I, Karen M Ross, hereby submit this original work as part of the requirements for the degree of Master of Arts in Anthropology.

It is entitled:
Attitudes Towards Aging and End-of-Life Decision Making Among Korean Americans in Cincinnati

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Attitudes Towards Aging and End-of-Life Decision Making
Among Korean Americans in Cincinnati

A thesis submitted to the
Graduate School
of the University of Cincinnati
in partial fulfillment of the
requirements for the degree of
Master of Arts
in the Department of Anthropology
of the College of Arts and Sciences
by

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B.A. The Ohio State University
August 2011

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ABSTRACT

This study explores the attitudes of immigrant Korean caregivers and their experiences of caring for an elderly relative in the context of adaptive processes in the United States. Focusing on how living in a host country affects the attitudes and values of these caregivers, this study employs a descriptive, case study approach aimed at documenting and better understanding Korean caregivers’ attitudes towards elderly care and decision making in end-of-life care.

Qualitative semi-structured interviews were conducted with four Korean participants residing in the city of Cincinnati, Ohio in 2010. Five aspects of elderly care were addressed: (1) Experiences of caregivers with the Elderly; (2) Caregivers’ attitudes towards aging and death; (3) Caregivers’ experiences with caregiving; (4) Use and knowledge of health care services among caregivers, and (5) Caregivers’ attitudes towards end-of-life care and decision making.

Analysis of transcripts suggests that first-generation immigrants retain a strong sense of filial piety and duty toward parents, but separated from the wider family network, they often struggle to provide for their parents in the traditional manner. Not all of the caregivers were familiar with advanced directives, but all expressed concerns with Do Not Resuscitate (DNR) orders which can conflict with traditional Korean end-of-life values wherein family members make decisions on behalf of their elderly relative. Many Koreans are misinformed about important subjects such as advance directives, hospice care and Life Sustaining Technology (LST). Health care professionals can benefit from reading this study by identifying caregivers and educating them on these subjects in a culturally sensitive manner.
ACKNOWLEDGMENTS

This thesis is a work I will always be proud of, and I have many people to thank for assisting me in the process. First, I would like to thank my main advisor, Dr. C. Jeffrey Jacobson.

I would like to thank Dr. Leila Rodriguez for listening to me. Your suggestions were very helpful. I would like to thank the graduate students, my friends who made my graduate experience enjoyable. Thank you to my family for caring and supporting me. Thank you Ammi for your time and support.

I have the greatest amount of gratitude to my husband Shahzaib. You gave me courage, patience and you believed in me most of all. To me you are the most precious person in this world.

Last, but not least I would like to thank all the participants in this study. I have to commend all of you for caring so deeply for your local community. Your time and cooperation is much appreciated.
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CHAPTER 1

INTRODUCTION AND BACKGROUND

The population of the elderly in the United States has steadily grown in both size and cultural diversity. The research focus has been on Anglo, European, and African Americans. This historical and scholastic emphasis on certain populations means that other elderly ethnic minorities remain understudied (Krakauer et al 2002). A study conducted by Krakauer et al (2002) has suggested that due to several barriers, including differences in cultural attitudes among minorities, and insensitivity from health care providers towards these differences, elderly Koreans have inadequate health care. Asians and Pacific Islanders are the fastest growing ethnic groups in the United States with Koreans as the fourth largest group from Asia (U.S. Census Bureau 2000, NAKA 2000). The majority of social research has explored depression among elderly Korean Americans, and recent research has begun on elderly caregiving.

Many Koreans in the United States are first generation immigrants seeking employment, educational opportunities and to join other family members. These Korean immigrants are permanent residents and the length of their stay gradually exposes them to resocialization. As a result of their new location, the immigrants also experience acculturation which is the changing of their cultural patterns such as speaking the host language. Acculturation is the first stage of Gordon’s seven stages of assimilation. The seven stages of assimilation are sub processes that immigrants experience by living in a host country and being exposed to a host culture (Gordon 1964). Korean immigrants initially experience the stage of acculturation which impacts their attitudes and values. However ethnic retention tends to be stronger among these immigrants compared to successive generations. Ethnic retention is a concept that describes how immigrants
living in a host culture maintain their ethnic cultural beliefs and practices (Dhruvarajan 1993). The degree of exposure to factors such as religion, class and the length of stay may lessen the commitment of an immigrant to their ethnic culture. Other arguments suggest that Americanization and ethnic retention occur simultaneously regardless of the immigrants’ length of stay in the U.S. (Kim and Hurh 1993).

It was previously believed that Koreans had adjusted well to the United States compared to other migrant Asian groups. Indicators measuring health or social problems among Korean Americans were mostly passed over or deemed insignificant in social research, and so researchers have never studied Korean Americans as much as other minorities (Shin et al. 2007). Studies on depression were the first body of research that specifically focused on elderly Korean Americans. From the research, they found elderly Korean Americans had difficulty adjusting to the U.S. compared to the younger generations or other elderly Asian minorities (Pang 1998). These studies on depression indicated that elderly Koreans were deeply dependent on their family members for emotional support and for making health care decisions (Pang 1994, Pang 1998). The research on depression among elderly Koreans had helped to highlight their caregiving system.

According to Pang (1994), elderly Korean Americans do not perceive depression as a serious illness, but as a ‘mood’. The elderly felt that consulting a doctor was only necessary when they felt that they had a serious illness which is the reason why elderly Korean Americans do not seek professional help for depression (Pang 1994). Pang (1996) found that many elderly Korean Americans believed they could “will” themselves to feel not depressed through self-cultivation. An earlier study by Pang (1994) suggested that when depression was related to Korean folk illnesses, the elderly were better able to explain their emotional and physical
symptoms. Their perception of depression was an example of how Korean Americans differ compared to the American majority. These studies on depression have also suggested the people involved with the elderly are significant to their care. U.S. residing relatives are known to assist in physical care like house cleaning and administering medications to their elderly relative. Relatives also give emotional and financial support to the elderly (Pang 1994, Pang 1996, Pang 1998).

**The Elderly in South Korea**

South Korean culture is influenced partly by Confucianism. Confucianism is a value system shaping the behavior pattern and structure of the family and the community. Confucianism dictates a strict, hierarchal family structure which clearly defines the roles of the family members (Park and Cho 1995). Confucianism emphasizes that the children display filial piety which is characterized by respect and responsibility towards the parent. Koreans feel obligated to practice filial piety to repay parental care by maintaining harmonious relationships with them (Choi 2004, Park and Cho 1995). A common practice of filial piety is adult children having elderly parents live with them to provide care. Elderly parents usually live with a son since Korean families are patrilineal and patrilocal. When a daughter marries she is considered a part of her husband’s family (Park and Cho 1995). Traditionally, the daughter in her husband’s family is obedient to her mother-in-law and is expected to care for her elderly in-laws (Kim and Hurh 1988, Kim 2006).

Like filial piety, shame is also part of Confucianism which is a value that is deeply rooted in traditional Korean society and the family. A study by Yang and Rosenblatt (1985) suggested that shame motivates the practice of filial piety to maintain social order. Their qualitative study
asserts that for Koreans, shame is a negative feeling, similar to feeling withdrawn and inferior. Shame is also related to fear of stigmatization and blame. Their study further suggested the avoidance of shame protects vulnerable members in the family, such as the elderly. Adult children who neglect their elderly parents are criticized by their community and other family members. In this way shame partially maintains the system of support for the elderly (Yang and Rosenblatt 1985).

With industrialization and urbanization in the late twentieth century, South Korea has undergone social changes, and these changes have impacted Korean family structure (Sung 1991). Urbanization encourages nuclear households, and extended households are reportedly on the decline (Kim and Rhee 1997, Kim et al. 2000 and Sung 1991). An increasing number of Korean elderly are living separately from their adult children (Kim and Rhee 1997). With more elderly living apart from their adult children, they increasingly utilize outside networks for support (Sung 1991). Many elderly perceive outside support (friend, neighbors, and religious centers) as helpful because these support networks allow independent living and affords the elderly opportunities to socialize and receive moderate assistance. However in South Korea many elderly still rely more on family support than outside networks of support (Sung 1991).

Though elderly South Koreans rely on adult children for emotional, financial and practical support, this does not indicate that they prefer the traditional arrangement of living with their adult children. Their preference for living arrangement was determined by their socioeconomic resources and their health condition (Kim and Rhee 1997). Preferences towards co-residence or living separately from their adult children seem to be determined by whether or not they could reciprocate the care they were receiving (e.g. caring for grandchildren). A qualitative study by Kim et al., (2000) found elderly Koreans with positive attitudes towards co-
residence had contributed towards the family. The study by Kim et al (2000) also found that many elderly Koreans with poor health did not prefer co-residence. Elderly Koreans with poor health may prefer living separately because they consider themselves a burden to their adult children (Kim et al. 2000). In an increasingly industrialized society that has higher demands of productivity, the elderly may feel they have to contribute to their families in some way. So when the elderly cannot contribute to their families, living separately is a more comfortable arrangement (Kim and Rhee 1997). Many elderly was also against co-residence because they cannot communicate or relate with their children. The younger generation has more education than their elders. However the elderly still expect filial piety from their children in the form of emotional or financial support regardless of their living arrangement.

**Elderly Koreans in the United States**

The Immigration Act of 1965 allowed many Koreans to immigrate to the United States as it removed country-based quotas present in previous legislation and emphasized family reunification. Before the legislation the first Koreans that settled in the U.S. were mostly uneducated male laborers. After the legislation, most Korean immigrants were highly educated professionals who largely became small business entrepreneurs (Kim and Hurh 1988). Generally, Koreans immigrate with help from family already residing in the United States, or come in family groups, inviting elderly parents (Min 1984).

As with many immigrant groups, the unfamiliarity of a host country intensifies Korean kin ties and many rely on relatives to help them adjust successfully to an unfamiliar society (Min 1984). The elderly, especially, have difficulties adjusting compared to younger Koreans. Most elderly Koreans do not understand English and have difficulty obtaining a driver’s license, so
their options for transportation are limited (Min 1984). As a result, elderly Koreans tend to be more isolated and interact primarily with their families. For example, the elderly rely on their adult children to take them to church for socialization. These adult children feel obligated to perform these tasks such as transporting their elderly relatives because most elderly parents assist with babysitting children or cleaning the home (Kim et al. 2003).

Some researchers argue that many elderly Koreans live independently of their adult children in the United States and that studies have focused too much on the traditional living arrangement. There is an estimated 540,000 elderly Koreans living in the U.S. (National Association of Korean Americans 2000). Almost half of the estimated number of elderly Koreans in the United States live separately from their adult children (Moon 1996, Yoo and Sung 1997). These elderly Koreans choose to live separately from their families because of their desire for independence and privacy, and they tend to have higher education, better health, and a stable source of income (Yoo and Sung 1997). These findings parallel studies on preferences conducted towards living arrangements among the elderly in South Korea (Kim and Rhee 1997, Kim et al. 2000, Sung 1991). Some elderly Korean Americans living in single households receive income from the American welfare system which has possibly affected the rise in elderly single households. Other elderly receive income from relatives, but the elderly rarely disclose how much to researchers (Yoo and Sung 1997). Researchers argue that elderly Koreans cohabitating or living separately from adult children does not affect their relationship. Irrespective of their living arrangement, and compared to outside support (i.e. friends, cultural organizations) the majority of the elderly still rely on adult children for emotional, financial and practical support (Moon 1996, Yoo and Sung 1997).
The literature indicates that elderly Korean Americans are affected by cultural differences in the United States (Dhruvarajan 1993, Krakauer et al 2002). Among Korean Americans, many elderly face conditions such as poor nutrition and hypertension that place them at increased risk for more serious health problems (Shin et al. 2007). The majority of elderly Koreans in the United States are foreign-born. Many elderly Koreans residing in the U.S. were raised in South Korea and are likely to adhere to traditional Korean values as a result of their age and beliefs. Ethnic retention tends to be stronger among them compared to their successive generations (Krakauer et al 2002). The unfamiliarity with American society can be a challenge for many elderly Koreans. Over three-fourths of the elderly Korean population does not speak English (Shin et al. 2007). Among the elderly, poor English skills and cultural differences likely contribute to isolation from majority institutions such as health care services (Moon 1996, Yoo and Sung 1997).

**Attitudes towards Aging, the Elderly and Caregiving**

In the United States, Americans are generally portrayed as holding negative attitudes towards aging. American values revere youth and productivity, and aging typically carries connotations of degeneration and enfeeblement. Elderly Americans are considered less productive, and are mostly excluded from active society (Yun and Lachman 2006). On the contrary, people in East Asian countries are generally portrayed as having a positive attitude towards aging and the elderly. The reason for this is most East Asian societies tend to follow the doctrines of Confucianism, which dictate that the elderly should be respected and revered by younger people. Studies exploring Asian attitudes have been conflicting, however. Some studies have found that Asians hold more positive attitudes towards aging and other studies have found
that Asians do not hold more positive attitudes towards aging, as compared to western societies (Yoon et al. 2000).

In a study by Yun and Lachmann (2006) the authors found surprising conclusions among Asian and Americans on attitudes towards aging. The researchers interviewed three groups: young adults, the middle aged, and the elderly in South Korea and in the United States. Participants were asked how they felt towards the elderly and growing old. The study suggests that compared to Americans, Koreans in all age groups had greater fears of growing old which included ensuing maladies such as discontentment, degradation of physical appearance, and memory loss. In the category, fear of old people, Korean youth apparently had a greater fear of old people compared to their American counterparts, the elderly had greater fear of old people. Korean society is characterized as hierarchal, so Koreans may have perceived the fear of old people category as a measure of the demands of reverence and respect for the elderly (Yun and Lachmann 2006). Changes in Korean society such as urbanization may explain why attitudes towards aging appear increasingly negative now compared to the past traditional Korean society. Industrialization increases urbanization that produces a lifestyle requiring a higher demand of productivity. The elderly may be perceived as the opposite of productivity and their role in society has changed or is no longer as clearly defined in Korean society (Kim and Rhee 1997).

The relationship between elderly Korean American parents and their adult children can be mutually beneficial, but it can also be a source of tension between them. In a qualitative study in the U.S. by Kauh (1997), adult children and elderly Koreans were interviewed to determine how they perceived their communication. The majority of adult children in the study rated communication with their elderly parents as “good”, however, many elderly parents expressed they did not have good communication with their adult children. The two groups each had a
different perception of the meaning of “good communication”. The elderly defined communication with their adult children as being good if adult children referred to them for advice in their daily decision making. On the other hand, adult children described their communication with their parents as being good so long as their parents did not express anything to the contrary (Kauh 2007:257). Generational differences such as these in the perception of good communication can be a source of tension between elderly parents and their adult children. Furthermore, other such differences may produce tension between them because younger generations are more likely to embrace American values. Many elderly Koreans recognize that their adult children embrace the idea of filial piety, but cannot materialize it into behavior due to their adaption to the American lifestyle (Han et al. 2007, Kauh 1997).

Among Korean Americans, adult children experience filial piety through a feeling of the need to ‘repay’ for parental care. Some of the ways adult children care for their elderly parents include interpreting documents and discussions for them as well as supporting them financially. Some adult children are well experienced in acting as interpreters for their parents as they started performing these duties for them in their early childhood. Most adult children interpret for parents at the doctors’ offices or help complete important documents (Yoo and Kim 2010). It is also common for adult children to assist their parents by supporting them financially after their retirement. Many elderly Korean American parents never discuss retirement plans with their children. They typically do not plan for retirement as they assume that their children will support them in their old age and most adult children assume they will be the caregiver. As a result, it is typical for adult children to prepare to financially support their parents when they are incapable of caring for themselves (Yoo and Kim 2010).
**Attitudes towards End-of-Life Care**

Many elderly confront hardships in maintaining good health towards the end of their lives. For elderly minorities, low socioeconomic status and lack of health insurance have limited access to quality end-of-life care (Kwak and Salmon 2007). Elderly immigrants struggle more to receive their desired end-of-life care because of either their preferences being unknown to relatives and health care professionals. For instance, many elderly Koreans rely on family members to make their medical decisions and prefer to die at home (Krakauer et al 2002). In comparison, the majority of American patients make individual medical decisions and no longer views home deaths as the norm (Marshall 1992).

In the United States patient autonomy is a common principle in bioethics. Patient autonomy means that the patient has the right to make the decisions about their care without being influenced by health care providers or other third parties (Frank et al 1998). A qualitative study by Frank et al. (1998) with elderly Korean Americans found that the participants had a low desire to receive life support for themselves but would accept life support if family members made the decision to use it. The attitudes of the elderly participants towards life support appeared contradictory. On further exploration, participants explained that the family members are expected, through their decision-making to prolong the life of their elderly parent. Through encouraging the use of life support, family members are perceived to fulfill the obligation of filial piety to their parent. As a result of their culture being family-oriented, many elderly Korean Americans accept the decisions made by family regarding their medical care (Frank et al, 1998). Elderly Korean Americans prefer that their family members be informed by doctors about critical personal information such as terminal diagnoses. They also prefer that their family
members make decisions for them about life support and other related issues. Korean cultural values can be at odds with the principle of patient autonomy (Kwak and Salmon 2007).

As part of end-of-life care, advance directives are instructions from an individual on what actions should be taken for their health. A person, usually a relative, is appointed to take action on behalf of an individual if they are incapacitated and can no longer make decisions regarding their medical care. Many Korean Americans do not know what advance directives entail (Kwak and Salmon 2007). A focus group conducted by Kwak and Salmon (2007) explored the knowledge among adult children on end-of-life options and support for the elderly. The study found that the majority of participants mistook what advance directives meant as the topic of inheritance. Accordingly, participants expressed feelings of discomfort in discussing advance directives with their elderly relatives (Kwak and Salmon 2007).

As previously stated, many adult children feel that their parents have the expectation they will make end-of-life decisions for them without the need for mutual consultation. A Korean cultural concept called Noon-chi is a social behavior that people can read the behavioral cues of others and they understand what another person is indirectly communicating to them. This indirect form of communication in Korean culture may explain why many elderly parents assume their children know what actions to take in end-of-life care without any previous discussions (Yoo and Kim 2010).

**Theoretical Framework**

One of the most important works on adaptive processes of immigrants in the United States is Milton Gordon’s *Assimilation in American Life* (1964). In this work, Gordon listed
seven dimensions of assimilation\(^1\) and defined a framework to describe the process of 
assimilation. In his time, Gordon discussed three prevalent ideologies of adaptive processes 
which were Anglo-Conformity, Melting Pot and Cultural pluralism. Anglo-Conformity is 
accepting the customs and institutional practices of the majority culture in America. Melting pot 
is a mix or hybrid of the minority and majority lifestyles. Cultural Pluralism is an acceptance of 
majority institutions but the retention of an ethnic social lifestyle (Gordon 1961) Out of these 
ideologies Gordon believed that Cultural Pluralism was the most accurate description of the 
process of assimilation. Gordon draws a distinction between assimilation and acculturation and 
he coined the term \textit{Structural Pluralism} to describe acculturation processes.

The term assimilation is misleading because it is used as a blanket term to describe a 
process far more complicated than is implied. Gordon clarified the distinction by defining 
acculturation as cultural modification or change of cultural patterns to those of the host society 
from assimilation or \textit{Structural Assimilation}\(^2\) (Gordon 1964). In Gordon’s view, immigrants 
upon their arrival to a new host country initially experience acculturation. Acculturation is the 
acceptance by immigrants of majority institutions. Gordon assumes that acculturation occurs first 
because the immigrant is from a different culture and would likely feel that they need to change 
in order to function in the host society. This assumption may be correct, however globalization 
would likely result in an individual already having a perception of a host culture before their 
relocation. In comparison structural assimilation occurs at a much slower pace because both the

\(^1\) (1) Acculturation: newcomers adopt language, dress, and daily customs of the host society (including values and norms). (2) Structural assimilation: large-scale entrance of minorities will enter cliques, clubs and institutions in the host society. (3) Marital assimilation: widespread intermarriage. (4) Identification assimilation: the minority feels bonded to the dominant culture. (5) Attitude reception assimilation refers to the absence of prejudice and discrimination. (6) Behavior reception assimilation refers to the absence of prejudice and discrimination. (7) Civic assimilation occurs when there is an absence of values and power struggles (Gordon 1964: 70).

\(^2\) “...refers to the entrance of migrants and their descendants into the social cliques, organizations, institutional activities, and general civic life of the receiving society” (Gordon 1961: 281).
host country and immigrants are voluntarily impeding the process. For instance, differences in the core values of the majority and minority immigrants will cause resistance to integrate. If these differences are so distinct that an immigrant must abandon their ethnic lifestyle than an immigrant would choose to remain with their ethnic group (Gordon 1961).

Since Gordon’s (1964) work on assimilation, others have contributed to this subject by using his work as a foundation. A criticism of Gordon’s acculturation concept is that he assumes that immigrants have little impact on the majority culture because the American culture is homogenous. This is obviously not the case, as American culture differs depending on locales and socioeconomic levels (Alba and Nee 1997). Another concept discussed by Shibutani and Kwan (1965) is ‘social distance’ which explains to what degree a group feels “close” to its host culture through some kind of common ground. An increase of social distance can occur through factors such as “racial” boundaries which are easily categorized as differences (1965). Today researchers have learned more about adaptive processes (Alba and Nee 1997). The prevailing argument for the causality of assimilation is that Americanization and ethnic retention are mutually exclusive. Assimilation theory suggests that the length of stay in the U.S. of an immigrant will determine how much they are “Americanized”. However the pluralism theory assumes that despite the length of time in the U.S., immigrants will retain an ethnic lifestyle, and are considered to be less Americanized (697, Kim and Hurh 1993). In other words, an immigrant cannot be simultaneously Americanized and retain an ethnic lifestyle.

Based on more recent work, researchers argue it is possible to simultaneously accept the majority and ethnic values and practices in different social areas (Kim and Hurh 1993). Their study states that immigrants have three response patterns to their host culture (1) Acceptance, (2) Retention and (3) Loss (Kim and Hurh 1993:700). The three response patterns are combined to
create hybrid categories of adaptive modes. Kim and Hurh’s (1993) study interviewed Korean Americans with a series of questions asking details about social aspects of their life such as friendships with Americans and Koreans. The study suggests Korean Americans experience a mode of adaptation known as the *Additive mode*. The additive mode occurs in a minority community as a process of both acceptance and retention. The community retains important ethnic practices in their social lives and at the same time accepts Americanized practices into other aspects of their lives (Kim and Hurh 1993).

The Korean American community is characterized as family-oriented, and relatives are often decision makers in elderly care (Park and Cho 1995). Yet very few studies have actually focused on the caregivers of elderly Korean Americans. Caregivers are immigrants that have to adjust to a different culture and simultaneously, caregivers are confronted with cultural obligations to their elderly relative. The cultural values of a host culture and their ethnic culture can conflict and this can cause caregivers additional stress of adjusting to a host culture. Assimilation theories are useful when exploring these cultural differences in attitudes towards aging, elderly care and decision-making among caregivers. Understanding the adaptive processes and the role of adult children as the caregivers will expand our knowledge on the cultural attitudes and decision making toward their elderly care.
CHAPTER 2

METHODS

The study explores Korean cultural attitudes towards elderly care and decision making in end-of-life care through qualitative analysis of interviews conducted with adults residing in the U.S. The four participants who completed private, individual semi-structured interviews are each considered in the form of a comprehensive case study.

The interviews of the participants took place within the city of Cincinnati in Hamilton County, Ohio. According to the U.S. Census Bureau, in the year 2000 the estimated population of the city of Cincinnati was 331,285. Out of the total population, 374 respondents or 0.1 percent claimed their ethnicity as Korean (U.S. Census Bureau 2000). In comparison to larger metropolitan areas such as New York or Los Angles, the Korean community in Cincinnati is small. The Korean community in California, (mainly in L.A.) is the largest population of Koreans in the United States with an estimated population of nearly 350,000 in 2000 (National Association of Korean Americans 2000). These Korean communities are also known as ‘Korean Towns’ where various resources of Korean culture are in close proximity. Cincinnati does not have a large Korean population but the city has various Korean restaurants, several Korean Christian churches and cultural organizations. The University of Cincinnati Korean Student Association (UCKSA) and the Cincinnati Korean American Association (CKAA) are among active organizations connecting Koreans in the city of Cincinnati.

To recruit participants, I initially contacted UCKSA and CKAA through email and phone. I was invited to a local Korean church to talk about my study with the pastors so they could relay the details of my study to their congregation. Due to non-response, recruitment fliers
(Appendix C) were posted in public areas and again, this method received a low response. Therefore I retrieved addresses of several Korean Christian churches in Cincinnati, and mailed each church several fliers. After several days, people called the phone number on the flier expressing an interest to participate in my study. One out of the four participants was recruited by the snowball method.

The time, date and location of the interview were decided by the participant. Each participant was interviewed in a different location such as their home, coffee shop, workplace or church. I was able to interview each participant individually, but in some cases, in a crowded setting. In a crowded setting the privacy was still maintained due to space and noise. Before the start of the interview, each participant received a consent form (Appendix A) describing the purpose, procedure and human subject protections guiding the study. After informed consent was obtained, participants were asked to complete a brief anonymous demographic form (Appendix D). All the participants were interested in the subject matter and considered their participation as a way to help other Koreans in their community. Many questions I received from participants before or after their interviews concerned my own interests in Korean language and culture. As a non-Korean researcher, most participants wanted to know what part of my education led me to study their ethnic community.

For collection of qualitative data I created an interview guide (Appendix B) divided into five sections: (1) Experiences with the Elderly, (2) Attitudes towards Aging and Death, (3) Experiences with Caregiving, (4) Use and Knowledge of Health Care Services and (5) Attitudes towards End-of-Life Care and Decision Making. Each section contains two to four questions. The questions were open-ended and designed to encourage open discussion. For example, in the question, “When you are elderly in what ways do you expect your life to change” (Appendix B).
The question provides a basis for comparing their personal preferences to their care preferences for an elderly relative. The duration of each interview ranged between thirty minutes to forty-five minutes and the dialogue was recorded on a digital recording device. During each interview I took notes of my observations such as the behavior and the tone of voice of the participants. Each interview sound file was transferred to a PC and imported to a transcription software program, Express scribe. The interviews were transcribed verbatim with identifiers removed from the transcript.

Once the interviews had been transcribed I read through each transcript several times looking for patterns and themes to answer the principal questions of the study. All participants vary in their age and their overall circumstances. Since only four individuals participated in the study, a case study approach was chosen. The case study approach allowed me to analyze the data in a comprehensive way. The case studies are organized by the amount of their experience caring for an elderly relative based on analysis of the discussions with each participant and beginning from least to most experience.
CHAPTER 3

RESULTS

This qualitative study utilizes the case study method to explore attitudes towards elderly care and end-of-life decision making among Korean Americans. Participants talk about decision-making on biomedical end-of-life options such as use of Life Sustaining Technologies (LST) and Do Not Resuscitate orders (DNR).

Profile of Participants

The four participants consist of three women and one man, all of whom were raised in South Korea and migrated to the United States in adulthood. Most participants have a high school level education except for one participant with some college education. All participants speak Korean as their native tongue and English is their second language. Participants’ relationships to an elderly person and residential situations also differ. One participant lives alone and two participants live in a nuclear household. Only one out of the four participants lives in an extended household that includes the elderly mother of the participant.

Table 1. Demographic Profile of Korean American Participants

<table>
<thead>
<tr>
<th>Participant (pseudonym)</th>
<th>Age</th>
<th>Years of Residency in the U.S.</th>
<th>Sex</th>
<th>Level of Education</th>
<th>Marital Status</th>
<th>Relationship to Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hwayoil</td>
<td>~60</td>
<td>~30</td>
<td>Female</td>
<td>Some College</td>
<td>Married</td>
<td>Interpreter</td>
</tr>
<tr>
<td>Mogyoil</td>
<td>~70</td>
<td>~20</td>
<td>Male</td>
<td>High School</td>
<td>Married</td>
<td>Son</td>
</tr>
<tr>
<td>T’oyoil</td>
<td>~40</td>
<td>~10</td>
<td>Female</td>
<td>High School</td>
<td>Married</td>
<td>Daughter</td>
</tr>
<tr>
<td>Kumnyoil</td>
<td>~50</td>
<td>~10</td>
<td>Female</td>
<td>High School</td>
<td>Widow</td>
<td>1)Friend 2) Daughter</td>
</tr>
</tbody>
</table>
Case Study: Hwayoil

Hwayoil\(^3\) has lived in the United States for almost thirty years. She is a 60 year old woman living with her husband and adult son in the Cincinnati area. She has a married daughter who lives outside the Cincinnati area. Her parents have been deceased for many years in South Korea, so discussions often focus on past experiences. However Hwayoil provides a unique perspective as a volunteer interpreter for hospitals. She observes how elderly Korean patients interact with health care professionals.

Experiences with the Elderly

Hwayoil comments on the living arrangement of her grandmother:

“My grandma. We take care of her lovingly. We respect an older person. It was our generation. My father’s mother. (Did your grandmother live in your household?)

Sometimes my house, but also my uncle’s house, and also aunt’s house.”

Hwayoil indicates her father and his siblings shared responsibility caring for her grandmother. According to Korean tradition, Elderly parents would live and remain with their oldest son and his family (Park and Cho 1995). The living arrangement of Hwayoil’s grandmother is atypical of Korean families. Hwayoil indicates her grandmother’s living arrangement was atypical because a single sibling could not normally support her.

\(^3\) All participants were given pseudonyms to protect their identities.
Attitudes towards Aging and Death

Hwayoil expresses a desire for an untraditional choice for her caregiving arrangement. Hwayoil comments on her preferences of who will care for her and where she would like to live in old age:

“Probably my children when I cannot, you know, care for myself. My children... my daughter and son.” (You prefer both children to take care of you?) “I think daughter is close to the mommy. She would gladly do more for me. Son is always not ... a kind woman.”

Her comment suggests her daughter, as a woman, would be a good caregiver because women are kind compared to men. Hwayoil further comments that women can emotionally relate and a mother and daughter have a closer relationship. Hwayoil’s comments indicate that a caregiver must have an emotional connection to her. Traditionally Korean mothers live with the eldest son. Hwayoil lives with her son but not for reasons related to caregiving or filial piety. Her son is unmarried and, as in many Asian families unmarried children usually remain at home (Park and Cho 1995).

Participants are asked about their attitudes and preferences towards death. Hwayoil, like most Korean Americans, prefers to die at home (Choi 2004):

“I’d like to stay home. So actually I don’t want [to be] sick long time and [I would prefer no to have] medical aides, so I hope, you know, I have a comfortable life that’s just manageable by myself in my house.”
Experiences with Caregiving

Hwayoil does not have much experience with caregiving. She has observed individuals in her church who volunteer to care for the elderly. According to Hwayoil, volunteering to care for the elderly is a common practice in Korean American churches regardless of denomination. Hwayoil has expressed interest to help the elderly in her church, but no one in the church has asked to help the elderly:

“I heard the Korean ladies [belonging] to American churches. [The Korean ladies] watch [the elderly] and take them shopping. I never had [that] kind of chance...”

As for direct experience with elderly care, Hwayoil explains that she and her husband are the oldest members of her extended family. Therefore she comments on elderly care in hypothetical situations. She mentions that caring for an elderly person “is probably not easy”.

Hwayoil has no experience discussing advance directives with an elderly person so she refers to herself in hypothetical scenarios in response to these interview questions. Hwayoil comments that she and her husband have never discussed their plans for end-of-life care or any kind of advance directive with family members. As for feeling comfortable discussing advance directives, Hwayoil explains:

“No not really. Probably my own family will take care of that. I actually, I not discuss any.”

From Hwayoil’s comments, it appears she is confusing advance directives with inheritance. During the interview, Hwayoil was informed about advance directives and the difference from
inheritance. At the mention of advance directives, she displayed discomfort by shaking her head. Nonetheless, she wants her family to take responsibility for care decisions.

**Use and Knowledge of Health Care Services**

Hwayoil comments on the Cincinnati area and the dissatisfaction with health care because of the language barrier:

“*I think language is a really big problem...they [many elderly Koreans] want to go back to Korea or even LA or Chicago...*”

Hwayoil mentions the U.S. metropolitan cities with large Korean communities, or Korea Towns. Many Koreans choose to live in these cities with a larger Korean community. A Korean immigrant can speak Korean without speaking English, culturally relate with other Koreans, enjoy Korean-owned businesses and products. More importantly, an elderly Korean patient would have more options in choosing a doctor. She comments further on the reason a Korean doctor would administer better care to an elderly patient:

“*...communication is a lot easier...emotionally understand makes a lot better.*”

Hwayoil’s comments suggest that Korean doctors ‘emotionally understand’ elderly Korean patients. Her comments likely mean that similar cultural backgrounds are important to quality care. She suggests that doctors of similar cultural backgrounds allow a patient to fully explain their health problems without the difficulty of the language barrier. For Hwayoil, a doctor understanding the language, common Korean phrases and their meanings are helpful because a patient can better explain symptoms.
Hwayoil continues to comment that language and cultural understanding from health care professionals is important when caring for a minority elderly patient in a hospital. When a Korean patient comes into the hospital, the hospital calls Hwayoil for interpreter services.

Hwayoil recounts her experience interpreting for an elderly Korean woman in her 80’s:

“I do translate sometimes when the hospital calls me. [name omitted] hospital... one morning they call me it’s an emergency the lady is like 80 she doesn’t know ...her mind something not right and there [are many] American nurses and people who help her. She can’t communication and she can’t get her... what she wants. So she shouting, you know, yelling and kicking the nurse, social worker... you know that [was] the situation when I went there. How sad, [and] how poor when that [people are in that kind of situation].

Yeah I just comfort her, ‘is everything ok’. She doesn’t believe she thinks nurses, people in hospital, who are all Caucasian are trying to kill her. So they want to give her shot to calm down to try... to calm down so she was like so active. She could not even let them come close to her. Little later daughter-in-law came. Daughter-in-law was nurse wasn’t that quick [arriving]. Daughter-in-law kept telling her calm down. That’s the situation I saw, the daughter-in-law saw. I don’t know what after that. I heard mother-in-law wasn’t that bad but sometimes two or three... days they put her in hospital... in the hospital she didn’t get better she get worse.”

Hwayoil’s experience portrays a grim scenario between minority elderly and health care professionals. According to Hwayoil she was told by family members that the elderly woman’s health appeared to decline in the hospital. The patient did not understand the language of the hospital staff. All these factors combined created a problematic situation that resulted in inadequate care.
Hwayoil shares her view of nursing homes in the United States. She discusses the growth of nursing homes in South Korea and why elderly people are choosing nursing homes rather than living with their adult children:

“As they get into the nursing home they are getting dying closely. They are given meds and shots to make them more faint in Korea, probably America too. When they go to nursing home they keep them sleeping.” (Are nursing homes popular in Korea?) “Yeah getting popular. No more even older person even don’t want living with the young person too they want stay with the friends.” (Why are older people uncomfortable staying with family?) “These days young people are too busy, selfish doesn’t really think about older person virtue and traditionally. Caring more like a guest, like the distance... that’s very sad.”

For Hwayoil, elderly people stay in nursing homes because they are close to death and she likely is confusing a nursing home with hospice care. She implies that elderly patients are in pain so ‘meds and shots’ are used to keep them sleeping’. Hwayoil comments that the use of nursing homes is growing in South Korea. Her comments are consistent with the literature suggesting that in South Korea, elderly people increasingly prefer living alone or choose alternative options like nursing homes (Kim and Rhee 1997). She reiterates that young people are busy in South Korea, and elderly relatives have little in common with them. She uses the word ‘distance’ to describe the lack of closeness in the current parent and child relationship. Hwayoil believes young people do not hold traditional Confucian values of respecting the elderly.
**Attitudes towards End-of-Life Care and Decision Making**

Hwayoil does not agree with the use of Life Sustaining Technology (LST), specifically mechanical ventilation for elderly patients. For Hwayoil living means mobility, talking and interacting with others:

“That is not life as long it doesn’t think own ideas or move about that’s not a human thing. Those kind of cares let it go that’s better. Before they get weak and lose mind ...”

Hwayoil suggests a conflict with a Do Not Resuscitate (DNR) order based on ethical grounds. Hwayoil is Christian, and comments that a DNR order is contrary to religious teachings. Yet Hwayoil recognizes the physical condition of an elderly patient and financial hardship of prolonging life. Hwayoil comments:

“That is medical accident too right? The doctor and nurses? In Christian that is not allowed... human body God’s creation, but that’s kind of hard. Long illness it’s hopeless that not really worth to living in that situation. A lot of hard on people, a lot of medical expense. If doctor diagnosis that way I would follow up. Just comfort the patient for the pains”.

Ultimately Hwayoil believes she would agree with a DNR order. She states that agreeing with LST is a hard decision. She builds a hypothetical scenario to justify her agreement. A DNR order is reasonable depending on the opinion of the doctor, if an elderly patient has prolonged suffering, and medical expenses are increasing. These factors indicate what is important to Hwayoil: the physical condition of the patient, the financial costs and trust in the doctor.
Summary

Hwayoil thinks that language and cultural understanding are very important and necessary for health care services. Hwayoil had witnessed a negative experience of an elderly woman in a hospital. From Hwayoil’s description of the event, the elderly woman became highly distressed because she was unable to communicate with the hospital staff. She also mentions that a doctor of the same ethnic background is more helpful because they will understand cultural expressions and behaviors. A patient can explain their health problems without the burden of a language barrier.

In general, Hwayoil’s attitudes align with the literature on traditional Korean culture and Confucian vales of filial piety. However, in certain sections she expresses unconventional attitudes. As a child, her grandmother was rotated to live with other relatives. Similarly, Hwayoil prefers to rotate living with her children, and prefers her daughter as her caregiver. As a child, Hwayoil was exposed to a different care strategy, and this exposure likely influences her care preferences. Aside from her care preferences, Hwayoil’s attitude towards advance directives is consistent with the literature. Like most Koreans, Hwayoil assumes that family members will know what to do about care without any direct communication from their elderly relative (Kwak and Salmon 2007).

Case Study: Mogyoil

Mogyoil is a 70 year old married man living in Cincinnati for almost ten years. He has three adult children. Mogyoil’s elderly mother (in her late eighties) lives with his younger brother and family in South Korea. Mogyoil does not have daily interaction with his mother.
Experiences with the Elderly

Mogyoil did not have an elderly relative living with him as a child in South Korea. Instead, Mogyoil’s comments concern his childhood and his observation of the elderly being supported and respected by the younger generation. Mogyoil says caring for the elderly is a moral duty:

“To older people we respect them and we have to solve them because they take care of us, the young, the children. That’s why old age they don’t have income we have to support them that’s why it’s a way to our... not duty... we have to do, its moral. Basically support them is moral.”

Attitudes towards Aging and Death

The question concerning expectations and changes in old age did not apply to Mogyoil. He feels nothing in his life has changed yet and so he did not contribute much to this topic. When he is asked who he would like to live with as he grows older, he replies:

“... with a spouse, but with a spouse is best way. So far I don’t know either way.”

Mogyoil indicates he will face changes later on in his life. Nonetheless, Mogyoil says living with a spouse is the best living arrangement for himself and presumably elderly people in general. Mogyoil likely prefers living with a spouse for various reasons. For one, as an elderly individual, he would be familiar with the daily interaction with a spouse and he would likely relate more to
Experiences with Caregiving

Mogyoil comments that he has observed changes in his mother’s personality as she has grown older. He mentions that his mother is easily upset, narrow minded and sensitive to certain topics. Mogyoil describes how he and other family members feel they must not discuss sensitive subjects in her presence:

“(Any changes in your relative as they grew older?) Well yeah, aging makes you change; that one is very one sensitive when you talking to her. Then she acceptance is pretty narrow so we have to be pretty careful otherwise she misunderstand it would make trouble and we don’t like to do that. (Do you have an example?) If its old people, she dies, the language you use she doesn’t like to hear that.”

Mogyoil uses the word ‘trouble’. No participants have directly commented that an elderly person is a burden. Yet, clearly Mogyoil feels tense towards changes in his mother’s personality and behavior. Many caregivers likely encounter similar hardships in elderly care.

Use and Knowledge of Health Care Services

Mogyoil shares his experience discussing nursing home options with his mother. From his comments we can see that his mother is against nursing homes as an option, but in certain situations his mother contemplates living in a nursing home:
“She doesn’t like to go nursing home. We said, ‘like to go nursing home?’ … she said, ‘no’. Sometime she angry, [his mother said,] ‘then maybe I have to go’ …. but most the time she say, ‘I’m happy with you’.”

According to Mogyoil his mother considers nursing homes when she recognizes her moments of anger. Possibly, Mogyoil’s mother feels she is a cause of hardship on her family. However, Mogyoil explains that the family believes nursing homes do not provide good quality care compared to the care provided by family. Her feelings may explain why she considers nursing home in these moments.

On further discussion of the nursing home system, Mogyoil shares his knowledge on the subject. He explains that care in nursing homes is dependent on the financial capability of an individual:

“I think spend on the money. If they pay high money they take care of you very well. If no money then they don’t care. That’s why my mother does… she doesn’t have a lot of money. The care place would not be good. A lot of nursing homes in Korea like I said you pay high amount, then good, take one person… then if you don’t [have] money, then five or four people together. One will care for ten people you don’t like to do that.”

Mogyoil believes quality of care is determined by financial capability both in South Korea and the United States. His brother does not financially provide for their mother and so she has very little money. His brother only provides practical and emotional support. Mogyoil thinks financial cost is an important factor in elderly care and this prevents him from considering a nursing home as an alternative option for care.
Mogyoil feels nursing homes in the U.S. do not accommodate minorities in some ways. He may be referring to a lack of understanding of different cultures among American nursing homes and their unfamiliar environment:

“Minority people not much choice now, but reputation of nursing home not good. So I hope that’s improves somehow. Otherwise they don’t like to go there, no money, nobody take care. Anyhow they are not happy. That’s what I heard. I’ve never been.”

Mogyoil heard nursing homes in the United States have a bad reputation. He has no personal experience living in a nursing home. Mogyoil’s attitudes towards nursing homes is shaped by outside sources perhaps through others in the Korean community, and/or through stories of elderly abuse in nursing homes from American media.

**Attitudes towards End-of-Life Care and Decision Making**

On the topic of a DNR order, Mogyoil comments that he is a Christian. Like Hwayoil, he believes a DNR order is wrong in the view of religious teachings:

“In religion’s point it’s not allowed. Patient point is very painful or doesn’t know any situation. The doctor say no recovery then I think the... that family meeting going to decide what you are going to do, not only one person’s decision. The family meeting you make decision would be better to go or not go. I think not only one person’s opinion... family’s opinions.”

Similar to Hwayoil, Mogyoil appears to have an ambivalent opinion towards a DNR order. His uncertainty stems from religious teachings and consideration of the physical condition of an elderly patient. His conflict involves the possibility to prolong the life of a patient is good, but
this means prolonging pain or suffering. Mogyoil comments any family action depends on the opinion of the doctor. As mentioned earlier, a DNR order is decided by the patient at an earlier time, so a doctor or family member cannot contest a DNR order. However, Mogyoil either does not understand or agree with a DNR order. Mogyoil believes family members should be involved in the decision making.

Summary

Mogyoil’s comments are aligned with traditional Korean cultural values like respecting the elderly and not viewing nursing homes as the best option for elderly care. He does share a description of the changes in his mother’s personality which is very similar to accounts by other participants. Mogyoil has described his elderly relative as stubborn and narrow-minded towards sensitive topics. Hwayoil and Mogyoil also share similar feelings on a DNR order. Both participants raise the subject of religion. For Mogyoil and Hwayoil, their religious teachings profess that everyone involved in care should make attempts to prolong a person’s life.

On the topic of health care services, Mogyoil’s comments suggest that money determines the quality of care in nursing homes. Money is likely a contributing factor to access high quality care. Many minorities suffer from poor health care because of a lack of insurance (Krakauer et al 2002). Furthermore, Mogyoil has a negative impression of nursing homes in the United States. His comments suggest that for minorities there are little choices in nursing homes because the facilities cannot accommodate minorities.

Case Study: T’oyoil

T’oyoil is a 40 year old married woman residing in the Cincinnati area. She is married with two children and her 73 year old mother resides in her household. T’oyoil’s has an older
sister living in near the Cincinnati area. T’oyoil came to the U.S. later in adulthood and became a
business owner.

**Experiences with the Elderly**

T’oyoil has no experience from her childhood with an elderly relative. Her grandparents
lived with other relatives. T’oyoil makes general comments on how people treat the elderly in the
U.S. compared to South Korea:

> “A lot of young people change. Before long time they all lived together. …I came to U.S., a lot of old people live alone. I work long time at restaurant. Old people come out to eat with themselves. They really love to talk with their servers. It seems like they are very lonely. But we people [Koreans], we not really. If they live alone or live together always call them, check them and always try to get help because…U.S. when you ages 16 or started you work. In Korea not really work when you’re going [to school] Care for their parents and try to be nice.”

Based on her experience, T’oyoil comments the American elderly are lonely. Her comments
suggest the elderly should receive respect from younger people and notices how family living
arrangement is different in the U.S. Another difference T’oyoil comments on is between
American and Korean youth. T’oyoil observes American youth usually find a job aside from
attending school, so they begin to have independence from their parents. Korean youth are
supported by their parents to concentrate on their studies. T’oyoil’s comments suggest Koreans
give full support to their children’s education, and so Korean youth feel more obligated to care
for their elderly parents later in life.
Attitudes towards Aging and Death

T’oyoil shares her preferences on living arrangement when she is elderly. She has two children and does not want to hinder their success. T’oyoil comments:

“I’d love to make them success. Make them the big...have them go far from here.

[T’oyoil hypothetically speaking to her children] ‘Please I don’t need anything. Just the one day. I really miss you. I just want to see you and come back not [too] far to see you’. I really don’t know. I still have four or five years maybe six years of that. ...other Korean people they really, ‘oh why are they that far from here?’...it all depends.

T’oyoil represents many elderly who feel residing with their children would place a burden on them. She is only concerned for their happiness and success. The literature supports that many Korean elderly in the U.S. and South Korea do prefer living separately from their adult children (Kim and Rhee 1997, Yoo and Sung 1997). T’oyoil comments that traditionally, most Koreans prefer living close to their adult children or residing in the same household.

Experiences with Caregiving

T’oyoil lives with her mother and supports her financially. In terms of elderly care, her mother is still active and in good health. T’oyoil’s mother cares for her children because of T’oyoil’s business. T’oyoil repeatedly expresses her gratitude towards her mother for the assistance. T’oyoil describes her mother:

“My mom is just the best before I open this [omitted business]. Before couple months she retired for me. She wanted take care of my two boys. At that time my youngest, he was just in preschool first only first grade. That’s why you know she just give me everything
but I still try to obey. We lived together like a long time she mostly taking care of the clean, cooks all the time. The two boys she never really buy the junk food or fast food. She’s driving, not many her age like old ladies is driving. That’s why my two boys play whole year. All the sports like football, swim team, baseball, basketball. She is really good taking care of my two boys. That’s why I can 100 percent all my focus on taking care of [omitted] ... I can do my best get my job because if babysitter watching my guys, I am like worrying about it always, like I cannot work, not like right now.”

In the United States many Korean Americans are business owners. The commitment to the business requires the husband and the wife to work long hours. Elderly parents usually care for the children and clean the house. The literature supports the elderly feel less of a burden when they can reciprocate care though these tasks (Kim 1998).

T’oyoil mistakes advance directives for inheritance. After explaining advance directives to her, T’oyoil explains she has never talked about plans with her mother. T’oyoil is visibly uncomfortable discussing the possibility of health problems of her mother:

“*We never talk about that and I don’t know. We don’t, ‘yours mine, mine yours’. I don’t care my sister can have all her stuff. [Defined advance directives] We never talk about it. Yet my sister told me when mom is sick she will move to my house. If I can support I can’t really think about that right now. Probably both watching. I don’t know.”*

T’oyoil explains her sister volunteered to be the caregiver if their mother becomes incapable to care for herself. T’oyoil has a business which may prevent her from being a full time caregiver. She also displays unwillingness for advance planning for caregiving.
Use and Knowledge of Health Care Services

T’oyoil discusses her involvement with her mother, but explains concerning her mother’s health, the sister interacts more with health care professionals. T’oyoil’s sister also resides in the Cincinnati area:

“I have a sister. She is 11 years older than me. I’m the youngest one. She is always thankful and sorry to me. I can take care of everything most of the money thing I cover for. I make more money than my sister you know, little bit extra. She mostly [goes to the] doctor or [go on] trip with her. I can’t really go with her trips. She go with cruise with her everywhere.”

The mother resides with T’oyoil, but T’oyoil’s role as a caregiver is mostly financial support. The sister also appears as the caregiver for many reasons. The sister is a nurse, and her job may present her as more capable to interact with health care services. The sister does spend quality time with her mother and sob oth sisters are caregivers. T’oyoil offers more financial support and the sister offers more emotional support.

T’oyoil has an apparent openness towards nursing homes. She prefers her mother makes the choice. She explains:

“Nursing home not bad. My sister’s nursing home plan is really good. If I can’t watch her, take care of her 24 hour, somebody help. I think that’s a good idea too. Whatever I want my mom to decide... to give her my house or nursing home.”
Attitudes towards End-of-Life Care and Decision Making

On end-of-life care, T’oyoil is uncomfortable discussing this particular topic. Instead of framing her discussion relating to her mother, she places herself in these situations. T’oyoil prefers her mother make the choices about her health care. T’oyoil is unconventional compared with the majority of Koreans who believe in group decisions. She also continues to resist from discussing negative topics:

“I don’t know. If my mom... yeah probably for myself I want off. I don’t want to like it that much. Hard to watch. That’s just your body not your mind. I don’t know my mom what she thinks I’m the youngest. I don’t want to think about that.”

Summary

In comparison to the other participants, T’oyoil is more unconventional. Her nontraditional attitudes may be related to her age. T’oyoil is the youngest out of all the participants. She clearly prefers her mother make elderly care decisions. T’oyoil is likely not discussing subjects like advance directives because her mother is still very active. Yet T’oyoil is uncomfortable towards negative scenarios like end-of-life care. In this aspect of elderly care, T’oyoil is like many Koreans who do not discuss this topic. She also lacks knowledge about advance directives, and exactly what her mother’s preferences are for elderly care. Many Koreans believe maintaining harmonious relationships are important and talking negatively about a loved one brings misfortune upon that person (Kwon 2006).
**Case Study: Kumnyoil**

Kumnyoil is a 50 year old woman living in the United States for almost twenty years. She is a widow and has no children. Kumnyoil’s elderly parents reside with her brother and his family in South Korea. She lives apart from her parents but she is involved in decisions of their care. Kumnyoil is an active member in a local Korean church in Cincinnati. She is asked to volunteer to care for elderly people from her church. Her church has no formal program to care for elderly congregants.

**Experiences with the Elderly**

Kumnyoil discusses her childhood and the elderly person living in her home. When she was a child growing up in South Korea, she lived with her grandmother, brother and parents. Kumnyoil’s grandmother was her father’s mother. Kumnyoil comments that her mother was the main caregiver. Kumnyoil describes her experience:

> “But there is trouble you know very hard. My grandmother was very old. When they are old their personality changing, you know that?”

> “Yeah, they more wild, and they are more insistent in their thinking and everything so if they say no, we don’t...we suffer. That kind of stuff is very hard. Yeah that was a long time ago. We always care about older people.”

Kumnyoil’s description of her childhood experiences indicate hardships existed caring for her elderly relative. Her comments suggest that she perceives that the elderly undergo personality changes. Kumnyoil acknowledges that interaction with the elderly is challenging because of the cultural value to obey the elderly.
Kumnyoil indirectly indicates nursing homes as a possible option for herself by sharing a past discussion with her father about the nursing home system in South Korea:

“…like my father, my mom is really sick, but my father care about everything like bathroom things, take baths and everything. My father takes care of that. I told my father when my mom is really sick send her to a nursing home that’s better… very hard, 80 years old is very weak. He said ‘no’. So I said, say ‘why not? Now everyone goes nursing home’. No. He said ‘no’. So I think a lot of Korean people still, they don’t think about nursing home.”

Kumnyoil’s apparent openness towards nursing homes as a possible option for elderly care reflects a growing general interest in South Korea. According to Kumnyoil, her father does not see nursing homes as a viable option perhaps since he is from an older generation that adheres to traditional Korean values and/or is unfamiliar with this western system of care. Kumnyoil discusses living in a nursing home in old age and whether she prefers a nursing home in America or South Korea. She remains consistent with her openness towards nursing homes as an outside health care option:

“I go to nursing home. In America…I already live in America for twenty years or so I think my thinking a little bit Americanized.”

Kumnyoil has no children so this may explain her openness towards nursing homes because she believes nursing homes are her only option for elderly care. Her long residency in the United States may have increased her exposure to the nursing home system and her experience
witnessing elderly people struggle with health needs without outside assistance likely contributes to her acceptable view of nursing homes.

**Experiences with Caregiving**

Through volunteering, Kumnyoil has direct experience caring for elderly members from her local church. Kumnyoil was asked to care for an elderly Korean woman in her 80’s diagnosed with a debilitating disease. She shares an experience of one particular day caring for this elderly person:

“Everything I felt she is really nice, really good. I feel old people start thinking only their thinking is right, other people’s thinking no. They think they know everything. So when she says something, I just say ‘ok, ok’. When she says ‘lets go shopping’, ‘ok, ok’. I’m really scared. Disease is really you know unbalanced she falls down very easily. So one day I took her at the store and I told her, ‘you’re using a cane’. She said, ‘no’. I said, ‘you have to’. Finally she using the cane but she fell down in front of store. People came around us someone bring a wheel chair. She said, ‘no I don’t want’. I said, ‘you have to’. I was really scared. I told her, ‘you ride in this wheel chair’ and she said, ‘no’. ‘You have to’, I yelling. Finally she sit over there in wheel chair. She go farther then said, ‘no I don’t want this. So you bring back this just bring regular cut’. So I say, ‘ok’. So usually I say, ‘ok’.”

From Kumnyoil’s comments she believes that elderly people are stubborn and experience personality changes. Kumnyoil explains that she upholds filial piety with this elderly Korean woman by agreeing with her in normal circumstances. Kumnyoil suggests that agreeing with an elderly person is usually the best option to avoid arguments. Her assurance that she usually
complies suggests she wants to maintain a harmonious relationship with this elderly woman. Her behavior is characteristic of Confucian values. As the situation with the elderly woman becomes precarious, Kumnyoil places filial piety aside by taking an authoritative stance. She uses words like ‘worried’ and ‘scared’ to describe her feelings during that experience. Based on Kumnyoil’s description she was obviously torn between remaining respectful and noncompliant to better assist this elderly person.

**Use and Knowledge of Health Care Services**

Kumnyoil comments on a discussion between her and her parents on attitudes of doctors and nurses in South Korea. Kumnyoil explains:

“But they are old... older people they cannot listening, very hard to communication with nurse and doctor. Medical people attitude are really different. My mom say even stay a week or two at hospital their attitudes are really bad. I understand because older people always complain, I’m sick here, there. But nurses always listening about that kind of stuff....they listen then out that [other] ear. So they continue listening. But if my brother, together go see doctor their attitude different, doctor and nurse are very different. So my parents say, ‘I have a son. So I go see doctor with my son’... then they are good.”

Kumnyoil explains communication is still problematic. Language alone does not create barriers to quality care, and this experience indicates that a problem exists in the relationship between health care providers and elderly patients. Kumnyoil’s explanation indicates that her parents are aware nurses are not paying attention and perceive this behavior from the nurses as a lack of caring. Kumnyoil suggests that her brother accompanies her parents to the hospital, the attitudes of hospital staff are more positive. Based on this experience in South Korea, the approach of
health care providers appears indifferent, somewhat disrespectful towards elderly patients.
Assuming minority elderly in the United States receive similar treatment in addition to language
complications, this suggests minority elderly struggle more to receive quality care.

On the topic of awareness for outside support for elderly care, Kumnyoil discusses home
aids and assisted living options. Her long residency in the United States has likely increased her
awareness of other health care options for the elderly. She discusses a different experience when
she was in South Korea, speaking with her father about hiring an aid to come to the home to care
for her ill mother. Kumnyoil describes his reaction:

“I hear here in American someone living with her mother and mother-in-law
using the system is a better way. She is happy with that kind of system. I ask my father
about using that kind of system. In Korea very rare American system, then my father say
‘no’. They are just caregiver, just to spend time, not truly honestly care so my father say,
‘no I don’t like it’.”

For Kumnyoil’s father, a caregiver should have a personal emotional attachment to the person
they are caring for. His comment suggests caregiving is a multi-faceted activity of not only
physical or financial support, but also emotional support. Kumnyoil’s father believes emotional
investment in caregiving produces better quality care.

Attitudes towards End-of-Life Care and Decision Making

Another area this study explores with Kumnyoil is end-of-life decision making. She does
not like idea of using life sustaining technologies on elderly patients, she explains:
“I don’t want. Actually we are talking about old people right? Old people I don’t want to choose these kind of things. If young people 30 40 then someday wake up so we can try but your age is 70 80 they why you need that? Then no.”

Kumnoyoil’s discusses how LST can be useful for younger patients, but not the elderly. Her explanation implies that using LST will have a greater chance of success for younger patients. Kumnooil believes younger patients have the ability to heal better than the elderly.

On DNR, Kumnooil explains children should be involved to make decisions besides the patient. As previously discussed, Kumnooil believes elderly people undergo personality changes and an increase in stubbornness:

“I think siblings decide. Older people thinking is not enough. They decide things better.”

According to Kumnooil’s comments, judgment, or the ability to make rational decisions is complicated by an inevitable change of personality among elderly people. She feels family members should be involved in making decisions for elderly relatives.

**Summary**

Kumnooil’s comments suggest that she adheres to traditional Korean values in most of the sections of elderly care. However, Kumnooil does maintain western or American attitudes towards outside health care services. For instance, Kumnooil is open to living in a nursing home and would like her elderly parents to choose a nursing home. She attempted to convince her father to consider these options. Kumnooil believes LST is for assisting younger people not the elderly. For her LST is not as useful for elderly patients as younger patients. Her attitude towards LST is not consistent with studies that suggest adult children are expected to prolong the lives of
their parents (Kwak and Salmon 2007). Since Kumnyoil has no past experience with an elderly relative and LST, she is likely placing herself in the position of a patient. Most Koreans have personal preferences against LST being used on them (Frank et al. 1998 and Krakauer et al. 2002).

Kumnyoil demonstrates ethnic retention through her belief of respecting the elderly. She explains how she agrees with the elderly people she cares for so she will not upset them. Kumnyoil comments that family members should be involved in the end-of-life decision making such as a DNR order. Her belief is supported by the literature that among Korean Americans, the family members makes health care choices (Frank et al. 1998).
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Experiences with the elderly</th>
<th>Attitudes towards aging and death</th>
<th>Experiences with Caregiving</th>
<th>Use of health care services and options</th>
<th>End of life decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hwayoil</td>
<td>~60</td>
<td>Female</td>
<td>Lived with Grandmother . Interpreter.</td>
<td>Prefers daughter, but both children be caregivers</td>
<td>No caregiving experience</td>
<td>Language barrier in hospitals is negative.</td>
<td>Disagrees with LST. Conflicted about DNR</td>
</tr>
<tr>
<td>Mogyoil</td>
<td>~70</td>
<td>Male</td>
<td>Respect for elderly is a moral duty.</td>
<td>Prefers to live with a spouse.</td>
<td>Difficulty with mother’s personality changes.</td>
<td>The quality of nursing homes is related to the cost.</td>
<td>Conflicted feelings towards DNR.</td>
</tr>
<tr>
<td>T’oyoil</td>
<td>~40</td>
<td>Female</td>
<td>No early childhood experience. American appear elderly lonely</td>
<td>Prefers to care for herself and not burden her children.</td>
<td>Supports mother financially. Mother is active.</td>
<td>Sister is also the caregiver. Sister provides emotional support.</td>
<td>Uncomfortable with topics of illness and her mother.</td>
</tr>
<tr>
<td>Kumnyoil</td>
<td>~50</td>
<td>Female</td>
<td>Lived with grandmother . Caretaker of elderly from church</td>
<td>Open to nursing homes for own care.</td>
<td>Elderly undergo negative personality changes.</td>
<td>Negative view of doctors and nurses.</td>
<td>LST is useful dependent on age. Disagrees with DNR.</td>
</tr>
</tbody>
</table>

*LST=Life Sustaining Technology

†DNR=Do Not Resuscitate
CHAPTER 4
DISCUSSION

In interviews, the four participants discussed their attitudes and experiences with aging, caregiving and decision making in end-of-life care. The four participants in this study have lived in the U.S. for ten years or more. Each of the four participants offered a different perspective on the clash between Western and Confucian value systems. The processes of acculturation and assimilation are important for understanding the cultural attitudes of these participants, as each of the participants in this study simultaneously adhere to a duality of Western and Korean values. All four participants adhere to the principle of filial piety that is characteristic of traditional Korean society while accepting more Western forms of elderly care.

Kim and Hurh proposed three immigrant response patterns to a host culture 1) Acceptance, 2) Retention and 3) Loss which may include more than one response pattern simultaneously. The research suggests that Korean immigrants can simultaneously retain certain ethnic practices and values while accepting certain host cultural practices (Kim and Hurh 1993). Participants varied between what they embraced of traditional Korean or Western attitudes towards caregiving. For instance, two of the participants seemed open to nursing homes, while the other two did not. Each participant preferred a different arrangement of caregiving in their own elderly care and one participant wanted her daughter as the caregiver instead of the traditional arrangement in which elderly parents live with a son. All participants agreed that family members should be involved in decision making and adhere to the practice of filial piety. Therefore, assimilation and pluralism theory do not hold among these participants. Rather, Kim
and Hurh’s (1993) study proposes a more fluid process of adaption and can better explain the duality of values found among participants towards caregiving.

Host culture acceptance and ethnic retention were found in all the participants, but T’oyoil is a case that better exemplifies the concept of Additive mode. T’oyoil works as a small business entrepreneur and she has children in the American educational system. T’oyoil has expressed in her comments that she desired a successful business and her children to have successful careers. In order to be successful in their host culture, many first generation immigrants feel that you have to accept and practice the values of your host country (Dhruvarajan 1993). As a result, T’oyoil’s involvement in her job and in the education of her children has her practicing American values and she feels required to do so in order to succeed in these American systems.

The retention of ethnic attitudes and values is likely dependent on the participant’s amount of interaction and involvement with their host culture. T’oyoil supports this likelihood. T’oyoil is younger and she is more likely to be active in her host society at her age. The other three participants are older, and they are no longer in the workforce. They have less interaction with their host culture and reduced exposure to and reinforcement of American values and attitudes. Hwayoil, Mogyoil and Kumnyoil are deeply involved in their churches and their activities. For these older participants, most of their social interaction at church may reinforce their ethnic values and attitudes (Moon 1996).

The study explored attitudes specifically towards the elderly. In interviews, two out of the four participants associated the development of negative characteristics with aging and the elderly. Mogyoil and Kumnyoil commented that the elderly undergo negative personality
changes. They used words such as ‘narrow-minded’ and ‘wild’ to describe the negative changes of the elderly person they care for. While Mogyoil and Kumnyoil tried to adhere to the values and practices of filial piety, they felt this was difficult when it conflicted with the negative personality changes they perceived in their elderly relatives. Their accounts demonstrated that caregivers experience difficult and complicated relationships with the elderly and that without support of other family in the U.S. Korean adults struggle to meet obligations.

The discussions on Life Sustaining Technology (LST), specifically mechanical ventilation were mostly consistent with the literature that Koreans do not favor the use of LST for themselves (Frank et al. 1998). None of the participants had experience with LST in the past and as a result, each participant referred to themselves when they discussed LST. All of the participants disagreed with the use of LST for the elderly. Some of their reasoning included the sentiment that use of LST, specifically mechanical ventilation for intensive care purposes can physically and emotionally deprive patients of ‘truly living’. One of the participants, T’oyoil, commented that LST is for younger people who have more years to live compared to the elderly. To study whether or not Koreans would agree with the use of LST if an elderly relative was involved is a question that remains to be answered. A study would have to sample for participants that have experience with the use of LST in the treatment of an elderly relative to make any determination.

This qualitative study utilized a case study approach for an in-depth look at the cultural attitudes and values of each participant. Using a qualitative approach and with only four participants, the study cannot make any solid conclusions about attitudes and decision making towards elderly care. A more comprehensive study for example would only sample for caregivers that are currently caring for an elderly relative. Furthermore, the discussion was
limited by a language barrier. Participants spoke good English, but likely could not utilize a full range of vocabulary in English to express their thoughts. Limitations on language during the interviews may not have assessed all the factors that shape their judgment.

However this study found that the participants prefer that family members have involvement, not only in their parent’s care, but in their own care. The generalization is that Korean American caregivers are involved in decision making, and family members as caregivers maintain an important role in the lives of elderly Koreans. Health care professionals and social service agencies must realize these cultural differences to improve the quality of care for Korean Americans.
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Gans, Herbert

Gordon, Milton

Gordon, Milton

Han, Hae-Ra

Kauh, Tae-Ock

Kim, Cheong-Seok
Kim, Hye-Kyung

Kim, Ik

Kim, K.

Kim, Kwang

Kim, Seongeun

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Kwon, Soo-Young

Marshall, Patricia

Moon, Ailee

Pang, K.

Pang, Keum
Pang, Keum

Pang, Keum

Park, Insook

Sidky, H.

Sung, Kyu-Taik

Yang, Sungeun

Yoo, Grace

Yoo, Seong

Yun, Rebecca

Shin, Kyung Rim, Chol Shin, and Patricia Lanoie Blanchette
Internet Resources

National Association of Korean Americans

U.S. Census Bureau
Title of Study:  Attitudes towards Elderly Care and End-of-Life Decision Making Among Korean Americans in Cincinnati.

Introduction:
You are being asked to take part in a research study. Please read this paper carefully and ask questions about anything that you do not understand.

This research is funded by The Charles Phelps Taft Research Center.

Who is doing this research study?
The person in charge of this research study is Karen M. Ross of the University of Cincinnati (UC) Department of Anthropology.

She is being guided in this research by Dr. C. Jeffrey Jacobson

There may be other people on the research team helping at different times during this study.

What is the purpose of this research study?
The purpose of this research study is to ultimately understand the role of adult children and their spouses as stewards of their elderly parents in making health and end-of-life decisions and improving the quality of health care for elderly Korean Americans.

Who will be in this research study?
10 to 15 people will take part in this study.
Eligible Participants are:

- Ethnic Korean, as in born and raised in North/South Korea, and speaks Korean as a native language.
- Immigrated to the United States from 1965 to 2000
- Adults 30 to 55 years of age.
- Male or female
- Permanently residing in Cincinnati
- Both parents of the participant are ethnic Koreans originating from North or South Korea
- An elderly parent(s) resides with participant or participant lives in close proximity (15 miles or less) to the elderly parent(s)
- The participant has the role of care-giver of the elderly parent, i.e. making medical decisions, supporting financially, and/or assisting physically.
- Speak and understand basic English

Ineligible Participants are:

- Non ethnic Koreans
- Not 30 to 55 years of age
- Does not maintain role as care giver or makes decision for an elderly parent(s) in relation to health concerns
- Not living with or in close proximity to an elderly parent

What will you be asked to do in this research study, and how long will it take?

You will be asked to respond to semi-structured interview questions. It will take about 45 minutes. The interview will take place in the participant’s home or convenient location or at the University of Cincinnati.

Initially, potential participants will take part in a 15 to 20 minute phone conversation to determine their eligibility for the study.
- Chosen participants will be asked to be interviewed for 45 minutes.
- Participants will respond to questions asked by the interviewer.
- Only one study visit will be required lasting 45 minutes. The visits should only occur once.
- The activities will be done at the home or a convenient location for the participant or room at the University of Cincinnati located in the department of anthropology.

Information on Participants include:
- Residency/locality
- immigration history
- family structure
- income level
- educational level
- family living arrangement with elderly parent(s)
- relationship to elderly parent
- Attitudes/Perspectives on biomedical system, filial piety and elderly care.

Are there any risks to being in this research study?

- Some questions may make you uncomfortable. You can refuse to answer any questions that you don't want to answer.

Are there any benefits from being in this research study?

You will probably not get any benefit because of being in this study. But, being in this study may help health care professionals and other social agencies to understand and improve health care for elderly Korean Americans.

Will you have to pay anything to be in this research study?

You will not have to pay anything to take part in this study.

What will you get because of being in this research study?

You will be paid a total of 15.00 in cash to thank you for your participation in the study.

Do you have choices about taking part in this research study?

If you do not want to take part in this research study you may simply not participate.

How will your research information be kept confidential?

Information about you will be kept private in the PI's office in a locked cabinet.

Your information will be kept on a computer storage device for three months after the study is conducted. After that it will be destroyed, by the PI, Karen M. Ross

Agents of the University of Cincinnati and the sponsor The Charles Phelps Taft Research Center may inspect study records for audit or quality assurance purposes.

The Charles Phelps Taft Research Center promotes scholarly research through fellowships and awards.

Your identity and information will be kept confidential unless the authorities have to be notified about abuse or immediate harm that may come you to or others.

What are your legal rights in this research study?

Nothing in this consent form waives any legal rights you may have. This consent form also does not release the investigator, the Charles Phelps Taft Research Center, the institution, or its agents from liability for negligence.
The Charles Phelps Taft Research Center promotes scholarly research through fellowships and grants.

**What if you have questions about this research study?**

If you have any questions or concerns about this research study, you should contact Karen M. Ross at 513-252-5394.

Or, you may contact Dr. C. Jeffrey Jacobson at 513-556-5780

The UC Institutional Review Board – Social and Behavioral Sciences (IRB-S) reviews all non-medical research projects that involve human participants to be sure the rights and welfare of participants are protected.

If you have questions about your rights as a participant or complaints about the study, you may contact the Chairperson of the UC IRB-S at (513) 558-5784. Or, you may call the UC Research Compliance Hotline at (800) 889-1547, or write to the IRB-S, 300 University Hall, ML 0567, 51 Goodman Drive, Cincinnati, OH 45221-0567, or email the IRB office at irb@ucmail.uc.edu.

**Do you HAVE to take part in this research study?**

No one has to be in this research study. Refusing to take part will NOT cause any penalty or loss of benefits that you would otherwise have.

You may skip any questions that you don't want to answer.

You may start and then change your mind and stop at any time. To stop being in the study, you should tell Karen M. Ross (PI) via phone at 513-252-5394.

**Agreement:**

I have read this information and have received answers to any questions I asked. I give my consent to participate in this research study. I will receive a copy of this signed and dated consent form to keep.

Participant Name (please print) ____________________________________________

Participant Signature _____________________________________ Date _______

Signature of Person Obtaining Consent _____________________________ Date _______
Appendix B

Interview Guide

Opening Question/Ice Breaker:

I want to thank you for taking time to participate in this study. I would like to tell you about myself. I am earning my masters degree in anthropology at UC. I have background from basic courses in Korean culture and language which helped me form this study. So for this study I decided to speak with the Korean community about care giving for the elderly because little information is out there on the situation and conditions of this community living in Ohio. I chose to focus my study on care giving of elderly migrants because attitudes toward aging are diverse across minority groups. Information from a study like this could potentially contribute to our knowledge about how to better care for our aging population.

As I mentioned I am interested in perceptions of aging, attitudes toward the elderly, and how caregivers make decisions about caring for the elderly in the Korean community. Specifically I am speaking with adults like you with older parents/in-laws who are taking care of an elderly person or may take care of an elderly person in the future. So I would like to ask you questions about your experiences and attitudes of care giving.

Experiences with Elderly/Aging Population

1. A good place to start is by thinking back to when you were a child in Korea. How were grandparents or other older family members treated in your home or more generally how were elderly people treated by others around you? (Probe: kin relations/ terms, roles, health issues, reactions and death. Memorable stories)
2. As a child was your family structure typical of most families in Korea? Please explain

Attitudes toward Aging/Death

I would like to discuss aging/death which is a very sensitive topic for most peoples. However, this information would help me better understand your personal attitudes on the subject.

1. When you are elderly, in what ways do you expect your life to change?
2. What are your preferences and conditions at the time of your death? (Probe: home death)
Attitudes towards Care giving

At this point in our discussion, I would like to talk about your specific experiences of providing care for an elderly relative.

1. Just to get a better idea of what your experience is like. Can you please tell me how a typical day (Probe: time [week, month]) goes interacting with this elderly individual?
2. Have you discussed end-of-life directives with an elderly person? (Y/N question) What are your attitudes towards this type of discussion with an elderly person…for yourself? (Probe: attitudes towards planning, filial piety)
3. Please tell me about others involved in the care giving? What do these individuals do in caring giving? (Probe: kin role, frequency)

Use of Health Care Services and Options

I am interested in your knowledge/experiences with health services and options for the elderly.

1. When it comes to doctor appointments for your elderly relative, please explain your involvement for me. (Probe: communicator)
2. What are your feelings on how the doctor understands the needs of your relative?
3. As a care giver please explain any outside support you utilize and/or aware of that offers care for the elderly.(Probe: Filial Piety)

End-of-Life Decision Making

The last part I would like to ask you is how decisions are made about providing care for an elderly person. Our discussion will involve what are considered sensitive topics like remembering sad experiences you’ve had, illness and/or death. If you have no such experiences we can discuss a hypothetical situation.

1. If an elderly relative has a terminal illness, should this elderly person know the details of their illness. If so, who should inform them? Please explain why you think this.
2. What are your feelings about LST (Life Sustaining Technology) which would keep an elderly person living?
3. What are your feelings about DNR (Do Not Resuscitate) order
4. Who is involved on making decisions about end-of-life care?

Do you have any questions?

Checklist: locality, behavior during questions, kin roles.
Appendix C
Recruitment Flier

안녕하세요 (Hello)

Are you of Korean Origin?

Do you provide care and assistance for an elderly relative?

Consider taking part in a research study that may help identify

- How Koreans experience aging and caregiving in a foreign society.
- Your experiences with the local health care system
- How the U.S. health care system can provide better service to your family by incorporating more culturally focused methods of care.
- How end-of-life directives are approached and discussed

As a graduate student from the Department of Anthropology, at the University of Cincinnati, the proposed research study will focus on the above mentioned topics as a thesis, as a partial fulfillment of the requirements for an MA degree. If you are an older individual, providing care for an aged relative and are interested in participating in this research study, and can spare approximately one hour for an interview, please call Karen at the given number. The faculty advisor is Professor C. Jeffrey Jacobson, Department of Anthropology. Your help will be much appreciated. Participants in this study will receive 15.00 each as incentive pay.
Appendix D

Demographic Information Sheet

Date: _______   Time: _______   Location: ______________

ID Number_______  Initials_______

VITALS

1. Age____  2. Gender: M/F____  3. Place of birth___________________

4. Parent’s/relative’s place of birth_____________________

5. Marital Status___________  6. Occupation__________________

7. Spouse’s Occupation (If Single skip to question 8) ______________________

8. Do you have any children: Y/N ____  If answer Yes, how many? ___

9. Household Annual Income:  Less than or equal to 25,000  26,000 to 35,000  
   36,000 to 55,000  56,000 to 75,000  75,000 or greater

10. Number in residing in household_____  11. Native language_________________
12. Education (Years of School Completed, Degree) ____________________


15. Self-rated English
   Reading           none    some    well    fluent
   Writing           none    some    well    fluent
   Speaking          none    some    well    fluent

16. Do you have siblings: Y/N_____ If answers Yes, how many Brothers? ____
   Sisters? _____

17. What is your relationship to the elderly relative(s)? ____________________

18. Does an elderly relative live with you most of the time: Y/N ____

19. (If answers No to question 18) does an elderly relative live in close proximity to you (specifically within the same city)? Y/N: ____