

# Trust in healthcare providers among Chinese immigrants living with hepatitis B virus in Australia: A qualitative study

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## INTRODUCTION

Despite the importance of trust in healthcare settings, there remains a paucity of evidence on the role it plays in patient-provider relationships and healthcare outcomes among people living with hepatitis B virus (HBV). International evidence suggests that Chinese immigrants living with HBV experience inequitable access, outcomes and treatment quality in CHB healthcare. This study explores individual trust in healthcare providers and its impact on health-seeking behaviours and health outcomes among Chinese people living with HBV in Australia.

## METHODS

- From February 2019 to March 2020, 16 Chinese immigrants living with HBV were recruited through support from Hepatiits NSW and Hepatitis Victoria (now LiverWELL)
- Sixteen (13 face-to-face and 3 over phone) semi-structured in-depth interviews were conducted (in Mandarin and English) in Sydney and Melbourne
- Face-to-face interviews took place in community locations
- Participants provided informed consent and were compensated with an \$20 voucher.
- Ethical approval from the Human Research Ethics Committee, UNSW (HC140857)

## DATA ANALYSIS

- Data were processed with QSR NVivo V.12.0;
- Guided by reflexive thematic analysis method (Braun and Clarke, 2019);
- Framed by the conceptual model of trust that contains five dimensions: fidelity, competence, honesty, confidentiality and global trust (Hall, et al., 2001).

## CHARACTERISTICS OF PARTICIPANTS

- Majority were aged 50 —70 years (4 male, 12 female);
- Five were in paid work
- Nine had post-secondary school education;
- All were diagnosed with HBV outside of Australia;
- Average length of stay in Australia was 28 years;
- Had lived with HBV for 5—47 years;
- Fourteen were accessing healthcare for CHB at the time of interviews.

## FINDINGS

- The data showed how trust in providers was formed and influenced by factors including patient-provider interactions, historically relevant experiences, health and illness beliefs and systemic barriers.
- Participants' perceived insufficient information provision, limited visit time and dissatisfaction in CHB healthcare service were understood as part of interpersonal incompetence and as contributing to disparities in the treatment of patients of different races by physicians.
- Conflicts due to disparities in health beliefs in healthcare encounter resulted in patients evaluating their Western practitioners as dishonest (by failing to acknowledge the efficacy of CAM).

Table 1: Themes in each domain of the trust model

Domain	Themes
Fidelity	Perceptions of providers' attitudes Perceptions of discouragement for participation in decision-making
Competency	Perceptions of providers' medical techniques Perceptions of providers' interpersonal communication techniques Perceptions of providers' awareness of CAM options Perceptions of providers' HBV information provision
Honesty	Perceptions of inadequate/adequate visit time Perceptions of providers' not acknowledging CAM treatments as options
Confidentiality	Participants' concern about disclosing CAM use Perceptions of providers' inappropriate disclosure of private medical information
Global trust	Perceptions of barriers to quality healthcare Confidence in Australian medical science in tackling HBV

## CONCLUSION

- The study confirms prior findings on the impact of trust and mistrust, showing an association between low trust and treatment nonadherence,.
- The study generates fresh insights by examining what leads to mistrust and the role of trust in shaping participants' healthcare outcomes.
- The study suggests that by treating patients with respect and dignity, improving interpersonal skills and cultural competency, having open discussion on complementary and alternative medicine treatment and protecting private information, physicians can increase patient's trust.

## REFERENCES

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