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# Psychological distress and attitudes toward seeking professional psychological help among Omani nurses: Strategies for nursing practice

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## Abstract:

**BACKGROUND:** This study investigated the psychological distress and attitudes toward seeking professional psychological help among Oman's nurses, highlighting the importance of changing negative attitudes toward mental health among healthcare professionals. Nurses face difficult circumstances and serve as role models. Creating supportive environments can improve treatment quality and public awareness and reduce social stigma, ultimately contributing to better care and quality of life.

**MATERIALS AND METHODS:** This study used a cross-sectional design with a convenience sampling approach. A sample of 205 nurses working in Oman completed the study questionnaires, including a sociodemographic questionnaire, the attitude toward seeking professional psychological distress scale, and the Kessler Psychological Distress Scale. The survey was distributed between May and June 2023.

**RESULT:** The study found that most participants had moderate psychological distress (43.22%,  $n = 67$ ) and a low attitude toward seeking professional psychological help (66.67%,  $n = 48$ ). There were significant differences in distress based on gender ( $P < 0.001$ ), marital status ( $P < 0.001$ ), and working department ( $F = 3.140$ ,  $P = 0.004$ ), while attitude had significant differences based on gender ( $P < 0.001$ ) and marital status ( $P < 0.001$ ). The study also found no significant correlation between psychological distress and attitudes toward seeking help among Oman's nurses ( $T(1, 204) = 0.019$ ,  $P = 0.985$ ), with a  $r^2$  of 0.005.

**CONCLUSION:** Nurses must be trained to handle stress and job strain from terminally ill patients, complex cases, and difficult situations. They should prioritize psychological assistance as a sign of strength and self-awareness as it demonstrates stability and self-awareness in nursing. This can be promoted by obtaining education, enhancing healthcare accessibility, and providing a support system.

## Keywords:

Attitudes, nurses, professional psychological help, psychological distress

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## Background

The World Health Organization (WHO) defines mental health as "a condition of well-being in which the individual recognizes his or her capacities, can cope with the usual demands of life, work productively and meaningfully, and contribute to his community."<sup>[1]</sup> As a result,

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stress is regarded as a reaction to change in which an individual feels burdened or incapable of adapting. The psychological, organizational, and societal consequences are enormous when individuals are subjected to extreme stress in acute or chronic work stress events.<sup>[1]</sup> Individually, work stress has been linked to decreases in a wide range of health indicators, including impaired psychological well-being such

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as anxiety, depression, and psychological distress, or physiological impairments associated with some somatic symptoms such as headaches and high blood pressure or adverse health behaviors such as substance abuse and medication dependency.<sup>[2]</sup>

Stress and anxiety among nurses are common problems that have received much attention.<sup>[3,4]</sup> According to a study of 102 clinically engaged Australian nurses working in hospitals, 41.2% of nurses had anxiety and other mental issues.<sup>[5]</sup> The anxiety among nurses may begin as soon as they are hired and continue to rise over time, resulting in various levels and effects.<sup>[6]</sup>

Although all nurses are at risk, newly hired nurses are on the frontline of such anxiety.<sup>[4]</sup> This may be due to the complex medical treatment and patient's conditions,<sup>[7]</sup> experiencing horrific incidents while caring for others, and end-of-life situations.<sup>[8]</sup> As a result, they may be more likely to acquire psychological issues such as depression and anxiety, which might last for an extended period during their professional practice.<sup>[9]</sup> They will devote significant psychological, physiological, and emotional energy to retaining and defending their profession, which is crucial to them. However, if their efforts go unrewarded, they will experience emotional or psychological distress.<sup>[10]</sup>

Several factors may contribute to nurses' psychological distress during their careers, such as failure to have the essential personal protective equipment and safety precautions, working in various facilities, working overtime, and work-related pressures.<sup>[11]</sup> Other factors are the partial separation from their family and other forms of social support, stigma, and discrimination related to workplace environments such as working in psychiatric hospitals, the fear of transmitting severe infections to loved ones, and incidences of aggressiveness and bullying.<sup>[12]</sup>

These obstacles, along with the rising burden of chronic illnesses, unrealistic expectations among administrators and patients, poor communication between nurses and other healthcare workers (HCWs),<sup>[13]</sup> rising hospital competitiveness, deficiencies in technical knowledge, and decision-making autonomy,<sup>[14]</sup> have given rise to increased psychological distress and job insecurity among nurses.<sup>[15]</sup> Currently, seeking professional psychological help may fluctuate, and the future for adopting professional help-seeking behaviors for mental health disorders in many nations is bleak.<sup>[16]</sup> This might be because attitude can influence help-seeking behavior indirectly via intention. It also serves as a prelude to aid-seeking desire and actual help activities. Thus, strengthening one's help-seeking attitude is the first step toward encouraging more help-seeking activities.<sup>[17]</sup>

The attitudes of nurses toward mental health are crucial. They face difficult circumstances while serving as role models and leaders. Changing negative attitudes among healthcare professionals and creating settings that allow them to protect their mental health would assist in assuring the quality of treatment, promoting public awareness, eliminating social stigma, and contributing to better care and quality of life. Globally, nursing stress may have significant consequences for health, absenteeism, and attrition. Despite this, there has been little research on Omani nurses' views about obtaining professional mental health treatment; hence, this study aimed to investigate the level of psychological distress and attitudes toward seeking professional psychological help among Oman's nurses.

## Materials and Methods

### Study design and settings

The overall purpose of this study was to examine the psychological distress and attitudes toward seeking professional psychological help among Omani nurses. The study was approved by the Research Ethics Committee of Sultan Qaboos University, and the researcher of this study used a descriptive correlational study among Oman's 270 nurses to achieve the study purpose.

### Study participants and sampling

The researcher used convenience sampling to select the population and power analysis to detect a total sample of 270 nurses with a 95% confidence level and 5% margin of error. The sample consisted of nurses willing to participate in the study. However, it excluded other health team professionals and nursing students as well.

### Data collection tool and technique

The researcher in this study utilized a self-report instrument consisting of demographic data, the attitude toward seeking professional psychological distress scale, and the The Kessler Psychological Distress Scale (K10). The study used an online survey method, with research questions presented through a Google Form distributed through social media nursing platforms. The survey was distributed between May and June 2023, taking 15–20 minutes.

### *The Kessler Psychological Distress Scale (K10)*

The Kessler Psychological Distress Scale (K10) is a straightforward tool for assessing psychological distress. The K10 scale consists of 10 emotional state questions, each with a five-level answer scale. Each item is graded on a scale of 1 ("never") to 5 ("always"). The ten items' scores are then added up, providing a minimum score of 10 and a maximum score of 50. Lower scores imply low psychological distress, whereas high

values indicate considerable psychological distress. The optimal cut-point for a psychological disorder is 24. The scale demonstrates the strength of test-retest correlation coefficients, temporal stability, and internal consistency.<sup>[18]</sup> The tool is available for free online.

### c Scale

The Attitudes Toward Seeking Professional Psychological Help Scale is a 10-item survey that uses a 4-point Likert scale. The scale was used to determine participants' attitudes toward seeking professional psychological help and had two dimensions: openness to seeking professional help for emotional problems (5 items) with item scores ranging from 0 ("disagree") to 3 ("agree"), and the value and need for seeking professional help (items 2, 4, 8, 9, and 10) with items scored in reverse. The total score on the scale ranges from 0 to 30, with higher scores indicating a better professional psychological help-seeking attitude. The cut-off score on the scale is greater than 20 points. The scale demonstrates the strength of test-retest correlation coefficients, temporal stability, and internal consistency.<sup>[19]</sup> The tool is available for free online.

### Ethical consideration

The study was approved by the Research Ethics Committee of college of nursing Sultan Qaboos University.

The participants provided written informed consent through the Google Form that was circulated to them on social media platforms, particularly nurse groups, ensuring their participation was voluntary and anonymous. They completed a self-report questionnaire on demographic data, attitude toward seeking professional psychological distress, and psychological distress scale. Data were kept confidential, and only the researchers had access. The researchers cleaned up missing information, incomplete surveys, delayed submissions, and incorrect participation.

### Data analysis

The data in this study were analyzed using the statistical package for the social sciences (SPSS) at a 0.05 significance level. Mean, standard deviations, percentages, and frequencies represented the participant's demographics and the level of psychological distress among Omani nurses and the attitude toward seeking professional psychological help. Pearson correlation was used to detect the relationship between experiencing psychological distress and the attitude toward seeking professional psychological help among nurses in Oman. Linear regression was calculated to understand whether the psychological distress (dependent variable) among nursing students in Oman could be predicted by the attitude toward seeking professional psychological distress (independent variable).

## Results

In total, 246 nurses completed the survey. The researcher attempted to do data clearance for all missing information, uncompleted questionnaires, delayed submissions, and incorrect and ineligible participants. After data clearance, the investigator arrived at 205 samples. The participants ranged from 23 to 52 years old, with approximately 45.4% aged between 31 and 40 ( $n = 74$ ). Approximately 67% of the participants were male (66.8,  $n = 137$ ), and the majority of them were married (51.2%,  $n = 105$ ) and had bachelor's degrees (66.3%,  $n = 136$ ). Table 1 details these results.

In terms of working conditions, the majority of the participants are working as staff nurses (54.1%,  $n = 111$ ), have 7–10 years of clinical experience (37.1%,  $n = 76$ ), work mainly on the morning shift (47,  $n = 98$ ), work in private and public hospitals (39.0%,  $n = 80$ ), in critical care units (25.4%, 52). Table 2 details these results.

The reliability of the two tools was tested in the study sample. It showed good to high Cronbach's alpha for the Kessler Psychological Distress Scale and Attitudes Toward Seeking Professional Psychological Help Scale (Cronbach's alpha = 0.87 and 0.89, respectively). Our study's mean scores of psychological distress and attitude toward seeking professional psychological help were 31.0390 and 16.9610, respectively.

The level of psychological distress and the attitude toward seeking professional psychological help among the study participants were divided into three categories: high-level, medium-level, and low-level. This criterion was adopted where both scores exceeded the cut-off points of 24 and 20, respectively, calculated according to the formula: (highest grade – lowest grade)/3. Thus, the level of psychological distress was split into three

**Table 1: Participant Demographics**

Variable	Frequency	Percentage
Age		
20–30 years	72	35.1
31–40 years	93	45.4
41–50 years	35	17.1
>50 years	5	2.4
Gender		
Male	137	66.8
Female	68	33.2
Marital Status		
Single	100	48.8
Married	105	51.2
Level of Education		
Diploma	40	19.5
Bachelor	136	66.3
Postgraduate	29	14.1

**Table 2: Participants' Career Characteristics**

Variable	Frequency	Percentage
<b>Work Position</b>		
Assistance Nurse	52	25.4
Staff Nurse	111	54.1
In charge- Nurse	33	16.1
Continues education	9	4.4
<b>Clinical Experiences</b>		
<3 years	30	14.6
3–6 years	72	35.1
7–10 years	76	37.1
>10 years	27	13.2
<b>Working Time</b>		
Morning	98	47.8
Evening	63	30.7
Night	44	21.5
<b>Type of Hospital</b>		
Private	71	34.6
Military	54	26.3
Public	80	39.0
<b>Department</b>		
Medical	30	14.6
Surgical	35	17.1
Critical care	52	25.4
Oncology	27	13.2
Emergency	29	14.1
Mental health	11	5.4
Gerontology	12	5.9
Gynecology	9	4.4

levels: low level (24–32.7 points), medium level (32.7–41.3 points), and high level (41.3–50 points). On the contrary, the attitude toward seeking psychological distress was split into a low level (20–23.33), a moderate level (23.33–26.66), and a high level (26.66–30). The result of this study shows that the majority of the study participants who exhibited psychological distress were at the medium (43.22%, n = 67) compared to the low (35.48%, n = 55) and high levels (21.3%, n = 33). On the contrary, the majority of our study participants demonstrated a low attitude toward seeking professional psychological help (66.67%, n = 48) compared to a moderate level (19.44%, n = 14) and a high level (13.89%, n = 10).

The results of the current study indicate significant differences in overall psychological distress and attitude toward seeking professional psychological in terms of participant's gender ( $P < 0.001$  and  $P < 0.001$ , respectively) and marital status ( $P < 0.001$  and  $P < 0.001$ , respectively); no statistical differences among our study participants in term of age ( $P = 0.223$  and  $P = 0.133$ , respectively) and level of education ( $P = 0.129$  and  $P = 0.751$ , respectively). More details are in Table 3.

This study also found significant differences in overall psychological distress regarding participants' working

**Table 3: Differences in psychological distress and the attitude toward seeking professional psychological according to socio-demographic characteristics**

Variable	Percentage	Psychological Distress	Attitude toward seeking help
<b>Age</b>			
20–30 years	35.1		
31–40 years	45.4	$F: 1.515$	$F: 1.365$
41–50 years	17.1	$P=0.223$	$P=0.133$
>50 years	2.4		
<b>Gender</b>			
Male	66.8	$t=46.089$	$t=43.210$
Female	33.2	$P<0.001$	$P<0.001$
<b>Marital Status</b>			
Single	48.8	$t=43.210$	$t=53.154$
Married	51.2	$P<0.001$	$P<0.001$
<b>Level of Education</b>			
Diploma	19.5	$F=2.069$	$F=0.287$
Bachelor	66.3	$P=0.129$	$P=0.751$
Postgraduate	14.1		

conditions, such as working departments ( $F = 3.140$ ,  $P = 0.004$ ). However, no statistical differences were found in general nurses' attitudes toward seeking psychological help regarding working conditions such as working position, clinical experiences, working time, type of hospital, and performing department. More details are presented in Table 4.

To understand further whether the psychological distress (dependent variable) among nursing students in Oman could be predicted by the attitude toward seeking professional psychological distress (independent variable), a linear regression was calculated; however, no significant correlation was found ( $t(1, 204) = 0.019$ ,  $P = 0.985$ ), with a  $r^2$  of .005. Details are presented in Table 5.

## Discussion

The health status of healthcare professionals is crucial. The workplace environment should be such that it does not damage the health of individuals who work as part of occupational health.<sup>[20]</sup> Workplace stress has significantly negatively influenced employees' health, particularly in certain occupations such as teaching and nursing and in other health professions such as physicians and psychologists.<sup>[21]</sup> According to previous studies, psychological distress is quite prevalent among nurses. Thus, this study aimed to examine the extent of psychological distress and attitudes toward seeking professional psychological help among Oman's nurses. Our study's mean scores of psychological distress and attitude toward seeking psychological help were 31.0390 and 16.9610, respectively. This study's result shows that most study participants exhibited a medium level of



psychological distress (43.22%, n = 67), similar to other studies.<sup>[22]</sup>

Indeed, the WHO and several other international organizations have recognized Oman’s impressive progress over the past 40 years, notably in healthcare. Due to these advances, Oman’s demographic and epidemiological structure has altered, leading to a longer average lifespan and a greater prevalence of non-communicable chronic diseases. This created a demand for healthcare services in the country, with nurses playing an important role. Nurses deal with people and their families who have life-threatening diseases,<sup>[23]</sup> putting them under a massive kind of stress and burnout due to the possibility of witnessing patient suffering, end-of-life care exposure, and emotional exhaustion.<sup>[24]</sup>

**Table 4: Differences in psychological distress and the attitude toward seeking professional psychological help according to working conditions**

Variable	Percentage	Psychological Distress	Attitude toward seeking help
<b>Work Position</b>			
Assistance Nurse	25.4	$F=2.547$	$F=0.168$
Staff Nurse	54.1	$P=0.057$	$P=0.918$
In charge- Nurse	16.1		
Continues education	4.4		
<b>Clinical Experiences</b>			
<3 years	14.6	$F=0.248$	$F=0.179$
3–6 years	35.1	$P=0.418$	$P=0.911$
7–10 years	37.1		
>10 years	13.2		
<b>Working Time</b>			
Morning	47.8	$F=0.279$	$F=1.212$
Evening	30.7	$P=0.751$	$P=0.30$
Night	21.5		
<b>Type of Hospital</b>			
Private	34.6	$F=0.699$	$F=1.726$
Military	26.3	$P=0.498$	$P=0.181$
Public	39.0		
<b>Department</b>			
Medical	14.6	$F=3.140$	$F=0.702$
Surgical	17.1	$P=0.004^{**}$	$P=0.670$
Critical care	25.4		
Oncology	13.2		
Emergency	14.1		
Mental health	5.4		
Gerontology	5.9		
Gynecology	4.4		

\*\*Significant at  $P<0.01$ , \*Significant at  $P<0.05$

Non-Omani nurses began departing the nation during the last several decades as part of the process of “Omanization,” making it challenging for the Omani healthcare system to recruit replacements with the required clinical experience. Consequently, Omani nurses often have increasing workloads, which might harm the standard of treatment.<sup>[25]</sup> Furthermore, Oman’s nurses believe that staffing shortages, severe workloads, a lack of career possibilities, and difficulties fulfilling family responsibilities negatively impact their professional lives and contribute to more stressful encounters.<sup>[26]</sup> As a result, nurses must be trained and competent to handle suspected cases of discomfort and stress related to their jobs and the repercussions of health care. This training aims to prepare them to work successfully with a multidisciplinary team to analyze, treat, educate, and increase health awareness among people diagnosed with psychological distress or suspected of having anxiety or distress due to working in such departments.

The result of this study also indicated that the majority of our study participants demonstrated a low attitude toward seeking professional psychological help (66.67%) compared to a moderate level (19.44%) and a high level (13.89%), which is similar to other previous studies.<sup>[27]</sup> This might be because seeking professional psychiatric care among nurses can be impacted by external stigma and internal shame. People with unfavorable attitudes about mental health difficulties may suffer internal shame due to negative self-talk and believe they are incapable, inferior, or overwhelmed. They may also suffer outward shame as a result of negative emotions such as concern about health conditions that would make them appear awful to others and make them think that they can dishonor others (family or community) or that others can embarrass them as a result of mental diseases or suspected mental problems.<sup>[28]</sup>

The results of the current study highlight significant differences in overall psychological distress and the attitude toward seeking psychological help according to the participant’s gender. The female nurse had experienced a high level of psychological distress compared to the male (mean = 31.4118 and 30.8540, respectively); however, male nurses were found to have less attitude toward seeking psychological help compared to females (mean = 16.8613 and 17.1618, respectively). This may be due to the reason that female nurses may be exposed to many stressful situations during their career

**Table 5: Results of Linear Regression**

Predictor	Unstandardized Coefficients		Standardized coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error				Beta	Lower Bound
Attitude toward seeking psychological help	30.995	2.483		12.485	0.000	26.100	35.890
	0.003	0.141	0.001	0.019	0.985	-0.275	0.280

<sup>a</sup>Dependent Variable: Psychological Distress

such as taking care of violent or combative patients in addition to the struggles of family obligations, work gender-based discrimination, and role expectations.<sup>[29,30]</sup> These factors might lead to frustration, resentment, stress, guilt, exhaustion, and burnout, showing female nurses' proclivity to seek more support than males. In stressful situations, females may utilize a tend-and-befriend response, a behavior demonstrated mainly by females in response to crises.<sup>[31]</sup> It means seeking out their social group or mutual defense (befriending) and protecting offspring (tending).<sup>[31]</sup>

The results of the current study highlight significant differences in overall psychological distress and the attitude toward seeking psychological help according to the participant's marital status. Married nurses showed a higher level of psychological distress compared to single (mean = 31.80 and 30.24, respectively); they were also found to have a high attitude toward seeking psychological help compared to single (mean = 17.076 and 16.84, respectively). Nurses, in general, may deal with excessive workloads, lengthy workdays, and exposure to traumatic situations at work, all of which can lead to psychological discomfort. However, married nurses could also have extra duties outside the workplace, such as looking after kids or elderly relatives. Their workload might increase, making combining their personal and professional lives harder. For instance, they might have to make arrangements for eldercare or childcare while at work, which can be demanding and time-consuming.<sup>[32]</sup> Research indicates that a person's mental health and well-being may be impacted by their marital quality. If a married nurse has marital problems, this may increase their stress levels and affect their capacity to handle pressure at work. For married couples, financial stress may also be a significant source of stress, particularly if they are having financial problems or finding it difficult to meet their financial responsibilities.<sup>[33]</sup> On the contrary, family connections are a valuable resource for guidance, knowledge, and support about health difficulties, where helpfulness-related positive attitudes and beliefs are frequently transferred. Consequently, those who assessed their family support as excellent always had more favorable attitudes about obtaining mental health care.<sup>[34]</sup>

Our results indicated that oncology nurses are on the frontline of developing psychological distress compared to other nursing subspecialties, which aligns with previous studies.<sup>[24]</sup> This may be due to several factors. One of these factors is exposure to cytotoxic drugs. According to earlier research, oncology nurses are the primary group exposed to these medications in patient-care settings.<sup>[35,36]</sup> They handle cytotoxic medicines in their most concentrated form for extended periods. HCWs exposed to dangerous medications risk

developing the same side effects without any therapeutic benefit.<sup>[37]</sup> These side effects can range from physical to psychological. They may include headache, nausea, vomiting, abdominal pain, skin irritation and dermatitis, hair loss, blood count dilution, and headache, which can affect the nurses' emotional status, leading them to develop exhaustion, depersonalization, and reduced personal accomplishment.<sup>[38]</sup>

Nurses should get formal training before administering cytotoxic drugs for their and their patients' safety. Formal training in the administration of cytotoxic drugs should be a hospital policy priority; however, it is only available in 27% of Eastern European countries and 65% of Western European countries. More than 12.7 million HCWs in Europe are exposed to cancer-causing drugs each year, including 7.3 million nurses.<sup>[39]</sup> As this has been linked to improved safety, health concerns, and the emotional state of patients and HCWs, healthcare professionals who handle cytotoxic medications must be aware of the current dangers of cytotoxic drugs and safe handling practices.

The results of our study did not find a significant correlation between psychological distress and attitudes toward seeking professional psychological help among Omani nurses. However, a previous study that measured psychological distress and professional help-seeking among Omani student nurses found that student nurses would be inclined to get professional attention if they believed that they had a mental breakdown and felt confident in the effect of psychotherapy in relieving the emotional crisis.<sup>[40]</sup> A study done in Oman to determine the characteristics that influence adolescents' mental health help-seeking behaviors discovered that individuals with no experience with psychological difficulties were more likely to seek mental health care.<sup>[41]</sup> This shows that those who have never used mental health services or had issues with them are more likely to seek treatment. According to recent research, having a sound support system, being optimistic and informed about mental illness, and the reputation of the mental health care system are the key characteristics facilitating getting professional mental health treatment.<sup>[42]</sup>

Nurses are essential in providing high-quality patient care, but their jobs may be physically and emotionally taxing. The healthcare environment may be complex and unexpected, causing nurses to experience high stress levels, emotional tiredness, and burnout.<sup>[43]</sup> These difficulties can severely influence nurses' general health and capacity to offer appropriate patient care. One possible option is to change nurses' attitudes about receiving psychological assistance.<sup>[44]</sup>

Literature found that fear is the primary difficulty that decreases the attitude toward seeking psychological

help.<sup>[45]</sup> Fear of not receiving needed support, fear of stigmatization associated with mental health visits or diagnosis with a mental health disorder, and fear of information leakage were all highlighted as barriers to seeking psychological help.<sup>[41]</sup> The first step to combat this situation could be to focus on mental health awareness; growing public discourse and consciousness of mental health issues have incentivized those who are experiencing mental discomfort or illness to perceive themselves as active participants in their healthcare rather than passive receivers.<sup>[46]</sup>

Nurses' awareness will be enhanced by interventions that improve attitudes toward professional psychological assistance, foster a supportive environment, or give peers, families, and health supervisors information about psychological assistance.<sup>[47]</sup> Therefore, it is vital to recognize that seeking psychological help is a sign of strength and self-awareness. Recognizing the significance of this issue, nursing administrators and policymakers are actively investigating methods to change nurses' attitudes toward obtaining professional psychological care. This may occur by establishing health education and skills training, reducing stigmatization, enhancing accessibility, and providing a supporting system.

Psychological learning experiences improve an individual's knowledge and literacy of mental health problems, which improves help-seeking attitudes and intentions. It is also advantageous to be well-versed in mental health issues.<sup>[48]</sup> However, the majority of HCWs do not record any psychological learning experiences, and the general community has low mental health literacy as a result of a lack of psychological education.<sup>[48]</sup> Prioritizing education and training for nurses is one method that promotes the attitude toward seeking psychological help and decreasing psychological distress among nurses. Policies may be put in place to provide thorough education on the importance of seeking mental health help and how to get the resources needed. Nurses might feel empowered and respected to prioritize their healthcare needs if they are informed about the signs and symptoms of mental health disorders and the available treatment options.<sup>[49-51]</sup>

The study discovered that while seeking professional psychological therapy, HCWs exhibit moderate degrees of self-stigma.<sup>[52]</sup> Because it is frequently connected with unfavorable public perceptions, self-stigma is a typical obstacle to obtaining assistance. Self-stigma, particularly among HCWs, can induce anxiety that being diagnosed with a mental health disorder will jeopardize their job chances and reveal their failings.<sup>[53]</sup> Self-stigma reduces HCWs' desire to seek assistance, implying that stigma reduction programs for HCWs should be designed to increase positive help-seeking attitudes. Policymakers

can create policies that promote understanding and acceptance in healthcare settings. This might include adopting stigma-reduction training programs for healthcare personnel, fostering positive attitudes toward mental health treatment, and initiating specialized anti-stigma campaigns for nurses.<sup>[54]</sup>

Improving access to mental health services is critical in motivating nurses to seek professional psychological assistance. Policymakers can provide more financing for mental health services, ensuring that adequate resources are available. Furthermore, efforts can be made to increase the number of mental health practitioners, particularly those with experience working with healthcare professionals. Adopting telehealth services can also improve accessibility by allowing nurses to get help conveniently and discreetly.<sup>[55]</sup> Telemedicine centers and platforms provide a viable technique for providing adequate care while lowering effort and strain on healthcare staff. Remote consultations between healthcare specialists and frontline health workers enabled the transmission of medical records, data, and test results, which reduced stress and anxiety.<sup>[56]</sup> This method also lowered the number of face-to-face consultations, safeguarded specialists from virus exposure, and saved money. Thus, telemedicine can help healthcare staff avoid job overload, burnout, and other mental health consequences.<sup>[57]</sup>

Another critical component of policy formulation is the provision of specific support systems. Policymakers can provide private counseling services for nurses, providing a secure venue for them to share their mental health issues. Peer support networks can be formed, allowing nurses to interact with colleagues who have gone through similar situations and can provide assistance and understanding.<sup>[58]</sup> Peer support systems are a potential technique for increasing the availability and efficacy of psychological assistance among nurses. These methods entail trained peers offering emotional support, guidance, and resources to coworkers dealing with mental health issues.<sup>[59]</sup> They may decrease the stigma of getting treatment by fostering a secure environment where nurses feel comfortable sharing their difficulties. This motivates more nurses to seek assistance, which improves their well-being and reduces burnout. Peers who have faced similar difficulties can provide compassionate support, normalizing the need for assistance and offering comfort. This fosters confidence among coworkers, which is necessary for successful assistance.

### Limitations and recommendation

The findings of this study significantly advance the body of knowledge on the development of psychological distress in nursing workers, notably in Oman. However, several

limitations must be taken into account. The results may not be broadly applicable given that this study was restricted to Oman and was conducted entirely online. In addition, the study did not examine the nurses' prior histories of mental illness, which may have influenced the findings had they participated. Stress is a highly individualized experience triggered by various circumstances, including personality traits, family history, coping strategies, self-defense mechanisms, and life events. Nurses may have diverse conceptualizations of stress and mental health. Contrarily, the nature of the nursing profession can result in variations in how nurses define and respond to stress. Thus, it is highly recommended that further research examine nurses' histories of mental illnesses, recognize the individualized nature of stress, understand the varying perceptions of stress and mental health among nurses, and the need for nurses to manage their stress related to professional and personal obligations before providing emotional support to their patients and families.

## Conclusion

The study examined the prevalence of psychological distress among Oman's nurses and their attitudes toward obtaining professional psychological help. The results indicate that most nurses had negative attitudes toward receiving help and experienced mild-to-moderate psychological distress. However, there is no strong link between the desire for help and psychological distress. Nurses must be taught stress management skills to successfully identify, treat, and improve health awareness among medical professionals and people experiencing psychological distress. The need for psychological help indicates strength and self-awareness; this can be promoted by obtaining education, enhancing healthcare accessibility, and providing a supporting system.

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