Challenges of Healthcare providers in giving treatment and care to South Asian ethnic minority patients in Hong Kong

A Qualitative Study

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Background:
• Studies in Hong Kong have reported that ethnic minority communities face challenges in accessing healthcare and have poorer health status than Chinese patients.
• South Asians make up the largest (70%) of Ethnic minorities in Hong Kong.
• Knowledge about the experience of healthcare providers in providing care to patients with diverse cultural background is yet unexplored.
• To reduce the health disparity it is necessary to understand the challenges of healthcare providers while providing care to South Asian ethnic minority patients.

Findings:

Barriers to Provide Healthcare

Communication Barrier
“Some South Asian patients do not understand the instructions in English or Cantonese … it is also difficult to obtain good history and symptoms of disease……they are not able to understand the medicine so they have higher default rate.” (Doctor 2)

“I can’t provide any education to South Asian patients because I can’t talk to them in the language they can understand.” (Pharmacist 2)

Inadequate Social Integration
“Hong Kong is a multicultural place, so healthcare providers should have skills to treat patients of diverse cultural background... There is no education on cross-culture care in our nursing undergraduate education. I think medicine and pharmacy education also do not have such curriculum.” (Nurse 4)

Patients’ Limited Healthcare Knowledge
“Generally South Asian patients whom I met had less health knowledge.” (Pharmacist 1)

“I found South Asian female patients particularly have minimum reach to health information such as when and where to seek care, where to go for referral or follow up etc. due to their low education and language skill……” (Doctor 1)

Insufficient Trans-Culture Care Education & Training
“Hong Kong is a multicultural place, so healthcare providers should have skills to treat patients of diverse cultural background... There is no education on cross-culture care in our nursing undergraduate education. I think medicine and pharmacy education also do not have such curriculum.” (Nurse 4)

Inadequate Support At Workplace
“Hospitals mostly print Chinese language patient information material but for English language material, even I don’t know how to find that or where [hospital] keep. I have never found any South Asian language education material.” (Pharmacist 1)

“The interpretation service is complicated, time constraint, we can avail this service only during office hour. There are not enough interpreters available, so we have to wait for long time at least half day.” (Nurse 3)

Insufficient Social Integration
“Some South Asian patients do not understand the instructions in English or Cantonese … it is also difficult to obtain good history and symptoms of disease……they are not able to understand the medicine so they have higher default rate.” (Doctor 2)

“I can’t provide any education to South Asian patients because I can’t talk to them in the language they can understand.” (Pharmacist 2)

Practice Implications:
• Cross-cultural healthcare education need to be introduced at undergraduate level for the medical, nursing and pharmacy education and at the same time continued education program should be executed on regular basis.
• Motivation and encouragement are required to increase the use of interpretation services.
• At social level, inclusion and integration approaches among the societies are highly recommended, starting from the school level education and through social integration activities and events.

Conclusions:
• Challenges were found at patient, institution and social level.
• South Asian Patients particularly women have limited health literacy and limited Chinese and English language ability.
• Cultural competency support in the form of education, training, information resources and effective interpretation services were inadequate.
• Healthcare providers lack social awareness about South Asian patients due to limited inclusion at the social level. Many HCPs acknowledged effect of subconscious stereotyping towards South Asian patients.