



Original Article

Perception of stigma and attitudes toward seeking psychological help among nurses working in a rehabilitation hospital

 Fatma Helin Yılmaz,¹  Kerime Derya Beydag²

¹Department of Nursing, Ankara City Hospital, Ankara, Türkiye

²Department of Nursing, İstanbul Gedik University Faculty of Health Sciences, İstanbul, Türkiye

Abstract

Objectives: The aim of this study was to examine the attitudes toward seeking psychological help and associated stigma among nurses at a physical therapy and rehabilitation hospital in İstanbul, Türkiye.

Methods: The study sample consisted of 160 nurses working at a single hospital in April-August 2019. The data were collected using a descriptive characteristics questionnaire, the Attitude Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), and the Stigma Scale for Receiving Psychological Help (SSRPH).

Results: In the group, 18.8% of the nurses reported that they had received professional psychological support, and 28.8% stated that they would hide it from their friends if they received psychological support. The mean SSRPH score was 10.51 ± 1.9 and the mean ATSPPH-SF score was 27.46 ± 2.92 . A weak negative relationship was observed between the scale scores ($p < 0.05$).

Conclusion: The nurses who expressed a stronger view of stigma attached to psychological care expressed a more negative view about seeking psychological help. Additional efforts to raise awareness of the benefits of mental health care among and by healthcare staff could help to reduce the stigma and ensure better quality of life.

Keywords: Attitude; nurse; seeking psychological help; social exclusion.

Professional psychological assistance consists of a variety of methods and resources used to help individuals understand and resolve emotional, social, and interpersonal problems.^[1-3] Numerous factors can influence an individual's willingness to seek psychological help. These include personal characteristics and circumstances, sociocultural factors, and access to appropriate resources.^[4,5]

Social stigma, a disapproval, rejection, or attachment of shame and disgrace to something or someone deemed objectionable and unacceptable, continues to be a barrier to mental health care.^[6-8] Individuals who may want or need psychological help are often afraid to pursue professional services due to fears of being stigmatized.^[4,9-12] Social stigma can lead to self-stigma, an internalization of the social attitude, and further reduce the

likelihood of seeking assistance.

The nursing profession is rewarding; however, it presents great challenges. It typically involves difficult working conditions. Long work hours and challenging interactions with colleagues, patients, and the public are common. Nurses are also required to actively participate in patient treatment and work with family members, frequently at times of emotional distress. The well documented stress and emotional toll can include risks to mental health. Often, however, healthcare professionals may underestimate or neglect their own mental health needs. While healthcare professionals are trained to both empathize and maintain a professional distance, it can become difficult. Despite awareness of mental health issues, many deny themselves appropriate self-care. In particular, nurses who work

Address for correspondence: Kerime Derya Beydag, İstanbul Gedik Üniversitesi Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, İstanbul, Türkiye

Phone: 444 5 438 / 4001 **E-mail:** kderyabeydag@gmail.com **ORCID:** 0000-0002-7251-4882

Submitted Date: September 02, 2020 **Accepted Date:** March 12, 2022 **Available Online Date:** August 04, 2022

©Copyright 2022 by Journal of Psychiatric Nursing - Available online at www.phdergi.org



What is presently known on this subject?

• Stigma is one of the greatest barriers to mental health care and is associated with more severe psychiatric symptoms and reduced treatment. Nurses can be powerful advocates for greater acceptance of mental health care. As a result of a very challenging work environment, they too, may struggle with mental health concerns. Often, however, healthcare professionals may underestimate or neglect their own mental health needs, or fear the effects of stigma attached to seeking professional care.

What does this article add to the existing knowledge?

• The results of this study provide the first known data of the attitudes of Turkish nurses toward seeking psychological treatment. Study participants who reported a higher perceived level of social stigma had a more negative attitude toward obtaining psychological treatment.

What are the implications for practice?

• It is important to raise awareness among healthcare professionals and the general public that seeking professional psychological help to manage mental health is not a source of shame, and in fact, contributes to greater quality of life. Reducing obstacles to treatment has the power to provide benefits to individuals and all of society.

with patients for an extended period of time during rehabilitation may be at risk of forming a less-detached, sympathetic identification with the patient, which can have a significant impact, particularly in the event of negative outcomes or losses. A reluctance to recognize a need for assistance or the fear of potential consequences due to stigmatization in the work environment impedes help-seeking action.^[13,14]

The fear of stigmatization can have a significant impact on psychological well-being.^[15] The still-pervasive social stigma surrounding mental health is one of the most significant barriers to seeking care. A fearful, condemning, or otherwise negative attitude about mental disorders persists in much of society.^[16] Although many factors may contribute to reluctance or unwillingness to seek psychological help, stigma continues to be powerful.^[17] Vogel et al.^[11] found that when an individual received support from those close to them, the probability of seeking psychological help was higher, despite an awareness of possible stigma. Kavas, Topkaya and Gençoğlu^[18] observed that individuals who perceived high levels of social stigma related to receiving psychological help had higher levels of self-stigma about the issue and lower levels of life satisfaction. It is well established that a high level of perceived social stigma has a repressive effect on help-seeking behavior.

The attitudes of nurses about mental health are important. They experience challenging conditions themselves and also serve as role models and leaders in society. Changing negative attitudes among healthcare workers and ensuring conditions that foster their own ability to safeguard their mental health will help to ensure quality of care, raise public awareness, reduce social stigma, and contribute to better care and quality of life.

The purpose of this study was to examine the attitudes of nurses working at a physiotherapy research and training hospital in Istanbul, Türkiye about seeking and receiving psychological help and their perception of related social stigma. The level of emotional exhaustion can be particularly high among nurses working with chronic physiotherapy patients; therefore, their views about mental health care with respect to themselves

and others may be valuable to efforts to improve care both within the profession and for the general public.

Materials and Method

Ethical Aspects

Before collecting data, approval for the research was obtained from the Okan University Ethics Committee on March 13, 2019 (no: 34). The hospital also provided institutional permission, and the participants gave informed, written consent.

Study Design

This descriptive, cross-sectional, correlational study was designed to analyze the following research questions:

- What are the attitudes of nurses toward receiving psychological help?
- What is the level of perceived social stigmatization among nurses regarding receiving psychological help?
- Is there a relationship between the attitudes of nurses about receiving psychological help and their perception of social stigma related to receiving psychological help?

Study Population and Sample

The population of the study comprised 248 nurses working at a single hospital during the period April 1-August 1, 2019. The sample consisted of 160 nurses. The size of the sample was based on the minimum required calculated using a standard formula based on a known population. All nurses who agreed to participate in the study were enrolled.

Data Collection Tools

The data were collected using a descriptive characteristics form, the Attitudes toward Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF), and the Stigma Scale for Receiving Professional Psychological Help (SSRPH).

The form used to collect sociodemographic characteristics of the participants and views about receiving psychological help included 6 questions related to age, gender, education status, marital status, size and type of family in the home, and parental status, as well as 6 questions about their personal history of professional psychological treatment, inclination to conceal seeking psychological help from their family and friends, sources they would seek out if they felt the need for psychological support, view on social stigmatization of individuals who have mental disorders, and opinion on a negative effect on professional prestige based on seeking mental health care.

The Attitudes Toward Seeking Professional Psychological Help Scale-Short Form

Topkaya et al.^[19] conducted a validity and reliability study of a Turkish version of the ATSPPH-SF, originally developed by Fischer and Farina (1995) to measure attitudes towards seek-

ing psychological help. The single-factor tool uses a 4-point, Likert-type scale to score 10 items, yielding a minimum possible score of 10 and a maximum score of 40; a higher score reflects more a positive attitude toward seeking psychological help. The Cronbach alpha coefficient of the original scale was .84; in this study the coefficient was .86.

The Stigma Scale for Receiving Professional Psychological Help

Topkaya et al.^[19] also conducted a validity and reliability study of a Turkish version of the SSRPH developed by Komiya et al. (2000) to assess the perceptions of individuals about the stigma attached to receiving psychological help. A 4-point, Likert-type scale is used to evaluate 5 items on this single-factor measurement tool. The total score can range 1-20, and a higher score indicates a higher level of perceived social stigma. The Cronbach alpha coefficient of the original scale was as .72, and in this study, the alpha coefficient .88.

Statistical Analysis

Calculations of frequency, percentage, mean, and SD were used to analyze the descriptive data. Spearman's correlation analysis was applied to determine the relationship between the scale scores.

Results

In the study group, 67.5% were 20-27 years old, 81.3% were women, and 60% had an undergraduate degree. Among them, 51.9% were single, 73.1% did not have children, and 71.3% lived in a nuclear family (Table 1).

Analysis of the characteristic data and opinion form results revealed that 18.8% of the participants responded that they had received psychological help from a professional, 65% said they would not conceal seeking professional psychological support from their family, and 28.8% reported that they would hide it from their friends. Among the participants, most would first go to family or friends, while 23.8% stated that they would first seek professional care if they needed psychologi-

Table 1. Descriptive characteristics of the participants

Variables	n	%
Mean age (years)	28.04±6.92 (min: 20, max: 56)	
Age group (years)		
20-27	108	67.5
≥28	52	32.5
Gender		
Female	130	81.3
Male	30	18.8
Education level		
Vocational high school for health services	44	27.5
Undergraduate	96	60.0
Graduate	20	12.5
Marital status		
Married	77	48.1
Single	83	51.9
Children		
Yes	43	26.9
No	117	73.1
Family type		
Nuclear family	114	71.3
Extended family	46	28.8
Total	160	100.0

Table 2. Views and experience of the participants about seeking psychological help

Variables		n	%
Has personally received psychological help from a professional	Yes	30	18.8
	No	130	81.3
Would hide it from family if sought professional treatment	Yes	12	7.5
	No	104	65.0
	Undecided	44	27.5
Would hide it from friends if sought professional treatment	Yes	46	28.8
	No	75	46.9
	Undecided	39	24.4
Primary source for psychological support	Family and social circle	122	76.3
	Professional support	38	23.8
There is a social stigma associated with mental health disorders	Yes	73	45.6
	No	87	54.5
Negative perceptions about individuals with mental health disorders affect professional prestige	Yes	106	66.3
	No	19	11.9
	Undecided	35	21.9
Total		160	100.0

Table 3. Mean scale scores

Total scale scores	X	SD	Min.	Max.
Stigma Scale for Receiving Professional Psychological Help (SSRPH)	10.51	1.99	5	16
Attitudes Toward Seeking Psychological Help Scale - Short Form (ATSPPH-SF)	27.46	2.92	17	35

SD: Standard deviation; Min: Minimum; Max: Maximum.

Table 4. Correlation between scale scores

Scales		ATSPPH-SF
SSRPH	r_s	-.216
	p	.006

r_s : Spearman's correlation; $p < 0.05$. ATSPPH-SF: Attitudes Toward Seeking Psychological Help Scale-Short Form; SSRPH: Stigma Scale for Receiving Professional Psychological Help.

cal support. In all, 45.6% of the group responded that mental health issues are stigmatized, and 66.3% stated that negative perceptions about individuals with mental health disorders affect professional prestige (Table 2).

The mean SSRPH score of the participants was 10.51 ± 1.9 , and the mean ATSPPH-SF score was 27.46 ± 2.92 (Table 3). A weak negative relationship was found between the mean SSRPH and ATSPPH-SF scores ($p < 0.05$). The participants who had a higher perceived social stigma score had a more negative attitude toward receiving psychological help (Table 4).

Discussion

In this study, most of the nurses in the sample indicated that their first source of psychological support would be family and friends, while 23.8% stated that they would seek out a professional. Among the participants, the rate of those who had sought professional psychological help was low (23%), and notably, 66.3% said that negative perceptions of individuals who have mental health disorders affect professional prestige (Table 2). Similar results have been reported in the literature. Park et al.^[20] reported avoidance to due shame regarding seeking professional help. In a study of public institution employees, Arslantaş et al.^[21] found that 57.1% of the participants sought informal help from someone in their family, while 15.5% sought help from a psychiatrist. Price and Dalgleish^[22] also observed that the most frequent sources used for assistance were informal, and they noted that barriers to seeking professional psychological assistance included shame, fear of consequences, lack of trust, intergenerational stigma, and limited awareness. Özbay et al.^[23] noted a negative relationship between status factors and the level of concealment, an effort to hide what is perceived to be negative about the self, and attitude toward seeking help; greater self-confidence was associated with greater avoidance or reluctance.

The mean SSRPH score of the participants in this study was 10.51 ± 1.9 , which reflects a moderate level of perceived social stigma attached to psychological treatment (maximum possible score: 20) (Table 3). This result is consistent with literature findings.^[24-26] The attitude of nurses can be very influential. They have direct contact with patients and family members and they serve as role models not only at the hospital, but also in society. Nurses who express support for professional psychological assistance can be instrumental in raising public awareness, removing barriers to treatment, and improving quality of life.^[27,28] They must also feel safe in the ability to manage their own mental health.

In this study, the mean ATSPPH-SF score of the participants was 27.46 ± 2.92 , which suggested that the participants had a generally positive attitude toward seeking psychological treatment (maximum possible score: 40) (Table 3). The training that the participants had received and their level of knowledge about mental health and treatment likely contributed to this view. Yelpaze^[29] also reported a positive attitude toward seeking psychological help among university students. In contrast, studies carried out by Biciç^[30] and Şik^[26] revealed more negative attitudes in adults. The fact that this study group comprised healthcare workers may be an important distinction.

A weak negative relationship was identified between the attitudes of the participants of this study toward seeking psychological help and their level of related perceived social stigma ($p < 0.05$) (Table 4). The participants who demonstrated a high level of perceived social stigma also had a more negative attitude toward seeking psychological treatment. Other studies in the literature have similar results. Several authors have noted that as the individual attitude toward acceptance of seeking psychological help increased, the level of perceived social stigma decreased.^[24,25,31,32]

Several cultural and social class factors can have an effect on public attitudes toward psychological treatment. These include concepts and practices surrounding issues such as gender, self-sufficiency, and trust. Limited awareness of facts can be compounded by fears related to stigma, as well as norms that direct individuals to seek help elsewhere or punish seeking out alternatives. Ease of access to the appropriate resources can also be a significant barrier.

Both social stigma and self-stigma regarding professional psychological assistance persist in Turkish culture. Stigma is particularly powerful in smaller communities with limited awareness or exposure to mental health care. Misunderstanding

of treatment, concerns about confidentiality, and other fears continue to limit help-seeking behavior, even among those who want assistance.

Limitations

The fact that the study was carried out at a single facility is a limitation. The results are also based on self-reports, which may limit the reliability of the responses due to social desirability bias.

Conclusion and Recommendations

This examination of the attitudes of nurses working at a physiotherapy hospital regarding seeking psychological help and their level of perceived social stigma related to receiving psychological treatment revealed that the nurses who reported a high level of perceived social stigma had a more negative attitude towards seeking psychological help.

Nurses can be powerful and influential advocates for the value of mental health care. However, fears of stigmatization and other concerns can also limit help-seeking among healthcare professionals. Increased awareness and acceptance of psychological help could be very beneficial to public health. Additional comprehensive research to determine the significance and role of social stigma related to psychological assistance with broader samples of nurses from different cultures as well as initiatives to encourage greater understanding of mental health are needed.

Conflict of interest: There are no relevant conflicts of interest to disclose.

Peer-review: Externally peer-reviewed.

Authorship contributions: Concept – K.D.B., F.H.Y.; Design – K.D.B., F.H.Y.; Supervision – K.D.B.; Fundings - F.H.Y.; Materials – F.H.Y.; Data collection &/or processing – F.H.Y.; Analysis and/or interpretation – K.D.B., F.H.Y.; Literature search – K.D.B., F.H.Y.; Writing – K.D.B., F.H.Y.; Critical review – K.D.B.

References

1. Shi Wei, Shen Z, Wang S, Hall BJ. Barriers to professional mental health help-seeking among Chinese adults: A systematic review. *Frontiers in psychiatry* 2020;11:442.
2. Schenk L, Sentse M, Lenkens M, Engbersen G, van de Mheen D, Nagelhout GE, et al. At-risk youths' self-sufficiency: The role of social capital and help-seeking orientation. *Child Youth Serv Rev* 2018;91:263–70.
3. Bornschlegl M, Meldrum K, Caltabiano NJ. Variables related to academic help-seeking behaviour in higher education—findings from a multidisciplinary perspective. *Rev Educ* 2020;8:486–522.
4. Korkmaz G, Küçük L. Internalized stigma and perceived family support in acute psychiatric inpatient units. *Arch Psych Nurs* 2016;30:55–61.
5. Şimşekoğlu N, Mayda AS. Healthy lifestyle behaviors and health anxiety levels of nurses working in a university hospital. *J Duzce Univ Inst Health Sci* 2016;6:19–20.
6. Yıldırım G, Atilla G. The effect of self-efficacy on mindfulness and self-esteem. *Eskişehir Osmangazi Univ J Soc Sci* 2020;21:59–84.
7. Angermeyer MC, van der Auwera S, Carta MG, Schomerus G. Public attitudes towards psychiatry and psychiatric treatment at the beginning of the 21st century: A systematic review and meta-analysis of population surveys. *World Psychiatry* 2017;16:50–61.
8. Vogel DL, Strass HA, Heath PJ, Al-Darmaki FR, Armstrong PI, Baptista MN, et al. Stigma of seeking psychological services: Examining college students across ten countries/regions. *Couns Psychol* 2017;45:170–92.
9. Stangl AL, Earnshaw VA, Logie CH, van Brakel W, Simbayi LC, Barré I, et al. The health stigma and discrimination framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Med* 2019;17:1–13.
10. Topkaya N. Psikolojik yardım alma niyetini yordamada demografik, bireysel ve çevresel faktörler. *Turk J Psychol* 2014;29:10–1.
11. Vogel DL, Wade NG, Ascherman PL. Measuring perceptions of stigmatization by others for seeking psychological help: Reliability and validity of a new stigma scale with college students. *J Counsel Psychol* 2009;56:301–8.
12. Vogel DL, Wade NG, Hackler AH. Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes towards counseling. *J Couns Psychol* 2007;54:40–50.
13. Vogel DL, Wei M. Adult attachment and help-seeking intent: The mediating roles of psychological distress and perceived social support. *J Couns Psychol* 2005;52: 347–57.
14. Lampis J, Cataudella S, Agus M, Carta S, Rodríguez-González M, Lasio D, et al. Differentiation of self and the decision to seek systemic psychotherapy: A comparison between a help-seeking and a normative sample. *Couns Psychol Q* 2021;34:54–71.
15. Blau G, Petrucci T, Mcclendon J. Correlates of life satisfaction and unemployment stigma and the impact of length of unemployment on a unique unemployment sample. *Career Dev Int* 2013;18:257–80.
16. Çam O, Bilge A, The Fight against stigma toward mental illness. *TAF Prev Med Bull* 2010;9:71–8.
17. Özkan B, Çoban Arguvanlı S, Saraç B, Medik K. Views about stigma of family members of the patients with chronic psychological problems. *Yıldırım Beyazıt Univ J Nurs* 2014;2:1–6.
18. Kavas AB, Topkaya N, Gençoğlu C. Psikolojik yardım alma nedeniyle sosyal damgalanma, denetim odağı, kendini damgalama ve yaşam doyumu arasındaki ilişkiler. *Ondokuz Mayıs Univ J Fav Educ* 2014;33:367–77.
19. Topkaya N, Albayrak KE, Bozkurt İ, Yurdusever N. The predictors of intentions to seek help among university students. *Inonu Univ J Fac Educ* 2020;21:503–17.
20. Park S, Jeon M, Lee Y, Ko YM, Kim CE. Influencing factors of attitudes toward seeking professional help for mental illness

- among Korean adults. *Int J Soc Psychiatry* 2018;64:286–92.
21. Arslantaş H, Dereboy İF, Aştı N, Pektekin Ç. Factors influencing adults' psychological help-seeking attitudes. *J Adnan Menderes Univ Med Fac* 2011;12:17–3.
 22. Dalglish J, Price M. Help-seeking among indigenous Australian adolescents: Exploring attitudes, behaviours and barriers. *Youth Stud Aust* 2013;32:10–8.
 23. Özbay Y, Terzi Ş, Erkan S, Çankaya ZC. A primary investigation of professional help-seeking attitudes, selfconcealment and gender roles of university students. *Pegem J Educ Ins* 2011;1:59–71.
 24. Çamaş G. Üniversite öğrencilerinde psikolojik yardım aramaya ilişkin damgalama düzeylerinin özyeterlik, aile bütünlük duygusu ve sosyal destek ile ilişkisi. Yüksek Lisans Tezi. Anlara: Ankara Üniversitesi Eğitim Bilimleri Enstitüsü Eğitimde Psikolojik Hizmetler Anabilim Dalı Rehberlik Ve Psikolojik Danışmanlık Programı; 2017.
 25. Metin A. Lise öğrencilerinin psikolojik yardım alma tutumlarının kendini damgalama ve sosyal damgalanma algısına göre incelenmesi. Yüksek Lisans Tezi. İstanbul; Okan Üniversitesi Sağlık Bilimleri Enstitüsü Hemşirelik Anabilim Dalı; 2017.
 26. Şık T. Yetişkinlerin psikolojik yardım arama tutumlarında psikolojik iyi oluş ve damgalanmanın etkisi. Yüksek Lisans Tezi. Kars; Kafkas Üniversitesi Sağlık Bilimleri Enstitüsü Hemşirelik Anabilim Dalı : 2019.
 27. Ciftci A, Jones N, Corrigan PW. Mental health stigma in the Muslim community. *J Muslim Ment Health* 2013;7:17–32.
 28. Sezer S, Gülleroğlu D. Variables predicting psychological help seeking attitudes: Self stigma, self-esteem, receiving psychological help. *J Uludag Univ Fac Educ* 2016;29:75–93.
 29. Yelpaze I. Üniversite öğrencilerinin psikolojik yardım alma tutumlarının incelenmesi. Eskişehir: Eskişehir Anadolu Üniversitesi, Rehberlik ve Psikolojik Danışmanlık Programı; 2016.
 30. Bicil B. Yetişkinlerin psikolojik yardım arama niyetlerinin incelenmesi: İzmir ili örneği. Yüksek Lisans Tezi. İzmir: Ege Üniversitesi; 2012.
 31. Cha BS, Enriquez LE, Ro A. Beyond access: Psychosocial barriers to undocumented students' use of mental health services. *Soc Sci Med* 2019;233:193–200.
 32. Clement S, Schauman O, Graham T, Maggioni F, Evans-Lacko S, Bezborodovs N, et al. What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychol Med* 2015;45:11–27.