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재미 한인들의 초기 이민 경험과 질병관리에 관한 고찰

(Managing Illness of Korean Immigrants in Transition)

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목 차

국 문 초 록

재미 한인들의 급격한 증가와 더불어 미국 간호학의 한인들에 대한 문화적 지식의 유입을 필요로 하게 하였다. 더구나 기존 연구들은 한인들이 질병을 비효율적이며 부적절하게 관리하는 것으로 보고하고 있어 이에 대한 연구의 필요성이 더욱 증가하였다.

기존 연구에 의하면 초기 이민 경험은 이민자들의 건강과 질병 관리에 크게 영향을 미치는 것으로 나타났다. 이 연구에서는 비평적 문헌 고찰을 통하여 초기 이민 경험이 재미 한인들의 질병관리에 어떻게 영향을 미치는지에 관하여 살펴보고 이에 근거하여 재미 한인들을 위한 적절한 간호의 방향을 제시하고자 했다.

의학도서 목록 전산망과 기타 문헌 자료를 이용하여 1966년부터 1995년까지의 의학, 보건학, 생물학, 심리학, 사회학 문헌들을 살펴보았다. 체계적인 문헌 고찰을 위하여 4개의 세부적인 주제 아래 문헌들을 구분하여 고찰하였다. 첫째, 일반적인 이민자들의 초기 이민경험, 건강, 질병 관리가 고찰되었고, 둘째로 재미 한인들의 초기 이민 경험이 고찰되어졌으며, 셋째로, 재미 한인들의 건강, 질병관리가 고찰되어졌고, 마지막으로 이들을 위한 간호의 방향을 제시해 줄 기존의 간호 모델들이 고찰되어졌다.

문헌 고찰 결과, 재미 한인들의 부적절한 질병 관리는 그들의 초기 이민 경험들과 관련되는 것으로 나타났다. 첫째,

문화적으로 결정되어진 신념이나 태도들이 재미 한인들의 적절한 질병 관리를 방해하는 것으로 나타났다. 둘째, 재미 한인들도 본국인들과 마찬가지로 질병관리를 위해 현대의학, 한방, 무속, 민간요법을 사용하는 것으로 나타났는데, 한방의 사용이나 이러한 치료법들의 혼용은 한인들의 적절한 질병 관리를 방해하는 것으로 나타났다. 셋째, 문화적 차이, 언어장벽, 그리고 비언어적 의사소통의 차이점에서 오는 오해들이 재미 한인들의 질병 관리를 부적절하게 만드는 것으로 나타났다. 넷째, 이민생활에서 오는 여러 어려움들 또한 재미 한인들의 질병관리를 어렵게 만드는 것으로 나타났으며, 다섯째, 사회적 지지의 부족 역시 재미 한인들의 적절한 질병관리를 힘들게 하는 것으로 나타났다. 마지막으로 적절한 간호 모델의 부재가 이들을 위한 적절한 간호의 제공을 어렵게 하고 있는 것으로 밝혀졌다.

이러한 결과에 근거를 두고 초기 이민 적응기에 있는 재미 한인들에게 적절한 간호를 제공하기 위한 몇가지 제안들이 제시되었다. 첫째, 이민자들에게 적절한 간호가 제공되기 위해서도 문화적 배경을 고려해야 하겠다. 문화적으로 적절한 간호를 위해서 간호 제공자들은 자신들의 문화와 다른 간호 대상자의 문화도 존중해 주어야 하며, 문화적으로 결정되어진 건강 신념들과 질병 관리 행태도 생명을 위협하지 않는 한 존중해 주어야 할 것이다. 또한 간호제공자들은 자문화 중심적인 사고방식에서 벗어나야 하며, 간호 대상자들의 상황을 총괄적으로 이해하여야 하고 이민자들의 어려움에 대해 공감을 가지고 간호를 제공하여야 하겠다. 둘째, 간호 제공자들은 한방에 관한 지식을 가지고 한 의학 혼용으로 인한 위험으로부터 간호 대상자를 보호하여야 할 것이다. 셋째, 문화적 차이나 자민족 중심적 사고방식으로 인한 오해를 막기 위하여 간호 제공자들은 간호 대상자와 자주 상호 교류함으로써 배우는 자세로 간호 대상자를 대하여야 할 것이며, 자신의 자민족 중심적인 사고방식을 인지하고 언어적, 비언어적 의사소통의 문화 집단별 차이를 앎으로써 오해의 소지를 줄여야 할 것이다. 넷째, 적절한 간호의 제공을 위하여 의사소통을 위해 대화만을 직접 번역해 주는 통역자와는 달리 문화적 배경까지도 이해하고 해석해 주는 문화적 통역자의 도움을 받아야 할 것이다. 다섯째, 한국문화는 가족 중심적 문화이므로 간호 대상자의 혈연관계를 이해하고 그에게 크게 영향을 주는 가족원을 간호 중재에 참여시킴으로써 치료 효과를 높여야 할 것이다. 마지막으로 효과적인 간호를 위하여 재미 한인을 위한 적절한 간호 모델을 개발함으로써 체계적인 간호의 방향을 제시할 수 있어야 할 것이다.

Ⅰ. Presentation of Issue

Immigration is a transition that results in a transplantation of old roots and a search to find new roots. Through the transition process, immigrants obtain new values, attitudes, and social norms(Meleis, 1991). Yet, their cultural heritage can not be easily changed because it is deeply rooted in their lives.

The transitional experience related to immigration certainly affects Korean immigrants and their health, illness and health care utilization. In fact, it has been reported that Korean immigrants in the United States manage their illness inappropriately and ineffectively because of their transitional experience(Chin, 1992;Hurh & Kim, 1984;Miller, 1990;Pang, 1989).

Their original health care beliefs, attitudes and practices lead Korean immigrants in transition to manage their illness improperly. Even though they are in the process of adapting to the new world, the impact of their original cultural heritage is dominant(Chin, 1992;Pang, 1989;Sawyers & Eaton, 1992). During an acute illness or an emergency, Korean immigrants usually use both their traditional medicine and western medicine as Koreans do in their own country, hoping that at least one of them will cure the illness(Pang, 1989). When they suffer from chronic or terminal illness, they depend more on their

traditional medicine or shamanistic approaches, because a cure from western medicine is not trusted.

The differences between Korean and American culture frequently bring about misunderstandings between Korean patients and American health care providers, which consequently lead to improper health care practices. According to Lipson and Meleis(1985), the potential for misinterpretation of symbols and cultural exhaustion may become higher when the social and cultural characteristics of the migrating individual and those of the host country are largely incongruous. Korean culture based on Confucianism is quite different from American culture based on Christiantity. According, the gap between the two cultures makes western health care providers to misunderstand their Korean clients, to assess the clients' needs improperly, and to provide inappropriate care.

The misunderstandings may be increased when a patient can not effectively communicate with his health care providers verbally or non-verbally. Korean immigrants rarely use English at home, and their acculturation process is very slow(Hurh & Kim, 1984). Accordingly, first-generation Korean immigrants frequently have problems in communicating with their health care providers who can not speak Korean. Moreover, the differences in non-verbal communication skills between Korean immigrants and their health care providers frequently lead to misunderstandings. Without adequate verbal and non-verbal communication, health care needs can not be assessed properly. Without proper assessment of health care needs, appropriate health care services can not be provided as well.

The hardships from the transitional experience related to immigration surely influence Korean immigrants to use health care services inappropriately. According to Anderson(1990), many immigrants find themselves dealing with a life of economic struggle and hardship, and are marginal in the new society. Immigrants should meet their basic needs without having the knowledge of resources and shortcuts that the natives take for granted(Lipson & Meleis, 1985). Like other immigrants, Koreans are busy striving to manage their lives with the struggle and hardships. With the hardships, they frequently hesitate to seek health care, and ignore their symptoms until the illness becomes serious.

Even though it has been pointed out that Korean immigrants manage their illness improperly during their transitional process, there have been very few studies on the subject of Korean immigrants' transitional experience and their health care practices.

Moreover, nursing studies on this population and nursing models guiding systematic care for them have been rarely conducted.

Ⅱ. Significance for Nursing practice

An average physician or nurse lacks the necessary knowledge to be an effective care provider for immigrants, because medical and nursing schools have been slow to incorporate behavioral science knowledge into an experiential educational component(Henderson & Primeaux, 1981). Recently, the limitation in socio-cultural knowledge among nurses, who provide care for immigrants, becomes of great concern when considering the quantity of care that these clients receive. Moreover, because it is the nurse who works most closely with

patients, his/her lack of cultural competency can be disastrous to immigrants. Thus, a need for incorporating socio-cultural knowledge on immigrants into nursing discipline is increasing.

According to Andrews(1992), minority groups in the United States will soon comprise more than half of the total poplation. Considering the increasing number of the culturally diverse individuals and groups in the future, there must be an increasing need for nurses to focus on the cultural beliefs and practices of the clients. Moreover, the minority groups are demanding culturally relevant health care that incorporates their culturally specific beliefs and practices. More than at any time in the history off the United States, it becomes imperative that nursing discipline gives special attention to these clients by investigating competent nursing care oriented to cultural diversity.

Korean immigrants also have an increasing need for nurses to focus on their cultural beliefs and practices. Since the end of the Korean war, immigration of Koreans to the United States has increased continuously. They are one of the most rapidly increasingg immigrant groups in the United States(Hurh & Kim, 1990). Gardner, Robey, and Smith(1985) estimate that the number of Korean population will reach over a million within the next decade. Although the population of Koreans grows rapidly in the United States, very little is known about these people. Considering the increasing number of this population, nurses certainly need to incorporate cultural knowledge of Korean immigrants' health care beliefs, attitude, and practices.

To provide proper nursing care for Korean immigrants, information on their transitional experience as well as their cultural needs is essential. Without understanding their transitional experience, nurses may not provide appropriate nursing care for them because the effects of the transitional experience on their health, illness and health care practices are tremendous. However, studies on their transitional experience related to immigration concerning health care practices are scarce. Moreover, nursing studies and models guiding nursing care for Korean immigrants are rarely found.

This study on Korean immigrants' transitional experience and their managing illness will provide some essential information on this population for proper nursing care. An investigation into models guiding nursing care for immigrants will give a systematic guideline to nursing care for Korean immigrants as well.

Ⅲ. Purpose

The purpose of this paper is to critically review the literature on health care practices of Korean immigrants while paying attention to their transitional experience and some models guiding nursing care for them, and to suggest theoretical propositions for nursingg practice with them. When Korean immigrants enter the health care system of the United States, they frequently have conflicts between their origianl and new culture. Nurses may be in the most proper position dealing with it. Especially when the immigrants manage their illness inappropriately because of the conflicts, facilitating their transition toward proper health care practices is a substantial part of nurses' responsibility.

The findings review will help health-care providers, especially nurses, to be equipped

with proper knowledge on the experience of immigration and cultural needs of Korean immigrants. They will also help nurses to facilitate the transition of Korean immigrants toward proper health care practices, and provide culturally competent and systematic nursing care for Korean immigrants.

Ⅳ. Methodology

To identify references on Korean immigrants, MEDLINE data retrieval system is used, and the medical, public health, and biological literature from 1966 through 1995 is searched. Psychology and social science database from 1966 to 1995 in MELVYL system are also searched. The references are searched using the subjects title and key words, which include "Korean immigrants", "immigration", "transition", "health", "illness", "health care practices", and "nursing models" over the last 30-year period. Relevant papers are obtained and reviewed to locate additional references. Papers that consider Korean immigrants, health and illness, health care beliefs, health care practices and nursing models in the title, abstract, or keywords are also searched. The articles and books referenced within this paper are limited to those available at University of California, San Francisco and University of California, Berkeley.

This paper focuses on:1) immigrants and their transitional experiences;2) Korean immigrants and their transitional experience;3) Korean immigrants' health, illness and health care practices;4) the description of some models guiding nursing care for immigrants;and 5) theoretical propositions for nursing practice. To review the literature critically, the collected information is analyzed, critiqued, and compared. Moreover, the information is synthesized based on the review findings. Then, theoretical proposition for nursing practice are presentted. Finally, some suggestions for future research are presented.

Ⅴ. Literature Review

To systematically analyze the related references, they are critically reviewed in three parts. In the first part, literature on general immigrants is reviewed while paying attention to their transitional experience, health, illness and health care practices. In the second part, literature on Korean immigrants is reviewed with respect to their transitional experience, health, illness and managing illness. In the final part, conceptual models guiding nursingg care for immigrants are invesigated.

Immigrants and Their Transitional Experience

Immigration is viewed as a major restructuring of life between two different worlds. Meleis(1991)investigates the transitional experience of immigrant women between two cultures regarding identity, roles and health. This article covers two main points. The first point is that immigrant women should be considered as a high risk population for physical and mental distress. The second point is that, to enhance the development of knowledge and understanding of the situation of immigrant movement, certain principles should be considered and adapted.

According to the author, in order to deal with the immigrant women's health-care needs, scientists from the host country need to understand the delicate interplay between several dynamic properties inherent in being a

women and an immigrant, and to develop ways to describe the health-care needs and responses that are congruent with the properties of immigrant women's situations. Thus, several properties of immigrant women that are helpful in understanding the nature of their identities and the roles are selected to be discussed. The properties are uniqueness versus stereotyping, permanence versus temporariness, and host-country values versus country-origin values. The author asserts that the properties lead to multiple identities and numerous demands within each of the roles that the women play. It also dixcusses misunderstandings that frequently happen in health care system by health care providers. Finally, some common principles for research methods concerning women representing two cultures are presented based on the experiences and researches of the author. The suggestions made in this article are consistent with those in other studies dealing with the transitional experience between two cultures(Meleis & Rogers, 1987) and the research methodological issues with respect to immigrants(Kleinman, 1983;Kleinman, Eisenberg, & Good, 1978;Lipson & Meleis, 1989).

The relationship between immigrants' transitional experience and health, especially mental health, is frequently studied. Golding and Burnam(1990) in a survey research assess the levels of depressive symptomatology in household probability samples of Mexico-born and U. S.-born Mexican Americans. They hypothesize that immigration status differences in acculturation, strain, social resources, and social conflict, as well as differences in the association of these variables with depression, would account for differences in depression between U. S. born and Mexico-born respondents. Respondents are selected to represent persons 18years of age and older in two mental health catchment areas in Los Angeles. Then, interviews are conducted with 3131 respondent in the two catchment areas, with a completion rate of 68%. Respondents can choose to take the interview in English or Spanish, and the survey instrument format allows easy switching from one language to another.

It is found that U.S-born Mexico-Americans have higher depression scores than those born in Mexico. Immigration status differences in socioeconomic status, stress and social resources do not account for the immigration status difference in depression. Yet low educational attainment and acculturation are associated with depression of the U. S. born respondents, but not of Mexico-born. This result is inconsistent with a previous survey reporting higher levels of depression among immigrants, and with other studies showing no immigration status difference in depression. Unmeasured other variables such as selective in migration of persons with better coping skills, selective return of depressed immigrants, or general differences in social comparison processes should be considered in future studies with diverse immigrants' groups.

The illness experienced by immigrants may be definitely different from that by non-immigrants. Andersons's(1991) study deals with the experience of chronic illness by immigrant women. She start her study under the assumption that thnicity plays a major role in determining how one feels about his health and illness, and how he manages his treatment. She insists that this kind of research questions into the existential experience of chronic illness by immigrant women begins from a phenomenological

perspective and proceeds to examine the context in which women's experiences are embedded. On the basis of the phenomenological perspective, this study argues that multiple factors influence the ability to manage illness. This is a qualitative study based on in-depth ethnographic interviews and has been carried out for five years. During the first two years, extensive qualitative data were obtained through ethnographic interviewing. Then, the hypotheses, grounded in women's experiences, have been generated. In the near future, the hypotheses will be tested in a large-scale quantitative investigation into illness management and the help-seeking practices of women living with a chronic illness. In this study, only the data from the qualitative component of the study are discussed.

The emotions that are the integral part of daily existence and the sense of self that is constructed during the course of chronic illness are found to be important factors influencing the experience of chronic illness. In this study, the difficulties in living with a chronic illness are reported to be exacerbated by the experience of uprooting from her homeland and resettling in a new country. The respondent report that they must deal with their marginality, social isolation and alienation in a foreign culture. Additionally, the feeling of being devalued is reported to arise not only from the chronic illness experience, but also from the definition of self that is constructed in the process of immigration. Then, some theoretical implications for nursing professionals are discussed. However, nursing discipline's roles in caring the chronically ill immigrant women need to be further questioned and investigated. Further studies need to be done on the experience of chronic illness by immigrant women and complex factors that shape the professional nursing practice with them.

Hardships from transitional experience frequently bring ineffective health-seeking or help-seeking behaviors. Studies show that immigrants can not manage their illness appropriately and effectively because of the hardship from immigration experience including language barrier, financial problems, and cultural differnece(Anderson, Blue, & Lau, 1991;DeSantis & Thomas, 1992;Golding & Burnam, 1990;Kasl & Berkman, 1983;Muecke, 1983). However, these studies do not provide consistent results, which seem to be applicable only to the study groups. Therefore, thses studies need to be repeated with larger samples to have consistent results. The reasons for the ineffective help-seeking behaviors need to be further investigated also. In addition, research methodological problems associated with socio-cultural characteristtics of immigrants should be overcome.

Korean Immigrants and Their Transitional Experience

Immigration and transitional experience.

With the lack of the literature on Korean immigrants, few studies provide much information on their experience of immigration. Hurh and Kim(1984) provide a variety off information on Korean immigrants. This study is a descriptive study based on literature review and semi-structured interviews with questionnaires. They deal with the immigration history of Koreans;general characteristics including demographic characteristics, socio-economic status, settlement patterns, geographical distribution, religious participation, and life satisfaction, and their ethnic segregation, family role adjustment, confinement and acculturation. It is noted that

Koreans have the highest educational and professional background among all immigrats' groups in the United States. They also show wide geographical dispersion in settlement, pervasive involvement in religion, proliferation of thnic organizations, heavy concentration in small business, high achievement motives, thrift, and hard work. Their investigation on Korean immigrants provides important information on Koreans' transitional and adaptational characteristics. However, the findings of this study can not be generalized to the whole population of Korean immigrants because this study is done in a limited area. Moreover, since this study is largely based on the semi-structured interviews with small number of respondents, selection, interviewer and recall bias should be evaluated.

There are several anthropological and sociological studies on Korean immigrants focusing on their cultural values and beliefs. Kim(1993) examines the pattern of career choice among Korean-American college students at a prestigious California university and analyzes how that pattern reflects their immigrant parents' cultural model off success and subsequent educational strategies. This study describes the influence of the cultural model as a family and community force on Korean-American students' career choices as well as the costs incurred by that model. This is a qualitative study based on in-depth open-ended interviews with 40 Korean-American college students during 1988 and 1989, and on ethnographic fieldwork conducted in the San Francisco Bay Area Korean community from 1985 to 1989. It is found that money and prestige are the criteria for success among Korean-American immigrants, and these criteria are the foundation for the Korean American community's cultural model of success. It is also found that the strategy of most immigrants for success is to earn money by running their own businesses and achieve prestige by sending their childeren to the best universities to become professionals. The children of immigrants show the internalization of the values, making them an important part of their identity. The author asserts that the powerful family and community forces channel students into narrowly defined careers, leaving no room for those who do not confirm. Future studies should be conducted with Korean immigrants in other geographical areas. Further investigation on the differences in the values between first generation and second-generation of Korean immigrants is also needed.

Elderly Korean immigrants are frequently investigated with respect to their adaptation to the United States and their transitional experience of immigration. Moon and Pearl(1991) focus on the experience of alienation in elderly Korean immigrants to the United States. The purpose of this study is to examine the relationsip between the experience of alienation among elderly Korean American immigrants and the variables of gender, age, level of education, time in the United States, place of residence(an thnic community, Korea town, in Los Angeles versus major cities in Oklahoma), whether living with or without a spouse, and whether living with or without childeren.

The respondents are 137 Korean immigrants aged sixty years or older, who have resided in the United States for at least one year but not more than fifteen years. They are recruited through Korean American senior citizens' associations, churches and apartment buildings

with high concentrations of Korean Americans, and word of mouth. Dean's Alienation Scale(DAS) which includes a total alienation scale as well as subscales for powerlessness, normlessness, and social isolation is used. The DAS is translated into Korean by the first author, a native speaker of Korean. Then, the accuracy of the translattion is checked by three bilingual experts in the fields of linguistics, sociology, and psychology, respectively, and modifications are made in response to their suggestions. Interviews are done during home visits.

Significant relationships are found between one or more of the subscales of the DAS and place of residence, age, time in the United States, and whether living with or without a spouse. No significant relationship are found in this study between gender and feelings of alienationl. No significant relationship between years of education and feelings of alienattion is also found. This study provides important information on the variables that influenc4e the feeling of alienation. However, selection, observational and interviewer bias should be considered because the respondents are selected by convenience sampling process and the interviews are conducted without a structured guideline.

Studies on Korean immigrants frequently focus on their transitional experience of immigration. Marital satisfaction, family life satisfaction, generational differences, common problems, and cultural background are well investigated. Kim, Hurh, and Kim(1993) focus on generational differences in Korean immigrants' marital patterns and marital adjustments with special emphasis on international in-marriage. Nah(1993) conducts a study on common problems of Korean immigrants including problems in language, employment, health:and difficulties in interpersonal relationship between spouses, with other Koreans and with children, and alienation and loneliness. Park(1986)focuses on social resources in Korean families, health adjustment to the host society and subjective well-being. Rho(1989) investigates multiple factors contributing to marital satisfaction in Korean-American marriages and correlations with family life satisfaction. Kim, Kim, and Hurh(1991) investigate the cultural tradition of filial piety in Korean immigrants that has been modifield as the family-kinship system changed based on interviews and other qualitatvie study methods. These studies certainly provide important information on the transitional experience of Korean immigrants, but show inconsistent results. These studies need to be systematically investigated and repeated with larger samples.

Health, illness and health care practice.

Koreans have their own unique beliefs and attitudes toward health and illness. Korean immigrants in transition also preserve the beliefs and attitudes. Kendall(1987) investigates an ethnogynecological illness, Naeng of Korean imigrantts that is deply related to their traditional beliefs toward gynecological problems. This is qualitative study based on three detailed case studies. This study provides essential information on Korean traditional beliefs in relation to the gynecological illness that is not found in other ethnic groups. Moreover, to explain the illness, some important traditional beliefs relating health and illness are investigated.

Korean immigrants are found to have a traditional belief that a cold imbalance of the womb brings on a heavy vaginal discharge(also

called Naeng), can lead to sterility and may precipitate other kinds of discomfort. It is argued that a cookbook definition of cold wombs as folk illness would not explain the particular anxieties that Naeng sufferers bring to a clinic. Moreover, it is discussed that the vocabulary they use is vested with nuances that are personal as well as Korean, humoral as well as cosmopolitan. Other socioeconomic and psychological factors affecting the illness need to be investigated. Further studies are also needed to explain the nature of the illness, its cultural background and nuances.

Korean immigrants are reported to be susceptible to several diseases because of their cultural background. Sawyers and Eaton(1992) investigate gastric cancer of Korean immigrants by focusing on the cultural background that increases the risk of developing gastric cancer. This is a qualitative study based on a case study that examines a Korean patient who elects to participate in an investigational research protocol at the University of Southern California/Kenneth Norris Jr. Cancer Hospital. This study is done under the question why Korean-Americans are increasing at risk of developing gastric cancer although ther overall incidence of gastric cancer in the United States is decreasing.

The epidemiology of gastric cancer in the Korean population is found to be associated with environmental and genetic factors. Culturally determined dietary habits are found to be deeply related to gastric cancer of Korean immigrants. Transcultural nursing implications focusing on the cultural background, values, and health care practices of Korean Americans are discussed. However, the literature review on the cultural background of Korean immigrants seems to be superficial. More considerations on transcultural nursing implications should be taken. Additionally, specific health care needs of Korean immigrants associated with their cultural background should be further assessed.

The transitional experience related to immigration certainly affects Korean immigrants' health. A recent study of Hurh and Kim(1990) focuses on the effects of Korean immigrants' cultural background on mental health. This study is done as a part of a larger epidemiological research. An empirical investigation of major structural and situational variables related to Korean immigrants' mental health and a theoretical exploration of the meaning of the empirical findings are focused on. The Center for epidemiologic Studies-Depression Scale(CES-D), the Health Opinion Survey(HOS) and the memorial University of Newfoundland Scale of Happiness(MUNSH) are used as measurement scales. The data for the study are derived from diagnostic interviews of 622 Korean immigrants aged 20 yeares and older residing in Chicago area.

It is revealed that, among the respondents in general, those who are married, highly educated, and currently employed in a high-status occupation indicate better subjective mental health than others. It is also found that, for the male immigrants, a set of work related variables is clearly the strongest correlates of their mental health, whereas no such distinctive set of variables accounts for the female immigrants' mental health. More importantly, the family life satisfaction and several ethnic attachment variables are reported to be moderately related to the female immigrants' mental health. Then, theoretical implications based on these findings are

discussed in light of the confluence of ethnic attachment and acculturation on immigrants' mental health. However, a further theoretical exploration and additional studies, which pay more attention to the structural and situational contexts of migration process and adjustment, are needed. More research on mental health of Korean immigrants needs to be repeated witth a specific risk group within the population.

It has been reported that Korean immigrants manage their illness inappropriately because of their traditional medicine. Pang's(1989) study provides some essential information on Korean traditional medicine and health care practices of Korean immigrants. Her study more focuses on the therapeutic relationship between Korean immigrants and their Hanui, traditional Korean professional physicians, and the role adaptation of these physicians in the United States. This is a qualitative study based on participant observation and semi-structured interviews with interview and observation guide. The appropriateness of the interview guide is checked by a bilingual Korean student and by a pilot study. Data are collected in the clinics of Hanui and in the homes of the elderly women who are the clients of the traditional physicians.

It is revealed that Korean immigrants living in the United States have at their disposal a variety of medical resources. It is also found that Koreans select one approach or combine them, depending on which approach is relevant to their beliefs about causation of specific symptoms and illnesses. The therapeutic relationship between Hanui and their clients is reported to be genuine, spontaneous, and harmonious. Clients actively enter into the clinical process by negotiating with Hanui about treatment decisions. Moreover, Hanui practicing in the United States are found to modify their practices to meet their clients' expectations in relation to the impact of Western biomedicine. They use some biomedical diagnostic techniques, offer traditional medicines in tablet form, and explain symptoms and treatment with reference to some biomedical terms. Nevertheless, clients report to experience conflicts because of the lack of cooperation between Hanui and biomedical physicians. Some advantages as well as disadvantages of the traditional medicine, Hanbang, are discussed. More study is needed to investigate the advantages and disadvantages of Hanbangg more systematically, which may determine its raison d'etre within the health care system of the United States. The previous relationship between the clients and their Hanui also needs to be investigated because they are usually connected by informal social networks of Korean immigrants' community. Moreover, the nature of the relationship between Hanui and their clients should be further investigated with larger samples and in other geographical areas.

Health care practices of Korean immigrants are charactterized by pluralism. Chin's(1992) study deals with the pluralistic approach to health and illness of Korean immigrants. Chin discusses the use of Western medicine, holistic traditional medicine and healing rituals that is common in Korean families with a chronically ill member. This study is a qualitative study that presents a case as an example of the complexity of health management in first-generation Korean immigrants. The author reports that, even though there has been a shift toward Western medicine among Koreans, particularly among the young cohorts of first-generation Korean immigrants who have been

educated and spent most of their lives in the United States. biomedical approach is not the sole system of treatment. The biomedical approach is found to be used in combination with Hanyak and other types of healing rituals, which vary greatly with age, sex, education, and socioeconomic status. The findings of this study also show that the pluralistic nature of Koreans health care practices adds to intergenerational conflict, and family disintegration when family members with different views toward health and illness are forced to deal with problems. Confucian-related factors and the psychiatric diagnosis of Western specialists, that elicit family conflict leading to emotional and physiologic distress, are discussed. Other situational variables influencing illness management of Korean immigrants need to be investigated. Moreover, selection bias and observation bias need to be carefully appreciated, for this study is based on only one case.

Conceptual Models Guiding Nursing Care for Immigrants.

Even though there exist a number of nursing studies focusing on immigrants, few nursing studies focus on Korean immigrants. Especially, nursing models guiding nursing care for Korean immigrants are rarely found. Yet, there are several nursing models focusing on cultural needs and guiding nursing care for immigrants.

One of the most prominent nursing models that can be used for immigrants may be Leininger's transcultural nursing model. Her model has been presented, developed and refined during the recent several decades. In her recent article(Leininger, 1993), several important concepts, principles, and ideas about cultural health are discussed with some changes. Moreover, a more refined conceptual model is presented to provide a means to study components of the transcultural health care system from a holistic view. She strongly insists that it is time to prepare all health professionals to know and understand transcultural concepts and principles, and use available research findings. More importantly, she asserts the needs of transcultural and educational service programs so that all clients from different cultures will be served by the health care providers who understand culture and can provide culturally competent health care services in the future. Her theory has been frequently used to guide nursing care for immigrants. However, this theory is so general that it is practically difficult to guide nursing care for a specific ethnic group. More specific and detailed concepts need to be developed and refined through applying it to specific ethnic groups.

Chick and Meleis (1986) also provide a prominent conceptual model guiding nursing care for immigrants. Although the health issues relating immigration has been focused on by nursing scholars, nursing has rarely focused on the transitional experience related to immigration itself. The transition theory proposed in this article is valuable, because it provides a promising point of view on the transitional experience related to immigration. Actually, this article deals with several transitional phenomena related to nursing discipline. Transition is conceptualized as passage from one life phase, condition or status to another. It is a multiple concept embrancing the elements of process, time span, and perception. Process suggests phases and sequence. Time span indicates and ongoing but bounded phenomenon, and perception has to do

with the meaning of the transition to the person experiencing. it. Patterns of response to transition events and dimensions of transitions are categorized and explanined. Furthermore, transition is investigated while paying attention to nursing therapeutics, environment, and nursing client. Also, transition is analyzed in relation to other concepts including change. Transition is considered as an independent or a dependentt variable in relation to health, health-seeking behavior and health care utilization.

In their theory, immigration is viewed as a transition, which can be facilitated by nurses. However, immigration as a transition is superficially dealt with. Further development through applying it to specific transitional phenomena is needed. Additionally, this transition theory is somewhat impractical in practical settings. Preactical guideline to nursing care for immigrants needs to be further investigated and developed based on this theory.

An assessment model of Tripp-Reimer, Brink, and Saunders(1984) is one of nursing models guiding nursing care for immigrants. Their assessment tool is based on the assertion that assessing and understanding cultural variables lead to a better understanding off patient behavior and the way the patient perceives the illness or health situation. Issues in the content and process of cultural assessment are presented. It is pointed out that other existing assessment models are developed for group assessment. Furthermore, the models are so comprehensive that they are difficult to be used in a clinical setting with individual clients. It is also noted that the existing models are concerned with the content for cultural assessment, rather than with the process of performing the assessment. Considering the limitations of them, the assessment model proposed in this article is certainly promising. This assessment model implies process components and can be applied to individual clients.

In this model, three systems are presented, which are client, nurse and health care facility. Three variables(values, beliefs, and customs) are also presented. The variables imply the individual's role expectations for each of the systems. The system is dependent on the appropriate interactions among them. A disconnection of one from the systems makes the rest weak. This model includes two assessment grids. One grid is for assessing the cultural content of the client's system according to the process of cultural assessment. The other is for collecting information from the client's, nurse's, and the health care facility system on values, beliefs, and customs. It needs to be more pondered which one is the most vulnerable system and what is the nature of each system. Furthermore, it should be also evaluated if this assessment model really provides both content and process assessment and if it can be really applied to individuals as well as groups.

Models proposed in the book of Orque, Bloch, and Monrroy(1983) should be condidered when nursing frameworks for immigrants are dealt with. One of the promising models provided in the book is intercultural communication model that is applicable to any ethnic cultures. the intercultural communication model provides nurses with a conceptual guideline to nursing care for immigrants who have different ethnic/cultural system. In this model, two circles respectively represent each ethnic/cultural system of the patient and the

nurse. Each ethnic/cultural system includes the codiffication subsystem, which is subsumed under the language and communication process component. It is noted that the ethnic/cultural system of both the patient and the nurse exists side by side and an area of intersection joins these two systems. It means that there are areas of similarities between these systems that the nurse and the patient could use to improve their intercultural communication. In this model, the lines where the two circles intersect are dotted to denote that each ethnic/cultural system is expandable depending on either the patient's or the nurse's ability to explore and/or develop further areas of similarities. Nursing intervention is directed to expand the shared area by sharing experience.

This model is so conceptual that it can not be easily applied to practical nursing care. A practical assessment guideline based on this model needs to be developed. Nursing measures to expand the shared code should be investigated also. Additionally, this model needs to be further tested, modified and refined through applying them to other ethnic groups. An effort to incorporate process components into this model should be made as well.

Brink and Saunders(1976) provide an assessment model based on culture shock theory. This assessment model is based on the assumption that the degree to which a patient is assessed as being in cultural shock provides a nurse with a direction for nursing care. The purpose of this article is to present culture shock within the context of the stress syndrome. The primary task is to reformulate culture shock theory into a conceptual model that could be adapted by health professionals in contexts other than that of transition from country to country. In the first section, traditional culture shock phenomena from the stress-syndrome perspective are dealt with. The strategies for culture shock as well as its phases are presented. In the second section, this model is applied to hospitalization as a form of attenuated culture shock. Five environmental stressors that make the hospitalization experience amenable to culture shock are identified.

Although this model is used for hospitalization experience in this article, it is certainly applicable to immigrants who are in the process of culture shock and origianlly targeted by the culture shock theory. This model seems to include both content and process components, and can be used for assessing an individual as well as a group. However, this model does not provide a practical guideline for assessing the clients' needs. This model needs to be more developed, tested and refined through applying it to other culture shock phenomena.

Ⅵ. Discussion

It is certain that Korean immigrants frequently manage their innless inadequately and ineffectively. The findings of the literature review show that their improper management of illness is defintely connected with their transitional experience related to immigration(Chin, 1992:Hurh & Kim, 1984:Miller, 1990).

Their original cultural beliefs and atttitudes toward health and illness are found to affect their health care practices. For example, in a psychiatric context that encourages a family to reveal details off a patient's disorder in the

benefit of helping the family to deal with the problems, Korean families usually try to cover up the extent of their family member's illness to save face(Chin, 1992). One of the reasons is that mental illness of family member is a stigma of the family in Korean culture. Another reason is that Korean families place their hopes of curing mental illness of a family member on traditional modes of healing.

The culturrally determined health care practices are also found to influence Korean immigrants to manage their illness inappropriately and ineffectively. Koreans manage their illness with western medicine, traditional medicine or shamanistic approach(Chin, 1992). Western medicine has become a major part of Korean health care system with the influx of Western culture. Yet traditional medicine and shamanistic approach still exist, and are frequently used to treat chronic or terminal illness.

According to Pang(1989), Korean traditional medicine, Hanbang, includes four common treatment methods:Chi'm(acupunture), Hanyak(traditional herbal medication), D'um(moxabustion), and Buhwang(cupping). Chi'm is very similar to Chinese acupuncture and frequently used for osteological or neurological problems. Traditionsl herbal medicine, Hanyak, is the major and common part of Hanbang. The medicine is used to produce harmony in oneself relating a larger hamonious cosmology. A common type of Hanyak is Boyak, tonic medicine that is made from ginseng, deer horn, or bear gallbladder. D'um is the burning mugwort that is applied to tiny areas of the body. This treatment is for stimulating circulation and restoring energy. Buhwang is the treatment in which bad blood is sucked out. This treatment is also used to stimulate circulation and restore energy.

Koreans' shamanistic approach to health and illness is based on the belief that restless ancestors, ghosts and angry household gods bring affliction to the home-illness, financial loss, and domestic strife(Kendall, 1985). To prevent the calamity, Korean men honor the family's ancestors(Chesa)and women make periodic offerings to the household gods(Kosa). However, when they meet the affliction inevitably, the shaman, so called Mansin or Mudang, provides a direct link between her clients, their household gods, and ancestors. She determines the source of present trouble including illness, consults a Mansin, and has herself perform a divination, Kut. Sometimes, illness attributed to hovering ghosts can be cleaned up with a simple exorcism by housewives without consulting a shaman(Kendall, 1985).

Korean immigrants' improper health care practices are frequently related to Hanbang. Even though Hanbang is well integrated into the health care system of this country, the traditional medicine frequently inhibits Korean immigrants from managing their illness appropriately. Harmful effects of the traditional herbal medicine, Hanyak are reported(Mitchell-Heggs, Conway, & Cassar, 1990;Park & Peterson, 1991;Sawyers & Eaton, 1992). Moreover, it is also reported that the integration of traditional medicine and western medicine may result in overdose or adverse reactions, for traditional herbal prescriptions frequently contain the same chemical ingredients as used in western medicine(Park & Peterson, 1991). Additionally, new immigrants still operating within the norms of the culture of origin may not perceive the physician as a satisfactory substitute for the traditional healer(Kleinman & Gale, 1982). In the absence of the traditional healer, they

frequently delay taking any action until forced to do so by a crisis(Klenman & Gale, 1982).

Misunderstandings from cultural differences between Korean culture and American culture are found to lead Korean immigrants to manage their illness inappropriately and inefficiently. Sometimes, the misunderstandings come from ethnocentrism. As andrews(1992) shows, ethnocentrism by health care providers has sometimes resulted in the institutionalization of culturally diverse individuals who have been incorrectly diagnosed with schizophrenia, failure to provide adequate pain relief due to a lack of understanding about the cultural expression of discomfort, the arrest of parents for child abuse because culturally based childrearing practices are poorly understood by Anglo nurses, and so forth.

Language barrier may be one of the major sources of the misunderstandings leading Korean immigrants to manage their illness improperly (Miller, 1990:Sawyers & Eaton, 1992). Studies show that approximately half of Korean immigrants report to experience language problems(Miller, 1990:Nah, 1993). It is not uncommon for immigrants to be unable or too terrified to communicate verbally. However, without proper verbal communication, health care needs can not be fully assessed, and health care services can not be effectively delivered.

The differences in non-verbal communication skills between Korean immigrants and their western health care providers are reported to lead nurses to misunderstand Korean clients' needs and health care behaviors(Sawyers & Eaton, 1992). Non-verbal communication is an important cue for health care providers(Henderson & Primeaux, 1981). Without understanding the difference in non-verbal communication skills, Korean immigrants' health care needs and health care practices can not be fully understood.

The hardship in daily lives associated with their transitional experience related to immigration are found to inhibit Korean immigrats from managing their illness appropriately. Many immigrants suffer from economic struggle, hardship, and their marginal status in their host country. Their range of job opportunities is restricted by language barrier. Their education and training may not be recognized. Ties with the extended family are sometimes broken or altered. Therefore, the difficulties in living with an illness are certainly exacerbated by the transitional experience(Anderson, 1990). Moreover, the illness creates a major burden not only for those who live with them, but also for the families who care for those with the illness(Elfert, Anderson, & Lai, 1991). Therefore, these major hardships and burdens sometimes force Korean immigrants to neglect or inappropriately manage their illness.

Their health care practices are also found to be influenced by socio-economic factors. Family income is reported to be related to managing illness of Korean immigrants(Miller, 1990). The respondents with higher family income make more visits to the traditional doctors' offices than the respondents with low family income. The respondents with low family income make more visits to the western physician's offices. The rationale 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.

Moreover, social support received from members of the ethnic network is found to directly influlence Korean immigrants' health

and their health care uutilization(Noh, Speechley, Kaspar, & Wu, 1992). Especially in a culture based on close-knit network, the influences of social network are stronger than others. 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 immigrants' community has the relatively effective and available social supports than other non-Korean communities(Noh et al., 1992). Thus, the influences of their social network on managing illness are stronger than other non-Korean immigrants. Especially, family members are reported to be a major source of support in Korean immigrants' community(Sawyers & Eaton, 1992).

Lack of the models guiding nursing care for Korean immigrants certainly inhibits nurses from systematically assessing the clients' needs and providing proper nursing care. Moreover, the existing models are frequently critiqued because of some limitations. First, they are so general and comprehensive that it is difficult to use them in a clinical setting practically. Second, they are developed for group assessment, so it is difficult to use them in assessing individual clients. Third, most existing models focus on the content components only, even though cultural assessments must include both content and process components(Tripp-Reimer et al., 1984). Finally, the existing models tend to foster and reinforce ethnic/racial stereotypes largely because ethnic/racial categories have been viewed restrictively and combined with a depersonalizing focus on client compliance (Stevens, Hall & Meleis, 1992).

Ⅶ. Theoretical Propositions for Nursing Practice

On the basis of the findings, some theoretical propositions for nursing practice with Korean immigrants are made. First, culturally sensitive nursing care needs to be provided. With the influx of non-western immigrants to the United States, there is a need for nurses here to recognize and understand non-western medical systems and their attitudes toward health and illness, so that nurses can provide culturally sensitive nursing care. Cultural sensitivity refers to respecting cultures that are different from our own, recognizing that people have culturally specific health beliefs and practices, improving nursing care by incorporating those practices that are not life threatening, and acting on behalf of ethnic people who are being denied safe and quality health care(Fogn, 1985). To provide culturally sensitive nursing care, nurses must appreciate the patient's unique ethnic identity and the ability to adapt in health, crisis and illness. 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 differences(Lipson & Meleis, 1985). Understanding the immigrants' difficulties with empathy leads to better care and communication.

Second, nurses should understand Korean immigrants' traditional medical systems and intervene to minimize unexpected harmful effects of their traditional medical systems. The multiple treatment of Korean immigrants inadvertently makes them overmedicated and

inappropriately treated(Park & Peterson, 1991). Nurses should follow up their clients more closely when traditional medicines are being used. As Sawyers and Eaton(1992) suggest, education on synergistic and antagonistic effects of western and herbal medicines will be helpful in assessing health care practices of the patients taking herbal medicine. Moreover, incorporating knowledge on the traditional medicine into nursing knowledge in also needed. For example, without knowing that ginseng has antihypertensive properties, a nurse can not educate the client who takes antihypertensive medications and ginseng about the possibility of overmedication. Thus, the knowledge on the herb is essential for the nurse to educate the client. Additionally, when nurses deal with the issues relating traditional medicine, it should be always considered that the traditional medicine has been deeply rooted in the immigrants, so it can never be killed and would not yield to any political pressure(Chin, 1992).

Third, to prevent misunderstandings from cultural differences or ethnocentrism, nurses need to spend some time talking about their mutual expectations for the health care. The nurses' attitude is very important. When they show that they are sincerely interested in learning about their clients' background, the clients may enjoy explaning how health care is delivered in the home country(Lipson & Meleis, 1985). Mutual learning through the meeting can lead to more understanding and appropriate nursing care. Furthemore, nurses need to take effort and confront with their values to realize how much a product of cultural upbringing they have(Lipson & Meleis, 1985). It must be difficult for nurses to recognize their own ethnocentrism, for internalizing one's culture occurs from infancy in an unconscious manner. However, nurses definitely need to be aware of their own cultrual values, norms, and biases. In addition, misunderstandings will be overcome by recognizing that verbal and nonverbal communication styles also differ greatly from one cultural group to another. Open discussion of cultural differences in verbal or non-verbal communication will be helpful to decrease the misunderstandings.

Fourth, when Korean immigrants negotiate the western medical system in the United States, first-generation immigrants need a cultural interpreter, not just a translator, to promote communication. Often a translator merely explains words from one language to another without attending to the underlying belief system of the culture and proper understanding of non-verbal communication. Actually, without understanding the underlying belief system and non-verbal communication skills, appropriate health 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. The communication surely implies understanding the underlying belief system, cultural background and cultrually determined non-verbal communication skills. When health care providers can not communicate with their clientts 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.

Fifth, assessing the patient's kinship relations and identifying authoritative family members are necessary for nurses to effectively use influential family members and achieve

therapeutic goals. Koreans are family oriented and place family loyalties before personal interests(Sawyers & Eaton, 1992). Moreover, social support from family members is very important in Korean immigrants' community. Thus, to facilitate Korean clients to manage their illness appropriately and effectively, nurses should assess the clients' family relations in advance, and use the influential family members in nursing care.

Finally, nursing models need to be developed and refined to guide nursing care for Korean immigrants. Without any proper models, nursing care can not be delivered systematically. Unfortunately, the studies on nursing models for Korean immigrants rarely exist. However, even though some limitations of the existing models are pointed out, the models may provide a systematic guideline to nursing care for them. With developing new culturally specific models for Korean immigrants, the existing models need to be more developed, tested and refined.

Ⅷ. Future Research

Further research needs to be done with larger samples to provide adequate and reliable information on Korean immigrants. Their transitional experience related to immigration needs to be further investigated with more specific topics and different groups within the population. Moreover, comparative studies with Koreans in other geographical areas are required to provide reliable information on their health related issues.

Some models guiding nursing care for this population should be also developed and refined on the basis of the previously developed models. Learning from narratives may be an approach to develop and refine the culturally appropriate models for this population. With the development and refinement of the models, nursing measures that facilitate successful transition need to be investigated as well. Additionally, future research needs to focus on nursing care for a specific illness and a specific risk grouop within this population.

Ⅸ. Conclusion

With the increasing number of Koreans in the United States, a need to incorporate cultural knowledge on this population into nursing discipline is increasing. Moreover, Korean immigrants are reported to manage their illness inappropriately and ineffectively. The main reasons for their improper managing illness are found to be deeply connected with their transitional experience related to immigration. Korean immigrants are certainly in the need of nursing care for proper illness management and facilitating their transition toward health and well-being.

In conclusion, nurses must play a key role in meeting the needs of Korean immigrants as health care providers in a larger variety of setting. To play the role, nurses need to be equipped with cultural knowledge on this population and provide culturally competent nursing care based on the knowledge. They also need to understand the traditional health care system, prevent misunderstandings through self recognition of their ethnocentrism and mutual learnings process, have easy access to cultural interpreters, and use family members to achieve therapeutic goals. In addition, nurses should make an effort to develop and refine nursing models guiding

competent nursing care for this population as well.

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