

“Effectiveness of written exposure therapy on level of glossophobia among nursing students in selected nursing institutes”

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ABSTRACT

American Psychiatric Association, (2013). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), glossophobia, usually referred to as public speaking anxiety, is a social anxiety condition that is frequently experienced by students, particularly those who are studying in their non-primary language. The fear of speaking in front of an audience is known as glossophobia (glossa means tongue and phobos means fear or dread). It is one of the most widespread fears in the world and affects over 75% of people. The Pennebaker & Beal (1986) version of written exposure treatment was modified by Sloan and associates. Written exposure therapy, post-traumatic stress disorder, and psychoeducation regarding reactions to trauma are all included in the first 60-minute session. A 30-minute written trauma narrative session came next.

METHODOLOGY

In this study, the researcher employed a quantitative research methodology. For this investigation, a quasi-experimental non-equivalent control group design was selected. Nursing students from particular nursing schools made up the population. Sixty nursing students from particular nursing schools made up the sample. The non-probability purposive sampling technique was employed. A chosen nursing facility served as the location. The degree of glossophobia among nursing students at particular nursing schools was measured using the modified public speaking anxiety scale. Written exposure therapy was the intervention administered to the chosen samples. The tool's content validity was determined to be 0.95. The trial lasted for twenty-eight days. Thirty members of the experimental group received textual exposure therapy.

Result

The analysis of the study was done using descriptive and inferential statistics. The master sheet was prepared and coding of the responses was done. The data was presented in the form of tables and charts. Statistics were performed with the help of paired t-tests, un-paired t-tests and chi-square tests.

The results indicate that the mean pre-test glossophobia score was 31.53 (SD = 5.87), whereas the mean post-test glossophobia score was 21.6 (SD = 5.18). The calculated t-value is 6.95, which is significantly higher than the table value (2.045 at $p \leq 0.05$, DF = 29).

For the experimental group, p-value (0.001) is less than 0.05, indicating a statistically significant difference between pre-test and post-test scores. This suggests that written exposure therapy was effective in reducing the level of glossophobia among nursing students in the experimental group.

The results indicate that the mean pre-test glossophobia was 29.03 (SD = 6.25), while the mean post-test glossophobia score was 28.37 (SD = 6.16). The calculated t-value is 0.412, which is much lower than the table value (2.045 at $p \leq 0.05$, DF = 29).

For the control group, p-value (0.683) is greater than 0.05, indicating no statistically significant difference between the pre-test and post-test scores. This suggests that, in the absence of written exposure therapy, there was no significant reduction in the level of glossophobia among nursing students in the control group.

An unpaired t-test was conducted to compare the post-test levels of glossophobia between the experimental and control groups.

The results indicate that the mean post-test glossophobia score in the experimental group was 21.6 (SD = 5.18), while in the control group, it was 28.37 (SD = 6.16). The calculated t-value is 4.61, which is greater than the table value (2.001 at $p \leq 0.05$, DF = 58).

The p-value (0.001) is highly significant, indicating a statistically significant difference between the post-test scores of the two groups. This suggests that written exposure therapy was effective in significantly reducing glossophobia levels among nursing students in the experimental group compared to the control group.

The chi-square test results suggest that there was no association between Pre-test studies levels of glossophobia with selected sociodemographic variables among nursing students selected in nursing institute.

KEY WORDS: written exposure therapy, nursing students, level of glossophobia.

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INTRODUCTION

The goal of exposure therapy is to help people reduce anxiety, avoid situations that cause distress, and improve their quality of life.¹ The written exposure therapy protocol is an evidence-based, trauma-focused treatment that may lead to a clinically significant reduction in post-traumatic stress disorder symptoms in five treatment sessions. Written exposure therapy was adapted by Sloan and colleagues from the Pennebaker & Beal (1986) version. The first treatment session is 60 minutes in length and provides psychoeducation about reactions to trauma, post-traumatic stress disorder, and written exposure therapy. Followed by a 30-minute written trauma narrative session. The clinician provides guidance and allows the patient to complete the trauma narrative during the treatment session. During the following four 30-minute sessions, the patient completed the narrative alone, later the provider gave feedback on the prior session's trauma narrative. Written exposure therapy (WET) is a brief, evidence-based behavioral psychotherapy designed to relieve the distress associated with traumatic memories. Exposure therapy is a well-established treatment for anxiety and post-traumatic stress disorder (PTSD), in which people are gradually exposed in a safe way to what they fear so that they no longer experience overwhelming distress in its presence and no longer need to avoid what they fear. Whereas traditional exposure therapy is conducted in the physical presence of the feared object or experience (in vivo exposure), written exposure therapy involves only the imagined presence of the troubling object or experience (imaginal exposure). In a series of five brief (50 to 60-minute) sessions, the therapist guides a person to bring to mind the traumatic experience and write in detail about the thoughts and emotions they had at the time of the event. Studies show it is an effective way to extinguish the fear that makes post-traumatic stress disorder and other forms of severe anxiety so distressing and disabling and to reduce the intrusive thoughts, flashbacks, disturbing nightmares, feelings of hopelessness, depression, and hypervigilance that accompany post-traumatic stress disorder.

American Psychiatric Association, (2013). Glossophobia, also known as public speaking anxiety, is classified by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a social

anxiety disorder commonly experienced by students, specifically those studying in their non-primary language.⁴

Glossophobia (in Greek *glossa* means tongue and *Phobos* means fear or dread) is the anxiety of speaking in public. It affects approximately 75% of the population, and accounts for one of the most pervasive world fears. People experiencing speaking anxiety tend to get confused easily even in front of a small crowd. Their voice becomes feeble and their body starts trembling. They may even sweat, blush, and feel palpitations.⁵

BACKGROUND OF STUDY

The Written exposure therapy protocol is an evidence-based, trauma-focused treatment that may lead to a clinically significant reduction in post-traumatic stress disorder symptoms in five treatment sessions. Many students are afraid to talk in public. The observation of social science students of a Public High School (SMA) showed that 77.42% of students were afraid to speak in public (glossophobia). This paper presents the result of research on a treatment using a self-instruction technique. The data of this research were collected by filing a glossophobia questionnaire, in which the data were analysed by non-parametric technique with Wilcoxon test level. The results of analyses showed that with $n=6$, we found $T=-1$ which was lower than α of 5% $=0$. Scoring results showed a reduction of the mean score of pre-test and post-test from 162.17 to 150.33. Therefore, H_0 was rejected and H_a was accepted. The treatment using group counselling by self-instruction technique can reduce the level of glossophobia of students.⁷

NEED OF STUDY

At college, students may encounter a multitude of problems that could potentially impair their performance when presenting assignments to their peers or social groups. To raise the academic performance of nursing students, the researcher has designed a written exposure therapy. The researcher is an enthusiastic student of mental health nursing. The majority of the challenges that students from different backgrounds with admission to the institution have are related to mental health and wellness, according to research findings. As a result, students discover that glossophobia and public speaking anxiety are serious problems.

Glossophobia is the fear of public speaking. It is a common social anxiety disorder with symptoms

ranging from mild nervousness to extreme distress or panic. Treatment methods and coping strategies can help people overcome glossophobia. When under stress, such as when performing on stage or giving a speech at a conference or presentation, people with this illness may feel an overpowering need to avoid the situation. There are several ways to cure glossophobia. One approach is cognitive behavioral therapy (CBT), in which a patient collaborates with a trained professional to recognize and progressively overcome their fear. This article will go over glossophobia's signs, causes, and remedies. It will also discuss how people can use tactics to cope with glossophobia that may assist overcome this social anxiety disease. It affects 15–30% Trusted Source of people worldwide, and about 10% of individuals with glossophobia report that their condition interferes with daily activities, including work and education.

METHODOLOGY

The current research was used to assess the effectiveness of written exposure therapy on level of glossophobia among nursing students in selected nursing institutes. The researcher used a quantitative research approach in the present study. The research design that is chosen for this study is a quasi-experimental non-equivalent control group design. The population was nursing students in selected nursing institutes. The sample consisted of 60 nursing students in selected nursing institutes. The sampling technique used was the non-probability purposive sampling technique. The setting was a selected nursing institutes. Modified public speaking anxiety scale was the tool to assess the level of glossophobia among nursing students in selected nursing institutes. The intervention given to the selected samples was written exposure therapy. The content validity of the tool was done and was found to be 0.95. The study was done for 28 days. written exposure therapy was administered to the experimental group of 30 nursing students and was not administered to the control group of 30 nursing students. The post-test was

RESULT

Section I: Description of Demographic data

1. **AGE IN YEARS** - The percentage-wise distribution of respondents according to their age reveals that the highest percentage (45%) of respondents were in the age group of 18.1 to 20 years, followed by 38.33% in the age group of 20.1 to 22 years. A smaller proportion, 16.67%, were in the age group of 22.1 to 24 years, while none of the respondents (0%) belonged to the age group of 17 to 18 years. This indicates that the majority of respondents were concentrated in the age range of 18.1 to 22 years.
2. **GENDER** - The percentage-wise distribution of respondents according to

their gender reveals that the majority (78.33%) were female, while 21.67% were male. No respondents (0%) identified as transgender. This indicates that the sample predominantly consisted of female participants.

3. **UNDERGRADUATE COURSES**- The percentage-wise distribution of respondents according to their course of study indicates that the majority (58.33%) were enrolled in the GNM (General Nursing and Midwifery) program, while 41.67% were pursuing a B.Sc. in Nursing. This suggests a higher representation of GNM students in the sample.
4. **TYPE OF FAMILY** - The percentage-wise distribution of respondents based on family type shows that the majority (53.34%) belonged to nuclear families, followed by 43.33% from joint families. A small proportion (3.33%) were from single-parent families, while none of the respondents (0%) reported belonging to an extended family. This indicates a higher prevalence of nuclear family structures among the respondents.

Section II

To assess the pre-existing level of glossophobia among nursing students in selected nursing institutes.

Table No:3

Distribution of respondents according to the pre-existing level of glossophobia among nursing students from experimental group and control group

(N=60) (Experimental group-30 and Control group-30)

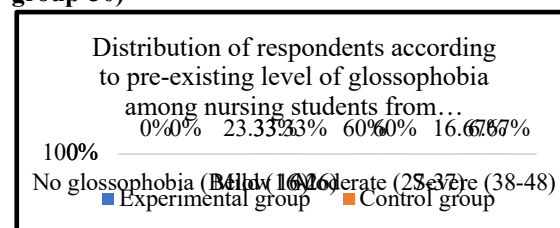


Fig no: 7

Bar diagram showing percentage-wise distribution of respondents according to the pre-existing level of glossophobia among nursing students from the experimental group and control group.

This indicates that a majority of respondents in both groups experienced moderate levels of glossophobia, with a slightly higher proportion of severe cases in the experimental group.

Section III

To assess the pre-test and post-test levels of glossophobia among nursing students in selected nursing institutes from experimental and control groups.

Table No:4

S N	G r o u p	M e a n	S D	't' v a l u e	P V a l u e	Leve l of signi fican ce
1	Pre- test	31.5 3	5.8 7	6.95	0.00 1	Signific ant
2	Post- test	21.6	5.1 8			

Distribution of respondents according to pre-test and post-test levels of glossophobia among nursing students from the experimental group.

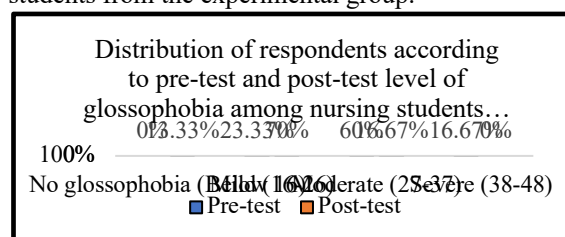


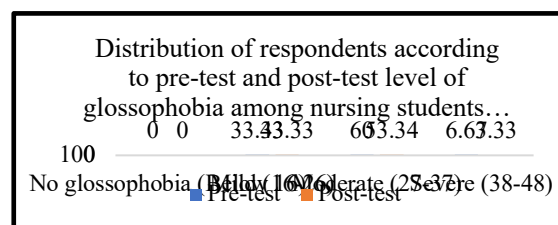
Fig no: 8
Distribution of respondents according to pre-test and post-test levels of glossophobia among

S N	G r o u p	M e a n	S D	't' v a l u e	P V a l u e	Leve l of signi fican ce
1	Pre- test	29.0 3	6.2 5	0.41 2	0.68 3	Not signific ant
2	Post- test	28.3 7	6.1 6			

nursing students from the experimental group
This indicates a **notable reduction in the severity of glossophobia**, with an increased proportion of respondents shifting from moderate and severe levels to mild or no glossophobia after the intervention.

Table

No:5
Distribution of respondents according to pre-test and post-test levels of glossophobia among nursing students from the control group. (N=30)



Fig

no: 9

Distribution of respondents according to pre-test and post-test levels of glossophobia among nursing students from the control group

These findings indicate a **marginal reduction in the severity of glossophobia**, with a slight increase in the proportion of respondents in the mild category and a small decrease in those with severe glossophobia.

Section

IV

Assessment of the effectiveness of written exposure therapy on level of glossophobia among nursing students in selected nursing institutes

Table No:

6

Paired 't' value of pre and post-test level of glossophobia among nursing students in selected nursing institutes after administration of written exposure therapy in the Experimental group. (N=30)
DF=29, table value = 2.045 at $p \leq 0.05$

The paired t-test was conducted to compare the pre-test and post-test levels of glossophobia among nursing students in the experimental group after the administration of written exposure therapy. The results indicate that the mean pre-test score was 31.53 (SD = 5.87), whereas the mean post-test score was 21.6 (SD = 5.18). The calculated t-value is 6.95, which is significantly higher than the table value (2.045 at $p \leq 0.05$, DF = 29).

The p-value (0.001) is less than 0.05, indicating a statistically significant difference between pre-test and post-test scores. This suggests that written exposure therapy was effective in reducing the level of glossophobia among nursing students in the experimental group.

Table No:7

Paired 't' value of pre and post-test level of glossophobia among nursing students in selected nursing institutes from the control group. (N=30)
DF=29, table value = 2.045 at $p \leq 0.05$

A paired t-test was conducted to compare the pre-test and post-test levels of glossophobia among nursing students in the control group.

The results show that the mean pre-test score was 29.03 (SD = 6.25), while the mean post-test score was 28.37 (SD = 6.16). The calculated t-value is 0.412, which is much lower than the table value (2.045 at $p \leq 0.05$, DF = 29).

The p-value (0.683) is greater than 0.05, indicating no statistically significant difference between the pre-test and post-test scores. This suggests that, in

the absence of written exposure therapy, there was no significant reduction in the level of glossophobia among nursing students in the control group.

Table No:8

Unpaired ‘t’ value of the post-test level of glossophobia among nursing students in selected nursing institutes from Experimental and control groups. (N=30)

DF=58, table value = 2.001 at $p \leq 0.05$

An unpaired t-test was conducted to compare the post-test levels of glossophobia between the experimental and control groups.

The results show that the mean post-test score in the experimental group was 21.6 (SD = 5.18), while in the control group, it was 28.37 (SD = 6.16). The calculated t-value is 4.61, which is greater than the table value (2.001 at $p \leq 0.05$, DF = 58). The p-value (0.001) is highly significant, indicating a statistically significant difference between the post-test scores of the two groups. This suggests that written exposure therapy was effective in significantly reducing glossophobia levels among nursing students in the experimental group compared to the control group.

Section v

To find the association between pre-test study findings with selected demographic variables.

Table No:9

Contingency table to find out the association between pre-test level of glossophobia score and age

S N	Ag e	Mild		Moderate		Severe		To tal	χ^2
		O	E	O	E	O	E		
1	17 to 18 years	8	7.65	15	16.2	4	3.15	27	1.7656
2	18.1 to 20 years	6	6.51	14	13.8	3	2.67	23	
3	20.1 to 22 years	3	2.83	07	6.0	0	1.17	10	
Total		17		36		07		60	

Table value at DF = 4 and $p \leq 0.05 = 9.488$

S N	Gr oup	M e a n	S D	t , v a l u e	P V a l u e	Lev el of sign ifica nce
1	Experi mental group	21.6	5.18	4.61	0.001	Signifi cant
2	Contr ol group	28.37	6.16			

The above table shows that Calculated $\chi^2 = 1.7656 <$ Table Value 9.488, meaning no significant association exists between age and glossophobia levels.

Thus, age does not significantly influence the pre-test level of glossophobia among nursing students ($p > 0.05$).

Table

No:10

Contingency table to find out the association between pre-test level of glossophobia score and Gender.

S N	Ge nde r	Mild		Moderate		Severe		To tal	χ^2
		O	E	O	E	O	E		
1	Male	04	3.68	08	7.8	01	1.52	13	0.2693
2	Female	13	13.32	28	28.2	06	5.48	47	
Total		17		36		07		60	

Table value at DF = 2 and $p \leq 0.05 = 5.991$

The above table shows that Calculated $\chi^2 = 0.2693 <$ Table Value 5.991, meaning no significant association exists between gender and glossophobia levels.

Thus, gender does not significantly influence the pre-test level of glossophobia among nursing students ($p > 0.05$).

Table No: 11

Contingency table to find out the association between the pre-test level of glossophobia score and undergraduate course

S N	Co urs e	Mild		Mode rate		Sever e		To tal	χ^2
		O	E	O	E	O	E		
1	GN M	1 0	9. 9 2	2 1	2 1	4	4. 0 8	35	0.0 053
2	B.S c.	0 7	7. 0 8	1 5	1 5	3	2. 9 2	25	
Total		17		36		07		60	

Table value at DF = 2 and $p \leq 0.05 = 5.991$

The above table shows that Calculated $\chi^2 = 0.0053 <$ Table Value 5.991, meaning no significant association exists between course type and glossophobia levels.

Thus, the type of nursing course (GNM or B.Sc.) does not significantly influence the pre-test level of glossophobia among nursing students ($p > 0.05$).

Table No:12

Contingency table to find out the association between the pre-test level of glossophobia score and Type of family

S N	Typ e of fam ily	Mild		Moder ate		Sever e		To tal	χ^2
		O	E	O	E	O	E		
1	Join t fami ly	7	7. 37	1 6	15 .6	3	3. 03	26	4. 31
2	Nuc lear fami ly	9	9. 07	2 0	19 .2	3	3. 73	32	
3	Sing le Pare nt	1	0. 57	0	1. 2	1	0. 23	02	
Total		17		36		07		60	

Table value at DF = 4 and $p \leq 0.05 = 9.488$

The above table shows that Calculated $\chi^2 = 4.31 <$ Table Value 9.488, meaning no significant association exists between type of family and pre-test glossophobia levels ($p > 0.05$).

There is no significant relationship between the type of family and pre-test level of glossophobia among nursing students.

Interpretation:

The chi-square tests indicated no significant association between glossophobia levels and demographic variables such as age, gender, course type, or family type.

DISCUSSION

The results of the current study have been described in relation to the research problem's aim, and the researcher has also discussed the study's findings in relation to the outcome objective. The current research was used to assess the effectiveness of written exposure therapy on level of glossophobia among nursing students in selected nursing institutes. The researcher used a quantitative research approach in the present study. The research design that is chosen for this study is a quasi-experimental non-equivalent control group design. The population was nursing students in selected nursing institutes. The sample consisted of 60 nursing students in selected nursing institutes. The sampling technique used was the non-probability purposive sampling technique. The setting was a selected nursing institutes. Modified public speaking anxiety scale was the tool to assess the level of glossophobia among nursing students in selected nursing institutes. Validity of the tool was performed by experts and reliability was done. The tool was found to be valid and reliable. Ethical permission was taken from the ethical committee. A pilot study was done on 10 samples. Analysis of the pilot study depicted that the research was feasible to perform. Before the main data collection consent was taken from the participants by explaining the purpose of the research and assurance of confidentiality was given to them. A pretest was done for both the experimental and control groups. Samples were selected who fit in criteria. On the day1 introduction was done. On written exposure therapy intervention was given to the experimental group. On the 28th day posttest was done for both the experimental and control group.

CONCLUSION

In the assessment of the Effectiveness of written exposure therapy, 60 samples were divided into two groups: 30 experimental groups and 30 control groups. Evaluation of the level of glossophobia was done before and after the intervention among experimental groups and control groups. The level of glossophobia among nursing students was improved in the experimental group, P value < 0.05 .

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Conflict of interest – There are no conflict of interest.

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