

Research Article

The Effects of Health Professional Self-Stigma and Anticipated Risks/Benefits on Nursing Students' Help-Seeking: A Descriptive Research Study

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Keywords

- Nursing students; Psychological help-seeking; Anticipated risks/benefits; Health professional self-stigma; Intention to seek help; Emotional disclosure; Formal/informal social support

Abstract

Nursing students are vulnerable to psychological problems, and such problems may contribute to attrition or impaired practices. Nevertheless, they do not seek help. Identifying barriers to seeking help is an urgent subject. Therefore, the purpose of this study was to explore Japanese nursing students' intention to seek help from and disclosing psychological problems to formal and informal social support networks.

A total of 565 Bachelor of Nursing students from two universities in Japan participated. A simultaneous multiple regression analysis was performed with health professional self-stigma and the anticipated benefits/risks of seeking professional help as predictors of respondents' help-seeking from mental health professionals and nonprofessionals.

All tested predictors—health professional self-stigma and the anticipated risks/benefits of seeking professional help—were significant on respondents' intention to seek help from professionals. As for respondents' help-seeking from nonprofessionals, the anticipated risks and benefits were significant predictors, but health professional self-stigma was not.

This study identified obstacles to nursing students seeking help from formal and informal support. It is recommended that educators and clinicians inform nursing students about the benefits and risks of receiving help from professionals and nonprofessionals. Educators must dispel the stigma related to seeking mental health services and engender in students a healthy identity as health and helping professionals. Nursing students should be taught that not seeking help for their psychological problems may result in impaired practices, which may be harmful to their patients.

ABBREVIATIONS

ISCI: Intent to Seek Counseling Inventory; DDI: Distress Disclosure Index; DES: Disclosure Expectations Scale; HPSS: Health Professional Self-Stigma

INTRODUCTION

Even with their education and training, health professionals are not immune to mental health problems. Rather, among helping professionals, doctors and nurses are the most vulnerable to misuse and abuse prescription drugs at a rate higher than that of the general population [1]. Furthermore, physicians' suicide rate is significantly higher than the general population and is a disproportionately high cause of mortality [2]. Depression is a major risk factor that contributes to this high suicide rate.

Nursing students are also vulnerable to psychological problems, and such problems may contribute to attrition or impaired practices. Using a sample of Australian nursing students, one of the contributing factors to nursing students'

attrition is extreme stress, burnout, anxiety, and depression [3]. Furthermore, psychological problems, such as psychiatric illness, emotional distress, or the effects of substance abuse or addiction, often place students at risk for impaired academic and clinical performance [4]. Many of these health professionals recognize that their distress negatively influences their professional work; nevertheless, they typically do not seek help [5].

In Japan, nursing students also experience significantly more stress than other college students [6]. Consequently, attrition is a major problem for nursing students in Japan [7]. Additionally, psychological problems, such as depression, anxiety, and burnout, create substantial barriers to successful educational experiences among Japanese nursing students [8]. Suicide has increased substantially in Japan recently, and is now the leading cause of death among Japanese college students [9]. However, only 19% of Japanese students who died from suicide sought help from mental health professionals, which suggests that more than 80% of these students had been undiagnosed or untreated [9]. Therefore, investigating the patterns of and identifying barriers

to help-seeking among Japanese nursing students is an urgent subject. Hence, the purpose of this study was to explore Japanese nursing students' intention to seek help from and disclosure of psychological problems to formal and informal social support networks. In particular, the present study examined the effects of health professional self-stigma and the anticipated risks/benefits of seeking help from professionals on their help-seeking behavior.

Background

Extensive investigations have explored why people do not seek help for their psychological problems. Such investigations are vital since factors that influence one's decision to seek or not to seek help could be valuable information for mental health providers, educators, families, and friends who extend their support to those who need help. To understand the process of making the decision to seek help for psychological problems, researchers have focused on attitudes toward and the intention to seek help from mental health professionals. Such research is crucial given that attitudes toward and intentions to seek help indeed predict actual help-seeking behavior [10].

Previous studies have identified some factors that significantly influence an individual's attitude toward and intention to seek help. For instance, being female [11], having previous counseling experience [10], and suffering from psychological distress [12] are all significant predictors of positive attitudes toward mental health services and a greater likelihood of seeking help from mental health professionals. However, Vogel and Wester attest that these factors accounted for less than 25% of the total variance associated with help-seeking [13]. To examine this unexplained variance, they investigated the effects of self-disclosure, the anticipated risks and benefits of disclosing distressed emotions to professionals, self-concealment, participants' sex, previous counseling experience, and psychological distress on attitudes toward seeking professional help. They found that all of these factors were significant predictors of attitudes toward help-seeking, accounting for approximately 40% of variance across their participants. One of the most cited predictive factors for why people do not seek help from mental health professionals is stigma [14]. In fact, the president of the New Freedom Commission on Mental Health affirmed that stigma associated with mental illness is a major hurdle for people in seeking mental health services [15]. Corrigan made a distinction between the two types of related stigma: *public stigma* (negative perceptions held by others) and *self-stigma* (internalized public stigma) [14]. Researchers investigated the effects of public and self-stigma on attitudes toward mental health services and found that public stigma contributed to the experience of self-stigma, which consequently affected one's help-seeking intentions [15]. Therefore, stigma has an impact on help-seeking behavior and is an important area of focus.

In the present study, the Theory of Planned Behavior [16] was applied to guide our investigation. According to Ajzen, the best predictor of behavior is intention, and this intention is determined by three components: attitude toward the specific behavior, subjective norms, and perceived behavioral control. Thus, to understand one's intention to seek help from mental

health professionals, it is essential to understand (1) one's help-seeking attitudes, (2) one's subjective norms – one's beliefs about how others perceive if s/he seeks help from professionals, and (3) one's perceived behavioral control--one's evaluations that s/he has ability to seek help. Two components were the focus of the present study. First, we investigated the role of one's subjective norms, which are determined by the perceived social pressure from others to behave in a certain manner. Stigma and myths are examples of subjective norms to pressure individuals not to seek help. Stigma of people with mental illness elicits negative stereotypes (e.g., poor social skills and personal appearance, harmful, etc.), and thus, people try to avoid discrimination by hiding their stigma and avoiding others [14]. Given the important role that stigma can play in help-seeking behaviors and the mental health issues that plague nursing students in Japan, the current study focused on help-seeking intentions among Japanese nursing students. Another component that this study investigated was behavior control, which is one's evaluations of their ability. Specifically, we also explored the predictive roles of the anticipated risks/benefits of disclosing distressed emotions to mental health professionals on the intention to seek help among Japanese nursing students since evaluating their ability in disclosing distressing emotions is the assessment of their perceived behavioral control. Additionally, because nursing is one of the health professions that may be subject to unique self-stigma, we explored health professional self-stigma rather than general self-stigma. For instance, health professionals may be concerned that a potential confidentiality breach, after disclosing mental health issues, may lead to enormous consequences for their career [5]. Consequently, health professionals' self-stigma may be significantly associated with nursing students' help-seeking intention. Indeed, among health professionals, being general mental health professionals was associated with higher scores on general self-stigma [17]. Given that the importance of social support on one's physical and psychological well-being has been well documented [18], this study also explored nursing students' intention to seek help from not only formal support networks but also informal support networks.

MATERIALS AND METHODS

Design

A descriptive research design was implemented to test our hypotheses by using previously validated scales. The predictor variables were the Distress Disclosure Index, the Disclosure Expectations Scale, and Health Professional Self-Stigma, and the dependent variable was the Intent to Seek Counseling Inventory.

Participants

The surveys were distributed to all nursing students (N = 761) who were enrolled in the Bachelor of Nursing program at two universities in Fukuoka, Japan. A total of 565 students participated in this study, and the average age was 19.86, with students ranging from 18 to 26 years old. All students were female and single. The majority of the participants reported having good/ordinary relationships with their families (96.4%, N = 545) and having good friends (97.7%, N = 552). Approximately 10% of students (N = 58) reported that they had sought help from mental health professionals in the past. All students participated

in this study voluntarily, and permission to conduct the study was granted by the Institutional Review Boards from the participating universities.

Instruments

All measurements used in the present study were back- and forward-translated in order to ensure content equivalence and applicability in Japanese culture. Some measurements were validated and widely used in Japan.

Intent to Seek Counseling Inventory (ISCI): [19]. Respondents' willingness to seek help from mental health professionals for personal and interpersonal concerns was measured by the ISCI. It consists of three subscales, but only the Psychological and Interpersonal Concern subscale was used in the current study. From this subscale, items determining the respondents' intention to seek help when they experienced depression, anxiety, loneliness, feelings of inferiority, and so on were used. Respondents were asked to complete items on a 5-point Likert Scale, which ranged from 1 (*Not Likely*) to 5 (*Very Likely*). All 10 items were summed, and higher scores represented a greater intention to seek help from mental health professionals. The internal consistency of this scale for the present study was .90.

Distress Disclosure Index (DDI) [20]. The DDI is a self-report measure that is designed to assess respondents' tendency to disclose personally distressing information to nonprofessionals, such as friends and family members (informal social support). It consists of 12 items, which participants were asked to rate = on a 5-point Likert Scale, ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Six items were reversed and summed so that the higher scores represented a greater tendency to disclose distressing events and experiences to informal social support network members. The DDI is positively related to a higher degree of social support and extraversion and is negatively related to self-concealment [20]. Internal consistencies of the DDI were reported, ranging from .92 to .95. Similarly, the Cronbach's alpha of this study's students was .90.

Disclosure Expectations Scale (DES): [13]. The DES is an 8-item questionnaire designed to assess participants' expectations about the benefits and risks related to disclosing an emotional problem to a mental health professional. This item contains two subscales: the Anticipated Benefit subscale and the Anticipated Risk subscale. The Anticipated Benefit subscale contains four items that measure participants' expectations of the benefits of disclosing emotional issues to a trained professional, while the Anticipate Risk subscale contains four items that measure participants' expectations of the risk of disclosing. Participants were asked to rate the items on a 5-point Likert-type scale, ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Items were summed for each subscale, and higher scores represented greater expectations about the benefits and risks associated with talking about an emotional problem with mental health professionals. The internal consistencies for the Anticipated Risk and Benefit subscales for the present study were .81 and .67, respectively

Health Professional Self-Stigma (HPSS): The HPSS was developed for the purpose of this study and was designed to

assess nursing students' self-stigma associated with seeking psychological help. In particular, since nursing is a health professional, this measure purported to evaluate nursing students' self-imposed stigma related to pursuing professional help. It consists of five items, which respondents were asked to rate on a 5-point Likert-type scale, ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). All items were summed, and higher scores denoted greater self-stigma toward seeking psychological help. The five items were (a) 'My clinical mentor would not think highly of me if I seek professional help;' (b) 'My clinical mentor would think that I am too weak to be a nurse;' (c) 'I will be in a position of helping others, so dealing with my psychological problems should be the last priority;' (d) 'Given that I will be a nurse in the future and worry about what my colleagues would think of me, I do not want to seek psychological help;' and (e) 'Seeking psychological help will influence my career as a health professional negatively, so I will not seek help from mental health services.' A principal component factor analysis was performed with a varimax rotation. The result of this analysis yielded a one factor solution (based on eigen values > 1), with 69% variance accounted for by this one factor. The internal consistency for this measure was .77.

RESULTS

The means, standard deviations, and correlations among measured variables in this study are presented in (Table 1).

Predictive Effects of Anticipated Risks/Benefits and Self-Stigma on Seeking Help from Formal and Informal Social Support Networks

To test the objectives of this study, simultaneous multiple regression analyses were conducted with the anticipated risks/benefits and health professional self-stigma as predictors on respondents' help-seeking from formal and informal social support networks. The outcomes are summarized in (Table 2). As for participants' intention to seek help from a formal support network, the results revealed that anticipated risks, benefits, and self-stigma were all significant ($\beta = -0.09, p < .05$, $\beta = .33, p < .0001$, and $\beta = -.16, p < .0001$, respectively). That is, participants who have greater expectations about the risks and fewer expectations about the benefits of disclosing an emotional problem to a professional tended to show less intention to seek professional help. Further, nursing students with greater health professional self-stigma were inclined to have less intention to seek professional help. As for participants' tendency to disclose personally distressing information to nonprofessionals, anticipated risks and benefits were significant ($\beta = -0.18, p < .0001$, and $\beta = .10, p < .05$, respectively). That is, nursing students who expected greater risks and fewer benefits for disclosing emotional problems tended to not disclose their problems to nonprofessionals. However, health professional self-stigma was not a significant predictor for personal disclosure to nonprofessionals ($\beta = .08, p > .05$).

DISCUSSION

The purpose of this study was to explore the predictive effects of health professional self-stigma and the anticipated benefits/risks of seeking help from mental health professionals on their intention to seek help from formal and informal support

Table 1: Descriptive Statistics for and Zero-Order Correlations between Measured Variables.

	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Intention	29.96	7.03	-				
2. DDI	41.15	7.69	.01	-			
3. Benefits	13.85	2.50	.32*	.17*	-		
4. Risks	10.83	2.53	-.13*	-.24*	-0.30*	-	
5. Stigma	18.26	2.79	-.05	-.17*	.22*	-.38*	-

Note. Intention: Intent to Seek Counseling for Psychological and Interpersonal Concerns Inventory; DDI: Distress Disclosure Index; Benefits: Disclosure Expectations Scale, Benefits subscale; Risks: Disclosure Expectations Scale, Risks subscale; Stigma: Health Professional Self-Stigma. **p* < .01 level.

Table 2: Multiple Regression of Predictor Variables on Intention to Seek Professional Help and Willingness to Disclose Distressing Information to Others.

Variable	Intention					DDI				
	β	b	SE	<i>t</i>	<i>p</i>	β	b	SE	<i>t</i>	<i>p</i>
Benefits	.33	.94	.12	7.91	.0001	.31	.31	.13	2.32	0.02
Risks	-.09	-.24	.12	-1.97	.05	-.55	-.55	.14	-3.95	.0001
Stigma	-.16	-.40	.11	-3.61	.0001	.23	.23	.12	1.84	0.07

Note. Intent to Seek Counseling for Psychological and Interpersonal Concern Inventory; DDI: Distress Disclosure Index; Benefits: Disclosure Expectations Scale, Benefits subscale; Risks: Disclosure Expectations Scale, Risks subscale; Stigma: Health Professional Self-Stigma.

networks among Japanese nursing students. There are some notable findings that may be key to understanding students' intention to seek help to cope with their psychological problems.

Health professional self-stigma and help-seeking

One of the noteworthy findings from this study was the predictive effects of health professional self-stigma on nursing students' intention to seek help from formal support networks. The self-stigma held by helping professionals was one of the significant barriers to nursing students' seeking professional help. Particularly, we investigated the specific stigma that future health professionals may associate with seeking help, including views that as future health professionals (a) they are too weak to be a health professional, (b) they will be in a position to help others so they should first help others and deal with their own problems last, and (c) their career as a nurse would be jeopardized if they seek help. This finding is interesting for a couple of reasons. First, health professional self-stigma exists even among nursing students. Second, even though nursing students have received training about the importance of intervention and are familiar with the mental health services, those who endorsed greater stigma tended not to show intention to seek professional help in comparison to those who endorsed less stigma. Professional identity is fundamental to the numerous roles of a nurse [21]. Therefore, nursing students are encouraged to develop a professional identity as a health and helping professional. Nevertheless, health professionals may develop their identities as professional caregivers based on beliefs about what ideal caregivers are supposed to be like and that such beliefs are likely to be influenced by the expectations held by patients [22], supervisors, and society. This professional identity as caregivers may lead to negative consequences; having a marked caregiver role identity may significantly decrease the likelihood of helping professionals seeking help. The present study revealed that such negative beliefs about health professionals were a significant

obstacle to nursing students seeking help from mental health professionals.

This is problematic given that nurses frequently suffer from depression and burnout, are at high risk for substance abuse [5], and are often in need of help from mental health professionals. Furthermore, being impaired ('a marked inability to perform competently and to take effective action while in a professional role') [23] may affect nursing students' dependability and productivity, which can affect patients' well-being. Some implications can be derived from such findings. For instance, it is imperative that nursing students have an accurate understanding of mental health services and that the stigma associated with seeking help is eliminated. In particular, it is important to inform nursing students that helping professionals can be vulnerable to or can encounter the same psychological problems that their patients have and that dealing with mental health problems by receiving help from professionals will benefit them and their patients.

Anticipated Risks/Benefits and Help-Seeking

The analysis revealed that greater expectations about the risks and benefits associated with talking about an emotional problem with mental health professionals were significantly associated with seeking help from both formal and informal support networks. However, there is a differing pattern of the roles of the anticipated risks and benefits of seeking help from formal and informal support networks. That is, the anticipated benefits outweighed the anticipated risks for seeking professional help, while the anticipated risks outweighed the benefits when disclosing psychological problems to nonprofessionals. As for the intention to seek help from formal support networks, nursing students stressed the anticipated benefits more than the anticipated risks. In fact, the results indicated that the benefits of receiving counseling was the largest predictor, even larger than

stigma, of seeking help from professionals. Potential benefits play a more vital role than potential risks in an individual's decision to seek help from mental health professionals [15]. Indeed, this result was replicated in the current study using Japanese nursing students. As such, it is strongly recommended that nursing students be informed about the benefits of seeking help from mental health professionals. For instance, counseling may lead individuals to feel better about themselves, improve interpersonal and communication skills, strengthen coping and problem-solving strategies, increase self-confidence, and more. Students should be informed that such potential benefits can be attained through seeking help from professionals.

In addition to avoiding seeking help from formal support systems, Asians in general also tend to terminate counseling sessions prematurely [24]. Therefore, it is recommended that Japanese nursing students be advised about the immediate and concrete benefits of counseling. Perceived risks about expressing their vulnerable or painful emotions should be dispelled. When individuals evaluate the risks associated with disclosing their emotions, they may base their decision to seek or not seek help on erroneous information from others and the media. Furthermore, Asians tend to value emotional self-control and restraint; thus, disclosing hidden emotions may feel risky to them [25]. Consequently, demystifying the perceived risks of disclosing emotions by educating Japanese nursing students about the benefits of counseling is strongly recommended. For instance, educators and mental health professionals can inform them that they do not need to engage in unwanted emotional expressions or respond to questions that could evoke strong emotions [26]. Reframing counseling as a learning opportunity instead of a 'mental health' practice may be helpful in a culture, such as Japan, that does not value self-disclosure.

This study also showed that nursing students weighted the anticipated risks and benefits of disclosing unwanted emotions to mental health professionals when they consulted with nonprofessionals. The largest predictor in the present study was the anticipated risks, rather than the anticipated benefits, of disclosing their troubled emotions to their friends. Opening up about their vulnerable experiences to their friends and family members may put them at risk of being misunderstood, judged, blamed, or having their experiences minimized [27]. Developmentally, college students are still well-connected to and value support from their families and friends tremendously. In line with this, a research study found that the majority of college students talked to their peers rather than to a professional about their psychological problems [28]. This connection to friends and family may explain why, in the current study, the anticipated risks of disclosing were far more consequential than the anticipated benefits of disclosing. Informal social support can provide effective support and facilitate help-seeking for psychological problems [29]. They found that over 80% of people who sought help from informal support networks for depression reported the advantages of disclosing. Nevertheless, they also found that some friends and family members can be unhelpful or even harmful. Some of the leading reasons for being unhelpful were inappropriate or inadequate support (such as lack of emotional understanding), over-involvement, and lack of knowledge/training/expertise. It is vital to educate students that disclosing

problems to their friends and family members can be extremely beneficial. They should also understand, however, that they need both formal and informal social support to deal with mental health issues. In addition, health professional self-stigma related to helping professionals was not a significant predictor.

It is important to note that this study is not free from limitations. One limitation is that we developed and used a newly created measurement to assess nursing students' self-stigma associated with seeking psychological help. Since this measure has not been validated and showed low internal consistency reliability ($\alpha = .77$), the results should be interpreted with caution, and future research must be conducted. Another concern is that since this study was investigated using nursing students in Japan, further projects should be pursued addressing cultural components of self-stigma. For instance, a cross-cultural study that tests the differences in help-seeking intention for nursing students can be worthwhile to investigate.

CONCLUSION

This study demonstrated that health professional self-stigma and the anticipated risks and benefits of disclosing distressing emotions all significantly influenced Japanese nursing students' decision to seek help from formal and informal social support networks. The present study also revealed differing patterns of the effects of anticipated risks/benefits and stigma when seeking help from formal and informal support networks. Identifying some obstacles to receiving needed help is imperative, and we strongly recommend that educators and clinicians inform nursing students about the accurate benefits and risks of receiving help from professionals and nonprofessionals. Psycho-educational seminars that address the purposes, goals, techniques, procedures, limitations, and potential risks and benefits of services may help to dispel their fears about receiving professional help.

The present study also revealed that health professional self-stigma was a significant barrier for nursing students in seeking professional help. That is, students were less likely to seek professional help because of a misunderstanding about the roles of professional caregivers. Educators must dispel the stigma related to seeking mental health services and engender in students a healthy identity as health and helping professionals. Nursing students should also be taught that not seeking help for their psychological problems may result in impaired practices, which may harm their patients.

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