

# Developing Measurements to Explore Variables to Predict Teachers' Referral Intention: using the Theory of Planned Behavior

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**Abstract**—Students' mental health problems are emerging as serious social problems, and it is the teacher who is able to observe the difficulties in close proximity. It is important to explore the variables that predict teachers' intent to refer students to mental health professionals. Theory of Planned Behavior (TPB, [1]) is a theory to predict people's intentions to perform a particular behavior, which is determined by three factors; (1) attitudes toward the behavior, (2) subjective norms, and (3) perceived control. The purpose of this study was to develop the TPB measurement to investigate what variables predict teachers' intentions of the referral behaviors. There has been no empirical and systematic study of the role of the teacher as a gatekeeper in students' mental health problems. Thus, this study will enable various empirical studies on teachers' referral behavior. Following Francis et al. [2]'s manuals and guidelines to develop TPB measurement tools, we conducted qualitative study. Based on the results of the qualitative study, we developed a quantitative measure to assess teachers' referral intention, attitude, subjective norm, and behavioral control.

**Keywords**— attitude, behavioral control, subjective norm, teachers' referral intention.

## I. INTRODUCTION

Despite the fact that students' mental health problems are emerging as serious social problems, there are few studies on how to help them in school scene [3]. When students' mental health is threatened, it is the teacher who is able to observe the difficulties in close proximity [4], but there is a limit to what teachers can directly support. However, teachers can help students by referring students to mental health professionals (e.g., psychologists, counselors, and psychiatrists). Students' mental health problems can interfere with other students' learning or the formation of a healthy classroom atmosphere [3]. Also it can cause teacher burnout [5]. Therefore, it is important to explore the variables that predict teachers' intent to refer students to mental health professionals. However, there has no measurements, specifically targeting teachers' referral.

### A. Theory of planned behavior

The Theory of Planned Behavior (TPB) can be used as the theoretical foundation for exploring teachers' referral intentions. Theory of Planned Behavior (TPB, [1]) is a theory to predict people's intentions to perform a particular behavior. According to the TPB theory, intent to perform certain behavior is determined by three factors; (1) attitudes toward the behavior,

(2) subjective norms (how others feel about the behavior), and (3) perceived control (the sense of control associated with performing the behavior). This theory suggests if teachers believe that (1) they have a positive attitude to referral behaviors, (2) they believe that others have positive attitudes (subjective norms) for referral behaviors, and (3) when they think they can make a referral, their referral intentions will be high

### B. Purpose of the study

The purpose of this study was to develop the TPB measurement to investigate what variables would predict teachers' intentions of the referral behaviors. According to the TPB theory, TPB questionnaire has to be developed for the particular behavior [6]. Although there has been a theoretical review of the importance of teacher referral behavior, there has been no empirical and systematic study of the role of the teacher as a gatekeeper in students' mental health problems. Thus, this study will enable various empirical studies on teachers' referral behavior.

## II. METHODS

### A. Subjects

We collected data from 18 teachers in the metropolitan area in Seoul, South Korea. Teachers' age ranged from 28 to 52 ( $m = 36.25$ ). There were 10 female teachers and 8 male teachers.

### B. Procedure

Following Francis et al. [2]'s manuals and guidelines to develop TPB measurement tools, qualitative study was conducted. As a qualitative research method, Consensual Qualitative Research (CQR) method of Hill et al. [7] was used. Consensual Qualitative Research uses open-ended questions, and several researchers arrive in consensus in developing domains, core ideas, and cross-analyses in the data analysis. Also, auditor is checking the work of the researchers. CQR also counts number of participants who answered in each domain which enables to have quantitative perspective.

In order to develop the TPB measurement for the given population, we created open-ended question. The open-ended questions used in this study explored the attitude toward the referral behavior, the important others who do not approve or disapprove the help seeking behavior (subjective norm), the facilitating factors in the help seeking behavior and the expected obstacle (perceived behavior control).

### C. Analysis of data

#### ■ Composition of Coding Team

The evaluation team consisted of three persons including the author of this paper. Two persons majored in counseling psychology and have a master's degree. They have first level counseling psychologist license, certified by the Korean Association of Counseling Psychology. The auditor majored in counseling psychology, and associated professor in counseling psychology program.

#### ■ Categorization

The coding team members individually coded the whole contents, summarize the key concepts by each semantic unit, and categorize common concepts together. Afterwards, the coding team gathered together to present their opinions and agree on the contents that do not agree with each other through discussion. The coding team set the final categories, and the frequency is determined by coding directly through the consensus of the evaluators. The auditor confirmed our categories and domains which provided validity to the results.

#### ■ Preparation of preliminary question

Based on the results of qualitative research, we developed quantitative measurement items that reflect the sub-factors of the TPB scale; (a) the attitude toward the referral; (b) how the other people (parents, principals, etc.) view the referral behavior (subjectively Norms), and (c) perceived control over referral behaviors. Attitudes, subjective beliefs, and perceived behavioral control was developed on the basis of qualitative research results, but the intention items consisted of 4 items that Francis et al. [2] suggested. For example, "I will try to refer myself to a mental health professional when I see an emotionally stressed student."

## III. RESULTS

The results of the qualitative study were analyzed based on the below six domains. Based on that we developed core ideas and frequencies in each domains.

#### ■ Merits of referral behaviors

Regarding positive aspects of referring an emotionally distressed student to a mental health professional, five teachers answered that mental health professionals can provide accurate and professional diagnosis. Five teachers answered systematic/professional treatment as another benefits of referring a student to a professional. Increasing students' self-confidence (n=3), helping to keep students' emotional stability (n=2), confidentiality (n=1), freedom from dual relationship (n=1), drug prescription (n=1), continuous care (n=1), accessible (n=1), and having experts' opinion (n=1) were mentioned as benefits of referring behavior.

#### ■ Demerits of referral behaviors

Regarding the negative aspects of referring an emotionally distressed students to a mental health professional, stigmatizing students (n=4), financial burden (n=3), parents' rejection (n=3), and students' rejection (n=2) were mentioned. Also, confirm about breaching confidentiality (n=2), having records to receive mental health care (n=2), students' unwillingness to participate (n=1), and treatment can be not effective (n=1) were brought by teachers as other negative aspects of referring

a student.

#### ■ People who would most likely to approve teachers' referral behaviors

Teachers answered that their fellow teachers (n=12) would most likely approve their referral of an emotionally distressed student to a mental health professional. Other people mentioned included counseling teacher (n=2), principle (n=2), homeroom teacher (n=1), personal counselor (n=1), and etc.

#### ■ People who would least likely to approve teachers' referral behaviors

Teachers answered that parents of students (n=12) would least likely to approve their referral of an emotionally distressed student to a mental health professional. Other people mentioned included principle (n=2), friend (n=1), and student (n=1).

#### ■ Factors enable to refer a student to a mental health professional

Teachers answered that other teachers' support (n=5) and parents' support (n=3) would make it possible to refer a student to a mental health professional. Also students' difficulty in adjustment in school setting (n=3), students' willingness to seek professional help (n=2), low stigma (n=2), and reliability of mental health professionals (n=1) were brought by teachers as factors would enable their referring behavior.

#### ■ Barriers to refer a distressed student to a mental health professional

Other people' negative perspective (n=7) and parents' objection (n=5) were the main barriers to refer a distressed students to a mental health professionals. Also, stigma toward help-seeking among people around parents (n=3), students' rejection (n=2), students' unwillingness to seek help (n=2), student-to student gossip (n=1), distrust between parents and teachers (n=1) were discussed as barriers for referral behavior. Please see the Table 1 for the detailed results.

TABLE I: DOMAINS

Question	Answer	Frequency
1. The positive aspects about referring an emotionally distressed student to a mental health professional ?	Accurate and professional diagnosis	5
	Systematic / professionally treatment	5
	Students' confidence	3
	Student's emotional stability	2
	Confidentiality	1
	Freedom from dual relationship risk	1
	Drug prescription available	1
	continuous care	1
	Accessibility	1
	Expert opinion available	1

2. The negative aspects of referring an emotionally distressed student to a mental health professional?	stigmatizing students	4
	Economic difficulty (cost)	3
	guardians' rejection	3
	Students' rejection	2
	Possibility of student's personal information leakage	2
	Consultation record	2
	students' unwillingness to participate	1
	not effective	1
3. People who would most likely approve of referral behavior?	Fellow Teacher / Teacher	12
	Counseling Teacher	2
	Principal / vice-principal	2
	Homeroom Teacher	1
	Personal Counselor	1
	Parents	1
	Friend	1
4. People who would least likely approve of referral behavior	Parents	12
	Principal	2
	Wife	1
	Friend	1
	Student	1
5. What factors or circumstances make it possible to refer a student to a mental health professional?	Teacher's support and interest	5
	Parental Support and Interest	3
	When a student is in school maladjustment	3
	Student's will	2
	Surrounding situation	2
	low stigma	2
	Reliability of mental health professionals	2
6. What factors or situations make it impossible to refer a student to a mental health professional?	Negative gaze / atmosphere around	7
	Parents' objections	5
	Cost issue	3
	Lack of understanding of the people around the parents.	2
	Student rejection	2
	Lack of student motivation	2
	Student-to-student rumor	1
	Trust between parents and teachers	1

Based on the results of the qualitative study, three subscales

of the TPB to predict teachers' referral intention was developed.

■ Attitude.

The researcher developed a measurement tool for attitudes based on the results of analyzing the answers to the "belief in the merits and demerits of referral behaviors" in qualitative research, using bipolar adjectives that can be evaluated. For example, referencing a mental health professional when looking at an emotionally stressed student can measure teachers' attitudes toward referral behaviors as "desirable (1)" and "not desirable (9)".

■ Subjective norm.

In qualitative research, questions developed based on the results of the respondents who are most likely to approve teachers' referral behaviors and who do not. For example, if there are many responses that the principal believes that he will not approve my referral behavior, one of the questions is, "The principal will not approve you if you refer to a mental health professional when you see an emotionally stressed student."

■ Perceived control.

In order to measure perceived behavioral control, we included questions about self - efficacy and control about teachers' referral behavior. Examples of questions about self-efficacy include "I am willing to refer myself to a mental health professional when I see a student experiencing emotional difficulty." An example of a question about control is "asking a mental health professional when I see an emotional student whether or not I can do it is entirely up to me."

The results of the study would contribute to conduct empirical study to examine predictors of teachers' intention. TPB has been used to predict people's behavior assuming that intention to perform a specific behavior would be determined by attitude, subjective norm, and behavioral control [1]. As the measurement tool to access teachers' intention, attitude, subjective norm, and behavioral control to refer distress students to mental health professionals was developed, further research to examine if teachers' intention to refer would be predicted by their attitude, subjective norm, and behavioral norm of referral distressed students. This study also showed how to implement guideline to develop TPB measurements, which would exemplify developing the TPB questionnaire for the given context and population.

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