Journal of Mental Health & Well-being (JMHWB)

ISSN: 3142-7510 (ONLINE)

VOLUME 2 ISSUE 1 (2026)



PUBLISHED BY
E-PALLI PUBLISHERS, DELAWARE, USA

Journal of Mental Health & Well-being (JMHWB)

Volume 2 Issue 1, Year 2026
ISSN: 3142-7510 (Online)
DOI: https://doi.org/10.54536/jmhwb.v2i1.8692
https://journals.e-palli.com/home/index.php/jmhwb

Workplace Psychological Safety and Mental Health Help-Seeking among Healthcare Workers in Bangladesh: The Mediating Role of Organisational Trust

Md Amjad Hossain Chowdhury[1*], Sujan Ahmed[2], Samia Akter Bristy[3], Mehedee Hasan[4], Israt Jahan Dipty[5], Md. Majedul Islam[6], Syeda Sumaiya[6], Nuren D. Dihan[7]

Article Information

Received: July 10, 2026

Accepted: September 26, 2026

Published: November 10, 2026

Keywords

Bangladesh Healthcare Workers, Help-Seeking Intention, Mental Health Stigma, Organisational Trust, Perceived Access, Workplace Psychological Safety

ABSTRACT

Healthcare professionals face continuous clinical, emotional and organisational pressure; however, when distress arises, it is not always sought in the form of professional mental health services. The aim of this study was to investigate the relationship between psychological safety in the workplace and the intention to seek mental health services among healthcare workers in Bangladesh and to determine if organisational trust acts as a mediator in this relationship. Perceived stigma of accessing mental health services in the workplace and perceived access to support were added as further explanatory variables. A cross-sectional quantitative survey was conducted and yielded 480 valid responses from healthcare workers in varying roles, organisation types, locations and tenure groups. Partial least squares structural equation modelling was used to assess the measurement and structural models. The measurement model had good indicator reliability, internal consistency, convergence and discrimination. Organisational trust and the help-seeking intention were positively and significantly correlated with workplace psychological safety, while perceived stigma was negatively and significantly correlated with workplace psychological safety. Organisational trust and perceived access had a positive relationship to help-seeking intention while stigma had a negative relationship. Organisational trust was a significant mediator in the connection between psychological safety and the help-seeking outcome. The explanatory power of the model was 53.4% for help-seeking intention. The results suggest that the psychologically safe, trusted, low-stigma and practically available work environment can reinforce the motivation of healthcare workers to access qualified mental health services if required in low-resource and diverse health care settings across the country.

INTRODUCTION

Working in the healthcare industry is challenging and stressful. The work involves handling large workloads, communicating with distressed patients and families and making accurate decisions while working professionally under pressure. Such expectations can create mental stress. However, stress or emotional distress does not always encourage the healthcare worker to seek professional mental health care. Factors affecting help seeking include workplace norms, trust in organizational processes, feared stigma and actual availability of services (Doo & Choi, 2022).

Psychological safety at work is at heart of this issue. If an employee feels psychologically safe, they can raise up concerns, show areas they don't know, and seek help and discuss challenges, without facing the risk of being humiliated or facing unfair consequences (Hunt *et al.*, 2021). This climate can impact employee readiness to seek emotional stress recognition and seek professional assistance in a healthcare environment. But when people are afraid of damage to their reputation or negative judgment, they may not speak up, even if help is needed (Aranha *et al.*, 2022).

The relational dimension is organisational trust. Employees know that there is support available, but may not seek it if confidentiality, fairness and concern for staff's well-being are in question. Whether formal support is perceived as safe and credible may thus be influenced by trust. Conversely, stigma in the workplace may deter seeking help if mental health problems are seen as a sign of weakness or a decrease in effectiveness and competence, and access to appropriate services may be limited (Hoegh *et al.*, 2023).

Such matters are pertinent in Bangladesh, where health care workers work in diverse working conditions, both in public and in private and non-governmental organizations, in urban, semi-urban and rural areas, and with varying resources and support structures. There is limited evidence to combine the various factors of psychological safety, organisational trust, stigma, access, and intention to seek help. This study therefore aims to explore workplace psychological safety as the main factor driving mental health help-seeking intentions, the cultural mediator of organisational trust, and the explanatory factors of stigma and access. The study offers evidence from 480 healthcare workers and a PLS-SEM model which includes the cultural, relational and workplace factors applicable to strengthening the intention to seek qualified mental health care (Wulf, 2022).

This framework is more than a one-barrier explanation.

[1] Community health behavior and Education, Georgia Southern University, Bangladesh
[2] Department of School of Social Work, Excelsia University College, Bangladesh
[3] Department of Pharmacy, Independent University, Bangladesh
[4] Masters of Pharmaceuticals Science, State University of Bangladesh
[5] Masters of Research Pharmaceuticals Science, University of Cyberjaya, Bangladesh
[6] Pharmaceuticals Science, North South University, Bangladesh
[7] Educational Policy Studies & Evaluation, University of Kentucky, USA
[*] Corresponding author's e-mail: mc47303@georgiasouthern.edu

It takes into account if the employees feel secure in interpersonal interactions, if trust in the organisation exists, if they fear being judged negatively and if professional care is really possible and if so, to what extent, and these factors can be assessed within the same empirical model.

LITERATURE REVIEW

Workplace Psychological Safety

Psychological safety is a collective or personal belief that interpersonal risk-taking is acceptable, without unreasonable fear of embarrassment, humiliation, rejection or punishment in the workplace. She says, in a way, people feel comfortable in a psychologically safe environment to share concerns about work, the truth, or to ask for help and express uncertainty (Rutherford *et al.*, 2023). Psychological safety doesn't eliminate accountability. Instead it permits him or her to voice concerns or limitations without compromising his or her professional standards. This is particularly significant in a healthcare setting, as stakeholders may be hesitant to share information regarding their struggles, which could consequently impact on employee welfare and organisational operations (Asadullah *et al.*, 2022).

Healthcare professionals can include discussion of psychological stress as being a part of a sense of safety. Many times in clinical practice, one is required to pay attention for a long time, control emotions and face difficult situations. Those who perceive that concerns are responded to respectfully by employees and supervisors are more likely to acknowledge the need for support for their own well-being (Sun *et al.*, 2022). However, the blame or judgmental atmosphere can make it seem like a professional risk to be personally vulnerable. Psychological safety might thus influence help-seeking by lowering the interpersonal costs of help-seeking, or the cost of expressing the inability to cope (Zaman *et al.*, 2023).

Organisational Trust

Organisational trust is the notion that the organisation will conduct itself in a reliable, fair, responsible way with concern for employees. Trust is a factor to be taken into account when workers think about sharing sensitive information. Confidentiality, reputation, timing and managers' perceptions of the need for help may be issues surrounding mental health support. Staff with greater trust in their organisation are more likely to feel that sensitive requests will be dealt with fairly and there will be no inappropriate consequences of using formal support systems (Podder *et al.*, 2022).

There is a strong association between psychological safety and organisational trust and yet, they are conceptually different. Psychological safety is the perception of the environment around the interactions between people at work. Organisational trust relates to the trust in the broader organisation, leadership, procedures and commitments (Huque *et al.*, 2023). Consistent, respectful, communication can reinforce trust by giving staff positive experiences of the organisation operating in line with its commitment to staff. The above logic led to the hypothesis that there is a positive relation between psychological safety and organisational trust (Chowdhury *et al.*, 2021).

H1: There is a positive relationship between workplace psychological safety and organisational trust of the healthcare workers in Bangladesh.

Workplace Psychological Safety and Help-Seeking Intention

Help-seeking intention for mental health is an individuals' readiness to reach out to a trained and qualified mental health professional or a support organization when experiencing psychological or emotional distress that impacts their functioning. An important behavioural orientation is intention, which is not the same as service use, but it is a precursor towards use (Giusino *et al.*, 2022). When it is acceptable in the workplace to acknowledge strain, then employees will likely feel less social risk to considering professional support. Psychological safety can also normalise seeking support, making it normal to seek help when faced with a challenge (Hossain *et al.*, 2023).

H2: Psychological safety in the workplace has a positive impact on help-seeking intentions for mental health.

Organisational Trust and Help-Seeking Intention

Organisational trust might be a direct facilitator of help-seeking intention. Unsafe, performative, and not confidential support structures are unlikely to be used by employees. Where an organisation is perceived as embracing well-being as a priority, handling potentially sensitive issues fairly, making commitments and keeping confidentiality, employees may be more at ease asking for professional help. Thus, trust has the potential to decrease the uncertainty in the organisation regarding mental health support (Joshi *et al.*, 2023).

H3: Mental health help seeking intention positively depends on organisational trust.

Perceived Workplace Mental Health Stigma

Perceived workplace mental health stigma is an anticipation of negative judgement linked to mental health issues or seeking psychological assistance. Staff can feel disclosure will result in others looking at them as weak, unreliable, or unable. Anticipatory set for negative responses can deter communication and seeking help, even if there is no explicit discrimination (Luce *et al.*, 2023). In a psychologically safe work environment, it's expected that these expectations would be weakened, since interaction is respectful and responses are non-punitive, which diminishes the social threat associated with being vulnerable (Mahmud *et al.*, 2020).

H4: When there is low PS in the workplace, the mental health stigma in the workplace is high.

Stigma can then directly inhibit the intention to seek

help. Often, healthcare providers are required to work in positions where competence, stability, and dependability are highly prized. Employees may not seek professional mental health support because they fear this will impact reputation or alter the way in which other people assess their ability. This barrier can remain even when services are offered – even if employees themselves can see the benefits of mental health support (Irfan *et al.*, 2022).

H5: Mental health stigma in work negatively impacts mental health help-seeking intention.

Perceived Access to Mental Health Support

Practical access entails a different dimension to seeking help. Employees might want to be professionally supported, but won't seek it if they don't know where to go, don't know who would be a good fit, cannot manage appointments around work or if they think it will be difficult. Perceived access thus refers to the availability of professional help as perceived and the perceived feasibility of accessing that help. Once access is improved, it is hoped there will be a lower practical threshold to take action (Mahmud *et al.*, 2020).

H6: Perceived availability of mental health service positively affects mental health help-seeking intention.

Mediating Role of Organisational Trust

This conceptual framework then combines these relationships in the context of psychological safety at work. Psychological safety should have a direct and indirect impact on help-seeking via organisational trust. The mediating pathway is of theoretical interest as it serves to explain the potential pathway by which day-to-day work experience can lead to confidence in organisational systems, and then to seeking assistance (Smith *et al.*, 2022). While stigma and access are kept as additional predictors, as well as trust, because trust does not account for everything preventing people from accessing care. Low access and high stigma, or high access but low stigma, all are common amongst employees (Erdal *et al.*, 2022).

H7: Trust in the organisation mediates the positive association between psychological safety at work and mental health help-seeking intention.

Conceptual Framework

The framework understands mental health help seeking as an intention within the context of an organisation. It unites in one model interpersonal climate, institutional confidence, social risk and accessibility of services. Such a structure is suitable for healthcare organizations because employees' thoughts regarding professional support will likely be shaped by both cultural and practical elements of the work environment. The framework also acknowledges that these conditions of work can coexist and not be mutually exclusive. While access to an employee might be good, there may still be no enlistment of support due to stigma; or access to an employee might be low but the awareness of an organisations confidentiality might be high (Platania *et al.*, 2022). This makes it possible to investigate the relative contribution of each condition simultaneously while maintaining the organisational trust as a mediating condition.

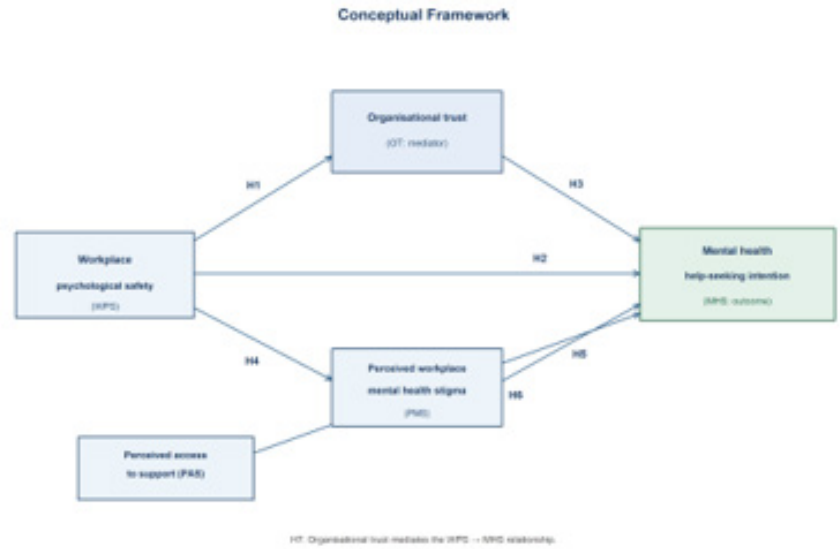


Figure 1: Conceptual framework of workplace psychological safety and mental health help-seeking intention.

MATERIALS AND METHODS

Research Design and Study Population

The design used in the study was quantitative, cross-sectional survey to test the proposed relationships. The design was appropriate as the study aimed to estimate associations between a number of latent constructs at one point in time and examine direct and mediated relationships. The analysis was therefore taken to be evidence that is consistent with the proposed model and not proof of temporal or causal effects (Moura & Neves, 2025).

Healthcare workers working in the hospitals, clinics and diagnostic centres and other health care centres of Bangladesh were targeted. Eligible respondents were

at least 18 years old and currently employed in a health care organisation in Bangladesh for at least the last three months. The duration of the eligibility period was designed to provide the respondents with enough time at their workplace to assess conditions of psychological safety, organisational trust, stigma. There were 480 valid responses in the final analytical data set (Rutherford *et al.*, 2023).

Survey Instrument and Measures

The questionnaire had two sections: professional background section and the scales of measurements. Background variables included age groups, gender, professional roles, workplace/location/type of organisation, organisational tenure, direct patient contact, and awareness of workplace/organisation formal mental health support. These variables were simply used to describe the sample and not as latent constructs in the principal structural model.

Twenty items were used to measure 5 reflective constructs. Workplace psychological safety comprised five items: ability to speak about difficulties at work; response to concerns; felt safe to admit mistakes and limitations; felt safe asking for help; and could speak about emotional strain without judgment. Five items were used to measure organisational trust, which included items of concern for well-being, fair treatment of sensitive issues, commitment, confidentiality, and managerial interest in employee concerns (Zhang & Chen, 2022).

The perception of mental health stigma in the workplace comprised four negative judgement, potential reputational damage, perceived lower professional competence and fear of workplace response. Four items assessed perceived access to mental health support, which included: (1) Knowledge of where to find support; (2) ease of finding a suitable mental health service; (3) ease of arranging an appointment to suit working hours; and (4) ease of managing practical aspects. Willingness to consider seeking professional help, contact help-seeking services, search for qualified help and talk with a mental health professional if necessary, using four items in mental health help-seeking intention.

All main construct items used a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. If the items being considered were health-seeking behaviors, respondents were asked to provide their response in case a stress or mental health problem would impair their well-being. Thus, the outcome was not help-seeking behaviour but intention to seek professional help. Higher values were indicative of higher levels of each named construct, higher scores of perceived stigma were indicative of greater stigma.

Data Analysis

Partial least squares structural equation modelling was used for analysis. Before examining the structural relationships, the measurement model was evaluated. Indicator loadings were examined to evaluate item reliability. To evaluate the internal consistency, Cronbach's alpha and composite reliability were employed and convergent validity was evaluated using the average variance extracted. Both the heterotrait-monotrait ratio and the Fornell-Larcker criterion were used to measure the discriminant validity (Moura & Neves, 2025).

Variance inflation factors, coefficients of determination and adjusted R^2 values, effect sizes and bootstrapped path estimates were used to assess the structural model. Standardised path coefficients, bootstrap standard errors, t-statistics, p-values and 95% confidence intervals were used to examine the direct hypotheses. The overall effect of mediation was evaluated by the bootstrapped indirect effect pathway from psychological safety in the workplace to seek help with mental health via organisational trust. The mediation effect was deemed to be supported if both the indirect coefficient was statistically significant and the corresponding 95% confidence interval did not contain the value of zero.

The analysis took place in a step-wise evaluation prior to structural interpretation. Descriptive statistics were first consulted to gain an understanding in the distribution of the respondent characteristics and their responses with regard to the items. The next step was to determine the quality of the measurement to avoid interpretations of the relationships among the latent constructs based on unreliable indicators. Considering the examination of structural path, it has been done after the satisfaction of reliability and validity criteria. This sequence eliminated the threat that a model could be measured poorly and yet conclusions could be drawn from it (Chen, 2023).

Uncertainty in direct and indirect path estimates was done using bootstrapping technique. The mediation test was of special interest as the indirect effect is a product of the two component paths and that confidence intervals are important. Reported coefficients were standardised, meaning that the relationships in the model, in terms of direction and relative size, could be compared. R2 values were considered as the proportion of the variance captured in each endogenous construct, and f2 values were seen as the incremental contribution of each predictor.

Ethical Considerations

Participation was voluntary. Participants were told that the questionnaire related to their experiences and attitudes in the workplace in relation to mental health support. They may refuse to participate or withdraw prior to giving. The instrument did not include a mental health diagnosis or identification of a supervisor and results were to be used for group reporting.

RESULTS AND DISCUSSION

The results are shown in three-step format. The first describes the demographic and work profile characteristics of the sample and awareness of formal workplace mental health supports. Secondly, Descriptive statistics, indicator reliability, internal consistency, convergent validity and

discriminant validity are used to evaluate the measurement model. Third, appraisal of the structural model is carried out with the results of collinearity, explanatory power, effect size, direct path estimate and indirect effect through organisational trust.

Demographic and Professional Characteristics

Sample selection was professional and was organised in the best possible manner. The highest age group was 35-44 years old (25.83%) followed by 25-34 years old (22.29%). Males and females were equally divided at 33.33%, while others chose to specify a gender or did not specify. The largest professional group was the nurses/midwives at 27.50%. The private and public health care organisations were almost equal in representation, with together two thirds of the respondents. 53.12% workers of the sample were working in urban areas and 46.88% workers were working in semi-urban or rural areas. Tenure was fairly evenly spread over the categories. Most significantly 91.04% indicated that they had direct contact with patients, thus showing that the sample was predominantly in workers with direct patient care provision roles.

Table 1: Demographic and professional characteristics of respondents

Characteristic	Category	Frequency	Percentage (%)
Age group	18-24	56	11.67
Age group	25-34	107	22.29
Age group	35-44	124	25.83
Age group	45-54	74	15.42
Age group	55 or above	55	11.46
Age group	Prefer not to say	64	13.33
Gender	Another identity	82	17.08
Gender	Man	160	33.33
Gender	Prefer not to say	78	16.25
Gender	Woman	160	33.33
Professional role	Allied health professional	73	15.21
Professional role	Medical or laboratory technician	73	15.21
Professional role	Nurse or midwife	132	27.50
Professional role	Other healthcare role	77	16.04
Professional role	Pharmacist	56	11.67
Professional role	Physician	69	14.37
Organisation type	NGO or nonprofit healthcare facility	72	15.00
Organisation type	Other	75	15.62
Organisation type	Private hospital or clinic	169	35.21
Organisation type	Public hospital or facility	164	34.17
Workplace location	Rural	122	25.42
Workplace location	Semi-urban	103	21.46
Workplace location	Urban	255	53.12
Tenure	1-2 years	99	20.62
Tenure	3-11 months	93	19.38
Tenure	3-5 years	96	20.00
Tenure	6-10 years	103	21.46
Tenure	More than 10 years	89	18.54
Direct patient contact	No	43	8.96
Direct patient contact	Yes	437	91.04

Awareness of Formal Workplace Mental Health Support

People's knowledge of formal workplace mental health supports was limited. 47.92% only said they knew that formal support was available within their organisation. Another 40.42% said that they didn't know, and 11.67% said they were not aware. This means over half of the sample reported not knowing if formal organisational support was in place or confirming its presence. This finding is significant as it means that service provision is not an effective way to affect help-seeking if employees are not aware of support or how to access it.

Table 2: Awareness of formal workplace mental health support

Characteristic	Category	Frequency	Percentage (%)
Awareness of formal workplace mental health support	No	194	40.42
Awareness of formal workplace mental health support	Unsure	56	11.67
Awareness of formal workplace mental health support	Yes	230	47.92

Descriptive Statistics of Measurement Items

Item perceptions were not uniformly positive or negative over the sample, with a focus around the midpoint of a five-point scale. Psychological safety, ranging from 3.060 to 3.106, is a measure of workplace psychological safety. Organisational trust had a range of 3.104-3.148, and perceived stigma ranged from 2.960-3.000. The range of perceived access scores was 2.996 – 3.038 and 3.081 – 3.123 for help-seeking intention. The standard deviations were around 1.17 to 1.07 and there was significant variation in individual response which facilitated further multivariate analysis (Irfan *et al.*, 2022).

Table 3: Descriptive statistics of measurement items

Construct	Item	N	Mean	SD	Minimum	Maximum
WPS	WPS1	480	3.094	1.166	1	5
WPS	WPS2	480	3.060	1.162	1	5
WPS	WPS3	480	3.106	1.163	1	5
WPS	WPS4	480	3.067	1.159	1	5
WPS	WPS5	480	3.104	1.149	1	5
OT	OT1	480	3.131	1.133	1	5
OT	OT2	480	3.133	1.126	1	5
OT	OT3	480	3.148	1.093	1	5
OT	OT4	480	3.104	1.101	1	5
OT	OT5	480	3.110	1.142	1	5
PMS	PMS1	480	2.985	1.105	1	5
PMS	PMS2	480	2.975	1.067	1	5
PMS	PMS3	480	2.960	1.106	1	5
PMS	PMS4	480	3.000	1.102	1	5
PAS	PAS1	480	3.035	1.091	1	5
PAS	PAS2	480	3.038	1.120	1	5
PAS	PAS3	480	2.996	1.106	1	5
PAS	PAS4	480	3.031	1.110	1	5
MHS	MHS1	480	3.119	1.108	1	5
MHS	MHS2	480	3.081	1.139	1	5
MHS	MHS3	480	3.123	1.132	1	5
MHS	MHS4	480	3.100	1.130	1	5

Measurement Model Reliability and Convergent Validity

The indicator reliability and internal consistency of the measurement model were good. All outer loadings were high, ranging from 0.865 to 0.905, indicating that each item represented its intended construct well. Cronbach's alpha scores exceeded 0.904 and composite reliability scores exceeded 0.933. These values show reasonable consistency without indicating any potential problems in measurement. Average variance extracted (AVE) for each construct varied between 0.765 and 0.805, accounting for more than 50% variance of the indicators. Consequently, satisfactory levels of reliability and convergent validity were found for all five constructs.

Table 4: Indicator loadings and construct reliability

Construct	Item	Outer loading	Cronbach's alpha	Composite reliability	AVE
WPS	WPS1	0.883	0.931	0.948	0.784
WPS	WPS2	0.887			
WPS	WPS3	0.875			
WPS	WPS4	0.893			
WPS	WPS5	0.890			
OT	OT1	0.884	0.923	0.942	0.765
OT	OT2	0.871			
OT	OT3	0.865			
OT	OT4	0.866			
OT	OT5	0.887			
PMS	PMS1	0.875	0.905	0.933	0.778
PMS	PMS2	0.867			
PMS	PMS3	0.882			
PMS	PMS4	0.903			
PAS	PAS1	0.884	0.904	0.933	0.776
PAS	PAS2	0.878			
PAS	PAS3	0.893			
PAS	PAS4	0.868			
MHS	MHS1	0.888	0.919	0.943	0.805
MHS	MHS2	0.902			
MHS	MHS3	0.894			
MHS	MHS4	0.905			

Discriminant Validity Using HTMT

The HTMT ratios showed support for discriminant validity. The highest non-diagonal value was 0.638 for the relationship between psychological safety at work and trust in the organisation, and all other values were less. The pattern showed that the constructs were statistically separable (empirically) but related in a theoretically interesting manner. Specifically, the intention to seek help was moderately related, but not statistically different, to psychological safety and organisational trust.

Table 5: Discriminant validity: HTMT ratios

Construct	WPS	OT	PMS	PAS	MHS
WPS	1.000	0.638	0.364	0.176	0.633
OT	0.638	1.000	0.239	0.137	0.605
PMS	0.364	0.239	1.000	0.040	0.406
PAS	0.176	0.137	0.040	1.000	0.426
MHS	0.633	0.605	0.406	0.426	1.000

Fornell-Larcker Criterion

The Fornell-Larcker evaluation also led to the same conclusion. Each square root of AVE (diagonal elements) was higher than its correlation with any of the other constructs. There was a positive correlation between workplace psychological safety and organisational trust

Table 6: Discriminant validity: Fornell-Larcker criterion

Construct	WPS	OT	PMS	PAS	MHS
WPS	0.886	0.592	-0.334	0.162	0.586
OT	0.592	0.875	-0.219	0.126	0.558
PMS	-0.334	-0.219	0.882	-0.003	-0.372
PAS	0.162	0.126	-0.003	0.881	0.389
MHS	0.586	0.558	-0.372	0.389	0.897

and a negative correlation between perceived stigma and psychological safety, organisational trust, and intention to seek help. There was a positive correlation between perceived access and help-seeking intention. As an additional confirmation, these results indicate that each latent construct represented a separate domain in the conceptual model (Hunt *et al.*, 2021).

Structural-Model Collinearity

None of the VIF values were high. Single-predictor values were 1.000 and values for predictors of mental health help-seeking intention were between 1.032 and 1.675. No problems with multicollinearity were present as evidenced by these values. So that the effect of psychological safety, organisational trust, stigma and access on help-seeking intention can be interpreted without excessive overlap, the effects of the four predictors can then be interpreted simultaneously.

Table 7: Structural-model collinearity assessment

Outcome	Predictor	VIF
OT	WPS	1.000
PMS	WPS	1.000
MHS	WPS	1.675
MHS	OT	1.543
MHS	PMS	1.130
MHS	PAS	1.032

Explanatory Power and Effect Sizes

The structural model was found to have significant explanatory power. The variance in organisational trust was explained by 35.0% and the variance in perceived workplace stigma was explained by 11.2% using workplace psychological safety. The total effect of the set of predictors accounted for 53.4% of the variance in mental health help seeking intention with an adjusted R2 of 0.530. Of the predictors of intention to seek help, the largest effect size reported was perceived access (f^2 = 0.192), followed by organisational trust (0.128), workplace psychological safety (0.106), and perceived stigma (0.083). Organisational trust (f^2 = 0.539) was another significant moderating effect of psychological safety (Zaman *et al.*, 2023).

Table 8: Explanatory power and effect sizes

Outcome	Predictor	R^2	Adjusted R^2	f^2
OT	WPS	0.350	0.349	0.539
PMS	WPS	0.112	0.110	0.126
MHS	WPS	0.534	0.530	0.106
MHS	OT	0.534	0.530	0.128
MHS	PMS	0.534	0.530	0.083
MHS	PAS	0.534	0.530	0.192

Direct Effects and Hypothesis Testing

The bootstrapped structural estimates supported all the six direct hypotheses. H1 was supported as workplace psychological safety had a strong positive correlation with organisational trust (p = 0.0004, β = 0.5918). Additionally, it was positively associated with mental health help-seeking intention (β = 0.2876, p = 0.0004), corroborating H2. Results revealed a positive relationship between organisational trust and help-seeking intention (β = 0.3037, p = 0.0004), thus supporting H3. As predicted in H4, psychological safety was negatively related to perceived workplace stigma (β = -0.3343, p = 0.0004). Stigma was negatively related to help-seeking intention (β = -0.2090, p = 0.0004) and the hypothesis was supported

Table 9: Direct effects and hypothesis-testing results

Hyp.	Path	Expected	Beta	SE	t	p	95% CI low	95% CI high	Decision
H1	WPS -> OT	Positive	0.5918	0.0280	21.1337	0.0004	0.5345	0.6457	Supported
H2	WPS -> MHS	Positive	0.2876	0.0400	7.1905	0.0004	0.2074	0.3627	Supported
H3	OT -> MHS	Positive	0.3037	0.0384	7.9116	0.0004	0.2268	0.3792	Supported
H4	WPS -> PMS	Negative	-0.3343	0.0403	8.3004	0.0004	-0.4141	-0.2556	Supported
H5	PMS -> MHS	Negative	-0.2090	0.0330	6.3288	0.0004	-0.2733	-0.1454	Supported
H6	PAS -> MHS	Positive	0.3036	0.0305	9.9636	0.0004	0.2449	0.3645	Supported

(H5). H6 was supported as perceived access was a positive predictor of the intention to seek help (β = 0.3036, p = 0.0004). For each case, the 95% confidence interval did not contain the value of zero (Asadullah *et al.*, 2022).

Indirect Effect through Organisational Trust

The indirect path way of psychological safety in the workplace to help-seeking intention via organisational trust was positive and statistically significant (β = 0.1798, p = 0.0004). The 95% confidence interval was (0.1314, 0.2294) and this interval did not contain 0. Thus, the use of H7 was supported. The direct path between WPS and MHS was also important and the pattern was consistent with partial mediation. Psychological safety seems to have a direct and indirect effect on help-seeking intention which comes through organisational trust.

Table 10: Indirect effect through organisational trust

Hyp.	Indirect path	Indirect beta	SE	t	p	95% CI low	95% CI high	Direct beta WPS -> MHS	Decision
H7	WPS -> OT -> MHS	0.1798	0.0247	7.2677	0.0004	0.1314	0.2294	0.2876	Supported

Discussion

The results suggest a comprehensive narrative to understand workplace factors related to the intention to seek mental health help among healthcare workers in Bangladesh. Psychological safety was positively related with organisational trust, negative relationship with mental health stigma, and increased help-seeking intention. Organisational trust and practical access were also positively associated, and stigma was negatively associated with the outcome. The combined effect of these factors accounted for 53.4% of the variance in intention to seek help.

Direct pathways in the model with strongest relationships were between workplace psychological safety and organisational trust. This means that trust can be established during employees' everyday experience of how concerns, errors, constraints and requests for help are treated. Trust is not produced only by formal policies (Hunt *et al.*, 2021). There is evidence of consistent and respectful relationships as part of repeated interactions, indicating the organisation acts in line with their concern for staff. Such experiences can have a profound impact on trust in systems within healthcare environments, where uncertainty and a sense of responsibility are prevalent (Aranha *et al.*, 2022).

This positive direct link with psychological safety and help seeking intentions is also significant. Accessing mental health services demands that a person identify a need and consider sharing a need that they may consider vulnerable. Lower interpersonal risk in the workplace can also lead to less perceived professional cost to employees being aware of emotional strain. Psychological safety can thus foster an environment where asking for assistance is consistent with good professional practice. This adds to the significance of psychological safety not just in the context of teamwork and the sharing of errors, but also for overall wellness of employees (Wulf, 2022).

Help-seeking intention was also positively related to organisational trust. Employees are unlikely to approach with confidence with support arrangements unless they are confident that confidentiality will be maintained or that their needs for support will not be seen in a negative light. The outcome underscores the need for proper processes, trustworthy pledges, and transparency regarding privacy policies. A well-designed support programme can go unused if workers don't feel that sensitive issues will be properly addressed.

This is supported by the mediation result. The indirect effect that occurred through organisational trust was also significant, and the direct effect of psychological safety was also significant. This is a pattern that is indicative of partial mediation. Psychological safety lowers interpersonal threat when seeking help and can also help to increase confidence in the organisation which further encourages seeking professional help (Podder *et al.*, 2022). Thus, organisational trust is not only another independent predictor but also a relational construct that is meaningful.

It is also noteworthy that the psychological safety-to-perceived workplace stigma relationship is negative. While stigma has predominately been equated with individual attitudes, or with societal issues in general, this finding indicates that stigma can relate to the workplace climate. Staff that are able to raise concerns and talk about challenges are less likely to expect disapproval when it comes to mental health. Respectful environment can thus erode the notion that requesting psychological help is a derogation to professional success.

Perceived stigma was negatively related to help seeking intention, in turn. People in healthcare professions might be more prone to a sense of competence, as their professions rely on trust, confidence and accountability for others. Receiving mental health care may be a sign of diminished ability and employees may be reluctant to access services to maintain their work identity. Stigma reduction thus needs to go beyond provision of services (Hossain *et al.*, 2023). Perceived access had one of the highest positive coefficients for help-seeking intention and was the largest of the direct contributors to it. Staff should be informed where skilled assistance can be obtained, how to make a call for assistance and whether an appointment can be made within busy schedules, as well as whether the process is feasible. These practical conditions when unclear, do not support the emergence

of positive attitudes towards care in intention (Mahmud *et al.*, 2020).

This is substantiated by the descriptive outcome with regard to awareness of support. Less than half of the respondents (47.92%) said they knew about any formal mental health support at their place of work. Over 50% said they didn't know or were unsure. This gap can be an issue of service visibility, rather than an issue of service availability. Setting up a programme is not enough and organisations should make clear regular information available to employees about the support that is available to them.

As suggested by the model, there is a need to not only understand personal help-seeking preferences but also to understand the other factors that influence the choice of help-seeking. However, a large amount of variance was not accounted for. Potential future studies could include mental health literacy, previous help-seeking, perceived need, workload, quality of service, family views, costs and other general cultural norms. Such extensions are provided with an organizational base with the present model.

Theoretical Implications

The study has a number of theoretical implications. Second, it places workplace psychological safety in context of mental health behaviour, not only contextualising it in terms of communication, learning, or error management. Results showed that psychological safety was related to men's intentions to seek professional mental health services, implying interpersonally related climate is related to personal wellbeing decisions (Giusino *et al.*, 2022).

Second, the results indicate that the organizational trust is a mechanism. There was a partial mediation effect between psychological safety and help-seeking intention through trust. This highlights that immediate interpersonal workplace experiences can relate to more general workplace trust and that this workplace trust is applicable to sensitive support-seeking choices.

Third, the model separates social and practical barriers. Both perceived stigma and perceived access were found to play a role in the intention to seek help but were found to be different processes. The term stigma represents the expectation of judgement and reputational risk, while the term access represents availability of support in terms of both ability to find and ability to use (Irfan *et al.*, 2022). They are simultaneously important and suggest a multidimensional explanation for mental health help-seeking in health care settings.

Practical and Policy Implications

Psychological safety should be considered an element of the mental health infrastructure in any healthcare organisation. The manager or supervisor should provide supportive feedback when employees express problems, accept limits, and seek help. Shaming an employee or playing on vulnerability as a sign of incompetence is likely to have a negative effect on both psychological safety and trust.

Confidentiality must be clearly stated and not assumed. Organisations should ensure that all appropriate contacts with information regarding mental health support are openly communicated, how it is safeguarded and if there is a separation between the use of mental health support and routine service performance reviews. Establishing sound confidentiality processes can build trust in the organisation and minimise the fear of reaching out for support (Banerjee *et al.*, 2020).

Anti-stigma activities should also be connected to routine management activities. However, if workplace attitudes are not supportive then general awareness campaigns may have little effect. Leaders need to practice good communication about the value and compatibility of the process of seeking out and accessing qualified mental health support with professional responsibility (Platania *et al.*, 2022). It is important that supervisors are made aware of warning signs of distress and that they respond appropriately and refer without judgement.

Access needs to be equal attention. Workers should be given straightforward information on the services available, how to contact them, the referral process, eligibility, and where applicable, costs and time for appointments. Shift work and challenging clinical timetables should be catered for with support arrangements. Organisations should periodically remind users of available resources, instead of one-off reminders as awareness in this sample is low.

The integration of service delivery and culture should take place at a policy level within employee mental health programmes. An employee counselling service, if not trusted, stigmatized, and/or unfeasible, will most likely not be enough, if used at all. It is important that the following elements are inbuilt as part of effective programmes: psychological safety, organisational trust, confidentiality, stigma reduction, visibility of service, flexible access.

Limitations and Directions for Future Research

There are some points that should be considered with regard to interpretation of the several limitations. A cross-sectional study design was employed here and the estimates of the paths reflect the association between variables for the model proposed and not definite causal effects. Future longitudinal studies could focus on if shifts in psychological safety led to shifts in trust and in seeking help.

Intention to seek professional mental health help was used as the outcome, not actual service use. Further investigation will be possible in the future which could cover behaviour, all the while keeping absolute confidentiality. But even the central constructs were based on self-report perceptions, and individual response tendencies may affect them.

This model may be expanded and tested in the future using multi-group analysis by professional role, public vs. private organisation, place of work, or tenure type. Further constructs that may be able to increase explanatory power

include mental health literacy, workload, prior help-seeking, perceived need, service quality and leadership behaviour.

CONCLUSION

The conclusion of the present study is that mental health help-seeking intention among healthcare workers of Bangladesh is closely related with workplace conditions. Psychological safety positively correlated with organisational trust, and help seeking intention and negatively correlated with perceived mental health stigma in the workplace. Organisational trust and perceived access had positive relationships and stigma had a negative relationship with help-seeking.

The direct effects were partially mediated by organisational trust, which significantly mediated the relation between psychological safety and help-seeking intention. The complete model accounted for 53.4% of the variance in help-seeking intention. The results indicate that service provision is not the only way to address employee mental health in healthcare organisations. There is also a need to provide a working environment where concerns can be raised safely, confidentiality is genuine, stigma is actively reduced and professional support is obvious and there is ready access. These can help to establish the groundwork for timely and appropriate help-seeking for mental health within the organisation by health care workers.

REFERENCE

Aranha, R., Saldanha, A., & Aranha, S. (2022). Frontline medical professionals in distress—"Doctor heal thyself." *Journal of Affective Disorders Reports, 10,* 100444. https://doi.org/10.1016/j.jadr.2022.100444

Asadullah, A., Sadia, R., & Abdullah, A. (2022). How can Proactive Behavior be Encouraged in Hospitals in Bangladesh? A Three-Time Lags Study. *Asian Business Review, 12*(3), 57–66. https://doi.org/10.18034/abr.v12i3.655

Banerjee, D., Vijayakumar, H., & Sathyanarayana Rao, T. (2020). "Watching the watchmen:" Mental health needs and solutions for the health-care workers during the coronavirus disease 2019 pandemic. *International Journal of Health & Allied Sciences, 9*(5), 51. https://doi.org/10.4103/ijhas.IJHAS_87_20

Chen, Y. (2023). Methodology. In Y. Chen, *Surface Plasmon Resonance Imaging* (Vol. 95, pp. 91–164). Springer Nature Singapore. https://doi.org/10.1007/978-981-99-3118-7_4

Chowdhury, S. R., Sunna, T. C., Das, D. C., Kabir, H., Hossain, A., Mahmud, S., & Ahmed, S. (2021). Mental health symptoms among the nurses of Bangladesh during the COVID-19 pandemic. *Middle East Current Psychiatry, 28*(1), 23. https://doi.org/10.1186/s43045-021-00103-x

Doo, E.-Y., & Choi, S. (2022). Effect of Nurses' Work Experiences in a COVID-19 Unit on Depression: Mediation Effect of Resilience and Moderated Mediation Effect of Organizational Trust. *Frontiers in Public Health, 10,* 897506. https://doi.org/10.3389/fpubh.2022.897506

Erdal, N., Filiz, M., & Budak, O. (2022). The effect of healthcare professionals perceptions of emotional commitmemt and organizational trust on the level of task performance. *Pressacademia, 4*. https://doi.org/10.17261/Pressacademia.2022.1650

Giusino, D., De Angelis, M., Mazzetti, G., Faiulo, I. R., Innstrand, S. T., Christensen, M., & Nielsen, K. (2022). Mentally Healthy Healthcare: Main Findings and Lessons Learned From a Needs Assessment Exercise at Multiple Workplace Levels. In C. A. Bowers, D. C. Beidel, M. R. Marks, K. Horan, & J. Cannon-Bowers (Eds.), *Advances in Psychology, Mental Health, and Behavioral Studies* (pp. 143–171). IGI Global. https://doi.org/10.4018/978-1-7998-8813-0.ch008

Hoegh, J., Rice, G., Shetty, S., Ure, A., Cogan, N., & Peddie, N. (2023). *Health and social care professionals' experience of psychological safety within their occupational setting: A systematic thematic synthesis protocol.* PsyArXiv. https://doi.org/10.31234/osf.io/4u7hq

Hossain, Md. I., Mehedi, N., Ali, I., & Azman, A. (2023). Occupational Health of Frontline Workers during the COVID-19 Pandemic: Is Health and Well-Being an Issue in Bangladesh? *Revista de Cercetare Si Interventie Sociala, 80,* 18–39. https://doi.org/10.33788/rcis.80.2

Hunt, D. F., Bailey, J., Lennox, B. R., Crofts, M., & Vincent, C. (2021). Enhancing psychological safety in mental health services. *International Journal of Mental Health Systems, 15*(1), 33. https://doi.org/10.1186/s13033-021-00439-1

Huque, R., Azad, A. K., Islam, K., Ahmed, H. U., & Amin, Md. R. (2023). *Mental Health Care Seeking Behavior in Bangladesh: Evidence from the National Mental Health Survey 2019*. In Review. https://doi.org/10.21203/rs.3.rs-2736863/v1

Irfan, S. N., Kamal, A. K. M., Siddiquee, T. H., Bhuiyan, M. R., Mithun, S., & Hena Mostafa Alim, S. M. A. (2022). Predictors of Psychological Impact Among the Healthcare Workers Exposed to Covid-19 Cases in a Tertiary Hospital of Bangladesh. *Journal of Preventive and Social Medicine, 40*(1), 1–13. https://doi.org/10.3329/jopsom.v40i1.56685

Joshi, K., Modi, B., Singhal, S., & Gupta, S. (2023). Occupational Stress among Health Care Workers. In K. Palaniappan (Ed.), *Identifying Occupational Stress and Coping Strategies*. IntechOpen. https://doi.org/10.5772/intechopen.107397

Luce, A., Turner, G., Kennedy, L., & Bush-Evans, R. (2023). *"People are just firefighting and coping with it, until they're not": Qualitative insights into barriers to staff seeking support before they reach crisis in an NHS Trust.* https://doi.org/10.22541/au.167483883.38598448/v1

Mahmud, I., Azad, K. A. K., Mamun, A. A., Hoque, M. M., Mallik, M. U., Md Moniruzzaman, -, Saha, S., Mark, S. H. K., & Rahman, M. M. (2020). Psychological Assessment of Doctors Working in a Pandemic Condition in Dhaka Medical College Hospital. *Journal*

of Bangladesh College of Physicians and Surgeons, 50–55. https://doi.org/10.3329/jbcps.v38i0.47446

Moura, M., & Neves, R. (2025). Methodology. In M. Moura & R. Neves, *Using Fundamental Analysis and an Ensemble of Classifier Models Along with a Risk-Off Filter to Select Outperforming Companies* (pp. 27–52). Springer Nature Switzerland. https://doi.org/10.1007/978-3-031-62061-4_3

Platania, S., Morando, M., Caruso, A., & Scuderi, V. E. (2022). The Effect of Psychosocial Safety Climate on Engagement and Psychological Distress: A Multilevel Study on the Healthcare Sector. *Safety, 8*(3), 62. https://doi.org/10.3390/safety8030062

Podder, L., Alisha, & Bhardwaj, G. (2022). Insulating frontline COVID warriors from moral and mental distress during COVID pandemic- An Evidence based review. *Nursing Journal of India, CXIII*(01), 03–09. https://doi.org/10.48029/NJI.2022.CXIII101

Rutherford, K., Hiseler, L., & O'Hagan, F. (2023). *Help! I need somebody: Help-seeking among workers with work-related mental disorders.* In Review. https://doi.org/10.21203/rs.3.rs-2440139/v1

Smith, H., Zhang, S., Jones, A., Dorrington, S., Winter, H., & Beck, A. (2022). Staff support in a National Health Service mental health trust in response to the COVID-19 pandemic: Qualitative study. *BJPsych Open, 8*(2), e49. https://doi.org/10.1192/bjo.2022.12

Sun, J., Sarfraz, M., Ivascu, L., Iqbal, K., & Mansoor, A. (2022). How Did Work-Related Depression, Anxiety, and Stress Hamper Healthcare Employee Performance during COVID-19? The Mediating Role of Job Burnout and Mental Health. *International Journal of Environmental Research and Public Health, 19*(16), 10359. https://doi.org/10.3390/ijerph191610359

Wulf, I. C. (2022). Help-Seeking and Help-Outreach Intentions of Healthcare Workers—The Role of Mental Health Literacy and Stigma in the Workplace. *Frontiers in Education, 7,* 856458. https://doi.org/10.3389/feduc.2022.856458

Zaman, Z., Shanjabin, S., & Islam, S. A. (2023). Impact of Occupational Hazards on Healthcare Professionals' Mental (Psychological) Health: Evidence from Government-Owned Hospitals in Khulna, Bangladesh. *International Journal of Human Resource Studies, 13*(1). https://doi.org/10.5296/ijhrs.v13i1.20492

Zhang, Y., & Chen, X. (2022). Methodology. In Y. Zhang & X. *Chen, Application-Oriented Higher Education* (pp. 83–110). Springer Nature Singapore. https://doi.org/10.1007/978-981-19-2647-1_6