

ANXIETY AND QUALITY OF LIFE AMONG NURSING
STUDENTS UNDERGOING CLINICAL PLACEMENT
DURING COVID-19 PANDEMIC

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by

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ABSTRAK

Kajian ini akan menumpukan pada Kualiti Hidup pelajar kejururawatan dan kebimbangan semasa penempatan klinikal semasa pandemik COVID-19. Dalam kajian ini, pelajar kejururawatan yang ditempatkan dalam tetapan klinikal semasa pandemik COVID-19 ditanya tentang tahap kebimbangan dan kualiti hidup mereka. Di samping itu, kajian ini meneroka hubungan antara kebimbangan dan kualiti hidup pelajar kejururawatan semasa penempatan klinikal serta perkaitan antara data sosiodemografi dan tahap kebimbangan pelajar semasa pandemik COVID-19. Dari Mac 2022 hingga Mei 2022, data dikumpul dalam talian menggunakan beberapa siri soalan yang diubah suai daripada Firdaus Mukhtar & Nor Sheereen Zulkefly (2011) dan Hasanah et al. (2003). Melalui persampelan rawak mudah, 169 jururawat mengambil bahagian dalam kajian ini. Kajian ini melibatkan pelajar kejururawatan yang mengikuti program diploma dan ijazah dan berumur dalam lingkungan 19 hingga 29. Keputusan menunjukkan majoriti pelajar kejururawatan USM ($n = 53, 31.4\%$) melaporkan tahap kebimbangan yang rendah. Keputusan bagi kualiti hidup menunjukkan bahawa ia adalah kurang daripada purata bagi pelajar kejururawatan, dengan nilai min bagi domain kualiti hidup yang berbeza adalah seperti berikut: kesihatan fizikal = 65.54 (SD = 18.71), psikologi = 22.25 (SD = 3.97), hubungan sosial = 39.05 (SD = 14.14), dan persekitaran = 74.88 (SD = 15.92). Bagi semua domain, terdapat perbezaan yang signifikan secara statistik antara jumlah kebimbangan dan tahap kualiti hidup ($p=0.001$). Satu faktor sosiodemografi, bangsa, mempunyai hubungan yang signifikan secara statistik dengan tahap kebimbangan ($p=0.001$). Kesimpulannya, dapatan kajian juga mendedahkan tahap kualiti hidup yang rendah, menunjukkan bahawa walaupun jumlah kebimbangan adalah kecil, kualiti hidup pelajar kejururawatan di USM mungkin masih boleh dinaikkan. Oleh itu, peningkatan kebajikan dan keupayaan pendidikan boleh dianggap untuk meningkatkan kualiti hidup

ABSTRACT

This study will concentrate on nursing students' Quality of Life and anxiety during clinical placement during the COVID-19 pandemic. In this study, nursing students who were placed in clinical settings during the COVID-19 pandemic were asked about their levels of anxiety and quality of life. In addition, this study explores the relationship between anxiety and nursing students' quality of life during clinical placement as well as the association between sociodemographic data and the students' anxiety levels during the COVID-19 pandemic. From March 2022 to May 2022, data were gathered online using a series of questions that were modified from Firdaus Mukhtar & Nor Sheereen Zulkefly (2011) and Hasanah et al. (2003). Through simple random sampling, 169 nursing took part in the study. This study included nursing students who were enrolled in diploma and degree programmes and ranged in age from 19 to 29. The results showed that the majority of USM nursing students ($n = 53$, 31.4%) reported low levels of anxiety. The results for quality of life showed that it was less than average for nursing students, with mean values for the different quality of life domains being as follows: physical health = 65.54 (SD = 18.71), psychological = 22.25 (SD = 3.97), social relationship = 39.05 (SD = 14.14), and environmental = 74.88 (SD = 15.92). For all domains, there was a statistically significant difference between the amount of anxiety and the level of life quality ($p=0.001$). One sociodemographic factor, race, has a statistically significant relationship with anxiety level ($p=0.001$). In conclusion, the findings also revealed low levels of quality of life, indicating that even if the amount of anxiety was small, the quality of life for nursing students at USM may still be raised. Therefore, increasing welfare and education capabilities can be thought of as enhancing life quality.

CHAPTER 1

INTRODUCTION

1.1 Background of study

Since 12th December 2019, a continual occurrence of an unexplained acute respiratory tract illness has been recorded in Wuhan City, Hubei Province, China, originating at the Huanan South China Seafood Market (Guo et al., 2020). China alerted the World Health Organization (WHO) of the outbreak on December 31st 2019, and the Huanan Sea food market was closed on January 1 2020. On 7th January 2020, the virus was identified as a coronavirus with 95% homology to bat coronavirus and 70% similarity to severe acute respiratory syndrome coronavirus (SARS-CoV). Environmental samples from the Huanan Sea food market were also positive for the virus, indicating that it originated there (Singhal, 2020).

Following this, the WHO declared that the cause of this epidemic outbreak was a novel coronavirus discovered in 2019 (2019-nCoV) or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on the 12th of January 2020. The disease was dubbed coronavirus disease 2019. (COVID-19). SARS-CoV-2 expanded fast to additional countries, including South Korea, Malaysia, Thailand, Singapore, Japan, Italy, Iran, Spain, the United States of America (USA), and the United Kingdom (UK), and was declared as a pandemic by the WHO on 12th March 2020. (WHO,2020). On 25th January 2020, Malaysia reported its first incidence of COVID-19, which was traced back to three Chinese citizens who had previously had close contact with an infected person in Singapore (New Straits Times, 2020).

Then on the 4th February 2020, the first Malaysian was confirmed with COVID-19. The 41-year-old man had just returned from a trip to Singapore when he had a fever

and cough. He was quarantined at Selangor's Sungai Buloh Hospital (BERNAMA, 2020). There are a total of 252,652,085 cases of COVID-19; 5,095,677 deaths and 228,575,727 recovered cases been reported across the globe (Worldometer, 2021). The USA had the highest number of total cases of COVID-19 at 47,693,516 and number of deaths at 780,775 with 37,729,489 recovered cases (Worldometer, 2021). At the time of this writing, Malaysia has a total of 2,523,290 cases of COVID-19, 29,535 deaths and 2,435,459 recovered cases (COVIDNOW, 2021).

Coronaviruses are enveloped positive sense single-stranded RNA viruses measuring 80–220 nm in diameter. The envelop has crown-like, 20-nm in length spikes that mimic corona of the sun under electron microscopy, hence giving its name coronavirus. The virus can cause disease both in animal and human. It bears the biggest genome among the currently known RNA viruses (Cherry et al., 2019).

To date, seven human coronaviruses (HCoV) have been found (Zhou et al., 2020). SARS-CoV-2 as well as SARS-CoV and Middle East respiratory syndrome coronavirus (MERS-CoV) produces severe pneumonia with a death rate of 2.9 percent, 9.6 percent and ~36 percent, respectively (Wang et al., 2020, Hui & Zumla, 2019, Azhar, Hui, Memish, Drosten, Zumla, 2019).

The remaining four human coronaviruses, OC43, NL63, HKU1 and 229E, often induce self-limited sickness with modest symptoms (Corman, Muth, Niemeyer, Drosten, 2018). Figure 1 shows an image of SARS-CoV-2.

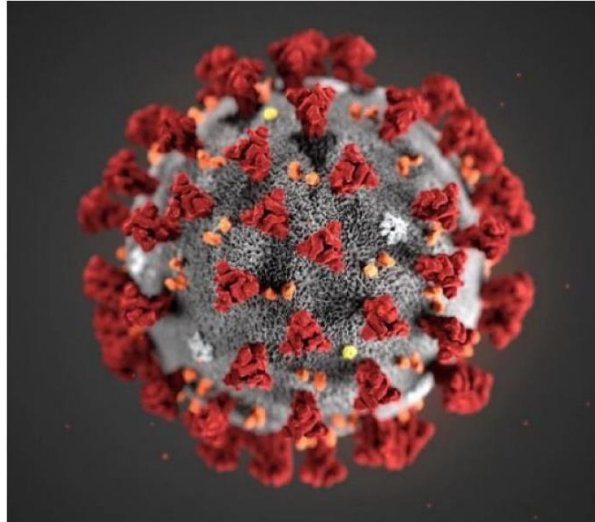


Figure 1 SARS-CoV-2, which cause COVID-19 (Source: Powell,2020)

COVID-19 symptoms typically appear as fevers, a dry cough, and fatigue. Some individuals who are infected may experience modest symptoms such as headaches, muscle pains, runny nose, sore throat, or diarrhoea. Certain COVID-19 patients may develop severe pneumonia, organ failure (e.g., the kidney), acute respiratory tract infection, or septic shock, all of which are potentially fatal (Huang et al., 2020).

However, some infected individuals may not exhibit symptoms or feel ill. These individuals are referred to as asymptomatic carriers. The elderly, young children, pregnant women, and those with chronic conditions such as hypertension, diabetes, heart issues, kidney and liver disease, as well as immunocompromised individuals such as cancer patients, human immunodeficiency virus (HIV) positive individuals, and smokers, are particularly prone to COVID-19 (Elengoe, 2020).

Because of the rapid rise in COVID-19 cases around the world, many governments, including Malaysia, have enacted a lockdown to reduce the virus's infection rate. The term "lockdown" refers to the government's emergency and temporary response to the spread of COVID-19 (Haider et al., 2020). It is compulsory and indiscriminately applied to the general population, requiring them to remain at

home and abstain from economic and social activities. Lockdown is distinct from quarantine, which is the forced physical isolation of a group of healthy individuals who have been exposed to a potentially contagious disease. (Barbera et al., 2001). On 18th March 2020, Malaysia imposed a nationwide complete lockdown dubbed the "Movement Control Order" (MCO) (Tang, 2020). During this first MCO, the following measures were implemented:

1. *Prohibition of mass gatherings and movements in all locations nationwide.*
2. *The closure of all government, private and commercial properties, with the exception of those that provide essential services.*
3. *The prohibition of all educational institutions.*
4. *Travel restrictions and mandatory 14-day quarantine upon citizens' return to Malaysia, as well as a ban on foreign visitors.*

(New Straits Time, 2020)

Globally, the COVID-19 pandemic has had devastating consequences, including increased mortality and morbidity rates, income loss, and sustained social isolation worldwide (Dawel et al., 2020). It also inducing a considerable degree of fear, worry and concern in the population at large and among certain groups such as people with underlying health conditions. The COVID-19 outbreak had a profound influence not only on health workers, (Htay et al., 2020) but also the general community. (Marzo et al., 2020; Respati et al., 2021). However, the crisis's impact it has on the population's mental health is unknown, both in the short and long term. Existing research has concentrated on those directly impacted by the condition (Dawel et al., 2020). There are limited studies regarding the acute mental health consequences of large-scale epidemics affecting entire populations.

According to Rodriguez, Pantaleon, Dios and Falla (2020), Covid-19 pandemic

has led to a rise in mental problem such as fear, stress, depression, and anxiety. For this proposed study however, the researcher will focus on anxiety. Anxiety is an emotional response to a potential future threat or danger that can create negative emotional, bodily, behavioural, and cognitive symptoms depending on degree and length (Chen et al., 2021). In a study, anxiety symptoms were recorded in 47.2 % of MERS patients and 7.6 % of confined people during isolation (Jeong et al., 2016). Anxiety symptoms persisted in 19.4 % of MERS patients and 3.0 % of isolated people four to six months after they were removed from isolation (Jeong et al., 2016).

Similar to other epidemics such as SARS, MERS, Ebola, and influenza, individuals in quarantined period have been found to have significant negative psychological effects such as sadness, anxiety, and post-traumatic stress disorder, according to studies (Brooks et al., 2020). Moreover, fears of infection, insufficient supplies, little information, boredom, financial constraints, and the duration of time in isolation have all been highlighted as stressors that have a negative psychological impact (Brooks et al., 2020). All these mental conditions particularly anxiety, may disrupt a person's quality of life (QoL) by impacting their relationships with others, self-confidence and ability to complete daily tasks at work or school (The Recover Village, 2021). The QOL is defined as "individuals' view of their situation in life in relation to their goals, aspirations, standards, and concerns in the context of the culture and value systems in which they live." Isolation and quarantine as a protection against infectious disease have been linked to anxiety and a reduction in QOL (Sharma et al., 2020).

A cross-sectional study was conducted involving 1544 Malaysians on depression and anxiety during the third wave of COVID-19, the results showed 25.1% of the respondents had severe depressive symptoms, 18.7% mild-depressive symptoms and

34.1% mild to moderate anxiety symptoms. The three important predictors of depression and anxiety was age, gender and friends who were infected with the virus (Marzo et al., 2021). While in a study by Woon et al. (2021), among Malaysian university students, it was indicated that 7.0%, 16.5% and 13.2% of respondents had mild, moderate, and severe to very severe anxiety. Obviously, there is an increasing rate of anxiety among university students, particularly nursing students due to this pandemic, but the subsequent effect it has on their QoL are limited. Thus, this study will focus on anxiety during clinical placement and QoL among nursing students during Covid-19 pandemic.

1.2 Problem statement

As the coronavirus pandemic spreads across the globe, it instilling widespread fear, worry, and concern among the general public. To date, one of the main psychological impacts has been increased levels anxiety. As new measures such as quarantine and isolation are implemented, levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour are expected to rise (WHO, 2021). There is evidence of increased mental health symptoms in the Malaysian population during the COVID-19 pandemic, particularly depression and anxiety. Wong et. al., (2021) reported a higher percentages of depressive (59.2%) and anxiety (55.1%) symptoms compared to stress (30.6%) symptoms.

It is estimated that 264 million people were suffering from anxiety disorder globally (WHO,2017). A study done by (An et al., 2015) found that anxiety is associated with poorer quality of life among nursing students. During their studies, nursing students are subjected to a list of stressors. This can possibly affect the psychological well-being of the students in the form of anxiety and can negatively

impact their quality of life (QoL) (Al-Ani, 2020).

According to a study by Beiter et al. (2015), anxiety is very common among college students. Academic performance, pressure to succeed, and post-graduation plans are the top three concerns among students. Anxiety among undergraduate students is a multifaceted problem that stems from both academic and non-academic factors, such as socio-cultural, environmental, and psychological factors. A large number of students' stress levels can be scaled in significant proportions, and they may exhibit signs of anxiety (Bedewy & Gabriel, 2015). Anxiety can cause negative emotions, both academic and personal, as well as discomfort and harm to one's career (Mark & Smith, 2011).

Nursing school has a long history of being linked to students' anxiety. Heavy course loads, difficult exams, and the pressure to maintain a good grade point average are all factors to consider (Chernomas & Shapiro, 2013). Aside from that, complicated interpersonal connections, clinical environment obstacles (Chen et al., 2015), and caring for chronic and terminally ill patients (Hala Mohamed Sanad, 2019) cause nursing students to be more anxious than students in other healthcare professions. Furthermore, clinical placement throughout nursing school has been proven to be more stressful than the theoretical element (Leodoro Jabien Labrague, 2013). Anxiety itself has a negative impact on students' lives, education, and clinical practise (Sanad, 2019), and can lead to nursing programme dropout (Rafati et al., 2017). Thus, this condition is expected to be worsen during Covid-19 pandemic.

However, in a study done during and after the MCO ended on university students' QoL and its relationship with various factors and social support, findings indicated that the university students had lower psychological and social relationship with QoL in response to the COVID-19 pandemic (Leong bin Abdullah et. al., 2021).

While a study in Hong Kong on 1270 nursing students, found that 39.9 % of the students had moderate to severe levels of anxiety (Cheung et al., 2016). Similar finding was reported in Huang, Lei, Xu, Liu, Yu, (2020) that when exposed to a pandemic, nursing students experienced tremendous psychological stress and became apprehensive about their future careers. They also felt a variety of emotions, including excitement, doubt, and helplessness (Huang, Lei, Xu, Liu, Yu, 2020).

During literature search, the researcher found that studies on the impact of COVID-19 towards anxiety in Malaysia are still lacking (Bahar Moni et al., 2021, Marzo et al., 2021). There is little evidence of the current pandemic's psychological or mental health effects on college students, who are known to be a vulnerable population (Bruffaerts et al., 2018). Therefore, this study will be undertaken to fill in the gaps and provide new knowledge to this area of care.

1.3 Research Question

1. What is the level of anxiety among nursing students undergoing clinical placement during pandemic COVID-19?
2. What is the level of quality of life among nursing students during pandemic COVID-19?
3. Is there any association between anxiety and quality of life among nursing students undergoing clinical placement during COVID-19 pandemic?
4. Is there any association between socio-demographic data and level of anxiety among nursing student during COVID-19 pandemic?

1.4 Research Objective

1.4.1 General Objective

To identify the level of anxiety and quality of life among nursing students undergoing clinical placement during COVID-19 pandemic.

1.4.2 Specific Objectives

1. To determine the level of anxiety among nursing students undergoing clinical placement during pandemic COVID-19.
2. To determine the level of quality of life among nursing students undergoing clinical placement during pandemic COVID-19.
3. To determine the association between anxiety and quality of life among nursing students undergoing clinical placement during COVID-19 pandemic.
4. To examine the association between socio-demographic data and level of anxiety among nursing students during COVID-19 pandemic.

1.5 Research Hypothesis

Hypothesis 1:

There is no significant association between anxiety and quality of life among nursing students undergoing clinical placement during COVID-19 pandemic (**H₀**)

There is a significant association between anxiety and quality of life among nursing students undergoing clinical placement during COVID-19 pandemic (**H_A**)

Hypothesis 2:

There is no significant association between socio-demographic data and level of anxiety among nursing students during COVID-19 pandemic (**H₀**)

There is a significant association between socio-demographic data and level of anxiety among nursing students during COVID-19 pandemic (**HA**)

1.6 Conceptual and Operational Definitions

Table 1 Conceptual and Operational Definitions

Term	Conceptual definition	Operational definition
Anxiety	Anxiety can be defined as an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune. The body often mobilizes itself to meet the perceived threat: Muscles become tense, breathing is faster, and the heart beats more rapidly. (APA Dictionary of Psychology, 2014)	In this study, anxiety level was identified among nursing students who had undergone clinical placement during COVID-19 pandemic using Beck Anxiety Inventory (BAI).
Clinical Placement	According to (Alberta Health Services, 2021) a clinical placement is one in which the individual is directly involved in or provides direct patient care.	In this study, nursing students were assessed based on their previous clinical placement experiences.
Quality of Life	Quality of life can be defined as "an individual's view of their place in life, in relation to their objectives, aspirations, standards, and worries, in the context of the culture in which they live." (WHO, 2021)	In this study, nursing students' quality of life were measured in relation to Covid-19 pandemic by using WHOQoL-BREF questionnaire.
Pandemic	Pandemic can be defined as the existence of a disease in almost all of an area or in almost all of a group of people, animals, or plants (Cambridge Dictionary, 2021).	In this study, the nursing students were assessed based on their previous clinical experiences during the COVID-19 pandemic.

Table 1 continued

Nursing student	Nursing student means an individual who is enrolled in a professional nursing or vocational nursing education program. (Law Insider, 2017).	In this study, all nursing students of Year 1 to Year 4, who had clinical experiences during Covid-19 pandemic were included as the respondents .
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1.7 Significance of study

The goal of this study is to investigate the level of anxiety and quality of life among nursing students doing clinical placement during the COVID-19 pandemic. The findings of the study to be highly relevant since they can contribute to extra new knowledge regarding anxiety and its impact on nursing students' quality of life during the pandemic.

This study is important for both nursing students and also lecturers or clinical instructor in teaching and learning process. On the other hand, it can be used as a baseline and a source of information for future research in the same field.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This literature review is to summarize research findings that has been carried out related to the main focus of the study. The aims are to achieve an understanding of the level of anxiety towards clinical placement and quality of life among nursing students during COVID-19 pandemic.

2.2 Anxiety among nursing students during COVID-19 pandemic

In a cross-sectional study by Ali et al. (2020) conducted in the early stages of the Covid-19 pandemic, nearly 61.9 percent of the respondents reported having psychological problems such as depression, anxiety, and stress, while 36.1 percent reported poor quality of life because of COVID-19, which could lead to mental health problems. It was discovered that none of the respondents knew nothing about COVID-19, that 35.9% of respondents knew everything about COVID-19, and that 64.1 percent of respondents knew a little about COVID-19. The problem of stress has gained increased attention in nursing, as evidenced by several literatures (Hamaideh et al., 2016, Adriaenssens et al., 2017).

Nursing students are stressed when they are exposed to an epidemic or pandemic because they are afraid of contracting an infection. This is supported by Elrggal et al., (2018) when they stated that the fear of infection by health care providers and nursing students working in health care institutions are due to insufficient infection control and isolation procedures is evident in a study conducted in Saudi Arabia during the MERS outbreak in 2016. Similar results were indicated in a study among students in Hong

Kong during the MERS outbreak in 2003 (Wong et al., 2004). COVID-19 is a source of stress for a person or a group of people, and they may experience varying degrees of psychological crises, with the nurses at the centre of the occurrence being the most impacted (Huang et al., 2020).

Furthermore, Bastola et. al., (2021) reported low (19%) and moderate (81%) level of anxiety among nursing students undergoing clinical placement during COVID-19. In another study, moderate and severe anxiety was reported at 43 percent and 13 percent, respectively, in Ashkelon Academic College, Southern District, Israel (Savitsky et al., 2020). In Malaysia, a study that looked at university students' coping mechanisms during the COVID-19 outbreak and movement control order (MCO) showed that 30% of students experienced some sort of anxiety due to the pandemic (Kamaludin et al., 2020). Moreover, students exhibited some amount of worry due COVID-19 pandemic (Liang et al., 2020, Liu et al., 2020, Odriozola-González et al., 2020). Comparable results were also found in other countries (Liang et al., 2020, Liu et al., 2020).

2.3 Quality of life among nursing students during COVID-19 pandemic

The WHO defines quality of life (QoL) as ‘an individual’s perception of their position in life, in the context of the culture in which they live and in relation to their goals, expectations, standards and concerns (WHO, 2021). In Malaysia, there is a scarcity of data on QoL among university students due to the COVID-19 pandemic. There is also a scarcity of data on the relationship between COVID-19-related stressors, psychological problems (such as depression, anxiety, and stress), social support, and QoL among university students, particularly nursing students, during the COVID-19 pandemic.

While in other study in Norway among 2605 nursing students during Covid-19 endemic, significant result was reported on general health, psychological distress, and overall QoL than the reference group (Beisland et. al., 2021). The result showed significantly lower general health (mean 3.50 0.93 SD, population mean = 3.57, Cohen's $d = 0.07$), higher levels of psychological distress (mean 2.68 1.03 SD, population mean = 2.12, Cohen's $d = 0.55$), and lower overall QoL (mean 5.50 2.16 SD, population mean = 8.00, Cohen's $d = 1.16$) (Beisland et al., 2021).

Nevertheless, after the MCO was abolished, a study by Abdullah et al. (2021) had found that university students exhibited a decreased in psychological and social relationship QoL levels in reaction to the COVID-19 epidemic. Lower QoL was associated with two psychological factors: depression severity and stress.

2.4 Association between Anxiety and Quality of Life

According to Sing Joo et al., (2021a), there is a considerable negative relationship between depression, anxiety, stress, and perceived QoL, with depression and the psychological domain having the highest correlation. Besides that, Gan, and Hue (2019) had assessed the levels of anxiety, depression, and QoL among medical students in Malaysia by using the Hospital Anxiety and Depression Scale (HADS) and WHOQOL-BREF questionnaires. The study reported that depression was significantly related with poorer physical, psychological, and environmental scores, whereas anxiety was significantly connected with lower psychological, social, and environmental scores. They finally asserted that existence of anxiety and sadness, has a considerable impact on QOL (Gan and Hue, 2019).

While in other Malaysian study, all psychological components measured by the DASS- 21, anxiety was found to cause a detrimental impact on the community's QoL.

The psychological domain and depression were shown to have the highest clinical significance (Bujang et al., 2015). However, to the best of the researchers' knowledge, there has been very little study done specifically on anxiety and quality of life in nursing students.

2.5 Factors Associated to Anxiety

2.5.1 Age

According to a Hong Kong study by Cheung et al. (2016) among 661 nursing students, age was significantly related to anxiety. Nursing students age group was divided into three groups in this study: 18-22 years old, 23-27 years old and 28-30 years old.

When compared between the three groups, the youngest age group was more likely to report anxiety. Notably, the second group (aged 23-27) was 60% less likely to experience anxiety symptoms (Cheung et al., 2016). This finding is comparable to a longitudinal study conducted in China, which found that people aged 12 to 21 have a higher level of anxiety. The age group is primarily made up of students who were impacted by the closure of colleges and universities due to COVID-19 (Wang et al., 2020).

Another study found a higher rate of anxiety among people aged 21 to 30, with the level of anxiety reaching 27.3 percent in the Chinese province of Hubei during the COVID-19 outbreak (Ahmed et al., 2020).

2.5.2 Gender

In terms of gender, a study in Spain concluded that females experienced higher levels of anxiety than males during COVID-19 quarantine (Garca-González et al., 2021). A recent study, on the other hand, concluded that students, regardless of gender, expressed anxiety during COVID-19 (Cao et al., 2020).

2.5.3 Year of study

Finally, nursing students in their final year of study had the highest level of anxiety (Garca-González et al., 2021). Similarly, it was found that third year and final year nursing student anxiety were higher in both groups (Sancar et al., 2018).

2.6 Theoretical and Conceptual framework

The researcher had chosen an integration model by Johari & Najib Ahmad Marzuki, (2013) to guide this study. This theory was designed by integrating three different theory models which are Freud's Anxiety Theory, Beck's Cognitive Theory of Depression and The Quality of Life conceptual Model. The purpose of this theory was to show how floods become a trigger to stress for flood victims in Malaysia. Through the model, it is possible to observe how floods become a source of stress for flood victims in Malaysia.

According to the stressful life events theory, stress develops because of situations that people encounter. Incidents cause changes in the lives of those who are affected. Other theories that have been integrated are Freud's anxiety theory and the cognitive theory of depression, in which reality concerns arising from bitter experience result in the perception that the environment poses a threat in dealing with the fear of an environmental condition, and depression emerges because of nonpeaceful thoughts.