RURAL PERSONS RESPONSE TO ILLNESS: EXPLICATING THE HEALTH-NEEDS-ACTION-PROCESS

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Purpose: Present a revision of the Health Needs Action Process (HNAP) as a model to explain how rural persons respond to health needs and illness symptoms.

Description: In 1998 Buehler, Malone, and Majerus used grounded theory to derive the Symptom Action Time-Line (SATL), a linear process involving self-care, lay care, and professional resources used by rural Montana women to respond to physical illness symptoms. In 2010 (O’Lynn), a literature review to determine the level of support for the SATL process resulted in a more circular model called the Symptom Action Process (SAP). A second literature review in 2012 was conducted to determine the level of support for the SATL and SAP models, resulting in a revision, named the Health Needs Action Process (HNAP) (blind, 2013). The HNAP differed from the SATL and SAP in that the term symptom was replaced with health need to reflect a broader spectrum of health demands including psychological needs. All three models, the SATL, SAP, and HNAP were based on studies in the U.S. The SATL research included only rural women; the SAP was based on studies of women alone as well as studies with mixed gender samples; and the HNAP included studies with women only, men only, and mixed gender samples. These limitations prompted an additional review of the literature to determine support for the models.

Process Used: Key words from the models (rural health, self-care, health needs, health/illness behavior, attitudes/beliefs about self-care, decision-making, self-assessment, alternative therapies, complimentary medicine, and home remedies) were used to search the literature published from 2004-2013 using CINAHL, MedLine, Psych info, and Google Scholars. International studies and those involving men and women were included. Case studies, dissertations, and anecdotal reports were excluded from the review. Inductive and deductive coding was used to identify existing and new concepts/themes.

Outcomes: The sample consisted of 17 studies: 29% were from the U.S. (17 states); 71% were conducted outside the U.S. (10 countries). Study samples included 23.5% women only, 11.5% men only, 65% mixed gender only; 29% elderly only, 71% adult, 0% children/youth; 71% rural; and 29% compared rural with urban samples. The analysis of the studies supported all 3 models regarding the use of self-care, lay resources, and professional resources when responding to health issues; and the circular nature of the SAP and HNAP for both physical and psychological health needs. Self-care activities included applying home remedies, taking over the counter medications and herbal preparations, spirituality and prayer, and using the Internet or reading reference books to learn more about symptoms. Lay resources included advice, emotional support, and physical care provided by family or loved ones. Professional resources included reimbursable services provided by a health care professional to identity and treat the health need. In addition, compliance with personal health needs management allowed for prevention and management of various health needs including psychological needs.

Implications: It is important to note, that while geographic locations varied, the responses to physical and psychological health needs were similar among rural men and women and implemented in a circular, rather than a linear manner, and includes continuous decision making regarding the level and type of care needed at any given time. Health care providers can use this knowledge to assist rural persons to successfully manage health needs.

Conclusions: The review of literature found support for the behaviors used in response to health needs identified in the SATL, SAP, and HNAP models (self-care, lay care, and professional resources). The HNAP was used in response to physical and psychological health needs. The circular nature of responses identified in the SAP and HNAP models was also supported.