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Emotional Regulation and Mental Health-Related Help-Seeking Behaviours Among UNIMAS Nursing Students

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This project is submitted

In partial fulfilment of the requirements for the degree of

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DECLARATION

I hereby declare that this study titled *"Emotional Regulation and Mental Health-Related Help-Seeking Behaviours Among UNIMAS Nursing Students"* is the result of my independent work and investigation, except where otherwise stated. All sources of information and references used in this study have been properly acknowledged and cited.

This study has not been submitted for any degree or diploma in any other university or institution, nor has it been published in any form prior to this submission.

I take full responsibility for the accuracy of the information presented and affirm that this work complies with the ethical standards and guidelines required for conducting study at Universiti Malaysia Sarawak (UNIMAS).

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ABSTRACT

Emotional regulation plays a crucial role in how individuals manage stress and respond to emotional challenges, particularly in demanding academic environments such as nursing education. Among nursing students, understanding how emotional regulation influences mental health-related help-seeking behaviours is essential for promoting psychological well-being. Despite increased awareness of mental health issues in higher education, there is limited research exploring this relationship within the Malaysian context. This study aimed to (1) identify the prevalence of emotional regulation strategies, (2) assess the level of mental health-related help-seeking behaviours, and (3) examine the relationship between emotional regulation and help-seeking behaviours among undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS).This cross-sectional quantitative study was conducted among 163 undergraduate nursing students selected through simple random sampling. Data were collected using a structured online questionnaire that comprised sociodemographic items, including the Emotion Regulation Questionnaire (ERQ) and the General Help-Seeking Questionnaire (GHSQ). Statistical analyses were performed using SPSS Version 27, with descriptive statistics and independent samples t-tests. The findings indicated that students reported higher use of cognitive reappraisal (M = 34.1, SD = 5.4) compared to expressive suppression (M = 18.8, SD = 4.7). Although nearly half of the students (51.5%) reported low levels of help-seeking, no significant differences were found in emotional regulation strategies between students with low and high help-seeking levels ($p > 0.05$), indicating that whether students regulate their emotions does not strongly influence their likelihood of seeking help. Informal sources such as intimate partners, parents, and friends were the most preferred for support. In conclusion, while UNIMAS nursing students demonstrated a greater use of adaptive emotional regulation strategies (Cognitive

Reappraisal), these did not significantly influence their help-seeking behaviours. This suggests other factors, such as stigma or cultural norms, may play a more substantial role in determining whether students seek support for mental health issues.

Keywords:

Emotional regulation strategies, help-seeking behaviours, Cognitive Reappraisal, Expressive Suppression, mental health, level of help-seeking, informal help-seeking, formal help-seeking, undergraduate education, UNIMAS and undergraduate nursing students.

ABSTRAK

Pengawalan emosi memainkan peranan penting dalam membantu individu mengurus tekanan dan bertindak balas terhadap cabaran emosi, terutamanya dalam persekitaran akademik yang mencabar seperti pengajian kejururawatan. Dalam kalangan pelajar kejururawatan, pemahaman tentang bagaimana strategi pengawalan emosi mempengaruhi tingkah laku mendapatkan bantuan kesihatan mental amat penting untuk menyokong kesejahteraan psikologi. Namun, terdapat kekurangan kajian berkaitan hubungan ini dalam konteks tempatan, khususnya di Malaysia. Kajian ini bertujuan untuk (1) mengenal pasti kelaziman strategi pengawalan emosi, (2) menilai tahap tingkah laku mendapatkan bantuan berkaitan kesihatan mental, dan (3) meneliti hubungan antara pengawalan emosi dan tingkah laku mendapatkan bantuan dalam kalangan pelajar kejururawatan prasiswazah di Universiti Malaysia Sarawak (UNIMAS). Kajian ini menggunakan keratan rentas kuantitatif melibatkan 163 pelajar kejururawatan prasiswazah yang dipilih melalui persampelan rawak mudah. Data dikumpulkan melalui soal selidik atas talian yang merangkumi Emotion Regulation Questionnaire (ERQ) dan General Help-Seeking Questionnaire (GHSQ). Analisis statistik dijalankan menggunakan SPSS Versi 27 merangkumi statistik deskriptif dan ujian t sampel bebas.Dapatan menunjukkan bahawa pelajar lebih cenderung menggunakan strategi kognitif reappraisal (M = 34.1, SD = 5.4) berbanding expressive suppression (M = 18.8, SD = 4.7). Walaupun hampir separuh pelajar (51.5%) menunjukkan tahap mendapatkan bantuan yang rendah, tiada perbezaan yang signifikan didapati antara strategi pengawalan emosi dalam kalangan pelajar dengan tahap bantuan yang rendah dan tinggi (p > 0.05). Sumber tidak formal seperti pasangan intim, ibu bapa, dan rakan merupakan pilihan utama pelajar untuk mendapatkan sokongan.Kesimpulannya,walaupun pelajar kejururawatan UNIMAS menunjukkan penggunaan strategi pengawalan emosi yang

lebih adaptif, strategi ini tidak mempengaruhi secara signifikan tingkah laku mereka dalam mendapatkan bantuan. Ini mencadangkan bahawa faktor lain seperti stigma sosial atau norma budaya mungkin memainkan peranan yang lebih besar dalam menentukan kecenderungan pelajar untuk mendapatkan sokongan kesihatan mental.

Kata kunci:

Strategi pengawalan emosi, tingkah laku mendapatkan pertolongan,Cognitive Reappraisal, Expressive Suppression, kesihatan mental, tahap mendapatkan pertolongan, mendapatkan pertolongan secara tidak formal, mendapatkan pertolongan secara formal, pendidikan prasiswazah, UNIMAS dan pelajar kejururawatan prasiswazah

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LIST OF ABBREVIATIONS

ERQ	Emotional Regulation Questionnaire
FHMS	Faculty of Medicine and Health Science
GAD-7	Generalised Anxiety Disorder-7
GHSQ	General Help-Seeking Questionnaire
LPA	Latent Profile Analysis
MSLQ	Motivated Strategies for Learning Questionnaire
NHMS	National Health and Morbidity Survey
PSS	Perceived Stress Scale
SCSQ	Simplified Coping Style Questionnaire
SPSS	Statistical Package for the Social Sciences
SPIT	Student Psychological Intervention Trial
UNIMAS	Universiti Malaysia Sarawak
UKM	Universiti Kebangsaan Malaysia

CHAPTER 1: INTRODUCTION

1.0 Introduction

This chapter provides a comprehensive overview of the study, beginning with the background in Section 1.1. Next, Section 1.2 presents the study's problem statement. Section 1.3 outlines the study questions, while Section 1.4 details the study's aims and objectives. Furthermore, Section 1.5 highlights the significance of the study, and Section 1.6 elaborates on the operational and conceptual definitions of terms. Finally, a summary of the chapter is provided in Section 1.7.

1.1 Study Background

Mental health challenges have become a significant concern among university students, particularly those enrolled in demanding academic programs, such as nursing. Nursing students face a range of academic, emotional, and social challenges throughout their education, contributing to high levels of stress, anxiety, and depression (Ghattas & El-Ashry,2024). These challenges are compounded by the emotionally demanding nature of clinical placements, where students are often on both the formal and the hidden curriculum within the career, like facing illness and death, as well as unprofessional behaviour among healthcare practitioners (Weurlander et al.,2018). In response to high levels of stress during their nursing studies, nursing students employ emotional regulation strategies, including cognitive reappraisal or expressive suppression (Ernstmeyer & Christman, 2022). Emotional regulation plays a significant role in developing an individual's mental health and behaviour (Menefee, Ledoux, & Johnston, 2022). Cognitive Reappraisal is linked to better mental health outcomes and proactive help-seeking behaviours. Expressive Suppression has been linked with elevated psychological distress and decreased willingness to seek help for mental

health concerns (Chu et al.,2024). Both strategies pertain to the capacity to manage and respond to emotional experiences effectively (Kim et al., 2024). Among nursing students, the ability to regulate emotions is essential not only for their psychological well-being and academic performance (Wei et al., 2021) but also for their professional competence in providing patient care (Babapour, Gahassab-Mozaffari, & Fathnezhad-Kazemi, 2022).

Mental Health Related Help-seeking behaviour is considered an adaptive and problem-focused method of coping that involves the actions individuals take to seek support for mental health needs, whether through informal support, like talking with friends or family, or through formal approaches, such as consulting mental health professionals (Eigenhuis et al.,2021; D'Avanzo et al.,2012). Study indicates that students' decision to seek mental health support is influenced by a complex interplay of factors, including personal beliefs, perceived stigma, emotional regulation capacity, and social support (Cogan et al.,2023). As in Malaysia, social stigma, job security, management support, and preservation of professional credibility were found to be among the factors that deter university students from seeking help (Aris & Othman et al., 2022). For nursing students, these factors may have been further compounded by professional expectations and the stigma linked with mental health issues in healthcare settings (Özdemir, Kaya & Adagide,2023).

Understanding how emotional regulation influences help-seeking behaviours is crucial for developing effective interventions to support nursing students' mental health and academic success (Adynski et al.,2024). Although the link between emotional regulation strategies and mental health-related help-seeking behaviours has been well-documented in general populations, there is limited research specifically addressing this issue in Malaysian nursing students. This gap is critical to reveal a pattern of emotional regulation strategies that

influence help-seeking behaviours among nursing students. It emphasises the importance of comparing the well-being of nursing students across different nursing degree years within a multicenter sample, while including sociodemographic data. For example, gender and religion. By examining these dynamics within the context of UNIMAS nursing students, this study aims to provide insights that can inform and guide mental health programs and support systems in nursing education. Acknowledging these aspects is vital for establishing culturally sensitive support systems that adhere to the unique needs of nursing students and promote healthier mental health management within nursing education programs.

1.2 Problem Statement

The National Health and Morbidity Survey (NHMS) has highlighted a concerning increase in mental health issues among Malaysians aged 16 and above, with prevalence rates rising from 10.7% in 1996 to 29.2% in 2015 (Ministry of Health Malaysia, 2016). These involved university students, including nursing students. In the context of nursing students, they face considerable academic (Gripshi, Rustami, & Pula, 2022), clinical (Jafarian-Amiri, Zabihi, & Qalehsari, 2020), and personal well-being challenges (Liepinaitiene et al., 2024), which can significantly impact their mental well-being. The demanding nature of nursing education often exposes students to high levels of stress, emotional strain, and mental health difficulties (Hwang & Kim, 2022). Despite the availability of mental health resources, many students fail to seek professional help due to various barriers, including stigma, lack of awareness, or ineffective emotional regulation strategies. These pressures, if unmanaged, can adversely affect their mental health and overall well-being, including academic performance and the quality of care they provide to patients (Sonmez, Akdemir, Meydanlioglu, & Aktekin, 2023).

Emotional regulation plays a crucial role in determining how individuals respond to stress and whether they seek help for their mental health concerns (Menefee, Ledoux & Johnston, 2022). Emotional regulation strategies are categorised into two types, which are Cognitive Reappraisal and Expressive Suppression. Conversely, the Cognitive Reappraisal strategy involves changing an individual's meaning of an emotional situation to enhance attention to emotional responses (Wang & Yin, 2023). It involves taking a step back and viewing a situation objectively, rather than getting caught up in negative thoughts and feelings (Denson & Fabiansson Tan, 2023). This strategy can help individuals view situations more positively and alleviate the impact of negative emotions (Xu Chen & Yu,2023). The Cognitive Reappraisal strategy can also help them recognise negative thought patterns and change them

into more effective ones (Wang & Yin,2023). By fostering a more positive approach to addressing emotional challenges, this strategy can encourage help-seeking behaviours (Kuang, K., & Wang, N. (2023).

Expressive Suppression is a strategy that consciously inhibits emotional expression by avoiding distressing emotions to maintain composure in stressful environments (Chapman et al.,2013). This strategy can increase the risk of developing psychological distress (Cheng, Chow, Wong, & Ho, 2023). While Expressive Suppression may offer short-term benefits, such as sustaining professionalism, it often leads to negative outcomes, including heightened stress, difficulty in emotional regulation, and impaired mental health (Mueller et al., 2024). Students who suppress their emotions may downplay their distress, avoid acknowledging their need for support, or fear the stigma linked with help-seeking behaviours. A critical concern arises when Expressive Suppression becomes a barrier to seeking help regarding mental health problems. This reluctance prevents students from accessing necessary mental health resources and support systems, further exacerbating their psychological distress and contributing to untreated or worsening mental health conditions (Doan et al.,2020).

In the Malaysian context, study on the intersection of emotional regulation strategies and help-seeking behaviours related to mental health among nursing students still needs to be explored. While existing literature highlights the importance of emotional regulation in influencing mental health outcomes, there is a lack of studies focusing on its impact on help-seeking behaviours, particularly among nursing students in Malaysia. Understanding this relationship is vital to addressing the barriers that prevent students from receiving the support for their mental health that they require. This study aims to bridge the significant gap by examining the influence of emotional regulation strategies on developing more effective

approaches to promoting mental health support among nursing students. The findings will provide valuable insights to inform interventions and policies designed to support nursing students in overcoming barriers to mental health care, ultimately fostering a healthier and more supportive educational environment.

1.3 Research Questions

1. What is the prevalence of emotional regulation strategies among undergraduate UNIMAS nursing students?
2. What is the level of mental health-related help-seeking behaviours among undergraduate UNIMAS nursing students?
3. What is the relationship between emotional regulation and the level of help-seeking behaviours among undergraduate UNIMAS nursing students

1.4 General Research Objective

This study aimed to investigate how emotional regulation influences the level of help-seeking behaviour among UNIMAS nursing students for mental health-related issues, identifying key factors, including patterns, that shape their help-seeking level and guiding the development of effective mental health interventions.

1.5 Specific Research Objectives

1. To identify the prevalence of emotional regulation (Cognitive Reappraisal and Expressive Suppression) among undergraduate UNIMAS nursing students.
2. To assess the level of mental health-related help-seeking behaviours among undergraduate UNIMAS nursing students.
3. To examine the relationship between emotional regulation and the level of mental health-related help-seeking among undergraduate UNIMAS nursing students.

1.6 Hypotheses

Null Hypothesis

There is no significant difference between emotional regulation and the level of mental health-related help-seeking behaviour among undergraduate UNIMAS nursing students.

Alternate Hypothesis

There is a significant difference between emotional regulation and the level of mental health-related help-seeking behaviour among undergraduate UNIMAS nursing students.

1.7 Significance of the Study

This study examines the impact of emotional regulation on mental health-related help-seeking behaviours among nursing students at UNIMAS. Understanding the relationship between emotional regulation and help-seeking behaviour is crucial, as nursing students often encounter significant emotional and psychological challenges due to the demanding nature of their academic and clinical environments (Hwang & Kim, 2022). This study's findings are expected to contribute to several key areas. Firstly, it aims to enhance mental health support by identifying the role of emotional regulation in shaping help-seeking behaviours (Saccaro, Giff, De Rossi, & Piguet, 2024). This evidence can guide the development of targeted mental health support systems specifically tailored for nursing students (Qutishat, 2025). Secondly, the insights gained can aid educators and healthcare professionals in designing effective interventions that promote healthier emotional regulation strategies, encourage students to seek help when necessary, and address barriers to accessing mental health resources (Shim, Eaker & Park, 2022).Additionally, the study findings may inform institutional policies at UNIMAS and other educational institutions, ensuring that mental health programs cater to the unique needs of nursing students and foster a supportive academic environment (Sakız & Jencius, 2024). Moreover, this study offers to the academic field by adding to the current knowledge base regarding the relationship between emotional regulation and help-seeking behaviour levels. It lays the foundation for future study aimed at improving mental health outcomes among healthcare students (Campbell et al.,2022). Ultimately, this study highlights the significance of emotional regulation as a crucial factor in shaping mental health-related help-seeking behaviours. The outcomes have the potential to transform how nursing students' mental health is supported,

benefiting their academic success, professional growth, and overall well-being (Zhou et al.,2022).

1.8 Operational Definition of Terms

a) Emotional Regulation Strategies

The concept of emotional regulation is defined as the cognitive and behavioural processes individuals employ to influence their emotional experiences, expressions, and responses to achieve specific goals or adapt to their environment. (Kozubal, Szuster,& Wielgopolan ,2023). These strategies play a pivotal role in maintaining emotional balance, psychological well-being, and effective functioning in social and professional settings. The concept of emotional regulation encompasses two primary approaches. The first approach is Cognitive Reappraisal, which refers to the reinterpretation of a situation to change its emotional significance. It is considered an adaptive strategy that promotes positive mental health outcomes. The second approach is Expressive Suppression, which refers to the inhibition of outward emotional expressions. It is often categorised as a less adaptive strategy, as it may lead to negative psychological and social consequences over time. In this study, emotional regulation is conceptualised as a critical factor influencing an individual's ability to manage stress and seek mental health support effectively.

In this study, the operational definition of emotional regulation refers to the specific techniques and approaches nursing students use to manage, control, and modify their emotional responses to various situations. These strategies are measured using the Emotion Regulation Questionnaire (ERQ) (Gross & John,2003), which assesses two primary dimensions. The first dimension is Cognitive Reappraisal, a constructive strategy that involves reframing a situation to alter its emotional impact. Higher scores indicate frequent use of reappraisal to regulate emotions. The second dimension is Expressive Suppression, A strategy aimed at inhibiting the outward expression of emotions. Higher scores indicate a

greater frequency of emotional expression suppression. These strategies are quantified through participants' responses using standardised Likert Scale values ranging from 1 = "Strongly disagree" to 7 = "Strongly agree".

b) The Level of Mental Health-Related Help-Seeking Behaviours

The conceptual definition of mental health-related help-seeking behaviours refers to the actions individuals take to seek help from various sources for personal or emotional problems issues (Eigenhuis et al.,2021; D'Avanzo et al.,2012). It reflects an individual's intention and action toward receiving mental health support when needed.

The operational definition of mental health-related help-seeking behaviours refers to assessing these behaviours using the General Help-Seeking Questionnaire (GHSQ) for personal or emotional problems. It is a self-report measure, and a higher score indicates greater intentions to seek help, encompassing both low and high levels to seek help. In addition, the GHSQ can be used to gauge help-seeking levels for both formal and informal sources. This questionnaire uses a Likert Scale ranging from 1 (Extremely unlikely) to 7 (Extremely likely) (Dagani, Buizza, Ferrari, & Ghilardi, 2023).

c) UNIMAS Nursing Students

The conceptual definition of UNIMAS nursing students is individuals enrolled in a nursing program at a university or hospital to prepare for licensure as a registered nurse (Falk-Rafael, 2016) at Universiti Malaysia Sarawak. They comprise students from their first to fourth year who are in the process of training to become professional nurses.

The operational definition of UNIMAS nursing students refers to undergraduate nursing students enrolled in Universiti Malaysia Sarawak (UNIMAS). The study specifically includes first-, second-, third-, and fourth-year nursing students.

1.9 Summary

This chapter highlights the problem statement, identifies study gaps within the Malaysian context, and emphasises the need to explore these dynamics. The chapter presents study questions and objectives focused on emotional regulation strategies, help-seeking behaviours, and their relationship among UNIMAS nursing students. It also outlines hypotheses and emphasises the study's significance in developing targeted interventions, policies, and academic contributions to support the mental well-being of nursing students. This chapter sets the stage for the rest of the study, clarifying its purpose and importance.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter provides a comprehensive overview of the existing literature on emotional regulation strategies, mental health-related help-seeking behaviour, and their relationship. The mental health of university students has become a growing concern globally, with nursing students being a particularly vulnerable population. The unique stressors experienced by nursing students, such as demanding academic workloads, clinical experiences, and exposure to patients' suffering, often contribute to increased emotional and psychological challenges (Jafarian-Amiri, Zabihi, & Qalehsari,2020). Emotional regulation, as a key psychological process, plays a significant influence in developing how students manage stress and whether they seek help when facing mental health challenges. This literature review explores emotional regulation strategies among university students, common mental health-related help-seeking behaviours among nursing students, and the influence of emotional regulation strategies on mental health-related help-seeking behaviours. The study incorporated into this literature review has been sourced from reputable platforms, including Google Scholar, StudyGate, and PubMed. Additionally, to ensure currency, the literature spans the past ten years, ranging from 2015 to 2025. The keywords used are emotional regulation strategies, help-seeking behaviours, Cognitive Reappraisal, Expressive Suppression, mental health, level of help-seeking , informal help-seeking, formal help-seeking, undergraduate education, UNIMAS and undergraduate nursing students.

This chapter, beginning with Section 2.1, discusses and critiques literature on the Prevalence of Emotional Regulation Strategies Among University Students, Particularly Nursing

Students, the Level of Mental Health-Related Help-Seeking Behaviours Implied Among University Students, Particularly Nursing Students and The Relationship Between Emotional Regulation and the Level Of Mental Health-Related Help-Seeking Among Undergraduate UNIMAS Nursing Students. Section 2.4 details the conceptual framework of the study. Finally, a summary of the chapter is provided in Section 2.5.

2.1 Discuss and Critique of Literature

2.1.1 The Prevalence of Emotional Regulation among University Students, Particularly Nursing Students

Emotional regulation is defined as the ability to manage and modify emotional experiences to adapt to environmental demands (Gross,1998). It is categorised into two broad types, which are Cognitive Reappraisal and Expression Suppression (Gross, 1998). Cognitive Reappraisal involves reframing a stressful situation positively or neutrally, thereby reducing the emotional impact. In contrast, Expressive Suppression often involves avoiding, hiding or inhibiting emotions, which can lead to long-term psychological distress (Kelley et al.,2019). In nursing, where students face the dual pressure of academic and clinical demands, the ability to regulate emotions effectively is vital for their success and well-being (Rafati, Nouhi, Sabzevari, & Dehghan-Nayeri, 2017). University students, particularly nursing students, often employ a mix of these strategies to manage academic and personal stress. However, the effectiveness of these strategies can vary across individuals and academic disciplines.

A cross-sectional quantitative study by (Ong,2023) explored the association between emotional regulation, aggressive behaviour, and peer support among undergraduate students in Malaysia. This study involving 212 participants aged 17 to 26 years, used standardised instruments, including the Emotion Regulation Questionnaire (ERQ), Peer Support Questionnaire (PSQ), and Aggression Questionnaire (AGQ). The researcher uses the ERQ score below 28 indicates low, 29 to 47 indicates moderate, and above 48 indicates high levels of overall emotional regulation on the Emotional Regulation Questionnaire (ERQ). The study reported that the prevalence of emotional regulation among the students is (M = 47.00,

SD = 8.83). A significant positive correlation was identified between peer support and emotional regulation, emphasizing the critical role of peer networks in fostering emotional regulation skills. Interestingly, no relationship was found between emotional regulation and aggressive behavior, nor between peer support and aggression. These findings highlight the importance of peer support in helping students manage their emotions effectively. Although this study focused on the broader undergraduate student population, its findings are particularly relevant to nursing students, who often experience greater emotional challenges in academic and clinical settings. This suggests the potential value of integrating peer-based interventions to support emotional regulation in nursing students, ultimately enhancing their coping mechanisms in stressful environments.

Similarly, a study conducted by Miao et al. (2021) investigated emotional regulation strategies, coping mechanisms, and their correlation with emotional status among nursing and non-nursing undergraduate students during the COVID-19 pandemic. Using a cross-sectional online survey, 746 students (366 nursing and 380 non-nursing) depression and assessing their levels of depression and anxiety using the Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7). Emotional regulation strategies were evaluated using the Emotion Regulation Questionnaire (ERQ), while the Simplified Coping Style Questionnaire (SCSQ) was used to measure coping strategies. The study found that the ERQ score for nursing students is (*M* 43.45, *SD* = 6.61) while for non-nursing students is (M=44.10, *SD*=7.59). The study revealed that nursing students had significantly lower anxiety and depression scores than their non-nursing counterparts. However, nursing students scored lower in Cognitive Reappraisal. Additionally, a positive correlation was found between Expressive Suppression (as measured by the ERQ) and higher levels of anxiety and depression in nursing students. In contrast, positive coping strategies were

negatively correlated with these mental health issues. This underscores the importance of enhancing emotional regulation skills, particularly cognitive reappraisal, to mitigate anxiety and depression in nursing students, especially during challenging times such as the pandemic.

A recent study (Zeng et al.,2023) explored emotional regulation strategies among undergraduate nursing students in China, revealing a diversity of approaches within this population. The study utilised a cross-sectional design involving 578 participants. The investigation utilised a demographic questionnaire, the emotion regulation strategies (ERS), the Connor-Davidson resilience scale-10 item and the core self-evaluations scale. The data was then employed using Latent Profile Analysis (LPA) to identify three distinct emotional regulation profiles: low suppression and moderate reappraisal, moderate suppression and high reappraisal and high suppression and high reappraisal.Most students belonged to the second profile, demonstrating relatively effective emotional regulation strategies. However, students in the first and third profiles, exhibiting moderate cognitive reappraisal and high expressive suppression, showed less adaptive strategies, which may require targeted interventions. This study identified family monthly income, resilience and perceptions of the nursing career as significant factors for the emotional regulation profiles. This study also highlighted the influence of demographic factors, such as family income and resilience, on emotional regulation profiles. The findings emphasize the need for tailored interventions that target students with less adaptive emotional regulation strategies, as these students may be more vulnerable to stress and emotional difficulties.

Furthermore, a study by Albagawi et al. (2024) examined the relationship between emotional regulation, stress, and learning motivation among Saudi nursing students. Using a

quantitative cross-sectional design with 367 participants, the study investigated how perceived stress influences motivation and emotional regulation, as well as the mediating role of learning motivation in these relationships. The students were assessed using sociodemographic information, the Emotional Regulation Questionnaire (ERQ), the Motivated Strategies for Learning Questionnaire (MSLQ), and the Perceived Stress Scale (PSS). By using ANOVA, the study revealed that high levels of stress were associated with a negative correlation with both motivation and emotional regulation. Structural equation modelling revealed that motivation served as a mediator between stress and emotional regulation, suggesting that students with lower motivation may struggle to regulate their emotions effectively in high-stress situations. This study emphasises the significant role that emotional regulation plays in managing stress, particularly in clinical placements, where nursing students often experience heightened emotional demands.

Finally, Zhu, Wang, and Wang (2021) conducted a study on the mental health and emotional regulation strategies of 342 undergraduate nursing students in China during the COVID-19 pandemic. Using Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), and Emotion Regulation Questionnaire (ERQ), the study found high prevalence rates of mental health issues, with 55% experiencing anxiety, 56.4% experiencing depression, and 31.6% experiencing comorbid anxiety and depression. Emotional regulation strategies played a significant role, as low cognitive reappraisal scores students and high expressive suppression scores students were more vulnerable to mental health symptoms. These findings underscore the critical importance of promoting adaptive emotional regulation strategies, such as cognitive reappraisal, to support nursing students' mental health and resilience during times of crisis, such as the pandemic.

The studies reviewed highlight the complex and varied emotional regulation strategies employed by nursing students. Emotional regulation is a critical skill for managing stress, mental health, and academic performance. The studies consistently emphasize the need for targeted interventions to enhance adaptive emotional regulation strategies, particularly cognitive reappraisal, among nursing students. Moreover, peer support and resilience were identified as important factors in fostering effective emotional regulation. As such, educational institutions need to implement programs that strengthen emotional regulation skills, provide peer support networks, and address the mental health challenges faced by nursing students.

2.1.2 The Level of Mental Health-Related Help-Seeking Behaviours University Students, Particularly Nursing Students

Mental health-related help-seeking behaviours encompass the actions individuals take to address mental health concerns, which may involve seeking support or not, including from formal (e.g., psychologists, psychiatrists) or informal (e.g., family, friends) sources (van den Broek et al.,2023). Among university students, the most common help-seeking behaviours include confiding in friends or family and seeking informal peer support before turning to professional help (Ning et al.,2022). However, despite the availability of mental health services, 58% of students indicated hesitancy in seeking support for their mental health concerns (Doan et al.,2020).Nursing students are particularly vulnerable to barriers in help-seeking due to the dual pressures of academic expectations and the perception that they must maintain emotional resilience as future healthcare providers (Moxham et al.,2024).

A study by (McLafferty et al.,2022) utilising data from 1,829 first-year undergraduate students under the World Mental Health International College Student Initiative, highlights the prevalence of help-seeking behaviours and mental health challenges in the context of university students across various academic areas. While students in Arts and Humanities displayed the highest prevalence of mental health issues, those in Life and Health Sciences, including nursing, reported comparatively lower rates. Within disciplines, differences were noted, nursing students were found to be less likely to seek help than psychology students, possibly due to professional expectations or internalised stigma. The study also revealed male students demonstrated a lower likelihood of seeking help. This study underscores the reluctance among many students, particularly males, to seek help despite experiencing mental health challenges. The findings emphasise the variations in help-seeking behaviours across academic disciplines. The study reinforces the need for tailored interventions,

awareness programs, and support systems that address obstacles to seeking help and promoting mental health among students, particularly in high-risk disciplines like Arts and Humanities and male students.

Futhermore, a study by (Ning et al.,2022) highlights the help-seeking behaviours among university students in relation to their mental health, focusing on the sources they prefer and the connection to their well-being levels. Despite having a greater chance of experiencing mental health issues, university students often demonstrate a low intention to seek professional mental health services, opting instead to rely on personal relationships such as friends or family members. The study identifies five distinct factors of help-seeking, which are Intimate Partner, Personal Relations such as parents, relatives, or friends, External Health Services like external mental health providers, University Health Services such as campus-based health providers and Digital or Distal Professional sources, which are apps, forums, telehealth, religious leaders. Among these, the highest average help-seeking intention across all well-being groups is Personal Relations. When comparing well-being levels categorised as "at-risk," "low," and "normal to high", —students with "normal to high" well-being consistently displayed higher intentions to seek help compared to those in the "low" or "at-risk" groups. This indicates that students with better mental health are more likely to seek support, while those at greater risk may face more barriers. This study emphasises their preference for informal support systems, such as friends and family, over professional services. Nursing students, like their peers in other disciplines, are also likely to prioritise personal relations for emotional support due to stigma, fear of judgment, or limited awareness of available mental health resources (Ning et al.,2022).

Next, a quantitative study (Aris & Othman,2022) explored the factors influencing individuals to pursue support for emotional health concerns in semi-structured interviews with three academic participants from Malaysian universities. The findings revealed that individuals are compelled to seek help primarily when they are unable to cope with their problems any longer, which aligns with the observed reluctance among students to address mental health concerns proactively. Key barriers included societal stigma, job security concerns, lack of managerial support, and fear of damaging professional credibility. These barriers highlight the complex interplay of personal, societal, and professional factors that influence help-seeking behaviour. The study offered recommendations to reduce these barriers, including increasing awareness, reducing stigma, and fostering supportive environments for individuals to seek professional mental health assistance. Nursing students, like the academic participants in this study, are likely to encounter similar challenges, such as societal stigma and concerns about professional credibility, that hinder their willingness to seek help. Therefore, this study underscores the critical barriers individuals face when accessing mental health support.

Moreover, (Picco et al.,2019) studied thet the beliefs pertaining to help-seeking behaviours, treatment alternatives, and possible outcomes for individuals with various mental health conditions, which are dementia, alcohol abuse, depression, schizophrenia, and obsessive-compulsive disorder among medical and nursing students utilizing vignette-based approach.1,002 participants were assigned randomly to one of five vignettes and inquired about the most appropriate source of help, the helpfulness of interventions, and expected outcomes with or without appropriate help. Findings revealed that 45.1% of the students recommended seeking help from a psychiatrist, making it the most frequent source of help for all conditions. Academic year, age, and vignette type significantly influenced help-

seeking preferences. Consulting a psychiatrist was the highest rate for helpful intervention (92.4%), while confronting the issue by oneself was considered the most harmful (68.1%). Additionally, 81.5% of respondents believed that the individual's condition would deteriorate if help were not sought. This study highlights that medical and nursing students commonly recommend professional mental health services, particularly psychiatrists, as the primary help-seeking behaviour for addressing mental health issues. It underscores the importance of equipping the knowledge and skills of future healthcare professionals in identify mental health problems and encourage timely and appropriate help-seeking (Picco et al.,2019). The study highlights the help-seeking preferences of medical and nursing students. It highlights their level to recommend professional help, particularly psychiatrists, as a common behaviour when addressing mental health concerns. The gap of this study is that it only focused on the act of the medical and nursing students towards their care for a patient rather than including on how the students focuses on their own mental health as a health care students and future health care staffs.

Finally, a study by (Kahwa & Ismail,2020) has highlighted that nursing students faced moderate to severe levels of anxiety, stress, and depression, with limited help-seeking behaviours, as they often relied on coping strategies like not seeking help from anyone rather than reaching out for professional support. The study investigated the prevalence and associated factors of stress, depression, and anxiety among 280 international students at Universiti Kebangsaan Malaysia (UKM), focusing on their behaviours to seek help and awareness for on-campus mental health support services. The findings revealed alarmingly high rates of psychological distress, with 58.9% experiencing depression, 71.8% anxiety, and 53.9% stress. Despite this, only 9.6% students utilized on-campus mental health services, and merely 21.4% were aware of their availability. The findings also found that

nursing students who face unique stressors related to academic and clinical responsibilities may encounter comparable challenges in recognising their mental health needs and seeking timely help. Factors such as age and ethnicity were significantly associated with psychological distress, highlighting specific vulnerabilities within the student population. The study underscores a critical gap in help-seeking behaviours within university students, as well as the insufficient awareness regarding mental health resources provided.

In summary, help-seeking levels among nursing students range from high, particularly among those with greater self-awareness and social support, to low, especially among those experiencing significant distress, males, and individuals facing cultural stigma or systemic barriers. While informal help-seeking is more common, formal service utilisation remains low. Understanding these variations is critical for developing targeted mental health strategies that reduce stigma, improve service accessibility, and foster help-seeking among nursing students at all levels of psychological well-being.

2.1.3 The Relationship Between Emotional Regulation and the Level of Mental Health-Related Help-Seeking Among Undergraduate UNIMAS Nursing Students

Emotional regulation (ER) is a core psychological process through which individuals manage, modify, or respond to emotional experiences in ways that are adaptive or maladaptive. It plays a central role in psychological well-being (Kraiss et al., 2020) and has been linked to encouraging individuals to engage in mental health-promoting behaviours (Menefee et al., 2022). In parallel, help-seeking behaviours (HSB) for mental health concerns reflect an individual's intention or action to obtain support (Yamauchi et al.,2023). While both emotional regulation and help-seeking have been independently studied, their direct relationship remains relatively unexplored, particularly in the context of undergraduate nursing students. As a group exposed to high levels of academic stress, nursing students who are also exposed to emotional labour during clinical placements (Mohamed et al.; Degirmenci et al., 2022) and cultural expectations around emotional expression (Grinshpun et al.,2021), represent a unique population in which the link between emotional regulation and help-seeking deserves closer investigation.

Recent research suggests that the choice of emotional regulation strategies—particularly cognitive reappraisal and expressive suppression—may significantly influence whether individuals seek help when experiencing psychological distress. De Jesús-Romero et al. (2024) developed the Emotion Regulation Questionnaire–Positive/Negative (ERQ-PN). This refined tool measures the use of cognitive reappraisal and expressive suppression in response to both positive and negative emotions. In their study of 963 participants, they found that suppression, when applied to either positive or negative emotions, was associated with a lower level of use of healthy coping mechanisms, which included reaching out for mental health support. This highlights that individuals who habitually suppress their

emotions may be less likely to acknowledge their distress or communicate it to others, thus creating a barrier to help-seeking. In contrast, those who employed cognitive reappraisal were more inclined to interpret emotional experiences constructively, which in turn facilitated proactive behaviour, such as seeking psychological support when needed.

Similar to a large-scale meta-analysis conducted by Chen (2024), which synthesised data from 249 studies involving 151,637 participants across 37 countries. The analysis revealed that cognitive reappraisal was consistently associated with positive psychological functioning. At the same time, expressive suppression was more frequently associated with poorer mental health outcomes, including heightened stress, anxiety, and depressive symptoms. Although the study also examined cultural and demographic moderators, its findings reinforced the idea that emotional regulation strategies, in and of themselves, shape how individuals manage distress, including whether they seek support. Importantly, the effectiveness and outcomes of these strategies were not merely tied to personal traits but also to the individual's readiness to access external psychological help.

In further support of the role of emotional regulation in mental health outcomes, Zhang (2020) examined how emotional regulation strategies mediate the relationship between trait forgiveness and depressive symptoms, using a sample of 1,127 senior high school students. Participants completed the Trait Forgivingness Scale, the Emotion Regulation Questionnaire, and the Zung Self-Rating Depression Scale. Multiple mediation analyses revealed that both cognitive reappraisal and expressive suppression served as partial mediators between trait forgiveness and depression. Importantly, the mediating effect of cognitive reappraisal was significantly stronger among female students, suggesting that gender influences the use of emotional regulation strategies and their psychological impact.

Although the study did not focus specifically on help-seeking behaviours, it offers strong theoretical implications for understanding how sociodemographic factors—particularly gender—modulate the role of ER in psychological outcomes. This reinforces the importance of examining how emotional regulation relates to mental health help-seeking among nursing students, with consideration for gender and other sociodemographic variables such as age and cultural background.

A similar trend is evident in help-seeking literature focused on the student population. Bryant et al. (2021) found, in a UK-based study involving 304 university students, that various factors influenced the types of help students sought for mental health issues. Although their study focused primarily on demographic variables such as age, ethnicity, sexuality, and living arrangements, the role of emotional regulation can be inferred. Students who had a strong sense of belonging and social integration were more likely to seek help from university-based services, indicating that emotional safety and the ability to manage emotions constructively may facilitate openness to help-seeking. Conversely, students who appeared more socially isolated or distressed tended to rely on less effective coping mechanisms or avoid help altogether, patterns consistent with expressive suppression.

In the nursing context, Özdemir et al. (2022) conducted a correlational study with 791 nursing students to examine the relationship between self-stigma, social stigma, and attitudes toward seeking psychological help. Their findings revealed that higher levels of self-stigma were significantly associated with negative attitudes toward help-seeking. While the study did not directly measure emotional regulation, the presence of self-stigma often correlates with poor emotional coping strategies, including suppression and avoidance. This again suggests a potential mechanism by which emotional regulation influences help-seeking

behaviour. Furthermore, regression analyses revealed that age and sex also contributed to variance in help-seeking attitudes, with differing levels of self-stigma between male and female students—highlighting that gendered patterns of emotional expression may influence both emotional regulation and willingness to seek support.

In another study by Almanasef (2021), which surveyed 271 pharmacy students, the relationship between mental health literacy and help-seeking behaviours was examined. The study found a moderate but significant positive correlation between mental health literacy and the likelihood of seeking help for emotional difficulties. Students with higher awareness and understanding of mental health concepts were more likely to recognise psychological symptoms in themselves and take appropriate steps to address them. Although emotional regulation was not the primary focus, it can be inferred that those with higher mental health literacy are better equipped to understand and manage their emotions and, thus, more likely to adopt adaptive strategies such as cognitive reappraisal. This self-awareness facilitates help-seeking by reducing internalised stigma and increasing the perceived value of professional support.

Therefore, these studies suggest that the way students regulate their emotions may significantly influence their likelihood of seeking help for mental health concerns. Cognitive reappraisal is generally linked with greater openness, psychological insight, and proactive behaviours all of which support formal or informal help-seeking. In contrast, expressive suppression is often associated with concealment and emotional avoidance, potentially hindering support-seeking. For nursing students, the added pressures of clinical duties, emotional exposure, and expectations of resilience further underscore the importance of examining their use of emotional regulation (ER) strategies in relation to help-seeking.

Despite increasing research interest in this area, direct evidence on the link between emotional regulation and help-seeking among nursing students, particularly in Malaysia, remains limited. Cultural norms, stigma, and gender roles may uniquely shape this relationship, making it essential to investigate how these factors interact in a local context.

In summary, emotional regulation plays a critical role in shaping students' willingness to seek mental health support. For nursing students whose training environments are emotionally demanding, understanding this relationship is crucial for informing tailored mental health strategies and promoting a culture of openness and professional help-seeking within healthcare education.

2.4 Conceptual Framework

The conceptual framework (**Figure 2.1**) guiding this study examines the relationship between emotional regulation and the level of mental health-related help-seeking among undergraduate nursing students at UNIMAS. The independent variable is emotional regulation, which is conceptualised through two distinct strategies—cognitive reappraisal and expressive suppression—as defined by Gross's (1998) Process Model of Emotion Regulation. These strategies reflect how individuals manage and modify their emotional responses, which may influence their willingness or hesitancy to seek help for mental health concerns. The dependent variable is the level of mental health-related help-seeking, which is assessed through the level of seeking support, including both formal and informal sources, based on the General Help-Seeking Questionnaire (GHSQ) framework. This variable reflects an individual's openness and likelihood to engage with various support systems when facing emotional distress or mental health challenges. Additionally, sociodemographic factors such as age, gender, year of study, marital status, race, and religion are included as moderating or control variables. These characteristics may influence how emotional regulation strategies affect help-seeking levels, providing a more nuanced understanding of the relationship. The theoretical foundation of this framework is grounded in Gross's Process Model of Emotion Regulation, which distinguishes between antecedent-focused and response-focused regulation strategies, and Rickwood et al.'s (2005) Help-Seeking Framework, which outlines the stages and influences of seeking mental health support. This integration enables a comprehensive examination of the psychological and behavioural aspects influencing nursing students' help-seeking behaviours.

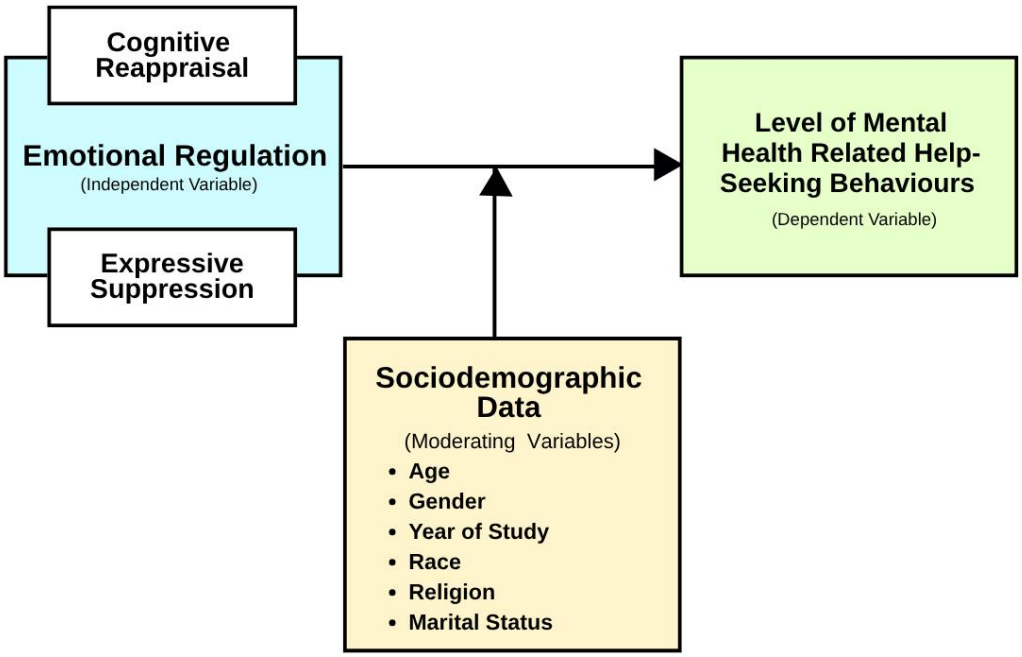

Figure 2.1: Conceptual Framework

2.5 Summary

In conclusion, this literature review highlights the critical importance of emotional regulation strategies and their relationship to mental health-related help-seeking behaviours among nursing students. Emotional regulation plays a significant role in shaping how students cope with academic, clinical, and personal stressors, directly influencing their mental well-being (Iuga & Davidre,2024). While cognitive reappraisal has consistently been associated with positive psychological outcomes and adaptive coping, expressive suppression is often linked to increased psychological distress and reduced help-seeking levels. The review has highlighted not only the unique psychological demands placed on nursing students but also the complex interplay between emotional regulation and their willingness to seek help. Factors such as mental health stigma, academic and professional pressures, and limited mental health literacy serve as key barriers to accessing formal or informal support. Importantly, recent research suggests that sociodemographic factors—such as age, gender, cultural background, and sexual orientation—may serve as potential moderators in this relationship, influencing both the choice of emotional regulation strategies and the level of seek support. Despite the growing body of literature on emotional regulation and help-seeking behaviours, studies specifically exploring the relationship between these constructs among nursing students, particularly in Malaysia, remain limited. This gap presents a vital opportunity for further investigation. By examining the influence of sociodemographic characteristics on the relationship between emotional regulation and help-seeking behaviours, this study aims to generate nuanced insights that can inform the development of targeted mental health interventions. These interventions can be tailored to support nursing students' emotional resilience, reduce barriers to seeking help, and promote overall psychological well-being in the academic and clinical environment.

CHAPTER 3: METHODOLOGY

3.0 Introduction

This chapter outlines the study methodology in a structured format. Section 3.1 presents the study design, followed by a description of the study setting in Section 3.2. The inclusion and exclusion criteria are detailed in Section 3.3, while Section 3.4 explains the sampling method and the determination of the sample size. Section 3.5 describes the study instrument, and Section 3.6 addresses the validity and reliability of the instrument. Ethical considerations are elaborated in Section 3.7. Section 3.8 outlines the data collection procedures, followed by an explanation of the data analysis methods in Section 3.9. Finally, Section 3.10 provides a summary of the chapter.

3.1 Research Design

This study adopts a cross-sectional quantitative research design to examine the relationship between emotional regulation strategies and mental health-related help-seeking behaviours among undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS). The cross-sectional design involves collecting data at a single point in time, thereby facilitating the exploration of associations between key psychological constructs without the need for longitudinal follow-up (Wang & Cheng,2020). This methodological approach is well-suited for identifying patterns and correlations within a defined population and enables the assessment of how these behaviours may vary across sociodemographic variables such as age, gender, year of study, marital status, race, and religion.

The quantitative design enables the use of standardised instruments to obtain objective, measurable data, which enhances the reliability and generalizability of the findings. This approach also supports statistical testing to determine the strength and significance of

relationships among variables, making it particularly appropriate for addressing the study's third objective: to explore the moderating effects of sociodemographic factors on the relationship between emotional regulation and help-seeking behaviours.

Moreover, the cross-sectional design is advantageous in academic settings due to its efficiency in terms of time and resources, allowing for the simultaneous recruitment and assessment of a relatively large sample. This contributes to a comprehensive understanding of the current psychological and behavioural levels among nursing students and provides a foundational basis for informing targeted mental health interventions.

3.2 Research Setting

This study was conducted at the Faculty of Medicine and Health Sciences (FMHS), UNIMAS, located in Jalan Datuk Mohammad Musa, 94300 Kota Samarahan, Sarawak. The research focused specifically on the Nursing Department, encompassing students enrolled in the Bachelor of Nursing Science program from Year 1 to Year 4. This setting was selected due to its academic relevance and accessibility, as UNIMAS represents a diverse student body and provides an appropriate context for examining emotional regulation and mental health-related help-seeking behaviours in a localised Malaysian higher education setting.The decision to focus solely on the nursing student population is based on the unique academic and clinical stressors they encounter, which are known to influence both emotional regulation and help-seeking behaviours.

3.3 Sampling Method and Sample Size

3.3.1 Sampling Method

This study employs a simple random sampling method to ensure that each student in the target population has an equal opportunity to be selected (Thomas, 2023). The method is chosen for its ability to minimise selection bias and provide a representative sample of the population (Palinkas,2015). The target population consists of 1st-year to 4th-year nursing students at UNIMAS, totalling 233 individuals.

To implement this method, the steps will be performed using Microsoft Excel. Firstly, a complete list of eligible students, from 1st Year to 4th Year, will be obtained from the university database at the Academic Office, FMHS, UNIMAS. Secondly, each student will be assigned a unique identification number. Then, a column will be created with these identification numbers. Next, a random number will be generated for each student using the RAND () function. The list of students will then be sorted in ascending order based on the random numbers. Finally, the top n rows, corresponding to the calculated sample size, will be selected as the participants for the study.

This approach ensures fairness in participant selection and guarantees that the sample accurately reflects the diversity of the nursing student cohort at UNIMAS. In summary, simple random sampling is an appropriate method for this study due to its simplicity and effectiveness in reducing systematic errors. Furthermore, the method aligns with the study's aim to generalise findings across the broader nursing student population at UNIMAS.

3.3.2 Sample Size

By using Taro Yamane's simplified formula for the sample size (Yamane, 1967), it was calculated as:

$$n = \frac{N}{1 + N(e^2)}$$

Where:

- n= sample size
- N= population size (233)
- e = margin of error (commonly 0.05 for a 95% confidence level)

Using N=233 and e=0.05:

$$n = \frac{233}{1 + 233(0.05^2)} \approx 147.2$$

Thus, this calculation indicates that with a population of 233, the sample would consist of approximately 147 students at a 95% confidence level with a 5% margin of error. Moreover, sample sizes are often increased by 10% to account for potential nonresponses, such as decline or attrition. (Martínez-Mesa et al.,2016). Therefore, to calculate the adjusted sample size, the following steps are taken.

- n = 147 (initial sample size)
- non-response rate = 10% = 0.1

$$n_adjusted = 147 / (1 - 0.1)$$
$$n_adjusted = 119 / 0.9 \approx 163.33$$

In conclusion, to account for a 10% non-response rate, this study's sample size would need to be recruited from approximately **163 students**.

3.4: Inclusion and Exclusion Criteria

3.4.1 Inclusion Criteria

1. Participants must be currently enrolled as undergraduate nursing students in their first, second, third, or fourth year at UNIMAS.
2. Participants must be able to understand and respond to the survey in the languages it is provided, such as English or Malay.
3. Participants voluntarily agree to participate in the study, providing informed consent.

3.4.2 Exclusion Criteria:

1. Post registration Students are excluded
2. Students who are being selected for the pilot study

3.5 Research Instrument

This study employs a self-administered online questionnaire as the primary research instrument to collect quantitative data. The questionnaire was distributed in the English language. The questionnaire consists of three main sections: (1) sociodemographic information, (2) emotional regulation strategies, and (3) mental health-related help-seeking behaviours.

Section A gathers sociodemographic data, including age, gender, year of study, marital status, ethnicity, and religion. These variables are essential to assess how different sociodemographic characteristics may influence emotional regulation and help-seeking patterns.

Section B utilises the Emotion Regulation Questionnaire (ERQ) was created by Gross & John (2003). This tool is commonly used to measure emotion regulation strategies. It specifically measures two dimensions which are Cognitive Reappraisal, the extent to which individuals reinterpret events to manage emotional responses and Expressive Suppression, the extent to which individuals suppress emotional expression. This tool is suitable for understanding how nursing students regulate their emotions. The ERQ contains 10 items divided into two factors: cognitive reappraisal (6 items) and expressive suppression (4 items) rated on a Likert 7-point scale ranging from 1 indicating “strongly disagree” and 7 indicating “strongly agree” (Zou et al.,2024). This instrument has demonstrated good internal consistency and construct validity in previous studies across various populations, including university students with Cronbach’s α of (0.73 to 0.82) (Wang et al.,2022). Moreover, the Cronbach’s α of ERQ cognitive reappraisal (α = 0.79) and expressive suppression (α= 0.73)

scale scores had acceptable to excellent levels of internal consistency reliability. (Olalde-Mathieu et al.,2022).

Section C assesses help-seeking behaviours using the General Help-Seeking Questionnaire (GHSQ) developed by Wilson et al. (2005). The GHSQ measures the likelihood that an individual would seek help from various sources (e.g., friends, family members, mental health professionals, academic advisors) for a personal or emotional problem. This tool aligns directly with the study's focus on help-seeking behaviours, providing insights into the barriers and facilitators of seeking mental health support, and evaluating the attitudes toward seeking help for mental health-related issues, including professional and non-professional sources. This measures intentions and preferences for help-seeking behaviour and is widely used in mental health studies for student populations. The questionnaire items were assessed on a 7-point Likert scale, ranging from 1 (extremely unlikely) to 7 (extremely likely). A score below five suggested professional help-seeking intentions, while a higher score indicated stronger intentions (Huang et al., 2023). Cronbach's alpha for this tool has been reported in Wilson et al, study as 0.85, and the test-retest result was 0.92 (Jafari et al.,2024).

The questionnaire will be administered in English and through the Google Form platform. It has been pilot-tested for clarity and suitability among a small sample of nursing students not included in the main study (refer to Data Collection Procedure). The estimated completion time for the questionnaire is approximately 10 to 15 minutes. The use of standardised instruments ensures the reliability and validity of the data collected, allowing for accurate measurement of the constructs under investigation. Ethical considerations, including informed consent and anonymity, will be integrated into the online survey design.

3.6 Ethical Considerations

Prior to data collection, ethical approval for this study was obtained from the Research and Ethics Committee of the Faculty of Medicine and Health Sciences, UNIMAS. All participants received a comprehensive explanation of the study's purpose, procedures, and their rights, including the voluntary nature of participation. Informed consent was obtained electronically prior to the commencement of the online questionnaire, and participants were assured that they could withdraw from the study at any stage without any negative consequences or penalty.

Moreover, to ensure proper authorisation, a formal letter of consent was secured via email from the respective authors of the instruments employed in this study—the Emotion Regulation Questionnaire (ERQ) and the General Help-Seeking Questionnaire (GHSQ). These instruments were used with permission for academic purposes only.

In addition, confidentiality and anonymity were strictly maintained. The questionnaire did not request names or other personally identifiable information. Participants were assigned anonymous identification codes to protect their identities. All data were securely stored in a password-protected digital file accessible only to the research course coordinator and research supervisor. As data collection was conducted through Google Forms, privacy compliance with institutional data handling policies and Malaysian data protection standards was ensured. The platform's settings were configured to restrict access and prevent IP tracking or email collection.

Additionally, to mitigate potential psychological discomfort, participants were informed that some questions might touch on sensitive topics related to emotional regulation and mental health. They were provided with local support service contacts (e.g., university counselling

unit) at the end of the survey should they experience any distress. The questionnaire was designed to be as non-intrusive and respectful as possible.

Finally, all collected data will be retained securely for a period consistent with UNIMAS research data policies and subsequently destroyed through permanent deletion from all storage devices. This study was conducted in accordance with established ethical guidelines for human subjects' research, including the principles outlined in the Declaration of Helsinki.

3.7 Data Collection Procedure

A list of eligible nursing students from Year 1 to Year 4 enrolled in the Bachelor of Nursing programme at Universiti Malaysia Sarawak (UNIMAS) was obtained from the Academic Office of the Faculty of Medicine and Health Sciences (FMHS). Participants were recruited using total population sampling, targeting all 233 nursing students who met the inclusion criteria. Data were collected exclusively through an online self-administered questionnaire created using Google Forms. The questionnaire was distributed via class WhatsApp groups. Participants received a participant information sheet outlining the purpose of the study, their rights, and assurances of confidentiality. Before proceeding with the survey, participants were required to read and provide informed consent. The researcher's email address was included in the consent form for participants to contact with any inquiries or concerns.

Prior to the actual data collection, a pilot study was conducted to assess the clarity, reliability, and validity of the research instruments (Khanal & Chhetri ,2024). Validity describes as the extent of an instrument accurately measures the targeted variable intended to be measured. At the same time, reliability pertains to the consistency and accuracy of the obtained data, including the degree of a measurement tool minimises random errors (Ahmed & Ishtiaq,2021).The recommended sample size for a pilot study is approximately 10% of the total intended sample (Tappin,2014).Given the total population of 233 nursing students, a total of 23 nursing students were recruited for the pilot study. (n = 23). These participants were selected based on the same inclusion criteria and were excluded from the main study to avoid bias. The pilot study was administered online via Google Forms and was conducted over 2 2-week period. The aim was to test the internal consistency of the instruments and to ensure the questionnaire items were clearly understood. Reliability was assessed using Cronbach's alpha. A Cronbach's alpha coefficient of ≥ 0.70 was considered acceptable,

indicating a satisfactory level of internal consistency (Ahmed & Ishtiaq, 2021). As for the pilot study, the Cronbach's Alpha of ERQ (α = 0.73) and the divide factors, Cognitive Reappraisal (α = 0.84) and Expressive Suppression (α = 0.75). Finally, for GHSQ's Cronbach's Alpha is (α=0.79).

Following the pilot study, data collection for the actual study was conducted over 4 weeks. Given the total population of 233 nursing students, a total of 163 nursing students were recruited for the actual study, excluding the participants from the pilot study (n = 163). An online self-administered questionnaire was distributed using Google Forms. The survey link was disseminated through WhatsApp group chats managed by class representatives. Before accessing the questionnaire, participants were presented with an online information sheet detailing the study's objectives, the voluntary nature of participation, and assurances of confidentiality. Informed consent was obtained prior to completing the survey. The questionnaire was available in English and took approximately 15 to 20 minutes to complete. The researcher's contact information was included in the consent form for any questions or concerns. The questionnaire consisted of two validated instruments, The Emotion Regulation Questionnaire (ERQ) by Gross & John (2003), which measures two strategies of emotional regulation, cognitive reappraisal and expressive suppression and The General Help-Seeking Questionnaire (GHSQ) by Wilson et al. (2005), which evaluates the likelihood of seeking help including the help-seeking preferences from both formal and informal sources when experiencing personal or emotional problems. As for the actual study, the Cronbach's Alpha of ERQ (α = 0.85) and the divide factors, Cognitive Reappraisal (α = 0.87) and Expressive Suppression (α = 0.76). Finally, for GHSQ's Cronbach's Alpha is (α=0.7).

All responses were anonymised, and no identifying information was collected. Data were stored securely in a password-protected file accessible only to the researcher and academic supervisor. Confidentiality and anonymity were strictly maintained throughout the research process. Data collection for the actual study was conducted over four weeks, with periodic reminders sent to participants to optimise the response rate.

3.8 Data Analysis Method

The data collected for this study were analysed using the Statistical Package for the Social Sciences (SPSS) software, version 27 (IBM Corp). Prior to analysis, all responses were screened for completeness and consistency. Any cases with substantial missing data were excluded. Data were then cleaned, and variables were coded and labelled appropriately to facilitate accurate analysis.

For instance, categorical sociodemographic variables, such as gender, year of study, ethnicity, religion, and marital status, were assigned numeric codes. In contrast, continuous variables, such as emotional regulation and help-seeking behaviour scores and age, were treated as scale variables.

Descriptive statistics were computed to describe the sociodemographic profile of participants and to summarise the main study variables. Frequencies and percentages were used for categorical variables, while means and standard deviations were calculated for continuous variables that met normality assumptions. For non-normally distributed data, medians and interquartile ranges (IQR) were reported.

To assess the normality, the Kolmogorov-Smirnov test was performed, as the sample size exceeded 50 (Mishra et al., 2019). The results indicated that both the Emotional Regulation score ($p = 0.200$) and the Help-Seeking Behaviour score ($p = 0.200$) were normally distributed. Therefore, parametric tests were selected for subsequent analysis.

The statistical procedures were aligned with the study's research questions as follows:

- **Research Question 1: What is the prevalence of emotional regulation strategies among undergraduate UNIMAS nursing students?**

  Descriptive statistics (means, standard deviations, and frequencies) were used to summarise the scores of the Emotional Regulation Questionnaire (ERQ). Subscale scores for cognitive reappraisal and expressive suppression were also presented to provide a detailed overview of emotional regulation strategies used by participants.

- **Research Question 2: What is the level of mental health-related help-seeking behaviours among undergraduate UNIMAS nursing students?**

  Descriptive statistics were similarly employed to summarise responses from the General Help-Seeking Questionnaire (GHSQ). Frequency and Percentage were used to present the level of help-seeking. Additionally, Means and Standard Deviations for formal and informal sources were presented to explore source preferences.

- **Research Question 3: What is the relationship between emotional regulation and the level of mental health-related help-seeking among undergraduate UNIMAS nursing students?**

  An independent samples t-test was conducted to compare the mean scores of emotional regulation strategies (cognitive reappraisal and expressive suppression) between two groups: students with **low** and **high** levels of help-seeking behaviour. These groups were formed using a cutoff point at the mean, above and below the total scores from the General Help-Seeking Questionnaire (GHSQ) (Astuti et al., 2021). This approach enabled the study to determine whether students with varying levels of help-seeking behaviour differ significantly in their use of emotional regulation strategies.All tests were conducted using a two-tailed approach with a significance threshold set at $p < 0.05$. Results were presented in tables.

Table 3.1: Descriptive Statistics and Normality Tests for Emotional Regulation and Help-Seeking Behaviour Scores

Items	Descriptive Statistics	Test of normality (sig.)	Interpretation
Emotional Regulation Score	Mean = 52.9 5% Trimmed Mean = 53.9	p = 0.2	Normally distributed
Help-Seeking Behaviour Score	Mean =38.1 5% Trimmed Mean = 38.0	p=0.	Normally distributed

3.10 Summary

This study employed a quantitative cross-sectional design conducted at the Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS). The study targeted undergraduate nursing students from Year 1 to Year 4, with the sample size determined as 163 participants using simple random sampling based on Yamane's formula (1973). Data collection was facilitated through a self-administered questionnaire, which was divided into three distinct sections. Ethical approval was obtained prior to initiating data collection. Subsequently, the data were analysed using IBM SPSS Statistics version 27, incorporating both descriptive and inferential statistical methods.

CHAPTER 4: RESULTS AND FINDINGS

4.1 Introduction

This chapter presents the study's results, based on the collected data. The findings are structured according to the study objectives and analyzed using descriptive and inferential statistics. The primary statistical test used in this study is the Chi-Square test, which examines the relationship between emotional regulation (Cognitive Reappraisal and Expressive Suppression) and the level of mental health-related help-seeking behaviour (high and low levels, including formal and informal preferences).

4.2 Sociodemographic Profile of Participants

A total of 163 nursing students from the 1st to 4th Year at UNIMAS participated in this study, with the majority being female (85.3%, n = 139), followed by males (14.7%, n = 24). Most of the participants were year 2 students, comprising 28.2% (n=46), followed by 3rd- and 4th-year nursing students, at 25.2% (n=41), and year 1 nursing students, at 21.5% (n=35). The maximum age is 25 years, while the minimum age is 19 years. The range is 6 years old. The mode age is 21 years old. A Kolmogorov-Smirnov test revealed that age does not follow a normal distribution, $D(163) = 0.166$, $p < 0.001$. The median age among the participants was 22 years old (IQR = 2 years). There are no outliers or extreme values noted from the box plot for age. Most of the participants were Malay, at 42.3% (n=69), followed by Bumiputera Sarawak, at 35.6% (n=58), Bumiputera Sabah, at 16.0% (n=26), and Chinese, at 6.6% (n=10). As for religion, Islam is the most prevalent, at 56.4% (n=92), followed by Christianity at 42.3% (n=69) and Buddhism at 1.2% (n=2). Finally, out of 163 participants, 148 are single

(90.8%, n=148), followed by those in a partnered relationship (8.6%, n=14) and married (0.6%, n=1).

Table 4.1: Sociodemographic Profile of Participants

Sociodemographic		***n***	***%***
Year Of Study	***1st Year***	35	21.5
	2nd Year	46	28.2
	3rd Year	41	25.2
	4th Year	41	25.2
Gender	***Male***	24	14.7
	Female	139	85.3
Races	***Malay***	69	42.3
	Chinese	10	6.1
	Bumiputera Sarawak	58	35.6
	Bumiputera Sabah	26	16.0
Religion	***Islam***	92	56.4
	Christian	69	42.3
	Buddha	2	1.2
Marital Status	***Single***	148	90.8
	Partnered	14	8.6
	Married	1	.6

Note : n= Frequency, %=Percentage

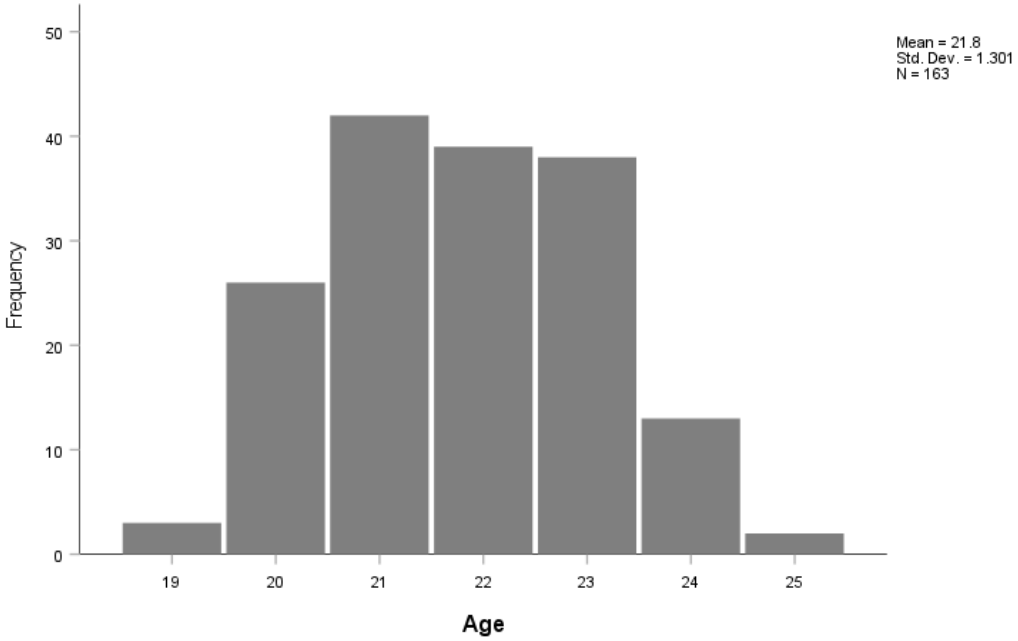

Figure 4.1: Age of Participants

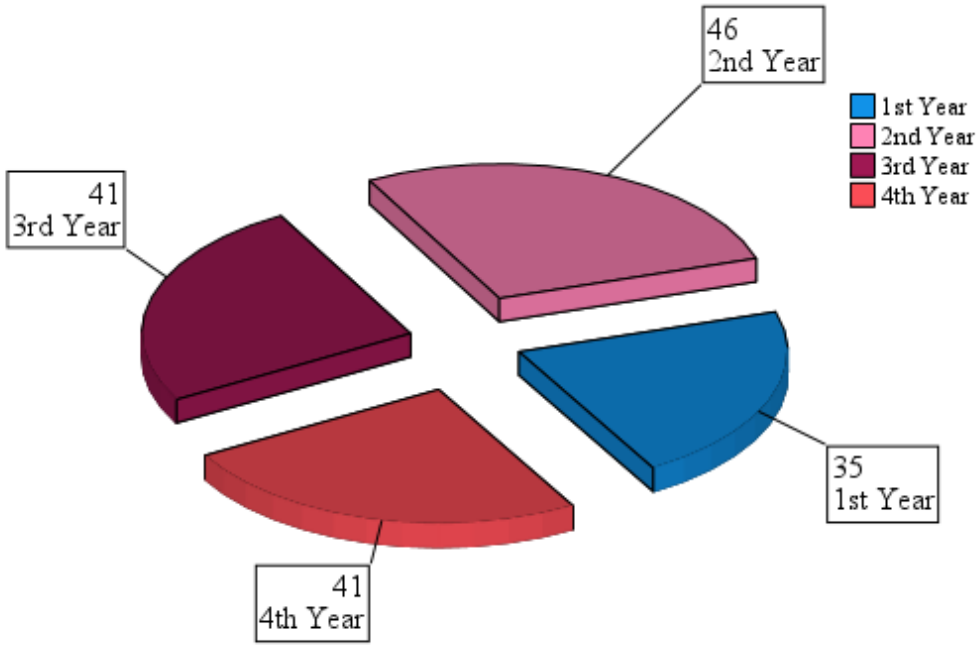

Figure 4.2: Year of Study

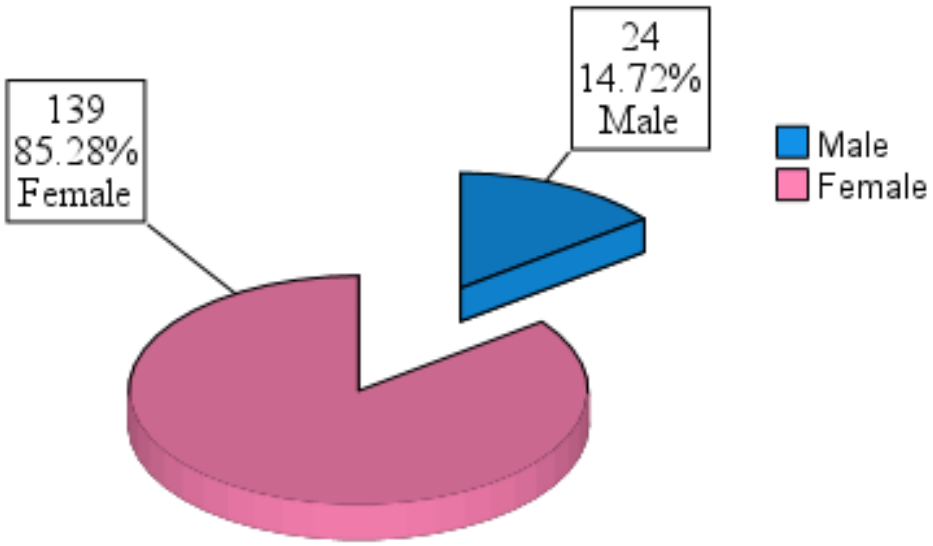

Figure 4.3: Gender

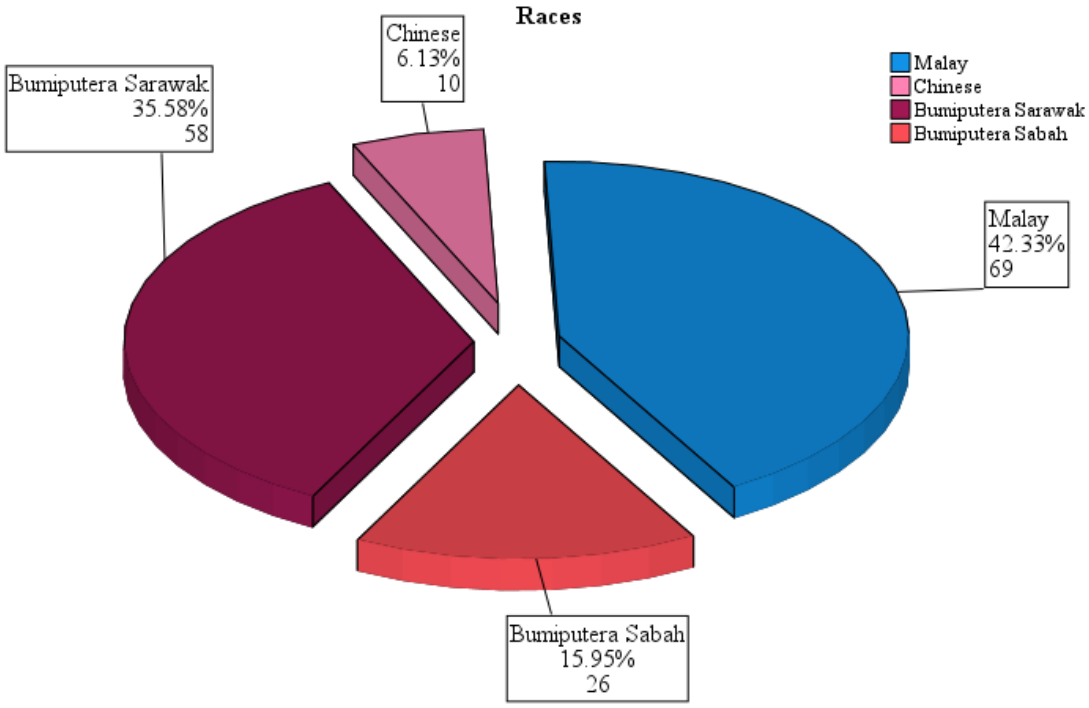

Figure 4.4: Races

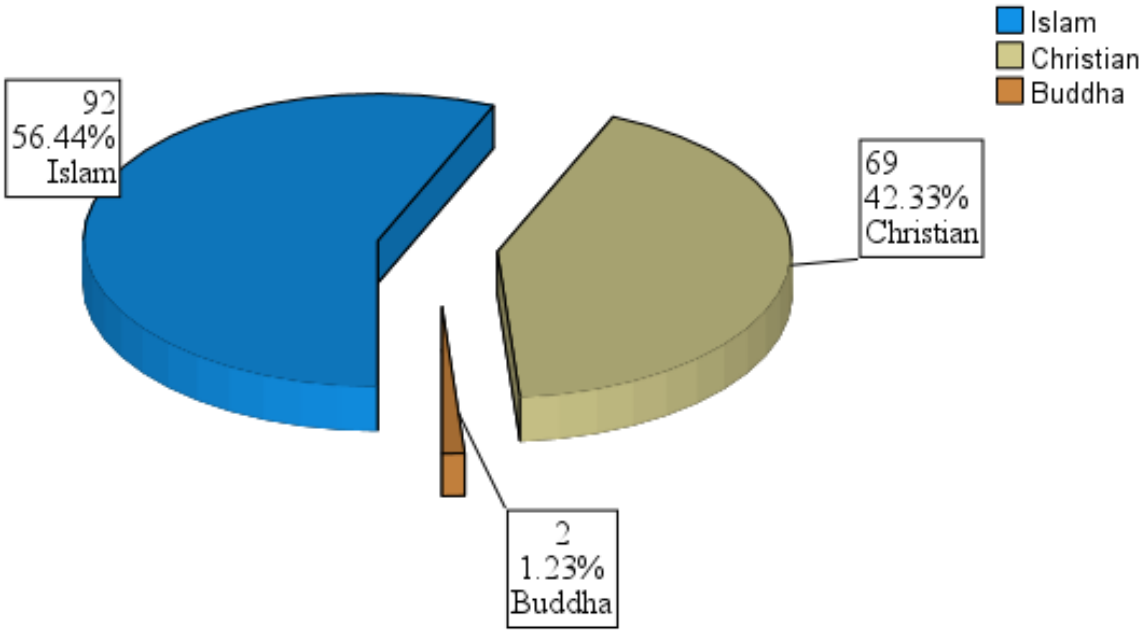

Figure 4.5: Religion

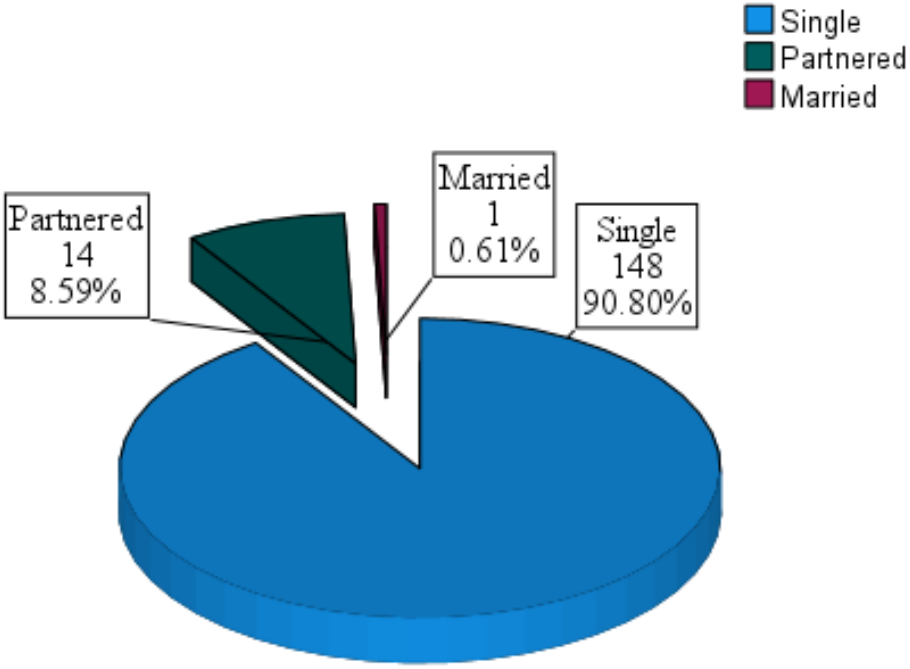

Figure 4.6: Marital Status

4.2.1 Emotional Regulation Strategies Among UNIMAS Undergraduate Nursing Students

Table 4.2 presents the distribution of emotional regulation strategies among UNIMAS nursing students across these levels. The Emotional Regulation Questionnaire (ERQ) consists of two subscales: Cognitive Reappraisal and Expressive Suppression. There are no outliers or extreme values noted in the box plot for either group. A Kolmogorov-Smirnov test revealed a significant normal distribution of emotional regulation strategies, $D(163) = 0.06$, $p = 0.20$. The mean score of the cognitive reappraisal group was higher ($M = 34.1$, $SD = 5.4$) than the mean score expressive suppression group ($M = 18.8$, $SD = 4.7$) among the UNIMAS undergraduate nursing students.

Table 4.2: Emotional Regulation Strategies Among UNIMAS Undergraduate Nursing Students

Emotional Regulation Strategies	***M***	***SD***
Subscales		
Cognitive Reappraisal	34.1	5.4
Expressive Suppression	18.8	4.7
Items		
1. When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	5.6	1.3
2. I keep my emotions to myself.	5.2	1.4
3.When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	5.7	1.2
4. When I am feeling positive emotions, I am careful not to express them.	4	1.6
5. When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	5.7	1.1
6. I control my emotions by not expressing them	4.6	1.5
7. When I want to feel more positive emotion, I change the way I'm thinking about the situation.	5.8	1.6
8. I control my emotions by changing the way I think about the situation I'm in.	5.7	1
9. When I am feeling negative emotions, I make sure not to express them.	5	1.6
10. When I want to feel less negative emotion, I change the way I'm thinking about the situation.	5.7	1.1

Note : M = Mean, SD = Standard Deviation

4.2.2 The Level of Mental Health-Related Help-Seeking Behaviours Among UNIMAS Undergraduate Nursing Students

The distribution of mental health-related help-seeking behaviours among UNIMAS undergraduate nursing students is shown in ***Table 4.3***. A Kolmogorov-Smirnov test revealed a significant normal distribution, D (163) = 0.05, p = 0.20. The overall mean score for help-seeking behaviour during a personal or emotional problem was (*M* =38.11, SD = 8.86), based on responses to 10 Likert-scale items assessing help-seeking levels. The scores ranged from a minimum of 1 to a maximum of 7 per item. Based on a cutoff point at the mean above and below the score (Astuti et al.,2021), the students with a low level to seek help (51.5%, n=84) were higher than the students who demonstrated a high-level behaviour to seek help (48.5%, n=79) in relation to personal or emotional problems. In addition, the result also revealed that the students would most likely seek help for personal or emotional problems from their intimate partners (M = 4.8, SD = 1.94), parents (M = 4.7, SD = 1.83), and friends (M = 4.6, SD = 1.76) were rated as the most likely options. Interestingly, not seeking help from anyone (M = 4.8, SD = 1.68) had the same mean score as seeking help from an intimate partner. Thus, this means that most students may prefer to deal with their problems on their own without seeking help from anyone. On the other hand, formal sources, such as mental health professionals (M = 3.4, SD = 1.6), phone helplines (M = 2.6, SD = 1.5), and doctors/GPs (M = 3.0, SD = 1.5), were rated lower in likelihood, indicating a stronger preference for informal or no help at all.

Table 4.3: Mental Health-Related Help-Seeking Behaviours among UNIMAS nursing students

General Help-Seeking Behaviours	***N***	***%***
Level of Help-Seeking		
High	***84***	***51.5***
Low	***79***	***48.5***
Items	***Mean***	***SD***
Intimate Partner	*4.8*	*1.94*
Friend	*4.6*	*1.76*
Parent	*4.7*	*1.83*
Other relatives	*3.9*	*1.87*
Mental health Professional	*3.4*	*1.63*
Phone helpline	*2.6*	*1.50*
Doctor/GP	*3.0*	*1.48*
Minister/Religious leader	*3.3*	*1.64*
Not seek from anyone	*4.8*	*1.68*
Not listed	*3.1*	*1.68*

Note: N=Frequency, %=Percent, M= Mean SD: standard deviation

4.2.3 The Relationship Between Emotional Regulation and Level of Mental Health-Related Help-Seeking Among Undergraduate UNIMAS Nursing Students

The normality test revealed that the distributions of both datasets were normally distributed (refer to **Section 3.8, Table 3.1** above). Independent samples t-tests were conducted to compare mean emotional regulation scores, specifically cognitive reappraisal and emotional suppression, between nursing students with low and high help-seeking levels. Help-seeking levels were categorised based on the cutoff point at the mean, above and below the GHSQ score. Based on **Table 4.4**:

For cognitive reappraisal, there was no statistically significant difference between the low help-seeking group (M = 34.11, SD = 5.15) and the high help-seeking group (M = 34.23, SD = 5.70), t (161) = -0.14, p = .887. Levene's test confirmed the homogeneity of variances (p = .301). The effect size (Cohen's d = -0.02) was negligible, indicating virtually no practical difference between the groups in their use of reappraisal.

Similarly, there was no statistically significant difference for expressive suppression between the low (M = 19.17, SD = 4.97) and high (M = 18.32, SD = 4.43) help-seeking groups, t(161) = 1.151, p = .251. Levene's test again supported the assumption of equal variances (p = .203). The effect size was small (Cohen's d = 0.180), suggesting only a minimal level for those with lower help-seeking levels to report higher suppression. However, this difference was not statistically or practically meaningful.

These results suggest that emotional regulation strategies (reappraisal and suppression) do not differ significantly between nursing students based on their mental health-related help-seeking levels.

Table 4.4: The Relationship Between Emotional Regulation and The Level of Mental Health-Related Help-Seeking Among Undergraduate UNIMAS Nursing Students

Variables	*GSHQ Level*	*M(SD)*	*t(df)*	*p (Cohen's d)*	*95% CI Difference*
ERQ Reappraisal	***Low***	34.11(5.15)	-.14(161)	.887(-.02)	[-1.80,1.56]
	High	34.23(5.7)			
ERQ Suppression	***Low***	19.17(4.97)	1.15(161)	.251(.18)	[.61,2.31]
	High	18.32(4.43)			

Note: M =Mean, SD= Standard Deviation, t=t-value, df= Degrees of Freedom, p= p-value, CI=Confidence Interval

4.3 Summary

This chapter presented the study's results through descriptive and inferential analyses. The demographic profile revealed that the majority of participants were female. The participants were aged between 19 and 25, with representation from the 1st Year until the 4th Year. Descriptive statistics indicated moderate average scores for both emotional regulation strategies, cognitive reappraisal and emotional suppression. Help-seeking behaviour was categorised into two levels, with a nearly equal distribution among participants. Inferential analysis using independent samples t-tests revealed no significant different in emotional regulation (reappraisal and suppression) between students with low and high help-seeking behaviour. The results suggest that emotional regulation strategies alone may not significantly influence students' levels of seeking mental health support. Overall, the findings suggest that while emotional regulation is present in varying degrees among nursing students, it may not directly determine whether they engage in help-seeking behaviours, highlighting the need for further study into other contributing factors.

CHAPTER 5: DISCUSSION

5.0 Introduction

This chapter presents the key findings from Chapter 4 in relation to the study's objectives, the existing literature, and the theoretical framework. It aims to interpret the results, highlight the implications of the findings, and suggest areas for future study. The primary objective of this study was to investigate the impact of emotional regulation, specifically cognitive reappraisal and emotional suppression, on the level of mental health-related help-seeking behaviour among nursing students at UNIMAS.

5.1 Discussion of the Findings

a) The Prevalence of Emotional Regulation Among UNIMAS Undergraduate Nursing Students

This study aimed to determine the prevalence of emotional regulation strategies, specifically cognitive reappraisal and emotional suppression, among undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS). Emotional regulation is a crucial psychological process that influences how individuals modulate their emotional responses in various situations (Gross, 2015). The Emotional Regulation Questionnaire (ERQ), which measures cognitive reappraisal and emotional suppression, revealed that participants showed a moderate to slightly high use of cognitive reappraisal and a moderate level of emotional suppression. The descriptive statistics indicated that the **mean score for cognitive reappraisal was 34.1 (SD = 5.4)**, while **expressive suppression recorded a mean of 18.8 (SD = 4.7)**. These findings suggest that most nursing students tend to employ **cognitive reappraisal during st**ressful situations to maintain emotional balance. This aligns with recent studies discussed below, which highlight reappraisal as a commonly employed

strategy among health science students when managing academic stress and emotional challenges.

For instance, a study conducted by Zhu et al. (2021) among Chinese undergraduate nursing students during the COVID-19 pandemic found that lower cognitive reappraisal and higher expressive suppression were associated with increased symptoms of anxiety and depression. The mean scores reported were 29.36 (SD = 8.00) for cognitive reappraisal and 15.55 (SD = 5.14) for expressive suppression, indicating a moderate use of these strategies. Similar to our findings, students leaned more towards reappraisal than suppression. This can be explained by the shared nature of nursing education, which typically includes elements of emotional awareness and reflective practice. Additionally, the pandemic may have heightened emotional stress, prompting students to rely more on internal regulation strategies, such as reappraisal, to maintain a sense of control in uncertain situations.

For instance, De Jesús-Romero et al. (2024) reported mean scores of 5.03 (SD = 1.16) and 3.47 (SD = 1.35) for cognitive reappraisal and expressive suppression, respectively, on a 1–7 scale, using the ERQ. Their findings similarly highlight that individuals are more inclined to regulate emotions through reappraisal rather than suppressing emotional expression, reinforcing the trend seen in the current study. These findings align with the current study, in which nursing students reported higher use of cognitive reappraisal compared to suppression. The similarity in outcomes can be attributed to the fundamental function of reappraisal as a more adaptive and proactive emotional regulation strategy across different populations. The study also noted that individuals are more inclined to regulate emotions by altering their thoughts rather than suppressing emotional expression. This supports the notion that reappraisal is not only more effective in long-term emotional management but

also more socially and psychologically acceptable, especially in contexts such as healthcare or academia, where ongoing emotional engagement and self-awareness are crucial. The ERQ-PN's separation of positive and negative emotion regulation also highlights the importance of nuance in emotional regulation, suggesting that individuals are consistent in their preference for cognitive strategies regardless of the emotional valence.

Similarly, Abo-elyzeed (2021) assessed emotional regulation among first-year nursing students in Egypt and found that students exhibited moderate levels of difficulties in emotional regulation, which negatively correlated with their psychological well-being. The similarity in findings may be attributed to how nursing students across cultures are taught to manage patient care under pressure. Early exposure to clinical stressors may naturally lead students to adopt reappraisal techniques, enabling them to remain calm and functionally effective. At the same time, cultural norms may still encourage some degree of emotional suppression, particularly in professional settings where emotional restraint is expected.

Furthermore, a latent profile analysis by Li et al. (2023) identified three distinct profiles of emotion regulation among undergraduate nursing students: (1) low suppression and moderate reappraisal, (2) moderate suppression and high reappraisal, and (3) high suppression and high reappraisal. Most students fell into the second profile, suggesting a relatively good level of emotion regulation, indicating a preference for reappraisal while still engaging moderately in suppression. The match with our study suggests that students in healthcare-related fields are more inclined to use adaptive strategies, especially when regularly exposed to emotional challenges in academic and clinical environments. The prominence of reappraisal in both studies likely reflects the emphasis in modern nursing

education on emotional intelligence, resilience training, and patient-centred care—skills that favour positive reframing over emotional avoidance.

These findings underscore the importance of fostering effective emotional regulation strategies among nursing students. While cognitive reappraisal is generally considered adaptive and beneficial for psychological well-being, excessive reliance on expressive suppression may have detrimental effects on psychological well-being. Therefore, incorporating emotional regulation training into nursing curricula could enhance students' coping mechanisms and overall mental health.

b) The Level of Mental Health-Related Help-Seeking Behaviour Among UNIMAS Nursing Students

This study assessed the level of mental health-related help-seeking behaviour among undergraduate nursing students at UNIMAS using the General Help-Seeking Questionnaire (GHSQ). Participants were categorised into two groups based on their scores, which are low and high help-seeking levels. The findings revealed that out of 163 participants, 51.5% of students exhibited low help-seeking behaviour, while 48.5% demonstrated high help-seeking behaviour. This near-equal split indicates that a substantial proportion of students remain hesitant to seek support for mental health challenges. In addition to the overall categorisation of help-seeking behaviour, the findings also provided insight into the specific sources students were most likely to approach for support. The results indicated that students were more inclined to seek help for personal or emotional issues from intimate partners ($M = 4.8$, $SD = 1.94$), parents ($M = 4.7$, $SD = 1.83$), and friends ($M = 4.6$, $SD = 1.76$). These informal sources were rated the highest, suggesting that students feel more comfortable confiding in those within their close personal circles or informal ones. Interestingly, the option of not

seeking help from anyone shared the same mean score (M = 4.8, SD = 1.68) as seeking help from an intimate partner. This highlights a concerning trend where a significant proportion of students may prefer to manage their mental health struggles independently, without external support. Conversely, formal sources of help, such as mental health professionals (M = 3.4, SD = 1.6), doctors or general practitioners (M = 3.0, SD = 1.5), and phone helplines (M = 2.6, **SD = 1.5)**, were rated notably lower in likelihood. This pattern underscores a prevailing reliance on informal support systems or, in some cases, no support at all over professional mental health services. These findings reflect broader challenges in mental health help-seeking among university students, particularly the stigma and perceived inaccessibility surrounding formal care options.

Similarly, a qualitative study by (Ning et al.,2022) highlights the help-seeking behaviours among university students in relation to their mental health, focusing on the sources they prefer and the connection to their well-being levels. Despite having a greater chance of experiencing mental health issues, university students often demonstrate a low intention to seek professional mental health services, opting instead to rely on personal relationships, such as friends or family members. This study emphasises their preference for informal support systems, specifically the Personal Relations factor, which includes intimate partners, parents, relatives, or friends, as it has the highest average help-seeking intention across all well-being groups. Nursing students, like their peers in other disciplines, are also likely to prioritise personal relations for emotional support due to stigma, fear of judgment, or limited awareness of available mental health resources (Ning et al.,2022). Next, a study conducted among undergraduate students at Kathmandu University in Nepal found that students would never seek help from others, even if they were to experience anxiety (9%). Some of them were more likely to seek help from informal sources, such as parents (36.5%), compared to

professional sources like psychiatrists (17.5%). The study highlighted that fear of criticism (34.1%) and stigma (20.3%) were significant barriers to seeking professional help (Aryal et al.,2023). This suggests that cultural factors and perceived stigma play a crucial role in influencing help-seeking behaviours, mirroring the patterns observed among UNIMAS nursing students. This reluctance is likely due to internalised beliefs about mental illness and the perception that seeking help equates to weakness. Therefore, similar to the results of this study, previous research has shown that students tend to have a low level of seeking help and a high preference for informal help.

On the other hand, previous studies have suggested that students have a high level of seeking help, yet still achieve the highest scores in informal help-seeking methods. A study by Abdelmonaem et al. (2024) involving 228 internship nursing students found that while a majority (95.2%) held positive attitudes toward seeking professional psychological help, a significant portion (39.5%) still experienced self-stigma associated with help-seeking. Financial barriers were also highlighted, with 32% of participants citing the high cost of therapy as a deterrent to seeking psychological assistance. This suggests that even with positive attitudes, practical and psychological barriers can impede actual help-seeking behaviour. Similarly, a cross-sectional study among Egyptian undergraduates reported that while medical students had higher recognition of mental health disorders, non-medical students exhibited more positive attitudes towards seeking help. The study found that help-seeking behaviour for emotional problems was more inclined towards intimate partners, whereas suicidal thoughts prompted seeking professional help. This indicates that the type of mental health issue influences the source of help sought, with students preferring informal support for general emotional problems and professional assistance for more severe issues.

To discuss these differences in findings, several studies have addressed this topic and provided relevant insights. A study among first-year college students in Indonesia revealed that age and gender were significantly associated with psychological help-seeking behaviour, as measured by the GHSQ. The study found that most first-year students intended to seek psychological help in the future, although other factors did not show a significant relationship. This highlights the significance of demographic factors in influencing help-seeking intentions among students. In the Malaysian context, a study examining the relationship between mental health literacy and help-seeking behaviour among undergraduates found that higher mental health literacy was associated with increased help-seeking behaviour. The study utilised the GHSQ and highlighted the need for mental health education to promote help-seeking among students. This aligns with the findings from UNIMAS, suggesting that enhancing mental health literacy could be a key strategy in encouraging students to seek appropriate support.

In summary, although previous research shows two different findings, both high and low levels toward mental health-related help-seeking among undergraduates and shared informal preferences, the slightly higher reluctance observed in this study suggests that disciplinary culture, perceived stigma, and institutional factors might uniquely affect nursing students' behaviour. These findings highlight the need for tailored interventions that target both stigma reduction and behavioural reinforcement, specifically within healthcare training programmes.

c) The Relationship Between Emotional Regulation and the Level of Mental Health Related Help-Seeking Behaviour Among UNIMAS Undergraduate Nursing Students

This study aimed to examine whether emotional regulation strategies, specifically cognitive reappraisal and emotional suppression, differ between nursing students with low and high levels of seeking help for mental health concerns. The results of the independent samples t-tests revealed no statistically significant differences between the two groups on either emotional regulation strategy. These findings suggest that, within this sample, nursing students' use of reappraisal and suppression strategies was not strongly linked to their willingness to seek professional or informal mental health support.

For cognitive reappraisal, the difference in mean scores between low and high help-seeking groups was negligible and non-significant, with a Cohen's d of -0.022. This result suggests that students, regardless of their level of help-seeking, may similarly employ cognitive reappraisal. One possible reason for this finding is that cognitive reappraisal, which helps individuals change their emotional responses, may be supported through the nursing curriculum, which often emphasises the importance of critical thinking (Zlamal et al.,2023) and emotional resilience (Aryuwat et al., 2023). As a result, many students may use this strategy, regardless of how likely they are to seek help.

Similarly, although students in the low help-seeking group reported slightly higher expressive suppression scores compared to those in the high help-seeking group, the difference was not statistically significant, and the effect size (Cohen's d = 0.180) was small. This slight pattern might suggest a small link between expressive suppression and being less willing to seek help, showing that individuals who hide their emotions often keep their struggles to themselves and avoid getting support from others (Prizeman et al., 2023).

However, the small effect observed in this study suggests that the link may not be strong among nursing students or could be influenced by other factors.

The lack of significant differences found in this study may be attributed to a variety of contextual and cultural factors. In Malaysia, where mental health stigma remains prevalent and cultural norms may discourage open emotional expression (Sanggar et al.,2025), both high and low help-seekers might engage in emotional regulation in similar ways (Rao et al.,2025), particularly regarding suppression. Gender norms (Gough & Novikova, 2020) and religious beliefs (Graça & Brandão, 2024) may also shape how emotions are managed and whether individuals feel comfortable accessing mental health services, thereby weakening any clear link between emotional regulation strategies and help-seeking behaviour.

Another important consideration is that emotional regulation and help-seeking may not be linearly related. Other mediating or moderating variables, such as perceived social support, mental health literacy, or stigma, may play a larger role in shaping help-seeking behaviours (Yang et al.,2024). For example, a student may be skilled in reappraising negative emotions but may still avoid seeking help due to fear of judgment or lack of trust in mental health services. This complexity highlights the need for further research to investigate these interactive pathways, particularly in multicultural societies like Malaysia.

Considering these findings, mental health promotion strategies for nursing students should not assume that enhancing emotional regulation alone will automatically increase help-seeking. While fostering cognitive reappraisal remains important for emotional well-being, targeted interventions may also need to address broader barriers to help-seeking, such as stigma reduction, improving access to counselling services, and promoting a culture of emotional openness within nursing education.

5.3 Summary of Findings of the Study

This study examined the relationship between emotional regulation strategies, specifically cognitive reappraisal and emotional suppression, and mental health-related help-seeking behaviours among undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS). The key findings are summarised below:

a) The Prevalence of Emotional Regulation Strategies

The students reported moderate to slightly high use of cognitive reappraisal and moderate use of emotional suppression. This suggests that they often try to manage their emotions by rethinking situations rather than suppressing their feelings. These patterns are consistent with findings from other studies involving nursing students in various countries, indicating that reappraisal is a commonly used strategy in this population.

b) The Level of Mental Health Related Help-Seeking Behaviour

The General Help-Seeking Questionnaire (GHSQ) results indicated that 51.5% of the students exhibited a low level of help-seeking, while 48.5% showed a high level. Students were more likely to seek help from informal sources, such as intimate partners, parents, and friends. Notably, the option of not seeking help at all was rated as highly as seeking help from an intimate partner. Formal sources, such as mental health professionals, were less preferred. These findings align with a study by Ning et al. (2022), indicating that students often rely on informal support systems and may avoid professional help due to stigma or a lack of awareness.

c) The Relationship Between Emotional Regulation and the Level of Mental Health-Related Help-Seeking Among Undergraduate UNIMAS Nursing Students

The study found no significant differences in the use of cognitive reappraisal or expressive suppression between students with low and high levels of help-seeking. This suggests that the way students regulate their emotions does not strongly influence their likelihood of seeking help. One possible explanation is that cognitive reappraisal is encouraged through the nursing curriculum, promoting its use regardless of help-seeking behaviour. Additionally, cultural factors, stigma, and other variables may play a more significant role in help-seeking behaviours than emotional regulation strategies alone.

Overall, the findings indicate that while nursing students at UNIMAS employ cognitive reappraisal of emotional regulation strategies do not necessarily translate into a higher level of seeking help for mental health issues. This highlights the need for interventions that address barriers to help-seeking, such as reducing stigma and increasing awareness of available mental health resources.

5.4 Implications and Recommendations for Future Research

The findings of this study offer meaningful insights into the psychological experiences of undergraduate nursing students at UNIMAS, particularly in terms of their emotional regulation strategies and mental health-related help-seeking behaviours. The implications extend across multiple domains—including education, mental health promotion, institutional policy, and future research—and warrant careful consideration by stakeholders in nursing education and healthcare training. In exploring these implications, it is also essential to consider the potential consequences of inaction and the questions that arise from the results.

To begin with, the results indicate that nursing students engage more in cognitive reappraisal than emotional suppression. This suggests that the students may already possess a foundational capacity to reframe and manage their emotions healthily, and emotional regulation training, whether explicit or implicit, may already be present within the nursing curriculum. However, despite the use of cognitive reappraisal, a significant number of students reported low help-seeking levels when facing mental health challenges. This indicates a critical gap between emotional regulation and help-seeking behaviour in the current educational approach. This gap underscores the need to enhance the curriculum and integrate targeted interventions such as incorporating formal psychoeducation on mental health literacy, stigma reduction, and facilitating help-seeking. Previous studies have shown that such strategies can significantly improve students' willingness to seek professional help, like integrating reflective practices, role-playing, and guided discussions on emotional well-being, which may foster a more open culture around seeking psychological support. For example, a study (Fung et al.,2021) found that implementing the ACE-LYNX intervention highlights the importance of integrating mental health education into academic institutions

through a structured, evidence-based approach. By training interdisciplinary professionals and students using Acceptance and Commitment Therapy (ACT) and Group Empowerment Psychoeducation (GEP), the program enhances mental health literacy, reduces stigma, and builds collaborative care networks. Delivered through both online and in-person methods, the initiative fosters sustainable mental health support systems within universities. Using the RE-AIM framework, the project promotes wide-reaching, effective, and sustainable mental health strategies, with the potential to impact 11,000 to 18,000 students through trained mental health champions and peer-led initiatives (Fung et al., 2021).

Beyond education, the study's findings carry important implications for mental health promotion efforts within the university setting. It revealed that they prefer informal sources over formal help, paired with the same high level of the "I would not seek help" option, indicating that perceived barriers, such as stigma, confidentiality concerns, or cultural beliefs, may still prevent students from utilising formal support services. To counteract these barriers, institutions must employ multi-approach mental health strategies rather than relying solely on awareness campaigns. Campaigns should not only raise awareness but also humanise the process of seeking support through testimonials, peer-led advocacy, and improved visibility of mental health professionals on campus. Such efforts may create a more accepting and supportive atmosphere that actively encourages formal help-seeking.

From an institutional and policy perspective, the results suggest that a one-size-fits-all approach to mental health support may not be sufficient. The diversity of students' backgrounds, including gender, religion, and cultural orientation, means that their perceptions of emotional distress and help-seeking may be diverse (Zhou et al.,2022). Therefore, universities need to create mental health systems that are inclusive and flexible.

This includes offering multiple support options, such as drop-in clinics, online chats, and group workshops, providing language and culturally sensitive services, and training academic staff to serve as frontline mental health allies. University policies should show a strong commitment to creating a safe and supportive environment, as this is key to students' well-being and success (Chicca & Shellenbarger,2020). A study by Hardie et al. (2022) outlines practical guidelines for nursing preceptors to create a psychologically safe learning environment. The recommendations are grouped into four stages: before meeting students, first interactions, maintaining the relationship, and general best practices. Emphasising inclusivity, empowerment, and student well-being, the article highlights the importance of preceptors being approachable and accessible to foster psychological safety in clinical settings (Hardie et al., 2022).

The study also raises several important questions that pave the way for future research. First, why does emotional regulation, particularly cognitive reappraisal, fail to predict or promote help-seeking behaviour in this population? Future research could investigate potential mediating variables, such as perceived stigma, self-efficacy, or cultural norms surrounding emotional regulation. For example, applying the Health Belief Model (Alyafei & Easton-Carr, 2024) or the Theory of Planned Behaviour (Tomczyk et al., 2020) may help identify motivational and cognitive barriers that influence students' decisions to seek help. Second, although this study collected sociodemographic data, the small sample size reduced the ability to identify significant differences between subgroups. Future research should involve larger, more diverse samples across multiple universities and regions to examine how cultural background, gender identity, religious affiliation, and other social identities influence both emotional regulation and help-seeking patterns (Stahl & Maznevski, 2021). This is particularly important in multicultural societies like Malaysia, where cultural norms

regarding emotional regulation and mental health may differ significantly (Chen et al., 2024). Third, the Emotion Regulation Questionnaire (ERQ) used in this study measures only two strategies, which are cognitive reappraisal and emotional suppression. Recent advancements in emotion regulation research, such as the ERQ–Positive/Negative (ERQ–PN) developed by De Jesús-Romero et al. (2024), allow for a more nuanced examination of how individuals regulate both positive and negative emotions. Future research should consider incorporating such tools to investigate whether the regulation of specific types of emotions (e.g., guilt, shame, pride) differentially impact help-seeking behaviour. Fifth, given that cognitive reappraisal was commonly used among students, possibly influenced by nursing education, future research should examine the effectiveness of mental health interventions that explicitly promote cognitive reappraisal and reduce stigma. Experimental designs or intervention studies could assess whether workshops, peer support programmes, or curriculum enhancements improve both emotional regulation and formal help-seeking rates. For example, a study found that the components and techniques of the DBT emotion regulation skills training programme, such as recognising and expressing emotions, reality-checking, applying opposite actions to modify emotional responses, developing problem-solving abilities, and utilising strategies like the ABC PLEASE skills can effectively target the underlying factors that contribute to emotional dysregulation (Ching,2023). In summary, while emotional regulation is important, its influence on help-seeking behaviours is likely intertwined with complex individual, social, and cultural factors. Future research should examine these connections more deeply, both methodologically and theoretically, to help develop more effective strategies that foster both resilience and the willingness to seek help among nursing students (Aryuwat et al., 2025).

Finally, it is essential to consider the potential consequences of inaction. If the reluctance to seek help is not addressed, nursing students may carry unresolved emotional burdens that can impair their academic performance, personal relationships, and, ultimately, their clinical practice. The emotional demands of the nursing profession require resilient and self-aware practitioners who not only manage their emotions effectively but also seek support when needed (Alodhialah ef al.,2024). Failure to cultivate a help-seeking culture may contribute to burnout, compassion fatigue, or a decline in the quality of patient care in the long run. Previous studies have shown that nurses across all roles and settings are at risk of burnout, including nursing students who may experience academic and emotional exhaustion even before entering the workforce (National Academies of Sciences, Engineering, and Medicine et al., 2021). Increased demands in primary care and complex patient care contribute to burnout, especially among nurses in critical care, oncology, psychiatric, and long-term care settings. Factors such as prolonged patient contact, challenging work environments, and exposure to stressors like patient aggression and death intensify this issue. Even nurse students may experience burnout levels like those of nurses and physicians. This will then lead to lower patient satisfaction, reduced quality of care, and an increased risk of clinical errors (De Hert, 2020). These consequences may contribute to adverse patient outcomes and potentially result in legal actions, which can impose significant emotional and financial burdens on both nurses and healthcare institutions.

In conclusion, the implications of this study are both timely and far-reaching. They underscore the urgent need for educational reforms, institutional responsiveness, and continued research into the emotional and psychological needs of nursing students. Supporting these students in managing their emotions and accessing appropriate help is not

only a matter of academic interest—it is a professional and ethical imperative for the future of nursing and healthcare as a whole.

5.6 Limitations of the Study

While this study provides valuable insights into the relationship between emotional regulation and mental health-related help-seeking behaviours among undergraduate nursing students, several limitations must be acknowledged to contextualise the findings accurately.

First, this study employed a cross-sectional design, which limits the ability to infer causality or changes over time (Taris et al., 2021). The data captures a single point in time and, as such, cannot determine whether certain emotional regulation leads to specific help-seeking behaviours or vice versa. Longitudinal studies could track changes in emotional regulation and help-seeking behaviours throughout the nursing programme, providing insights into whether clinical exposure or academic stressors influence these variables (Kothari et al.,2023). Moreover, qualitative methods, such as in-depth interviews or focus groups, can uncover nuanced experiences and attitudes toward mental health, providing a richer context for the quantitative findings and capturing the emotional complexity behind the reluctance to seek help (Lim, 2024). Second, the study relied on self-reported questionnaires, which may be affected by social desirability bias and personal interpretation (Durmaz, Dursun, & Kabadayı, 2020). Participants may have responded in ways they believed to be socially acceptable or consistent with perceived expectations, particularly when addressing sensitive topics such as mental health (Kuramochi et al.,2025). This may have led to underreporting or overreporting of certain behaviours or emotional levels, thereby affecting the accuracy of the findings. Third, the sample consisted of undergraduate nursing students from a single public university, Universiti Malaysia Sarawak (UNIMAS).

While this group is suitable for exploring the **research question**s, the findings may not be generalizable to nursing students in other institutions or to other healthcare disciplines (Yiin et al., 2024). Differences in institutional culture, academic pressure, and support systems may influence emotional regulation and help-seeking behaviours in ways not captured in this study (Ruihua et al.,2025). Fourth, although the study attempted to examine how sociodemographic factors influenced the relationship between emotional regulation and help-seeking, the sample size within specific subgroups by race, religion, or marital status may have been insufficient to detect significant differences. Future research with a more diverse and larger sample would enhance the statistical power to examine subgroup effects more thoroughly (Stahl & Maznevski, 2021). Finally, the scope of the study was confined to the general constructs of emotional regulation and help-seeking behaviours without distinguishing between types of mental health concerns or help-seeking sources (e.g., formal vs. informal). This limitation restricts the depth of understanding regarding how specific emotional regulation strategies may relate to types of help-seeking actions in varying contexts.

Despite these limitations, the study makes a meaningful contribution to the growing body of literature on mental health in nursing education. It provides a foundation for future research and interventions aimed at improving emotional regulation and help-seeking behaviours in this vulnerable population.

5.8 Conclusion

Although emotional regulation strategies did not differ significantly across help-seeking groups, the study offers valuable insights into the mental health landscape among nursing students. It underscores the need to look beyond internal emotional management and consider broader systemic and cultural influences on mental health-related behaviours.This study revealed that UNIMAS undergraduate nursing students primarily employed cognitive reappraisal as a strategy for emotional regulation. In contrast, expressive suppression was used less frequently, suggesting that students are more inclined to reinterpret emotional experiences than to inhibit their emotional expression. In terms of mental health-related help-seeking, students demonstrated a moderate for both low and high levels of help-seeking behaviour, with a greater level to seek support from informal sources such as friends and family rather than from formal professional services. However, the results also show that "do not seek help from anyone" is shared by the same number of students as those seeking help from informal sources. Next,the analysis also revealed that while emotional regulation strategies had some influence on help-seeking behaviours, the strength of these associations was modest. Notably, expressive suppression was more closely associated with a reduced likelihood of formal help-seeking, while cognitive reappraisal showed a positive but weak relationship with help-seeking levels. Moreover, these findings suggest that improving students' emotional regulation, particularly by encouraging cognitive reappraisal, may contribute to better mental health outcomes and more proactive help-seeking. However, educational efforts must also address stigma, cultural norms, and perceived barriers to formal help-seeking. In summary, fostering emotional awareness and resilience while enhancing access to supportive mental health resources is crucial in promoting the psychological well-being of nursing students. Future initiatives should combine emotional regulation training

with culturally sensitive interventions to cultivate both mental health literacy and help-seeking confidence among students.

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Appendices

Appendix I : Ethical Approval Application Letter

Pejabat Akademik
Fakulti Perubatan dan Sains Kesihatan
Academic Office
Faculty of Medicine & Health Sciences
☎: 581000 samb 7768
🖷: 665152

UNIVERSITI MALAYSIA
SARAWAK
94300 Kota Samarahan

MEMORANDUM

Reference	:	UNIMAS/NC-21.05/03-03 Jld. 8(101)
To	:	Fahril Nazmi bin Mohd Fariz (79378) Bachelor of Nursing with Honours Faculty of Medicine and Health Sciences
From	:	Dean Faculty of Medicine and Health Sciences
Date	:	05 March 2025
Subject	:	**Final Year Project - Research Approval: Emotional Regulation Strategies Influencing Mental Health- Related Help-Seeking Behaviors Among UNIMAS Nursing Students**

The above matter is referred.

The Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) has granted the **RESEARCH APPROVAL** for this Final Year Project research based on the appraisal by the Department of Nursing, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) on 24 February 2025. The Final Year Project research details stated below:

Student Name	:	**Fahril Nazmi bin Mohd Fariz**
Student ID	:	**79378**
Programme	:	**Bachelor of Nursing with Honours**
Research Title	:	***Emotional Regulation Strategies Influencing Mental Health- Related Help-Seeking Behaviors Among UNIMAS Nursing Students***
Supervisor Name	:	**Miss Chen Ai Ling**
Supervisor H/P	:	**+60 19-849 2699**

All records and data are to be kept strictly **CONFIDENTIAL** and can only be used for the purpose of this study. All precautions are to be taken to maintain data confidentiality. Permission from the all relevant heads of departments/units where the study will be carried out must be obtained prior to the study.

Please note that the approval is valid from **February 2025** to **November 2025** only. The reference number for this letter must be stated in all correspondence related to this study to facilitate the process.

Thank you with regards and well wishes.

Yours sincerely,

Professor Dr. Asri bin Said
Dean

c.c : Deputy Dean of Undergraduate
: Head of Nursing Department
: Bachelor of Nursing with Honours
: MDJ4653 Final Year Project 1 Course Coordinator

Appendix II: Ethical Cover Letter

Fahril Nazmi Bin Mohd Fariz,
Faculty of Medicine and Health Sciences,
Universiti Malaysia Sarawak,
94300 Kota Samarahan,
Sarawak.

The Chairman,
Medical Research Ethics Committee,
Faculty of Medicine and Health Sciences,
Universiti Malaysia Sarawak,
94300 Kota Samarahan,
Sarawak.

15th December 2024

Professor/Associate Professor/Dr/Sir/Madam,

REQUEST FOR APPROVAL TO CONDUCT RESEARCH PROJECT

I am a final-year student pursuing a Bachelor of Nursing with Honours at the Faculty of Medicine and Health Sciences, UNIMAS. I enrolled in MDJ 4653 Final Year Project I, in which the course is coordinated by Madam Shalin Lee Wan Fei. Please find my details as follows:

Full name: Fahril Nazmi Bin Mohd Fariz

Matrix number: 79378

IC No.: 020531-08-0993

I would like to request for the kind approval from the Faculty of Medicine and Health Sciences Medical Research Ethics Committee to conduct the following study:

Research title: Emotional Regulation Strategies Influencing Mental Health-Related Help-Seeking Behaviours Among UNIMAS Nursing Students

Supervisor's name: Chen Ai Ling

Email address: 79378@siswa.unimas.my

Supervisor's HP number: 019-849 2699

Please find the required documents as appended for your kind consideration and approval.

Thank you.

Yours sincerely,

(Fahril Nazmi Bin Mohd Fariz)

Appendix III: Participant Information Sheet

PARTICIPANT INFORMATION SHEET

1.	Title of the study	: Emotional Regulation Strategies Influencing Mental Health-Related Help-Seeking Behaviors Among UNIMAS Nursing Students
2.	Main Researcher	: Fahril Nazmi Bin Mohd Fariz
3.	Supervisor	: a) Course coordinator: Shalin Lee Wan Fei b) Main research supervisor: Chen Ai Ling
4.	Institution	: Department of Nursing Faculty of Medicine & Health Sciences Universiti Malaysia Sarawak
5.	Name of sponsor	: No external funding

6. **Introduction:**

It is important that you understand why the research is being done and what it involves. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. Ask the study staff if anything is unclear or if you would like more information. After you are properly satisfied that you understand this study, and that you wish to participate, you must sign this informed consent form.

Your participation in this study is voluntary. You do not have to be in this study if you do not want to. You may also refuse to answer any questions you do not want to answer. If you volunteer to be in this study, you may withdraw from it at any time. If you withdraw, any data collected from you up to your withdrawal will still be used for the study. Your refusal to participate or withdraw will not affect any medical or health benefits to which you are otherwise entitled.

This study has been approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

7. **What is the purpose of the study?**

The purpose of this study is to investigate how managing emotions affects the decision to seek help for mental health. This research is necessary to provide valuable insights into the role of emotional regulation in shaping mental health-related help-seeking behaviours, ultimately guiding the development of targeted interventions to support the mental well-being of nursing students.
This research will be conducted for 8 months (1/10/2024 till 31/05/2025). The expected number of participants is 163 individuals.

8. **What are my responsibilities when taking part in this study?**

It is important that you answer all the questions asked by the study's researcher honestly and completely, which will take about 15-20 minutes of your time.

You will be given a survey form to answer. This form contains (3) sections asking about sociodemographic data, an emotional regulation questionnaire, and a general help-seeking questionnaire.

9. **What are the benefits of being in this study?**

There may or may not be any benefits to you. Information obtained from this study will help guide the development of targeted interventions to support the mental well-being of nursing students.

10. **What are the potential risks and side effects of being in this study?**

Participation in this study will not affect your treatment, and the risk is minimal. You are free to decline to answer any of the questions that you feel uncomfortable with.

11. Who is funding the research?

This study does not receive any external funding and is fully sponsored by the main study researcher. You will not be paid for participating in this study.

12. Will my information be kept private?

All your information obtained in this study will be kept and handled confidentially in accordance with applicable laws and/or regulations. When publishing or presenting the study results, your identity will not be revealed without your expressed consent. Individuals involved in this study, qualified monitors and auditors, and governmental or regulatory authorities may inspect the study data where appropriate and necessary.

13. Who should I call if I have questions?

If you have any questions about the study or if you think you have a study-related injury and you want information about this study, please contact the main study researcher, Fahril Nazmi Bin Mohd Fariz, through the email address 79378@siswa.unimas.my or the supervisor of this study, Miss Chen Ai Ling, who can reach through the email address alchen@unimas.my

If you have any questions about your rights as a participant in this study, please contact: The Secretary, Medical Research & Ethics Committee, Ministry of Health Malaysia, at telephone number 03-3362 8407/8205/8888.

Appendix IV: Informed Consent

INFORMED CONSENT FORM

Title of Study: **Emotional Regulation Strategies Influencing Mental Health-Related Help-Seeking Behaviors Among UNIMAS Nursing Students**

By signing below, I confirm the following:

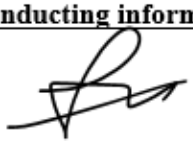
- I have been given oral and written information for the above study and have read and understood the information given.
- I have had sufficient time to consider participating in the study and have had the opportunity to ask questions and all my questions have been answered satisfactorily.
- I understand that my participation is voluntary, and I can freely withdraw from the study without giving a reason, and this will in no way affect my future treatment. I am not taking part in any other research study currently. I understand the risks and benefits, and I freely give my informed consent to participate under the conditions stated. I understand that I must follow the study doctor's (investigator's) instructions related to my participation in the study.
- I understand that study staff, qualified monitors and auditors, the sponsor or its affiliates, and governmental or regulatory authorities have direct access to my medical record in order to make sure that the study is conducted correctly and the data are recorded correctly. All personal details will be treated as **STRICTLY CONFIDENTIAL**
- I will receive a copy of this subject information/informed consent form signed and dated to bring home.

Subject:

Signature: I/C number:

Name: Date:

Investigator conducting informed consent:

Signature:  I/C number: 020531-08-0993

Name: Fahril Nazmi Bin Mohd Fariz Date: 16/12/2024

Impartial witness:

Signature: I/C number:

Name: Date:

Appendix V: Questionnaire

a) Emotional Regulation Questionnaire (ERQ)

Emotion Regulation Questionnaire (ERQ)
Gross & John

The Emotion Regulation Questionnaire is designed to assess individual differences in the habitual use of two emotion regulation strategies: cognitive reappraisal and expressive suppression.

Citation

Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. Journal of Personality and Social Psychology, 85, 348-362.

Instructions and Items

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

1	2	3	4	5	6	7
strongly disagree			neutral			strongly agree

1. ____ When I want to feel more *positive* emotion (such as joy or amusement), I *change what I'm thinking about*.
2. ____ I keep my emotions to myself.
3. ____ When I want to feel less *negative* emotion (such as sadness or anger), I *change what I'm thinking about*.
4. ____ When I am feeling *positive* emotions, I am careful not to express them.
5. ____ When I'm faced with a stressful situation, I make myself *think about it* in a way that helps me stay calm.
6. ____ I control my emotions by *not expressing them*.
7. ____ When I want to feel more *positive* emotion, I *change the way I'm thinking* about the situation.
8. ____ I control my emotions by *changing the way I think* about the situation I'm in.
9. ____ When I am feeling *negative* emotions, I make sure not to express them.
10. ____ When I want to feel less *negative* emotion, I *change the way I'm thinking* about the situation.

Note
Do not change item order, as items 1 and 3 at the beginning of the questionnaire define the terms "positive emotion" and "negative emotion".

Scoring (no reversals)
Reappraisal Items: 1, 3, 5, 7, 8, 10; Suppression Items: 2, 4, 6, 9.

b) General Help-Seeking Questionnaire (GHSQ)

GENERAL HELP-SEEKING QUESTIONNAIRE – Original Version (GHSQ)

Question 1 = Personal or emotional problems

Question 2 = Suicidal ideation

***Note*: In all questions, items a-j measure **help-seeking intentions**.**

Help sources should be modified to match the target population.

1. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7
j. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague. If no, leave blank)_____	1	2	3	4	5	6	7

Appendix VI: Questionnaire Permission Request

Request for Permission to Use Emotional Regulation Questionnaire (ERQ)

FAHRIL NAZMI BIN MOHD FARIZ

To: d.preece@ecu.edu.au

Wed 1/22/2025 8:23 PM

Greetings,

I hope this message finds you well. My name is Fahril Nazmi Bin Mohd Fariz, and I am a fourth-year student in Bachelor of Nursing with Honours at the University of Malaysia, Sarawak, UNIMAS. I am currently conducting research on "EMOTIONAL REGULATION STRATEGIES INFLUENCING MENTAL HEALTH-RELATED HELP-SEEKING BEHAVIOURS AMONG UNIMAS NURSING STUDENTS".

I came across your Emotional Regulation Questionnaire (ERQ) and found it highly relevant to my study. I would like to request your permission to use this questionnaire as part of my research.

I assure you that I will provide proper credit for your work in my research documentation and will adhere to any guidelines you may have regarding its use.

Thank you for considering my request. I look forward to your positive response.

Best regards,
Fahril Nazmi Bin Mohd Fariz,
Email : 79378@siswa.uow.edu.au
Bachelor of Nursing, University of Malaysia Sawarak, UNIMAS

Request for Permission to Use General Help-Seeking Questionnaire (QHSQ)

FAHRIL NAZMI BIN MOHD FARIZ

To: cwilson@uow.edu.au

Greetings,

I hope this message finds you well. My name is Fahril Nazmi Bin Mohd Fariz, and I am a fourth-year student in Bachelor of Nursing with Honours at the University of Malaysia, Sarawak, UNIMAS. I am currently conducting research on "EMOTIONAL REGULATION STRATEGIES INFLUENCING MENTAL HEALTH-RELATED HELP-SEEKING BEHAVIOURS AMONG UNIMAS NURSING STUDENTS".

I came across your questionnaire titled General Help-Seeking Questionnaire (QHSQ) and found it to be highly relevant to my study. I would like to request your permission to use this questionnaire as part of my research.

I assure you that I will provide proper credit for your work in my research documentation and will adhere to any guidelines you may have regarding its use.

Thank you for considering my request. I look forward to your positive response.

Best regards,
Fahril Nazmi Bin Mohd Fariz,
Email : 79378@siswa.uow.edu.au
Bachelor of Nursing, University of Malaysia Sawarak, UNIMAS

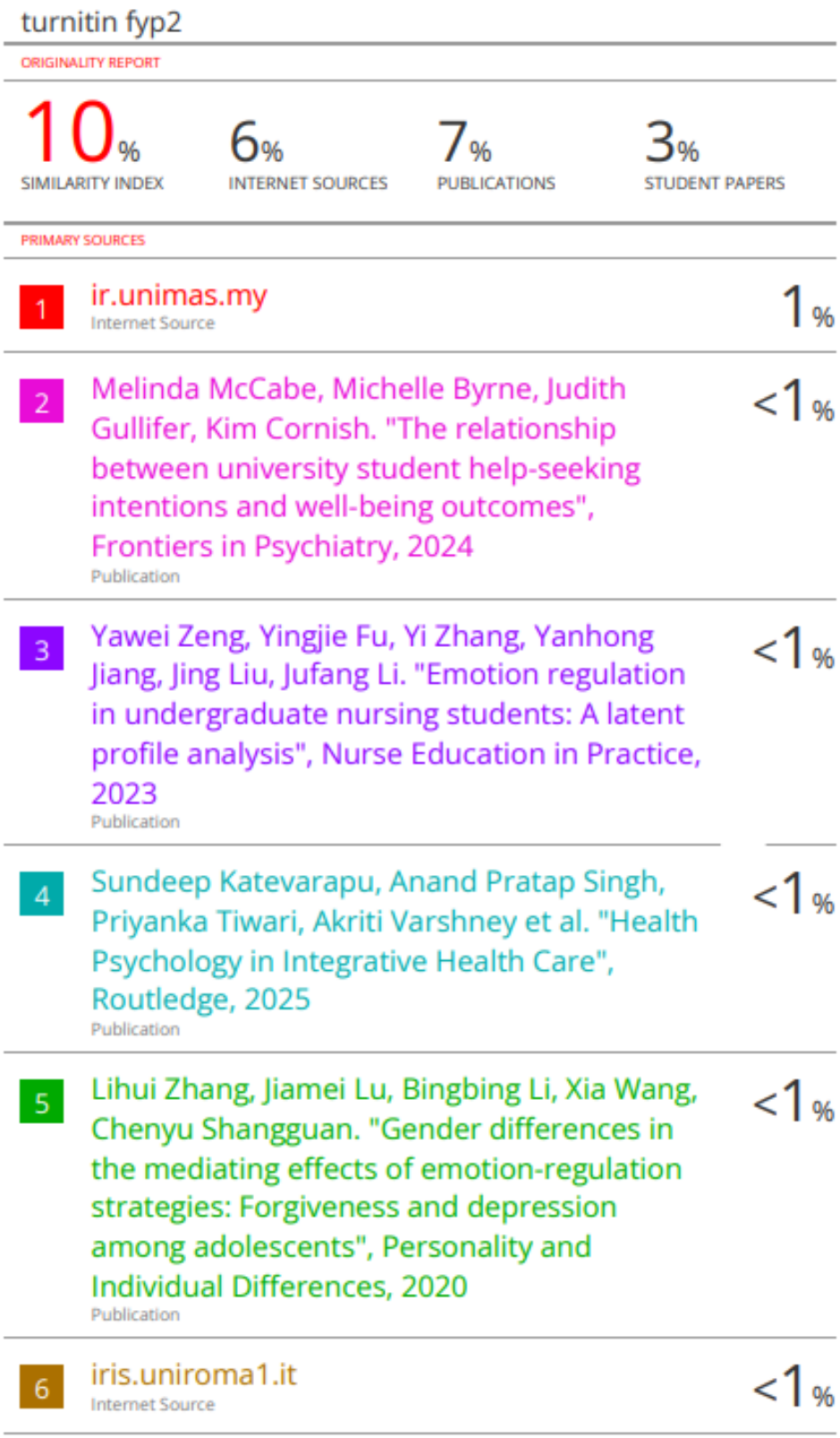
Appendix VII: Gantt Chart

Activities	Month								
	2024			2025					
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Determination of research title	■								
Literature Review	■	■	■	■	■	■	■	■	■
Meeting with the Supervisor	■	■	■	■	■	■	■	■	■
Submit the proposal defence slide.		■							
Submission of the first draft			■						
FYP 1: Submission of research				■					
Data Collection					■	■			
Data Analysis							■	■	■
Writing up the report							■	■	■
Submit the final draft									■
FYP 2: Submission of final report									■

Appendix VIII: Budget

Items	**Cost**
SPSS	RM 5
Proposal Defend Slide	RM 24
Poster	Rm 39
Internet data	RM38/month
Hardcopy and binding	RM 20
Total	**= RM 129**

Appendix IX: Turnitin Similarity Index Report



turnitin fyp2

ORIGINALITY REPORT

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	ir.unimas.my Internet Source	1%
2	Melinda McCabe, Michelle Byrne, Judith Gullifer, Kim Cornish. "The relationship between university student help-seeking intentions and well-being outcomes", Frontiers in Psychiatry, 2024 Publication	<1%
3	Yawei Zeng, Yingjie Fu, Yi Zhang, Yanhong Jiang, Jing Liu, Jufang Li. "Emotion regulation in undergraduate nursing students: A latent profile analysis", Nurse Education in Practice, 2023 Publication	<1%
4	Sundeep Katevarapu, Anand Pratap Singh, Priyanka Tiwari, Akriti Varshney et al. "Health Psychology in Integrative Health Care", Routledge, 2025 Publication	<1%
5	Lihui Zhang, Jiamei Lu, Bingbing Li, Xia Wang, Chenyu Shangguan. "Gender differences in the mediating effects of emotion-regulation strategies: Forgiveness and depression among adolescents", Personality and Individual Differences, 2020 Publication	<1%
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