Burnout and Stigma of Seeking Help in Lithuanian Mental Health Care Professionals

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Abstract

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Burnout among mental health care professionals is a serious public health concern in different European countries. This calls for the efforts to explore the unique antecedents of burnout like help seeking stigma. The main purpose of this study is to investigate the correlation between help seeking stigma and burnout in four groups of mental health care professionals (psychiatrists, psychologists, social workers, and mental health nurses). 231 mental health care professionals completed self-reported questionnaires that consisted of Maslach Burnout Inventory – General Survey (MBI-GS, Schaufeli et al., 1996) and Self-Stigma of Seeking Help (SSOSH) scale (Vogel, Wade, & Haake, 2006). The results revealed no gender differences in burnout and help seeking stigma. Emotional exhaustion was dominating in all groups of professionals, while lack of professional efficacy was the lowest component of burnout. Mental health nurses had the most negative attitudes towards seeking for psychological help when compared to psychologist, psychiatrists and social workers. Self-stigma of seeking help correlated significantly with higher psychologists' and nurses' levels of burnout. In conclusion, mental help seeking stigma is positively related to burnout among mental health care professionals, but gender and occupational group might be important for this relation.

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Keywords: Burnout; self-stigma of seeking help; mental health professionals.

1. Introduction

Burnout among health care professionals is widely acknowledged public health problem in different European countries (Bria, Baban, & Dumitrascu, 2012; Bria, Spanu, & Baban, 2013; Van Mol et al., 2015). Numerous studies confirm declining overall well-being and increasing levels of burnout in

groups of primary care physicians (Gregory, & Menser, 2015), oncologists (Eelen et al., 2014), nurses (Fradelos et al., 2014), intensive care unit nurses and physicians (Van Mol et al., 2015), psychological counsellors (Tanrikulu, 2012), mental health professionals (Jambrak, Deane, & Williams, 2014), and other professionals in the United States and Europe (Gregory, & Menser, 2015; Bria et al., 2012).

Burnout is usually described by Maslach's definition as a state of physical, emotional and mental exhaustion, depersonalization, and reduced sense of personal accomplishment that results from long-term involvement in stressful work situations (Fradelos et al., 2014; Maslach, Schaufeli, & Leiter, 2001). Emotional exhaustion is a state of depletion resulting from strainous work demands; depersonalisation is referred as cynicism and withdrawal of onself from personal interactions, dehumanization of those involved in one's work; reduced personal accomplishement covers feelings of low self-efficacy and ineffectivenes of one's work (Gregory, & Menser, 2015; Maslach, Schaufeli, & Leiter, 2001). As health care professionals are frequently exposed to high demands and stressful work conditions they have increased risk to experience negative consequences of burnout – poor life quality, physical and mental health problems, difficulties in family life, poor professional performance, medical errors, early retirements from medical profession, etc. (Bria et al., 2012; Canadas - De la Fuente et al., 2015; Fradelos et al., 2014; Genevičiūtė-Janonienė, Skučaitė, & Endriulaitienė, 2015; Gregory, & Menser, 2015). Bria et al. (2013) and Runcan (2013) state that medical and helping professionals are more prone to burnout than general population or other specialists. This calls for extensive research of antecedents of burnout in health care sector of different countries and culturally sensitive preventive efforts (Awa, Plaumann, & Walter, 2010).

Although studies provide a numerous list of personal, organizational, and occupational burnout antecedents in different areas, some groups of professionals need special attention in this context. Volpe et al. (2014) argue that the risk of burnout is higher among psychiatrists and other mental health professionals (psychiatric nurses, occupational therapists, social workers, psychology counselors) compared to other physicians. This is explained by special occupational settings in mental health care, like a particular relationship between patients and therapists (Tanrikulu, 2012) or unique stressors in the psychiatric settings (stigma towards mental health problems, aggressive or hostile behavior of patients, etc.) (Volpe et al., 2014). Unique stressors and correlates of mental health specialists' work are underinvestigated, therefore this study can contribute to the gap in the burnout literature of mental health specialists. Schulze (2007) reports suprising findings, that the stigma of mental illness is one of the most frequently mentioned stressors contributing to burnout of psychiatrists. Althought stigma of mental illness is analysed in the academic literature as a very important public health issue in the context of patient care (Corrigan et al., 2014; Crisp, 2000), research of stigma as the correlate of occupational burnout is almost absent. Thus, the main purpose of our study is to investigate the correlation between self-stigma of seeking help and burnout of mental health care professionals.

Stigma usually is defined as an attribute resulting from personal or physical characteristic that is viewed as socially unacceptable or negative (Blaine, 2000). Based on the literature there may be stated that mental health professionals might be the source of stigma of mental illness as well as stigma recipients (Corrigan et al., 2014; Mårtensson, Jaconsson, & Engström, 2014; Schulze, 2007). Research shows that mental health care professionals may hold negative views about people with mental illness

and sometimes have even more negative attitudes than those of general population (Lammie, Harrison, Macmahon, & Knifton, 2010). On the other hand, mental health specialists may experience secondary stigma as they are often treated less positively in the professional and public society when compared to other specialists (Schulze, 2007; Verhaeghe, & Bracke, 2012). Due to this stigmatization, mental health care professionals might develop self-stigma – one associated with seeking treatment and help for themselves when needed (Corrigan, 2004; Tucker et al., 2013). The help seeking stigma "is the perception that a person who seeks psychological treatment is undesirable or socially unacceptable" (Vogel, Wade, & Haake, 2006, p. 325).

Although the literature is scarce, it provides some reason to hypothesize that all types of stigma of mental illness might serve as the potential work stressors and might be related to professionals' burnout (Corrigan et al., 2014; Mårtensson et al., 2014; Schulze, 2007); still the relationships are not clear. To our knowledge, there are no studies that analyse the relationships between specific type of stigmatization and burnout in the group of mental health professionals. We hypothesize that mental help seeking stigma is positively related to burnout of mental health care specialists. The rationale for this hypothesis may be two-fold. When the specialist has negative attitudes and beliefs about seeking help, he or she is reluctant to perceive the need for help even the symptoms of burnout are present. Stigma also may lead to avoidance of seeking for mental health services and consequently increase levels of burnout (Eisenberg, Downs, Golberstein, & Zivin, 2009). According to burnout model, if the professional experiences prolonged stress and subsequent occupational burnout, he or she may become emotionally distant from ones work and patients; thus increased cynicism may further foster vicious cycle stigma of mental illness and help seeking (Gregory & Menser, 2015; Maslach et al., 2001).

In general, the present study adds some major contributions to the existing literature by answering two research questions: (1) Does the burnout of mental health professionals correlate to help seeking stigma? Although earlier described conceptual models provide the rationale for positive relationship, empirical research results are lacking and do not suggest the clear answer. (2) Is this relation sensitive to socio-demographic and organizational factors? Former studies propose that socio-demographic factors have non-significant impact on burnout (Bria et al., 2012), whereas help seeking stigma might be gender, culture or ethnicity biased (Cheng, Kwan, & Sevig, 2013; Shepherd, & Rickard, 2012). Also some researchers found out that psychiatrists and non-medical mental health professionals differ in burnout levels (Volpe et al., 2014). Therefore, taking into account socio-demographic variables and type of work (psychiatrist, mental health nurse, social worker, or psychologist) might add important knowledge to the explanation of the correlation between stigma and burnout.

2. Research methods

2.1. Sample and procedure

Four groups of professionals (psychologists, social workers, psychiatrists and mental health nurses) working in different Lithuanian health care and social care organizations were invited to participate in the cross-sectional study using self-administered questionnaire (paper-pencil or online). The main inclusion criterion for the institutions selection was that institution should provide services for mentally ill people. List of institutions was obtained from the Ministry of Health of Republic of Lithuania. 403

different institutions (hospitals, mental health centres, private centres which provide mental health services, etc.) received invitations. Invitations for the professionals to participate in the study were sent to official emails of these institutions. The overall sample size was 231 professionals (22 male and 209 female). 97 of them participated in the online survey; 134 – filled-in paper-pencil version of the questionnaire. No gender (chi-square=0.640; df=1; p=.424), age (Mann-Whitney U=5875.50; Z=-1.245; p=.213) or tenure (Mann-Whitney U=5170; Z=-1.806; p=.071) differences were found between two samples of data collection, but more social workers participated in the online study, while more nurses filled-in paper version of the questionnaire (chi-square=44.055; df=3; p<.0001). All demographic information of the participants is presented in Table 1.

2.2. Measures

Burnout of mental health care professionals was assessed using Lithuanian version of Maslach Burnout Inventory – General Survey (MBI-GS, Schaufeli, Leitner, Maslach, & Jackon, 1996, translated by A. Endriulaitienė & G. Genevičiūtė-Janonienė). This is a self-reported questionnaire, consisting of 16 items, scored on a seven-level scale (ranging from 0 – never to 6 – daily), that measure three components of burnout: emotional exhaustion (5 items, Cronbach alpha .882), depersonalization (5 items, Cronbach alpha .824), and lack of professional efficacy or lower professional accomplishment (6 items, Cronbach alpha .782). Higher score on the scale shows higher levels of burnout or its' dimensions. Earlier studies proved good psychometric properties of this version of instrument (Genevičiūtė-Janonienė et al., 2015).

Help seeking stigma was measured with Lithuanian version of Self-Stigma of Seeking Help (SSOSH) scale (Vogelet al., 2006, translated by D. Nasvytienė). This is a self-reported questionnaire, consisting of 10 items, scored on a five-level scale (ranging from 1 – strongly disagree, to 5 – strongly agree), providing the general score (Cronbach alpha .779). Higher score shows more negative attitudes towards mental health help seeking. Recent studies supported the cross-cultural validity and univariate structure of the scale across countries (Vogel, Bitman, Hammer, & Wade, 2013).

Demographics included the variables of gender, age, tenure in the organization, and occupational group (psychologist, social worker, psychiatrist, nurse).

2.3. Data analyses

Data were analysed using IBM SPSS for Windows. Descriptive statistics were used to analyse the socio-demographic characteristics of the sample. One-sample Kolmogorov-Smirnov test was used in order to determine whether data were normally distributed. Differences in burnout and stigma were tested by Kruskal Wallis, Mann Whitney, and Friedman non parametric tests, because all variables deviated significantly from normal distribution. Spearman correlation test was used for the exploration of relationships between burnout and help seeking stigma. Partial correlation analysis was also used in order to control some demographic variables.

3. Findings

The majority of our participants were females, about 40 years old. Psychologists were slightly younger, and nurses were the oldest group of participants. Nurses also were the ones who worked longer in the recent workplace comparing to all other groups of professionals. All other characteristics of the sample are presented in Table 1.

Table 1. Descriptive statistics of the variables measured in the study

Characteristic	Groups of professionals				
	Psychologists (N=55)	Social workers (N=54)	Psychiatrists (N=51)	Mental health nurses (N=71)	
Gender (N, %)					
Male	4 (7.3%)	5 (9.3%)	10 (19.6%)	3 (4.2%)	
Female	51 (92.7%)	49 (90.7%)	41 (80.4%)	68 (95.8%)	
Age in years					
Mean (SD)	36.9 (10.5)	39.2 (9.1)	39.8 (12.3)	45.3 (11.7)	
Range	23 -60	23-57	25-75	22-76	
Tenure in the recent workplace in years					
Mean (SD)	8.3 (7.7)	10.0 (6.7)	12.3 (11.8)	17.3 (12.7)	
Range	.2 -35	.5-22	.5-45	.5-42	
Self-Stigma of Help Seeking					19.918**
Mean (SD)	21.9 (5.5)	23.8 (5.5)	23.6 (5.9)	26.5 (5.2)	
Range	12-34	10-39	10-35	15-40	
Burnout (general)					1.630 ns
Mean (SD)	29.9 (12.4)	29.1 (16.3)	27.9 (11.6)	32.0 (16.9)	
Range	9 - 55	6-64	8-53	6-79	
Emotional exhaustion					1.120 ns
Mean (SD)	14.2 (5.9)	13.4 (7.7)	14.5 (6.2)	13.7 (7.3)	
Range	4-25	0-27	3-27	0-30	
Depersonalization					6.044 ns
Mean (SD)	10.4 (6.3)	9.1 (7.3)	7.3 (5.3)	9.8 (7.9)	
Range	1-28	0-26	0-21	0-29	
Lack of professional efficacy					8.373*
Mean (SD)	5.3 (3.8)	6.5 (6.9)	6.1 (5.3)	8.5 (6.8)	
Range	0-13	0-36	0-29	0-31	

ns – non-significant, *p<.05, **p<.01

Firstly we compared rates of burnout and level of self-stigma of seeking help in four groups of professionals using nonparametric Kruskal Wallis test and Spearman correlation test. No separate analysis for males and females were used because no gender differences in all variables were found (help seeking stigma: v_m=22.4; v_f=24.3; Mann-Whitney U=1959; Z=-1.142; p=.253; general burnout score: v_m=27.6; v_f=30.2; Mann-Whitney U=2091.5; Z=-.696; p=.486; emotional exhaustion: v_m=11.9;

v_f=14.2; Mann-Whitney U=1891; Z=-1.370; p=.171; depersonalization: v_m=6.7; v_f=9.5; Mann-Whitney U=1793; Z=-1.700; p=.089; lack of professional efficacy: v_m=8.9; v_f=6.5; Mann-Whitney U=1808.5; Z=-1.650; p=.099). Also correlation analysis revealed no statistically significant relations between age, tenure, help seeking stigma and burnout.

The results have shown that four groups of mental health professionals do not differ in emotional exhaustion and depersonalization, but some differences in sense of professional efficacy and stigma of help seeking were observed. Additional analysis of paired comparisons using Mann Whitney test revealed no differences in all variables between social workers and psychologists or social workers and psychiatrists, but psychologists reported higher levels of depersonalization comparing to psychiatrists (Mann-Whitney U=994.5; Z=-2.858; p=.010). Mental health nurses were more prone to help seeking stigma and reported lower professional efficacy comparing to psychologists (Mann-Whitney U=1082.5; Z=-4.290; p<.0001 for help seeking stigma; Mann-Whitney U=1418; Z=-2.636; p=.008 for professional efficacy), psychiatrists (Mann-Whitney U=1321.5; Z=-2.544; p=.0011 for help seeking stigma; Mann-Whitney U=1424; Z=-2.012; p=.044 for professional efficacy), or social workers (Mann-Whitney U=1356; Z=-2.803; p=.005 for help seeking stigma; Mann-Whitney U=1509.5; Z=-2.038; p=.042 for professional efficacy). No differences in general burnout scale among 4 groups of professionals were found.

Comparison of each burnout components in total sample and in separate groups of professionals revealed the same pattern of burnout components in all groups (see Table 2). In order to make intra-group comparison of three burnout scales in total sample and in separate groups of professionals, standardized means were calculated and Friedman test for related samples was used.

Table 2. Intra-group comparison of three burnout scales in total sample and separate groups of professionals (standardized means)

Burnout scales	Total sample	Groups of professionals (means)			
		Psychologists	Social workers	Psychiatrists	Mental health nurses
Emotional exhaustion	2.79	2.71	2.69	2.89	2.56
Depersonalization	1.85	2.06	1.82	1.71	1.89
Lack of professional efficacy	1.12	1.23	1.09	1.40	1.54
Friedman test	192.858**	61.843**	38.279**	63.871**	39.029**

**p<.01

Additional analysis of pair comparisons using Wilcoxon signed ranks test among three components of burnout in total sample and in separate groups of professionals confirmed that there are significant differences in all three aspects of burnout – emotional exhaustion was the highest, depersonalization – in the middle, and lack of professional efficacy was the lowest component of burnout in all groups of professionals.

Table 3. Correlations between help seeking stigma and three aspects of burnout (partial correlations controlling for age and work tenure) in different groups of professionals

Groups of professionals	Burnout scales			
	General burnout	Emotional exhaustion	Depersonalization	Lack of professional efficacy
Total sample	.283***	.139*	.229**	.276***
Psychologists	.332*	.291*	.315*	.107
Social workers	.250	.107	.156	.286*
Psychiatrists	-.065	-.069	-.225	.265
Mental health nurses	.479***	.389**	.498***	.304*

*p<.05; **p<.01; ***p<.001

Significant positive correlations between general and sub-scales of burnout and help seeking stigma were found in total sample of mental health professionals (Table 3). These correlations are sensitive to gender – they are significant only in the group of females (r=.300, p<.001 for general burnout and help seeking stigma; r=.138, p=.052 for emotional exhaustion and help seeking stigma; r=.246, p<.001 for depersonalization and help seeking stigma; r=.301, p<.001 for lack of professional efficacy and help seeking stigma), but not in the group of males (r=.103, p>.05 for general burnout and help seeking stigma; r=.093, p>.05 for emotional exhaustion and help seeking stigma; r=-.040, p>.05 for depersonalization and help seeking stigma; r=.149, p>.05 for lack of professional efficacy and help seeking stigma). Some differences in sub-groups of professionals were also observed (see Table 3).

Medium strong correlation was observed between all aspects of burnout and stigma of seeking help in mental health nurses sample. Similar tendency was also seen in the psychologist sample: stigma of help seeking correlated significantly with higher levels of emotional exhaustion and depersonalization. Similar pattern could be seen in psychologists: the more they feel exhausted and depersonalized, the more they refuse to look for help. But differently from nurses, psychologists' lack of professional efficacy was not related to their help seeking stigma. In social workers group only lack of professional efficacy was related to more expressed help seeking stigma, while in the group psychiatrists no relations between these two phenomena were found.

4. Discussion and conclusions

Burnout leads to poor life quality and non-effective performance of employee. Therefore, preventing and reducing work related burnout among mental health care professionals is of great importance not only for those who suffer from it but also for their patients, organizations, and the whole society (Awa et al., 2010; Fradelos et al., 2014). Although the list of burnout risk factors in mental health area is quite extensive, some professional groups and antecendents remain under-explored. The main purpose of the current study was to investigate the correlation between help seeking stigma and burnout in four groups of mental health care professionals (psychologists, social workers, psychiatrists, and mental health nurses), making the prediction that stigmatization of mental illness is a unique job stressor in mental care services. Generally stated, this prediction was supported by results and let to draw several conclusions.

First, the results revealed no gender differences in burnout and help seeking stigma. This partially confirmed the previous research results indicating that occupational and organizational factors are much more significant correlates of burnout than socio-demographic variables that have minor or non-significant contribution (Bria et al., 2012). Schaufeli & Buunk (2003) provided the explanation that gender differences in burnout found by some researchers (e.g. Fradelos et al., 2014) might be due to occupational differences or medical speciality. Contrary to expectations and previous results, we found no differences in male and female mental help seeking stigma. Usually studies support the idea that women possess more positive attitudes towards mental help and counselling than men due to the traditional male gender role (Vogel, Wade, & Hackler, 2007). Men are expected to be independent, strong and controlling, therefore seeking of mental help threatens their self-esteem (Shepherd, & Rickard, 2012). Contradictory results might be explained by the small number of male participants in our sample. The predominance of females in mental health profession is usual in Lithuania as well as in other countries (OECD, 2005). Therefore the results are different from those revealed in other professions or community samples. Nevertheless this result needs more empirical investigation and should be tested in larger samples.

Second, the current study revealed no differences in burnout profiles in four groups of mental health profesionals. All mental health proffesionals suffered most from emotional exhaustion, whereas the feeling of lower personal accomplishment was the lowest. The identified levels of burnout support the idea that mental health specialists are vulnerable occupational group, when compared to the results reported in other samples of employees (Genevičiūtė-Janonienė et al., 2015; Runcan, 2013; Verhaeghe, & Bracke, 2012). But contrary to Runcan (2013), Volpe et al. (2014) who found higher levels of burnout among social workers or psychiatrists when compared to other groups of mental health employees, we did not confirmed professional group effect for burnout. Only lack of professional accomplishment was significantly higher expressed among mental health nurses. Minor differences between groups might be explained by quite small number of respondents in each group. Also it might be that nurses are the most sensitive professional category. This might be due to the lower status of nursing staff in health care organization especially in some countries, as well as lower job satisfaction when compared to more qualified personnel, like psychiatrists or psychologists (Blaževičienė, & Petrauskienė, 2005; Raižienė, & Endriulaitienė, 2007). Nurses might perceive fewer oportunities for the advancement and career (Runcan, 2013) or have to care for patients with severe health problems and less promising possibilities for positive treatment outcome. Consequently this decrease professional self-efficacy and self-confidence in suffient professional perfomance (Fradelos et al., 2014).

Third, several explanations might apply for the different levels of negative attitude towards mental help seeking. Current results suggest the conlusion that psychologists demonstrate the lowest mental help seeking stigma, nurses are the most prone to stigmatising of help seeking, whereas social workers and psychiatrists have medium levels of this type of stigma. First of all the longer employment length of nursing staff in our sample might be the reason for more negative attitude. Mårtensson et.al. (2014) confirmed that work place atributes and subcultural work context are related to more positive or negative attitudes among mental health nursing staff. If nurses have lower job satisfaction for longer time (Blaževičienė, & Petrauskienė, 2005; Raižienė, & Endriulaitienė, 2007) or if they have prolonged

unpleasant working environment due to prolonged and intensive contact with mentally ill patients, they develop negative emotions and attitudes related to mental health and self help (Volpe et al., 2014). Additionally, stigma and mental health related knowledge and education usually contribute to less stigmatizing attitudes (Mårtensson et.al., 2014; Pranckevičienė et al., 2016). Therefore we might presume that psychiatrists and psychologist or social workers get more sophisticated education and proffesional development of stigma prevention. Also according to Smith & Cashwell (2010) we cannot exlude the fact that psychiatrists, psychologists or social workers already might possess more positive atittudes towards help and help seeking when they enroll the mental health graduate programs and mental health care profession. This might be one of the motives for their career choice (Pagnin et al., 2013). Of course this explanation might be speculative and should be tested in future investigations.

Finally, in line with the expectations, the results proved that mental help seeking stigma is significant correlate of burnout among mental health care professionals, but this relation is sensitive to gender, burnout component and the group of professionals which is under consideration. The correlations are significant in the group of psychologists and nurses showing that higher levels of burnout are related to more expressed help seeking stigma. But this was not clearly identified in the group of psychiatrists and social workers. These results are compatible with earlier literature and confirms that stigma might serve as the potential work stressor and might be related to burnout (Corrigan et al., 2014; Mårtensson et al., 2014; Schulze, 2007). Still due to small sample size the correlations in the group of psychiatrist and social workers should be tested further, as some statistical tendencies of positive correlations were detected, especially in the group of social workers. Also these results might be more related to gender differences than to medical speciality. It was stated earlier that mental health professions are overrepresented by females (especially psychologists, nurses and social workers), thus relation in these groups might be stronger due to methodological reasons. Earlier studies supported the idea that women are more sensitive to emotional state and this might influence their cognitive functioning (for example, attitudes) and behavior more then in case of men (Else-Quest, Higgins, Allison, & Morton, 2012). As this study is only the starting point of further investigations, it is difficult to provide explanation why the relation between stigma and burnout was not identified in the group of psychiatrists. Maybe medicalized conceptualization of mental illness that is consistent with the graduated medical program of psychiatrists versus psychologizing of mental illness and help among psychologists, nurses and social workers might be the point (Pattyn, Verhaegne, & Sercu, 2013). Psychiatrists rely more upon medical treatment, place less importance on attitudes and emotions, therefore burnout as medical problem and negative attitudes as psychological issue remain unrelated. Nevertheless we encourage future researchers to investigate this question in more depth.

Our study has certain methodological limitations that should be taken into account when using the results in broader contexts. The first limitation refers to cross-sectional data and small sample size, which does not allow causal interpretation and sufficient generalization of the results. Although sampling procedure let us to increase the representativeness of the sample in terms of represented region and variety of mental health care organizations, larger number of participants and longitudinal investigations would be welcomed. Second, the sample was overrepresented by female professionals that also may be the source of bias. More research should be performed in order to get more convincing

results concerning gender and occupational group importance. Third, social desirability because of self-reported data should be noted. Although Henderson, Evans-Lacko, Flach, & Thorncroft (2012) stated that self-rated questionnaires are more prefereable to interviews when investigating attitudes of nursing staff, and Pranckevičienė et al. (2016) reported minor influence of social desirability upon stigmatizing attitudes, future studies are encouraged to control for this variable. Finally, Lithuanian context of mental health care sector might be different from other countries and may influence the results. This sector is undergoing rapid changes and restructuring after integration into the European Union, that might contribute to higher levels of stress and burnout among employees. Therefore cross-cultural validation of current results would be useful.

Despite limitations this study contributes to the research field and suggests some important practical implications. It adds knowledge to the understanding of possible unique contributors to the increased work stress levels and burnout among mental health care specialists. Also the results show that preventing efforts targeted to occupational burnout have wider consequences. They might be important not only to the life quality of specialists, but also add to the development of more positive attitudes towards mental health and help. Consequently service users, employers and society benefit from this. And vice versa stigma prevention programs might have additive positive effect upon lower burnout of helping personnel. It is hopeful that health care managers will consider both kinds of interventions in order to fight stigma and burnout and their deterrent consequences. Additionally, the results of current study may guide the improvement of education process of mental health care professionals, as literature shows that stigmatizing attitudes are sensitive to change (Pranckevičienė et al., 2016; Schulze, 2007).

In conclusion it can be stated that any preventive efforts in mental health care sector are valuable, because the current results reveal that mental help seeking stigma is positively related to burnout among mental health care professionals, still gender and occupational group might be important for this relation.

Acknowledgements

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