

Oral Presentation Anxiety Among Grade 11 Senior High School Students Of Notre Dame Of Jolo College

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ABSTRACT. This study investigated oral presentation anxiety among Grade 11 Senior High School students of Notre Dame of Jolo College. A quantitative descriptive–correlational research design was employed, involving 100 Grade 11 students selected through stratified random sampling during the Academic Year 2025–2026. The study examined oral presentation anxiety in terms of physiological, cognitive, and behavioral symptoms, as well as the respondents’ demographic profile in terms of age, gender, academic strand, and parents’ educational attainment. Findings revealed that the majority of the respondents were 16 years old and below, predominantly female, mostly enrolled in the STEM strand, and came from families whose parents were largely college graduates. Results further showed that students generally experienced oral presentation anxiety, with cognitive symptoms emerging as the most prominent, while physiological and behavioral symptoms were experienced at moderate levels. Statistical analyses revealed no significant differences in oral presentation anxiety when respondents were grouped according to age, gender, academic strand, and parents’ educational attainment. However, correlation analysis indicated significant high positive relationships among the physiological, cognitive, and behavioral dimensions of oral presentation anxiety. Based on the findings, it is recommended that Notre Dame of Jolo College may implement school-based oral communication support initiatives, teachers may adopt anxiety-reducing instructional strategies, and future researchers may further explore intervention-based approaches to address oral presentation anxiety.

KEYWORDS: *Oral Presentation Anxiety, Senior High School Students, Cognitive Anxiety, Physiological Symptoms, Behavioral Symptoms, Public Speaking Anxiety*

ARTICLE DETAILS

JEAS-00084; Received: January 19, 2026; Accepted: February 1, 2026; Published: February 16, 2026

CITATION:

Awali, Qaswa J., Sarabi, Alnakier A. (2026). Oral Presentation Anxiety Among Grade 11 Senior High School Students Of Notre Dame Of Jolo College. *Journal of Education and Academic Settings*, 3(1). DOI: 10.62596/963jdq47

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Introduction

Oral presentation anxiety is a prevalent challenge among senior high school students, characterized by intense fear and nervousness when speaking publicly. Studies indicate that up to 90% of individuals experience some level of public speaking anxiety, which can significantly affect communication effectiveness and academic performance (Tulud, 2025). In the Philippine context, students frequently exhibit physiological, cognitive, and behavioral symptoms that undermine confidence and oral communication skills essential for academic success (Department of Education, 2024).

This issue is particularly evident among Grade 11 students who are newly exposed to increased academic demands, including frequent oral presentations. Research shows that fear of unpreparedness, audience judgment, and peer comparison contribute to heightened anxiety and reduced presentation quality (Lungay, 2023). Additionally, the digital age has intensified these challenges due to greater exposure to performance scrutiny through social media and recorded outputs (Tulud, 2025). In relation to this, audience perception also influences speaker confidence, as communication effectiveness depends not only on preparation but also on how listeners interpret clarity, sincerity, and authenticity in speech (Chavez et al., 2025).

Despite existing studies on public speaking anxiety in the Philippines, there is limited research focusing on the differentiated manifestations of anxiety among Grade 11 students, especially in regional institutions like Notre Dame of Jolo College. There is also a lack of comprehensive analysis on how demographic factors such as age, gender, and academic strand influence anxiety across physiological, cognitive, and behavioral domains. Moreover, previous studies have not sufficiently explored the interrelationships among these symptom types or provided localized data for targeted interventions (Docena et al., 2023; Lungay, 2023).

Thus, this study aims to examine oral presentation anxiety among Grade 11 students at Notre Dame of Jolo College – Senior High School by analyzing their demographic profile and measuring anxiety across key domains. It also seeks to determine differences based on demographic variables and explore correlations among anxiety symptoms. The findings are expected to contribute localized insights that can guide educators, counselors, and policymakers in developing targeted strategies to reduce anxiety, enhance oral communication skills, and improve students' academic performance.

Research Questions

1. What is the demographic profile of the respondents in terms of:
 - 1.1. Age;
 - 1.2. Gender;
 - 1.3. Academic Strand; and
 - 1.4. Parents' Educational Attainment?
2. What is the level of oral presentation anxiety experienced by Grade 11 Senior High School students in terms of:
 - 2.1. Physiological symptoms;
 - 2.2. Cognitive symptoms; and
 - 2.3. Behavioral symptoms?
3. Is there a significant difference in oral presentation anxiety among Grade 11 Senior High School students when grouped according to:
 - 3.1. Age;
 - 3.2. Gender;
 - 3.3. Academic Strand; and
 - 3.4. Parents' Educational Attainment?
4. Is there a significant correlation among the sub-categories subsumed under oral presentation anxiety among Grade 11 Senior High School students?

Literature

Multidimensional Nature of Oral Presentation Anxiety

Oral presentation anxiety (OPA) is a persistent challenge among Senior High School students, particularly in English as a Second Language (ESL) contexts where language proficiency and public performance intersect. Grounded in Affective Filter Hypothesis and Self-Efficacy Theory, OPA is understood as a multidimensional construct shaped by emotional, cognitive, and social factors. Studies consistently identify fear of negative evaluation, linguistic insecurity, and low confidence as primary triggers (Kho & Ting, 2023; Bastida Jr. & Yap, 2019; Ruin, 2024). Similarly, campus journalism research shows that students' confidence in structured writing does not always extend to public communication due to fear of criticism and judgment (Chavez et al., 2024). Likewise, English language confidence and self-presentation enhance perceived communicative competence, as individuals with higher confidence are seen as more capable and less likely to experience speaking-related anxiety in oral interactions (Españo et al., 2025).

Empirical evidence further highlights its prevalence. Local studies support this, noting that grammar difficulties, limited vocabulary, and pronunciation issues intensify anxiety, while preparation and rehearsal significantly reduce it (Aricheta et al., 2024). These findings affirm that OPA among Filipino learners is both widespread and deeply rooted in linguistic and psychological factors.

Physiological, Cognitive, and Behavioral Dimensions

OPA manifests through interconnected physiological, cognitive, and behavioral symptoms. Physiologically, students commonly experience rapid heartbeat, trembling, sweating, and shortness of breath, reflecting the body's stress response (Grieve, 2021; Zhang & Zhao, 2023). Local findings confirm these symptoms among Filipino learners, often intensified by fear of mistakes and judgment (Docena et al., 2023). Cultural constructs such as *hiya* and *pakikisama* further heighten these reactions, making public speaking situations more stressful.

Cognitively, anxiety is expressed through fear of negative evaluation, mental blocks, and negative self-talk, which disrupt speech organization and delivery (Gallego et al., 2022). English language anxiety has also been found to hinder cognitive processing and confidence, leading to avoidance of oral communication and reduced performance in English-related tasks (Salve, 2025). Filipino students similarly report difficulty organizing ideas and fear of forgetting content, often leading to reduced participation (Bialen et al., 2025). These patterns align with Cognitive Behavioral perspectives, where distorted thinking reinforces anxiety.

Behaviorally, OPA is evident in avoidance, hesitation, poor eye contact, and reliance on code-switching. Studies show that anxious learners tend to speak less, perform poorly, or withdraw from participation (Kurakan, 2021; Tapado, 2025). In the Philippine context, these behaviors are influenced by social expectations and fear of embarrassment, further limiting students' oral engagement.

Pedagogical Interventions and Research Gap

Research emphasizes that supportive and structured learning environments can mitigate OPA. Scaffolded instruction, rehearsal, and gradual exposure to speaking tasks have been shown to improve confidence, motivation, and performance (Gürbüz & Cabaroğlu, 2021; Bastida Jr. & Yap, 2019). Local studies reinforce the importance of teacher support, inclusive classroom practices, and culturally responsive strategies in reducing anxiety (Aricheta et al., 2024; Tapado, 2025).

Despite extensive literature on OPA, a clear gap remains in localized, senior high school-focused studies that comprehensively examine its physiological, cognitive, and behavioral dimensions within specific institutional contexts. In particular, limited research has been conducted among Grade 11 students in settings such as Notre Dame of Jolo College. Addressing

this gap is essential to develop context-specific interventions and to better understand how anxiety manifests among learners in this unique educational and cultural environment.

Methodology

1. Research Design

This study employed a quantitative descriptive-correlational research design. This approach was used to systematically collect, analyze, and interpret observed data. It enabled the study to describe the characteristics of the respondents, measure the levels of oral presentation anxiety across its dimensions, and determine the relationships or differences among variables without manipulation.

2. Participants and Sampling

The respondents of the study were 100 Grade 11 Senior High School students enrolled at Notre Dame of Jolo College during the Academic Year 2025–2026, drawn from the STEM (four sections), ABM (two sections), and GAS (two sections) strands. A stratified random sampling technique was employed, wherein the population (N=306) was grouped by strand and section, and respondents were proportionally selected to ensure fair representation. The initial allocation yielded 98 respondents; thus, the ABM D section was adjusted from 9 to 11 to complete the sample size of 100, consistent with standard stratified sampling practices. The study adhered to ethical standards, with institutional approval secured, informed consent obtained, voluntary participation ensured, and confidentiality and anonymity of responses strictly maintained.

Table 1. Distribution of Respondents per Section

Strand and Section	Number Of Respondents
1. STEM N	13
2. STEM D	13
3. STEM J	13
4. STEM C	14
5. GAS N	12
6. GAS D	11
7. ABM N	13
8. ABM D	11
Total:	100

3. Instruments

Data were collected using a structured, two-part questionnaire adapted from the Personal Report of Public Speaking Anxiety (PRPSA) developed by James C. McCroskey (1970) and the Public Speaking Anxiety Scale (PSAS) developed by Bartholomay and Houlihan (2016). Part I gathered the respondents' demographic profile, including age, gender, academic strand, and parents' educational attainment, while Part II measured the level of oral presentation anxiety across physiological, cognitive, and behavioral dimensions using adapted items aligned with the Philippine senior high school context. Although the source instruments have established validity and reliability, the adapted questionnaire still underwent validity and reliability testing, with minor contextual revisions made to ensure clarity, consistency, and appropriateness for the respondents' linguistic and academic background.

4. Data Collection Procedure

Data were gathered through a structured survey questionnaire during the second quarter of Academic Year 2025–2026. Permissions were obtained from the Dean of the School of Graduate Studies of Sulu State College and the Notre Dame of Jolo College Senior High School principal, and informed consent was secured from participants. The questionnaires were personally

administered during class hours, after which responses were collected, checked for completeness, and prepared for data encoding and analysis.

5. Data Analysis

Data were analyzed using appropriate descriptive and inferential statistical tools based on the research problems. Frequency counts and percentages were used to describe the respondents' demographic profile in terms of age, gender, academic strand, and parents' educational attainment. Mean and standard deviation were used to determine the level of oral presentation anxiety across physiological, cognitive, and behavioral dimensions, interpreted using descriptive scales. An independent samples t-test was used to test differences in anxiety when grouped according to gender, while one-way ANOVA was used for age, academic strand, and parents' educational attainment. Pearson's Product-Moment Correlation Coefficient (Pearson's r) was used to examine relationships among the three anxiety dimensions.

Results

1. Demographic Characteristics of the Respondents

Analysis of the sample's demographic profile ($N = 100$) reveals that the majority of respondents are aged 16 years old and below (78%), while the remaining 22% belong to the 17–18 age group. In terms of gender, the population is predominantly female (69%), with males comprising 31% of the sample. Regarding academic strand, more than half of the respondents are enrolled in the STEM strand (53%), followed by ABM (24%) and GAS (23%). As to parents' educational attainment, most respondents reported having parents who are college graduates (77%), while smaller proportions indicated post-graduate education (12%), high school graduate (9%), and elementary graduate (2%).

Table 2: Demographic Profile of the Respondents

Demographic Variable	Number of Respondents (n=100)	Percentage (%)
Age		
16 years old and below	78	78%
17-18 years old	22	22%
Gender		
Male	31	31%
Female	69	69%
Academic Strand		
ABM	24	24%
STEM	53	53%
GAS	23	23%
Parents' Educational Attainment		
Elementary Graduate	2	2%
High School Graduate	9	9%
College	77	77%
Post-Graduate	12	12%

2. Level of Oral Presentation Anxiety of the Respondents

Overall, the respondents showed varying levels of oral presentation anxiety across the three dimensions. Cognitive Symptoms obtained the highest composite mean ($M = 3.79$, $SD = 0.70$, "Agree"), indicating frequent thought-related anxiety, particularly worrying about mistakes ($\bar{x} = 4.42$), fear of forgetting what to say ($\bar{x} = 4.16$), and embarrassment ($\bar{x} = 4.07$).

Physiological Symptoms recorded a lower overall mean ($M = 3.39$, $SD = 0.67$, "Neutral"), suggesting moderate and inconsistent physical reactions. However, higher-rated indicators include

rapid heartbeat ($\bar{x} = 4.03$), shaky hands ($\bar{x} = 3.95$), voice trembling ($\bar{x} = 3.69$), and body tension ($\bar{x} = 3.74$), showing noticeable physiological arousal during presentations.

Behavioral Symptoms obtained the lowest mean ($M = 3.27$, $SD = 0.64$, “Neutral”), indicating occasional manifestations of anxiety. Still, students reported speaking too fast ($\bar{x} = 3.79$), hand fidgeting ($\bar{x} = 3.78$), frequent filler words ($\bar{x} = 3.73$), and difficulty maintaining steady tone ($\bar{x} = 3.50$), reflecting mild behavioral signs of anxiety during oral presentations.

Table 3: Level of Oral Presentation Anxiety Experienced by Grade 11 Senior High School Students in Terms of Physiological, Cognitive, and Behavioral Symptoms

Statements	Mean	Standard Deviation (S.D.)	Descriptive Interpretation
Physiological Symptoms	3.3860	.67412	Neutral
1. My hands feel cold and shaky before presenting in front of the class.	3.95	.947	Agree
2. My heart beats faster when I start speaking in front of others.	4.03	.979	Agree
3. I feel my stomach turning before I begin my presentation.	3.30	1.068	Neutral
4. My mouth feels dry when I speak during an oral presentation.	3.31	1.051	Neutral
5. I experience shortness of breath while speaking to an audience.	3.27	1.024	Neutral
6. My palms get sweaty before presenting.	3.35	1.234	Neutral
7. I feel lightheaded or dizzy during an oral presentation.	2.55	1.086	Neutral
8. My voice trembles when I begin to speak.	3.69	1.051	Agree
9. My body feels tense whenever I stand in front of the class.	3.74	.970	Agree
10. I find it hard to catch my breath before starting to present.	2.99	.959	Neutral
11. I feel my face getting warm or flushed during presentations.	3.20	1.110	Neutral
12. I experience a noticeable pounding in my chest when about to speak.	3.69	1.070	Agree
13. My knees feel weak when I stand in front of an audience.	3.27	1.145	Neutral
14. I feel a lump in my throat when I begin my presentation.	2.97	1.010	Neutral
15. My body becomes restless when the presentation is about to start.	3.48	.979	Neutral
Cognitive Symptoms	3.7887	.69799	Agree
1. I keep thinking that my classmates will judge me negatively when I speak.	3.93	1.018	Agree
2. I worry about making mistakes during my presentation.	4.42	.669	Agree
3. I often imagine that I will forget what to say during my talk.	4.16	.762	Agree
4. I think that everyone else in class speaks better than I do.	3.95	.903	Agree
5. I fear that the audience will not understand me.	3.99	.893	Agree
6. I have difficulty focusing on my ideas while presenting.	4.04	4.122	Agree
7. I keep thinking about how embarrassed I will feel if I perform poorly.	4.07	.956	Agree
8. I cannot concentrate on my message because I'm too focused on my fear.	3.39	1.053	Neutral
9. I doubt my ability to deliver my presentation clearly.	3.55	1.009	Agree
10. I think about negative reactions I might receive from the audience.	3.73	1.014	Agree
11. I feel mentally blank when I start to speak.	3.36	1.030	Neutral
12. I think that people are noticing every small mistake I make.	3.80	.985	Agree
13. I worry that my nervousness is too obvious to others.	3.80	1.092	Agree
14. I preoccupy myself with the thought that I will forget my main points.	3.52	.858	Agree
15. I believe that no matter how much I prepare, I will still perform poorly.	3.12	1.047	Neutral
Behavioral Symptoms	3.2700	.64213	Neutral
1. I tend to speak too fast during presentations.	3.79	.924	Agree
2. I avoid making eye contact with the audience.	2.82	1.218	Neutral
3. I use filler words like “uh” and “um” frequently while speaking.	3.73	.983	Agree
4. My hands fidget or move nervously during presentations.	3.78	.871	Agree
5. I tend to read directly from my notes instead of speaking naturally.	3.28	1.064	Neutral
6. I avoid volunteering for oral presentations.	3.43	1.094	Neutral
7. I forget to smile or show facial expression while speaking.	3.17	1.215	Neutral

Statements	Mean	Standard Deviation (S.D.)	Descriptive Interpretation
8. I use minimal gestures because I am afraid to move too much.	3.43	1.075	Neutral
9. I tend to look down or away from the audience while speaking.	2.74	1.125	Neutral
10. I sometimes lose track of what I am saying and pause awkwardly.	3.22	.917	Neutral
11. I try to keep my presentation as short as possible to end it quickly.	3.12	1.008	Neutral
12. I experience difficulty maintaining a steady tone of voice.	3.50	1.010	Agree
13. I avoid practicing my speech because it makes me more nervous.	2.66	1.157	Neutral
14. I sometimes skip parts of my presentation because of nervousness.	2.97	1.087	Neutral
15. I keep holding objects (like paper or pen) to hide my shaking hands.	3.41	1.181	Neutral

Legend: (5) 4.50 – 5.00=Strongly Agree; (4) 3.50 – 4.49=Agree; (3) 2.50 – 3.49=Neutral; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

3. Differences in Oral Presentation Anxiety Based on Demographic Profile

To determine whether oral presentation anxiety varied across demographic groupings, independent samples t-tests and one-way Analysis of Variance (ANOVA) were conducted. The analyses revealed no statistically significant differences in physiological and behavioral symptoms when grouped according to age ($p = 0.085$; $p = 0.725$), and no significant differences across all three dimensions when grouped by gender ($p = 0.127$; $p = 0.096$; $p = 0.729$), academic strand ($p = 0.120$; $p = 0.105$; $p = 0.135$), and parents' educational attainment ($p = 0.952$; $p = 0.956$; $p = 0.767$), as all values exceeded the 0.05 level of significance.

However, a statistically significant difference was found in cognitive symptoms when grouped according to age ($t = 2.167$, $p = 0.033$). Students aged 16 years old and below ($M = 3.87$) reported higher levels of cognitive anxiety compared to those aged 17–18 years old ($M = 3.51$). No other significant differences were observed across the remaining variables.

Table 4: Difference in Oral Presentation Anxiety Among Grade 11 Senior High School Students Based on Demographic Profile

Demographic Grouping	Pedagogical Domain	Test Statistic (t / F)	p-value (Sig.)	Description
Age				
	Physiological Symptoms	1.793	.085	Not Significant
	Cognitive Symptoms	2.167	.033*	Significant
	Behavioral Symptoms	.356	.725	Not Significant
Gender				
	Physiological Symptoms	-1.54	.127	Not Significant
	Cognitive Symptoms	-1.68	.096	Not Significant
	Behavioral Symptoms	-.348	.729	Not Significant
Academic Strand				
	Physiological Symptoms	2.170	.120	Not Significant
	Cognitive Symptoms	2.309	.105	Not Significant
	Behavioral Symptoms	2.048	.135	Not Significant
Parents' Educational Attainment				
	Physiological Symptoms	.114	.952	Not Significant
	Cognitive Symptoms	.107	.956	Not Significant
	Behavioral Symptoms	.382	.767	Not Significant

*Significance at alpha 0.05

4. Correlational Analysis Among Sub-Categories of Oral Presentation Anxiety

Pearson Product-Moment Correlation (Pearson's r) was utilized to examine the interrelationships among the sub-categories of oral presentation anxiety. As shown in Table 4, all variables exhibited statistically significant positive correlations ($p = .000$). High positive

correlations were observed between Physiological and Cognitive Symptoms ($r = .601$), Physiological and Behavioral Symptoms ($r = .608$), and Cognitive and Behavioral Symptoms ($r = .558$). These findings indicate that the three dimensions of oral presentation anxiety are strongly interrelated, where an increase in one is associated with increases in the others. Therefore, the null hypothesis is rejected.

Table 5. Correlations Among the Sub-Categories of Oral Presentation Anxiety

Variables	Pearson r	Sig.	N	Description
Physiological Symptoms				
Cognitive Symptoms	.601**	.000	100	High Correlation
Behavioral Symptoms	.608**	.000	100	High Correlation
Cognitive Symptoms				
Behavioral Symptoms	.558**	.000	100	High Correlation

** Correlation Coefficient is significant at alpha .01 level

Discussion

The demographic profile of Grade 11 Senior High School students of Notre Dame of Jolo College reflects a cohort largely within the expected age range, predominantly female, and primarily enrolled in the STEM strand, with the remaining students distributed across ABM and GAS. Additionally, most respondents come from families with relatively high educational attainment, particularly at the college and post-graduate levels. This suggests that the student population is generally situated within academically supportive environments, which may influence their engagement in school-related tasks, including oral presentations.

Despite this relatively strong educational background, the findings reveal that students still experience oral presentation anxiety across physiological, cognitive, and behavioral dimensions. This supports Savellon et al. (2024), who found that even academic leaders experience public speaking anxiety, indicating that such anxiety persists regardless of educational attainment or expertise. Among these, cognitive symptoms emerged as the most prominent, indicating that internal factors such as fear of negative evaluation, worry about making mistakes, and difficulty concentrating play a central role in shaping students' anxiety. Meanwhile, physiological and behavioral symptoms were present at moderate to neutral levels, suggesting that while physical reactions and observable anxious behaviors occur, they are not consistently intense. This pattern highlights that anxiety is experienced more internally than externally, emphasizing the role of students' thought processes in influencing their speaking performance. This aligns with Inoferio et al. (2024), who found that academic anxiety is primarily driven by cognitive factors and can be reduced in supportive, non-judgmental environments, highlighting the role of internal processes in shaping students' performance. Furthermore, Julhamid and Julhamid (2025) noted that audience familiarization and self-calming strategies may help reduce public speaking anxiety by regulating cognitive and physiological responses, offering practical ways to manage students' internal anxiety during oral presentations.

Interestingly, the results show no significant differences in oral presentation anxiety when students are grouped according to age, gender, academic strand, and parents' educational attainment. This indicates that anxiety is a shared experience across demographic categories, suggesting that it is not strongly influenced by these background variables. Instead, oral presentation anxiety appears to be a common academic challenge among students, regardless of their personal or educational profiles.

Furthermore, the significant positive correlations among physiological, cognitive, and behavioral symptoms demonstrate a strong interrelationship among the dimensions of anxiety.

Students who experience heightened physical symptoms also tend to report stronger cognitive anxiety and exhibit more behavioral manifestations. Similarly, increased cognitive anxiety is associated with greater observable nervous behaviors. This interconnectedness suggests that oral presentation anxiety operates as a unified construct, where changes in one dimension are likely to influence the others, reinforcing the overall anxiety experience during classroom presentations.

Conclusion

The study shows that Grade 11 students of Notre Dame of Jolo College are mostly young, female, STEM-enrolled, and from college-educated families, reflecting a supportive academic background. Despite this, they experience oral presentation anxiety across physiological, cognitive, and behavioral dimensions, with cognitive symptoms—such as fear of mistakes, negative self-evaluation, and concern over audience judgment—being most dominant. The lack of significant differences across demographic variables indicates that anxiety is a shared experience shaped more by situational and psychological factors, while the strong positive relationships among the three dimensions confirm that it is multidimensional and interconnected.

In light of these findings, school administrators may integrate oral presentation and anxiety-management activities into existing programs in coordination with the guidance office, while teachers are encouraged to use scaffolded tasks, provide constructive feedback, and foster a supportive classroom environment. Students may manage their anxiety through regular practice, peer collaboration, and confidence-building strategies, and future researchers are recommended to conduct intervention-based or qualitative studies and explore other factors influencing oral presentation anxiety in similar contexts.

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