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Impact of Age and Social Support on Stress, Anxiety and Self Efficacy among Part Time Education Nursing Students

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INTRODUCTION

1.1 Background

No doubt the learning environment is stressful for all learners, same likely the nursing education also and this learning process in nursing education covers the theoretical and practical professional aspect of nursing. For coping this educational environment stress, anxiety, and improve the self-efficacy several factors work behind this, but age and social support have important role in this management Studies show that Nursing students experience a high level of stress and anxiety throughout their education. In fact, nursing students experience more anxiety, especially test anxiety, than students from any of the healthcare disciplines. . Stress negatively affects nursing students' academic performance and health (Turner & McCarthy, 2017).

It has been considered that increasing age modifies one's self-beliefs and environmental pressures. As the person gradually gets

older his capacity to manage with external and internal environmental factors increases. Therefore age is also a determinant factor to cope with stress and improve the self-efficacy of nursing students. Since most part-time students round the world are mature students it may be assumed that the mediating factors age and self-efficacy can impact their stress and anxiety levels .At the identical time, the presence or absence of social support is thought to impact feelings of well-being And this support fluctuates thanks to variations in age.).

It expected that totallydifferent age teams can reveal importa nt variations within the anxiety, stress, and self-efficacy levels of part-time student Literature (Jacoby, 2015; Lee, 2017; Mooney).

Moreover respective with age, social support has also an important role in nursing students academic performance. Social support is the care or help from others that an individual can feel, notice, or accept. Social support is a very important psychological construct in science. Healthy/strong social support has been shown to act as a buffer for negative feelings and has been coupled to lower levels of, stress and depression. Social support implies that poorly perceived social support is united to poor mental state. It is founded that students who understand their social support levels as low were conjointly at risk of perceive any new network with suspicion and hostility (Ra, 2016).

When a student perceives greater social support, his or her mental physical wellness is enhance. He feels that someone special is present with whom he can share his joys. In decision making students can receive help from their families. If students have strong social support from their family and friends they can share their problems with them. Social supports function as pressure buffers that address and delay the progression of illness and relate to the helpfulness of family, colleagues, and friends-particularly when the individual is under pressure. They have been perceived as helpful in alleviating stress, releasing negative emotions, increasing self-esteem, and enhancing psychological stability Nursing (Crutcher, Moran, & Covassin, 2018).

Studies have shown that when people perceive high levels of support from their social network, feelings of belonging and solidarity

can increase, leading to healthier coping behaviors, helping individuals to redefine a difficult situation as less threatening, and enhancing regulation of emotions such as mistrust, anxiety, and fear . Lack of social support was the most prominent stress producing factor among part time nursing students. Research on the relationship between social support and self-efficacy has demonstrated that social support had a statistically significant relationship to self-efficacy. social support increases nursing student self-efficacy and improves their health and coping skills (L. Wang, Tao, Bowers, Brown, & Zhang, 2018).

Social support has a positive correlation with self-efficacy and stress. As any person receive greater social support his self-efficacy will be improve and stress and anxiety level will be decrease. Social support may reduce stress-related Arousal and thus provide another source of Increased self-efficacy.

In addition to stressors and changes due to being a university student, nursing students also suffer from stress because they work with people who have health problems and their families. One of predisposing factors of stress among nursing students is part time education. Part-time students demonstrated plenty of stress, when they takes the responsibility of studying while doing job, there's naturally going to be an added level of stress. Part-time higher study courses take longer time to complete and can increase pressure on top of other workload. It can be stressful running a career and perform in the study. It is not just a degree to complete, but many other things in life to manage. Therefore, despite stress there are many other factors associated with part time nursing students, such as age, social support and self-efficacy. These factors have positive as well as negative impact on nurses academic performance (Afzal Humayon, Raza, Fatima, Batool, & Haque, 2018).Stress is a universal problem among part time nursing students. Part time nursing students face both academic stress and clinical site stress at a time. Therefore this dual side stress induce mental health problems such as anxiety and/or depression. Stress, depression, and anxiety (SDA) can interfere with learning, affect academic performance, and impair clinical practice performance. There is a considerable evidence that Depression, Anxiety and Stress are higher in nursing students. Nursing students

are valuable human resource because they play main role in providing patient care. The transition from middle childhood to adolescence, staying away from home academic pressure, professional training etc represents a confluence on their social, academic, cognitive, physiological and physical state. Such psychological distress among them leads to less productivity, learning difficulties and reduced quality of life. These all conditions faced by nursing students may negatively affect patient care (Basu, Sinha, Ahamed, Chatterjee, & Misra, 2016).

Additionally studies found that there is an association between stress and physically wellbeing factors such as feeling tired easily, found breathing problems and sometimes face trembling situation. Many students during stress become panic and over react the situation, they cannot control themselves. Due to poor academic performance nursing students may dishearten and they feel that their life become meaningless for them (Rathnayake & Ekanayaka, 2016).

In order to reduce the stress among part time nursing students there should be some stress coping strategies to maintain satisfactory level of wellbeing and quality of life throughout graduate course. Coping strategies are key elements of nurses' stress reactions. Coping strategy are a stabilizing factor that are as important as the stressful event itself. Nursing students' stress in their clinical and academic placement can be altered by the coping strategies they choose to apply. Effective coping strategies help students to perform markedly better in regards to their studies; coping strategies also aid in relieving students' stress. Several researchers found that the best and most useful coping strategies are problem solving coping strategies including optimistic action and social support to deal with the entrance exam stress, but use of emotion-focused coping strategies including avoidance. (Bryan et al., 2016).

Moreover, stress has significant correlation with social support. Social support reduces the adverse effects of mental stress in 5 ways: emotional attention, helping, information, assessment of others' feedback about the quality of performance, and sociability. University students who access social networks more than others are more likely to contact social support networks and be more skilled in

receiving social support when they experience stressful situations or have problems (Harandi, Taghinasab, & Nayeri, 2017).

Stress and anxiety are closely related. Anxiety further leads to stress. Anxiety is a psychological and physiological state characterized by physical, emotional, cognitive, and behavioral components. Anxiety means trouble; in either presence or absence of psychological stress, anxiety can create a feeling of fear, worry, uneasiness, and dread. It is considered to be a normal response to stress ((Afolayan, Donald, Onasoga, Babafemi, & Agama Juan, 2013).

The existence of anxiety and a lack of courage lead to the disruption of academic performance, the destruction of intelligence and learning abilities, and will cause many harmful effects for the person, family and society. Recognizing, treating and especially preventing anxiety and efforts to reduce its environmental factors play an important and valuable role to make educational environments healthier and increase the efficiency of future generations in the society. To reduce anxiety level social support plays an important role Social support protects individuals against the negative effects of stressful conditions. In this regard, the role of social networks and communications can be highlighted, whereby individuals benefit from the social support as an important factor to provide the rewarding and positive experiences and subsequently their self-esteem and the reduced risk of anxiety this will create in them. In general, the role of social support as one of the social factors in reducing anxiety levels has been emphasized (Pouraboli, Abazari, Abbasi, Mehdizadeh, & Jahani, 2018).

Another factor that effect the part time nursing student's education is self-efficacy. Self-efficacy is related to one's beliefs in one's ability to accomplish an objective. High levels of self-efficacy have been shown to be predictive of increased academic performance and improved student retention. Self-efficacy can be increased in numerous ways, talk positively yourself, get emotional support from friends and family, think about one part of the problem at a time, visualize a pleasant activity or place, get social support, and make unpleasant thoughts go away. Social support, which increases self-efficacy, has been shown to be helpful for those facing stressful situations. Social support and self-efficacy has positive correlation

with each other. Increasing social support and other methods of increasing self-efficacy could be helpful for nursing students in promoting academic success, retention of stressful situation. Many studies document the presence of stress and the need for social support in part time nursing students (Megan Conner CRNA, 2015).

Studies shows that self-efficacy has a significant direct and indirect association with mental health such as depression, anxiety and helplessness. Individuals with low SE also have low self-esteem and pessimistic thoughts of their accomplishments. Job-related burnout and stress can, in turn, reduce self-efficacy, leading to depression, irritability, helplessness, anxiety and other negative emotions. Therefore, based on previous research, the current study will try to determine if age, experience, and social support impact the psychological construct of self-efficacy. Low self-efficacy has been found to have a relationship with procrastination which is a significant source of academic anxiety and stress among student population (Doménech-Betoret, Abellán-Roselló, & Gómez-Artiga, 2017).

3. Problem statement

Research in the past has focused on the impact of those variables on full-time students. Factors affecting anxiety, stress, and self-efficacy among part-time students the world over haven't received plenty of attention. Therefore, knowledge on part time students is restricted at the best.. The deficiency of analysis on part time students in Pakistan means there's little insight into the issues and challenges sweet faced by them. Modification and assistance is solely attainable once their problems are well-understood. (Yunus, Mustafa, Nordin, & Malik, 2015).

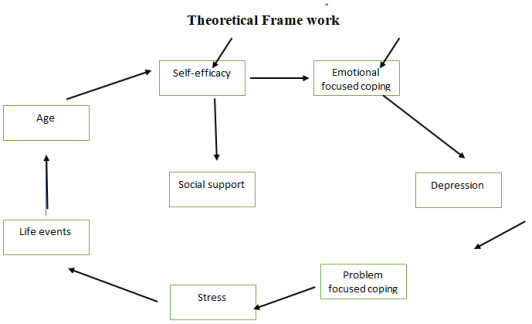
4. Purpose of the study

The purpose of the study is to determine if the anxiety and stress levels of part-time students differ Because of differences in age and employment status. Another aim of this study is to

Determine whether age and employment status make a difference in self-efficacy levels.

5. Hypothesis.

1. It is hypothesized that Age of part time nursing students has a significant positive correlation with stress and anxiety
2. It is hypothesized that Age of part time nursing students has a significant positive correlation with self-efficacy
3. It is hypothesized that perceived social support will have a significant positive correlation with coping self-efficacy.
4. It is hypothesized that perceived social support will have a significant negative correlation with stress.
5. It is hypothesized that perceived social support, and age will predict the levels of anxiety among part-time students.



According to this model age and social support have significant association with stress and self-efficacy.In order to cope with stress emotional and problem focused strategies are followed to cope with stress (Folkman, Lazarus, Pimley, & Novacek, 1987).

6. Significance of the study

The current study will look at the stress, anxiety, and self-efficacy levels among part time students with regards to their age and social support. A research on part-time students showed that in means that there is very little insight into the problems and challenges faced by them. The findings of this study will help the nursing college and hospital administration to implement the policies to eradicate the factors that cause stress, anxiety and will increase level of self-efficacy among nursing student at academic and clinical site. This enables the students to utilized better coping strategies of stress which produce

quality nurses and their performance at clinical site will be improved. These efforts help the nurses to become competent health care professional to give high quality patient care and hospital prestige will be enhanced.

LITERATURE REVIEW

A study conducted among nursing students, The aim of this study was to analyze the association between the presence of stress in nursing students and their socio-demographic variables, years of experience, age, gender, marital status, level of education, years employed and academic vulnerabilities. Results of the study revealed that, the 455 academics evaluated were predominantly female (94.06%), and cases of stress were found in 64% of the students. There was a higher proportion of stress cases among women (65.4%), compared to men (40.7%). The age ranged from 18 to 49 years, with a mean of 22.25 ± 5.4 years; 86.2% of the individuals were in the age range between 18 and 29 years old. In the analysis of marital status, academics without partners were in the majority(81.3%).The presence of at least one child was reported by 13.2% of the students, of whom 85% presented stress. Approximately 25.5% of the students were employed, and nearly 22% lived alone. A higher proportion of stress was identified in the last year of the course, and the presence of this condition was increasingly distributed when comparing students of the first, third and fifth years, with 46.9%, 62.7% and 83.4%, respectively. When asked about how their studies were funded, payment by others was highest (91.9%), followed by total and partial student financing (24.4% and 13.4%, respectively), parents or guardian (51.6%), or others (2.4%). By demonstrating the relationship of cost to the state of stress, the experience of stress was higher among those who paid for the studies themselves.

Stress was associated with: sex ($p<0.010$), age range ($p<0.029$), marital status ($p<0.001$), children ($p<0.001$), occupational situation ($p <0.001$), cost of studies ($p<0.009$), and the year in the course ($p <0.001$) (Cestari, Barbosa, Florêncio, Pessoa, & Moreira, 2017).

Another survey conducted to explore the relationships among social support (family support, friend support, and coworker support), self-efficacy, and resilience (tenacity, strength, and optimism) of student nurses and to examine the mediator role of self-efficacy on the relationship between social support and resilience. The mean score for Social Support was 5.44 (SD = 0.86). Among the three subscales of the Social Support scale, Friend Support scored highest (M = 5.54, SD = 0.89), followed by Family (M = 5.50, SD = 1.06), and Coworker Support (M = 5.28, SD = 0.98; see Table 2). The scores on Self-Efficacy ranged from 1 to 4, with a mean of 2.54 and a SD of 0.51. The mean score for Nurse Resilience was 3.55 (SD = 0.46). Among the three subscales, Strength was rated highest (M = 3.81, SD = 0.52), followed by Tenacity (M = 3.52, SD = 0.52), with the subscale Optimism (M = 3.14, SD = 0.55) lowest (L. Wang et al., 2018).Was conducted to examine the predictive effectiveness of self-efficacy in an academic setting. In conclusion, the present study developed a measure of self-efficacy that was valid for the context of the sample under investigation. Regression results showed that self-efficacy toward intellectual ability predicted subsequent academic performance. Importantly, this relationship was found even though the time gap between self-efficacy and performance was long, and the complexity of the task was high. Both of these are factors previously found to reduce the strength of self-efficacy and performance relationship (Doménech-Betoret et al., 2017).

A survey conducted to examine the moderator effect of social support on the relationship between stress and depression of university students. Results of the survey revealed that a significant interaction between stress and social support ($\beta = -0.10$, $p < 0.01$) was present, as predicted. These findings suggest that social support moderated the impact of stress on depression. The results of this research suggest that the high depressive symptoms among college students should be brought to the attention of relevant departments. To prevent college student depression, relevant departments should both optimize the environment of college student study and life, try to decrease the generation of negative life events, provide adequate social support for college students, and enhance their cognitive and

coping capacities to improve their mental qualities(X. Wang, Cai, Qian, & Peng, 2014).

A similar study conducted among nursing students from a four-year education program, in the Department of Nursing at a university in Duce, Turkey. The aim of the study was to investigate the relationships between nursing students' education-related stress and stress coping, self-esteem, social support, and health status. Findings of the study determined that nursing students' stress coping levels were affected by their self-esteem and social supports. It also appears that this interaction affects general health status. Although the direct effect of stress on coping was non-significant, its total effect was significant. Additionally, following the chi-square test, the model was determined to be non-significant. However, the chi-square test value is sensitive to sample size (Yıldırım, Karaca, Cangur, Acıkgoz, & Akkus, 2017).

A study conducted to investigate the relationships between nursing students' education-related stress and stress coping, self-esteem, social support, and health status_.Multidimensional Scale of Perceived Social Support, Rosenberg Self-Esteem Scale, and General Health Questionnaire_.Results indicated that nursing students' stress coping levels were affected by self-esteem and social support. Additionally, this interaction appears to affect general health status. Although the direct effect of stress on coping was non-significant, its overall effect was significant within the model (Cheng & Chau, 2016).

METHODOLOGY

3.1. Research design

A correlational descriptive design will be used to describe the variables and examine the relationships among these variables.

3.2. Study settings

The study will be conducted at nursing school of the university.

3.3. Participants

Non-probability convenience sampling will be used to select the participants for this study. All nursing students (male and female) in the selected setting were invited to participate in the study. Students

who were available at the time of data collection would be enrolled in the study.

3.4. Instruments

Part I: Demographic characteristics

This part included three questions on the selected demographic characteristics of the participants: gender, age, employment status, that is, with family or in hostel of the university.

Multidimensional Scale of Perceived Social Support (MSPSS)

The first self-report measure to be used was the Multidimensional Scale of Perceived

Social Support (MSPSS) (Zimet et al., 1988) (Appendix 2). This short scale measures participants' levels of perceived social support. It can be further divided into three subscales that measure sources of support from family.

Depression, Anxiety and Stress Scale (DASS 21):

The second self-report questionnaire in the study measures levels of depression, anxiety, and stress. DASS21 is the shortened version of DASS42 questionnaire. Since this study measured only anxiety and stress, the answers for the depression scale were not included in the research. The 7-item subscale of anxiety measures situational anxiety and autonomic arousal among others and contains statements like, 'I was aware of dryness of my mouth' and, 'I felt I was close to panic'. The 7-item subscale of stress measures nervous arousal and difficulty relaxing among others and includes statements like, 'I felt that I was using a lot of negative energy' and, 'I found myself getting agitated'. The 14 statements had 4 Likert scale responses ranging from 0 = 'Did not apply to me at all' to 3 = 'Applied to me very much, or most of the time'. The scoring for stress and anxiety ranges from 0 – 34+ and 0-20+ respectively. The scores are further subdivided into five categories ranging from mild (0-14 and 0-7) to extremely severe (34+ and 20+).

Coping Self-Efficacy Scale (CSE)

The third self-report questionnaire of the survey measures a person's confidence in their ability to cope with difficult circumstances. The 26 items in the CSE scale are scored on an 11 point Likert scale with a range of 0 – 10 (zero = 'Cannot do at all', five = 'Moderately certain can do' and ten = 'Certain can do'). Each participant is asked, 'When

things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following'. And their responses are measured for statements such as," and, 'look for something good in a negative situation', and, 'get emotional support from family and friends'. The questionnaire can be further divided into three subscales, 'use problem-focused coping', 'stop unpleasant emotions and thoughts', and, 'get support from friends and family'. High scores indicate high self-efficacy. For this study, the total score of the scale was used to measure overall coping self-efficacy of the participants.

3.5 Study Population:

Study Population for this research will be part-time nursing students.

3.6 Sample and Size:

Part time nursing students will included in this study.

In order to determine sample size, formula of "Slovin's 1960' was used that is as follows:

$$n = \frac{N}{1+N(e)^2}$$

where n is the size of sample, N is the size of population and e is the acceptable sampling error. Putting values according to the study,

$$n = \frac{200}{1+200(0.05)^2}$$

$$n = \frac{200}{1+200(0.0025)}$$

$$n = \frac{200}{1+0.5}$$

$$n = \frac{200}{1.5}$$

n= 130 (AbuAssi & Alkorashy, 2016)

RESULTS

This chapter consists of five sections. Section 1 represents the demographic characteristics of the participants. Section two show the normality distribution of data. Section three displays the reliability and validity of tools of variables. Section four is about description of

statistics and section 5 represents the correlation of variables and sub variables.

Section 1:

This section represents the distribution of nursing students by demographic characteristics. This demographic data describes in table and it includes gender, age group, job status and economic status of participants. Results of demographic characteristics of participants are summarized in terms of frequency and percentage.

Table # 4.1 Demographic data Analysis

Characteristics	**Category**	**Respondents**	
		Number	**Percent**
Gender	Male	22	16.9%
	Female	108	83.1%
	Total	130	100
Age	20-25 yrs	20	15.4%
	26-30 yrs	58	44.6%
	31-35 yrs	36	27.7%
	36-40 yrs	16	12.3%
	Total	130	100
Job status	Part time employed	130	100%
	Full time employed	0	0%
	Unemployed	0	0%
Economic status	460000-550000	130	100.0
	16000-25000	0	0%
	26000-35000	0	0%
	36000-450000	0	0%
	Total	130	100

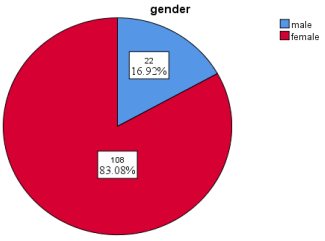
Table 4.1 depicts the demographic characteristics of the participants. The total number of respondents in this study were 130. The four selected demographic characteristics were age, gender, job status and economic status. . Most of the participants were female (83.1%) and very few respondents were male (16.9%).More than half of the

respondents were in the 26 ≥ 30 age group (44.3%) and almost respondents were in 31-35 age group(27.7%) and remaining participants were in 30-40 age group(12.3%) . Income level of all the respondents was in range 46000-55000(100%).

Table #4.2

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	22	16.9	16.9	16.9
	female	108	83.1	83.1	100.0
	Total	130	100.0	100.0	

Fig.4.1

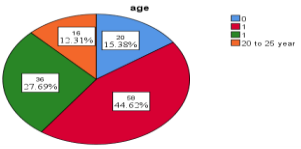


Gender distribution of the respondents is shown in fig4. 1 and table4. 2. Total number of respondents were 130. Frequency table showing that (16.9%) were male and (83.08%) were female.

Table #4.3

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
	20-25	20	15.4	15.4	15.4
	26-30	58	44.6	44.6	60.0
	31-35	36	27.7	27.7	87.7
	36 to 40 year	16	12.3	12.3	100.0
	Total	130	100.0	100.0	

Figure #4.2

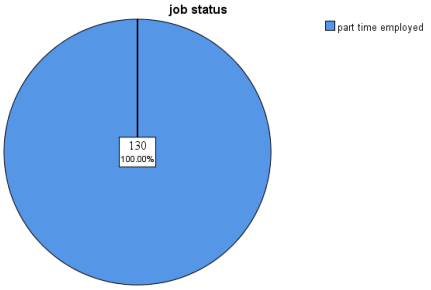


Age of the participants shown in table 4.3 and figure4. 2. Most of the participants were in age group 26-30 years (44.6%) and (27.69%) participants were in 31-35 years age group remaining participants were in (15%) in 20-25 age group. Very few participants were in (12.3%) 35-40 age group

Table #4.4

job status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	part time employed	130	100.0	100.0	100.0

Figure# 4.3

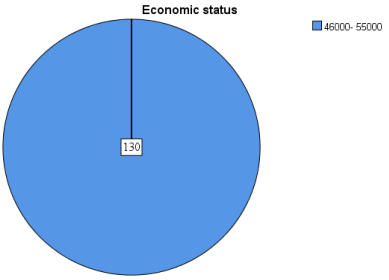


Job status of the respondents shown in table4. 4 and figure 4.3. All the respondents were part time employed (100%).

Table# 4.5

Economic status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	46000- 55000	130	100.0	100.0	100.0

Figure #4.4



Economic status of the participants shown in table 4.5 and figure4. 4. All the participants were fall in 46000-55000 income level (100%).

Section #2
Normality of data

Table #4.6

Statistics			
		Age	social support
N	Valid	130	129
	Missing	0	1
Skewness		.269	-.562
Std. Error of Skewness		.212	.213
Kurtosis		-.613	-.053
Std. Error of Kurtosis		.422	.423

Figure #4.5

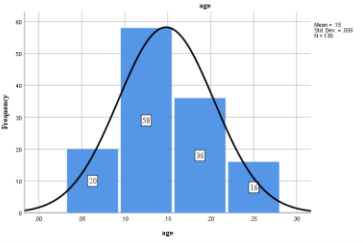


Figure #4.6

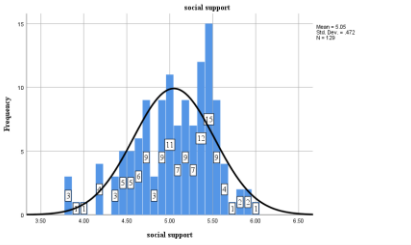


Figure **# 4.5**, 4.6, Table No **#4.6**: showed the Skewness and kurtosis value of independent variables age and social support, Skewness value of age was(.269) and social support was(-.562) .Kurtosis value of age was-.613and social support was -.053 , it indicated that the data was perfectly symmetrical. Normal distribution of the data was equal under the curve.

Table #4.7

Statistics			
		stress	self-efficacy
N	Valid	130	130
	Missing	0	0
Skewness		-.449	-.302
Std. Error of Skewness		.212	.212
Kurtosis		-.237	-.624
Std. Error of Kurtosis		.422	.422

Figure #4.7

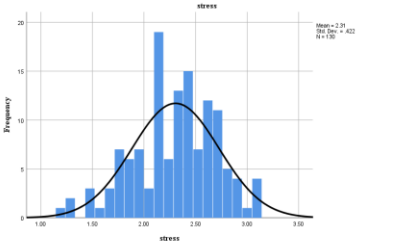


Figure #4.8

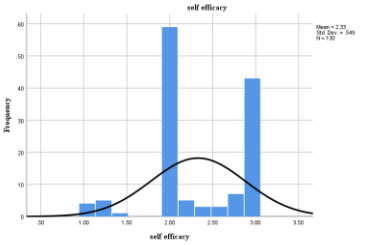


Figure **# 4.7**,4.8, Table No **#4.7**: showed the Skewness and kurtosis value of dependent variables stress and self-efficacy, Skewness value of stress was(.-.449) and self-efficacy was(-.302) .Kurtosis value of stress was(-.237)and self-efficacy was(-.624) , it indicated that the data was perfectly symmetrical. Normal distribution of the data was equal under the curve.

Factor Analysis

Table #4.8

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.876
Bartlett's Test of Sphericity	Approx. Chi-Square	62.598
	Df	3
	Sig.	.000

In the table #4.8 value of KMO was (0.876) which was above the (0.60) and the value of significance was (.000) and chi-square value was 62.598 which showed the significant association between two variable occupational stress and organizational commitment.

Section #3
Reliability of Tools

Table #4.9Reliability of Multidimensional scale of perceived social support

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.875	.875	11

Table 4.9 showing reliability of multidimensional scale of perceived social support that value of cronbach's Alpha was (.875) which was

<0.7. It indicated that multidimensional scale of perceived social support was reliable for the study.

Table #4.10 Reliability of Depression, Anxiety and Stress Scale

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.758	.723	21

Table 4.10 represent the reliability of depression, anxiety and stress scale. The value of cronbach's Alpha was (.758) which was equal to (.7). It indicated that this scale was reliable for the current study.

Table# 4.11 Reliability Coping Self-Efficacy Scale

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.989	.989	26

Table 4.11 represent the reliability of coping self-efficacy scale. The value of cronbach's Alpha was (.989) which was < (.7). It indicated that this scale was reliable for the current study.

Section# 4

Table# 4.12 Descriptive statistics of social support

S/N	**Social**	**category**	**Percent %**
1	There is a special person who is around when I am in need.	Very strongly disagree	0.8
		strongly disagree	3.8
		mildly disagree	13.1
		Neutral	12.3
		Mildly agree	27.7
		Strongly agree	34.6
		Very strongly agree	8.5
2	There is a special person with whom I can share my joys and sorrows	Very strongly disagree	0
		strongly disagree	3.8
		mildly disagree	13.1
		Neutral	12.3

		Mildly agree Strongly agree Very strongly agree	27.7 34.6 8.5
3	My family is willing to help me make decisions.	Very strongly disagree strongly disagree mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	7.7 10.0 12.3 4.6 16.9 34.6 13.8
4	There is a special person in my life who cares about my feelings	Very strongly disagree strongly disagree mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	4.6 9.2 10.0 13.8 23.8 24.6 13.8
5	I have friends with whom I can share my joys and sorrows.	Very strongly disagree strongly disagree mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	4.6 13.1 13.1 10.8 23.8 24.6 13.8
6	I can talk about my problems with my family.	Very strongly disagree strongly disagree mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	0 3.1 6.9 18.5 34.6 28.5 8.5
7	I can count on my friends when things go Wrong.	Very strongly disagree strongly disagree	0 0

		mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	0 10.8 25.4 39.2 24.6
8	My friends really try to help me.	Very strongly disagree strongly disagree mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	0 0 0 8.5 23.8 31.5 27.7
9	I have a special person who is a real source of comfort to me	Very strongly disagree strongly disagree mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	0 20.8 20.8 19.2 19.2 16.9 3.1
10	I get the emotional help and support I need from my family.	Very strongly disagree strongly disagree mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	0 0 0 0 30.0 53.1 16.9
11	My family really tries to help me.	Very strongly disagree strongly disagree mildly disagree Neutral Mildly agree Strongly agree Very strongly agree	0 0 4.6 5.4 36.2 39.2 14.6

Section #5

Table 4.13 Correlation of Age and social support with stress

Correlations				
		stress	age	social support
stress	Pearson Correlation	1	.301**	.618**
	Sig. (2-tailed)		.000	.000
	N	130	130	129
**. Correlation is significant at the 0.01 level (2-tailed).				

Table No #4.13 showed the correlation independent variables of age and social support with stress. It indicated that these factors had a significant positive relationship with stress (r= .301, 0.618 p<0.01).

Table 4.14Correlation of Age and social support with self-Efficacy

Correlations				
		self-efficacy	age	social support
self-efficacy	Pearson Correlation	1	-.191*	.032
	Sig. (2-tailed)		.030	.715
	N	130	130	129
*. Correlation is significant at the 0.05 level (2-tailed).				
**. Correlation is significant at the 0.01 level (2-tailed).				

Table No #4.14 showed the correlation independent variables of age and social support with self-efficacy. It indicated that age had significant negative relationship with self-efficacy and social support had significant positive relationship with self-efficacy (r= -.191, 0.032p<0.01).

CHAPTER 5

DISCUSSION

The main purpose of this research was to look at the impact of age and social support on stress, anxiety, and self-efficacy of part time nursing student levels among part-time students in order to fill the existing gaps in literature on part-time students. The first aim of this research was to determine if there is any relation of age with anxiety and stress among part time nursing students.

Another aim of this research was to find out the correlation between age and self-efficacy of part-time students. The third aim of

this research was to ascertain whether perceived social support had a significant negative relationship with stress and anxiety and a significant positive relationship with self-efficacy. Findings of this study concluded that demographic characteristics of the participants were 4 most of the participants were in age group 26-30 yrs.(46.6%) followed by 31-35 yrs. (31.2%). All the participants were part time students. More than half of the participants were female (83.1%) and remaining were male (16.9%). All the participants had salary status in 46000 to 55000 rps (100%).Results of the current study indicate that a difference in age makes a difference in the Levels of stress and anxiety. This indicated in Table 2 where the Pearson correlational value between age and stress was (.301). These findings are supported by a research which revealed that Up to 30 years old group reported the highest levels of stress and anxiety while the 40 years and older group reported the lowest levels of stress and anxiety. This can explain the high anxiety and stress levels among the younger group of participants. It Indicates that with age, coping mechanisms improve and this precipitates in lower levels of Stress and anxiety (Imran, 2018).

Current study also concluded positive relationship of age with part time student's self-efficacy level with increasing of age level of self-efficacy among students also increased. There was partial support for the relationship between perceived social support, anxiety, stress and self-efficacy. Social support acts as a buffer against negative emotions, thus shielding Students from excessive feelings of stress and anxiety. A possible explanation for this can be that Participants in this study are mature students who may not have the same access to parental Support as younger students. As research by Brannan et al. (2013) indicates, parental support is a significant predictor of feelings of well-being in young college students (Brannan, Biswas-Diener, Mohr, Mortazavi, & Stein, 2013).

There was a moderate positive significant relationship between perceived social support and self-efficacy. Strong social support has been linked to positive attitudes about studies and high levels of self-efficacy in students. This suggests that high levels of perceived social support have a correlation with moderately high

levels of self-efficacious beliefs among part-time students (Rice, Barth, Guadagno, Smith, & McCallum, 2013).

12. LIMITATIONS

There are some weaknesses and limitations of the present study. Most of the Participants are from a only one university. This is problematic as it limits the sample to a Very specific population and may not be representative of the student populations elsewhere. It would have been better if the current study had moved its scope beyond one university. Such a scenario would have countered the second limitation of this study; sample size was very small it was only 140 students. It should be large. This study is the lack of any qualitative design elements. A question inquiring about the students' perception of their own experiences may reveal invaluable insight about their feelings and should be considered for future research on part-time students. Finally, the use of self-report questionnaires is problematic. It is possible that responses indicated by students merely reflect their emotions on that day, therefore distorting the results. One way to counter that can be the use of longitudinal design that looks at the levels of stress, anxiety and self-eff icacy among the same participants after a period of few weeks or month to get a clearer picture of their state of mind.

13. RECOMMENDATIONS

The current research has important implications for future research despite the Limitations. . The results clearly indicate that age is a factor in determining levels of stress, anxiety and self-efficacy. The current study suggests that high levels of social support correlate with levels of self-efficacy, especially in conjunction with age. This entails that if younger students have access to dependable social support, it can counter the mediating effect of lack of experience due to age and improve student retention rates. This is particularly relevant with regards to international students. Each year international students leave their familiar social support networks behind to pursue higher education. The unavailability of social support, especially parental support in their adopted environment can have serious consequences

and further research can look at what this Unavailability entails for international students**.**

14. CONCLUSION

In conclusion, the findings of the current study indicate that differences in age results in differences in stress and anxiety. The results suggest that part-time students in their 20's tend to suffer from higher stress and anxiety levels, compared to their older counterparts in the 30's and 40's. Self-efficacy was found to have a significant relationship with perceived social support and higher levels of social support positively correlate with higher levels of self-efficacy. The variables of age, and social support have been found to be a predictor of stress, anxiety and Self-efficacy levels of part-time students. The variable of social support was found to be a significant predictor of self-efficacy, while age was found to be a significant predictor for anxiety and stress. These findings are in line with previous research and suggest that age, followed by social support, has a significant impact on stress, anxiety and self-efficacy levels of part-time students. It is important to study these construct in part-time students in depth so Areas where they face serious challenges can be located and meaningful help can be offered to those who are most in need of it. This will have a positive impact on retention rates for Part-time students in future.

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