ORIGINAL ARTICLE

PRESSURE ON ACADEMIC PERFORMANCE AND NEGATIVE AFFECTIVITY IN NURSING GRADUATE

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ABSTRACT

Objective: to analyze the pressure for academic performance and negative affectivity. **Method:** cross-sectional and correlational design. Sample of 115 undergraduate nursing students in 2022, using the DASS-21 scale and the elaboration of a psychometric measure to measure academic pressure. Data were analyzed in *jamovi*, v. 1.8, with uni, bi and multivariate statistical analysis. **Results:** the prevalence of "mild stress" was 7.82%, moderate was 4.34%, severe in 0.87% and extremely severe in 1.74%. For "mild anxiety", it was 5.17%, moderate in 2.58%, severe in 1.72% and extremely severe in 0.86%. For Depression, it was 5.30% for mild, 0.88% for moderate, 2.65% for severe and 1.77% for extremely severe. Regarding the academic pressure, the highest average was the Being hard on yourself, with 86.62, and the lowest average was 27.75, for the Competition with Classmates, the internal consistency scores of the academic pressure items were alpha 0.75 and omega 0.82. The highest correlation was 0.72, and 10 items remained after exploratory factor analysis. **Conclusion:** anxiety is relevant in the process of adaptation and academic performance, especially for women and nursing.

Keywords: Nursing, Students. Academic Performance. Psychological Distress.

INTRODUCTION

Although undergraduates are more likely to find many life changes in their entry into the new environment, these experiences can generate what has been which represents the tendency of each subject to suffer a negative impact of these same experiences, such as anxiety, sadness, anger, guilt, fear, depressive symptoms, anxiety and/ or stress, which can be predictors of poor mental health[1].

Such negative experiences are interrelated to the academic environment. A review study[2] on research relating sleep quality, stress and academic performance considered there is a significant positive correlation among these three variables, as well as these and other adversities of academic life reflect on the student's performance at university.

There is broad agreement in the literature on the fact that the university environment is part of the illness and mental suffering, manifested by the triad anxiety, depression and stress. Suffering unfolds in social functioning, interpersonal relationships in practical activities, professional communication, time management, perception of the environment and theoretical activities, which constitute subjective/pressure objectives for the individual[3-12].

A systematic review study[4] about the factors related to the student's adaptation to the university environment concluded that the support network was pointed out by 47.8% of the analyzed researches, characterizing itself as the main facilitator, and the level of presented in 73.9% of the analyzed researches as the main hindrance, followed by interpersonal relations and leaving home (56.5%), resulting in consequences in 52.2% of the researches, the abandonment of the course and the low academic performance, in 34.8% of the researches.

The same study also indicates that in 52.2% of the surveys, anxiety and stress symptoms are reported, followed by symptoms compatible with depression in 47.8% of the surveys. As adaptation strategies, autonomy, commitment, management of emotions, self-demand, resilience, among others are reported. In a study with 183 undergraduates in accounting, where 75% were female, the relationship between resilience and academic performance was analyzed. The authors concluded that men in the last year of their studies showed higher levels of resilience compared to women[13].

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Evidence points out that the variables that stand out for stress, anxiety and depression refer to pressure for adequate academic performance and professional success[5], thus highlighting the important relationship between these points, because these stimuli induce. Although there is no single methodology in the studies on this subject, among the instruments used in longitudinal[6] and cross-sectional studies[14] stands out the Depression Anxiety Stress Scale (DASS-21), already validated for the Brazilian version[15].

Considering the factors qualified as health and well-being promoters associated with good/bad academic adaptation[14], we sought to identify the degree of relationship between feeling of pressure for academic performance and negative affectivity in nursing students.

METHOD

This is a cross-sectional and correlational study, guided by the Strengthening the Reporting of Observational studies in Epidemiology (STROBE). The audience was students from a public university in southern Brazil, of the nursing course.

Data were collected in the first half of 2022, through a face-to-face questionnaire application, as scheduled. The only inclusion criterion previously defined was to be at least 18 years and regularly enrolled in one of the four years of the course. In turn, three students were excluded who did not answer all the questions of the main instrument of the study. Thus, of the 242 students enrolled, a sample consisting of 115 students selected by convenience participated in the study.

For the data collection, after prior authorization of the teacher responsible for the discipline, one of the researchers attended classes every year, when he presented the proposal of the study, its objective and made the invitation to participate in it. Students who agreed to participate in the research were given a timely time to perform the reading and answer the instruments used in the collection of information.

Two printed instruments were used: 1) the sociodemographic questionnaire (age, series, sex, physical activity); and 2) the Depression Anxiety Stress Scales (DASS-21), validated for the Brazilian version[15], which has good internal consistency, with an alpha coefficient of Cronbach ranging between 0.83 and 0.90. This scale was built to promote the process of defining, understanding and measuring negative emotional states, generally described as depression, anxiety and stress, but not corresponding clinically to clinical characteristics that define them as mental disorders.

The scale consists of 21 items, seven of which evaluate anxiety, seven stress and seven depressive symptoms. Each element evaluates the occurrence of the phenomena under analysis on a scale from 0 to 3 points. The cutoff points to be classified as normal are scores < 2.34, from 2.34 to 2.61 as mild, from 2.61 to 2.85 as moderate, from 2.85 to 2.94 as severe and above 2.94 as extremely severe[16].

To measure the perception of relevance of each aspect associated with academic pressure felt by university students, the authors developed a questionnaire with 20 items, derived from a literature review on the subject. These were synthesized and constituted in a Visual Analog Scale (VAS), in which the student should point with a dash, under the 100 mm line, the relevance of each of these, being the anchors. The number 0 (unimportant) and 100% (totally important), thus measuring its perception in each item presented.

Thus, an interval measurement was obtained. VAS has its validity proven in several studies of measurement for pain, but it can also be applied in studies of subjective processes[17]. Internal consistency data were reported in the results.

The listed variables were: 1- fear of mistakes, 2-competition among classmates, 3-workload and overload, 4-changes in habits, 5-insecurity, 6-feeling of inferiority, 7-dealing with death, 8-lack of time for social life, 9-self-demand, 10-excessive responsibility for other's life, 11-family distancing, 12-anxiety related to the first job, 13-first contact with laboratory practices, 14-first contact with field practices, 15-seminar presentation, 16-practical test, 17-theoretical test, 18-insecurity about the profession, 19-financial dependence and 20-external demand.

Univariate (frequency, percentage, mean and standard deviation), bivariate (Pearson correlation) and multivariate (exploratory factor analysis, oblimin rotation) analyses were performed, all calculated by the Jamovi program (Version 1.8). There is no consensus on the classification and interpretation of correlation coefficients. However, there are suggestions (18) to ratify older references, which defend values from 0 to 0.29 as insignificant, 0.30 to 0.49 as low, 0.50 to 0.69 as moderate, 0.70 to 0.89 as high and 0.90 to 1.0 as very high. Another

way to discuss the practical sense is to adopt the use of the coefficient of determination of a linear regression. This results from the calculation of the score by itself, multiplied by 100%. The resulting percentage represents the variance shared between the two variables.

For the Visual Analog Scale, measurements were made with a 10 cm ruler on this same line, aligning the zero point of the ruler with the zero point of the line to be measured, each millimeter of this line being equivalent to 1% of the relevance considered by the student. The minimum significance criterion of 5% was adopted to minimize the occurrence of type II errors.

The project was approved by the Research Ethics Committee involving Human Beings (Opinion n. 4.025.872) and all participants signed the informed consent form.

RESULTS

Among the 115 students participating in the study, 32.2% were enrolled in the first year of the course, 23.1% in the second year, 34.7% in the third year and 10% in the fourth year. The age ranged from 18 to 48 years, with 85.9% (n = 104) being female and 45.3% not practicing any type of physical activity.

The internal consistency data of DASS-21 were evaluated by Cronbach's alpha and McDonald's omega, and both presented a score of 0.94, ensuring the reliability of the answers. As for the negative affectivity construct, it is observed in table 1 that the most affected domain was stress, followed by anxiety.

Table 1. Self-reported negative affectivity by nursing students. Londrina - PR, Brazil. 2022.

DOMAINS	1st Period	2nd Period	3rd Period	4th Period	Total	
	n	**n**	**n**	**N**	**N**	**%**
STRESS						
Normal	32	25	35	6	98	85.2
Light	2	1	4	2	9	7.82
Moderate	2	2	1	0	5	4.34
Extreme	1	0	0	0	1	0.87
Extremely Severe	1	0	1	0	2	1.74
Total	38	28	41	8	115	
ANXIETY						
Normal	36	24	36	8	104	90.4
Light	2	2	2	0	6	5.17
Moderate	0	0	3	0	3	2.58
Extreme	0	1	1	0	2	1.72
Extremely Severe	1	0	0	0	1	0.86
Total	39	27	42	8	115	
DEPRESSION						
Normal	33	24	37	7	101	89.4
Light	2	1	2	1	6	5.30
Moderate	1	0	0	0	1	0.88
Extreme	1	0	2	0	3	2.65
Extremely Severe	0	2	0	0	2	1.77
Total	37	27	41	8	113	

In order to better represent the data on the Pearson correlation (r), we chose to present the items grouped (Chart 1), since a 20 x 20 correlation matrix would make the reading unattractive, besides the disproportionate size.

Chart 1. Categorization of items correlated with academic pressure, according to Nursing students, Londrina, PR, Brazil. 2022.

Grouping item	Related items	*r*	Sig.
First contact with field practices	First contact with laboratory practices	0.72	*p*<0.001
	Practical test	0.60	*p*<0.001
	Anxiety related to the first job	0.43	*p*<0.001
	Seminar presentation	0.43	*p*<0.001
	Fear of making a mistake in practice	0.40	*p*<0.001

	Theoretical test	0.33	$p<0.001$
	Dealing with death	0.21	$p<0.01$
	Excessive responsibility for other's life	0.19	$p<0.05$
First contact with laboratory practices	Seminar presentation	0.38	$p<0.001$
	Overload due to hour load	0.19	$p<0.01$
	Insecurity	0.25	$p<0.001$
Insecurity about the profession	Feeling of inferiority	0.46	$p<0.001$
	First contact with laboratory practices	0.27	$p<0.01$
	Excessive responsibility for other's life Competition with	0.22	$p<0.01$
	classmates	0.22	$p<0.01$
Anxiety related to the first job	Insecurity about the profession	0.38	$p<0.001$
	Theoretical test	0.36	$p<0.001$
	First contact with working practices	0.30	$p<0.001$
	Family distancing	0.29	$p<0.01$
	Lack of time for social life	0.24	$p<0.01$
	Excessive responsibility for other's life	0.24	$p<0.01$
	Fear of making a mistake in practice	0.22	$p<0.05$
	Dealing with death	0.22	$p<0.05$
Insecurity	Feeling of inferiority	0.57	$p<0.001$
	Self-demand	0.50	$p<0.001$
	Fear of making a mistake in practice	0.42	$p<0.001$
	Insecurity about the profession	0.33	$p<0.01$
	Lack of time for social life	0.21	$p<0.01$
	External demand	0.20	$p<0.001$
	Change of habits	0.20	$p<0.05$
Self-demand	Feeling of inferiority	0.27	$p<0.001$
	Overload due to hour load	0.26	$p<0.01$
Theoretical test	Anxiety related to the first job	0.36	$p<0.001$
	First contact with field practices	0.33	$p<0.001$
	First contact with working practices	0.33	$p<0.001$
	Self-demand	0.32	$p<0.001$
	Insecurity about the profession	0.24	$p<0.05$
	Fear of making a mistake in practice	0.23	$p<0.01$
	Feeling of inferiority	0.21	$p<0.01$
Seminar presentation	Theoretical test	0.49	$p<0.001$
	Insecurity	0.36	$p<0.001$
	Fear of making a mistake in practice	0.33	$p<0.001$
	Feeling of inferiority	0.33	$p<0.001$
	Anxiety related to the first job	0.32	$p<0.001$
	Insecurity about the profession	0.26	$p<0.001$
	Excessive responsibility for other's life	0.22	$p<0.05$
Feeling of inferiority	Overload due to hour load	0.37	$p<0.001$
	Self-demand	0.27	$p<0.001$
	Change of habits	0.19	$p<0.05$
Overload due to hour load	Lack of time for social life	0.39	$p<0.001$
	Feeling of inferiority	0.37	$p<0.001$
	Financial dependence	0.29	$p<0.01$

	Self-demand	0.26	*p*<0.01
	Change of habits	0.19	*p*<0.05
Competition with classmates	Dealing with death	0.32	*p*<0.001
	Feeling of inferiority	0.31	*p*<0.001
	Lack of time for social life	0.24	*p*<0.01
Dealing with death	Family distancing (*r*=0.27; *p*<0.01);	0.27	*p*<0.01
	Feeling of inferiority (*r*=0.25; *p*<0.01); Insecurity about the	0.25	*p*<0.01
	profession (*r*=0.21; *p*<0.01);	0.21	*p*<0.01
Lack of time for social life	Insecurity about the profession	0.38	*p*<0.001
	Feeling of inferiority	0.34	*p*<0.001
	Competition with classmates	0.21	*p*<0.01
Excessive responsibility for other's life	Insecurity about the profession	0.38	*p*<0.001
	Theoretical test	0.36	*p*<0.001
	Financial dependence	0.31	*p*<0.001
	Insecurity about the profession	0.31	*p*<0.001
	First contact with working practices	0.30	*p*<0.001
	Practical test	0.30	*p*<0.001 *p*<0.01
	Family distancing	0.29	*p*<0.01
	Self-demand	0.26	*p*<0.01
	Anxiety related to the first job	0.26	*p*<0.05
	Excessive responsibility for other's life	0.24	*p*<0.05
	Lack of time for social life	0.24	*p*<0.01
	Fear of making a mistake in practice	0.22	*p*<0.01
	Dealing with death	0.22	*p*<0.01
	Insecurity	0.20	*p*<0.01
	Fear of making a mistake in practice	0.20	*p*<0.05
	Lack of time for social life	0.20	
Practical test	Seminar presentation	0.53	*p*<0.001
	First contact with laboratory practices	0.47	*p*<0.001
	Feeling of inferiority	0.46	*p*<0.001
	Fear of making a mistake in practice	0.41	*p*<0.001
	Insecurity	0.38	*p*<0.001
	Anxiety related to the first job	0.29	*p*<0.001
	First contact with laboratory practices	0.27	*p*<0.01
	Insecurity about the profession	0.25	*p*<0.01
	Excessive responsibility for other's life	0.22	*p*<0.01
	Competition with classmates	0.22	*p*<0.01
	Change of habits	0.20	*p*<0.05
Financial dependence	Feeling of inferiority	0.36	*p*<0.001
	Lack of time for social life	0.35	*p*<0.001
	Insecurity about the profession	0.31	*p*<0.001
	Anxiety related to the first job	0.20	*p*<0.01
External demand	Feeling of inferiority	0.21	*p*<0.05 *p*<0.05
	Lack of time for social life	0.21	*p*<0.05
	Dealing with death	0.19	

Table 2 shows that the global scores for Cronbach's alpha and McDonald's omega were 0.75 and 0.82, respectively. It is also important to highlight the item-total correlation values, where the

"change of habits" presented a lower correlation with the set of questions, as well as the "feeling of inferiority" was the greatest.

Table 2. Reliability statistics of items related to the perception of academic pressure. Londrina – PR, Brazil. 2022

ITEMS	Mean	sd	Item-total correlation	If the item is excluded	
				Cronbach's &	McDonald's 7
Anxiety related to the first job	67.4	33.4	0.38	0.74	0.81
First contact with laboratory practices	67.1	29.0	0.40	0.74	0.81
First contact with field practices	79.0	24.5	0.44	0.74	0.80
Seminar presentation	74.6	24.9	0.47	0.74	0.80
Practical test	86.0	17.5	0.43	0.74	0.80
Theoretical test	77.5	23.4	0.32	0.75	0.81
Insecurity about the profession	66.2	30.1	0.45	0.73	0.81
Financial dependence	80.2	24.4	0.39	0.74	0.81
External demand	73.4	89.4	0.27	0.81	0.82

In the exploratory factor analysis (Table 3), the adequacy of the sample resulted from the Barttlet sphericity test ($p<0.001$) and the MSA varied between 0.51 and 0.85. Factor loads < 0.50 were suppressed, considering the sample size. Table 4 presents the factorial structure and its respective factor loads. The factorial load represents the contribution of the item in terms of variance shared in the factor composition.

Table 3. Factor loadings of items related to the perception of academic pressure by nursing undergraduates, Londrina - PR, Brazil. 2022

Items	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
First contact with field practices	0.99					
First contact with laboratory practices	0.68					
Insecurity about the profession		0.57				
Anxiety related to the first job		0.34				
Insecurity			0.86			
Self-demand			0.58			
Theoretical test				0.69		
Seminar presentation				0.67		
Feeling of inferiority					0.92	
Overload due to hour load						0.96

DISCUSSION

It is assumed that there are several other variables interacting to increase the likelihood of mental illness in university students. A study [14] evaluated the relationship between sociodemographic factors with healthy lifestyles and psychological suffering. Its multivariate model showed that a health-promoting lifestyle was significantly influenced by gender and area of knowledge. On the other hand, gender, age and pre-existing clinical medical conditions represented a statistically significant effect in psychological suffering. There was a statistically significant inverse correlation between health promoter behavior and psychological suffering.

In the other way, the practice of physical activity is not a fixed habit in the university environment. The present study revealed low adherence to physical activity (45.3%). A study with 348 university students in Mato Grosso do Sul [19] presented similar data, which revealed 40.3% of sedentary lifestyle. This habit is a cause for alarm, because considering future nurses who should work in promoting healthy eating and encouraging physical activities, there is low adherence to personal practice [20].

When comparing the data with the present study, according to table 1, "severe stress," depression and severe anxiety presented a prevalence of 0.89%, 2.65% and 1.72%, respectively. Whereas, in the longitudinal study [6] from Hong Kong, it was 8.8%,

11.9% and 29.1%, respectively. However, the study cites different types of prevalence according to the various categories of students, as to their origin and whether they are athletes.

The negative affectivity measured by DASS-21 also showed similar results to normal in medical students in Bagé-RS, with differences for women, who presented higher levels of anxiety and stress[11], but whose process also depends on each context[7]. A study with 111 university students from health courses in southern Brazil in 2018[8] pointed out that the highest levels of negative affectivity were identified in moderate prevalence of stress with 4.5%, 9% anxiety and 11.7% depression. Considering that the data collection period of this study occurred months after the end of the COVID-19 pandemic, it is interesting to compare with studies from that time. A survey with 115 students of Physiotherapy in Goiás, at the time of the pandemic, showed averages of 2.74 for stress, 2.79 for anxiety and 3.18 for depression[21].

In a longitudinal study, 9,479 first-year university students, which amounted to 56.5% of the total number of students at a university in Hong Kong, completed the DASS-21 Scale before starting their classes. In general, age, gender, study load and academic performance were associated with the mental health profile, where the study load was positively correlated with anxiety and depression, but presenting differences in the types of students (athletes, foreigners, etc.) ($p<0.001$)[6].

The study concluded that the mental health of university students depends not only on personal characteristics, but also on contextual characteristics of the university environment (teaching-learning processes) which should be evaluated in greater depth in the future[6].

Anxiety and female gender as variables that impact academic experience

A survey conducted in three universities in the state of Minas Gerais [22] to assess levels of anxiety and depression, seeking the relationship with academic adaptation, involved 316 students in nine health courses, 70.9% female and 29.1% male. When applying the DASS-21, a moderate anxiety score was identified, and there was also a negative Pearson correlation with three domains of the Academic Adaptation scale (Career, Study and Institutional), which represent the feelings related to

the course, time management and student's feelings towards the institution, respectively, values of -0.13, -0.16 and -0.14.

However, women with higher levels of anxiety had higher averages for physical and psychological well-being and a Pearson correlation coefficient of 0.56, and younger students showed greater degree of adaptation to the academic environment. Among the nine courses studied, nursing was the course with the highest anxiety score measured by DASS-21, 16.91, with a SD of 14.91, being classified as severe[15], but compared to the present study, it was classified as moderate. In other words, the sample from Minas Gerais[22] presented a more severe degree of anxiety than that of this study, in Londrina-PR.

With the multiple regression technique, it was evidenced that for the "Study" dimension (which represents the student's skills, study habits and time management) and the Institutional one (which represents the student's feelings towards the institution), anxiety was the only statistically significant predictor. the lower the anxiety, the higher the score in these dimensions of the representative construct of adaptation to the academic environment[22].

Still in relation to the "Institutional" dimension, the level of anxiety was higher if the student was female, from the Nursing course and in the age group of 18 to 21 years. However, the authors consider caution in the conclusions, since the metrics, although statistically significant, attribute little explanatory power, thus fitting several other possible correlated and explanatory variables. Nevertheless, a study with 1309 Chinese university students[12] concluded that there may be another role for anxiety: to mediate, along with hopelessness, the relationship between stress and depressive symptoms.

Anxiety seems to have high importance in the academic training process, since a study with nursing students in the same population of this study evaluated the levels of trait-state anxiety and coping strategies, concluding that there were 60.7% of clinical symptoms in daily life, 18.5% with absence of typical symptoms and 20.7% of characteristic symptoms of Anxiety Disorders, in the State domain, which reflects a transient reaction related to an adversity situation that presents itself at a given time[23].

Furthermore, the relationship between anxiety at

first job and professional insecurity is a worrying factor, since it has great relevance in the future of this student, agreeing, thus, with results that suggest that insecurity in the university is related to the transition to professional life[3]. This relationship is identified in table 4, since factor 2 is the result of a linear combination of these two items.

Anxiety also seems to be negatively correlated with social skills[22] and coping strategies in Nursing graduation[23]. Although coefficients considered low and insignificant have been identified, studies suggest that there is a small explanatory role of anxiety in dealing with stressful situations in the daily life of academic training[23] and the ability to approach a superior in the academic or work hierarchy, ask for help and receive praise [22].

According to table 4 and table 2, the "First contact with laboratory practice" presented the highest factorial load (0.99) and its correlation coefficient with the "First contact with field practices" was the highest coefficient of the present study, classified [18] as moderate (r=0.72; *p*<0.001). This fact should be considered, since the performance of practical activities is a factor that directly interferes in the academic performance of this student, because it concerns skills, effective learning and practice exercised with the patient[3]. Similar conclusions were found in a study on stress among students in Mato Grosso do Sul[24], which identified that there is fear of making mistakes during patient care (57.4%), feeling of having acquired little knowledge to make practical tests (52.1%) and insecurity or fear of taking theoretical tests (44.7%), considered very high stress factors.

Table 4 also shows the grouping of "insecurity' and "self-demand", where the greatest factor load is that of "insecurity". In other words, it represents the greatest contribution to the constitution of the factor. Moreover, table 3, adds that the internal consistency analysis suggests the removal of this item so that the Cronbach alpha score can increase to 0.81, indicating a degree of heterogeneity of this item in relation to the set.

Study Limitation

The study had as a limitation the access to students due to the workload of study and the different schedules between the grades, discouraging a portion of the students to participate in the research. It was a post-pandemic scenario, where much of the population went through an economic, social and psychological restructuring.

Although statistically significant data were obtained, a larger sample could have allowed, perhaps, the permanence of more items composing the factors generated in the combination of variables by exploratory factor analysis, as well as many of the correlations classified as weak might have had a higher score.

No similar studies were found to compare the data related to academic pressure and in which degree and measure it can be subjective or objective. Future studies are suggested, with a larger sample, in order to obtain a greater refinement and definition of the aspects presented as academic pressure by students, since there may be university environments that do not promote illness significantly.

CONCLUSION

The methodology used for the elaboration of the subjective measure of academic pressure followed the strict precepts in methodological and psychometric terms, being considered an important key point for the study, allowing to identify with validity and precision that there is a correlation and interaction between the various factors perceived as subjective pressure for academic performance and the role of anxiety as a key variable for it.

Negative affectivity scores, referred to as anxiety, stress and depression, although not clinically compatible with mental disorders, represent suffering. They were compared to other realities, and the particularity of each university, culture and country was understood, where academic pressure can be subjective and objective at the same time, since resources such as resilience and coping vary greatly from subject to subject.

However, regardless of this, there is a consensus that each university should adopt policies that favor women in the promotion of mental health, physical well-being, inclusion, psychosocial and pedagogical support to students, particularly nursing, considered as the object of this research.

PRESSÃO SOBRE O DESEMPENHO ACADÊMICO E A AFETIVIDADE NEGATIVA EM GRADUANDOS DE ENFERMAGEM

RESUMO

Objetivo: analisar a pressão para o desempenho acadêmico e a afetividade negativa. **Método:** delineamento transversal e correlacional. Amostra de 115 alunos de graduação em enfermagem em 2022, sendo utilizada a escala DASS-21 e a elaboração de uma medida psicométrica para mensuração da pressão acadêmica. Os dados foram analisados no *jamovi,* v. 1.8, com análise estatística uni, bi e multivariada. **Resultados:** a prevalência do "estresse leve" foi de 7,82%, moderado foi 4,34%, o grave em 0,87% e o extremamente severo, em 1,74%. Já para a "ansiedade leve", foi de 5,17%, moderada, em 2,58%, grave, em 1,72% e extremamente severa, em 0,86%. Para Depressão, foi de 5,30% para a leve, 0,88% para a moderada, 2,65% para a grave e 1,77% para a extremamente severa. Em relação à pressão acadêmica, a maior média foi a Autocobrança, com 86,62, e a menor média foi de 27,75, para a Competição com Colegas, os escores de consistência interna dos itens de pressão acadêmica foram alfa de 0,75 e ômega de 0,82. A maior correlação foi de 0,72, e 10 itens permaneceram após a análise fatorial exploratória. **Conclusão:** ansiedade é relevante no processo de adaptação e performance acadêmica, principalmente para o sexo feminino e a Enfermagem.

Palavras-chave: Estudantes de Enfermagem. Desempenho acadêmico. Angústia Psicológica.

PRESIÓN SOBRE EL RENDIMIENTO ACADÉMICO Y LA AFECTIVIDAD NEGATIVA EN LOS ESTUDIANTES DE LICENCIATURA DE ENFERMERÍA

RESUMEN

Objetivo: analizar la presión para el rendimiento académico y la afectividad negativa. **Método**: diseño transversal y correlacional. La muestra de 115 estudiantes de grado en enfermería en 2022, siendo utilizada la escala DASS-21 y la elaboración de una medida psicométrica para medición de la presión académica. Los datos fueron analizados en *jamovi,* v. 1.8, con análisis estadístico uni, bi y multivariado. **Resultados**: la prevalencia de "estrés leve" fue el 7,82%, moderada el 4,34%, grave el 0,87% y extremadamente severa el 1,74%. Ya, para la "ansiedad leve" fue de 5,17%, moderada el 2,58%, grave el 1,72% y extremadamente severa el 0,86%. Para la depresión, fue de 5,30% para la leve, 0,88% para la moderada, 2,65% para la grave y 1,77% para la extremadamente severa. Con relación a la presión académica, el mayor promedio fue la Autoexigencia, con 86,62, y el menor promedio fue de 27,75 para la Competencia con Colegas; las puntuaciones de consistencia interna de los ítems de presión académica fueron alfa de 0,75 y omega de 0,82. La mayor correlación fue de 0,72 y 10 ítems permanecieron tras el análisis factorial exploratorio. **Conclusión**: la ansiedad es relevante en el proceso de adaptación y rendimiento académico, principalmente para el sexo femenino y la Enfermería.

Palabras clave: Estudiantes de Enfermería; Desempeño académico; Angustia Psicológica.

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