DOCTOR PATIENT RELATIONSHIP AS A MEDIATOR BETWEEN ATTACHMENT DIMENSIONS AND SELF-MANAGEMENT IN CHRONIC PATIENTS, YANGON, MYANMAR

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Abstract: This research studied the direct effect of attachment dimensions on self-management and the mediating effect of the doctor-patient relationship between attachment dimensions and self-management. A quantitative method with correlational research design via path analysis was utilized. The participants consisted of 90 male and 90 female chronic patients. Burmese translated version of Revised Adult Attachment Scale (RAAS), Partners in Health (PIH) scale, and Patient-Doctor Depth of Relationship (PDDR), and a researcher constructed demographic questionnaires were employed. The mediating role of doctor patient relationship is discussed in the context of self-management of chronic patients in Yangon, Myanmar. The results revealed the following major findings: (1) close attachment dimension had a significant direct positive effect on self-management, depend and anxiety attachment dimensions did not have a direct effect on self-management; (2) close attachment dimension had a significant indirect effect on self-management, being mediated by doctor-patient relationship (Standardized Indirect effect = .08, *SE* = .04, LLCI = .01, ULCI = .16; the motivation of doctors reinforces the chronic patients in close attachment dimension and, increases their doctor-patient relationship which, in turn, boosts self-management.), depend attachment dimension did not have a significant indirect effect on self-management, being mediated by doctor-patient relationship (Standardized Indirect Effect = .06, *SE* = .04, LLCI = -.01, ULCI = .14; it is possible that patient with more than one chronic condition may blame himself for suffering so that they might not seek reassurance from the doctors or face difficulties by asking for help), anxiety attachment dimensions did not have a significant indirect effect on self-management, being mediated by doctor-patient relationship (Standardized Indirect Effect = .0361, *SE* = .03, LLCI = -.03, ULCI = .11; it is not uncommon for chronic patients in Myanmar to reach out

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to the quack doctors instead of consulting with doctors. Economic hardship requires chronic patients to make difficult decisions between healthcare and basic living expenses).

Keywords: Attachment Dimensions; Doctor Patient Relationship; Self-Management; Chronic Patients; Myanmar

Introduction

Repeated interactions with early caregivers generalize into cognitive working models of self and others (McDermott, Cheng, Wright, Browning, Upton & Sevig, 2015). There are positive associations between indicators of attachment insecurity and poorer patient-physician relationship quality (McWilliams, 2018). Self-management is an essential factor in supporting positive health outcomes (Centers for Disease Control & Prevention, 2018) and is highlighted as an important strategy in treating chronic conditions and as an effective paradigm across preventive primary, secondary and tertiary care (Grady & Gough, 2014).

Self-management influences the quality of life of rural Chinese patients with symptomatic valvular heart disease (Cheng, Fu, Liang, Wei, He & Bai, 2019). Furthermore, a research study in Germany reported that the doctor-patient relationship is associated with health-related outcomes and self-management skills (Brenk- Franz, Strauss, Tiesler, Fleischhauer, Schneider & Gensichen, 2017). Self-management is a shared responsibility for making and carrying out health-related decisions. This means that a doctor patient relationship should be built, in which the patient and the doctor occupy equal positions and cooperatively work together (Van de Velde *et al*., 2019). The emotional consequences and the impact of chronic conditions are everyday tasks for patients (Van de Velde *et al*., 2019). Attachment dimensions are related to self-management through doctor-patient relationships among patients with multiple chronic conditions (Brenk-Franz *et al*., 2017). A few studies have suggested different social and psychological factors that can promote self-management, such as the perceived quality of doctor-patient relationships (Hyman *et al*., 2017). The aforementioned statement served as the impetus of the current study.

Objectives

1. To examine the direct effect of attachment dimensions (close, depend and anxiety) on self-management among adult chronic patients in Yangon, Myanmar

2. To investigate the indirect effect of attachment dimensions (close, depend and anxiety) on self-management among adult chronic patients in Yangon, Myanmar, being mediated by doctor patient relationship

Literature Review

Attachment Dimensions

Attachment theory has been used to understand phenomena related to disease and chronic illness (McWilliams, 2018). Attachment theory provides a simple model for understanding the particular ways that individuals can feel and react when stressed by illness and how the professional may help in the management of that distress (Szabo *et al*., 2017). Adult Attachment Style (AAS) is considered to help discriminate the three distinct attachment styles ‘‘secure’’, ‘‘anxious-avoidant’’ and ‘‘anxious-ambivalent’’. The anxious-ambivalent style is discriminated from the two other styles by the AAS ‘‘Close,’’ and the ‘‘Depend’’ subscales: Ambivalently attached participants avoid closeness and dislike to depend on others. High values on these subscales indicate less ambivalence. The subscale ‘‘Anxiety’’ – with high values indicating less security in the attachment – discriminated securely attached participants from the two other styles (Notzon, Domschke, Holitschke, Ziegler, Arolt, Pauli, Reif, Deckert & Zwanzger, 2015). Three dimensions are described as feelings about closeness (Close), feelings about the dependability of others (Depend), and feelings about being abandoned (Anxiety) (Collins & Read, 1990; Collins, 1996). Collins and Read applied Bartholomew’s 4 category model to develop 3 dimensions measure of adult attachment (Adamczyk & Bookwala, 2013). These include the desire for close contact with the attachment figure (close dimension), expectations & beliefs of availability and emotional responsiveness of a partner (depend dimension), and the confidence that a partner will continue to be loving (anxiety dimension). People who are comfortable with closeness and able to depend on others tend to have an expressive and greater feeling of social confidence (Adamczyk & Bookwala, 2013). Chronic emotional inhibition can cause somatization, endocrinological hyperarousal, and immunological dysfunction (Traue & Deighton, 2005) and link to cardiovascular and skin disorders, asthma, cancer, and also pain (Traue & Deighton, 2016). Anxious individuals prone to catastrophizing symptoms and exaggerating their support needs (Brenk-Franz *et al*., 2017). Anxious attachment is associated with elevated blood pressure during social interactions (Irak *et al.,* 2014). The anxious attachment has significant positive associations with chronic pain, stroke, heart attack, high blood pressure, and ulcers (McWilliams & Bailey, 2010). Anxious attachment is negatively associated with self-efficacy, which is a cognitive component of self-management. Patients with higher scores of anxious attachments tend to lack long-term illness management skills and see themselves as ill-equipped to

cope with potentially stressful events (Brenk-Franz, Strauss, Tiesler, Fleischhauer, Ciechanowski, Schneider & Gensichen, 2015). The association between anxious attachment and other forms of chronic pain remained statistically significant. Anxious attachment may be an additional risk factor for ulcers (McWilliams & Bailey, 2010).

Self-Management

Self-management is the intrinsically controlled ability of an active, responsible, informed, and autonomous individual to live with the medical, role, and emotional consequences of his chronic condition(s) in partnership with his social network and the healthcare provider (Van de Velde *et al*., 2019). Chronic disease management provides a holistic approach for people living with chronic illnesses (Cheah, 2001). Common barriers to self-management include a lack of awareness, physical symptoms, transportation, and the cost/lack of insurance coverage (Scruggs, 2016). The long term emotional inhibition impairs a person's cognitive processing of bodily reactions (Traue & Deighton, 2016). Self-management has a key role for patients with chronic conditions, and it can be viewed as the ability of patients to manage their problems actively and independently and to pursue their goals (Brenk-Franz *et al.,* 2017). Self-Management Education (SME) helps reduce symptoms and improve quality of life (Centers for Disease Control & Prevention, 2018). Besides, habit strength is highlighted as crucial in self-management (Phillips, Cohens, Burns, Abrams & Renninger, 2016). Self-management encompasses the medical, role, and emotional domains (Van de Velde *et al*., 2019; Scruggs, 2016; Sattoe *et al*., 2015). Forming doctor-patient relationships, problem-solving, decision making, resource utilization are essential parts of self-management (Lenferink, Effing, Harvey, Battersby, Frith, Beurden, Paln & Paap, 2016).

Doctor Patient Relationship

The vulnerability of being a patient creates attachment needs to a caregiver, and attachment theory may explain patients' need to see a regular GP. This need is activated in adults when they are sick or scared (Frederiksen, Ragstrup & Dehlholm-Lambertsen, 2010). Patient attachment to a family physician is often understood as the relational dimension of the concept of continuity of care. It is also rooted in a formal or informal contract between patients and their physicians and implies a sustained partnership and strong interpersonal relationship (Provost, Pérez, Pineault, Borgès Da Silva & Tousignant, 2015). Major chronic conditions would benefit from understanding interpersonal aspects of patient-physician encounters (Jimenez, 2016). The physician-patient working alliance provides researchers and medical-care providers with a unified construct that

combines cognitive and affective dimensions inherent in the relationship in medical care. The working alliance is positively associated with patient adherence, satisfaction, and improved patient outcomes (Fuertes, Toporovsky, Reyes & Osborne, 2017).

Attachment Dimensions and Self-Management

Patients who score high on anxiety scales tend to focus on threatening situations, which leads to a perception of more risks (Brenk-Franz *et al.*, 2017). The association between anxious attachment and other forms of chronic pain remains statistically significant. Anxious attachment may be an additional risk factor for ulcers (McWilliams & Bailey, 2010). There is an association between attachment anxiety & avoidance and self-management skills & behaviors in patients with diabetes, hypertension, and at least another chronic condition (Brenk-Franz *et al.*, 2015). The illness itself has been a trigger for the attachment needs of patients (Danquah, 2013). Anxious individuals are prone to catastrophizing symptoms and exaggerating their support needs, whereas avoidant patients tend to engage with self-treatment and seek information from the internet or books (Brenk-Franz *et al*., 2017). Avoidant attachment is correlated with subjective depression and hopelessness (Szabo *et al*., 2017). Two attachment dimensions, anxiety, and avoidance are associated with self-management (Brenk-Franz *et al*., 2015). There is a linkage between attachment anxiety and impaired coping & self-efficacy, whereas attachment avoidance is associated with low level of health care use (Brenk-Franz *et al.,* 2017).

Attachment Dimensions and Doctor Patient Relationship

Health care providers (HCPs) serve secure base functions. Separation and proximity seeking are more likely when patients have an insecure attachment pattern (Maunder & Hunter, 2016). Attachment anxiety is reported to be the most influential aspect of attachment and is associated with greater communication difficulties (McWilliams, 2018). Besides, doctor patient relationship is associated with the adult attachment style (Danquah, 2013; Danquah, Martin, Martin & Hale, 2016). Adult attachment insecurity is correlated with physical symptoms, the prevalence of several medical conditions, healthcare utilization, and difficulty in the HCP–patient relationship (Maunder & Hunter, 2016). Patients with high levels of avoidance have poorer relationships with their family physicians than those with more secure attachments. Securely attached patients have little difficulty in seeking consultation and support from HCPs (McWilliams, 2018). Healthcare professionals would work diligently to gain each patient's and/or family's trust, thereby providing a secure haven (Daneman & Daneman, 2012).

Attachment Dimensions, Doctor Patient Relationship and Self-Management
Doctor's ability to ask questions during treatment impacts on self-management in anxiety and avoidant patients (Brenk-Franz *et al.*, 2017). There is a connection between adult attachment and patient doctor relationship (Danquah, 2013). Attachment dimensions are related to self-management through doctor patient relationships among patients with multiple chronic conditions. Hence, an attachment-related approach that promotes active patient provider communication and gives information about the treatment to the patient may improve self-management skills in patients (Brenk-Franz *et al*., 2017).

Conceptual Framework

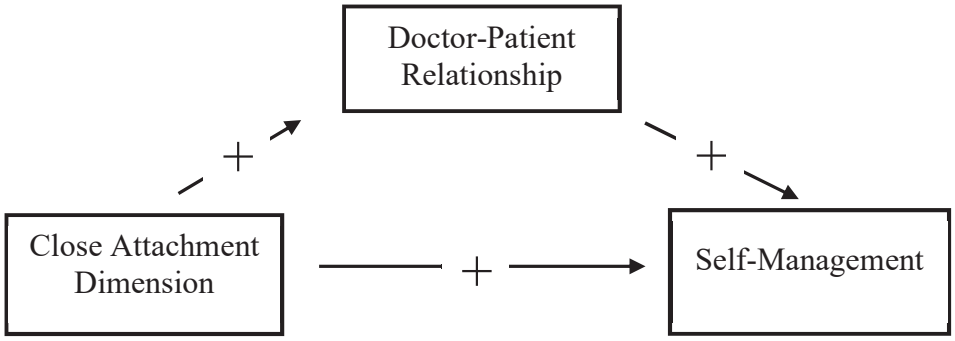

Figure 1. ***The mediation of Doctor Patient Relationship and its Relationship with Close Attachment Dimension and Self-Management***

Figure 1 shows that *the* Close attachment dimension has an indirect positive effect on Self-management through Doctor Patient Relationships.

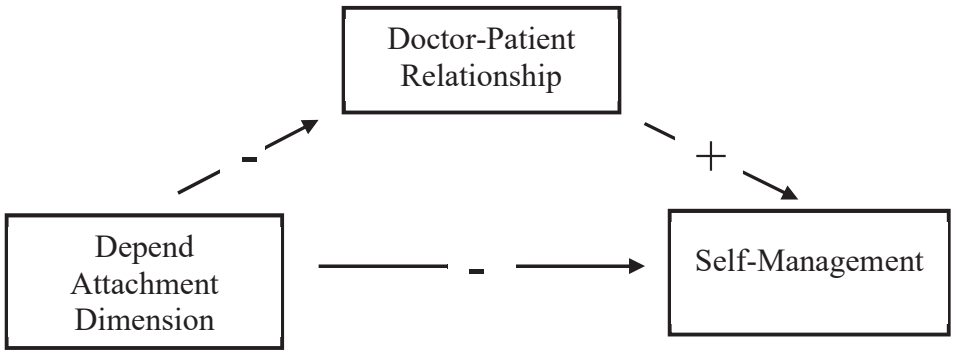

Figure 2. ***The Mediation of Doctor Patient Relationship and its Relationship With Depend Attachment Dimension and Self-Management***

Figure 2 shows that Depend attachment dimension has an indirect effect on Self-management through Doctor Patient Relationships.

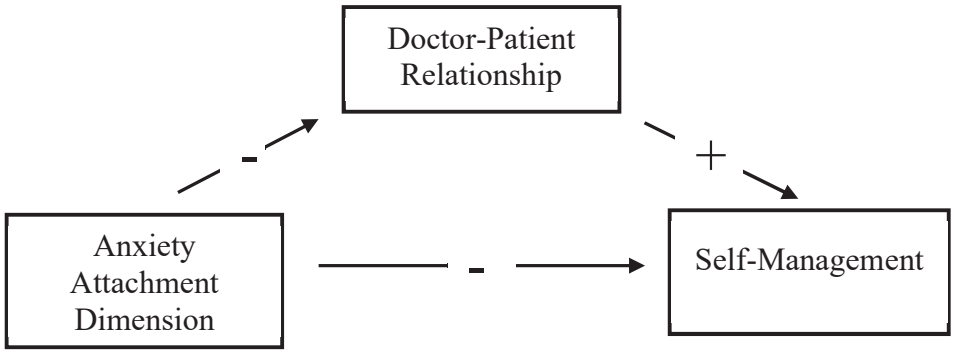

Figure 3. ***The Mediation of Doctor Patient Relationship and its Relationship with Anxiety Attachment Dimension and Self-Management***

Figure 3 shows that Anxiety attachment dimension has an indirect effect on Self-management through Doctor Patient Relationships.

Methodology

This quantitative study utilized the correlational research design to investigate the hypothesized sequential direct and indirect effects of attachment dimensions on self-management, being mediated by self-management. The participants consisted of 90 male and 90 female chronic patients. The statistical program G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2009) was employed to determine the required sample size. The self-administered survey questionnaire (in Burmese) was divided into three parts: (1) demographic information; (2) *Revised Adult Attachment Scale* (RAAS) (Fernández & Dufeyb, 2015) to test close, depend and anxiety attachment dimension; (2) Partners in Health (PIH) scale (Battersby *et al*., 2003) to measure self-management and (3) Patient Doctor Depth of Relationship (PDDR) scale (Merriel *et al*., 2015) to test doctor patient relationship.

Results

The analyses conducted and the results obtained are presented in the following sequence:

1. Demographic Profile of Respondents

There were a total of 180 respondents of Myanmar nationality; 50% (*n*=90) were males and 50% (*n*=90) were females. 0.6% (*n*=1) were aged 18 to 27 years, 2.8% (*n*=5) were aged 28 to 37, 20% (*n*=36) were aged 38 to 47, 33.9%

(*n*=61) were aged 48 to 57, and 42.8% (*n*=77) were aged 58 and above. The sample consisted of chronic patients suffering from cardiovascular disease (*n*=60, 33.3%), chronic respiratory disease (*n*=60, 33.3%), and diabetes (*n*=60, 33.3%). The majority of the chronic patients live with their family (*n*=123, 68.3%), (*n*=39, 21.7%) of the chronic patients are tenants, (*n*=14, 7.8% are house owner and the least number of chronic patients (*n*=4, 2.2%) live away from home.

2. Reliability Analysis of Scales Employed

Reliability analysis was conducted on the items that represent the six scales to maximize the internal consistency of the six measures by identifying those items that are internally consistent, and to discard those items that are not. The criteria employed for retaining items are: (1) any item with 'Corrected Item-Total Correlation' (I-T) >.33 would be retained (.33² represents approximately 10% of the variance of the total scale accounted for), and (2) deletion of an item would not lower the scale's Cronbach's alpha. It was found that the computed Cronbach's alpha coefficients for all six scales were adequate and ranged from .84 to .99. Each of the factors of close, depend, and anxiety attachment dimension, doctor patient relationship, and self-management was computed by summing across the items that make up that factor, and their means and standard deviations calculated.

3. Means and Standard Deviations for the Six Computed Factors

Table 1. *Means and Standard Deviations for the Six Computed Factors*

	Mean	S.D.	Midpoint
Close Attachment Dimension	3.66	.52	3.00
Depend Attachment Dimension	3.43	.75	3.00
Anxiety Attachment Dimension	1.92	.94	3.00
Doctor Patient Relationship	2.89	.82	2.00
Self-Management	5.06	1.62	4.00

Table 1 presents the means and standard deviations for the six computed factors and the midpoint. It is clear that the participants of the research reported high scores on close attachment dimension and depend on attachment dimension, as the mean scores were above the midpoint. The participants reported a low anxiety attachment dimension as their mean score was below the midpoint. The respondents also have high levels of doctor patient relationship and self-management as their mean scores were above the midpoint.

Table 2. *Correlations among the Independent, Dependent and Mediator variables*

	Close	Depend	Anxiety	DPR
Close				
Depend	.470**			
Anxiety	-.374**	-.505**		
Doctor Patient Relationship	.220**	.189*	-.056	
Self-Management	.370**	.312**	-.115	.495**

**. Correlation is significant at the 0.01 level (2-tailed)

Table 2 presents the correlation coefficient among independent (close, depend, and anxiety), dependent (self-management), and mediator variables (doctor-patient relationship). Close and self-management is positive significant as predicted (r = .370, p <.001). It is suggested that the relationship is positive, and there is a significant relationship between close and self-management. Doctor patient relationship is correlated significantly and positively with close (r = .220, p < .001). The correlation coefficient for depend and doctor patient relationship is positive and significant (r = .189, p < .001). Pearson correlation between depend and self-management (r = .312, p < .001). It is noted that the relationship is positive, and there is a significant relationship between depend and self-management. The correlation significant for anxiety and doctor patient relationship is negative and not significant. Pearson correlation between anxiety and self-management (r = -.115). It is indicated that the variables are negatively correlated, and there is no significant relationship between anxiety and self-management. The correlation coefficients between self-management and doctor patient relationship (r = .495, p < .001) is found to be significant and positive.

4. Mediation Analyses

The results of path analyses are presented in the following Figures:

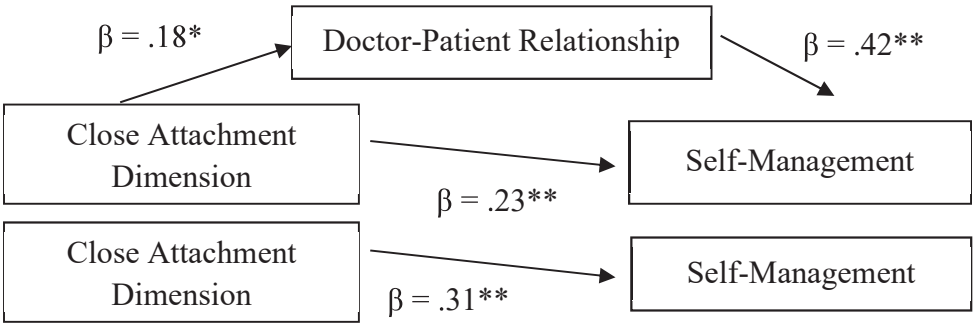

Figure 4: ***Mediation Model of Close with the Paths and Their Standardized Coefficients***

Figure 4 shows that the total effect of close on self-management was .31, $p <$ .001 (significant) and the direct effect of close on self-management was .23, $p <$ .001 (significant). The more the respondent employed a close attachment dimension, the higher the respondents' level of self-management.

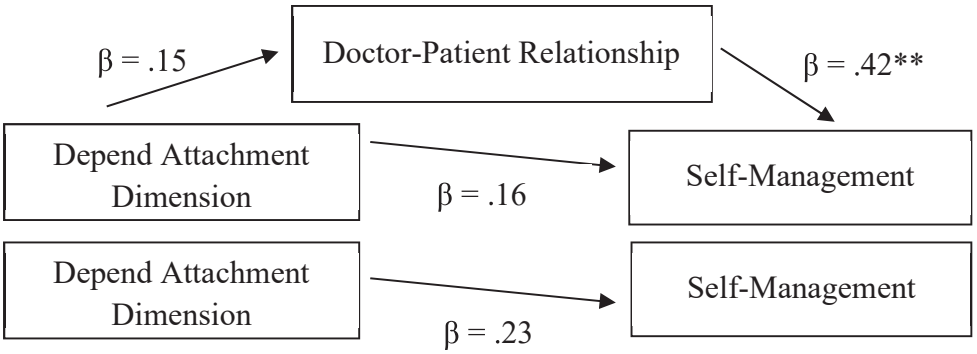

Figure 5: ***Mediation Model of Depend with the Paths and Their Standardized Coefficients***

Figure 5 shows that the total effect of depend on self-management was .23 and the direct effect of depend on self-management was .16. Results revealed no indirect effect of depend on self-management, mediated by the doctor-patient relationship.

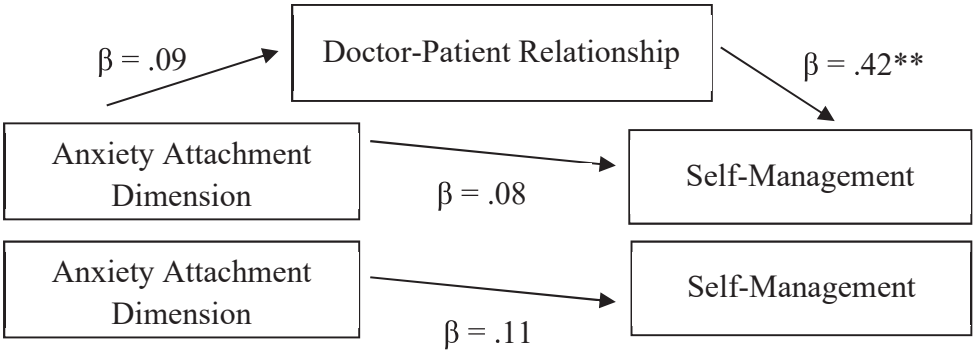

Figure 6: ***Mediation Model of Anxiety with the Paths and Their Standardized Coefficients***

Figure 6 shows that the total effect of anxiety on self-management was .11 and the direct effect of anxiety on self-management was .08. Results revealed that there was no indirect effect of depend on self-management, being mediated by the doctor-patient relationship.

5. Multiple Regression

Table 3. *Results of regression analyses for examining the direct and indirect effect of Close on Self-Management, being mediated by Doctor-Patient Relationship*

Predictor	β	se	B	p	t	R^2
Model 1						
Close	.30	.25	.95	.00*	3.87	.17
(Criterion variable: SM)						
Model 2						
Close	.23	.22	.71	.00*	3.19	.33
DPR	.42	.13	.83	.00*	6.56	
(Criterion variable: SM)						

The regression coefficient for the association between close attachment dimension and their self-management is .95, and the standard error for this regression coefficient is .25 (Model 1). The regression coefficient for the association between doctor patient relationship and self-management is .83, and the standard error for this regression coefficient is .13 (Model 2).

Predictor	β	se	B	p	t	R^2
Close						
(Criterion variable: DPR)	.18	.13	.29	.03	2.18	.06

Note: *p < .05, **p < .01. SM, Self-management. DPR, Doctor-Patient Relationship

The regression coefficient for the association between close attachment dimension and their doctor patient relationship is .29.

Table 4. *Results of regression analyses for examining the direct and indirect effect of Depend on Self-Management, being mediated by Doctor-Patient Relationship*

Predictor	β	se	B	p	t	R^2
Model 1						
Depend	.16	.17	.36	.03	2.13	.33
(criterion variable: SM)						
Model 2						
Depend	.16	.18	.49	.01*	2.65	.17
DPR	.42	.13	.90	.00*	7.03	
(criterion variable: SM)						

The regression coefficient for the association between depend attachment dimension and their self-management is .36, and the standard error for this regression coefficient is .17 (Model 1). The regression coefficient for the

association between doctor patient relationship and self-management is .90 and the standard error for this regression coefficient is .13 (Model 2).

Predictor	β	se	B	p	t	R^2
Close (Criterion variable: DPR)	.19	.08	.21	.01*	2.57	.04

Note: *p < .05, **p < .01. SM, Self-management. DPR, Doctor-Patient Relationship

The regression coefficient for the association between depend attachment dimension and their doctor patient relationship is .21.

Table 5. *Results of regression analyses for examining the direct and indirect effect of Anxiety on Self-management, being mediated by Doctor-Patient Relationship*

Predictor	β	se	B	p	t	R^2
Model 1						
Anxiety (criterion variable: SM)	.09	.07	.08	.32	1.00	.06
Model 2						
Anxiety	.08	.13	.13	.29	1.06	.33
DPR (criterion variable: SM)	.42	.13	.98	.00	7.53	

The regression coefficient for the association between anxiety attachment dimension and their self-management is .08, and the standard error for this regression coefficient is .07 (Model 1). The regression coefficient for the association between doctor patient relationship and self-management is .98, and the standard error for this regression coefficient is .13 (Model 2).

Predictor	β	se	B	p	t	R^2
Anxiety (Criterion variable: DPR)	-.06	.07	-.05	.45	-.75	.00

Note: *p < .05, **p < .01. SM, Self-management. DPR, Doctor-Patient Relationship

The regression coefficient for the association between anxiety attachment dimension and their doctor patient relationship is -.05.

Discussion

Path analyses revealed that the close attachment dimension has a direct effect on chronic patient's self-management. People who are comfortable with intimacy (Close) can adapt their behavior across situations over time (Collins & Read, 1990). Self-management cannot be pursued without the individual

engagement of the patient, which implies the patient's central role (Van de Velde *et al*., 2019). The attitude has been stated as a significant predictor of self-management (Kueh, Morris, Borkoles & Shee, 2015).

The results indicate that the depend attachment dimension does not have a significant effect on the self-management of chronic patients. Firstly, the cultural context of chronic patients' needs to be considered. Cultural differences in beliefs about illness causation and management have a linkage with self-management (Hyman *et al*., 2017). Secondly, it is not easy for some patients to manage themselves, especially their health needs, and they usually pursue treatment when conditions become chronic (Babalola, 2017). Spousal support is a significant factor for chronic illness self-management (Crotty, Henderson, Ward, Fuller, Rogers, Kralik & Gregory, 2015). Thirdly, the capacity to self-manage the conditions is influenced by the presence of support from family caregivers (Angwenyi *et al*., 2018). This fact implies that chronic patients can be more resilient if they have family support and positive energy around them, which helps them manage better about themselves.

Anxiety attachment dimension does not have a significant effect on self-management of the chronic patients. Firstly, the role of religion needs to be considered. Attachment anxiety is associated with self-harm (Mikulincer & Shaver, 2012). However, self-harm is forbidden in Buddhism, which is a major practicing religion in Myanmar. Secondly, research on adult attachment processes and individual differences in attachment orientations has provided strong evidence for the anxiety-buffering function (Mikulincer & Shaver, 2012). Thirdly, there is a linkage between attachment anxiety and self-efficacy (Brenk-Franz *et al.,* 2017). Anxious attachment is negatively associated with self-efficacy, which is a cognitive component of self-management (Brenk-Franz *et al.,* 2015). Lastly, it is usual to see anxiously attached individuals overly focus on possible failures (Noppaprach, 2015). These facts imply that they can be perfectionists around social and medical needs, being scared in one particular situation, treatment processes, and, at the same time, they can have the desire to enjoy and relax with hobbies.

The close attachment dimension has an indirect effect on self-management, being mediated by the doctor-patient relationship. Attachment is associated with interpersonal functioning (Thorberg & Lyvers, 2010). Health care providers should motivate patients to self-manage their disease to manage their stressors and prevent deterioration in their quality of life (El-Etreby & El-Monshed, 2019). The aforementioned motivation of doctors reinforces the chronic patients in close attachment dimension and, finally, increases their doctor-patient relationship, which, in turn, increases self-management.

Depend attachment dimension is proven to have no indirect effect on self-management, mediated by the doctor-patient relationship. Illness perception needs to be considered other than doctor-patient relationship. Illness perception of patients predicts self-management behavior (Abubakari, Cousins, Thomas, Sharma & Naderali, 2016).

Shame and feelings of failure are significant barriers to self-management (Wilson, McNaughton, Meyer & Ward, 2017). Those who have more than one chronic condition may feel like the sufferings are their fault, so that they might not seek reassurance from the doctors. Self-management is a shared responsibility for carrying out the health-related decision (Van de Velde *et al*., 2019). Chronic patients may face difficulties in expressing themselves in asking for help and side effects from medications. The religious and cultural beliefs may be incorporated to rationalize the symptoms experienced and help them come to terms in living with such a disabling chronic condition (Jaarsma, Cameron, Riegel & Stromberg, 2017). The intersecting identity of the chronic patient and their reaction towards doctors may also affect self-management behavior. The anxiety attachment dimension has no indirect effect on self-management, being mediated by the doctor-patient relationship. Patients were motivated for self-care by values related to personal feelings or related to individuals' life circumstances (Jaarsma *et al*., 2017). It can be reflected that the multidimensional cultural factors chronic patients of diverse backgrounds with unique cultural beliefs from other regions of Myanmar come over to Yangon for different reasons such as trading, education, and health care services. Attachment anxiety is strongly correlated with experienced workplace exhaustion (Leiter, Day & Price, 2015). It is suggested that economic hardship requires chronic patients to make difficult decisions between healthcare and basic living expenses. It is not uncommon for chronic patients in Myanmar to reach out to quack doctors instead of consulting with doctors to get formal medical assistance regularly, which they cannot afford. Motivation can be an essential factor in determining belief about individual health value (Sagala, Purba, Sitepu, 2019). This means that the stronger the motivation that is owned and received by chronic patients, the better the quality of life will be and vice versa. The family often plays a critical role in supporting patient engagement in self-care (Jaarsma *et al*., 2017). The abovementioned studies explain the impact of culture, motivation, family, caregiver to dramatically affect the self-management of chronic patients even more than the influence of doctor-patient relationship.

Conclusions, Limitations, and Recommendations

Findings implied that the close attachment dimension positively impacts self-management, whereas depend and anxiety attachment dimensions are not the

direct contributing factors to enhance self-management and are not influential factors inspiring the doctor-patient relationship leading to self-management. Therefore, health care professionals and counselors may be guided by this outcome in facilitating self-management of chronic patients through the doctor-patient relationship.

The literature on the doctor-patient relationship, which is Western-based, is not directly relevant to Myanmar chronic patients, and western-style instruments can cause bias. Given the targeted population and the quota sampling technique employed, the obtained findings might have limited external validity. The contribution of this study towards the expansion of the literature cannot be overemphasized.

Western cultures tend to emphasize the psychological components, whereas non-Western cultures focus on somatic components of emotional suffering. Such cultural differences could influence the pathways between the variables. Future research should be directed at initially testing the psychometric properties of these scales with the Myanmar context or the Asian setting. This study can be replicated using acute patients to examine their doctor-patient relationship. A much larger sample should be employed, which includes chronic patients from different regions in Myanmar. A mixed design that includes the use of the qualitative methodology can be considered. Longitudinal research can be conducted to assess the process of change in attachment dimensions that may occur for chronic patients during their transitional phases in life. It is recommended to consider the patient's motivation, social support of marital partners, employee wellness services, the effectiveness of treatment, perceptions of family members towards the level of self-management of chronic patients.

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