

Factors Predicting Intention Among Nursing Students to Seek Professional Psychological Help

Walailak Pumpuang*, Acharaporn Seherunwong, Nopporn Vongsirimas

Abstract: Nursing students are a high risk group for mental health problems; however they rarely seek professional psychological help. The purpose of this descriptive, cross-sectional study was to examine factors predicting nursing students' intention to seek professional psychological help by using the Ajzen's theory of planned behavior as a framework. The participants were 343 students from a faculty of nursing in Thailand who were screened for psychological distress. Participants were asked to complete self-reported questionnaires, including a demographic data questionnaire, the Depression Anxiety Stress Scale, and the Professional Psychological Help-Seeking Questionnaire. Data were analyzed using descriptive statistics and multiple regression.

The findings showed that three independent variables, attitudes toward behavior, subjective norm, and perceived behavioral control that accounted for 16.3% of variance in the participants' intention to seek professional help. Attitudes toward behavior and subjective norm can significantly predict the intention to seek professional psychological help, but the other did not. In addition, behavioral beliefs, normative beliefs, and control beliefs could predict attitudes toward behaviors, subjective norm, and perceived behavioral control, respectively.

The findings underscore the importance of working closely with counseling services and the professions in order to ensure nursing students' access to needed support, to increase positive attitudes toward the help-seeking behavior of nursing students and their significant groups, and create cultures of seeking such help across nursing campuses.

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Introduction

Mental health disorders are common among young adults, especially college or university students.¹⁻² When lacking life skills or having cognitive immaturity, many changes of adult responsibility during attending university can be challenging and critical for many students and trigger mental health problems.² Nursing students, typically young adults, put their efforts into achieving developmental milestones such

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as completing higher levels of education, joining the workforce and managing their personal/social issues.³⁻⁵ These sources of stress in nursing education can lead to mental health problems such as stress, anxiety and depression.⁵⁻⁷ A survey study of nursing students found depression, anxiety, and stress ranked at 35.8%, 37.3%, and 41.1% respectively.⁸ In addition, many risk factors for depression and suicide behavior including studying in nursing education, being a female, being younger than 20 years, having psychological distress, and not seeking consultation, were found in nursing students.⁹ From a report of mental health disorders, it was found that one in four university students suffer from mental health disorders, but only 40% of at-risk students seek psychological help.¹⁰⁻¹¹ Bernhardsdottir and Vilhjalmsson found that 21.2–22.5% of female university students, mostly in nursing and the social sciences, had psychological distress and they accessed professional help at rates of 26–29%.¹² When this mental distress is unrecognized or untreated, it will increase the full range of mental health symptoms leading to unwanted consequences such as academic underachievement, poor quality of patient care, dependency on alcohol or other substances, and self-destructive ways such as self-injury and suicide attempts.¹³⁻¹⁵ Unwillingness to seek help, and unrecognized and untreated conditions, are important risk factors for committing suicide.¹⁶

Seeking psychological help from professionals is a preventative strategy to assist students in resolving emotional, behavioral, or health problems, but it is not the preference for students.¹⁷⁻¹⁸ Many studies have found factors affecting students' decisions to seek help include social stigma, social norms, reliance on oneself, limited time, lack of identification of mental health symptoms, and negative attitudes toward seeking help from professionals.¹⁹⁻²⁰ Barriers to nursing students' seeking professional help for their psychological distress include attitudes toward the behavior and stigmatization.²¹⁻²² These barriers are largely investigated in the Western studies, but

the number of studies about these in Thai or Asian literature is limited. Thus, there needs to be more understanding as to whether nursing students with psychological distress who are preparing for a helping profession intend to seek or not seek psychological help from professionals. We believe that the results of this study not only will improve understanding of this, but will provide guidance for mental health professionals and educators helping professional nurses of the future who are experiencing psychological distress by improving their mental health care.

The framework and literature review

The framework of this study was based on Ajzen's theory of planned behavior (TPB) in which a person's behavior is preceded by an intention to perform that behavior and which is predicted directly by three main determinants: attitudes toward the behavior (AB), subjective norms (SN), and perceived behavioral control (PBC).²³⁻²⁴ Underlying beliefs include behavioral beliefs, which influence attitudes toward the behavior; normative beliefs, which guide subjective norms; and control beliefs, which can impact perceived behavioral control.²³⁻²⁴ Behavioral beliefs (BB) refer to a combination of perceived positive or negative attitudes toward the help seeking behavior and the outcome evaluation of the same. Normative beliefs (NB) are a combination of perceived expectations of the significant groups approval or disapproval of the help seeking behavior and the motivation to comply within these groups. Control beliefs (CB) refer to the perceived presence of facilitators or obstacles to perform the help-seeking behavior and the perceived power of those factors. Overall, a person's behavior and intention can change through management of AB, SN, or PBC and/or a combination of these three variables.²³⁻²⁵

Psychological help-seeking can be a form of advice, consultation, treatment or a general support; it can be seen as an active and adaptive process of coping with problems and a mechanism contributing to psychological well-being.²⁶⁻²⁷ It has common

components including a part of behavioral process such as intention, source of professional help, type of mental health assistance, type of mental health problems as well as time frame.²⁶ For help-seeking research, the TPB have been used to identify factors influencing the help-seeking behavior.²⁷⁻³¹ Among the direct TPB variables, these can predict the intention to seek psychological help. Mak & Davis²⁷ proposed that all three direct determinants predicted the intention to seek help in Chinese people, while Mesidor and Sly²⁸ found that perceived behavioral control was the strongest predictor of help-seeking intention in western university students. Rathbone²⁹ found that attitudes towards help-seeking behavior and perceived behavioral control were the strongest predictors in UK medical students. In a nursing student context, application of the TPB to explain predictive factors is still limited. Therefore, the TPB was considered a useful framework in this study for predicting nursing students' intentions to seek professional psychological help.

Hypotheses:

1. Behavioral beliefs can predict attitudes toward behavior, normative beliefs can predict subjective norm, and control beliefs can predict perceived behavioral control of professional psychological help seeking behavior
2. Attitudes toward behavior, subjective norm, and perceived behavioral control can predict nursing students' intentions to seek professional psychological help.

Methods

Design: This study used a descriptive, cross-sectional design.

Setting and Sample: This study was conducted at a faculty of nursing in a Thai university in the first semester of the academic year, September–November 2014. The sample size was calculated based on the ratio of the number of sample and the number of parameters in the TPB model and required a range of 200–400 participants.³³ Four hundred participants

were stratified based on a ratio calculation with 100 per each academic year. For recruitment strategies, nursing students who volunteered to complete the screening tool and met the inclusion criteria were recruited. The nursing students from each of the four years were randomly selected and the inclusion criteria were: studying in the faculty of nursing in 2014; aged >18 years; and having experienced mild to severe psychological distress as measured by the Depression, Anxiety, and Stress Scale-21, Thai Version (DASS-21-Thai).³⁴ Finally, the participants numbered 343, due to there being <100 volunteers in some academic years and researchers deleting outliers in the data set to avoid violation of the multiple regression assumption.

Ethical consideration: Permission to conduct the study was obtained from the Institutional Ethics Review Boards of the Faculty of Nursing, Mahidol University, approval number IRB-NS 2014/241. 2301. To protect their rights, all participants were invited to meet the research team after school to receive written and verbal explanations regarding: the purpose of the study, the issues of voluntary participation, confidentiality, and anonymity during the data collection. They were advised not to write their names on the questionnaire. Furthermore, the signed consent forms were kept separately from the completed questionnaires and there were no links between these two documents. Therefore, it was not possible to access to participants' information. More importantly there was not the conflict of interest in this process because the research team members were not teachers who taught the participants in that level.

Measures: There were three instruments used for this study.

A demographic data questionnaire: This included items on age, gender, program year, student's residence, monthly expenses, expense resource, experience of psychological distress and seeking help from informal and formal resources.

*Depression, Anxiety, and Stress Scale: DASS 21, Thai version.*³⁴ This questionnaire was used for screening the potential participants. This measure consists of 21 items with 3 aspects of psychological distress including depression, anxiety, and stress, and is used for assessing distress and defining the degree of severity, mild, moderate, severe, or extremely severe. Examples items of each aspect are: “I felt down-hearted and blue”; “I experienced trembling”; and “I tended to over-react to situations.” The items have four response options (from 0 = never to 3 = almost always). The range scores of each aspect are from 0 to 21 and higher scores indicate higher levels of severity. The cut-off scores indicating above normal level are 8 for stress, 4 for anxiety, and 5 for depression. The Cronbach’s alpha reliability of anxiety, depression, and stress aspects were .67, .80, and .79 respectively in the current study.

Professional Psychological Help-seeking Questionnaire: This new questionnaire was developed by the research team based on the TPB construction guideline.³⁵ To develop the questionnaire, salient beliefs under each TPB constructs were elicited by using an open questionnaire with 100 nursing students in a faculty of nursing in the 2013 academic year. Content analysis was performed on the data. The questionnaire was developed, validated by 5 mental health experts, pilot-tested with 74 nursing students for psychometric properties by using item discrimination and Cronbach alpha reliability, then published it elsewhere.³² This questionnaire consists of intention, direct measures and indirect measures as follows:

1) *Intention (INT)* is measured on 3 items. Each item is rated on a 7-point scale ranging from 1= “strongly disagree” to 7= “strongly agree”. The items are: “I intend to seek professional psychological help when experiencing psychological distress; I expect to seek professional psychological help when experiencing psychological distress; and I want to seek professional psychological help when experiencing”

psychological distress. Possible scores range from 3 to 21, with higher scores indicating higher levels of intention to seek professional psychological help. The Cronbach’s alpha of this scale was 0.88 in the previous study³² and 0.96 in this study.

2) *Direct measures* consist of three parts, attitudes toward help-seeking behavior, subjective norm, and perceived behavioral control. *Attitudes toward the behavior* assesses nursing students’ positive or negative ideas about seeking professional psychological help. It has 9 items with each item having a polar pair of adjectives such as bad-good, helpful-unhelpful. Each item is rated on a 7-point scale ranging from 1= “extremely negative” to 7 = “extremely positive”. Possible scores range from 9 to 63, with higher scores indicating more positive attitudes toward the help-seeking behavior. The Cronbach’s alpha was 0.78 in the previous study³² and 0.81 in current study. *Subjective norm* assesses nursing students’ perceptions of significant person’s thoughts about seeking professional psychological help. It has 4 items and each item is rated on a 7-point level scale ranging from 1= “strongly disagree” to 7= “strongly agree”. An example is “Family members think I should seek professional psychological help when experiencing psychological distress”. Possible scores range from 4 to 28, with higher scores indicating higher levels of subjective norm. The Cronbach’s alpha was 0.79 in a previous study³² and 0.76 in the current study. *Perceived behavioral control* assesses the degree to which nursing students feel their control in seeking professional psychological help. It has 2 items which each item is rated on a 7-point level scale ranging from 1= “strongly disagree” to 7= “strongly agree”. The items are: “If I want to, I am confident to seek professional psychological help when experiencing psychological distress” and “I decide by myself to seek professional psychological help when experiencing psychological distress.” Possible scores range from 2 to 14, with higher scores

indicating higher levels of perceived behavioral control. The Cronbach's alpha of the measure was 0.65 in a previous study³² and 0.62 in the current study.

3) *Indirect measures* has three parts, behavioral beliefs, normative beliefs, and control beliefs. *Behavioral beliefs* (BB) consist of perceived attitudes toward the behavior and outcome evaluation and include 10 items, 5 for perceived attitudes toward the behavior and 5 for outcome evaluation. Items are rated on a 7-point scale ranging from 1= "very unlikely" to 7= "very likely" for perceived attitudes toward the behavior and from 1= "very unimportant" to 7= "very important" for outcome evaluation. Example items are: "Seeking professional psychological help when experiencing psychological distress could help me to get a new solution" and "Getting a new solution from seeking professional psychological help is...". The total scores are calculated by multiplying each perceived attitude toward the behavior item rating by its outcome evaluation item rating and then summing all results. Possible scores range from 5 to 245, with a higher score indicating more positive behavioral beliefs. The Cronbach's alpha was 0.96 in the previous study³² and 0.84 in the current study. *Normative beliefs* (NB) consists of the perceived group's expectation and motivation to comply. It includes 8 items, 4 for perceived group's expectation and 4 for motivation to comply. Items are rated on a 7-point level scale ranging from 1="very unlikely" to 7 = "very likely" for perceived expectation of groups and from 1= "very unsatisfied" to 7= "very satisfied" for motivation to comply. Example items are: "My friends think I should seek professional psychological help when experiencing psychological distress" and "If my friends recommend me to seek professional psychological help when experiencing psychological distress, I am willing to perform". The total scores are calculated by multiplying each item of perceived group's

expectation rating by the motivation to comply rating and summing for the total scores. Possible scores range from 4 to 196 with higher scores indicating more positive normative beliefs. The Cronbach's alpha was 0.90 in a previous study³² and 0.84 in this study. *Control beliefs* consists of perceived presence of factors and perceived power and has 6 items: 3 items for perceived presence of factors and 3 items for perceived power. Items are rated on a 7-point level scale ranging from 1= "very unlikely" to 7= "very likely" for perceived presence of factors and from 1= "very unlikely" to 7= "very likely" for perceived power. Example items are: "Because of the severity of psychological distress, I will seek for professional psychological help" and "Having severity of psychological distress supports my seeking professional psychological help". The total scores are calculated by multiplying each perceived presence of factors item rating and its perceived power item rating and summing all the results. Possible scores range from 3 to 147 with higher scores indicating more positive control beliefs. The Cronbach's alpha was 0.86 in the previous study³² and 0.77 in current study.

Data collection: After obtaining their permission, students who met the inclusion criteria and agreed to participate were approached at the classroom for explanation about the study purpose and processes, receiving the information sheets and signing a consent form. Then, each student completed a TPB questionnaire in around 15–20 minutes, without interruption during gathering data and received a financial incentive of 100 Baht (around US\$3) for their time.

Data analysis: Descriptive statistics were performed to describe the demographic characteristics and experiences of the sample. Pearson correlation coefficient was conducted to examine correlations of all TPB variables. Multiple regression analysis was performed to examine the hypothesis for predicting intention to seek professional psychological help. The assumptions of multiple regression including normal

distribution, multicollinearity, and heteroscedasticity³³ were examined and outliers were deleted for violating the assumptions.

Results

Characteristics of participants

Most participants were female (98%). The largest percentage of participants were 1st year students (28.3%), while 2nd year students comprised 27.7%, followed by 3rd year (25.7%) and 4th year (18.4%). The majority of participants lived in the dormitory (98%). Three major problems for participants' seeking help were education (36.7%), finance (15.4%), and friends (14.8%). However, families (47.4%) and peers (47.0%) were reported as the significant sources of seeking help, with the main reason of trustfulness (63.4%). The majority of students reported no prior history of seeking help from professionals (97.1%).

Direct and indirect determinants of the TPB

Mean scores for indirect determinants showed that behavioral beliefs were high but normative beliefs and control beliefs were likely low. Overall, the scores reflected beliefs of nursing students in

positive attitudes toward the help-seeking behavior, but less favorable pressure to perform the help-seeking behavior and low perceived power to control the help-seeking behavior. Mean scores for intention and direct determinants were just above the mid-score for attitudes toward the help-seeking behavior and perceive behavioral control and just below the mid-score for intention and subjective norm. This suggests that nursing students had positive attitudes toward the help-seeking behavior and felt more confident for seeking such help, but believed that families, friends, or significant others might not approve of this. Moreover, their intention to seek such help was low (**Table 1**).

Correlation coefficients among TPB variables are shown in **Table 1**. The results indicated that attitudes toward the help-seeking behavior, subjective norm and perceived behavioral control ($r = 0.322$, $p < .01$; $r = 0.299$, $p < .01$; $r = 0.121$, $p < .01$ respectively) were positively correlated with intention to seek professional psychological help. In addition, normative beliefs showed the moderate correlation with its direct determinant, whereas behavioral beliefs and control beliefs ($r = 0.560$, $p < .01$; $r = 0.289$, $p < .01$; $r = 0.232$, $p < .01$ respectively) presented a small correlation with its associated direct determinant.

Table 1 Pearson correlations, means, and standard deviation among variables (N=343)

Variables	Mean	Min	Max	SD	IN	AB	SN	PBC	BB	NB	CB
IN	7.65	3	21	4.016	1.000						
AB	42.66	21	63	7.895	.322**	1.000					
SN	8.82	3	19	4.142	.299**	.148**	1.000				
PBC	10.47	4	14	2.215	.121*	.208*	.058	1.000			
BB	201.59	120	245	28.741	.274**	.289**	.046	.216**	1.000		
NB	71.95	4	196	44.526	.376**	.179**	.560**	.167**	.240**	1.000	
CB	81.94	12	147	31.321	.298**	.152**	.289**	.232**	.361**	.492**	1.000

** $p < 0.01$ and * $p < 0.05$

IN=Intention to seek psychological help, AB=Attitude toward the behavior, SN=Subjective norm, PBC=Perceived behavioral control, BB=Behavioral beliefs, NB=Normative beliefs, CB=Control beliefs

The regression analysis showed that behavioral beliefs, normative beliefs, and control beliefs were significantly related to attitude toward the help-seeking behavior, subjective norm, and perceive behavioral control respectively. Behavioral beliefs were a significant predictor of attitudes toward the help-seeking behavior, $F(1,341) = 30.968$, $p < 0.001$, and accounted for

8.1% of its variance. The normative beliefs had a significant influence on subjective norm, $F(1,341) = 155.545$, $p < 0.001$, and accounted for 31.1% of its variance. Control beliefs was a significant predictor of perceive behavioral control, $F(1,341) = 19.433$, $p < 0.001$, and accounted for 5.1% of its variance (**Table 2**).

Table 2 Regression analysis for predicting attitudes toward the behavior, subjective norm, and perceive behavioral control (N=343)

Variables	AB				SN				PBC			
	b	SE	β	t(p)	b	SE	β	t(p)	b	SE	β	t(p)
BB	.079	.014	.289	5.565(.000)								
NB					.052	.004	.560	5.565(.000)				
CB									.016	.004	.232	4.408(.000)

$R^2 = .083$; $F(1,341) = 30.968^*$ $R^2 = .313$; $F(1,341) = 155.545^*$ $R^2 = .054$; $F(1,341) = 19.433^*$

* $P=.000$

AB=Attitudes toward the behavior, SN=Subjective norm, PBC=Perceived behavioral control, BB=Behavioral beliefs, NB=Normative beliefs, CB=Control beliefs

Prediction of intention

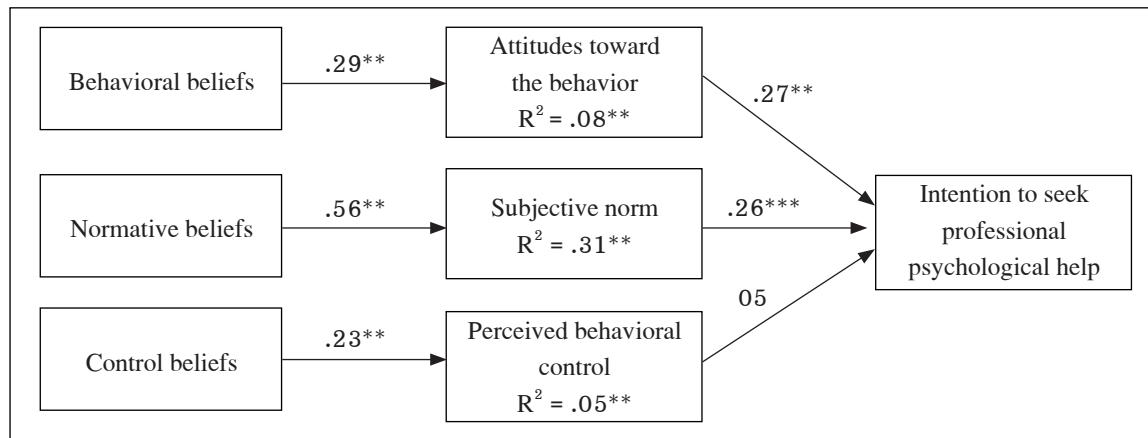
Regression analysis showed that the three direct determinants influenced participants' intention ($F(3,339) = 23.240$, $p < 0.001$) and accounted for 16.3% of the variance in the intention to seek professional psychological help. Among the three direct determinants, attitudes toward the behavior ($\beta = .273$) and subjective norm ($\beta = .256$) were

statistically significant predictors of the intention to seek professional psychological help but perceived behavioral control ($\beta = .050$) did not predict the intention. The findings suggest that attitudes toward help-seeking behavior and subjective norm were the strong predictors of nursing students' intention to seek professional psychological help (**Table 3**).

Table 3 The regression analysis for predicting intention to seek professional psychological help (N=343)

Variables	b	SE	β	t	p
Attitude	.139	.026	.273	5.354	.000
Subjective norm	.248	.049	.256	5.116	.000
Perceive behavioral control	.091	.092	.050	.987	.324

$R^2 = .171$; R^2 adjusted = .163; $F(3,339) = 23.240$, $P = .000$



***p<.001

Figure 1 Path diagram of TPB model of nursing students' intention to seek professional psychological help

Discussion

This study applied the theoretical framework of the TPB for predicting nursing students' intention to seek professional psychological help. Results indicated that the direct TPB variables could predict the intention, and explained for 16.3% of the variance. The findings closely correlated with previous studies among university students in which psychological variables explained 13.4-17.7% of variance in intention to seek professional psychological help.²⁷⁻²⁹ The results of this study indicated that attitudes toward the help-seeking behavior and subjective norm were predictors of nursing students' intention to seek professional psychological help whereas perceived behavioral control did not predict the intention. In addition, the indirect TPB variables including behavioral beliefs, normative beliefs, and control beliefs significantly predicted attitude toward the behavior, subjective norm, and perceived behavioral control, respectively. Therefore, these results partially supported the hypotheses of this study.

Attitudes toward the help-seeking behavior could predict nursing students' intention to seek professional psychological help. This prediction was

proposed in various help-seeking studies. Among western university students and Chinese people, attitudes toward the help-seeking behavior were mentioned as the strongest relationship and a strong predictor of help-seeking intention.^{27,29,36} According to the TPB explanation, attitudes toward the help-seeking behavior is determined by nursing students' beliefs in the outcomes of seeking professional psychological help in this study, such as getting a new solution, releasing tension, understanding the problem, and having someone to listen and understand.³² Results showed positive attitudes toward the help-seeking behavior which encouraged nursing students to be more likely to receive professional psychological help. This is similar to previous studies which indicated that perceived positive outcomes of help-seeking behavior such as the benefits of professional, and openness to treatment for emotional problems encouraged the students more likely to seek the professional psychological help.^{20,37} However, the average scores of nursing students' intentions to seek such help were not high. One possible explanation is that most nursing students did not have direct experience in seeking professional psychological help so that they might not be familiar with this help and that may lessen their intention.

However, increases in more positive attitudes and decreases in negative attitudes toward the help-seeking behavior could predict increases in nursing students' intention to seek this psychological help. This is important for professionals to understand when attempting to help nursing students.

Subjective norm could predict the students' intention to seek professional psychological help. This finding emphasizes students' beliefs in approval or disapproval from a significant person/group about seeking professional psychological help. According to close-up and trustful relationships, peers or families may share their positive past experiences of seeking professional psychological help to the students and this may influence their decision to seek such help.³⁸ For nursing students, the result of this study supports that peers, families, and academic faculties are important roles for nursing students' intention to seek or not seek professional psychological help. Creating a culture of seeking this help when in distress in university, as well as increasing effective social support to deal with that distress, would likely increase intention to seek such help.

Contrary to this study's expectation, perceived behavioral control was not a significant predictor for intention to seek professional psychological help. This finding is inconsistent with the study of Mesidor and Sly²⁸ in that perceived behavioral control was a strong predictor in African-American college students. The contrary results of such studies may be the influence of cultural difference and studying in helping profession. Talking about problems outside the family and seeking professional help are not common traditions in Asian culture.³⁹ Other reasons such as fear of the impact of diagnosis of mental illness on a health care career and perceived low severity of mental health conditions may influence students' perceived behavioral control.^{21-22,32} Moreover, perceived behavioral control may have variation effects on intention to seek psychological help due to a restricted access to mental health services,

internal factors such as controllability and self-efficacy, and inadequate methodological measures to detect the power of this variable.⁴⁰ Perceived behavioral control also needs more clarifying in further studies.

Limitation

A limitation of this study is the lack of representativeness of nursing students across Thailand due to the recruitment process. Thus, further studies should include male and female students from several nursing institutes and an increased sample size in order to increase generalizability in this population. Moreover, this study had a cross-sectional study design in which data was collected over one month after the first semester started. This period may slightly affect nursing students' psychological distress and may not encourage them to seek professional psychological help. Further studies should use longitudinal design to monitor the psychological distress and the need for the psychological help. Moreover, this study developed a new TPB instrument specific for Thai nursing students' seeking-help culture; this requires more testing of its psychometric properties before using in the other groups of nursing students. For example, issues of barriers in seeking professional psychological help in nursing students such as the difference of attitude toward the behavior between academic years should be examined in further studies and should involve studying the seeking professional psychological help within the same academic year from several nursing institutes.

Conclusion and Implications for Nursing Practice

The findings improve our understanding about the TPB variables influencing nursing students' intentions to seek the psychological help. Attitudes toward the help-seeking behavior and subjective

norm are the predictors of the intention in this study. Nursing faculties can apply the results of this study by developing an intervention specific to these variables. Interventions aiming to increase positive attitudes toward professional psychological help, create supportive culture in nursing campus or provide information related to psychological help for peer, families, and academic instructors will be beneficial for increasing nursing students' intentions. Developing appropriate help-seeking interventions by addressing these TPB variables will be beneficial for students and the profession.

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ปัจจัยที่มีผลต่อการแสวงหาการช่วยเหลือทางจิตใจจากบุคลากรวิชาชีพของนักศึกษาพยาบาล

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บทคัดย่อ: นักศึกษาพยาบาลเป็นกลุ่มเสี่ยงสูงสำหรับปัญหาสุขภาพจิต อย่างไรก็ตามนักศึกษาแทนจะไม่แสวงหาการช่วยเหลือทางจิตใจจากบุคลากรวิชาชีพ การวิจัยเชิงปริมาณแบบตัวของนี้มีวัตถุประสงค์เพื่อศึกษาปัจจัยที่มีผลต่อการแสวงหาการช่วยเหลือทางจิตใจจากบุคลากรวิชาชีพของนักศึกษาพยาบาลโดยใช้ทฤษฎีการวางแผนพฤษติกรรมของไอโอลีน ผู้เข้าร่วมวิจัยมีจำนวน 343 คน เป็นนักศึกษาจากคณะพยาบาลศาสตร์แห่งหนึ่งของประเทศไทยที่ศึกษาด้านความเป็นทุกข์ทางจิตใจ ผู้เข้าร่วมวิจัยตอบแบบสอบถามด้วยตนเองซึ่งประกอบด้วยแบบสอบถามข้อมูลทั่วไป แบบวัดชีวมศรี วิตกกังวล เครียด และแบบสอบถามการแสวงหาการช่วยเหลือทางจิตใจจากบุคลากรวิชาชีพ วิเคราะห์ข้อมูลโดยใช้สถิติบรรยายและการวิเคราะห์การถดถอยพหุคุณ

ผลการศึกษาพบว่า สามปัจจัยทางตรองของทฤษฎีการวางแผนพฤษติกรรม ได้แก่ ทัศนคติต่อพฤติกรรม การคล้อยตามกลุ่มอ้างอิง และการรับรู้การควบคุมพฤติกรรม สามารถอธิบายความแปรปรวนของความตั้งใจในการแสวงหาการช่วยเหลือทางจิตใจจากบุคลากรทางสุขภาพจิตของผู้เข้าร่วมวิจัยได้ 16.3% ทัศนคติต่อพฤติกรรมและการคล้อยตามกลุ่มอ้างอิงสามารถทำนายความตั้งใจอย่างมีนัยสำคัญ แต่ตัวแปรที่เหลือไม่สามารถทำนายความตั้งใจได้ นอกจากนี้ ความเชื่อเกี่ยวกับพฤติกรรม ความเชื่อเกี่ยวกับกลุ่มอ้างอิง และความเชื่อเกี่ยวกับการควบคุมพฤติกรรม ทำนายทัศนคติต่อพฤติกรรม การคล้อยตามกลุ่มอ้างอิง และการรับรู้การควบคุมพฤติกรรมได้ตามลำดับ

ผลการศึกษานี้เน้นให้เห็นถึงความสำคัญของการทำงานอย่างใกล้ชิดกับงานบริการปฐกษาและบุคลากรวิชาชีพเพื่อที่จะประกันได้ว่านักศึกษาพยาบาลเข้าถึงการช่วยเหลือที่เหมาะสม เพิ่มทัศนคติทางบวกต่อพฤติกรรมการแสวงหาความช่วยเหลือทางจิตใจของนักศึกษาพยาบาลและกลุ่มบุคคลสำคัญของนักศึกษา และสร้างวัฒนธรรมของการแสวงหาการช่วยเหลือทางจิตใจในสถาบันการศึกษาทางการพยาบาล

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คำสำคัญ: นักศึกษาพยาบาล ประสบการณ์ความทุกข์ใจ การแสวงหาการช่วยเหลือทางจิตใจจากบุคลากรวิชาชีพ ทฤษฎีการวางแผนพฤษติกรรม

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