

# School Achievement and Anxiety among Students Who Attend Extended and After-School Day Care

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## Abstract

*The aim of the research was to study the correlation between school achievement and the degree of anxiety and characteristics of its structure among students attending extended and after-school day care. The RCMAS (Revised Children's Manifest Anxiety Scale), a scale that measures anxiety among the population aged 7-19, was applied. The sample consisted of 222 elementary school students from the 1st to the 4th grade attending extended and after-school day care programs. Principal components, Pearson's correlations, t-test and discriminative analysis were used for statistical analysis. The results are indicative of statistically significant differences in the level of anxiety between very good and excellent students. Students who achieve very good success exhibit significantly higher anxiety in relation to students with excellent achievement. Somatised anxiety and, to a lesser extent, social anxiety are dominant among them. Statistically significant differences on the side of very good students are expressed through forms of anxiety that reflect emotional instability, maladjustment, lack of social conformity, and anxiety caused by a variety of social situations. The somatic anxiety factor mostly contributes to the difference in anxiety characteristics.*

**Key words:** anxiety; extended and after-school day care programs; school achievement; students.

## Introduction

Characteristics of modern life – especially the busyness of parents – impose the need for after-school child care at a young age (Bognar & Matijević, 2002; Jurčić, 2006). Therefore, the school is expected to organise alternative educational work in

the form of extended stay (Matijević, 2006). Since, as Kaplan (2004) points out, each person feels anxious or depressed at times, it can be concluded that this situation does not bypass children. Goleman (1999) believes that school success and adjustment to school do not depend so much on the amount of knowledge that a child has or on his/her reading skills, but on emotional and social indicators. If the parameter for organising teaching and other school activities is the length of time spent at school, two basic forms can be distinguished: extended day care and after-school day care. Extended stay is an optional form of direct educational work carried out outside regular classes, which has its own educational, psychological, pedagogical, and sociological values (Matijević, 2006). It encompasses taking care of children, organising lunch, entertainment, recreation, leisure, cultural use of leisure time, and homework supervision (Mićanović, 2013). Another form of organising educational work at school is after-school day care. This is actually a special type of extended stay. After-school day care provides opportunities for students to satisfy their developmental needs for learning, work, movement, and play. Therefore, it is necessary to organise the activity after regular classes, and arrange and customise students' environment according to other types of content (Lovrentjev, 2005; Vasta, Haith, & Miller, 1998).

Children included in after-school programs and care are better at implementing their social functions, and they develop a sense of life in a community. On the other hand, after-school programs may have some negative effects on students' personality development. These are most often induced by the length of their school day, tiredness caused by a uniform atmosphere, as well as insufficient time spent with parents. Permanent monitoring and control coupled with a reduced ability to spend free time as they wish, restraint on students' individuality, lead to the loss of a sense of freedom and relaxation, and contribute to the appearance of symptoms of nervousness, tension, and restlessness (Bronfenbrenner & Morris, 2006; Roth, Malone, & Brooks-Gunn, 2010; Simpkins, Little, & Weis, 2004; Wade, 2015; Zosky & Crawford, 2003).

Psychologists define anxiety as an uncomfortable emotional state of unease, fear, and worry, accompanied by a greater degree of physiological irritability (Kaplan, 2004). When it comes to anxiety in children, it can be said that this is a situation when the child feels intense fear or anxiety for a long time, which interferes with other behaviour. Santham (2001) specifies criteria for determining the state of anxiety in children. Thus, this condition can be interpreted as serious if it is constantly present, if fears become worse over time, and if they are transferred to different areas of a child's life.

According to March (2000), anxiety in children is constituted by the configuration of physical symptoms in situations in which a child expects or is faced with a situation that causes fear. Symptoms induced by anxiety include: rapid heartbeat, dizziness, shortage of breath and breathing difficulties, muscle tension, diarrhoea, headache, hyper- or hypoactivity, sleep problems, food intake difficulties, etc.

Wenar (2003) defines school phobia as an unrealistic fear caused by some aspects of school circumstances that are accompanied by physiological symptoms of anxiety or panic, that lead to partial or complete inability to go to school. According to Stein

and Kean (2000), fear or absence from school, along with an inability to perform a wide range of activities, occur as a result of social phobia. Therefore, social phobia is, in itself, a highly debilitating disorder, but, as Hollander and Simeon (2006) claim, its effects on the quality of life and functioning have mostly been neglected.

On the sample of 2170 primary school students, Kvaščev and Radovanović (1977) found a significant correlation between a proclivity towards anxiety (within personality traits of the second order) and school success. The research conducted by Mladenović (1994) shows to which extent anxiety is present among the student population. He concludes that school psychologists' tests indicate anxiety among 20-30% of students. Anderson and his colleagues determined the structure of anxiety disorders among 792 eleven-year-old children (1987, as cited in Bernstein, Borchardt, & Perwien, 1996), which can be manifested as separation anxiety (35%), excessive anxiety disorder (29%), simple phobia (24%), and social phobia (10%).

Research conducted by Sakač (2003) in the field of conative dimensions confirms that personality profiles of successful students demonstrate emotional instability, while less successful students are emotionally stable. The most common physical manifestations in children with anxiety include fatigue, hand tremors, blinking, sweating, stammering, and insomnia (Marić, 2012; Torsheim & Wold, 2001). Most empirical evidence confirms the harmful effects of anxiety on students' cognitive functioning. However, some studies have not determined negative effects of anxiety on academic achievement (Andrews & Wilding, 2004).

School achievement is a significant indicator of a child's adjustment level. The relationship between anxiety and school achievement is complex. It is certain that the level of anxiety affects academic achievement. A certain level of tension can be a motivating factor for academic achievement, because it allows the use of different strategies to overcome test situations. On the other hand, a stronger degree of anxiety hinders achievement and inhibits the learning process. Wine (1980, as cited in Cvitković & Wagner Jakab, 2006) believes that the negative impact of anxiety in situations of knowledge evaluation reflects the scattered attention generated by negative thoughts and expectations related to achievement; in contrast, a person with a low level of anxiety focuses his/her attention on the task and achievement. Research results (Farooqi, Ghani, & Spielberger, 2012; McDonald, 2001) indicate that high anxiety levels correlate with lower academic achievement.

A survey conducted on a sample of 300 students belonging to non-clinical population showed that school achievement, as well as various school problems, significantly contributes to the prediction of anxiety symptoms (Marić, 2010). Failure to achieve school goals and tasks, and problems in adapting to the school environment are an important source of adverse reactions, as well as negative emotional reactions and symptoms of anxiety at a school age (Byron & Khazanchi, 2011; Davison & Neale, 1999; Lacković-Grgin, 2004; Marić, 2012; Wenar, 2003). The results of the studies clearly indicate that anxiety decreases as the level of academic achievement rises, and that subjects with lower academic achievement are more likely to have

pronounced anxiety symptoms than those who achieve higher results (Farooqi et al., 2012; McDonald, 2001).

The results of research aimed to determine whether there are statistically significant differences in the level of general and situational anxiety among students with excellent, very good, and good academic achievement, conducted on the sample of 132 primary school students, indicate that students with excellent academic achievement display lower current anxiety levels compared to very good and good students (Ružić, Vidanović, & Stojiljković, 2015). Given that students do not differ in their general propensity for anxiety, or their disposition to experience frequent anxiety, the authors sought an explanation for this situation in the field of cognitive assessment. Their initial assumption was that good and very good students experience test situations as potentially more dangerous and stressful than excellent students; this was confirmed by previous studies (Cassady & Johnson, 2002; Stober, 2004; Živčić-Bećirović, 2003).

Furthermore, following the assumptions of cognitive models of anxiety which claim that it can have both a distracting and an encouraging role, it has been concluded that the same level of general anxiety among students with higher achievements may seem stimulating and motivating. This is manifested as timely preparation and execution of school duties and responsibilities among more successful student; in contrast, anxiety among less successful students presents a disturbing factor, manifested as the absence of success. Essential here are students' expectations: therefore, in situations when a student expects success, anxiety can improve his/her achievement, and vice versa – in anticipation of failure, anxiety can have a negative impact (Ružić et al., 2015).

School activities and achievement of appropriate levels of school success are very important factors in the lives and general mental functioning of students (Marić, 2010; Wenar, 2003). Problems in this area of life, important for general development in childhood, often lead to anxious responses in the form of increased worries, trepidations, fear, and tension, all of which are reflected on the level of the child's physical functioning (Byron & Khazanchi, 2011; Conger, Elder, Kim, & Lorenz, 2003; Farooqi et al., 2012; Lacković-Grgin, 2004; McDonald, 2001; Szabó & Lovibond, 2006). As a rule, learning problems and difficulties lead to the occurrence of various manifestations of anxiety among children. Students become concerned about achieving school results, they are scared, question their own qualities, potentials, and abilities, they are afraid to go to school and worried about facing parents' and teachers' reactions and criticism. All this reinforces emotional tension, general tension, and inner turmoil, which further exacerbates the learning process, as confirmed by existing research (Conger et al., 2003; Davison & Neale, 1999; Szabó & Lovibond, 2006).

## **Methods**

The aim of this research is to examine the connection between anxiety and school achievement among students attending extended and full-day school care. It also aims to identify certain forms of anxiety that are typical for students with different levels of academic success. The structural dimensions of anxiety should indicate the

characteristics of students with different levels of academic achievement, as well as the most important characteristics and degrees of manifested anxiety.

The survey was conducted to determine the differences/similarities in the level of anxiety between very good and excellent students in extended and full-day care, as well as to determine the forms and manifestations of anxiety among these students.

The main hypothesis of this study states that students with different academic achievement who attend extended and full-day care also demonstrate significantly different dimensions of anxiety. Namely, following the theoretical assumptions and results of previous research (Cassady & Johnson, 2002; Conger et al., 2003; Farooqi et al., 2012; McDonald, 2001; Ružić et al., 2015; Stober, 2004; Szabó & Lovibond, 2006; Živčić-Bećirović, 2003), it is expected that students with lower academic achievement, or in this case, very good students, have higher levels of anxiety than students with higher achievement. Learning problems and difficulties in achieving school tasks and goals are a significant source of anxiety symptoms and reactions in the childhood developmental stage. It is expected that students who achieve lower results and levels of success in school will demonstrate more prominent symptoms of anxiety.

The survey was conducted on a sample of 222 students from 1st to 4th grade of primary schools in Vojvodina, who all attend extended and full-day care. The sample consisted of 222 subjects aged 7 to 11 (mean age 9.5 years) and was selected in accordance with the research aim. As such, it included those schools that organise extended and after-school day care. The sample consisted of 110 boys and 112 girls, with a slightly higher number of very good students (N = 136) compared to the number of excellent students (N = 86).

The research was conducted during the 2015/2016 school year, and included students from four elementary schools in Vojvodina. The research was conducted during school classes, in the presence of teachers and examiners. Given that this is a survey in which respondents are children, parents' consent was obtained. Parents, teachers, and school administration were introduced to the basic purpose and aims of the research, as well as the fact that the results will be used exclusively for research purposes. All parents had the option to not let their child participate in the study. However, no one refused to participate. It was explained to the children that their tests will not be evaluated or in any way affect their school scores, and that only the researchers will see their answers. In order for the children to feel more comfortable and safe during the examination, all the researchers met with them beforehand. There were no difficulties with the implementation of the research or the data collection process.

Independent variables represent school achievement (very good and excellent). The dependent variable is operationalised by the factorial scores on the first principal component of results measured by a questionnaire which rates anxiety.

The adapted RCMAS (Revised Children's Manifest Anxiety Scale) questionnaire was translated and used to test anxiety. This instrument was developed by Reynolds

and Richmond in 1978 to examine the extent and quality of anxiety in children and adolescents (Reynolds & Paget, 1983). Chronbach's  $\alpha$  for the questionnaire was 0.82 for both genders, with 0.85 for boys and 0.79 for girls.

The RCMAS scale was used to examine the degree of anxiety in the population of children and adolescents. It consists of 37 items, which were grouped into three subscales: physiological anxiety – expressed by a sum of responses to items 1, 5, 9, 13, 17, 19, 21, 25, 29, and 33; worry/hypersensitivity – the sum of responses to items 2, 6, 7, 10, 14, 18, 22, 26, 30, 34, and 37; and social anxiety – the sum of responses to items 3, 11, 15, 23, 27, 31, and 35; as well as the control dial (the Lie scale). The level of total respondents' anxiety represents the sum of the results of those three subscales – 28 items and 9 items within the Lie scale. Accordingly, the overall results of the factors form summation scores on individual subscales, whereby a higher total score indicates a higher level of anxiety (Reynolds & Richmond, 1985).

The Alpha coefficient for the total score of anxiety is 0.87. Cronbach's alpha coefficients for each subscale are as follows: 0.66 – physiological anxiety; 0.81 – concern/hypersensitivity; 0.69 – social anxiety. For each item, the respondents answered with YES or NO, depending on how much the description matched their condition. The items were formulated so as to be clear, brief, and easy to understand for the intended respondents – children and adolescents aged 7 to 19 (Reynolds & Richmond, 1985).

School achievement was operationally determined on the basis of the final score, achieved at the end of the previous school year. The range of final grades from a 3.50 to a 4.50 average determines the category of "very good success", while the range of final grades from a 4.50 to 5.00 average defines the category of "great success". In the case of first-graders, only their success at the end of the first semester was taken into account.

## **Results**

Data processing was carried out with the statistical software package SPSS. In the first phase of processing we used the analysis of the main components of the RCMAS scale variables. In addition, the Pearson's correlations, t-test, and discriminative analysis were used to determine relations between variables and the significance of differences.

Confirmatory and explanatory factor analysis with the application of extraction factors according to the method of Principal components was used to statistically analyse the data. For the purpose of evaluating the suitability of the data for factor analysis, the value of the Kaiser-Meyer-Olkin's indicators (KMO) was calculated. Since its value (0.713) exceeds the recommended value of 0.6 (Kaiser, 1974), it may be concluded that the data are suitable for the implementation of factor analysis.

In order to define and interpret the components obtained by the present study more precisely, the exploratory factor analysis approach was implemented, with no pre-determined limits of the number of factors. This approach explained the highest

percentage of the total variance of the results. A total of 37 RCMAS scale items were included into the principal components analysis, and the oblique-promax factors rotation revealed the presence of six components with characteristic values over 1 (7.219, 5.136, 5.307, 4.713, 4.412, 3.583). The extracted total of six components explained 78.19% of the variance.

The distribution of dependent variables in all six of the isolated factors is normal. The following numerical methods were used to determine normality: the Kolmogorov-Smirnov (KS) test and the Shapiro-Wilk (SW) test, which showed that p values of all the common factors were higher than 0.05. This indicates that the data were normally distributed. Due to discrepancy in the number of excellent and very good students, the Welch t-test was used, which is suitable for unequal groups of different sizes (Moser & Stevens, 1992; Ruxton, 2006; Wilcox, 2012).

### ***Analysis of the Latent Structure of the RCMAS Scale Variables***

Based on the Scree criterion, the principal component analysis of variables measured by the RCMAS scale enabled the extraction of six main components, which together account for 78.99% of the analysed set of variables. The extracted main components were spun by oblique-promax rotation. These results are presented in Table 1.

Table 1

*Characteristic roots and percentage of explained variance*

	Characteristic roots	Variance %	Cumulative %	Cumulative value
1	7.219	18.125	18.125	6.787
2	5.136	15.432	33.557	5.273
3	5.307	13.213	46.770	4.849
4	4.713	12.906	59.676	4.158
5	4.412	10.312	69.988	3.863
6	3.583	9.011	78.999	3.849

Note: Variance % – percent of variance; Cumulative % – cumulative percent.

Data on the matrix structure of the six isolated factors are presented in Table 2.

The first factor, named Somatised anxiety, explains 18.12% of the variance of results. Significant correlations between the items and the factors are relatively numerous, as shown in Table 2. Their content analysis suggests that this factor represents a form of anxiety with predominantly somatic manifestations. Symptoms such as sleep problems, fatigue, fidgeting in a chair, stomach sickness, etc., suggest that these factors should be ascribed to somatised anxiety.

The second factor, named Social conformity, explains 15.43% of the total variance of results. The items that define it are presented in Table 2. This factor is bipolar: its positive pole is defined by items which suggest a lower expression of anxiety created by social desirability. On the other hand, the negative pole is described by items whose content indicates greater assimilation to the social environment and acceptance of the role of the good child.

Table 2  
The matrix structure oblique-promax factor 1-6

Items	1	2	3	4	5	6
1. I have a problem when I need to make a decision.	.727				-.691	
2. I become nervous when things go wrong for me.			.788			
3. It seems to me that others find it is easier to perform tasks than I do.			-.663			-.824
4. I love all the people I know.			-.691			.796
5. I often have difficulties catching my breath.					-.748	
6. I am worried all the time.	.796				-.683	
7. I am afraid of many things.	.824					
8. I am always polite.		.752				
9. I am easily angered.		-.629		-.718		-.637
10. I am worried about what my parents will say.					-.854	
11. I feel that others do not like the way I perform tasks.			-.788			
12. I always behave well.		.915				
13. I find it hard to sleep at night.	.862		.734			
14. I am worried about what other people think about me.					-.841	
15. I am lonely even when I am surrounded by other people.	.752					
16. I am always good.		.932				
17. I often feel sick in my stomach.	.849					
18. My feelings are easily hurt.				-.726		
19. My hands sweat.		-.644			-.529	
20. I am always nice to everyone.		.913				
21. I am very tired.	.717					
22. I am worried about what will happen.					-.849	
23. Other children are happier than me.			-.758			
24. I always tell the truth.		.818				
25. I have bad dreams.	.833					
26. My feelings are easily hurt when I am upset.				-.786		
27. I feel that someone will tell me that I perform tasks poorly.			-.714	-.592	-.647	
28. I never get angry.				.785		
29. Sometimes I wake up terrified.				-.639		
30. I worry when I go to sleep at night.	.892					
31. I find it hard to concentrate on homework.	.756					-.871
32. I never say things I should not say.		.782			-.734	
33. I fidget a lot in my chair.	.735					
34. I am nervous.	.827					
35. A lot of people are against me.						-.828
36. I never lie.		.718			-.792	
37. I often worry about something bad that might happen.				-.874	-.631	

Note: 1-6 – number of factors.



The third factor identified in this analysis is named Social evaluation and explains 13.21% of the total variance of the results. Seven items from the RCMAS scale significantly correlated with this factor, as presented in Table 2. As can be seen, this factor is bipolar. It can also be seen that a number of variables that define this factor have a negative sign. These variables describe the concern related to performing different activities and a lack of confidence. The opposite pole of the factors describes items related to less severely expressed anxiety. Given the condensed content of its defining items, this factor can be described as fear of negative evaluation.

The fourth factor is named Hypersensitivity and explains 12.90% of the variance of results. This factor is bipolar because it is defined by variables with both negative and positive directions, as shown in Table 2. Six out of the seven variables that correlated significantly with this factor have negative direction. The contents of these variables refer to strong emotionality. Poor control of emotions and emotional instability, bouts of bad mood and intolerance define this factor as hypersensitivity.

The fifth factor isolated in the analysis is named Social anxiety and explains 10.31% of the variance of results. Content analysis of items that define it indicates the presence of social inhibition and indecision in situations that require a decision (Table 2). In addition, the content of items refers to the fear of negative social evaluation, as well as the physiological symptoms of fear (sweaty hands) and behavioural symptoms. Considering that this type of anxiety is often generated by social situations, it is known as social anxiety.

The sixth factor is named Hostility and explains 9.01% of the total variance of the results. It is represented by items that determine bipolarity (Table 2). The positive pole of this factor defines only one variable, while the negative half is predominant and determined by four variables. The items which significantly correlate with this factor indicate elements of aggressive behaviour, hostile attitude toward others, and lack of confidence (item 3). Therefore, it can be concluded that it is determined by variables that refer to some aspects of aggression, which supports its classification as hostility.

Table 3  
*Means and standard deviation of the group*

Variable	Achievement	N	M	SD	St. errorM
Anxiety-PGK	Very good	136	.3426163	.90685717	.15114286
	Excellent	86	-.1499670	1.04564258	.07667023

Note: N – number of participants, M – mean, SD – standard deviation, St. error M – standard error of mean.

Table 4  
*T-test for independent samples determined the statistical significance of differences in anxiety with regards to school success*

Variable	t	df	p
Anxiety-PGK	2.640	220	.005

Note: t – t-test, df – degrees of freedom, p – significance level.

The relevant values in Tables 3 and 4 show that the obtained statistically significant differences between the arithmetic mean value of the results very good and excellent students scored on the RCMAS scale are represented at a 0.005 level of significance. The results indicate the identified differences in favour of very good students, which means that anxiety is much stronger among students with high achievements. On the other hand, excellent students demonstrated lower levels of anxiety.

Table 5  
Correlation matrix of anxiety components and school achievement

Pearson Correlation	Somatised anxiety	Social conformity	Social evaluation	Hyper-sensitivity	Social anxiety	Hostility	Achievement
Somatised anxiety	1*	.213	.229	.381	.135	.124	-.853*
Social conformity	.213	1*	.351	.167	.314	.418	-.746*
Social evaluation	.229	.351	1*	.193	.436	.334	-.438*
Hypersensitivity	.381	.167	.193	1*	.206	.257	-.614*
Social anxiety	.135	.314	.436	.206	1*	.189	-.586**
Hostility	.124	.418	.334	.257	.189	1*	-.451**
Achievement	-.853*	-.746*	-.438*	-.614*	-.586**	-.451**	1*

Note: \* - p – significance level <0.01, \*\* - p – significance level <0.05.

The correlation matrix presented in Table 5 shows that Pearson’s correlation coefficients between anxiety components are neither high nor significant, so it can be concluded that they represent independent factors manifested as different forms of anxiety. All forms of anxiety are negatively correlated to the level of school achievement, so it can be concluded that lower achievement is correlated with higher scores for somatised anxiety, social conformity, social evaluation, hypersensitivity, social anxiety, and hostility.

Table 6  
The significance of the discriminant function

Function	$\lambda$	$\chi^2$	df	p
1	.928	21.387	7	.001

Note:  $\lambda$  - Wilks’ lambda, df - degrees of freedom, p - significance level.

Discriminant analysis of a set of six variables or anxiety components isolated an important function that separates the group of very good and excellent students based on their level of anxiety. The main results of the discriminant analysis are presented in Table 6.

This analysis provided bipolar discriminative dimensions (Table 7), with the positive pole primarily determined by somatised, and, to a lesser extent, social anxiety. The negative pole of the discriminative function is defined by forms of anxiety, such as social conformity and hypersensitivity, and partly by hostility. On the basis of its structure, the discriminative dimension is interpreted as somatised anxiety (as opposed to social conformism).

Table 7

*The matrix structure of discriminative function*

Varibale (anxiety component)	F
Somatised anxiety	.926
Social conformity	-.813
Hypersensitivity	-.627
Social anxiety	.534
Hostility	.496
Social evaluation	.421

Note: Variable – components of anxiety, F – function.

Table 8

*Group centroids*

School achievement	F
Very good	.719
Excellent	-.234

Note: F – variable function.

More precise differences in the level of anxiety between very good and excellent students are presented in Table 8. The value and sign of the centroid group suggest that anxiety is a more prominent characteristic among very good students. The somatised form of anxiety is dominant among these students. The side effects of this anxiety reflect its social variety. On the other hand, excellent students are characterized by a lower degree of anxiety, which indicates that they are emotionally stable, more confident, and navigate their social environment more easily.

## Discussion

This study examined the relation between school achievement and the level of anxiety, as well as the characteristics of anxiety structure among students attending extended and full-day school care. The research results show a statistically significant difference in the level of anxiety between very good and excellent students.

We identified a higher level of anxiety among very good than among excellent students. Anxiety, which is the characteristic of very good students, occurs in its somatised form. This form of anxiety is manifested as fatigue, hand tremors, and flashes (Byron & Khazanchi, 2011; Conger et al., 2003; Davison & Neale, 1999; Lacković-Grgin, 2004; McGuire, 2013; Szabó & Lovibond, 2006; Torsheim & Wold, 2001; Weems & Costa, 2005). The presence of somatised anxiety is also identified in the research conducted by Mladenović and Sakač (2006) on students attending extended and full-day care. These findings confirm that children's anxiety mostly appears in its somatised form.

In addition to this type of anxiety, very good students exhibit a type of social anxiety. Therefore, it can be concluded that very good students are socially inhibited, and insufficiently and ineffectively adapted to their social milieu. This lack of adequate

social interaction can primarily be interpreted through reference to the students' academic achievement, which (given their age) is not considered to be sufficient (Farooqi et al., 2012; Marić, 2012; McDonald, 2001; Velki, 2011; Wade, 2015; Wenar, 2003). Social isolation and lower social competence are indicated by feelings of inferiority and submissiveness in relation to their schoolmates with higher academic achievement.

An explanation of the nature of the differences in the level of anxiety between very good and excellent students could be found in the pressure that parents and teachers place on less successful students. As is known, the child starts school with a bias towards being very successful; parents' expectations do not differ from the desires and expectations of the child (Cassady & Johnson, 2002; Jurčić, 2006; Marić, 2012; Ružić et al., 2015; Stober, 2004; Velki, 2011; Živčić-Bećirović, 2003). Given the fact that it is extremely desirable for younger students to be very successful, expectations (both parents' and teachers') placed before them are great (Conger et al., 2003; Mićanović, 2013; Ružić et al., 2015; Stober, 2004).

Parents set a number of requirements, express expectations, make comparisons with other children's success, and exhibit dissatisfaction in case of minor success. Similarly, teachers need to express higher expectations for students attending extended and full-day care, because they spend more time with them than usual, and are considered responsible for their achievement. Expectations of the child's entire environment, largely formed by the length of the school day, are focused on his/her achievement (Mićanović, 2013; Sakač, 2003; Wade, 2015). In this way, exposure to pressure generates different forms of anxiety. Analyses of obtained results and the study of internalized problems should include two of the most important dimensions of the classroom environment: the extent of the school work, and teachers' and classmates' supportive behaviour (Torsheim, Aaroe, & Wold, 2003).

On the other hand, excellent students exhibit lower levels of anxiety because they are less overwhelmed, since they achieve greater success. Their results are consistent with the expectations of their environment, and they are not exposed to pressure. Also, the experience of success and approval of their environment makes them feel happy, content and relaxed, but sometimes also aggressive. Therefore, they conform faster and easier to social norms, and achieve social competence with greater ease. Likewise, by putting students in a variety of scenarios and situations, teachers enable them to acquire competences that will guarantee the possibility of independent lifelong learning (Matijević & Radovanović, 2011).

## **Conclusion**

The research presented in this paper examined the differences in anxiety among very good and excellent students attending full-day and extended care. The results show significant correlation between academic achievement and anxiety. Statistically significant differences between very good and excellent students indicate a different

degree and form of their anxiety. According to these findings, very good students express more severe anxiety than excellent students. The anxiety of very good students can be described as somatised and social. Due to their dominance, somatic manifestations, which are in fact caused by social situations, can be considered the most common indicators of children's anxiety (Byron & Khazanchi, 2011; Conger et al., 2003; Davison & Neale, 1999; Gerard & Reynolds, 1999; Lacković-Grgin, 2004; Torsheim et al., 2003). Therefore, children's social inhibitions induce physical manifestations such as sleep problems, stomach problems, fatigue, and restlessness (Stein & Kean, 2000; Szabó & Lovibond, 2006). At the same time, the results are indicative of students' poor assimilation to the social environment and low level of social conformity.

On the other hand, the level of somatised and social anxiety is much lower, while social conformity and hypersensitivity are more prominent among excellent students. The group of factors that provide an explanation for this includes parents and teachers. The parents' attitude towards the child's achievement is particularly prominent at a younger school age. This means that parents closely monitor their children's academic achievement in lower grades of elementary school. If their expectations are not satisfied, they usually exhibit discontent, which affects children (Marić, 2010; Ružić et al., 2015; Santham, 2001; Wenar, 2003). Children are under pressure to meet parents' requirements, which obviously generates anxiety.

The very powerful influence teachers have on defining the achievement (or lack thereof) of students attending extended and full-day care can also be added to this interpretation (Roth et al., 2010; Simpkins et al., 2004; Wade, 2015; Zosky & Crawford, 2003). In fact, parents and the wider environment exert pressure on teachers. Given that children spend most of their time doing organized work at school, they are under a lot of teacher supervision, which means teachers are expected to accept the responsibility for students' achievement. Similarly, teachers themselves are considered highly responsible for students' achievement (or lack thereof).

The results show that the higher level of anxiety among very good students is largely defined by social factors. However, internal states, such as feelings of low efficiency and achievement, are also generators of anxiety among the students. The analysis of the results of certain forms of anxiety such as hypersensitivity among excellent students provides the foundation for its interpretation as the price of high achievement. Higher levels of effort and energy investment, as well as some restraints are manifested as certain forms of anxiety, such as lower tolerance towards others.

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# Školski uspjeh i anksioznost učenika u produženom i cjelodnevnom boravku

## Sažetak

*Cilj istraživanja bio je ispitati vezu između školskog uspjeha i stupnja anksioznosti, kao i utvrditi oblike anksioznosti kod učenika obuhvaćenih produženim i cjelodnevnom boravkom. U istraživanju se koristio upitnik RCMAS (Revised Children s Manifest Anxiety Scale), koji mjeri razinu anksioznosti kod populacije u dobi od 7 do 19 godina. Uzorak čine 222 učenika, od 1. do 4. razreda osnovne škole, koji su obuhvaćeni produženim i cjelodnevnom boravkom. Primijenjeni su statistička metoda glavnih komponenti, Pearsonova korelacijska analiza, t-test i diskriminacijska analiza. Rezultati istraživanja pokazuju statistički značajne razlike u stupnju anksioznosti između vrlo dobrih i odličnih učenika. Učenici vrlo dobrog uspjeha imaju statistički značajno izraženiju anksioznost u odnosu na odlične učenike. Kod njih prevladava somatizirana, a u nešto manjoj mjeri i socijalna anksioznost. Statistički značajne razlike, u korist vrlo dobrih učenika, utvrđene su kod oblika anksioznosti koji označavaju emocionalnu nestabilnost, neprilagođenost, nedostatak socijalnog konformizma, kao i anksioznost izazvanu različitim socijalnim situacijama. Razlika u stupnju anksioznosti najveća je kod somatizirane anksioznosti.*

**Ključne riječi:** anksioznost; produženi i cjelodnevni boravak; školski uspjeh; učenici.

## Uvod

Suvremeni uvjeti života nameću potrebu za zbrinjavanjem djece mlađeg školskog uzrasta nakon nastave, s obzirom na sve veću zauzetost roditelja (Bognar i Matijević, 2002; Jurčić, 2006). Stoga se od škole očekuje da organizira odgojno-obrazovni rad na alternativan način, u obliku produženog boravka (Matijević, 2006).

Kako Kaplan (2004) ističe da se svatko ponekad osjeća anksiozno ili depresivno, može se zaključiti da to stanje ne zaobilazi ni djecu. Goleman (1999) smatra da školski uspjeh i prilagođavanje školi ne ovise toliko o znanju kojim dijete raspolaže ili o sposobnosti čitanja, već o emocionalnim i socijalnim čimbenicima.

Kada se kao parametar organiziranja nastave i drugih školskih aktivnosti uzme duljina provedenog vremena u školi, mogu se izdvojiti dva osnovna oblika boravka: produženi i cjelodnevni boravak učenika u školi. Produženi je boravak neobavezni

oblik neposrednog odgojno-obrazovnog rada, koji se provodi izvan redovite nastave i ima svoje odgojne, psihološke, pedagoške i socijalne vrijednosti (Matijević, 2006). On obuhvaća brigu o djeci, organiziranu prehranu, zabavu, rekreaciju, odmor, kulturno korištenje slobodnog vremena i nadzor u izvršavanju domaćih zadataka (Mićanović, 2013). Drugi modalitet organiziranja odgojno-obrazovnog rada u školi predstavlja cjelodnevni boravak učenika. To je poseban vid produženog boravka. Cjelodnevni boravak pruža učenicima mogućnosti zadovoljenja razvojnih potreba za učenjem, radom, kretanjem i igrom (Lovrentjev, 2005; Vasta, Haith, i Miller, 1998).

Djeca koja su obuhvaćena školskim boravkom bolje ostvaruju svoje socijalne funkcije i imaju razvijeniji smisao za život u skupini. S druge strane, uočavaju se i neki negativni učinci na razvoj učenikove ličnosti učenika. Oni su najčešće uzrokovani duljinom boravka u školi, prezasićenošću izazvanom jednoličnom atmosferom, kao i nedostatkom vremena provedenog s roditeljima. Stalni nadzor i kontrola, umanjena mogućnost korištenja slobodnog vremena po vlastitom izboru, sputavanje individualnosti i gubljenje osjećaja slobode i opuštenosti, doprinose pojavi nekih simptoma neuroze, napetosti i nemira (Bronfenbrenner i Morris, 2006; Roth, Malone i Brooks-Gunn, 2010; Simkins, Little, i Weis, 2004; Zosky i Crawford, 2003; Wade, 2015).

Psiholozi definiraju anksioznost kao neugodno emocionalno stanje strepnje, straha i zabrinutosti, koje je praćeno povišenim stupnjem fiziološke razdražljivosti (Kaplan, 2004). Kada je riječ o anksioznosti kod djece, onda se može reći da je to stanje kad dijete osjeća intenzivan strah ili uznemirenost tijekom dužeg vremena, što interferira s drugim oblicima ponašanja. Santhan (2001) navodi kriterije za određivanje anksioznosti kod djece: to je stanje ozbiljno ako je stalno prisutno, ako se strahovi pogoršavaju s vremenom i ako se prenose na različite segmente djetetova života.

Prema Marchu (2000), anksioznost kod djece manifestira se fizičkim simptomima, i to u situacijama kada dijete očekuje ili biva suočeno sa situacijom koja izaziva strah. Simptomi inducirani anksioznošću su: ubrzano kucanje srca, vrtoglavica, gubitak zraka i teškoće pri disanju, napetost mišića, proljev, glavobolja, hiper/hipoaktivnost, problemi sa spavanjem, uzimanje hrane itd.

Wenar (2003) određuje školsku fobiju kao nerealan strah izazvan nekim aspektima školskih okolnosti, koji je praćen fiziološkim simptomima anksioznosti ili panike i dovodi do djelomične ili potpune nemogućnosti odlaska u školu. Strah i odustajanje od škole, zajedno sa širokim opsegom ispoljavanja nesposobnosti u mnogim aktivnostima, prema nalazima Stein and Kean (2000), nastaje kao posljedica socijalne fobije. Kako tvrde Hollander i Simeon (2006), socijalna fobija je vrlo onesposobljavajući poremećaj, čiji su učinci na kvalitetu života i funkcioniranje do sada najčešće bili podcjenjivani.

Kvaščev i Radovanović (1977) su na uzorku od 2170 učenika osnovne škole utvrdili da postoji značajna korelacija sklonosti prema anksioznosti, unutar crta ličnosti drugog stupnja, sa školskim uspjehom. Koliko je anksioznost zastupljena kod učeničke populacije govori metaanaliza Mladenovića (1994), koja pokazuje da neka ispitivanja školskih psihologa ukazuju na prisutnost anksioznih stanja kod čak 20 do 30 %

učenika. Anderson i suradnici utvrdili su strukturu anksioznih poremećaja kod 792 jedanaestogodišnjaka (Anderson i sur., 1987, prema Bernstein i Borcardt, 1996), koja obuhvaća separacijsku anksioznost (35 %), generalizirani anksiozni poremećaj (29 %), jednostavne fobije (24 %) i socijalne fobija (oko 10 %).

Neka istraživanja pokazuju da uspješnije učenike karakterizira veća emocionalna nestabilnost (Sakač, 2003). Najčešće tjelesne reakcije kod učenika s anksioznošću su: iscrpljenost, tremor ruku, treptanje, znojenje, zamuckivanje i nesаница (Marić, 2012; Torsheim i Wold, 2001). Većina empirijskih nalaza potvrđuje štetne učinke anksioznosti na kognitivno funkcioniranje učenika. Međutim, pojedina istraživanja nisu ustanovila negativne učinke anksioznosti na školsko postignuće (Andrews i Wilding, 2004).

Školski je uspjeh pokazatelj stupnja prilagodbe djeteta. Veza između anksioznosti i školskog uspjeha je kompleksna. Izvjesno je da stupanj anksioznosti utječe na školsko postignuće. Određena razina napetosti može biti motivacijski čimbenik školskog postignuća, jer omogućuje primjenu različitih strategija u savladavanju testnih situacija. S druge strane, izraženiji stupanj anksioznosti ometa postignuće i djeluje inhibirajuće na proces učenja. Wine (Wine, 1980, prema Cvitković i Vagnar Jakab, 2006) smatra da je negativan utjecaj anksioznosti u situacijama evaluacije znanja, odraz rasute pažnje generirane negativnim mislima i očekivanjima vezanim uz postignuće. Osobe s niskom razinom anksioznosti uspješnije usredotočuju svoju pažnju na zadatak i postignuće. Rezultati istraživanja (Farooqi, Ghani, i Spielberger, 2012; Marić, 2010; McDonald, 2001) ukazuju na to da visoka anksioznost korelira sa slabijim školskim uspjehom.

U istraživanju provedenom na uzorku od 300 učenika koji pripadaju nekliničkoj populaciji pokazalo se da predikciji simptoma anksioznosti značajno doprinose, kako sam školski uspjeh, tako i različiti školski problemi (Marić, 2010). Neuspjeh u ostvarivanju školskih zadataka i ciljeva i problemi s prilagodbom na školsku sredinu značajan su izvor negativnih emocionalnih reagiranja i simptoma anksioznosti na školskom uzrastu (Byron i Khazanachi, 2011; Davison i Neale, 1999; Lacković-Grgin, 2004; Marić, 2012; Wenar, 2003). Rezultati studija nedvosmisleno upućuju na to da anksioznost opada što je školski uspjeh ispitanika bolji. Tako kod ispitanika s nižim školskim uspjehom možemo očekivati izraženije simptome anksioznosti, nego kod ispitanika koji postižu bolji uspjeh (Farooqi i sur., 2012; McDonald, 2001).

Rezultati istraživanja koje je imalo za cilj utvrditi postoje li statistički značajne razlike u razini opće i situacijske anksioznosti između učenika s odličnim, vrlo dobrim i dobrim školskim uspjehom, provedenom na uzorku od 132 učenika osnovne škole, pokazuju da učenici s odličnim školskim uspjehom posjeduju nižu razinu trenutne anksioznosti, u odnosu na vrlo dobre i dobre učenike (Ružić, Vidanović, i Stojiljković, 2015). S obzirom na to da se učenici nisu razlikovali u općoj sklonosti prema anksioznosti, odnosno u općoj sklonosti da se učestalije doživi anksioznost, autori su objašnjenje potražili u domeni kognitivne procjene situacije, pri čemu su

pretpostavili da dobri i vrlo dobri učenici situaciju ispitivanja vide kao potencijalno opasniju i stresniju od učenika s odličnim uspjehom, o čemu govore i rezultati drugih studija (Cassady i Johnson, 2002; Stober, 2004; Živčić-Bećirović, 2003).

Također, u skladu s pretpostavkama kognitivnih modela anksioznosti, prema kojima anksioznost može imati ometajuću i potičuću ulogu, zaključuje se da jednaka razina opće anksioznosti kod učenika s boljim uspjehom može djelovati poticajno i motivirajuće, što se manifestira u pravodobnoj pripremi i izvršavanju školskih obveza i dužnosti, a kod učenika sa slabijim uspjehom predstavlja remeteći čimbenik, koji se ogleda u izostajanju uspjeha. Ovdje su bitna i očekivanja učenika, tako u situacijama kada učenik očekuje uspjeh, anksioznost može unaprijediti postignuće, i obrnuto, u očekivanju neuspjeha, anksioznost ima negativan utjecaj (Ružić i sur., 2015).

Školske aktivnosti i postizanje odgovarajućeg uspjeha u školi predstavljaju vrlo značajne faktore u životu i općem mentalnom funkcioniranju učenika (Marić, 2010; Wenar, 2003). Postojanje problema u toj značajnoj oblasti za cjelokupan razvoj na dječjem uzrastu vrlo često dovodi do anksioznih odgovora, u vidu pojačane brige, strepnje, straha, napetosti, što se sve odražava i na razinu tjelesnog funkcioniranja djeteta (Byron i Khazanichi, 2011; Conger, Kim, i Lorenz, 2003; Farooqi i sur., 2012; Lacković-Grgin, 2004; McDonald, 2001; Szabó i Lovibond, 2006). Teškoće i problemi s učenjem, po pravilu, dovode do pojave različitih manifestacija anksioznosti na dječjem uzrastu. Učenici postaju zabrinuti zbog postizanja školskih rezultata, uplašeni su, preispituju svoje osobine, potencijale i sposobnosti, plaše se i samog odlaska u školu, brinu oko toga kako će se suočiti s reagiranjima i kritikama roditelja i učitelja. Sve to pojačava emocionalnu tenziju, napetost i unutrašnji nemir, te dodatno otežava učenje, što je potvrđeno i istraživačkim rezultatima (Conger i sur., 2003; Davison i Neale, 1999; Szabó i Lovibond, 2006).

## **Metode**

Cilj istraživanja bio je ispitati vezu anksioznosti i školskog uspjeha kod učenika u produženom i cjelodnevnom boravku. Isto tako, postoji potreba za utvrđivanjem oblika anksioznosti koji su karakteristični za učenike različitog školskog uspjeha. Struktura dimenzije anksioznosti treba ukazati na posebnosti učenika različitog školskog postignuća, kao i na najvažnije karakteristike i stupanj manifestirane anksioznosti.

Dakle, istraživanje je provedeno s ciljem ispitivanja razlika u stupnju anksioznosti između vrlo dobrih i odličnih učenika obuhvaćenih produženim i cjelodnevnom boravkom, kao i utvrđivanja oblika i manifestacija njihove anksioznosti.

Osnovna hipoteza ovog istraživanja jest da se učenici različitog školskog postignuća, koji su obuhvaćeni produženim i cjelodnevnom boravkom, značajno razlikuju s obzirom na stupanj anksioznosti. Naime, u skladu s teorijskim postavkama i rezultatima prethodnih istraživanja (Cassady i Johnson, 2002; Conger i sur., 2003; Farooqi i sur., 2012; McDonald, 2001; Ružić i sur., 2015; Szabó i Lovibond, 2006;

Stober, 2004; Živčić-Bećirović, 2003), očekuje se da će učenici s nižim školskim uspjehom, odnosno u ovom slučaju vrlo dobri učenici, imati više razine anksioznosti od uspješnijih učenika, odnosno učenika koji postižu odličan uspjeh. Problemi u učenju i teškoće u ostvarivanju školskih zadataka i ciljeva značajan su izvor anksioznih simptoma i reakcija u djece pa se može očekivati da će učenici koji ostvaruju slabije rezultate i postižu lošiji uspjeh u školi imati izraženije simptome anksioznosti.

Istraživanje je provedeno na uzorku od 222 učenika, od 1. do 4. razreda osnovnih škola u Vojvodini, koji imaju organiziran produženi i cjelodnevni boravak. Formiran je uzorak od 222 ispitanika od 7 do 11 godina, prosječnog uzrasta 9,5 godina. Odabran je u skladu s ciljem istraživanja, tako da uzorkom budu obuhvaćene one škole koje imaju organiziran produžen i cjelodnevni boravak učenika. Uzorkom je obuhvaćeno 110 dječaka i 112 djevojčica, pri čemu je nešto veći broj vrlo dobrih ( $N = 136$ ), u odnosu na odlične učenike ( $N = 86$ ).

Istraživanje je ostvareno tijekom školske 2015./16. godine, i njime su obuhvaćeni učenici iz četiri osnovne škole u Vojvodini. Ispitivanje je provedeno tijekom jednog školskog sata, uz prisustvo učitelja i ispitivača. S obzirom na to da je riječ o istraživanju čiji su ispitanici dječjeg uzrasta, od roditelja je dobivena suglasnost za ispitivanje, pri čemu su roditelji, učitelji i uprava škole bili upoznati s osnovnom svrhom i ciljem istraživanja, i činjenicom da će se rezultati koristiti isključivo u istraživačke svrhe. Svi roditelji mogli su odlučiti da njihovo dijete ne sudjeluje u ispitivanju, ali to nitko nije učinio. Djeci je objašnjeno da se njihovi testovi ne ocjenjuju i da ni na koji način neće utjecati na njihove ocjene, da će uvid u odgovore imati isključivo istraživači koji su bili prisutni za vrijeme ispitivanja, te se prethodno upoznali s djecom, kako bi se ona osjećala lagodnije i sigurnije. Nisu zabilježene nikakve poteškoće prilikom realizacije istraživanja i prikupljanja podataka.

Nezavisne varijable predstavljaju školski uspjeh (vrlo dobar i odličan). Zavisna je varijabla izražena faktorskim skorovima na prvoj glavnoj komponenti rezultata mjerenih upitnikom za procjenu anksioznosti.

Za ispitivanje anksioznosti koristio se preveden i adaptiran RCMAS (The Revised Children's Manifest Anxiety Scale) upitnik. Taj su instrument razvili Reynolds i Richmond (1978), da bi ispitali stupanj i kvalitetu anksioznosti kod djece i adolescenata (Reynolds i Paget, 1983). Cronbachov  $\alpha$  ovog upitnika iznosi 0,82 za oba spola, samo za dječake 0,85, a za djevojčice 0,79.

Skala RCMAS koristi se za ispitivanje stupnja anksioznosti kod uzrasne populacije djece i adolescenata. Sastoji se od 37 čestica koje su grupirane u tri subskele: fiziološka anksioznost - izražava se zbrojem odgovora na česticama 1, 5, 9, 13, 17, 19, 21, 25, 29, 33, zabrinutost/hipersenzitivnost - čini je zbroj čestica 2, 6, 7, 10, 14, 18, 22, 26, 30, 34, 37 i socijalna anksioznost - čini je zbroj čestica 3, 11, 15, 23, 27, 31, 35, a sadrži i jednu kontrolnu skalu (Lie scale). Razina ukupne anksioznosti ispitanika predstavlja zbroj rezultata na tri navedene subskele - 28 čestica i 9 čestica unutar Lie scale. Prema tome, ukupni rezultati na faktorima formiraju se kao zbrojni rezultati na pojedinačnim

subskalama, pri čemu ukupan viši rezultat upućuje na viši stupanj anksioznosti (Reynolds i Richmond, 1985).

Alfa koeficijent za ukupan rezultat anksioznosti je 0,87. Cronbachovi alfa koeficijenti za svaku pojedinačnu subskalau su: 0,66 - fiziološka anksioznost, 0,81 - zabrinutost/hipersenzitivnost, 0,69 - socijalna anksioznost. Na svaku česticu ispitanik odgovara s DA ili NE, ovisno o tome koliko opis odgovara njegovu stanju. Čestice su oblikovane tako da budu jasne, kratke i razumljive populaciji kojoj je skala namijenjena - djeci i adolescentima u dobi od 7 do 19 godina (Reynolds i Richmond, 1985).

Školski je uspjeh operacionalno određen na temelju zaključne ocjene, kojom je učenik završio razred na kraju prethodne školske godine. Raspon zaključne ocjene od 3,50 do 4,50 određuje kategoriju "vrlo dobar uspjeh", a raspon zaključne ocjene od 4,50 do 5,00 definira kategoriju "odličan uspjeh". Kada je riječ o prvom razredu, uzet je u obzir uspjeh učenika postignut na kraju prvog polugodišta.

## Rezultati

Obrada podataka provedena je u statističkom paketu SPSS. U prvoj etapi provedena je analiza glavnih komponenti varijabli skale RCMAS. Osim toga, za utvrđivanje veze među varijablama i značajnosti razlika napravljeni su Pearsonova korelacija, t-test i diskriminacijska analiza.

Kod statističke obrade podataka koristila se konfirmatorna i eksplanatorna faktorska analiza, s primjenom ekstrakcije faktora po metodi glavnih komponenti (engl. Principal components analysis). Sa svrhom ocjenjivanja prikladnosti podataka za faktorsku analizu izračunata je vrijednost Kaiser-Meyer-Olkinova pokazatelja (engl. Kaiser-Meyer-Olkin measure of sampling adequacy - KMO), koji iznosi 0,713, što premašuje preporučenu vrijednost od 0,6 (Kaiser, 1974), te se može zaključiti da su dobiveni podaci prikladni za provedbu faktorske analize.

Da bi se preciznije definirale i protumačile dobivene komponente u ovom istraživanju, proveden je eksploratorni pristup faktorskoj analizi, bez unaprijed zadanog ograničenja u broju faktora. Takvim je pristupom objašnjen najveći postotak ukupne varijance rezultata. Tako je 37 čestica RCMAS skale podvrgnuto analizi glavnih komponenti, pa je putem oblique-promax rotacije faktora otkriveno prisustvo šest komponenti s karakterističnim vrijednostima (engl. eigen values) više od 1 (7,219; 5,136; 5,307; 4,713; 4,412; 3,583). Dobivenih šest komponenti objašnjava ukupno 78,19% varijance.

Distribucije zavisnih varijabli na svih šest izoliranih faktora su normalne. Koristile su se numeričke metode za utvrđivanje normaliteta: Kolmogorov-Smirnov test (KS test) i Shapiro-Wilk (SW) test, koji pokazuju da su p-vrijednosti svih šest faktora veće od vrijednosti 0.05, što indicira da su podaci normalno distribuirani. Zbog nesrazmjera u broju učenika u kategorijama odličnih i vrlo dobrih, koristio se Welchov t-test, koji je prikladan za uporabu kod grupa u uzorku koje se razlikuju po svojoj veličini (Moser i Stevens, 1992; Ruxton, 2006; Wilcox, 2012).

## **Analiza unutarnje strukture varijabli skale RCMAS**

Analiza glavnih komponenti varijabli mjerenih uz pomoć skale RCMAS omogućila je, prema Scree kriteriju, ekstrakciju šest glavnih komponenti koje zajedno objašnjavaju 78,99% analiziranog skupa varijabli. Izdvojene glavne komponente rotirane su oblique-promax rotacijom. Ti rezultati prikazani su u Tablici 1.

### Tablica 1 i 2

Prvi faktor imenovan je kao Somatizirana anksioznost i objašnjava 18,12 % varijance rezultata. Značajne korelacije između čestica i ovog faktora relativno su brojne, što se može vidjeti u Tablici broj 2. Njihova sadržajna analiza upućuje na zaključak da taj faktor predstavlja oblik anksioznosti u kojem dominiraju somatske manifestacije. Simptomi kakvi su problemi sa spavanjem, umor, vrpoljenje na stolici, mučnina u trbuhu itd., dopuštaju imenovanje tog faktora somatiziranom anksioznošću.

Drugi je faktor socijalni konformizam i objašnjava 15,43% ukupne varijance rezultata, a čestice koje ga definiraju nalaze se u Tablici broj 2. Taj faktor je bipolaran. Pozitivan spol tog faktora definiraju čestice koje označavaju nižu razinu anksioznosti, i to u vezi sa socijalnom poželjnošću. Negativan spol opisan je česticama čiji sadržaj ukazuje na veću prilagodbu socijalnom okruženju i prihvaćanje uloge dobrog djeteta. Stoga se taj faktor može definirati kao socijalni konformizam.

Treći faktor identificiran u analizi imenovan je kao Socijalna evaluacija i objašnjava 13,21% ukupne varijance rezultata. Sedam čestica skale RCMAS značajno koreliraju s tim faktorom, što je predstavljeno u Tablici broj 2. Kao što se može vidjeti, on je bipolaran. Isto tako, uočava se da je veći broj varijabli koje ga definiraju negativnog predznaka. One opisuju zabrinutost pri obavljanju različitih aktivnosti i nedostatak samopouzdanja. Suprotan spol faktora opisuju čestice slabije izražene anksioznosti. Sadržaj čestica koje ga određuju omogućuje njegovo definiranje kao strah od negativne evaluacije.

Četvrti je faktor imenovan kao hipersenzitivnost i objašnjava 12,9% varijance rezultata. Taj faktor bipolaran je jer ga definiraju varijable negativnog i pozitivnog smjera, što se može vidjeti u Tablici broj 2. Od sedam varijabli koje značajno koreliraju s navedenim faktorom, njih šest je negativnog smjera. Sadržaj tih varijabli ukazuje na izraženu emocionalnost. Slaba kontrola emocija i emocionalna nestabilnost, napadi lošeg raspoloženja i netolerantnost određuju taj faktor kao hipersenzitivnost.

Peti faktor izdvojen u analizi imenovan je kao Socijalna anksioznost i objašnjava 10,31% varijance rezultata. Analiza čestica koje ga definiraju ukazuje na prisustvo socijalne inhibiranosti i neodlučnosti u situacijama koje zahtijevaju donošenje odluka (Tablica 2). Osim toga, sadržaj čestica upućuje i na strah od negativne socijalne evaluacije, ali i na fiziološke simptome straha (znojenje ruku), kao i na bihevioralne simptome. S obzirom na to da je taj vid anksioznosti često generiran socijalnim situacijama, imenuje se kao socijalna anksioznost.



Šesti faktor imenovan je kao Hostilnost i objašnjava 9.01 % ukupne varijance rezultata. On je predstavljen putem čestica koje određuju njegovu bipolarnost (Tablica 2). Pozitivan spol tog faktora definira samo jedna varijabla, a negativan je spol dominantnije izražen, jer ga određuju četiri varijable. Čestice s kojima taj faktor značajno korelira ukazuju na elemente agresivnog ponašanja, neprijateljskog stava prema drugima, ali i nedostatka samouvjerenosti (čestica 3). Stoga se može zaključiti da njega određuju varijable koje opisuju neke aspekte agresivnosti, što pruža mogućnost za njegovo imenovanje kao hostilnost.

#### Tablica 3 i 4

Relevantne vrijednosti u Tablici 3 i 4 pokazuju da su utvrđene statistički značajne razlike između aritmetičkih sredina rezultata vrlo dobrih i odličnih učenika, postignutih na skali RCMAS, na razini značajnosti 0,005. Dobiveni rezultati ukazuju na to da su identificirane razlike u korist vrlo dobrih učenika, što znači da je anksioznost izraženija kod učenika čiji je uspjeh vrlo dobar. S druge strane, odlični učenici ispoljili su niži stupanj anksioznosti.

#### Tablica 5

Korelacijska matrica prikazana u Tablici 5 pokazuje da Pearsonovi koeficijenti korelacije između pojedinačnih komponenti anksioznosti nisu visoki, niti značajni, pa se može zaključiti da predstavljaju nezavisne faktore, koji se manifestiraju putem različitih formi anksioznosti. Svi oblici anksioznosti negativno koreliraju sa stupnjem uspjeha u školi, pa se zaključuje da je niži uspjeh povezan s izraženijom somatiziranom anksioznosti, socijalnim konformizmom, strahom od negativne socijalne evaluacije, hipersenzitivnošću, socijalnom anksioznošću i hostilnošću.

#### Tablica 6

Diskriminacijskom analizom na skupini od šest varijabli, odnosno komponenti anksioznosti, izolirana je jedna značajna diskriminativna funkcija koja razdvaja skupine vrlo dobrih i odličnih učenika, prema stupnju anksioznosti. Osnovni rezultati diskriminacijske analize prikazani su u Tablici 6.

#### Tablica 7

Tom analizom dobivena je bipolarna diskriminacijska dimenzija (Tablica 7), čiji pozitivni pol ponajprije određuje somatizirana, i u nešto manjoj mjeri socijalna anksioznost. Negativan pol te diskriminativne funkcije definiran je oblicima anksioznosti, kao što su socijalni konformizam i hipersenzitivnost, a djelomično i hostilnost. Na temelju njezine strukture diskriminacijska je dimenzija interpretirana kao somatizirana anksioznost u odnosu na socijalni konformizam.

#### Tablica 8

Potpunije razlike u stupnju anksioznosti, između vrlo dobrih i odličnih učenika, prikazane su u Tablici 8. Vrijednost i predznak centroida grupa sugeriraju da je

anksioznost izražena odlika vrlo dobrih učenika. Kod njih dominira anksioznost u svojoj somatiziranoj formi. Prateći efekti te anksioznosti predstavljaju njezin socijalni varijetet. S druge strane, za odlične je učenike karakterističan manji stupanj anksioznosti, što ukazuje na to da su oni emocionalno stabilniji, sigurniji u sebe i da se bolje snalaze u svom socijalnom okruženju.

## **Rasprava**

U ovom je istraživanju utvrđena povezanost školskog uspjeha i stupnja anksioznosti i identificirani su oblici anksioznosti, kod učenika obuhvaćenih produženim i cjelodnevnom boravkom. Rezultati istraživanja ukazali su na statistički značajne razlike u stupnju anksioznosti između vrlo dobrih i odličnih učenika.

Kod vrlo dobrih učenika prisutna je viša razina anksioznosti u odnosu na odlične učenike. Anksioznost koja obilježuje vrlo dobre učenike javlja se u njezinoj somatiziranoj formi. Taj oblik anksioznosti manifestira se kao iscrpljenost, tremor ruku, treptanje (Byron i Khazanchi, 2011; Conger i sur., 2003; Davison i Neale, 1999; Lacković-Grgin, 2004; McGuire, 2013; Szabó i Lovibond, 2006; Torsheim i Wold, 2001; Weems i Costa, 2005). Prisutna somatizirana anksioznost identificirana je i u istraživanju Mladenović i Sakač (2006), kod učenika obuhvaćenih produženim i cjelodnevnom boravkom. Ovi rezultati potvrđuju da dječju anksioznost najizrazitije pokazuje njezina somatizirana forma.

Osim tog oblika anksioznosti, kod vrlo dobrih je učenika identificirana i anksioznost socijalnog tipa. Stoga se može zaključiti da su vrlo dobri učenici socijalno inhibirani i nedovoljno i neuspješno uključeni u svoje socijalno okruženje. Nedostatak adekvatnih socijalnih interakcija tih učenika, u prvom redu, može se tumačiti njihovim školskim postignućem, koje se za taj uzrast smatra nedovoljno uspješnim (Farooqi i sur., 2012; Marić, 2012; McDonald, 2001; Velki, 2011; Wade, 2015; Wenar, 2003). Socijalna izdvojenost i niža socijalna kompetentnost inducirana je osjećajima inferiornosti i submisivnosti u odnosu na razredne drugove koji imaju bolji školski uspjeh.

Objašnjenje prirode razlika u stupnju anksioznosti između vrlo dobrih i odličnih učenika moglo bi se potražiti u pritisku koji roditelji i učitelji vrše na populaciju manje uspješnih učenika. Kao što je poznato, dijete polazi u školu s uvjerenjem da će biti vrlo uspješno, a očekivanja roditelja također se često ne razlikuju od želja i očekivanja djeteta (Cassady i Johnson, 2002; Jurčić, 2006; Marić, 2012; Ružić i sur., 2015; Stober, 2004; Velki, 2011; Živčić-Bećirović, 2003). S obzirom na to da je na mlađem osnovnoškolskom uzrastu izuzetno poželjno da učenici budu vrlo uspješni, očekivanja, kako roditelja, tako i učitelja, su velika (Conger i sur., 2003; Mićanović, 2013; Ružić i sur., 2015; Stober, 2004).

Roditelji postavljaju brojne zahtjeve, izražavaju očekivanja, uspjeh svoje djece uspoređuju s uspjehom druge djece i pokazuju nezadovoljstvo u slučaju lošijeg uspjeha. Isto tako, i učitelji imaju potrebu pokazati veća očekivanja u odnosu na učenike obuhvaćene produženim i cjelodnevnom boravkom u školi, jer provode više vremena

s njima nego što je to uobičajeno, te se smatraju kompetentnima i odgovornima za njihovo postignuće. Očekivanja cjelokupnog okruženja djeteta usmjerena su na njegovo postignuće, s obzirom na duljinu boravka u školi (Mićanović, 2013; Sakač, 2003; Wade, 2015). Na taj način, izloženost pojačanom pritisku generira različite oblike anksioznosti. U analizu dobivenih rezultata i proučavanje unutarnjih problema neophodno je uključiti i dvije najvažnije dimenzije razredne sredine: naporan školski rad i podržavajuće ponašanje nastavnika i razrednih prijatelja (Torsheim, Aaro, i Wold, 2003).

S druge strane, odlični učenici pokazuju niži stupanj anksioznosti jer su rasterećeniji, s obzirom na to da postižu odličan uspjeh. Njihovi rezultati u skladu su s očekivanjem njihove okoline, zbog čega su oslobođeni pritiska. Isto tako, njihov doživljaj uspjeha i odobravanje okoline osigurava da se osjećaju sretno, ispunjeno i opušteno, pa ponekad i agresivno. Oni se zbog toga lakše i brže socijalno konformiraju i lakše postižu socijalnu kompetentnost. Isto tako, stavljanjem učenika u raznovrsne metodičke scenarije i situacije, nastavnici će doprinijeti razvoju kompetencija učenika, koje će jamčiti mogućnost samostalnog cjeloživotnog učenja (Matijević i Radovanović, 2011).

## **Zaključci**

Istraživanje predstavljeno u ovom radu imalo je za cilj provjeriti postoje li razlike u anksioznosti između učenika vrlo dobrog i odličnog uspjeha, u produženom i cjelodnevnom školskom boravku. Dobiveni rezultati ukazali su na to da školsko postignuće značajno doprinosi razlikama u stupnju anksioznosti. Utvrđene statistički značajne razlike između vrlo dobrih i odličnih učenika ukazale su na različit stupanj i oblik simptoma anksioznosti kod tih dviju skupina. Prema tim pokazateljima vrlo dobri učenici pokazuju veći stupanj anksioznosti od odličnih učenika. Anksioznost vrlo dobrih učenika može se opisati kao somatizirana i socijalna. Kako kod njih dominiraju somatizirane manifestacije, koje su zapravo uzrokovane socijalnim situacijama, može se reći da su to i najčešći pokazatelji dječje anksioznosti (Byron i Khazanchi 2011; Conger i sur., 2003; Davison i Neale, 1999; Gerard i Reynolds, 1999; Lacković-Grgin, 2004; Torsheim i sur., 2003). Dakle, njihova socijalna inhibiranost uzrokuje tjelesne manifestacije u vidu problema sa spavanjem, želučanih tegoba, umora i nemira (Stein i Kean, 2000; Szabó i Lovibond, 2006). Istovremeno, rezultati su ukazali na njihovu slabu prilagodbu socijalnom okruženju, odnosno nizak stupanj socijalnog konformizma.

S druge strane, somatizirana i socijalna anksioznost odličnih učenika mnogo je niža, a socijalni konformizam i hipersenzitivnost su izraženiji. U skupini faktora koji pružaju objašnjenje za te rezultate vjerojatno se nalaze roditelji i učitelji. Briga roditelja o postignuću djeteta posebno je izražena na mlađem osnovnoškolskom uzrastu. To znači da roditelji posebno prate školsko postignuće svoje djece u mlađim razredima osnovne škole. Ako njihova očekivanja nisu zadovoljavajuća, često pokazuju nezadovoljstvo koje se reflektira i na samu djecu (Marić, 2010; Ružić i sur., 2015;

Santham, 2001; Wenar, 2003). Djeca se nalaze pod pritiskom ispunjenja zahtjeva roditelja, što očito generira njihovu anksioznost.

Ovom tumačenju može se dodati i vrlo snažan utjecaj učitelja u definiranju postignuća učenika produženog i cjelodnevnog boravka (Roth i sur., 2010; Simpkins i sur., 2004; Wade, 2015; Zosky i Kraword, 2003). Naime, i učitelji su izloženi pritisku roditelja i šireg okruženja. S obzirom na to da djeca u tako organiziranom radu u školi provode veći dio vremena i da su samim tim pod većim nadzorom učitelja, od njih se očekuje da u većem stupnju prihvate odgovornost za postignuće učenika. Isto tako, i sami učitelji se smatraju vrlo odgovornim za postignuće učenika.

Rezultati su pokazali da je viša razina anksioznosti vrlo dobrih učenika uglavnom uzrokovana socijalnim čimbenicima. Međutim, unutarnja stanja, poput osjećaja manje učinkovitosti i doživljaja slabijeg postignuća, također predstavlja generatore anksioznosti kod ovih učenika. Analiza rezultata o prisutnosti anksioznosti u vidu hipersenzitivnosti kod odličnih učenika, pruža temelj za njeno tumačenje kroz cijenu visokog postignuća. Veći stupanj ulaganja truda i energije, kao i neka odricanja, očituju se u oblicima anksioznosti, kao što je manja tolerancija u odnosu na druge.