

The Mediating Effect of Psychological Capital on the Relationship between Psychological Help-Seeking Stigma and Attitude among Chinese Medical Students: A Cross-Sectional Study

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Abstract

The aim of this study was to examine the relationship between psychological help-seeking stigma, psychological capital, and psychological help-seeking attitude, and the mediating role of psychological capital in the relationship between psychological help-seeking stigma and attitude among medical students. This cross-sectional survey was conducted between January and May 2024 involving 1191 medical students in Chongqing Province. Standardized instruments were used to measure psychological help-seeking stigma, psychological capital, and psychological help-seeking attitude. We used SPSS 29.0 and PROCESS macro to analyse the data. There was a statistically significant difference in psychological help-seeking attitude among medical students based on place of residence ($p < 0.05$). Relative to medical students' gender, female medical students obtained significantly higher levels of psychological help-seeking attitude ($p < 0.01$). Nevertheless, there were no significant differences in psychological help-seeking attitude according to age, academic year, being an only child, being a class leader and whether the parents are in the medical profession. Psychological help-seeking stigma was negatively correlated with psychological help-seeking attitude ($r = -0.645, p < 0.01$), and it was also negatively correlated with psychological capital ($r = -0.489, p < 0.01$). Psychological capital played a partial mediating role in the relationship between psychological help-seeking stigma and attitude. Conclusion: Psychological help-seeking stigma was negatively correlated with psychological capital, and also negatively correlated with psychological help-seeking attitude. Mediation analyses indicated that psychological capital partially mediated the relationship between psychological

help-seeking stigma and attitude. Educators should therefore heed students' psychological help-seeking attitude and develop appropriate mental health counselling programs for students in the curriculum that could help them reduce their psychological help-seeking stigma. In clinical practice, medical managers must take effective measures, such as skills training, to improve the psychological capital of medical students and reduce the negative impact of their psychological help-seeking stigma.

Keywords

Psychological Capital, Psychological Help-Seeking Stigma, Psychological Help-Seeking Attitude, Medical Students

1. Introduction

The mental health of medical students is a national and international problem, requiring urgent attention (Coombes, 2018). Due to the rigorous academic demands and emotionally challenging clinical encounters, medical students were at increased risk of suffering from psychological distress (Bergmann et al., 2019). A meta-analysis of 183 studies across 43 countries showed that the prevalence of depression among medical students was 27%, with 11% of those students reporting suicidal ideation and more than 80% feeling under-supported (Billingsley, 2015). Episodes of poor mental health are associated with adverse outcomes such as depression, anxiety, burnout, eating disorder, suicidal ideation, dropping out and alcohol use (Carlos et al., 2023; D'Alva-Teixeira et al., 2023). Seeking professional psychological help is key to mitigating these mental problems. Professional psychological help refers to the provision of therapeutic interventions and support by trained and licensed mental health professionals. However, only a minority of medical students would seek psychological help. Prior research revealed that less than 16% medical students with depression sought treatment (Rotenstein et al., 2016). Reasons for not seeking help include limited time, stigmatization, concerns about confidentiality and treatment costs (Ye et al., 2023). Especially, the attitudinal barrier is one of the main obstacles to receiving treatment (Andrade et al., 2014).

According to theory of planned behavior action, attitudes can strongly influence intentions, which in turn affect actual help-seeking behaviors (Ajzen, 1991). Professional psychological help-seeking attitudes refer to the cognitive, emotional, and behavioral tendencies toward professional psychological help-seeking behavior when individuals experience psychological problems or diseases (Mackenzie et al., 2004). Evidence suggests that attitudes towards seeking psychological help can be influenced by various factors, such as individual, sociological and cultural factors. Individual factors encompass age, gender, educational level, work status, psychological resilience, self-identity, and public stigma as well as self-stigma (Conceição et al., 2022). Some studies have revealed that one factor that has been indicated to be related to professional psychological help-seeking attitude is psychological

help-seeking stigma (Yang et al., 2023). The stigma associated with seeking professional psychological help refers to an individual's feelings of personal and social unacceptability in the process of seeking psychological help (Vogel et al., 2006). A cross-sectional study conducted in Hong Kong indicated the negative relationship between self-stigma and attitudes toward seeking professional psychological help (Rochelle & Lo, 2023). Recently, a systematic review showed that a significant barrier to accepting mental health services among Chinese adults is stigmatization (Shi et al., 2020). Therefore, we hypothesize that psychological help-seeking stigma negatively predicts the psychological help-seeking attitude.

Conservation of resources theory suggests that individuals will constantly strive for and maintain valuable personal resources (such as psychological capital), and use these resources to help them cope with various problems (such as professional psychological help-seeking attitude) (Hobfoll, 2012). Psychological capital is a positive psychological state manifested by individuals in the process of growth and development, including self-efficacy, hope, optimism, and resilience, which play important roles in individual adaptation to the environment and emotion regulation (Luthans et al., 2004). Previous studies have shown that psychological capital is the predicting factor of professional psychological help-seeking attitude, and psychological capital has a significant positive correlation with professional psychological help-seeking attitude (Huang et al., 2019; Yanan et al., 2019). Psychological capital, as a positive-oriented internal resource, largely determines how individuals cope with stress and setbacks. Some studies have found that elements of psychological capital, such as self-efficacy and resilience, can also affect individual stigma (Hofer et al., 2019). Resilience was found to be associated with both stigma and help-seeking in individuals with mental illness (Crowe et al., 2016). A reduced level of optimism may influence help-seeking attitude. A high level of optimism promotes help-seeking intentions among adolescents which, in turn, enhances their attitude toward seeking professional help (Kenny et al., 2016). Therefore, we hypothesize that psychological capital positively predicts the psychological help-seeking attitude and mediates the relationship between psychological help-seeking stigma and attitude.

This study aimed to investigate the relationship between professional psychological help-seeking stigma and attitude, and determined whether psychological capital is a potential mediating factor in the relationship. Everyone has psychological resources at various levels, therefore, if the mediating effect of psychological capital once be confirmed, interventions might be conducted in the future to improve the professional psychological help-seeking attitude based on the exploitation of psychological capital. We hope that this study will contribute to providing clues for future interventions on improving psychological help-seeking attitude among Chinese medical students.

2. Methods and Measures

2.1. Study Design and Data Collection

A cross-sectional survey using structured questionnaires was conducted among

medical students in Chongqing, China. The data was collected from January 20 to May 20, 2024. Online questionnaires (wjsx.cn, which is one of the most popular online survey platforms in China) were distributed to medical students with convenient sampling method. In the beginning of each survey, questionnaire investigator introduced the purpose and nature of the questionnaire to the participants. A total of 1313 participants completed the survey. And this research proposes a mediation model as illustrated in **Figure 1**, based on the hypotheses mentioned before.

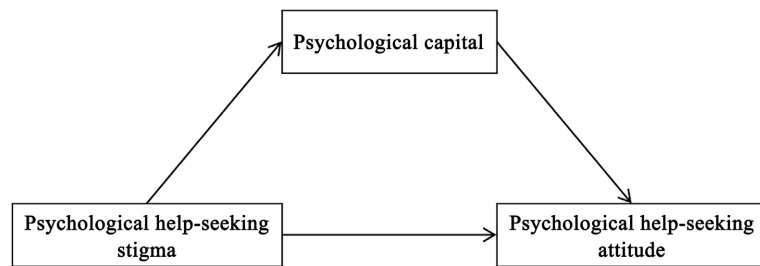


Figure 1. The proposed model.

2.2. Measures

2.2.1. Social-Demographic Questionnaire

Data were obtained using a self-designed questionnaire comprising questions regarding age, gender, academic year, place of residence, being an only child, being a class leader and whether the parents are in the medical profession. All items were self-evaluated.

2.2.2. Psychological Capital Questionnaire (PCQ)

We measured psychological capital using the 26-item psychological capital questionnaire (Zhang, 2010), which has four dimensions: self-efficacy, hope, resilience, and optimism. The dimension of optimism, hope, self-efficacy and resilience comprises 6 items, 6 items, 7 items and 7 items respectively, measured on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Sample items were as follows: “I feel confident and self-assured in my ability” (self-efficacy); “I believe that I can accomplish my goal” (hope); “I believe that I can bounce back from any setbacks that may occur” (resilience); and “I expect good things to happen in the future” (optimism). This scale is widely used and displays good internal consistency. The reliability and validity of the scale are reported to be high, and it has been used in various Chinese studies (Yu et al., 2021). The Cronbach’s α coefficient of the scale was 0.944 in this study.

2.2.3. Attitudes towards Seeking Professional Psychological Help (ATSPPH)

The ATSPPH (Hao & Liang, 2007) is a 29-item scale, which was a Chinese version revised by Hao Zhihong and Liang Baoyong and developed from Fischer and Turner’s 29-item ATSPPH scale (Fischer & Turner, 1970). The dimension of recognition of need for psychotherapeutic help, stigma tolerance, interpersonal

openness and confidence in mental health practitioner comprises 8 items, 5 items, 7 items and 9 items respectively. Each item of the scale is scored on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items include: “Had I received treatment in a mental hospital, I would not feel that it ought to be ‘covered up’.” A higher total score indicates a more positive attitudes towards seeking help. The scale is widely used and has good internal consistency. The Cronbach’s α coefficient of the scale was 0.886 in this study.

2.2.4. Questionnaire of Stigma for Seeking Professional Psychological Help (SSPPH)

Hao et al. modified the stigma scale for receiving psychological help (SSRPH) and self-stigma of seeking help scale (SSOSH) into the Chinese version called the SSPPH (Hao & Liang, 2011). The scale has high reliability (Cronbach’s α = 0.81). It contains 10 items (e.g., “I would feel inadequate if I went to a therapist for psychological help”), with each item being measured using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate greater stigma. The scale is widely used and displays good internal consistency. The Cronbach’s α coefficient of the scale was 0.910 in this study.

2.3. Data Analysis

SPSS 29.0 (IBM Corp., Armonk, NY, USA) were used for all data analysis. The Gaussian distribution of the data was assessed using the P-P plot and histogram with normal curve. The data were normally distributed. For testing the internal consistency of the measures, Cronbach’s α values were calculated at a significance level of $p < 0.05$. Descriptive statistics included mean, standard deviation (SD), number (n), and percentage. The independent variables t-test was conducted to compare differences in psychological help-seeking attitude according to participants’ gender, place of residence, the only child and being an class leader. The one-way analysis of variance (ANOVA) was conducted to compare differences in psychological help-seeking attitude according to participants’ age, academic year and whether the parents are in the medical profession. In addition, Pearson’s correlation analysis was performed to explore correlations between the variables of psychological help-seeking stigma, psychological capital, and psychological help-seeking attitude. Further, a hierarchical multiple regression analysis was used to determine the factors associated with psychological help-seeking attitude. The variance inflation factor (VIF) values of all predictive variables were less than 10, indicating negligible collinearity.

Hayes’ (2018) PROCESS macro for SPSS was used to test the mediating effects model (Bolin, 2014). It was considered significant if 95% confidence intervals (CI) did not include the value 0.

3. Results

The study finally included 1191 participants after excluding 122 invalid questionnaires. The sociodemographic characteristics (N = 1191) and comparisons of

attitudes towards seeking professional psychological help among medical students are illustrated in **Table 1**. The age of most participants was less than 20 (58.5%) and there were more females (68.5%) than males (31.5%). The female medical students had significantly higher scores of attitudes towards seeking professional psychological help than male medical students ($p < 0.001$). There was a statistically significant difference in attitudes towards seeking professional psychological help among medical students based on place of residence ($p < 0.05$). However, there were no significant differences in attitudes towards seeking professional psychological help among the variables of age, academic year, being an only child, being a class leader and whether the parents are in the medical profession.

Table 1. Demographic characteristics of participants and the attitudes towards seeking professional psychological help (N = 1191).

Variables	N (%)	ATSPPH		T/F	<i>p</i>
		Mean	SD		
Gender				-6.225	<0.001
Male	375 (31.5)	3.36	0.44		
Female	816 (68.5)	3.54	0.47		
Age				0.130	0.878
<20	697 (58.5)	3.48	0.47		
20 - 24	492 (41.3)	3.49	0.47		
>24	2 (0.2)	3.40	0.56		
Academic year				1.026	0.393
First year	650 (54.6)	3.48	0.47		
Second year	208 (17.5)	3.45	0.46		
Third year	258 (21.7)	3.50	0.46		
Fourth year	62 (5.2)	3.52	0.52		
Fifth year	13 (1.1)	3.69	0.56		
Place of residence				-2.062	0.039
Urban	591 (49.6)	3.46	0.45		
Rural	600 (50.4)	3.51	0.49		
The only child				1.023	0.306
Yes	368 (30.9)	3.51	0.48		
No	823 (69.1)	3.48	0.46		
Being a class leader				1.519	0.129
Yes	328 (27.5)	3.52	0.47		
No	863 (72.5)	3.47	0.47		
Whether the parents are in the medical profession				1.302	0.272

Continued

None of them	1085 (91.1)	3.49	0.47
One of them	78 (6.5)	3.41	0.48
Both of them	28 (2.4)	3.57	0.45

Table 2 showed descriptions of stigma for seeking professional psychological help, psychological capital and attitudes towards seeking professional psychological help. The mean score of stigma for seeking professional psychological help was 2.14 ± 0.73 . The mean score of psychological capital was 4.51 ± 0.80 . The mean score of attitudes towards seeking professional psychological help was 3.48 ± 0.47 . Pearson correlation analysis indicated that attitudes towards seeking professional psychological help had high negative correlation with stigma for seeking professional psychological help ($r = -0.645, p < 0.01$). The attitudes towards seeking professional psychological help had moderate positive correlation with psychological capital ($r = 0.433, p < 0.01$). The stigma for seeking professional psychological help had moderate negative correlation with psychological capital ($r = -0.489, p < 0.01$) (see **Table 2** for details).

Table 2. Descriptive statistics and Pearson correlation analysis results of study variable (N = 1191).

Variable	Mean	SD	1	2	3
SSPPH	2.14	0.73	1		
PCQ	4.51	0.80	-0.489**	1	
ATSPPH	3.48	0.47	-0.645**	0.433**	1

a. SSPPH Questionnaire of stigma for seeking professional psychological help, PCQ Psychological capital questionnaire, ATSPPH Attitudes towards seeking professional psychological help * $p < 0.05$ ** $p < 0.01$.

Table 3 reveals the findings of the hierarchical linear regression analysis. During the second step, the direct effect of stigma for seeking professional psychological help on attitudes towards seeking professional psychological help was verified after adjusting for covariates. In the third step, the mediating effect of psychological capital was validated. Asymptotic sampling and resampling strategies were applied to verify that psychological capital plays a potential mediating role in the relationship between stigma for seeking professional psychological help and attitudes towards seeking professional psychological help. Bootstrap estimation was based on 5000 bootstrap samples. It was considered significant if 95% confidence intervals (CI) did not include the value 0.

The hierarchical linear regression analyses were performed to explore the influential and mediating factors correlated with attitudes towards seeking professional psychological help. VIFs of all the independent variables were less than 10, which means that collinearity is not misleading. After gender, age, academic year,

place of residence, being an only child, being a class leader and whether the parents are in the medical profession were adjusted for, the stigma for seeking professional psychological help was negatively associated with attitudes towards seeking professional psychological help ($\beta = -0.632, p < 0.001$). Stigma for seeking professional psychological help accounted for 39.4% of the variance. Psychological capital was positively associated with attitudes towards seeking professional psychological help ($\beta = 0.174, p < 0.001$), and psychological capital accounted for 2.3% of the variance in step 3. In the third step, the standardized of regression coefficient (β) of stigma for seeking professional psychological help was reduced; therefore, psychological capital may have mediated the association between stigma for seeking professional psychological help and attitudes towards seeking professional psychological help.

Table 3. Hierarchical linear regression analysis results.

Variables	ATSPPH					
	Step 1		Step 2		Step 3	
Gender	0.180	6.241	0.116	5.218	0.133	6.078
Age	-0.027	-0.647	-0.011	-0.350	-0.013	-0.398
Academic year	0.044	1.048	0.045	1.403	0.056	1.767
Place of residence	0.060	1.914	0.050	2.053	0.044	1.849
The only child	-0.024	-0.767	-0.010	-0.413	-0.016	-0.675
Being a class leader	-0.029	-1.012	-0.006	-0.254	0.002	0.112
Whether the parents are in the medical profession	-0.002	-0.079	0.003	0.114	-0.003	-0.127
SSPPH			-0.632	-28.672	-0.546	-21.922
PPC					0.174	6.987
F	6.777***		112.807***		109.755***	
R ²	0.039		0.433		0.455	
ΔR^2	0.039		0.394		0.023	

a. * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$.

The total effect of stigma for seeking professional psychological help on psychological capital (coeff = $-0.4142, p = 0.000$) and the direct effect (coeff = $-0.3655, p = 0.000$) were significant (see **Table 4** for details). The indirect effect of stigma for seeking professional psychological help on attitudes towards seeking professional psychological help, mediated by psychological capital, was significant (95% confidence interval [CI] = $-0.0699 - -0.0283$).

4. Discussion

This study examined the mediating effect of psychological capital on the relationship between psychological help-seeking attitude and psychological help-seeking

Table 4. Effect of stigma for seeking professional psychological help on psychological capital.

SSPPH		Effect	se	T	<i>p</i>	95fec LL-UL
	Total effect	-0.4142	0.0142	-29.0897	0.0000	-0.4421 - -0.3862
PCQ	Direct effect	-0.3655	0.0161	-22.7499	0.0000	-0.3971 - -0.3340
	Indirect effect	-0.0486	0.0105			-0.0699 - -0.0283

a. LLCI Lower level for 95% confidence interval. ULCI Upper level for 95% confidence interval.

stigma among medical students. It demonstrated that psychological help-seeking stigma and psychological capital are directly related to psychological help-seeking attitude, and psychological capital is positively correlated with psychological help-seeking attitude. The results of the mediating effect analysis showed that psychological capital is a partial mediator between psychological help-seeking attitude and psychological help-seeking stigma (95% CI = -0.0699 - -0.0283).

4.1. The Direct Effect of Psychological Help-Seeking Stigma on Psychological Help-Seeking Attitude

The results of this study have theoretical and clinical implications. They demonstrate that psychological help-seeking stigma is negatively correlated with psychological help-seeking attitude among medical students and align with previous studies (El-Hachem et al., 2023). One factor that has been indicated to be related to professional psychological help-seeking attitude is psychological help-seeking stigma (Yang et al., 2023). And some research has shown that psychological help-seeking stigma is closely related to professional psychological help-seeking attitude (Rochelle & Lo, 2023). These findings are consistent with previous research that emphasizes the importance and effectiveness of seeking psychological help for individuals facing mental health challenges (Larrahondo et al., 2021). By encouraging a positive attitude toward seeking help, students can create a supportive environment that promotes mental well-being and helps students overcome barriers associated with stigma and shame (Lattie et al., 2019). Some studies have revealed that mental health literacy, encompassing knowledge and beliefs that aid in recognizing, managing, and preventing mental disorders influence the level of psychological help-seeking attitude (Yang et al., 2023). Furthermore, medical students who experienced higher levels of psychological symptoms were significantly more likely to report help-seeking concerns and the individual factors such as stigma and confidentiality concerns, further limited the help-seeking progression of medical students (Sheldon et al., 2024). Psychological knowledge, mental health status, family function and help-seeking utility perception significantly influenced attitudes toward psychological help-seeking, which was relatively negative among Chinese medical students (Qiu et al., 2024). Additionally, as China's healthcare reform progresses, growing numbers of Chinese medical students are concerned about job stability, job rewards, and career prospects. This can subconsciously affect medical students and their mental health status, resulting in lower levels of

psychological help-seeking attitude (Qiu et al., 2024).

4.2. The Direct Effect of Psychological Capital on Psychological Help-Seeking Attitude

Our study suggests that psychological capital is positively associated with psychological help-seeking attitude among medical students. Attitude towards seeking psychological help was relatively negative among medical students (Qiu et al., 2024), and some studies revealed that medical students' utilization of medical assistance from psychologists remained low (Brimstone et al., 2007; Umami et al., 2023). This aligns with the findings of previous studies, which indicate that psychological factors have great impact on psychological help-seeking attitude (Güney et al., 2024). One possible explanation for this finding is the role of the psychological characteristics of medical students. People with good mental health status obtain different levels of psychological help-seeking attitude and, therefore, adopt different coping strategies to deal with psychological problems. In clinical work, medical students with high psychological capital experience less emotional fatigue and more personal sense of achievement, thereby enhancing their sense of professional belonging and obligation through hope, optimism, resilience, and happiness (Yu et al., 2023). Some research has revealed that a reduced level of optimism (one part of psychological capital) may influence help-seeking intentions. That is, the less optimistic an individual is, the less likely he/she is to seek help for mental health disorder because of a negative psychological help-seeking attitude (Bu et al., 2023). A study on psychological help-seeking attitude in medical students demonstrated that psychological help-seeking attitude was positively associated with psychological capital. Research suggests that medical students with high psychological capital can improve their psychological help-seeking attitude, through having a positive social evaluation of themselves and viewing psychological counseling and their own mental health objectively (Huang et al., 2019).

4.3. The Mediation Effect of Psychological Capital

The main results indicated a significant mediating effect of psychological capital between psychological help-seeking stigma and psychological help-seeking attitude. This suggests that medical students with higher levels of psychological help-seeking stigma experience increased depletion of psychological capital, consequently leading to a decline in their psychological help-seeking attitude. Psychological help-seeking stigma negatively predicts psychological capital; individuals with higher levels of psychological help-seeking stigma are more likely to deplete their psychological resources, which is consistent with previous research (Xiao et al., 2024). Psychological capital, which serves as a positive psychological resource for individuals, can effectively mitigate the adverse impact of psychological help-seeking stigma on oneself (Shi et al., 2024). Psychological capital can positively predict individuals' psychological help-seeking attitude (Huang et al., 2019). Self-efficacy, optimism, hope, and resilience are internal elements of psychological

capital that play a vital role in fostering psychological help-seeking attitude (Yanan et al., 2019). Self-efficacy can stimulate innate motivation and unwavering determination, thereby improving the psychological help-seeking attitude. The theory of planned behavior purports that health behaviors are predicted by behavioral intentions (i.e., readiness to engage with behavior), which are influenced by attitudes (personal evaluations of help-seeking), subjective norms (normative perception of others' beliefs), and self-efficacy (perceived competence at engaging in help-seeking) (Ma et al., 2023). Hope serves as an inspiration for individuals to adopt coping strategies and increases their self-confidence, thereby augmenting their psychological help-seeking attitude. Optimism empowers individuals with the capacity to effectively manage and resolve psychological problems, contributing to surmounting psychological obstacles and enhancing psychological help-seeking attitude. Some research has revealed that a high level of optimism promotes help-seeking intentions among adolescents which, in turn, enhances their attitude toward seeking psychological help and the self-stigmatization of seeking psychological help may have an impact on the psychological help-seeking attitude through optimism (Kenny et al., 2016). Resilience provides valuable assistance for individuals in confronting mental challenges, surmounting obstacles, and ultimately enhancing their psychological help-seeking attitude. Some research has revealed that higher levels of resilience was found to be positively associated with psychological help-seeking (Sum et al., 2024). Therefore, while it may be important to enhance resilience in medical students, which may subsequently improve psychological help-seeking attitude when in need. Psychological capital can improve the coping strategies, control negative emotions effectively and maintain at the healthy mental level when facing negative events among medical students. Some study has found that psychological capital was an essential mediating variable for individual stigma and it had a direct negative effect on self-stigma (Shi et al., 2024). The current findings support the role of psychological capital as a key mediating process that influences the degree of psychological help-seeking stigma in medical students. Given the enormous importance of psychological help-seeking stigma on psychological help-seeking attitude—not to mention fluctuations in psychological capital—it seems that strengthening psychological capital at the individual level through interventions would be greatly beneficial. Consequently, psychological help-seeking attitude can be enhanced by reducing psychological help-seeking stigma and enhancing psychological capital.

We observed that medical students' gender was closely related to psychological help-seeking attitude. Medical students who came from the urban areas obtained significantly less psychological help-seeking attitude than those who came from rural areas, aligning with existing research results. Although there are differences among economic level, healthcare and mental health education, the social discrimination and prejudice against psychological problems may have a greater impact on psychological help-seeking attitude in medical students (Yanan et al., 2019). In addition, the score of psychological help-seeking attitude in male medical

students was significantly lower than that in female medical students. This can be explained by traditional male roles and masculinity ideology, the belief that men should conform to culturally defined male roles (i.e., they should be strong, self-reliant, and independent) (Berger et al., 2005). Therefore, men may avoid showing their full range of emotions and try to deal with their problems without outside assistance. Only children have higher scores of psychological help-seeking attitude than those of non-only children, a finding which is consistent with previous studies (Huang et al., 2019). This may be because only-child parents provide greater protection and emotional warmth to their children than non-only children. Only-child parents are also more likely to overly care for and spoil their children, leading to greater dependence on them than non-only children. The only children may encounter more adaptation problems when leaving the family, and their desire for psychological help-seeking may be more urgent. Therefore, the psychological help-seeking attitude levels of only children were higher than those of non-only children. Medical students who served as a class leader have higher scores of psychological help-seeking attitude than those of non-class-leader medical students. This can be explained that the class leaders possess positive motivation and gain more social support to solve their psychological problems, thereby resulting the positive psychological help-seeking attitude. In this study, no age differences were statistically significant in terms of psychological help-seeking attitude. Medical students who are over 24 years old get the lowest scores of psychological help-seeking attitude. It may be because that as medical students grow older, their capacity to independently solve problems and their avenues for seeking help both can be enhanced. Academic year was not statistically significant in terms of psychological help-seeking attitude. Medical students in the fifth year get the highest scores of psychological help-seeking attitude. This can be explained that they are facing psychological distress caused by employment, and urgently need professional solutions to address this issue. The current results indicate that the correlation between whether the parents are in the medical profession and psychological help-seeking attitude is not significant. Medical students whose parents are both in the medical profession get the highest scores of help-seeking attitude. It may be because that their parents place greater emphasis on mental health, leading their children to develop a proper understanding of mental problems.

5. Summary

Overall, psychological help-seeking stigma and psychological capital are directly related to psychological help-seeking attitude, and psychological capital is positively correlated with psychological help-seeking attitude. The results of the mediating effect analysis showed that psychological capital is a partial mediator between psychological help-seeking stigma and attitude. Educators should therefore heed medical students' psychological help-seeking attitude and develop appropriate mental health counselling programs for medical students in the curriculum that could help them reduce their psychological help-seeking stigma. In clinical practice, medical managers must take effective measures, such as skills training,

to improve the psychological capital of medical students and reduce the negative impact of psychological help-seeking stigma.

6. Limitations

There are several limitations to this study. First, since the study had a cross-sectional design, it could not examine the causal relationships between variables. Further longitudinal studies are needed to infer causality. Second, the generalizability of findings was limited in that the sample predominantly consists of young female students, further restricting the generalizability to male students, older students, and those from diverse socioeconomic backgrounds. Further studies are recommended to expand the sample to further clarify the mediating association among the variables. Third, all data collected were through self-reported questionnaires, which inevitably produces potential bias, such as social desirability bias and recall bias, affecting the accuracy and reliability of the data. This study is quantitative; a qualitative exploration is necessary to ensure a deeper understanding of the influence of psychological capital among medical students.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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