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재미 한인들의 건강관리 실천에 관한 연구

(A Study on Health Care Practices of Korean Immigrants in Transition)

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목 차

국 문 초 록

미국은 이제까지 서구 백인문화 중심적으로 간호학을 발전시켜왔다. 그러나 국제적인 세계화 흐름과 함께 이제까지 경시되어 왔던 소수 민족들에게 차츰 관심을 모으고 있다. 이러한 간호학의 추세와 함께 재미 한인들의 증가는 간호학 내의 한인들에 대한 문화적 지식의 확대를 필요로 하게 하였다.

이민이라는 과정을 통해서 이민자들은 새로운 가치관, 태도, 사회적 규범을 획득하게 되는데, 이러한 변화는 신체적, 정신적 건강에 부정적으로 영향을 미치는 것으로 보고되고 있다. 또한 이러한 이민 적응과정에서 오는 어려움들은 이민자들이 건강관리를 효과적으로 하지 못하게 하는 주원인으로 보고되고 있다.

이 연구에서는 재미 한인들의 건강관리실천을 그들의 초기 이민 과정에서 겪게 되는 여러 경험에 초점을 맞추면서 면담조사와 사례 연구를 통하여 살펴보았다. 임의 표본 추출된 미국 캘리포니아주 오클랜드에 있는 한 한인 교회의 20명의 교민들을 대상으로 그들의 초기 이민경험과 건강관리 실천에 관한 면담 조사가 이루어졌으며 대상자 중 3인을 대상으로 하여 사례 연구가 이루어졌다.

연구 결과, 재미 한인들은 타이민자들에 비해 소규모 사업에 종사하는 경우가 많고 높은 취업율에 비해 낮은 수입을 가지는 것으로 나타났다. 한인들은 타이민자들에 비해 좀 더 보수적이며 그들의 문화와 관습을 가능한 한 고수하는 것으로 나타났다. 또한 한인들은 사회 참여와 대인 관계에 있어서 한인 사회에만 한정되게 활동하는 것으로 나타났다. 재미 한인들은 한인 사회 내에서 강력한 사회적 유대관계를 유지하는 것으로 나타났으며, 가족의 영향력이 타민족들에 비하여 강한 것으로

나타났다. 언어 장벽이 가장 큰 문제로 보고되고 있으며, 비록 성공적으로 미국 사회에 적응을 하더라도 계속적인 경제적인 생존 노력과 사회적으로 소외된 그들의 위치는 그들의 삶을 계속해서 어렵게 하는 것으로 나타났다.

이러한 초기 이민 적응과정에서 오는 어려움들은 그들의 건강을 비효과적으로 관리하게 만드는 것으로 나타났다. 첫째, 적절한 통역자를 사전에 선정, 이용함으로써 적절한 간호를 제공할 수 있도록 하여야겠다. 둘째, 한인을 대하는 간호 제공자들은 한인에 대한 문화적 지식을 겸비하고 그 지식에 근거를 둔 문화적으로 적절한 간호를 제공하여야 할 것이다. 셋째, 간호 제공자들은 한인들의 치료법 혼용을 이해하고 동시에 여러 치료법을 사용하는 경우, 잘 살펴서 적절한 조치를 취해야 할 것이다. 넷째, 가족관계를 사정하고 적절히 가족 구성원을 간소 목적을 위하여 사용할 수 있어야 하겠다. 마지막으로 이들 내의 위험 집단을 우선적으로 파악, 접근하여야 할 것이다. 위험 집단으로는 경제적 문제로 적절한 의료 이용을 할 수 없는 저소득층, 문화적으로 열등한 위치에 있는 여성층과 초기 이민 적응에 가장 문제를 일으킬 소지가 있는 노년층을 들 수 있겠다.

이 연구는 몇가지 제한점을 가진다. 첫째, 연구 대상자 선정이 어려워서 자원자를 대상으로 연구가 행해졌다. 둘째, 적은 수의 연구 대상자를 대상으로 연구가 행해졌다. 셋째, 연구기간이 짧았던 까닭에 좀더 상세한 사례 연구가 이루어질 수 없었다. 좀 더 신뢰할 수 있는 표본 추출 방법을 통하여 선정된, 많은 연구 대상자를 가지고, 심도 있는 연구가 추후 반복적으로 이루어져야 할 것이다.

Ⅰ. Introduction

Since the end of the Korean war, immigration of Koreans to the United States has increased continuously. In 1990, 11.6 percent of all Asians in the United States were of Korean ethnicity(Park & Peterson, 1991). However, despite the population of Koreans grow in the United States, very little is known about the health care practices these people. Moreover, with the increasing need of incorporating cross-cultural knowledge on different ethnic groups into nursing science, the need to incorporate cross-cultural knowledge on Koreans also increases.

Immigration is change:and it is the transplantation of old roots and a search to find new roots. Yet, immigration is not just a change, but a transition. Transition is conceptualized as passage from one life phase, condition, or status to another(Chick & Meleis, 1986). It is a multiple concept embracing the elements of process, time span, and perception(Chick & Meleis, 1986). According to Chick & Meleis(1986), process suggests phases and sequence:time span indicates an ongoing but bounded phenomenon:and perception has to do with the meaning of the transition to the person experiencing it.

Through the transition of immigration process, immigrants obtain new values, attitudes, and social norms.

The transition resulting from immigration may lead to health-related consequences in the form of biophysical symptoms or psychosocial symptoms(Kasl & Berkman, 1983).

According to Foxman, frerichs and Becht(1984), immigrants are subject to the diseases of both their host and home countries. the culturally determined attitudes that immigrants bring to their new homes influence the type and quantity of health care they seek and receive(Scrimshaw, 1978).

The transition may lead to ineffective health-seeking or help-seeking behavior. According to Chick & Meleis(1986), even if the

transition does not inhibit the person from seeking health care, it may result in changes in utilization of health sevices. For an example, they say about the new immigrant's utilization of the hospital emergency department when what is needed is a regular office visit. According to them, there are at least two possible reasons for this behavior. One is the visibility of the service and relative ease of access as compared with visiting a physician's office or other facility that operates on an appointment basis. The other reason is that the strangeness of the new environment and lack of familiar resources may result in a high level of uncertainty and anxiety, which makes the person unable to make judgments about the severity and seriousness of symptoms. Certainly, immigration has significant effects on health, illness, and health seeking behavior.

Like other immigrants, the transitional experience related to immigration surely influences Korean immigrants, consequently affecting their health and health care practices. Korean immigrants frequently find themselves in the conflicts between their original and new culture, and go through a major restructuring of their lives. The restructuring experience and conflicts make them hesitate to find appropriate health care for their illness and manage their illness improperly.

In this paper, Korean immigrant's health care practices will be investigated while paying attention to their transitional experience. The purpose of this paper is to describe Korean immigrant's health care practices by focusing on their transitional experience related to immigration, and to suggest some theoretical implications based on the findings from the investigation. The study is conceptually based on a phenomenological approach that emphasizes the description and interpretation of the experiences of the participants (Schultz, 1973) It is also based on the feminist assumptions and attempts at uncovering the situations and the voices of the participants as they see themselves(Oakly, 1981).

Ⅱ. Methodology

1. Sample

A cross-sectional sample of twenty Korean immigrants are recruited in a Korean church in Oakland, California, in the U.S.A. Because of the difficulty in recruiting the study subjects and high non-response rate of Korean immigrants, the samples are recruited by convenience sampling.

The contacted Korean church is a typical Korean church in the U. S. A. The church has two divisions:One is for first-generation Korean immigrants, and the other is for second-generation Korean immigrants and other ethnic members. For the study, only Korean division for first-generation Korean immigrants is contacted. The Korean division has approximately 200 members of Korean immigrants. For two weeks from April 1, 1994 to April 15, 1994, the study is announced with writtten announcements. Then, through weekly church meetings, the volunteers are recruited. Approximately 190 members of Koreans are contacted through this process, of whom 20 become participants

2. Procedures of Data Collection

Unstructured interviews are done with some close-ended questions on general socio-economic characteristics, transitional experience related to immigration, health and health care practices, and three cases are studied using story telling method to uncover the situations and voices of the participants. Originally, the questions are written in English. The interviews and case studies are done in Korean. Thus, the questions and responses are translated into Korean or English by the author and checked by bilingual doctoral students in Psychology. The interviews are audiotaped.

3. Method of Data Analyses

The close-ended responses related to general characteristics and transitional experience are analyzed using descriptive statistics, and the stories are analyzed using narrative analysis. All responses are translated into English. During the translation period, the author continues to communicate with the bilingual doctoral students in Psychology.

Ⅲ. Results

1. General Characteristics and Transitional Experience related to Immigration

Eighty percent of the participants are women〈Table 1〉. Thirty five percent of the respondents are aged from 21 to 40, thrity five percent are aged from 41 to 50, and thrity percent are above 61 years old(Table 2). Eighty percent are married(Table 3). the proporation of the respondents educated above high school is 80 percent(Table 4). the average number of dependents is 1.94(Table 5). 42.1 percent of the respondents have earnings(Table 6). The income source of 21.1 percent is privates agency (Table 6). 52.9 percent of the respondents have relatively low income(Table 7). While nobody responds that his economic status is high, 38.9 percent of the respondents report that their economic status is low(Table 8).

〈Table 1〉 Sex

	No.	%
Male	4	20
Female	16	80
Total	20	100

〈Table 2〉 Age(Mean:49.2/S. D.:15.97/ Min:22/Max:76)

Age(yr)	No.	%
21-30	2	10
31-40	5	25
41-50	3	15
51-60	4	20
61-	6	30
Total	20	100

〈Table 3〉 Marital Status

Marital Status	No.	%
Married	16	80
Separated	-	-
Widow	2	10
Single	-	-
Divorce	2	10
Others	-	-
Total	20	100

〈Table 4〉 Education

Education Level	No.	%
-None	-	-
-Attended or graduated elementary school	-	-
-Attended or graduated middle school	2	10
-Attended or graduated high school	2	10
-Attended college	4	20
-Attended university graduate	9	45
-Graduate degree	3	15
Total	20	100

〈Table 5〉 Number of Dependents

(Mean: 1.94/S.D. : 1.43/Min: 0/Max: 5)

Number of dependents	No.	%
0	3	17.6
1	5	29.4
2	1	5.9
3	7	41.2
4	0	0.0
5	1	5.9
Total	17	100

〈Table 6〉 Income Sources

Income Sources	No.	%
Earnings	8	42.1
Interests	-	-
Rent	-	-
Dividends	-	-
Family	2	10.5
Friends	1	5.3
Private agency	4	21.1
Annuities	-	-
Public assistance	-	-
Workman's compensation	1	5.3
Social security	2	10.5
Private insurance	-	-
Others	1	5.3
Total	19	100

〈Table 7〉 Income Category (per year)

Income	No.	%
Below $10,000	4	23.5
$10,100-20,000	5	29.4
$20,100-30,000	1	5.9
$30,100-50,000	5	29.4
$50,100-70,000	2	11.8
$70,100-100,000	-	-
Above $100,000	-	-
Total	17	100

〈Table 8〉 What would you consider your economic status to be?

Economic Status	No.	%
Low	7	38.9
Average	11	61.1
High	-	-
Total	18	100

36.8 percent of the respondents are employed and 31.6 percent are homemakers 〈Table 9〉. 95 percent of the respondents report that their social status is average level〈Table 10〉. Five percent of the respondents report that their social status is low while no one considers his social status is high〈Table 10〉. 78.9 percent have health insurance〈Table 11〉.

〈Table 9〉 Work Status

Work Status	No.	%
Employed	7	36.8
Unemployed	-	-
Self-employed	2	10.5
Homemaker	6	31.6
Student	2	10.5
Retired	1	5.3
Others	1	5.3
Total	19	100

〈Table 10〉 What would you consider your social status to be?

Social Status	No.	%
Low	1	5.0
Average	19	95.0
High	-	-
Total	20	100

〈Table 11〉 Health Insurance

Health insurance	No.	%
Have	155	78.9
Have-not	4	21.1
Total	19	100

Eighty five percent of the respondents report that their nationality is Korean while only one person reports that his nationality is American〈Table 12〉. The average duration of staying in the United States is 11.94 years ranged from 1 year to 31 years〈Table 13〉.

〈Table 12〉 What do you think is your nationality?

Nationality	No.	%
Korean	17	85.0
American	1	5.0
Korean American	2	10.0
Others	-	-
Total	20	100

〈Table 13〉 How long have you been in the United States?

Mean(yr)	S. D.	Minimum	Maximum
11.94	8.69	1.0	31.0

84.2 percent of the participants do not read American new paper in English while 60 percent read Korean newspaper〈Table 14 & Table 15〉. 80 percent are interested in news on both Korea and America〈Table 16〉. Most of the paricipants do not speak English at home while 53.8 percent speak English at work〈Table 17 & Table 18〉. Sixty percent approve to change their names to American names while 35.0percent disapprove〈Table 19〉. Eighty percent agree that some Korean customs which are inappropriate to their lives in America should be discarded〈Table 20〉. During the last year, 68.4percent have not been invited by Americans〈Table 21〉. Moreover, 88.9percent have not invited any Americans to their home during the last year〈Table 22〉. Fifty percent disapprove Korean-American(white) marriage 〈Table 23〉.

〈Table 14〉 Do you read any American newspaper?

American nespaper	No.	%
Read	3	15.8
Read-not	16	84.2
Total	19	100

〈Table 15〉 Do you read any Korean newspaper?

Korean newspaper	No.	%
Read	12	60.0
Read-not	8	40.0
Total	20	100.0

〈Table 16〉 If you read Korean newspaper, what section do you mainly read?

	No.	%
More interested in news on Korea	3	20.0
More interested in news on America	-	-
Interested in both	12	80.0
Not interested in both	-	-
Total	15	100.0

〈Table 17〉 Do you speak English at home?(No/%)

	Always	Often	Once in a while	Never	Does not apply	Total
With Spouse	-	-	1/5.3	12/63.2	6/31.6	19/100
With Children	-	1/6.2	6/37.5	4/25.0	5/31.3	16/100
With Siblings	-	-		8/50.0	8/50.0	16/100
With Parents	-	-		5/35.7	9/64.3	14/110

〈Table 18〉 Do you speak English at work?

	No.	%
Always	7	53.8
Often	-	-
Once in a while	-	-
Never	5	38.5
Not apllicable	1	7.7
Total	13	100.0

〈Table 19〉 How do you feel about Koreans changing their names to American names?

	No.	%
Strongly approve	1	5.0
Approve	12	60.0
Don't know	7	35.0
Disapprove	-	-
Strongly disapprove	-	-
Total	20	100

〈Table 20〉 Do you agree that some Korean customs which are not appropriate to your life in America should be discarded?

	No.	%
Strongly agree	-	-
Agree	16	80.0
Don't know	3	15.0
Disagree	1	5.0
Strongly disagree	-	-
Total	20	100

〈Table 21〉 During the last year have you been invited to the home of any American(s)?

	No.	%
Yes	2	11.1
No	16	88.9
Total	18	100

〈Table 22〉 During the last year have you invited any American(s) to our home?

	No.	%
Yes	2	11.1
No	16	88.9
Total	18	100

〈Table 23〉 Do you approve Korean-American(White) marriage?

	No.	%
Strongly approve	-	-
Approve	3	5.0
Don't know	7	35.0
Disapprove	9	45.0
Strongly disapprove	1	5.0
Total	20	100

84.2percent of the respondents report that they never feel ashamed of being born a Korean while 5.3 percent always feel ashamed of being born a Korean〈Table 24〉. 63.2percent of the participants answer that they are involved in church activities〈Table 25〉.

〈Table 24〉 I am ashamed of being born a Korean

	No.	%
Always, yes	1	5.3
Frequently, yes	-	-
Once in a while, yes	2	10.5
Definitely, no	16	84.2
Total	19	100

〈Table 25〉 What community activities do they participate in?

	No.	%
Extended family	5	26.3
Neighbors	1	5.3
Friends	1	5.3
Church	12	63.2
Clubs	-	-
Community activities	-	-
Other	-	-
Total	19	100

2. Health and Health Care Practices

Strangely, no one answers that he does not know his health status〈Table 26〉. Thirty five percent of the participants report that their health status is poor or fair while 35 percent report that their health status is good or excellent〈Table 26〉. 31.6percent of the respondents have diseases〈Table 27〉. Only one respondent drinks alcohol and smokes〈Table 28 & Table 29〉. The average sleeping time is 6.11 hours ranged 2 to 8 hours〈Table 30〉. No one has irregular diet habit〈Table 31〉. Eighty percent of the respondents know their blood pressure〈Table 32〉. 85 percent answer that they think that the most effective health care is western medicine when they are acutely sick〈Table 33〉. Actually, ninety five percent use western medicine and five percent use Korean traditional medicine when they are acutely sick〈Table 34〉. No one uses the shamanistic approach when they are acutely sick. 85 percent answer that they will recommend western medicine and 5 percent answer that they will recommend Korean traditional medicine when their family or relatives are acutely sick〈Table 35〉. It is noticeable that 10 percent report that they will recommend to combine the treatments〈Table 35〉.

〈Table 26〉 Health Status

	No.	%
Poor	2	10.0
Fair	5	25.0
Satisfactory	6	30.0
Good	4	20.0
Excellent	3	15.0
Do not know	-	-
Total	20	100

〈Table 27〉 Disease Status

	No.	%
Have	6	31.6
Have-not	13	68.4
Total	19	100

〈Table 28〉 Alcohol Drinking

Alcohol Drinking	No.	%
Yes	1	7.1
No	13	92.9
Total	14	100

〈Table 29〉 Smoking

Smoking	No.	%
Yes	1	7.1
No	13	92.9
Total	14	100

〈Table 30〉 How Many hours do you sleep usually?

Mean	S. D.	Minimum	Maximum
6.11	1.83	2	8

〈Table 31〉 Diet

Diet	No.	%
3 meals with snack	4	26.7
3 meals	6	40.0
2 meals	5	33.3
Irregular diet	-	-
Total	15	100

〈Table 32〉 Do you know your Blood Pressure?

	No.	%
Yes	12	80.0
No	3	20.0
Total	15	100

〈Table 33〉 What do you think is the most effective health care when you are acutely sick?

	No.	%
None	-	-
Korean traditional medicine	-	-
Western medicine	17	85.0
Shamanistic approaches	3	15.0
Total	20	100

〈Table 34〉 How did you manage your illness when you were acutey sick?

	No.	%
None	-	-
Korean traditional medicine	1	5.0
Western medicine	19	95.0
Shamanistic approaches	-	-
Total	20	100

〈Table 35〉 What will you recommend when your family or relatives are acutely sick?

	No.	%
None	-	-
Korean traditional medicine	1	5.0
Western medicine	17	85.0
Shamanistic approaches	-	-
Combined	2	10.0
Total	20	100

35.2 percent of the respondents have chronic diseases〈Table 36(a)〉. 70.6 percent of them combine the multiple treatments to manage their illness and only 17.6 percent manage their illness with western medicine〈Table 36(b)〉. 62.5percent of them report that they are satisfied with the treatment they use(Table 36(c). 52.6 percent of the respondents answer that they will recommend western medicine and 36.9 percent answer that they will recommend to combine treatments when their family, relatives, or friends have chronic or terminal diseases〈Table 37〉.

〈Table 36(a)〉 Chronic disease

	No.	%
Have	6	35.2
Have-not	11	64.8
Total	17	100

〈b〉 Managing chronic disease

	No.	%
None	-	-
Korean traditional medicine	-	-
Western medicine	3	17.6
Shamanistic approaches	2	11.8
Combined	12	70.6
Total	20	100

(c) Do you think it is effective?

	No.	%
Yes	10	62.5
No	6	37.5
Total	16	100

〈Table 37〉 If your family, relatives, or friends have chronic disase or terminal disease, what will you recommend?

	No.	%
None	-	-
Korean traditional medicine	1	5.3
Western medicine	10	52.6
Shamanistic approaches	1	5.3
Combined	7	36.9
Total	19	100

The mean number of times the respondents went to a doctor for medical care is 2.57 ranged from 0 to 12〈Table 33(a)〉. To the question, how long it has been since they had a complete physical check-up or examination, the respondents answer 0 month to 24 months〈Table 33(b)〉. During the past 12 months, only one respondent(5.6%) has received care in a hospital emergency room〈Table 34〉. During the past 12 months, five respondents(27.8%)have received hospital outpatient care〈Table 35〉.

〈Table 33(a)〉 During the past year, what was the total number of times you went to a doctor for medical care?

Mean	S. D.	Minimum	Maximum
2.57	3.63	0	12

(b) How long has it been since you had a complete physical check-up or examination?

Mean	S. D.	Minimum	Maximum
4.25	6.78	0	24

〈Table 34〉 During the past 12 months, have you received care in a hospital emergency room?

	No.	%
Yes	1	5.6
No	17	94.4
Total	18	100

〈Table 35〉 During the past 12 months, have you received hospital outpatient care?

	No.	%
Yes	5	27.8
No	13	72.2
Total	18	100

3. Case Studies

Case 1. I am a 31 year old woman. I recently immigrated to the United States. My husband has worked in a small grocery store, and I have worked in a small laundry. We had a 4-year old boy and a 1-year old girl. In fact, we decided to come to this country for our children. We wanted our children to have better education and better opportunities. Yet to manage our lives, our children were always sent to a child care center. Fortunately, our children were very healthy.

When we went to Los Angeles to find a place for our first shop, we found our son could not stand without assistance. We were scared. We canceled our plan and came back to our home in San Francisco. Actually, even though our son had suffered from his illness, we had never recognized his illness. We had been too busy to take care of our children.

We spent several days to fine appropriate care for our son. First and foremost, we went to a Korean traditional doctor. We usually used traditional medicine because we could communicate with the traditional doctor

without language barrier. I and my husband are middle-school graduates. Thus, we could not express ourselves in English. Moreover, since we did not have medical insurance, we could not go to western doctors. We heard that a visit to a western doctor sometimes costs up to 1,000 dollars. The traditional doctor treated our son with traditional herbal medicine and acupuncture. However, it did not work.

Then, we visited a Korean pediatrician, and the pediatrician referred our son to a larger hospital, Oakland Children's hospital. When we visited a neurologist of the hospital for the first time, language barrier inhibited our son from having appropriate medical care. We could not understand what the neurologist said, so we came back home without any medical services.

Then, we asked our pastor to visit the hospital as an interpreter. However, the pastor could not understand several medical terms also. Thus, we spent several days to find another person who can interpret medical terms. We finally found right person for interpretation, and we visited the hospital again. Our son was diagnosed brain tumor. Our son was immediately admitted to have a simple operation. At that time, the neurologist said that the operation would be very simple and our son would not have any other complications. The doctor also mentioned that our son's symptoms were very mild and the affected area of brain was a safe area.

However, before the scheduled operation, our son suddenly became unconscious. Thus, and emergency operation was performed. However, our son never waked up. We wanted the doctor to explain what happened to our son. The doctor explained, but we could not understand. We were under the impression that the reason of the death might be malpractice of the doctor. We remembered what the doctor said after the emergency operation. The doctor said that the operation was successful and our sonwould wake up soon. However, there were no way to prove our impression. We could not speak English fluently to discuss our feelings and impressions. Moreover, we did not have much money enough to hire a lawyer in order to prove our conviction. Thus, we gave up, and we were in the process of mouring.

Case 2. I am a 39 year old woman having four children. I immigrated to the United States 10 years ago. My husband is anevangelist of a Korean church. His previous occupation was a carpenter. After we spent several years in the United States, he decided to be an evangelist. Since my husband has worked for a living as an evangelist, I have not worked for a living at all. Like other wives off pastors or evangelists, I have worked as a bible study teacher and church leader.

Recently, I delivered our last child. I have suffered from cystitis since I delivered our first child. I frequently ignored my symptoms until I could not tolerate the uncomfortable symptoms such as frequent urination and pain. After the delivery of our last child, my cystitis recurred again. I treated my cystitis with the medicine I usually had taken whenever cystits had recurred.

Even though I do not work for a living. I am always busy working for our church. Because I am very busy to work for our church, I frequently have no time to go to restroom. Moreover, I have frequently omitted my medication and quitted my medication inappropriately. I think that no symptom means no illness.

I have managed my illness with western

medicine whenever my symptoms recurred. I have medical insurance, so I do not have any financial problems in using western medicine. I have visited a Korean doctor who has a clinic in Oakland because I could express myself without language problems. Moreover, I have frequently used a Korean pharmacy where I could have any medications for my cystitis without a prescription.

recently, I recognize that my way of managing the illness is wrong. However, I am wondering what I should do to manage my illness appropriately.

Case 3. I am a 54 year old woman. My husband has a small business and is always busy to manage his business. I have two sons, who left to study in other states. I have no worked because my husband's income has been enough to manage our lives. I have always stayed home since I immigrated into the United States. I had been busy to take care of our home and children until our last son left to study in another state. I had not had any time to enjoy my life before he left. I could not speak English fluently even though I had lived in the United States for 18 years. Moreover, I did not have any friends whom I could talk about myself.

After our last son left, I found I had hypertension. I did not visit a doctor's office, but I knew that I had hypertension because of headache and weakness. Only the person having illness knows his illness. After I found my illness by myself, I tried to manage my illness in every possible ways. I have medical insurance and I do not have any economic problems in getting any treatments. I have tried Korean traditional medicine, natural therapy using ions or herbs, and the shamanistic approach. However, the trials were useless.

Recently, I become a church-goer, because my new friend whom I met in a party recommended me to go to a Korean church. In the church, I met a person who treated his illness with natural therapy. I started to treat my illness with natural therapy, and finally cured my illness. I think that the natural therapy using natural foods is very effective. Without any complications, my hypertension is cured. Now, I am very happy about curing my illness with natural foods and about my new friends who really concern about me.

Ⅳ. Discussion

1. Transitional Experience

Previous studies show that the majority of Korean males and slightly less than half of the Korean females are employed(Ligtht & Bonacich, 1988). Despite the high employment rate, the income of Koreans is not significantly higher than that of other groups. A high proportion of Korean immigrants is concentrated in small ethnic business and the proportion of those who engage in small ethnic business increases as time elapses. It is reported that the census surveys of business establishments systematically undercount the true Korean business population, two-thirds of which consist of firms too small to notice(Light & Bonacich, 1988). Because of the unmeasured part time, illegal, underground, and barter only enterprises, the number of Korean small business could not be accurately counted. The findings of this study also agree to the results of the previous studies. 47.3 percent of the respondents are employed, 20.1 percent of

which are self-employed.

Especially, Koreans' process of adaptation has been very slow. In Miller's study(1990), approximately half of the respondents experience language problems and are not exposed to the American printed media at all. Nearly all of them do not use English at home. In Hurh and Kim's(1984) study, most of the respondents report that family duty should be given priority over individual interest:nearly all of them think it is necessary for their children to speak Korean language well:the majority of them prefer the Korean ethnic church over the American:about half of them desire to return to Korea:and most of Korean immigrants oppose to interracial marriage with Americans(Miller, 1990). The findings of this study also show that Koreans are very conservative and want to keep their customs and cultural heritages as possible as they can. 45 percent of the respondents disapprove Korean-American(White) marriage, and most of them do not use English at home.

The ethnic attachment to Korean culture of the first generation immigrants is strong. Korean immigrant's social participation and intterpersonal relations are largely confined to their own ethnic group. In Hurh and Kim's(1984) study, most of the respondents are reported to actively participate in Korean voluntary associations, whereas only a very small portion of them are members of American voluntary organizations. The findings of this study support the previous results. No one is involved in clubs, community activities and others, while 63.2 percent of the respondents participate in church activities and 26.3 percent participate in the extended family activities.

In case there are mutual contacts between the network members, the network is called a close-knit network, while a loose-knit network means few or no mutual contacts between the network members(Krol, Sanderman & suurmeijer, 1993). Korean culture is based on the close-knit network. Actually, Korean community has the relatively effective and available social supports than other non-Korean communites(Noh, Speechley, Kapar & Wu, 1992). Espeically, family support is reported to be a major source of social supports of Korean(Sawyers & Eaton, 1992). Even though the case studies show that the families affect the person in a negative way, it is certain that the influences off the families are tremendous. The findings of this study also show that social supports from friends are very important in Korean immigrants' lives.

The influence of Confucianism on Korean culture is tremendous. Confucianism places special importance on the family as both the basic unit of society and the fundamental social structure within which individuals live and emphasize tradition and authority as guides to social behavior(Moon & Pearl, 1991). The generational bond is regarded as more vital than the marriage bond. Although the familial structure is recently undergoing change, loyalty to the family remains. Koreans historically have a strong sense of family loyalty. For example, Koreans speak of "our home" and "our father" where Western sould say "my home" and "my father". Given their value system, Korean immigrants might sacrifice themselves for the honor of their family even when they would not do the same for their country. It is noticeable in the case studies that the women speak of "our children" and "our family."

Language barrier is reported as the most

serious problem experienced by Korean immigrants (Hurh & Kim, 1984;Miller, 1990;Nah, 1993), the findings of this study also show that language barrier is a major problem of Korean immigrants, especially in their health care practices.

Even though they have successfully adapted to the new world, their hardships in daily lives associated with economic struggle and marginality in the new society continue. They frequently find themselves dealing with a life of economic struggle and hardship, and are marginal in the society to which they have come. Their range of job opportunities is restricted by not only knowing the language;their eduation and training may not be recognized(Lipson & Meleis, 1985). Ties with the extended family are sometimes broken or altered. They are certainly in tansition with tremendous hardships. The respondents of this study also report the hardships from the transitional status. No one reports that his social status is high and his economic status is high. They are very busy to manage their lives, so they can not even recognize their son's illness.

2. Health and Health Care Practices

In this study, no one reports that he does not know his health status. Fifty percent report that their health status is satisfactory, good, or excellent, and 31.6 percent report that they have illness.

Moreover, 21.1 percent of the respondents do not have medical insurance. Yet, comparing with other immigrants, (Foxman, Frerichs & Becht, 1984) their health status is not so bad, and the rate of the people having medical insurance is relatively high.

In this study, the transitional experiences related to language barrier, culturally determined beliefs and attitudes toward health and illness, their culturally determined halth care practices, the hardships from daily lives, and socioeconomic characteristics are found to influence the respondents to manage their health and illness improperly and ineffectively.

First, language barrier is found to be a major problem in health care practices of Korean immigrants. Studies have reported that language barrier is one of the major sources of the misunderstandings leading Korean immigrants to manage their illness improperly(Miller, 1990;Sawyers & Eaton, 1992). It is not uncommon for immigrants to be unable or too terrified to communicate verbally. Without proper verbal communication, health care needs can not be fully assessed, and health care services can not be effectively delivered. Actually, the case studies show that Korean immigrants want to visit Korean doctors rather than non-Korean doctors because of language problems. Like other immigrants, it is certain that language is the most important factor affecting theri health care utilization.

Second, the findings of this study show that culturally determined beliefs and attitudes toward health and illness affect Korean immigrants' health care practices. The case I shows that the culturally determined belief, 'no symptom means no illness.' affects the health care practices. Because of the belief, the woman does not manage her cystitis effectively. The case 3 also shows that the culturally determined belief, 'only the person having a disease knows his illness,' influences the health care practices in a negative way. As the case 3 shows, Korean immigrants frequently diagnose their illness by themselves based on the belief.

Moreover, like other Asian immigrants, Koreans express their psychological conflicts with vague physical sufferings. In Korean culture, psychological problems mean personal and familial stigma. Thus, to resolve the psychological conflicts, they frequently complain physical sufferings. As shown in the case 3, psychological conflicts can be expressed as some vague symptoms, and the symptoms are frequently misdiagnosed.

Third, it is found that improper health care practices are frequently related to the culturally determined health care practices. Koreans' approach to health and illness can be classified to three areas, which are Korean traditional medicine, so called Hanbang, Western medicine, and the shamanistic approach(Chin, 1992). Korean immigrants' health care practices are characterized by this pluralistic approach(Chin, 1992). Koreans usually use both Korean traditional medicine and Western medicine simultaneously. During an acute illness or an emergency, Koreans use their traditional medicine or western medicine, hoping that a cure will come from one or both of them. When they suffer from chronic or terminal illness, they more depend on their traditional medicine or the shamanistic approach, because a cure from western medicine is not trusted. In fact, their traditional medicine, Hanbang is believed to be effective especially in treating certain incurable or chronic diseases that have been unsuccessfully addressed by other treatments(Pang, 1989).

Some Korean immigrants to the United States have fully adopted Western medicine, while others continue to practice their traditional health care beliefs. Actually, the findings show that 85 percent of the respondents think that western medicine is the most effective health care when they are acutely sick. However, 70.6 percent of the respondents think that the combined approach is the most effective way when they are chronically sick.

Fourth, socio-economic factors are found to play a key role in choosing the type of health care services. Family income is reported to be related to Korean immigrants' choice of health care sevices(Miller, 1990). In Miller's study. the respondents with higher family incomes make more visits to the traditional doctors' offices than the respondents with low family incomes. The respondents with low family incomes make more visits to the western physician's offices. The rational for this finding is related to health insurance. Since insurance companies usually do not reimburse individuals for many non-western health care practices, only Koreans of higher socioeconomic status are able to afford traditional care. the case 3 agrees to the tendency. The women can try any approaches, because she does not have financial problems.

However, it should be considered that the low income families visit the western physician's office only in emergency situations. Because of financial problems, most of them do not have medical insurances. The case I shows that the family could not go to a western doctor because they heard that one visit costs up to 1,000 dollars without medical insurance. Therefore, which type of health care services they use is not an important issue for them. Whether they can use health care sevices whenever they need is more important.

Finally, women and the elderly are found to be the most vulnerable groups. In this study, fifty percent of the respondents are above 50 year old, and eighty percent are women. It

does not mean that 50 percent of all Korean immigrants are above 50 years old and 80 percent are women. It should be considered why they are interested in health, and why they are willing to be the participants of this study.

Korean culture is essentially based on patriarchal order. In the traditional Korean family, the wife is confined to the home and bears the major responsibility of performing household tasks, whereas the husband is expected to be the breadwinner.

However, employment does not mean a sharp break from the traditional Korean marital role to Korean immigrant family even though a high proportion of Korean immigrant women are employed. Under the pervasive influence of the traditional system, wives of Korean immigrant families suffer from many tasks.

Moreover, respect for the elderly is a cultural belief among Koreans(Sawyers & Eaton, 1992). Confucianism places special importance on the respect for the elderly and familial bond. Thus, most of Korean immigrant elderly have immigrated to maintain family ties. Typically, they have followed their children. However, their children's and grandchildren's efforts to adapt to American culture are experienced by them as a threat to their status of respect and authority as elders(Moon & Pearl, 1991). Uprooted familiar culture and the social system of their native country, they become painfully aware of a deep sense of isolation in what seems to them to be a bewildering and often hostile environment(Moon & Pearl, 1991).

Ⅴ. Theoretical Implications for Nursing Care

On the basis of the findings, some theoretical propositions for nursing care are made. First, when first generation immigrants negotiate the westtern medical system in the United Status, a cultural interpreter, not just a translator, in needed to promote communication. Often a translator merely explains words from one language to another without attending to ther underlying belief system of the culture and proper understanding of non-verbal communication. Actually, without understanding the underlying belief system, cultural background and culturally determined non-verbal communicatin skills, appropriate nursing care can not be delivered.

As DeSantis and Thomas(1992) show, one of the impediments to effective health care of immigrants is the lack of providers who can communicate with them. When health care providers can not communicate with their clients directly, cultural interpreters who can be bicultural staff worker, family members, friends or relatives should be involved in their care. Easy access to cultural interpreters, who can facilitate communication among the health care provider, the client and family, is essential.

Second, culturrally sensitive care needs to be provided. Cultural sensitivity refers to respecting cultures that are different from our own, recognizing that people have culturally specific health belifs and practices, improving care by incorporating those practices that are not life threatening, and acting on half of ethnic people who are being denied safe and quality health care(Fong, 1985). Moreover, culturally sensitive and appropriate care also means attending to the total context of the client's situation.

including awareness of immigration stress factors and cultural diferences(Lipson &

Meleis, 1985).

Third, nurses should understand Korean immigrants' culturally dettermined health care practtices to minimize unexpected harmful effects. The pluralistic approach of Korean immigrants inadvertently makes them overmedicated and inappropriately treated(Park & Petterson, 1991). Nurses should follow up their clients more closely especially when multiple treatments are being used.

Fourth, assessing the patient's kinship relations and identifying authoritative family members are necessary for nurses to effectively use influential family members for therapeutic goals. Korean culture is family oriented and places family loyalties before personal interests(Sawyers & Eaton, 1992). Moreover, social support from family members is very important in Korean immigrants' lives. Thus, to increase the effects of care, nurses need to assess the family members of their cliens in advance, and involve the influential family members in their care.

Finally, risk groups within Korean immigrants should be identified and approached in advance. The identification of risk groups is helpful for assessing the health care needs of the population and improving their health. Firstly, low incomed families should be approached in advance. As investigated before, low socio-economic status influences Korean immigrants in negative ways. Without medical insurance and financial support, they can not manage their health and illness appropriately.

As investigated before, women are one of the risk groups. They suffer from double burdens of working in domestic and public areas. With their partners, they silently work to accomplish their American dream, and also ignore their symptoms to save time and money. Moreover, their positions in their families do not allow them to complain their sufferings. Their cultural values based on Confucianism also force them to sacrifice themselves until their illness becomes serious.

Another risk group may be the elderly, because they are more vulnerable to physical and psychological stress from immigration experience. Studies frequently report the adjustment problems of elderly Korean-American immigrants. Koh and Bell(1987) report six major problems experienced by Korean immigrants aged sixty and older living in the New York City area. They are in order of seriousness, lack of proficiency in English, health conditions, loneliness, transportation, income and housing. Especially, the health risk is greatest for those who have little education, have arrived most recently, and live alone. Furthermore, they are the group who more frequently use the traditonal medicine and the shamanistic approach.

Ⅵ. Future Study

This study has some limitations in generalizing the findings because of the small number of subjects and the sampling method. Future study needs to be done with larger samples and using more reliable sampling methods. Moreover, future studies need to focus on the risk groups including low-incomed families, women and the elderly.

In Korean culture, people do not deal with private aspects of their lives with strangers. Moreover, it is very rude to ask private questions directly. Thus, to study Koreans, a researcher needs to have some time to be acquainted with the research subjects.

However, this study is done within the limited time, so more detailed information can not be gathered. Future study needs to be done with adequate time for being acquainted with the research subjects.

Ⅶ. Summary and Conclusion

With the large influx of Koreans into the United States and the increasing need of incorporating cultural knowledge on different ethnic groups into nursing science, more studies on Koreans are needed. In this study, Korean immigrations' health care practices are investigated while paying attention to their transitional experience through unstructured interviews and case studies.

Through the investigation, it is found that Korean immigrants manage their health and illness inappropriately and ineffectively, largely due to their transitional experience relaed to languagge barrier, culturally determined beliefs and attitudes toward health and illness, culturally determined health care practices, the hardships from daily lives, and socioeconomic characteristics. Korean immigrants are certainly in the need of proper healtth and illness mangement, and facilitating their transition toward health and well-being.

For proper nursing care, nurses need to have easy access to cultural interpreters, be equipped with cultural knowledge on this popluation, provide culturally appropriate care based on the knowledge, understand Korean immigrants' culturally determined health care practices, use family members to achieve therapeutic goals, understand the hardships from the transitional experience, and approach the identified risk groups in advance.

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