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Barriers and facilitators to seeking psychological support among healthcare professionals: a qualitative study using the Theoretical Domains Framework

Sha Liu¹, Yinhan Hu^{1*}, Holger Pfaff², Xiaoyun Lei³, Zhen Qi⁴ and Xiandong Feng¹

Abstract

Background Despite facing significant mental health risks, healthcare professionals often demonstrate a low frequency of seeking psychological support. This study aimed to explore the factors influencing healthcare professionals' psychological help-seeking behaviours in order to enhance the mental health of this critical population.

Methods Semi-structured interviews were conducted with registered clinical doctors, nurses, and hospital managers aged 21–55 years, recruited from comprehensive public hospitals in China. Participants were selected through purposive and snowball sampling to ensure diversity in roles, specialties, and work experiences. The interview guide was developed using the Theoretical Domains Framework (TDF) to explore the reasons for seeking psychological support. Data were analyzed using framework analysis and relevant domains were identified according to the frequency of participants' belief statements. The facilitators and barriers in each domain were summarized using the coded reference points.

Results A total of 34 participants were interviewed (12 nurses, 8 physicians, 14 hospital managers). We identified seven relevant domains in influencing the behaviour of seeking psychological support: knowledge, beliefs about capabilities, environmental context and resources, social/professional role and identity, emotion, social influences, and behavioural regulation. The most common facilitators of psychological help-seeking include accessible resources, positive interpersonal relationships, increased awareness, effective behavioural strategies, and emotional acknowledgement, while barriers include privacy concerns, stigma, time constraints, doubts about the effectiveness of psychological services, limited knowledge, and perceived professional role conflicts.

Conclusion The behaviour of healthcare professionals seeking psychological support is complex and influenced by the interaction of multiple factors. The findings highlight the need for targeted interventions that enhance mental health literacy, address stigma, provide accessible psychological support resources, and cultivate a supportive organisational culture to improve their well-being.

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Keywords Healthcare professionals, Psychological support, Help-seeking, Semi-structured interview, Theoretical Domains Framework

Introduction

Mental health issues among healthcare professionals are a growing concern, as high workloads, emotional demands, and the pressure to make critical decisions under high pressure all increase their risk of mental health problems, including anxiety, depression, and burnout. The World Health Organization (WHO) reported that approximately 37% of healthcare workers globally experienced depressive symptoms during the Covid-19 pandemic [1]. Additionally, untreated mental health conditions among providers can lead to reduced quality of care, increased medical errors, and higher turnover rates [2]. The prevalence of chronic stress, compassion fatigue, and emotional exhaustion not only diminishes job satisfaction but also threatens patient safety [3]. Approximately 54% of healthcare professionals reported feelings of burnout, along with a greater perceived likelihood of medical errors occurring [4]. Therefore, prioritizing mental health support for healthcare workers is critical to promoting their well-being and enhancing patient care quality.

Healthcare professionals experience significant psychological demands, but their help-seeking behaviours for mental health support are often alarmingly low. While many healthcare workers report stress, anxiety, and burnout, only a small fraction actively seek psychological support [2, 5]. Data from the Centers for Disease Control and Prevention indicated that less than 13% of healthcare providers sought mental health treatment for Covid-19 related issues despite increased stress and burnout [6]. Ménard et al. [7] investigated stress levels and use of mental health supports among Canadian hospital staff during the Covid-19 pandemic, finding that use of formal mental health supports, such as employee assistance programs and teletherapy, was very low (<10%). The primary reason cited for not utilizing these services was the perception that “the issue was not severe enough to require support”. Conversely, most healthcare workers were open to informal support, such as social support and peer networks. Healthcare professionals consistently face high psychological demands due to the stressful nature of their work. While extensive research during the pandemic highlighted the mental health crises faced by healthcare workers, there is an increasing need to explore this issue in a post-pandemic context, as the nature of mental health challenges and support mechanisms has evolved in response to new stressors and structural changes within healthcare systems [8].

Despite growing awareness of the importance of mental health to healthcare professionals, there are still obstacles that hinder them from seeking help. Previous research

has described various explanations for why healthcare professionals do not seek psychological support. The help-seeking behaviour of medical workers is affected by multiple factors, including cultural background, high expectations of professionalism, and the stigma associated with mental health issues. A survey in the United States found that nearly 40% of physicians reported that they would be reluctant to seek formal medical care for treatment of a mental health condition due to concerns about repercussions to their medical licensure [9]. Similarly, in Western countries where individualism is emphasized, help-seeking is often framed as a matter of personal choice, but the stigma associated with mental illness and concerns about professional repercussions remain significant barriers [10, 11]. In contrast, in the Chinese collectivist culture, the emphasis on maintaining social harmony and meeting societal expectations often leads to the perception that acknowledging mental health struggles is a failure to fulfil professional responsibilities. This can exacerbate self-stigma and discourage help-seeking behaviours. Additionally, countries like the UK and Australia are recognized for implementing psychological support policies aimed at healthcare professionals, such as occupational mental health initiatives. China’s national health authorities have also advocated for the establishment of a series of measures to protect and care for healthcare workers. However, there is a lack of research on Chinese healthcare workers, especially the mental health help-seeking behaviour of healthcare professionals in Chinese comprehensive public hospitals. Existing studies have primarily focused on healthcare workers’ access to psychological support during the Covid-19 pandemic [12–14], but have not systematically addressed the long-term mental health needs of healthcare workers as they adapt to new changes in the healthcare environment in the post-pandemic era. Although some studies have mentioned the reasons why healthcare workers are reluctant to seek psychological support, there is a lack of a structured theoretical framework to comprehensively explain how various barriers and facilitators interact and affect their mental health help-seeking behaviours.

Successful implementation of psychological support interventions requires a thorough understanding of barriers and facilitators to behavioural change [15]. The Theoretical Domains Framework (TDF) serves as an essential tool in implementation science that consists of 14 theoretical domains derived from 128 constructs across 33 behaviour theories [16]. Unlike other behaviour change models, such as the Theory of Planned Behavior or Social

Cognitive Theory, which often focus on specific aspects of behaviour, the TDF offers a more comprehensive perspective by integrating multiple factors that influence the target behaviour [17, 18]. While existing frameworks provide valuable insights into general behaviour change, they often struggle to identify subtle facilitators and barriers and fail to account for the interplay between the individual and the environment that influences healthcare professionals' decisions to seek psychological support. For example, traditional models may underestimate the role of cultural stigma, organizational norms, and systemic barriers, which are particularly pronounced in healthcare settings. The application of TDF in medical research has demonstrated its value in systematically identifying determinants of complex behaviour [19] and informing the design of targeted interventions aimed at promoting desired behavioural changes [20].

This study innovatively applied the TDF to systematically explore the facilitators and barriers to healthcare professionals seeking psychological support. Through qualitative research, we identified key factors at the individual, organizational, and societal levels from the perspectives of doctors, nurses, and managers, analyzing their interactions and complementary roles as an integrated whole. By employing this theoretically grounded and systematic methodology, we aimed not only to deepen understanding of the factors shaping help-seeking behaviours but also to provide a foundation for developing more targeted intervention strategies, ultimately improving mental health outcomes for this critical population.

Method

Study design

This study employed a qualitative design using semi-structured interviews. The interview structure was guided by TDF, which provided a systematic perspective for exploring the key factors influencing healthcare professionals' decisions to seek psychological support. This design aimed to capture detailed individual experiences and identify barriers and facilitators related to help-seeking behaviour. We followed previously published guidelines for applying the TDF to examine these factors comprehensively [21].

Participants

Participants were recruited from multiple comprehensive public hospitals in eastern, central, and western China. Purposeful sampling and snowball sampling methods were employed to ensure diversity in roles, gender, years of experience, and work settings [22]. Purposeful sampling was implemented by identifying healthcare professionals and managers who were likely to provide rich and relevant data based on their roles and professional

experiences. The inclusion criteria were as follows: (1) healthcare professionals (registered doctors and nurses) with at least one year of work experience in a clinical setting; (2) hospital managers who were actively involved in departments related to staff psychological well-being, such as human resources, trade unions, or medical affairs; and (3) participants who were willing and able to provide informed consent and share their perspectives on mental health help-seeking behaviours. Snowball sampling was then used to expand the participant pool by asking initial participants to recommend colleagues or peers who met the inclusion criteria and could provide additional insights. Interviews were conducted until thematic saturation was reached, defined as the point at which no new themes emerged in three consecutive interviews, which indicated that data collection could cease [23]. All participants were provided with written information about the study and gave their informed consent prior to participating. Based on previous TDF studies, we anticipated that 8 to 15 interviews would be conducted for each participant group (doctors, nurses and managers).

Data collection

The semi-structured interview guide (see Appendix A) was developed based on the TDF, which contains 14 domains [21], to identify barriers and facilitators related to healthcare professionals' help-seeking behaviour. It was designed according to relevant literature [24, 25] and collaboratively developed by the first author and research team members through focused group discussions. This approach ensured that the questions comprehensively explored practices related to healthcare professionals seeking psychological support. To enhance the clarity and relevance of the questions, pilot testing was conducted with two healthcare professionals (a doctor and a nurse) who met the study's inclusion criteria. Feedback from pilot participants highlighted the need for clearer definitions of ambiguous terms and adjustments to eliminate redundancy between questions, thereby ensuring each question addressed a distinct domain. They also suggested including targeted inquiries about organizational factors, such as workplace policies and support systems, to capture a more nuanced understanding of the contextual influences on help-seeking behaviours. Following best practices in qualitative research, the guide was iteratively revised throughout the data collection process to incorporate emerging themes introduced by participants. We refined the wording of questions that participants found difficult to answer by incorporating contextualized scenarios, and we added prompts and domain-specific keywords for interviewers. These enhancements enabled interviewers to effectively guide respondents and help them better understand the questions [26].

Face-to-face interviews were conducted between November and December 2023 at participants' workplaces. Demographic information was collected at the beginning of each interview, which lasted 20 to 30 min. Interviews were conducted in Chinese by three research team members (SL, XDF, ZQ) with no previous relationships with participants. The research team members were each trained in qualitative research methods and experienced in working within healthcare environments. Before conducting the interviews, we had familiarized ourselves with the guide and conducted a practice interview. All interviews were audio-recorded, transcribed verbatim and thoroughly proofread. To ensure anonymity, names and organizations were removed from all transcripts.

Data analysis

De-identified transcripts were imported into NVivo 14 for systematic data management and analysis. Two researchers (SL and YHH) independently conducted initial inductive coding after thoroughly reviewing the transcripts. The TDF was then applied deductively, categorizing identified themes and codes into relevant domains. When codes were related to multiple domains, they were merged into the most appropriate one. Any discrepancies in coding were resolved through discussion until consensus was achieved. Key barriers and facilitators within each TDF domain were extracted and summarized, with reference node counts used to identify the most critical factors. An iterative inductive approach ensured that frequently emerging themes were not overlooked during the deductive analysis. The final coding results were consolidated and refined by one researcher

and independently reviewed by another to ensure consistency.

Results

Participant characteristics

A total of 34 individuals participated in the semi-structured interviews, including 8 doctors, 12 nurses, and 14 hospital managers. The age of the participants ranged from 21 to 55 years, with a median of 14.5 years of professional practice experience. Table 1 describes the characteristics of the participants, of which 70.6% were female and 29.4% were male. The doctors and nurses came from three major clinical specialties, emergency/intensive care unit, surgery, and internal medicine.

Relevant theoretical domains and belief statements

A total of seven TDF domains emerged as particularly relevant in influencing the mental health help-seeking behaviours of healthcare professionals: knowledge, beliefs about capabilities, environmental context and resources, social/professional role and identity, emotion, social influences, and behavioural regulation. These domains and statements provide a structured framework for understanding the complex factors that influence actions related to seeking psychological support.

Knowledge

Healthcare professionals' awareness of mental health services and understanding of the potential benefits of psychological support emerged as critical factors influencing help-seeking behaviours. Knowledge of mental health encompasses not only an understanding of the symptoms, causes, and effects of psychological problems but also the means of accessing psychological services. The concept of Mental Health Literacy (MHL) is central to this, as it includes the ability to recognize when symptoms may indicate a mental health issue, knowledge of effective coping strategies, treatment options, and available resources. Many healthcare professionals mentioned that their decision to seek psychological help largely depends on how severe they perceive their mental health issues to be. However, limited knowledge about mental health can fail to recognize one's psychological problems, which subsequently delays or prevents seeking help. As one nurse shared her experience, *"I only considered seeking help when my psychological problems became serious and I realised that the consequences could be serious. I should've paid attention earlier, rather than waiting until I needed actual psychological treatment"* (Nurse 5). Additionally, a lack of understanding regarding available mental health resources often becomes a significant barrier, restricting healthcare professionals from accessing timely care. For example, one doctor explained, *"I didn't even know our hospital offered counselling services*

Table 1 Respondent demographics

Variable	N (%)
Participants	
Nurse	12 (35.3%)
Doctor	8 (23.5%)
Manager	14 (41.2%)
Age (years)	
20–30	7 (20.6%)
31–40	14 (41.2%)
41–55	13 (38.2%)
Gender	
Female	24 (70.6%)
Male	10 (29.4%)
Years of working experience	
1–10	11 (32.4%)
11–20	15 (44.1%)
> 20	8 (23.5%)
Clinical Specialists (Health Care Professionals)	
Emergency/Intensive Care Unit	8 (40.0%)
Surgery	6 (30.0%)
Internal Medicine	6 (30.0%)

to healthcare workers. I only found out when a colleague mentioned it to me" (Doctor 3).

Beliefs about capabilities

Healthcare professionals' beliefs about their ability to cope with psychological distress influence their help-seeking behaviour. Low self-efficacy makes them believe that seeking psychological help is ineffective, and some healthcare professionals believe that mental health professionals may not fully understand the specific challenges they face in their demanding work. As one nurse expressed, "Psychologists may not always understand my distress and empathize with me, so I am unwilling to seek help" (Nurse 8). This belief can make healthcare professionals hesitant to turn to mental health services, as they doubt whether the help they receive can truly address their needs. On the other hand, some healthcare professionals exhibit overconfidence in their coping abilities, believing that they can handle stress and negative emotions on their own without any external assistance. One doctor stated, "I feel that I can deal with any stress and negative emotions on my own without having to ask for outside help" (Doctor 7).

Environmental context and resources

The healthcare environment, including organizational support and resource availability, plays a critical role in shaping help-seeking behaviours for mental health support. The availability, affordability, and perceived professionalism of mental health services significantly influence the willingness of healthcare professionals to seek help. Technological advancements, such as online mental health consultations, have significantly enhanced the convenience of accessing psychological care, thereby increasing the likelihood that healthcare professionals will proactively seek support. One nurse shared, "Now there are a lot of ways and information resources on the Internet. I would seek these online psychological support services, and I can easily make an appointment with a professional psychologist online" (Nurse 3). However, some healthcare professionals also expressed concerns about the potential exposure of their privacy when seeking help, highlighting the tension between seeking support and maintaining confidentiality in the workplace.

The lack of a supportive culture that normalizes the acceptance of mental health services in the workplace exacerbates the reluctance to seek help. Healthcare institutions can provide organizational support by establishing channels for healthcare workers to seek psychological help and ensuring the availability of psychological intervention resources. Some managers highlighted the importance of such initiatives in addressing the mental health needs of healthcare professionals. "In

certain emergency situations or during crises, we provide free psychological interventions, including a 24-hour free hotline for healthcare professionals" (Manager 1). "Regularly organizing group sports and recreational activities to relieve stress, as well as providing welfare benefits, reflects the hospital's culture of caring for and supporting healthcare professionals" (Manager 5).

Social/professional role and identity

Healthcare professionals often face a perceived conflict between their expected roles and seeking psychological support, reinforcing the belief that they should not seek help. Due to the professional role pressures they face, they are concerned that acknowledging their mental health needs may harm their career development and undermine patients' trust in healthcare providers. Many fear that seeking help may damage their social image, as it could be seen as a sign of incompetence by colleagues, potentially affecting cooperation among coworkers. One nurse reported, "I would worry about my leadership thinking that I am not competent in my current role and moving me out of my position, which could negatively affect my career development" (Nurse 6). Acknowledging mental health issues might not only affect professional relationships but also undermine patient trust and make patients more reluctant to seek help. "If healthcare professionals disclose that they have psychological problems, this could increase the risk of conflict between doctors and patients, because patients would feel that the doctor is irresponsible and untrustworthy" (Manager 3).

Emotion

Healthcare professionals often experience complex emotional barriers when considering psychological help. Feelings of shame, fear, and guilt are common, as seeking help may contradict their perceived need to appear emotionally resilient. This not only involves external stigma but also self-stigmatization, where individuals perceive their mental health struggles as a personal failure. Such self-stigmatization is deeply rooted in professional culture, reinforcing a sense of inadequacy and weakness. Many participants expressed fear of being judged as weak, which discourages them from openly discussing or pursuing mental health support. "There is always a sense of shame when seeking psychological help. People will think I am weak and incompetent, so I keep putting it off" (Doctor 8). "Healthcare professionals are reluctant to admit they have mental health issues. They prefer to say that they are taking time off work due to physical reasons because they feel it is something to be ashamed of" (Manager 7). These emotions form significant barriers to seeking help, as healthcare workers struggle to reconcile their professional role with the need for psychological support.

Social influences

The role of colleagues, supervisors, and family members emerged as a significant factor in healthcare professionals' decision-making processes. Positive social influences, such as colleagues sharing their experiences with mental health services, foster a supportive environment and highlight the importance of personal relationships in promoting mental well-being. Most healthcare workers said that social support would prompt them to seek help, especially non-professional psychological support. *"The comfort and encouragement of family and friends inspired me to seek mental health support. I shared my feelings with them for psychological comfort and emotional support" (Doctor 7). "I would seek help from close colleagues and ask them how they dealt with similar issues" (Nurse 9).*

However, a culture of silence or dismissive attitudes toward psychological needs can create barriers, making healthcare professionals less likely to pursue support. Public stigma, intertwined with social norms that emphasize resilience, further contributes to an environment where vulnerability is seen as a weakness. Some managers reported that negative public comments can affect the behaviour of medical staff, especially when they are dealing with psychological issues.

Behavioral regulation

Effective behavioural regulation in the context of psychological help-seeking depends on healthcare professionals' ability to balance personal and professional demands, utilize self-monitoring strategies, and access external supports that reinforce the importance of mental health care. Many healthcare professionals indicated that while they recognize the importance of mental health support, they have difficulty prioritizing it in their duties. *"I don't feel like I have the extra time and energy to seek help for my mental health" (Doctor 2).* However, the flexibility of online mental health services was recognized as a helpful option. One manager noted, *"The flexibility of online psychological services allows healthcare professionals to better use their fragmented time for psychological help-seeking, thereby promoting the implementation of psychological regulation behaviours" (Manager 4).* Regular mental health assessments can provide essential reinforcement, encouraging individuals to persist in seeking help. Some participants mentioned that they actively engaged in stress management practices in their daily lives to cope with psychological distress. *"I sometimes pay attention to stress management skills and also participate in mental health mutual help groups or salons, which I think is very helpful in improving my mental health" (Nurse 1).*

Summary of barriers and facilitators identified within relevant domains

Healthcare professionals' behaviours in seeking psychological support are shaped by a complex interplay of factors across multiple domains, as mapped within the TDF. The interviews revealed a range of barriers and facilitators that influence these behaviours. Facilitators generally involve accessible resources, positive interpersonal relationships, increased awareness, effective behavioural strategies, and emotional acknowledgement. Conversely, barriers include privacy concerns, public and self-stigmatization, time constraints, doubts about the effectiveness of psychological services, limited knowledge, and perceived professional role conflicts. Table 2 provides a comprehensive summary of the barriers and facilitators within each domain, highlighting the intricacies of healthcare professionals' help-seeking behaviours and identifying potential areas for intervention to enhance mental health support within this population. Figure 1 illustrates the distribution of facilitators and barriers to seeking psychological support among healthcare professionals, grouped into seven theoretical domains. The results indicate that environmental context and resources, social influences, and emotion have the highest total reference points, highlighting their significant influence on help-seeking behaviours. While facilitators and barriers are present across all domains, this finding underscores both the recognition of the need for support and the persistent challenges that hinder access to care.

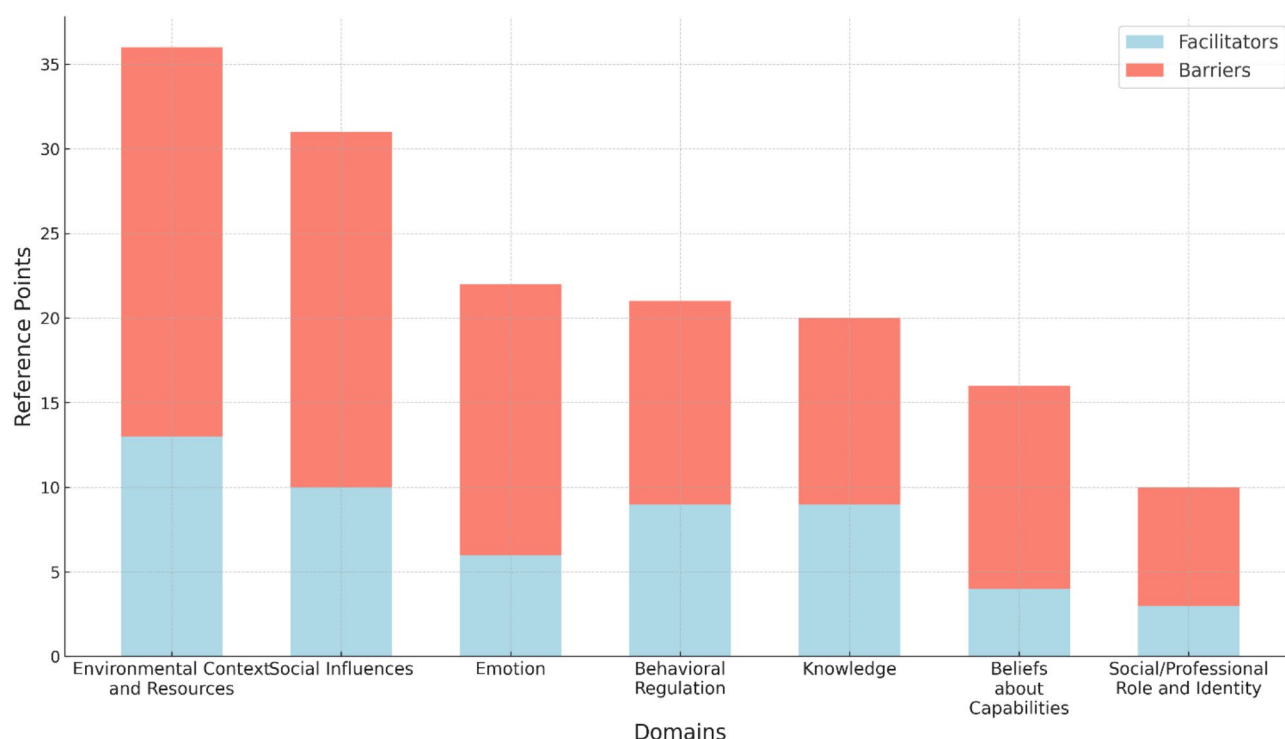
Discussion

This study employed interviews with healthcare professionals and hospital managers based on the TDF to identify key factors that influence healthcare professionals' help-seeking behaviour for psychological support. Seven relevant domains were identified, with environmental context and resources, social influences and emotions being the most frequently mentioned factors influencing help-seeking behaviours, and each domain encompassing distinct barriers and facilitators that interacted in complex ways. These findings provide valuable insights for developing targeted interventions to enhance mental health support for healthcare professionals.

In our study, the interaction between the identified barriers and facilitators shaped the complex behaviour of healthcare professionals in seeking psychological support. The results revealed that organizational support and accessible mental health services were noted as facilitators, with many participants reporting that these resources positively influenced their willingness to seek help. However, factors such as the high cost of services, concerns about privacy, and emotional factors like self-stigmatization emerged as significant obstacles. Similarly,

Table 2 Barriers and facilitators to seeking psychological support among healthcare professionals

Domain	Facilitators	Barriers
Knowledge	<ul style="list-style-type: none"> • awareness of mental health services • understanding symptoms, causes, and benefits of psychological support 	<ul style="list-style-type: none"> • limited knowledge of mental health resources • lack of awareness of psychological risks
Beliefs about Capabilities	<ul style="list-style-type: none"> • confidence in the ability to benefit from psychological services 	<ul style="list-style-type: none"> • beliefs in self-sufficiency • doubt about the effectiveness of psychological help
Environmental Context and Resources	<ul style="list-style-type: none"> • organizational support • accessibility of mental health services • professional and authoritative psychological services • rich online information resources 	<ul style="list-style-type: none"> • high cost of professional services • worry about privacy exposure • lack of available resources
Social/Professional Role and Identity	<ul style="list-style-type: none"> • supportive professional literacy 	<ul style="list-style-type: none"> • perceived role expectations • fear of compromising social image • fear of impact on career development (patient trust, coworker collaboration)
Emotion	<ul style="list-style-type: none"> • recognition of emotional vulnerability as natural • acceptance of psychological support as beneficial • overwhelming distress prompting action 	<ul style="list-style-type: none"> • shame, vulnerability, embarrassment, and guilt • self-stigmatization • fear of being judged as weak
Social Influences	<ul style="list-style-type: none"> • positive interpersonal relationships • understanding and emotional support from family and friends • policy and cultural environment 	<ul style="list-style-type: none"> • public stigma • stereotypes that emphasize self-reliance among health-care professionals
Behavioural Regulation	<ul style="list-style-type: none"> • routine stress management • peer support groups • mental health coping skills training 	<ul style="list-style-type: none"> • lack of structured routines or behavioural strategies • difficulty balancing personal and professional demands; • lack of time and energy to seek help

**Fig. 1** Distribution of facilitators and barriers in relevant theoretical domains

support from family and friends was seen as a facilitator of help-seeking, but the interaction with emotional barriers such as shame and self-stigma was also crucial. In some cases, despite the emotional support of family and friends, healthcare workers may choose to conceal their mental health problems for fear of being judged

by others. Such emotional barriers prevent them from actively seeking help, even though they are aware of the supportive resources available. Furthermore, behavioural regulation and knowledge emerged as important domains where healthcare professionals should struggle to prioritize their mental health amidst demanding schedules. For

healthcare professionals, lack of time is a common barrier to psychological help, especially considering that mental health support such as counselling and cognitive behavioural therapy requires numerous sessions to be effective [27, 28]. Time constraints and inadequate self-monitoring strategies pose obstacles to achieving a balance between work responsibilities and personal well-being [29]. However, organizational support, such as flexible working hours and available mental health resources, can alleviate these pressures. The interaction between organizational support and job-related pressures highlights the importance of a systemic approach to addressing both the emotional and practical barriers faced by healthcare professionals.

In our study, stigma is reported as a major barrier preventing healthcare professionals from seeking psychological support. Emotional barriers such as shame, guilt, and self-stigmatization, are deeply rooted in the professional culture. These factors often prevent healthcare professionals from recognizing the importance of psychological support until mental distress becomes severe. This is consistent with previous research findings that stigma has a pervasive effect on healthcare professionals' behaviour in seeking psychological support [30–33]. Internalization of perceived stigma leads healthcare professionals to hold self-stigmatizing views when seeking help [34]. People with mental health problems may experience stigma, and the associated feelings of shame may cause them to avoid any help, which in turn leads to a decrease in their overall psychological resilience [35]. This self-stigmatization and fear of being judged may bring about concerns about privacy exposure and career-related issues. Notably, healthcare professionals face unique challenges in reconciling their professional roles with personal mental health needs. Many participants held reservations about the effectiveness of psychological services (beliefs about capabilities) or believed seeking help may negatively affect their professional image (social/professional role and identity). This reflects a broader public stigma attached to mental health, where help-seeking is often perceived as a vulnerability, particularly for those in high-responsibility roles. Being perceived as weak prevented them from seeking help, which is consistent with existing research findings [36, 37]. Public attitudes toward mental health significantly influence individual decisions to seek support, with many physicians worrying that acknowledging psychological distress could adversely affect their career implications [37–39].

Our study also highlights facilitating factors in terms of environmental resources and social support. Facilitating discussions around mental health within the workplace and establishing peer support networks can help normalize help-seeking as a proactive, health-positive choice. Research has shown that creating an open environment

and access to resources around mental health can reshape workplace attitudes, emphasizing that psychological support is essential for resilience and well-being [40]. Organizational support has proven to be an important facilitator, providing healthcare workers with dedicated mental health services during the pandemic, such as a helpline or free psychological guidance, can increase their likelihood of seeking help [13, 41]. Strengthening informal organisational support, such as implementing employee assistance programs (EAPs), Balint groups and peer support groups, can facilitate peer interactions and help them cope with challenges at work and in their personal lives [7]. Additionally, advancements in technology have given rise to the emergence of telemedicine, online platforms, and smart applications that provide rich information resources and convenient options. These innovations expand access to psychological support and may reduce the traditional barriers to mental health services for healthcare professionals [2]. For example, digital learning packages have been introduced to improve healthcare workers' mental health awareness in the UK [14]. Millar et al. [42] demonstrated that an online psychological support program significantly enhanced participating healthcare workers' awareness of psychological resources during the epidemic and improved their coping skills in stressful situations, highlighting the program's effectiveness in emergencies. The integration of these resources can reduce stigma and foster a supportive environment, thus addressing both structural and individual barriers that often prevent healthcare professionals from seeking support [43].

By addressing the barriers and enhancing the facilitators identified in this study, targeted interventions can be developed to encourage healthcare professionals to seek psychological support. These interventions should focus on reducing stigma based on the cultural context and providing structured support within healthcare organizations. Additionally, we identified gaps in healthcare professionals' awareness of mental health issues, with many failing to realize that they may experience psychological problems at an early stage. Consequently, improving mental health literacy is essential. Through education and training, healthcare professionals can be taught to understand the early symptoms and causes of mental health issues and how to respond effectively, which may encourage them to seek help at the onset of these problems [44]. Furthermore, self-help strategies and access to professional resources play a crucial role in enhancing healthcare professionals' psychological help-seeking. Although many healthcare professionals are aware of available psychological support resources, they often refrain from seeking help due to a lack of confidence in utilizing these resources or concerns that requesting help may negatively impact their professional image.

Therefore, enhancing mental health literacy requires not only providing more information but also improving healthcare professionals' self-efficacy in managing mental health issues [45]. Strategies such as simulation exercises focused on mindfulness, physical exercise, and time management, as well as peer support groups, can help healthcare professionals enhance their ability to cope with psychological distress, thereby increasing their willingness to use psychological support resources.

Limitations and further research

Our study has several limitations. First, although the qualitative interviews provided valuable insights, the relatively small and localized sample limits the generalizability of the findings and may not fully reflect the help-seeking behaviours of all healthcare professionals. Second, reliance on self-reported data raises the possibility of social desirability bias, as participants may have offered responses they perceived as socially acceptable, possibly underreporting barriers to mental health help-seeking. Although this study used an anonymous survey, this bias may still magnify or reduce the impact on the behaviour of seeking psychological support. Therefore, our findings are influenced by the specific culture of Chinese public hospitals and the characteristics of the healthcare system studied, and may face challenges when applied to the help-seeking behaviours of healthcare professionals in other countries or regions. The intervention strategies proposed based on the findings need to be further verified through practical implementation.

To comprehensively understand the psychological help-seeking behaviour of healthcare professionals with diverse characteristics, future studies should consider expanding the sample to include healthcare professionals from various healthcare systems and conducting cross-cultural comparative analyses to improve the external validity of the research results. This could provide a better understanding of the universal and context-specific factors that influence help-seeking for mental health. By adopting a mixed method combining quantitative and qualitative analysis, policymakers and healthcare leaders can develop intervention strategies based on real data to improve their mental health. Additionally, the reasons why healthcare professionals choose formal or informal psychological support could be further explored to provide more targeted intervention strategies.

Conclusion

This study has identified the barriers and facilitators to healthcare professionals' help-seeking behaviours for psychological support using the Theoretical Domains Framework. There appears to be a complex interaction among individual beliefs, organizational resources and the social environment. The findings confirm the need for

targeted interventions to enhance mental health literacy, provide accessible psychological support resources, and cultivate a supportive organisational culture to address stigma. Promoting healthcare professionals to seek psychological support not only improves their mental health and well-being but also strengthens the overall resilience of healthcare settings.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12889-025-21912-3>.

Supplementary Material 1

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Author contributions

SL, YHH, and HP were responsible for the conceptualization and design of the study. SL, XYL, ZQ, and XDF conducted the interviews and data acquisition. SL performed the analysis and took charge of drafting and revising the manuscript. Final approval and supervision were provided by YHH. All authors read and approved the final manuscript.

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Data availability

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Declarations

Ethics approval and consent to participate

This study was conducted in accordance with the principles outlined in the Declaration of Helsinki. The study was approved by the Ethics Committee of Tongji Medical College of Huazhong University of Science & Technology (No. IORG0003571). Informed consent was obtained from all participants.

Consent for publication

not applicable.

Competing interests

The authors declare no competing interests.

Clinical trial number

not applicable.

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