

Vietnamese family relationships

A lesson in cross-cultural care

Information about cultural patterns presented in this article and others in this series represents generalizations, which should not be mistaken for stereotypes. Cultural generalizations will not fit every patient, but awareness of broad patterns can give practitioners a starting point from which to provide appropriate care. The information on Vietnamese family relationships in this essay are taken from S Farralle's chapter in *Culture and Nursing Care: A Pocket Guide*, edited by J G Lipson, S L Dibble, and P A Minarek.

Tran Nyguen, a 65-year old Vietnamese woman, had just been discharged from the hospital and was receiving home health care for lung cancer and tubercular cavitory lesions in her lungs. She was living in a small apartment with 8 members of her extended family, all of whom had arrived in the United States 2 years earlier. Mrs Nyguen did not speak English, so her teenaged granddaughter was enlisted as interpreter. That this was a problem became clear when Martha, the home health nurse, observed that both the patient and the granddaughter would look at the 80-year-old uncle before speaking. Vietnamese culture is both hierarchic and male dominated; the uncle was the patriarch of the family and, thus, responsible for any decision making. Martha cleverly resolved the problem by having the granddaughter tell the uncle what the nurse was saying, and then the uncle passed the information on to the patient. When the patient responded, she spoke directly to the uncle, who passed the information on to the granddaughter, who then translated for the nurse. Although this translation technique was cumbersome, it upheld the traditional hierarchic structure in the family.¹

In another case, a hospice worker discovered that the grandson acting as interpreter for an elderly Vietnamese man was neglecting to pass her instructions on to the patient after she left. By leaving, she left the grandson in the intolerable position of having to tell his grandfather what to do, something not allowed in the traditional hierarchic structure. The hospice worker should have remained in the room so the instructions would have been clearly seen as coming from her. Using an older authority figure, as in the case above, would have been even better.

FAMILY COMPOSITION OR STRUCTURE

Vietnamese are highly family oriented, and a family may be extended or nuclear.² Sometimes 2 or 3 generations reside in 1 household. They may not be tolerant or supportive of gay or lesbian siblings; first-generation immigrants are more supportive than the second generation. Acculturation causes a shift from extended families to a nuclear family system, and decision making may be con-

finied to a spousal couple because they no longer have the duty to seek advice and consent from parental families.

DECISION MAKING AND SPOKESPERSONS

The father or eldest son is the family spokesperson. Wives who are not wage earners demonstrate more subordinate patterns of decision making. Women tend to continue the attitude that husbands have the legitimate right to make final decisions and usually will withdraw from spousal conflict to maintain harmony in the family.

GENDER ISSUES

Men are decision makers and support the family. Their job is to carry out heavy-duty chores and to be strong in times of crisis. Women prepare all meals, whether or not they are employed outside the home. Women do most of the household chores unless children are old enough to help. When women get jobs more easily than men, however, traditional roles and family relationships are strained.

CARING ROLE

Women in the family are responsible for caring for an ill patient. Women act as primary providers at the bedside, regardless of the patient's sex. They are expected to pamper the patient with a daily bath and meals.

EXPECTATIONS OF AND FOR CHILDREN

When children are young, parents look after them, and when parents get old, children look after them. Children are well sheltered by their parents. They are expected to obey and honor parents and respect elders, and they are taught to be honest, quiet, and polite.

STRONG EMPHASIS ON EDUCATION

Parents push their children to the highest level in education, especially parents who did not have the opportunity themselves. Some intergenerational conflicts occur with children who are acculturating to American norms or when a child must serve as spokesperson or interpreter.

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EXPECTATIONS OF AND FOR ELDERS

Elders stay with the family for support and comfort. They are highly respected by all age groups. Depending on their socioeconomic status and lifestyle, elders are expected to prepare meals and take care of grandchildren while wife and husband work.

EXPECTATIONS OF ADULTS IN CARING FOR CHILDREN AND ELDERS

Adults are expected to assume full responsibility for a sick family member at home. Traditionally, sick elders are cared for at home, unless circumstances make it necessary to place them in a nursing home. Institutionalizing an elderly relative is believed to be disrespectful to them.

EXPECTATION OF VISITORS

As mentioned earlier, a female family member is expected to stay at the bedside of a hospitalized patient for comfort and support. A private room is recommended. Because Vietnamese are family-centered, hospitalized patients will have visits from many family members and friends.

References

- 1 Galanti G. *Caring for Patients From Different Cultures*. Philadelphia: University of Pennsylvania Press; 1997.
- 2 Farrales S. Vietnamese. In: Lipson JG, Dibble SL, Minarik PA, eds. *Culture and Nursing Care: A Pocket Guide*. San Francisco: University of California, San Francisco, Nursing Press; 1996:280-290.