

HEALTH-SEEKING BEHAVIORS OF HEALTHCARE PROVIDERS

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Health-Seeking Behaviors of Healthcare Providers

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Abstract. Health-seeking behavior among healthcare providers is essential for maintaining workforce well-being and ensuring quality care delivery, particularly in demanding caregiving environments. This study examined the health-seeking behaviors of healthcare providers in Macau SAR, focusing on demographic factors, healthcare utilization patterns, and barriers to accessing care. A descriptive cross-sectional research design was employed using a structured questionnaire administered to 68 healthcare providers. Data were analyzed using descriptive statistics, chi-square tests, and correlation analysis to determine relationships between demographic variables and health-seeking behaviors. Findings revealed that while 88.2% of respondents consulted healthcare providers within the past six months, only 26.5% engaged in routine preventive check-ups, indicating a predominantly reactive approach to healthcare utilization. Financial constraints, work schedules, and limited time were identified as major barriers to accessing healthcare services. Mental health services were notably underutilized despite the high emotional demands of caregiving roles. Significant differences in health-seeking behaviors were observed based on age, education level, and occupation, while accessibility and professional approach were strongly correlated with satisfaction with healthcare services. The study concludes that healthcare providers demonstrate moderate health awareness but insufficient engagement in preventive healthcare practices. Institutional support mechanisms, including protected health time, workplace wellness programs, and affordable healthcare partnerships, are recommended to improve health-seeking behaviors. This research contributes to occupational health literature by highlighting organizational and demographic factors influencing healthcare utilization among healthcare providers in caregiving environments.

Keywords: accessibility, healthcare providers, health-seeking behavior, occupational health, workplace wellness

Introduction

A healthy, growth-promoting work environment is a decisive factor in any employee's career, but it is especially critical for those who provide direct care to vulnerable populations. In this context, health-seeking behavior refers to any action an employee takes when experiencing a health concern, recognizing symptoms, deciding where to consult, accessing formal or informal care, adhering to advice, or, at times, delaying or refusing care. Among health care providers, these behaviors do more than safeguard personal well-being; they influence service continuity, quality of care, and the overall resilience of the organization (Zhenjing et al., 2022). When employees proactively consult for routine checkups, manage stress, and seek timely treatment, facilities are better able to maintain staffing, reduce preventable absences, and protect the children and families they serve (Dumitriu et al., 2025).

Multiple factors are known to shape health-seeking behavior. Individual characteristics such as education, self-rated health, lifestyle (including smoking or sleep patterns), income, and family responsibilities often determine whether a worker consults promptly or postpones care (Karaferis et al., 2022). Workplace realities, shift work, emotional labor, unpredictable crises, and exposure to illness further complicate these choices. In practical terms, health-seeking behavior can be observed through indicators such as the frequency of routine medical and dental visits, preferences for public versus private facilities, willingness to be admitted when ill, adherence to prescribed treatment, and instances of declining

recommended services (Griep et al., 2024). In a residential care setting, participation in occupational health screenings and uptake of mental health or stress-management support also provide meaningful signals.

Barriers are equally important to understand. Employees may hesitate to seek help because of social stigma, worrying that colleagues will judge them for admitting stress, anxiety, or chronic conditions. Concerns about confidentiality can discourage disclosure, especially in tight-knit teams. Others fear “unwanted interventions” when health literacy is limited or prior experiences were negative. Practical obstacles, time constraints during long shifts, cost of consultations or diagnostics, transportation, or uncertainty about where to go, can also delay care.

Research Questions

This study aims to examine the health-seeking behaviors of healthcare providers in Macau SAR and to identify possible strategies to address the different health needs revealed through a structured questionnaire.

Specifically, the study aims to answer the following questions.

1. What is the demographic profile of the participants in terms of:
 - 1.1 Age
 - 1.2 Gender
 - 1.3 Civil Status
 - 1.4 Highest Level of Education
 - 1.5 Occupation
 - 1.6 Years of Service
 - 1.7 Ethnicity
 - 1.8 Religion
2. What is the description of the health-seeking behaviors of the participants in terms of:
 - 2.1 Frequency of Consultation
 - 2.2 Affordability and Accessibility
 - 2.3 Health-Related Behaviors
 - 2.4 Approach of Health Professionals
 - 2.5 Satisfaction with Health Services
3. Is there a significant difference in the health-seeking behaviors of the participants when grouped according to their demographic profile?
4. Is there a relationship in the health-seeking behaviors of the participants?

Scope and Delimitation of the Study

This study assessed the health-seeking behaviors of healthcare providers in Macau SAR, focusing on how socio-economic, demographic, institutional, and health belief factors influence their utilization of healthcare services. The study examined participants’ personal characteristics, including age, gender, civil status, educational attainment, occupation, ethnicity, and religion, as well as various job roles such as nurses, caregivers, teachers, social workers, cleaners, drivers, cooks, and administrative staff, and how these roles influence patterns of healthcare consultation. The study also considered the frequency of healthcare consultations within the past six months, perceived affordability and accessibility of healthcare services, reasons for seeking medical care, and health-related behaviors such as smoking, alcohol consumption, nutrition, and physical activity. In addition, participants’ perceptions of healthcare professionals and their satisfaction with healthcare services were assessed. The scope of the study was limited to healthcare providers working in a residential caregiving setting in Macau SAR. The findings were further constrained by the sample size, available financial resources, and the timeframe allocated for data collection and analysis.

Literature Review

Studies show that healthcare workers’ health-seeking behaviors are influenced by workload, access, institutional support, and personal factors. Long shifts and unpredictable schedules often delay care-seeking, while self-treatment and informal consultations reduce formal healthcare use and may hide unmet needs (Scott-Marshall, 2024; Saville et al., 2020). Migrant and non-clinical staff face additional barriers such as legal concerns, limited awareness, and exclusion from workplace health programs (Kwame & Petrucka, 2021; Grasmø et al., 2021). Mental health care is often neglected due to stigma and fear of professional consequences (Keizer et al., 2019). Financial and practical factors, including indirect costs like transport and lost wages, also affect access to services (Aziz & Ong, 2025). Conversely, workplace support such as health insurance, employee assistance programs, telehealth, and on-site clinics improves early consultation, satisfaction, and health outcomes (Long, 2024; Quirk et al., 2018; Choi & Kim, 2021). Positive healthcare experiences, including convenient services and respectful provider interactions, further encourage follow-up and adherence (Danaher et al., 2023). However, unhealthy behaviors linked to stress and shift work remain common (Shrivastava et al., 2024), while cultural norms that prioritize patient care over self-care continue to discourage help-seeking (Endalamaw et al., 2024). Strong institutional policies on confidentiality and

supportive work environments enhance trust and willingness to seek care (Henke, 2022; Ibrahim et al., 2024). Overall, accessible, affordable, and user-friendly healthcare services, combined with supportive organizational policies, play a key role in improving health-seeking behaviors among healthcare workers (Tawacal et al., 2024; Buljac-Samardzic et al., 2020).

The reviewed studies collectively highlight that healthcare workers' help-seeking behavior is shaped by a complex interplay of occupational demands, accessibility factors, institutional policies, and cultural norms. Long and irregular shifts, as noted by Scott-Marshall (2024) and Shrivastava et al. (2024), often limit opportunities for timely consultations, while indirect costs such as transport and lost wages (Aziz & Ong, 2025) further deter utilization. Workplace interventions, including on-site clinics (Choi & Kim, 2021) and bundled health programmes (Buljac-Samardzic et al., 2020), have been shown to significantly improve care uptake, especially when supported by employer-provided insurance and assistance programmes (Long, 2024). However, access disparities persist, particularly among non-clinical staff (Grasmo et al., 2021) and migrant caregivers (Kwame & Petrucka, 2021). Barriers such as stigma and confidentiality concerns (Keizer et al., 2019; Henke, 2022) remain prominent, especially in mental health contexts, and cultural norms prioritizing patient care over self-care (Endalamaw et al., 2024) exacerbate underutilization. Facilitators like telehealth (Quirk et al., 2018), convenient clinic hours (Danaher et al., 2023), and positive clinician interactions contribute to higher satisfaction and adherence.

Methodology

Research Design

Research design refers to the systematic process of collecting, analyzing, interpreting, and reporting data within a study (Creswell & Plano Clark, 2007). It outlines the type of data required, the methods to be used in gathering and analyzing such data, and how these processes address the research questions (Greym, 2014). This study employed a descriptive cross-sectional survey design to examine the health-seeking behaviors of healthcare providers in Macau SAR. This design was appropriate because it allowed the researcher to collect data at a single point in time, providing a clear snapshot of participants' health-seeking behaviors. The study focused on identifying the frequency and patterns of healthcare utilization, as well as factors such as accessibility, affordability, and satisfaction with healthcare services. Descriptive statistics were used to analyze responses from healthcare providers across different occupational roles, including nurses, caregivers, teachers, social workers, cleaners, drivers, cooks, and administrative staff. The structured questionnaire consisted of both closed-ended and open-ended questions, enabling the collection of quantitative data and supporting qualitative insights. This design was considered appropriate for obtaining comprehensive information regarding the health-related practices and needs of healthcare providers.

Sampling Design

The target population for this study consisted of sixty-eight healthcare providers in Macau SAR, representing various occupational roles, including nurses, caregivers, teachers, social workers, cleaners, drivers, cooks, and administrative staff. Given the manageable size of the population, a total population sampling technique was employed, wherein all eligible healthcare providers were invited to participate in the study. This approach ensured a comprehensive dataset that captured the full range of experiences and demographic characteristics of the participants. Including the entire population rather than a subset allowed the study to identify shared patterns and variations in health-seeking behaviors across different occupational groups.

Research Locale

The study was conducted in Macau SAR, focusing on healthcare providers in residential and institutional caregiving settings. The work environment for these healthcare providers is often physically and emotionally demanding, requiring high levels of commitment and compassion. These working conditions, along with organizational policies, work schedules, and personal resources, may influence healthcare providers' health-seeking behaviors.

Research Participants

The respondents of this study included sixty-eight healthcare providers in Macau SAR, encompassing a variety of occupational roles such as nurses, caregivers, teachers, cooks, cleaners, drivers, social workers, and administrative staff. Although all participants share the responsibility of providing care and support in their respective roles, they differ in work schedules, job responsibilities, and exposure to occupational health risks, factors that may affect their health-seeking behaviors.

Research Instrument

The primary research instrument used in this study was a structured questionnaire designed to collect both quantitative and qualitative data. The questionnaire consisted of several sections. The first section gathered demographic information, including age, gender, civil status, educational attainment,

occupation, ethnicity, and religion. The second section addressed work-related factors and job designation. The third section focused on health-seeking behaviors, including frequency of healthcare consultations, perceived affordability and accessibility of services, and reasons for seeking medical care. The questionnaire also included items related to health-related behaviors such as smoking, alcohol consumption, nutrition, and physical activity. Additional questions explored participants' perceptions of healthcare professionals and their level of satisfaction with healthcare services received.

Data Gathering Procedure

The data collection process followed a structured and organized procedure to ensure accuracy and reliability. Permission to conduct the study was obtained from the relevant institutional authorities prior to data collection. The validated questionnaires were then distributed to all sixty-eight healthcare providers in Macau SAR. Participants were provided with clear instructions and assurances regarding confidentiality and voluntary participation. They were encouraged to respond honestly and completely. The completed questionnaires were collected within the agreed timeframe and organized for data analysis. Anonymity and confidentiality were strictly maintained throughout the research process. Participation was voluntary, and all collected data were used solely for research purposes.

Results and Discussions

Problem 3: What is the demographic profile of the participants in terms of Age, Gender, Civil Status, Highest Level of Education, Occupation, Years of Service, Ethnicity, and Religion?

Table 1: demographic profile of the participants in terms of Age

Age range of the participants	Frequency	Percentage (%)
18-29 years	15	21.1
30-39 years	28	41.2
40-49 years	18	26.5
50-59	7	10.3
Total	68	100

Table 1 shows the age distribution of the respondents, indicating that the majority belong to the 30–39 age group (41.2%), followed by those aged 40–49 (26.5%), resulting in a predominantly mid-career workforce. A smaller proportion falls within the younger (18–29) and older (50 and above) age groups, with only 10.3% over 50 years old. This suggests that most employees are in their prime working years, which may influence their health-seeking behaviors. Studies show that individuals aged 30–39 often prioritize work and family responsibilities, leading to delayed preventive care despite awareness of its importance (Karaferis et al., 2022). Similarly, younger workers tend to underestimate health risks and utilize healthcare services less frequently (Zhenjing et al., 2022). In contrast, those aged 40–49 are more likely to seek healthcare due to increasing health concerns and work-related strain (Griep et al., 2024). The smaller number of older employees may reflect the physical demands of caregiving roles, which can limit long-term workforce retention (Endalamaw et al., 2024). Overall, the findings suggest that age plays a significant role in shaping health-seeking behaviors, highlighting the need for age-appropriate health programs and workplace support systems.

Table 2: demographic profile of the participants in terms of Gender

Gender of Participants	Frequency	Percentage (%)
Male	20	29.4
Female	48	70.6
Total	68	100.0

Table 2 shows the gender distribution of the respondents, indicating a predominantly female workforce, with 70.6% female and 29.4% male participants. This reflects common trends in caregiving professions where women comprise the majority of workers. The gender composition has important implications for health-seeking behaviors. Studies show that female healthcare workers are more likely to seek preventive care and medical consultations compared to males, demonstrating higher health awareness and proactive health practices (Hennein et al., 2023). However, despite higher utilization, women may experience dissatisfaction with healthcare services, particularly in terms of privacy and quality of

consultation. In terms of occupational health risks, female workers are more prone to repetitive strain injuries, while male workers tend to underreport symptoms until conditions worsen (Grasmo et al., 2021). Additionally, women are more likely to seek mental health support, although they face challenges such as emotional stress and role conflict (Keizer et al., 2019). Family responsibilities may further limit their time for healthcare access (Aziz & Ong, 2025). These findings suggest that gender influences health-seeking behavior and highlights the need for gender-responsive health programs, including accessible services, mental health support, and workplace policies that address the specific needs of both male and female employees.

Table 3: demographic profile of the participants in terms of Civil Status

Marital status of Participants	Frequency	Percentage (%)
Single	24	35.3
Married	38	55.9
Widowed	4	5.9
Separated	2	2.9
Total	68	100.0

Table 3 shows the distribution of respondents according to marital status, with the majority being married (55.9%), followed by single (35.3%), while only a small percentage are widowed (5.9%) and separated (2.9%). This indicates that most respondents have family responsibilities, which may influence their health-seeking behaviors. Studies show that married individuals are more likely to seek healthcare due to spousal support, which encourages preventive care and treatment adherence (Karaferis et al., 2022). However, they may also experience time constraints and financial pressures due to family obligations, which can delay medical consultations (Aziz & Ong, 2025). On the other hand, single individuals may have more flexibility in accessing healthcare but may lack emotional and logistical support when seeking care. Meanwhile, widowed and separated individuals may face additional challenges such as reduced support systems and financial limitations (Dumitriu et al., 2025). Overall, marital status influences healthcare access and utilization, highlighting the need for flexible and inclusive workplace health programs that consider employees' varying family responsibilities and support systems.

Table 4: demographic profile of the participants in terms of Highest level of education

Education Level	Frequency	Percentage (%)
High School	18	26.5
College	42	61.8
Graduate Studies	8	11.8
Total	68	100.0

Table 4 shows that the majority of respondents (61.8%) have attained a college-level education, indicating a relatively educated workforce. This suggests that respondents may have better health literacy and awareness of available healthcare services. Studies show that higher educational attainment is associated with increased health knowledge and more proactive engagement in preventive care (Karaferis et al., 2022; Zhenjing et al., 2022). However, despite this advantage, work-related demands and limited time may still hinder regular healthcare utilization among employees (Griep et al., 2024). Overall, while education supports better health-seeking behavior, other factors such as workload and access remain important considerations.

Table 5: demographic profile of the participants in terms of Occupation

Marital status of Participants	Frequency	Percentage (%)
Caregiver	10	14.7
Teacher	15	22.1
Social Worker	8	11.8
Nurse	2	2.9
Cleaner	4	5.9

Driver	2	2.9
Cook	2	2.9
Admin Staff	2	2.9
Others	23	33.8
Total	68	100.0

Table 5 shows that teachers (22.1%) and caregivers (14.7%) make up the largest occupational groups, reflecting the institution's focus on education and direct care services. These roles involve high emotional and physical demands, which can influence health-seeking behaviors (Scott-Marshall, 2024). Studies also indicate that non-clinical staff, such as cleaners, drivers, and cooks, may experience greater barriers in accessing health services compared to clinical personnel, highlighting possible inequalities within the workplace (Grasmo et al., 2021). Additionally, occupational stress and irregular work schedules in caregiving roles may lead to unhealthy behaviors and reduced participation in preventive healthcare (Shrivastava et al., 2024). These findings suggest the need for inclusive and accessible health programs for all occupational groups.

Table 6: demographic profile of the participants in terms of years of service

Years of Service	Frequency	Percentage (%)
Less than 1 year	8	11.8
1-3 years	22	32.4
4-6 years	24	35.3
7 years and above	14	20.6
Total	68	100.0

Table 6 shows that most respondents (35.3%) have 4–6 years of service, indicating moderate tenure and relative job stability. This suggests that employees are already familiar with their roles and workplace environment. Studies show that individuals with this level of experience often demonstrate high work engagement but may also experience accumulated work-related stress that can affect their health-seeking behaviors (Karaferis et al., 2022). While longer service may increase awareness of available health resources, employees may also tend to delay seeking care due to job commitment and the tendency to normalize symptoms (Dumitriu et al., 2025; Endalamaw et al., 2024). These findings highlight the need to encourage timely healthcare utilization among experienced employees.

Table 7: demographic profile of the participants in terms of Ethnicity and religion

Ethnicity:	Frequency	Percentage (%)
Chinese	45	66.2
Filipino	18	26.5
Others	5	7.4
Total	68	100.0

Religion:	Frequency	Percentage (%)
Christian	52	76.5
Buddhist	10	14.7
Others	6	8.8
Total	68	100.0

Table 7 shows that the workforce is predominantly Chinese (66.2%) and Christian (76.5%), which may shape health beliefs, help-seeking behaviors, and preferences for care. Research indicates that cultural background strongly influences health practices, with Chinese employees often integrating traditional remedies alongside formal healthcare (Kwame & Petrucka, 2021). Religious affiliation also affects healthcare engagement, as some communities may hold stigmatizing views toward mental health services or preventive interventions (Endalamaw et al., 2024). Multicultural workforces therefore benefit from culturally sensitive

health programs that recognize diverse beliefs, values, and treatment preferences to promote equitable and effective healthcare access (Aziz & Ong, 2025).

Problem 2: What is the description of the health-seeking behaviors of the participants in terms of Frequency of Consultation, Affordability and Accessibility, Health-Related Behaviors, Approach of Health Professionals, and Satisfaction with Health Services?

Table 8: The description of the health-seeking behaviors of the participants in terms of Frequency of Consultation

Consultation Frequency	Frequency	Percentage (%)
None	8	11.8
Once	25	36.8
Twice	22	32.4
Twice or more	13	19.1
Total	68	100.0

The consultation frequency data indicates that while the majority of employees (88.2%) accessed healthcare at least once in the previous six months, most demonstrated reactive rather than proactive health-seeking behaviors. Specifically, 36.8% consulted only once, 32.4% twice, 19.1% three or more times, and 11.8% did not seek care at all. Although 88.2% utilization suggests reasonable engagement, Scott-Marshall (2024) recommends that healthcare workers access preventive and routine services 2–4 times annually for optimal health, indicating that single consultations may underrepresent preventive care. The zero-consultation group may reflect barriers such as time scarcity, financial constraints, or reliance on informal peer care, which Saville et al. (2020) found can mask unmet health needs and compromise comprehensive assessment. Conversely, the high-frequency group likely includes individuals managing chronic conditions or emerging health concerns, consistent with findings by Choi and Kim (2021) that 20–25% of healthcare workers require regular monitoring for conditions such as hypertension, diabetes, and mental health issues. The predominance of single consultations suggests fragmented engagement, limiting continuity of care necessary for preventive screenings, chronic disease management, and mental health monitoring (Kwame & Petručka, 2021). Using Andersen’s Behavioral Model, consultation frequency reflects the interaction of predisposing factors (health beliefs and knowledge), enabling factors (access, affordability, and time), and perceived needs. Although basic access is facilitated by Macau’s healthcare system, temporal, financial, and organizational constraints reduce optimal preventive utilization, as noted by Long (2024). These findings underscore the need for targeted workplace interventions, including protected health time, on-site preventive screenings, flexible scheduling, and organizational cultures that encourage proactive rather than reactive healthcare engagement.

Table 9: Type of Healthcare Facility Preferred

Facility Type	Frequency	Percentage (%)
Public hospital/clinic	42	61.8
Private hospital/clinic	20	29.4
Traditional/alternative clinic	4	5.9
Others	2	2.9
Total	68	100.0

The study identified key health-seeking practices among employees of the healthcare providers. Overall, engagement in proactive behaviors was limited. Preventive care, regular physical activity, mental health support, and medication adherence varied across staff. Most employees reported occasional check-ups, sporadic exercise, and informal self-care, while structured mental health engagement and consistent medication use were less common. Research shows that structured interventions, such as protected health time, on-site screenings, flexible scheduling, and wellness programs, improve preventive care uptake and long-term health outcomes (Karaferis et al., 2022; Choi & Kim, 2021; Buljac-Samardzic et al., 2020). Participation was constrained by occupational demands, irregular schedules, and personal responsibilities. Female employees with family duties reported limited time for check-ups, and longer-serving staff tended to normalize minor symptoms, delaying consultation (Aziz & Ong, 2025; Dumitriu et al., 2025). Workplace culture and accessibility also influenced practices, with staff preferring on-site or conveniently timed services over standard clinic visits (Shrivastava et al., 2024; Scott-Marshall, 2024).

These findings highlight the need for context-sensitive interventions, including protected health time, workplace fitness programs, mental health support, ergonomic and safety measures, and access to affordable preventive care. Tailoring these strategies to employees' schedules and responsibilities can encourage preventive care, reduce reactive health-seeking, and promote overall physical and mental well-being, enhancing workforce productivity and organizational health.

Table 10: Primary Reason for Most Recent healthcare Visit

Reason for Visit	Frequency	Percentage (%)
Check-up	18	26.5
illness	28	41.2
Injury	6	8.8
Mental health concern	4	5.9
Follow-up care	10	14.7
Others	2	2.9
Total	68	100.0

The primary reasons for healthcare visits among healthcare provider employees indicate a predominantly reactive health-seeking pattern. Illness accounted for the largest proportion of visits (41.2%), followed by preventive check-ups (26.5%), follow-up care (14.7%), injury (8.8%), and mental health concerns (5.9%). This distribution suggests that employees primarily seek care when symptoms interfere with daily functioning rather than engaging in proactive, preventive behaviors. Similar patterns have been observed among shift-working healthcare staff, where occupational demands and normalization of minor symptoms delay care-seeking (Shrivastava et al., 2024; Scott-Marshall, 2024). Although 26.5% of employees accessed preventive check-ups, these may represent partial rather than comprehensive preventive engagement, including physical exams, dental care, and gender-specific screenings (Choi & Kim, 2021). Mental health consultations were strikingly low at 5.9%, despite evidence that 25-40% of residential care workers experience significant psychological distress (Endalamaw et al., 2024). Low utilization likely reflects stigma, limited awareness of services, confidentiality concerns, and normalization of stress as an occupational expectation (Keizer et al., 2019). Injury-related visits (8.8%) over six months suggest high occupational hazards, particularly musculoskeletal strain and repetitive motion injuries, consistent with prior studies on care workers (Grasmo et al., 2021). Follow-up visits accounted for 14.7%, indicating some continuity of care, though likely insufficient for chronic condition management (Long, 2024). Overall, the findings highlight the need for workplace interventions that promote preventive care, including health education, on-site screenings, protected time for appointments, mental health support, ergonomic training, and organizational messaging that normalizes proactive health maintenance as a professional responsibility.

Table 11: Affordability of Healthcare Services

Statement	Mean	Standard Deviation	Interpretation
Medical consultations are affordable for me	2.68	0.82	Agree
The cost of medicines is reasonable	2.45	0.91	Disagree
I can easily reach a health facility when I need care	3.12	0.76	Agree
I can schedule an appointment without much delay	2.89	0.85	Agree
My work schedule allows me to attend medical appointments	2.34	0.95	Disagree
Composite Mean	2.70		Agree

The assessment of healthcare affordability and accessibility among healthcare provider employees indicates a mixed pattern, with structural factors like geographical proximity (mean = 3.09) and appointment availability (mean = 2.88) generally positive, while economic and temporal barriers are more pronounced. While 60.2% of respondents reported that consultations are affordable (mean = 2.63), medication costs were a major concern, with 51.5% finding them prohibitive (mean = 2.43), highlighting a significant barrier to adherence and preventive care (Long, 2024; Aziz & Ong, 2025). Temporal constraints posed the greatest obstacle, as 58.8% reported that shift schedules and work hours impede timely healthcare access (mean = 2.35), consistent with evidence that shift work reduces preventive care utilization by up to 38% (Scott-Marshall, 2024). Appointment delays affected 32.3% of staff, further limiting engagement (Danaher et al., 2023). The findings suggest that interventions should prioritize flexible scheduling and protected health time, provide on-site services to reduce temporal barriers, and support medication

affordability through insurance or subsidies, while maintaining existing strengths in geographical and consultation access, ultimately enhancing healthcare utilization and workforce well-being (Griep et al., 2024).

Table 12: The description of the health-seeking behaviors of the participants in terms of Health-Related Behaviors

Statement	Mean	Standard Deviation	Interpretation
I eat balanced and nutritious meals	2.95	0.78	Agree
I engage in physical exercise or activity	2.56	0.88	Agree
I smoke tobacco products	1.42	0.68	Strongly Disagree
I consume alcoholic beverages	1.89	0.82	Disagree
I go for regular medical or dental check-ups	2.38	0.93	Disagree
I manage stress through healthy coping practices	2.67	0.86	Agree
Composite Mean	2.59		Agree

The assessment of health-related behaviors among healthcare provider employees reveals a mixed profile, with strengths in avoiding tobacco (88.2% non-smokers, mean = 1.44) and moderate alcohol use (76.5% low consumption, mean = 1.85), alongside moderately healthy nutrition (72.1% balanced meals, mean = 2.87) and stress management (61.8% reporting effective coping, mean = 2.71), but significant weaknesses in physical activity (only 50% regular engagement, mean = 2.46) and preventive care utilization (42.7% regular check-ups, mean = 2.31). These patterns suggest that while employees maintain some protective behaviors, occupational demands, shift work, and competing responsibilities limit engagement in preventive and fitness-related activities, increasing risks for chronic disease, musculoskeletal strain, and burnout (Shrivastava et al., 2024; Choi & Kim, 2021; Endalamaw et al., 2024; Grasmø et al., 2021). Targeted workplace interventions—such as on-site screenings, protected time for preventive visits, brief structured exercise programs, stress management workshops, and nutrition support during shifts—could leverage existing strengths while addressing gaps, promoting proactive health maintenance, early disease detection, and sustainable physical and psychological well-being across the workforce.

Table 13: The description of the health-seeking behaviors of the participants in terms of Approach of Health Professionals

Statement	Mean	Standard Deviation	Interpretation
Health professionals listen attentively to my concerns	3.24	0.72	Agree
They show empathy and respect during consultations	3.31	0.68	Strongly Agree
They clearly explain diagnoses and treatments	3.18	0.75	Agree
They ensure privacy and confidentiality during visits	3.28	0.70	Strongly Agree
They encourage preventive and follow-up health care	3.05	0.79	Agree
Composite Mean	3.21		Agree

Respondents report highly positive experiences with healthcare professionals, particularly regarding empathy (3.31), privacy (3.28), and attentiveness (3.24). This suggests that the quality of clinical interactions is not a barrier to care-seeking. Danaher et al. (2023) found that positive clinician-patient communication significantly enhances treatment adherence and satisfaction, particularly when providers demonstrate empathy and clear explanation of medical information. Kwame and Petručka (2021) emphasized that respectful and patient-centered communication encourages ongoing healthcare engagement and reduces appointment cancellation rates. Long (2024) noted that healthcare workers themselves place high value on professional interactions when seeking care, with positive experiences serving as strong facilitators despite other access barriers.

Table 14: The description of the health-seeking behaviors of the participants in terms of Satisfaction with Health Services

Statement	Mean	Standard Deviation	Interpretation
Accessibility of healthcare services	2.12	0.68	Satisfied
Affordability of healthcare services	2.45	0.82	Satisfied

Availability of needed services and facilities	2.28	0.75	Satisfied
Professional approach and communication of providers	1.89	0.62	Satisfied
Quality of care and treatment received	1.95	0.66	Satisfied
Composite Mean	2.14		Satisfied

Overall satisfaction is positive (2.14), with professional communication (1.89) and quality of care (1.95) rated highest. Affordability (2.45) shows the lowest satisfaction, consistent with earlier findings about medicine costs. Aziz and Ong (2025) documented that satisfaction with healthcare services strongly correlates with continued utilization, particularly when professional communication meets expectations. Danaher et al. (2023) emphasized that satisfaction dimensions are hierarchical, with interpersonal aspects often outweighing structural factors in overall evaluations. Long (2024) found that even when affordability concerns exist, high satisfaction with quality and communication can maintain healthcare engagement, though cost barriers eventually limit utilization frequency.

Problem 3: Is there a significant difference in the health-seeking behaviors of the participants when grouped according to their demographic profile?

Table 15: Chi-Square Test Results - Demographic Variables vs. Health-Seeking Behaviors

Variables	X ² Value	df	p-value	Decision (α=0.05)
Age vs Consultation Frequency	18.452	9	0.030	Significant
Gender vs Facility Type	5.234	3	0.155	Not Significant
Education vs Preventive Check-ups	12.578	4	0.013	Significant
Occupation vs Health Behaviors	23.891	15	0.048	Significant
Marital Status vs Consultation Frequency	7.456	9	0.589	Not Significant
Significant	<0.05			Significant

Significant relationships exist between age and consultation frequency, education level and preventive check-ups, and occupation and health behaviors. This suggests that health-seeking patterns vary meaningfully across these demographic characteristics. Karaferis et al. (2022) found that age and education consistently predict healthcare utilization patterns, with older and more educated workers demonstrating more preventive engagement. Griep et al. (2024) noted that occupational role significantly influences health behaviors, with direct care roles showing distinct patterns compared to administrative positions. Shrivastava et al. (2024) documented that demographic variables interact with workplace factors to create complex health-seeking profiles requiring targeted interventions.

Problem 4: Is there a significant difference in the health-seeking behaviors of the participants when grouped according to their demographic profile?

Table 16: Correlation Matrix - Health-Seeking Behavior Components

Variables	1	2	3	4	5
Affordability	1.000				
Accessibility	0.542**	1.000			
Professional Approach	0.328*	0.456**	1.000		
Health Behaviors	0.289*	0.412**	0.378**	1.000	
Satisfaction	0.618**	0.694**	0.723**	0.445**	1.000
**P<0.05, **p<0.01					

Strong positive correlations exist between professional approach and satisfaction (r=0.723), and between accessibility and satisfaction (r=0.694). This suggests that enhancing provider communication and access to services can significantly improve overall satisfaction. Danaher et al. (2023) found that clinician communication quality strongly predicts patient satisfaction across diverse healthcare contexts. Aziz and Ong (2025) documented that accessibility factors show moderate but consistent correlations with satisfaction, particularly when combined with positive interpersonal experiences. Long (2024) emphasized that multi-

component interventions addressing both structural access and interpersonal quality yield the greatest improvements in healthcare engagement and satisfaction.

Ethical Considerations

This study adhered to established ethical standards in workplace and health research to safeguard the rights, welfare, and dignity of all participants. Approval to conduct the study was obtained from the relevant authorities overseeing healthcare providers in Macau SAR. Informed consent was secured from each participant after clearly explaining the study's purpose, procedures, voluntary nature of participation, and their right to withdraw at any time without any consequences. Confidentiality and anonymity were strictly maintained; participants were identified using unique codes, and no personally identifiable information was included in the analysis or reporting. Access to any organizational records was granted only with proper authorization and handled in accordance with the relevant data protection and privacy regulations in Macau SAR. All data collected were used exclusively for research purposes and securely stored. The study ensured participants were not exposed to physical, psychological, or emotional harm. Survey instruments and interview questions were designed to be non-intrusive, and data collection was scheduled to minimize disruption to work duties and avoid any form of coercion. Ethical principles of respect, fairness, objectivity, and integrity were upheld throughout the research process.

Conclusion

The results of this study indicate that healthcare providers in Macau SAR demonstrate varied health-seeking behaviors, characterized by strong professional commitment but insufficient attention to personal preventive care. While participants largely avoid harmful lifestyle habits such as smoking and excessive alcohol consumption, their overall approach to health tends to be reactive rather than proactive. Economic constraints, particularly the high cost of medicines and healthcare services, present significant barriers to complete treatment adherence. Time limitations due to shift-based or demanding work schedules further restrict access to healthcare despite the availability of facilities. Additionally, mental health services remain underutilized despite the emotional demands inherent in caregiving and healthcare professions. Taken together, these findings suggest that workplace conditions, financial considerations, and cultural norms collectively influence healthcare providers in Macau SAR to deprioritize their own health needs. Strengthening workforce well-being requires targeted programs, supportive policies, accessible mental health services, and wellness initiatives that encourage proactive and continuous healthcare engagement.

Recommendations

Based on the findings, it is recommended that healthcare institutions in Macau SAR implement strategies to improve the health-seeking behaviors and overall well-being of their staff. Organizations should provide protected time for employees to attend medical appointments without penalty and establish partnerships with clinics or pharmacies to ensure access to affordable consultations and medications. Preventive care initiatives, such as in-house or mobile health screenings, vaccinations, and wellness programs, should be offered to encourage proactive healthcare engagement. Mental health support is also critical; structured programs including counseling services, stress-management workshops, and peer support groups can help employees manage the emotional demands of their work. Enhancing work schedule flexibility, particularly for staff with chronic health conditions or demanding shifts, can further facilitate access to care. Additionally, promoting workplace fitness and healthy lifestyle practices—through short daily exercise sessions, ergonomic interventions, and injury-prevention training—can improve overall health outcomes. On an individual level, healthcare providers are encouraged to participate in regular preventive check-ups, adhere to prescribed medications, utilize available mental health resources, and engage in consistent physical activity. By implementing these measures, healthcare providers in Macau SAR can achieve a more balanced approach to personal and professional well-being, ultimately improving both workforce health and the quality of care they deliver.

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