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**THE SURVEY OF TEST ANXIETY LEVEL AMONG THE
STUDENTS OF KURDISTAN UNIVERSITY OF MEDICAL
SCIENCES AND ITS RELATED FACTORS IN THE
ACADEMIC YEAR OF 2016**

**Marzieh Moghadam¹, Seyyed Nima Naleini², Narges Shams-Alizadeh¹,
Asrin Seyedoshohadaii^{1*}, Fayegh Yousefi¹**

¹Neurosciences Research Center, Kurdistan University of Medical Sciences, Sanandaj, Iran.

² Student Research Committee, Kurdistan University of Medical Sciences, Sanandaj, Iran.

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***Correspondence to Author:**

Asrin seyedoshohadaii

Kurdistan University of Medical

Sciences, Abider Street, Sanandaj,

Iran, 66186-34683,

Tel: +989336583929,

fax: +00 98 87 33237760

E-mail:

nimanaleini@yahoo.com

ABSTRACT

Background: Test anxiety is a general term and is a kind of anxiety or social phobia that doubts a person about his abilities in test, and its' consequence is decrease of ability to deal with test situations.

Objective: Regarding the effect of test anxiety on students' cognitive, emotional and behavioral dimensions, the purpose of this study was to determine the test anxiety level and its related factors among the students of Kurdistan University of Medical Sciences in 2016.

Method: Using random stratified multi-step sampling method, 384 students of Kurdistan University of Medical Sciences, after obtaining permission from the university's educational department, were evaluated using a 37-item Sarason test, anxiety questionnaire. The results of this study were analyzed using the spss20 software.

Results: The average test anxiety score for all students was 15.84. The results indicated that there was a significant correlation between the test anxiety score and age and sex ($p \leq 0.003$), marital status ($p \leq 0.0001$), educational degree ($P \leq 0.048$) and physical health status ($P \leq 0.0001$) but there was no statistical difference between the test anxiety score and the variable of the field of study ($P \geq 0.096$).

Conclusion: The test anxiety level was moderate. Since the test anxiety

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is a multifactor phenomenon and various factors affect its creation and its continuity, it is necessary to plan it through group effort using students, parents, professors, educational advisors and university administrators.

INTRODUCTION

One of the most extensive fields of research in recent decades has been anxiety and its related factors. Recent studies indicate that anxiety disorders are most common in the general population and one of the forms of these disorders is the test anxiety (Fathi Ashteiani & Emamgholivand, 2002). Test anxiety is a general term and is a kind of anxiety or social phobia that doubts a person about his abilities in test, and its' consequence is decrease of ability to deal with test situations. It can be said that the person is anxious to answer the questions, but the anxiety does not prevent him from using his knowledge. As a result, there is a significant and reverse relationship between anxiety scores and test scores (Sargolzaee, Samari, & Keikhani, Spring & summer 2003). Test anxiety threatens students' mental health and affects the efficacy, the prosperity of talents, the formation of their personality and their social identity, and those with higher test anxiety will have a weaker academic performance (Cassady, 2004). This abnormal response to very anxious situations ultimately leads to reduced performance and reduced active memory (Biabangard, 1999b).

In a study, the test anxiety level of Iranian students was 17.2%. Medical, health, paramedical and nursing students also suffer from test anxiety as well as others, with 26.3% of midwifery students and 3.3% of nursing students test anxiety (Cheraghian, Moghadam, Baraz-Pardejani, & Bavarsad, 2008; Hembree, 1988; Karimoei & Milani, 2004; Latas, Pantić, & Obradović, 2010; Yazdani & Soleimani, 2011). In another study, the student's degree of test anxiety in Kurdistan University of Medical Sciences in 2009 was estimated at 14.4% (Hatami & Ardalan, 2010).

The systematic studies of test anxiety as an important educational and clinical phenomenon returns to Sarason researches (1984), which suggests that the simultaneous test situation activates two relevant and non-relevant responses to the test. The first category increases the efficiency level, and the second category, the unrelated responses to the test, by activating helpless states, increasing the level of physiological response, reducing self confidence, as well as launching double attempts to get rid of the test situation, reduces the level of efficiency (Irwin G Sarason, 1984). Testples of

anxiety can be discussed when the student is concerned about his efficiency and talent in the situation of the test, or in the situations in which he is evaluated (Greenberg, Wortman, & Stone, 1996; I G Sarason, 1988).

The factors influencing the test anxiety in general can be divided into three categories: 1. Personality factors (including low self confidence, external control source, general anxiety of self-efficacy, inappropriate study skills, and learned helplessness); 2. School factors (Including difficult courses and tests, teacher's false expectations, time limitation, inappropriate test environment, inappropriate lighting and intrusive factors such as noise); 3. Family factors (including parenting methods, excessive parenting expectations, punishment, blaming and not encouraging, as well as low economic and social conditions (Behe, 2009).

The results of Schafer's study about test anxiety and academic achievement show that students with high test anxiety have long-term education and have their reading and learning skills, both at the time of study and at the time of taking the test, less than their ability and knowledge limit and suffer more from social concerns. Psychological and psychiatric disorders are more prevalent in this group (Schaefer, Matthes, Pfitzer, & Köhle, 2007). Studies conducted outside of Iran show that students are turning to alcohol, medicine and smoking to adapt to the test anxiety (Ghafari & Blochi, 2001).

Since the high anxiety of the test can affect the students' cognitive, emotional and behavioral dimensions and affect the readiness of the tests and it greatly affects the students' emotional health, identifying the sources of the test anxiety and its effects is very important (Baldwin, Chambliss, & Towler, 2003). According to the recent article, and considering that limited studies in this field have been carried out in Kurdistan province, especially in the students, we decided to study the test anxiety and its related factors among the students of Kurdistan University of Medical Sciences.

METHODS

In this descriptive-analytic study, the study population included all students of Kurdistan University of Medical Sciences in 2016. The sample size was 384 people by random stratified multi-stage sampling method in which the colleges were subset and considered as class. Exclusion criteria included all students who were treated for psychiatric problems during the course of the project.

After obtaining permission from the university's

educational department, the list of all students was taken on the basis of educational degree and field of study from general education unit. Then, from each level and each field, in proportion to the number of students, the samples were systematically (and randomly) selected from the list.

According to the research topic and the method of its study, the data collection tool was a questionnaire. After satisfying the students to participate in the research and describing the goals of the study, the questionnaires were given to them and then completed on the same day. The questionnaires did not have the names of the participants and each questionnaire had a special code given randomly to the students. Before completing the questionnaires, the students were assured that all the information would be confidential and we asked them to answer the questions carefully and they were explained about each question that was accompanied by ambiguity.

The questionnaire that given to the students was comprised of two parts: demographic factors questionnaire and Sarason test anxiety questionnaire. In the demographic questions section, the questions were included gender, age, marital status (single or married), field of study, educational degree, academic status, mental and physical health.

Sarason's test anxiety questionnaire (STAS) was developed by Sarason in 1958. This scale has 37 items and their answers are in format of correct and incorrect. The number of items that the subject answers correctly is the test's anxiety score. In items 3, 15, 26, 27, 29, and 33, for the incorrect answer and in the other questionnaire items for the correct answer one score is

given. So the range of scores will be between 0 and 37. If the score is 12 or less than 12, the test anxiety is placed in the lower range (mild). If a person's score is at this level, he does not need to take any serious action to test anxiety. A score of 12 to 20 indicates that the test anxiety has a moderate degree, and any score above 20 means the test anxiety is high (severe). Validity and reliability of this questionnaire have been evaluated in several studies. The Cronbach's alpha coefficient is 88%, the internal consistency is 95% and the standard validity is 72% , which is generally acceptable (Biabangard, 1999a). Also, the reliability coefficient of this questionnaire using the method of two halves is 88% and alpha coefficient is 87% (Irwin G Sarason, 1984). The test-retest reliability coefficient for this questionnaire was 87% and its validity coefficient using the method of two halves was reported 84% (Hoomand, 1994).

The collected data was entered into the spss-20 software. Quantitative descriptive objectives were calculated by calculating the mean and standard deviations and, if needed, other quantitative indicators such as mid-face and face value. Qualitative descriptive objectives were calculated by calculating the ratios along with the confidence interval. To analyze the relationship between age and test anxiety raw scores, Pearson correlation coefficient and also to analyze the relationship between gender and raw scores of test anxiety independent t-test were used.

RESULTS

Table 1. Frequency distribution of the studied subjects according to educational degree.

Educational degree		Frequency	Percentage	
Associate's degree		8	2.1	
Bachelor's degree		224	58.3	
Master's Degree		19	4.9	
General Doctorate	Basic Sciences	39	10.2	
	Physiopath	13	3.4	
	Medicine	Externship	22	5.7
		Internship	20	5.2
		Total	94	24.5
	Dentistry	Basic Sciences	10	2.6
Clinic		10	2.6	
Total		20	5.2	
Total		114	29.7	
Medical Residency		15	3.9	
PhD		4	1	
Total		384	100	

In this study, 384 students of Kurdistan University of Medical Sciences were studied. Of these, 163 cases (42.4%) were male and 221 cases (57.6%) were female. In terms of age, the highest frequency belonged to the age group of 18-23 years old (58%), followed by age groups 23-28, 28-33, 33-38 and over 38

years old with an abundance of 28.1%, 7.7% , 4.2% and 2% respectively. In terms of marital status, 64 cases (16.7%) were married and 320 cases (83.3%) were single. The abundance of studied subjects in terms of educational degree is presented in Table 1.

Table 2. Frequency distribution of studied subjects according to field of study.

	Field of Study	Frequency	Percentage		
Fields of Associate's degree	Medical Emergency	8	2.1		
Fields of Bachelor's degree	Midwifery	26	6.8		
	Nursing	41	10.7		
	Operating Room Technician	18	4.7		
	general Health	23	6		
	Environmental Health	24	6.2		
	Professional Health	15	3.9		
	Laboratory sciences	18	4.7		
	Anesthetics Technician	18	4.7		
	Radiology	19	4.9		
	Radiotherapy	14	3.6		
	Medical Emergency	8	2		
	Fields of General Doctorate	Medicine	94	24.5	
		Dentistry	20	5.3	
Fields of Undergraduated degree	Microbiology	3	0.8		
	Anatomy Sciences	2	0.5		
	Fields of Master's Degree	Immunology	4	1	
		Epidemiology	2	0.5	
		Education of Health	3	0.8	
		Environmental Health	4	1	
		Nursing	1	0.3	
		Fields of PhD degree	Molecular medicine	3	0.8
			Environmental Health	1	0.3
	Gynecology		4	1	
	Fields of Medical Residency	Psychiatry	3	0.8	
		General surgery	1	0.3	
		Pediatrician	3	0.8	
Internal		4	1		
Total			384	100	

The frequency distribution of the studied subjects in terms of the field of study is also given in Table 2. Of the studied subjects, 19.8% had a previous semester total average score of 17 and more than 17, while 65.4% had an average score of 14 to 17. 14.8% had an average of the previous semester of less than 14.

In terms of physical health status, 2.9% had a major physical diseases or major physical defects who were under treatment, and 97.1% did not have this problems. 100% of the studied subjects had not received any treatment for psychiatry problems.

Table 3. The Average score of test anxiety according to gender, age and marital status.

		Frequency	Average	Standard Deviation	P Value
Gender	Male	221	14.59	6.29	0.001
	Female	163	16.76	6.5	
Marital status	Single	320	15.82	6.4	0.00001
	Married	64	15.84	6.78	

The Average score of test anxiety for all students was 15.84. Table 3 shows the average student's test anxiety score by gender, age and marital status.

Table 4. Difference of average scores of test anxiety in different educational degree.

		Frequency	Average	Standard Deviation	P Value
Average score of test anxiety	Associate's degree	8	20.12	4.91	0.048
	Bachelor's degree	224	16.55	6.36	
	Master's Degree	19	14.94	7.4	
	General Doctorate	114	14.92	6.29	
	Medical Residency	15	12.46	6.2	
	PhD	4	12.25	3.59	
	Total	384	15.84	6.5	

Table 5. Average score of test anxiety according to different sections of the general doctoral of medicine and dentistry.

		Frequency	Average	Standard Deviation	P Value	
Average score of test anxiety	Medicine	Basic Sciences	39	22.15	5.85	0.001
		Physiopath	13	13.84	5.78	
		Externship	22	14.4	5.36	
		Internship	20	13.9	6.34	
	Dentistry	Basic Sciences	10	22	6.27	
		Clinic	10	17	6.71	

Table 6. Average score of test anxiety according to field of study.

		Frequency	Average	Standard Deviation	P Value	
Average score of test anxiety	Fields of Associate's degree	Medical Emergency	8	20.12	4.91	0.096
		Midwifery	26	17.07	6.67	
	Fields of Bachelor's degree	Nursing	42	16.57	6.14	
		Operating Room Technician	18	15.72	7.98	
		general Health	23	17.6	5.96	
		Environmental Health	24	19.62	5.65	
		Professional Health	15	16	5.46	
		Laboratory sciences	18	15.05	5.87	
		Anesthetics Technician	18	17.61	6.88	
		Radiology	19	15.47	5.87	
		Radiotherapy	14	18	6.65	

	Medical Emergency	8	22.62	5.95	
Fields of General Doctorate	Medicine	94	14.52	6.34	
	Dentistry	20	16.5	7.35	
Fields of Undergraduated degree	Microbiology	3	24.33	7.23	
	Anatomy	2	13.5	2.12	
	Fields of Master's Degree	Sciences			
		Immunology	4	7.85	4.42
		Epidemiology	2	10.5	4.94
		Education of Health	3	21.67	12.58
		Environmental Health	4	19	6.05
		Nursing	1	24	
	Fields of PhD degree	Molecular medicine	3	12	4.35
		Environmental Health	1	23	
Fields of Medical Residency	Gynecology	4	11.28	6.62	
	Psychiatry	3	13.66	8.32	
	General surgery	1	15		
	Pediatrician	3	10.33	6.11	
	Internal	4	15.25	6.94	
Total		384	15.84	6.5	

Table 7. Average score of test anxiety according to educational status.

	Educational Status	Frequency	Average	Standard Deviation	P Value
Average score of test anxiety	The total score average of last semesters as 17 and more than 17	76	14.94	6.03	0.1
	The total score average of last semesters from 14 to 17	251	15.76	6.58	
	The total score average of last semesters lower than 14	57	17.36	6.57	
	Total	384	15.84	6.5	

Table 8. Average score of test anxiety according to physical health status.

	Physical Health Status	Frequency	Average	Standard Deviation	P Value
Average score of test anxiety	Students with major disease or major physical defects	11	15.85	6.99	0.0001
	Students	373	15.54	6.49	

without major
disease or major
physical defects

Total

384

15.84

6.5

The Average score of test anxieties of all students are shown in Tables 4, 5, 6, 7, and 8 respectively in terms of educational degrees, different levels of general medicine and dentistry, field of study, educational status and also in terms of physical health status. The results of multiple regression analysis showed that there was a statistically significant relationship between age and sex with test anxiety score ($p \leq 0.003$). But Pearson correlation coefficient did not show a significant relationship between age and test anxiety ($p \geq 0.67$), While between sex with anxiety proved a significant relationship ($p \leq 0.002$), So that the mean score of test anxiety in female was more than male ($p \leq 0.001$). The mean of test anxiety score among single and married cases also showed a significant difference, so that this mean in married cases was higher than singles (15.84 versus 15.82) ($p \leq 0.0001$).

The results of ANOVA on the relationship between the test anxiety and educational degree showed that there was a significant statistical relationship between these two ($P \leq 0.048$). The results of the POST HOC test on the relationship between the subclasses of the educational degree and the test anxiety also showed that there was a significant statistical relation between all the subcategories of the educational degree and the test anxiety ($P \leq 0.001$). Also, the results of ANOVA on the relationship between the test anxiety and the field of study there was no statistical relationship between these two variables ($P \geq 0.096$). There was a significant difference between the test anxiety and physical health status of the students. The Average score of test anxiety in students with major physical disease or major physical deficiency was higher than that of the other group (15.85 versus 15.54) ($P \leq 0.0001$).

DISCUSSION

As mentioned, Test anxiety is a general term and is a kind of anxiety or social phobia that doubts a person about his abilities in test, and its' consequence is decrease of ability to deal with test situations (Sargolzaee et al., Spring & summer 2003). In this study, 384 students of Kurdistan University of Medical Sciences in 2016 were evaluated using Sarason's questionnaire regarding the level of test anxiety and its related factors. The Average score of test anxiety of students in this study was 15.84 ± 6.5 . The Average

score of test anxiety of a study on students of Hormozgan University of Medical Sciences in 2012 was 13.65 ± 6.06 (Danesh, 2011; Dortaj, Mousavi, & Resaei, 2013; Yazdani, 2012). Hatami in examining and comparing the level of test anxiety in students of Colleges affiliated to Kurdistan University of Medical Sciences and its relationship with some demographic characteristics in the academic year of 2007-2008 showed that 14.4% of these subjects had a level of morbid anxiety, 72.8% had a relative anxiety level (anxiety Moderate) and 12% had a healthy anxiety level (Hatami & Ardalan, 2010). In a study that was done to evaluate the test anxiety among nursing students of Abadan University of Medical Sciences, the test anxiety level were mostly low and moderate in the case of nursing students, and 86% of students had some kind of problem. It seems that the test anxiety level of our students is in moderate range and is approximately similar to the test anxiety level of Mentioned studies. Differences between various studies about students' test anxiety can be attributed to differences in questionnaires, student's degree, sample size and various statistical societies, and also test anxiety is under the influence of various factors and the individual perception of these factors. So that Cheraghian in his study has pointed to the factors influencing the test anxiety such as the difficulty of the courses, how to design the exam questions by the professors, the number and the intervals of the exam, behavioral approach of professors and education system and its related provisions, and attributed the main part of the difference in the various studies to the non-matching of these factors in different colleges (Cheraghian et al., 2008). In the study of Heshmat in 2008, the important factors affecting the students' test anxiety are mentioned as the length of the exam time, physical inactivity, the extent of the field capacity, lack of knowledge of how to take the exam, the lack of knowledge of anxiety reduction techniques, or, if they are aware about them, do not act on them (Hashmat, Hashmat, Amanullah, & Aziz, 2008).

In the present study, the Average score of test anxiety was 16.76 ± 6.5 and in male gender was 14.59 ± 6.29 , and there was a statistically significant relationship between gender and test anxiety ($P < 0.002$), so that the test anxiety in females was higher than was in males. The results of Lashkri's study (Lashkaripour, Bakhshani, & Soleymani, 2007), Narimany (Narimany, Eslamdoost,

& Gafary, 2006), Maria (Di Maria & Di Nuovo, 1990), Ferrando (Ferrando, Varea, & Lorenzo, 1999), Feingold (Feingold, 1994), suggest a statistically significant relationship between gender and test anxiety that is consistent with our findings. Some studies have found that the test anxiety among female students is due to a concern about school homework (Cheraghian et al., 2008). Female students are more sensitive to higher grades than male students (Crowe, Matthews, & Walkenhorst, 2007). It seems that the average score of two sexes in the test anxiety variable is well explained by their gender role. Because girls are encouraged to accept anxiety and accept it as a feminine attribute, they learn to surrender passively during anxiety. While boys face defeat in accepting anxiety because they consider it as a threat to their masculinity. Boys learn to cope with anxiety and find ways to counteract it or deny it (Akbari-boorang & Aminyazdi, 2009). A study in England shows that girls are more emotionally affected than boys, and this increases their test anxiety level compared to boys (Putwain, 2007). In another study, the cause of the high test anxiety in girls was much worrying compared to boys (Chandler, 2006); this worrying and much concern of girls may be due to fear of their assessment by the environment, especially the family, peers and the whole society (Sullivan, 2002). In the studies of Hatami (Hatami & Ardalán, 2010), Barzegar (Bafraee, Janbozorgi, & Niyusha, 2012) and Tuntufye (Mwamwenda, 1993), there was no significant relationship between test anxiety and gender, and the findings of these studies did not fit our study.

In this study, the Average score of test anxiety was the highest in the age group of 18- 23 years old (with a mean of 16.47 ± 7.4) and it was the least in the age group over 38 years old (with a mean of 9.5), so, there was no statistically significant relationship between test anxiety and age ($P \geq 0.27$), which can be due to the fact that people in different age groups are affected by several factors such as the type of the field of study, the nature of the course (clinical and non-clinical) and gender, which in turn these factors are involved in anxiety. In the study of Hatami (Hatami & Ardalán, 2010) and Yazdani (Yazdani, 2012), there was no statistically significant relationship between test anxiety and age, which is consistent with our study. Cheraghian have linked this result to the fact that the average age of the majority of participants in the study is close to each other (Cheraghian et al., 2008). The relationship between age and test anxiety was statistically significant in the study of Dortaj (Dortaj et al., 2013) and Watson (Watson, 1988) and older subjects had more anxiety.

In the present study, the Average score of test

anxiety in married cases was higher than single subjects (15.84 ± 6.78 vs. 15.82 ± 6.4) and there was a significant relationship between marital status and test anxiety ($P \leq 0.001$). Moadeli's research has linked marital status and exam anxiety to each another. So that The Average score of test anxiety in married people was higher than that of single subjects (31.8 ± 15.9 versus 24.9 ± 16.5) (Moaddeli & Ghazanfari Hesamabadi, 2005), which is consistent with our study results. In the study of Cheraghian, the test anxiety scores in married subjects were higher than single subjects (36 vs. 27), although this relationship was not significant (Cheraghian et al., 2008). It seems that various stressors, such as lower income and more responsibility in married people than single people, have caused more concern in the study process and more test anxiety. In Yazdani's study, the Average score of test anxiety in single subjects was higher than married ones (17.31 ± 6.67 vs. 15.76 ± 6.17), but this relationship was not significant (Yazdani & Soleimani, 2011).

In this study, the Average score of test anxiety was highest in people with a total mean of last semesters scores less than 14 (with a mean of 17.36 ± 6.57) and in subjects with total mean of last semesters scores of 17 and above (with an average of 14.94 ± 6.03) was the least and there was no significant relationship between test anxiety and educational status ($P \geq 0.1$). It is likely that the effect of other factors such as heterogeneity in the field of Study and educational degrees of the studied students is the cause of this insignificance. In the study of Moghimian (Moghimian, Salmani, & Azarbarzin, 2011), Cheraghian (Cheraghian et al., 2008) and Chapell (Chapell et al., 2005), test anxiety did not have a significant relationship with educational status, which is consistent with our study outcomes. In the study of Yazdani (Yazdani, 2012), Cassady (Cassady, 2004) and Narimany (Narimany et al., 2006) there was a significant and inverse relationship between test anxiety and educational status that did not conform to our study outcomes. It can be said that moderate levels in anxiety can lead to optimal performance in specific tasks. However, the high or low anxiety can interfere with efficient and effective information processing in situations such as the test session that needs to be thought that this interference leads to a person's performance falling (Narimany et al., 2006).

The Average score of test anxiety in this study was highest in associate's degree with an average of 20.12 ± 4.91 , and the lowest was in p.h.d degree (mean 12.25 ± 3.59). Among the general medicine levels, the Average score of test anxiety for the basic sciences level (with a mean of 22.15 ± 5.85) was the highest and in the

physiopathic level was the lowest (with a mean score of 13.84 ± 5.78). In the field of general dentistry, the Average score of test anxiety in the basic sciences level was more than the clinical level (22 ± 6.27 vs. 17 ± 6.71). According to the results, there was a significant correlation between educational degree and student's test anxiety levels ($P \leq 0.048$). In the study of Yazdani (Yazdani & Soleimani, 2011) and Hatami (Hatami & Ardalan, 2010), students' test anxiety has decreased with increasing academic semester. In the study of Cheraghian, the relationship between test anxiety and the academic semester was not statistically significant, but with an increase in the students' academic semester, their anxiety decreased. It is probable that the rise of the students' semester will lead to more familiarity with the teachers' questions as well as the manner of conducting the examinations. It seems that familiarity with the factors influencing the test anxiety has reduced the anxiety score of exams (Cheraghian et al., 2008). There was no significant relationship between test anxiety and educational degree in the study of Dortaj (Dortaj et al., 2013) and Moadeli (Moaddeli & Ghazanfari Hesamabadi, 2005), which did not match the results of our study.

In the present study, the Average score of test anxiety was the highest in the field of microbiology (with a mean of 24.33 ± 7.23) and in the immunology field (with a mean of 8.75 ± 4.42) was the lowest. Among the bachelor's degree students, the Average score of test anxiety in the field of medical emergencies was the highest (with a mean 22.62 ± 5.95) and was the lowest in the field of laboratory sciences (with a mean of 15.05 ± 5.87). Among the general doctorate students, the Average score of test anxiety in dentistry was more than that of medicine (16.5 ± 7.35 vs. 14.52 ± 6.34). Among the master's degree, the Average score of test anxiety in the field of microbiology (with a mean of 7.23 ± 24.33) was highest and in the immunology field (with a mean of 7.85 ± 4.42) was the lowest. Among the PhD fields, the average test of test anxiety score in the field of environmental health was more than the molecular medicine field (23 versus 12). Among the resident level of medicine, the Average score of test anxiety in the internal field (with a mean of 15.25 ± 6.94) was the highest and in the Pediatrician's field (with a mean of 10.33 ± 6.11) was the lowest. According to the results, there was no significant relationship between the test anxiety and the field of study ($P \geq 0.096$). This insignificance in our study can be due to the large difference between the sample size of the fields (for example, the sample size of the medicine field was 94 compared to 20 in dentistry or 4 in psychiatrists). There

was no statistically significant relationship between the field of study and the test anxiety in the study of Moadeli (Moaddeli & Ghazanfari Hesamabadi, 2005) and Dortaj (Dortaj et al., 2013), which is consistent with the results of our study. Hatami's study showed that there is a significant relationship between the level of test anxiety and the field of study, and the associate's degree students of the laboratory sciences field have higher anxiety than other fields, which is not consistent with our study outcomes. Hatami has said that earning a higher score for passing the entrance exams and entering higher levels and desire to earning a degree in some fields of study, such as the fields of laboratory sciences, due to the differences that exist at different levels of it, are the reasons why the university's path has always been overwhelmed by anxiety (Hatami & Ardalan, 2010). There was a significant statistical relationship between the field of study and the test anxiety in nasri's study (Sadeghi, 1997) which did not confirm to the results of our study.

The Average score of test anxiety in subjects with major diseases or major physical defects was higher than those who was healthy (15.85 ± 6.99 vs. 15.54 ± 6.49). In our study, there was a significant relationship between test anxiety and physical health status ($P \leq 0.001$). The results of Ghafourian's research showed that the stressful exam situation reduced TCD4 + cells, CD4 / CD8 ratio, percentage of monocytes and neutrophils, and increased CD8 + cells and eosinophils (Ghafourian Boroujerdnia, Hemmati, Shiravi, & Hamid, 2010). An increase in the CD8 + variable can be indicative of inhibition of the immune system and defenses of the body against foreign agents (Kemey, Solomon, & Morely, 1992). In a study conducted by Italian scientists on the blood sample of medical students before the exam, anxiety increased the amount of cortisol in the plasma (Guidi et al., 1999). Cortisol also has an immunosuppressive effect, which can affect the immune system (Berk et al., 1989). The stressful exam situation in can cause a disbalance between Th1 and Th2 cytokines (Kang & Fox, 2001). The disbalance between Th1 / Th2 cytokines and stress-inducing inheritance immune regulator cytokines can predispose the body to diseases such as atherosclerosis, severe depression, chronic infections and autoimmune diseases (Calcagni & Elenkov, 2006).

Study Limitations

The limitations of this research can be seen from the impact of psychological states of the persons at the time of completion of the questionnaire, the time spent and honesty in answering and proper understanding,

which is true in all self-report studies. Another limitation of this study was related to the variables measurement tool because the completion of the questionnaire is largely influenced by individual interests and it is suggested that this methodology be assessed with other evaluation methods such as the reporting of peers and relatives and Clinical interview with a psychiatrist or clinical psychologist. Another limitation of this study was the limited research population of Kurdistan University of Medical Sciences who limited the range of generalizations of results and interpretations and should be cautious in generalizing the findings to other populations, and it's better that longitudinal studies in this field be done.

CONCLUSION

Since the test anxiety is a multifactor phenomenon and various factors affect its creation and its continuity, can help students to learn effective management of anxiety that a challenging task, through a collaborative effort by students, parents, teachers, academic advisers and university administrators to find ways to reduce test anxiety actively and it is necessary to develop university policies on standard exams that must be clear and understandable. Teachers must be aware about the pressure that can be occur for students and learn them how to take the exam. University advisors should practice different types of relaxation methods with students and familiarize them with cognitive tools to break down the negative self-esteem that may experience before, during and after exam. Every year the student's test anxiety be measured by valid tests, to identify students who have an average and higher test anxiety, and counselors at the university, in cooperation with the Student Advice Center as well as the Psychiatric Department, take the necessary steps to reduce and control student test anxiety. Also, anxiety control sessions should be integrated into their curriculum and taught them from the first year to enhance adaptive skills. The limitations of this research include the impact of psychological state of the cases when completing the questionnaire, spending time and honesty on answering and proper understanding, which is true in all of the self-report studies. Another limitation of this research is related to the variable measurement tool. Since the measurement of variables was done using self-assessment tools, completing these questionnaires is largely influenced by individual interests. It is suggested that this assessment be completed with other evaluation methods such as peer reporting and relatives, and a clinical interview with a psychiatrist or clinical

psychologist to obtain a more complete picture of the causes of the test anxiety. Another limitation of this study was the limited research population of Kurdistan University of Medical Sciences, which limits the range of generalizations of results and interpretations and should be cautious in generalizing the findings to other populations, and it is better that longitudinal studies in this field to be done.

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