

# Psychological Attitudes of Physicians in Seeking Help and Associated Factors

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## ABSTRACT

**Background:** Physician suicides have been increasing in recent years, and this shows that the psychological state of physicians is a subject that needs research and intervention. We think that the factors affecting the behavior of physicians to seek medical help due to their psychiatric disorders should be addressed. Therefore, we conducted a study examining the relationship between the anxiety, depression and stress levels of physicians, their attitudes toward seeking psychological help, and the degree of self-stigma related to seeking help.

**Methods:** One hundred sixty-six physicians who accessed online platforms were included in the study, and data were collected using self-report forms. The Depression Anxiety Stress Scale, the Attitudes Toward Seeking Professional Psychological Help Scale, and the Self-Stigma in Seeking Help Scale were used as assessment instruments.

**Results:** A positive correlation was found between negative attitudes toward seeking psychological help and depression, anxiety, and stress, whereas a negative association was found between positive attitudes and depression, anxiety, and stress. A significant association was found between age and depression and anxiety scores.

**Conclusion:** Physicians with high levels of depression, anxiety, and stress are more likely to exhibit negative attitudes toward seeking psychological help, and interventions are needed to improve attitudes toward seeking help.

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## INTRODUCTION

Medical education is very challenging academically and emotionally, and the stress load in healthcare settings is quite high.<sup>1,2</sup> Also, unlike other high-skilled professions, doctors work on the front lines in tackling major critical events such as the coronavirus disease 2019 outbreak and natural disasters, and all of these causes the psychological health of physicians to be adversely affected.<sup>3,4</sup> Although there are many studies reporting a high prevalence of depression among physicians, there are relatively few studies on the prevalence of anxiety and stress.<sup>5</sup> The results of a limited number of studies also show that the prevalence of anxiety is higher in physicians than in the general population.<sup>6</sup> This has led to increased concern about the mental health of physicians, particularly in the last decade, prompting researchers to further investigate the issue.<sup>7</sup>

The cognitive, emotional, and behavioral tendencies to seek help from an expert are defined in the context of a help-seeking attitude when one cannot cope with one's

problems using internal resources. Attitudes toward seeking help are classified as positive and negative, and refusal to seek psychological help when needed is considered a negative attitude.<sup>8,9</sup> Willingness to seek psychological help is influenced by sociodemographic variables such as gender, age, and education level, as well as by the amount of stress experienced, social pressure, and dysfunction caused by psychological difficulties.<sup>10,11</sup> Factors such as social stigma and difficulty in expressing feelings may lead to negative attitudes toward seeking psychological help.<sup>12</sup>

Physicians are less likely to seek professional help than the general population,<sup>13</sup> which is even more evident in the case of mental illness. Available studies suggest that physicians' attitudes toward seeking psychological help are generally negative.<sup>14</sup> A study of surgeons found that only 26% of those with suicidal thoughts sought psychiatric help.<sup>15</sup> Similarly, a recent study also showed that physicians with depression often do not seek help because of fear and shame of privacy and confidentiality. In this study, surgeons

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and pathologists were found to use help to a lesser extent than other physicians, while female physicians used help to a greater extent.<sup>16</sup>

For individuals in need of psychological help, negative attitudes and behaviors toward seeking help, reinforced by fear of social stigma, become internalized over time and lead to stigmatization, which in turn leads to stronger negative attitudes.<sup>17</sup> Studies with physicians, on the other hand, show that they experience a high degree of internalized stigma when they have to turn to health services for psychiatric support, which negatively affects their attitude toward seeking help.<sup>18,19</sup>

Recent studies show that suicidal ideation and attempt among physicians are alarmingly high.<sup>20</sup> According to current studies, suicide rates are higher, especially among female physicians and anesthesiologists, general surgeons, and psychiatrists.<sup>21</sup> Due to the recent increase in physician suicides in Turkey, it is of great importance to investigate physicians' attitudes toward seeking psychological and psychiatric help.

It was aimed in this study to investigate the relationship between the anxiety, depression, and stress symptoms of physicians, and their attitudes toward seeking help and their level of self-stigma toward seeking help. Our research questions are as follows:

1. Is there a relationship between attitudes toward seeking psychological help and depression, anxiety, and stress levels?
2. Is there a relationship between self-stigma in seeking psychological help and depression, anxiety, and stress levels?

## MATERIAL AND METHODS

Study data were collected using self-report questionnaires completed cross-sectionally between January 2021 and September 2021 in an 8-month period. Snowball sampling

### MAIN POINTS

- Studies show high rates of psychiatric disorders among physicians and barriers to seeking psychiatric help.
- There are very limited studies investigating the attitudes of physicians toward seeking psychological help, and the factors affecting these attitudes have not been adequately investigated.
- There is limited research on the relationship between self-stigmatization and attitudes toward seeking psychological help, and these studies were not conducted specifically with physicians.
- Due to the recent increase in suicide cases among physicians, the attitudes of physicians to seek help for their psychiatric disorders are worth investigating, and strategies for this problem are needed.
- Our study will make a significant contribution to the literature on the subject, and our findings will shed light on future studies.

method was used. The forms were created using Google Forms (Google, California, USA) and delivered to physicians via WhatsApp and Facebook groups. Only physicians were included in the study; no other inclusion criteria were determined, and incompletely filled forms were excluded from the study.

The study was approved by the Ethics Committee of the Dean of the Faculty of Medicine, Sakarya University (E-71522473.050.01.04 64618/2021). Written informed consent was obtained from all participants who participated in this study.

### Data Collection Tools

**Depression Anxiety Stress Scale Short Form:** The assessment instrument to evaluate the level of depression, anxiety, and stress was developed by shortening the Depression Anxiety Stress Scale Short Form developed by Lovibond PF and Lovibond SH.<sup>22</sup> The scale comprises a total of 21 items, 7 each for the subdimensions depression, anxiety, and stress. The values obtained from the subscales are collected in themselves. The internal consistency reliability coefficient of the scale was calculated as 0.94 for the subdimension "depression," 0.87 for the subdimension "anxiety," and 0.91 for the subdimension "stress."<sup>23</sup> The Turkish adaptation study of the scale was conducted by Saricam<sup>24</sup> with normal and clinical samples. The results of the analysis showed that the Turkish form, as in the original scale, consisted of 3 dimensions. At the end of the analysis, the internal consistency reliability coefficient was found to be 0.85 for the "depression" subscale, 0.80 for the "anxiety" subscale, and 0.77 for the "stress" subscale.

**Scale for Attitudes Toward Seeking Professional Psychological Help:** The scale was developed by Türküm<sup>9</sup> and revised in 2001. While the first version of the scale consisted of 30 items and 4 subdimensions, the short version included 18 items and 2 subdimensions, including positive and negative attitudes. High scores on the subdimensions indicate a stronger attitude toward the respective subdimension. The Cronbach's alpha internal consistency reliability coefficient of the positive attitude toward seeking psychological help was found to be 0.92, and the subdimension of the negative attitude was found to be 0.90.

**Self-Stigma of Seeking Help Scale:** The 5-point Likert-type developed by Vogel et al<sup>25</sup> consists of 10 items and has a single-factor structure. The lowest score that can be achieved on the scale is 10, while the highest score is 50. High scores indicate higher self-stigma associated with help-seeking. The internal consistency reliability coefficient of the scale, calculated with Cronbach's alpha, was found to be 0.91. The scale has been adjusted in Turkish by Kapikiran NA and Kapikiran Ş.<sup>26</sup> The internal consistency reliability coefficient (Cronbach's alpha) was given as follows: 0.71 for the Turkish version of the scale.

**Statistical Analysis**

Based on the multiple linear regression analysis in the study conducted by Alluhaibi and Awadalla<sup>27</sup> in 2022 on stigma and seeking psychological help in Saudi individuals, the minimum number of participants required was calculated as 110, with 80% power and 5% type-I error, in order to determine the effect of stigma on seeking psychological help. One hundred seventy of the sent forms were answered, and 166 completely answered forms were included in the analysis. It was aimed to exceed the minimum number of participants reached as a result of the power analysis.

Study data were extracted from Google Forms, converted to excel format, and then analyzed using IBM Statistical Package for the Social Sciences Statistics version 21.0 package program (IBM SPSS Corp.; Armonk, NY, USA). Descriptive statistics were reported as mean ( $\pm$ ) standard deviation, frequency, and percentage. The suitability of variables to normal distribution was examined using analytical methods (Kolmogorov-Smirnov/Shapiro-Wilk tests). Spearman correlation coefficient was used to analyze the association between the sociodemographic data and the scales.

**RESULTS**

In our study, data from 166 physicians were examined. The analysis of sociodemographic data showed that the mean age was  $37.9 \pm 8.2$  years, 135 were female [81.33%], 31 were male [18.67%], 112 were married [67.47%], 54 were single [32.53%], 87 of them were working in internal medicine [52.41%], and 75 of them were specialist physicians [45.18%]. It was determined that 34 participants [20.48%] had a previous history of psychiatric illness, and 50 participants [30.12%] had a family history of psychiatric illness. The sociodemographic data are shown in Table 1.

**Table 1.** Sociodemographic Data

		Mean $\pm$ SD, n (%) or Median (Minimum : Maximum)
Age (years)		37.9 $\pm$ 8.2
Gender	Male	31 (18.67)
	Female	135 (81.33)
Marital status	Single	54 (32.53)
	Married	112 (67.47)
Professional experience (years)		14 (1 : 41)
Occupational title	Assistant physician	38 (22.89)
	General practitioner	40 (24.10)
	Specialist physician	75 (45.18)
	Instructor	13 (7.83)
Profession	Internal Medical Sciences	87 (52.41)
	General practitioner	47 (28.31)
	Surgical Sciences	28 (16.87)
	Basic Sciences	4 (2.41)
Do you have a psychiatric history?	Yes	34 (20.48)
	No	132 (79.52)
Is there a psychiatric disorder in your family?	No	116 (69.88)
	Yes	50 (30.12)

SD, standard deviation.

A significant association was found between age and depression ( $r=0.171$ ,  $P=.027$ ) and anxiety ( $r=0.167$ ,  $P=.032$ ) scores. Evaluation of interscale correlations revealed a positive correlation between negative attitudes toward seeking psychological help and levels of depression ( $r=0.192$ ,  $P=.013$ ), anxiety ( $r=0.293$ ,  $P=.001$ ), and stress ( $r=0.190$ ,  $P=.014$ ). A negative association was found between positive attitude toward seeking psychological help and depression ( $r=-0.342$ ,  $P=.001$ ), anxiety

**Table 2.** Correlations Between Depression Anxiety Stress Scale, Scale for Attitudes Toward Seeking Professional Psychological Help, and Self-Stigma of Seeking Help Scale

			1	2	3	4	5	6
Depression Anxiety Stress Scale Short Form	Depression (1)	<i>r</i>	1					
		<i>P</i>						
	Anxiety (2)	<i>r</i>	0.603	1				
		<i>P</i>	.001					
	Stress (3)	<i>r</i>	0.790	0.682	1			
		<i>P</i>	.001	.001				
Attitude Toward Seeking Professional Psychological Help Scale	Positive (4)	<i>r</i>	-0.342	0.293	-0.264	1		
		<i>P</i>	.001	.001	.001			
	Negative (5)	<i>r</i>	0.192	0.293	0.190	0.489	1	
		<i>P</i>	.013	.001	.014	.001		
	Self-Stigma of Seeking Help Scale (6)	<i>r</i>	0.023	0.087	0.072	0.009	0.059	1
		<i>P</i>	.769	.267	.360	.904	.450	

( $r = -0.293$ ,  $P = .001$ ), and stress ( $r = -0.264$ ,  $P = .001$ ). Table 2 shows the correlations between the scales.

## DISCUSSION

The sociodemographic data and clinical scale scores of 166 physicians who participated in our study are shown in Table 1. Evaluation of the correlations between the scales revealed a negative correlation between depression, anxiety, and stress scores and positive attitudes toward seeking psychological help, and a positive correlation between negative attitudes.

Our results show that depression and anxiety increase with age. A review of the literature revealed that stress symptoms and burnout are more common in young physicians, while psychiatric comorbidity is less common in older physicians (over 60 years of age).<sup>7,28</sup> This difference could be due to the lower mean age of our sample compared to other studies.

The factors that influence help-seeking attitudes toward mental health issues are an interesting topic, and very few studies have been conducted on the subject. A systematic review of what interventions can promote positive attitudes emphasized mental health literacy and revealed conflicting results regarding the positive effects of stigma prevention.<sup>29</sup> A study aiming to develop strategies to improve psychological help-seeking showed that anti-stigma interventions positively affect help-seeking attitudes.<sup>30</sup> However, studies with physicians mostly suggest that self-stigmatization negatively affects help-seeking attitudes.<sup>18,19</sup> In our study, we found no significant relationship between self-stigma associated with help-seeking and psychological help-seeking attitudes. We think this may be due to the fact that our sample is small compared to other studies.

The most striking finding of our study is that participants with high scores in the depression, anxiety, and stress subscales had lower positive attitudes toward seeking psychological help and higher negative attitudes, which was found statistically significant. A review of the available literature showed that several studies had produced results consistent with our research. A study conducted with medical students concluded that students with depression have a more negative attitude toward seeking help than students without depression.<sup>31</sup> Another study conducted with general practitioners showed that those who suffer from burnout are less likely to seek psychiatric help than those who do not.<sup>32</sup> A comprehensive literature review was conducted on the mental health of physicians in North America. It was found that studies on this topic generally examined burnout, but that physicians also suffer from depression and anxiety symptoms at a high rate. They found that physicians need interventions to improve physicians' positive attitudes toward support.<sup>33</sup>

Our study has both strengths and limitations. The strength of our study is that it is the first study in our country

to examine the attitudes of physicians toward seeking psychological help. In addition, the positive correlation of anxiety, depression, and stress scores with negative help-seeking attitudes is a remarkable finding, and this result is especially significant considering that we selected a sample consisting of only physicians. The small sample size compared to other studies on the subject and the disproportion between the number of male and female participants are the limitations of our study. In addition, the fact that our sample was formed by the snowball sampling method is also a limitation. The population created by this method may not always accurately represent the relevant population. Our self-report forms were sent to the participants via online platforms and filled in by the participants who wanted to participate in the research. Therefore, people who feel stigmatized may not be willing to fill out the forms. This method may have caused selection bias and have created a limitation in reaching the group with psychiatric symptoms. The fact that psychotropic use was not questioned in our study is one of the limitations.

In summary, our results show that physicians suffering from depression, anxiety, and stress have a higher degree of negative attitudes toward seeking psychological support. These findings are of great importance in today's world, where mental illness and suicide among physicians are on the rise and highlight the need for intervention. We believe that further studies focusing on different dimensions of stigma or with larger samples may enrich our findings.

**Ethics Committee Approval:** This study was approved by the Ethics Committee of Sakarya University Research and Training Hospital (Approval No: E-71522473-050.01.04-64618/425).

**Informed Consent:** Written informed consent was obtained from the participants who agreed to take part in the study.

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