Asian American- Cambodian

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Caring for patients from varying cultural backgrounds can be a matter of imminent challenge for nursing professionals because their values, beliefs, perceptions, attitudes and orientations may hinder the nature of interpersonal relationships and responses to particular treatment plans to a greater degree. Based on the urgency of the matter, nursing students must learn how to provide care for multicultural patients in a professionally competent manner. Now the question arises, why is it important to contemplate one’s cultural values whilst conducting care plan? The answer is unexpectedly simple; healthcare is much more than just physiological wellbeing; it also encapsulates the wellbeing of the six dimensions of human life. The book, Lippincott Course for Taylor: Fundamental of Nursing, emphasizes these six dimensions stating that, *“health integrates all the human dimensions- the physical, intellectual, emotional, sociocultural, spiritual, and environmental aspects of the whole person**”* (Taylor, 2019).

How would nurses care for an Asian American-Cambodian? What essential knowledge nursing students need to master in order to conduct the best assessment practices while caring for an Asian American Cambodian? To execute better assessment and treatment practices for this ethnic group, nurses ought to gain knowledge about the *trans-cultural assessment model of Giger and Davidhizar* which is based on communication, time, space, social organization, environment control and biological variations (Taylor, 2019).

**Communication**

It is not only the language that nurses must take into account in this domain in order to assess the patient but also the way he/she communicates; verbal or nonverbal communication. A census conducted in 2011 estimates that over three-quarter Cambodian Americans aged five or older, speak Khmer at home (Bankston, 2014, p. 385). It may be difficult to learn a patient’s language, but this purpose can rightfully be served through learning some basic words. Many people, particularly patients, feel relieved if one shows interest in their culture. It is also very important to learn about nonverbal communication because it shows variation from culture to culture. The same facial expression to a culture may have a different meaning for patients belonging to another culture. The best way to understand nonverbal communication from a different culture is to pay close attention to the facial expressions, sounds, gestures and silence when addressing the patient.

**Time**

The use of time includes punctuality, time for social interactions and work. Every culture has its own conception about the use of time. For the American people, time is very valuable and they are very strict when it comes to punctuality. For other cultures, time may not be so important. For Cambodian American, being late to an appointment or work does not mean anything (Culture, Crossing, 2017). It does not make any difference for being on time or late. Cambodian Americans like to spend time with family and friends hence it is alright for the nurses if they are a little late.

**Space**

Another cultural aspect is personal space. Cambodian Americans, when interacting with friend or family, seem to be distant as they do not favor physical contact while meeting (Culture Crossing, 2017). Although all the Cambodian Americans do not follow this typical trend but it is always wise not to be too close while interacting; the estimated space is equivalent to an arm’s length (Culture Crossing, 2017). Another factor that acts as a moderator between space and nurse-patient relationship is gender. After contemplating the literature, no sources were found about male nurse providing care for a female Cambodian or a female nurse providing care for male Cambodian. Ideally, a male person is not supposed to touch a female in public. In formal settings, developing physical contact is inappropriate between men and women (Culture Crossing, 2017). Hence, nurses must take even stricter care of space when it comes to caring for patients of opposite gender.

**Social Organization**

Social organization includes culture, race, ethnicity, role and function of family members, work leisure, religion and friends. The Cambodian Americans immigrated to the U.S. in years of 1975 in an attempt to escape the hardships imposed by Cambodian Government (Julie Lun, 2017). Although most of them migrated to California, many of them are certainly settled in different parts of the country. Cambodian Americans practice different religions including Theravada Buddhism that comprises about 95% of the population, whereas, the other 5% population practices other religions like Christianity and Islam (Culture, Crossing, 2017). It must be noted that they are quite family oriented, most of them live together as extended family and men are usually the head of the family (Stratis Health 2018, para. 8). Hence, while making important decisions regarding healthcare plans, nurses must take the head of the family under confidence and must discuss an all-inclusive aspect of diagnostic and treatment interventions with him. Besides this, Muslim Cambodian Americans prefer same-gender nurses and are highly strict when it comes to keep fasts in their holy month hence assessment and treatment plans must purely synchronize with their religious beliefs (UNDP, 1979).

**Environmental Control**

This aspect of Giger Davidhizar’s Trans-culture Assessment Model contains culture-friendly health practices, values and definition of health and illness (Taylor, 2019). Although health is classically defined as the absence of illness, or the state of complete physical, mental and social well-being yet other cultures may define health in their own perspective (Taylor, 2017). Majority of Cambodian Americans believe in Khmer which often equalizes good health to equilibrium and adopting the Chinese philosophy of balancing hot and cold. Khmer who stick to their tradition believe that illness is the alternate form of punishment from God resulting from increased engagement with sins and evil doings in the past (Stratis Health 2018). Nurses should accept their faith and must carry medical practices accordingly because they may not believe in certain western medical practices that emphasize the organic dysfunctions behind illness. Since everyone is unique, it is better to ask how patients would like certain procedures to be done; assuming that all Cambodian Americans have same beliefs is a less favorable idea particularly with reference to the healthcare practices (Houtart, 1986).

**Biological Variations**

Transcultural assessment model in biological variation includes body structure, skin color, hair color, and other physical dimensions. Biologically, like all other ethnic groups, Cambodian Americans’ body structure follows holistically distinctive patterns. Everyone possesses some unique features, traits or characteristics, however, as group it is very easy to estimate their Asian origin. Most Cambodian Americans have fairly black skin, their body structure and hair style resembles Indian body structure and hair style (Bankston, 2014). Moreover, they might have their own genetic predispositions and susceptibility for some illnesses and relevant coping skills which must be assessed before planning final treatment interventions (Davidhizar & Giger, 2006).

In a nutshell, nurses must remember that learning about other cultures does not happen overnight, yet when nurses encounter differences in their practice, and if those differences are not illegal, they should see them as an opportunity to learn and become culturally competent. The Giger trans-cultural assessment model carries significance importance in assessment and treatment interventions in multicultural patients that include communication, time, space, social organization, environmental control, and biological variations.

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