

Learning Objectives

At the end of this activity, participants will be able to:

1. Identify core Vietnamese cultural values influencing health behaviors and care expectations.
2. Explain the role of family and community in patient decision-making.
3. Assess the implications of traditional medicine practices on nursing care.
4. Demonstrate culturally respectful communication in interactions with Vietnamese patients and families.

Why Culture Matters

Vietnam, home to roughly 98 million people, is a youthful nation—about 60 % of its citizens are under 35—yet it is aging rapidly as life expectancy climbs past 75 years. Roughly half the population lives in sprawling rural provinces, while megacities such as Hanoi and Ho Chi Minh host dense, increasingly affluent urban cores. Ethnic diversity adds nuance: the Kinh majority (≈ 86 %) coexists with 53 minority groups, each preserving distinct languages, customs, and health-seeking rituals.

Culture permeates every facet of Vietnamese health behavior. Rooted in Confucian ideals, hierarchical respect for elders and authority shapes patient-provider dynamics; patients often defer to senior family members, allowing decisions to be negotiated collectively rather than individually. The concept of “giữ mặt” (saving face) discourages overt expressions of pain, fear, or mental-health concerns, leading many to under-report symptoms or conceal non-adherence. Traditional healing—herbal decoctions, cupping, and ancestral rites—remains a first line of care, especially in remote villages where biomedical services are scarce. Consequently, clinicians frequently encounter polypharmacy that blends modern drugs with folk remedies, raising the risk of interactions.

These cultural currents directly affect outcomes. Studies show that when providers honor family hierarchies, employ respectful language, and integrate acceptable traditional practices, patients demonstrate higher medication adherence, lower dropout rates, and improved chronic-disease control. Conversely, neglecting these cultural lenses can erode trust, delay diagnoses, and widen health disparities across Vietnam’s diverse demographic landscape.

Core Vietnamese Cultural Values

- Filial Piety (Hiếu): Respect for parents and ancestors; decisions often honor family.
- Collectivism and Community Orientation: Health is seen as a family responsibility; family at bedside.
- Respect for Hierarchy and Elders: Age and authority are highly respected.
- Saving Face: Avoidance of conflict/embarrassment; may underreport symptoms.

Vietnam’s social fabric is woven from Confucian threads that prioritize hierarchy and deference. The principle of “**tôn trọng người lớn**” (respect for elders) dictates that younger

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patients address senior family members first, often seeking their blessing before accepting a medical plan. This reverence extends to the notion of “**giàu-đời**,” a cultural shorthand for a life lived with dignity and honor; health decisions are evaluated against how they will preserve that legacy.

Collectivism reinforces the idea that an individual’s well-being is inseparable from the family’s reputation, so outcomes are judged not merely by personal recovery but by the group’s stability. Within this framework, “**giữ mặt**” (saving face) operates as a protective shield—patients may hide discomfort or dissent to avoid bringing shame upon themselves or their kin. Spirituality further colors health perception: Buddhism teaches impermanence and compassion, while ancestor worship anchors illness in a lineage of familial duty, prompting rituals that seek both physical relief and spiritual balance. Together, these values shape how Vietnamese patients negotiate care, adhere to treatment, and communicate with providers.

Concept	Meaning	Clinical Relevance
Confucian hierarchy / “tôn trọng người lớn”	Respect for elders & authority figures.	Patients may defer to family heads; clinicians should address senior family members first.
Collectivism	Family and community welfare precedes individual preference.	Treatment decisions often involve the whole family; consent may be sought collectively.
Saving face (“giữ mặt”)	Avoiding embarrassment or loss of dignity.	Patients may under-report pain, side-effects, or mental-health concerns.
Spirituality & Ancestor worship	Ongoing relationship with ancestors influences health perceptions.	Some may seek rituals or prayers alongside medical care; nurses should acknowledge without judgment.
Traditional Healing (“y học cổ truyền”)	Herbal decoctions, acupuncture, cupping, “bệnh phong” (wind-cold illnesses).	Expectation of complementary therapies; assess for herb-drug interactions.

Clinical Implications: In Vietnamese clinical settings, pain is often described indirectly—patients may say they feel “uncomfortable” or “heavy” rather than naming intensity, to avoid burdening loved ones. Decision-making is typically collective; families, especially elders, weigh treatment options and may override a patient’s personal preference. Gender norms influence modesty: women frequently defer to husbands or fathers for reproductive-health choices, while men may be reluctant to discuss emotional distress. Traditional healing remains pervasive: herbal teas, cupping, and the “bệnh phong” (wind-cold) syndrome are routinely used alongside biomedicine, necessitating careful medication reconciliation to prevent herb-drug interactions and to respect patients’ cultural health-seeking practices. Proactively ask clarifying questions, normalize symptom reporting, reduce stigma.

Role of Family and Community in Decision-Making

- Family as Central in Care: Family members take on caregiving, advocacy, and finances.
- Decision-Making Practices: Eldest son/elders often hold authority in health choices.
- Community and Social Networks: Religious/community leaders influence decisions.
- Nursing Considerations: Always ask patient preferences, document family roles, balance autonomy with cultural respect.

In Vietnamese health contexts, families function as the primary decision-making unit rather than a peripheral support system. When a diagnosis emerges, the patient's spouse, parents, and sometimes extended relatives convene to interpret the illness, weigh treatment options, and allocate resources. Community leaders—village elders, religious monks, or local health volunteers—are also consulted, lending moral authority and ensuring that choices align with communal norms. This collective deliberation balances medical advice with socioeconomic realities, cultural expectations, and the desire to protect the family's reputation. Consequently, clinicians who engage the whole household and acknowledge community influencers are far more likely to secure informed consent, sustain adherence, and achieve outcomes that honor both individual health and communal cohesion.

Traditional Medicine Practices in Vietnam

- Prevalence: 77% use T&CAM; ~50% self-administer, especially during COVID-19.
- Common Practices: Herbal medicine, acupuncture, cupping, coin rubbing.
- Implications: Screen for herb-drug interactions, document practices, recognize healing marks, integrate safely.

Vietnam's traditional medicine, known locally as **Y học cổ truyền**, blends centuries-old botanical knowledge with holistic philosophies that view the body as a network of energy channels (đường kinh). Practitioners harvest wild herbs—such as *cây bồ công anh* (dandelion), *cây hoàng liên* (Andrographis) and *cây gừng* (ginger)—drying, decocting, or grinding them into powders that patients sip as tonics or apply as poultices for fever, digestive upset, or joint pain.

Cupping (bốc hơi) creates localized suction on the skin, believed to draw out “stagnant wind” (bệnh phong) and restore circulation; it is commonly paired with **co-steam therapy**, where hot herbal vapors are inhaled to alleviate respiratory congestion. Acupuncture points along the meridians are stimulated with fine needles or heated moxibustion sticks, targeting ailments ranging from migraines to menstrual irregularities.

Massage (xoa bóp) and bone-setting (điều chỉnh xương) are performed by village healers who use manual manipulation to correct musculoskeletal misalignments. Rituals—such as offering incense to ancestors before a major procedure—integrate spirituality, reinforcing the belief that physical healing is intertwined with familial and cosmic harmony. These

practices coexist with modern biomedicine, often forming a complementary regimen that patients navigate daily.

Demonstrating Culturally Respectful Communication

Effective communication in Vietnamese health-care hinges on more than fluent speech; it requires a deliberate blend of linguistic precision, cultural etiquette, and visual aids that together bridge gaps in understanding.

Language considerations begin with recognizing Vietnam's linguistic diversity. While the official language, Quốc ngữ, is spoken by the majority, over 50 ethnic minorities use distinct dialects or entirely separate tongues (e.g., Hmong, Khmer, Tay). Even within the Kinh majority, regional accents—Northern, Central, Southern—can affect pronunciation of medical terminology. Clinicians should therefore confirm comprehension by asking patients to repeat instructions in their own words, rather than assuming familiarity with technical jargon.

Interpreters are indispensable when a patient's proficiency is limited or when dialectal differences impede direct dialogue. Certified medical interpreters, preferably native Vietnamese speakers trained in health-care ethics, should be positioned beside—not behind—the patient to maintain eye contact and convey respect. When professional interpreters are unavailable, a bilingual staff member may assist, but the provider must avoid using family members for sensitive topics such as mental health or reproductive issues, as this can compromise privacy and lead to filtered information.

Non-verbal cues carry weight in Vietnamese interaction. A gentle bow or slight nod signals acknowledgement; prolonged staring may be perceived as confrontational. Touch should be minimal and only after explicit permission, particularly with female patients, to honor modesty norms. Hand gestures that point directly at a patient's forehead or chest can be considered rude; instead, use an open palm directed toward the patient's torso.

Respectful questioning employs indirect phrasing that preserves “giữ mặt.” Rather than asking, “What is wrong with you?” a clinician might say, “Could you share any changes you've noticed in your health lately?” or “How are you feeling today compared to yesterday?” Such formulations invite disclosure without implying fault.

Finally, **health-literacy tools** must be culturally and linguistically tailored. Illustrated pamphlets using familiar symbols—rice bowls for nutrition, water droplets for hydration—paired with concise Vietnamese text (no more than 12-point font) improve readability. Interactive flip-charts that allow patients to point to pictures of symptoms facilitate communication for low-literacy audiences. Digital applications featuring audio narration in Vietnamese dialects, coupled with pictorial dosage calendars, enable patients to rehearse medication schedules at home. By integrating precise language, skilled

interpretation, culturally attuned non-verbal behavior, courteous inquiry, and accessible educational media, health-care teams can markedly enhance comprehension, adherence, and overall outcomes for Vietnamese patients.

References

- Dang, T. H., Nguyen, T. A., Van, M. H., Santin, O., Tran, O. M. T., & Schofield, P. (2021). Patient-centered care: Transforming the health care system in Vietnam with support of digital health technology. *Journal of Medical Internet Research*, 23(6), e24601. <https://doi.org/10.2196/24601>
- Ngo, Q. A., Tran Huy, P., & Tran, T. M. P. (2024). Empowerment of elder family caregivers in the context of Vietnam: Applying the theory of planned behavior. *Journal of Population Research*, 41(14). <https://doi.org/10.1007/s12546-024-09335-0>
- Nguyen, H. T., Dang, T. D. K., Nguyen, M. C., Le, T. T., & Le, M. H. (2025). Attitudes and practices regarding traditional, complementary and alternative medicine in Can Tho, Vietnam. *Journal of Pharmacy & Pharmacognosy Research*, 13(5), 1525–1536. https://doi.org/10.56499/jppres24.2302_13.5.1525
- Nguyen, P. H., Tran, V. D., Pham, D. T., Dao, T. N. P., & Dewey, R. S. (2021). Use of and attitudes towards herbal medicine during the COVID-19 pandemic: A cross-sectional study in Vietnam. *European Journal of Integrative Medicine*, 44, 101328. <https://doi.org/10.1016/j.eujim.2021.101328>
- Nguyen, T. M. T., Kim, J., & Jang, S.-N. (2025). Cultural competence of Vietnamese undergraduate nursing students and influencing factors. *Journal of Transcultural Nursing*, 36(4), 429–437. <https://doi.org/10.1177/10436596241301744>
- Nguyen, Y. H. T., Dang, T. T., Lam, N. B. H., Le, P. T., & Nguyen, P. H. (2023). Fragmented understanding: Exploring the practice and meaning of informed consent in clinical trials in Ho Chi Minh City, Vietnam. *Journal of Bioethics*, 23(6). <https://doi.org/10.1186/s12910-023-00884-2>
- Tran, Q. N. H., Dieu-Hien, H. T., King, I. N., Sheehan, K., Iglowitz, M.-L., & Periyakoil, V. S. (2019). Providing culturally respectful care for seriously ill Vietnamese Americans. *Journal of Pain and Symptom Management*, 58(2), 344–354. <https://doi.org/10.1016/j.jpainsymman.2019.03.012>