Psychological Factors, Health Care Knowledge, and Experiences and How They Impact Students’ Illness Behaviors on a Rural Campus

Elizabeth Pappenfus
*University of Minnesota - Morris*

Chelsea Walsh
*University of Minnesota - Morris*

Follow this and additional works at: [https://digitalcommons.morris.umn.edu/urs_2013](https://digitalcommons.morris.umn.edu/urs_2013)

Part of the Health Psychology Commons

**Recommended Citation**


[https://digitalcommons.morris.umn.edu/urs_2013/9](https://digitalcommons.morris.umn.edu/urs_2013/9)

This Book is brought to you for free and open access by the Undergraduate Research Symposium at University of Minnesota Morris Digital Well. It has been accepted for inclusion in Undergraduate Research Symposium 2013 by an authorized administrator of University of Minnesota Morris Digital Well. For more information, please contact skulann@morris.umn.edu.
Introduction

When entering college, most students go through critical transitional and developmental stages into adulthood (Montgomery & Cote, 2003). Therefore, it is necessary that college students use health care appropriately and maintain a good health status by exhibiting positive illness behaviors. Illness behavior is defined as the manner in which a person monitors their body, interprets their symptoms, and how they react to those symptoms. In the current study, the Theory of Planned Behavior (TPB) (Ajzen, 1985) model, which combines attitudes, subjective norms, and perceived control in order to predict health decision-making behavior, was used.

In this study, we examined the current factors (i.e. past experiences, education, demographics as barriers, attitudes, and social support) that affect health-care seeking behavior intentions by students. We hypothesized that a high knowledge about health care, positive health care experiences, strong social support, and stable psychological variables (i.e. positive health-seeking attitudes) will better predict students’ illness behavior choices; while a rural setting could create negative barriers and predict lower health care utilization.

Methods

Participants

- Participants included 199 undergraduate students from a small, liberal arts college in the Midwest.

<table>
<thead>
<tr>
<th>Table 1: Demographics</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>N=63</td>
<td>N=136</td>
</tr>
<tr>
<td>Age</td>
<td>20.41 (SD=2.84)</td>
<td>19.8 (SD=2.68)</td>
</tr>
<tr>
<td>Class Status</td>
<td>2.29 (SD=1.25)</td>
<td>2.19 (SD=1.12)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>79%</td>
<td>84%</td>
</tr>
<tr>
<td>Pre-professional Hometown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>15%</td>
<td>24%</td>
</tr>
<tr>
<td>Small</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>Suburban</td>
<td>36%</td>
<td>25%</td>
</tr>
<tr>
<td>Urban</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>City</td>
<td>18%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Materials

We developed a survey based off a previous study (Ratliff-Crain, 1999) that tested the Theory of Planned Behavior, past health care experiences, basic health knowledge, and the Social Support Scale (Cohen & Willis, 1985).

Procedure

- Students were recruited from various disciplines to complete the survey, which took about 30-60 minutes.
- Following completion of the survey, students received compensation and a list of local health care resources.

Results

Our research objective was to examine factors that contribute to students’ illness behavior, particularly in the transition phase of independent living and in a rural setting. We hypothesized that a high knowledge about health care, positive health care experiences, strong social support, and stable psychological variables (i.e. attitude) would better predict students’ illness behavior choices; while a rural setting could create negative barriers and predict lower health care utilization.

We found that high social support, positive previous experiences, attitudes, and subjective norms all contributed to a positive illness behavior whereas participants’ hometowns and basic health knowledge did not correlate with illness behavior. These findings suggest that fostering high levels of social support and positive experiences with health care will elicit better illness behaviors in college students.

Discussion

This study was designed to examine factors that predict students’ illness behavior intentions related to the use of different sources of health care. Results indicate that their attitudes and subjective norms (i.e., what important others want them to do and their intent to comply) strongly predict intended illness behavior, along with positive previous experiences and high social support, including having a friend or close relative as a health professional.

Previous hospital or other health care experiences, as measured by ratings of treatment and overall satisfaction with services provided, showed high positive correlation with attitudes and, indirectly, illness behavior choices. Similarly, participants with a chronic illness and those who have sought medical attention for reasons other than routine check-ups in the past 12 months had a significant positive correlation with attitudes and illness behavior. Social support contributed positively to subjective norms, which indicates the importance of the nature of support (i.e. availability and extent of support) in illness behavior.

Although it was hypothesized that a rural hometown would create barriers and negatively affect illness behaviors, there were no significant findings. Specifically, no difference was found between rural hometowns and other hometowns (e.g. Suburban, City) in predicting health care utilization. Also, even though we predicted high knowledge about health care would positively correlate with illness behavior choices, no significant correlations were found.

Further analyses indicated that basic health knowledge and health care trust indirectly predicted illness behaviors. Specifically, participants with a high amount of basic health knowledge lacked trust in the health care system and vice versa, which could lead to negative illness behavior. Future research should take into account the relationship between these two factors.

These results suggest that there are predictors of illness behavior and health care use that can be applied to similar populations. Although we cannot change students’ past experiences with health care and sources of social support, current institutions have the ability to elicit positive illness behaviors by creating environments that foster high social support and positive experiences.

References


This research was funded by Undergraduate Research Opportunity Program at the University of Minnesota, Morris. Special thanks to the UMM Psychology Discipline and our advisor Dr. Jeff Ratliff-Crain.