

Spirituality and Anxiety Levels of Student Nurses in a Philippine University

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ABSTRACT

Student nurses frequently experience clinical and academic demands that increase their susceptibility to anxiety, prompting the need to explore the aspects that support their emotional well-being. This study, using a descriptive-correlational approach, examined the relationship between spirituality and anxiety among student nurses. Randomly selected two hundred sixty-nine Bachelor of Science in Nursing (BSN) students from levels I to IV enrolled during the academic year 2023-2024, were the respondents of this study. A survey instrument containing socio-demographic questions, a spirituality scale, and the Test Anxiety Questionnaire was used to gather the data. To determine the relationship of spirituality to anxiety among student nurses, this study also examined the socio-demographic factors that may be associated with these variables. Descriptive statistics and correlation analysis were used in data analysis. The results revealed moderate levels of anxiety and high levels of spirituality. Socio-demographic factors (such as age, sex, and family structure) did not significantly correlate with either spirituality or anxiety levels, while there was a small positive association between spirituality and age. Additionally, the study yielded no significant correlation between spirituality and anxiety. These findings suggest that while spirituality remains an important personal resource, it may not independently predict anxiety levels among student nurses. The study recommends more research to dig deeper into the complexities of spirituality in managing academic and clinical anxiety. It also emphasizes the significance of employing holistic approaches to mental health in nursing education.

Keywords: Spirituality, Anxiety, Nursing students, Mental Health

INTRODUCTION

Anxiety is a normal human reaction to stress or perceived threat and helps people cope by keeping them alert and receptive (Jovanovic, 2024). However, excessive or maladaptive anxiety may impact academic performance, attendance, and cognitive functioning (Bison, n.d.). Student nurses are especially vulnerable to increased anxiety and its detrimental effects since they frequently have to balance

emotionally difficult clinical duties and demanding academic workloads (Onieva-Zafra et al., 2020).

Numerous efforts, such as stress management seminars, coping skills training, and resilience-building, have been implemented in nursing education to help students manage these demands. For instance, the University of Northern Philippines has conducted orientations and lectures specifically aimed at helping first-year BSN students overcome test anxiety (University of Northern Philippines, 2024). According to the literature, Filipino student nurses frequently face high levels of anxiety, and resilience is a crucial component that mediates both academic stress and overall quality of life. At the same time, spirituality is acknowledged in nursing as a dynamic and multifaceted concept that improves holistic care by providing meaning, comfort, and inner assurance (Murgia et al., 2020).

In the Philippine context, spirituality is intricately woven into everyday life, even amid industrialization and ongoing pressures. It is a complex blend of cultural and religious influences that affords people a sense of purpose, fortitude, and grounding. This cultural basis presents spirituality as a potentially useful yet frequently underutilized resource for promoting the well-being of student nurses.

Evidence across higher education indicates a robust association between spiritual well-being and reduced stress, anxiety, and depression, with both individual and collective spiritual realms serving as protective barriers against psychological distress (Dayandayan et al., 2024; Leung & Pong, 2021). Despite these realizations, most of the current literature concentrates on general stress-reduction techniques, resilience frameworks, or spiritual care competencies. Context-specific empirical studies on how the personal spirituality of students affects or minimizes anxiety during stressful academic times and clinical training are still limited.

Although spirituality is often assumed to be associated with anxiety, existing empirical evidence presents mixed findings, particularly among nursing students in the Philippine context. This study addresses this gap by examining whether spirituality is significantly associated with anxiety among student nurses. It also focuses on the issue of the lack of sufficient research on the role of spirituality as a personal coping mechanism and potential component of student support systems in the Philippine nursing education, even though anxiety among student nurses is well-documented, and many interventions are in place.

This study does not presume a causal relationship but seeks to empirically examine whether spirituality is associated with anxiety levels among student nurses. It is important to understand this association, as spirituality may be a significant, culturally rooted source of psychological and emotional resilience. The results of this study may help nursing educators and administrators create programs that improve students' overall well-being, ultimately enhancing learning outcomes, clinical performance, and student success. This study aligns with Sustainable Development Goal 4 (Quality Education) by addressing students' anxiety, which can affect focus, retention, and equitable educational achievement.

Objective of the Study

This study does not presume a causal relationship but seeks to empirically examine whether spirituality is associated with anxiety levels among student nurses. Specifically, it described the socio-demographic profile of the respondents (age, sex, religious affiliation, family structure, ordinal rank in the family, family monthly income, and place of residence), and it assessed their level of spirituality and level of anxiety as well. It further examined the relationship between the respondents' level of spirituality and their socio-demographic characteristics, their level of anxiety and socio-demographic profile, and their level of anxiety and the level of spirituality.

METHODOLOGY

Research Design. This study used a descriptive-correlational research design to determine the level of spirituality and the level of anxiety among student nurses. The descriptive method outlined the socio-demographic profiles of the respondents, while the correlational method assessed the association between the respondents' levels of spirituality, anxiety, and their profiles. Descriptive research is a type of research that describes the characteristics of a population. Correlational research, on the other hand, is a type of scientific investigation that aims to identify relationships between two or more variables (Bhat, 2023). As a descriptive-correlational study, this research does not establish causation but identifies relationships among variables

Population of the Study. The respondents include the 269 BSN students, randomly selected from levels I to IV for the Academic Year 2023-2024, whose sample size was determined using Slovin's formula.

Research Instrument. The spirituality instrument primarily measures religiously oriented spiritual practices, which may not capture all dimensions of spirituality. The researchers used a three-part survey questionnaire to collect data. Part I collected the respondents' socio-demographic profile. Part II consisted of a spirituality scale adapted from Hernandez (2021) that assessed respondents' spirituality. Part III consisted of the Test Anxiety Questionnaire developed by Nist and Diehl (1990), which was adapted and modified to fit with the study's objectives. This has also been recently used in the research of Shaheen et al. (2022). The following norms for interpretation were applied to both the levels of anxiety and spirituality: Mean scores between 4.21–5.00 were rated as Very High and described as Always; mean scores between 3.41–4.20 were rated as High and described as Frequently; mean scores between 2.61–3.40 were rated as Moderate and described as Sometimes; mean scores between 1.81–2.60 were rated as Low and described as Seldom; and mean scores between 1.01–1.80 were rated as Very Low and described as Never.

Data Gathering Procedure. Before data collection, the researchers secured approval from the Ethics Review Committee of the University Research and Development Office, ensuring that all processes complied with ethical standards. Participants were thoroughly informed about the study's purpose and their nature of involvement, and were assured that their confidentiality would be protected. After obtaining consent, data collection ensued. Respondents were given 10–20 minutes to complete the questionnaire, with the researchers ensuring a conducive environment for thoughtful, unpressured participation.

Data Analysis. Data were analyzed using several statistical tools, including frequency counts and percentages to describe the socio-demographic profile of the respondents, means to determine their levels of spirituality and anxiety, and simple correlation analysis to examine the relationships between spirituality, anxiety, and socio-demographic factors. This approach aimed to determine potential associations between spirituality and anxiety reduction and to identify new modalities to promote student nurses' well-being.

RESULTS AND DISCUSSIONS

The section presents the results in both tabular and textual form. Results were analyzed and discussed accordingly.

1. Socio-demographic Profile of the Respondents

Table 1

Profile of the Respondents

Socio-Demographic Factors	F	%
Age		
17-18	47	17.47
19-20	116	43.12
21-22	101	7.55
23-24	4	1.49
25-26	1	0.37
<i>Total</i>	269	100.00
Sex		
Female	183	68
Male	86	31
<i>Total</i>	269	100.00
Religion		
Roman Catholic	215	79.93
Iglesia Ni Cristo	11	4.09
Born Again Christian	25	9.29
Seventh Day	3	1.12

Socio-Demographic Factors	F	%
Adventist		
Jehovah's Witness	3	1.12
Iglesia Filipina	5	1.86
Independiente		
Methodist	1	0.37
Baptist	3	1.12
Protestant	1	0.37
Latter Day Saints	1	0.37
Islam	1	0.37
<i>Total</i>	269	100.00
Family Structure		
Single Parent	25	9.29
Nuclear Family	182	67.66
Stepfamily	9	3.35
Extended Family	53	19.70
<i>Total</i>	269	100.00
Ordinal Rank in the Family		
First Born	125	46.47
Second Born	76	28.25
Third Born	45	16.73
Fourth Born	18	6.69
Fifth Born	2	0.74
Sixth Born	3	1.12
<i>Total</i>	269	100.00
Monthly Income		
P10,000 And Below	47	17.47
P10,001-P20,000	65	24.16
P20,001-P30,000	6	23.42
P30,001-P40,000	29	10.78
P40,001-P50,000	24	8.92
P50,001 And Below	41	15.24
<i>Total</i>	269	100.00
Place Of Residence		
Rural	199	73.98
Urban	70	26.02
<i>Total</i>	269	100.00

Factors like age, sex, religious affiliation, family structure, ordinal rank in the family, family monthly income, and place of residence are presented in this section. Table 1 presents the demographic characteristics of the respondents.

In terms of family structure, the majority live with a nuclear family (182 or 67.66%), whereas a smaller group (9 or 3.35%) live with a stepfamily. By ordinal rank, most respondents are firstborn (125 or 46.47%), while a minority are fifthborn (2 or 0.74%). The majority (65, or 24.26%) have a monthly family income between Php 10,001 and Php 20,000, while only a few (24, or 8.92%) have a family income between Php 40,001 and Php 50,000. Finally, most respondents reside in rural areas (199 or 73.98%), while a substantial percentage live in urban areas (70 or 26.02%).

2. Level of Spirituality of the Respondents

Table 2

Level of Spirituality Among the Student Nurses

Items	Mean	DR
1. God comforts me.	4.56	A
2. When I face a problem, I pray for god's help	4.56	A
3. My faith gives me hope in tough times.	4.49	A
4. I pray beforehand whenever I take my exams and quizzes	4.41	A
5. When I am worried or nervous, my faith helps me calm down.	4.36	A
6. When I'm struggling, I ask God to help me understand my situation.	4.36	A
7. I confess my sins to God.	4.34	A
8. I find teachings about God interesting or helpful.	4.32	A
9. My religious beliefs make me happy	4.22	A
10. I attend Sunday mass.	3.86	F
11. I worship God with song, chant, or words	3.85	F
12. I pray in public.	3.77	F
13. I listen to religious songs or poetry of God	3.76	F
14. I pray with family	3.73	F
15. I give others spiritual or religious advice.	3.54	F
16. I watch religious tv shows or movies.	3.35	So
17. When bad things happen to me, I wonder if God is	3.27	So

Items	Mean	DR
punishing me.		
18. I read books about God.	3.25	So
19. I attend prayer groups, bible study	3.17	So
20. I attend prayer groups	3.13	So
Overall Mean	3.92	H

Table 2 presents the level of spirituality among the respondents, with an overall mean rating of 3.89, indicating a "High" level of spirituality. This indicates that student nurses possess a strong spiritual orientation, which may serve as a personal source of meaning but does not necessarily translate into lowered anxiety levels.

Taken singly, the highest rated items were "God comforts me" ($\bar{x} = 4.56$), "When I face a problem, I pray for God's help" ($\bar{x} = 4.49$), and "My faith gives me hope in tough times" ($\bar{x} = 4.49$). Results imply that when students are faced with academic and clinical problems, they frequently resort to their spirituality in coping. Amid the pressure of nursing education, their spiritual orientation, specifically their use of prayer and their confidence in divine comfort, serves as an essential source of emotional fortitude and resilience.

This result underscores how spirituality fosters psychological health among student nurses. Fernandez-Pascual et al. (2024) noted that spirituality promotes adaptive coping and emotional equilibrium by offering a feeling of purpose and inner serenity amid stress. Similarly, Parviniannasab and Dehghan (2022) found that higher spirituality is associated with better health outcomes, increased self-care practices, and lower perceived stress. Thus, spiritual well-being serves as a buffer, mitigating the negative effects of stress and reducing susceptibility to depressive symptoms. Accordingly, this study posits that student nurses who practice spirituality and have strong faith exhibit greater emotional stability and optimism. As a result, spirituality not only improves their personal lives but also helps them grow holistically into future professionals who will provide patient-centered, compassionate care. (Dewi et al., 2025).

3. Level of Anxiety of the Respondents

Table 3
Level of Anxiety Among the Student Nurses

Items	Mean	DR
1. I have visible signs of nervousness such as sweaty palms, shaky hands, and so on right before answering activities, quizzes, and before tests.	3.64	F
2. I feel stressed thinking about the exam the weekend before it's scheduled.	3.59	F
3. I feel stressed thinking about a coming return demonstration an hour before it is scheduled to begin.	3.57	F
4. I read through the exam and feel that I do not know any of the answers.	3.52	F
5. I have difficulty in choosing answers.	3.51	F
6. I feel nervous being called on to answer a question in class by an instructor who scares me.	3.51	F
7. I feel anxious because I lack confidence during class.	3.50	F
8. When questions are being asked, I avoid getting called. I only answer when I'm sure of it.	3.49	F
9. I over-prepared for class presentations but still get nervous and don't make any progress.	3.49	F
10. I easily get triggered and annoyed.	3.48	F
11. I make mistakes on easy questions or put answers in the wrong places.	3.45	F
12. After the test, I feel stressed listening to the answer with my friends selected.	3.43	F
13. I am disappointed at being asked by a friend the result of a test on which I did poorly.	3.31	So
14. I have trouble sleeping the night before the exam.	3.30	So
15. I have difficulty in rereading the answer I gave on the test turning it in.	3.30	So
16. I had difficulty in reviewing study materials for a quiz, midterm and final exam the night before.	3.26	So
17. Before a test or having my return demonstration, my stomach is not well.	3.24	So
18. I am losing out on things because I can't make up my mind soon enough.	3.24	So
19. Sometimes I feel completely worthless.	3.21	So
20. I panic before and during the exam.	3.16	So
21. I often feel like crying.	3.14	So
22. I have difficulty studying for a class in which I am scared of the professor.	3.13	So
23. I have difficulty discussing my approaching test with friends a few weeks before the test.	3.06	So
24. I feel nauseated before doing activities, returning for the demonstration and/or having my exam.	2.97	So
25. Seeking out the teaching assistant or professor for advice or help.	2.85	So
Overall Mean	3.33	M

Table 3 presents the level of anxiety experienced by the respondents, with an overall mean rating of 3.33, which is interpreted as "moderate." This means that a significant amount of anxiety is often experienced by student nurses, mostly because of the demanding workloads from the nursing program, which include the performance evaluations, clinical requirements, and academic exams. This result is in line with Temiz's (2020) result, who reported that 40.5% of student nurses had moderate anxiety, which was often related to their perceived lack of knowledge and inadequate skill development. Among the indicators, the respondents expressed the least anxiety when seeking help from teaching assistants or professors, with a mean score of 2.85. This indicates a comparatively lower level of anxiety in academic interactions, but it may also imply fear of being misinterpreted for seeking clarification, which may deter students from seeking help when needed.

Significantly, the respondents reported feeling stressed before examination ($\bar{x} = 3.59$) and before return demonstrations ($\bar{x} = 3.57$), which is interpreted as "High". These results demonstrate that evaluation situations bring a great deal of anxiety, perhaps because of the pressure to perform well and the fear of failing, which are frequent emotional responses among student nurses trying to meet clinical and academic standards. AS a natural reaction of the body to perceived stressors, such anxiety frequently manifests itself physically through sweating, shaking, or elevated heart rate (Northwestern Medicine, 2020).

The results support the findings of Yeo and Yap (2020), who found that learning challenges, examination-related stress, and communication obstacles with instructors were major factors in student nurses' elevated anxiety levels. Similarly, Jones et al. (2018) discovered a significant correlation between high anxiety levels and academic concerns like workload, assessment pressure, and fear of poor performance. Student nurses' academic performance can be negatively impacted by mild or prolonged anxiety, which often results in restlessness, difficulty concentrating, and decreased productivity. Anxiety may affect both cognitive function and general academic performance, as manifested by the students having high levels of anxiety typically showing poorer vitality and learning levels than those with low anxiety. Sun et al. (2021) recommended that higher education institutions establish comprehensive support programs to reduce anxiety and address these issues. These programs may include peer mentoring, stress management training, and counselling services. Student nurses' overall well-being and academic success can be enhanced by these approaches, which can also minimize the strain of nursing education and thus foster emotional resilience.

The presence of moderate anxiety despite high spirituality suggests that academic and clinical stressors may outweigh the buffering role of spirituality alone.

4. Relationship between the Level of Spirituality and the Socio-demographic

Table 4

Relationship between Level of Spirituality and Profile of the Respondents

Independent Variables	Level of Spirituality of Student Nurses		
	r-value	p-value	Decision
Age	.148*	0.015	Reject Ho
Sex	-0.057	0.352	Do Not Reject Ho
Religion	0.103	0.092	Do Not Reject Ho
Family Structure	-0.076	0.213	Do Not Reject Ho
Ordinal Rank in the Family	-0.029	0.637	Do Not Reject Ho
Monthly Income	0.072	0.237	Do Not Reject Ho
Place of Residence	0.009	0.883	Do Not Reject Ho

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4 illustrates the relationship between respondents' spirituality levels and their socio-demographic profile. The findings show that factors such as sex, religion, family structure, ordinal rank in the family, family monthly income, and place of residence are not associated with the student nurses' level of spirituality. However, age was significantly correlated with spirituality, with an r-value of 0.148 and a p-value of 0.015, indicating that older nursing students tend to have higher spirituality levels. This could be explained by the accumulation of life experiences over time, which often prompts individuals to consider their beliefs more carefully and seek meaning and purpose in life. MahdiNejad et al. (2020) also support this, indicating that older individuals are more likely to develop a greater sense of spirituality. On the other hand, studies such as Mina (2021) show that spirituality and age are inversely correlated, with younger people exhibiting higher levels of spirituality. Regarding sex, the study found no significant relationship with spirituality ($r = -0.057$, $p = 0.352$), indicating that being male or female was not necessarily associated with respondents' overall spirituality scores. This finding is consistent with Senmar et al. (2023), who found that spiritual intelligence scores did not significantly differ across demographic groups, including sex, and Tunc and Ummet (2024), who found no significant gender differences on measures of spiritual well-being in a large student sample.

Meanwhile, the results show no significant relationship with spirituality ($r = 0.103$, $p = 0.092$) when examining religious affiliation. This suggests that respondents' individual spirituality may differ significantly based on their unique views, experiences, and practices, regardless of the religious groups they are

affiliated with. Religious affiliation and individual spirituality are related but distinct constructs (Chen et al., 2023). Every perspective has distinct psychological and personality characteristics, and people may identify as spiritual without being religious and vice versa (Wixwat & Saucier, 2020). Similarly, family structure was not significantly correlated with spirituality ($r = -0.076$, $p = 0.213$), which may be due to the diversity of family dynamics among nursing students. Despite research indicating that certain family structures, such as nuclear families, may prompt religious practices (Smith, 2023), this study's findings suggest that family structure does not necessarily affect spirituality.

Additionally, the ordinal rank in the family ($r = -0.029$, $p = 0.637$) and family monthly income ($r = 0.072$, $p = 0.237$) were also not significantly related to spirituality. This implies that an individual's spiritual growth may not be much affected by family order or the family's monthly income. This is consistent with the findings of Zarzycka et al. (2024), who found that demographic variables such as family monthly income did not substantially affect spiritual well-being as assessed by the Spiritual Well-being Scale.

Finally, place of residence had no significant impact on spirituality ($r = 0.009$, $p = 0.883$), suggesting that cultural and religious backgrounds may be more associated with spirituality than geographical location. While some studies, such as that by Kumar et al. (2024), suggest that urban students may have more positive spiritual attitudes, this study found no significant difference between students living in rural and urban areas.

5. Relationship between the Level of Anxiety and the Socio-demographic Profile of the Respondents

Table 5

Relationship between Level of Spirituality and Profile of the Respondents

Independent Variables	Level of Anxiety of Student Nurses		
	r-value	p-value	Decision
Age	-0.076	0.214	Do Not Reject Ho
Sex	-0.043	0.483	Do Not Reject Ho
Religion	-0.020	0.748	Do Not Reject Ho
Family Structure	-1.29*	0.034	Reject Ho
Ordinal Rank in the Family	0.063	0.305	Do Not Reject Ho
Monthly Income	-0.090	0.140	Do Not Reject Ho
Place of Residence	0.042	0.497	Do Not Reject Ho

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The study found no significant correlations between age, sex, religious affiliation, ordinal rank in the family, family monthly income, and place of residence with anxiety levels among nursing students. In particular, age (r -value = -0.076, p -value = 0.214) and sex (r -value = -0.043, p -value = 0.483) were not associated with anxiety, confirming earlier findings that these demographic variables do not directly affect anxiety. This suggests that anxiety among student nurses is more situational and impacted by clinical exposure, academic stress, and individual coping strategies rather than set demographic characteristics (Garcia-Velasco et al., 2025). Similarly, religious affiliation and family income were not significant predictors of anxiety (r -value = -0.020, p -value = 0.748; r -value = -0.090, p -value = 0.140, respectively). This suggests that while religion may impact some individuals to cope, its effects vary, and anxiety levels are not only based on one's financial status (Goncalves et al., 2018). Rather, anxiety may be impacted by the confluence of personal psychological characteristics, social support systems, and resource availability, creating a complex relationship (Ferhati et al., 2024).

Additionally, place of residence had no significant relationship with anxiety (r -value = -0.042, p -value = 0.497), contrary to some studies suggesting rural students may experience higher anxiety levels (Shao et al., 2020). This lack of correlation might suggest that the factors affecting student nurses' anxiety are not predominantly linked to urban or rural environments, or that factors such as access to technology or social connection may mitigate traditional differences.

In contrast, family structure and anxiety (r -value = -1.29, p -value = 0.034) yielded a significant correlation, highlighting the important role of family support in reducing anxiety. Students from stable family environments, such as nuclear families with involved parents, exhibited lower anxiety levels. Augustine (2022), who highlighted the impact of family cohesion on emotional health, supports these findings. Despite the lack of correlation between ordinal rank in the family and anxiety (r -value = -0.063, p -value = 0.305), the study emphasizes the importance of family dynamics and support networks in determining emotional well-being, suggesting that complex, multidimensional factors beyond demographics relate to student nurses' anxiety.

6. Relationship between the Level of Anxiety and Spirituality of the Respondents

Table 6

Relationship between Level of Spirituality and Profile of the Respondents

Variables	r -value	p -value	Decision
Level of Spirituality Vs. Level of Anxiety	0.011	0.858	Do not reject HO

As depicted in Table 6, no significant correlation exists between the level of spirituality and anxiety (r -value = 0.01, p -value = 0.858). These findings support the

null hypothesis, which holds that spirituality is not related to levels of anxiety. The absence of a significant relationship challenges the common assumption that spirituality is directly associated with anxiety among student nurses. This finding contributes to the literature by highlighting the complexity of anxiety and the need for multifaceted support systems beyond spiritual coping alone. The extremely personal and complex aspects of spirituality, which encompass a broad spectrum of beliefs, practices, and experiences that vary significantly across people, may explain this absence of a significant relationship. Although spirituality may provide a sense of purpose, meaning, and support, its relationship anxiety is likely to vary depending on the circumstances and is associated with coping mechanisms, social support networks, and personal interpretations of spirituality. Moreover, inclusivity is important as positive attitudes (Paguirigan, 2020). Therefore, the non-significant finding might also reflect a sample that is diverse in its spiritual orientations, in which the benefits experienced by some are counterbalanced by neutral or even negative experiences among those whose beliefs are not adequately supported by the measured construct or the surrounding social environment.

A popular belief that supports a comprehensive view of this relationship is challenged by the discovery that spirituality and anxiety levels do not strongly correlate. The diversity of spirituality itself is one reason for the absence of a direct connection. Additionally, likely, the student nurses' moderate anxiety levels were not strong enough for spirituality to have a noticeable protective impact. Moreover, cultural and educational factors may also be associated. Instead of delving into spiritual practices to manage their anxiety, highly intricate courses like nursing may rely more on institutional resources, peer support, or useful coping mechanisms (Yosep et al., 2025). Similar findings have been reported by Tunç and Ummet (2024), who noted that while spirituality may impact overall psychological well-being, its direct relationship with anxiety can be weak or nonsignificant when other psychological or situational factors ensue. Thus, the findings imply that although spirituality may provide existential or emotional support, it might not immediately lower anxiety unless it is combined with stress-reduction techniques, social support, or an active coping mechanism.

CONCLUSION

Contrary to common assumptions, spirituality was not found to be significantly associated with anxiety reduction among student nurses. These results suggest that while spirituality remains personally meaningful, it should be complemented by structured psychological and academic support mechanisms. The results of this study highlight the intricate and multifaceted factors that relate to nursing students' anxiety and spirituality. These findings point to the need for further exploration of the interactions among these factors, which might guide the creation of targeted interventions and support networks to promote the

population's overall well-being. Specifically, the findings underscore the need to develop tailored initiatives that address age-specific needs and comprehensive wellness programs that promote mental and emotional health. The findings are limited by the correlational design, reliance on self-reported measures, and the single-institution context. To enhance student nurses' resilience, academic performance, and overall success in both academic and clinical settings, further study is needed to expand understanding of these dynamics.

RECOMMENDATIONS

Based on the study results, several recommendations are made to support students' overall well-being. The College of Nursing may expand the integration of spirituality and spiritual care in the curriculum to enhance the students' holistic development. Additionally, debriefing sessions and stress management programs may be reinforced by the guidance and counseling services to identify and manage academic stress and exam anxiety. Spiritual support activities may be integrated as complementary resources alongside evidence-based mental health interventions. Administrators are also urged to recognize students' anxiety levels and offer readily available mental health assistance through programs such as family days, counseling, and online check-ins. Finally, future studies may explore mediating variables such as coping styles, resilience, and social support to better understand the relationship between spirituality and anxiety.

ETHICAL STATEMENT

The researchers ensured the ethical conduct of this study by safeguarding the welfare, anonymity, and confidentiality of all respondents. Informed consent was obtained from participants, with full disclosure of the study's purpose. Only authorized researchers accessed the data, ensuring a safe data-gathering process. Respondents' privacy was protected, and any information that may be used to identify them was kept private. The researchers conducted the study with integrity, transparency, and fairness, ensuring that no bias or misrepresentation occurred in the presentation of data. Furthermore, no additional compensation was provided, and respondents participated voluntarily and without any pressure or coercion.

ACKNOWLEDGMENT

With hearts full of thanks, the researchers extend their sincerest gratitude to the thesis technical committee for their invaluable guidance, expertise, and constructive feedback, which significantly enhanced the quality of this study. They also thank the University President, Dr. Erwin F. Cadorna, the Dean, Dr. Francis Don L. Nero, and the faculty and staff of the College of Nursing for providing the necessary resources and institutional support. Their deepest appreciation goes to

the 269 participating nursing students whose willingness to share their insights was crucial to the research findings. They are also profoundly grateful to their families and friends for their unending support, understanding, and constant encouragement throughout this journey. Finally, they give the highest glory to the Almighty God for His continued guidance and for making the successful completion of this study possible.

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