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AN EXPLORATION OF KOREAN PATIENTS' ACCOUNTS OF THE MEDICAL SYSTEM AND COMMUNICATION WITH DOCTORS IN THE UNITED STATES

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate School
of The Ohio State University

By
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* * * * *

The Ohio State University
1998

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ABSTRACT

Even though ethnic diversity is a distinguishing characteristic in the United States and cultural backgrounds of patients have a significant impact on how these diverse patients perceive their health and illness reality and deal with this reality, there has been insufficient attention to the cultural diversity of the patient group in the studies of doctor-patient communication and patient satisfaction. Asian populations have been especially understudied compared to other ethnic groups such as White, Black, or Hispanics in the United States.

The purpose of this study was to provide an understanding of the Korean patients’ world through study of their relationship with medical systems and doctors in the United States. I tried to show the dynamics between Korean patients and their culture: how their culture as the repertoire of their meaning systems works when these patients try to understand their reality regarding medical experiences.

I interviewed thirteen Korean patients (plus six patients for the pilot study) in Columbus, Ohio, and Korean doctors, nurses, and interpreters for triangulation. This study was conducted by an insider who uses the same language as these patients and shares and understands their traditions and beliefs.
I identified themes from the analysis of the interview data such as perceptions of the medical environment (physical and psychological) and medical procedures, expectation toward American doctors, linguistic communication difficulties, discomfort with the communication manners of American doctors, Korean patients’ hiding information / avoiding agenda in communication with doctors, health beliefs regarding the body and its health & illness, differentiation from American people in terms of body adjustment system, thoughts on medicine, attitude change toward Chinese treatments, and factors making Korean patients hesitant about going to see doctors.

The study suggested that, considering the diverse meaning systems within a culture, the best way to understand a culture is to be open to intracultural diversity rather than trying to generalize or simplify a culture according to the group’s ethnicity or race.
Dedicated to my parents
ACKNOWLEDGMENTS

I thank the interviewees, Korean patients, Korean doctors, Korean nurses, and Korean interpreters. I appreciate their time and willingness to share their experiences with me.

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Finally and most gratefully, I thank God for EVERYTHING. He knows that I sometimes doubted whether He had come to the United States with me. However, I believe that He has always been with me and will continue to be.
VITA

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Major Fields: Communication
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CHAPTER 1

INTRODUCTION

Statement of the Problem and Its Significance

Ethnic diversity is a distinguishing characteristic of the United States. Among the diverse ethnic populations, Asian immigration populations make up a significant part. According to recent census data (U.S. Department of Commerce, 1997), the number of immigrants from Asian countries was 267,900 out of 720,500, the total number of immigrants, in 1995. Projection of national population data to the period between 2000 and 2025 shows that the Asian population will increase faster than any other ethnic group over this period and that by 2025 it will be almost half of the black population and slightly more than one twelfth of the white population. This growth of the Asian population in the United States has special significance for doctors, who encounter patients representing this ethnic diversity frequently. The different cultural backgrounds which this group brings to the United States influence what these people experience.

The importance and benefits of doctors' understanding of the patients' points of view in the healing process have been emphasized by many scholars in doctor-patient relationship study. For example, Inui & Carter (1985) emphasize that the healing activities are not limited to the technical domain but "certainly include the expression of
deeply felt emotions, conveyance of sympathy and empathy, provision of reassurance, and the ventilation of anger, resentment, or anxiety” (522). Bohling (1991) also points out that listening to patients for the deeper meaning of what is being said will help doctors become more responsible to the patients’ individual needs.

In intercultural encounters between doctors and foreign patients, this issue of understanding patients’ points of view needs to be emphasized more than on other occasions since these foreign patients might bring to the encounters cultural values and beliefs about the human body that differ from those of the doctors. Without understanding these different values and beliefs of patients, and the different meanings they give to medical procedures and relationships with doctors, it is hard for doctors to maintain the sympathy and empathy with patients which constitutes an important part of the healing process. Lack of understanding or misunderstanding can lead to frustration of both doctors and patients, impeding doctors’ ability to get patients’ cooperation.

Culture, as Geertz (1973) emphasizes, is symbolic and meaningful, involving neither behavior nor social action directly. It consists of meaning systems and provides individuals with the repertoire of meanings with which they understand the world they experience.

How people react and treat their illnesses is closely related to their cultural backgrounds. Culture provides individuals with the repertoire with which they perceive their illness and health reality: how people perceive and label their symptoms, how they seek out care providers, how they communicate their health problems with these health providers, and how they evaluate the health care received.
Even though ethnic diversity is a distinguishing characteristic in the United States and cultural backgrounds of patients have significant impact on how these diverse patients perceive their health and illness reality and deal with this reality, there has been insufficient attention to the cultural diversity of the patient group in the studies of doctor-patient communication and patient satisfaction. Especially, Asian populations have been understudied compared to other ethnic groups such as White, Black, or Hispanics in the United States.

Another problem in studies of intercultural communication relating to health care is that culture is often understood as some accumulated heritage that is fixed rather than dynamic and which confines the behaviors of its members. Many researchers have tried to explain patients' medical beliefs and behavior from the perspective of cultural determinism rather than trying to figure out how patients use these beliefs differently in order to make sense of their reality. These research results have, in a sense, contributed to the formation of stereotypes of patients according to their ethnic or racial groups.

As culture, as a meaning system, is an ongoing process and individuals take part in the process, there should be recognition of cultural diversity and dynamics. Individuals in a culture are not passive followers, rather they are active users of culture. They adopt some cultural patterns more willingly and hesitate to adopt or reject some other patterns. There should be recognition of some differences among individuals regarding what kind of cultural repertoire they seek to retrieve in order to understand their everyday lives. Individuals are spinning their webs of significance, as Geertz explains, through ongoing interaction with other group members. Therefore, culture
needs to be understood as a constant process of adaptation and change. It is necessary to consider the specific circumstances which surround and influence the meaning-making process of members in a culture. The effort to generalize the relationship between a culture and the behaviors of members within it often leads to the development of stereotypes, and then to prejudices and misunderstandings. Culture must be analyzed through a process of searching for the meaning systems within. Analysis should focus on the points of view of the individuals who create and use these meaning systems.

In this study I have focused on how Korean patients perceive and interpret their medical experiences in the United States. I have taken Korean patients as the subjects of my study because 1) the study of Korean patients in the United States can provide an example of the study of patients with diverse cultural backgrounds; 2) the group of Korean patients is rarely studied even though the Korean immigrant population constitutes one of the major ethnic groups among Asian immigrants in the United States; and 3) I can easily gain access to this group without a language barrier. Much research of foreign patients has been conducted by outsiders who often do not have background knowledge of the communities being studied. However, this study is conducted by an insider who uses the same language as these patients and shares and understands their traditions and beliefs. As a result, the researcher could gain deeper access to the world of these patients than an outsider could. Understanding Korean patients’ experiences in medical situations will make it possible to lessen and relieve the frustration and dissatisfaction which Korean patients may experience, and construct better relationships between doctors and patients for better health care provision.
For this study, I took the interpretive approach based on Schutz’s phenomenology, hermeneutics, and symbolic interactionism. This approach views social reality as constructed through ongoing actions and intersubjective meanings attributed to these actions. Schutz emphasizes that the central task of social science is to understand the creation and maintenance of intersubjectivity as a common subjective world among pluralities of interacting individuals. In the interpretive paradigm, researchers need to allow the actors to interpret their world in their own words rather than through the words of the researchers. The benefit of knowing the interpretations of the actors in their own terms is increased understanding of the actor’s world. If the world of patients needs to be understood by doctors for better health care, studying the structure of the patients’ world regarding the use of the medical system is worth doing. The interpretive approach to Korean patients can provide meaningful data on how they experience the American medical system.

Through this study, I have tried to draw an overall picture of how Korean patients are using the American medical system rather than focusing on a specific issue. As I mentioned before, there is no study about Korean patients in the United States and, therefore, I wanted to give an overview of the reality of how Korean patients experience the medical system in the United States. The exploratory nature of this study will result in a better understanding the world of Korean patients in the United States. It will give practical insights to health care institutions and their employees as well as policy makers for providing better health care services to foreign patients.
Research Questions

I interviewed Korean patients in order to discover and explain how they perceive the American medical system and their communication with doctors in the United States. I used open-ended questions that asked for accounts of their experiences. I probed for additional information and clarification. The objectives of the interviews were to understand the perceptions of the Korean patients about those issues and to learn how they come to attach meanings to those issues. Research questions are as follows:

1. What do Korean patients experience in the medical system of the United States and in communication with doctors under this system?
2. What do these experiences mean to the Korean patients?
3. What are the salient themes in these meaning structures?
4. How can these themes be explained in relation to Korean culture as Koreans are spinning it?

Purpose of This Study

The purpose of this study is to provide an understanding of the Korean patients' world through their relationship with medical systems and doctors in the United States. The goal is not to develop formal or testable theories, but rather to discover meaning and to understand human phenomena. Through this study, I want to show the necessity and importance of understanding the patient's point of view. The interpretive study of how Korean patients construct meanings about their experiences with the American medical system and their communication process with doctors will enhance understanding of Korean patients, and, therefore, can help improve the health care offered to them.

In this study, I tried to understand the world of Korean patients in terms of their use of the medical system in the United States. I tried to construct a broad view rather
than focusing on certain issues because there was no previous study about Korean patients in the United States, and, therefore, I wanted to provide an overall perspective about Korean patients' use of the medical system. This overall perspective will offer several agenda for further study.
CHAPTER 2

LITERATURE REVIEW

As pointed out in the introduction, the way in which culture has been studied in communication relating to health care is problematic. This issue will be discussed along with the proposition of my point of view about how culture is to be defined and studied.

In the next section, I will review some studies of the use of medical systems by Asian patients in the United States and some other countries. These examples will provide some ideas on how Asian patients feel about their experiences in relating to foreign medical systems and encounters with foreign doctors under these systems.

The Korean medical system will be mentioned in the next section in order to help readers understand what Korean patients experienced regarding medical systems in Korea. This understanding will provide some idea of what Korean patients expect in medical systems and encounters with doctors.

Finally, an introduction of Confucian influences in Korea will follow. It will provide an explanation of how Confucianism has influenced the mentality of Koreans.
Culture

Many scholars have defined culture based on several different disciplines. Kroeber and Kluckhohn (1978) pointed out, after they reviewed one hundred sixty-four definitions of culture, that the concept of culture has been developed “not so much through the introduction of strictly new ideas but through creating a new configuration of familiar notions such as custom, tradition, and organization” (180). They offer a comprehensive definition of culture:

Culture consists of patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional (i.e., historically derived and selected) ideas and especially their attached values; culture systems may, on the one hand, be considered as products of action, on the other as conditioning elements of further action. (181)

Culture consists of a meaning system including a value system, and it provides individuals with the repertoire of how these people understand the world they experience. Geertz (1973) emphasizes that culture is symbolic and meaningful, involving neither behavior nor social action directly. He also emphasizes the role of individuals in the interaction between culture and human beings. Human beings spin ‘webs of significance’ through symbolic interaction among group members. While these meaning systems are social and public, individuals take part in the creation of the meaning systems. Individuals also actively use the meaning systems in order to solve their own problems including understanding of a certain phenomenon or situation. Culture does not
work through an automatic retrieving system; individuals mediate the process of retrieving meanings.

Culture as a repertoire of meaning systems is not neatly arranged. There might be an ongoing struggle among meaning systems in a culture. There might be conflicting meaning systems within a culture. Culture as a meaning system is like a 'garage' within the mind of a human being. There are various tools here and there, and individuals deal with a problematic situation with some of the tools available. The tools are updated according to the needs of emerging problems. There is always lots of information about new tools from the outer world, and individuals have opportunities to observe other people who are trying out those new tools. Sometimes they try those new tools themselves. They may have some thoughts on others' use of tools, and they can react based on these thoughts. They also can be influenced by others' reactions based on others' thoughts about their use of those new tools. Individuals will decide if they should keep using those tools or not according to their reasoning based on the set of their own and others' thoughts. They can decide to adopt new tools or to keep using old ones. However, even when they decide to use the new tools, they keep the old tools somewhere in the garage, and they sometimes go back to use the old tools if they judge that these old ones will work better than new ones to deal with certain problems. The meaning system of individuals is like a 'not-so-well-organized' garage.

The analysis of culture, therefore, would not be an experimental science in search of laws but an interpretive one in search of meaning. It must be focused on the points of
view of individuals who use meaning systems in order to explain and understand their everyday lives.

It also must consider the context in which individuals are situated in terms of time and space. Even though human beings actively participate in the construction and use of meaning systems, there is a limit to available tools in the world outside according to the social-historic context around those individuals.

Some patterns of signification exist among individuals' meaning systems in a social setting because the individuals interact with each other in a society. However, some diversity also exists, and researchers need to have concern for the diversity as well as the significant patterns in order to understand a culture. For this purpose, using a research approach that can permit access to the inside view of individuals in a culture is imperative.

**Illness Conceptions of Patients Related to Culture**

In the discussion of culture, I mentioned that culture consists of a meaning system, and it provides individuals with the repertoire of how people understand their experiences. In this way, culture also provides individuals with the repertoire with which they perceive their illness and health reality. Cultural explanations of illness influence how people perceive their symptoms, how they label their illness, how they seek out care providers, how they communicate their health problems with these health providers, and how they determine if health care benefits them (Poss, 1989). How people react to and treat their illness is closely related to their cultural backgrounds as webs of significance, as described by Geertz.
Patients' perceptions of illness are based on their everyday meaning making, and culture provides the tools with which patients construct meanings about their experiences. As many researchers point out, there are differences in how doctors and patients conceptualize illness. Some of them differentiate illness from disease. For example, Kleinman (1988) defines illness and disease by comparing them to each other.

Illness refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability. (p.3) … Disease is the problem from the practitioner’s perspective. In the narrow biological terms of the biological model, this means that disease is reconfigured only as an alteration in biological structure or functioning. (pp. 5-6)

Disease commonly has a typical course and characteristic features, while illness has more or less unique features depending on individuals and their surrounding circumstances. Therefore, as Kleinman (1980) emphasizes, illness can only be understood in a specific context of norms, symbolic meanings, and social interaction:

In illness, they are the behavioral and societal response[sic] to the disease that provide it with meaning and constitute it as a symbolic form. Without illness, there is no signification attached to the disorder. That is why illness is always a cultural construction. Without setting disease in a context of meaning, there is not basis for behavioral options, no guide for health-seeking behavior and the application of specific therapy. Hence, the major mechanism by which culture affects the patient and his disorder is via the cultural construction of illness categories and experiences. (p.78)

Therefore, in order to understand how patients conceptualize their health and illness and how they deal with illness, it is necessary to understand patients’ health beliefs and expectations in the context of their culture.
Lack of Concern About Patients’ Cultural Backgrounds

Even though ethnic diversity is a distinguishing characteristic in the United States and cultural backgrounds of patients have significant impact on how the diverse patients perceive their health and illness reality and deal with this reality, there has been little attention to the cultural diversity of the patient group in studies of doctor-patient communication and patient satisfaction. According to the result of my own search of databases such as Medline, Dissertation Abstract International, Sociofile, and OCLC Article First, only a few studies in the doctor-patient communication and patient satisfaction area have paid attention to patients’ cultural backgrounds. Several meta-analyses of doctor-patient communication and patient satisfaction studies support this observation (see Hall & Doran, 1990; Lewis, 1994; Ong, Haes, Hoos, & Lammes, 1995; Roter, Hall, & Katz, 1988; Sitzia & Wood, 1997; and Wensing, Grol, & Smits, 1994). Roter et al. (1988) found, in their meta-analysis of 61 studies of patient satisfaction, that 62% of the studies did not state the race of their patient subjects, which possibly means that the researchers did not consider patients’ racial diversity and cultural backgrounds in their studies. Ong et al. (1995) mention only two studies, among the more than 100 studies of doctor-patient communication they reviewed, relating to patients’ culture and its role in doctor-patient communication. Sitzia and Wood (1997)’s review also showed two study results relating to patients’ ethnicity among the studies of patient satisfaction in the United States. The review of Wensing et al. (1994) did not even mention patients’ cultural backgrounds and their influence on patients’ satisfaction with general medical
care at all. This lack of concern about patients’ cultural background in the study of
doctor-patient communication and patients’ use of the medical system in the United
States manifests the problem that researchers have not paid enough attention to how these
patients interpret their experiences of using the medical system in relation to their cultural
backgrounds. Researchers have just tried to determine what percentage of patients were
satisfied and what percentage of them were not and what components of communication
behavior of doctors or medical systems made patients feel satisfied.

In particular, Asian populations have been understudied compared to other ethnic
groups such as White, Black, or Hispanic in the United States. Hall & Doran (1990)
showed, in their review of 221 studies of patient satisfaction with medical care, that
patients’ ethnic groups which were included in these studies were only White, Black, and
Hispanic. Roter et al. (1988) also showed that no Asian patient group was specified in
the 61 studies they reviewed. The result of my own search of databases also showed that
there have been only a few studies of Asian patients regarding their satisfaction with use
of the medical system and their communication with doctors. When we consider the
recent census data showing that Asian immigration populations make up the largest
among the diverse ethnic populations other than White and Black populations and that
they will increase faster than any other ethnic groups in the years ahead, it should be
emphasized that more attention needs to be paid to this ethnic group in the research of
doctor-patient communication and patient satisfaction.
In the next section, I will review the studies of Asian patients that I was able to find through the search of the databases and review of references to studies of patient satisfaction and doctor-patient communication.

Studies of Asian Patients

In order to better understand and explain the results of specific intercultural interactions, the researcher may need to look at themes that have come out in other studies. This will provide the researcher with a reference for comparison and context for understanding his/her study. Therefore, I examined studies of Asian patients relating to their use of the medical system and doctor-patient communication in order to look for themes that might be related to my study.

A large number of studies of Asian patients are concerned with Southeast Asian refugees (e.g., Calhoun, 1986; Frye, 1989; Gervais, 1996; Muecke, 1983; Stephenson, 1995; and Uba, 1992). Studies about other Asian groups are rare (e.g., Arai & Farrow, 1995; Gaw, 1975; Ling, O’Shea, Pszonak, & Bertram, 1994; and Naish, Brown, & Denton, 1994), and there is no study about the Korean patient group in the United States. Several researchers studied Asians in general (Cave, Maharaj, Gibson, & Jackson, 1995; Mull, 1993; Nilchaikovit, Hill, & Holland, 1993; and Ohmans, Garrett, & Treichel, 1996).

The majority of studies of Asian patients have focused on identifying barriers which patients experience in their use of the medical system and in communication with health care providers. The following are the barriers that these researchers identified:

1. Doctors’ lack of understanding of patients’ health beliefs and traditions;
2. Passive attitudes of patients;
3. Doctors’ lack of explanation and consideration of patients’ circumstances;
4. Language barriers; and
5. Difficulty of gaining access to the medical system.

These themes provided me with a context for understanding Korean patients’ experiences with the medical system. I will discuss each of these.

**Doctors' lack of understanding of patients' health beliefs and traditions.**

Patients may have various health beliefs according to their cultural backgrounds. For example, Gervais (1996) found in her study of Hmong patients in Minnesota that Hmong patients consider the person to be a unity of body and soul. They have various accounts of illness, for example, that illness may be the result of spirits, natural imbalances, organic causes, supernatural occurrences, and magic. Gervais also points out the importance of the ties of Hmong patients to their family members, and that, therefore, their help-seeking decisions are made as a familial decision. Doctors' lack of knowledge about these patients' health beliefs or decision making processes causes communication difficulty between these patients and their doctors.

Ohmans et al. (1996) interviewed 24 nonimmigrant health care providers including physicians, health administrators, and nurses to figure out why immigrants often delay or avoid seeking mainstream health care services. They found that refugees and immigrants from other cultures had varying culturally based reactions to western style, allopathic medicine. Doctors' lack of recognition of the differences of these patients' perceptions of western medicine and decision making procedures relating to health care causes these patients to distrust health care institutions and feel distance between the doctors and themselves.
Several researchers have presented findings on Asian patients' health beliefs on perceptions of the states of health and illness and illness behavior. Frye (1989) studied 30 Cambodian refugee women in Southern California and found several culturally defined illnesses such as wind illness, weak blood, toa, and thinking too much. These illnesses are thought to result from a state of disequilibrium. She points out that the cultural belief about disease causation provides these patients with avoidance behaviors when ill and treatments for the disease.

Gaw (1975) presented the health beliefs of Chinese patients in a study of Chinese people in Boston. He describes the traditional Chinese naturalistic concept of health and disease that sees health as a state of balance of yin (negative force) and yang (positive force) within the human body. Campbell & Chang (1973) explain these two elements of yin and yang:

> The Yin represents the female, negative force, darkness, cold, and emptiness. The Yang represents the male and positive force, producing light, warmth, and fullness. All things or beings in the universe consist of a Yin and a Yang, and if peace and harmony in society and health in the mind and body are to be maintained, the two energy forces must be in perfect balance. An imbalance is thought to cause catastrophe and illness. (246)

The importance of preserving balance between yin and yang is emphasized among Vietnamese patients. Calhoun (1986) observes that these patients believe that the human body requires a delicate balance of these two elements, and health is their perfect equilibrium.

Mull (1993), as a doctor, talks about his observation of foreign patients from Asian countries, especially regarding their intolerance of the side effects of treatments.
and expectations of expeditious wellness. He mentions that these patients “are likely to sense an ominous incompatibility between themselves and their medication at the first hint of a side effect” (p. 611). These patients, he also mentions, expect a ‘shotgun’ effect from treatment, and, therefore, they will stop taking treatments or change doctors if the effect of a treatment does not happen quickly.

Stephenson (1995) discusses how Vietnamese patients conceptualize traditional Vietnamese medicine differently from Western medicine in his study of Vietnamese patients in Victoria, B.C., Canada. These patients conceptualize traditional Vietnamese medicine as compared to Western medicine as slow acting vs. fast acting, permanent vs. temporary, gentle vs. harsh, herbal (natural) vs. chemical (industrial), no side-effects vs. side effects, wisdom of long trial and error vs. scientific testing, and prevention of problems with ‘tonics’ vs. emergency intervention with infections.

Doctors’ lack of understanding of patients’ health beliefs and traditions may lead patients to avoid some agenda or hide information. As Cave et al. (1995) found out, patients tell doctors only what they think doctors want to hear and they do not explain aspects of their true lifestyle if they think those things go against western ideology.

Passive attitude of patients.

Muecke (1983) observes that Asian patients tend to be quiet, passive, modest and discreet. They rarely volunteer details about themselves, and seldom express their feelings. She explains the passivity of Southeast Asian refugee patients through reference to their cultural tradition, in which authority figures should not be questioned or opposed directly because this can be regarded as disrespect, and to the lack of knowledge
of these patients about the medical system and rationales of western medicine. Uba (1992) supports this viewpoint in her explanation of cultural barriers to health care for Southeast Asian refugees. Nilchaikovit et al. (1993) explain this passivity of Asian patients as related to cultural backgrounds which discourage the expression of emotion and cherish modesty and stoicism.

The emphasis on keeping harmonious interpersonal relationships among Asian patients also enhances the passivity of these patients as Calhoun (1986) points out. She observes that Vietnamese patients attempt to avoid conflict and this attitude could be seen as passivity by westerners.

Doctors' lack of explanation and consideration of patients' circumstances.

Ling et al. (1994) present a case study of an international student's use of college health services and comment on this from the different perspectives of student, physician, health service researcher, and sociologist. Through the narrative of a Chinese student about his experiences as a patient in an American university health service, researchers derive some insights into a foreign student's feelings as he contrasts his health encounters with expectations carried from home:

When doctors look at the benefits of doing all kinds of medical tests and examinations, do they also have any consideration about the costs of having all these tests and examinations done—especially from the patient's perspective? Do they also consider the patient's time, energy, and money spent for these tests and exams? Do they think about the possible inconveniences, discomforts, stresses, side effects, or medical risks resulting from these tests and exams? (p. 41)

This student's feelings included frustration and dissatisfaction about doctors' asking the patient to undergo too many tests and examinations without letting the patient
know any diagnosis and prognosis with certainty, and without considering the patient’s circumstances and feelings about taking those tests.

**Language barrier.**

Stephenson (1995) interviewed Vietnamese patients and health care workers to learn about the manner in which the health care system was utilized by Vietnamese living in Victoria, B.C.; the problems health care workers experienced; and the barriers defined by both recipients and care givers. He found that both groups identified a language barrier which caused problematic interpretation of patient symptoms and health care provider recommendations. An interviewee in his study talked about her frustrating experience in communication with an English-speaking doctor:

> I think the biggest problem for me was that I could not understand the doctors and the nurses. Whatever they told me I tried to understand and do. If I don’t understand then I just don’t do. I tried to tell them about my problems, but my English is not very good so I don’t think that they understood me. Sometimes I got very frustrated because I could not make myself understood, but I just got used to it. I am so used to not understanding everything now that I don’t even get frustrated any more. (p.1635)

As Stephenson (1995) points out, the language problem of foreign patients causes many additional problems associated with cultural misunderstanding. These foreign patients might not feel confident enough to explain their cultural tradition or health beliefs to doctors due to the language barrier, and sometimes they might just avoid talking about these issues with doctors.

Arai & Farrow (1995) found, in their study of Japanese mothers’ interaction with General Practitioners in London, that language problem is the biggest barrier to communication with doctors. Patients have trouble understanding what doctors say; they
especially have a harder time understanding colloquial expressions than technical terms. For example, these patients do not understand the meanings of the words like pee, pooh, ‘chest infection’ and ‘tummy bug’ and phrases such as ‘How are things?’ ‘How is life treating you?’ and ‘How are the baby’s motions?’ They just react to these colloquial expressions based on their guesses.

Naish et al. (1994) found that language barriers deter foreign patients from using health care facilities. They conducted a focus group study with Bengali, Kurdish, Turkish, Urdu, Punjabi, and Chinese speaking women in London to figure out what factors deter these women from seeking out general practitioners for cervical screening. Language barriers of these women made it hard for them to understand medical procedures exactly. These researchers found that their subjects did not have correct information about pap smear tests, and they became enthusiastic about taking the test once they understood the nature of the test. Some of the subjects had a hard time understanding the booklets for patient education or call/recall letters from health care systems unless they were translated into their own languages. When this happened, they simply ignored these materials.

**Difficulty of gaining access to the medical system.**

Arai & Farrow (1995), in their study of Japanese mothers, found that inability to gain quick access to doctors was one of the biggest difficulties that these patients experienced. Negotiating with receptionists for the earliest appointment was especially difficult for these patients due to language problems, and, therefore, some mothers who failed effective negotiation with receptionists, feeling powerless, went to Japanese
clinics. One interviewee in this study said, "The appointment system may be useful for chronic patients, but not for somebody who needs to see a doctor urgently" (p.357).

Hill (1994) also observed that the mechanics of arranging an appointment was one of the obstacles to access to the health care system among aboriginal patients in Queensland, Australia. He identified other obstacles such as the lack of a Medicare card, difficulty of obtaining transportation to the hospital, and limited disposable income, combined with a high tolerance for discomforting symptoms and conditions.

Study of Intercultural Communication in Health Care

Many studies of culture and health care have tended to disregard the dialectic process between culture and individuals. In their research on the impact of culture on the perception of health and illness and help-seeking behaviors, many researchers have tried to explain patients' medical beliefs and behavior from the perspective of cultural determinism rather than trying to figure out how patients use these beliefs differently in order to make sense of their reality. These research results have contributed, in a sense, to the formation of stereotypes of patients according to their ethnic or racial groups.

Seeing culture as cognitive patterns of values, beliefs, attitudes, perceptions, and norms which determine individual behavior and, therefore, trying to make generalizations relating to these cultural patterns and behaviors is problematic because it denies that human beings are active users of culture.

As long as culture as the meaning system is considered an ongoing process with individuals taking part in the process, there should be an acceptance of diversity and dynamics. Individuals in a culture are not passive followers, rather they are active users
of culture. They adopt some cultural patterns more willingly and hesitate to adopt or reject other patterns. There will be some differences among individuals regarding what kind of cultural repertoire they want to retrieve in order to understand their everyday lives. However, researchers of intercultural communication have not paid enough attention to the intracultural diversity among individuals.

It is worth studying how these patients deal with their new cultural context. They might change their cultural meaning systems and adopt new systems if they think the old systems do not work or stick to their old meaning systems. They will decide what to do by observing how other people in their reference group deal with this situation.

In this study, I conceptualize intercultural health communication as a process in which both patients and doctors bring their cultural repertoire of meaning systems from which they take certain meanings to define their health/illness behavior. These meaning systems provide individuals ways to conceptualize illness and health, causes of illness, medical treatments, medical services and procedures, and the roles of doctors and patients. The selection of meaning is an ongoing process where doctors and patients actively update their repertoire through symbolic interaction with each other or observation of their environments. Therefore, I have tried to be open to the diversity and dynamics of the interpretations of the subjects in this study.

In the next section, I will introduce the medical system in Korea.
Medical System in Korea

In order to understand Korean patients, it is necessary to know what kind of experiences they had in Korea relating to the medical system and doctor-patient communication. I will explain the medical system of Korea in terms of the health insurance system and the influence of western medicine on the Korean medical system.

Korea has a universal health insurance system as of 1989, so every Korean is covered for medical care. The implementation of this system in Korea is a realization of the primary goals of the government’s health policy, which has emphasized equality of opportunity, accessibility, and efficiency in health care (Yu, 1993 & 1988). The universal health insurance system in Korea can be described as follows:

Reimbursement to the providers is fee-for-service, where a standard fee schedule for providers is set by the government and negotiated with the professional societies in advance, applicable uniformly nationwide. Hospital doctors are salaried as hospital employees. Practicing physicians usually have several beds in their own clinics with equipment of laboratory tests and X-rays if they wish. . . . Beneficiaries have their choice of doctors and hospitals within their catchment areas except in the case of university hospitals (or equivalent tertiary care institutions) for ambulatory care. (Yu, 1993, 361-362)

Under this system, doctors try to take care of as many patients as possible within a given time in order to satisfy their financial needs since the standard fee schedule set by the government is quite low. It has been observed that doctors are more concerned about improving efficiency of medical procedure in order to see many patients within a limited time period than about trying to satisfy patients with quality communication (Sung, 1989). Under this medical system, Korean patients feel that they are not treated with respect by doctors and other hospital staff members although they can easily gain access to the medical system whenever they want.
Another noticeable phenomenon is the westernized medical system in Korea. The history of western medicine in Korea is not long, but the influence is quite strong.

Western medicine was introduced into Korea a century ago by an American medical missionary, but German medicine, in particular, was an influence during the period Korea was under Japanese rule (1910-1945). Since World War II, American influence has again become dominant in the field of medicine and health. (Yu, 1988, 209)

Likewise, the education system of western medicine in Korea has developed rapidly within this short period.

There were only 8 medical schools in Korea until the 1960s and about 800 medical graduates were produced each year.... The number of medical schools increased to 28 in 1985, and about 2,000 new medical graduates are produced annually. (Yu, 1988, 209)

With the general trend of westernization, western medicine in Korea has assumed power and authority over the traditional medicine. Doctors who have been educated under the western medicine system have come to believe in the priority of western medicine over their traditional medical system, and then tried to reject traditional medicine as non-scientific (Seoul National University medical school, 1985). However, how patients in Korea perceive western medicine and traditional medicine needs to be studied. They may have different perceptions about medicine from these doctors. In this study, I have tried to figure out Korean patients’ perception of medicine. The results will be presented in the section ‘thoughts on medicine.’

A brief explanation of the Confucian influence in Korea will be presented in order to provide the broad context of Korean people’s mentality. A more detailed discussion of Confucian influences will be presented in the data analysis section relating to several themes.
Confucian Influence in Korea

The traditional value system of Korea was formed by Confucianism, Buddhism, surviving primitive religions, and the historical and geopolitical influences on the nation (Chung, 1995). Among these, Confucianism had great influence on the Korean's way of thinking concerning human beings and society. Confucianism has had great power among Koreans since the Yi dynasty (1392-1910) proclaimed Confucianism as the state ideology.

As Weber (1964) explains, Confucianism represents a morality of lay people. It provides a code of political maxims and rules of social propriety that people need to follow in order to make a harmonious world. Wright (1962) points out that harmony was perhaps the highest good in the Confucian world, and the good society was seen as the ideally frictionless holistic order. This holistic order was a hierarchy, “a system in which state and society were fused into a seamless whole and every man knew his place and was content” (p.6). There is always rank difference and, therefore, there is always power difference. Thus, it is assumed that vertical structure exists everywhere in human relationships.

Wright (1962) analyzed the content of The Analects of Confucius, the basic classical text of Confucianism, and extracted typical Confucian attitudes and behavior patterns:

1. Submissiveness to authority – parents, elders, and superiors
2. Submissiveness to the mores and the norms
3. Reverence for the past and respect for history
4. Love of traditional learning
5. Esteem for the force of example
6. Primacy of broad moral cultivation over specialized competence
7. Preference for nonviolent moral reform in state and society
8. Prudence, caution, preference for a middle course
9. Noncompetitiveness
10. Courage and sense of responsibility for a great tradition
11. Self-respect (with some permissible self-pity) in adversity
12. Exclusiveness and fastidiousness on moral and cultural grounds
13. Punctiliousness in treatment of others. (p.8)

According to Confucius, human relationships should be regulated by the Five Code of Ethics, which is based on the five basic relationships: ruler/subject, father/son, husband/wife, older brother/younger brother, and between friends. Lee (1985) explains that there are five basic obligations of piety necessary for these relationships: justice and loyalty between ruler and subject, filial love and devotion between father and son, respect between husband and wife, submission and humility between an older brother and a younger one, and sincerity between friends.

Today, Confucianism is not a formal institution among Korean people, but it still exists in the mentality of Koreans (Hitchcock, 1995; Kim, 1967; and Yun, 1987). For example, in his comparison of ancient Confucian moral values and the moral orientation of contemporary college students in Korea, Kim (1967) found that Korean students do not want to follow the Confucian tradition blindly or to abandon it completely, either. He found that most students rejected the tendency to self-centered pursuit of interest. They appeared to have inherited the Confucian tradition of valuing the achievement of morally perfect character and mental-spiritual life over and against material life. Most of them considered it more desirable to become a man of high wisdom and virtue than to be a skillful technician. In human relations, not many students showed pro-authoritarian or
formalistic attitudes, but they still consider it proper to show respect to the teacher or elders.

Hitchcock (1995) also found that Korean people still mention the Confucian tradition in their thought. He interviewed over 100 professional persons from the United States and Asian countries such as China, Japan, Thailand, Singapore, Malaysia, Indonesia, Philippines, and South Korea, who he thought could represent the personal and social values of each nation. According to his interview data, interviewees from the United States and South Korea showed a big difference in their personal and social value systems. For example, 43% of Korean interviewees put an emphasis on obedience to parents while 4% of American interviewees did; 60% of Korean interviewees emphasized "respect authority" while 11% of American interviewees did; and 60% of Korean interviewees emphasized an "orderly society" while 11% of American interviewees did.

As Yun (1987) points out, the Confucian ethics introduced to Korea established itself as an authoritarian system of norms. Within this system, the patriarch could wield almost unchecked power over members of family and society, stressing authority, status difference, and age difference. This Confucian tradition still exists in the mentality of Koreans, even while Koreans are in the process of adopting the western ideas of individualism and equality.

I have discussed culture and medical care and reviewed studies of Asian patients relating to their use of the medical system and communication with doctors. I have also reviewed the medical system in Korea and Confucian influence in Korea. In the next chapter, I will introduce the interpretive approach as the methodology of this study and
explain the research methods I have used for collecting data and their analysis in this study.
CHAPTER 3

METHODOLOGY AND METHOD

Interpretive Approach

The Interpretive Approach Taken for This Study

The need for the interpretive approach in social science emerged as the positivist position came increasingly to be seen as unsatisfactory in some social research areas. The positivist position focuses on collecting objective data and, therefore, it is inadequate to explain and understand symbolic meanings in human interaction (Mickunas, 1983). This conventional position also does not pay enough attention to the context of the social interaction, excluding meaning and purpose of the actions, and neglects the discovery dimension in inquiry (Guba & Lincoln, 1994).

The interpretive paradigm is a compilation of diverse philosophical and sociological traditions. Giddens (1993) includes action theory, ethnomethodology, symbolic interactionism, hermeneutics, and phenomenology as major schools of interpretive sociology while Presnell & Carter (1994) observe that phenomenology, semiotics, hermeneutics, postmodern ethnography, deconstruction, social interactionism, feminism, and existentialism are major interpretive perspectives in the interpersonal
communication area. Thus, the interpretive approach embraces wide range of philosophical and sociological thought.

The primary characteristic that various schools in the interpretive approach have in common is the centrality of meaning. This centrality of meaning is based on the assumption that there is no direct experience of our world: in every moment we need to interpret what we experience.

Another common characteristic among the schools in this approach is the constructive perspective of reality. Meaning is construed through a process of communication rather than viewed as inherent in the reality itself. What matters in this approach is how individuals make sense of their life-world and the relationships among self, social context, and culture in this sense-making process.

The interpretive tradition is rooted in German intellectual tradition, which holds that the ultimate reality of the universe lies in ‘spirit’ or ‘idea’ rather than in the data of sense perception. In this tradition, the starting point for understanding the world of human beings lies in the realm of ‘mind’ and ‘intuition’ (Burrell & Morgan, 1979).

The interpretive approach I took for this study is based on Schutz’s phenomenology, hermeneutics, and symbolic interactionism. Schutz’s existential phenomenology emphasizes the socially constructed nature of a meaning system. Schutz focuses on how individuals in a society can have common subjective states, and how they construct a common worldview. It is a matter of intersubjectivity (Turner, 1986). For Schutz, the central task of social science is to understand the creation and maintenance of intersubjectivity as a common subjective world among pluralities of interacting
individuals. For this, it is necessary to understand the social world from the point of view of those living within it, using constructs and explanations which are intelligible in terms of the common-sense interpretation of everyday life (Burrell & Morgan, 1979). Schutz asserts that all humans carry "stock knowledge at hand," which consists of a sum total of rules, social recipes, conceptions, and information. This stock knowledge gives people a frame of reference with which they can interpret what they encounter in the world around them (Turner, 1986).

Hermeneutics is concerned with interpreting and understanding the products of the human mind in the context of the social and cultural world. In the hermeneutic tradition, "the meaning of a text does not reside in the communicative intent of its creator, but in the mediation that is established between the work and those who 'understand' it from the context of a different tradition" (Giddens, 1993, 69). Gadamer (1993) emphasizes that the actual meaning of the text does not depend on the intentions of the author. Rather it is always partly determined by the historical situation of the interpreter. Hence, understanding, to him, is essentially historical.

In the perspective of symbolic interactionism, meaning comes not from the thing itself but rather from the interpretation given to it by a person. Blumer (1969) explains:

The term “symbolic interaction” refers, of course, to the peculiar and distinctive character of interaction as it takes place between human beings. The peculiarity consists in the fact that human beings interpret or “define” each other’s actions instead of merely reacting to each other’s actions. Their “response” is not made directly to the actions of one another but instead is based on the meaning which they attach to such actions. Thus, human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another’s actions. This mediation is equivalent to inserting a process of interpretation between stimulus and response in the case of human behavior. (78-79)
Charon (1992) makes clear the fact that the true self of a person is a construction established by defining himself or herself through interaction with others. He summarizes symbolic interactionism in four central ideas:

1. Instead of focusing on the individual and his or her personality characteristics, or on how the social structure or social situation causes individual behavior, symbolic interactionism focuses on the nature of social interaction, the dynamic social activities taking place among persons.
2. Human action is not only caused by social interaction, but it also results from interaction within the individual.
3. The focus of this perspective is on the present, not the past.
4. Symbolic interactionism describes the human being as more unpredictable and active in his or her world than other perspectives. (23-24)

As phenomenologists emphasize, human behavior is a product of how people interpret the world. Therefore, the task of the interpretive approach is to capture the subject aspects of human behavior as a product of how people interpret their world (Taylor & Bogdan, 1984). This understanding of the products of people’s interpretation should be grounded in the context of their social and cultural world as emphasized in the hermeneutics.

The interpretive approach I have taken for this study assumes that reality is socially constructed through ongoing interpretation on the world with intersubjective meanings. Reality is socially constructed through words and symbols of individuals. Therefore, the nature of reality is not constant or static but is subject to change continuously according to the changing meanings that individuals assign that reality.

In order to understand the ways in which people interpret their experience, I have focused on getting the insider’s viewpoint. Through open-ended in-depth interview, I
have tried to figure out how the subjects of this study define their experiences and what kind of meaning they assign to those experiences.

The research procedure of this study did not follow a preset process. I was always open to the emerging issues through data collecting and analysis processes and tried to give full consideration to those issues. Even though I used an interview guide for data collection, I did not limit the interviews to only those agenda in the guide. I tried to pay attention to emerging issues in interviews and constantly rearranged the interview guide according to these emerging issues. In the process of data analysis, I constantly updated the themes by adding new themes, deleting insignificant themes, or merging themes that were closely connected.

The research process was discovery oriented and thus I always thought about how I could gain a rich and deep understanding of the world of Korean patients regarding their experiences of the medical system in the United States. For better understanding, I included Korean doctors, nurses, and interpreters as informants for this study because I thought these people could provide me with data about the Korean patients' interpretation of their experience from their observation and conversation with Korean patients.

**Situated Interpretation**

The researchers of the interpretive approach need to do situated interpretation. As Mickunas (1983) emphasizes, interpretation should be founded on “the communicative experience of values and meanings present within a particular socio-historical period.” The research sites that are studied have their own histories within their own social structure. Therefore, researchers should approach the here and now interpretations with
some awareness of the historically transmitted and socially accepted values and norms specific to the research site.

**Interpretive Approach as Praxis**

In the process of being studied by interpretive analysis, the researched becomes sensitized to his/her own realities which are problematic; therefore, as Sontag (1969) points out, interpretive analysis is means of revising, transvaluing, and escaping the dead past. For example, psychoanalysis, as an interpretive analysis, tries to provoke patients' consciousness about their oppressed memories and make them able to overcome those realities. This sensitizing process requires the active participation of the researched into research processes.

Deetz (1982) points out three goals of interpretive research. First, it is to disclose "deep" meaning structures. Second, it is to open the possibility of further discourse through critical research to explore the economic and political influences on definitions of problems, perceptions of events, and formulation of response. Third, it is to educate the researched and the researcher to form new concepts in such a way as to enhance understanding of reality and allow for undistorted discourse. Deetz especially emphasizes the character of interpretive analysis as an ideological practice:

The individual's meaning and knowledge are formed out of the underlying systems of meanings that can be themselves distorted. Individual illusions cannot be overcome without removing the conditions which make them necessary. Technical vocabularies and technical knowledge contribute to what Marcuse has called the closing of the universe of discourse. The critical goal of interpretive research is to reopen discourse, i.e., to open the discursively formed reality of the organization to further discourse. (p.140)
The value of interpretive analysis as praxis also comes from the relationship between the research product by interpretive analysis and the reader of that product. Research products by interpretive analysis can conscientize the readers by making them participate in an interpretive process for their own understanding. The interpretive research product stimulates the active reading of readers and, therefore, leads them to produce another text.

The role of Researcher as an Interpreter

The role of researcher as interpreter is a controversial issue relating to whose interpretation the researcher of the interpretive approach tries to elicit, that is, the actors’ interpretations or the researcher’s interpretation. Regarding the role of interpreter, the position that Geertz took in regard to the process of interpretation has often been refuted. For Geertz, the role of a researcher is to construct a reading of the meaning-making process of the people observed. In his reading, he depends heavily on his interpretation of what he observed, without full acknowledgement of the actors’ interpretation. However, in order to understand the subjective meanings of human beings interacting in a social context, it is more important that the researcher fully acknowledge the actor-subjective meanings rather than depending solely on his/her subjective interpretation.

I used an in-depth interview method for data collection in order to understand the perceptions of the research subjects and search for the meanings that the subjects attached to their experiences. With this method, I let the subjects describe their experiences and explain how they understood those experiences, how they interpreted those experiences. Of course, I presented my interpretation of the interviewees’ interpretation as well as
theirs for deeper understanding of their interpretation. I tried to situate the interviewees’ understanding of their reality in the context of these interviewees’ lives. In the whole process of data presentation, I tried to fully acknowledge the actor-subjective meanings by representing them in their own voices.

Data Collection

Data Collection Procedure

This research relies on interviews as the method of data collection. The purpose of the interviews was to allow the subjects, Korean patients, to reflect on their experiences in using the medical system in the United States. As Gergen (1982) points out, descriptions of events made by individuals are best understood as their way of making sense out of the events in which they participate.

An open-ended approach which asked for descriptive accounts of experiences was selected to provide meaningful data of the world of the subjects. By asking probing questions and soliciting additional information for clarification, I could obtain the subjects’ detailed descriptions of what they had experienced and their interpretations of those experiences.

Data for this study were collected in two phases: the pilot study during September and October 1996 and main data collection between April and October 1997. The pilot study was designed to get ideas from Korean patients regarding themes, topics, and categories that I might develop in this study, and to uncover basic areas of questioning. I interviewed three Koreans with a broad concern about their experiences with medical
systems in the United States, especially communication with doctors, and interviewed another three Koreans following an interview guide constructed from the former interview, to see how they accounted for and interpreted their experiences. For the first three unstructured interviews, I explored a few general topics to help uncover the subjects' meaning perspective. I asked the subjects how they would describe “going to see a doctor” in the United States and what it meant to them. I encouraged the subjects to tell anything they had in their minds and asked them to explain what they had experienced in detail and how they felt about those experiences. The subjects talked about the differences between Korea and the United States in terms of hospital systems, doctors' manner towards patients, and how they thought about going to see a doctor. They also talked about difficulties in communicating with doctors.

I made an interview guide based on what I had learned from the interview results, focusing on what I thought I could develop as themes in this study. They are as follows:

- Korean patients' interpretation of “differences” between Korea and the United States in terms of medical system and communication with doctors;
- Korean patients' interpretation of “the role of doctors” in their relationship with patients;
- Korean patients' interpretation of “difficulties of communication” with doctors; and
- Korean patients' interpretation of western and their traditional medical treatments and talking about their traditional treatments with doctors.

I interviewed three other Koreans focusing on these issues. However, I paid close attention to issues raised during the interviews and encouraged the subjects to talk about those issues more.
I made a list of the standard interview questions for the main interviews of this study after I analyzed the pilot data (see Appendix A). These questions were used as guideposts for actual interviews, but discussions expanded into related topics.

I implemented thirteen interviews with this guide; however, I let the interviewees talk about their experiences freely and probed their answers for information about the context of those experiences and feelings on their experiences. The decision to stop data collection by interviewing Korean patients was made when it seemed that continuing data collection would not increase new information significantly in comparison to the effort expended to obtain it.

For triangulation of data sources, I also interviewed two Korean doctors, two Korean nurses, and two volunteer interpreters for Korean patients. They had had opportunity to observe Korean patients and to talk with Korean patients about their experiences with the American medical system and American doctors. One doctor had been practicing internal medicine in Columbus for twenty years, and the other doctor had seven years in internal medicine. The former said that about 1 percent of his patients were Koreans. The other said that about three percent of his patients were Koreans. They provided me some observations comparing Korean patients to American patients. Both of the nurses I interviewed worked in obstetrics in a general hospital. They said that they had had lots of chances to observe Korean patients. One had been working in Columbus for 17 years and the other for six years. One interpreter worked at a hospital as a medical technician, and the other worked at another hospital as a pharmacist. Both had been helping Korean patients as volunteer interpreters, the former since 1970 and the
latter since around 1980. I also had several informal conversations with Korean people who I did not include in the interviews about their experiences in the medical system of the United States.

**Interview Subjects**

I used a purposeful sampling for this study. As Stainback & Stainback (1988) explain, in this sampling method participants are included according to relevant criteria determined by the researcher and based on the researcher’s perception of their ability to facilitate the expansion of the data base through analysis of the data being collected and the emerging research questions.

I selected nineteen interviewees including six people for the pilot study based on the following criteria: subject came to the United States after he/she became 20 years old so he/she had the chance to get used to Korean culture; subject had had sufficient experience of using the medical system in the United States to be able to provide rich data about his/her experiences; subject was articulate enough to be able to express his/her experiences in detail; and subject had enough relationship with me for him/her to feel comfortable talking about his/her experiences.

I recruited the nineteen interviewees from among members of the church which I had been attending for seven years, fellow teachers and parents from a Korean school where I had taught for four years, or students from the school I attend. Interview solicitation was made by myself by personal contact on the phone to each subject. I asked if he/she were interested in participating in my research as an interviewee after explaining to him/her the purpose of this study, the potential benefit of this study, the
interview procedure, and that I would protect the confidentiality of each interviewee. All of them agreed to participate.

Before I proceeded with the interviews, I made sure that their participation was voluntary by obtaining their signatures on ‘consent for participation’ forms (see Appendix B). I emphasized that they could stop the interview process at any time if they felt uncomfortable about continuing the interviews, and that they could skip any questions.

All of the six interviewees for the pilot study were women; their ages ranged from 32 to 49 years. They had lived in the United States from two years to twenty-five years. Three of them were housewives whose husbands were studying here as foreign students; another was a housewife and full time graduate student whose husband was also a graduate student; one was a housewife whose husband worked as a full time employee, and one owned a small business with her husband.

The thirteen interviewees for the main study consisted of eight women and five men. Their ages spread from 27 to 55 years of age. The years spent in the United States ranged from two to thirty years. The following are profiles of the thirteen interviewees.

Interviewee #1 is a 27-year-old woman. She came to the United States seven years ago. She works as an insurance processor and studies as a part time college student. She has a mother and one brother in the United States. She lives by herself.

Interviewee #2 is a 34-year-old man. He is a Ph. D. student. He came to the United States four years ago. He lives with his wife, one son, and one daughter.
Interviewee #3 is a 36-year-old woman. She is a housewife. She had stayed in the United States for two years before she and her family went back to Korea in 1994, and came back to the United States one year ago. Her husband is a Ph. D. student. She and her husband have one son.

Interviewee #4 is a 34-year-old woman. She had stayed in the United States from 1990 to 1992, went back to Korea, and came back to the United States three years ago. She is a housewife and Ph. D. student. Her husband works as a full time employee. She and her husband have one son.

Interviewee #5 is a 40-year-old woman. She teaches piano as a tutor. She came to the United States eight years ago and lives with her father and mother. She has a Master’s degree.

Interviewee #6 is a 55-year-old woman. She works at a hospital as a technician. She came to the United States thirty years ago. She lives with her husband and one daughter. She has a Bachelor’s degree.

Interviewee #7 is a 30-year-old woman. She is a Ph. D. student. She came to the United States two years ago. She has a family in Korea and lives by herself.

Interviewee #8 is a 29-year-old man. He is a Ph. D. student. He came to the United States six years ago. He and his wife have one daughter.

Interviewee #9 is a 39-year-old man. He is a Ph. D. student. He came to the United States 12 years ago. He and his wife have one daughter.
Interviewee #10 is a 35-year-old man. He works as a researcher at a research institute. He came to the United States 11 years ago and lives with his wife, one daughter, and one son. He has a Ph. D. degree.

Interviewee #11 is a 36-year-old woman. She came to the United States seventeen years ago. She and her husband own a small business and live with their three daughters. She dropped out of college in the United States.

Interviewee #12 is a 34-year-old woman. She came to the United States six years ago. She graduated from a junior college in Korea.

Interviewee #13 is a 39-year-old man. He came to the United States eight years ago. He graduated from a junior college in Korea. Interviewees #12 and #13 are husband and wife, and they have two daughters. They own a small business.

I implemented the interviews between April and October 1997. Each interview took from about one to one and a half hours. I audiotaped all of the interviews after getting permission from each interviewee. I transcribed data from each interview in Korean before I went on the next one in order to get ideas about what I needed to focus on or develop in the following interviews.

I contacted all of the interviewees again after I constructed a rough scheme of themes from the interview data to talk about what they had intended to say in the interview and if there was anything they wanted to correct or add to their data. I also talked with them about the themes that emerged from the data and my interpretation of each theme relating to Korean culture. Each of the interviewees provided some ideas and insights on the findings, and I complemented the themes with this additional information.
My Relationship with Interviewees

I had quite a close relationship with almost all of the interviewees as a church member, colleague, or former coworker. It seemed to me that they felt comfortable talking about their experiences and thoughts, including some private things, with me. I also felt quite comfortable talking with them.

I interviewed them in a relaxed atmosphere, such as in their homes, in my home, or in their private offices. The relaxed atmosphere, I believe, helped the interviewees feel comfortable in talking about their experiences.

Transcription and Translation

As I mentioned above, I interviewed in Korean and transcribed recorded interview data in Korean word by word. I translated statements of the interviewees in English when I arranged them under the headings of each category (see data analysis process). At this time, I did not include stammering and back channels in translation because I judged that omitting these things would not affect interpretation the meaning of the interview data. By that time, I had already become familiar with the statement of each interviewee by having read them in Korean repeatedly.

Data Analysis

Data analysis began with data collection in order to focus and shape the study as it proceeded. The interpretive work started with careful reading of the transcribed interview materials. Through this reading process, I tried to find themes. Van Manen (1990) places emphasis on theme as the experience of focus, of meaning, of point, and
the means to get at a notion. It is a form of capturing the phenomenon one is trying to understand. Theme is a cognitive principle recurrent in a number of domains, and it serves as a connection among different subsystems of cultural meaning for understanding of larger patterns (Spradley, 1979). Pilotta et al. (forth coming 1998) point out:

Thematics point to a different, unarticulated, and frequently imperfectly understood or acknowledged level of social reality. They are signs and so part of a communication code – a pattern of signification. They have primary meaning while concurrently carrying out additional embedded cultural, social, and historical meaning. (Chapter IV, p.12)

The theme-searching process in this study began with the process of category generation, which involved noting regularities in the setting or people and identifying the salient, grounded categories of meaning held by participants. Some preliminary and rudimentary themes emerging from these categories were refined through the process of careful rereading of the transcribed interview materials.

I also included the interviewees in the refining process through follow-up interviews. I talked with each of them about the rough ideas of themes that I had constructed through analysis of interview data. Each interviewee gave me his/her thoughts or commentaries on his/her interview data and the roughly constructed themes.

The data analysis process for this study can be summarized as follow.

- I read the data looking for issues that explain the experience of being a Korean patient in the United States. I noted words in the left-hand margins to record what captured my attention.
- I wrote down these issues and categorized them to bring together related issues. I assigned numbers to each category.
- I reread the data, assigning numbers to categories in each unit of statements. I assigned question marks to the statements for which I could not decide on category number.
- I again reread the data several times and checked the appropriateness of putting statements into certain categories. As I reread the data, I was able to
assign category numbers to several question-marked statements. I added categories whenever new issues emerged.

- I repeated this reading and assigning process as I interviewed more people and collected more data. Incomplete or unsatisfactory categories were focused in the following interviews. As I became more and more familiar with the medical reality of Korean patients, I was able to formulate more ideas about categories and extend the emerging categories.

- I arranged statements of the interviewees under the headings of each category.
- I reviewed the entire category set to be sure that I had assigned statements to appropriate categories.
- I identified some preliminary and rudimentary themes from these categories that contain meanings and explain what Korean patients experience in the United States medical system.
- I refined these themes by implementing follow-up interviews with all thirteen interviewees and additional interviews with Korean doctors, nurses, and interpreters.

I will present and discuss the themes that I identified through this process of analysis in the following chapter.
THEMES FROM INTERVIEW DATA

The following are the themes that I identified:

- perceptions of the medical environment
  - physical environment
  - medical procedures and hospital services
  - psychological environment
- expectation toward American doctors
  - trust in American doctors
  - expectation toward doctors
- communication with doctors
  - linguistic communication difficulties
  - uncomfortable communication manners of American doctors
  - hiding information / avoiding agenda in communication with doctors
- health beliefs
  - the body and its health & illness
  - differentiation from American people in terms of body adjustment system
  - thoughts on medicine
  - attitude change toward Chinese treatments
- factors making Korean patients hesitant about going to see doctors

Perceptions of the Medical Environment

Physical Environment

Many interviewees pointed out that the hospital environment makes them feel comfortable because patients can see doctors in private rooms. Usually, there are no
other patients or nurses in the doctor's office so that they can talk about their problems in a secure setting. When they were in Korea, many of the interviewees said, they were bothered because they often had to talk about their problems with doctors in the presence of other patients. Usually, there was more than one patient in doctors’ offices at one time. A couple of other patients not being treated had to wait in the corner of the same room while a patient was talking with doctors, and they could still overhear what the patient and the doctor talked about. But, in the doctors’ offices and clinics of the United States, they feel secure and do not have to worry about other patients overhearing their private conversations with doctors.

All of the interviewees agreed that hospitals in the United States are in general very clean and hygiene minded. One interviewee explained that she could feel this when she saw that examination tables were covered with disposable paper sheets for each patient. Especially, those who had the experience of delivering their babies or who had family members who delivered babies in the United States talked about how nice the delivery rooms were compared to the “hate-to-remember” waiting and delivery rooms in Korea. They talked about how satisfied they were with the cozy, pleasant delivery rooms in the American hospitals.

Medical Procedures and Hospital Services

Regarding medical procedures and hospital services, interviewees talked about their experiences with the appointment system, medical costs and billing procedures, complicated medical procedures, and the highly segmented hospital system.
Every interviewee commented on the appointment system in doctors' offices and clinics in the United States. They agreed that it is convenient that they can make an appointment on the phone. They used to have to go to hospitals and wait for a long time even in order to make an appointment with doctors in Korea.

However, it bothers interviewees a lot that they cannot see doctors when they need to or would like to most. They said they have to wait several days or several weeks sometimes if there is no open time in the doctors' schedule. They are not used to this system and feel that it is very inconvenient. In Korea, they could see doctors at doctors' offices and clinics without appointments. Even in the case of general hospitals in Korea, they could see doctors when they wanted to if they could get to the hospitals early enough in the morning to make an appointment. Receptionists in these hospitals make appointments for patients for the day on a first come first served basis. It does not sound reasonable to Korean patients that they should wait several days before they see doctors even when they feel uncomfortable and want to see a doctor right away. One interviewee complained:

"It is so inconvenient for me to wait at least two weeks to see a doctor even when I feel really uncomfortable and need to see a doctor immediately. When I saw a dermatologist because of the acne problem, after waiting until the appointed time, the problem I had was almost gone. Also, when I was suffering from severe tooth pain, I almost begged the receptionist to let me see a doctor immediately. However, she was only concerned about their schedule and scheduled my appointment in several days. By the time I saw a dentist, the pain was not that serious. It really bothers me that I can't get help when I want it most."

Due to this appointment system, many Korean patients feel that it is hard for them to gain access to doctors in the United States. They complained that they cannot make an appointment when they really need to because receptionists in doctors' offices and clinics
usually make appointment schedules too tight without leaving any room for those patients who need to see doctors urgently. An interviewee expressed his dilemma:

"I feel uncomfortable with the appointment system in the United States. We don't get sick considering the doctors' schedule. Sometimes we have a situation which is too serious to wait until the appointed day but not serious enough to go to the emergency room."

Korean patients want to be able to see doctors when they want and need to see them. As some interviewees said, sometimes symptoms had gone away by the time they saw doctors. Meanwhile, they had to suffer from pain and discomfort. This is one reason that they sometimes decided not to go to see doctors even when they were sick or not to follow up even when doctors asked them to do so. Some interviewees said they don't mind going to the emergency room if they cannot make appointments right away even when the symptom is not so serious that they really have to go to the emergency room.

Another complaint from interviewees regarding the appointment system is that they have to wait too long even when they go to see doctors with appointments. This makes it hard for them to arrange their schedule for the day. For example, if they have an appointment at two o'clock in the afternoon, they do not have any idea when the visit will be over, so they have a hard time arranging the subsequent schedule.

"I don't understand why I have to wait so long to see a doctor even after I make an appointment. Whenever I get bored waiting, I regret coming to see doctors and make up my mind not to come back unless I get into a really urgent situation. Actually, I don't follow up if I think I am okay even though doctors ask me to do so because I hate waiting and wasting my time."

Interviewees said that doctors do not care about wasting patients' time, while they mind wasting their own time so that they make very tight appointment schedules. An interviewee said that he had tried hard to be on time for medical appointments because of
his expectation that American people keep time very accurately. However, he became
disappointed when he had to wait for a long time after the appointed time.

Another interviewee emphasized how much it annoys him that he should have a
long wait in order to see a doctor when he is sick. He said that it seems that American
patients feel fine about waiting a long time in hospitals and they do not look bothered by
the long waiting. However, for him, because he is not accustomed to waiting a long time,
waiting really bothers and upsets him.

Some other interviewees take waiting more casually. They said that they feel at
ease when they have to wait a long time, thinking this is just the way it is in American
hospitals.

Another main issue that Korean patients talked about regarding medical
procedures in the United States was medical cost and the billing process. Many Korean
patients I interviewed said the medical costs in the United States are too high even when
they consider the good services of health care delivery system.

“When my wife delivered our first baby in Korea, we paid 50,000 won (about
600 dollars at that time) after the insurance company covered the medical cost.
However, it took 2,000 dollars when my wife delivered our second baby here,
even after the insurance company covered 80% of the total charge. Of course the
quality of hospital service is much better here than in Korea. However, the
medical cost is so high that it goes beyond my imagination.”

Other interviewees said that because the medical costs are too high, they
sometimes suspect that they are overcharged. An interviewee talked about a case in
which he got upset because the hospital charged him too much:

“I think medical cost in America is too expensive even when I consider the
services I get. Once I took my wife to an emergency room since she was
suffering from pain at her waist. A doctor came in and asked her if she felt pain
when he pushed. Then, he took several X-rays. It turned out that she didn’t have any problem. Two months later, we got a bill for that. The hospital charged 250 dollars and it was the deductible limit of my health insurance. Therefore, we had to pay the whole amount, feeling that something was unfair. Ten days later, we got another bill of 200 dollars. We learned that the former bill was for the doctor’s service and the latter was for other things. We were kind of upset because the hospital charged 450 dollars for that simple visit. However, I realized that was nothing after I experienced a worse case later. One day I asked for ambulance service to an emergency room since I had a kind of heart attack symptom. I took a cardiogram at that time. When I got the bill for this visit, I got mad because they charged almost 1,000 dollars. I thought that was too much.”

He said that he paid the amount that he was asked to pay by the hospital anyway, after his insurance company covered its portion. He did not appeal to the hospital for reconsideration of the medical charges because he thought that this is how hospitals make good money.

In contrast to the patients who think the medical costs in the United States are too high, a few interviewees said the good quality of hospital service in the United States justifies that high cost and they do not mind paying the cost when they can get such good service.

“I think medical service in America deserves that high cost. When I delivered my son in Korea, I stayed at the hospital for three days. However, the hospital people did almost nothing. They didn’t give me any information or the education that I should have had as a new mother. My family took care of everything for me. On the contrary, in this country nurses take care of everything. They do not leave mothers alone: they teach mothers how to care for newborn babies. I think I wouldn’t mind paying the cost when I get such good service.”

“I don’t know how much doctors get for their service since I don’t pay attention when I get hospital bills. However, I can imagine it might be very high because they are professionals and they have special techniques. Even computer engineers charge almost one hundred dollars for a one hour service. I think doctors’ cases are similar. However, I don’t mind paying that cost if the service is good. I want to see kind doctors even if I have to pay more for that.”
A couple of interviewees complained that the billing process for medical charges is too slow and complicated.

"I think the process of paying medical bills is stupid since it is so complicated and always causes some trouble. For example, sometimes the insurance company says, ‘You don’t have to pay what hospitals ask since our company covers some of the expenses.’ Then when I say that to the hospital personnel, they ask me to talk to the insurance company directly. The problem here is that hospitals send me bills even when the insurance company says they have paid that. Usually it takes a long time to settle this miscommunication."

The interviewees commented that every procedure takes lots of time in the United States, and the billing process in hospitals is not an exception. They said everything here is too complicated even when it does not have to be. Interviewees talked about how the complications that prevail in the medical service in the United States in general make them go through inconvenience.

"Medical procedures usually take more time and money here than in Korea. Even for a very simple thing, such as getting contact lenses, I have to go through a complicated process. First of all, I have to get an eye exam from an eye doctor, paying 50 dollars after I wait one week, and then I have to wait another week to get the lenses. In Korea, I can buy contact lenses even at the market if I know my prescription. As I see it, there is not any big difference between lenses here and in Korea. I just feel that it takes unnecessary time and money here."

Interviewees said they think these complicated procedures are a waste of time and money rather than something positive in many cases. And, in some cases, the complicated procedures only give them headaches since they are not used to handling such procedures. An interviewee talked about his experience of having trouble getting prescribed medicine at a pharmacy.

"The procedure of getting medicine is so complicated. In Korea, the only thing we need to do in order to get medicine is just to take the prescription to the pharmacy. However, here we need to answer what pharmacists ask us in hard-to-understand English. Sometimes they even ask me if it is okay if they give me
some medicine with their own brand name, which is different from what the
doctor has prescribed, saying theirs is cheaper than what the doctor prescribed.
When this happens, I don’t know what to do. I usually tell them, ‘I don’t know.
Just give me what the doctor prescribed.’”

The highly segmented health care delivery system in the United States causes
some confusion to Korean patients. They sometimes do not have any idea what kind of
doctors they need to see in order to get treatment for their illnesses. Many interviewees
talked about experiences related to this problem since they are not used to this much-
segmented system.

“When I had a swollen ankle, I didn’t know which department I should have gone
to. At that time I didn’t know there are podiatrists who are expert in foot
problems. Therefore, I went to the emergency room.”

“One day a friend of mine who had just come from Korea asked me where he
could go in order to get blood vessel dialysis due to a kidney problem. I didn’t
have any idea, so I called internal medicine and asked a receptionist where I could
get that service. However, she said she didn’t know which part in internal
medicine I should go to and suggested that I contact any kidney specialist. So, I
called a kidney specialist, and he said he only did transplant surgery. After I
spent a lot of time, I learned there is a department in a hospital that lets me know
where I need to go in order to get the services I want.”

Only after they go through several trials-and-errors do they figure out how the
system works and then feel that the system is well organized. However, until they get
used to this system, it just looks ‘complicated’ to them and so causes a headache.

A couple of interviewees commented that health care providers in the United
States receive patients first and then ask for payment later. They compared this system to
that of Korea. In Korea, they had to pay the doctor’s fee first and after that they could get
medical service. An interviewee said the system in the United States makes her think that
health care providers are more concerned with patients’ lives than with getting money.
However, another patient said that health care providers in the United States can do that because they have more guarantees than those people in Korea that they will get money from several sources even when patients cannot afford the medical charges. He said that this does not mean the care providers here are more concerned about patients' lives than hospitals in Korea at all.

**Psychological Environment**

Many interviewees talked about the kindness of doctors who they have met in hospitals in the United States. An interviewee said, “American doctors are so kind that I have no complaints about those doctors.” Another interviewee said that he could not treat patients as kindly as American doctors do if he were a doctor.

Some of the interviewees described American doctors as willing to communicate with patients. When Korean patients ask questions, American doctors try to answer sincerely. An interviewee talked about his experience with a doctor when he brought his wife to a hospital.

“One day, my wife had a car accident and started bleeding. My wife and I were worried about her condition, especially because she was pregnant. The doctor we met at the hospital was very kind. She tried to make us feel at ease by explaining my wife’s condition in detail and telling about the ways the hospital could deal with any emergency situation if anything happened.”

This attitude of American doctors makes Korean patients feel comfortable. In this relaxed environment, Korean patients can talk about what they are concerned about with doctors. Related to this attitude of American doctors, Korean patients think these doctors are patient. They seldom express annoyance in front of patients. An interviewee talked about his experience of visiting the same doctor seven different times with the same
symptom because his symptom was not relieved. He told this story in order to focus on how patient the doctor was, not to complain about the inconvenience of visiting the doctor several times or suffering from the discomfort of the illness.

“I went to see a doctor seven different times with the same symptom. If it was in Korea, the doctors might have complained because I kept coming back with that trivial symptom. However, this doctor never looked annoyed and was always patient with me.”

It is also important for these interviewees to be recognized by American doctors. While they have been living as members of a minority group in this country, they may have had the feeling of being ignored in many cases. These experiences make them be very sensitive about being recognized. Therefore, they may put great value on the recognition of doctors in their offices.

“I can tell that doctors are kind by observing them greeting patients and recognizing the people with patients such as family members. For example, I usually bring my whole family when I go to the hospital. American doctors usually recognize my wife and my children and say hi to them. That kind of attitude of American doctors makes me feel relaxed.”

Several interviewees compared American doctors to Korean doctors and said they had gotten to know how much American doctors care about patients. An interviewee talked about her experience of how differently doctors took care of her concern about her son when she took the same problem to doctors in Korea and in the United States.

“When I was in Korea, I saw an article in a newspaper about the shapes of legs such as X-shape and O-shape. We usually think O-shaped legs are bad since they are not good-looking. However, the article said X-shaped legs are worse than O-shaped ones because they can cause some problems such as arthritis. After I read the article, I noticed that my son’s legs were X-shaped legs. I was really concerned about his legs so I took him to a doctor. The doctor just took a quick look at my son’s legs and said they were OK. However, I was still worried about it, and asked him if my son was really OK. All of a sudden, the doctor shouted “Next patient!” to a nurse in the waiting area. What more could I say in that
situation? After I came to the United States, I took the same problem to a doctor. At that time, the American doctor dealt with the problem very differently than the Korean doctor had. He let my son lie down and pushed down his legs here and there. He also measured the distance between his legs and then told me he thought my son was OK. He said if I was still worried about my son’s condition, I could have an X-ray taken of my son. He also recommended that I do not let my son sit with folded legs or sleep face down. It seemed that he was really concerned about my worrying.”

Another interviewee described the difference between doctors in Korea and in the United States in terms of the way they treat patients as “the difference between heaven and earth.” Some interviewees said that Korean doctors treat patients like criminals; they ‘investigate’ patients and sometimes scold them. American doctors, on the contrary, try to help patients and encourage them. The doctor is king in Korea while the patient is king in the United States. Hospitals are the most uncomfortable places to go in Korea, one interviewee compared, while they are the most comfortable places to go in the United States.

Many interviewees said that American doctors try to “listen” to what patients say. That is what Korean patients are impressed with in comparing these doctors to Korean doctors in Korea. They had experienced many rude and authoritative doctors in Korea. To these interviewees, American doctors seem to be very humble and to respect patients a lot. Many interviewees said they do not feel as much distance between doctors and themselves in the United States as they used to feel in Korea. They feel much more comfortable in asking questions of American doctors than they used to in Korea.

They also described how considerate American doctors are.

“Whenever I take my daughter to the pediatricians, I feel that they are really considerate. They try to make my daughter feel relaxed before they examine her by asking her how old she is or telling her how beautiful she is.”
“When I was leaving a hospital after I had stayed there as an inpatient, nurses saw me off to my car. That made me feel that they sincerely cared about their patients.”

Many Korean patients I interviewed talked about how pleased they were by the sweet words from doctors expressing the doctors’ concern about those patients.

“When patients say that what doctors do for treatments or exams hurts them, doctors in Korea usually ignore it or say that everybody might feel that same pain (implying that they should bear that pain like everybody else without complaining). However, doctors here say, ‘Doesn’t it? I know it hurts a lot. I’m sorry about that. It will be over soon…’ Patients suffer not only from physical pain but also from mental pain. It is very nice of American doctors to relieve this mental pain with sweet words and a warm attitude.”

The Korean doctors who these Korean patients saw in Korea seldom expressed sympathy to the patients when these patients expressed pain. They just ignored what the patients were trying to express. They even sometimes scolded patients for their childish behavior. However, the American doctors who these Korean patients have met in the United States paid attention to what these patients wanted to express and tried to sympathize with the pain of these patients. Interviewees said this attitude of American doctors made them feel at ease.

The kindness of American doctors is also shown through the fact that they try to make informal conversation with patients in order to make the patients feel more comfortable. An interviewee talked about his experience of this:

“They not only ask patients what brought them but also make some informal conversation such as asking where they come from. Foreign patients tend to be nervous when they see American doctors since they might not be accustomed to the new system. However, this informal attitude of American doctors makes patients feel comfortable even at the first meeting.”
As I have shown in the examples above, many interviewees evaluated American doctors as kind and considerate and felt that they care about patients sincerely. However, some of them commented that the kindness of American doctors is merely superficial and a business skill.

“When I meet doctors in the hallways of hospitals, they just pass by without recognizing me even when I am quite sure they know me. It makes me feel that their kindness in their offices is only a kind of business skill, not the expression of their sincere concern about patients.”

When Korean patients feel that American doctors are kind, they expect the kindness of these doctors to come from the bottom of their hearts not from the motive of making good business. They have very negative feelings about businessman-like doctors. There is an old saying in Korea, “Medical practice should be based on mercy.” In other words, the medical practice should not be followed for the purpose of getting financial reward but for showing mercy to those who are suffering from pain. Therefore, the kindness of doctors should be an expression of sincere concern for patients, not a business strategy to gain favor with them. When patients expect this sincere concern, they might be disappointed in noticing the superficiality in the kindness of doctors.

Another important issue relating to how Korean patients perceive the psychological environment in health care delivery system in the United States is that these patients sometimes feel anxiety for several reasons. One of them is that they are concerned about whether doctors or other hospital employees treat them unfairly or differently from American patients. This anxiety of Korean patients about being treated unfairly or differently from American patients is not rare among Korean patients. One interviewee said that he experienced confusion when doctors did not treat him as kindly
as he expected, wondering if the reason these doctors treated him like this was that he was a minority or that it was their personality. Another interviewee said that he felt uncomfortable when he noticed that American doctors did not talk to him as much as they did to American patients.

However, many Korean patients said that they have more anxiety about being treated differently from American patients with other hospital employees than with doctors. One interviewee talked about an experience in which she got upset because receptionists in a hospital did not pay as much attention to her as she deserved as a customer.

“One day I went to the wrong receptionists by mistake. When I approached them, they took a look at me and kept talking to each other without paying any attention to me. I felt embarrassed and upset. How could they do that? I was their customer anyway. I suspected that they treated me that way because I was an Asian.”

Many interviewees, however, said that this kind of anxiety is not as significant in the use of medical system as in their everyday lives outside. Almost all of the interviewees had had experiences that they felt unfair or unpleasant because they suspected that people who provided services to their customers had not treated them equally to American customers. They think that this difference in service could be partly due to their inability to speak English. However, it still makes them upset or depressed when they face these situations.

Korean patients' anxiety about communication with American doctors is another issue that came out in the interview data. Many interviewees are anxious because they worry that they might not understand what doctors say to them clearly or that doctors
might not understand what they are talking about. Some Korean patients deal with their anxiety with active attitudes; when they do not understand what doctors say, they ask doctors to use easier terms, to speak more slowly, or to explain what they said again. However, not every Korean patient uses this active way of coping. A number of Korean patients said that they sometimes pretend that they understand what the doctors have said or ignore it, hoping it is nothing serious when they do not understand what doctors say. They also try to seek information about the topic from medical books or their family and friends later.

Some Korean patients are anxious about whether American doctors look down on their culture in respect to traditional treatments. Many Korean patients feel uncomfortable about talking with American doctors about their traditional treatments because they worry whether the American doctors perceive these traditions as unscientific or underdeveloped, and then consider those who talk about these traditions as stupid or naïve. Many of these patients think that their poor English makes the situation worse because they cannot explain the sophisticated philosophy that some of their traditional treatments are based on.

In many cases, the anxiety that Korean patients have related to their use of the American medical system is closely connected to their inability to speak English fluently. The lack of speaking ability leads to lack of confidence in many cases as one interviewee pointed out. She came to the United States about thirty years ago. When she first came here, she misunderstood what American people said to her due to her poor English and then came to the conclusion that they were looking down on her. However, as her
English improved, she realized that she had misunderstood them and that they did not mean to look down on her. She also realized that American people who were not kind to her were not kind to other people, either, including American people. Therefore, she does not have to be upset thinking these people are discriminating against her.

I have talked about how Korean patients I interviewed perceived the psychological environment of the medical system in the United States. In the next section, I will talk about the expectation of Korean patients toward doctors.

**Expectation toward Doctors**

**Trust in American Doctors**

Many interviewees said that they put almost absolute trust in doctors because doctors are experts who know how to treat the illness of patients. They said they try to respect and follow what doctors recommend to them. However, some of these interviewees pointed out that they have a hard time putting their trust in American doctors as completely as they used to do with doctors in Korea. They explained that American doctors sometimes are so cautious when they let patients know about their diagnoses and so protective when they give treatments to patients. These interviewees said that this lack of assertiveness makes them doubtful about following what these doctors say. However, a couple of interviewees described this attitude of American doctors as their ‘carefulness’ and said that is the reason for their trust in American doctors.
One interviewee expressed extremely low trust in American doctors. She said these doctors are just business people who are only concerned about making money. She gave as an example a case when she visited a dentist. At that time, the dentist did not give her any satisfying explanation of her symptom and asked her to make an appointment for tooth cleaning. She felt that the doctor did not care how much she had suffered from the tooth pain and that he was only interested in what allows him to earn money.

Some interviewees among those who said that they trust American doctors mentioned how impressed they were by the way that doctors check patients’ conditions. They said that American doctors usually check patients’ conditions very thoroughly, and this leads them to place high trust in these doctors. An interviewee expressed her good impression of a doctor who treated her headache problem.

“\[\text{I was impressed by the way a doctor who I met here treated my headache problem. I went to see doctors in Korea with this problem, but I didn’t get any satisfactory solution. They just let me take some exams and told me that I was fine since they didn’t find anything from those exam results. After I came to the United States, I went to a hospital with the same symptom. The doctor told me that there can be several different reasons for headache and recommended that I keep a log whenever I had a headache for a week, about the situation I was in and how I felt. He said that we could discuss how to solve the problem by checking the log I had kept. It seemed so reasonable to me. Therefore, I kept a log for a week and took it to him. He explained, after taking a look at the log, that my headache problem could come from stress or air pressure. He advised me how I could deal with those situations and prescribed some medicine.}\]

She could see that this doctor treated her problem sincerely and tried to help her. His approach to her problem also looked very reasonable to her compared to that of the Korean doctors. These factors were what made her trust the doctor.
Expectation toward Doctors

Let's imagine a situation in which a patient is lying suffering from pain without having any idea what kind of illness she/he has. A doctor examines this patient by checking his/her pulse. After a while, the doctor nods and tells the name of the illness that this patient is suffering from and explains the causes and prognoses.

This is a typical story that anyone can see in movies or books describing medical practice in Korea before the western medicine came in. Even now, many Chinese medical doctors diagnose patients' illnesses only by checking patients' pulses. In the old days, people called those doctors who could pick out the name and cause of an illness on sight excellent doctors. These excellent doctors did not need to require their patients to take tests or exams in order to figure out what the illness was.

Nowadays, Korean patients are familiar with the medical procedures that western medical doctors use to figure out what the disease is. There are various medical tests and exams. These patients have gotten used to the fact that the doctors' diagnoses are based on the results of these tests and exams and the doctors' knowledge about them. Many Korean patients mentioned that they did not want to mystify doctors' capability; they saw the job of the medical doctor as merely a kind of professional position and did not want to exaggerate doctors' capability in the healing process. Medical practice is based on scientific knowledge, and doctors are merely those who study that scientific knowledge.

However, it seems to me that Korean patients are still thinking about the quality of excellent doctors in the old days when they talk about the qualities of excellent doctors. They still expect some mysterious power to reside in doctors in order to find out
the causes of illness and to guarantee the effect of treatments. Several interviewees said they expect their doctors to show an assertive attitude to patients so that patients can follow what these doctors recommend without doubt. These interviewees believe that one of the most important roles of doctors is to give their patients the hope and certainty that they can cure these patients. Without having this certainty, they said, patients might not follow what doctors recommend.

Almost all of the Korean patients I interviewed emphasized the maturity and experience of doctors as the most important quality of excellent doctors and, therefore, they prefer doctors in their 40s or 50s. They believe that these doctors have wisdom from their experience and are more sincere and careful in their medical practice than younger doctors are.

Many interviewees said that it is important for excellent doctors to have both outstanding medical technique and a good manner toward patients. However, many of them said they would choose technical excellence over good manner if they had to choose only one of them. Especially when they have a serious illness, they do not mind seeing doctors who are not kind or nice if they are excellent in technical aspects so that they can give correct diagnoses and offer the best treatment options for patients.

However, there were several interviewees who put equal emphasis excellent doctors’ having a good manner because they believe illness is closely connected to the mental and emotional conditions of patients.

“I think those doctors who are sound in technical aspects and who encourage patients a lot are excellent. I think those two aspects have the same importance. My mother in Korea complains about my father’s new doctor whenever she calls me. His old doctor was very encouraging to my parents but the new one keeps
saying that every sick person goes through the same things and there is not much he can do about it. I think this new doctor of my father is not well qualified as a doctor even though he is very excellent in technical aspects. I think our sickness is closely connected to the mental state as well as to the physical condition. Therefore, the doctor's role of encouraging patients is very important.”

This attitude of Korean patients that emphasizes the importance of doctors’ having good manners toward patients is not much different for that of other patients in general in the United States. Many research results support the idea that patients prefer physicians who communicate with warmth, involvement, concern, liking, and responsiveness (Ben-Sira, 1976, 1980; Buller & Buller, 1987; Carter, Inui, Kukull, & Haigh, 1982; DiMatteo, Prince, & Taranta, 1979; Friedman, DiMatteo, and Taranta, 1980; Hall, Roter, & Rand, 1981; Hauck, Zyzanski, Alemagno, & Medalie, 1990; Korsch, Freemon, & Negrete, 1971; O'Hair, 1986; O'Hair, O'Hair, Southward & Krayer, 1987; Pendleton, 1983; Street & Wiemann, 1987, 1988).

Patients love to hear sweet words from doctors and receive care from them. However, it seems that Korean patients especially emphasize that these sweet words should come from the ‘bottom of the heart’ of doctors via their caring personalities, not a part of their business strategies. Korean patients expect that kind of care that parents provide for their children from doctors.

One interviewee pointed out the importance of the caring process as well as the result as a criterion of his judgment of excellence in doctors.

"I don't count only results when I judge who excellent doctors are. I think how doctors treat patients is more important. It is important that doctors should care for patients and try to make patients feel at ease. It is also important that doctors should be honest, sticking to the spirit of Hippocrates. It is possible for doctors to be successful in curing disease only by luck. Some other doctors could fail to cure disease because they unfortunately meet those patients who are hard to cure.
In these cases, can we say which doctor is excellent and which doctor is not, based only on the results? I rather think the caring process is more important in judging which doctor is excellent.”

This interviewee’s comment, which puts emphasis on the ‘process’ more than the result, reflects the expectation of Korean patients toward doctors of receiving care which comes from bottom of the heart. If a patient believes that his/her doctor shows him/her care from bottom of the heart, the patient might judge the doctor as a good doctor even when the result of medical treatment does not turn out positively.

Several interviewees stated that they do not have any special expectation toward doctors. They said that the doctor is just one of the professionals who sell their knowledge and techniques to their customers. Doctors have limits to their knowledge as other professionals do and they sometimes make mistakes. Relating to this, one of these interviewees expressed his low expectation about the kindness of doctors by asking me, “How much kindness can we expect, even from ‘kind’ doctors?”

Communication with Doctors

**Linguistic Communication Difficulties**

Linguistic communication difficulties pervade the everyday life of Korean people in the United States unless they are native English speakers. There is no exception in their communication with doctors. Interviewees pointed out various things that make their communication with doctors in the United States hard.

Interviewees said they have a hard time understanding the professional terms that doctors use. This lack of understanding makes Korean patients feel frustrated, especially
when they feel that something is seriously wrong but they do not understand the doctors' explanation of what is wrong. An interviewee talked about her frustrating experience.

“When the doctor of my second daughter asked me to take her to the hospital several times in order to let her take some tests, I could feel that something was wrong with my daughter. However, I couldn’t understand what the doctor explained to me about her condition at that time. The name of her disease sounded so strange to me and I did not have a clear idea of what it was. That situation made me feel so worried and frustrated. One day I burst into tears in front of the doctor since I felt so helpless.”

Of course, having a hard time understanding professional terms that doctors use can be a problem not only to foreign patients such as Korean patients but also to American patients. However, what makes this problem worse in the case of Korean patients is that Korean patients are more intimidated about asking doctors to explain those terms in easier words due to the language barriers. They are afraid that they will not be able to understand even when doctors rephrase their explanation in easier words. They are also afraid that they might bother doctors by asking them to explain the same things twice. Therefore, as several interviewees said, Korean patients sometimes just guess what those terms mean or just move on even when they do not have any idea about those words, hoping there is nothing seriously wrong with them.

The lack of understanding of what doctors say makes patients seek information about their illnesses from some other sources besides doctors.

“When I went to see a doctor because I suffered from a swollen ankle, I didn’t understand what the doctor said to me about the name of the disease. He didn’t explain much. He just wrote down the name and prescription. I was really curious about the causes of the disease, but I couldn’t ask anything since I couldn’t even understand what kind of disease it was. I had never heard that name before. After I got home, I looked it up in a dictionary and asked a nurse who was a friend of mine about it. I kept seeking information about the disease from my friends and family members. I was finally able to figure out what it was,
how I had gotten it, and what I needed to do in order to treat it, not from the
doctor but from my friends and family."

It is very common for Korean patients to seek information or advice about their
illnesses from their family or friends. As in the case of the interviewee who I quoted
above, many Korean patients ask their family or friends about what their diseases are,
what they need to do to cure those diseases, and if they need to go to see doctors or not.
Korean doctors or nurses, who these patients can meet in churches, in the neighborhood,
or through some other personal networks, provide these patients with an abundance of
medical information that these Korean patients depend heavily on.

Another major difficulty Korean patients experience in communicating with
doctors in English is describing their symptoms. They usually look up some words in a
dictionary in order to describe their symptoms. However, they said that it was very hard
for them to find the exact words to describe their symptoms. They could find some
general words for the symptoms, but could not find the words that describe the subtle
feelings of pain. They usually can describe those subtle feelings in various words in
Korean. However, it is very hard for them to translate these various expressions in
English. An interviewee talked about her experience of describing her pain.

“When I had a car accident, I felt pain on my chest. It lasted for quite a long time.
However, I had a hard time explaining what kind of pain it was to doctors in
English. It was some feeling of pain that could be understood among Korean
people with a simple expression. But I was not sure if the American doctor
understood exactly what I was trying to express. A few days later, I had a chance
to talk about the pain with a Korean doctor in my church in Korean. At that time,
he understood what I meant immediately and explained to me that I didn’t have to
worry about it because that kind of pain usually would last for a while. After all,
my anxiety could be relieved.”
Many Korean patients said they often describe their symptoms just by saying “it hurts” without mentioning how much and in what way due to their poor English. The difficulty in describing symptoms in English sometimes makes Korean patients worry that doctors may misunderstand their symptoms or underevaluate the seriousness of their illness.

These linguistic difficulties of Korean patients often make them feel timid about speaking up for themselves, and they appear to be reticent. They do not express their problems, feelings, or needs to doctors or other hospital employees. The Korean doctors, nurses, and interpreters I interviewed said that hospital employees regard Korean patients as the most quiet and docile patients. They do not demand or complain; they come to the hospitals, stay quietly, and leave.

However, this does not mean that Korean patients are always satisfied with what doctors or other hospital employees offer. Korean patients have questions in their minds even when they cannot ask them for the reasons that I have mentioned. They also often feel that they underrepresent their symptoms to doctors due to the difficulty of expression. They wish that doctors could understand what they are trying to say even when they talk about only “essential” (as they think) things without detail. Many Korean patients expect doctors and other hospital employees to provide them with whatever patients deserve even when they do not specify a need for those things just as parents understand their children’s needs and provide whatever is good for them even without its being requested from them. Unfortunately, these expectations are not always satisfied, and this leads to a dissatisfaction that frustrates Korean patients.
Some of the interviewees said doctors are not fully considerate about their foreign patients' language problem. Sometimes doctors speak very fast and do not check to see if the foreign patients understand what they are saying. An interviewee complained:

"I think American doctors don't take into consideration our having a language barrier. They just talk as fast as they do when they talk to English speaking patients, without making sure whether the patients understand or not. It would be good if doctors slowed down and checked whether patients understand what they are talking about."

Some interviewees commented that a lack of consideration for foreigners seems to be a general trend among American people. American people in general, they said, are indifferent about language problems of foreigners. Many American people are not considerate enough to slow down when they speak with foreigners, even when those foreigners do not appear to understand. Interviewees said that many American people just communicate with foreigners based on their assumption that everybody should speak English well.

However, a couple of interviewees pointed out that there is no reason to blame American people about their lack of patience or consideration of those who cannot speak English well. "It is our responsibility," one interviewee emphasized. "We have to master English, if we once decide to live in an English speaking society, for our own benefit, not for others."

In spite of the complaints of some of the interviewees about language problems, some other interviewees said that they were not experiencing any critical problem in communicating with doctors. They said that the reason is not because they speak English well, but because doctors usually try to adjust to the level of English skill of their
patients: they try to make patients understand what they are saying to them with patience and a sense of responsibility.

**Uncomfortable Communication Manners of American Doctors**

Many interviewees evaluated American doctors as kind to patients in general. However, there were some situations in which Korean patients did not feel comfortable in regard to the communication manners of American doctors. Sometimes American doctors are so direct that the patient feels embarrassed. For example, doctors ask patients if they have any possibility of getting STD even when they are not sexually active. Interviewees said it might be the doctors’ routine, but they feel really ashamed and embarrassed since they think the doctors might regard them as some kind of “easy” folks.

“I feel embarrassed when doctors ask me what I think as too private. When I went to see a doctor, for example, because of skin trouble, the doctor asked me directly if I had any possibility of getting STD. At that time I got upset because I wondered what kind of assumptions about me he had that he could ask that kind of question. Now I think it could have been a regular check that he was making casually. However, I think he should have thoroughly explained the reason he wanted to know about that before he asked me that question.”

In Korean culture, people feel very uncomfortable in talking about their sexual lives in public or with somebody they do not know well. Especially, talking about this issue with somebody of the opposite sex can cause great embarrassment to them.

Another problematic situation relating to too direct communication of American doctors occurs when doctors let patients know about their diagnoses. In Korean culture, people are accustomed to the use of roundabout expressions for what can shock or hurt other people’s feelings. Therefore, the direct way in which American doctors communicate can cause distress to Korean patients. One interviewee talked about how
much she was hurt when her doctor let her know that she had a terminal disease. It seemed to her that the doctor did not care about what kind of emotional turmoil she would be going through at the news.

“When I had cancer, my doctor called me and told me directly that I had it. He might have thought I would accept the news better than other people would because I worked at a hospital. However, I was shocked when I heard it for the first time. I asked him several questions that he didn’t answer at that time. A few moments later, I was able to calm down a little bit. However, I was still upset, not only because I didn’t understand why I should suffer from cancer and what I had done wrong to deserve to suffer, but also because the way the doctor told me that news hurt. He could have told me such news after he had called me into his office in consideration of my feelings. However, he just told me that I had cancer on the phone without expressing any consolation to me. His attitude made it harder for me to deal with that situation.”

The interviewee said that her doctor’s manner of communication might be an extreme case. She mentioned, however, that American doctors in general are very cold and practical when they let patients know their diagnoses. She said she now understands that American doctors act this way because they do not want to give patients any false hopes. However, it took lots of time for her to adjust to this manner of communication.

Too close a physical approach, especially when doctors and patients are of the opposite sex, also bothers some Korean patients. An interviewee talked about embarrassing experiences when she went to see doctors.

“When I went to see a dermatologist, he examined my face even with a magnifying glass, approaching too close to my face. It really bothered me. When I went to see an ophthalmologist, he looked into my eyes, approaching so close to me that I even had suspicions about what he was doing to me.”

There is an old rule among Korean people that women and men are not supposed to be together after they become seven years old. Even though it is hard to say that this tradition is still prevalent among Korean people, Korean people feel uncomfortable about
being too close physically with someone of the opposite sex other than in romantic relationships.

Several interviewees complained that they feel uncomfortable talking with doctors because they always look busy.

"I feel uncomfortable asking doctors questions when they look so busy. I have had some experiences of doctors looking annoyed when I asked questions of them, and these experiences have made me feel too intimidated to ask questions of doctors."

In Korean culture, people seem to be more concerned about how others regard them than how they regard other people. In this culture, people are very sensitive about looking impolite by bothering other people, especially when the other people are those who deserve respect such as medical doctors. Korean patients in general do not feel comfortable asking questions of doctors when doctors look busy because they do not want to give the impression that they are annoying the doctors. Even though many Korean people say that they have the right to ask questions of doctors when they need to since they pay for that, they usually do not behave accordingly because doing it still makes them uncomfortable. This attitude of Korean patients can also be attributed to the fear of breaking the harmony in the relationship between doctors and themselves. They feel that it is not good for patients to break the harmonious relationship with their doctors.

Many Korean patients want clear explanations about the causes of disease and confident treatments from doctors. They complained that American doctors often do not tell patients clearly about what their illnesses are; they do not say anything about the patients' illnesses until they are sure of the diagnoses. Korean patients say that American doctors are too cautious and protective of themselves.
In the traditional Korean culture, excellent doctors are those who can ‘pick out’ the name and cause of illness at the first sight of the patients. Korean patients still have this expectation of doctors. They hope doctors can pick out the name and cause their illness and guarantee the patient that they can cure the illness. The lukewarm attitude of American doctors often does not satisfy Korean patients’ expectations towards doctors.

An interviewee expressed her frustrating experiences with American doctors.

“I never get clear diagnoses from doctors in the United States. It seems to me that American doctors never give any clear answers about illness. They often say that each patient has a different condition so it is inappropriate to generalize. They usually ask patients to have many tests and examinations to figure out what is wrong. When my father had a stroke and we took him to a hospital, the doctors didn’t explain why he had it, even though my family and I already had some idea about the reason. He had studied so hard for the citizenship exam and had a stroke as soon as he passed the interview. We figured out that he had the stroke because he released his nervous energy too suddenly just after he was suffering from intensive stress. When we talked about these things to doctors, they didn’t look like they were taking this seriously. They just asked us to take him to get many tests, including some painful tests such as an electric shock test. After all, they sent my father to the psychiatric department without explaining anything about the cause of his symptoms. From this experience, I felt that American doctors are very protective of themselves. They never say anything until they are sure. However, I personally want to get some clear explanation about the cause of illness and treatments so I can follow those treatments with trust. I think it is necessary for doctors to show a confident attitude in front of patients. How can patients follow what doctors say when they look confused and uncertain? I want doctors to tell me that I will be absolutely fine if I follow what they say.”

Another interviewee talked about her unsatisfactory experience regarding this attitude of doctors.

“When I went to see doctors in a clinic because I had pain in my legs, four different doctors in the clinic checked my problem and had me take tests and exams. However, none of them gave me any explanation about my problem. They just kept saying they didn’t know why that problem was happening. I understood that they hardly could say anything because what they suspected was ruled out by exams and tests. However, I would have felt better if they had tried to explain it even with some common sense such as that the problem could have
happened because I’m getting old or gaining weight. However, those doctors didn’t say anything like this. They didn’t want to give me any hypothesis. Somehow, this attitude didn’t make me at ease.’’

Many Korean patients understand that this cautious and self-protective attitude of American doctors is due to the fact that there are frequent medical suits in the United States. However, they do not feel comfortable with this attitude of American doctors. They want to get some idea about their illness from doctors. They are quite used to the way Korean doctors deal with this unclear situation: Korean doctors sometimes try to give their patients some ‘possible’ reasons for their condition. Many Korean patients said that this explanation somehow helps them to deal with this vague situation.

**Hiding Information / Avoiding Agenda in Communication with Doctors**

Although patients acknowledged the importance of giving a doctor comprehensive details about their condition, some deliberately withheld information. Several interviewees said they are not willing to talk about the history of their illnesses or the illnesses of their family members. They said they do not tell doctors those things unless they think it is really necessary because talking about illness histories makes them feel uncomfortable. They feel there is nothing to be proud of in being sick, and thus they do not want to volunteer to let ‘other’ people know about it. This attitude is strong, especially when they or their family members have an illness history connected to mental disease because they are afraid of being stigmatized by other people. To these patients, doctors are ‘others’ to whom they do not feel close enough to tell their private things.

According to the interview data from interpreters, some Korean patients try to hide the fact that their health problems are connected to domestic violence even when it
is very obvious. Some Korean patients have even tried to hide the fact that their children were adopted. The interpreters observed that Korean patients sometimes do not want to let doctors know about the history of their illnesses or about their families' history of illness as well.

Some Korean patients also are embarrassed about talking their American doctors about their traditional beliefs and practices, including consulting a traditional practitioner or taking medicine provided by traditional doctors, and, therefore, they often withhold information. They said that there is no good reason for them to talk about these things with American doctors because American doctors would not understand these beliefs and practices and would scorn them.

"I don't think American doctors believe in our traditional treatments. If I talked about those treatments to these doctors, they would say, "What are you talking about?" They would think I am a kind of barbarian. They also might think I am talking against them. I think our belief in traditional treatments doesn't have anything to do with American doctors, so there is no use for me to talk about these things with American doctors to get their opinion on them."

These interviewees would not talk about their traditional treatments with American doctors because they assume that American doctors are used to American ways. These doctors might think Korean patients depended upon traditional treatments because they did not know about the existence of western medicine. Some interviewees think that American doctors might regard them as uncultured and funny if they talk about this.

The language barrier is one of the main reasons that Korean patients do not want to talk about the traditional treatments. They are afraid that they will not be able to
explain this subject in detail to American doctors or will not be able to defend the effect of the traditional treatments if American doctors begin an argument about it.

Some others are also reluctant to talk about these things because they are not confident enough in the background knowledge on which the traditional treatments are based. They are afraid they might get into an embarrassing situation if arguments arise with American doctors who have much more scientific medical knowledge than they do.

"I wouldn't start talking about those things since I'm not so confident that I could persuade the doctors when the discussion becomes an argument. The doctors might try to explain to me why our traditional treatments don't make sense based on scientific data, and then I wouldn't be able to make a counter argument against their statements. I better keep quiet about those things."

Many Koreans are very sensitive about saving face in front of others, and, therefore, they choose to keep silence rather than losing face by raising an issue that they do not feel confident talking about.

Several interviewees think American doctors would not understand their traditional treatments or their underlying philosophy since these doctors have a different conception of the world from theirs. Therefore, they think it is merely a waste of time to talk about these things.

"I think there is no right or wrong decision. Everybody creates his/her own conception of the world according to his/her environment. I think that's why there is a big difference between western medicine and Chinese medicine. How can American people understand 'Ki'? What about spiritual power? However, in Chinese medicine, these things are used as the ways of curing disease."

One issue stands out in this attitude of the interviewees. They say they would not talk about Chinese medicine with American doctors because those doctors would not understand. They are also afraid of being made light of by American doctors when they
talk about it. However, almost all of them believe in the effect of Chinese medicine and many of them try to use it.

“When my wife and I went to see a doctor during the early stage of my wife’s pregnancy, the doctor asked us if my wife had taken any medicine. We said no even though she was taking some Chinese medicine that my father-in-law sent her from Korea saying it is good for pregnant women in making the position of the baby inside the womb right. I didn’t tell the doctor because I thought it would only be a waste of time. Anyway, he would not have understood about that.”

As in the case of this interviewee, many Korean patients do not want to let doctors know that they are using or have formerly used Chinese treatments.

However, some of the Korean patients interviewed said that they would like to talk about these treatments with American doctors if they had the chance because they want to know what American doctors think about these treatments from a scientific perspective. They think American doctors would understand these treatments, especially Chinese medicine, since there is a trend in western medicine that scientists are becoming interested in Chinese medicine.

“I surely can talk about our traditional treatments with American doctors. Some doctors would believe it is effective, but some doctors would doubt it. However, it is changing a lot. Modern doctors who read medical journals a lot will understand it while the older generation probably won’t. Even the Clinton administration gave some research funds to NIH for the study of Chinese medicine. I feel more comfortable talking about it than I used to be.”

Their observation of a positive social environment around Chinese medicine encourages them to be willing to try to talk about it with American doctors.

Actually, one interviewee talked about his experience of talking about traditional treatments with American doctors. He said the doctors seemed to understand them without showing any negative reaction. The doctors showed respect for the treatments
and told him he could follow these ways. These experiences encouraged him to talk about traditional treatments with American doctors whenever he wants.

Health Beliefs

The ideal doctors need to understand the patients' explanatory model based on their beliefs if the doctors' interventions are to succeed. Only after doctors gain insight into the patients' health beliefs, can they motivate and influence their patients' attitudes and behavior. The knowledge of health beliefs that Korean people have in terms of body, health & illness, pain, and treatments will enhance doctors' understanding of Korean patients.

Body and Its Health & Illness

Many researchers talk about the difference of perspective on the relationship of human beings and nature between western culture and eastern culture (Gilgen & Cho, 1979; Gudykunst & Kim, 1984; Kohls, 1979; Stewart, 1972; and Stewart & Bennett, 1991). Westerners, and Americans in particular, believe human beings have characteristics that distinguish them from nature and that nature and the environment should be controlled and utilized by human beings to support their own purposes. On the contrary, Easterners, South or Southeast Asians and native Americans, believe that human beings are one with nature and that individuals should live in harmony with nature rather than trying to manipulate or control it.

The interview data from the Korean patients in this study represent the eastern perspective on the relation between human beings and nature. Most of the interviewees
believe that human beings are part of nature, and that illness is the result of breaking the
harmony of the body and nature. Therefore, illness can be cured if we put our body in the
state of natural balance. To these people, nature is not something that human beings
conquer or control but something that human beings try to remain in harmony with.

They believe that our bodies have a natural healing power of their own, so we had
better let them rest when we are sick. However, this does not mean they believe their
illness can be cured only by the natural healing power without any help of medicine.
They just emphasized that the human mind plays an important role in the healing process
because human mind, body, and spirit are one. It is common for Korean patients to
depend on mind control or some spiritual power to relax their bodies as an interviewee
mentioned:

“I think we have the choice to live or not, even at the terminal stage of a disease.
I believe we can live if we make up our minds to endure, and that we will die if
we give up. I think it is necessary, when I am sick, to believe I can get over the
illness rather than just crying about the pain. Let me talk about my experience.
Once I had some pain in my abdomen around the liver. I suspected it would be
hepatitis. Therefore, I began to try some self-treatment based on mind control.
Every night in bed, I imagined that I went to a lake filled with very clean water,
and then I imagined taking my liver out and washing it in that clean water. I don’t
know if it worked or not. However, it made me feel better at least.”

Many Korean patients think doctors are helpers who assist in this self-healing
function of human bodies. They are supposed to treat patients medically with their
professional knowledge and to encourage patients to fight against illness. The doctor’s
role as an encourager is important because patients depend on doctors much more than
anybody else in the curing process and so whatever doctors say has significance to
patients. However, many interviewees emphasized that the main subjects in the healing
process are patients, not doctors. Patients should believe that they can be cured and have a positive way of thinking.

Several interviewees also pointed out the importance of their being active help seekers for the best way of treatment.

"I think patients should find out the best way for healing their illness rather than just following what the doctors ask them to do. They know their body better than any others. Doctors merely help patients fight against illness. It is the patient who actually fights against it. Therefore, patients should be very active help-seekers. It is my life. It is myself who can save my health. I think I have to be very active to the extent that I even may annoy doctors by asking questions whenever it is necessary."

The beliefs of Korean patients about the oneness of human beings with nature and the importance of keeping balance between them, the existence of the self-healing power, and the importance of the role of mind in the healing process are quite prevalent. Even those interviewees who said they did not want to try traditional treatments have these beliefs. I will discuss this more in the section of ‘thoughts on medicine’.

**Differentiation from American People in terms of Body Adjustment System**

Almost all of the interviewees said that they have a different body adjustment system than American people. They assumed that their bodies respond to the environment, including medical treatments, somewhat differently than the bodies of American people do. They explained that this difference of body system is due to the accumulation of differences in life styles including differences in diet between Korean people and American people.

Interviewees gave examples of the differences in body system between American people and themselves. For example, American people look healthy and active even in
their 60s and 70s while Korean people usually look weak at these ages. American people also feel hotness and coldness differently from Korean people. Many interviewees said that American people wear short sleeves when Korean people feel cool even wearing long sleeves. Americans look very comfortable in a room where Korean people suffer from too cold an air-conditioned environment.

Many interviewees also talked about the differences in the diet of the American people and themselves. Korean people are used to eating vegetables more than meat or dairy products. It is quite a recent trend that people enjoy eating meat and dairy products in Korea. However, American people eat lots of meat and dairy products. Interviewees said there should be a difference in body size and strength between those who eat vegetables and those who eat meats and dairy products. They think American people should be bigger and stronger than Korean people.

Many interviewees talked about the different ways of treating mothers who have just delivered babies. In Korea, mothers who have delivered babies are supposed to stay in bed for one or two months, eating some special diet such as seaweed soup. They should not go outside since being exposed to the wind outside can harm their bodies. They also should not lift heavy things for a while. They have to be very careful even about taking a shower or washing their hair. They are not supposed to take showers for a while. Taking a cold shower, especially, like American mothers do, is prohibited for the mother’s own good. Korean people believe that maltreatment of mothers who have delivered babies will result in a bad health condition for these mothers as they get older, in their 40’s or beyond. Korean women in their 40’s, 50’s, or at older ages often say that
they are in bad shape physically because they did not relax their bodies well after they delivered babies or they did not follow what their mothers or grandmothers recommended to them regarding what new mothers should or should not do.

“Old Korean people say that if we follow the American way of taking care of ourselves after giving birth, we will suffer from multiple pain when we get older. They would feel dismay if they saw any mother who just delivered a baby eat cold food or take a shower in cold water. However, American mothers do these things. I have always wondered why it is okay for American mothers and not for Korean mothers. I understand it might be due to differences in body system between American people and us. Therefore, even if the doctors said it was okay for me to have cold food and take a cool shower, I would not believe them completely. It is possible that they don’t realize the differences between their bodies and our bodies.”

“Korean mothers usually stay at home for about two months after they give birth; however, American mothers don’t. I have even seen some American mothers bring their new babies to the grocery store where it was quite cold. They don’t mind drinking cold beverages right after they gave birth. I think this difference between Korean people and American people comes from their different habits that have accumulated over a long period. It is a difference in the way of adaptation. We were born from those mothers who were adapted to our traditional systems, and they were born from mothers who were adapted to their systems. Therefore, they might have a natural survival system in that lifestyle. For this reason, I believe it can cause some trouble if Korean mothers do the same things that American mothers do. I think we had better do things in our own ways.”

Like these two interviewees, many other interviewees said that they would follow what American doctors recommend selectively on the basis of their traditional ways of taking care of bodies.

The assumption of differences in the body system of Korean people and American people also influences the amount of medicine the Korean patients take. Some interviewees said they sometimes try to take a smaller amount of medicine than that specified in the prescription by the doctor because American doctors prescribe medicine
based on the standard American people, and the dosage might be too strong for Korean patients. One interviewee talked about her experience with the dosage of medicine.

"When I had an operation, I had a lot of trouble because I couldn’t wake up out of the state of anesthesia for seven hours. I believe this happened because the anesthetic was too strong to me. Before I had the surgery, I told the doctors that my body couldn’t accept the same amount of anesthetic that doctors use for American patients. However, I think they ignored my warning and used as much anesthetic as for American patients. They should have used a smaller amount of the medicine for me."

Another interviewee said he usually takes a smaller amount of medicine than doctors prescribe without discussing that with doctors because he thinks the doctors would not know how they should treat Asian patients differently in terms of the amount of medicine.

One interviewee said that she believes the difference of body system varies from person to person rather than with the ethnic identity. She does not believe American people are stronger than Asian people and that Asians should take a smaller amount of medicine than American patients.

Thoughts on Medicine

Many Korean patients think western medicine treats illness by disturbing the body system. Some interviewees even called western medicine ‘poisonous’ in a sense. They believe that western medicine can harm their bodies in the process of controlling illness and trying to suppress the source of disease.

On the contrary, Chinese medicine treats illness by preserving the balance of human bodies with nature and restoring broken or weak parts of the body. It tries to strengthen the body system so that the body can fight against the source of illness, rather
than killing or eliminating the source directly. Therefore, Korean people believe that there is nothing harmful in Chinese medicine.

They also believe that western medicine has only a short term effect since it is focused merely on eliminating the source of the disease without supporting the body system. On the contrary, they believe that Chinese medicine has a long term effect since it supports and strengthens the body system.

"I think western medicine is more effective and faster in relieving symptoms than Chinese medicine. However, I believe Chinese medicine is good for supporting the health system of our bodies even though I doubt that it can cure disease directly. It makes our bodies healthier."

Many interviewees believe that it is good not to take western medicine unless it is really unavoidable because western medicine can harm their bodies. Western medicine causes people to form the habit of taking medicine; there are usually several side effects of taking western medicine; and western medicine disturbs the natural mechanisms of our body.

First, Korean patients are concerned about forming the habit of taking medicine if they took western medicine often. That is one of the reasons they try to bear pain and deal with illness without taking medicine. They are also concerned that if they depend on medicine whenever they are sick, they might need stronger medicine as they get sick more frequently, since the germs or virus that cause illness will increase their power to resist the medicine little by little. They worry that, as the result of this, there may be no stronger medicine to treat some particular disease. Therefore, they think that they had better overcome illness without taking medicine.
Second, Korean patients are deeply concerned about the side effects of western medicine. They believe there is no western medicine that has no side effect. Several interviewees said that sometimes they hesitate to take medicine because they are afraid of causing side effects.

Third, Korean patients think western medicine might disturb the self-management functions of our body. Therefore, they sometimes prefer not to take medicine but to wait for their bodies to fight against the illness. An interviewee said that even some professional pharmacists have this view of western medicine:

“I hate ‘putting extraneous material (western medicine)’ into my body since I think it disturbs the natural mechanism of the body. My friend’s fiancée, who is a pharmacist, once told me not to take medicine if possible because it breaks down the balance of the natural functions of our body.”

Korean people often say, “Medicine calls for another medicine.” This means that taking medicine can create a habit and side effects of medicine can cause one to take another medicine in order to take care of the side effects. This represents the attitude that they prefer to deal with illness without taking medicine.

This attitude of Korean patients toward western medicine is closely related to their attitude of bearing pain. Many interviewees said they try not to take painkillers and bear pain as long as they can. This is partly because Korean patients are afraid of making it a habit to take painkillers if they take the medicine whenever they have pain.

However, this attitude of Korean patients about bearing pain is not only due to their distrust of western medicine. This attitude is also connected to the fact that Korean people put value on enduring hardship rather than avoiding it. According to the interview data with Korean doctors and nurses as well as patients, many Korean patients think that
pain is something for them to endure rather than something to avoid. They believe that
endurance will make them stronger.

In contrast to their attitude toward western medicine, many Korean patients
believe that Chinese medicine works without harming their bodies. Almost all of the
interviewees said they had had experiences of taking herbal medicine and getting
acupuncture treatment. They believe that there is the wisdom of their ancestors in the
Chinese medicine. They consider Chinese medicine as the accumulation of knowledge
from their ancestors through trial and error over a long period. That is why they believe
in the healing effect of this medicine even when there is no scientific proof.

Many interviewees talked about their own experiences with these Chinese
treatments. Some of them said that they were skeptical about the effects of these
treatments at first. However, they tried them because their family or close friends
strongly recommended these, and they experienced the effects after all. After that, they
came to believe in the effectiveness of these treatments.

"I had not used to believe in the effect of acupuncture because I had thought it
was just puncturing with needles without applying any medicine. When I hurt my
fingers, my father begged me to have acupuncture. I went to an acupuncturist,
without having any trust in him, only because my father asked me to do so.
However, I came to believe in it after I experienced that it really relieved the
pain."

"When I visited my family in Korea several years ago, I was suffering from
severe tooth pain one day. I couldn't sleep at all even after I took a painkiller. At
that time, my father recommended that I have a hand-acupuncture treatment that
he was studying himself. He put several needles on my hand, and the pain went
away in one minute. Since that experience, I have begun to think that there might
be something to acupuncture even though I can't find any reasonable explanation
of the effect."

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Some interviewees came to believe in the effects of treatment by witnessing other people's cases.

"When I was a high school student, I hurt my ankle so badly that I couldn't walk. I went to get acupuncture. At that time, I witnessed that another patient who was lying next to me experienced a miraculous effect from acupuncture. He was suffering from shoulder pain. He could hardly move his shoulder. Something miraculous happened suddenly when an acupuncturist applied several needles at the tops of his fingers. He suddenly raised his arm. I have thought that acupuncture is really something since I witnessed that event."

"I have witnessed that people who suffer from bone and muscle pain such as slipped disk or sprained ankle are cured by burning herb therapy. It works even though there is not any scientific proof of the effect. I think I can try this if I get that kind of illness."

Many interviewees believe that Chinese medicine makes their bodies healthier and strengthens the immune system so that their bodies can deal with illness successfully.

"I had Chinese medicine several times in order to make me healthier. As I have heard, Chinese medicine makes our bodies stronger in the long term. Actually, I had the experience of gaining weight after I took some Chinese medicine when I was a child."

An interviewee talked about her experience of taking Chinese medicine for an appendix problem. She called this experience 'funny' because it did not completely make sense to her. However, she believes that the Chinese medicine played a part in dealing with the problem anyway.

"I had a funny experience that I had herbal medicine for an appendix problem. A long time ago, I had a diagnosis of an acute appendix problem in a local hospital, and so I went into a general hospital in order to have surgery. However, I felt okay when I got to the hospital and left the hospital without having surgery. At that time, my father brought me some herbal medicine from a professional herbalist, saying that medicine would melt my appendix away inside my body. I took the medicine even though what my father said didn't make sense to me. He brought me that medicine since he hated to let me have a scar on my body from appendix surgery. However, I wouldn't mind having some scar from surgery if having the surgery could solve the problem. Anyway, I have been okay for
almost 20 years without taking the appendix out. I don’t believe the medicine really melted away the appendix. However, it could be possible that the medicine prevented the problem from getting worse.”

Even though many Korean patients believe in the positive effects of Chinese medicine, there are also some negative attitudes toward this medicine. Several interviewees said it is hard for them to follow the basic idea of Chinese medicine. 

“I think the terms that Chinese medical doctors use are very vague. They usually say the ‘Ki’ in my body is so weak that I should take some medicine in order to support the Ki. However, I don’t understand what their words mean exactly. They are not specific but vague, so it is hard for me to believe what they are saying.”

Some of the interviewees want scientific proof about how this medicine works inside of our body. Otherwise, they prefer using western medicine that has been scientifically validated.

Another major reason why some of Korean patients dislike using Chinese medicine is because they do not trust the supply system for this medicine. They are concerned about the loosely controlled supply system of Chinese medicine. Many Korean patients suspect that some Chinese medicine, especially some expensive materials such as the antlers of the deer, might be supplied through illegal processes without official admission. They suspect that many herbalists cheat on expensive medical materials and do not use the right materials.

From the interview data with Korean doctors and nurses as well as patients, it can be said that Korean patients’ decision to try traditional medicine is not necessarily due to their rejection of western medicine but rather an endeavor to do everything possible for
their health. They try to use these traditional treatments as adjuncts to western medicine, and they are likely to see a western medical doctor for serious medical conditions.

Another thing to note from the interview data is that even those who do not use traditional medicine are likely to stick to the traditional health beliefs. Their interpretations of getting sick and staying healthy contained traditional assumptions such as hot and cold balance. One interviewee, who said she prefers taking western medicine to Chinese medicine, talked about her belief regarding how to stay healthy.

"I think American doctors only focus on human bodies in order to keep them healthy. They do not know the dynamics between the universe and the human body. I believe that keeping the balance of yin and yang is very important to stay healthy."

She said she once went to an institute to study Ki philosophy, and she believes that Ki controls the universe including human beings.

Another interviewee talked about his belief in the possibility of supernatural power, including Ki. He believes that the Ki treatment or meditation might cure some illness. However, he said, he would not try them because he does not trust the people who teach or practice these treatments in the United States.

These cases imply that Korean patients' beliefs cannot be predicted simply by observing the choices that they make. It may be dangerous to assume that patients who visit western medical doctors have health beliefs based on western thoughts, and therefore, that they would accept what doctors recommend. They rather interpret what doctors say according to their traditional health beliefs and take that only selectively.

Interviewees also talked about several ethnic medical treatments that they learned from their parents or grandparents as follows: putting kid's urine on a bee sting; piercing
the ends of the fingers with a needle and squeezing bad blood out for indigestion; eating a mixture of pear and honey, bean sprout soup with hot pepper powder, or orange skin tea for a cold; and eating pumpkin soup for the swelling of mothers who have delivered babies. Some of interviewees said that they believe in only those ethnic treatments that make sense to them. For example, an interviewee said he believes that putting urine on a bee sting area is effective because urine contains ammonia which neutralizes the poison. Many Korean people believe that eating seaweed soup is good for mothers who have delivered babies because it contains lots of minerals that help the mothers recover and make milk for their babies.

A few interviewees said they believe in some of the ethnic treatments because they experienced the effect promised. For example, an interviewee talked about the experience of witnessing the piercing of fingertips for a digestive problem. A long time ago, his niece was suffering from serious indigestion. A neighbor advised her mother to apply this treatment, and it worked like a miracle. His niece was relieved from the pain right after her mother pierced her fingertips and squeezed the bad blood out. Since he witnessed that scene, he began to believe in that treatment even though he did not understand the logic of the treatment.

Those who said they do not believe these ethnic treatments explained that it is because they think these treatments are not based on any 'scientific' data. They said that they would rather try some western medicine when they have problems than waste time and energy trying these treatments.
Attitude Change Toward Chinese Treatments

I mentioned in the last section that Korean patients believe in, or at least do not deny, the healing effect of Chinese treatments. They believe it is an accumulation of the wisdom of their ancestors. Many interviewees said that they had this attitude even before they came to the United States, and there has not been any big change so far. However, several interviewees said that their attitudes toward these treatments were strengthened by their observation of the trend that even American people have become interested in Chinese medicine.

"I have a feeling that the tradition might be very deep and have something in it. I came to have this attitude by observing that many American people have interest in the tradition. I began to think that it is not something rootless but something that is part of a deep meaning system."

Some other interviewees said that their belief in Chinese medicine might have been strengthened because this medicine is not easily available in the United States. Sometimes they miss getting these treatments a lot. For example, they wish they could get acupuncture when they hurt a joint or bone, or some herbal tea when they have a cold. One interviewee said that her attitude toward Chinese medicine has been strengthened by her observation that some Chinese treatments such as massage, patch, and acupuncture work better than western medicine.

However, another interviewee said she had become more skeptical toward Chinese medicine since she came to the United States. She explained that this might be the effect of the positivistic way of thinking that is popular in American society.

"I think I have become less interested in Chinese medicine than when I was in Korea. It seems that the American style of living has changed my way of thinking. Now I tend to believe only what I can see. I would rather take Centrum
than herbal medicine since I can check the ingredients of Centrum on the label. The effect of that medicine has been proven scientifically, so I can trust it."

Another interviewee said that she had not used to trust Chinese doctors. However, she began to trust some Chinese doctors who have educational backgrounds in western medicine as well as in Chinese medicine because she thought that these Chinese doctors practice Chinese medicine based on 'scientific' logic.

Factors Making Korean Patients Hesitant About Going to See Doctors

From the interview data of the Korean patients, doctors, nurses and interpreters, I found out that many Korean patients hesitate about going to see doctors, and, thus, they do not go to hospitals unless the symptoms they experience really bother them. Many Korean patients do not have regular check-ups. I identified several factors that make Korean patients hesitant about hospital visits from the interview data.

First of all, many Korean patients do not have health insurance. Many Korean people own small businesses, and many of these small business owners do not have health insurance. Korean patients have a vague image that medical costs in the United States are very high. Their income is high enough that they are not qualified for Medicaid but not high enough that they can afford those high medical costs. They lack information about what health care delivery system offers for low income families such as the sliding scale fee system. They just think that going to see doctors will cost them a lot of money and, therefore, they had better not try to go to hospitals. In case of Korean students who study here as foreign students, they should have health insurance and so they buy it for themselves. However, many of the wives and children of these students
do not have health insurance because the family cannot afford it. This is one of the main reasons for their refraining from going to see doctors.

Communication difficulty due to the language barrier is another reason why Korean patients hesitate to go to see doctors. As I explained in the communication difficulty section, Korean patients have a hard time understanding what doctors say and reporting their symptoms to doctors in English. These communication difficulties make them anxious whenever they go to hospitals.

The appointment system in the United States' health care delivery system also makes Korean patients hesitant about going to see doctors. They said that the appointment system is inconvenient because in many cases they cannot see doctors when they really want to; they need to wait several days or, sometimes, several weeks. Many Korean patients do not want to wait that long. They want to see doctors right away; otherwise, they would rather not see doctors at all.

Another long wait before Korean patients see their doctors on the day of the appointment day is another situation that discourages Korean patients from going to see doctors. Many interviewees wondered why doctors in the United States make appointments when they let patients wait that long. Waiting is one of those things that Korean people seldom get used to.

I have presented and discussed the themes that I identified from the interview data. In the next chapter, I will discuss several themes among them.
CHAPTER 5

DISCUSSION

In the last chapter, I presented views of Korean patients and discussed how they understand their experiences of using the medical system in the United States. There were some issues on which interviewees had particularly diverse viewpoints. There were also more enduring and widely accepted viewpoints. Both areas of consent and areas of diverse viewpoint among these interviewees will help those who deal with this patient group understand what is going on in the minds of the individuals in this group.

In this chapter, I will discuss several issues that I was able to identify in this study. I will also compare what I found in this study to the findings of other studies of Asian patients and patients in general in the United States wherever it is appropriate.

Culture Related Themes

Several culture related themes could be identified from the interview data. They are heart to heart communication, the importance of maintaining harmonious relationships, and mystification of doctors' capability. I will explain and discuss each of them.
Heart to Heart Communication

Several interviewees pointed out that American doctors' kindness might be just some business skill rather than the expression of their sincere caring. Some of these interviewees also said that they thought Korean doctors care about their patients more than American doctors do even though Korean doctors are not as kind as American doctors are.

From these comments of some interviewees, I found that these interviewees believe that there is something more than what is expressed in words in human communication. They believe that there is something that can be communicated, not explicitly, but implicitly. Korean people believe that they should interpret the context of communication and the intention of the communicator as well as the spoken or written message itself. Generally, Korean people are not accustomed to expressing their thoughts or emotions towards others. Koreans frequently rely on indirect ways of communication: they practice silent communication more frequently than verbal communication and often use intuitive understanding. Therefore, it is understood that people need to pay attention to the message flowing underneath the verbal communication as well as the manifest message in the dialogue. This can be traced back to the teachings of Confucianism (Park, 1994): Koreans have long considered it a virtue not to express one’s emotions. Expression of one’s emotions was traditionally considered something shallow.

This style of communication is actually sometimes a cause of miscommunication among Korean people. For example, some people complain that their marital or dating partners do not care about them because their partners never say so. Then, their partners
will say, “Should I have told you so? Couldn’t you perceive that I cared for you even though I didn’t say so?” Many Korean people think that to keep saying “I love you” to their partners as American people do is too shallow. They think if they really love their partners, they do not have to repeatedly say so because that feeling should be delivered heart to heart. ‘Heart to heart’ is a saying that Korean people often use to explain that feelings can be delivered to other people without expressing them in words.

This heart to heart communication is similar to the concept of communication in the high-context culture as described by Hall (1976). Hall distinguishes high- and low-context cultures and explains the different communication styles in these cultures. In high-context cultures, the communication message is “either in the physical context or is internalized in the person, while very little is in the coded, explicit, transmitted part of the message” (p.79). In contrast, in low-context cultures, the communication message is located in the explicit verbal code. Communication in this culture emphasize directness, explicitness, and verbal expressions. Heart to heart communication occurs in high-context cultures, and in this manner of communication people rely on the contextual message as well as the verbally expressed one.

Those people who are used to the culture of heart to heart communication do not rely solely on what other people say. They rather try to rely on the broader context or situation in which they are located. That is how some interviewees could say that they could feel that Korean doctors care about their patients even though these doctors do not express their caring to patients as much as American doctors do. This interpretation is based on these patients’ expectation that Korean doctors are still influenced by the ideal
model of doctors as merciful practitioners, not as businessmen: Korean doctors are people like fathers or teachers, who care about the well being of their children or students rather than their own interests, and the Korean medical environment is not as highly commercialized as that of the United States.

Importance of Maintaining Harmonious Relationships

Interviewees emphasized the importance of keeping a harmonious relationship between human beings and nature in order to stay healthy. They believe that human beings are part of nature and that illness is the result of breaking the harmony of the body and nature. Therefore, in order to treat illness, people need to restore the balance of the body system. Chinese medicine works to support and strengthen weakened parts of the body so as to restore and maintain the overall balance of the human body. I found that this belief in preserving a balance is quite strong among Korean patients. This belief is based on a pervasive principle of eastern philosophy that emphasizes the importance of keeping balance and moderation without going to extremes.

Preserving harmony in human relationships is also important to Koreans. As Wright (1962) points out, harmony was emphasized as the highest good in the Confucian world, and this harmonious relationship was made possible by preserving vertical and hierarchical structure in human relationships. While Koreans are in the process of adopting western ideas of individualism and equality, they still hold Confucian traditions to some degree. This attitude of Koreans often makes them passive in their relationships with doctors. They will seldom bother or confront doctors, even when they need to.
Feeling uncomfortable about direct way of communication, as several interviewees pointed out, can be explained by this attitude of emphasizing harmonious relationships. In other words, in an effort to keep harmonious relationships with other people, Korean people often use round about expressions, especially when they are talking about subtle issues that might hurt others' feelings or embarrass them. Park (1994) explains this cultural tendency:

The avoidance of bold and open negative expressions can be attributed to the fear that it might break up the harmony of the group or it might hurt the feelings of others. It is a kind of ritual which counts in the maintenance of harmony in human relationships. (p.114)

American doctors' direct way of communication, especially when they ask about private issues such as sex life or talk about diagnoses of serious illness, can embarrass or hurt the feelings of Korean patients, who are not used to such a manner of communication, as several interviewees pointed out.

**Mystification of Doctors' Capability**

Even though interviewees said that they understood the differences between the procedures of diagnosis and treatment of western medicine and the procedures of their own traditional Chinese medicine, they implied that they still expect their doctors to have some mysterious power to find out the causes of illness and to guarantee the effect of treatments. They expect their doctors to have insight that lay people do not so that these doctors can cure their illnesses with certainty.

It seems that Korean patients attribute their being cured mainly to doctors, not to the medicine itself. Therefore, they put great emphasis on doctors' words that guarantee their cure, and, therefore, give them hope. They emphasize the importance of doctors'
showing an assertive attitude and giving them diagnoses and treatments quickly and with confidence. It seems that they believe that it is not medicine that actually cures their illnesses but doctors' magic power.

This mystification of doctors' capability by Korean patients can be understood as an effect of the traditional Chinese medicine, which they were accustomed to culturally for a very long time. In the traditional Chinese medicine, doctors were considered as those who have magic power through their understanding of the dynamics of the universe, including human bodies.

Doctors' Affectiveness vs. Informativeness as Satisfaction Factor

Many interviewees expressed their good impression about American doctors' kindness. They said that these doctors are warm, considerate, responsive, caring, willing to communicate, and attentive to patients. The importance of doctors' having nice interpersonal aspects have been emphasized by many other researchers (e.g. Buller & Buller, 1987; Comstock, Hooper, Goodwin, & Goodwin, 1982; Hauck, Zyzanski, Alemagno, & Medalie, 1990; Inui & Carter, 1985; and Woolley, Kane, Hughes, & Wright, 1978). For example, Comstock, Hooper, Goodwin, & Goodwin (1982) found that patient satisfaction correlated with physician courtesy, information-giving, and listening behavior. Woolley, Kane, Hughes, & Wright (1978) found that some patients expressed their satisfaction with their doctors even though the outcome of their medical care was not good, because they were satisfied with the doctors' interpersonal manner. As the authors explain, "satisfaction may reflect an overall appraisal of the interpersonal
aspects of the encounter with the provider, rather than the specific 'medical’ aspects of outcome” (p. 126). They point out that these patients might focus on their assessment of the doctor's effort more than on the outcome itself and, therefore, the patients might be satisfied with their doctors if they felt that their doctors did their best even when the outcome was not good. This result of their study emphasizes the importance of interpersonal aspects of the relationship between doctors and patients. Inui and Carter (1985) also emphasize this:

The healing activities of medical practice certainly include the expression of deeply felt emotions, conveyance of sympathy and empathy, provision of reassurance, and the ventilation of anger, resentment, or anxiety. ... good quality communication in the nontechnical domain may still be an important element of the perceived success of medical care from both parties' perspectives. (p. 522)

Buller & Buller (1987) found that when physicians express more friendliness, openness, attentiveness, and calmness, patients' satisfaction with health care increases. Ben-Sira (1980) explains that doctors' affective behavior appeals to patients because patients are anxious about their medical conditions; because they typically have too limited medical knowledge to evaluate technical information presented by the doctor critically; and because they seldom can attribute their recovery to the doctors' activities (In other words, they may attribute their recovery to the natural course of disease which can occur without doctors' intervention). Therefore, they rely on the doctors' affective and relational messages when they evaluate health care. Ben-Sira (1980) supported his first two rationales by showing a positive relationship between patients' concern about their health and the association between patient satisfaction and affectivity of doctors; and a negative relationship between patients' educational level and the association.
Some other researchers point out that doctors' informativeness is more important in obtaining patients' satisfaction than relationship aspects of communication. Hall, Roter, & Katz (1988) found, through meta-analysis of 41 patient satisfaction studies, that doctors' informativeness is related to patient satisfaction more than any other factors, such as doctors' socio-emotional behaviors, competence, or partnership-building. Street (1991) found that doctors' informativeness accounts for patient satisfaction by 34%, and doctors' interpersonal sensitivity does by 17%. Cegala, McGee, & McNeilis (1996) also support this result in their finding that information exchange is the most dominant factor that patients identify with judgments of doctors' communication competence. Hall et al. (1988) support this result by explaining that patients interpret doctors' good task performance, such as informativeness, as reflecting the doctors' caring attitude and that task competence such as doctors' informativeness is the first criterion on which patients decide the quality of medical care received.

As Hall et al. (1988) point out, several interviewees in this study interpreted their doctors' informativeness as their caring behavior. For example, an interviewee talked about her feeling that her son's doctor cared about him very much when he gave her a detailed explanation about her son's condition. She said that her doctor understood her worries and tried to relieve those worries by giving the detailed explanation. Another interviewee talked about her satisfaction with her doctor when he gave her a good explanation of her problem and recommended a treatment with an explanation about why he wanted to try that treatment. She said that her doctor really cared about and respected her and tried to help her sincerely. These examples show that patients' expectation of
affectivity of doctors can be satisfied not only by affective messages but also by detailed
information giving.

Korean Patients' Relationships with Doctors

In their comparison of Asian patients and American patients, Nilchaikovit, Hill, &
Holland (1993, p.45) present the differences in doctor-patient relationship between these
two groups of patients (see Table 5.1).

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Table 5.1: Physician-patient relationship
These researchers’ conceptions of Asian patients’ relationships with doctors are based mainly on Confucian influence on these patients. However, as I pointed out in the presentation about Confucian influence in Korea above, Koreans are experiencing a period of transition between the Confucian tradition and the western way of thinking. This trend influences the viewpoint of Korean patients regarding the relationships between Korean patients and their doctors. I will compare the conception of Nilchaikovit et al. (1993) regarding Asian patients’ relationships with doctors to that of the Korean patients identified in this study.

According to the interview data of Korean patients in this study, there are some differences as well as some similarities between these researchers’ description of Asian patients and the expressed views of the interviewees in this study. First of all, the power structure between doctors and Korean patients cannot be described as strictly hierarchical. It would be difficult to say that Korean patients see their relationships with doctors as vertical and that, therefore, they have to obey doctors’ orders. They rather see that the relationship is based on the exchange of care and respect. It is neither an egalitarian relationship based on contractual agreements nor a hierarchical relationship based on dominance and subordination. The relationship between Korean patients and their doctors can be described as something based on legitimated authority that patients give doctors for their own benefit. Patients are willing to give this authority to doctors because they believe that their illnesses can be cured effectively only when they trust their doctors. The Korean patients interviewed showed a negative attitude toward
'authoritative' doctors who try to dominate patients; however, they are willing to give authority to those doctors who appear competent, trustworthy, and sincere.

Second, as I mentioned above, it would be hard to say that the relationship between doctors and Korean patients is based on contractual agreements. What is expected in the relationship between Korean patients and their doctors is a reciprocity that is not obligational but voluntaristic. Patients expect a doctor's care which comes from the bottom of the doctor's heart, and doctors are supposed to expect appreciation from patients (as the patients think).

Third, the Korean patients I interviewed showed a perspective about the doctors' role similar to that described in the study of Nilchaikovit et al. (1993). Interviewees in this study want their doctors to have great virtue, to care about patients with sincerity and compassion as parents care about their children. They expect doctors to be concerned about patients' welfare more than their own financial benefit. However, the importance of the doctors' professionalism and competence was also emphasized by the interviewees. Several interviewees said that they would choose technical competence in a doctor over a great manner if they had to choose only one of these attributes.

Many interviewees emphasized a doctor's role as a leader in the process of curing illness. They expect a doctor to be a leader who can inspire trust in patients by showing a confident attitude about what he/she is doing. These patients do not want to put high trust in those doctors who look uncertain or confused when they diagnose or treat patients.
Many interviewees talked about the 'cautious' and 'protective' attitudes of American doctors when they diagnose illness and provide treatments. These interviewees understand these protective attitudes of doctors to be due to the increase of malpractice suits by patients in the United States. They believe that these attitudes result from the doctors’ concern for self-protection. These attitudes of doctors, however, are disappointing to some Korean patients. These patients expect doctors to have a more confident attitude so that they can follow the recommendations of these doctors with certainty. To those patients who are familiar with the more traditional Korean doctors, who could tell the diagnoses and treatments with certainty at sight, dealing with uncertainty may be difficult.

Fourth, Korean patients think, as Nilchaikovit et al. (1993) point out, that patients’ roles are to show respect to doctors and to be grateful for the doctors’ care and concern. However, they show respect not for doctors’ authority but for their expertise. At the same time, as some of the interviewees emphasized, they also think that patients have to be responsible for their own welfare. Therefore, they think that they should be active help seekers. Several patients said that they do not mind being ‘bad’ patients who sometimes annoy doctors to get information and the help they need and want.

Based on the discussion above, I have constructed a table about Korean patients’ relationships with doctors by correcting and complementing the work of Nilchaikovit et al. (see Table 5.2).
Power structure Hierarchical based on legitimated authority
Expectations in relationship Voluntaristic reciprocity
Physician’s role Having great virtue, leading patients with confidence, and having professionalism and competence
Patient’s role Showing respect for physician’s expertise and being responsible for their welfare

Table 5.2: Korean patients’ relationships with doctors

Difficulties in the Use of the Medical System
In this section, I will discuss what I found from the interview data in terms of Korean patients’ difficulties in dealing with the American medical system including communication with doctors. The difficulties mentioned repeatedly are concerned with the language problem, the appointment system, medical cost, long waiting periods, doctors’ different conceptions of illness and health, prevailing consumerism, and businessmen-like doctors.

Language Problem
Interviewees talked about their difficulties in understanding the professional terms of doctors and in describing their symptoms to doctors. These linguistic difficulties make Korean patients feel that they are under-representing their illnesses and missing important information from doctors.
Having difficulty in understanding the professional terms of doctors happens even to English speaking patients. However, Korean patients have a difficult time describing their symptoms even in very common or easy expressions. What makes the situation worse is that these difficulties make the patients too timid to speak up about their needs and wants to doctors. Sometimes they intentionally do not inform doctors about their experience of using traditional treatment because they are afraid that they cannot provide sufficient explanation of their belief in those treatments due to linguistic inability.

These linguistic difficulties influence the relationship between doctors and these patients. These patients sometimes feel that doctors treat them differently from American patients, for example, when they observe that doctors are more talkative with American patients than with them. The lack of linguistic competence makes these patients remain passive and reticent.

The mentality of Korean people intensifies this passive attitude of Korean patients. Korean people traditionally were educated not to demand, not to complain, and not to oppose their parents, teachers, or even the government. They were supposed to just follow what these people ordered and recommended because these people knew better than they did and, therefore, would guide and lead them. In her research on foreign employees in the health care facilities in the United States, Battaglia (1991) found that most Filipino, Korean, Pacific Islander and Hispanic workers demonstrate high power distance behaviors toward a perceived authority figure, such as non-confrontational behavior, deferring to authority, and following directions without question.
Medical doctors used to have an authority with Korean patients similar to the authority their parents or teachers had toward them. Therefore, patients were usually expected to trust and follow what the doctors ordered or recommended. The relationship between doctors and patients in Korea used to be a relationship based on an exchange of care and thanks. In that relationship, patients depended on the mercy of doctors; one part gives and the other part receives. In this process, the passivity of patients was strengthened.

However, there is an increasing trend of an anti-authoritarian mood among Korean people. The Korean people witnessed the inauguration of democratic government quite recently, and they witnessed that a long term anti-dictatorship movement by the people which made it possible. As the mentality of authority-worship made dictatorship possible, the mentality of anti-authority seems to have made democracy possible in Korea. Even though some Korean people still defer to authority, it is certain that the Koreans are in transition from an authority-following era to an anti-authoritarian era.

Appointment System

The appointment system in American health care delivery is one of the most difficult things for Korean patients to get used to. In general, they are unfamiliar with appointment system, not only for going to see doctors but for other services outside of medical area. Rather, they have been accustomed to showing up to get services without making appointments or reservations. Making appointments or reservations is quite new in the Korean culture, and many Korean people are not familiar with these systems. Even
for going to see doctors, they did not have to make appointments in Korea unless they went to see doctors in general hospitals. To those patients who are unaccustomed to this system, making appointments for hospital visits can be a source of stress. Interviewees pointed out that they get sick without planning it, and when they get sick they need to see a doctor right away. It is hard for them to understand why doctors have to stick to this appointment system so strictly. As they see it, this system is for the doctors’ convenience rather than for the sake of the patients.

This inconvenience of the appointment system for Korean patients is partly due to their limited English speaking ability. Several interviewees said that they had experienced difficulty in making appointments on the phone. Having a telephone conversation in English is one of the most anxiety-producing events to Korean patients. Often they do not understand the same things that they would understand without any problem if they were in face-to-face conversation. They can seldom explain their urgent need to see a doctor right away and easily give up doing so because they are not confident enough in their speaking ability to be persuasive with receptionists. Like the Japanese mothers in the study of Arai & Farrow (1995), Korean patients often fail to make effective negotiations with receptionists, and this experience causes them to be dissatisfied with the appointment system in the health care delivery system in United States.

Medical Cost

Many interviewees pointed out the high cost of medical services in the United States. High medical cost in the United States is a target of criticism even among United
States mass media. However, in the case of Korean patients, they tend to compare medical costs in the United States to those in Korea and feel that costs in the United States are too high because they did not pay that much for medical costs in Korea.

Many of the interviewees think that the high medical cost in the United States might make it possible for American doctors to be kinder than Korean doctors. They think that these doctors can be kind because of their financial reward. It also provides them with a rationale through which they understand the service quality of doctors in Korea. They understand that the manner of Korean doctors, which is not as kindly as that of American doctors, could be due to their low financial reward. They think that Korean doctors might not have room in their minds to care about communication with patients because they are concerned about taking as many patients as possible in order to meet the basic financial needs of hospitals.

**Long Waiting**

Many interviewees in this study complained about long waiting periods at hospitals and doctors’ offices. Some of them commented that doctors and hospitals were only concerned about their time, not patients’ time. This complaint about extended waiting was also found in other studies as one of the major factors that cause patient dissatisfaction with medical service received in the United States (Concato & Feinstein, 1997; Dansky & Miles, 1997).

However, it seems that Korean patients have more difficulty becoming accustomed to long waiting than American patients do. A personal episode conveys the Korean people’s lack of patience in waiting. I heard about a foreigner who recently
started to learn the Korean language. He carefully observed how Korean people spoke, and “pp’a-li pp’a-li” was one of the expressions he could pick up first. This expression means “Hurry up! Hurry up!” This student said that he could pick this expression up quickly because he saw so many Korean people use this expression so often. This episode explains the hastiness of Korean people; they always look busy and try to hurry up. To these people, waiting a long time might be one of the hardest things to bear.

**Different Illness and Health Conceptions from Doctors**

Patients’ perceptions of health and illness are a result of the meaning making process in their cultural context. The Korean patients interviewed in this study perceive their health and illness in the interaction with their cultural backgrounds.

I found, from the interview data of this study, that Korean patients share many of their health beliefs with other Asians. For example, I showed that Korean patients believe that human beings and nature are one and that it is important to preserve the harmony of the body and nature. In the process of keeping harmony, it is regarded as important not to go to extremes, but to keep a balance between two extremes such as yin and yang. Muecke (1983) found, in her study of Southeast Asian refugee patients in the United States, that these patients have health and illness perceptions based on yin and yang theory. They believe that these two qualities must be kept in balance to ensure the healthy state of their body.

I also talked about the Korean patients’ attitude about bearing pain because they are afraid of that taking painkillers will create a habit and they believe that enduring pain will make them stronger. This attitude among Korean patients was also found among
Vietnamese patients. Calhoun (1986) found that these patients would try to retain their composure as long as possible without expressing pain: they put value on stoicism and believed that endurance indicates a strong character.

Korean patients also share their attitudes toward medicine with other Asian patients. As I mentioned before, Korean patients believe that western medicine cures illness by disturbing the body system. It can be poisonous and harmful to the body in the process of controlling illness. It acts quickly but only has a short-term effect. Many interviewees expressed worry about taking western medicine because this medicine has side effects and creates a habit.

In contrast to western medicine, interviewees said, traditional Chinese medicine treats illness by preserving the balance of human bodies with nature. It does not do harm to the body in the process of curing because it works by strengthening the body system rather than killing or eliminating the source of illness directly. It might not act as quickly as western medicine does, but it has a long-term effect. They believe that Chinese medicine does not have side effects, and neither does it create a habit.

These attitudes of Korean patients toward western and Chinese medicine have been found in the studies of other Asian patients, such as Vietnamese patients (Stephenson, 1995) and Southeast Asian refugee patients (Muecke, 1983).

These differences in illness and health conceptions of Korean patients from those of American doctors often cause these patients to avoid talking about cultural agenda with American doctors or to hide some information from doctors. Some of them think
that American doctors would not understand their different illness and health beliefs and that doctors would scorn those beliefs if they told them to the doctors.

**Uncomfortable Feeling About Consumerism in Medical Care**

The trend of consumerism in American medical care has been discussed by several researchers. Reeder (1972) explains that the health care system is changing from curative care to preventive care; from solo to bureaucratic practice; and to consumerism. He explains that in a system dominated by curative care, doctors control the doctor-patient relationship and, therefore, it is a 'seller’s market.' However, when prevention is emphasized, patients are encouraged to come into doctors’ offices for periodic check-ups, and, therefore, it is a 'buyer’s market.' He also explains that the bureaucratization of medical care encourages the change to institutionalized and standardized environments, and in this environment doctors’ power will be organized. In addition to these two changes, there is a social mood of a consumer movement even in the health care system; thus patients have considerably more bargaining power than they had formerly. These changing trends influence the relationship between doctors and patients: patients are gaining power as buyers of the medical services of doctors; and doctors need to attract patients’ satisfaction by creating good impressions.

Beisecker & Beisecker (1993) point out that paternalism was traditionally characteristic of the medical profession, but that current social policies in the United States have institutionalized a consumerist metaphor for the doctor-patient relationship: there is increased emphasis on patient autonomy and the rights of patients.
This prevailing trend toward consumerism in the medical area in the United States is one of the things that Korean patients are not yet accustomed to. Many Korean patients have paternalistic expectations toward doctors as shown in the interview data, and, therefore, they expect that doctors will do everything for the patients’ good, even when patients do not ask specifically for what they need or want. The patients expect doctors to ‘lead’ and care for the patients as parents do for their children. Therefore, those doctors who are trying to give their patients choices or are being too cautious in diagnoses or treatments may appear to patients as lacking confidence.

Actually, several interviewees mentioned that the lack of an assertive or confident attitude among American doctors lowers their trust in the doctors. Some Korean patients pointed out that American doctors are too protective of themselves. They said that American doctors always emphasize the patients’ responsibilities, especially in cases involving dangerous treatments. They said that these doctors are too cautious in diagnosing patients’ illness and too uncertain in proposing treatments. Some of the interviewees said that they understand that American doctors cannot help but behave this way because there are so many medical suits filed by patients. However, this protective attitude sometimes makes Korean patients feel dissatisfied with these doctors. In many cases, Korean patients want their doctors to be confident and to show an assertive attitude to their patients so that patients can follow their doctors’ recommendations with trust. They think that doctors should lead patients with a confident attitude in order to get the trust of patients. However, some American doctors are lacking in this respect as Korean patients have observed.
Negative Impression of Businessmen-like Doctors

While most interviewees said that they believe American doctors' kindness comes from the bottom of their hearts, several interviewees pointed out that American doctors and hospitals are strongly oriented to commercialism. They said that doctors are concerned about making money and that they try to manage their customers by making a good impression. According to Yucelt's (1994) study of patients in the United States, 27.8% of the study subjects agreed that doctors desire to make money while 79.8% of the subjects agreed that they desire to help people.

The interviewees who said they think American doctors have been commercialized have formed this impression through their direct experiences, observation of their family's, friends', or relatives' cases, or information from mass media such as TV or newspapers. This impression makes them suspect the motive of the kindness of American doctors. One of the interviewees who pointed out the commercialism of American doctors and hospitals said that she does not trust American doctors even though they are kinder and more customer oriented than Korean doctors because she believes that those qualities are only for increasing their revenue. She thinks that Korean doctors care about patients more than American doctors do even though Korean doctors seldom express their concern for patients. She thinks that Korean doctors do not have time and energy to do so because they have to take care of many more patients than American doctors per day in order to meet the hospitals' needs and they are not used to expressing their concern about others even when they are deeply concerned about other people.
Like this interviewee, Korean patients might not feel comfortable about seeing the relationship between doctors and patients as an exchange of medical service and monetary reward. To them, it should still be a relationship of exchanging care and thanks like the relationship between caring parents and obedient children.

The attitudes of these interviewees can be explained by the tendency in Korea for paternalism to prevail in the relationship between doctors and patients. Patients address doctors with the honorific name “seon-seang-nim” that they use for teachers or somebody they respect. In traditional thought, king-teacher-father are the three major groups who deserve respect and filial piety from their subordinate counterparts (Chung, 1995). Just as a father loves his children, a doctor is expected to care about his/her patients. Doctors were expected to care about their patients with mercy toward the sick, without focusing on financial benefit. Traditionally Koreans had anti-commercialistic attitudes: they considered the pursuit of material desires improper. Particularly, the Confucian tradition thought that it is important to restrain one’s egotistic and material impulses (Chung, 1995). In the process of transition between the traditional Confucian culture and a materialistic western culture, many Koran patients still feel uncomfortable about a commercialized relationship in some areas such as the doctor-patient relationship.

Using Interpretive Approach for This Study

Through an open-ended interview method from the interpretive approach, I tried to gain access to meanings the interviewees ascribed to their experiences in order to understand and explain their experiences. I found that using this method was beneficial
for this study because with this method I could produce “their” agenda, not mine (the researcher's) on how they experience the medical system in the United States. By allowing the interviewees free expression of their perceptions and experiences, I could identify their values and viewpoints. This also made it possible to get beneath the surface accounts of the patients and gain access to the world of meaning through which they defined or explained their experiences.

Using this approach also meant that this study could be a process of praxis. Many interviewees told me that they had the chance to reflect upon their thoughts and attitudes toward their everyday life experiences through the experience of being interviewed. They said that they began to think about the ways through which they deal with the reality of being a minority in this country. Some of them pointed out that they had merely complained about what they thought was unfair or had tried to ignore those uncomfortable experiences rather than trying to make them issues and to change those unfair situations. When they experienced some discomfort or inconvenience in the use of the medical system, they just kept silent rather than asking somebody to eliminate or change the uncomfortable situation. However, they said they came to realize, through participating in this study, that they had been very passive and that being passive does not bring any benefit to them in American society. Even though it is difficult to say that these interviewees will be active patients because they participated in the interviews for this study, they certainly did have the chance to reflect upon themselves through the interviews, and this reflection will have some influence in making them more conscious of their communication patterns.
However, I am concerned about an ethical issue that could be caused as an effect of the close relationship between the interviewees and myself as an interviewer. None of the interviewees were strangers to me, and I was not a stranger to any of them, either. I had quite a close relationship with almost all of the interviewees. I think I derived some benefit from this close relationship with the interviewees. I could get rich data from them because the close relationship made them feel comfortable in talking about their experiences. However, this raises an ethical issue. Even though I clarified, before each interview, that the interview was for my study and they could stop the interview whenever they felt uncomfortable, it is possible that they might have not been fully aware all of the time that what they were saying to me would be analyzed and presented in my study. They might have felt comfortable enough to talk about their personal experiences to me without thinking about the product of this study. Some of them might feel embarrassed if they see that what they said to me is printed and available to anybody, even though their interview data are presented anonymously.

In the next chapter, I will present the summary and conclusion.
CHAPTER 6

SUMMARY AND CONCLUSION

Summary

The purpose of this study was to provide an understanding of the Korean patients’ world through their relationship with medical systems and doctors in the United States. I tried to show the dynamics between these patients and their culture: how their culture as the repertoire of their meaning systems works when these patients try to understand their reality regarding medical experiences. I interviewed thirteen Korean patients (plus six patients for the pilot study) and Korean doctors, nurses, and interpreters for triangulation. Through data analysis, I could identify themes as follows:

- Perceptions of the medical environment
  - Interviewees talked about clean, pleasant, hygiene-minded health care delivery environments and their good impressions about concern for privacy in the environments for patients.
  - Interviewees complained about doctors’ convenience oriented appointment system at doctors’ offices and clinics, too expensive medical costs, and the complicated and trouble-causing billing process. They also said that the highly segmented health care delivery system causes them confusion.
- Many interviewees described American doctors as ‘kind’: they are willing to communicate with patients; they are patient; they recognize patients and their families; they care about patients’ concerns; they try to listen to what patients say; they are considerate; they say sweet words to patients; and they make informal conversation with patients.

- Some interviewees said that American doctors look nice, but they seem like businessmen.

- Several interviewees said that they are anxious about being treated unfairly or differently from American patients and about communication with doctors.

• Expectation toward doctors

- Interviewees expressed mixed trust in American doctors. Some of them put high trust in doctors because they check patients’ conditions thoroughly and give detailed explanations.

- Others put low trust in doctors because American doctors are too cautious and protective, lack assertive attitudes, and are only concerned about making money.

- Many interviewees expect some mysterious power to reside in doctors to enable them to find out the causes of illness and to guarantee the effect of treatments.

- Many interviewees think that one of the most important roles of doctors is to give their patients the hope and certainty that they can cure patients’ illnesses.

- The mature and experienced appearance of doctors is important to Korean patients. These patients often relate these qualities of doctors to their age.

- Many interviewees said that they would choose technical excellence over good manner if they had to choose only one of them.

- Interviewees expect sweet words from doctors but they emphasized that these words should come from bottom of the heart not from their business strategies.
Communication with doctors

- Interviewees talked about difficulty in understanding professional terms from doctors and said this leaves them feeling frustrated.

- Interviewees also talked about difficulty in finding the exact words to describe their symptoms in English. They worry that doctors misunderstand or underevaluate the seriousness of an illness because they cannot describe the symptoms precisely.

- Linguistic difficulties make Korean patients feel timid about speaking up for themselves and appear to be reticent.

- Some interviewees pointed out that doctors are not fully considerate about foreign patients' language problem.

- Doctors' direct way of communicating about aspects of the patients' private lives, such as their sexual life, embarrasses Korean patients.

- Cold and practical manner of communication doctors may use when they let patients know the diagnoses often hurt Korean patients' feelings.

- Too close physical approach of doctors makes Korean patients uncomfortable.

- Patients feel uncomfortable talking with doctors because they always look busy.

- A too cautious and protective manner of communication of doctors when they give diagnoses and treatments to patients makes many Korean patients doubt the capability of doctors.

- Some interviewees said that they hide their own or their families' illness history even from doctors, especially when the history is connected to mental disease. Domestic violence is another issue that some patients try to hide.

- Many interviewees said that they avoid talking about traditional beliefs and treatments with American doctors and do not report traditional treatments they have used.
• Health beliefs

- Interviewees believe that human beings are part of nature and that illness is the result of breaking the harmony of the body and nature.

- Almost all of the interviewees believe that they have a different body adjustment system from American people due to the accumulation of different life styles including diet. As a result, many interviewees believe that the choice and strength of treatments should be adjusted according to patients’ ethnicity.

- Many interviewees believe that western medicine treats illness by disturbing the body system while Chinese medicine preserves the balance of the body and restores broken or weak parts of the body. Therefore, they believe that western medicine can harm the body while there is nothing to lose in using Chinese medicine.

- Several patients prefer bearing pain to taking painkillers because they are concerned about forming a habit and put value on enduring hardship rather than avoiding it.

- Many interviewees consider Chinese medicine as the accumulation of the wisdom of their ancestors and believe that it has a healing effect even though there is no scientific proof. This belief often comes from their experience of witnessing the effect.

- Traditional health beliefs run deep Korean patients, even those who prefer western medicine to traditional medicine.

- Several interviewees said that their attitude toward Chinese treatments had been strengthened by their observation of the trend that even American people have become interested in Chinese treatments.

• Factors making Korean patients hesitant about going to see doctors

- Interviewees talked about factors that make them hesitant about going to see doctors, such as not having health insurance, communication difficulty, inconvenient appointment system, and the long wait.
Conclusion

In this section, I want to talk about culture and components of patient satisfaction in intercultural medical care with their theoretical implications. I will also present practical implications of this study and the usefulness of qualitative approach from interpretive perspective for future study. Research agenda for future study will follow.

Culture

Culture is a repertoire of meaning systems, and individuals in a society use this repertoire to understand their reality. In health care, patients rely upon their culture to interpret aspects of their illness reality such as health and illness states and the help-seeking process, and they behave based on how they interpret this illness reality. They also use the cultural meaning systems to understand doctors' behaviors, including their diagnoses and treatments as well as their manner in treating patients. Patients decide whether to follow doctors' recommendations or not based on the way they interpret those behaviors.

This study has shown the role of culture relating to patients' experiences of the medical system. Culture affects how they perceive the medical environments, what they expect from doctors, how they interpret communication with doctors, how they perceive their illness and health, and how they deal with illness.

Culture, as a meaning system, should be studied through an approach designed for understanding as in this study. It is necessary to emphasize, in the process of understanding a culture, that individuals constantly update their cultural repertoire through symbolic interaction with other people and observation of other people regarding
how they deal with their reality. Patients, as individuals in a society, constantly observe their social environment and update the repertoire of their cultural meaning system. This updating process might be more active when individuals are located in a new cultural setting, as in the case of immigrants. Therefore, it is necessary to try to understand the ongoing process of cultural interpretation rather than establishing stereotypes about culture and the health/illness behaviors of individuals in a culture.

I also want to emphasize, relating to the dynamic nature of culture, that there are not only common and enduring aspects but also diverse aspects in a culture. For example, the Korean patients I interviewed share traditional health beliefs based on their traditional thoughts such as the importance of preserving harmony with nature and maintaining a balance of yin and yang for a healthy condition of the body, even though some of them prefer using western medicine to Chinese medicine. However, when they talk about their relationships with doctors, there are diverse positions. Some interviewees feel comfortable with giving authority to doctors while others do not; some even feel extremely negative about it. Some interviewees feel comfortable with a relationship with doctors like that of parents and their children while others feel comfortable with a relationship with doctors like that between companions. Considering the diverse meaning systems within a culture, the best way to understand a culture is to be open to the intracultural diversity rather than trying to generalize or simplify a culture according to the group’s ethnicity or race.
Components of Patient Satisfaction in Intercultural Medical Care

Culture has a significant impact on the satisfaction of patients with their doctors and medical system. It certainly influences patients’ expectations of doctors and the medical system and their evaluation of communication with doctors and medical services. Patients may have different factors leading to satisfaction/dissatisfaction according to their particular cultural backgrounds.

However, it is difficult to find studies that have paid special attention to the diversity of cultural backgrounds of patients when researchers considered components leading to patient satisfaction. For example, Ware, Snyder, Wright, & Davies (1983) present a list of patient satisfaction factors such as interpersonal manner, technical quality, accessibility, accessibility/convenience, finances, efficacy/outcomes, continuity, physical environment, and availability. Cegala, McGee, & McNeilis (1996) developed a list of factors that patients use to judge their doctors’ communication competence. They are explain/inform about medical problems, assess/enhance fidelity of communication, use plain language, display medical/historical knowledge, create a friendly/trusting atmosphere, show care, concern and interest in the patient, and convey affective support. Roter, Hall, & Katz (1988) also developed a list of communication factors leading to patient satisfaction through their meta-analysis of 61 patient satisfaction studies. The list consists of information-giving, information-seeking, social conversation, positive talk, negative talk, and partnership building. Sitzia & Wood (1997) also made a list, from their meta-analysis of patient satisfaction studies, which consists of accessibility, interpersonal aspects of care, technical aspects of care, and patient education/information.
From the interview data of this study, I want to add a factor that can be used to measure patients' satisfaction with doctors' communication and medical service, especially in the case of intercultural communication. It is the sensitivity of doctors and other health care providers about patients' culture regarding their health beliefs and manner of communication; about patients' language problems even in common expressions; and about patients' unfamiliarity with the United States medical system and procedures.

Practical Implications

This study provides practical implications for education of health care providers including doctors in intercultural settings. From this study, these medical professionals may be able to get some detailed ideas about how Korean patients think about and evaluate the medical services and communication with the care providers in the United States. This insight will help them understand these patients better and enable them to provide the specific services needed.

I want to emphasize several points that came out of this study which are especially relevant to these care providers. First, doctors and other health care providers need to be more sensitive and considerate about foreign patients' anxiety and passivity. As the interviewees in this study pointed out, their anxiety and passivity are often due to their linguistic difficulty. They have a hard time describing their problems and understanding what doctors say to them. In many cases, they underrepresent their problems and pretend that they understand what doctors are saying even when they do not. In order to relieve these problems, doctors and other health care providers need to
try to create an environment in which these patients will not be hesitant about communicating with them. They might offer some agenda or check-list with which foreign patients can talk about their symptoms rather than just asking them, “What brings you today?” It would help to increase the understanding of foreign patients if doctors would use drawings and illustrations when they give explanations. Doctors also need to rephrase and restate what patients have said or to ask follow-up questions for suspicious answers of patients in order to make sure that the patients have effectively communicated what they intended.

Second, doctors need to be sensitive about foreign patients’ health beliefs regarding body, health & illness, and treatments. Many interviewees in this study said that they are hesitant to talk about their health beliefs and traditional treatments even when they are taking those treatments because they are afraid that doctors might not understand what they are saying or make light of their beliefs or practices. It is recommended that doctors encourage patients to share their culture and lifestyle, emphasizing that there could be diverse perspectives on treatments. Doctors also need to be aware of and to accept their own cultural biases.

Finally, doctors and other health care providers need to be more concerned about providing foreign patients with information about the health care delivery system and medical procedures. Information about various options for paying hospital fees and insurance systems is necessary. It is also necessary to let foreign patients know that there are health care delivery facilities where they can go without difficulty in making
appointments and that they do not have to give up going to see doctors when they are sick or go to emergency rooms when their symptoms are not serious.

Health care policy makers can also derive benefit from reading this study. They may gain new understanding of Korean patients' health beliefs, their help seeking behaviors, and the special needs of these patients. This understanding can assist in providing flexibility in health policies for these patients, including recognition of the traditional medicine of these people.

Marketing representatives in health insurance companies can get ideas from this study about what kind of insurance products can satisfy Korean patients' needs regarding the use of the health care delivery system in the United States. For example, these patients might want extended insurance coverage for their traditional medicine and a low rate insurance product.

Korean patients in the United States can also benefit from this study. This study can provide these patients the opportunity to compare their experiences with those of other Koreans. It may relieve the anxiety that they have experienced in the use of the medical system and communication with doctors to observe that other Korean patients also have that anxiety and to learn how other people deal with such anxiety. They could have the opportunity to reflect on their own attitude and behavior regarding the use of the medical system in the United States and could try to change their attitude or behavior if they think any change is needed.
They will also realize that they are not alone in experiencing confusion or helplessness in the use of the medical system in the United States, therefore, they can share the problems and work together to relieve those problems.

This study also provides ideas to Korean community leaders or other people who work for the community in the United States about what kinds of assistance they can provide to those patients who are experiencing difficulties in the use of medical system in the United States. For example, they can provide training programs for patients about how to obtain access to medical service when they need, what they can expect of care providers, information about the insurance system, and how to get financial support for medical services. They can also help these patients by arranging interpreters when they have difficulty communicating with doctors.

Doctors and other health care providers, patients, and health care policy makers in Korea should get benefit from this study. Many interviewees in this study talked about their thoughts about the Korean medical system and services compared to those of the United States. Doctors in Korea can learn what patients expect from doctors and what patients think about their communication with doctors. Other health care providers and policy makers could learn how Korean patients evaluate the quality of their health services and what kinds of services could satisfy patients' needs.

Patients in Korea would learn about the quality services that health care providers in the United States provide to their patients. They could be motivated to speak up in order to improve the medical environments in Korea rather than merely complaining about the services. I do not intend to say that the medical system of the United States
should be the model for the Korean medical system. Rather, I intend to point out that
Korean patients can learn what satisfies Korean patients in the United States and they can
set agenda about what they expect of doctors and other health care providers in Korea.
They could become patients conscious of their own rights and speak up for those agenda
with care providers.

Suggestions for Training Programs

From the results of this study, I want to point out the necessity and importance of
cultural sensitivity training not only for doctors and other health care providers but also
for patients. In this training for both, it should be emphasized that there are diverse
viewpoints in the way that people deal with health and illness according to their culture.
Being open to cultural diversity is the first and most important step in understanding
people from different cultures. Providing opportunities for health care providers and
patients to be exposed to diverse cultures in a non-judgmental atmosphere could help enhance their openness to diversity. Providing opportunities for personal contact with people from diverse cultural backgrounds also might relieve images stereotyped according to culture.

I want to point out the importance of providing education to foreign patients
regarding their rights as patients and how to speak up when they have reasonable requests
to make of health care providers. An educational program that can make foreign patients
more familiar with medical terms and systems in the United States is also necessary.

Training programs for interpreters in doctor-patient communication is also
important in order to help them mediate and relieve the cultural gap between doctors and
patients effectively. Interpreters can provide explanations of the context of health beliefs and medical decisions of doctors and patients to their counterparts.

**Usefulness of the Qualitative Approach for Future Study**

The qualitative approach from an interpretive perspective is useful especially when the research phenomenon is not well known or has rarely been researched before. Using a qualitative approach for this study made it possible for the researcher to explore the concerns of the researched. It helped the researcher to understand the phenomenon from the inside.

This approach is also useful when the researcher wants to gain access to the meaning systems of individuals related to a phenomenon. It helps the researcher not to overlook or ignore the uniqueness of the phenomenon.

As a result of these advantages of the qualitative approach, the researcher can present the world of the researched more broadly and deeply at the same time than when he/she uses a quantitative approach. By using a quantitative approach and presenting the results with numbers and graphs, researchers could enable readers to catch the shape of the researched phenomenon more easily and quickly. However, they might not be able to let the readers gain insight into the diverse and subtle meaning systems that the research subjects use in order to understand their experiences. To the contrary, researchers can provide readers with an abundance of detail from the meaning system of the researched. Reading a result of a qualitative study can be a process of experiencing the world of the researched. This is a unique merit that qualitative research can provide.
As I mentioned in the introduction, I have tried to draw an overall picture of Korean patients' uses of the medical system in the United States rather than focusing on a specific issue. I believe that this study can provide an overview of the reality of how Korean patients experience the medical system in the United States. The exploratory nature of this study makes it possible to raise various issues that can be developed more fully in future study.

First, I identified a communication pattern from the interview data, which is heart to heart communication. This pattern of communication extends the concept of communication message, beyond verbal and nonverbal, to the context in time and space. In this heart to heart communication pattern, a message exists not only in present statements or between the lines, but even in past and future. In other words, what a communicator says is interpreted by a communicatee not only in terms of the present message but also by what the communicator did and will do in relation to the communicatee. In this pattern, context talks. It is a way of communication through reflection. That is how this communication can happen even in silence.

However, some people might think this unspoken communication is an illusion. This concept of communication needs to be elaborated in future study.

Second, the meaning of being recognized deserves further study. Several interviewees in this study pointed out recognition by doctors as a factor that made them feel that they were respected and cared for. In their relationship with doctors, being recognized is not something taken for granted but something that attracted their attention.
However, in the relationship between these patients and receptionists, being recognized did not draw the attention of these patients. Rather, not being recognized by receptionists was pointed out as a factor in the complaints of these patients. These data tell about different expectations of patients regarding being recognized according to their partners of communication. These different expectations can be explained by several mechanisms and explanation by power dynamics might be one of them.

Third, the issue of patients’ hiding information and avoiding agenda needs to receive attention because it can jeopardize the healing process. It can also cause deterioration of the trustful relationship between doctors and patients. More focused research is necessary to find out why this occurs, what information patients try to hide or avoid in medical communication, and what doctors need to do to deal with this situation.

Finally, I have no intention to generalize the results of this study to foreign patients in the United States who have different cultural backgrounds, even to those other patients from other Asian countries. They have their own historical, social, and political backgrounds, which differ from that of Koreans, and, therefore, they may have different cultural repertoires from Koreans and hold different things in common. The recognition of this point urges further study to consider these differences even among Asian groups so as not to generalize or construct stereotypes of them.


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APPENDIX A

SAMPLE QUESTIONS

- What do you think about American doctors? How would you describe American doctors?
- What do you expect of doctors?
- What do you think the doctor’s role / patient’s role is in the healing process?
- What do you think about medical procedures in the American health care delivery system?
- Do you think there are any differences between the processes of Korean doctors and those of American doctors? What do you think about the differences?
- Does any medical procedure in the health care delivery system in the United States bother you? If so, what is it?
- Have you experienced any kinds of communication difficulties with American doctors? If so, what kinds of communication difficulties have you experienced?
- How would you compare communication with doctors in the United States to communication with doctors in Korea?
- Have you experienced any kind of anxiety or anger while using medical systems in the United States? If so, would you tell me when you experienced that?
• What do you think makes your body stay healthy? What do you think makes your body get sick?
• What do you think about taking medicine (western or your traditional)?
• Have you tried to talk about traditional treatments with American doctors? What happened? Are you willing to share your ideas about those things with American doctors? Why or why not?
APPENDIX B

CONSENT FOR PARTICIPATION
Title of Research Project: An exploration of Korean patients' accounts of the medical system and communication with doctors in the United States

Researcher: Mi-Kyung Sung, Graduate student, Ohio State University, 436-0479

Supervisor: Joseph Pilotta, Professor of Communication, Ohio State University

The goal of this study is to arrive at an understanding of how Korean patients experience communication with foreign doctors in the United States. Participation in this study involves one personal interview. Such participation is voluntary and may cease at any time. There are no anticipated risks involved with participation in this research.

This research project forms the Ph. D. dissertation component of the researcher's graduate program.

If I choose to participate, I understand that:

1. I will be interviewed by Mi-Kyung Sung and this interview will be audio taped. The recorded tape(s) will be kept in a locked file box which belongs to the researcher and will be erased right after the research is finished. Each interview will last about one hour.

2. I will be discussing my experiences of communication with foreign doctors and medical system in the United States. I do not have to answer any questions I do not wish to. I may stop in interview at any time and I may withdraw from the study at any time. If I cease to participate, I may choose whether the information I have provided will be used in the research. My participation is voluntary.

3. I am free to ask questions about this research.

I have read the above and understand the guidelines for this research. I have asked any questions I have regarding this study at this time. By signing this form, I give my consent to participate in this project. A copy has been given to me.

Date: ____________________  Signed: _________________________

(Participant)

Signed: ____________________  Signed: _________________________

(Researcher)  (Supervisor)
APPENDIX C

KOREAN POPULATION IN THE RESEARCH SITE

There is no official data on the Korean population in this city. However, I was able to figure out what the Korean community in this city is like through interviews with several informants of this community and data from several different sources such as the directory of the Korean community in this city published in January of 1997 by the Korean American Society of Central Ohio, the Korean student directory issued in October 1997 by the Office of International Education of the Ohio State University, and a Korean student directory which was in process of publication by the Korean Student Association of the Ohio State University.

There are about 2,500 Korean people in this city, and about one third of them are students of the Ohio State University and their families. Among the other two thirds of the Korean population, people who work as owners or employees of small businesses, such as grocery markets, laundries & dry cleaners, clothing shops, or restaurants, along with their families, make up the largest part in terms of occupation.