



## Original article

## Self-care among Filipinos in the United States who have hypertension

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## ABSTRACT

**Background:** Despite the strong literature on the influence of self-care on hypertension (HTN) diagnosis, there is a notable lack of studies that explore self-care among Filipino immigrants in the United States (US) who have HTN.

**Aim:** To determine the levels of and relationships between and among acculturation, acculturative stress, HTN self-efficacy, patient activation, and HTN self-care among first generation Filipino immigrants in the US who have HTN.

**Design:** A cross-sectional correlational design was used to determine the relationships between and among acculturation, acculturative stress, HTN self-efficacy, patient activation, and HTN self-care using the Transactional Model of Stress and Coping. One hundred and sixty-three community-dwelling first-generation Filipino immigrants participated in the study.

**Methods:** Data on HTN self-care, acculturation, acculturative stress, HTN self-efficacy, and patient activation were collected.

**Results:** The study results revealed that HTN self-efficacy and patient activation significantly contributed to the regression model that accounted for 29.5% of the variance in HTN self-care for this sample. Further analysis revealed that patient activation had a mediating role between HTN self-efficacy and HTN self-care.

**Conclusions:** Findings from this study revealed that HTN self-efficacy and patient activation were associated with self-care behaviors associated with HTN management for this sample.

**Clinical relevance:** Findings from this study highlight the importance of addressing HTN self-efficacy and patient activation in improving HTN self-care for this population.

## 1. Introduction

Hypertension (HTN) is a leading risk factor in the development of cardiovascular disease and stroke—two major causes of mortality and morbidity in the United States (US)—across all racial and ethnic groups (Mozaffarian et al., 2015). The results of limited studies that explored HTN among Filipinos in the US have revealed a prevalence rate that is higher compared with other Asian American groups that include Chinese Americans, Korean Americans, and Japanese Americans, and one that is quickly approaching that of Blacks and Native Americans (Barnes, Adams, & Powell-Griner, 2010; Zhao et al., 2015). In addition, the results of these studies also provide insights to the factors associated with HTN among Filipinos in the US that include personal and health-related, and cultural and immigration-related variables (De Castro, Gee, & Takeuchi, 2008; De la Cruz & Galang, 2008; Taira et al., 2007; Ursua et al., 2013; Ursua et al., 2013; Ursua et al., 2014). Most notably, the literature also highlights a paucity of studies that explore the unique

factors that might influence how this rapidly-growing minority group who belong to the second largest group of Asian Americans (U. S. Census Bureau, 2010) experience and manage this chronic illness.

The personal and health-related factors found to be associated with the diagnosis of HTN for this population include older age, male gender, positive family history, and not having a health insurance (Ursua et al., 2013). The presence of other co-morbidities such as obesity, increased BMI, and diabetes (Ursua et al., 2013); perceived psychological distress (De Castro et al., 2008); and self-rated health status as either poor or fair have also been found to be associated with HTN (Ursua et al., 2014) for this immigrant group.

Results of few studies that explored the role of immigration and culture-specific factors associated with HTN indicate that Filipinos who have lived in the US for > 15 years were 1.6 times more likely to have a diagnosis of HTN compared with those who have lived in the US for 5 years or less (Ursua et al., 2013; Ursua et al., 2013; Ursua et al., 2014). Participants of a qualitative study that explored Filipino

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Americans' illness beliefs, practices, and perceptions related to HTN identified that Filipino diet that is high in saturated fats and calories, physical inactivity, smoking, use of alcohol, genetics, work and family-related stress, and perceived discrimination could influence the development and management of HTN for this population (De la Cruz & Galang, 2008).

Self-care or the ability to adopt and maintain a heart healthy lifestyle has been shown to significantly relate to the diagnosis of HTN across racial and ethnic groups (Fan, Mallawaarachchi, Gilbertz, & Mokdad, 2010; Schroeder, Fahey, & Ebrahim, 2004). In addition, optimal HTN self-care behaviors such as adherence to taking anti-hypertensive medication, following a low salt or fat diet, exercising on a regular basis could lead to a decrease in blood pressure and all-cause mortality rate, and a lower risk in developing stroke and other cardiovascular diseases across racial and ethnic groups (Campbell, Lackland, Niebylski, World Hypertension League Committee, & International Society of Hypertension Executive Committee, 2014; Fan et al., 2010; Han, Lee, Commodore-Mensah, & Kim, 2014; Glynn, Murphy, Smith, Schroeder, & Fahey, 2010; Schroeder et al., 2004).

Despite the strong literature on the influence of self-care on HTN diagnosis, there is a notable lack of studies that explore self-care among Filipino immigrants in the US who have HTN. A study that explored anti-hypertensive medication adherence among Asian American subgroups (Japanese, Korean, Filipino, Chinese, part-Hawaiian), and White patients in Hawaii found that Filipinos were the least adherent among the group (Taira et al., 2007).

Another significant factor identified in the literature that could contribute to successful HTN management is self-efficacy, or the individual's perceived confidence in carrying out self-care behaviors that relate to managing a chronic illness including HTN (Lee et al., 2010). Although there is evidence in the literature supporting the role of self-efficacy as a strong predictor of self-care behaviors among patients who have heart failure and HTN across racial and ethnic groups (Lee et al., 2010; Paradis, Cossette, Frasure-Smith, Heppell, & Guertin, 2010), studies that explore this variable among Filipinos who have HTN are lacking.

There is also evidence in the literature indicating that patients who have a chronic illness, including HTN, that are highly activated to manage their own illness have improved health and health-care related outcomes (Cunningham, Hibbard, & Gibbons, 2011; Greene, Hibbard, Sacks, Overton, & Parrotta, 2015). However, no study was found in the literature that specifically explored patient activation among Filipino immigrants in the US who have HTN.

To shed some light why HTN persists and continues to pose a serious health threat for this population, this study explored self-care among Filipino immigrants in the US who have HTN, and its relationship to factors that might be unique to this population using the Transactional Model of Stress and Coping (TMSC) as a theoretical framework (Lazarus & Folkman, 1984).

## 2. Theoretical framework

Developed by Lazarus and Folkman (1984) to explain how individuals cope with stressful events, TMSC is made up of several key variables that include primary appraisal, secondary appraisal, coping efforts, meaning-based coping, and outcomes of coping or adaptation. This theory has been used to guide studies that relate to self-efficacy, self-care and coping in Chinese patients who have diabetes (Cheng, Sit, Leung, & Li, 2016) and immigrant stress and alcohol abuse among Latino immigrants (Falconier, Huerta, & Hendrikson, 2016). The theory posits that when an individual experiences a stressful event(s), he/she initially evaluates the severity of the situation (primary appraisal) and determines his/her ability to modify and manage the situation (secondary appraisal) (Lazarus & Folkman, 1984). These appraisals or evaluations lead to actions or strategies to deal and manage the stressful

event(s) (coping efforts). These coping efforts lead to either positive or negative adaptation (outcomes of coping) (Lazarus & Folkman, 1984).

For this study, the stressors were operationalized as having HTN and the process of acculturation experienced by first generation Filipino immigrants. Primary appraisal was operationalized as acculturative stress, or the conflict experienced by the acculturating individual, while secondary appraisal was operationalized as HTN self-efficacy, which refers to the individual's belief and confidence to manage HTN self-care behaviors. Coping was operationalized as patient activation or the individual's level of engagement with managing a health condition. This theory also posits that this coping response mediates the effects of primary and secondary appraisals. The individual's level of self-care, or the performance of behaviors associated with HTN management, was used as the health behavior outcome of coping.

As a theoretical framework that attempts to explain how individuals cope and deal with different types of stressors and how these coping mechanisms lead to individualized outcomes, the TMSC was used to explain the relationships between and among acculturation, acculturative stress, HTN self-efficacy, patient activation, and HTN self-care among Filipino immigrants who have HTN. The relationships of the different variables as posited in the model also helped in designing the study.

## 3. Study purpose and aims

The purpose of this study was to explore self-care among Filipino immigrants in the US who have HTN. The specific aims of this study were to determine the levels of and relationships between and among acculturation, acculturative stress, HTN self-efficacy, patient activation, and HTN self-care among first generation Filipino immigrants in the US who have HTN.

## 4. Methods

### 4.1. Design

This study used a cross-sectional correlational design. The target population for this study was community-dwelling Filipino immigrants. To be included in the study, participants must meet the inclusion criteria that include being a first generation Filipino immigrant, at least 18 years of age, able to speak and write in English, and who had a current diagnosis of HTN or were currently taking an anti-hypertensive medication at the time of recruitment. Exclusion criteria include non-hypertensive Filipinos, and women participants who were pregnant or taking a contraceptive medication were also excluded in the study as these factors have the potential to increase blood pressure.

Institutional Review Board approval was sought and obtained for this study. A convenience sampling technique was used to obtain the sample for this study. To recruit study participants, the researcher distributed and left informational flyers in public areas where a large number of Filipinos were known to congregate, such as churches, grocery stores, and Filipino restaurants. To widen the recruitment pool, the researcher also contacted the leadership of several Filipino professional and community organizations who identified potential participants for the study and invited the researcher to attend meetings and group gatherings. The researcher handed out flyers during these gatherings and was given an opportunity to speak to the members of the group to explain the purpose of the study and the eligibility criteria. Those who expressed interest and met the eligibility criteria were provided a packet that included the consent, the questionnaires, and an envelope. Most of these data collection sessions occurred before or after their group meetings and gatherings, and the researcher supervised the data collection process to make sure that confidentiality of the participants was protected at all times. Participants were asked to place the completed questionnaire in an envelope and hand in to the researcher. Participants who completed the survey received a \$10 retail store gift

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