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## Assessing Teaching Practice Anxiety Levels among Medical Education Students in Kaduna Polytechnic, Nigeria

**Abdullahi Sabo Muhammad, Ph.D & Muhammad Bello Abdullahi**

*Department of Education (Technical), College of Science and Technology, Kaduna Polytechnic, Kaduna.*

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**Keyword:**

*Teaching practice,  
Anxiety, Medical,  
Education,  
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**ABSTRACT**

*The current research assessed the levels of teaching practice anxiety among Medical Education Pre-service students in Kaduna Polytechnic, Nigeria. Six null hypotheses were formulated to guide the study. Descriptive survey research design was adapted for the study. An international structured questionnaire developed by Capel (1992) was adapted and modified to produce 45-items classified into nine sub-units to constitute the tool for data collection. The tool reliability was determined using Cronbach alpha technique yielding .946. The participants are 87 Medical Education trainee-tutors. The collected data were analyzed using both descriptive and inferential statistics. The findings of this research reveal that generally the teaching practice anxiety levels were low among the medical education tutors. Similarly, programmes, age brackets and marital status variables did not produce much statistical significance. Based on these findings, recommendations were suggested among which there should be regular workshops and seminars programmes for lecturers who function as supervisors during teaching practice on skills for effective and efficient supervision. In addition, they*

*should display a friendly disposition during their interaction with student-teachers. Finally, is to ensure trainee-teachers are properly groomed on all teaching and pedagogy courses continuously before proceeding on teaching practice, using ICT to actualize this during micro-teaching to reduce anxiety and stress.*

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## **Introduction**

Knowledge dissemination is through a process known as teaching which refers to the act of imparting knowledge, ideas and attitude to those available for learning. Subsumed in this concept is that teaching would not take place unless students are learning and in order to know what teachers are teaching, teachers also have to understand what students are learning from them. The development of any country all over the world has continued to be intricately tied to educational development in which the teacher is the critical element (Ejima, 2012). Ejima further stated that the quality of a teacher depends on his/her preparation for professional role as a distinct practitioner. The professional preparation of teachers is done through specific educational institutions. These institutions have teaching practice as part of their training which is often earmarked for a specific period of time.

Teaching practice can be conceptualized as a situation where a student-teacher is given the opportunity to try the act of teaching before actually getting into the real world of the teaching profession. It is a period when student-teachers-in-training are posted to schools to teach, demonstrate in practical terms the knowledge and skills they have acquired during training. According to Njida and Sikaya (2003), teaching practice provides student-teachers opportunity to acquire experiences in the actual teaching and learning environment. It is an important practicum where student-teachers experience actual teaching and accumulate experiences (Koerner, Rust & Baumgertner, 2002; Schoeman & Mabunda, 2012). Student-teachers often view the practicum exercise as the most beneficial and valuable component of their training. Ngara, Ngwarai and Rodgers (2013) posit that student teaching has been regarded as the most challenging, regarding and critical stage of the teacher education. Though often cited as a valuable stage of teacher training preparation, the practicum can be sources of stress, worry and concern for student teachers (Danylick, 2013; Behets, 1990; Murray-Harvey, Silins & Saebel, 1999). This worry and stress can lead to teaching anxiety with its attendant consequences.

There may be numerous reasons attributable for teaching anxiety among student teachers. Some of these are that:

- (a) anxiety arise due to the fact that the teaching point is difficult,
- (b) student- teacher's teaching competence for teaching a particular concept may be difficult
- (c) pre-service teacher's level of interest towards the teaching profession may be inadequate,
- (d) it may be due to the fact the pre-service teachers incompetence to teach in a way which is appropriate to the level of the developmental stage of the learners (Akinsola, 2015).

Anusien and Okoiye (2013) further collaborated that during teaching in the classroom, student teachers could be nervous, apprehensive and frightened. This development might not be due to intellectual incompetence but anxiety. Teaching anxiety when experienced could mar effective teaching and learning process. Its physiological consequences could lead to long term classroom struggle by affected teachers to make an impact. It is an experience which if not well managed, makes student teachers to express poor teaching efficacy.

Some of the negative consequences' of teaching anxiety were related to physical health and well-being (Pert, 1996). Akinwumi, Emerole and Oyareku (2016) citing Van Dick and Wagner (2001) posits that student-teacher anxiety is therefore seen mainly as having a negative effect with diverse psychological, physiological and behavioral links. Anxiety experienced by student-teachers in their practicum has been reported in many academic studies (Capel, 1997; D'Rozario & Wang, 1996; Morton, Vesco, Williams & Awender, 1997). Thus, frustration, multiple roles, task ambiguity as associated with student-teachers responsibilities and teaching in schools in Nigeria could result to experiencing occupational anxiety and stress. It occurs when there is a discrepancy between the demand of the work place and that of individual. Besides, there are also supposed to engage in many other tasks such as paper-work, evaluating students, preparing for the class and keeping themselves up-to-date with their teaching. At the same time, they might have positive or negative encounters with parents, administrative authorities and students, all of which can affect them psychologically (Mousavi, 2007).

It should be stated at this juncture that there exists a substantial body of academic literature describing teaching as anxious and stressful occupation, and suggesting that teacher anxiety and stress appears to be an increasing problem (Guthrie, 1006; Kyriacou, 2001; Munt, 2004). This topical problem then

deserves periodic investigation. In recent times, several studies have examined occupational stress in the teaching profession induced by anxiety. Researches conducted suggest that teachers experience disproportionately high level of stress (Adeyemo & Ogunyemi, 2005; Borg, 1990). Teacher's anxiety and stress often affects ability to function effectively (Poormina, 2010), sometimes to the extent of causing consequential burnout (Reddy, 2011). Other common responses identified by Brown and Ralph (1992) includes reduction in work performance and output, inability to manage time or delegate, feeling of alienation and inadequacy, loss of confidence and motivation, increasing introversion, irritability with colleagues, unwillingness to cooperate, frequent irrational conflict at work, withdrawal from supportive relationships, inappropriate cynical humor, persistent negative thoughts, increased substance abuse, loss of appetite, accident proneness. Davis (2007) in Merc (2016) listed the physical symptoms of teachers anxiety as sweating, upset of stomach, heart palpitations and other mental or emotional symptoms as being unable to answer tough questions, public speaking phobia and negative self-talk.

This evidence suggests that although student-teacher regards teaching practicum as a valuable and very important practical aspect of their teacher education training program, it should be consider as anxiety-laden phenomenon that deserves investigation especially among Medical Education Pre-service students in Kaduna Polytechnic.

The issue or problem of teaching anxiety has been an age long affairs in terms of research. Akinsola (2014) citing Gardner and Leak (1994) conceptualized teaching anxiety as anxiety experienced in relation to teaching activities that involve the preparation and execution of classroom activities. Anxiety for teaching is a frequent phobia of pre-service teachers and can lead to series of task avoidance (Akinsola, 2008). It is associated with a particular school subject. It may reflect real or perceived knowledge deficits in subject content as well as in skill delivery on one side. On the other hand, teaching anxiety is viewed from a different perspective. Merc (2015) opined that anxiety studies regarding classroom teachers are mainly centered on general concern problem of teachers rather than subject-matter specific concerns and problems.

Bearing in mind this conceptualization of the term anxiety concept, teaching is seen as a distinct construct that causes anxiety. Historically speaking, Bernstein (1985) in Merc (2015) conceptualized teaching anxiety as part of speech anxiety. Bernstein added that teaching anxiety is a combination of experiences including psychological arousal, subjective distress, and behavioral disruption. Substantiating this conceptualization, Gardner and Leak (1994) believe that

teaching anxiety includes apprehension concerning interactions with audience which involve questions from students, immediate negative feedback, class disruptions or end-of- term evaluation as distinct from speech anxiety.

Indeed, the issue of teacher anxiety has become a topic of research interest among educational scholars for more than three decades, for Keavney and Sincliar (1978) have found teachers concern and teachers anxiety as a neglected area of classroom research. Keavney and Sincliar further identified the following research areas of teacher anxiety as (i) the conceptualization of teacher anxiety, (ii) measurement of teacher anxiety, (iii) sources of teacher anxiety (concerns as sources and correlates of teacher anxiety as sources), (iv) and consequences of teacher anxiety (survival-non-survival in the teaching profession, affective impact, achievement and coping styles).

Preponderance of researches conducted revealed that high level of anxiety interferes with teaching and may cause problems with certain aspects of the student-teacher. A number of studies have been conducted to explore the sources of and solutions to teacher anxiety, revealing various constructs' or components of teacher anxiety. Merc (2015) citing Abel and Sewell (1999) found that poor working conditions and staff relations were the two most significant sources of stress and burnout among rural and urban secondary school teachers, while Capel (1997); Morton Vesco, Williams and Awender, (1997); and Kazu, (2001) identified class control as source of anxiety among teachers. In a similar study by Chapalin's (2008), student teachers reported behavior management, workload and lack of support as major causes of anxiety stress in their practicum experience. According to Tytherleigh, Webb, Cooper and Ricketts (2005), the most significant source of stress for the higher education staff in the United Kingdom was job insecurity. Work relationships, control and resources and communication were also among the issues creating high level of stress.

In addition Facchinetti (2010) concurred by identifying that demands on time management, funding, technology, resources, student behavior management, administration and collegiate support, managing a crowded curriculum and examinations are other cited sources of anxiety as far as teaching is concerned. A lack of role clarification, the evaluation procedure, and not knowing the expectations of the mentor teacher or supervisor may lead to anxiety and stress during the practicum (MacDonald, 1992; Murray-Harvey et al., 2000). In another empirical research of Turkish English French Language (EFL) teachers candidates, Aydan and Beherce (2001) report classroom management as the most cited source of anxiety (43%), other factors that cause anxiety are the

teaching process, relationship with the students and problems caused by the student teachers' status.

Extensive literature review further revealed that evaluation anxiety is caused by being observed and assessed by the supervisor is often cited as a major source during the practicum (Capel, 1997). Anxiety may also be induced by the reaction of the supervisor to an unsuccessful lesson (Heeralal, 2014). Collaborating this assertion, Preece (1979) expressed earlier that anxiety related to controlling the classroom management and maintaining discipline, and dealing with disruptive behavior may lead to high level of anxiety, while Kyriacou and Stephens (1999) listed difficulty in behavior management, and the heavy workload as sources of anxiety for student teachers. Similarly, the relationship with the host school staff, especially those with the mentor teachers may be another source of anxiety. A good relationship with, and effective guidance and supervision from the mentor teacher may reduce anxiety in the practicum (MacDonald, 1993; Ngidi & Sibaya, 2003). Student teachers appear to prefer mentors who are knowledgeable, experienced, honest, respectable, fair and flexible and understanding. They feel stressed when working with controlling, strict or autocratic mentors (Heeralal, 2014).

Finally, researchers have noted that student-teachers' perception of potential sources of anxiety related to teaching practice can vary greatly from individual to individual. They further assert that there are differential reactions to stressors as highlighted in the literature reviewed such as personality (Fontana & Abouserie, 1993), or gender (Magnusson, 1982). In a study of student teachers who were attending a teacher education programme in a Faculty of Education at a Canadian University, Morton et al., (1997) observed that females experienced higher levels of anxiety compared to their male counterparts prior to practice teaching, while Preece (1979) on the contrary did not find sex-linked differences with regard to class control problems among student-teachers. Very few, if any studies have addressed Medical Education Pre-service teachers' anxieties related to teaching practice in Nigeria, particularly among Medical tutors in a Polytechnic Institution. The current study, therefore, attempts to unravel the problem of the nature of anxieties as related to teaching practice among Medical Education Pre-service teachers in Kaduna Polytechnic, Nigeria.

### **Purpose of the Study**

The main purpose of this research was to assess the levels of teaching practice anxiety among Medical Education Pre-service students in Kaduna Polytechnic, North-West, Nigeria. Specifically, it is to:

1. Determine the teaching practice anxiety levels among the Medical Education Pre-service students.
2. Assess whether there is difference in the anxiety level between Medical student teachers in DNE and PHC Programmes.
3. Ascertain whether there is difference in the anxiety level of male students compare to the female students.
4. Determine whether teaching anxiety levels of Medical Education students is influenced by their age bracket.
5. Determine whether there is difference in the anxiety level of Medical Education students based on marital status.

### **Hypothesis Postulations**

1. The teaching practice anxiety sources levels among the medical education students will be significantly high.
2. There is no significant difference in the teaching anxiety sources levels between student's teachers in DNE and those in PHC.
3. There is no significant difference in the teaching anxiety source levels between male and female medical education students.
4. Teaching anxiety sources of medical education students is not significantly influenced by their age bracket.
5. Teaching anxiety sources of medical education students is not significantly influenced by their marital status.

### **Methodology**

**Research Design:** This research adopted a descriptive survey research design. Surveys fit the study because the research was based on empirical data gathered from a few relatively large populations whose members are potential representatives. The study is also explanatory since the basic purpose of the study is to assess anxiety levels of the respondents before teaching practice.

**Participants:** The participants in this research are the entire Health care Educators in the two programmes numbering 120 for 2016/2017 academic session. This consists of 54 PHC trainee-tutors and 60 DNE tutors. The whole population was used due to the small number; hence it is a census study.

**Instrumentation:** A structured questionnaire was developed and used for data collection in this study. After an extensive review of related literature as well as consulting Student Teachers Anxiety Scale (STAS-26) developed by Capel (1997), the instrument was modified by the researcher in two ways by increasing the number of factors/components and their items. The final draft

copy produced a 45-items classified under nine components namely (Teaching competence = 5 items, Supervision anxiety = 6 items, Content mastery = 4 items, Relating with other subject teachers and staff = 6 items, Relating with learners = 4 items, Class control and management = 5 items, Lesson preparation = 5 items, Lesson presentation = 4 items, Teaching profession as a career = 6 items). The items were further structured into 5-point Likert rating scale in order to provide greater response opportunity to the respondents.

The instrument is composed of two parts. Part A elicited the demographic profile of the respondents such as Reg. No, gender, age, while the second part measured the different constructs of the study as described above. Experts in Measurement and Evaluation, as well as Teaching and Classroom Management ensured content and face validity of the instrument before usage. The validation process ensured that the tool is capable of measuring what it was designed to measure. Using the Cronbach alpha coefficient technique as a measure of internal consistency of the items of the scale, the 45-items produced a reliability coefficient of .946, which is very satisfactory. This value is far above the threshold cut-off point as recommended by academic scholars (Gliem & Gliem, 2003; Fields, 2005, Pallant, 2010).

**Data Collection:** The tool was administered to the respondents before the commencement of their teaching practice exercise. Similarly, their Teaching Practice scores were obtained from the Coordinator and matched for individual participants. The participants were properly briefed about the essence of the study after soliciting their consent to participate in the research, which is voluntary. The completions of tool took between 10-15 mins and were returned immediately using the “wait and take method”. This style ensure high returned rate.

**Method of Data Analysis:** The data gathered were cleaned and analyzed using descriptive statistics (frequency, percentage, mean and standard deviations) to answer the research questions while inferential statistics were used in testing the null hypotheses. The analyses were facilitated with the help of computer software package called SPSS version 23

## Results presentation

**Table 1: Socio-Demographic characteristics of the study sample (n = 87)**

Gender	Frequency	Percentage
Male	47	54
<b>Female</b>	40	46
Pre-service		



<b>DNE</b>	34	39
<b>PHC</b>	53	61
Age Bracket		
<b>16-20 years</b>	-	-
21-25	-	-
<b>26-30 years</b>	6	7
<b>31-35 years</b>	22	25
<b>36 years &amp; Above</b>	59	68
Marital status		
<b>Single</b>	8	9
<b>Married</b>	78	91
<b>Separated</b>	-	-
Teaching Experiences		
<b>No Experiences</b>	54	62
<b>1-5 years</b>	22	25
<b>6-10 years</b>	2	3
<b>16 years &amp; Above</b>	-	-
<b>TOTAL</b>	<b>87</b>	<b>100</b>

Table 1 show data of the research participants indicating that 47(54% of the respondents are male while 40(46%) are female. Programme distribution reveals that 34(39%) of the participants are in DNE while 53(61%) are in PHC. Age bracket distribution indicates that 7(7%) of the respondents' are within 26-30 years old, 22(25%) are between 31-35 years while 59(68%) are from 36 years and above.

### Hypothesis Presentation

**HO 1: The teaching practice anxiety sources levels among the medical education students will be significantly high.**

**Table 2: Results of One-sample t-tests analyses on the levels of teaching anxiety sources among the Medical Education students**

Teaching Anxiety Sources	Sample Mean	Sample SD	Referenced t-value	t	Sign	Remark
1.Supervision Anxiety	20.91	5.13	18	5.29*	<.001	S
2.Relating with other students & Staff	18.40	4.93	18	.76	.45	NS

3.Teaching Profession as a career	14.59	6.62	18	- 4.79*	<.001	S
4.Teaching competence	14.55	4.48	15	-.93	.35	NS
5.Class control and Management	15.07	4.37	15	.15	.88	NS
6.Lesson Preparation	16.22	5.34	15	2.13*	.04	S
7.Content mastery	11.95	3.89	12	-.11	.91	NS
8.Relating with learner	11.29	3.76	12	-1.77	.08	NS
9.Lesson Presentation	10.56	3.98	12	- 3.37*	.001	S
All Sub-scales	133.55	30.70	135	-.44	.66	NS

S=Significant, NS=Not Significant

In testing the first null hypothesis, the respondents scores on the teaching anxiety scale measured by 45 items were summed-up based on the items under each sub-scale construct/component. For tge One-sample t-test (Population t-test), the product of an item mean (midpoint) and the number of items composing each sub-scale was taken to be referenced or expected mean. Thus, supervision anxiety sub-scale with 6 items has 18(3 X 6) as the referenced mean (t-score). This was the case for the other teaching anxiety sub-scales based on their relative items, hence the differences in referenced values. The researcher reasoned that for teaching anxiety sources/levels to be considered significantly high, the scores made on each sub-scale should be significantly higher than the computed referenced means (i.e. 18, 15, 12). This hypothesis was tested with One-sample t-tests. The results are presented in Table 2.

When all the 9 teaching anxiety sub-variables were computed, the results reveals a non-statistically significant low levels of teaching anxiety among the participants ( $M=133.55$ ,  $SD=3.70$ ),  $t(86) = -.44$ ,  $P=.66$  leading to the support and, hence upholding of the hypothesis. However, a critical look at individual sub-scales reveals that 4 out of the 9 sources (Supervision anxiety, Teaching profession as a career, Lesson preparation and Lesson presentation) produced mixed statistical significance with two being low while two are high in terms of teaching anxiety. The remaining 5 sub-scales produced similar mixed results also. The conclusion is that generally majority of the teaching anxiety sub-variables produced statistical significance while others produced non- statistical

significance. Similarly, while some produced high teaching anxiety among the students, others produced low teaching anxiety among them.

**HO 2: There is no significant difference in the teaching anxiety sources levels between student's teachers in DNE and those in PHC.**

**Table 3: Independent sample t-test analysis between DNE and PHC students on their teaching anxiety sources**

Teaching Anxiety Sources	DNE ( 34 )		PHC (53)		T	P	Remark
	M	SD	M	SD			
1.Supervision Anxiety	21.24	4.72	20.69	5.41	.47	.64	NS
2.Relating with other students & Staff	18.56	4.30	18.30	5.33	.24	.81	NS
3.Teaching Profession as a career	15.21	6.94	14.21	6.44	.88	.49	NS
4.Teaching competence	14.62	3.05	14.51	5.23	.12	.90	NS
5.Class control and Management	14.65	3.69	15.34	4.77	-.72	.47	NS
6.Lesson Preparation	15.65	5.13	16.58	5.49	-.78	.43	NS
7.Content mastery	11.76	3.77	12.08	3.99	-.36	.72	NS
8.Relating with learner	11.18	3.54	11.36	3.92	-.22	.83	NS
9.Lesson Presentation	10.50	3.74	10.60	4.15	-.12	.91	NS
All Sub-scales	133.35	27.80	133.68	30.69	-.15	.96	NS

Independent sample t-tests were conducted to assess differences in the teaching anxiety levels between medical student teachers in DNE and PHC programmes. The analyzed results are presented in table 3. The results totally reveals a non-statistical significant differences between DNE (M=133.35, SD=27.80) compared to the PHC students (M=133.68, SD=30.69),  $t(85) = -.85$ ,  $P=.96$ . The magnitude of the differences in the means =  $-.33$ , 95% CL:  $-.13.82$  to  $13.17$ . The eta squared was very small  $=.01$ . With these results the null hypothesis is

hereby supported and thus sustained. A critical look at each teaching anxiety sub-scales produced similar results. The conclusion is that there is no significant difference between students in DNE and those in PHC as it relates to the levels of teaching anxiety sources’.

**HO 3: There is no significant difference in the teaching anxiety source levels between male and female medical education students.**

**Table 4: Independent sample t-test analysis between DNE and PHC students on their teaching anxiety sources**

Teaching Anxiety Sources	Male ( 47)		Female (40)		T	P	Remark
	M	SD	M	SD			
1.Supervision Anxiety	20.53	5.17	21.35	5.09	-.74	.46	NS
2.Relating with other students & Staff	18.06	4.87	18.80	5.03	-.69		NS
3.Teaching Profession as a career	15.00	6.15	14.73	7.19	.61	.54	NS
4.Teaching competence	14.64	4.96	14.45	3.91	.19	.85	NS
5.Class control and Management	14.72	4.50	15.46	4.22	-.79	.43	NS
6.Lesson Preparation	15.53	5.56	17.03	5.02	- 1.31	.20	NS
7.Content mastery	11.62	3.93	12.35	3.85	-.88	.38	NS
8.Relating with learner	10.64	3.61	12.05	3.82	- 1.77	.08	NS
9.Lesson Presentation	10.53	4.07	10.60	3.91	-.08	.94	NS
All Sub-scales	<b>131.28</b>	<b>29.94</b>	<b>136.25</b>	<b>31.74</b>	<b>-.75</b>	<b>.46</b>	<b>NS</b>

In testing the third hypothesis, independent sample t-tests were explored to determine the differences between male and female medical education teachers as it relates to their teaching anxiety levels. The results presented in Table 4 reveals a non-statistically significant differences between male students (M=131.28, SD=29.94) compared to their female counterparts (M=136.25,

SD=31.74),  $t(85) = -.75$ ,  $P=.46$ . The magnitude of the differences in the means = -4.95, 95% CL: -18.11 to 8.21. The eta squared in terms of effect size was also very small =.01. With these results the stated null hypothesis is hereby supported and this upheld. A critical look at the individual teaching anxiety sub-scales also reveals the same results. The inference is that there are no differences in the teaching anxiety levels of male students as well as that of the female students.

**HO 4: Teaching anxiety sources of medical education students is not significantly influenced by their age bracket.**

**Table 5: ANOVA results on whether teaching anxiety sources of medical education students is influenced by their age bracket**

Teaching Anxiety Sources	26-30 Years (n=6)		31-35 yrs(n=22)		36 years and Plus (n=59)		F	P	Remark
	M	SD	M	SD	M	SD			
1.Supervision Anxiety	19.00	3.35	20.45	6.65	21.27	4.62	.65	.53	NS
2.Relating with other students & Staff	18.33	3.33	19.86	4.84	17.86	5.04	1.33	.27	NS
3.Teaching Profession as a career	16.67	6.38	15.96	6.83	13.88	6.55	1.10	.34	NS
4.Teaching competence	14.00	1.41	14.86	4.44	14.49	4.74	.10	.90	NS
5.Class control and Management	15.33	3.08	16.09	4.98	14.66	4.39	.87	.42	NS
6.Lesson Preparation	16.33	3.50	17.14	4.96	15.86	5.65	.45	.64	NS
7.Content mastery	9.83	3.43	12.82	3.78	11.85	3.93	1.47	.24	NS
8.Relating with learner	12.33	2.88	12.63	3.36	10.68	3.87	2.57	.09	NS
9.Lesson Presentation	10.17	4.26	12.05	3.75	10.05	3.96	2.10	.13	NS
All Sub-scales	132.00	24.13	141.86	30.16	130.61	31.35	7.09	.34	NS

An analysis of variance (ANOVA) was conducted to determine whether teaching anxiety levels of medical education students influenced by their age brackets. The results are presented in Table 5. Cumulatively, it reveals that age bracket did not significantly influenced the teaching anxiety levels among the students  $F(2,84) = 1.09, P=.34$ . The effect size computed was very small = 0.03 (Cohen, 1988). A critical look at the table also reveals similar results as it relates to individual teaching anxiety for sub-scales is that there are no significant differences among the age groups as it relates to the levels of teaching anxiety.

**HO 5: Teaching anxiety sources of medical education students is not significantly influenced by their marital status.**

**Table 6: ANOVA results on whether teaching anxiety sources of medical educations students is influenced by their marital status**

	Single (n=8)		Married (n=79)		Separated (n=0)				
Teaching Anxiety Sources	M	SD	M	SD	M	SD	F	P	Remark
1.Supervision Anxiety	16.00	5.53	21.41	4.85	-	-	8.81	.004	S
2.Relating with other students & Staff	16.88	6.59	18.56	4.75	-	-	.85	.360	NS
3.Teaching Profession as a career	13.25	5.04	14.73	6.77	-	-	.36	.55	NS
4.Teaching competence	11.70	4.56	14.84	4.41	-	-	3.54	.063	NS
5.Class control and Management	13.13	4.29	15.27	4.36	-	-	1.76	.19	NS
6.Lesson Preparation	14.00	4.75	16.44	5.37	-	-	1.53	.22	NS
7.Content mastery	9.13	3.98	12.24	3.79	-	-	4.88	.030	S
8.Relating with learner	10.13	3.52	11.46	3.78	-	-	.84	.361	NS
9.Lesson Presentation	9.00	4.57	10.72	3.91	-	-	1.37	.25	NS
All Sub-scales	113.25	36.78	135.61	29.52	-	-	3.99	.49	S

Series of ANOVAs was explored to determine whether the marital status did influence the teaching level of medical education students. The results are presented in Table 6, which reveals a statistical significance cumulatively,  $F(2,84) = 3.99, P=.04$ . With these results, it indeed indicates that marital status influenced the teaching anxiety levels significantly. A critical look at the individual teaching anxiety sub-scale levels reveals mixed results. While sub-

scale like Supervision anxiety and content mastery produced statistical significance, while the remaining other sub-scales produced non-significance.

### **Discussion of findings**

The main focus of the current research was to assess the levels of teaching practice anxiety among medical education pre-service students in Kaduna Polytechnic, North-west, Nigeria. The first finding of this study reveals that generally the teaching practice anxiety levels was low, however, some individual sub-variables produced high anxiety while some produced low anxiety. This finding is consistent with other researchers' findings (Cape, 1997; D'Rozaric & Wang, 1996; Morton, Vasce, Williams & Awender, 1997). The second finding of this study reveals that there was no much difference between DNE and PHC students as it relates to teaching practice anxiety. This finding is contrary to what Aydan and Beherce (2001) found with Turkish English, French Language teachers where classroom management was cited as the most source of anxiety. Other factors that cause anxiety are the teaching process, relationship with the students and problems caused by the students' teachers' status.

The next finding was that there was no any significant difference between male and female medical education teachers as it relates to their teaching anxiety levels. This finding is contrary to the finding of Merton et al., (1997) who observed that females experienced higher levels of anxiety compared to their male counterparts prior to teaching practice. However, the current findings is consist with that of Preece (1979) who did not find sex-linked differences with regard to classroom control problems among student-teachers.

Another finding of this research reveals that teachers anxiety levels of medical education students was not influenced by their age bracket. Indeed, this finding is not surprising because the medical education student-teachers are matured and responsible individuals who must have been attending outreach enlightenment and educational programmes as health care professionals. Through, these they must have overcome stage fear, nervousness, worry and other stressful sources that may trigger anxiety. The last finding reveals that marital status of the respondents influenced their anxiety levels. While some teaching anxiety like supervision anxiety and content mastery, produced significance in favor of matured teachers, other sub-scales did not produced any significant results. This finding is consistent with what Capel (1997) found where he revealed that evaluation anxiety is caused by being observed and assessed by the supervisor is often cited as a major source during the practicum.

In addition, anxiety may also be induced by the reaction of the supervisor to an unsuccessful lesson (Heeralal, 2014). On the contrary, this research finding is not in agreement with what Preece (1979) discovered, expressing that anxiety related to controlling the classroom management and maintaining discipline and dealing with disruptive behaviors may lead to high level of anxiety.

## **Conclusion**

This research painstakingly assessed teaching practice anxiety sources among medical education student-teachers which include teaching competence/confidence, supervision anxiety, content mastery, relating with other student teachers and staff, relating with learners, class control and management, lesson preparation, lesson presentation and teaching profession as a career . The anxiety level was found to be low among the students while marital status had positive influence on the students, gender and academic programme did not produced any significant influence on the students. Based on this, the study concludes that anxiety experienced by medical education student-teachers during teaching practice is a major factor affecting negatively their teaching practice.

## **Recommendations**

1. There should be regular workshops and seminar programme for lecturer who function as supervisors' during teaching practice on skills for effective and efficient supervision that will gear toward positive impacts on the medical education teachers instead of fear and anxiety.
2. Teaching practice supervisor should put a friendly disposition during their interaction with the student-teachers. Thus, they should see the medical teachers as their handwork and not those to be intimidated.
3. Medical Education teachers should be more oriented as to the relevance of teaching practice exercise, anxiety, stress and how to handle it during their training as prospective professional teachers of health. They should change their perceptions and have positive view of the exercise, learn better from the programme and eventually perform optimally in their pedagogical skills on the field.
4. Ensure that Medical trainee-teachers are properly groomed in all teaching and pedagogy courses before proceeding on teaching exercise. The ICT can be utilized during micro-teaching to help reduce anxiety and enhance teaching confidence, efficiency and productivity.



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