Tin Nguyen

New York City College of Technology

Japanese American health promotion paper

NUR 3010 SECTION 8501

March 21, 2012

Professor Catherine McManus

Japanese American is the third largest group of Asian American living in United State after Chinese and Filipino. The biggest Japanese American communities are usually found in some major city such as California, Hawaii, Washington and New York where they live highly concentrated with several community centers. According to Giger and Davidhizar in 2008, they state that “Japanese American people are the only immigrant group to identify themselves by generation in which they were born, and these generation groups are distinguishable by individual’s age, experience, language and values.” The generations are divided to the following categories: issei – first generation, nisei – second generation, sansei – third generation, yonsei – fourth generation, gosei – fifth generation, rokusei – sixth generation (Giger &Davidhizar, 2008). These generation categories help to understand its cultural values because the degree of assimilation, acculturation and the length of stay would influence the original culture. For instance, the issei may experience more stress than other generation because they brought with themselves the rigid cultural values and traditions of Japan (Giger &Davidhizar, 2008).

**The Japanese American culture: a brief synopsis of their practice, beliefs, values and customs:**

 Cultural values in Japanese Americans are derived from Shintoism and Buddhism (Giger &Davidhizar, 2008). Shintoism believes in the spirited gods that exist in nature such as mountain, rock, water, etc (Tanabe, 1998). It emphasizes in cleanliness and purity. Shintoism believes that death or terminal illness is impurity. Shintotism and Buddhism are coexisted and influenced each other in Japanese American culture (Tanabe, 1998). As a result, Japanese embrace with Buddhism in later life. Buddhism believes death is a natural part of life which the life continues after death in form of rebirth (Tanabe, 1998).  Buddhism beliefs that practices good works will help the transmigration of individual’s soul from earthly to eternal life (Tanabe, 1998). The good works describe as control negative minds– anger, jealousy, and ignorance. People should live with a pure and upright life.

Most Japanese Americans practice Confucianism which is originating in China. It teaches the following values: love with family, righteousness, honesty and trustworthiness, benevolences of human toward other, and loyalty (Tanabe, 1998). Confucianism emphasizes on the filial piety which the interrelationships embrace not only children to their parent but also generations to another (Tanabe, 1998). The customs of filial piety are extremely important to Japanese American family. Children are taught to obey and respect their parents or any older people. Their obligation is bring honor to the family by achievement and successful in school and work places. The custom of filial piety also emphasized on supporting and caring for parents in their old age (Tanabe, 1998). Tradition of caring for elderly parents are responsible of the oldest son or an unmarried child which the parents live either in same house or remain in separate but close residence to facilitate interaction and communication (Giger &Davidhizar, 2008). In addition, the foremost value of Japanese American culture is family. “The phase *kodomo on tame ni* (“for the sake of the children”) reflects the sacrifices and hardships family would endure to ensure the success of the next generation (Giger &Davidhizar, 2008).” For instance, the only way to move upward in society is education. So, the parents are work extra shift to provide the best education for their children. They want their children to go to the best schools. They wish the next generation will fulfill their dream with higher education, better social status, and better life.

In Japanese family, a husband is a master of the family who has a power to make any final decision about either health problems or financial (Tanabe, 1998). The oldest son is a second person of decision making. Plus, men always have higher status than women in either family or society. Therefore, healthcare provider should approach an appropriate person to discuss health issue of another member of the family. Japanese American family consists of either nuclear family or extended family which the grandparents are the extremely important member of the family. They are highly respected with their wisdom. The achievement or failure of each member will affect the entire family.

Japanese American culture discourages overt display of negative emotions such as anger, pain or jealousy. The characteristics of Japanese American are very implicit, nonverbal and intuitive (Giger &Davidhizar, 2008).They keep the negative feeling within innermost self and only display positive emotion or none emotional at all. They don’t express their emotional verbally. Therefore, it is hard to predict their feelings or thinking. They only express oral communication on gaining harmony and minimizing conflict deliberately (Giger &Davidhizar, 2008). Talkative or assertive behavior is sign of lack of self-control which may consider as shamefulness.

**Cultural values influence the meaning of health and illness:**

 Cultural values may affect the way people interact with health care system. As pervious discussion, Japanese Americans are non sociable people. It’s hard to build up a trust relationship and rapport between patient and health care provider. Therefore, the health care providers need to make tremendous effort to establish trust. We need to identify the anxiety from cultural barriers such as language or culture differences. For Japanese American culture, patient and health care provider ethnic match will help to facilitate trust relationship (Tanabe, 1998).

 The nurse has to keep in mind that Japanese American views self as part of the whole society. The values of group or family are take priority over the values of each individual (Tanabe, 1998). For instance, mental illness is shameful for the family therefore individual is rarely get professional help. The number of mental illness cases go under report is really low for this ethical group. Japanese American patients may keep poor diagnosis such as cancer or any terminal illness from their family because they don’t want to break the harmony and happiness of family members (Giger &Davidhizar, 2008). Stress from guilty may experience in some Japanese Americans who places the parents in the long-term care facilities because of the influence of filial piety (Tanabe, 1998). According to Buddhism, death is a natural part of life; therefore mechanical intervention to prolong life is rarely practice and accepts in this ethical group (Giger &Davidhizar, 2008). Japanese children may experience tremendous stress because of their parent’s expectation on achievements in education. They are scare to failure and bring shameful to the family. As a result, suicidal rate in Japanese American adolescents is relatively high.

 **The leading health objective: mental health and mental disorder.**

Like physical health, mental health is an important component of each individual well-being state. It affects the ability of individual to contribute to community and society, and family or interpersonal relationship (Giger &Davidhizar, 2008). The deteriorating mental health will result low achievement, unemployment. Without adequate mental balance, the human mind is unable to focus and have poor performance at work. Mental disorders become well-known problem not only in American but also in developing countries. Mental disorders are the number one cause of disability in America and create an extreme burden to family, community and society (Giger &Davidhizar, 2008). Mental disorders are conditions that characterized imbalance of neurotransmitter discharges which the neurons fire too much or too little. As a result, alteration in thinking, mood and behaviors are associated with mental disorder (Giger &Davidhizar, 2008). A general stigma is associated with mental illness in Japanese American population (Tanabe, 1998). Thus, they are less likely to seek medical assistance because of the family expectation in perfectionism. “There is the concept of shame or “hazukashii”, in which the individual is taught to avoid bringing shame to his or her family name (Tanabe, 1998).

 **Outline specific considerations for the interview and health history of Japanese American patient.**

1. Health care providers should aware of nonverbal communication in this ethical group. Patients may maintain non-eye contact with the interviewer because it considers disrespectful to someone if look into their eyes while they speaking (Giger &Davidhizar, 2008).
2. Japanese American patients are actively listener and polite person. They may nod or say yes to certain questions that are privacy and intimidate. They view health care providers as a figure of authority with trust. Thus, it is impolite if they ask so many questions about their health. Asking so many questions are consider distrust the authority and should be avoid in Japanese patients. Therefore, a throughout examination and explanation to every details are essential when caring for this ethical group.
3. Japanese Americans may have a stoic reaction to pain because of the courageous virtue. Requesting for pain medications consider weakness and not being brave. Thus, it is essential for the nurse to obverse patient facial expressions or other physical clues – tachycardia, sweating, anxiety or unable to concentrate. The nurse should offer pain medication at least two to three times, even after receiving a negative reply (Giger &Davidhizar, 2008).
4. The nurse should be aware and avoid overuse of physical contact or the invasion of personal space because these behaviors may create uncomfortable feeling for Japanese American patients (book). Thus, health care provider should avoid to misusage of touch. Only handshake or bow is appropriate.
5. Some Japanese American patients, especial first and second generations, would prefer called by last name rather than first name which addressing their first name consider insulting their values (Giger &Davidhizar, 2008). Thus, health care provider should be address the patient only by their last name, even Japanese American last names may hard to pronounce. The nurse should learn the correct pronounce from the patient.
6. The nurse should check out if the patient use any traditional folk remedy because some folk remedy may contradict with the medication that they are taking. Japanese American may use acupuncture to reduce pain with arthritis. However, further investigation is needed to explore any harmful folk remedies. Thus, appropriate interventions should implement promptly.

**Health promotion plan**

In order to help this particular group about mental illness and disorders, an appropriate prevention program must be design in the community health clinics. It is essential to get parents or any family member to involve in prevention program. Some Japanese American parents are not aware of their children imbalance mental stages. In addition, Japanese American may experience high stress level because of the parent’s high expectation for achievements in school. Therefore, the failure performances in school and no emotional support from family make these children susceptible to suicide. Therefore, accepting and recognizing this reality of negative emotional feelings can actively help in improving the children’s mental health. A brief screening questions with high sensitivity is essential to identify the patients who are at risk. For instance, “unexplained conditions lasting beyond 6 weeks are increasingly recognized as common chronic disorders that should prompt screening for depression, anxiety, or both (Bickley, 2009).” In additional, mental illnesses are more beneficial from prevention program rather than treatment program. Community health clinics should implement a mental health campaign to improve psychological health such as teaching coping strategies, listening to music to reduce stress. A mental health campaign should include teaching clients to maintain healthy diet and exercise regularly at least two to three times per week because these activities will help to improve physical health. The mental health will have beneficial from a healthy of physical stage. Colorful posters about symptoms of depression or anxiety should post throughout the clinic to serve as a reminder to the viewers.

Moreover, the nurse should implement a meeting in several Japanese American community centers such as church or temples. In the meeting, the nurse provides hand out about mental health and mental illness. The nurse should emphasize that mental illness is an imbalance of neurotransmitters discharge. It is serious problems that need professional help. Counseling program may help overt display negative feelings. The nurse should also help Japanese American identify threat to mental health such as retirement, lower income, loss of spouse, or loss of social network. Thus, an appropriate coping strategy should promptly implementation during the meeting.

In conclusion, the diversity of population reflects in the demographic change in a lot of countries especially in America because of an influx of immigrants. In order to provide a best care for patients, the healthcare providers should understand the culture competence in each ethical group especially Japanese American population, because lack of culture awareness may increase the stress in critical ill patients. Culture knowledge and skill are built up by education, seeking information, and collecting relevance of the cultural data throughout caring process form Japanese American patients. To provide an effective care for Japanese patients, healthcare professionals should built up basic background knowledge about this particular ethical group. Cultural awareness can help to facilitate communication between patients and heath care providers.

References:

Bickley, L.S.(2009).*Bates’ guide to physical examination and history taking.* (9 ed)*.*

Philadelphia, PA: Lippincott Williams & Wilkins.

Giger, J. N., & Davidhizar, R. E. (2008). *Transcultural nursing: Assessment and intervention*.

 (5th ed.). St. Louis, Mo.: Mosby/Elsevier.

Tanabe, M. (1998). *Health and health care of Japanese – American elders*. Retrieved February 5

 2012, from http://standford.edu/grop/ethnoger/japanese.html.