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WHEN CAREGIVERS HESITATE: SELF-STIGMA OF SEEKING HELP AMONG HEALTHCARE WORKERS

Mental Health

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ABSTRACT

Mental health problems are highly prevalent globally, yet healthcare professionals often experience barriers in seeking psychological support, including self-stigma. This may negatively affect their well-being and quality of care delivery. The present study aimed to assess self-stigma of seeking help among healthcare workers and determine its association with selected socio-demographic variables.A quantitative, non-experimental research design was adopted in a selected tertiary care hospital in New Delhi. A total of 200 healthcare workers were selected using simple random sampling based on Yamane's formula. Data were collected using a structured self-administered questionnaire consisting of socio-demographic variables and the standardized Self-Stigma of Seeking Help Scale (SSOSH) developed by Vogel et al. Ethical approval was obtained and informed consent was ensured. Data were analysed using descriptive and inferential statistics.The study found that 67 (33.5%) participants had low self-stigma, while 133 (66.5%) had high self-stigma of seeking help. The mean score was 27.23 ± 5.48. A statistically significant association was found between self-stigma and age ($\chi^2 = 22.80$, $p = 0.001$), marital status ($\chi^2 = 11.87$, $p = 0.001$), years of service ($\chi^2 = 30.11$, $p = 0.001$) and area of work ($\chi^2 = 14.76$, $p = 0.002$). No significant association was found with level of education, type of family and place of origin. The study concludes that a majority of healthcare workers experience high self-stigma of seeking help, influenced mainly by personal and occupational factors. Strengthening workplace support systems and promoting mental health awareness is essential to reduce stigma and improve help-seeking behaviour among healthcare professionals.

KEYWORDS

Self-stigma, Help-seeking Behaviour, Healthcare Workers, Mental Health, Stigma, Nursing Professionals.

INTRODUCTION

Self-stigma is a major barrier to seeking mental health support, particularly among healthcare professionals. It refers to the internalization of negative beliefs that seeking psychological help reflects weakness or professional inadequacy. Despite high exposure to stress and mental health risks, nearly 70–75% of individuals with mental health conditions do not seek treatment, with stigma being a key contributing factor.

Among healthcare workers, self-stigma is especially concerning, as studies indicate that only about 38% of individuals recognize their mental health problems and many hesitate to seek professional help due to fear of judgment, loss of credibility or impact on career. Additionally, global estimates suggest that around 1 in 4 healthcare workers experience anxiety, depression or burnout, yet help-seeking remains low.

Self-stigma is influenced by various socio-demographic and occupational factors such as age, marital status, years of service and work setting, particularly in high-stress clinical areas. Given its negative impact on mental well-being and quality of care, it is important to assess self-stigma among healthcare professionals. Therefore, the present study aims to evaluate self-stigma of seeking help and its association with selected socio-demographic variables.

Need of the Study

Healthcare professionals are at high risk of mental health problems but often avoid seeking help due to self-stigma. This leads to delayed treatment, poor well-being, reduced work efficiency and compromised patient care. Assessing self-stigma and its associated factors is essential to develop effective interventions and improve mental health outcomes among healthcare workers.

Scope of the Study

The findings can be used to design awareness programs, anti-stigma interventions and supportive workplace policies to promote mental health help-seeking among healthcare workers. Additionally, the study provides a basis for future research in different healthcare settings and larger populations to improve generalizability and strengthen mental health support systems.

Objectives

1. To assess the level of self- stigma of seeking help.
2. To find an association between self- stigma of seeking help and socio-demographic variables.

MATERIALS AND METHODS

The study adopted a quantitative, non-experimental research design and was conducted in a selected tertiary care hospital in New Delhi. The study population included healthcare professionals, who met the inclusion criteria and were available during the data collection period. A total of 200 participants were selected using a sample size calculated through Yamane's formula. Simple random sampling was employed to ensure equal representation and minimize selection bias. Participants were included based on their willingness to participate and ability to understand English, while those undergoing treatment for mental illness or having specialization in psychiatry were excluded.

Prior written permission was obtained from the hospital administration and approval was secured from the Institutional Ethics Committee. Informed written consent was obtained from all participants, ensuring confidentiality and anonymity of their responses.

A structured self-administered questionnaire was used for data collection. The tool consisted of two sections focusing on socio-demographic variables and self-stigma of seeking help. Section A included a demographic proforma with seven items such as age, marital status, level of education, years of service, place of origin, type of family and area of work. Section B comprised the standardized Self-Stigma of Seeking Help Scale (SSOSH) developed by Vogel, Wade and Haake (2006), consisting of 10 items measuring the perception that seeking professional psychological help may negatively affect one's self-worth and self-esteem.

The SSOSH uses a 5-point Likert scale ranging from strongly disagree to strongly agree. Scores were categorized into low and high levels of self-stigma. The tool has established validity and high reliability (Cronbach's $\alpha = 0.91$).

The tool was administered in a standardized manner to ensure uniformity and consistency of responses. The collected data were organized, entered into an Excel spreadsheet and analysed using

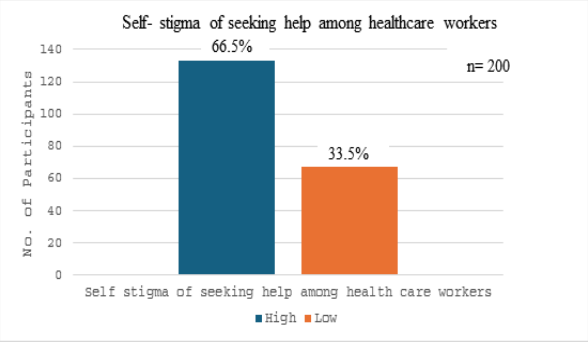
descriptive and inferential statistics. Frequency and percentage were used to describe socio-demographic variables, while mean and standard deviation were used to summarize self-stigma scores. Chi square test was applied to determine associations and significance.

RESULTS

Demographic variables of healthcare workers

The majority of healthcare workers were in the age group of 18–26 years (47%) and were married (51.5%). Most participants were graduates (49.5%) and belonged to joint families (61%) and rural areas (80.5%). A large proportion had 1–10 years of work experience (61.5%). In terms of area of work, the highest number of participants were working in OPD (36.5%), followed by acute wards and critical care areas.

Level of Self- Stigma Of Seeking Help Among Healthcare Workers



The findings revealed that out of 200 participants, 67 (33.5%) had low self-stigma, while the majority, 133 (66.5%), had high self-stigma of seeking help. The mean score was 27.23±5.48, indicating a higher tendency towards self-stigma among healthcare workers.

Association between self- stigma of seeking help among health care workers and selected socio demographic variables.

Table 2: Association between self- stigma of seeking help among health care workers and selected socio demographic variables. n=200

Sr. No.	Demographic Variable	Self- stigma		Chi-square (χ^2)	p- value
		Low	High		
1.	**Age in years**			22.80	**0.001**
	18- 26 years	17	77		
	27- 35 years	30	43		
	36- 44 years	12	8		
	45- 53 years	8	5		
2.	**Marital status**			11.87	**0.001**
	Married	46	57		
	Unmarried	21	76		
3.	**Years of service**			30.11	**0.001**
	1-10 years	25	98		
	11-20 years	30	26		
	21-30 years	12	6		
	31-40 years	0	3		
4.	**Area of work**			14.76	**0.002**
	Critical care area	16	35		
	OPD	36	37		
	Acute Ward	11	45		
	Sub acute ward	4	16		

(df= 3, 1, 3, 3)

There was a statistically significant association between self-stigma of help seeking and age ($\chi^2 = 22.80$, $p = 0.001$), marital status ($\chi^2 = 11.87$, $p = 0.001$), years of service ($\chi^2 = 30.11$, $p = 0.001$) and area of work ($\chi^2 = 14.76$, $p = 0.002$).

However, no significant association was found with level of education, type of family and place of origin.

DISCUSSION

The present study revealed statistically significant associations between self-stigma and marital status ($\chi^2 = 11.87$, $p < 0.001$) as well as area of work ($\chi^2 = 14.76$, $p = 0.002$). These findings are consistent with the study by Shegaye Shumet et al., which also reported significant variations in stigma across socio-demographic variables, including marital status (single) with a mean score of 15.17 ± 5.64 and occupational status with a mean score of 15.54 ± 5.79 ($p < 0.001$), indicating that stigma significantly varies across different demographic groups. Similar findings were also reported in studies where workplace exposure and personal life circumstances were found to influence attitudes toward seeking psychological help among healthcare professionals.

Further, studies conducted among healthcare workers in various settings have also highlighted that individuals working in high-stress clinical areas tend to report higher levels of psychological distress and reluctance to seek help due to perceived stigma and professional expectations.

However, in contrast, the present study found no significant association between self-stigma and level of education ($\chi^2 = 0.205$, $p = 0.977$), which is not statistically significant at $p > 0.05$. This finding differs from the study by Shegaye Shumet et al., where level of education showed a significant association with stigma. Similar variations have also been observed in other studies, where educational qualification did not consistently predict attitudes toward mental health help-seeking among healthcare professionals, suggesting that factors such as workplace culture and personal beliefs may play a more dominant role than formal education.

Implications for Practice and Recommendation

Addressing self-stigma among healthcare professionals is crucial for improving mental well-being and quality of care. Supportive environments, awareness programs and confidential counselling can encourage help-seeking. Future research with larger samples and settings is needed, along with anti-stigma interventions, regular screening and accessible mental health services.

CONCLUSION

The present study concluded that a majority of healthcare workers exhibited high self-stigma of seeking help, indicating a reluctance to access mental health support despite working in a healthcare environment. Self-stigma was found to have a significant association with age, marital status, years of service and area of work, while no significant association was observed with level of education, type of family and place of origin.

These findings suggest that self-stigma among healthcare professionals is influenced more by personal and work-related factors than educational background. The presence of high self-stigma is a concern, as it may negatively affect the mental well-being of healthcare workers and hinder timely help-seeking behaviour.

Therefore, there is a need to strengthen supportive workplace environments, promote mental health awareness and ensure easy and confidential access to psychological support services for healthcare professionals.

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