

Psychological Help-Seeking Behavior, Internalized Stigmatization and Self-Esteem of Nurses

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Abstract

Aim and Objectives: This study was performed to determine the psychological help-seeking behaviors, internalized stigmatization, and self-esteem of nurses and the correlation between these variables.

Methodology: The study was conducted with 488 nurse participants in three different hospitals in Ankara. Data were collected by using "Sociodemographic Data Collection Form", "Self Stigma Of Seeking Help Scale (SSOSH)", "Attitudes Toward Seeking Psychological Help Scale (ATSPHS)" and "Rosenberg Self-Esteem Scale (RSES)". Data were analyzed by using IBM SPSS Software for Windows, version 21. Percentage, frequency, mean, standard deviation, Kruskal Wallis and Mann Whitney U test and Spearman Correlation Analysis were used for statistic analysis.

Results: SSOSH, ATSPHS, and RSES scales were correlated with gender, family structure, and presence of the mother, while they were not correlated with age, job seniority, marital status, educational level, place, family interest and discipline type in childhood and social support. When the correlation between the scale scores was evaluated, no statistically significant correlation was found between RSES and SSOSH. There was a negative correlation between ATSPHS and RSES or SSOSH. Being a woman affects psychological help-seeking behavior positively. It was found that growing up in a fragmented family negatively affected psychological help-seeking behavior. It was found that nurses whose mothers were alive had higher self-esteem than those whose mothers were not alive.

Conclusion: The nurses with low self-esteem and high internalized stigmatization had negative attitudes towards psychological-help-seeking, and the nurses with low self-esteem and psychological help-seeking behavior had low internalized stigmatization behavior. Accordingly, it is necessary to plan training programs for nurses to improve their self-esteem regularly in their workplaces.

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I. Introduction

Nurses constitute the largest labor force in the provision of health services as they serve twenty-four hours a day. In many studies, it was stated that nurses were exposed to stress for a long time at work and thus their mental health was negatively affected. Nurses face many stressors such as time pressure, use of intensive technology, witnessing traumatic experiences, high workload, working in shifts, violence, role uncertainty, administrative problems, inter-occupational conflicts, and family burden. (1,2,3). While nurses provide mental health services professionally, they may sometimes need psychological help for themselves.

The process of seeking psychological help begins when individuals realize that they have problems, and the process continues with various attempts to solve these problems. These initiatives may be in the form of seeking help and support from professional or non-professional individuals. (4). Psychological help-seeking behavior is affected by many factors such as gender, cultural characteristics, age, social class, education level, marital status, previous experiences, and health perception. One of the most important obstacles for help-seeking is stigmatization. (5,6).

Stigmatization means that the person is outside the norms of the society, and therefore s/he loses prestige in the society. (7). Although nurses have professionalism due to the education they receive, they are affected by negative beliefs and attitudes attributed to mental illnesses by the society, as a member of the society they live in. Studies have shown that nurses have negative attitudes towards mental illnesses, hesitate to communicate closely with mental patients, or find them aggressive. (8,9). The transformation of the process into internalized stigmatization as a result of social stigmatization is usual.

Internalized stigmatization can be defined as an individual's acceptance of negative judgments in society, and as a result, his/ her stay away from society with negative feelings such as worthlessness and shame (9,10,11).

According to many studies, there is a positive correlation between social stigmatization and internalized stigmatization, while there is a negative correlation between internalized stigmatization and psychological help-seeking behavior.(11).

According to recent studies, internalized stigmatization leads to low self-esteem, depression, delayed treatment, prolonged disease process, social withdrawal, low self-efficacy and poor quality of life (12). Low self-esteem leads to an increase in internalized stigmatization and a decrease in psychological help-seeking behavior (13).

In this study, the correlation between social and personality characteristics of nurses and their internalized stigmatization, psychological help-seeking behaviors, self-esteem was researched. It is thought that this research will contribute to the literature in terms of defining the obstacles of psychological help-seeking behavior, combating stigmatization in all areas, and will lead to planning more detailed researches and educational practices.

II. Material and Methods

This study was designed as a descriptive study in order to determine the psychological help-seeking behavior, internalized stigmatization, and self-esteem of nurses working in general clinics, and to determine the correlation between these variables.

The Universe and The Sample

The universe of the study consists of nurses working in general clinics of state or university hospitals in Ankara province; The sample consisted of 702 nurses working in three hospitals (Atatürk Training and Research Hospital– 481 nurses, Sincan State Hospital– 182 nurses and Occupational Diseases Hospital– 39 nurses) that were selected according to their structural characteristics like being “Training and Research Hospital”, “State Hospital” and “Branch Hospital” . Of these 702 nurses, 488 were available during the study. Of the 214 nurses who were unavailable during the study, 128 were on annual leave and 86 did not want to participate in the study. Ethics committee approval of the study was obtained from Yildırım Beyazıt University. The necessary legal permissions were obtained from the Public Hospitals Institution of Ankara Province.

Data collection forms

Data were collected through face-to-face interviews using "Sociodemographic Data Collection Form", "Self Stigma Of Seeking Help Scale (SSOSH)", "Attitudes Toward Seeking Psychological Help Scale (ATSPHS)" and "Rosenberg Self-Esteem Scale". Each interview lasted approximately 30-45 minutes.

1.Sociodemographic Data Collection Form

Sociodemographic Data Collection Form developed by the researcher consists of 18 questions prepared in accordance with the literature.

2. Self Stigma Of Seeking Help Scale (SSOSH)

The SSOSH scale was developed by Vogel, Wade, and Haake. (14). The translation of SSOSH into Turkish and its reliability and validity were conducted by Sezer and Kezer. (4). SSOSH consists of two sub-dimensions: 18 items containing negative expressions and 5 items containing positive expressions. Since the items number 1, 2, 4, 5, 7, 8, 11, 12, 14, 16, 17, 19, 20, 21, 22, 23, 24 and 25 contain negative expression, they were evaluated by reverse-scoring. A single total score was obtained after the respective items had been reverse-scored. The Cronbach's Alpha value of the scale was 0.90. In this study, Cronbach's Alpha value of the scale was 0.593 and it was acceptable.

3.Attitudes Toward Seeking Psychological Help Scale (ATSPHS)

ATSPHS was developed by Türküm (2004). (15). ATSPHS is a 5-point Likert scale and consists of 18 items. The scale explained 52.6% of the total variance as a result of factor analysis for construct validity and consisted of a two-factor structure including seeking positive and negative psychological help. As the score obtained from the scale increased, the attitude of seeking psychological help increased. The Cronbach's Alpha value calculated for the internal consistency of the scale was 0.90. In this study, Cronbach's Alpha value of the scale was 0.885 and it was high.

4. Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale was created by Rosenberg in 1963, and its reliability and validity in Turkey were checked in 1985 by Çuhadaroğlu(16,17). The Rosenberg Self-Esteem Scale in this study is the first Self-Esteem subscale of the Rosenberg Self-Esteem Inventory. "Self-Esteem Sub-Dimension" contained 10 items with positive and negative meaning. According to the Self-esteem Sub-dimension evaluation system; 0 - 1

scores were considered as “high self esteem”, 2 - 4 points were considered as “moderate self esteem” and 5 and above points were considered as “low self esteem”. As the score of individuals increased, self-esteem decreased. Cronbach's alpha reliability coefficient of the Self-Esteem Scale was found to be 0.75. In this study, Cronbach's Alpha coefficient of the scale was 0.70 and it was acceptable.

Statistical Analysis

The distribution of continuous variables such as age, working time and number of children were evaluated by Shapiro-Wilk and Normality tests. Since these variables did not show normal distribution, the median (min-max) was preferred. Mean ± standard deviation (mean ± S) the scale scores was also given in the study. Mann-Whitney U or Kruskal-Wallis test was used to compare the scale scores according to demographic characteristics. When Kruskal-Wallis test showed a significant difference, paired comparison was performed via Bonferroni Correction and Mann-Whitney U test. The correlation between scale scores was evaluated by Spearman Correlation Analysis. The statistical significance level was considered as $p < 0.05$. Statistical analysis was performed using IBM® SPSS® Statistics software version 21, and graphics were created using Microsoft® Office Excel 2013 software.

III. Result

Table 1. Distribution of the nurses according to their demographic characteristics

Sociodemographic characteristics	N	%
Gender		
Female	430	88.1
Male	58	11.9
Total	488	100
Marital Status		
Married	378	77.5
Single	77	15.8
Divorced	27	5.5
Separated	1	0.2
Widowed	5	1.0
Total	488	100
Age (Min-max 18-60, median 37)		
18-24 years	34	7.5
25-34 years	131	29.0
35-44 years	221	49.0
45-54 years	62	13.7
55 years and above	3	0.8
Total	451	100
Educational status		
Primary school graduates	1	0.2
High-school graduate	61	12.6
Bachelor's degree	399	82.3
Others	24	4.9
Total	485	100
The type of family s/he grew up in		
Nuclear Family	457	95.2
Divorced parents	15	3.1
Separated parents	8	1.7
Total	480	100
Is mother alive?		
Yes	471	98.1
No	9	1.9
Total	478	100
Is father alive?		
Yes	464	96.5
No	17	3.5
Total	481	100

Table 2. Comparison of scale score median according to the personalities of nurses

		SCALE		
		SSOSH	ATSPHS	RSES
Gender				
Female	Median min-max	65 (51-79)	69 (40-90)	0.75 (0-3.58)
	$\bar{X} \pm SS$	64.92 ± 5.11	68.94 ± 10.20	0.86 ± 0.61
Male	Median min-max	66 (50-79)	63 (42-86)	0.96 (0-3.67)
	$\bar{X} \pm SS$	65.88 ± 6.05	62.43 ± 11.20	1.06 ± 0.79
Test output	Z	1.591	3.706	1.867
	p	0.112	<0.001	0.062
Educational status				
High-school graduate	Median min-max	66 (55-78)	68 (40-89)	0.75 (0-3.67)

Associate's or bachelor's degree	$\bar{X}\pm SS$	62.28±9.96	67.58±11.52	0.96±0.81
	Median min-max	65 (50-79) ²	69 (42-90)	0.75 (0-3.51)
Others	$\bar{X}\pm SS$	65.05±5.07	68.22±10.27	0.88±0.61
	Median min-max	63 (51-72)	72 (46-90)	0.50(0.25-2.75)
Test output	χ^2	8.752	2.417	1.111
	p	0.013	0.299	0.574
Marital Status				
Married	Median min-max	65 (50-79)	69 (42-90)	0.75 (0-2.83)
	$\bar{X}\pm SS$	64.93±4.97	69.04±9.96	0.83±0.54
Single	Median min-max	65 (51-78)	66.5(40-90)	0.75 (0-3.67)
	$\bar{X}\pm SS$	64.87±5.72	65.3±11.34	1.03±0.86
Divorced/ Separated/Widowed/ Test output	Median min-max	67 (51-79)	67 (42-85)	1.08 (0.25-3.51)
	$\bar{X}\pm SS$	66.69±6.56	64.59±12.77	1.15±0.84
	χ^2	4.333	6.934	4.615
	p	0.115	0.031¹	0.099

Table 3. Comparison of scale scores according to the type of family in which nurses grew up

		SCALE		
		SSOSH	ATSPHS	RSES
The type of family in which nurses grew up				
Nuclear Family	Median (min-max)	65(50-79)	69 (40-90)	0.75 (0-3.58)
	$\bar{X}\pm SS$	65.19±5.06	68.63±10.29	0.87±0.60
Divorced parents	Median (min-max)	65 (51-77)	65 (46-78)	0.62(0.25-3.67)
	$\bar{X}\pm SS$	64.15±8.06	62.46±9.46	0.96±0.99
Separated parents	Median (min-max)	62.50 (51-71)	49 (42-70)	1.12 (0.25-3.51)
	$\bar{X}\pm SS$	61.25±6.96	51.50±10.44	1.56±1.18
Test output	χ^{2*}	2.808	14.498	3.118
	p	0.246	0.001	0.210
Was mother alive in childhood?				
Was alive	Median (min-max)	65(50-79)	69 (40-90)	0.75 (0-3.58)
	$\bar{X}\pm SS$	65.16±5.16	68.49±10.35	0.86±0.60
Was not alive	Median (min-max)	62.50 (51-70)	52.50 (42-73)	2.08 (1.08-3.67)
	$\bar{X}\pm SS$	61±6.96	54.50±9.39	2.19±1.07
Test output	Z*	1.659	3.287	3.988
	p	0.097	0.001	<0.001
Was father alive in childhood?				
Was alive	Median (min-max)	65 (50-79)	69 (40-90)	0.75 (0-3.58)
	$\bar{X}\pm SS$	65.21±5.18	68.51±10.41	0.87±0.61
Was not alive	Median (min-max)	62 (51-67)	62 (42-78)	0.92 (0.25-3.67)
	$\bar{X}\pm SS$	61.08±5.15	60.33±9.75	1.26±1.13
Test output	Z*	2.560	2.833	0.898
	p	0.010	0.005	0.369

There was no significant difference between "the group whose mothers were alive" and "the group whose mothers were not alive" according to SSOSH; The ATSPHS and RSES scores of "the group whose mothers were alive" were higher (p<0.05). (Table 3)

Table 4. Medians of SSOSH, ATSPHS and RSES scores

	SSOSH	ATSPHS	RSES
N(%)	422 (%86.5)	433 (88.7)	463 (%95.0)
Median (min-max)	65 (50-79)	69 (40-90)	0.75 (0-3.76)
Median $\bar{X}\pm SS$	65.04±5.23	68.23±10.47	0.88±0.64

When the correlation between the scale scores was evaluated, no statistically significant correlation was found between RSES and SSOSH. There was a negative correlation between ATSPHS and RSES or SSOSH.

IV. Discussion

The median score of ATSPHS was 69 (min-maks:40-90) for females and 63 (min-maks:42-86) for males. The median ATSPHS was higher in women than in men. (Z=3.706. p<0.001). In the literature, women showed more psychological help-seeking behavior than men.(18,19).

When evaluated according to education level, it was found that high school and higher education graduates had higher SSOSH score than other graduates (p <0.05). No significant difference was found when paired comparison was performed (Table 2). According to a study conducted by Coşkun et al., Internalized Stigmatization scores of primary school graduates are higher than the others(20).

According to a study conducted in Turkey, to get married at late ages or young ages, or not being married are the risk factors for depression in women.(21). 77.5% of the nurses participated in this study were married. In a study by Eker et al., it was stated that married people received more social support(22). Therefore, since married nurses receive more social support, being married is thought to have an important role in maintaining the mental health of nurses. The results of the researches on this subject are in parallel with the results of our study. (Table 2)

The median ATSPHS score of the nurses who grew up with separate parents was 49, while the median ATSPHS score of the nurses who grew up with the non-separated parents was 69. A significant difference was found between this two groups ($p < 0.05$). (Table 3)

In a study conducted on the self-esteem of undergraduate students of the nursing department, it was found that the self-esteem of the students living with their families and whose parents were alive were higher than the other groups. Based on these results, it can be argued that family life is a factor that improves self-esteem, and increased self-esteem is a factor that positively affects psychological help-seeking behavior. The results of this study were similar to those in the literature(23). (Table 3)

When the correlation between the scale scores was evaluated, no statistically significant correlation was found between RSES and SSOSH. There was a negative correlation between ATSPHS and RSES or SSOSH.

When the literature of the related field was scanned, it was seen that the most important factor affecting psychological-help-seeking behavior was fear of stigmatization(11). In many studies, self-stigmatization was the leading individual factor affecting psychological-help-seeking behavior, and there was a negative correlation between stigmatization and psychological-help-seeking behavior(14,24). (Table 4)

The RSES scale scores of the nurses were between min-max values and were closer to the minimum values. Thus, it can be said that the self-esteem of the nurses participating in the study is high. (Table 4)

Many studies found a correlation between self-esteem and internalized stigmatization.(13,14,25,). This correlation is such that self-esteem was low in those with high internalized stigmatization. The results of our study were consistent with domestic and foreign literature.

V. Conclusion

When the results of this study were evaluated as a whole, it was found that being a woman had a positive effect on psychological help-seeking behavior, and that growing up with separated parents had a negative effect on psychological help-seeking behavior and self-esteem. The nurses with low self-esteem and high internalized stigmatization had negative attitudes towards psychological-help-seeking, and the nurses with low self-esteem and psychological help-seeking behavior had low internalized stigmatization behavior.

In addition to the care they provide to society and individuals, psychiatric nurses should also assess the mental health of their colleagues and guide them for effective diagnosis and treatment. Another issue is that nurses should take an active role in education and awareness efforts in the fight against stigmatization, as they have an educational role as a health professional, and are role models to society.

Limitations of the study

The number of nurses who were on leave for limitations and did not want to participate in the study was 214. Further research is needed on psychological help-seeking behaviours of health professionals due to internalized stigmatization.

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