purpose, procedures and voluntary nature of participation. Written informed consent was obtained before data collection. Participants were informed of their right to withdraw without adverse consequences. Confidentiality and anonymity were maintained.

Data Analysis

The data were coded, organized, tabulated and analyzed using descriptive and inferential statistics. Frequencies and percentages were used to summarize categorical variables. Means and standard deviations were used to describe continuous anxiety and stress scores.

Paired t-tests were used to compare pre-test and post-test scores, provided the assumptions of the test were satisfied. Chi-square tests were used to examine associations between selected demographic or academic variables and categorized pre-test anxiety and stress levels, subject to appropriate expected cell counts.

Statistical significance was set at $p < 0.05$.

INTERVENTION

A researcher-developed structured intervention was prepared to provide students with practical strategies for managing examination-related anxiety and stress.

The intervention consisted of three sessions, with 45 minutes allocated to each session. The sessions were delivered by the researcher in English and Odia according to the participants' comprehension and communication needs. The intervention was administered after completion of the pre-test.

Session 1: Understanding Examination-Related Anxiety and Stress

The first session focused on understanding examination-related anxiety and stress. The content included:

- meaning and nature of examination-related anxiety and stress;
- common examination-related stressors;
- physical manifestations of anxiety and stress;

- psychological and emotional manifestations;
- recognition of personal examination-related stress responses; and
- the importance of early recognition and appropriate coping.

Session 2: Examination Preparation and Coping Strategies

The second session focused on practical examination preparation and coping. The content included:

- effective study planning;
- time-management strategies;
- prioritization of academic tasks;
- positive thinking;
- cognitive coping strategies;
- healthy examination preparation;
- maintaining confidence during examination preparation; and
- development of constructive responses to examination-related pressure.

Session 3: Relaxation and Pre-Examination Anxiety Management

The third session focused on relaxation and management of immediate examination-related anxiety. The content included:

- deep-breathing exercises;
- relaxation techniques;
- adequate sleep and rest;
- healthy habits during examination preparation;
- confidence-building strategies;
- techniques for managing anxiety immediately before examinations; and
- reinforcement of the previously taught coping strategies.

The intervention was researcher-developed and structured before implementation. The intervention content was reviewed by experts in nursing and related fields for content appropriateness and

relevance. Recommendations from the experts were considered before implementation.

To maintain implementation fidelity, the researcher followed the planned three-session structure, duration and content during administration. The same intervention sequence was followed for the participating students.

DATA COLLECTION TOOLS

Section I: Demographic and Academic Information

A structured questionnaire was used to collect selected demographic and academic characteristics of the participants.

Section II: Examination-Related Anxiety Scale

A structured assessment scale was used to measure the participants' level of examination-related anxiety.

The same anxiety assessment instrument was administered during the pre-test and post-test.

Important methodological note: The exact name of the anxiety instrument, number of items, response options, total score range, interpretation/cut-off values, validity coefficient and reliability coefficient should be reported exactly as documented in the original study records. These details were not available in the supplied manuscript and therefore have not been fabricated in this revision.

Section III: Stress Scale

A structured assessment scale was used to assess the participants' level of stress.

The same stress assessment instrument was administered during the pre-test and post-test.

The exact scoring and interpretation of the stress scale should likewise be reported according to the instrument actually used in the original data collection.

Validity and Reliability

The data collection instruments and intervention content were reviewed by experts from nursing and related fields to establish content validity. Modifications were made where necessary based on the recommendations of the experts.

The reliability of the assessment instruments was established before the final data collection using an appropriate reliability-testing procedure.

The final manuscript should report the actual reliability method and coefficient obtained for each instrument if these values are available in the original research records.

Pilot Study

A pilot study was conducted among a small group of eligible nursing students who were not included in the final study sample. The pilot assessment was undertaken to determine the feasibility and practicability of the study procedure, data collection process and administration of the assessment instruments.

Data Collection Procedure

Prior permission was obtained from the concerned authority of the selected College of Nursing, Nuapada, Odisha. The purpose and procedure of the study were explained to the eligible participants, and written informed consent was obtained.

The participants were first assessed using the selected instruments to obtain their baseline levels of examination-related anxiety and stress.

Following completion of the pre-test, the researcher administered the structured intervention in **three sessions of 45 minutes each**. The sessions were delivered in **English and Odia** by the researcher.

The post-test was conducted **three days after completion of the intervention** using the same assessment instruments used during the pre-test.

Privacy and confidentiality were maintained throughout the data collection process, and the information obtained from the participants was used solely for the purpose of the study.

Ethical Considerations

Institutional permission was obtained before commencement of the study. The participants were informed about the purpose, procedure and voluntary nature of their participation.

Written informed consent was obtained from each participant. Participants were informed that they could withdraw from the study at any stage without any adverse consequences. Confidentiality and anonymity were maintained throughout the research process.

Data Analysis

The collected data were coded, organized, tabulated and analyzed using descriptive and inferential statistics.

Frequency and percentage were used to summarize categorical variables. Mean and standard deviation were used to describe continuous anxiety and stress scores.

A paired *t*-test was applied to compare the pre-test and post-test mean anxiety and stress scores. The chi-square test was used to examine the association between selected demographic variables and the categorized pre-test outcome levels.

Statistical significance was considered at $p < 0.05$.

RESULTS

Demographic and Academic Characteristics of the Participants

Table 2. Distribution of Nursing Students According to Selected Demographic and Academic Characteristics (N = 60)

Variable	Category	Frequency (n)	Percentage (%)
Age	18–20 years	23	38.3
	21–23 years	29	48.3
	≥24 years	8	13.4
Gender	Male	17	28.3
Nursing programme	Female	43	71.7
	B.Sc. Nursing	30	50.0
	GNM	30	50.0
Year of study	First year	20	33.3
	Second year	20	33.3
	Third year	20	33.3
Residence	Rural	38	63.3
	Urban	22	36.7
	Yes	39	65.0

Previous examination-related stress	No	21	35.0
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Table 2 showed that 29 (48.3%) participants were aged 21–23 years, followed by 23 (38.3%) aged 18–20 years and 8 (13.4%) aged 24 years or older. Female students accounted for 43 (71.7%) participants. Equal numbers of participants were enrolled in the B.Sc. Nursing and GNM programmes. A total of 38 (63.3%) participants reported rural residence, while 39 (65.0%) reported previous examination-related stress.

Pre-test and Post-test Levels of Examination-Related Anxiety

Table 3. Distribution of Participants According to Examination-Related Anxiety Levels Before and After the Intervention (N = 60)

Anxiety level	Pre-test n (%)	Post-test n (%)
Mild	7 (11.7)	25 (41.7)
Moderate	35 (58.3)	31 (51.7)
Severe	18 (30.0)	4 (6.7)
Total	60 (100.0)	60 (100.0)

Table 3 showed that the proportion of participants classified as having mild anxiety increased from 11.7% at pre-test to 41.7% at post-test. The proportion with moderate anxiety decreased from 58.3% to 51.7%, while the proportion with severe anxiety decreased from 30.0% to 6.7%. Overall, the distribution of anxiety categories shifted towards lower anxiety levels following the intervention.

Pre-test and Post-test Levels of Stress

Table 4. Distribution of Participants According to Stress Levels Before and After the Intervention (N = 60)

Stress level	Pre-test n (%)	Post-test n (%)
Mild	9 (15.0)	27 (45.0)
Moderate	34 (56.7)	29 (48.3)
Severe	17 (28.3)	4 (6.7)
Total	60 (100.0)	60 (100.0)

Table 4 showed that the proportion of participants classified as having mild stress increased from 15.0% at pre-test to 45.0% at post-test. The proportion with moderate stress decreased from 56.7% to 48.3%, while the proportion with severe stress decreased from 28.3% to 6.7%. These findings demonstrated a shift towards lower stress categories following the intervention.

Comparison of Pre-test and Post-test Anxiety Scores

Table 5. Comparison of Mean Examination-Related Anxiety Scores Before and After the Intervention (N = 60)

Assessment	Mean	Standard deviation
Pre-test	28.23	4.54
Post-test	23.23	4.79
Mean reduction	5.00	—

Table 5 showed that the mean examination-related anxiety score decreased from 28.23 (SD = 4.54) at pre-test to 23.23 (SD = 4.79) at post-test. The mean reduction in anxiety score was 5.00 points following the intervention.

Comparison of Pre-test and Post-test Stress Scores

Table 6. Comparison of Mean Stress Scores Before and After the Intervention (N = 60)

Assessment	Mean	Standard deviation
Pre-test	27.46	4.98
Post-test	22.35	5.40
Mean reduction	5.11	—

Table 6 showed that the mean stress score decreased from 27.46 (SD = 4.98) at pre-test to 22.35 (SD = 5.40) at post-test. The mean reduction in stress score was 5.11 points following the intervention.

Association Between Pre-test Stress Levels and Selected Demographic and Academic Variables

The association between pre-test stress levels and selected demographic and academic variables was examined using chi-square analysis. The results indicated no statistically significant associations between pre-test stress levels and age ($\chi^2 = 2.31$, df = 4, $p = 0.679$), gender ($\chi^2 = 0.45$, df = 2, $p = 0.799$), nursing programme ($\chi^2 = 0.31$, df = 2, $p = 0.856$), or residence ($\chi^2 = 0.17$, df = 2, $p = 0.919$). These reported values were retained as supplied.

Summary of Findings

The findings showed that the proportion of participants classified as having severe anxiety decreased from 30.0% at pre-test to 6.7% at post-test. Similarly, the proportion classified as having severe stress decreased from 28.3% to 6.7%. The mean anxiety score decreased by 5.00 points, and the mean stress score decreased by 5.11 points following the intervention. The reported descriptive findings indicated improvements in anxiety and stress categories and reductions in mean scores after the intervention.

DISCUSSION

The present study assessed changes in examination-related anxiety and stress following a structured intervention among 60 nursing students from a selected College of Nursing in Nuapada, Odisha. The participants comprised 30 B.Sc. Nursing students and 30 General Nursing and Midwifery (GNM) students. The findings showed lower mean anxiety and stress scores at post-test than at pre-test. These findings were interpreted in the context of the study design and the available statistical results.

Examination-Related Anxiety

The mean examination-related anxiety score decreased from 28.23 ± 4.54 at pre-test to 23.23 ± 4.79 at post-test, representing a mean reduction of 5.00 points. The proportion of participants classified as having severe anxiety decreased from 30.0% to 6.7%, whereas the proportion classified as having mild anxiety increased from 11.7% to 41.7%.

These findings indicated a more favourable distribution of anxiety categories at post-test. Khaira et al. reviewed intervention strategies for reducing test anxiety among nursing students, including coping programmes, relaxation techniques, music-based interventions and guided imagery [1]. Manansingh et al. also investigated relaxation techniques for managing academic stress and test anxiety among nursing students [5]. These studies provided a relevant context for examining structured student-support interventions, although differences in intervention content, measurement instruments and study designs needed to be considered when comparing the findings.

Examination-Related Stress

The mean stress score decreased from 27.46 ± 4.98 at pre-test to 22.35 ± 5.40 at post-test, representing a mean reduction of 5.11 points. The proportion of participants classified as having severe stress decreased from 28.3% to 6.7%, while the proportion classified as having mild stress increased from 15.0% to 45.0%.

The intervention included study planning, time management, positive thinking, coping strategies, deep breathing, relaxation and healthy examination-preparation practices. These components addressed both the practical and emotional aspects of examination preparation. Petley et al. reviewed interventions and behaviour-change techniques intended to reduce stress among student nurses and highlighted the need for further methodologically robust research [4]. The findings of the present study contributed preliminary, institution-specific observations to this area; however, they did not establish the independent contribution of any individual intervention component.

Relevance to Nursing Education

Examination preparation and stress management are relevant to nursing education because students must meet academic requirements while developing clinical

knowledge and professional skills. A structured programme may provide an organized approach to discussing examination-related concerns and introducing practical coping strategies within an educational setting.

The intervention combined educational content with relaxation and coping strategies. Its delivery in English and Odia may have supported communication with students who had different language preferences. However, the feasibility and effectiveness of implementing the programme in other institutions require further evaluation.

Association with Selected Variables

The supplied results indicated no statistically significant associations between selected demographic variables and categorized pre-test anxiety or stress levels. These findings required cautious interpretation because the study included only 60 participants from one institution. The absence of a statistically significant association did not establish that demographic or academic characteristics were unrelated to examination-related anxiety or stress.

The interpretation of these associations also depended on the completeness of the statistical analyses and the suitability of the chi-square test for the observed cell frequencies. Accordingly, the findings were limited to the variables and analyses reported in the study.

LIMITATIONS

1. The study was conducted in a single selected College of Nursing in Nuapada, Odisha, limiting the generalizability of the findings.
2. The sample consisted of only 60 nursing students selected through purposive sampling.
3. The one-group pre-test-post-test design did not include a control or comparison group; therefore, causal conclusions cannot be established.
4. The post-test was conducted three days after completion of the intervention, and longer-term outcomes were not assessed.
5. Anxiety and stress assessments may have been influenced by self-report bias.
6. The findings depend on the validity, reliability and suitability of the assessment instruments used, which should be fully documented in the final report.

IMPLICATIONS

Nursing Education

Nursing educators may consider incorporating examination-preparation guidance, time management, coping strategies and relaxation exercises into student-support activities. Such activities should be evaluated to determine their usefulness in different educational settings.

Nursing Administration

Nursing administrators may consider organizing student-wellness and examination-support programmes before major academic assessments. Programme planning should consider students' needs, available resources and appropriate referral pathways for those requiring additional support.

Nursing Practice

Nursing students may be encouraged to develop healthy preparation habits, relaxation practices and constructive coping strategies. These approaches may support personal well-being, although the present study did not assess their effects on clinical performance.

Nursing Research

Future research should use validated assessment instruments, larger samples, multiple institutions and controlled or randomized study designs. Longer follow-up is needed to determine whether changes in anxiety and stress are sustained.

RECOMMENDATIONS

1. Similar studies should be conducted with larger samples and appropriate sampling methods.
2. Controlled or randomized studies should be undertaken to strengthen evidence regarding intervention effectiveness.
3. The intervention should be evaluated in nursing institutions with different educational and student characteristics.
4. Comparative studies may examine outcomes among B.Sc. Nursing and GNM students, provided the sample size and analysis are appropriate.
5. Future studies may compare different stress-management approaches or evaluate the contribution of individual intervention components.
6. Longer follow-up assessments should be used to examine the sustainability of changes in anxiety and stress.
7. Further research may examine whether changes in anxiety and stress are associated with examination performance, attendance or other prespecified educational outcomes.

CONCLUSION

The present study assessed examination-related anxiety and stress before and after a structured intervention among 60 nursing students, comprising 30 B.Sc. Nursing students and 30 General Nursing and Midwifery students, in a selected College of Nursing, Nuapada, Odisha.

The mean anxiety score decreased from 28.23 at pre-test to 23.23 at post-test, while the mean stress score decreased from 27.46 to 22.35. The supplied statistical analysis reported statistically significant pre-test–post-test differences for both outcomes. These inferential findings should be retained in the final publication only after verification against the original paired data and statistical output.

The findings suggest that a structured programme incorporating examination awareness, study planning, coping strategies and relaxation techniques may be a useful approach to consider within nursing student-support activities. However, the absence of a control group means that the observed changes cannot be attributed exclusively to the intervention. Further controlled studies involving larger samples, multiple institutions and longer follow-up periods are required to establish the effectiveness and sustainability of such programmes.

DECLARATIONS

Ethical Approval

Ethical approval was obtained from the Principal of the College of Nursing and management committee before commencement of the study.

Informed Consent

Written informed consent was obtained from all participants before data collection.

Conflict of Interest

The authors declare that there is no conflict of interest.

Funding

No external funding was received for the study.

Author's Contributions

The authors contributed to the conception, methodology, data collection, analysis, interpretation and preparation of the manuscript. All authors approved the final manuscript.

Data Availability

The data supporting the findings of the study are available from the corresponding author subject to appropriate institutional and ethical considerations.

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