



Discuss the factors affecting the health seeking
behaviour of students

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2.3 million students study at 163 higher education institutions across the United Kingdom and a further 222,000 students at 26 institutions in Ireland. Currently 8.8% of Irish students and 20% of undergraduates in the UK are from overseas. Over 5% of the student population in Ireland have a disability. The nature, setting and the types of students are essential to understanding the context of this discussion. An increasingly diverse cohort of students come to campus, this diversity brings with it great challenges. In a setting away from home, many students do not have a regular primary healthcare provider. Student health services provide both physical and mental health services on campus as well as supportive measures to assist students in ways that keep them committed to their studies. College health in 2017 looks more like community health as student's matriculate with more significant health histories than in the past and with a wide array of health challenges and concerns. Traditional-age undergraduate college students are embarking into the world of autonomous decision making. These decisions encompass not only academic life but also lifestyle and lifeskills. Student health is a growing service that has the potential to provide programmes to keep students moving forward towards their academic goals. The service can foster healthy lifestyles and provide coping skills to assist the students during their adjustments to college stresses and beyond.

Health-seeking is an activity undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. In exploring the databases to inform this discussion, the terms health-seeking and help-seeking were found to be used interchangeably. Health-seeking behaviour taken in its literal sense means to seek health. The Nursing Outcomes Classification defines health-seeking behaviour as “personal actions to promote optimum wellness, recovery and rehabilitation.” This definition appears to propose that health-seeking behaviour can occur with or without a health problem and covers the spectrum from potential to actual health problem. Therefore, contained within the concept of health-seeking behaviour is the aspect of health promotion that might be aimed at preventing a disease and includes behaviour such as lifestyle changes.

Students constitute a population subgroup with lower rates of mortality, morbidity and medical use, nevertheless, they tend to have significant health concerns that are often hidden and/ or underdiagnosed. Being at a transition stage between puberty and young adulthood; college students must cope with certain problems brought by college life as well as trying to accomplish their developmental tasks. When we think of the developmental stage college students are in, it is normal that they experience sexual, familial, personality problems as well as problems related to romantic relationships. They will further face difficulties related to their academic life brought about by education. The type of health-seeking behaviour of students most frequently reported by the research explored for this discussion could be divided into five categories, physical issues (acute or chronic), psychological issues, social and relational issues, sexual issues and drug, alcohol and smoking issues.

Research explored defines health-seeking behaviour as formal, when professional help was sought from health care services and/or health care providers (physicians, psychologists); informal relational, when help was sought from members of the student's social network (parents, friends, teachers, trusted persons); informal personal, when young persons resorted to self-medication or browsed the Internet or used social media.

Cornally & McCarthy (2011) reviewed the literature and concluded there is no disparity among researchers of health-seeking behaviour that problem recognition and definition must transpire before health-seeking behaviour can be executed. Perception is the most intrinsic factor in the process of health-seeking behaviour whereby the person themselves identifies the problem for which help is being sought. Evidence confirms that individuals differ in their choice of treatment sources depending on the type and perceived intensity of sickness. For example, students perceive alcohol problems as significantly less serious than drug problems and are significantly less willing to seek help for alcohol problems (Lowinger, 2012).

Traditional –age college students tend to define illness in terms of limitations it places on their daily activities and desire or demand the “quick fix” (Haltiwanger, Hayden, Weber, Evans & Possner, 2001). The student’s main considerations are how many class assignments are due, the scheduling of examinations, and when they are most available to seek health. Students expect care when needed but also based on when they themselves are available. Nicoteri & Arnold (2005) gathered qualitative data to illuminate the process of the development of health-seeking behaviour in traditional age undergraduate students (18-23 years). It is the opinion of these researchers that the behaviours of accessing health care in what may be considered an inappropriate or less economically responsible manner often extend beyond the college years into adulthood and family life if the issue has not been addressed earlier. Until this time in their lives, generally family is the initiator of health care for the student whether the need for health care is preventive or illness related. In a setting away from home, when to seek health care and how to access the healthcare system are two areas of healthcare decision making in which this population has difficulty. Nicoteri & Arnold (2005), concludes that health-seeking behaviour amongst students can be more ‘adolescent-like’. Students perceive they are making their own decisions about health care yet seek advice and help from their families when they are ill. If family are intensely involved, autonomous decision making and responsible self-care may not be developed. Dickey and Deatruck (2000) state that autonomy in decision making regarding health issues is a set of skills that develops as part of self-care. Deciding to seek health will very much be based on self – efficacy. College therefore, is a very important time to foster development of autonomy.

One variable that may play a role in the decision to pursue health-seeking is the perception of stigma. Stigma is the fear of being negatively evaluated upon obtaining health care. Much of the research relating to the effect of stigma on health-seeking behaviour relates to psychological and sexual disorders. The public tends to have a negative conceptualization of individuals who suffer from psychological difficulties. Stigma plays a role in individual’s decisions to seek, or not to seek treatment. For example, Gott and Hinchliff (2003) interviewed older British adults, aged 50-92, regarding sexual health and attitudes toward treatment for sexual difficulties. Only 24% of participants who had experienced sexual problems had sought treatment. Personal embarrassment/shame was one of the six barriers to treatment described by participants, a response suggestive of self-stigma. It is encouraging however that more recent literature reviewed by the author found that stigma no longer influenced actual use of services among college students (Bilican, 2013). Stigma tolerance and interpersonal openness can significantly influence health-seeking behaviour amongst students.

Attitudes towards health-seeking are largely influenced by sociodemographic variables, including gender, religion and cultural background. Although findings vary across studies, one of the most consistent findings in the research is that women have generally been found to have more positive attitudes to health-seeking than men, particularly in the college samples. Young women, naturally preoccupied with reproductive health issues such as contraception and menstruation, tend to seek professional help more frequently than men for whom these issues tend to be of lower importance. Men’s health-seeking behaviours vary considerably depending on the context. The current empirical literature on the influence of masculinity on health-related help-seeking confirm gender constraints to be predominant with student males denying weakness and limiting self-disclosure. Males avoided completely and/or concealed health-seeking efforts in order to pass

as being free of psychological issues. Many males tend to endure pain without complaining, and view exhibiting signs of, or expressing emotional distress as contravening. By understanding how masculinities work for and against college men's health-seeking we can provide explicit permission for men to talk about their health concerns and tailor gender-specific health promotion to engage more men.

Spirituality has been found to play a critical role in mitigating the pains and sufferings of ill-health because the relationship with a transcendent being or concept can give meaning and purpose to people's lives and sufferings. Several studies demonstrated the relevance of spirituality in health-seeking behaviour of students. While, the impact of religious faith on health-seeking behaviour is unclear, religiosity is associated with stronger preferences for help-seeking from a religious advisor among college students. Religiosity may negatively influence the likelihood of seeking treatment if individuals experience greater personal stigma.

Several studies have pointed to the importance of background, ethnicity, or nationality on seeking help for psychological problems. In some cultures, individuals adopt a fatalistic approach and believe if you face difficulties in accessing care then you are not meant to obtain same. Many may feel more comfortable with health care professionals from the same ethnic/cultural group. Many use traditional medicine or home remedies influenced by their culture. Cultural considerations must be given to issues of abortion, suicide and homosexuality. Geographical differences and feeling unwelcome can play an important role in attitude and in turn health-seeking. Nam et al. (2010) found that among US college students, white students held more positive attitudes toward seeking help for psychological problems than Asian or Asian-American students. Within Western cultures, variability in attitudes is evident. No research was found which reviews health-seeking behaviour among international students in the UK or Ireland. In addition to difficulties faced by domestic students, international students, experience unique problems stress from negotiating cultural differences. It has been observed in the author's own practice that Chinese-speaking international students which make up the largest percentage of international students attending U.K. institutions encounter more adjustment difficulties than their European counterparts. It may be the case that health-seeking amongst this cohort is informal and traditional such as Chinese medicine. Lu et al (2013) concluded that education about the effectiveness of face to face and online treatments may increase treatment seeking by this population. Research by Shankar et al. (2017) recently carried out a cultural beliefs project to study medical student's opinions regarding possible influences of culture and social issues on health-seeking behaviour. Language difficulties, perceived discrimination, low treatment credibility, difficulties and shortage of culturally appropriate services were identified as cultural barriers affecting health-seeking behaviour of students. Ensuring linguistic competency and developing cultural competence action plans are strategies which could reduce these barriers.

An additional issue which affects health-seeking is knowledge about, and access to appropriate professional services. Students need to have the right information and knowledge about the professionals available, as well as about the types of treatment. Eisenberg et al. (2007) found that many students were unaware of or unfamiliar with the service options. Yorgason et al. (2008) similarly concluded that some students in need of mental health services may not receive them because they do not have sufficient knowledge of the services available to them. Students who lived off campus were less likely to know about and use the services. There may be genuine confusion about appropriate sources for the treatment of various conditions. The type of problem perceived by the student will certainly influence the type of health seeking behaviour. Bergvall and Himelein (2013) concluded from a study of Swedish and US college students attitudes towards seeking help for sexual dysfunctions that while primary care professionals would seem an obvious source of help, students may be reluctant to raise the topics of sexual concerns and resource this help on their own. Students learn about health services available to them from friends or fellow students, the Internet, student orientation programmes and faculty sources. Although students' Internet use has increased substantially in the past decade and although campus services are typically on the institution websites, having this information available on the Internet may not be sufficient for informing students. Educational and awareness campaigns

may be especially effective for reducing unmet need. Such campaigns could address the facts that many students do not know about the availability of health services and their potential effectiveness.

Issues with accessibility such as inadequate means of transportation, difficulties in making contact and cost can further influence the type of health-seeking behaviour of students. As well as considering the personal cost of health-seeking, it is important to mention that financial cost can be an issue for some students. Although financial constraints have been cited as prominent barriers to health care in general populations, the student population in Ireland and the U.K. can access free or low cost primary healthcare on site. It is the author's own experience that even low-cost services can pose as a significant barrier to students affected by current socioeconomic pressures. Research explored did not illuminate the impact of financial cost on health-seeking behaviour.

Erkan et al. (2012) conducted a study which found that the most significant predictor of college student's willingness to seek psychological help is positive attitudes towards seeking help. A negative attitude towards campus services may stem from already existing stigmas about the services. The importance of the approachability of professionals in influencing the decision about and type of health-seeking behaviour in this regard should be highlighted. When asked about using campus health services 36% of respondents in Yorgason et al. (2008) study reported they did not want to talk to a stranger and did not believe the services could help them. Literature also illustrates student's low confidence in the ability of services to help with their problems. The type of helper and the characteristics of the helper are all aspects considered by the health-seeker before contact is initiated. Gulliver et al. (2010) work points to the important facilitator of health-seeking behaviour, perceived past positive experiences. Responses such as invalidation of symptoms, reactions to unsuccessful health-seeking and negative experiences with healthcare professionals impact on health-seeking behaviour. It is the author's experience that trustful relationships, and the provision of support and encouragement foster formal health-seeking behaviour amongst students. There can be a belief that issues are normal for this stage of life. Students can have a preference for self-reliance which coincides with the increased need for autonomy during this developmental phase.

Preference for solving one's own problems is a commonly endorsed reason for not seeking health services in college students. Self-investigation and self-treatment is prevalent among this population. (Vaz et al. 2012). Students see this behaviour as acceptable. Some 75-80% of adolescents with mental-health related problems, including dating, peer pressure, depression, fatigue, trouble with parents, suicidal thoughts, feeling overweight, drug use and alcohol use, report they can handle their problems on their own (Dubow et al. 1990). Essentially, the research suggests that students attempt to solve problems independently before they involve progressively more complex systems in their environments. Issues over confidentiality and fear of academic reprisal are common concerns which can influence health-seeking behaviour and lead further to this preference for self-management. Students fear that the student health professionals will share the student's situation with the student's department, other students and authorities.

Students frequently report that they do not have enough time to seek health professionally on campus. In the author's experience students have an already loaded timetable throughout the day which leaves little or no 'free time'. Student health service operating times on the campus where the author practices are restricted to 'office hours' which presents as a significant barrier in terms of time constraints and accessibility to students who may wish to seek help. Students at the author's institute are more likely to be working part-time jobs which restrict schedules furthermore. Students often report that excessive waiting time at service delivery points radically influence their decision to attend and perception of a service. Students resort to seeking help informally via social media or attending alternative services such as out of hour's emergency care which may be wholly inappropriate.

Health-seeking behaviour is viewed as the varied response of individuals to states of ill-health, depending on their knowledge and perceptions of health, personal attitudes, socioeconomic constraints, adequacy of available health services, and attitude of healthcare providers. This discussion has shown how these and additional factors discussed can influence the decision to seek help. Examining student's health-seeking behaviour ultimately helps in the design of ways to ensure better access to health and the quality of that care. Effective mechanisms to identify students with the most serious needs are essential, so that with the removal of the barriers to care, systems can optimise the match between the services and those who are likely to benefit most.

Despite the availability of services, students tend to rely on informal services, such as reliance on friends and family as a primary source of help. It is important to acknowledge that although students are more likely to seek help from informal sources they may not receive the type of help that is needed from these sources. Avoidance of appropriate health-seeking behaviour starts early and is linked to perceived norms which dictate that experiencing a problem may be viewed as a form of weakness that has implications for subsequent successful career progression. Efforts must aim to increase health-seeking and lower student's threshold for seeing formal help.

Universities must continue to find ways to better inform students about the availability of services. This is especially relevant among minority groups, international students and men. Innovative approaches to increasing knowledge and use of campus mental health services is needed. Education about the student healthcare system, educational self-care programmes, and what this means to the college student about to enter the workforce must be incorporated into lifeskills courses for all students. Efforts to improve such knowledge include use of social marketing or approaches tailored to individual campus needs or circumstances. These types of initiatives, however can only be successful if resources support increased demand for service. Greater investments in student health services are necessary.