STIGMA AND PSYCHOLOGICAL HELP SEEKING ATTITUDE AMONG NURSES: THE MODERATING ROLE OF SELF-COMPASSION

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DECLARATION

I, Ifyani Hazirah binti Mohammad hereby declare that the contents presented in this Final Report Research Project entitled 'Stigma and Psychological Help Seeking Attitude Among Nurses: The Moderating Role of Self-Compassion' are my own which was done at Universiti Sains Malaysia unless stated otherwise. I also declare that this Final Report Research Project has not been previously or concurrently submitted for any other degree at USM or any other institutions.

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(Student's Signature) (Date)

ABSTRACT

Stigma has been a major barrier for people with mental health issues or mental disorder to seek for psychological help as treatment. The reluctance to seek help may be quite prevalent among healthcare workers including nurses, such as the stigma that they may look weak if they seek help due to the nature of their work that provides care for others. There has been no study thus far that has investigated self-compassion in nurses in Malaysia in which self-compassion may play a role to improve help-seeking attitudes. This study aims to investigate the correlation (1) between public stigma and self-stigma of seeking help, (2) between self-stigma and attitude towards seeking psychological help, and (3) between self-compassion and self-stigma, and (4) the role of self-compassion as a moderator between self-stigma and public stigma that is expected to improve psychological help-seeking attitude among a nursing sample in Kubang Kerian, Kelantan, Malaysia. The study was conducted among 102 nurses in Hospital Universiti Sains Malaysia who completed self-reported questionnaire Stigma Scale for Receiving Psychological Help (SSRPH), Self-Stigma of Seeking Help (SSOSH), Mental Help Seeking Attitude (MHSAS) and Self-Compassion Scale (SCS). Results revealed statistically significant positive correlation between public stigma and self-stigma, negative correlation between self-stigma and attitude towards seeking psychological help, and negative correlation between self-compassion and self-stigma. Moderation analysis for the relationship between public stigma and self-stigma however was not significant. The findings supported the theory that explains the relationship between public stigma, self-stigma, and attitude towards seeking psychological help, although not for self-compassion as a moderator. This study fills in the knowledge gap relating to help-seeking attitude of nurses in a local Malaysian context and may become

a reference for future mental health campaigns relating to stigma among nurses to improve help-seeking attitude.

Keywords: Help-seeking behaviour, stigma, mental health, self-compassion, nurse

ABSTRAK

Stigma merupakan antara penghalang utama untuk mendapatkan rawatan psikologi bagi isu kesihatan mental dan kecelaruan mental. Keengganan untuk mendapatkan rawatan mungkin selalu berlaku di kalangan pekerja bidang kesihatan termasuk jururawat disebabkan oleh stigma bahawa mereka kelihatan lemah jika mereka mendapatkan rawatan memandangkan kerja mereka yang memberikan khidmat rawatan kepada orang lain. Kajian ini bertujuan untuk melihat hubungan korelasi antara (1) stigma awam dan stigma kendiri, (2) stigma kendiri dan sikap mendapatkan rawatan psikologi, dan (3) ihsan kendiri dan stigma kendiri, dan (4) peranan ihsan kendiri sebagai moderator dalam hubungan antara stigma kendiri dan stigma awam terhadap sikap mendapatkan rawatan psikologi di kalangan staf jururawat di Kubang Kerian, Kelantan, Malaysia. Kajian ini telah dilakukan di kalangan 102 staf jururawat di Hospital Universiti Sains Malaysia menggunakan alat soal selidik *Stigma Scale for Receiving Psychological Help* (SSRPH), *Self-Stigma of Seeking Help* (SSOSH), *Mental Help Seeking Attitude* (MHSAS) dan *Self-Compassion Scale* (SCS). Keputusan menunjukkan korelasi positif yang signifikan secara statistik antara stigma awam dan stigma kendiri, korelasi negatif signifikan antara stigma kendiri dan sikap terhadap mendapatkan rawatan psikologi, dan korelasi negatif signifikan antara ihsan kendiri dan stigma kendiri. Analisis moderasi untuk hubungan antara stigma awam dan stigma diri bagaimanapun tidak menunjukkan keputusan signifikan. Kajian ini menyokong teori yang menjelaskan hubungan antara stigma awam, stigma kendiri, dan sikap terhadap mendapatkan rawatan psikologi, walaupun bukan teori untuk ihsan kendiri sebagai moderator. Kajian ini mengisi jurang pengetahuan berkaitan sikap mendapatkan rawatan antara jururawat di Malaysia dan boleh menjadi rujukan untuk kempen atau program kesihatan mental

di masa hadapan berkaitan stigma di kalangan jururawat untuk meningkatkan sikap mendapatkan rawatan psikologi.

Kata kunci: Sikap mendapatkan rawatan psikologi, stigma, ihsan kendiri, jururawat

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LIST OF ABBREVIATIONS

SSRPH	Stigma Scale for Receiving Psychological Help
SSOSH	Self-stigma of Seeking Help Scale
MHSAS	Mental Help Seeking Attitude
SCS	Self-Compassion Scale
SPSS	Statistical Package for the Social Sciences
CS	Compassionate self-responding
UCS	Uncompassionate self-responding
USM	Universiti Sains Malaysia
HUSM	Hospital Universiti Sains Malaysia
JEPeM	Human Research Ethics Committee of USM

LIST OF SYMBOLS

H_0	Null hypothesis
H_1, H_2, H_3, H_4	Alternative hypothesis
α	Cronbach's alpha
N	Sample size
M	Mean
SD	Standard deviation
p	Probability value

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter introduces this study focusing on stigma and psychological help-seeking attitude with self-compassion as a moderator. The first section introduces the background of the study. The sections are followed by problem statement, objectives, significance, definition of variables, theoretical approach and conceptual framework, and hypotheses of the study.

1.2 Background of Study

Mental health issues and mental disorders are becoming a global health issue alongside physical health issues, affecting quality of life. The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", with mental health being implicated as thus more than just the absence of mental disorders or disabilities. Mental health is defined as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (World Health Organization, 2018). Other than promoting mental wellbeing, it is also necessary to understand and address the needs individuals with mental disorders, providing feasible, cost-effective and affordable interventions such as psychological treatment, pharmacological and psychosocial support (World Health Organization, 2018).

Mental health problems have almost tripled in Malaysia from 10.7% in 1966 to 29.2% in 2015 (The National Health and Morbidity Survey, 2017). More recently, 2.3% or about half a million of Malaysian adults were found to have depression (one of the most common mental health disorders in community settings) and about 7.9% or 424,000 children were found to have mental health problems (The National Health and Morbidity Survey, 2019). This rate of 2.3% appears to be comparable to other countries such as Japan and it has found higher risks among subpopulations of rural, single, Bumiputera Sabah, non-working and very low household income groups (The National Health and Morbidity Survey, 2019).

The rise of mental health problems has also been eminent since the rise of the Covid-19 pandemic caused by the SARS-CoV-2 virus. Pandemic restrictions especially self-isolation and social distancing have led to worsened mental wellbeing and emotional status whereby more people are found to experience psychosocial and emotional disorders. This includes decreased physical and social activity, poor sleep quality, unhealthy food diet and unemployment (Ammar et al., 2021). People may also become fearful of getting sick or dying, blame others who are ill, become helpless or have excessive worry or anxiety (Sandhu et al., 2019).

In the Covid-19 pandemic, healthcare workers including nurses are facing many challenges with increased stress and mental health problems. Nurses are found to be affected by significant stress, anxiety, depression, insomnia (Sandhu et al., 2019), appetite issues or indigestion, fatigue, frequent crying and even suicidal thoughts (Shen et al., 2020). Medical staff from 31 to 40 years old were found to be worried of infecting their families while staff above 50 years old were more stressed about their patients' death (Cai, et al., 2020). Those aged from 41 to 50 years old were also found to be worried of their safety. There is increased stress due to exhaustion caused by longer working hours and lacking personal protective equipment that are reported in older staff (Cai et al., 2020).

Nurses can also be at a high risk for burnout due to their stressful work nature. About half of nurses were found to have moderate and high work burnout during the Covid-19 pandemic in terms of emotional exhaustion, depersonalization and low sense of personal accomplishment (Hu, et al., 2020). Hu and colleagues (2020) also found 91.2% nurses reported fear as well as anxiety and depression, the latter two being a

common finding in other studies involving nurses (Maharaj et al., 2019). Nurses who have depression also have burnout, intention to leave the profession as well as sleeping problems and fatigue (Park & Kim, 2019). Mental health interventions have thus been developed for healthcare workers by hospitals such as in Spain to reduce stress during the pandemic, such as using psychoeducation, cognitive-behaviour techniques and mindfulness (Priede et al., 2021). Younger nurses with no experience of caring for patients with critical illness may especially be more at risk of having psychologically burdened. If not properly handled or solved, it may lead to nurses' immunity decline and adverse impact on the healthcare system (Shen et al., 2020).

The reluctance to seek help may be prevalent among healthcare workers including nurses. Stigma has been a major barrier for people with mental health issues to seek for psychological help as treatment for themselves. Psychological help services or interventions can be effective treatments for various mental health issues and mental disorders. However, treatment uptake for these services may still be quite limited (Whiteford et al., 2015). Considering the stigma towards mental illness and seeking treatment, this has since led to the stigmatization of seeking mental health services and is one of the most common reasons for people avoiding seeking help (Corrigan, 2004). Stigma typically involved public stigma and self-stigma; public stigma being the perception held by the society endorsing negative beliefs relating to seeking mental health services while self-stigma is the individual's own internalization of the negative perception to themselves if they do seek psychological help (Vogel et al., 2006; Vogel et al., 2007).

Self-compassion is the ability to be open to own suffering, treat self with kindness and be understanding when faced with personal failure (Neff, 2003). Self-compassion has been studied and also used as an intervention in various settings that relate to help-seeking and psychological wellbeing. Researchers have looked into the role of self-compassion in student-athletes (Hilliard et al., 2019), adolescent students (Phuoc & Nguyen, 2020), Norwegian students (Dundas et al., 2015), counsellors (Voon rt al., 2021), health professionals such as dieticians, nurses, physicians and social workers (Kemper et al., 2015), to name a few. There is a need for further research into the role of self-compassion in prevention and reduction of stigma, particularly self-stigma of seeking psychological help (Hilliard et al., 2019) which may be beneficial for healthcare workers.

This study aims to examine the relationship between stigma related to psychological help-seeking (public stigma and self-stigma) and psychological help-seeking attitudes among nurses in Malaysia. This includes to better understand how stigma may predict psychological help-seeking attitudes among them. It will also examine the role of self-compassion in the process between public stigma and self-stigma that may lead to improved help-seeking attitude.

1.3 Problem Statement

Mental health issues can deteriorate for the worse if not addressed appropriately and in a timely manner. This includes the development of depressive symptoms and even leading to suicide. Stigma in seeking psychological help is significant in healthcare

workers due to the perception that this makes them appear ‘weak’, being the providers of healthcare.

There can be high expectations being placed on healthcare workers during the pandemic as they are in a situation where they hold a responsibility to care for the public. It was previously found that 77.4% health workers who cared for patients during the last SARS outbreak in 2003 had mental health issues such as anxiety, depression, somatic symptoms and sleep problems (Chong et al., 2004). Despite the potentially great impact that the pandemic may bring towards healthcare workers, most of them have not received much training when it comes to mental health care during the pandemic (Xiang et al., 2020). Under the high stresses of their daily working environment, without proper ways to cope, it can lead to failure to take care of their own mental health and eventually, a burnout that is detrimental to them and the healthcare system. Hence, it is important that they seek help if they have a need to do so without feeling like a failure. However, it has been commonly found that those who work in the healthcare sector may hold negative views and stigma towards seeking psychological help that would lead to shame.

There has been limited study thus far that has looked into self-compassion in healthcare workers in Malaysia in which self-compassion may play a role to improve help-seeking attitudes. Keywords ‘self-compassion’, ‘healthcare’ and ‘Malaysia’ were used to look up studies in local context in databases including ScienceDirect and Directory of Open Access Journals, and none hit the identified studies. Therefore, this study aims to assess the attitude in seeking psychological help among nurses during the

pandemic in Malaysian where self-compassion may play a moderating role between public stigma and self-stigma as well as between self-stigma and help-seeking attitude.

1.4 Research Questions

Research questions in this study are as follows:

1. What is the relationship between public stigma and self-stigma among nurses in Kubang Kerian?
2. What is the relationship between self-stigma and attitude towards seeking psychological help among nurses in Kubang Kerian?
3. What is the relationship between self-compassion and self-stigma among nurses in Kubang Kerian?
4. Is self-compassion a potential moderator between public stigma and self-stigma among nurses in Kubang Kerian?

1.5 Objectives of Study

In this study, the research objectives are as follows:

1. To examine the relationship between public stigma and self-stigma among nurses in Kubang Kerian.
2. To examine the relationship between self-stigma and attitude towards seeking psychological help among nurses in Kubang Kerian.

3. To examine the relationship between self-compassion and self-stigma among nurses in Kubang Kerian.
4. To explore the role of self-compassion as a moderator between public stigma and self-stigma among nurses in Kubang Kerian.

1.6 Significance of Study

Employee care must be supported by health organizations by provision of wellness culture, evidence-based interventions as well as tackling systemic problems to help improve nurses' mental and physical health (Melnyk et al., 2021). Interventions may include mindfulness, resilience enhancement and cognitive-behavioural techniques. Stigma however is a major barrier in psychological help-seeking attitude where people do not usually seek for mental health services until symptoms become worse (Parle, 2012). Stigma also influences wellbeing of healthcare workers who may also live under stigmatizing conditions (Nyblade et al., 2019). However, stigma reduction is not typically included in the training of healthcare services delivery. Interventions may need to be specific to cultural and socioeconomic contexts since stigma experience is not the same in different settings. Understanding the role of the different types of stigmas, namely public stigma and self-stigma, in their relationships with psychological help-seeking attitude would enable policy makers, public health workers or hospital management to provide effective interventions or support programs that are related to changing stigmatizing perceptions towards mental health issues.

Stigma reduction approaches include providing information about stigma, participatory learning which involves active engagement in the intervention,

empowerment to improve coping mechanism in overcoming stigma, and structural or policy change which involves changing policies or facility restructuring (Nyblade et al., 2019). The American Nurses Association for example has recognized the need to address stigma that can impede nurses from seeking help for their mental health needs and has emphasized that utilizing help resources does not influence nurses' employment or licensure (Weston & Nordberg, 2022). These approaches may help healthcare workers to eventually seek help if they have a need before their mental health conditions worsen.

This study also allows producing a reliable statistical report as plausible scientific evidence of how self-compassion may be a useful focus in intervention programs to help improve help-seeking attitude among healthcare workers in Malaysia. In addition, this study may add to the current knowledge regarding mental health knowledge concerning healthcare workers and validate information from previous research on help-seeking attitudes.

1.7 Definition of Variables

1.7.1 Conceptual Definition

Public Stigma. Public stigma relates to the perception held by the society ("others") that endorses negative or stigmatizing perception regarding individuals who seek mental health help services being socially not accepted or undesirable (Vogel et al., 2006).

Self-stigma. Self-stigma is defined as the individual's own internalization of the negative or stigmatizing perception to themselves ("self") if they do seek psychological help. This internalized stigma leads to reduced self-esteem or sense of self-worth (Vogel et al., 2007). Due to the negative perceptions concerning seeking psychological help services, this leads to individuals hiding their psychological or emotional problems and avoiding the services in order to get away from the stigma, and to maintain a positive image of the self.

Psychological Help-Seeking Attitudes. Help-seeking is defined in the mental health context as "an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" (Rickwood & Thomas, 2012, p. 180). Attitude towards seeking help is considered part of a general orientation to seek help (Rickwood & Thomas, 2012).

Self-compassion. Self-compassion is defined as being open to one's own suffering, treating oneself with kindness and taking an understanding attitude when faced with personal failure or inadequacy, while also realizing that the experience is part of common humanity (Neff, 2003).

1.7.2 Operational Definition

Public stigma of seeking psychological help. In this study, public stigma is the perception held by others or society that a person is socially unacceptable when they

seek help (Vogel et al., 2006). This can lead to discrimination towards people who are mentally ill (Corrigan, 2004). Public stigma is measured using the five-item Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). Higher total scores indicate greater perception of public or social stigma associated with receiving psychological treatment.

Self-stigma of seeking psychological help. Self-stigma is the perception by the individual itself that they are socially unacceptable due to the individual's own internalization of the negative or stigmatizing perception to themselves ("self") if they seek psychological help. Self-stigma is measured using the Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006), a ten-item scale in which a higher score indicates greater level of self-stigma in the individual.

Self-compassion. Self-compassion is being open to one's own suffering, treating oneself with kindness and taking an understanding attitude when faced with personal failure or inadequacy, while also realizing that the experience of pain is part of common humanity (Neff, 2003). It has three main components, which are self-kindness, common humanity and mindfulness. Self-compassion is measured in this study using the Self-Compassion Scale (SCS; Neff, 2003) which contains 26 items. A higher score indicates greater level of self-compassion.

Attitude of seeking psychological help. Attitude towards seeking psychological help is generally the individual perception regarding professional psychological services. These attitudes are created based on their expectations of these services (Vogel, Wade,

& Hackler, 2007). Attitude towards seeking psychological help is measured using the Mental Help Seeking Attitudes Scale (MHSAS; Hammer et al., 2018) which higher scores indicate a more positive attitude towards seeking psychological help.

1.8 Theory and Concept

1.8.1 Theoretical Approach

Link and Phelan's Components of Stigma. *Stigmatization is a process which includes firstly, the recognition and labelling of human differences. Some differences among individuals can be considered more salient than the other, such as skin colour, and the labels created are the results of social achievements. Secondly, it is followed by the linking of these differences and the labelled persons to negative stereotypes in relation to dominant cultural beliefs. The labelled differences are associated with undesirable characteristics that some people may have, such as labelling someone who was hospitalized due to mental illness as being violent. Thirdly, the component of separation explains that separating the labelled persons in other categories results in the separation between "us" and "them". This occurs when certain people being considered as members of a group ("them") are considered different from "us", which could also be an accepted view by the stigmatized group or members of the group itself being as inferior from others. The fourth component is the loss of status by those being labelled and the resulting rejection and discrimination by society, leading to unwanted outcomes. When people are labelled and differentiated as well as being considered to have unwelcome characteristics, there is a resulting justification to degrade, reject and*

*exclude the labelled persons in everyday life happenings or events, such as refusal of granting a job to someone with a mental illness (*Link & Phelan, 2001).

Modified Labelling Theory. *Stigma is differentiated into public stigma (negative perceptions by "others") and self-stigma (internalized negative perceptions held by the "self"). This theory has often been used to explain the relationship between public stigma and self-stigma. According to this theory, individuals are likely to internalize stigmatizing external perceptions such as public stigmatization* (Link et al., 1989; Link & Phelan, 2001). *Self-stigma is the result of the individual's internalization of public stigma. Public stigma has been found to contribute to self-stigma and consequently affecting help-seeking attitude and intentions* (Vogel et al., 2007). *Mediation analyses have reported self-stigma having partial mediation effect on the relationship between public stigma and help-seeking attitudes* (Vogel et al., 2007).

Theory of Planned Behaviour. The best predictor of behaviour is intention; attitudes would predict intentions, which then would predict behaviour, based on the Theory of Planned Behaviour by Ajzen (1991). The theory suggests three main factors that affect an individual's behavioural intention, which are attitude (positive or negative evaluation in performing the behaviour), subjective norm (whether others approve the behaviour) and perceived behavioural control (evaluation of capability to perform the behaviour; Ajzen, 1991).

Self-compassion and Acceptance and Commitment Therapy. Self-compassion comprises three components that are said to go in both positive and negative directions, namely self-kindness and self-judgment, common humanity and isolation, as well as

mindfulness and over-identification. These components are distinct from one another and yet tend to correlate and give rise to each other (Neff, 2003). For example, if people stop judging themselves (self-judgment) long enough to experience self-kindness, then they will have lessened impact of negative emotional experience which leads to better awareness of thoughts and emotions (mindfulness). Self-compassion makes people more proactive in maintaining their wellbeing (Neff, 2003), which includes having healthier beliefs on seeking psychological help.

Self-compassion may be the underlying mechanism for the use of Acceptance and Commitment Therapy or ACT for the reduction of self-stigma and negative outcomes, indicated to be present in the core processes of ACT (Luoma & Platt, 2015). ACT has six core processes: firstly, contact with the present moment (being open and mindfully aware of what is happening at the present); secondly, cognitive diffusion (noticing thoughts as simply thoughts and not necessarily reality); thirdly, self as context (being aware of thoughts, feelings and being able to distinguish these from the experiencing self); fourth, acceptance (not to avoid negative experience but embrace both positive and negative in the present); fifth, values (connecting with values that are meaningful) and sixth, committed action which is the willing to live with life consistent with values regardless of negative inner experience (Hayes et al., 2006).

1.8.2 Conceptual Framework

In this study, the variables involved are public stigma, self-stigma, psychological help-seeking attitudes (or attitudes toward seeking psychological help) and self-compassion. Figure 1.1 shows the relationship between the variables. Public stigma and self-stigma

are the independent or predictor variables, psychological help-seeking attitudes is the dependent or outcome variable while self-compassion is the moderating variable for the relationship between public stigma and self-stigma.

This study aims to examine the role of public stigma and self-stigma in psychological help-seeking attitudes, as well as the moderating role of self-compassion. The relationship between public stigma, self-stigma, attitude towards seeking psychological help and self-compassion is determined in the first three hypotheses while the fourth hypothesis looks at self-compassion as the moderator between public stigma and self-stigma of seeking help. For the fourth hypothesis, as there are more than two variables involved, the data obtained will be analyzed using regression analysis to determine whether there is a moderating effect by self-compassion on the relationship between public stigma and self-stigma of seeking help in psychological help-seeking attitudes. Public stigma and self-stigma of seeking help are analyzed together in this regression analysis.

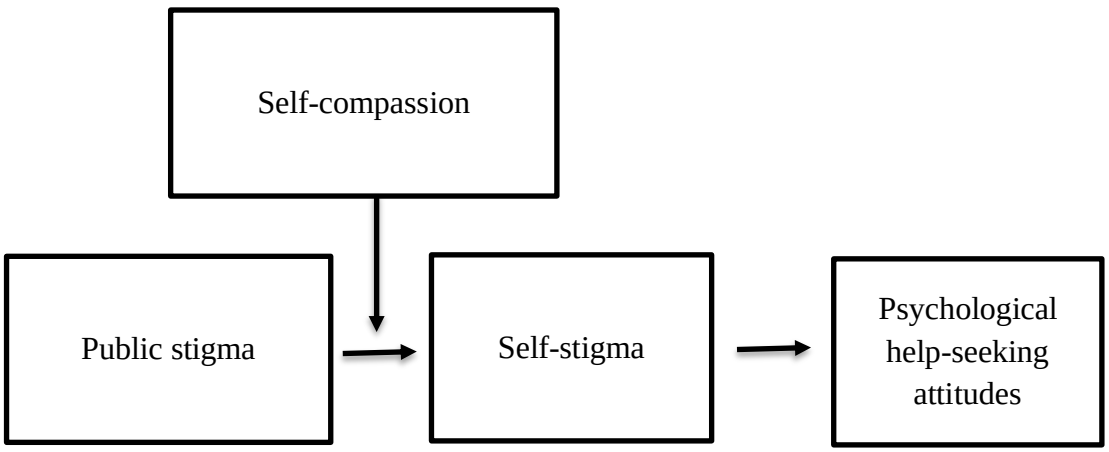

Figure 1.1 The Relationship between Public Stigma, Self-Stigma and Psychological Help-Seeking Attitudes and Self-Compassion as a Possible Moderator between Public Stigma and Self-Stigma

1.9 Hypotheses

The null and alternative hypotheses for this study are as follows:

$H0_1$: There is no relationship between public stigma and self-stigma among nurses in Kubang Kerian.

$H1_1$: Public stigma is positively correlated with self-stigma among nurses in Kubang Kerian.

$H0_2$: There is no relationship between self-stigma and attitude towards seeking psychological help among nurses in Kubang Kerian.

$H1_2$: Self-stigma is negatively correlated with attitude towards seeking psychological help among nurses in Kubang Kerian.

$H0_3$: There is no relationship between self-compassion and self-stigma among nurses in Kubang Kerian.

$H1_3$: Self-compassion is negatively correlated with self-stigma among nurses in Kubang Kerian.

$H0_4$: There is no moderating effect of self-compassion on the relationship between public stigma and self-stigma among nurses in Kubang Kerian.

$H1_4$: Self-compassion moderates the positive relationship between public stigma and self-stigma among nurses in Kubang Kerian.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter discusses the variables that are used for this study. Various past research will be discussed relating to public stigma and self-stigma on psychological help-seeking attitudes and also on self-compassion.

Past research has reviewed help-seeking for various populations in order to understand the patterns of help-seeking barriers and to design or improve current available interventions to improve help-seeking. This literature review examines the current knowledge on help-seeking, stigma and self-compassion, how they relate to each other, as well as their implications.

2.2 Mental Health Problems among Healthcare Workers

Nurses play an important role in the healthcare system, often being the first line of contact. Especially with the significant effect of the Covid-19 pandemic worldwide, it is expected that frontline healthcare workers or providers would be one of the main people whose mental health will be affected. During the pandemic, depression, anxiety and stress were reported at two university hospitals in Malaysia at respective prevalence rates of 21.8%, 31.6%, and 29.1% which appeared to remain elevated even after lockdown was lifted (Woon et al, 2020). Even before the pandemic, nurses have reported to being put under great demands with high levels of stress and high turnover (Wang, Lv, Qian, & Zhang, 2019). Many studies have supported the finding of stress among nurses, including among Australian nurses (Maharaj et al., 2019), Egyptian nurses (Said & El-Shafei, 2021) and nurses working in trauma departments, with high burnout and compassion fatigue predicting secondary traumatic stress (Hinderer, et al., 2014). Among Malaysian healthcare workers, burnout was reported among hospital employees in a local hospital, burnout being positively correlated with mental-ill health while having inverse correlation with quality of life (Woon & Tiong, 2020). Some nurses also showed post-traumatic stress disorder (PTSD) symptoms during the pandemic (Leng, et al., 2021).

Nurses also face challenges when dealing with patients with mental illness in primary healthcare settings (Bjorkman, Andersson, Bergström, & Salzmann-Erikson, 2018). They have to deal with patients falling through the cracks, are often restricted by the lack of knowledge and resources, and have the need to establish a trusting relationship in order to overcome shame, guilt and taboo. Nurses in the study by

Bjorkman and colleagues (2018) have stated that working in psychiatric healthcare had been problematic as certain rules and regulations prevented patients from getting appropriate healthcare treatment, with the lack of systemic routine for patient follow-ups.

Support from fellow peers in the healthcare work environment seems important for the wellbeing of healthcare workers. Having support and cooperation from colleagues including physicians, psychologists and social workers had been helpful for nurses dealing with mentally-ill patients (Bjorkman et al., 2018). Medical staff adopted coping measures such as positive attitude and social support (Cai et al., 2020). Medical workers and nurses who had more mental health problems appeared to show more interest to seek help from professionals such as psychotherapists and psychiatrists. Meanwhile, those who had milder problems seemed to prefer getting help from media sources (Kang, et al., 2020). However when there is no assistance from colleagues or co-workers, doctors may be left with guidance on how to act. When doctors face their own illness, they have to deal with the stigma that is present when doctors themselves are ill, thus sometimes opting for other help-seeking behaviour such as self-medication or drugs. There is a dilemma among doctors in reconciling the identity of the doctor and the patient being the same person (Wistrand, 2017). Although Wistrand (2017) had a narrative study into physician doctors, this can be applicable to mental health of doctors as well.

Past research has shown that healthcare professionals have reported negative attitudes towards seeking help. The negative attitude towards seeking help includes psychiatrists as well as medical school students (Sandhu et al., 2019) and nursing

students (Kukihara & Yamawaki, 2018). Military doctors were also found to endorse high stigmatizing beliefs and negative attitudes to mental healthcare, self-stigma as well as the desire to self-manage, even with reported lower mental disorder symptoms (Jones et al., 2018). Meanwhile, positive attitude towards seeking help is found to be associated with less incidence of psychological symptoms among medical students (Liaqat et al., 2018). On the contrary, Chang and colleagues (2017) found that healthcare students generally had positive attitudes toward seeking help and people with mental illness, which is still important as students are future healthcare workers. Another study involving medical and nursing students also found that they recommend to seek help from psychiatrists for mental health issues as the most helpful intervention rather than dealing with the problem on their own (Picco et al., 2019). There seems to be rather lacking resources on help-seeking attitude for nursing staff itself rather than nursing students.

In a sample of Australian doctors with depression, the most common barrier reported to help-seeking was confidentiality or privacy, with the ones being more likely to seek help were female, locally-trained doctors and senior doctors. In the same study, psychiatrists were found to be more likely to seek help compared to surgeons and pathologists or radiologists (Nik Siti Aishah, Deady, Petrie, Crawford, & Harvey, 2020). Doctors may be held back from seeking help due to their accustomed professional status whereby there is a role confusion and it may require an identity transition in becoming patients (Wistrand, 2017). Healthcare workers may also be influenced by prejudice and discrimination that affects the quality of service provided. It was previously shown that mental health nursing is not considered favourable for nursing students when it comes to their career choice (Slemon et al., 2020) and that

nursing students with such lack of interest for mental health nursing tend to have stigmatising beliefs such as people having mental health issues are more likely to be violent (Bennett & Stennett, 2015).

2.2 Help-Seeking

Past research has looked into two main types of help-seeking. Firstly are the informal sources such as friends, family or romantic partners. Secondly are the formal professional sources with a recognised role and appropriate training to provide their services, such as mental health professionals and teachers. Some people prefer to seek people they know (informal) to deal with emotional problems while for some others, seeking help from professional sources (formal) has gained more importance. Self-help is also an emerging source of help with assistance from sources that do not require communicating with an actual person, such as online resources (Rickwood & Thomas, 2012). The availability of these varying resources may affect the decision whether or not to reach out for professional help sources.

Attitude towards seeking help is considered part of a general orientation to seek help. Hilliard et al. (2019) found from their study that there was a relationship between attitudes and actual help-seeking behaviour, so improving attitudes can lead to increase in the psychological service use. However further research is recommended to investigate full relationships between attitudes, intentions and actual behaviour to understand the help-seeking process and how interventions can be effective to improve the process (Rickwood & Thomas, 2012).

Professional psychological services are one of the available treatments or ways to help people cope or deal with emotional or psychological problems. One issue of concern is the mismatch between the high prevalence of mental health problems and actual utilization of professional help-seeking. People may have different beliefs and attitudes when it comes to seeking help for their emotional problems, influencing how people utilize professional services such as counselling or psychotherapy. The reluctance to seek psychological help even in countries with good access to healthcare has led to emerging research on understanding help-seeking behaviour. For example, it is commonly found that individuals aged 16 to 24 years old had the lowest tendency to seek help among all age groups, while older people tend to have more positive help-seeking attitudes (Rickwood & Thomas, 2012). It was also previously found that females were more likely to have a positive help-seeking attitude compared to males (Topkaya, 2014). Being male, young adults and of ethnic minorities have been found to be less likely to seek help (Magaard et al., 2017).

Research has looked into the many barriers of seeking psychological or formal help for mental health issues. There are psychological factors that influence decision to seek psychological help. Among these are low mental health literacy (Castaldelli-Maia, et al., 2019), stigma (Komiya et al., 2000; Vogel et al., 2008), cultural inappropriateness of interventions (Doblyte & Jiménez-Mejías, 2017), busy schedules (Castaldelli-Maia, et al., 2019), anticipated risks and benefits (Vogel et al., 2008), fear of negative feelings from painful experiences and fear of discussing upsetting information, emotional openness (Komiya et al., 2000; Vogel et al., 2008), low emotional competence or intelligence (Rickwood et al., 2005), self-concealment (Abdollahi, Hosseinian, Beh-Pajooh, & Carlbring, 2017; Kelly & Achter, 1995), social support (Koydemir-Özden,

2010; Jung, von Sternberg & Davis, 2017), previous negative help-seeking experiences (Castaldelli-Maia, et al., 2019; Rickwood et al., 2005), attachment styles (Shaffer et al., 2006; Wadman et al., 2019), and personality factors (Kakhnovets, 2011). Some people may view therapy as problematic due to the focus on the 'self', which undermines the client's suffering that may have its roots in society (Hersen & Sledge, 2002). Level of psychological help-seeking has been found to be significant in terms of gender (female), department (psychology), and previous experience of receiving psychological help (Kumcagiz, 2013). There has also been expanded research on stigma in particular due to the impact it has on help-seeking attitude and behaviour.

In Malaysia, there has been limited research on help-seeking attitude or behaviour among healthcare workers. For healthcare students, it was found that among medical students at a university in Malaysia, 1.3% experienced depression, 2.4% experienced anxiety and 2.4% experienced stress (Aida et al., 2014), with the majority of the sample preferring to seek help from informal sources such as friends, siblings and parents compared to formal services such as psychiatrists. For general workers or employees in Malaysia, mental health resources were found to be underused based on nationwide online workplace survey among working adults. There also seemed to be poor awareness of the availability of the resources offered and reluctance to use the resources even when there is awareness (Chan et al., 2021). Psychological distress was also associated with comorbid medical illnesses among the sample in the study. It was suggested to have better understanding of the barriers associated with the use of resources or service and barriers to seeking help.