INTRODUCTION

Every one experiences anxiety. Persons may perceive it and express it differently; however, each individual becomes anxious under different conditions, shows different symptoms and copes with these symptoms in different way (*Oermann, 1997 and Horsfall, 1998*).

Psychiatric nurses are exposed to stressors common to other areas of nursing specialties such as stressors and anxiety related to nurses' responsibilities, duties and work overload *(Croft, 1995)*.

The psychiatric nurse student experiences more anxiety because she is involved in a specialized area, where she uses herself as a therapeutic instrument on a scientific basis. The psychiatric nursing student finds herself in a situation where she is confronted by stressors from her personal and professional environment as well as stressors caused by her present training in psychiatric nursing *(Nieuwoudt et al., 1993 and Oerman and Standfest, 1997)*.

Mahmoud, (2000) illustrated that the minority of psychiatric nursing students in Benha University 44.7% with low level of knowledge had moderate anxiety. While *Mohammed, (2002)* stated that, more than 56% of baccalaureate nursing students in Benha University were highly anxious when dealing with psychiatric patients.

Kim, (2003) concluded that baccalaureate nursing students experienced a higher level of anxiety while dealing with psychiatric patient more than students dealing with the general patients and 36% of

the students experienced a moderate level of anxiety when dealing with psychiatric patients.

Anxiety is defined as a sense of psychological distress that may represent a response to environment stress or a physical disease state. Anxiety is a state of intense apprehension, uneasiness, uncertainty or fear resulting from the anticipation of threatening event or situation, often to a degree that the normal physical and psychological functions of the affected individual are disturbed *(Greene, 2003 and Vorcarolis, 2004).*

Anxiety is a common response to the stress of every day life determinations about the existence of mental or illness and copes with anxiety. Anxiety is not directly observable. It is communicated through behavior. The individual displaying anxious behaviour also experiences physiologic phenomena. These include elevated blood pressure, increased pulse and respiratory rate, diaphoresis, flushed face, dry mouth, trembling, frequent urination and dizziness. In addition, the individual may report nausea, diarrhea, headaches, muscle tension, blurred vision and chest pain *(Schultz and Videbeck, 2002).*

Kim, (2003) found that clinical experiences related to arriving late, being observed by instructors, responding to initial experiences, having a fear of making mistakes, fear of unknown, sense of lack of knowledge and talking to physicians were the most anxiety producing for these students.

Most studies which evaluate clinical performance define it as "what is actually carried out in practice". Direct observation of nurse performance is potentially more comprehensive method to ascertain how

a nurse performs in a real situation and to identify differences, if any, in the practice on nurses *(Fitz Patrick, et al., 1997).*

Anxiety and performance turned out to be a sort of a feedback relationship. It was also observed that anxiety leads to decrements in the performance of nursing practice *(Abd elgheny, 2003)*.

Significance of the study:-

Identification of the relationship between nursing student level of anxiety and their performance in psychiatric setup at Benha University could be through giving insights to nurse educators and help them in creating learning environment that decrease anxiety, promotes students professional development and enhance academic achievement.