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Factors Influence Intention to Seek Counselling Service among health professionals: Application of Theory of Planned Behavior

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Abstract

Mental health becomes a concern of the nation due to increase of stress level. A lot of people reject seeking help from counseling services because they do not want to be labeled as psychotic or abnormal. This leads to rejection towards counseling services. Health professionals encounter high stress in their work and continuous medical education (CME) provide the fundamental understanding of mental health. This research paper with the objective to examine and determine the influence continuous medical education on health professionals s' intention to seek counseling service based on the Theory of Planned Behavior. From the data analysis, we could obtain that the behavioral attitudes are formed through the development and learning of beliefs. TPB is a good model in formation and development of attitudes, subjective norms and perceived control behavior especially in terms of shared information and the indirect factors of antecedents to determinants.

Keywords: Psychotherapy, Counselling, Behavior, Attitude, Behavior, Awareness, Continuous Medical Education, Intention, Theory of Planned Behavior.

Introduction

In modern countries that recognize the importance of psychological therapies and counselling to anxiety based and mood disorders such as the United States, it is estimated that specific phobias, which are the most common from the anxiety disorders, are more common than alcohol abuse, alcohol dependence, and major depression added together. It is reported in 2003, the United States spent 147.8 billion mental health dollars. Of this amount such as $ 46.6 billion (32%) were spent on the treatment of anxiety disorders (Kupfer, 2005). Thus, it seems that in Malaysia and other Muslim and Afro-Asian countries the absence of such counselling services has ironically eclipsed the dire need for them.

According to Tudiver and Yves (1999), it is estimated that 70% of all patients who seek help from physicians for their "physical" complaints and illness are in fact suffering from stress, anxiety based on disorder and psychosomatic complaints. One study has even suggested that at least a third

of all cardiology patients may have no real physical disorder but they suffer from panic attacks. Modern Western-trained health professionals s, because of their intensive training in looking for specific bodily symptoms in which they are tested in medical schools, get used to this outlook and take it with them in their medical practice. As the famous Harvard physician, Dr. Herbert Benson, says in his best-selling book, *Timeless healing*, Western trained health professionals s are tested in their ability to remember and diagnose specifics far more than their ability to assess overall patients. They accordingly emphasise particular symptoms over wholeness and body over mind (Benson, 1996).

For this reason, the 70% of patients whose core problem is psychological continue to receive drugs after drugs that can only help temporarily through suggestion. They may continue to see many health professionals s without finding one who recognizes their underlying emotional disturbance, their depression or their sexual dysfunction as the real etiological factor in their external illness.

Jack, and McCue (1982) found that health professionals s face various type of stress due to their work. From his studies, he found that about 10% of health professionals s developed depression when they were unable to cope with the stress. However, Fochsen, Deshpande and Thorson (2006) found that 68% of health professionals s feel they are superior and tend not to consult other medical profession when they have other physiological problems. The high self-conception creates the unwillingness to seek advice from other medical professionals (Wilson et al., 2005).

Theoretical background

Even patients who know that they are suffering from psychological problems such as anxiety based or mood disorders do not get the help they really need. Because of the stigma of "insanity", many of them would not accept to see a psychiatrist. Besides, even those who do may not get the proper psychological therapy they need. Psychiatrists, as health professionals s who graduated from medical schools, prefer to prescribe drugs and other psychical therapies to long interviews and counseling

Many of them had not even intensively trained in the modern psychotherapeutic method such as the use of systematic desensitization as behavioral therapy for phobic anxieties, sexual disorders and similar problems, the use of cognitive therapy for depression and the use of aversion therapy for addiction, tics and some forms of obsessive compulsive neuroses. Some psychiatrists who had been trained in the some of these behavioral and cognitive therapies may not have the time for their application. This is particularly true for those who work in private clinics. They can see more patients by briefly listening to their complaints and prescribing medicines.

Patients who refuse to be referred to psychiatrists would be glad to see *bomos* and traditional healers. In research study presented by Badri to the Traditional Medical Practices Committee of the WHO in Geneva in 1973, has found that in most Islamic countries, the great majority of neurotic patients go to traditional healers. Many of them may get suggestive and spiritual help that are not available in modern hospitals and psychiatric clinics. However, they are also deprived from the modern psychotherapeutic techniques we just mentioned.

From what has been said, the medical services in Malaysia is in great need for the establishment of psychological clinics in which trained therapists can offer their expertise to those who need it. General practitioners and even specialist should be informed about such psychological services and they should know when to refer some of the 70% of patients whose problems are either

psychophysiological and downright anxiety or mood disorder. Since such patients can be cured or very such improved by psychotherapy, this may actually be economically cost effective.

Fochsen, Deshpande and Thorson (2006) found that 68% of health professionals s feel they are superior and tend not to consult other medical profession when they have other physiological problems. The high self-conception creates the unwillingness to seek advice from other medical professionals (Wilson et al., 2005). Often, the health professionals s would rather take antidepressants or tranquillizers but who is afraid to go to a counsellors for fear of being stamped as "crazy", can benefit from the therapy of the psychologist who convinces him to accept referral to the psychiatrist or physician. The co-operation between the psychologist and the psychiatrics are very essential since at times purely organic disorder as hypoglycemia and hyperthyroidism can mimic anxiety symptoms and patient may unknowingly refer himself to psychologist or counsellor.

Continuous Medical Education (CME)

Continuous medical education is a continuous development program designed for health professional in Malaysia. Malaysia Medical Association (MMA), ensures that CME program has not been organised by pharmaceutical companies. According to MMA, pharmaceutical companies can only sponsor CEP program as per the guideline in the Malaysia medical Council. Now, the accessibility and availability of CME programs extended to online system that is known as CME Online that was launched in 2002. With this system, medical professionals can access to CME easily.

The Theory of Planned Behavior

The Theory of Planned Behavior is a social psychological theory is widely used in consumer behaviour to evaluate attitude formation (Ajzen and Fishbein, 2010). This theory is used as theoretical framework because it gives a clear framework to investigate the relationship between attitude, culture and the intention to purchase of green products. Besides, TPB has been applied in different areas such as political opinions, discriminatory behaviour, organization behaviour and the model provides powerful estimates.

TPB model is presented in Figure 1 which composes of three determinants of intention, attitudes towards behaviour (AB), perceived norms (PN) and perceived behavioural control (PBC). Each determinants is determined by the beliefs respectively are behavioural beliefs, normative beliefs and control beliefs.

Attitudes towards Behavior

This determinant is the sum of behavior belief (ei) and the likelihood of behavior belief (bi). Hence, attitudes towards behavior is summarized as $\sum$(bi ei). The behavior belief depends on the most salient, those that most noticeable by respondents because though that do not readily noticeable has lower possibility to affect behaviour (Ajzen & Fishbein, 2010).

Perceived norm (PN)

Perceived norm refers to the desire to act as other think you should act. This determinant is controlled by salient beliefs, the normative beliefs (mi). Perceived norm is the sum of normative beliefs and the likelihood of normative belief (ni), $\sum$(mi ni). Normative beliefs describe if the respondent should or should not do the action. Social worthy acts such as energy saving may internally brings the feeling of self-respect or pride, failure of this act leads to guiltiness. So, perceived norm, PN, is internally controlled and it is not influenced by external reinforcement.

Different normative beliefs include friends, parents, health professionals s, advertisements, political parties, social media, internet, peers, etc. In this research, in purchasing of green products, consumer might be influenced by green labels.

Perceived Behavioral Control (PBC)

This determinant is the sum of power of a factor (pi) and the perceived access to factor (ci), ∑(pi ci). PBC has motivational implication for behavior intentions. An individual would not perform an act if they feel they do not have sufficient resource, skill or opportunity to perform the act. Confidence and ability to perform a task form the behavior (Bandura et al., 1980). With consideration of PBC, the prediction on intention is enhanced.

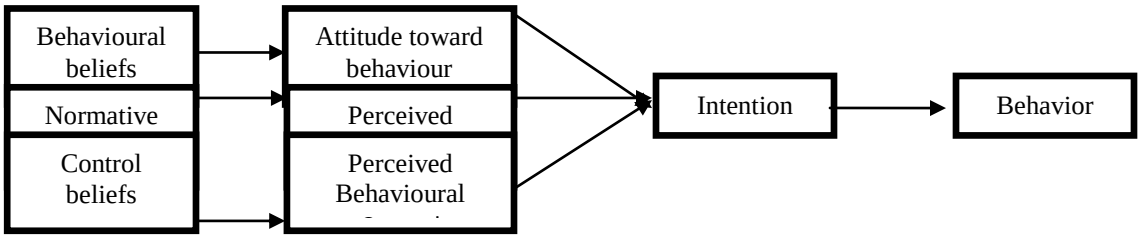

Figure- 1: Theory of Planned behavior

Aim and Objectives

The objective of the research presented here is to study how continuous medical education (CME) influences health professionals s' intentions to seek counseling service. More specifically, this research explores to test the suitability and the boundary of the TPB especially counseling services.

Methodology

The research is a cross-sectional self-completion survey among Malaysia consumers. The questionnaire is divided into two parts. First section examine different beliefs contribute to TPB. The second section comprised of the conjoint analysis.

Data Collection

The questionnaire was formed based on the previous research. The beliefs domain is constructed based on the previous research (Ajzen and Fishbein, 1980) and the product attributes are constructed based on the conjoint analysis for the foundations and conceptual shortcomings (Louvier, 1994). The questionnaire is then pre-tested with 20 respondents to improve the survey instruments. The main changed based on the pre-test includes the ambiguous wordings and vocabulary (Sakaran and Bougie, 2009). The questionnaire is then pre-tested with 15 respondents to ensure the validity and the reliability of the instrument. The questionnaire modification and development was based on standard questionnaire construction (Tull and Hawkins, 1993).

Population and Sampling

The population includes in this research was consumers who were actively looking for consumable products. The surveys were carried out in private hospitals in Kuala Lumpur, Penang and Johor in Malaysia and there were a total of 172 valid replies. The sample size fulfill both 10:1 ratio (Satorra & Bentler, 1999) and cut –off point (Hair et al., 1998). The large sample size ensures the generalization, validity and reliability of samples.

Measurement Scales

The instrument was designed in an interval scale, the properties of the data is tested on the internal consistency and reliability (Bagozzi, 1994). High positive scores were expected because issue of green labels was a social acceptance issue.

Behavioral beliefs and normative beliefs comprised of 6 items, control beliefs, attitude towards behaviour, perceived norms and perceived behavioural control comprised of 3 items. Intention is only constructed with single items.

Statistical Analysis

Conjoint analysis is used in this research to determine the utility values attributes and the attribute levels. Disaggregate analysis was used as analysis during data analysis. Structure Equation Modeling (SEM) is applied in data analysis. In order to estimate for the full model, errors were taken into consideration for each determinant (AB, PN and PBC). The first order correlation is shown in the Figure 2.

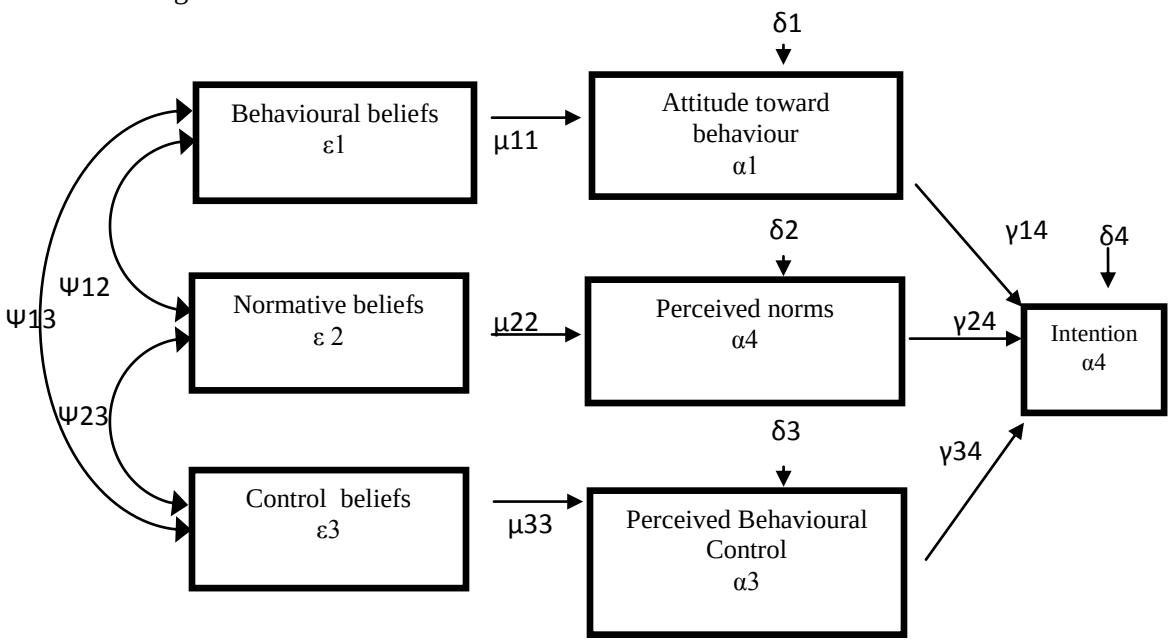

Figure -2: Path diagram of the research model

Results

The skewness and kurtosis were conducted for each construct. The data indicates that the values fell within the lower boundary. Confirmatory factor analysis is conducted (AB, PN and PBC) for those constructs to establish validity of a factor model. For construct less than four items, CB, AB, PN and PBC, Cronbach's alpha was used as construct reliability (Table- 1). From the Cronbach's alpha value showed all constructs at high acceptance level (Hair et.al., 1998).

Table-1: Construct reliability

Constructs	Number of Questions	Construct reliability
BB	6	0.912
NB	6	0.845
CB	3	0.791
AB	3	0.861
PN	3	0.793
PBC	3	0.821

Descriptive analysis was conducted to analyse the impact of green labels on intention to purchase. From Table -2, we can observe there is a positive mean value in term of intention and green labels. The correlation appears NB, AB and SN.

Table-2: Descriptive statistics for aggregate measures

	Mean	SD	Intent	BB	NB	CB	AB	PN	PBC
Intention	0.13	1.48	-						
BB	164.35	46.21	0.217*	-					
NB	159.12	45.82	0.2975**	0.412**	-				
CB	72.71	17.54	0.032	0.318**	0.523**	-			
AB	9.12	2.18	0.316**	0.298**	0.169*	0.145*	-		
PN	8.12	2.16	0.359**	0.316**	0.424**	0.218*	0.415**	-	
PBC	7.91	2.98	0.154*	0.028	0.187*	0.201*	0.321**	0.121	-

Note: * $p < .05$, **$p < .01$ Figure represents Cronbach's alpha coefficient and the confirmatory factor analysis. For the single item construct of intention no measures are possible.

Estimation of TPB Model

Overall Model Fits

Before examining the structural pattern, we evaluate the absolute fit measures, incremental fit measures and the parsimonious fit measures. The result of analysis is presented in Table 3.

In term of absolute fit measures, the goodness of fit index (GFI) is 0.912 which is higher than the threshold of 0.90. However, the RMSE value is 0.179 is above the acceptable value 0.08. There is no acceptance range for ECVI but the acceptability high at 0.712.

Incremental fit measures with the objective to evaluate the model against the null model. Adjusted goodness fit index (AGFI) measures 0.927 above the accepted range at 0.90. However, for TLI and NFI is below both thresholds respectively at 0.632 and 0.694 (Thresholds value is 0.90).

Parsimonious fit indices measures the concern of "over-fitting" model. The normed χ^2 is 3.145 which are under the acceptable range of 1.0 to 5.0.

Parameter estimation	Estimates	T-values
Regression weights		
Structural equation		
μ11(BB → AB)	0.028	4.342***

μ22(NB → PN)	0.038	5.894***
μ33(CB →PBC)	0.071	7.136***
γ14 (AB→ I)	0.051	1.422
γ24 (PN → I)	0.128	3.514**
γ34 (PBC→I)	0.032	1.735
Covariance		
Ψ12 (BB→NB)	487.435	6.371***
Ψ23 (NB→ CB)	430.371	3.218**
Ψ13 (BB→ PBC)	172.362	3.271**
Modification indices		
NB→ AB	7.361	
AB → PN	6.214	
PN → AB	4.984	
PBC → PN	5.186	
NB → I	4.916	
Goodness of fit statistics		
χ^2	36.131	
df	15	
p	0.021	
GFI	0.912	
RMSE	0.179	
ECVI	0.712	
Incremental fit measures		
AGFI	0.927	
TLI	0.632	
NFI	0.694	
Parsimonious fit measures		
PGFI	0.318	
Normed χ^2	3.145	
PNFI	0.612	
AIC	49.315	

Note: *p < .05; **p < .001; ***p< .001

Structure Model Fit

The estimated coefficient in Table 3 guilds the basic structure of TPB model. Figure 3 shows those parameters that significant for the studies and also gives indirect effects associated with modification indices about the suggested value, 3.84 (Hair et al., 1998).

There is significant output for the entire regression coefficient linking the antecedents and the determinants o intention. There is a high significant level p <.001 for PN the solution provides indirect effects between intention and NB (refer modification indices).

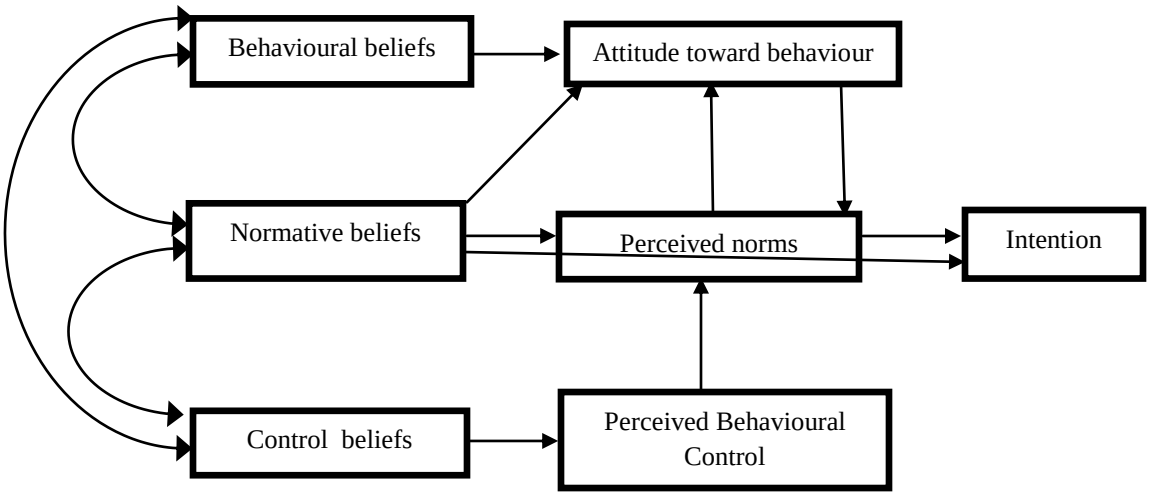

Figure-3: Significant parameters

Conclusion and Discussion

The research was designed to evaluate how factors influence health professional's s intentions to seek counseling service. More specifically, this research explores to test the suitability and the boundary of the TPB especially counseling services.

From the analysis, the measures and indices fall in acceptable limits and the model provided is a good measure of fit for the sample. This can be explained because Malaysian has well formulated health professionals s' perceptions and clear behavioural patterns.

From our observation, continuous medication education (CME) is fall under the perceived norms and the dominant because both normal beliefs and perceived norms have directly influenced the intention to seek the counseling service. The results in line with other research; if the phenomenon is perceived to be good to be community, the determinant would directly influence the intention (Knobe, 2004; Borg et al., 2006).

Interestingly, we can observe there is a significant reciprocal causality between attitude to behaviour (AB) and perceived norms (PN, continuous medication education). This can be explained with the results from the previous research that a lot of people to avoid unwanted consequences and start to play a role in the emission of moral behavior (Vallerand et al., 1992). There are many other factors that would enhance the reciprocal causality between attitude to behaviour (AB) and perceived norms (PN, continuous medication education) such as peer pressures, education background (Gao & Bleakley, 2008), social awareness campaign (Sampei & Aoyagi-Usui, 2009) and others that lead to convergent of the determinants. In short, we can conclude that TBP is a good model to predict intention to purchase with influence of green label because the model is internally fit and high external consistency.

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