

SECURING OF EFFICIENT, CULTURALLY DIFFERENTIAL NURSING CARE FOR THE VIETNAMESE MINORITY

Valérie Tóthová¹, Helena Micháľková¹, Lenka Šedová¹, Miloš Velemínský², Jana Samková²

¹University of South Bohemia, Faculty of Health and Social Studies, Department of Nursing

²Faculty of Health and Social Studies, Department of Nursing, České Budějovice, Czech Republic

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Abstract

The present article is focused on differentiated nursing care provided to the Vietnamese minority. The extensive research performed all over the Czech Republic mapped the differences in providing Vietnamese patients with nursing care. The respondents answered questions related to the care for their health, to their opinions on the Czech health service and on the barriers found in Czech health care facilities in questionnaire investigation. The questionnaire investigation confirmed that the members of the Vietnamese minority care for their health and are satisfied with medical care in the Czech Republic; unfortunately, the research demonstrated communication barriers between the medical staff and Vietnamese patients. Nevertheless, the research results are very positive. The Vietnamese community is assimilated and has adapted to the Czech culture in a level that does not require culturally differentiated care. This fact documents also the high quality of nursing care provided in the Czech Republic. Yet it is necessary to perceive cultural differences, so that we can offer even more professional and individual care at the top modern level.

Key words: *Vietnamese minority – multicultural care – health – communication – nursing – needs*

INTRODUCTION

The Vietnamese minority is the third biggest in the Czech Republic. General nurses meet patients of Vietnamese nationality more and more frequently. That is why it is necessary to put stress on the issue of multicultural care. A qualified nurse is able to saturate the client's needs and approaches her patients individually. If her clients are members of different nationality groups, the modern nurse must adapt herself and provide culturally differentiated care. The nurse approaches her patients in a holistic manner, but that is not possible without the knowledge of cultural differences (Leininger 1994). That is why we believe that it is necessary

to speak about minorities and to ascertain their differences, in order to adapt nursing care adequately to their needs.

The aim of the present study was focused on the Vietnamese minority living in the Czech Republic. The goal of the work was to detect the barriers preventing the nursing staff from providing holistic care to the Vietnamese patient. The project had set the goal to map the opinions of Vietnamese citizens on the quality of medical services in the Czech Republic, to ascertain the communication abilities of the Vietnamese minority in medical institutions, further to map the approach of the Vietnamese minority to their health and to map their opinions on the approach of Czech health care workers.

Hypotheses

- H1. The Vietnamese minority cares for their health.
- H2. The Vietnamese minority has specific needs and claims.
- H3. The Vietnamese citizens are satisfied with the quality of health care services in the Czech Republic.
- H4. The Vietnamese patients can make themselves understood without help in hospital institutions.

MATERIAL AND METHODS

A questionnaire containing 61 questions was made up for the data collection. The respondents should react to each of the items expressing a certain degree of agreement or disagreement. We used the assessment scale – five-degree type of statement: I strongly agree – I agree – I don't know / I cannot make any statement – I don't agree – I strongly disagree (Sedláková 2006b). The questionnaire was translated into

Vietnamese. The research set consisted of 4,646 respondents of Vietnamese nationality. The set consisted of 51% (2,378) women and 49% (2,308) men. The respondents were divided into groups by age: the group under 20 years included 20% (952) respondents, the group from 21 to 30 years included 31% (1,406) respondents, the group from 31 to 40 years included 28% (1,333) respondents, the group from 41 to 50 years included 15% (689) respondents, the group from 51 to 60 years included 4% (208) respondents and the least respondents were included in the group over 60 years 2% (107). Further, the respondents were divided by achieved education: basic education 30% (1,391), trained 20% (954), secondary education 30% (1,395) and university education 20% (940). Further, the respondents were divided into groups by social status: singles 29% (1,338), married 59% (2,764), mates 11% (499) and widowed 1% (70). Buddhism is the religion of 62% (2,891) respondents; 4.9% (228) profess Confucianism and 4.9% (228) profess Taoism; Catholicism is the religion of 9.1% (426) respondents and 19.1% (891) respondents confess other religions.

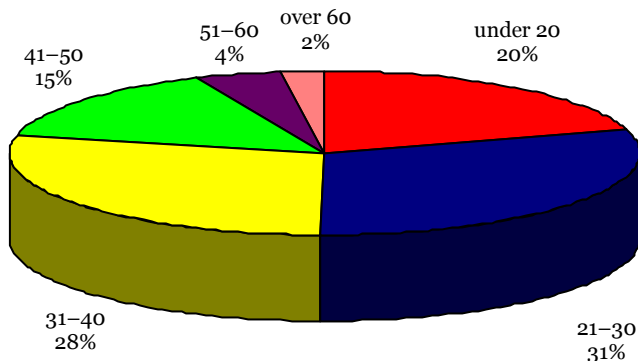


Diagram 1 Age distribution of Vietnamese respondents

RESULTS

The results were divided into four circles by the areas they came under. The respondents' answers were divided into the group of questions concerning care for their health,

the group of questions concerning satisfaction with Czech health care, the group of questions ascertaining specific needs during hospitalisation and the questions focused on communication barriers at providing nursing care.

The Vietnamese minority members care for their health

- a) 82.4% of respondents care for their health, 6% of respondents do not know and 10.8% of respondents believe not to care for their health;
- b) 66.3% of respondents go regularly to preventive examinations, 10.2% of respondents chose a neutral answer and 18.6% of Vietnamese respondents do not go to preventive examinations;
- c) 65.2% of respondents deal with minor health problems at home with the help of traditional Vietnamese medicine; 18.5% chose a neutral answer and 16.4% do not deal with minor health problems with the help of traditional Vietnamese medicine at home;
- d) 88.2% of respondents do not refuse any examination in favour of their health; 8.6% do not know whether they would refuse any examination; and 3.2% would refuse some examinations even against the interest of their health;
- e) 89.1% do not refuse any therapeutic intervention in favour of their health; 8.9% of respondents do not know whether they would refuse any therapeutic intervention, and 2% of respondents would refuse therapeutic intervention;
- f) 79.9% of respondents consider regular woman’s visits to an antenatal clinic important; 18.2% chose a neutral answer, and 1.9% of Vietnamese respondents do not consider regular woman’s visits to a prenatal clinic important;
- g) 82.6% recognise pre-birth preparation; 13.7% chose a neutral answer and 3.7% of respondents do not recognise pre-birth preparation;
- h) 78.1% consider it important for the woman to pass pre-birth preparation; 18% of respondents do not know whether it is important, and 3.9% of respondents do not consider it important;
- i) 73.3% of respondents recognise only the delivery in the hospital; 17.2% chose a neutral answer, and 9.4% of respondents do not recognise deliveries only in the hospital;
- j) 83.5% of respondents believe that it is in the child’s interest to regularly visit the children’s clinic; 11.4% of respondents do not know, and 5% of respondents believe that it is not in the child’s interest to regularly visit the children’s clinic.

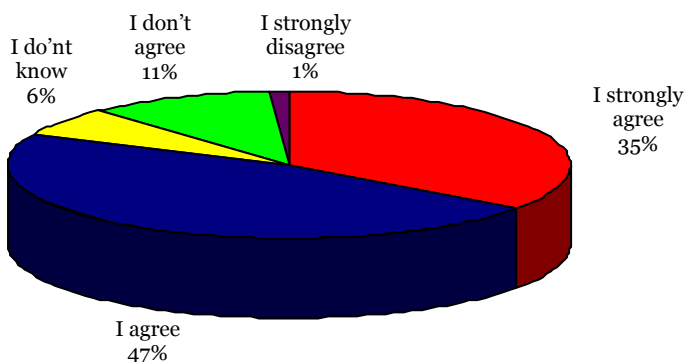


Diagram 2 Opinion of Vietnamese respondents on the care for their health

Satisfaction of Vietnamese minority with health care in the Czech Republic

- a) 73.1% of respondents are satisfied with preventive care in the Czech Republic; 22.1% chose a neutral answer, and 4.9% of respondents are not satisfied with health care;
- b) 72.5% of respondents have a positive experience with health care; 22.6% are not able to judge whether they have a positive or negative experience with health care in the Czech Republic, and 4.8% of respondents have a negative experience with health care in the Czech Republic;

- c) 73% of respondents of Vietnamese nationality observe the vaccination schedule for having their children vaccinated; 11.8% do not know whether they observe the schedule, and 15.3% do not observe the Czech vaccination schedule for their children;
- d) 84.9% of respondents require that health care workers respect their intimacy; 11.5% chose a neutral answer, and 3.7% of respondents do not require that health care workers respect intimacy everywhere;
- e) in case of hospitalisation, 55% would pay for services above standard; 14.6% do not know, and 30.4% would not pay service for services above standard so that they can be alone in a room;
- f) 77% of respondents of the Vietnamese community would wish their relatives to be informed about their health condition during hospitalisation; only 10.7% of respondents do not wish the family to be informed about their health condition;
- g) 61.2% of respondents prefer dying in the home environment; 33.2% chose a neutral answer, and 5.6% of respondents do not wish to die in the home environment.

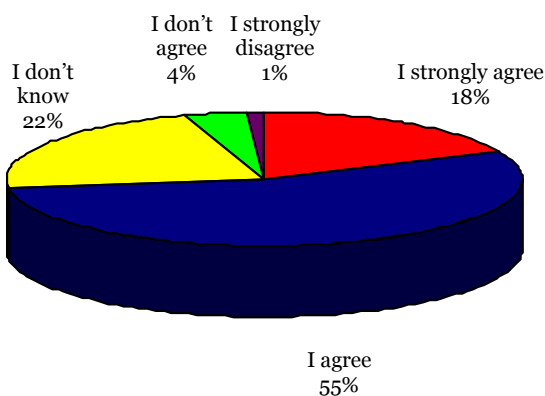


Diagram 3 Satisfaction of the Vietnamese minority with preventive care in the Czech Republic

Specific differences and needs of Vietnamese minority

- a) 71.5% of respondents would prefer a Vietnamese physician in care of their health; 16.2% of respondents do not know whether they would prefer a Vietnamese physician, and 12.3% would not prefer a Vietnamese physician;
- b) 71.8% of respondents would prefer a Vietnamese nurse to care for them; 16.6% do not know and 11.7% would not prefer a Vietnamese nurse;
- c) 46.4% of respondents think that health care workers should know the customs and traditions of Vietnamese culture;
- d) 73.9% of respondents ask that their religious needs are respected both in health and in illness; 10.7% of respondents do not know whether they want that their religious needs are respected, and 15.3% of respondents think that they do not know that their religious needs are respected;
- e) 32.4% take only Vietnamese meals during hospitalisation; 30.3% chose a neutral answer, and 37.3% take hospital meals;
- f) 88% of respondents believe to have the same rights as other Czech citizens during hospitalisation; 8.1% chose a neutral answer, and 3.9% of respondents believe they do not have the same rights as the other Czech citizens;
- g) 85.2% of respondents stated that the Vietnamese family will always care for their parents; 12.5% respondents do not know whether they will care for their parents, and 2.3% respondents do not

- agree that the Vietnamese family will always care for their parents;
- h) 59.6% of respondents think that there are requirements and rituals related to dying

in the Vietnamese family; 36.7% do not know of their existence, and 3.7% believe that they do not exist.

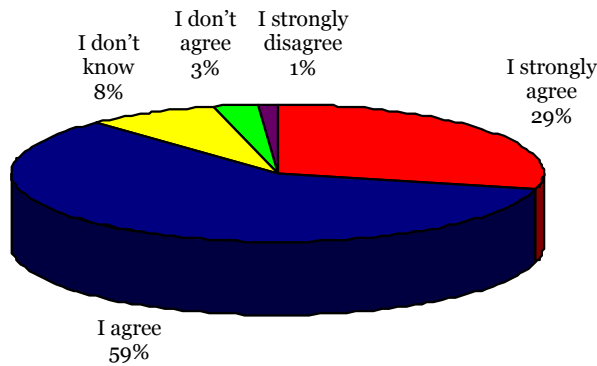


Diagram 4 The rights of Vietnamese respondents during their hospitalisation

Communication skills of Vietnamese patients in health care institutions in the Czech Republic

- a) health care workers help with communication in health care institutions in 75% of cases; health care workers do not help with communication of the Vietnamese patient in health care institutions in 9.5% of cases;
- b) the family and friends help in communication between the patient and the health care staff in 85.1% of cases, and family members need not help with communication in hospital institutions in 2.7% of cases;
- c) 78.8% of respondents would welcome the physician to know some concepts in Vietnamese; 14.8% do not care whether the physician knows any concepts in Vietnamese, and 6.4% of respondents do not require the physician to know any concepts in Vietnamese;
- d) 79.9% of respondents would welcome the nurse to know some concepts in Vietnamese; 13.3% do not care whether the nurse knows any concepts in Vietnamese, and 6.8% of respondents do not require the nurse to know any concepts in Vietnamese;
- e) 40.9% of respondents would welcome the physician to use non-verbal communication signs and cards; 36.5% of respondents do not care whether the physicians use such cards, and 22.6% of respondents consider it useless for the physician to use cards or non-verbal signs;
- f) 42.1% of respondents would welcome the nurse to use non-verbal communication signs and cards; 35.4% of respondents do not care whether the nurses use such cards, and 22.5% of respondents consider it useless for the nurse to use cards or non-verbal signs;
- g) 76.8% of Vietnamese patients require an interpreter in hospital institutions; 14.1% of respondents do not know whether they would use the interpreter's services, and 9.1% of respondents would not require an interpreter;
- h) 42.3% of respondents require their family member in health care institutions; 36% do not know whether to require the presence of their family member, and 21.7% of respondents do not require the presence of their relatives.

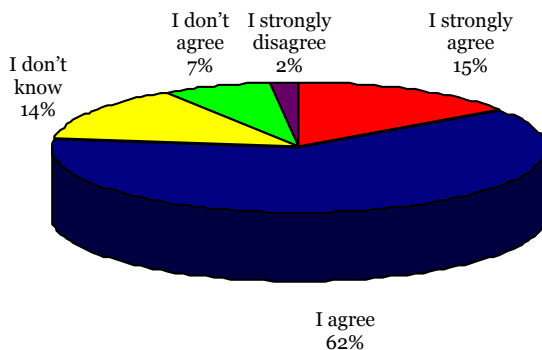


Diagram 5 The requirement of Vietnamese patients of an interpreter for communication with health care workers

DISCUSSION

Hypothesis 1: The Vietnamese minority cares for their health. The hypothesis was confirmed.

The research result shows that respondents of Vietnamese nationality care for their health. 82.4% of respondents stated to care for their health, which is evidenced also by the analysis of the other questions related to this part. For example, 66.3% of respondents go regularly to preventive examinations, 88.2% of respondents do not refuse any examination in favour of their health and 89.1% of respondents do not refuse any therapeutic intervention in favour of their health; 82.6% of respondents recognise pre-birth preparation, and 83.5% of respondents believe that it is in the child's interest to regularly visit the children's clinic. The Vietnamese respondents demonstrated in this part of the questionnaire that health is the highest value to them, and they try to care for it sufficiently.

Hypothesis 2: The Vietnamese minority has specific needs and claims. This hypothesis was not confirmed.

This part of the research showed that 88% of respondents believe to have the same rights as the other Czech citizens during hospitalisation. However, 46.4% of respondents think that the health care workers should know the customs and traditions of Vietnamese culture. They would also prefer a Vietnamese physician in 71.5% and a Vietnamese nurse in 71.8% in the care for their health. The Vietnamese respondents ask also in 73.9% of cases that their religious needs are respected both in health and in

illness. A third of patients of Vietnamese nationality take only Vietnamese meals during hospitalisation; two thirds of the respondents take hospital meals. 59.6% of respondents think that there are requirements and rituals related to dying in the Vietnamese family. The Vietnamese culture differs very much from ours, but as the Vietnamese community distinguishes by highly modest and undemanding character, most respondents do not believe that the health care staff should respect considerably their cultural customs and traditions. The analysis of this part shows that the respondents require the same rights as the other patients.

Hypothesis 3: The Vietnamese citizens are satisfied with the quality of health care services in the Czech Republic. The hypothesis was confirmed.

The Vietnamese citizens gave their opinion on the quality of health care services in the Czech Republic in this part of research. 72.5% of respondents have positive experience with health care. 73.1% of respondents are satisfied with preventive care provided in the Czech Republic; 73% of respondents of Vietnamese nationality observe the Czech vaccination schedule at having their children vaccinated; 55% of respondents would pay for services above standard in case of hospitalisation, and 77% of respondents from the Vietnamese community would wish their relatives to be informed of their health condition during hospitalisation. 65.2% of respondents deal with minor health problems with the help of traditional Vietnamese medicine. The analysis of this part shows that the Vietnamese citizens are satisfied with health care provided in the

Czech Republic; they respect the hospital sets of rules and the instructions of their nurses.

Hypothesis 4: The Vietnamese patients can make themselves understood without help in hospital institutions.

This hypothesis was not confirmed.

This part of research showed communication barriers between the health care staff and the Vietnamese patient. For example, in 85.1% the family and friends help in communication between the patient and the health care staff; 76.8% of Vietnamese patients require an interpreter in hospital institutions; 78.8% of respondents would welcome the nurses and physicians to know some concepts in Vietnamese, and 40.9% of respondents would welcome the physicians and nurses to use non-verbal communication signs and cards. A very good finding is that health care workers help in 75% with communication with the Vietnamese patient in health care institutions; however, we would wish this number to be even higher. This part of the questionnaire investigation showed that most patients have problems with communication with the nursing staff during hospitalisation. Nevertheless, the effort to remove such communication barriers is obvious on both sides.

CONCLUSION

The ascertainment of differences between Czech and Vietnamese culture has not only informative character, but it sets the goal to discover the differences and particularities allowing the health care staff to saturate needs individually in accordance with the patient's mentality. The essence of multicultural nursing is to provide care sensitively according to the particularities of the client's culture (Papadopoulos 2006). This extensive research, which was performed all over the Czech Republic, confirmed that Vietnamese citizens do not require any specific treatment and claim the same rights as the other patients. This finding shows that the Vietnamese minority is assimilated and has adapted to the Czech culture in a level that does not require culturally differentiated care. This fact documents also the high quality of nursing care. Nevertheless, it is important to perceive cultural differences, in order to be able to offer even more professional and individual care at the top modern level (Sedláková 2006a, Sedláková and Nováková 2008). This research has demonstrated that citizens of Vietnamese nationality are provided with adequate qualified nursing care in the Czech Republic.

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REFERENCES

1. Leininger M (2004): *Transcultural Nursing: Concepts, Theories and Practices*. New York: John Wiley and Sons. Reprint, Columbus, Ohio: Greyden Press. 1994.
2. Papadopoulos I (2006): *Transcultural Health and Social Care*. London: Churchill Livingstone Elsevier.
3. Sedláková G (2006a): Posudzovanie stavu vietnamského klienta v zdraví a v chorobe [Assessment on the Condition of Vietnamese Client – The Healthy and the Ill]. In: *Sborník Ošetrovatelství v pohybu*. Ed. G. Sedláková. Příbram: SZŠ a VZŠ, p. 209–213 (Slovak).
4. Sedláková G (2006b): Tvorba dotazníků ve výzkumném projektu zaměřeném na vietnamskou a čínskou minoritu. In *Nové trendy v ošetrovatelství V*. Ed. V. Tóthová (eds.). České Budějovice: ZSF JU, p. 341–347 (Czech).
5. Sedláková G, Nováková D (2008): Tvorba dotazníků ve výzkumném projektu zaměřeném na vietnamskou a čínskou minoritu [Creating Questionnaires within the Research Project Aimed at Vietnamese and Chinese Minorities]. In: *Nové trendy v ošetrovatelství V*. Ed. V. Tóthová (eds.). České Budějovice: ZSF JU, p. 341–347 (Czech).

Contact:

Valérie Tóthová, University of South Bohemia, Faculty of Health and Social Studies, Nursing Department, České Budějovice, Czech Republic
E-mail: tothova@zsf.jcu.cz