Analysis of Anxiety Towards EFL Students’ Speaking Performance for The Nursing Department at Health Polytechnics of Makassar

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Abstract

Based on the attitude of the learners towards English speaking (Brown, 1993) he said that the learners have negative attitude probably have anxiety in speaking English class. English also is unfamiliar with the learner so that when the teachers give the task through the English communication, almost the learners are speaking by practicing their mother tongue and infrequently practice of English. The study was intended to give a description of the anxiety of the fourth semester students at Health Polytechnics of Makassar in speaking English. The study puts forward two research questions: (1) Whether or not the fourth semester students at Health Polytechnics of Makassar have high or low anxiety towards direct error correction in speaking English? (2) Whether or not the fourth semester students at Health Polytechnics of Makassar have high or low anxiety towards indirect error correction in speaking English?. The study design employed qualitative descriptive method. The population was the fourth semester students at Polytechnic of Makassar. The sample was 50 respondents which were selected based on the random sampling techniques. The data collection was done by distributing the questionnaire which consisted of 20 items to the respondents. The data were analyzed descriptively in percentage and into mean score. The data were followed by interpretation. The data analysis showed; (1) the fourth semester students had very high and high anxiety towards direct error correction in English speaking practice as the aggregate percentage got from strongly agree plus agree was 65 %, undecided was 35 %, and the rest was 2 % disagree, and (2) had very high and high anxiety toward indirect error correction in speaking practice as the aggregate percentage got from strongly agree plus agree was 38 %, undecided was 50 % and rest was 12 % disagree.

Keyword: Speaking, Anxiety, EFL Nursing Students.

INTRODUCTION

Anxiety or in English "anxiety" comes from the Latin "angustus" which means stiff, and "ango, anci" which means to choke. Anxiety is an unpleasant emotion, such as feeling bad, feeling chaotic, anxious and is characterized by the terms worry, concern, and fear which are sometimes experienced in different levels and situations, Atkinson in Ardiyanto (2012: 2). The above opinion explains that anxiety is a mood state characterized by negative effects and symptoms of physical tension in which a person anticipates the possibility of future harm or misfortune with feelings of worry. Anxiety may involve feelings, behavior and physiological responses.
Gazalbha in Prasetya (2009: 2) explains that anxiety can be interpreted as a person's emotional reaction. Anxiety can be defined as a manifestation of various mixed emotional processes that occur when people are experiencing emotional stress and conflict. This arises because of several situations that threaten humans as social creatures. Meanwhile, Husdarta (2010: 73) says that anxiety is defined as a feeling towards something that is marked by worry. Anxiety is the function of the ego to warn the individual about the possibility of a danger coming so that an appropriate adaptive reaction can be prepared. Anxiety serves as a mechanism that protects the ego because it signals to us that there is danger and that if no proper action is taken the danger will increase until the ego is defeated. Jiwo (2012: 2) in some cases, anxiety is a mental health condition that requires treatment. Generalized anxiety disorder, for example, is characterized by persistent (persistent) worry about big or small concerns. Other anxiety disorders such as panic disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) - have more specific triggers and symptoms. Singer in Supriyono (2012: 4) defines anxiety as a reaction to fear or in a situation. Singer more clearly said that anxiety shows a tendency to perceive a situation as a threat or stressful (stressful situation). Anxiety is thought to be a result of stress that can affect behavior.

Based on some of the opinions above, it can be concluded that anxiety is a reaction of fear in or in a mental health condition that requires treatment that arises because of psychological symptoms due to circumstances that have just emerged. The symptoms of anxiety are usually marked by the appearance of stiffness, trembling and feelings of fear. According to Gunarsa (2004: 35), the emergence of anxiety is characterized by the following symptoms: 1) Physical symptoms such as a dramatic change in behavior, restlessness or restlessness and difficulty sleeping. There is stretching of the muscles of the shoulders, neck, abdomen. There is a change in breathing rhythm. There is local muscle contraction; on the chin, around the eyes and jaw, 2) Psychic symptoms such as disturbances in attention and concentration. Emotional changes. Decreased self-confidence Obsession arises. No motivation

Firmansyah (2007: 13) furthermore stated that someone who experiences anxiety tends to constantly feel worried about a bad situation, which will happen to him or other people he knows well. Usually someone who experiences anxiety tends to be impatient, irritable, often complains, has difficulty concentrating, and is easily disturbed by sleep or has difficulty sleeping (Yunus & Abdollah, 2020). Anxiety sufferers experience symptoms such as; excessive sweating (even if the air is not hot and not after exercising), heart beats extra fast or too hard, cold hands or feet, experiencing indigestion, feeling dry in the mouth, looking pale, urinating more than normal, etc.

METHOD

This study employs a qualitative descriptive approach through survey approach as it is considered one of the best in obtaining personal and social facts, beliefs, motivations, approach and concerns (Kerlinger, 1986). The population was the fourth semester students at Polytechnic of Makassar. The sample who participated in the investigation were 50 respondents selected based on random sampling technique. The data collection was done by distributing the questionnaire which consisted of 20 items to the respondents. The questionnaire aims to find out students’ anxiety namely their cognitive anxiety and somatic
anxiety during the lessons. The data were analyzed descriptively in percentage then followed by interpretation based on Miles & Hubermans’ qualitative data analysis technique.

FINDINGS AND DISCUSSION

Description of Cognitive Aspect of Anxiety

One of the causal factors that arise in students during the lessons was due to the cognitive aspect of anxiety. The following describes the percentage of students' anxiety during class:

Table 1. Cognitive Anxiety Percentage

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>42</th>
<th>68.33</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>8</td>
<td>31.55</td>
</tr>
<tr>
<td>Total</td>
<td>50 Responses</td>
<td></td>
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</tbody>
</table>

Based on the table above, it can be explained that students' anxiety is 68.33% or 14 answers stated that yes, anxiety comes from the cognitive aspect of anxiety and 31.66 or as many as 38 answers state that anxiety comes from the cognitive aspect of anxiety.

Description of Somatic Aspect of Anxiety

One of the causal factors that arise in students in during class is due to aspects of Somatic Anxiety. The following describes the percentage of students' anxiety found in class:
Table 2. Somatic Anxiety Percentage

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Yes</th>
<th>35</th>
<th>54.85</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>15</td>
<td>40.22</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the table above, it can be explained that the students' anxiety was 58.75% or 94 answers stated “Yes”, anxiety comes from the somatic anxiety aspect and 41.25 or as many as 66 answers state that anxiety does not originate from the somatic anxiety aspect.

Concerning to the data that appeared on a number of research questionnaires, then the next step is to answer how anxious the students were during the learning process particularly during speaking. Based on the analysis of research data, it can be seen in the table below:

Students’ Overall Anxiety During Class

Based on the graph above, it can be seen that 65% of health students experience anxiety during class and 35% who did not experience anxiety both from the aspects of cognitive anxiety and somatic anxiety.
Discussion

The results showed that 65% of students experienced high amount of anxiety and 35% did not experience anxiety (low) during the learning process both from the aspects of cognitive anxiety and somatic anxiety. Judging from the results obtained from the research above, it is very natural that more than 50% of students expressed anxiety during class. This is due to anxiety coming to circumstances or situations where students do not feel confident.

Anxiety is an unpleasant emotion, such as feeling bad, feeling confused, anxious and is characterized by the terms worry, concern, and fear that are sometimes experienced to varying degrees and situations. Anxiety is a mood condition characterized by negative effects and symptoms of physical tension in which a person anticipates the possibility of future danger or misfortune with a feeling of worry. Anxiety may involve feelings, behavior and physiological responses.

Anxiety often haunts the students learning language in class especially English, not only fluent speakers, but even language experts experience anxiety when speaking in front of a class. Anxiety is described as the emergence of a psychological reaction that can change a person's physiological response to something he has just experienced.

Anxiety symptoms that appear in EFL students should be treated with vigilance and foster a good learning environment. An EFL student will definitely perceive stressful situations as mediocre, need not feel nervous, and fear failure. The feeling of calmness (positive learning environment) would make students more comfortable responding to all activities.

CONCLUSION

Based on the data analysis in this study, it can be concluded that: a) Anxiety originates from 2 indicator aspects, namely cognitive anxiety and somatic anxiety, b) 65% of health students experience anxiety during the learning process and 35% of students did not experience anxiety both from the aspects of cognitive anxiety and somatic anxiety. The major implication of this study is that EFL students especially when learning ESP, should be carefully accommodated in terms of environment of the class so that they do not feel any tensions leading to high anxiety during learning. The findings revealed that teachers or lecturers play a vital role in all aspects of anxiety of the students. Hence, it is advisable that teachers are well equipped to accommodate students with high anxiety such as Passiatore et al (2019) who proposed singing in class to remedy students’ anxiety.

REFERENCES


