

needed more than their younger peers. Female respondents tended to show more concern than male, but the difference was not statistically significant.

The actions the respondents were ready to take are presented in (Table 3). In the matter of assistance to the older women, the most common answer was contacting the relatives. Approximately 90% of respondents in all groups suggested this approach. Resident respondents would personally assist the woman some ten per cent units less than local politicians and health and social staff. The local politicians and professionals relied more on the health and social sector than residents, the difference being 13–18 per cent.

The respondents suggested that appropriate care in the health and social sector would mostly be found in the home care unit or in the acute care unit of the health centre (Table 4). Among social and healthcare staff, it was proposed approximately 20 per cent units more often than in the other groups that appropriate care would be obtained in the home care unit. The acute care unit of the health centre would be an appropriate care-provider, according to 62–67% of the respondents.

DISCUSSION

Almost one-third of residents did not feel that urgent treatment was needed. Among the general population, inhabitants over 50 years of age showed more concern about the symptoms than the younger age groups. Among the local politicians and social and healthcare workers, one in four respondents did not recognize an urgent need for intervention.

Postal questionnaires involve a risk of selection, depending on

Table 2.

Responses: "In my opinion these symptoms urgently need treatment." Odds ratios in logistic regression analysis. The odds ratio and its 95% confidence interval is bolded when statistically significant

	Residents		Politicians		Social and healthcare staff	
	OR	95% CI	OR	95% CI	OR	95% CI
Gender						
Male	1		1		1	
Female	1.40	0.92-1.13	2.13	0.62-7.32	2.17	0.43-10.88
Age						
Under 50	1		1		1	
50	2.70	1.75-4.17	2.99	0.91-9.85	0.86	0.47-1.55
Marital status						
Single	1		1		1	
Other	1.03	0.62-1.71	1.12	0.14-8.72	0.56	0.21-1.45
Education						
Higher	1		1		1	
Lower or none	0.99	0.63-2.43	3.51	0.91-13.49	1.12	0.59-2.31
Number of children						
None	1		1		1	
One or more	1.52	0.88-2.62	0.37	0.04-3.52	1.34	0.51-3.53

Table 3.

The actions respondents would take to assist the older woman with mental symptoms. The alternatives were "yes" or "no". Proportion of "yes" answers

	Residents	Social and healthcare staff	Local politicians
	n=530 %	n=284 %	n=79 %
I would personally help the woman.	51	62	63
I would contact the woman's relatives.	87	92	89
I would contact the health and social sector.	73	86	91

Table 4.

The opinions of respondents as to where the appropriate care would be obtained in the local health and social sector. The alternatives were the acute care unit of the health centre, the home care unit, the family guidance centre, the guidance centre for memory diseases, the social work unit or the team for psychosocial support. Proportion of "yes" answers

	Residents	Social and healthcare staff	Local politicians
	n=530 %	n=284 %	n=79 %
Acute care unit	62	65	67
Home care unit	70	90	69
Family guidance centre	30	46	43
Guidance centre for memory diseases	22	32	16
Social work unit	63	62	61
Team for psychosocial support	13	11	30

the responses received. The response rate in the samples varied between groups. The rural population is an understudied group and to that found in previous studies among politicians (Eronen et al., 2014), employees (Midttun, 2007; Haukilahti et al., 2008) and general population (Tuulari, Aromaa, Herberts & Wahlbeck, 2007). The response rate was higher among female respondents and respondents of older age than among male respondents and in younger age groups. The questionnaire was laborious for the respondents. A limitation of the research was that it was not possible to analyse the non-responding groups compared with the responding groups: for example, was there a difference in mean age, marital status or education. In the questionnaire, the description of the symptoms of the senior citizen was in narrative form in order to elicit the attitudes of the respondents. Clinical scenarios have been widely used in the education of healthcare professionals in assessing decisions made by professionals (Moskowitz, Kuipers & Kassirer, 1988; Sedgwick, Grigg & Dersch, 2014) and also in studying the diversity of physicians' behaviour (Hinkka, 2001). A clinical scenario of an elderly woman was chosen in our questionnaire because experienced general practitioners in the area estimated that this scenario represented a highly typical consultation. The life expectancy of women is approximately six years longer than the life expectancy of men (Findicator, 2016). Many elderly women live alone after their spouse has died; they are often vulnerable and suffer from loneliness.

The questionnaire was also sent to local politicians. In a democracy, the opinion of the population should have an impact on the decisions of politicians when, for example, the municipality is developing the service sector of primary healthcare and social services. Funding and resources for the healthcare system depend on political decisions. At the same time, the quality of treatment has to be followed on regional and national levels. The health and social services the urgent need for support and treatment in the case of the older woman more often than the general population.

The results showed a good sense of community. Of the responding area residents, 87% would contact the woman's relatives. A sense of community is highly valuable in a community and has broadly positive effects on mental health (Cook, Herman, Phillips & Sttersten, 2002). The inhabitants under 50 showed less concern with the symptoms than the older age groups. This may indicate that the older age groups have a stronger sense of community than the younger groups. On the other hand, most caregiving family members are themselves elderly persons, and this leads to more sensitivity in assessing different symptoms of a person.

The home care unit of the local health centre was regarded as the most appropriate place to obtain help, and the health centre acute care unit was considered second best. Home care units play an important role in local services, as they are located in the area. Other primary healthcare and social services are concentrated in the central areas of the Suupohja municipalities. The home care units rely on the social capital (Falk & Kilpatrick, 2000) of the community. The

