

Chronic Disease Self-Management among South Asians in Hong Kong: A Qualitative Study

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Introduction

Providing equitable self-management support to chronic diseases (CD) patients of all ethnicities is an important task in primary care.

South Asian populations in Hong Kong (HK-SA) in general have higher prevalence of CD yet poorer self-management outcome compared with Chinese.

Aim of study: investigate the **experience and determinants of self-managing** among HK-SA patients with CD.

Method

This is a qualitative study using **semi-structured, one-on-one, in-depth interviews**.

Between May and October 2021, **40 HK-SAs with CD**, defined as having any of hypertension, diabetes, or hyperlipidemia, were interviewed **in their native language** by trained researchers.

Purposive and snowball sampling in GOPCs, NGOs, and HK-SA neighborhoods.

Thematic content analysis using NVivo 12.

Analytical framework: Expanded model on the process of adopting self-management behaviors.

Result

77.5% of the informants had hypertension, followed by diabetes (62.5%) and hyperlipidemia (40.0%).

Three patterns of self-management process were identified.

Self-determined patients (n = 20, 50.0%)

- ❑ Believe in expert patients and individualized healthcare.
- ❑ Actively seek support and improve capabilities in self-management.
- ❑ **Lack of high-quality support from trained caregivers** due to unfamiliarity, distrust, or negative experiences to HK healthcare system.
- ❑ Notable **misunderstandings, wrongdoings, and high disease-related stress** in self-management.

Doctor-entrusted patients (n = 9, 22.5%)

- ❑ Patients' role in disease management is to **follow doctor instructions**.
- ❑ Low trust to informal caregivers or expert patients because they are "untrained layman".
- ❑ Depend on the clinicians for medical decision-making and **neglect the self-empowerment**.
- ❑ **Unnecessary use of emergency services**

Illness-denial patients (n= 8, 20.0%)

- ❑ Avoid taking on the role of patient, as well as the stigma and self-management behaviors attached to it.
- ❑ Usually in **young and male patients**.
- ❑ Patients **prioritize themselves as successful members** of their ethnic group, hence difficult to surrender their inner sense of pride and superiority and seek help.
- ❑ **Worst disease outcomes among the three**.

Conclusion

Three patterns of self-management behavior were identified among HK-SA patients with CD, with self-determined pattern being the predominant one.

These results will enhance the strategic implementation of effective self-management interventions designed for minority groups.

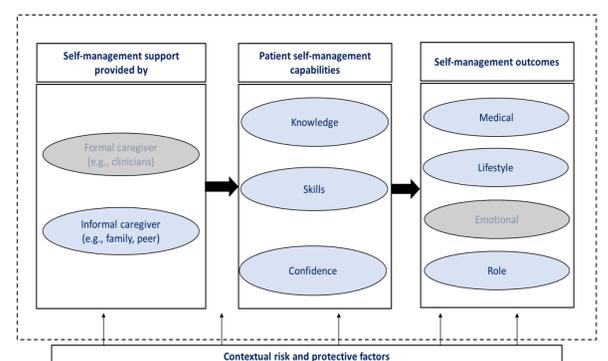


Fig 1. The process of adopting self-management behaviors in self-determined patients

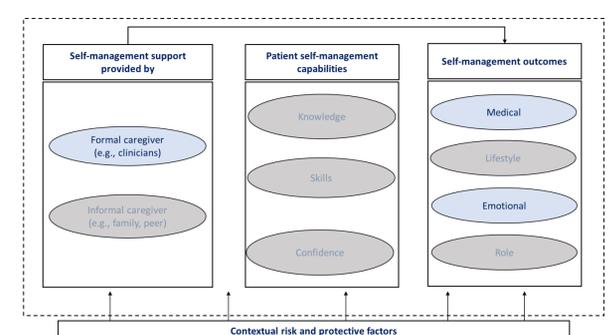


Fig 2. The process of adopting self-management behaviors in doctor-entrusted patients

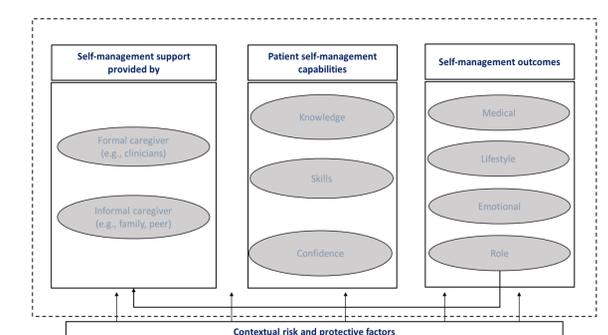


Fig 3. The process of adopting self-management behaviors in illness-denial patients