

PROVIDING CULTURALLY APPROPRIATE ENVIRONMENTS IN NURSING HOMES
FOR FRAIL ETHNIC MINORITY ELDERLY IN THE U.S.: THREE CASE STUDIES OF
KOREAN-AMERICAN NURSING HOMES

A Dissertation
presented to
the Faculty of the Graduate School
at the University of Missouri-Columbia

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
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JULY 2010

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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

PROVIDING CULTURALLY APPROPRIATE ENVIRONMENTS IN NURSING HOMES
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ACKNOWLEDGEMENTS

I can say that this dissertation is the fruit of my doctoral³ degree. Without the support and assistance of many persons, I could not have completed this work.

First of all, I greatly thank Dr. Schwarz, my academic advisor, who always encouraged, inspired, and guided me through this long journey. I will never forget his guidance and support for the rest of my life. I am grateful to Dr. Tofle, the chairperson of Department of Architectural Studies at the University of Missouri, for her invaluable advice and suggestions for the success of this work. I would like to acknowledge the rest of my committee members, Dr. Phillips, Dr. Cooney, and Dr. Bostick who help me complete this dissertation.

I would like to thank Korean-American nursing home residents and staff who allowed me to collect data for many weeks and participated in this study. I appreciate their cooperation in this study. Also, I would like to acknowledge MU Graduate School for awarding a scholarship for this project.

I am thankful to have my best friends, Kyungmin Han and Jiyeon Park in the U.S. and Soyun Kim and Insook Cho in Korea who always encouraged and concerned me.

Finally, I would like to express my love and gratitude to my family; father (Suko), mother (Hwaja), sisters (Okhee and Joohyun), brother (Sungwon), brothers-in-law (Insun and Woochan), and nieces. Specifically, I would like to say thank my parents. Their love, support, prayers, and encouragement made this work possible. I want to dedicate this work to my family.

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ABSTRACT

Korean American elders are one of the fastest growing Asian ethnic subgroups in the United States, adding to the growing cultural and linguistic diversity of the older population. Yet no published study was found on Korean American nursing home environments and the needs, preferences, and levels of satisfaction of Korean American residents in ethnic nursing homes in the United States. The main purpose of this study is to describe the physical, social, and organizational environments of nursing homes in order to increase their cultural appropriateness and thus improve the quality of life for frail Korean American elders. There were multiple data collection methods, but three case studies of Korean American nursing homes on the East Coast included interviews with 26 Korean American elders, 6 relatives, and 5 staff members. All facilities emphasized organizational environments (e.g., special services and activity programs) over physical and social environments. All had some Korean staff and provided Korean foods at meals, church services in Korean, cultural activities, and Korean cable-TV channels. Through qualitative data analysis, 2 main themes and 9 subthemes emerged. Korean American elders were less likely to be assimilated into American culture and wanted to maintain the Korean way of life in a U.S. nursing home. Although residents were satisfied with the facilities overall, they expressed two major dissatisfactions: no freedom and nobody to talk with them. The findings of this study will contribute to the knowledge of nursing home care providers and designers of nursing homes where many Korean American residents live.

CHAPTER I

INTRODUCTION

Background

The United States is becoming increasingly culturally diverse. The Pew Research Center produced *U.S. Population Projections: 2005-2050* “based on detailed assumptions about births, deaths and immigration levels” in the United States (Passel & Cohn, 2008, p. 2). According to the project report, the non-Hispanic White population is growing more slowly than other racial/ethnic groups in the United States (Passel & Cohn). Non-Hispanic White Americans made up about 85% of the population in 1960 and accounted for 67% in 2005; this group’s numbers continue to decline over time (Passel & Cohn). The White population is expected to drop 47% by 2050, compared with an increase of 29% for Hispanics, 13% for Blacks, and 9% for Asians (Table 1). By 2050, Whites will no longer make up the majority of the population in the United States.

Table 1

Percentage of Total Population by Race & Ethnicity: 1960, 2005, & 2050 (Actual & Projected)

	White (%) ^a	Hispanic (%)	Black (%) ^a	Asian (%) ^a
1960	85	3.5	11	0.6
2005	67	14	13	5
2050	47	29	13	9

^aRace includes only non-Hispanics. Native Americans and mixed-race groups not shown. Source: Passel, J. S., & Cohn, D. (2008). *U.S. Population Projections: 2005-2050*. Washington, DC: Pew Research Center.

The composition of the older population in the United States has also changed. There has been a dramatic rise in the numbers of racial/ethnic minority and immigrant elders in the United States. Overall, the minority population aged 65 and older is projected to increase 172% between 2008 and 2030, compared with a projected 64% increase for older Whites (U.S. Department of Health & Human Services, Administration on Aging, 2009). The population of elder Hispanics is expected to more than double (224%), with nearly as large increases for Asians and Pacific Islanders (199%), American Indians, Eskimos, and Aleuts (153%), and African Americans (120%) (U.S. Department of Health & Human Services, Administration on Aging). Hispanic and Asian elders constitute the fastest growing groups in the United States due to record immigration and high fertility rates (U.S. Department of Health & Human Services, Administration on Aging). As a result, the older minority populations will account for 16.3% of the total elderly population in 2000 (5.7 million), 20.1% in 2010 (8.0 million), and 23.6% 2020 (12.9 million) (U.S. Department of Health & Human Services, Administration on Aging). By 2030, one out of four American elders will be from an ethnic minority group (American Association for World Health, 1999). By 2050, minorities are expected to make up about 40% of the total older population (Table 2).

Table 2

Percentage of Persons 65+ by Race & Ethnicity: 2008 & 2050 (Projected)

	White (%)	Hispanic (%)	Black (%)	Asian (%)	All other races (%)
2008	80.4	6.8	8.3	3.4	<1.6
2050	60	17	12	8	3

Note. “All other races” includes American Indian and Alaska Native alone, Native Hawaiian and Other Pacific Islander alone, and two or more races. Source: Internet

releases of Census 2008 Population Estimates, as cited in U.S. Department of Health & Human Services, Administration of Aging, *A Profile of Older Americans: 2009*.

At the same time, the adult immigrant population has increased significantly, a result of (a) the large number of working-age adults who came to the United States during the 1980s and 1990s who are reaching retirement age (the aging-in-place of younger immigrants) and (b) a growing number of foreign-born elders whose arrival in the United States is sponsored by their relatives who already have residence permits under the Family Reunification Act (Terrazas, 2009). The increasing numbers of immigrant elders are creating a more culturally and linguistically diverse older population in the United States. After dropping steadily between 1960 and 1990, the number of elderly immigrants aged 65 years and older in the United States nearly doubled between 1990 and 2007, from 2.7 million to 4.5 million (Gibson & Lennon, 1999; U.S. Bureau of the Census, 2008). Currently, one in nine older adults in the United States is an immigrant, and although the number of older immigrants is still relatively small, it will continue to increase in the coming decades (Terrazas). The elderly immigrant population is expected to rise by more than 22.5 million by the year 2050 (Donnelly & Kim, 2008). As a result, the composition of America's older population is becoming much more culturally, religiously, and linguistically diverse.

Ethnic minority elders are more likely to face multiple barriers when it comes to accessing formal long-term care services and, compared with their White counterparts, will likely be underserved by formal services. Even though institutional percentages of African Americans have grown since antidiscrimination laws were passed and public funding has provided greater access to nursing homes (Pandya, 2005), the formal-service use percentages for other ethnic groups (i.e., Asians, Hispanics, and Native Americans) are still much lower than would be projected on the

basis of their overall numbers (Kim & Chiriboga, 2009). Rowland (2000) argued that the lower rates among the ethnic minority elders do “not indicate a lack of need but that the need is not being met” (p. 43). The differences in the underuse rates among the different ethnic minority groups cannot be explained by a single factor such as greater involvement of families in care due to cultural norms. Multiple barriers make accessing formal long-term care services in the United States a challenging task for ethnic minority elders. The possible barriers include insufficient income to pay for private nursing home care; lack of insurance; general ineligibility for regular Medicaid coverage for recent immigrants who are not U.S. citizens (except in emergency situations); the lack of facilities catering to the particular cultural, linguistic, and religious needs of the minority elders; the dearth of facilities in ethnic minority communities; the lack of knowledge about services; the preference for traditional folk medicine; the cultural insensitivity of service providers; discrimination; the lack of agreed-upon standards guiding the delivery of culturally and linguistically sensitive services; and the lack of understanding among community and government stakeholders concerning the importance of evidence-based policy and practice (Aeschleman, 2000; Johnstone & Kanitsaki, 2008; National Institutes of Health [NIH], 2000).

Despite the growing concern over the last two decades regarding provision of culturally appropriate environments and services for older people (Day & Cohen, 2000), most existing nursing homes in the United States have ignored the particular needs of specific ethnic minority groups (Day & Cohen), particularly elderly immigrants from diverse cultural and non-English-speaking backgrounds. Consequently, those who are no longer able to rely on their family members and fail to access other sources for their care are likely to be placed into nursing homes that

are culturally foreign to them. They are more likely to be isolated in those kinds of facilities, to experience difficulty in maintaining their rooted and cultural habits, and to become overwhelmed by the dominant American culture prevalent in most U.S. nursing homes. Pensabene and Wilkinson (1986) argued that for elders “to enter a nursing home or home for the aged where they cannot communicate, where their cultural needs are not recognized, and where they have no opportunity to share their hopes, joys, and sorrows with others who can understand, in Bertelli’s (1980, p. 16) words, is to have entered the tomb before the time of death” (p. 56).

The issues regarding culturally appropriate care and nursing home environments for frail ethnic minority and immigrant elders have become increasingly critical, and demographic changes in the elder population in the United States, particularly among the oldest minority populations, have exacerbated the problem. It is reasonable to assume that a growing number of elders from culturally and linguistically diverse backgrounds will move into nursing homes, especially given “1) the increasing aging of the present ethnic populations; 2) the expanding assimilation of the elders and their families, which would be expected to make nursing home use more acceptable; 3) growth in their familiarity with service networks; and 4) the potential for a continuing influx of older adults, especially those immigrating from certain Asian countries” (Yeo, 1993, p. 163). As a result, the composition and nature of the resident groups at nursing homes will change. In addition, there is a strong probability that potential caregivers within the family, particularly ethnic women, will be involved in the workforce as well as caring for their children (Legge & Westbrook, 1989). These trends continue to create new challenges for care providers and designers in their attempts to plan and design a more culturally appropriate environment as well as provide the necessary care for elderly ethnic populations.

Due to the rapid and significant growth of the ethnic minority older population, research on the elderly is vital and it is important to understand the needs of this understudied population, particularly regarding nursing homes. Such research has been limited, however, and relatively little has focused on Asian American residents in nursing homes in the United States. Some research was conducted without distinguishing the differences among Asian Americans, although a few studies have involved Korean American elders. These studies focused on culturally sensitive nursing care for Korean American elders, but did not look at their special needs and/or preferences regarding the three aspects needed to create a better quality of life and care—the physical, social, and organizational environments of a nursing home. Mace stated in a 1993 study exploring special care units that when the physical, social, and organizational environments are made to meet the needs of a specific population, there is an obvious improvement in the residents' quality of life connected to reducing the amount of maladaptive behavior (as cited in Cohen & Moore, 1999, p. 94).

Korean American elders are one of the fastest growing Asian ethnic subgroups in the United States. The proportion of Korean Americans aged 65 and older increased from 2.6% in 1980 to 4.4% in 1990, and then to 10% in 2000 (Korean-American Senior Citizens Counseling Center, 2001; Yoo & Sung, 1997). Their numbers are expected to grow continually (U.S. Bureau of the Census, 2000). Currently, 30% of all older immigrants to the United States are from Korea, the Philippines, China, and Vietnam (Tanjaisiri, Wallace, & Shibata, 1995). Most Korean American elders were born in Korea and immigrated to the United States at the age of 55 or older under 1965 Immigration and Naturalization Act, which promoted a nondiscriminatory immigration policy and prioritized family reunification (Gardner,

Robey, & Smith, 1985). Most came to the United States by invitation from their adult children (K. S. Kim, 1997). The current study focused on Korean American elders living in nursing homes in the United States. The Korean American elderly still remain one of the most unstudied populations relative to their demographic size.

It is an overgeneralization to say that Asian American elders, including Korean Americans, are more likely to receive their care from their adult children and that, therefore, they choose not to use formal long-term care services such as nursing homes. Like other ethnic groups, Korean American elders prefer staying in their own homes as long as possible versus receiving institutional care. Of course, many must make another choice such as a long-term care facility when having health and mobility problems such as dementia and stroke. According to Mui and Shibusawa (2008), Korean American elders were the least likely (about 65%) among Asian groups (including Chinese, Filipino, Indian, Japanese, and Vietnamese elders) to feel that elder care should be shared by family. In addition, 58% of Korean Americans believed that families should not let government take care of elders under any circumstances (Mui & Shibusawa). K. S. Kim (1997) stated that Korean American elders “are more likely to be placed in institutionalized care facilities when they become frail and disabled” (p. 37) rather than use community-based services, due to a changing family environment and lack of caregivers; lack of access to the community-based long-term care services; and difficulty finding service providers (e.g., Korean-speaking home care workers are reluctant to become home caregivers due to low wages, and caregivers from different ethnic and language backgrounds are unable to respond to the needs of Korean American elders). Several researchers explored preferences for using a nursing home among Korean American older adults. Yu, Kim, Liu, and Wong (1993) found that many elderly Korean respondents (31%) felt that a

nursing home is the best living arrangement if they experience rapid deterioration in their physical health. In Jang, Kim, Chiriboga, and Cho's (2008) study, 45% of elderly Korean American participants responded that they were willing to use a nursing home if they become disabled and frail. Several studies mentioned the difficult situations of Korean American families caring for their frail older relatives, the great burden on family caregivers, the reluctance of Korean American elders to become a burden to their adult children, and Korean American elders' willingness to use nursing home services (Choi, 1999; Jang et al.; J. H. Kim, 1996; K. S. Kim, 1997; Min, 1997; Youn, Knight, Jeon, & Benton, 1999). These findings imply that care for frail Korean American elders is not a family matter only, and nursing home services should be considered as important sources of care for the frail Korean American elderly population.

Purpose of the Study

The primary purpose of this study is to identify the features of the physical, social, and organizational environments in nursing homes in order to develop more culturally appropriate nursing home environments, which can create a better quality of life and care for frail Korean American elders.

Research Questions

The research questions are as follows:

1. What are the overall features of physical, social, and organizational environments of nursing homes in the United States where many Korean American elders live?
 - Physical environment includes the exterior of the facility and the interior of public, semiprivate, and private spaces.

- Social environment includes social interactions or relationships with other residents, the staff, family, and friends outside the facility.
 - Organizational environment includes services, activities, and rules/policies.
2. What are the cultural features nursing homes provide for Korean American residents?
 3. What are the particular needs, preferences, and levels of satisfaction of Korean American residents regarding the physical, social, and organizational environments of nursing homes?

Significance of the Study

This study comprised an early investigation into the physical, social, and organizational environments of U.S. nursing homes where many Korean American residents reside. Also, this study was the first research to identify the particular needs, preferences, and complaints of Korean American elders regarding all three aspects of nursing home environments in the United States—the physical, social, and organizational contexts. I anticipate that the findings will contribute to the knowledge of nursing home care providers and designers of nursing homes where many Korean American elders live. In addition, the findings of this current study may serve to encourage care providers and designers to create more culturally appropriate nursing home environments that provide a better quality of life and care in the United States for ethnic minority and immigrant elders. Consequently, culturally sensitive nursing home environments will contribute to reducing some of the barriers associated with access to U.S. nursing homes.

Definition of Terms

Minority: This is defined as “an ethnic/racial group that has a smaller population than the majority group in a society. It is based on shared gender, age, disabilities, and political views” (O’Neil, 2000, p. 2). Currently, the majority of the U.S. population is European American. Groups considered to be minorities in the United States include African Americans, Hispanic Americans, Native Americans, and Asian Americans and Pacific Islanders (Hooyman & Kiyak, 2002).

Ethnic minority elders: The term *ethnic minority elders* is defined as “older people of color belonging to groups whose language and/or physical and cultural characteristics make them visible and identifiable, who have experienced differential and unequal treatment, who share a distinctive history and bonds of attachment among group members, and who regard themselves as objects of collective discrimination and oppression by reason of their race” (Hooyman & Kiyak, 2002, p. 455). In this study, *minority elders* are defined as older people belonging to four groups—African Americans, Hispanic Americans, Native Americans, and Asian American and Pacific Islanders.

Ethnic group: The meaning of *race* or *ethnic group* in social science seems ambiguous, and the two terms are often used interchangeably. Though the term *race* emphasizes genetic traits and skin color, and the term *ethnicity* emphasizes cultural characteristics that distinguish a group of persons from others, both *race* and *ethnicity* are associated with physical and social characteristics (Albert & Cattell, 1994; O’Neil, 2000). According to O’Neil, races are identified as ethnic groups that are defined on the basis of both physical and cultural characteristics. The members of ethnic minorities are commonly considered so-called racial groups (O’Neil).

Korean American elders: In this study, Korean American elders are defined as Korean immigrants aged 55 and over. In addition, this population is defined as a cultural group that “retains the beliefs and practices of their culture of origin within a broader host culture” (Day & Cohen, p. 362). Korean American elders can be divided into three groups: (a) those who immigrated to the United States as young people and who have recently reached retirement age (Min, 1998); (b) those who immigrated by the invitation of their adult children and who settled in United States after reaching the age of 50 (Min); and (c) those who immigrated by invitation of their brothers and sisters who had settled in United States mostly in their 40s and 50s (Cho, 2006).

Nursing home: In this study, a nursing home is defined as a long-term care setting that is staffed 24 hours per day by health professionals who provide nursing and personal-care services to residents who cannot function independently due to physical health problems, functional disabilities, and/or significant cognitive impairments (Hooyman & Kiyak, 2002).

Physical environment: In this study, the physical environment of a nursing home refers to the interior of public, semiprivate, and private areas, and exterior of the building.

Social environment: The social environment of a nursing home refers to the opportunities the residents have for social exchange and interactions with staff, other residents, family, and friends outside the home.

Organizational environment: The organizational environment of a nursing home is defined as the services, activities, amenities, policies, and rules provided by the facility and regulated by the states in which this study was conducted.

Preference: In this study, *preference* refers to a greater desire or wish for nursing home environmental features that enhance one’s quality of life and care. It is

frequently distinguished from a need by being less intense and more elective (Lawton, 1998).

Theoretical Frameworks

The current study was based upon several theoretical models. The competence model, proposed by Lawton and Nahemow (1973) and examined later by Lawton (1989) and by Parmelee and Lawton (1990), is important to understanding relationships between individual characteristics and the environment. In the model, individual competence refers to the theoretical upper limit of one's ability to function in the areas of health, social behavior, and cognition; and environmental press defines the demands placed on an individual by the environment (Lawton & Nahemow). A match between individual competence and environmental press is known as the adaptation level and results in positive effects and adaptive behavior. When the level of environmental press (i.e., demand) is slightly below the adaptation level, an individual may experience the greatest comfort. On the other hand, when the environmental demands slightly surpass the adaptation level, an individual will perform at his or her best. However, excessively low or high pressure may result in maladaptive behavior and negative effects (Lawton, 1998). When the demands exceed an individual's adaptation level, he or she may experience too much stress or overload, whereas excessive reductions in environmental press may result in "sensory deprivation, boredom, learned helplessness, and dependence on others" as well as reduced activities (Hooyman & Kiyak, 2002, p. 8).

Lawton's "environmental docility hypothesis" stressed balance between the individual abilities in old age and the environmental demands because the less competent an individual is, the more susceptible his or her behavior is to environmental influences (Lawton & Nahemow, 1973). Frail older adults living in

nursing homes have a significantly reduced ability to cope with environmental demands; therefore, they are significantly influenced by environmental factors. In other words, the environment plays a more principal role for the frail elderly. Lawton stated that the environments should always be slightly more challenging or stimulating to maximize the residents' capabilities (Lawton, 1975; Lawton & Nahemow). As the model applies to the making of meaningful and therapeutic nursing homes for frail residents, the environments should be as adaptable as possible. For example, very little environmental press is present in a nursing home setting where the residents are not responsible for self-care or daily tasks (e.g., bathing, grooming, and dressing). Also, there are few resources to stimulate mental challenges (Hooyman & Kiyak, 2002). As a result, residents in the facility no longer need to make any effort to perform daily activities. This diminishes their functional abilities, reduces their sense of self-efficacy, and leaves them feeling bored (Hooyman & Kiyak, 2002).

Kahana (1980) suggested, in the congruence model of person-environment interaction, "that the morale of a person is a function not simply of the environment but also of the degree" of congruence between elders' needs and preferences and the environment's capability to meet those needs (Cohen & Moore, 1999, p. 107). Kahana (1982) noticed that individuals vary in their needs and that environments differ in their capacity to satisfy those needs; therefore, people search for environments that best meet their needs and preferences. When a situation arises in which environmental press and personal needs and preferences are not congruent, the individual will typically modify the environmental press or leave the environment. However, elderly adults living in nursing homes often face difficulties in modifying or leaving the environment; they may feel uncomfortable and experience stress. Kahana's (1982)

congruence model helped me to understand the relationships between the needs and preferences of specific ethnic populations and the environment's ability to meet their needs and preferences.

The integrative model of place (IMP) was proposed by Calkins and Weisman (1999) to examine and define a suitable model with which to assess long-term care facilities. According to the IMP, "A setting is composed of a complex system of relationships among four distinct dimensions: individuals, social context, organizational context, and physical setting" (Calkins & Weisman, p. 133) (Figure 1). This model follows Lawton's (1986) earlier model, which stressed "relationships between persons and environments by distinguishing among the characteristics, needs, abilities, and behaviors in a setting and the various characteristics and actions of groups of people associated with the setting" (Calkins & Weisman, p. 133). Also, the IMP supports the importance of organizational factors of a setting such as the policies and programs, emphasized in Lemke and Moos' (1989) work, which they called the multiphasic environmental assessment procedure (MEAP). The IMP combines all aspects of groups of persons into one category (Calkins & Weisman). This model highlights the concept of place, an experience that is framed within the physical and social environment, but also in the organizational context. The IMP recognizes the importance of all three factors. As stated previously, the physical, social, and organizational environments of a long-term care facility should be structured to meet the needs of a specific population in order to substantially improve residents' quality of life and reduce the number of maladaptive behaviors (Cohen & Moore, 1999; Mace, 1993). Thus, cultural responsiveness has implications for the physical and organizational environments of a nursing home as well as for its social environment (Cohen & Moore). One important difference between the IMP and the

other models of person-environment interactions is that the IMP is “fundamentally interested not in the determinants of behavior but in the experience of places” (Calkins & Weisman, p. 135). The IMP served as a guideline in this study to examine the experiences of a particular cultural group (Korean American elderly residents) regarding the physical, social, and organizational environments of nursing homes.

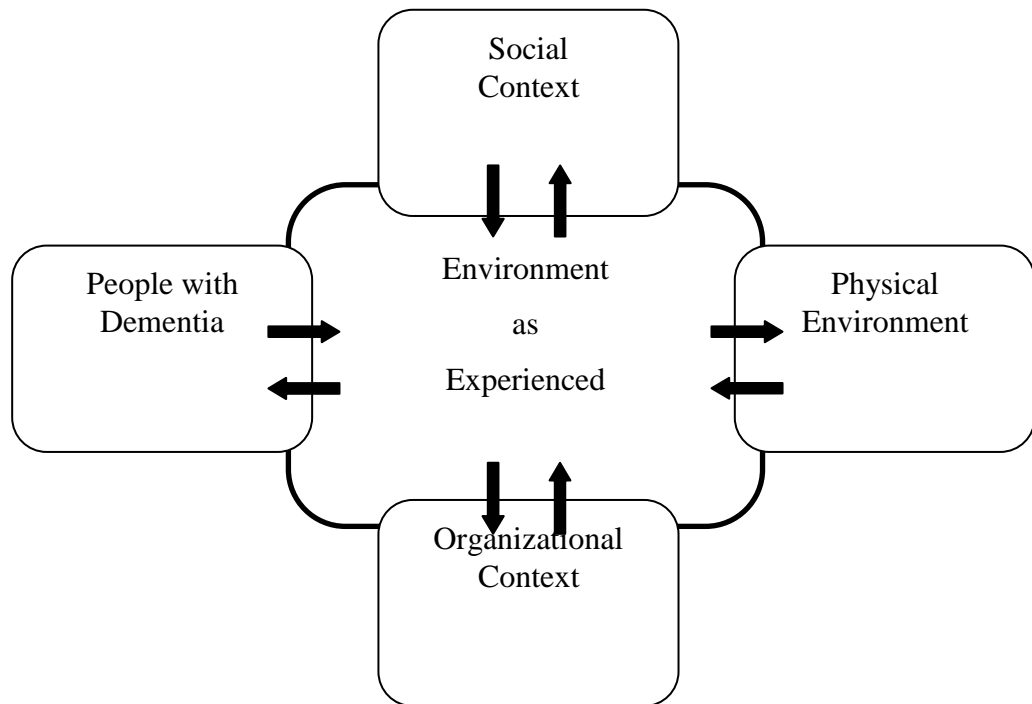


Figure 1. The integrative model of place. Source: Calkins & Weisman (1999, p. 133), Models for environmental assessment. In B. Schwarz & R. Brent (Eds.), *Aging, autonomy, and architecture: Advances in assisted living*. Baltimore: Johns Hopkins University Press.

CHAPTER II

LITERATURE REVIEW

There is a dearth of published research regarding Korean American elders living in nursing homes and the environments of the nursing homes where they live. Therefore, this chapter reviews the existing literature associated with Korean Americans, including Korean American elders; changes, losses, and challenges that Korean immigrant elders encounter in the United States; general information about U.S. nursing homes; the underrepresentation of ethnic minority and immigrant elders in nursing homes in the United States and the barriers to access; current approaches for delivering culturally appropriate care for frail older adults from culturally and linguistically diverse backgrounds; and studies regarding nursing homes in the United States and Australia for frail ethnic elders from diverse backgrounds.

Korean Americans

Socio-Demographic Characteristics and Korean Immigration to the United States

The U.S. Asian population is heterogeneous. Each ethnic group has its own language, religion, histories, lifestyle, cultural values and traditions, socioeconomic status, and patterns of immigration and adaptation (Hooyman & Kiyak, 2002). Korean Americans are one of the fastest growing Asian American populations in the United States and are ranked as the fourth largest Asian American ethnic group after the Chinese, the Filipinos, and the Japanese (U.S. Census Bureau, 2002). The number of Korean Americans in the United States has grown rapidly over the past few decades. According to the U.S. Census Bureau in 1973, 1983, 1991, and 2001a, from 1970 to 1980, there was fivefold increase (70,000 to 354,529); that figure more than doubled

to 815,447 by 1990. By 2000, the total was 1,076,872—more than a 1,500% increase in 30 years (U.S. Census Bureau, 2001a). The number of Korean Americans born outside the United States has also increased. Between 1975 and 1979, their foreign birth rate was 15.3%; between 1980 and 1990, it was 41.0%; and between 1990 and 2000, it was 60% (U.S. Census Bureau, 2002).

There have been three distinct waves of Korean immigration to the United States: (a) the labor immigration to the Hawaiian Islands (1903-1905); (b) the post-Korean War immigration (1951-1964); and (c) the immigration after the Immigration Act of 1965 (Kitano & Daniels, 2001). The first wave consisted of 7,266 Koreans who arrived in Hawaii to work on sugar plantations as cheap laborers to replace Chinese-American workers (Kang, 1997; Kitano & Daniels). Most were young and uneducated men who wanted to earn money and then return home. The second wave comprised about 15,000 Koreans who immigrated to the United States after World War II and the Korean War (Kitano & Daniels; Hurh, 1998). They were mostly Korean women who had married U.S. soldiers, orphans adopted by American families, and a small number of students, professionals (e.g., doctors, lawyers, and college professors), and others engaged in trade (Hurh, 1998; Hurh & Kim, 1984; Kitano & Daniels, 2001). The third wave started after the Immigration and Naturalization Act of 1965. The act removed immigration quotas based on race and nationality and gave legal preference to family reunification (Hooyman & Kiyak, 2002). This led to a dramatic increase in Koreans and other Asians immigrating to the United States. Currently, the majority of Korean Americans belong to the third wave of immigrants (Hurh; Olson, 2001).

More than 75% of all Korean Americans live in 10 states: California (especially in the Los Angeles and San Francisco metro areas), New York, New

Jersey, Illinois, Washington, Texas, Georgia, Maryland, Hawaii, and Pennsylvania (U.S. Census Bureau, 2002). Forty-eight percent of all Korean Americans reside in the West (the largest number of Korean Americans live in Los Angeles with its “Koreatown” district) and 24% live on the East Coast (U.S. Census Bureau).

Ethnic Attachment of Korean Americans

Korean Americans living in the United States maintain high levels of ethnicity (Min, 1991). A great majority of Korean immigrants residing in the United States “speak the Korean language, eat mainly Korean foods, and practice Korean customs most of the time” (Min, p. 225). A much larger proportion of Korean Americans (75%) belong to one or more ethnic organizations, compared with members of two other Asian groups, Filipino (50%) and Chinese (19%) (Mangiafico, 1988). According to Hurh and Kim’s (1984) study examining the degree of acculturation, social assimilation, and ethnic attachment of Korean immigrants in the Los Angeles area, about two thirds of the participants reported their English ability in speaking, reading, and writing as about “half” or less” in the five categories given the participants; 1) “not at all,” 2) “almost not at all,” 3) “about half,” 4) “moderately well,” and “fluently” (p. 193). Whereas 78% of them regularly subscribe to Korean newspapers, only 22% subscribe to American newspapers and 45% do not read American newspapers at all. Approximately 52% approved of adopting American first names, but 40% disapproved. Hurh and Kim also found that most (about 90%) Korean immigrants had Korean friends, whereas only a third had White friends. About 70% attended Korean associations, whereas only 8.6% attended American associations. The social relationships of the Korean immigrants revolved around ethnic organizations, particularly Korean ethnic churches. Regarding the degree of ethnic attachment, most of the Korean immigrants pointed out “family duty should be

given priority” (about 90%); “children should be taught Korean language” (about 90%); and “they did not feel ashamed of being born a Korean” (about 95%) (Hurh & Kim, p. 196). The researchers concluded that the Korean immigrants had strong attachments to their native culture and society “regardless their length of residency in the U.S., socioeconomic status and cultural and social assimilation rates” (Hurh & Kim, p. 188).

These high levels of ethnicity among Korean Americans and their desire to socially segregate themselves from mainstream U.S. society have three major explanations: cultural homogeneity, economic segregation, and strong affiliation with Korean ethnic churches (Min, 2001, p. 309). First, Korean immigrants are a very homogeneous group in terms of culture and historical experiences, more so than other Asian groups including Japanese, Filipino, and Chinese immigrants (Min, 1991, 2001). Korean immigrants have a single language. About 80% of Korean Americans speak Korean at home; 65% do not speak English well, and 43.9% are linguistically isolated (U.S. Census Bureau, 2002). Hurh and Kim (1988) reported that most Korean immigrants are able to speak, read, and write Korean, and they depend mostly upon Korean-language ethnic dailies and television and radio programs for news, information, and leisure activities (p. 83). Korean immigrants hear same-day news broadcasts from Korea and watch Korean television programs and movies via satellite and/or the Internet (Min, 2001). Min (2001) also pointed out that most of the time, Korean immigrants speak the Korean language and practice Korean cultural customs even though they do not reside in Korea.

Second, Korean immigrants tend to “concentrate heavily in a limited range of small businesses,” and consequently, their economic segregation also strengthens their “ethnic attachment and ethnic solidarity” (Min, 1991, p. 231). For example,

approximately 85% of the Korean immigrant workforce in New York City was engaged in the Korea ethnic economy either as business owners or employees of co-ethnic businesses (Min, 2001, p. 309). Their economic segregation helps Korean immigrants maintain “their cultural traditions and social interactions with co-ethnics” (Min, 2001, p. 309). On the other hand, they have less opportunity to learn American culture and language and to interact with other American ethnic groups (Min, 2001). Consequently, they are less absorbed into American society.

Finally, Korean ethnic churches play an important role in enhancing ethnic social networks and in maintaining Korean cultural traditions (Min, 2000). It is interesting that Koreans are more likely to become Christians after immigrating to the United States. A great majority of Korean immigrants are affiliated with Korean ethnic churches, which facilitate Korean fellowship and maintain Korean cultural traditions (Min, 1991). Although only 36.8% of Koreans in South Korea are Christians (Korean Statistical Information System, 2003), more than 75% of Korean immigrants in the United States are affiliated with Korean ethnic churches (Min, 2000). Most (about 69%) Korean immigrants liked to attend Korean churches; only about 17% preferred American churches (Hurh & Kim, 1984). The Korean ethnic churches provide not only spiritual meaning but also opportunities to build new social networks; provide useful information about health care, education, housing; and offer other practical supports (Y. Kim & Grant, 1997; Min, 2000) such as transportation services, meals, and companionship through social gatherings. There are about 2,800 Korean ethnic Christian churches in the United States, compared with only 89 Korean ethnic Buddhist temples. New Korean immigrants can find Korean ethnic churches more easily than other community organizations, and thus, many Korean immigrants who were not Christians when they arrived in the United States participate in Korean

ethnic churches for fellowship and other practical supports in the new society (Min, 1991).

Korean American Elders

Socio-Demographic Characteristics and Three Categories of Korean American Elders

In 1990 and 2007, only 4.2% and 7.6%, respectively, of the total Korean American population were 65 years and older, compared with 12.1% of the general U.S. population (U.S. Census Bureau, 2008). The number of Korean American elders is expected to increase over time due to their continued immigration to the United States (U.S. Census Bureau).

Throughout the years of Korean immigration to the United States, elders have been divided into three categories: (a) those who immigrated for occupational reasons when relatively young and recently reached retirement age, so-called immigrated elders (Min, 1998); (b) those who immigrated at the invitation of their adult children after reaching the age of 50, so-called invited elders (Min); and (c) those who immigrated at the invitation of their brothers and sisters, arriving mostly in their 40s and 50s and having some job experience in the United States (Cho, 2006). These three groups are very different in terms of their assimilation to American culture, dependence on their adult children, and resources (Cho). The first group, who came to the United States as young adults, has a longer U.S. work history and more resources than the other two groups (Min). The invited elders are least likely to be assimilated, least likely to have resources, tend to be unfamiliar with the American system, and are most heavily dependent on their adult children and the government for financial assistance (Min; Olson, 2001). A majority of the Korean immigrant elders in the last group are involved in factory work, clerical work, and other low-status jobs (National

Association of Korean Americans, 2003). Some of them are involved with small businesses that their brothers or sisters operate (Park, 1997). Even though the last group came to United States by invitation, as did the second group, the elders in the last group are similar “to the immigrated elders in terms of their work experiences in the United States, resources, and age of entry” (Cho, p. 23).

The vast majority of Korean American elders belong the second group: They came to the United States at the invitation of their adult children, were already 55 or older (K. S. Kim, 1997), and relocated here via the nondiscriminatory immigration policy of the 1965 U.S. Immigration and Naturalization Act (Gardner, Robey, & Smith, 1985). Thus, Korean American elders have similar characteristics. They were born in Korea (Hurh, 1998; Yamamoto, Rhee, & Chang, 2000) and lived most of their lives there (Hurh). Also, most did not receive adequate education, retired in Korea, and are not eligible for Social Security benefits or a retirement pension due to their short or nonexistent employment history (K. C. Kim & Hurh, 1993; Yoo & Sung, 1997). In addition, they do not speak English well (80%), are linguistically isolated (50%) (U.S. Census Bureau, 1993), are unaccustomed to American culture, and have not become “Americanized” regardless of their length of stay in the United States (O. Kim, 1999; K. C. Kim, Hurh, & Kim, 1993; Son, Whall, & Therrien, 2002). According to the results of the Asian American Elders in New York City survey, all elderly Korean respondents were foreign-born, 85% of them came to the United States to join their family members, only 4.2% have private insurance, and they seem to receive poverty-based assistance at much higher rates than other groups of Asian elders (Mui & Kan, 2006). Korean elders reported annual median household incomes between \$6,000 and \$8,500. This is lower than Japanese and Indian elders (Mui & Kan). In terms of English proficiency, the survey showed that only 1% reported the

ability to speak English “very well,” whereas 42% reported their ability to speak English as “not at all” and 47% said “not too well” (Mui & Kan). Korean American elders were more likely (72%) than the total U.S. older population (26.6%) to report their health status as “fair” or “poor” (Mui & Shibusawa, 2008). About half of them suffered from arthritis and hypertension (Mui & Shibusawa). Koh and Bell (1987, p. 69) cited six major problems that Korean immigrant elders encounter: lack of proficiency in the English language; poor health conditions; loneliness; difficulties using transportation; low income; and housing problems.

Changes, Losses, and Challenges for Korean Immigrant Elders in the United States

For any newcomer—even a young person—being uprooted from his or her home and adjusting to life in a new country is difficult and stressful. International migration may be a more disruptive life event for older immigrants, compared with young ones. The acculturation process may be very stressful for the immigrant elders in the United States because they have fewer resources, such as income, education, and English proficiency, to help them adjust to their new life situation (Mui & Kan, 2006). Litwin (1997, p. 45) stated that older immigrants face “a double jeopardy” because they have to deal with life interruptions and a sense of loss accompanying the aging process as well as encounter challenges and difficulties resulting from relocation to a new society. Their maladjustment often results from the difficulty of learning a new language and from their already deeply rooted cultural views, values, and attitudes (Ekman, 1996; Emani & Ekman, 1998; Lipson, 1992; Meleis, Lipson, & Paul, 1992). Even if the immigrant elderly are acculturated to and have learned the new language of the country to which they have immigrated, they may revert to the language or culture of their home country when they suffer from dementia (Ekman; Emani & Ekman).

Korean elders who have immigrated to the United States experience many changes (e.g., language preference, social values and attitudes, living conditions, social networks, and socioeconomic status) and are challenged with adjusting to a new society that is completely different culturally and linguistically from their home society. Kim (2002) argued that a majority of Korean elders came to the United States in later life “to join their adult children without any prior preparation for such a major change in their lives” (p. 3). Most Korean American elders lived most of their lives in Korea and feel no need to learn English (Hurh, 1998), have no experience with American culture, and are deeply rooted in the Korean culture. As a result, adjusting to the Western culture and English-speaking society is tremendously difficult for most of them. Furthermore, they experience multiple losses such as their social status, power and authority within their families, jobs, previous social networks with close friends and relatives, familiar environments, familiar ways and meanings, and previously accumulated resources as results of their immigration into a new country (Donnelly & Kim, 2008; E. Kim, 2001).

The social role and status of Korean American elders can be reversed and even reduced after relocating to a new society. They often see their status as vulnerable in their families as well as in the new society (Hurh, 1998). Filial piety, rooted in Confucianism, is a Korean traditional norm that calls a child to respect and care for aging parents. Traditionally, old parents live with their eldest son and his family. As a head of the household, the old parents are served, respected, and consulted by their children about family matters (Sung, 1990). After immigrating to the United States, Korean American elders are no longer served or consulted by their adult children and instead rely heavily upon them. Due to their changing or reversing roles, they tend to view themselves as powerless and useless after coming to the

United States (Y.-M. Lee, 2007). The dependence upon their adult children is not merely caused by the tradition of filial piety; rather, it results from the elders' lack of acculturation (K. C. Kim, Kim, & Hurh, 1991).

Moreover, Korean American elders are expected to help their adult children, who often work long hours after settling in the United States (Hurh, 1998). Many elders spend their time at home taking care of their grandchildren and household chores—without interacting with other people—while their adult children go out to earn money. When their grandchildren go to school, they are left at home alone to watch Korean videotapes until their family members return. Establishing new relationships with other people is difficult for the elderly, especially when they are linguistically isolated (Mui & Shibusawa, 2008). Even though elderly people living in their ethnic communities can converse with others in their native language, foreign ethnic communities may not replicate the personal networks created over time in their home country (Mui & Shibusawa). Korean American elders, after having lost their previous social networks upon immigrating to the United States, find it very difficult to establish new social relationships with others, due mostly to lack of transportation, language barriers, and cultural differences. Therefore, they frequently experience isolation and loneliness in the new country.

According to current theories of immigration, there is a tremendous amount of stress caused by various factors, including the demand for acculturation, environmental changes, and social isolation (Kuo, 1976). For Korean American elders, the lower social status, social isolation, and loneliness may result in a growing risk of mental health problems such as depression or suicide. This situation is often exacerbated by the adjustment difficulties, the changes in environment and culture, multiple losses, and other stressors related to immigration. The common stressors

Korean immigrant elders experience in the United States include discrimination, language inadequacy, lack of social and financial resources, frustration related to unemployment and/or low income, a feeling of not belonging in the dominant society, and a sense of anxious disorientation in response to the unfamiliar environment (Kiefer et al., 1985; Mui, 2001). Mui and Kang (2006) stated that depression may occur more frequently in Asian American older adults due to their restricted “resources in dealing with the multiple losses related with the process of adaptation, acculturation, and family disruption” in the United States (p. 244). Mui (2001) reported that elderly Korean immigrants showed high levels of depression.

Ironically, a majority of Korean American elders prefer living separately from their adult children despite their high dependence upon those children and the fact that they still hold to the traditional expectation of filial piety (K. S. Kim, 1997). Their preference for a separate household from their adult children is contrary to the traditional living arrangement in which the married eldest son is expected to live with his older parents. Korean elders living in the United States are more likely than those elders residing in Korea to prefer an independent living arrangement. Koh and Bell’s (1987) study found that more than 70% of the Korean elderly in New York City preferred living independently and 44% of them resided separately from their adult children (19% lived alone and 25% lived with a spouse). This is much higher than the proportion of the Korean elderly in Korea (45% of the Korean elderly in Seoul) preferred living independently (Koh & Bell). In fact, Koh and Bell’s finding is higher than what is generally believed about the preferences of Asian American extended families. Similarly, Yoo and Sung (1997) found that co-residence of Korean elders in the United States with their adult children has declined from about 75% in 1980 to 57% in 1990. Many Korean American elders are unable to afford housing at market

rates (Lawton, 1986), but Supplemental Security Income (SSI), food stamps, and housing subsidies enable them to live independently (K. S. Kim, 1997). Y.-M. Lee (2007) stated that Korean immigrants in the United States tended to accept mainstream American values such as the nuclear family and individualistic orientation their children experience in this country, and most of them expressed “a desire for independent living to avoid being a burden to their children and suffering from feelings of powerless and uselessness” (p. 408). The proportion of Korean American elders (50.5%) who believe their adult children should live with them is lower than the proportion of elders in any other Asian group, including Vietnamese (92%), Indian (96.6%), Japanese (88%), Chinese (69.7%), and Filipino (66.7%) (Mui & Shibusawa, 2008). Olson (2001) pointed out that many sought separate households from their adult children because an independent living situation relieves the elders of stressful conditions. Chin (1992) reported that 90% of the Korean elders residing independently in Los Angeles enjoyed it. According to Koh and Bell’s study, life satisfaction was higher among Korean elderly people living independently from their children than among those who resided with their children. Considering that Korean older persons are unfamiliar with the American system and the English language, the higher life satisfaction of elders residing independently is surprising (Olson).

One of the major changes Korean immigrant elders in the United States face is attendance at a Korean ethnic church. Significantly more Korean immigrant elders living in the United States participate in Korean ethnic Christian churches than do Korean elders living in Korea. Whereas just 27.9% and 33.5% of Korean elders living in Korea went to churches and temples, respectively (Korean Institute for Health and Social Affairs, 1998), as many as 70% of immigrant Korean Americans attended Korean ethnic Protestant or Catholic churches (Hurh & Kim, 1984; Min, 2000; Yu,

Hong, & Seetoo, 2003). Son and Kim (2006, p. 160) explained several reasons for the higher attendance at Korean churches among Korean immigrant elders in the United States, compared with those in Korea: (a) Korean American elders may have difficulties finding temples in the United States and arranging transportation to them; (b) Korean American elders go to the churches with their adult children, who are their major source of assistance; and (c) senior centers, gatherings of friends, and recreational programs such as yoga and classes in flower arrangement, through which Korean elders tend to maintain their external community, are not readily available for them in the United States. Thus, Korean ethnic churches serve as significant sources for making new friends. In addition, the ethnic churches provide transportation, ethnic foods, and companionship programs for Korean elders living in the United States (Hurh, 1998).

Nursing Homes in the United States

Despite the increasing number of alternative long-term care options in the United States, including assisted living, adult family homes, and home health services, nursing homes are frequently considered the best long-term choice for those who are most frail and can no longer care for themselves or receive care in their own homes. Even so, it is doubtful that the most vulnerable elders would choose a nursing home as their final residence. Agich (1993) stated that “elders, too, find the world of the nursing home quite foreign and forbidding. Unable to manage in the outside world that is inhospitable and unsupportive of their unique needs, they experience the nursing home as a kind of purgatory or limbo, a fate almost worse than death” (p. 52). The idea for today’s nursing homes originated from “almshouses, poorhouses, old age homes, convalescent homes, and hospitals” of the early 19th century (Clark, 2006, p. 2). Until the late 1800s, hospitals functioned as a charitable last resort for chronic

patients, offering “food, warmth, and basic maintenance” (Johnson & Grant, 1985, p. 6). Hospitals, however, became increasingly specialized medical care centers to treat acute diseases; therefore, patients with chronic conditions—and thus might occupy expensive bed space for many days—were seen as irreconcilable with hospitals’ changing function (Johnson & Grant, 1985). The long-term care institutions known today emerged in the 1960s (Johnson & Grant, 1983).

As patients were transferred from acute-care hospitals to long-term care institutions, “many features of the medical model of care were also transferred” (Johnson & Grant, 1985). Legislative decisions enhanced the medical bias of nursing homes (Johnson & Grant, 1985). For instance, the Hill-Burton Act imposed standards or requirements to control the environments of nursing homes (Schwarz, 1996); these rules were originally derived from those of hospital settings (Johnson & Grant, 1985). In addition, Medicare and Medicaid legislation favored higher standards of acute care, which also was applied to nursing homes (Johnson & Grant, 1985). As a result, most nursing homes shared many characteristics with hospitals and even looked like mini-hospitals (Johnson & Grant, 1985). Some nursing homes in the United States are beginning to create environments that are more “home-like” and less institutional or “hospital-like,” following an approach to care that has shifted from a medical model to an individual model or a social model (Hooyman & Kiyak, 2002; Johnson & Grant, 1985; Alves, Gulwadi, Cohen, 2005). In general, though, a nursing home still “looks, feels, even smells like a host of other long-term care facilities” (Schwarz, 1996, pp. 19-20). Schwarz described the physical features of a usual nursing home in the United States in his book *Nursing Home Design: Consequences of Employing the Medical Model*:

Long corridors, “loaded” with rows of wide-open doors of residents’ rooms on both sides, connect nurses’ stations and lounges. Between the doors, a

waist-high railing provides a support for residents, who wander the corridors or move by wheelchairs. . . . The commonly used vinyl floors reflect the glare from windows at the ends of the corridors. A stark fluorescent lighting system . . . [makes] it difficult for the aging eye to adjust. The walls are painted in institutional colors and display paintings of rural scenes and still lives. The air reeks of urine disinfectants, and laundry detergent. . . . Each floor has a bathing room, where residents are bathed in cubicles separated by curtains in a procedure that is designed to support staff rather than protect residents' privacy or dignity. . . . Residents' rooms, which line the long corridors, are sparsely furnished and appear institutional . . . a sliding curtain separated the beds . . . the paucity of wall and counter space. . . . The front entrance to the typical nursing home is covered to protect the drop-off parking area from the elements. (pp. 20-21)

According to Johnson and Grant (1985), the medical model used in most nursing homes is not appropriate and nursing homes “should not scaled-down hospitals” (p. 142) for the following reasons:

- Nursing home residents have chronic conditions, not acute, and “require long-term—and often permanent—care.” (p. 140)
- “Multidisciplinary approaches are needed rather than specialized medical care.” (p. 143)
- Nursing home residents are “not transients” but lifelong inhabitants. (p. 143)
- Social and psychological needs are equally or more important than medical needs. (p. 143)

Johnson and Grant (1985) also argued that “government regulations for nursing homes have cast the facilities as miniature hospitals rather than as comfortable places to live” (p. 142). R. A. Kane, R. L., and Ladd stated in their book *The Heart of Long-Term Care* in 1998, offered a possible (and perhaps cynical) explanation for these requirements: “Although the disadvantages of hospital-like accommodations with their crowded, shared space, and rigid routines in a dwelling place were well understood early on, states were reluctant to impose different

regulations for nursing home environments, both because of the lobbying power of the nursing home industry and because they would have been left paying for the presumed higher cost of doing business for their Medicaid residents” (Clark, 2006, p. 3).

The dominant theme of most existing literature on nursing home experiences is “one of rejection and loss” (Agich, 1993, p. 52). Laird, an anthropologist, described her personal experiences in her 1979 book *Limbo: A Memoir of Life in a Nursing Home by a Survivor*; these included “a profound loss of control over daily life, an overwhelming sense of isolation, a preoccupation with bodily functions such as eating and excretion, a sense of financial insecurity, a distortion of her own perception of reality and sense of time, and a loss of her sense of self-identity, which are commonly experienced for elders living in a nursing home (as cited in Agich, 1993, pp. 52-53). Although Laird experienced restricted choice in the facility, it was not her central concern (Agich). Schwarz (1996) suggested that a nursing home, “with its institutional routines and programs, inhabited by its residents, family and staff, is a frightening and depressing place” (p. 5). Kane and Kane described a nursing home resident’s life as follows:

At best, life in a nursing home is a drab affair. A “plan of care” governs every waking and sleeping hour and every morsel of food consumed. The three R’s of nursing homes—routines, regulations and reimbursement rates—compromise residents’ privacy and autonomy. Residents cannot have control over their medications or even some toilet articles. They must live with strangers, and get up and go to bed on schedule. They are crowded into hospital-like two-bed rooms where they can hardly seat two guests, let alone offer visitors a cup of tea. There is little closet space, and residents are cautioned to leave valuables at home. For these losses in quality of life, they get limited nursing and personal care (as cited in Schwarz, 1996, p. 5)

Underrepresentation of Ethnic Minority Elders in U.S. Nursing Homes

For frail ethnic minority elders, nursing homes are an important alternative because there may be financial barriers to other long-term care options such as assisted living; these elders tend to look for a nursing home when other resources for their care are exhausted. Past studies have showed that minority and immigrant elders are less likely than White elders to use formal long-term care services, even after controlling for socioeconomic and health status (Damron-Rodriguez, Wallace, & Kington, 1994; Mui & Burnette, 1994; Starrett, Wright, Mindel, & Van-Tran, 1989; Wallace, Campbell, & Lew-Ting, 1994; Wallace, Levy-Storms, Kington, & Anderson, 1998). Of nursing home residents in the United States, approximately 87% are White, whereas 10.4% are African American, and 3% are Hispanic, American Indian, or Asian American (National Center for Health Statistics, 2000; Strahan, 1997). Using 1990 U.S. Census data, a study about nursing home utilization by race and ethnicity reported that 3.3% of Whites, 3.1% of Blacks, 2.3% of Native Americans, 1.6% of Hispanics, and 1.2% of Asians were institutionalized (Himes, Hogan, & Eggebeen, 1996). Since then, data have showed an increase in the proportion of African Americans using formal long-term care services, due in large part to antidiscrimination laws and public funding that have provided greater access to nursing homes and home health services. The 1999 National Nursing Home Survey indicated that use rates for African Americans now exceed those of Whites (Pandya, 2005). The use rates for Asian Americans (McCormick, Ohata, et al., 2002; McCormick, Uomoto, et al., 1996) and Hispanic Americans are still much lower than those for their White and Black counterparts. Although the lower rates for Asian and Hispanic Americans may be the result of positive factors (e.g., a cultural tradition of family caregiving and a strong tradition of family ties), they may also result from

barriers to the use of formal long-term care services in the United States “which have the potential for strain and disruption” (Kim & Chiriboga, 2009, p. 50).

Ethnic Minority and Immigrant Elders Face Barriers to Access

There are reports in the literature about the obstacles ethnic minority and immigrant elders face when accessing formal long-term care services. Moss and Halamandaris (1997) investigated many factors related to the lower utilization of nursing homes among ethnic minority groups: discrimination, cost, personal choice, and social and cultural differences. They indicated that cost was not a significant factor, and they also found that discrimination was ranked low because few had attempted to enter White-run nursing homes; therefore, it is impossible to judge how many would be accepted or rejected (Moss & Halamandaris). The most important barriers to the use of nursing homes differed according to ethnic group. For Asian American elders, the critical factors were the language and sociocultural differences that isolated them from staff and other residents; for Mexican American elders, the factors were discrimination, cost, and the isolating factors of language and social and cultural differences (Moss & Halamandaris). Also, African American elders were more likely to list cost and discrimination practices and Native American elders listed social and cultural factors first, with cost and personal choice close behind (Moss & Halamandaris).

Some studies reported that the locations of long-term care facilities are a critical factor in determining their use by minority elders. Morrison (1982) stated that minority elders were more likely to use nursing homes located within minority neighborhoods. Eribes and Bradley-Rawls (1978) found that the percentage of Mexican American elders living in nursing homes located in Mexican-American communities was slightly higher than in facilities elsewhere. Jang, Kim, Chiriboga,

and Cho (2008) reported that “the likelihood of willingness to use a nursing home was significantly increased when participants had someone close living in a nursing home” (p. 115). In other words, a lack of nursing homes in ethnic minority communities can lead to the underutilization of nursing home care by the frail minority elders. Even though some tribes have constructed nursing homes, overall, the facilities are quite rare in Native American communities (Jervis, Jackson, & Manson, 2002). Non-Native-owned facilities are frequently located far away, requiring long-distance travel and making it difficult to interact with community members (Aeschleman, 2000; Jervis et. al).

The financial circumstances of ethnic minority elders may also constitute a critical barrier to accessing formal long-term care services. Medicaid is the primary source of payment for nursing home care. Many older adults with incomes below a specified level are unable to afford nursing home care costs without such assistance (Hooyman & Kiyak, 2002). Even though older minorities are more likely than their White counterparts to be poor, they are less likely to be Medicaid beneficiaries. In 2008, 7.6% of older Whites aged 65 and older were poor, compared with 20% of older African Americans, 11.1% of older Asians, and 19.3% of older Hispanics (U.S. Department of Health and Human Services, Administration on Aging). However, in 2006 Whites composed 38.9% of the population receiving Medicaid, whereas Blacks constituted 21.9%; Hispanics, 21.1%; Asians, 3.5%; American Indians and Alaskans, 1.2%; and multiple races or unknown, 13.3% (Centers for Disease Control and Prevention, 2009). However, every nursing home accepts persons who are Medicaid beneficiaries. Some nursing homes have a policy that residents must demonstrate they have resources to pay for at least 2 to 3 years of care before they will rely on Medicaid (Hooyman & Kiyak). Such a policy may lead to disadvantages for ethnic

minority elders who do not have private funds to cover the initial fee (Aeschleman, 2000).

Traditional cultural values such as filial responsibility and familism may influence nursing home utilization by ethnic minority elders. It has been generally suggested in the literature that these traditional cultural values contribute to the reluctance to use formal long-term care, serving as a primary obstacle for ethnic minority groups such as Asians, Hispanics, African Americans, and Native Americans (Aeschleman, 2000; E. Y. Kim & Kim, 2004). However, some people have argued that family ties among the ethnic minority groups are more heterogeneous than have been stated in the historical literature on minority family life (Tennstedt, 1999). Morrison (1982) warned that “the danger of unquestioning acceptance of the ‘cultural aversion hypothesis’ could result in denial of services to minority aged and their families who do not have the capacity to ‘care for their own’ as they would like, and who need nursing home services” (Yeo, 1993, p. 166). Concerning Asian Americans, it is often concluded that the low utilization rates of formal long-term care services are the result of family care (Barresi & Stull, 1993). Such a conclusion will obviously reduce the impetus to develop and implement long-term care services for frail Asian American elders (Barresi & Stull).

Even Korean Americans who value filial obligations face obstacles to fulfilling the expectation to care for frail, aging relatives at home. Low income, insufficient housing, distance, and other changing conditions can prevent taking care of older parents at home (Aeschleman, 2000). Although Korean Americans have preserved filial piety and familism as central values (Ishii-Kuntz, 1997; Kauh, 1997), elders may not be able to rely solely on their adult children for their care under the changing life conditions in the United States. Korean American women, particularly

daughters-in-law, are primary caregivers of elderly relatives. Min (1997) stated that approximately 70% of Korean immigrant wives participate in the labor force, and 59% of them work outside the home 6 or 7 days a week. It follows, then, that nearly three quarters of the daughters-in-law can no longer take care of their frail older relatives (K. C. Kim, 1997). The Korean immigrant women bear the heavy burden of their double roles—full-time employment and responsibility for the household (Kim & Hurh, 1988). K. C. Kim also mentioned that Korean American people are more likely to place their frail older relatives in nursing homes when they can no longer take care of them.

Ethnic minority and immigrant elders with limited English proficiency and different cultural backgrounds encounter language and cultural barriers in most U.S. nursing homes. This is because, in general, the facilities do not serve their specific cultural and linguistic needs (e.g., ethnic foods, staff with the same cultural and ethnic backgrounds, traditional medical treatments, cultural activities, and features to maintain their rooted lifestyles). Most nursing homes in the United States may not be appropriate alternative for the frail elders from culturally and linguistically diverse backgrounds. For example, many Korean American elders are accustomed to Korean diets and are unable to speak or understand English. Thus, they are concerned about American food provided by U.S. nursing homes and communication problems with staff. If they cannot find an appropriate nursing home dealing with their concerns, they will not use a facility. Jang and colleagues (2008) found that there were no ethnically oriented nursing homes within their study area, and a majority (89.4%) of Korean American elders in their sample highlighted the need for ethnically oriented nursing homes. This is a possible obstacle to nursing home use by the Korean elderly, regardless of their actual willingness to live in an institution (Jang et al.).

Additionally, Zhan (2003) argued that “the majority of health care providers in the United States are from the Euro-American dominant culture, whereas an increasing proportion of their clients is from cultures with different belief and traditions, and whose primary language may not be English” (p. 308). As a result of language or cultural differences between nursing home residents and the staff, the elders may not receive appropriate care from the staff, who may perceive their behaviors as problematic and/or requiring medical attention (Suh & Park, 2007).

The language barriers can lead to a lack of knowledge regarding nursing homes. Ethnic minority and immigrant elders, who are unable to speak English, may find it difficult to get appropriate information about nursing homes in the United States. Moon, Lubben, and Villa (1998), in a study of the awareness and utilization of community long-term care services by elderly Korean and non-Hispanic White Americans, found that Korean American elders did utilize long-term care services when they were aware of the services. An important issue that the study mentioned is the lack of informational guides and resources to accommodate persons with limited English proficiency (Moon et al.). The authors stated that the elderly from other countries are unfamiliar with the complex U.S. social welfare system and suggested providing a resource information handbook in languages other than English (Moon et al.). Aeschleman (2000) pointed out that even though ethnic elders are aware they need a nursing home, they may not know of any in the area that can offer appropriate services and/or may not know that such services are available to them, due to their limited English and unfamiliarity with complex American health and social welfare systems.

Two Models: Providing Culturally Appropriate Care for Frail Elders

Rowland (2000) presented two approaches to delivering appropriate care to older adults from diverse cultural and non-English speaking backgrounds: the clustering model and the multicultural model. The clustering model suggests grouping residents of the same cultural background together to improve the facility's ability to provide appropriate care for them (Rowland, p. 43). Grouping certain ethnic groups together in a facility makes it easier "to develop particular services for them" (Rowland, p. 43). An ethnically oriented nursing home is an option proposed by the clustering model. According to previous studies conducted in Australia, older adults and their families indicated that the elderly participants preferred to live in a facility that caters to their own cultural background and they were highly satisfied with that facility (Pensabene & Wilkinson, 1986; Westbrook, 1992). Although ethnically oriented facilities offer valuable services to people from culturally and linguistically diverse backgrounds, finding such a facility is not a realistic option in Australia for some of the smaller, less established or more diversely located ethnic groups (Runci, O'Connor, & Redman, 2005). On a related note, Legge and Westbrook (1991) pointed out that elders who enter an "ethno-specific" nursing home are often far from their families, friends, and familiar surroundings, whereas those who enter a "mainstream" facility are frequently isolated from persons of similar ethnicity.

Legge and Westbrook (1991) conducted a research study in the Sydney (Australia) metropolitan area involving the director of nursing (DON) or the administrator of nursing homes that had at least four ethnic residents or had residents who spoke Arabic. Many DONs favored ethnic clustering on the following grounds: "ethnic patients would feel more at home and adjust better in a clustered home . . . ; would enjoy the company of residents from similar backgrounds . . . ; and would be

able to communicate in their own language with other residents” (p. 22). Other reasons included the fact that residents of a clustered nursing home would be able to interact with other residents’ visitors (this would be particularly beneficial for those who receive few visitors of their own); the relatives would perceive the environment of a clustered home as more familiar and would be feel positive when leaving the resident; it would be easier to select staff to match residents’ backgrounds; it would be easier for the staff to understand residents’ particular preferences; it would make it easier to provide residents with appropriate food and meet their religious needs (p. 22). On the other hand, some DONs opposed ethnic clustering, responding that it encouraged segregation in a multicultural society, that residents’ need to be near their families was stronger than their need to have the companionship of people from similar backgrounds, and that elders in nursing homes have either no desire or no ability to socialize. Furthermore, some commented that coming from the same background did not necessarily make residents compatible and cited cases of fellow ethnic residents who disliked each other (p. 22). In addition, DONs opposed clustering because it would be difficult to hold empty beds and would result in financial loss, it was impractical due to the difficulty of finding ethnically appropriate staff, and there was no need to have staff who spoke a resident’s language—one could always communicate with signs (p. 22).

The second approach to providing culturally appropriate care for elderly persons from diverse cultural and language backgrounds is the multicultural model (Rowland, 2000, p. 43). This method aims to attract a range of residents from culturally and linguistically diverse backgrounds and to offer culturally sensitive care for each group (Rowland). In Australia, the model sometimes implemented jointly by “a local ethnic community council and by a mainstream service provider” (Rowland,

p. 43). The multicultural “ideological marker is the desire to redress the balance and provide culturally appropriate services” (Rowland, p. 43). Rowland argued that mainstream services may provide high-quality care by clustering residents from the same cultural backgrounds and/or tailoring care to individuals’ needs and preferences within the context of individualized care. Runci and colleagues (2005) pointed out that the appropriateness of mainstream care facilities for elderly adults from culturally and linguistically diverse backgrounds has been questioned. Pensabene and Wilkinson (1986) argued that most mainstream facilities “generally failed to respond to their cultural and linguistic needs and noted that there are few bilingual staff; that there is little acknowledgement of their cultural and culinary needs; that many are in homes where there are no other co-residents from their ethnic groups; and that over half have limited proficiency in English” (p. 225).

Studies Regarding Ethnically Oriented Nursing Homes in the United States and Australia

To respond to significant increases in the number of residents from culturally and linguistically diverse backgrounds and their preference for nursing homes catering to particular cultural, linguistic, and/or religious needs, a few U.S. nursing homes in areas with large ethnic populations have attempted to group residents by ethnicity and/or race on a floor, wing, or in a building. These facilities provide culturally sensitive services and care including ethnic foods, activities, and bicultural and bilingual staff. Research on these ethnically oriented nursing homes is limited. Chee and Kane (1983) interviewed 11 English-speaking residents and 37 family members in a predominantly Japanese and a predominantly Black nursing home in Los Angeles. The interviews explored their preferences for care involving six ethnic factors, including ethnic foods, ethnic programs and activities, ethnic community

involvement, and having staff and patients of the same cultural or ethnic background. In the study, Japanese residents and their relatives were consistently more concerned about ethnic and cultural factors, compared with Black residents and their relatives. Whereas the Japanese participants rated almost all items as “very important” (4.5 and over in a 5-point scale), the Black participants rated them as “less important” (2.2 to 3.9 for 5 of 6 factors). Community involvement was considered important by both ethnic groups, rated 4.0 and over, yet Japanese participants still gave stronger responses. Both Japanese residents and their family members felt that the quality of care at the Japanese nursing homes was very good, catering to their cultural preferences and needs including having Japanese nurses and nursing aides, serving Japanese-style foods, incorporating Japanese cultural values (e.g., duty and respect) when caring for the elderly, and having close ties with both the surrounding community and the Japanese community. In follow-up interviews with residents and family members, the Black participants considered that nurses, aides, and patients from the same or similar cultural and ethnic background were “a little important” and ethnic foods were merely “somewhat important” in meeting needs of residents. This could be due to their cultural assimilation over the years. On the other hand, Japanese participants preferred a nursing home with a Japanese staff who understood and adapted to the Japanese cultural sense of duty, respect, and dedication to the elderly. Also, the Japanese residents “tended to be very concerned about the food because most of them are from Japan and are accustomed to a Japanese diet” (p. 111).

According to Morrison’s (1982) study with 181 Black, Chinese, and Puerto Rican nursing home residents in New York City, residents from the three ethnic groups agreed that ethnic foods were important. In addition, Puerto Rican residents were most likely and Chinese residents were least likely to agree that celebrating

cultural holidays, offering traditional church services, ethnically oriented music and art, and having staff members educated about their culture were important. Chinese residents were less likely to agree with the importance of having ethnic representation on nursing home governing boards. Both Puerto Rican and Chinese participants considered having administrators and other staff members of the same ethnic backgrounds as more important than did Black participants. In a study about the impact of visits on residents' well-being in nursing homes, Greene and Monahan (1982) concluded that the frequency of visits with nursing home residents was a significant negative factor in terms of the psychosocial impairments of nursing home residents (Yeo, 1993).

Yeo (1993) used 11 key components of culturally sensitive care for different ethnic groups in a preliminary set of observations and interviews with administrators, other staff, and board members in six ethnic institutions on the West Coast (nursing homes targeted to Asian, Jewish, Russian Orthodox, Japanese, and Chinese elders and a residential care facility targeted to Spanish-speaking elders): (a) history, ownership, and policymaking authority, (b) location, (c) selection and training of staff, (d) admission policy and process, (e) cost, (f) interaction with family, (g) language, (h) food, (i) activity program, (j) religious observances, and (k) personal and nursing care (pp. 170-173). The training of staff regarding the special needs of the ethnic elderly and ethnic-specific values and behaviors, a flexible cost policy, interaction with family members, the recruitment of ethnic staff and volunteers from the target ethnicities, and the provision of ethnic diets and ethnically oriented activities were considered very important in most of the facilities (Yeo). "Religious observances were a very important part of their programs" in half the facilities, including Jewish, Russian, and Japanese settings (Yeo, p. 173). Culturally sensitive care did not,

however, eliminate challenges. Chinese residents spoke several Chinese languages and dialects, Hispanic residents had difficulty with monolingual Spanish speakers when dealing with bureaucratic issues such as regulations, and Jewish residents with advanced stage dementia often began speaking in their mother languages such as Yiddish or German, even if they had not used it recently (p. 172).

There are very few published studies regarding Korean American elders living in nursing homes in the United States. Suh and Park (2007) studied the daily lives and experiences of Korean elderly people living in an American nursing home located in northwest Philadelphia. The researchers observed 18 Korean elders who resided in two different nursing units and interviewed five of the residents and two nurses. The major theme from the findings of the study was “thrown in a different world” (Suh & Park, p. 333). The Korean residents in the American facility “felt a totally different world which they never had imagined before” and expressed that they were thrown in the facility “without their volitional decision” (p. 333). There were no cultural considerations for their language, food, or cultural attitudes, roles, or values in the nursing home. They indicated that the disadvantages of language barriers were found everywhere: They could neither report their illness properly nor receive proper treatment on time. They reported that nurses and nurse aides unintentionally ignored their needs, and exhibiting combative or disruptive behaviors was the only way to let their needs be known to the American nursing staff. Also, the Korean residents in the facility always ate a small amount because they disliked American food. This lack of consideration for the Korean diet might lead to a failure to obtain proper nutrition from their meals. Because the American nurses were unfamiliar with the ethnic residents’ ways of life, they quickly concluded that residents needed medical attention for their problematic behaviors. In fact, Suh and Park found that every Korean

resident had better cognitive and behavioral functions than their charts indicated. Finally, the researchers reported that the health care providers in the facility, such as nurses, social workers, and dietary staff members, “had no skills on how to deal with their Korean residents who speak a foreign language, take different foods, and interact with them in a different way” (p. 336). This was in spite of the fact that most of the staff wanted to know about Korean culture, including “lifestyles, languages, food, attitudes, roles, values, and so on” (p. 336).

A number of studies on ethno-specific nursing homes and on mainstream nursing homes for ethnic persons from culturally and linguistically diverse backgrounds have been conducted in Australia. As the elderly population from non-English-speaking and varied cultural backgrounds has rapidly increased, concern about taking care of ethnic groups has become a critical issue in Australia. Over the past 25 years many ethnic communities in Australia have recognized the difficulties and isolation faced by ethnic elders living in long-term care facilities that are insensitive to their needs. Therefore, the communities have established ethno-specific facilities for their own aged, responding to the need for institutional care, the inadequacy of care being provided by mainstream institutions, and the preference of the majority of the ethnic elderly for ethno-specific institutions (Pensabene & Wilkinson, 1986). Since 1973, there has been major growth in the establishment of ethno-specific nursing homes, hotels, and retirement villages in ethnic communities in Australia. During this period, the federal government provided funding for these developments (Westbrook & Legge, 1992).

A majority of ethnic elderly people in Australia prefer ethno-specific nursing homes that cater to their specific cultural and linguistic needs versus mainstream nursing homes (Pensabene & Wilkinson, 1986; Westbrook & Legge, 1992).

Pensabene and Wilkinson's study found that more than 95% of residents in ethno-specific nursing homes and other facilities were "either 'satisfied' or 'very satisfied' with the services; over half of all staff spoke the language (other than English) of the residents, all facilities provided meals reflecting the culinary tastes of the residents; about half offered medical services in the residents' main language and most provide religious services" (Pensabene & Wilkinson, p. 57). Additionally, most facilities "have developed a network of volunteers (often themselves elderly) who regularly interact with the residents and keep them informed about life and changes in the community" (p. 57). This helps maintain "a sense of community belonging" (p. 57). Although the satisfaction rates of residents in ethno-specific facilities were not compared with those of residents in mainstream facilities, several small-scale research studies and community consultations found that mainstream nursing homes are "generally unresponsive to the special needs of the ethnic aged and are perceived negatively by ethnic communities and the ethnic aged themselves" (Pensabene & Wilkinson, p. 57).

Similarly, Westbrook and Legge (1992) conducted a study to compare the experiences of residents from non-English speaking backgrounds in mainstream and ethno-specific nursing homes with the experiences of their family caregivers. According to the study, residents in ethno-specific nursing homes were more satisfied with the nursing homes, particularly with the food and companionship. They also had better relationships with the staff than those in mainstream nursing homes. Family caregivers were also more satisfied with ethno-specific nursing homes, especially with the food. In particular, Chinese family caregivers of residents in ethno-specific nursing homes were more satisfied with the meals provided by the facilities. Also, they found that the caregivers of residents in ethno-specific nursing homes seemed

better informed regarding the services provided by the facilities. Through interviews with the caregivers, Westbrook and Legge found that those residents in ethno-specific nursing homes seemed to feel a greater sense of involvement in and identification with the ethno specific facilities, exemplified in the comments of the caregivers : “We have a relatives’ committee where I am a member and I can discuss anything I want to”; “Our nursing home is the best home in Australia”; and “It’s our nursing home and we support it” (p. 18).

Using a questionnaire survey of the matrons in 134 nursing homes that had residents from non-English speaking backgrounds, Legge and Westbrook (1989) investigated the provisions made for ethnic residents in Australian nursing homes, the custom most difficult to accommodate, and the matrons’ attitudes regarding special provisions for ethnic residents. The results of the study indicated that catering to food preferences of ethnic residents was the provision most frequently made (55.9% of the participants responded that they always or often did it). This was also the custom most difficult to accommodate. Besides providing for food preferences, the nursing homes ensured that “efforts are made to place patients from the same ethnic group together for meals, recreation” (53.8%), and celebrated ethnic residents’ special holidays or feast days (46.2%). The facilities were least likely to provide “a doctor from the patient’s ethnic background” (24.6% responded “never” for this) and visits by clergy from their ethnic background (21.6% said “never” for this) (p. 9). In a question about matrons’ attitudes regarding provisions for ethnic residents, they were most likely to believe that “interpreters need to be more readily available to nursing homes” (77.3%) (p. 11) and that “there should be readily available information relating to the values and preferences of different ethnic groups” (74.8%) (p. 11). In addition, they were the least likely to agree that special provisions for ethnic residents such as food would

upset other residents (63.2%). Furthermore, 61.3% disagreed with the idea that “it is unreasonable to expect nursing homes to accommodate the needs of non-English speaking patients” (p. 11). Finally, Legge and Westbrook reported that the most common strategy for coping with difficulties was family involvement. The relatives of ethnic residents were often encouraged to bring in special food and share a meal with residents, particularly on religious feasts. The relatives and ethnic staff members in the nursing homes were also seen as useful sources of information about customs.

Summary

Korean immigrants are one of the most rapidly increasing ethnic groups in the United States. The literature on Korean immigrants suggests that they are known to maintain a high level of ethnicity in terms of language, food, customs, values, and social networks after relocating to the United States. In addition, Korean American elders have been one of the fastest growing segments of the U.S. older population over the past two decades. Most of them came to the United States later in life at the invitation of their adult children. They encounter many challenges revolving around language preference, social values and attitudes, living conditions, social networking, and socioeconomic status. They experience a tremendous difficulty in adjusting to the new society, which is culturally and linguistically different from their home society. The Korean elderly are more likely than other Asian ethnic elderly groups to consider entering a nursing home when they become disabled and frail. In addition, traditional family care for their impaired parents has become challenging work for Korean immigrants as a result of the changing life conditions in the United States. Nevertheless, due to the lack of nursing homes in the United States catering to the particular needs and preferences of Korean frail elders from non-English speaking and

different cultural backgrounds, accessing nursing homes is very difficult for the elders and their families.

The older population of the United States is rapidly becoming more culturally and linguistically diverse as the number of ethnic minority elders has expanded. Therefore, the issues concerning culturally appropriate care and environments in long-term facilities for ethnic minority elders are becoming increasingly important. Ethnic minority elders living in nursing homes, particularly Asian American elders from the Korean American community, have frequently been neglected by researchers. Limited studies have been conducted in the United States about the cultural or ethnic needs and/or preferences among certain ethnic minority nursing home residents, which may include ethnic foods, ethnically oriented activities, bicultural and bilingual staff, celebrating cultural holidays, traditional religious services, and having ties with surrounding and ethnic communities. Several studies conducted in Australia showed residents and caregivers in ethno-specific nursing homes were more satisfied with the facilities and the services provided by the facilities than others in mainstream nursing homes. Korean American elders living in American nursing homes that offer no cultural considerations are more vulnerable. Suh and Park (2007) reported that Korean residents in an American nursing home were “thrown in a different world” (p. 333) “which they never had imagined before” (p. 333). In spite of their continuous and rapid demographic increase and a greater discussion of nursing home services among the elderly and their family members, little is known about the living experiences of Korean American nursing home residents, their particular needs and preferences, and the environments provided by nursing homes in the United States.

CHAPTER III

METHODOLOGY

Overview

This study is designed to identify the features of the physical, social, and organizational environments in nursing homes in order to develop better, culturally appropriate nursing home environments and thus improve the quality of life and care for frail Korean American elders. The primary research questions of this study seek to discover (a) the overall features of physical, social, and organizational environments of nursing homes in the United States that have many Korean American residents; (b) the cultural features provided by nursing homes for Korean American residents; and (c) the particular needs, preferences, and levels of satisfaction of Korean American residents regarding the physical, social, and organizational environments of nursing homes.

For this study, a qualitative methodology was chosen to investigate the participants' experiences and thoughts about the physical, social, and organizational contexts of nursing homes. The qualitative method focuses on the participants' realities and encourages them to freely describe their own feelings, experiences, and actions (Polit & Hungler, 1995). The research depended primarily on interviews with Korean American residents, family and staff members, but observations, field notes, personal journals, and document reviews were employed to supplement and enrich the principal data method.

Research Design

A multisite, qualitative case study strategy was used for this study. Yin (1984, p. 23) defined the case study research method as “an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” (p. 23). According to Rossman and Rallis (1998), a case study can be used to seek in-depth understanding and details of an individual’s experiences. The strength of case studies are “their detail, their complexity, and their use of multiple sources to obtain multiple perspectives” (Rossman & Rallis, p. 105). The research finding is “the thickness of description that allows the reader to interpret and decide the applicability of case learning to another setting” (Rossman & Rallis, p. 105). As a result, a well-written case study may “shed light on, offer insights about, similar cases” (Rossman & Rallis, p. 105). In order to enhance “the precision, the validity, and the stability of the findings” of this study (Miles & Huberman, 1994, p. 29), I collected and analyzed data from three sites on the East Coast of the United States that served groups of Korean American elders.

Based on this study’s purpose and research strategy as a multisite case study, in-depth interviews were determined to be the most appropriate data collection method. As a primary source of information, the interview was used to record Korean American residents’ life experiences and thus identify their particular needs, preferences, and levels of satisfactions with nursing homes’ physical, social, and organizational environments. In addition, observations, field notes, personal journals, and document reviews were employed as supplementary data collection sources.

Research Procedures

Research Site Selection

This study was conducted in three nursing homes on the East Coast of the United States. That region was selected because a large number of Korean Americans, including elders, live there. In the United States, 48% of Korean Americans reside on the West Coast and 24% reside on the East Coast. More than 75% of all Korean Americans live in only 10 states: California, New York, New Jersey, Illinois, Washington, Texas, Maryland, Pennsylvania, Georgia, and Hawaii (U.S. Bureau of Census, 2002). To select the study sites, I called the president of the Korean American senior association on the East Coast and received contact numbers for six area nursing homes that have many Korean American residents.

Next, I contacted the administrator of each nursing home to obtain permission to conduct my research. The administrators, however, were reluctant to reveal information about their facilities and the residents to a stranger. Moreover, they were concerned that the facilities might be identified and that the residents might think negatively of them for allowing a student to direct the interviews. However, I sent an e-mail or fax of my proof of enrollment and an informed consent form, which included the purpose and the procedures of this study, research participants' rights, assurance of anonymity, benefits, and related risks or discomforts. I also explained the study's objective and reassured them that the real names of participants and facilities would not be used. I emphasized that all data gathered from this study would be kept confidential, including any information that might identify participants and facilities, and that data would be used only for the purpose of this study. Of the six administrators, three granted permission. As for the other three, the administrator of the first facility was too busy; the administrator of the second facility was concerned

that the residents might feel uncomfortable about being interviewed; and the director of the last facility did not respond to my phone calls. After receiving verbal permission from each of the three nursing home administrators by telephone, I visited the sites and obtained approval letters from each institution. This process took about 2 months from my initial contact.

The three participating nursing homes differed in terms of ownership, size, and the number of Korean American residents. One was a for-profit facility and two were nonprofit facilities. All three grouped Korean American residents together: The first nursing home clustered them in a three-story building, the second housed them in four units on one floor, and the third placed them on a single floor. At the time of this study, there were 130 Korean American residents in the first facility, 100 in the second facility, and 37 in the third.

Participant Selection

All research participants were drawn from these three nursing homes. To recruit Korean American residents for this study, I employed purposive sampling, which aims to select participants who have knowledge and experience regarding the study topic and are able to answer questions based on their experiences (Morse, 1991; Morse & Field, 1995; Sandelowski, 1995). Purposive sampling expands “the range of data exposed and maximizes the researcher’s ability to identify emerging themes that take adequate account of contextual conditions and social norms” (Chan, Lau, & Houston, 2002, p. 10).

To be eligible for this study, participants had to be Korean Americans aged 55 and over who resided in a nursing home, had the cognitive ability to understand and answer questions, and were willing to share their feelings, experiences, and opinions about the nursing home environment. Those with dementia were excluded from this

study because they might not be able to understand the interview questions and answer accordingly. To select participants, I contacted the administrator of each nursing home to ask for Korean American residents who met these criteria; the room numbers and names of eligible residents were provided. A total of 26 residents (5 men and 21 women) were selected for this study, based on variations in room types (single, two-bed, three-bed, and four-bed rooms); current roommate's ethnicity (Korean and non-Korean roommates); mobility (users of wheelchairs or walkers); the length of stay; marital status; educational attainment; and gender.

Five nursing home staff members (two Korean program directors, a Korean American coordinator, a Korean American recreational assistant, and a non-Korean nurse aide) were interviewed also. They were included in order to obtain additional data about social interactions between Korean American residents and the staff members, family members, and friends; rules or policies; particular services and environments provided for Korean American residents; and information about the facilities. In addition, of the family members who visited the nursing homes, six were willing to participate and were interviewed to enrich information about the environments of nursing homes.

Before the interviews, I met potential participants, provided brief information about myself, and explained the purpose of this study as well as procedures and the expected time for the interview. If they had questions, I answered them. Once they agreed to participate in this study and signed an informed consent form, I arranged a convenient interview time and comfortable place. The interviews began with open-ended questions.

Data Collection

Multiple data collection methods were employed to gain rich data; to enhance the internal reliability of the findings; and to reduce the likelihood of misinterpretation. These methods included interviews, observations, document review, and field notes. Interviews with Korean American residents, staff, and family members were used as the primary data collection method. In addition, observations, document review, and field notes were utilized to enrich and complement the primary data.

In-Depth, Face-to-Face Interviews

A total of 37 people participated in the interviews for this study (26 Korean American residents, six family members, and five staff members). Face-to-face, in-depth interviews were conducted. This in-person interview format was used because some residents had difficulties reading, hearing, and/or writing. Many had visual and/or hearing impairments or minimal literacy and face-to-face interviews were an efficient way to elicit information from frail elders with those difficulties.

Additionally, the interviews helped to create a comfortable and trusting environment for the participants as well as to reduce the social distance between us. In-depth interviews encourage respondents to talk at length about the topic of interest, instead of merely answering predetermined questions; therefore, it was an appropriate data collection method for this study in order to obtain complete information of the participants' viewpoints (Hesse-Biber & Leavy, 2004). I attempted to use the following skills during the in-depth interview: Listen "without taking on a counseling role; encourage participants to elaborate on their answers without expressing approval, disapproval, judgment, or bias; keep track of the questions yet let the conversation develop naturally; and manage the interview while still respecting the

principle of participant-as-expert” (Mack, Woodsong, Mcqueen, Guest, & Namey, 2005, p. 30).

Semistructured interviews with open-ended questions were conducted. The less-structured format allowed the participants to talk freely regarding the topic of this study. Also, unstructured and less-structured interviews enabled me to respond to the situation at hand, to explore new ideas on the topic (Merriam, 1998), and to move the conversation in any direction of interest (Trochim, 2006). Considering the diverse background of the participants, I asked questions that used simple wording so participants could understand them fully and respond accurately. When participants did not understand a question, the researcher rephrased the question or replaced single words in the question that they could understand.

Most interviews were conducted in Korean, the primary language of all but two participants and the investigator. A non-Korean staff member and a family member were unfamiliar with Korean, so they were interviewed in English. Each interview was conducted at a convenient time and location for the respondents. All interviews were audio-recorded using a tape or a digital recorder with their permission. Along with audio-recording, I made field notes and memos during and immediately after each interview. Morse and Field (1995) described field notes as “a written account of the things that the researcher hears, sees, experiences, and thinks in the course of collecting or reflecting on the data” (p. 103). According to Bernard (2002, pp. 220-223), researchers should not rely on their memory when interviewing and can use a tape recorder in their interviews, but it is “not a substitute for taking notes.” I followed these guidelines, and I recorded the interview’s time, data, and place, any observations such as nonverbal behaviors, and interesting or important ideas or issues that emerged during the interviews. I also wrote my overall feelings

about the interviews, the participants, and the atmosphere of the interview location after the interview. The notes and memos were written in primarily in Korean.

Prior to each interview, there was informal conversation for several minutes to build rapport and then each interview was started with obtaining informed consent form from each participant. The interviews with Korean American elders living in three nursing homes started with questions about their general background (Appendix A): age, marital status, education, English proficiency, number of children, religion, the length of residence in the United States, the length of stay in a nursing home, immigration, previous living arrangements, the reasons for moving to the nursing home, and the persons who made a decision to move them into the facility. Afterward, the residents were asked about their lived experiences and thoughts concerning the physical, social, and organizational environments of the nursing home, as well as their overall satisfaction with the nursing home, using a semistructured interview format (Appendix B). The interviews with the residents were conducted in a location of their choice within the nursing homes, such as their own rooms, the day rooms, the dining rooms, and the lounge areas. The duration of the interviews with the residents ranged from 30 minutes to 2.5 hours, and most lasted approximately 1.5 hours.

More interviews were conducted with six family and five staff members to obtain additional information and enrich the study data (Appendixes C and D). The staff members were asked about the services and environments the nursing homes provided for Korean American residents and about the social interactions and relationships between the residents and the staff, their family, and other residents. In addition, they were asked about the barriers to or difficulties in providing culturally sensitive environments and care. The interviews with the staff members lasted 20 to

70 minutes and occurred mostly in their offices (a nurse aide was interviewed in a dining room).

Observation

Observation is often used in qualitative research as an important way to record behaviors, events, and artifacts or objects in a specific social setting (Marshall & Rossman, 2006). For this study, I used casual or unstructured observation without a scoring system and prearranged categories (Punch, 1998; Sommer & Sommer, 2002). Here, the purpose of observation was to enrich the data about cultural environments provided by the nursing homes for Korean American residents as well as the data on social interaction patterns among the residents and staff members, the residents' space utilization, and the general overview of the daily routines. The observations focused particularly on the decoration of private and public spaces; meal time and on-site recreational activities and religious services; and communication behaviors among the residents and staff members. To accomplish this, I observed the residents' private or semiprivate rooms (before or after the interviews) and public spaces such as dining rooms, lobby, and lounge areas, hallways, and outdoor spaces of each nursing home. These observations occurred between 10 a.m. and 8 p.m. for about 1.5 months. I wrote my observations on a note pad, including my feelings and interpretations about them. In addition, I included rough sketches and photographs of the residents' rooms using a digital camera, with respondents' permission.

Document Review

Documents of all types, including public records, personal documents, and physical material, "help the researcher uncover meaning, develop understanding, and discover insights relevant to the research problem" (Merriam, 2001, p. 133).

Documents enabled me to obtain useful information regarding the facilities and

programs and encouraged me to think about important questions when pursuing more direct observations and interviews (Merriam, 1998). I reviewed the supplemental documents provided by the administrators, such as brochures, resident handbooks, activity schedules, and other written materials regarding residents' rights, including the mission statement of each nursing home.

Human Subjects Considerations

This research study was approved by the Institutional Research Board (IRB) at the University of Missouri-Columbia through the expedited review procedure.

Permission was obtained from the head of administration in each nursing home. The informed consent form was written in both Korean and English, and potential participants were allowed to choose their preferred language. Prior to the interviews, the participants were provided a full oral and written explanation of the purpose of the study, including the procedures, the freedom to withdraw at any time without penalty, the risks, benefits, confidentiality, anonymity, and compensation (Appendixes E, F, G, H, I, and J). Then, written consent was obtained from each participant.

The participants were informed that they would be asked general questions about themselves and about their experiences, feelings, and thoughts about living in the nursing home; that the interview would last 2 to 3 hours and be conducted at a time and place of their preference; that it would be audio-recorded using a digital recorder or a tape recorder; that all information would be processed in a manner to protect anonymity and confidentiality; and that there would be no compensation for participating in this study. The participants were also informed of the risks and benefits, their right to discontinue the participation at any time without penalty, and their right not to answer any questions. Once they understood this study and expressed orally a willingness to participate, they were provided with informed consent forms

written in Korean or English, according to their preference. Participants received a copy of the consent form, which included contact information for me, my supervisor, and the IRB office of the University of Missouri-Columbia. Although there were minimal risks to participate in this study, some unforeseen results could occur: The participants might feel some tiredness or distress during the interview, or they might feel uncomfortable being recorded. Thus, the participants were informed that they could have a short break during interview if needed. In addition, there were nurses in all nursing homes; therefore, they could be called to deal with physical or mental issues if necessary. However, the participants had no physical or mental problems requiring treatment.

The promise of anonymity and confidentiality is important ethically, but it also increased the likelihood that respondents would answer fully and truthfully. For instance, if residents were concerned that staff would not like them if they expressed negative opinions, they might be reluctant to offer criticisms. Most interviews were conducted at the facilities without staff present. When a staff member came to the area where the interview was being conducted, we stopped the interview until he or she left (although one resident asked to be interviewed with a staff member present). On the other hand, the staff might be afraid that the nursing home would be evaluated negatively and other people (including me) would think poorly of the facility. Therefore, I informed staff that only I know the identity of both the facility and the participants and that only I would have access to research records that could identify them. Specifically, the records would be kept in a locked filing cabinet in my house and all electronic data would be stored on my personal computer, which is password protected. In addition, all participants were made aware that the audiotapes and electronic files of interviews would be destroyed within 3 years of the study's

completion. There is another common difficulty when conducting studies with Koreans: Yu (1979) argued that the solicitation of Korean participants via written informed consent forms might mean it is virtually impossible to conduct an interview, due to their signature phobia. Fortunately, after listening to my detailed explanation of this study, all potential participants signed the informed consent forms.

Data Analysis

To analyze the data, qualitative content analysis was used. Research that employs qualitative content analysis “focuses on the characteristics of language as communication with attention to the content or contextual meaning of the text” (Hsieh & Shannon, 2005, p. 1278). Qualitative analysis is used with text data obtained from open-ended questions, interviews, observations, focus groups, or print media of various sorts (Hsieh & Shannon; Kondracki & Wellman, 2002). There are three approaches to qualitative content analysis: conventional, directed, and summative. I employed two of these approaches. First, a directed approach was used to identify the overall physical, social, and organizational features of each nursing home, including cultural features. Second, a conventional approach was employed to identify needs, preferences, and levels of satisfaction of Korean American elders in nursing homes. Whereas coding categories in conventional content analysis are derived directly from the text data, directed analysis starts with predetermined categories derived from existing theory or prior relevant research findings (Hsieh & Shannon). Analysis using a directed content approach is guided by a more structured procedure than that using a conventional approach (Hsieh & Shannon). By employing existing theory and prior research, researchers identify key concepts or indicators as initial coding categories (Potter & Levine-Donnerstein, 1999) and determine operational definitions for each category (Hsieh & Shannon). On the other hand, a conventional approach enables

qualitative researchers to obtain “direct information from study participants without imposing preconceived categories or theoretical perspectives” (Hsieh & Shannon, pp. 1279-1280) because categories, key words, and themes are derived during data analysis (Kondracki & Wellman). When existing theory or research literature on a phenomenon is restricted, this conventional approach is usually proper and usually allows researchers to obtain a richer understanding of a phenomenon (Hsieh & Shannon).

Qualitative content data analysis is a flexible method with no simple guidelines or rules and thus is challenging for the researchers using it (Elo & Kyngäs, 2007). I performed qualitative data analysis in several steps. Prior to analyzing the data, I had several data management stages to organize and code the data. First, rough sketches, documents obtained from each facility (e.g., brochures, resident handbooks, activity schedule, and other written materials), and field notes were reviewed and organized for each nursing home. Handwritten field notes were typed and converted to computer files. A file folder for each nursing home was made to organize all data culled from interviews, field notes, photographs, and documents.

Second, before transcribing the audio-recorded interviews, I listened to each interview to obtain an overall sense of the respondents’ voices, as Maxwell (2005) suggested. Then, I transcribed all audio-recorded interviews using Microsoft Office Word. While transcribing, I tried to find accurate meanings of the interviewees responses by paying attention to their vocal tone and pitch. Transcription was a time-consuming yet critical process. Seidman (2006) pointed out that “interviewers who transcribe their own tapes come to know their interviews better” (p. 115), even though “the work is so demanding that they can easily tire and lose enthusiasm for interviewing as a research process” (p. 115). Bailey (2008) argued that transcribing is

an important first step in data analysis, rather than simply a technical task that includes decisions “about what level of detail to choose (e.g., omitting non-verbal dimensions of interaction), data interpretation (e.g., distinguishing ‘I don’t, no’ from I don’t know), and data representation (e.g., representing the verbalization ‘hwarryuhh’ as ‘How are you?’)” (p. 127).

Third, raw data in Korean were translated into English for analysis; this was challenging for me even though I am bilingual person. Sapir (1921) argued that because a language is spoken within a cultural setting, translation is “a matter of not only switching words spoken into another language, but also translating culture” (Lee, 2004, p. 19). To retain the original meaning of the participants’ quotations and to ensure accuracy, I translated by constantly comparing the subtle and contextual meanings between Korean and English. Some words and sentences were revised by a Korean doctoral student and an American who is a native English speaker after we all reviewed and discussed the transcripts. However, several Korean words that might not translate directly into English were retained, including *ondol*, *kimchi*, *yut*, *janggi*, and *hawtu*. Data analysis was conducted with the English transcripts, but I used the Korean transcripts for reference as needed. The transcribed and translated English texts were put on the left side of each page. The right side was left blank to accommodate notes, codes, and categories, patterns, or themes for coding.

Fourth, for data analysis, the condensed, coded, and categorized data were transferred to Excel spreadsheets, according to each category and theme. A directed approach to qualitative content analysis was employed for the first data analysis. First, I carefully read all data, including field notes and supplemental documents from the nursing homes, to obtain a sense of the whole, making reflective notes and memos. Then I extracted the data about the background characteristics of the Korean

American residents who participated in this study and noted the overall physical, social, and organizational features of each nursing home. Next, I made a profile table for each participant, containing his or her pseudonym, age, marital status, education, English proficiency, number of children, religion, length of residence in the United States, length of stay in a nursing home, immigration status, and previous living arrangement. To maintain confidentiality, I used pseudonyms for the participants and facilities. Then, I labeled data with codes such as reasons for moving into the nursing home, providing Korean cable TV programs, frequency of contacting a resident's family, and so on. The codes (e.g., garden, dining room, bathroom, providing Korean food, prohibition on using electronics) were grouped into subcategories (e.g., facility's exterior, public spaces, semiprivate spaces, private spaces, relationships with other residents, services, rules). Then they were sorted into three main categories (physical, social, and organizational environments) derived from the integrative model of place (IMP) proposed by Calkins and Weisman (1999). Finally, after transferring the coded text to Excel spreadsheets by category, I compared and contrasted the text. The categories were organized by facility, and the contents of the categories were compared across nursing homes.

A conventional approach to qualitative content analysis was used for the second data analysis. Therefore, I followed the three phases suggested by Elo and Kyngäs (2007): preparation, organization, and reporting. The preparation phase included selecting the unit of analysis and obtaining a sense of the whole (Tesch, 1990). The initial step involved reading the data carefully to gain an overall understanding of the content. Then, the text pertaining to the second research question that identified the needs, preferences, and levels of satisfaction of Korean American elders in nursing homes was extracted, synthesized, and became the unit of analysis.

The second step was to organize the data by using open coding, categories, and abstraction (Elo & Kyngäs, 2007). *Open coding* means that “notes and headings are written in the text while reading” (Elo & Kyngäs, p. 109). I started by reading each transcript word by word and line by line to identify the codes. During reading, I underlined the text that “appeared to capture key thoughts or concepts” (Hsieh & Shannon, 2005, p. 1279) and wrote as many headings as necessary to the right of the text (Elo & Kyngäs, 2007). Those headings included the reasons why the elderly moved into the nursing home, the favorite activity programs, the frequency of participating in the activity programs, the particular services for Korean residents, the communication problems with non-Korean staff, the rules that the Korean residents disliked, the things Korean residents need in their own rooms, the negative aspects of living in the facility, and so forth. After completing the open coding of the four interview documents, I identified preliminary codes. I also wrote my impressions, thoughts, ideas, themes, initial analysis, and hunches, mostly in English. After the preliminary codes emerged from the text data, the remaining transcripts were coded; several new codes were added when I encountered data that did not fit an existing code. Data saturation was reached when “no new information seem[ed] to emerge during coding” (Strauss & Corbin, 1998, p. 136). All identified codes were collected on coding sheets (Cole, 1988; Dey, 1993; Downe-Wamboldt, 1992) and categories were freely generated (Elo & Kyngäs, 2007).

The next step was to group similar or related codes and sort them into meaningful clusters, or categories (Hsieh & Shannon, 2005). Depending on their interrelationships, categories were reorganized into broader, higher-order categories (Elo & Kyngäs, 2007). By using tree diagrams and memos, I refined categories, creating hierarchical structures (Hsieh & Shannon). I continued the process of

formulating categories as far as was reasonable and possible (Elo & Kyngäs). By continuing to synthesize and reanalyze the categories, I found two main themes with nine subthemes that explained the data. After receiving feedback from my dissertation advisor, I revised some themes and determined the final themes with the synthetic meaning for categories. The final themes encompassed all data regarding needs, preferences, and levels of satisfaction of Korean American elders in nursing homes.

Achieving Trustworthiness

The qualitative and quantitative research traditions use different concepts to describe trustworthiness (Graneheim & Lundman, 2004). In a qualitative inquiry, *credibility*, *dependability*, and *transferability* have been used as the criteria for evaluating research quality (Guba, 1981; Lincoln & Guba, 1985; Graneheim & Lundman). Guba (1981) defined the concepts as follows:

- Credibility—having confidence in the truth of the findings of a particular inquiry for the subjects and the context of the inquiry;
- Dependability—whether the findings would be consistently repeated if the inquiry were replicated with the same subjects in the same context; and
- Transferability—the degree to which the findings may have applicability in other contexts or with other subjects. (pp. 79-80)

To increase the trustworthiness of this study, I employed several strategies. First, the credibility of this study was enhanced by triangulation (Patton, 2002). I collected the data using multiple methods (the interviews with residents and family and staff members, observations, document reviews, and field notes) and research sites (Maxwell, 2005). This is a common strategy to reduce the risk that research findings reflect systematic biases or the limitations of a single method or a single source and involves checking the findings against different sources and perspectives

(Maxwell, 2005). Second, in order to enhance credibility in the translation of data, the interviews that I translated into English were translated back into Korean with the translation software SYSTRAN V6 (SYNSTRAN Software Inc, San Diego, CA). The English transcripts were also reviewed and revised by a Korean doctoral student who is bilingual and professional American writers who have worked with many Korean graduate students; the process entailed extensive discussion. Third, after I completed the data analysis and wrote the findings, my dissertation advisor reviewed and evaluated them. Fourth, to enhance neutrality and minimize personal bias, my supervisory committee reviewed the findings and provided relevant feedback. Fifth, to enhance the dependability of this study, an audit trail was made, consisting of the original transcripts, data analysis documents, field notes, documents collected from each nursing home, and the text of the dissertation itself (Graneheim & Lundman, 2004). Finally, to facilitate transferability and enhance the credibility of the research findings, I provided a clear and detailed description of the context, the selection and characteristics of the participants, and the data collection and analysis, as well as a rich and thick description of the findings with appropriate quotations (Graneheim & Lundman).

CHAPTER VI

FINDINGS

This chapter contains three sections. Section 1 describes the general background of each participant and the selected nursing homes. It includes an examination of demographic characteristics, such as age, gender, marital status, education level, and previous living arrangements. In sections 2 and 3, data are presented to answer three questions: (a) What are the overall features of physical, social, and organizational environments of nursing homes in the United States where many Korean American elders reside? (b) What are cultural features provided by nursing homes for Korean American residents? and (c) What are the particular needs, preferences, and levels of satisfaction of Korean American residents in nursing homes? Section 2 describes the overall features of each nursing home, including the physical, social, and organizational environments as well as the cultural features provided for Korean American residents. Two main themes regarding the needs, preferences, and levels of satisfaction in nursing homes were identified:

- 1) I want to maintain the Korean way of life in the nursing home
- 2) Where can I receive care like here? But . . .

In section 3, the two main themes are presented with their subthemes.

General Characteristics of the Participants and Nursing Home Sites

Characteristics of Residents

All the participants were recruited from three nursing homes on the East Coast of the United States. A total of 26 Korean American elders participated in this study. Table 3 shows their profiles. Five men and 21 women were interviewed, ages 58 to 90

(the average age was 78). All the participants were born in Korea, and a majority ($n = 16$) immigrated to the United States at age 55 or older. All of them arrived in the United States after the Immigration and Naturalization Act of 1965 was enacted: seven in the 1970s, nine in the 1980s, five in the 1990s, and five in the 2000s. All the participants had married; a majority ($n = 16$) of them were widowed. Eleven had completed the equivalent of an elementary education or had no formal schooling; three had a middle school education; four had a high school education; and eight had a college education. With regard to English proficiency, almost all ($n = 19$) reported they were unable to speak and understand English at all; three reported “a little”; and only four reported they spoke English “well” or “fair.” A majority of the participants ($n = 19$) were Protestant, four were Catholics, two were atheists or were not affiliated with any faith, and one was a Buddhist. All the participants had children (an average of four children per person). Many had children residing near the nursing homes.

The length of stay in a nursing home ranged from 4 months to 4 years (the average was 2.3 years). The length of residence in the United States ranged from 2 to 37 years (the average was 26). A majority of the participants ($n = 20$) came to the United States at the invitation of their children. Three arrived here at the invitation of their siblings, and three were economic immigrants who moved in their 30s or 40s to achieve a better life. In terms of previous living arrangements, many of the participants ($n = 15$) had lived with their families, particularly their adult children; seven had lived alone, three with a spouse, and one in another nursing home. A large majority of the participants had taken care of their grandchildren and/or did household chores for their adult children. Some of them later lived independently, usually in government-subsidized housing.

The residents were asked who initially made the decision to move them into a nursing home. A majority of the elders (16) responded that it was either their decision (nine) or their children's (seven). Four residents responded that they moved there from a hospital, and one woman said she moved to the facility to be with her husband. In many cases, they found the facility through Korean ethnic newspapers. Other sources used to obtain information about nursing homes included Korean ethnic television commercials, fellow church members, and doctors. The common reason for the decision was that they did not want to burden their children; it felt uncomfortable to live with family members, such as a son- or daughter-in-law; and they were lonely at home because their health conditions had been deteriorating:

I don't want to become a burden on my children. So I looked for a comfortable place to live and moved into this nursing home. (Mrs. Seo, Lake View)

I'm disabled so I had difficulty going downstairs to have a meal and they had to give me my meds on time. I decided to move here to let them go out freely and live freely. Many patients came here for the same reason I did. (Mrs. Shin, Lake View)

I am a widower. Are there daughters-in-law in the world who like to live with a widowed father-in-law? Nobody. Caring for a widowed father-in-law is difficult. So I considered everything and decided to come to the nursing home. (Mr. Choi, Beautiful Tree)

Even if my daughter treats me nicely and lives well, I feel uneasy with my son-in-law. (Mrs. Jang, Beautiful Tree)

Table 3
Profiles of Residents

Facility	Gender/Pseudonym	Age, year	Marital status	Education	English proficiency	No. of children	Length of nursing home residence	Religion	Length of residence in the U.S.	Immigration	Previous living arrangement
Beautiful Tree	F	76	Widowed	Elementary school	Not at all	3 sons 2 daughters	3 years	Catholic	15 years	By child	Alone
	Mrs. Kim										
	F	86	Widowed	High school	A little	3 daughters	1 year 4 months	Protestant	20 years	By child	With family
	Mrs. Han										
	F	71	Married	Middle school	Not at all	1 daughter	3 years	Protestant	36 years	By child	Alone
	Mrs. Song										
	M	80	Widowed	Elementary school	Not at all	1 son 1 daughter	3 years	No religion	17 years	By child	Alone
	Mr. Choi										
	F	77	Widowed	Middle school	Not at all	2 sons 3 daughters	6 months	Protestant	7 years	By child	With family
	Mrs. Moon										
	F	86	Widowed	Elementary school	Not at all	2 sons 1 daughter	4 months	Protestant	2 years	By child	With family
	Mrs. Sung										
F	84	Widowed	Elementary school	Not at all	1 son 3 daughters	2 years	Buddhist	20 years	By child	With family	
Mrs. Jang											
F	75	Widowed	College	A little	5 sons 1 daughter	2 years	Protestant	35 years	By sibling	With family	
Mrs. Lim											
M	81	Married	No school	Not at all	4 sons 1 daughter	2 years 6 months	Protestant	18 years	By child	Nursing home residence	
Mr. Kang											
F	65	Married	College	Well	1 son 2 daughters	3 years	Protestant	20 years	Economic immigrant	With spouse	
Mrs. Oh											

	F Mrs. Nam	70	Married	High school	Not at all	1 son 1 daughter	1 years	Catholic	2 years	By child	With spouse
	F Mrs. Lee	83	Married	Middle school	Not at all	2 daughters	1 year	Protestant	30 years	By child	Alone
	F Mrs. Seo	85	Widowed	College	Not at all	1 son 4 daughters	2 years	Protestant	7 years	By child	Alone
	F Mrs. Cho	88	Widowed	No school	Not at all	1 son 3 daughters	4 years	Protestant	34 years	By child	Alone
	F Mrs. Shin	86	Widowed	College	Fair	1 son 1 daughter	1 year 10 months	Protestant	30 years	By child	Alone
	M Mr. Son	85	Widowed	College	Well	3 sons 1 daughter	3 years	Protestant	37 years	Economic immigrant	With family
	F Mrs. An	58	Married	College	Well	2 sons 4 daughters	1 year	Catholic	27 years	Economic immigrant	With family
	M Mr. Yoo	90	Married	High school	Not at all	1 son 4 daughters	1 year	Protestant	27 years	By child	With family
	M Mr. Park	72	Married	No school	Not at all	3 sons	4 months	No religion	23 years	By sibling	With family
	F Mrs. Hong	85	Widowed	Elementary school	Not at all	3 sons 1 daughter	8 months	Protestant	27 years	By child	With family
	F Mrs. Whang	83	Widowed	No school	Not at all	4 sons 1 daughter	3 years	Protestant	15 years	By child	With family
	F Mrs. Joo	77	Widowed	No school	Not at all	2 sons 1 daughter	3 years	Catholic	15 years	By child	With family
	F Mrs. Wang	70	Married	College	Not at all	2 daughters	3 years	Protestant	4 years	By child	With family
Blue Sky	F	60	Married	College	A little	2 daughters	2 years	Protestant	25 years	By sibling	With spouse

	Mrs. Min												
	F Mrs. Ku	80	Widowed	High school	Not at all	1 son 2 daughters	3 years	Protestant	20 years	By child	With family		
	F Mrs. Bok	74	Widowed	Elementary school	Not at all	2 sons 3 daughters	1 year	Protestant	24 years	By child	With family		

Older people are at home every day and look after their children's house. We just look after the house alone. We feel very lonely, so we are worried that we will have the blues or dementia. . . . I felt uncomfortable about living with my son-in-law. So I moved into my son's house, but then I felt uncomfortable with my daughter-in-law. (Mrs. Moon, Beautiful Tree)

My daughter had leased an apartment in Flushing for me so I'd lived there for a year. But I had difficulty living alone. . . . After that, I moved into this nursing home in 2006. Although I had received enough money from the government, I was very lonely while living at the apartment alone. (Mrs. Song, Beautiful Tree)

Like Mrs. Song, other Korean American elders often expressed feelings of loneliness or isolation resulting from language problems and difficulties using transportation. Even though they lived with their adult children, they spent most of their time at home alone because most family members worked until late at night. Thus, social contact was one of the participants' main reasons for institutional placement.

Two participants moved into the facility with their spouses, despite being able to live independently. They lived with their disabled spouses in a two-bed room and took care of them. Mrs. Nam had lived with her husband in an apartment and was his sole caregiver. She was institutionalized because her health had worsened and she could no longer care for him alone:

I have backaches. Whenever I lifted him up, my back was so painful. I couldn't take care of him alone. So we moved together here. (Mrs. Nam, Beautiful Tree)

Unlike Mrs. Nam, who moved into the nursing home for her husband's sake, Mr. Park came to the facility because he needed a break from taking care of his grandchildren and doing housework:

I lived in my son's house. Because my son and my daughter-in-law went out to work and came back home late at night, after school my grandchildren told me,

“I’m hungry, Grandpa.” So I had to cook for them. They always asked for food from me, even when their mother was at home. That was very annoying to me. They were so noisy and always littered the rooms. I don’t like messed-up rooms. . . . I had to take care of them and clean the rooms. . . . I can live in an apartment that is close to this nursing home, but I don’t like to cook and eat alone because my wife moved into the nursing home. My son suggested moving into the nursing home, so I came to this facility. (Mr. Park, Lake View)

Characteristics of the Nursing Home Sites

As previously mentioned, the study sites are three nursing homes on the East Coast, a region with many Korean American elders. Lake View is one of the largest licensed nursing homes affiliated with a large hospital as a nonprofit facility. A three-story building, separate from the main facility, is designated for Korean American residents (Figure 2). Of the 136 Korean American residents at the nursing home, there were 100 in the separate building and 36 in the main building. Built by Korean American Christian groups, the building for Korean American frail elders opened in 2003 as the first Korean long-term care facility in the state.

Beautiful Tree is a large, government-run, nonprofit nursing home with 889 beds. On the suggestion of Korean American Christian groups, the nursing home began special programs for Korean American frail elders in 2005. The facility’s four floors housed about 100 Korean American residents and about 470 non-Korean American residents, with the first floor predominantly (more than 80%) Korean Americans.

Blue Sky is a 10-story building and a for-profit facility. The facility was opened 38 years ago, and the special programs for Korean American residents started 3 years ago. There were 32 Korean American residents in the facility, all living on the ninth floor.

All the nursing homes were located in counties with many Korean Americans. A majority (about two thirds) of Korean American residents in the nursing homes were women. Every facility accepted Medicaid, Medicare, private insurance, and private pay. They had Korean staff members who spoke Korean; this included administrators, coordinators, recreational assistants, nurses, and nursing aides. Korean ethnic foods, Korean TV and radio channels, church services conducted by Korean pastors, several Korean activity programs including the game of *yut*, karaoke, Korean movies, and teatimes were provided for the Korean American residents. The facilities were visited by pastors and other volunteers from the surrounding and ethnic communities.

CAMPUS MAP

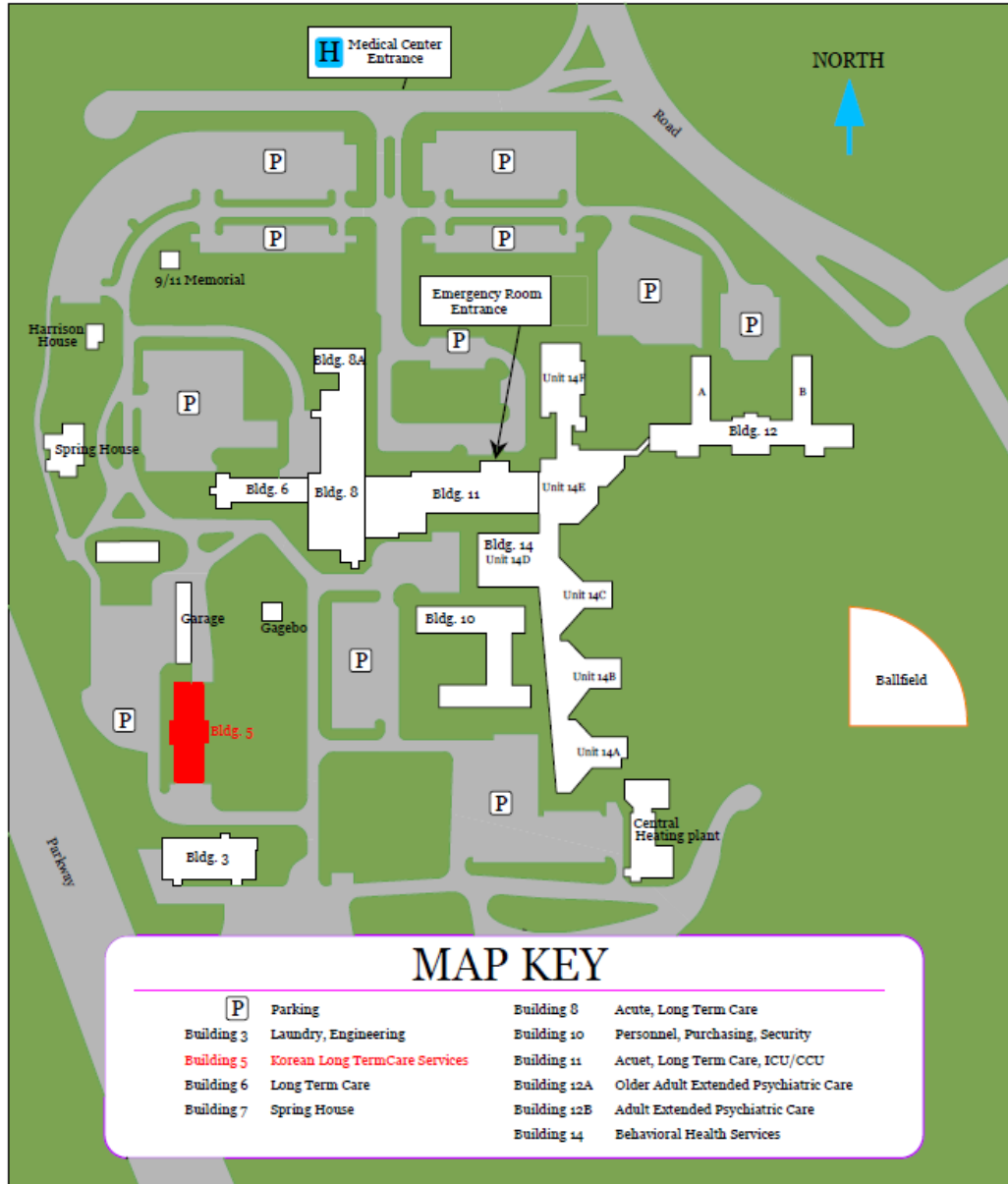


Figure 2. Campus Map at Beautiful Tree. Note. The red-colored building is for Korean American residents. From the Web site of Beautiful Tree (pseudonym).

Overall Physical, Social, and Organizational Features That Nursing Homes Provide for Korean American Residents

Many Korean families were overcome with anxiety about care for the seniors in the community. Life in America does not make it easy for families to care for the elders the way it is done back home in Korea. Out of this spirit of love and commitment of the Korean community, Korean long-term care was born.
(Brochure, Beautiful Tree)

This section describes the overall physical, social, and organizational environments of the three nursing homes, including cultural features provided for the many Korean American residents. The physical environment includes exterior, public, semiprivate, and private spaces. The social environment includes the interactions and relationships between residents, the staff, family, and friends. Last, the organizational environment includes services, activities, and rules or policies.

Physical Environment

Lake View

The three-story brick building at Lake View had plenty of visitor parking, which made it more convenient for the residents' families to visit. Mr. Park, who lived in the facility, responded that the ample parking was one reason he moved there from another nursing home. He said, "I lived in another nursing home in the state. The nursing home had problems. They didn't have enough parking spaces for visitors in the facility. So my children had difficulty visiting me." He pointed out another good feature: "A hospital was next to this building. If we have a problem, we can go to the hospital immediately. I had to go to a hospital by ambulance when I lived in my previous nursing home." The proximity to the hospital gave the residents a feeling of security.

Compared with the other two nursing homes, Lake View had the largest outdoor garden and most well-managed grounds. Many participants responded that the garden with its many trees and flowers was their favorite place, although residents could only go there with staff permission. The facility also offered a small field for the healthy Korean American residents to plant traditional Asian vegetables, such as peppers, sesame leaves, Chinese cabbages, lettuce, and cucumbers.

The walls were painted and featured accent borders. Aside from the first-floor lobby, which was carpeted, the floors were covered with vinyl tile. Many of the residents disliked living on the first floor, because an odor from the carpet permeated the air; the smell was not removed easily compared with the tiled floors. In addition, typical Korean residential housing units use wallpaper and vinyl instead of paint and carpets. As a result, Korean American residents associated this environment with a hospital or institution instead of their home. In fact, a majority of the residents responded that their current dwelling was not their home but a hospital or health care institution for the elderly. They also said that the current setting was different from their homes in both Korea and the United States. Lake View looked institutional due to the similar patterns, colors, and textures on each wing; an institutional odor, including smells of urine and disinfectant; the way residents' rooms were arranged along long corridors; elevated nurses' stations placed at intervals to maximize efficiency; the fluorescent lighting; and a curtain that could be drawn around each resident's bed (Figure 3).

Legend

1. Entrance
2. Resident Room
3. Nursing Station
4. Dining Room (Multi-purpose Room)
5. Office
6. Public toilet
7. Shower & Tub Room
8. Elevator

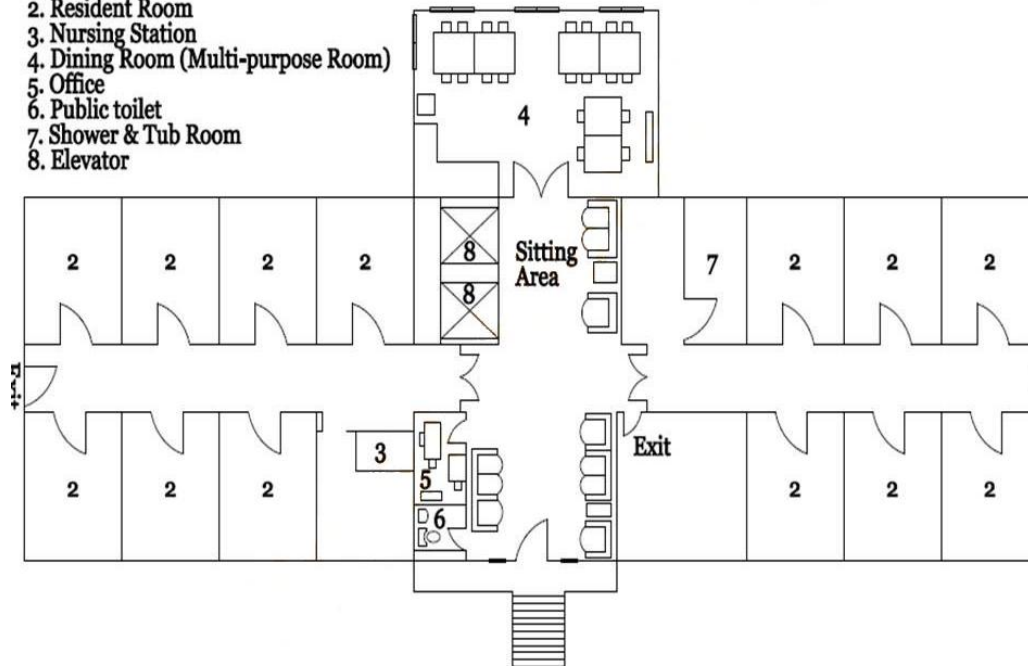


Figure 3. First-floor Plan at Lake View.

At Lake View, the physical features of the Korean American building were the same as those of the main building, where most residents were other ethnicities. The only difference was the Asian artwork that hung on the walls of the Korean American building. Even many written materials were in English, such as the name tags on residents' doors, signage, and notices posted on a bulletin board. Although the activity schedule distributed to the Korean American residents was written in both English and Korean, it was printed in such a small font that residents who had vision problems might not be able to read it.

Diverse indoor public spaces were not provided for the residents. The coordinator of the nursing home said this was not important because most residents had physical and/or mental limitations and were unable to use such spaces. Yet, many Korean

American residents responded that the nursing home had no public places they liked. They went to the dining room and the lobby when they felt bored. Each floor had a dining/multipurpose room with a big television, rectangular tables, and armchairs. The dining room on the second floor contained a karaoke machine. Aside from eating, many activities took place in one of the dining rooms, such as watching television with other residents, conversations, recreational activities, and church services. Therefore, it was the public space used most frequently by the residents. The dining room on the second floor was the largest in the facility; thus, the church service and other recreational activities took place there. As a result, the residents tended to like living on the second floor, and those residing on that floor were more likely to participate. A resident's granddaughter explained why her grandmother, who was not active and lived on a different floor, did not participate in these activities:

My grandmother is usually sitting right here [the lobby], in the chair. I'm sure she would participate in the activities if they took place on this floor. But they usually go to the second floor for them. She doesn't make an effort to go upstairs. . . . She's kinda shy too, so she doesn't make effort to participate in the activities and other services held there. I think that they usually take place on the second floor. Church service is also on the second floor. There are bigger spaces to do things but someone is shy. If you didn't have a group of friends and I wouldn't invite you, you're always shy, you would choose not to go and say, "I don't want to go." So . . . she said, "I don't want to go" because she doesn't feel at home and that isn't a group of friends. So she just stays here and is comfortable in this area. So everything is going on here.

The administrator assigned residents to single, double, and three-bed rooms. Most rooms had three beds (Figure 4). Two-bed rooms were mostly assigned to married couples. Some of the two-bed rooms and all of the three-bed rooms had a half bath, but the single rooms and some two-bed rooms did not. Thus, some elders had to share a

common bathroom with other residents. Many of them said this was inconvenient and wanted a private room with a toilet.

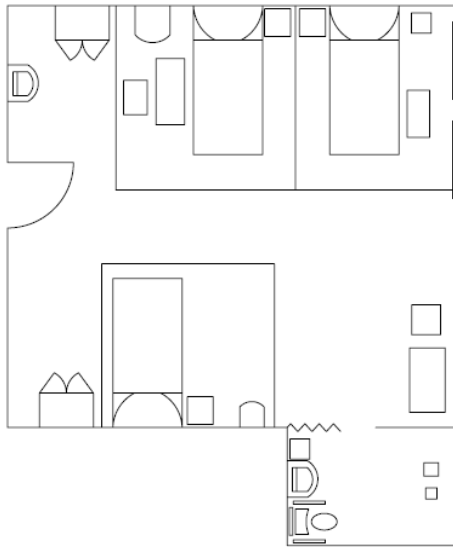


Figure 4. Three-bed Room at Lake View

All residents had to use a common bathroom when they bathed themselves or were bathed by a nursing aide. Because bathing time was scheduled, no one complained about using a common bathroom, but Mrs. Lee commented, “Here is a bathroom but it has no large bathtub to immerse my body in the hot water as I did in Korea. We can just take a shower there.” Also, Mrs. Joo complained, “We don’t lower our body in the bathtub. Instead, the nursing aide splashes water on our body and towels [us] off. I feel that that is so strange. I don’t like it. I used to lower myself into a bathtub. I don’t understand why we can’t do it here. The staff doesn’t allow us to lower ourselves into a bathtub.”

Each resident’s private space was furnished by the facility and included a twin bed, a table, a dresser, a side drawer, a chair, and curtains. The ceiling in each resident’s room had fluorescent lights, and there was a small fluorescent light above each bed. All

residents stated that they could not bring their own items (including furniture) into the facility without permission from the staff. As a result, some felt a sense of loss upon entering the facility. Mrs. Shin said, “Everything changed. There were a nice dining table, a nice desk, and a television table in my previous home. I brought only this refrigerator here. My son brought the new television. This isn’t mine. The bed isn’t mine and [other things] aren’t mine. American people hate to place things on the floor so I put things on the small drawer.” Most of the Korean American residents brought only a thick bed quilt or a blanket, a television, a small refrigerator, a chest of drawers, photographs of their family members, and their own clothes. Because there were relatively fewer single and two-bed rooms, most residents shared a room with two other people and had limited personal space. This both discouraged residents from personalizing the space with their belongings and added security concerns such as fire or theft. Residents’ limited personal space seemed crowded with the belongings and furnishings they were permitted (Figure 5). The residents wanted more personal space to store their belongings and to bring items they often used at home.

Except for residents living in a single room, most had difficulty finding privacy, even in their own room. A granddaughter of a female resident stated, “Two other people share her room. She has been wanting to have a single room just to seek her privacy. . . . There is no privacy. The door is always open. They don’t have privacy that they would have had at home.” Drawing a curtain around the bed was the only way to achieve any privacy, but it was not effective; their behaviors and conversations were easily observed. Nevertheless, many residents used their curtains for some semblance of privacy. Even so,

Mrs. An and Mr. Park said that they disliked drawing the curtain around their beds because it made them feel cramped and locked in the small space.

Mrs. An wanted to change to a bed near the windows, but the staff did not allow this because the bed was reserved for another resident. Like Mrs. An, other Korean American residents preferred a bed near the windows. Some residents complained that their rooms were noisy and wanted a quiet private room. However, when the residents were asked what they disliked most about their rooms, the majority cited bad odors, such as urine, relating to their frail roommates.

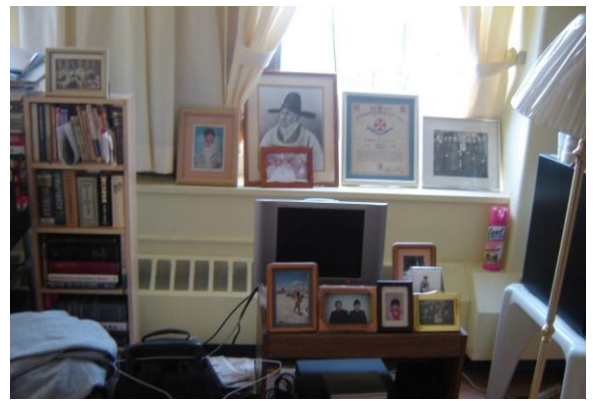
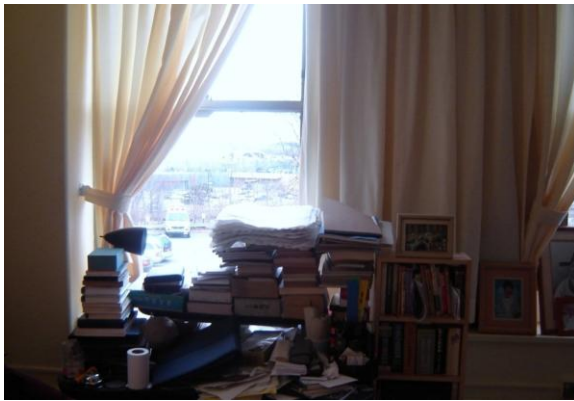


Figure 5. Personal space in a three-bed room, Lake View.

Beautiful Tree

Beautiful Tree's brick building had three floors above and one floor below the ground. Similar to Lake View, the facility had plenty of parking spaces for visitors. A son of a male resident of the nursing home mentioned the importance of this:

It was difficult for the children visiting their parents in the nursing home where my father had lived. There were very few parking spaces for the visitors in the nursing home. There were some parking lots with parking meters, but there were no available parking lots on weekends. So, my wife went upstairs to see my

mother and I would be in my car. It was so inconvenient. My wife and I couldn't visit my father every weekend. This new facility has enough parking spaces for the residents' families, so we visit him more frequently than before.

There was a fenced yard that seemed to be a space for smoking; whenever I visited, some residents were smoking there. Although it was the only outdoor place where the residents could go freely, most Korean American residents avoided it. Mrs. Sung, a resident at the facility, said that she avoided the area due to the smokers and the dirty conditions. She said, "We can go to the yard, but I don't go there because I don't smoke and dislike whiffs of smoke. Also, there is much excrement of doves. . . . Although there are a couple of chairs, I don't sit on them. Some residents spit near the chairs and blow their noses. They are very dirty so I don't sit there."

Mrs. Oh, living in the same facility, wanted a Korean-style outdoor feature such as a water mill (*mullebang-a* in Korean). This type of water mill was used for grinding or powdering grains in Korea but is obsolete now. She said, "I wished to make a water mill in this facility for the Korean elderly. It will let us recall our old times and memories of our childhood. Even if it were made here, it [would be] useless because the staff wouldn't allow us to go there. This facility would feel [it was] a burden to make a water mill. If someone falls into the water, the nursing home would take responsibility for the accident. Here, there are a lot of people who are out of their minds."

The interior of Beautiful Tree looked like a hospital. It had the same colors, patterns, and textures on each wing; residents' rooms and public spaces were arranged down very long corridors, with white walls, vinyl tile flooring, fluorescent lights, nurses' stations placed at intervals, an institutional odor including smells of urine and disinfectant, and curtains drawn around residents' beds. There was a security guard close

to the main entrance to watch residents and check visitors' IDs. Of the three nursing homes selected for this study, this facility's physical environment had the most institutional atmosphere. In particular, the many wings and long corridors with their monotonous design made it easy to lose one's way. The floor where many Korean American elders resided was decorated similarly to other areas of the facility. Like Lake View, the only difference was several Asian pictures and paintings hung on the walls.

Korean American residents were grouped in Units 11, 14, 16, and 17 on the first floor (Figure 6). Unlike Lake View and Blue Sky, there was a recreation room in the basement with English-language videotapes, books, magazines, puzzles, a pool table, a foosball table, and a basketball arcade. However, no Korean American residents used this room, for several reasons: their unfamiliarity with the Western games and recreational activities, their physical and/or mental problems, their lack of proficiency in English, and the lack of interesting organized activities there. Like the other two nursing homes, the dining room contained a big TV, a karaoke machine, armchairs, and rectangular tables and was used as a multipurpose room. It was the most popular public space among the residents.

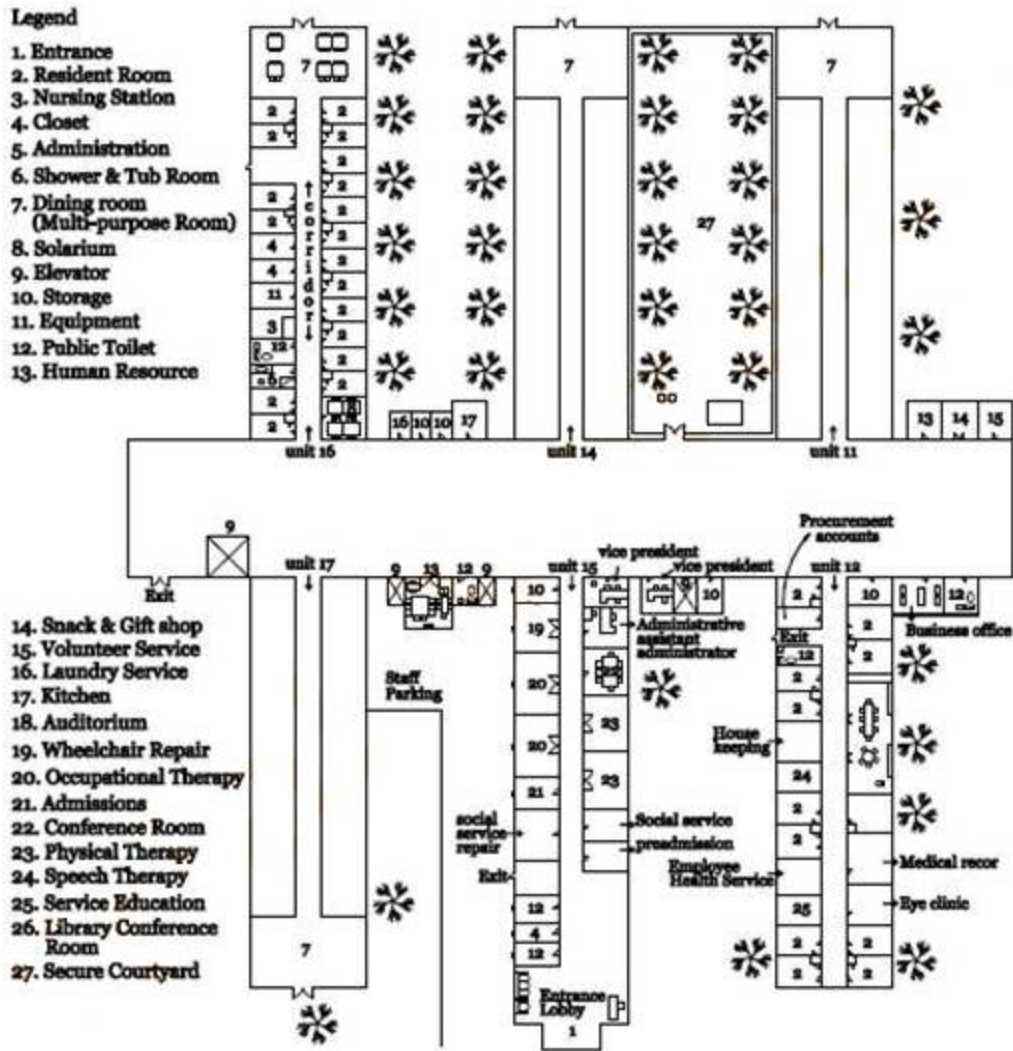


Figure 6. First-floor plan at Beautiful Tree.

Note. Korean American residents were grouped on the first floor in Units 11, 14, 16, and 17.

Like Lake View and Blue Sky, the nursing home did not have an appropriate space for residents to greet family, friends, and other visitors. A female resident's son suggested a snack bar, which might encourage guests to visit more often and give residents a taste of the outside society they rarely visited. He said, "If there is a snack bar for visitors like me within this building, they'll go there with their parents and talk while having coffee, tea, and snacks. They don't need to go out to eat. Also, the residents can

buy coffee and snacks there. They may also spend their money within this building. So they'll feel less isolated from the outside society.”

In general, the Korean American residents in all three nursing homes disliked having their clothes washed with strangers' clothes. Therefore, many of the healthier women did their own laundry even though a laundry service was provided for them. However, the Beautiful Tree residents complained of a lack of washing machines and dryers. To avoid standing in long lines, they were likely to go to the laundry room in the basement as early as 5 or 6 a.m.

The residents could not choose their own room types (i.e., single, two-bed, four-bed). These were assigned by the administrator, depending on availability and the physical and/or mental health of the residents. Most healthier residents did not like sharing a room with those who were frail, particularly those affected by dementia or who were bedridden, mainly due to the smell of their body wastes. The ceiling in each resident room had fluorescent lights and there was a small fluorescent light above each bed. Single rooms had a sink but no toilet. People living in a two-bed room shared a toilet with people in the adjoining room (Figure 7). All four-bed rooms had a private toilet with a sink. The Korean program director of Beautiful Tree said that the Korean elders tended to like two-bed rooms with a shared bathroom. She said, “I assigned a single room to a Korean elder as he or her first wanted. But the elder asked to move into a two-bed room. The elder was concerned that nobody would know if they passed away in the single room and it felt lonely. And they don't like the four-bed rooms because the rooms are crowded.”

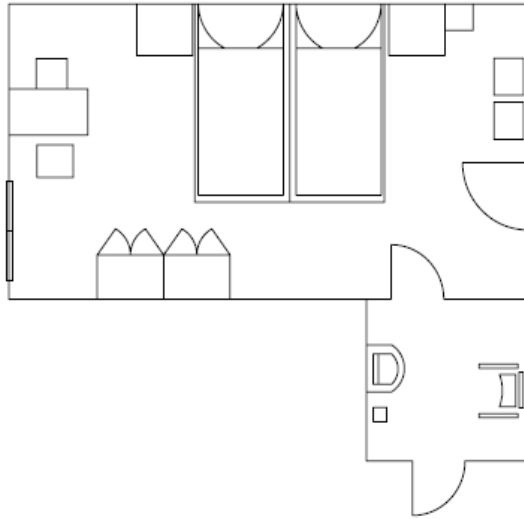


Figure 7. Two-bed Room at Beautiful Tree.

Mrs. Moon, a Beautiful Tree resident, also said that two-bed rooms with a bathroom were the most popular among the Korean American elders there. On the other hand, Mrs. Lim was very satisfied living in a single room. She said, “I like this room because this room is so quiet. This room is the best in this facility. I don’t feel lonely in this single room. This room is large and has a good view. I like that sunlight comes through the windows well . . . this room is special. I can freely pray in my room. The people living in a two-bed room and a four-bed room are more likely to fight one another. The Korean director assigned this room to me, so I always appreciate it.” Not surprisingly, having a private room allowed her to keep more of her possessions and personalize her space more than if she had been in a room shared by several people. Her room was highly personalized with her belongings, such as a traditional Korean-style chest, many plants, and pictures, (Figure 8).



Figure 8. Personalization of a Single Room, Beautiful Tree.

Similar to the elders living in Lake View, the Korean American residents living in double and four-bed rooms at Beautiful Tree preferred to have personal spaces near the windows. Direction is also important: Korean people commonly prefer a house or bedroom facing south. Mrs. Moon preferred a room with windows facing south over a room facing north because the former was bright and ventilated. Mr. Choi disliked putting his head toward the north side when sleeping, based on a widespread superstition among Koreans. Still, he did not change his bed to the other side: “I believe the superstition, but I just use my bed as placed originally because I have to follow the rules of this facility. Some Korean American elders believe the superstition so much they put their head toward the foot of the bed when sleeping.”

In contrast to the policies of the other two nursing homes, Lake View and Blue Sky, the residents of Beautiful Tree were not allowed to bring their own refrigerators. Therefore, many Korean American elders tried to use an ice chest to preserve their food. Unfortunately, a local government regulation forbade this practice. The Korean program director of Beautiful Tree said, “They used ice boxes [ice chests] but the community

constrains the residents from using ice boxes. I heard that the Korean residents in a nursing home in New Jersey are using small ice boxes. Rules vary in different counties.” Either way, a majority of Korean American residents responded that they needed a personal refrigerator in their room, as well as a microwave oven and an electric sleeping mat (a thick, firm pad that can be used on the floor for sleeping or sitting). Mrs. Moon and Mrs. Sung, residents of Beautiful Tree, used a small plastic container with ice to store their foods. Mrs. Sung said, “There is no cold storage for the food, so I brought ice and put it into the small basket to store the food. We can’t use the refrigerators here. It is so inconvenient. Some people who have lived here for a long time use the electric sleeping mats and boil water in secret, but I don’t. . . . The thing I want most in my room is a refrigerator. I want to drink cold water and store my foods but can’t do them here.”

Blue Sky

The exterior of Blue Sky’s 10-story red brick building looked institutional. Unlike the other nursing homes in this study, there were not enough parking spaces for visitors. While I visited the facility, I saw very few family members and other visitors, compared with Lake View and Beautiful Tree. The facility had no garden. Instead, there was a space on top of the building with several tables, chairs, and plants, meant to provide an area to relax; the door to it was locked.

Due to the relatively smaller size of each floor, fewer wings, and shorter corridors, this interior of this facility looked less institutional than the other two nursing homes (Figure 9). The walls were painted and the floor was covered with vinyl. Korean American elders lived only on the ninth floor

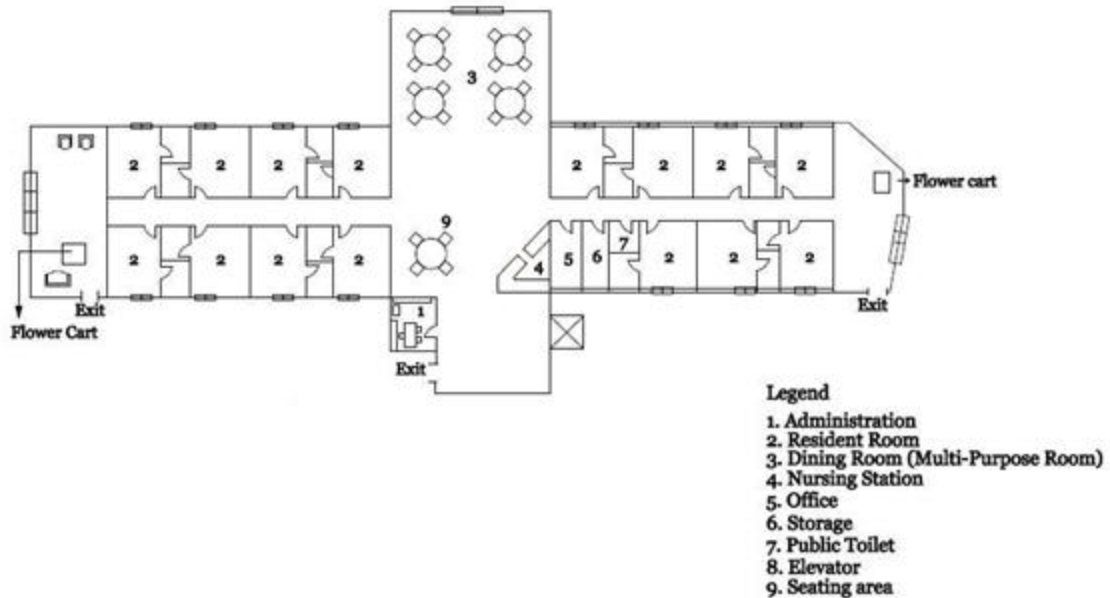


Figure 9. Ninth-floor Plan at Blue Sky.

and did not go to the other floors. The ninth floor was not decorated or furnished differently from the other floors. There were very few public spaces, though there was a dining room used as a multipurpose room. The small social space located at the end of each corridor had comfortable chairs, couches, and a small flower bed, but nobody used them. The residents were more likely to prefer sitting near staff offices, a nurses' station, and the dining room area. Unlike the other two nursing homes in this study, seats in the dining room were not assigned, but Korean American residents tended to have a regular seat. Mrs. Koo said, "I have meals at the dining room. I sit on my chair and take a meal. I've forbidden anybody to sit in my seat for four years. See, that is my seat. I covered the chair with a fabric cover to show my seat. So, I always take a meal on my seat together with the same people."

There were no single resident rooms; therefore, Korean American residents had to share a room with other people. Mrs. Wang and Mrs. Koo, residents of Blue Sky,

complained that their shared rooms were not quiet. Also, Mrs. Wang said it was inconvenient that she could not turn on the light whenever she wanted. The residents' rooms appeared institutional due to sliding curtains separating the beds, fluorescent lighting, white walls, vinyl tile flooring, and windows with blinds. Unlike Lake View and Beautiful Tree, every semiprivate room had a bathroom containing a sink, a toilet, and a bathtub (Figure 10). The Blue Sky residents who participated in this study were very satisfied with their rooms. Mrs. Wang stated, "I'm disabled. The residents of other nursing homes have to share common bathrooms with other residents, but here each resident's room has a bathroom. I like it very much." Mrs. Bok said, "People in other nursing homes have to use common bathrooms. I don't like to share a bathroom with other people. This room is like a hotel room. Every resident's room has a bathroom." Mrs. Koo was satisfied with Blue Sky because she could have her own refrigerator in her room, which was not allowed at her previous nursing home.

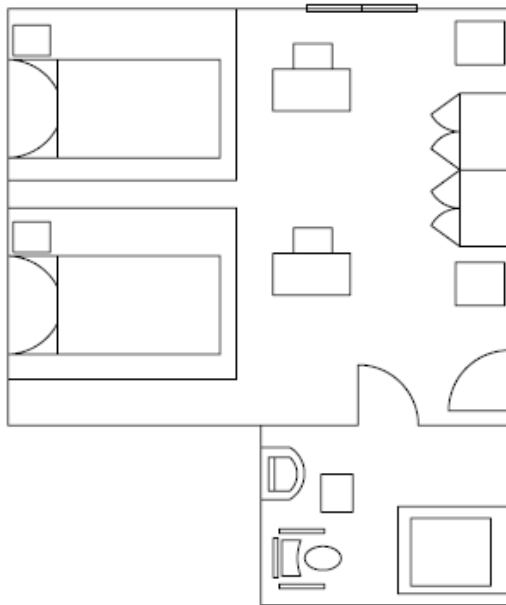


Figure 10. Two-bed Room at Blue Sky.

Social Environment

Interaction/Relationship With Other Residents

At 2 p.m., about eight Korean American elders were watching a Korean TV drama in the dining room on the second floor. A non-Korean nurse is sitting there and watching them in silence. I'm looking around in the residents' rooms. The doors are open. Many of them are taking a nap or watching Korean TV programs in their rooms. On the first floor, two male and three female elderly people are also watching a Korean TV drama. Two female residents are sitting on the small lobby and watching people who come in and go out the entrance of the building. The atmosphere is very bored. (Fieldnotes, Lake View)

Korean American immigrant elders who lost their close friends and relatives after leaving Korea often feel isolated and lonely. Establishing friendships in a new country is very difficult for them, due to language barriers and transportation difficulties. As a result, making friends with other residents was seen as important. It was assumed that placement in an ethnically oriented nursing home might contribute to new friendships based on culture and language. A granddaughter of a resident of Lake View attributed her grandmother's dementia symptoms to spending most of her time alone at home. The granddaughter highlighted social opportunities as a positive aspect of living in the nursing home:

My grandmother was alone at home so she might feel lonely. . . . If she went into the nursing home, she could be with other people. I think that the big thing is she needs to be among people. When she had the dementia symptoms . . . Actually, it's disappeared. It's gone now. She said things like, "Oh, I saw that before. That happened before," but they never happened. I thought that she had these symptoms because she wasn't spending enough time with people and her brain wasn't exercising as much as because she was just watching TV while we all were at work. . . . Everybody wants to work and I want to work. So with her illness, it wasn't good psychologically to stay at home. As you know, here she's able to see people all day. I think that here is psychologically very good for her. . . . She heard that her friends and some people that she knew were in this kind of facility and were happy. So she said, "I want to go there too. I want to have my friends. I want to do this and I want to do that." It's a really tough

decision. We didn't want to come here. However, that was good for her. I'm not happy that she's here, but I see the positive side of being here.

Even so, a majority of the Korean American residents who participated in this study responded that they did not interact much with other residents. They had difficulty making friends because even though they were living in a communal setting, most residents had severe mental or physical impairments. They were likely to have close relationships with one to three people. The healthier residents did not want to interact with the mentally and physically impaired residents, particularly those with dementia. To avoid unwanted relationships and conflicts with the frail residents, some of them said that they avoided places such as the dining room. Mrs. Sung (Beautiful Tree) wanted to live separately from the residents with mental problems:

I told some residents not to go around wearing wet pants and not to pluck flowers in the auditorium, but they didn't listen to me. I want to live [where] the people with sanity [are] in groups and those with insanity [are] in other groups, but we live together with those with insanity in this facility.

Korean American residents tended to have closer relationships with the residents of the same gender on the same wing or floor, unless they were part of a couple. As a consequence, male residents were less likely to interact with other people because very few residents and staff members were men. According to a Confucian idea, a boy and a girl should not sit together after the age of 7 years; that idea might negatively affect men's social life in nursing homes. Furthermore, the male residents may have more difficulty making friends and may feel more isolation and loneliness than the female residents. Several residents mentioned this social dynamic:

We don't get together much with one another. Men and women are separated. We just greet one another. If an older woman becomes too friendly to an older man, other people will look at her. (Mrs. Bok, Blue Sky)

Because of rumors, old men and women tend to keep away from one another. (Mrs. Oh, Beautiful Tree)

There are three or four older men. When I went to yard to smoke and met them in the yard, I sometimes talked to them. But I rarely talk to them. (Mrs. Jang, Beautiful Tree)

A majority of respondents said that there were conflicts among the Korean American residents. Some residents, staff, and family members gave examples:

Korean elderly people often quarreled with others. For example, an elderly patient needed to use a microwave oven but another patient said to her, "Don't use it." So, they started a quarrel. The patient said, "Don't use it. If you use it for a long time, it'll be out of order." Another patient said, "I have money. If it is out of order, I'll buy a new one." They had a quarrel. When a person looks down upon another person, a quarrel is started. Some elderly people thought that they were wiser and smarter than other people. There is a dryer. The cycles of the machine are delicate, regular, and permanent press. I saw that an elderly person dried her clothes on the delicate cycle. So, it takes too much time to dry her clothes. I said to her, "Don't turn on to delicate. Turn on to regular." She told me, "Do you know that I've lived the U.S. for a long time? Why did you meddle about it?" Although I let her know how to do it, she got angry at me. So I no longer talk with her. (Mrs. An, Lake View)

Almost all of the residents are dementia patients. Very few residents are normal. . . . The American residents have a quarrel with other residents, but they less often quarrel than the Korean residents. When I came to this facility, a resident with dementia said to me, "You were a barmaid." So, I asked her, "Are you crazy?" She yelled to me, "I'm not crazy and normal." I fought with her several times, but . . . the nurse told me that she is a patient so I don't need to care about what she said. So, I went to the dining room to have dinner. She picked a fight with me again. She is crazy. There are ridiculous people in this facility. (Mrs. Moon, Beautiful Tree)

The patients living on this floor have a lot of problems. They fought one another. Some hit others with a stick. It has been quiet place for the last 8 months.

Sometimes, they argue even now. But, there are fewer troubles among the patients now. (Recreation assistant, Blue Sky)

Even the people who have no psychological problems, they tend to become depressed and have symptoms of dementia since they've moved into this nursing home. There are very few people without psychological problems. I often saw that the elderly women were fighting with other women because they're out of their senses. (wife of a Lake View resident)

In particular, many residents complained of problems with their roommates. As a result, they often asked to move even though they were unlikely to leave their current room. The Korean program director of Beautiful Tree mentioned that the Korean American residents frequently changed their rooms, compared with the American residents, because

The American people tend to get on well with other people because they don't interfere with other people's business. I think that the Korean residents often interfere with other people's business. So they fight one another. . . . They had quarrels over trifles. For example, "Why do you draw the curtain?" "Why don't you draw the curtain?" "Why do you turn off the light?" "Why do you turn on the light?" They are like children.

Some Korean American residents expressed that they had difficulties living in the facility or adjusting to the new environment due to bad relationships with their roommates:

Three people live together in a room. So they often fight one another. I couldn't sleep at night because my roommate screamed. . . . There are a lot of patients. My roommate is also a patient. So, nurses often enter our room to measure her blood pressure and change her diaper. Therefore, I leave the door open. I can't sleep well. (Mrs. Hwang, Lake View)

Whenever I enter my room, I draw the curtains because I don't like my roommate. (Mrs. Han, Beautiful Tree)

I had a difficulty in adjusting here because of my previous roommate. I was sick for 2 weeks after coming here. A crazy woman tried to lord over me as a newcomer. She turned out the room [lights] at night and swore at me. She shouted at me to go back to my house. So I left the room and was sitting on the chair in the corridor. I felt chagrined so I was ill. After that, I knew that she was mad. . . . At that time, I had a very hard time because of her. So, I packed my bag and told a Korean staff member that I couldn't live here and I would go back home. She let me move from a two-bed room into this four-bed room. I'm living with this woman. But she's also crazy. This room is so , but she closes the door. Many times, I said to her not to close the door but she closes it. She doesn't know whether it's hot in here. I can't live in the stifling room. She is unwilling to take a shower and change her clothes. I can't endure the bad smell. So I always open the door. I hate living with her. It is most difficult to live here. (Mrs. Sung, Beautiful Tree)

Almost all of the Korean American residents of the three nursing homes had Korean American roommates, which was their preference. However, a few Korean American residents had non-Korean American roommates. Mrs. Jang said she disliked living with an American roommate; it was her biggest difficulty in adjusting to the nursing home. To escape from being with her roommate, she usually stayed out of her room and returned only to sleep. Even when I met with her, she stayed in the corridor. She said:

My daughter went to the Korean office twice and asked to change my roommate. I dislike living with her. I can't communicate with her [my American roommate]. Her friends and father frequently visit her. They make a noise and turn on the light so I can't sleep. I was very upset so I said to them, "Shut up!" The nurse came to me and watched me. I was upset and complained to her so she left my room with a smile. Living with non-Korean people together is no good. She can't go to the stool by herself. Because her body wastes are in a bedpan, the odor is terrible. . . . If I lived with a Korean roommate, I would ask her to go to the toilet, instead of using a bedpan. But I can't communicate with my current roommate at all. It is very noisy in my room and I feel disgust at seeing her visitors. So, I only enter my room to sleep. I had meals in my room before. I have my meal in the dining room now because I hate to see them. (Mrs. Jang, Beautiful Tree)

Mrs. Moon remarked:

We have difficulty living in a room with the American residents because we are unable to communicate with them. The roommates of most Korean residents are Korean people. Few Korean residents share a room with the American residents. The Korean residents usually draw a curtain to [hide] their spaces. I feel that their life is like a prison life. They dislike living with the American roommates. When the relatives and friends of the American roommate visit their room, the Korean residents leave their room because they can't understand what the American people say and they are very noisy. Also, they eat American food that is different from Korean food. If there are no available rooms, the Korean residents have to share a room with the American residents.

On the other hand, Mrs. Oh, who lived in Beautiful Tree and could speak English, preferred to have an American roommate over a Korean American roommate because she had more privacy. She also mentioned that she had trouble with her current roommate when she first met her, but no longer had any problem:

I'm living together with an American woman. An American roommate is comfortable for me. When I talk over the phone, my privacy is protected. I don't need to care about anything. The Korean residents interfere in other people's affairs. If I complain to my son over the phone, they'll meddle. But, my American roommate doesn't understand what I say so she doesn't meddle in my affairs. Therefore, I talk over the phone freely. Frankly, I don't feel uncomfortable with the American roommate. I didn't like residing with a Korean woman. So I asked to change to an American roommate. I feel comfortable with the current roommate rather than the Korean roommate. I don't have any discomfort with living together with an American roommate. . . . When I first met the white old woman, I felt that she had much self-respect. She looked down on Korean people. She told me she was American three times. I couldn't stand her any more. So, I said to her that I'm also American. I acquired citizenship in America. After that, she doesn't say it anymore. The old woman came here and looked down on Korean people and me. Usually, I can't speak English well. However, I was very angry at her so I told her in English fluently. So, she's surprised that I can speak English. Now, she's kinder. When she first met me, she thought that I couldn't speak English and was a person who came from a small country. So, she has much self-respect.

Although Mr. Park (Lake View) was unable to communicate with his American roommate, he said that he felt more comfortable living with him, before he moved into his current building where many Korean Americans reside. I find it interesting that he said the language barriers made him feel calmer, without unwanted arguments:

I didn't feel lonely with an American roommate. It was more fun with non-Korean people, rather than with Korean people. Korean people tend get angry easily and fight with people during conversations. But I talked to the American people only when necessary. In this building, all are Koreans so we know one another very well. So some Korean people fight with others. To just live calmly, the main building where I lived with American people was more comfortable than this building. They can't understand whatever I say. So they didn't know even when I blamed or spoke ill of them.

Unlike at Blue Sky and Lake View, the Korean American residents at Beautiful Tree were not totally segregated from residents of other ethnicities; thus, the Korean American residents in Beautiful Tree had more opportunities to interact with other ethnicities than those in the other facilities. However, similar to the Korean American residents in Blue Sky and Lake View, the elders had little interaction with residents of other ethnicities, mainly due to the language barriers. Nobody had close relationships with the non-Korean residents even though some Korean American elders could converse with people in English. As some Korean American residents stated:

In my room, there are two American people of four people. But I don't talk with them. I talk with only Korean roommates. American people and Korean people can't communicate with one another. They don't understand what I say. So I speak freely [in front of them]. (Mrs. Han, Beautiful Tree)

I don't converse with the American people. I don't understand what they say even though they talk using simple words. So I don't talk with them. (Mr. Choi, Beautiful Tree)

I don't feel uncomfortable living with American people [in this nursing home] because we don't care about one another. We close our doors and don't interact with one another. . . . It is an American facility so Americans have more power than Koreans. . . . I just say hello to them. I talk with only American nurses, but I don't need to talk with non-Korean residents. . . . Only Korean elderly people play *yut*. When we play a card game or a fishing game, we play them with American people together. But Korean people gather among themselves and American people gather among themselves because we can't communicate with them. (Mrs. Moon, Beautiful Tree)

Interaction/Relationship With the Staff

According to Johnson and Grant (1985), to create an optimal social environment in a nursing home, "high levels of sociability among the residents" (p. 113) as well as "friendly interactions with the staff" (p. 114) are necessary. Several researchers stated the relationship between residents and staff is associated with a facility's ownership and size. According to Lemke and Moos (1989), nonprofit congregate facilities tend to be related with more cohesive relationships between residents and staff. The staff in a large facility might be less able to give personal attention to residents and might be more likely to have strain and conflict in relationship with residents (Lemke & Moos). In this study, Korean American residents were more likely to have close relationships with Korean staff members in Korean offices, such as administrators and coordinators. Some of them liked to show off their close relationships with the staff and often believed such relationships would make them a staff priority. The existence of relationships between Korean American residents and staff members was more likely to be associated with the location of the Korean office than the facility's size and ownership. The relationships between residents and the Korean staff at Blue Sky and Beautiful Tree, where the Korean offices were located in the same building and floor, seemed to be more cohesive than those in Lake View, where the office was in a separate location. Moreover, by having easier and

more frequent contact with residents, the Korean staff members of Blue Sky and Beautiful Tree were more likely to pay attention to the residents' demands and complaints.

A majority of Korean American residents in the nursing homes responded that they did not have close or intimate relationships with the staff:

I don't need to talk with them [the staff]. They're always busy at work. (Mrs. Song, Beautiful Tree)

I often talk with them but there is nobody who is close with me. (Mrs. Cho, Lake View)

I have nobody to have close relationships here. (Mrs. Hwang, Lake View)

There is nobody to have a close relationship with me. When I finish my meal, a nursing aide enters my room and goes out with the serving tray, without [taking] time to talk with me. (Mrs. Seo, Lake View)

A few Korean American residents had Korean staff members with whom they had intimate relationships, and some considered them as family:

He [a Korean recreation assistant] is her [a Korean coordinator] father. He and she are like my family. (Mrs. Koo, Blue Sky)

I am close with staff members working in the Korean office. One of them is 54 years old, but looks like he's in his 30s. My son is friendly with him. The Korean director calls me "Grandfather." She is pregnant now. After going to the hospital, she told me, "You have your grandchild." I use the low forms of speech to the staff because I consider them as my grandchildren. (Mr. Choi, Beautiful Tree)

I have a close relationship with the staff. The Korean staff member is attentive so I brought her some food after I visited my daughter's house. (Mrs. Sung, Beautiful Tree)

A recreation assistant described how staff members could reduce conflict between themselves and the elderly residents. He said the staff should consider residents as their parents, rather than their customers, and respect and understand them:

The staff should consider them as patients, not as just customers. But, American staff members said to me that they're our customers. If we considered that they're our family, we can treat them with love. If we think that they are patients and abnormal, we can understand that they get mad and nervous easily around us. Furthermore, some of the patients have serious mental diseases. Sometimes, they curse at me since they are having serious pain. I don't mind even if they do that. We should not argue with them. We always respect the elderly. Most people in this facility had hardships and felt isolated before coming here. So they are upset easily with us. We have to understand them.

The language barriers between the residents and the nursing home staff make it difficult to develop any close or intimate relationships between them. Almost all of the Korean American residents in this study responded that they did not have intimate or close relationships with the American staff due mostly to the language barriers:

I want to have good relationships with all the people here. But I can't have close relationships with the American nursing aides because I can't speak English, so I can't talk with them. (Mrs. Wang, Blue Sky)

I'm not close with any staff members here. Besides two Korean nurses, all other staff members are Americans. I can't speak English. So I can't communicate or have close relationships with them. (Mrs. Jang, Beautiful Tree)

I know all the American staff members. They kindly take care of me. The nursing aides are kind but we can't talk with one another. (Mrs. Lim, Beautiful Tree)

On the other hand, some residents who speak English also did not have close relationships with the American staff. Mrs. Oh (Beautiful Tree) said that even though she can speak English, she felt more comfortable with Korean nursing aides than American

ones because the Korean nursing aides shared her ethnic and cultural background. Also, Mrs. Moon (Beautiful Tree), said that she had closer relationships with Korean staff members because the American staff did not know aspects of Korean culture such as deep respect for the elderly:

I talked with the American staff here, but don't have close relationships with them because they don't know Korean culture. . . . They should use a term of respect with us but don't know. When they give something to me, they use one hand, not both hands. . . . But, Korean staff members in the Korean office help me well. The pastor working in the office is friendly to me, and all there are trying to take care of me well. So I get along with them in the Korean office.

When the administrators were asked, "Are there any programs to train the staff in caring for Korean American residents?" they responded that there were none, although the staff participated in training programs to learn to deal with patients and new regulations. In addition, the administrators did not think that special training was needed because the facilities had Korean staff; they seemed to assume that the American staff might learn the Korean culture and language naturally by interacting with Korean American residents and staff. Furthermore, they said that the American staff had no big problems caring for the Korean American residents. A nursing aide from South Africa stated that she had not received any special training but had learned several aspects of Korean culture and a few Korean words from the Korean staff in the facility:

There is no training program to take care of the Korean elderly, but a Korean staff member taught me some Korean culture. She said not to touch the Korean elders' faces and not to say, "You're cute."

Nevertheless, most Korean residents expressed that they had difficulties receiving appropriate care from the non-Korean staff and preferred staff who shared the same culture and language.

Interaction/Relationship With Family and Friends Outside the Nursing Home

Placing frail Korean American relatives in a nursing home can be a painful decision for both the elders and their family members. Based on the notion of traditional filial piety (obligation), the elderly people might think they have been abandoned by their children, and the children and other family members often feel guilt, remorse, and shame for placing their elderly relatives in nursing homes. Korean American elders in this study were more likely to consider a nursing home as a hospital or medical center rather than a home and to consider themselves as patients not residents. They tended to consider that they moved into the nursing home to cure or improve their illnesses. It seemed to help the elderly Korean Americans reduce the feeling of being abandoned by their children and adjust to a nursing home. In addition, close relationships with and frequent contacts and visits from their family members might be positively related with adjustment in nursing home residents and be negatively related with their feelings of loneliness, isolation, depression, and being abandoned by their relatives. This is supported by Krause, Liang, and Keith (1990), who reported that emotional support of older people was more likely to be provided by family members.

After placing their elderly parents in a nursing home, Korean children and other family members were likely to continually check their needs and fulfill filial piety by performing several practices, such as taking their parents' clothes home to wash them, bringing foods and other items for their elderly relatives, taking them home frequently,

and visiting or contacting them frequently. One son, who felt guilty about placing his mother in a nursing home, visited her every day at Beautiful Tree. He always washed her laundry at home, even though a laundry service was provided at the facility. He said he did this to ease his mind and reduce his guilty feelings. He also mentioned the importance of visiting as often as possible to reduce the feelings of loneliness and abandonment. Moreover, he said frequent family visits facilitate the residents' adjustment to the nursing home:

I think that Korean older people here are struggling with loneliness. They are very lonely. So it is good that their children visit them as often as possible. . . . My wife or I come here every day and see whether or not my mother has dinner. All families can't visit them every day like us, but they need to visit them frequently. I think that all elderly people here consider themselves abandoned in this nursing home, as an ancient practice of abandoning an old frail parent to die at the gravesite, called *Goryeojang*. So they feel miserable. Almost all residents think that they were abandoned by their children. It is the most difficult thing to adjust to in this facility for the elderly. I believe that their children's frequent visits reduce the feelings of being abandoned and make it easier to adjust.

Some residents who had no children or whose children or other family members rarely visited them were more likely to suffer feelings of loneliness and abandonment and have difficulty adjusting. The Korean coordinator of Lake View said, "Some Korean elders here have none of their own children. The patients who have no family feel so lonely. They have nobody to visit them. So they cry a lot." The Korean coordinator of Blue Sky said the elders tended to think that they were abandoned in the nursing home by their family if they never visited. Mrs. Moon (Beautiful Tree) said, "An elderly person was sitting in front of the entrance for several hours to wait for her son and daughter-in-law. She cried and said that her son and daughter deserted her in this nursing home."

A majority of the residents had children and other family members who lived nearby and visited on a weekly or monthly basis; in addition, they visited their children's homes on holidays, their birthdays, and family events. All of the Korean American residents had lived near their children before moving into the nursing home. However, some of them were unable to find an adequate, affordable nursing home near their children, as Mrs. Nam experienced when she moved with her husband into Beautiful Tree. She said that her son was unable to visit frequently due to the financial burden of long-distance travel:

We [Mrs. Nam and her husband] lived in Ohio. There is a nursing home for Korean elderly people. But we weren't eligible to become Medicare recipients because we haven't been living in this country long enough. So a person has to pay \$4,000 a month to live in the nursing home in Ohio. If I could afford it, I would go to the nursing home [near my son]. . . . My son visits us once a month with my daughter-in-law. They stayed here for two days. They can't often visit us. The cost for a night in a motel is at least \$140. Whenever they visit us, they spend a lot of money. So they can't often visit us. (Mrs. Nam, Beautiful Tree)

Although some family members lived near the facility and visited elderly relatives almost every day, some could not visit frequently because they were busy or lived far away:

Flushing [where my children live] is too far from here. So it isn't easy to visit me. . . . My son-in-law's friend lives in this state. If there was nobody I knew in this state, I would feel lonely in this strange town. . . . I hope that my children move nearby me. (Mrs. Moon, Beautiful Tree)

Sometimes [my sons and daughter-in-law visited me]. My son and daughter-in-law are very busy. So they can't often visit me. (Mrs. Joo, Lake View)

My daughter doesn't frequently visit me. . . . Because she lives near this facility, she can arrive here within 30 minutes by car. She often calls me but can't often visit me. Because she runs a nail shop, she's very busy. (Mrs. Jang, Beautiful Tree)

Almost none of the Korean American residents who participated in this study had friends outside the facilities. Even the few residents who did (mostly from the Korean churches they previously attended) had difficulties visiting them due to restricted mobility and lack of transportation. Mrs. Bok (Blue Sky), said that she talked with her friend outside the facility every night by phone and it was her greatest pleasure, even better than watching Korean soap operas in her room.

Organizational Environment

Committed to improving the quality of life for each resident, we provide 24-hour nursing care, 365 days a year. A variety of programs at all functional levels are offered to meet medical, nutritional, social, recreational, rehabilitation and spiritual needs of our residents. We encourage individuality and self-determination and offer educational support programs for family members and caregivers (Brochure, Lake View).

Services

For the question of “What does this nursing home offer that is special for Korean American residents?” the directors and other staff members were more likely to mention aspects of the organizational environment, such as services and recreational activities, than the social and physical environments. They responded that the nursing home provided several special services for the Korean American residents, including Korean cable TV channels, Korean foods for their meals, and church services conducted by Korean pastors. In particular, they emphasized that the church services were held almost every day (four times a week at Blue Sky and six times a week at both Beautiful Tree and Lake View) and that the services were one of residents’ favorite activities. A majority of Korean American residents in the facilities were Christians and liked to attend worship. Nevertheless, many residents stated that people appeared to be forced to attend worship

by Christian staff, other Korean Christian residents, and Korean pastors. There was Mass every Sunday for the residents, but Korean American Catholic residents were unable to understand Mass conducted in English. There were no religious services for Buddhists, although Buddhism is one of the three largest religions among Koreans, along with Christianity and Catholicism.

The provision of Korean food for Korean American residents is one of the most important and necessary services for those who are accustomed to a Korean diet. All of the nursing homes in this study provided Korean food for lunch and dinner to meet this need. For breakfast, American-style foods such as orange juice, milk, tea, scrambled eggs, toast, and oatmeal were served. The residents were more likely to be satisfied with the Korean-style meals even if the Korean foods were not particularly to their taste.

However, there was not much variety, which caused boredom among the residents.

Several complained about the diet provided by the nursing homes:

This nursing home has to hire good nutritionists and cooks. But, this facility's cook buys *kimchi* and other side dishes. She just cuts *kimchi* and serves it to us. Only one person prepares food for 40 people. How busy she is! So she can't prepare various foods. Our diet is the same all year round. She cooks foods with the same recipes all year, such as stir-fried mushrooms and vegetables seasoned with vinegar and other condiments. I hate it. I dislike and am bored with the diet. (Mrs. Min, Blue Sky)

The rice is sometimes half-boiled. We can't eat the half-boiled rice. We are older and have only a few teeth, so the rice has to be soft for us. If we eat half-boiled rice, we can't digest it. It is sometimes too hard, and sometimes too watery. The same side dishes are often served. The foods served here aren't suited to my taste. (Mrs. Sung, Beautiful Tree)

The food served in this facility is bad. It tastes awful. If a Korean cook makes the Korean food, the taste will be good. I sometimes don't take my meal because it tastes awful. (Mr. Park, Lake View)

Activities

Our very own activities department is responsible for putting together many cultural and recreational activities. We present poetry, music, art, cooking, ethnic games, exercise and meditation classes; discussion groups; and cultural in-house movies. Special accommodations can be made through our recreations director for special celebrations that included: Birthday parties, outdoor excursions, barbecues, picnics and holiday festivities (Brochure, Beautiful Tree).

Boredom, loneliness, and helplessness have been reported as common feelings among nursing home residents. Gottesman and Bourestom (1974) explored the daily activity patterns of 40 nursing homes. They reported that nursing home residents spent 56% of their time doing nothing. In a recent study, Ice (2002) found a similar result: Nursing home residents spent 65% of their time doing little or nothing and spent a great deal of time in their rooms, sitting, lying down, and alone. Numerous activities are provided to residents to relieve the boredom of nursing home life; reduce loneliness and helplessness; help nursing home residents in rehabilitation, physical health maintenance, and cognitive function maintenance; and improve self-esteem and quality of life, and psychological well-being. These include cooking, horticulture, bingo, birthday parties, art, religious activities, and music activities (Ice; Teague & MacNeil, 1992; Voelkl, 1986).

All the nursing homes in this study provided a variety of activity programs for residents, including teatime, sing-along, karaoke with Korean words on a large television screen, bingo, table games, birthday parties, *whatu* (a Korean flower card game), movies, crafts, Bible study, and dance and music. Field trips to a Korean market, a shopping mall, a restaurant, a theater, and outdoor cookouts were also provided on a monthly or yearly basis. Korean American elders in the nursing homes were not likely to participate in the

activities, even though a majority of respondents felt bored. Many residents responded that they spent a great deal of time eating meals, watching Korean TV programs, attending worship provided by the facility, napping, and walking up and down the hallways.

The residents were more likely to prefer informal (rather than formal) activities in the facility, including watching Korean TV programs and Korean movies, reading a Korean newspaper (this applied, in particular, to male residents), talking with other residents, playing *hwatu* (a Korean card game), and growing plants. Some residents explained this as follows:

Several activity programs were provided for us but they aren't interesting. I want interesting activities to be provided for us. . . . We have a lot of free time in this facility, but have nothing to do. (Mrs. Min, Blue Sky)

I don't participate in the activities. The activities are childish. (Mr. Choi, Beautiful Tree)

The staff members asked me to go, but I don't participate in the activities [often]. I sometimes participate in the games and sometimes don't. There are no activity programs and games that I'm interested in or want to participate in. (Mrs. Jang, Beautiful Tree)

Here are a lot of activities for us. Karaoke, drawing pictures, the game of *yut*, and paper folding are provided for us. Teatime is provided in this facility. . . . On the birthdays of residents, we, along with non-Korean residents, gather and have cakes and cocoa together. I don't participate in the activities [often], but sometimes do. I don't like the group activities so I don't participate in them. (Mrs. Lim, Beautiful Tree)

Even though the staff members let us know an activity is going to take place at the dining room, the elderly are less likely to attend it. I seem to be healthy, but I am sick. Many residents don't participate in the activities. The facility is trying to provide various activities for us . . . but Korean culture can't be reflected in the

activity programs in this American facility. In the former facility, the [Korean] people played the Korean traditional percussion quartet well. Some older people sang the Korean traditional narrative songs, and the people could develop their own talents there. But we can do nothing here because here is the American facility. . . . I always go to [a dining room] to see movies but hardly participate in other activities. Also, other activities are for the disabled. So I don't participate in them. (Mrs. Oh, Beautiful Tree)

According to residents, the main reason for low participation in the programs was that they are not interesting, but the Korean program director of Beautiful Tree explained it differently:

Few people participate in the activities because they're old and sick, not because there is lack of facilities or activity programs . . . many people don't participate in them. Since childhood, they have been unfamiliar with the activity programs or games [provided here]. So they don't like to participate in the activities. (Korean program director, Beautiful Tree)

In addition, Mrs. Hong (Lake View), did not often attend the activity programs because she had difficulty hearing. Mrs. An (Lake View), responded that residents with mobility problems were unable to attend the field trips. People with disabilities were discouraged from the outings by the staff:

Korean residents go to a Chinese buffet restaurant four times a month. A staff member asks who wants to go to the Chinese restaurant with them. . . . But only walkers can go there because they dislike wheelchair users like me. I can't go there even if I want. . . . A staff member asks walkers, "Today, we're gonna go to Macy's. Who wants to go shopping?" Only walkers go shopping if they want. So I can't go. (Mrs. An, Lake View)

Personal characteristics, such as health and functional ability, type of personality, education level, marital status, and occupational status, can be associated with participation in activities, particularly informal ones (Carstensen, 1991). In this study,

residents who were active, sociable, women, better educated, or healthier were more likely to actively attend activity programs provided by the nursing homes:

Some active people tend to be involved in almost all the activities. (Korean program director, Beautiful Tree).

Older Korean men like to read Korean newspapers. Most Korean elderly watch Korean TV programs and Korean videos and talk with other people, rather than involve themselves in the activity programs provided by this nursing home. In particular, the older Korean men don't tend to play games. They like to read newspapers and get the news off television, rather than participate in the activity programs. (Korean coordinator, Lake View).

As the Korean coordinator of Lake View mentioned, Korean men were less likely to attend activity programs than Korean women. A glimpse of Korean culture might explain the difference: Whereas Korean women “become more self-expressive, adventurous, active, and open” in activity participation, Korean men generally are aware “of their social roles, respect, Che-Myeon [the Korean cultural concept of face], and authority” (E. Kim, 2001, p. 190). Thus, Korean male residents might approach activities more passively than Korean female residents do.

Besides personal and/or gender-based characteristics, the limited English abilities of nursing home residents can influence their involvement in activity programs, perhaps restricting their participation (Day & Cohen, 2000). In this study, there were Korean-speaking recreation workers at all three nursing homes for Korean American residents with English difficulties. The programs at Blue Sky and Lake View were planned and conducted by Korean American recreation workers. Those two nursing homes provided many activities specifically for the Korean American residents. Even so, some Korean American elders participated in activity programs with residents of other ethnicities, such

as holiday parties, field trips to shopping malls and theaters, or musical performances by volunteers. At Beautiful Tree, all of the residents participated in most activities together, although there were a few programs for Korean American residents only, such as karaoke, the game of *yut* on New Year's Day, an outdoor Korean barbecue (*bulgogi*) party, and an outing to a Koreatown. Most of the activities were conducted by American recreational workers. Although there was a Korean-speaking recreational worker at Beautiful Tree, the residents were much less likely than those at Blue Sky and Lake View to participate in the activity programs that were conducted in English. Some elders living at Beautiful Tree spoke to the issue of limited English abilities:

Bingo is provided in this facility but the Korean residents can't understand the numbers called out because we don't understand English. If we knew English, we would cover the numbers called out and win a prize, but we're unable to play the game. A staff member enters our rooms and tells us to go out to play bowling and bingo, but the Korean residents don't participate in them because we can't understand what the American staff member says. Only American residents participate in the activities. We don't go to there to participate in them. (Mrs. Sung, Beautiful Tree)

Because bingo is played in English, most Korean residents don't participate in it. (Mrs. Oh, Beautiful Tree)

It is interesting that bingo was one of the most popular games among Korean American elders at Blue Sky and Lake View, where it was conducted in the Korean language (unlike at Beautiful Tree, where numbers were called in English). They enjoyed the prizes (e.g., small amounts of money or a gift card) when they won. Thus, it seemed that the cause of low participation in bingo was their limited English, rather than the fact that it is an American game. Another interesting finding was that Korean men at Blue Sky and Lake View tended to like playing bingo.

Activity programs that nursing home residents are unfamiliar with and are not personally interested in are less likely to be very popular. In other words, well-planned activities relevant to residents' culture and preferences facilitate their involvement in the programs. Mrs. Oh, living in Beautiful Tree, stated, "The American residents have been playing games such as bingo since childhood. So they like the game, but most Korean residents don't know what it is. The game isn't played in Korean, and almost all Korean people aren't interested in it. So they don't participate in it . . . they don't like to participate in the activities that are not planned for the Korean residents." Besides recreational programs designed for residents of all ethnicities, every nursing home in this study provided several activity programs that embrace Korean culture, such as karaoke, teatime, Korean movies, *whatu*, the game of *yut* (a Korean traditional board game), *omok* (a game of *baduk* with five checkers placed in a row), cooking activities featuring Korean cuisine (e.g., *kimchi* and Korean-style flat cakes), outdoor activities such as a Korean-style barbecue party, and going to Korean restaurants, Korean markets, and other Korean stores in a Koreatown. The majority of Korean American residents in the facilities were likely to be involved in those Korean cultural activities. For traditional Korean holidays, including Korean New Year's Day and Korean Thanksgiving Day, the respondents said that the facility provided no special events or activities to celebrate, except by sometimes providing Korean holiday dishes, the game of *yut*, or visits from outside groups with foods or gifts. In many cases, residents visited their children's houses for the holidays. There are obstacles, though, that facilities face when providing cultural-based activities for Korean American residents, as the Korean program director of Beautiful Tree mentioned:

When the Korean long-term care first started, we had an American-style barbecue party. The only two choices that the residents could have were hot dogs and hamburgers. But the Korean residents didn't eat all of them. So we thought that the American-style barbecue party isn't good for the Korean residents. They like the Korean-style barbecue, so we bought lettuce, short ribs, and watery, plain *kimchi* and went outside. An American resident saw it and called to a local newspaper to complain that the American residents had hamburgers and hot dogs, but the Korean patients had steak. They thought that the ribs were steak because they were long. We had to read their faces. We wanted for this floor to become totally for the Korean residents. The American CEO worried that he would leave a bad impression with the city. So he said that this facility couldn't be totally reserved for the Korean residents.

Rules/Policies

Due to "poor quality of care, neglect, abuse, and financial fraud in some nursing homes," stringent regulations were established by the U.S. government during the 1960s and 1970s to ensure that "minimum standards of care would be met by all nursing homes" (Cohen-Mansfield, 1995, p. 415). Cohen-Mansfield stated that "regulations were and are necessary to prevent the abuse and neglect of nursing home residents. But, regulations can be so constricting that they actually detract from the residents' quality of life. Here, instead of providing for the protection of residents, regulations may inhibit the residents' comfort and ability to make decisions" (p. 415). Regnier (1994) argued that state regulations for long-term care facilities are very strict and that state regulations and nursing home rules emphasize safety far more often than other aspects such as independence or autonomy that influence the quality of life.

In this study, the rules of all three nursing homes were similar. They mostly centered around safety issues to protect residents from injuries and diseases, rather than other concerns such as autonomy or independence. The Korean coordinator of Lake View stated, "We do everything for them. . . . Some patients have a bath by themselves without

any help, but they are very few. If the patients hurt themselves while they are having a bath, the facility has to take responsibility. For this reason, the CNAs [certified nursing aides] should bathe the patients. They can't have a bath by themselves even if they want to. The patients can fall and hurt themselves in a bathroom that may be slippery due to water. So no room has a bathroom to take a bath." Under the circumstances, even if some residents could perform self-care with some or no assistance, their abilities in these activities and their self-confidence might be diminished and they might be more likely to become dependent (Regnier, 1994).

Concerning nursing home rules or regulations, a great majority of Korean American residents in this study mentioned that they could not go freely outside the building without permission from the staff. If they wanted to sleep somewhere else, they informed the staff beforehand to prepare their medications and have their guardian sign a form. They pointed out the rules that made it difficult to live in the nursing home. For example, the facilities did not allow residents to have most electrical appliance in their own rooms, including a microwave oven, an electric sleeping mat, an electric kettle, and a refrigerator. Unlike Blue Sky and Lake View, Beautiful Tree prohibited personal refrigerators; a majority of residents in Beautiful Tree complained that this was the most inconvenient rule of the nursing home. The Korean program director of Beautiful Tree stated that many elders complained about the rule that prohibited closing their room doors, even at night. Thus, the rule changed. She said:

Before the policy of the facility had changed, residents couldn't close their room door even at night. Now, they can turn off the light and close the doors at night because so many Korean people complained about it. Instead of closing the doors, the nurses often go round each room to check them. So many people told me that

they couldn't sleep because the nurses made noises. The nurses have few things to do at night so they talk a lot. So the facility policy has changed.

Another rule they mentioned was that they could take only medications provided by the nursing home; therefore, they could not take Korean herbal medications and other medications without permission from the facility's doctors.

When I asked about policies or rules that hindered the provision of culturally sensitive environments or services for the Korean American residents, the Korean program director of Beautiful Tree responded:

Volunteers and family members who visit here shouldn't assist the elderly residents. For example, even if they saw a resident who was trying to sit in their wheelchair, they shouldn't assist her or him to sit in the wheelchair. Only the staff and nurses aides in this facility can assist the residents. Even though they assist the residents with good intention, outsiders can be sued if the residents have an accident.

All residents who participated in this study responded that residents had to follow the facility's rules and routines because the facility was a group setting. They tried to follow the facility's rules and routines in order to be seen as good residents and not troublemakers. However, healthier residents believed that many rules were made for the people with physical and/or mental impairments. Therefore, they said there needed to be exceptions to several rules, such as the prohibition against using an electric heating pad, an ice chest, and a microwave oven. The Korean recreation assistant at Blue Sky said that Korean American elders were less likely to keep the rules of the nursing home, resulting in difficulties for the staff members:

Korean American residents were born in Korea and came into this country. Young people have to respect old people. People who are becoming older in

Korea are more authoritative. They think that young people have to follow what they say. . . . They tend to insist their opinion strongly. . . . If we tell something to American residents, they consider it as a rule, and they follow what we say to them. But Korean people say that they don't see the cases, and they don't follow them. . . . That is the most difficult thing [when taking care of them].

The Needs, Preferences, and Levels of Satisfaction of Korean American Elders in Nursing Homes

Theme 1: "I want to maintain the Korean way of life in the nursing home"

A desire to preserve the Korean way of life is the first main theme of the residents' responses concerning their particular cultural needs, preferences, and levels of satisfaction with the physical, social, and organizational environments of a nursing home. Korean American elders in this study were less likely to be assimilated into American culture regardless of their length of residence in the United States, and they wanted to maintain the Korean way of life after moving into a U.S. nursing home. The aspects they identified included Korean ethnic food; sharing one's own foods with other people; Asian herbal remedies; an *ondol* room; Korean cultural activities; spiritual/religious services; and the Korean staff.

Preference for Korean Food, Refusal to Eat American Food

Of the services provided in the nursing homes, providing Korean food was one of the essential elements for Korean American residents. The coordinator of Lake View mentioned the importance of this:

Only three or four Korean patients lived here 3 years ago before this Korean long-term care started. I, along with other Korean people, visited this facility as volunteers and saw that they didn't eat American food at all for their meals. They stored rice in a refrigerator and put it into hot water to make it soft. . . . They ate it with *kimchi* juice. We felt very sorry after seeing it and were praying for them. How we wished they could be having Korean bean-paste pot stew and boiled rice for the rest of their life! We talked with the long-term care manager. . . He suggested making a long-term care facility for Korean people. So this facility for Korean people was made. We started to serve Korean food to a few Korean people, four or five. *Kimchi*, watery plain *kimchi*, fish stew seasoned with soy

source, *bulgogi*, and other Korean dishes were served to them. They were very pleased (Coordinator, Lake View).

All Korean American residents were accustomed to a Korean diet; therefore, they chose Korean food for their meals, even though they had the option of either Korean or American food:

Korean food is provided for the Korean people because they can't have American food. Well, they can have American food if want. But all Korean people in this facility want Korean food. (Recreation assistant, Blue Sky)

All the participants said they preferred Korean food and disliked American food. Many of them expressed that they could not consume American foods, but would only consume Korean foods:

The Korean elderly people like me can't have American food. The food like bread and corn is oily. How can we eat the food? We can't. (Mrs. Moon, Beautiful Tree)

We Koreans can't eat American food well. Me neither. The facility serves me oatmeal, a cup of juice, and toast. That's what they call a breakfast. (Mrs. Bok, Blue Sky)

At Beautiful Tree, most of the Korean American residents did not eat their meals and were very concerned that Korean food was not served while a Korean cook was sick:

Most of the Korean residents in Beautiful Tree did not take their meal because a Korean cook was absent owing to illness. A Korean elderly resident whom I met is eating tangerines for her lunch instead of the American food provided in the facility. She told me that she would not have dinner if American food was also provided for dinner. Korean food was not provided for dinner. A staff member cleaned away the food, which the Korean residents did not touch. An elderly resident came to me and said she could not eat American food and gave me her food. A couple of Korean elders got together and were worried that Korean food

would not be provided for them tomorrow. (Fieldnotes, April 2008, Beautiful Tree)

In this study, every nursing home served Korean food for the lunch and dinner of the Korean American residents. This included steamed rice, Korean soup, several side dishes of a meat or fish, such as *bulgogi* (a marinated beef), *kimchi* (peppery pickled cabbage, radish, cucumber, or other seasonable vegetables), and fish boiled in soy with spices.

Although the nursing homes offered Korean food for the Korean American residents, most brought their own foods, such as salted fish, Korean hot-pepper sauce, fruits, and Korean-style bread. They bought it in Korean stores and their children brought it in because the foods served in the facility did not suit their taste. A majority of the residents said they needed a personal refrigerator to keep their foods and microwave ovens to heat them. As stated previously, Beautiful Tree prevented the residents from using any electronic products, except a television and a radio. On the other hand, Lake View and Blue Sky allowed the residents to have a small refrigerator in their rooms (Figure 11), but the use of microwave ovens was not allowed. All Korean American residents of Lake View and Blue Sky who participated in this study had their own refrigerator and were satisfied with using it in their private or semiprivate rooms.



Figure 11. Personal Small Refrigerator in a Resident's Room, Blue Sky.

Sharing Foods With Neighbors

Food has “psychological and social meanings”; it is an expression of affection or friendship (Lipson & Steiger, 1996, p. 131). There is an old saying in Korea, “Share and eat even a bean with others.” Sharing food with other people is a Korean traditional custom. Korean people “regularly invited their neighbors to their homes for meals or distributed food among their neighbors if they had a special occasion” (E. Y. Kim, 1996, p. 50). In addition, sharing a meal may mean sharing a common bond. There is another common saying in Korea that “Sharing rice from the same pot” is “an expression of close relationships” (E. Y. Kim, 1996, p. 50).

Korean American residents of the three nursing homes distributed the foods they and their children brought among the other Korean American elders. On one elders's birthday, a Korean rice cake that his or her children brought in was distributed among Korean American residents and the staff. In addition, a few of the healthier residents of

Lake View grew familiar vegetables, such as Korean peppers, lettuce, and sesame leaves, and shared them with other Korean residents. A majority of the respondents pointed out that sharing food with others occurred only in nursing homes where many Korean Americans reside, and it was a good thing to live in such a facility.

The Korean program director of Beautiful Tree stated that the facility's rules prevented the residents from distributing their own foods:

According to the rules of this facility, the foods that family members and children of the residents bring from outside must be given only to their parents. Korean people traditionally share foods with other people. But residents with various health conditions live here. So after checking the foods, the nurses share them with other residents, including the stroke and diabetic patients. Sometimes, I feel that the rule is inhuman. Actually, the rule is for their health and safety, but it may undermine Korean tradition.

This Korean cultural custom influenced the residents' use of the dining rooms at the facilities. Most participants responded that they ate their meals in their rooms, not the dining rooms. One reason was that they did not want to share their favorite side dishes with strangers who were eating at the same table:

I take my meals with salted shrimp, salted roe of a pollock, and anchovies boiled in soy sauce that my children brought in. If I eat a meal in the dining room, I have to share my side dishes with other residents. I only share my side dishes with the residents who are close to me. The residents with dementia in the dining room eat my dishes even though I don't share them with them. Therefore, I have meals alone in my room. (Mrs. Moon, Beautiful Tree)

I always take my meals in my room. I may have it in a dining room, but I asked that my daughter buy and bring expensive food such as salted roe of a pollock . . . so I can't share it with other patients. If I eat it in the dining room, other patients will also want to have it. So I have a meal in my room. (Mrs. An, Lake View)

Most residents who ate in the dining room had severe mental or physical impairments and were wheeled into the dining room to be fed by nursing aides. This was another reason many Korean American residents disliked taking meals in the dining rooms. Also, they wanted to enjoy their meals in a quiet atmosphere without interruption, but every dining room in the nursing home was noisy due to the TV, the staff's voices, the serving cart's noise, and so forth. There is "the Confucian belief which the quality of the food should be appreciated in silence by concentration on eating" (Giger & Davidhizar, 2004, p. 385), so providing a quiet atmosphere for mealtime can be culturally important for Korean American residents. Due to the noise and interruptions, most of the residents who participated in this study were unwilling to take their meals in dining rooms and instead ate in their rooms.

Asian Herbal Remedies Are Helpful

Asian herbal medicines (*han-yak* is traditional Korean medicine) and other remedies, such as acupuncture, moxibustion, and cupping, have been commonly used by Koreans. According to K. S. Kim (1997), most Korean elders still prefer traditional Asian herbal medicine and treatment, including acupuncture. Westernized medical treatment may give physical relief, but cannot give emotional comfort to the elderly (K. S. Kim). Even if Korean people do not have an illness, they tend to take traditional Korean herbal, strength-giving, restorative medicines (*bo-yak*) to prevent illness, rejuvenate energy, and improve the tone of body organs. No Korean American residents who participated in this study refuse to take Western medicines or to receive Western medical treatments, but many Korean residents believed that Asian herbal medicines would improve the tone of

body organs and increase longevity. In particular, they believed that acupuncture was a better medical treatment to relieve pain and to treat dysfunction in the body.

Blue Sky, Beautiful Tree, and Lake View allowed the residents to receive traditional Korean remedies, such as acupuncture, moxibustion, cupping, and massages if desired, but all facilities constrained them from taking Asian herbal medicines due to concerns about overdose. Mrs. Sung in Beautiful Tree complained about the restriction:

I brought an herbal med and herbal pills into this facility because I often have indigestion. . . . I have a weak stomach so I could get a Korean herbal med in the herbal clinic. I should have received it through the Korean pharmacist, but she didn't give it to me. Even if I go there, I can't receive any herbal med. . . . She told me that she could only give it with a doctor's prescription.

Although the facilities' rules prohibited the residents from taking any herbal medicine, some elders might have taken the medicine secretly. A recreation specialist at the Blue Sky stated:

Korean patients like to take the herbal meds but the meds aren't allowed here. Even though the herbal medicine doctor visited here, the patients were just acupunctured, not given herbal meds. Western medical doctors are concerned with overdose. The patients shouldn't take any meds that aren't provided in this facility. Under the rule of this facility, they can't take the meds, but some people persist. They hide the meds when the inspection begins, then bring them back after the inspection. When we tried to take the meds from them, they wouldn't give them to us and got angry at us.

Mrs. Sung described taking an herbal medicine and said she needed a refrigerator for cold storage and a microwave oven for heating it. Because she had neither, she soaked the herbal remedy in warm water and drank it. Herbal medications require cold storage to prevent them from spoiling. Thus, it might be dangerous for her to ingest an herbal medication kept at room temperature. However, she believed that the medicine would

help strengthen her weak stomach. Health care practices based on the patient's "cultural beliefs must be honored when possible" to ensure his or her compliance (Giger & Davidhizar, 2004, p. 581). As a result, if the residents of a nursing home desire and truly believe in herbal medicine, "some sort of collaborative health supervision may be the best solution" for them (Giger & Davidhizar, 2004, p. 581).

Only Beautiful Tree scheduled visits to an Asian medicine clinic for the Korean American residents. The facility provided transportation two or three times every week to go to the clinic located in Koreatown. The Korean program director noted that rather than receiving remedies at the clinic, many residents on the trip shopped and ate at Korean restaurants. She also mentioned that Medicare covers many remedies (except acupuncture) from an herbal clinic, whereas Medicaid covers only the transportation to the clinic. Unfortunately, most Korean American residents received Medicaid, not Medicare, and would need to pay for herbal remedies out of pocket. As a consequence, only a few residents received these remedies. Many residents, however, stated that they enjoyed the social and cultural aspects of the trip to the clinic:

I always go out with other residents to eat delicious Korean food in a restaurant and listen to the music three times a week. It's great. (Mrs. Kim, Beautiful Tree)

I ate angler stew in a Korean restaurant and bought bread in a Korean bakery. . . .
I bought a box of precooked boiled rice and apricots. (Mrs. Moon, Beautiful Tree)

I go out. But, I'm not acupuncture. I just eat out and go out in the air. (Mrs. Song, Beautiful Tree)

No Ondol Room

The word *ondol* means “warm stone.” Its other name is *Gudeul*, meaning “baked stone” (S. Lee, 2009). It is a traditional Korean heating system, assumed to have been invented in the Goguryeo Kingdom (37 B.C. to 668 A.D.) (S. Lee). In its traditional form, *ondol* uses “direct heat transfer from wood smoke to the underside of a thick masonry floor” (S. Lee): “Hot air from the fire passed through the flues and heated the floor” (Walus, 2007). Today, it refers to “any types of underfloor heating in Korean housing” (S. Lee, 2009). Most homes in Korea still have *ondol* floors, which are heated by circulating hot water (heated with oil or gas) instead of wood smoke. The floor is typically covered with glossy, thick paper and vinyl.

An *ondol* room has greatly influenced the Korean lifestyle. For instance, Korean people take off their shoes upon entering a home because shoes are considered dirty. Some Koreans wear indoor shoes but nobody wears outside shoes inside. Also, Koreans have a “sitting culture”; thus, they tend to sit on the warm floor rather than on chairs. Although more Koreans, particularly the younger generation, use beds, elderly Koreans tend to like sleeping on a thick mattress (*yo*) on the warm floor and cover up with a bed quilt (*ibul*).

When asked what they missed in the facility, some residents said they missed an *ondol* room:

Korean people live in a room with heated floors. I’d also lived in such a room. Now, I miss those days. I remember that I’d slept in the room with a heated floor. It was very nice. (Mrs. Han, Beautiful Tree)

Because I used to live in an *ondol* room for decades, a room with a heated floor is more comfortable for me. . . . I don't like this bed because I do yoga but I can't do it on this floor. I can do it in the *ondol* room. (Mr. Son, Lake View)

Because they were accustomed to sleeping in an *ondol* room, a few residents were secretly using electric sleeping mats even though each facility prohibited them. Although the residents responded that using beds was tolerable, they wanted to use electric sleeping mats because sleeping on a warm floor such as that of an *ondol* room was their lifelong practice. Mr. Park stated that sleeping on a soft mattress was uncomfortable:

The mattress should be hard, but this is too soft for me. So my son bought a veneer board and put it under my mattress to make it hard like an *ondol* room. We're accustomed to sleeping on the hard floor. My wife is using the mattress that my son bought. It is rather hard.

Mrs. Wang, residing in Blue Sky, wanted an *ondol* room to relieve her back pain:

I'm getting old so I want the first floor, and I prefer an *ondol* room to a carpeted floor. The room is good for our back pain and suitable for our bodies. The people with back pain lie down on the [floor] to relieve their pain. They may cure the back pain in the room even if they don't hotpack. I like the *ondol* room very much.

The Korean Program Director of Beautiful Tree stated that Korean American residents were asked to bring their outdoor shoes, such as gym shoes, for safety:

As you know, Korean people like to wear slippers indoors. When the Korean programs started, Korean residents were wearing slippers and they often fell. Whenever they fell, medical staff had to report it and state employees asked why they fell. As a result, our facility evaluation was worse and the residents were in danger of falling. I was often asked why Korean residents frequently fell. After that, we found that the Korean residents were wearing slippers indoors. So we told them, "Don't wear slippers. Wear gym shoes." Now they fall less often than before.

An unexpected result of this rule was that Korean American residents stopped taking off their shoes inside the building. All of them were wearing their outdoor shoes inside; they thought that the building, therefore, was not clean enough to take off their shoes.

All of the Korean American residents who were interviewed for this study described that they brought their own bed quilt (*ibul*) or blanket (*dam-yo*) into the nursing home. Almost all of them were using *ibul* or *dam-yo* instead of the bed quilts provided in the facility because they either felt the facility's quilts were too thin or they preferred Korean-style bedclothes.

Preference for Korean Cultural Activities

Many of the Korean American elders participating in this study had been farmers in their home country. Therefore, a culturally based activity, such as planting, might enhance their psychological well-being and self-worth, foster a sense of identity, facilitate social interaction, reduce boredom, promote longevity, and connect them to healthy and familiar aspects of their past (Alves, Gulwadi, & Cohen, 2005; Day & Cohen, 2000). In addition, providing cultural programs facilitates the involvement of residents in activities (Day & Cohen).

In Lake View, a small garden outside the building was provided for the healthier Korean American residents to plant vegetables that Koreans are accustomed to eating, including Korean peppers, lettuces, and Chinese cabbages. However, only three people participated; although they missed their farms, most residents were not allowed to garden because the facility deemed them to be too frail:

There was just a bare ground. Three elderly people living on the second and third floor tilled the ground and made a field last year. They planted peppers, sesame leaves, and lettuces and distributed them among other people. . . . Only four healthy people, including a 90-year-old man living on the third floor and an older

woman. Anybody can't go out there. Me neither. If I go out by wheelchair and fall, the staff members have to take responsibility for the accident. So they don't allow me to go there. (Mrs. Shin, Lake View)

I don't go there. Even if I want to go there, the door is locked so I can't go out. I may fall so I'm not allowed to go outside of this building. (Mrs. Hwang, Lake View)

Mr. Yoo (Lake View), ran a farm in the United States before moving into the facility. He enjoyed planting, harvesting, and distributing vegetables among the other Korean residents. He said that he was healthy enough to grow vegetables even though he was 90 years old. It seemed to increase his sense of self-worth and psychological well-being, and he achieved continuity through doing this activity in a familiar environment. Also, he considered growing vegetables to be both good exercise and his favorite activity:

I ran a farm in Flushing. . . . Since last year, we could grow peppers, Chinese cabbages, lettuces, and so on at the field. I'll plant more peppers this year. It is a good exercise for me. I love growing vegetables and plants. I believe that even elders have to move. . . . When I harvested them, I was happy. I distributed peppers and others among other Korean elderly people.

Many Korean American elders in all three facilities had flowerpots in their private or semiprivate rooms and were growing plants (Figures 12 through 14). Some elders in Beautiful Tree missed the horticultural activity and strongly wanted a field where they could grow vegetables and plants:

Growing plants is my hobby. . . . I heard that we'll be able to grow flowers, plants, and vegetables on some land in the future. I anticipate it very much. If some small land is given to me, I'm going to grow lettuce, peppers, and other vegetables. I anticipate it and am waiting for the space. How interesting to grow vegetables and plants in an individual space! (Mrs. Lim, Beautiful Tree)

I like to grow plants but can't here. If there is a garden to grow peppers and lettuce, I'll grow them. (Mrs. Song, Beautiful Tree)

I farmed in the past. I grew beans, sesame, green perillas, peppers, and other crops. I gathered the crops in fall by myself. . . . We can't do it in this facility. There is only the lawn in the garden, not flowers. . . . This facility constrains us from planting. (Mrs. Jang, Beautiful Tree)



Figure 12. Flowerpots in a Single Room, Beautiful Tree.



Figure 13. Flowerpots in a Two-bed Room, Blue Sky.



Figure 14. Flowerpots in a Three-bed Room, Lake View.

When Korean American residents were asked about their favorite formal activities provided by the nursing homes, most of them responded positively about the programs related to Korean culture, such as the game of *yut* (a traditional board game played on Korean holidays, especially Korean New Year), karaoke with Korean words on a large television screen, *hwatu*, Korean movies, teatime, and cooking activities featuring Korean cuisine (e.g., *kimchi* and Korean-style flat cakes). A majority of the Korean American residents were much more likely to be involved in those cultural activities, even elders who rarely participated in any activity program. Some responded:

Singing songs makes the older people happy. Many older women like karaoke very much. (Mrs. Koo, Blue Sky)

I'm interested in a singing contest and karaoke. There is a karaoke machine in the dining room. The Korean residents sing songs there. That is interesting. (Mrs. Lim, Beautiful Tree)

Korean people like Korean games. . . . I like every activity that Korean people like. I like the game of *yut*. (Mrs. Sung, Beautiful Tree)

I always go to [the dining room] to see movies. . . . I sometimes participate in karaoke. I don't participate in other activities. (Mrs. Oh, Beautiful Tree)

I only participate in bingo and *hwatu*. All other activity programs aren't bad, but most people rarely participate in them. (Mrs. Seo, Lake View)

In addition, they preferred outdoor and/or off-site activities planned especially for them, such as a Korean-style barbecue party, going to Korean restaurants, Korean markets, and other Korean stores in a Koreatown to the Korean cultural indoor and/or on-site activities mentioned above. Yet few Korean American elders got involved in the American outdoor activities, such as an American-style barbecue party, going to American malls, restaurants, and theaters. Responses were as follows:

We sometimes go out for a movie and eat out at a restaurant. The American residents like to go out for them, but only two or three Korean residents participate in the activities. [Instead,] many Korean people go to Flushing every Wednesday and Thursday. They like to go there a lot. But the American residents never participate in the activities. (Mrs. Oh, Beautiful Tree)

In summer, we have a barbecue party in a garden. We sit in the shade and eat with relish the grilled meat. That is very delicious. (Mrs. An, Lake View)

Popularity of Church Services in the Nursing Home

Although only a few residents responded that they participated in the activities provided by the facility, a great majority responded that they participated in church services conducted by Korean pastors. Many of them stated that the church services were the most popular feature of the nursing home, along with the provision of Korean ethnic foods for regular meals and having staff of the same cultural and language background. Residents considered that, in addition to mealtime, religious services were the big event

of the day. Besides the religious aspect, they liked to sing hymns, meet other residents, and have some snacks and tea while attending worship.

However, participation in the church services seemed to be forced upon some Korean American residents. Some participants said they participated in worship because it was the only religious service conducted in Korean. The coordinator of Lake View said, “Korean pastors come here for worship for the Korean patients. . . . Because this nursing home is based on the Christian faith, our mission is for everybody to believe in God and go to heaven. The patients who come to this facility have no choice about religion. Although they’re believers in Buddhism or Confucianism, they tend to attend worship provided in this facility.” Many residents said that they had to attend worship, regardless of their own intentions and religious beliefs. Some residents, especially mentally frail residents and those in wheelchairs, were taken to the dining room unwillingly:

I attend the church service every day . . . because we’re living in the facility, we inevitably attend it. The wheelchair users are pulled along to the dining room by the nurses, so some people attend the services regardless of their own intentions. (Mrs. Oh, Beautiful Tree)

We have to attend it. If we miss it, nurses scold us. I watch the programs for Buddhists in private in my room. . . . The elderly who had not gone to church attend it. The staff tells them to attend it. . . . Even though they believe Buddhism, they don’t say that they’re Buddhists because Christian people in this facility dislike them. In Korea, many people believe Buddhism but we have to believe in God in this facility. So all elderly people attend worship. They have to attend it. Staff tells them to attend it. They tell wheelchair users to attend it. Most people in this facility are Christians. (Mrs. Kim, Beautiful Tree)

In Korea, many people believe Buddhism but we have to believe in God here. All elderly people living in this facility attend worship. They have to attend it. Except Mondays, there is worship daily. (Mrs. Bok, Blue Sky)

I go upstairs to attend worship at 2 p.m. The elderly have to attend worship every day except Monday. The nurses go to their rooms and tell them to attend worship. . . . Most nurses are Christians. (Mrs. Joo, Lake View)

They were concerned about how other residents and the staff would view them if they did not attend church services. In Korean society, harmony and collectivism are important values. Thus, residents tended to consider attendance at church services as a rule or obligation to be followed in the facilities. Also, it seemed they did not want to be seen as behaving differently from others in the group. As a result, the Korean American elders tended to participate in the religious services, regardless of their own intentions and religious beliefs.

Four elders responding to this study were Catholic. Mrs. Nam said that she had attend Mass in the main building with residents of all ethnicities because there was no Mass in the building where she lived. She felt that moving around so much was uncomfortable. Also, Catholics who participated in this study wished for a Mass conducted by a priest who spoke Korean speaking because they were unable to understand English.

No facilities in this study offered religious services for residents who were Buddhists, although Buddhism is one of the major religions in Korea. Therefore, they had difficulty practicing their religion in the nursing home. Mrs. Jang, a Buddhist, was discouraged from bringing books about Buddhism and her Buddhist rosary to Beautiful Tree. She said that she attended the church service provided at the facility despite the religious difference:

I was a Buddhist, but I attend worship since I've moved into this facility. In Korea, I used to go to a Buddhist temple. Before coming to this facility, I went to

the temple with my daughter. . . . To go to the temple, I have to go to my daughter's house. How is she supposed to take me to the temple every day? Unwillingly, I attend the church service provided in this facility. The pastor in this nursing home kept asking me to attend it. If I don't attend the service, other older women hate me. They'll consider that I'm stubborn. They'll keep talking about me. . . . I didn't bring any books about Buddhism here. I left the books at home and came here. If I bring them, other people in this facility [will] hate me. I also have no Buddhist rosary. The minister saw it. I felt that he didn't like it. So I hid it. I neither attend worship nor go to the temple. If I visit my daughter's house, I go to the temple with her. If I come back to this facility, I attend worship. (Mrs. Jang, Beautiful Tree)

Need for More Korean staff

Nursing aides working in a nursing home are frequently the principal caregivers and have much more contact with residents than do other staff members. Although all three facilities had Korean staff members who could speak Korean with Korean American residents, these were rarely nursing aides. A nursing aide in Lake View, who came from South Africa, said that she knew several simple Korean words, such as “An-nyung-ha-se-yo” (Hi [with respect]), “A-pa?” (You sick?), “Nu-woo-se-yo” (Lie in bed [with respect]), “An-ja-yo” (Sit down [with respect]), and “Hal-mu-ni” (or Grandmother—Korean people call elderly women “Hal-mu-ni” whether they are relatives or not), but she still had some difficulties taking care of the Korean American residents. Although many aides knew several Korean words, could recognize patients' needs through their gestures, and would call a Korean staff for translation, some participants still mentioned communication issues. A majority of the residents in the study said they were unable to speak English and struggled when communicating with the non-Korean staff. They communicated with nursing home staff using body language, or they would only ask for assistance from Korean-speaking staff members:

Here, there are only a Korean pharmacist and two Korean nursing aides. They work for 3 days and have 3 days off. When they have a day off, I'm at a loss because there are no people to help me. Everything is difficult for me when the Korean staff members have a day off. . . . When I have things I want to say to them, I use body language. My roommate fell down. At that time, there were only American staff members so I went to the nursing station and let them know that she fell down by using body language. (Mrs. Sung, Beautiful Tree).

I'm uncomfortable because I can't understand English. I don't talk with the American staff even if I have something to ask . . . [because] I can't speak English well. (Mrs. Lee, Lake View)

Only nurses are Korean people and CNAs are non-Korean people. So I only ask Korean nurses. (Mr. Park, Lake View)

Although there are American CNAs, Korean patients never ask them for any help because they can't communicate with them. So the patients always talk to Korean CNAs. (Recreation assistant, Blue Sky)

The language barrier between Korean American residents and the non-Korean nursing staff made it difficult to receive care. While I was in the dining room in Beautiful Tree to observe, a female Korean resident, who seemed to have a mental problem, repeatedly said, "*Mul*" (water). An American nursing aide sitting near her came to help her, but did not understand what the Korean woman was saying. She asked in English, "Do you want juice? Do you want some cake?" She failed to serve her need because she was unable to understand Korean. She gave her a cup of juice, not water. I said to the aide that she asked for water, not juice. After that, she gave the elderly woman a cup of water. When I visited each facility, American staff members often asked me, "What did she [or he] say?" and Korean American residents also told me, "Tell her . . ." Mrs. Oh (Beautiful Tree) said, "Almost all older Korean people are unable to speak English. Even though they have a headache, they can't talk to an American nurse." A granddaughter of

a female resident at Lake View shared her observation regarding the Korean residents' difficulties in receiving care from the American nursing aides:

Although she's lived here for over 20 years now, she's never learned the English language and she's always in the Korean community because she's comfortable there. She's never assimilated into the American society. So I think that it would be nicer if every staff member was Korean here. Sometimes, I'm here and somebody is in the bathroom and taking a shower. Grandma and Grandpa have a specific request, but they [the nursing aides] can't understand it. So they get very frustrated about it. The aide said, "It's cool. It's cool." They don't see what the elderly complain about. The communication barrier is not good for them.

Some residents stated that communication failures with the staff affected their attendance at group activities. Mrs. Joo (Lake View) was very upset because she was forced to participate in worship although she actually wanted to attend a singing contest:

There was a singing contest today. I wanted to go to the hall to see people dancing and singing songs. But, a Black CNA told me, "Sit in the wheelchair," so I did. She didn't ask me anything, and pushed my wheelchair upstairs. She didn't know where I wanted to go and took me to the second floor. So I attended worship unavoidably. Other people went to the hall, sang songs, danced, and received gifts. They said that they had fun. I didn't see the contest. She didn't understand what I said. . . . Because all the Korean staff already went there to participate in the contest, I couldn't ask them.

Mr. Choi and Mrs. Oh (Beautiful Tree) said that they had sometimes been asked by the nursing home staff to translate for other Korean American residents:

If they get a stomachache, a nurse has to see them. But the residents often quarrel with the nurse. The nurse can't communicate with them so she comes to me. She asks me what they said. I just say to her, "Never mind, go to your office." I can't speak English well. But I can say a little and solve the trouble. Therefore, the staff sometimes comes to me. (Mr. Choi, Beautiful Tree)

I'm OK, but other Korean older people living here can't speak English . . . they can't talk to the staff. Sometimes, the nursing aides ask me to interpret for them. (Mrs. Oh, Beautiful Tree)

Although all three nursing homes had several bilingual staff members who could speak Korean and English, the numbers seemed to be inadequate to serve all the Korean American residents. Some participants said that more Korean staff members who could speak Korean were needed:

I think that more Korean staff members are needed in this facility. . . . The nursing aides and nurses work in three shifts: 7 a.m. to 3 p.m., 3 p.m. to 11 p.m., and 11 p.m. to 7 a.m. If there was a Korean staff member on each shift, we could at least talk to them. (Mrs. Oh, Beautiful Tree)

The Korean program director of Beautiful Tree described difficulties in recruiting Korean nursing aides and other Korean staff, especially Korean CNAs:

There are about 10 nurses and a Korean recreation specialist in this facility. But, there are very few Korean CNAs, only three. So I think if there were more Korean staff members, especially Korean CNAs, it would be more helpful for the Korean people. . . . Although they do tough work, they receive low wages. So Korean people are reluctant to become CNAs . . . there aren't many Korean LPNs . . . almost all Korean nurses are RNs. . . . I hope that we find more Korean CNAs in this facility for the Korean American residents.

Despite this, many Korean American residents in the nursing homes said their inability to speak English did not cause them to feel uncomfortable in the facilities because there were Korean staff members in the facilities:

Korean nurses here are bilingual, so my inability to speak English does not really matter. I can perfectly communicate with the staff in this facility because I can call a Korean staff member if needed. But [when I lived a nursing home] in California, I couldn't because there were no Korean staff members in the nursing home. (Mrs. Bok, Blue Sky)

When I have a difficulty in talking with my doctor, the Korean nurse helps me.
(Mrs. Shin, Lake View)

Here there is a Korean recreation specialist and an American recreational specialist. When the American recreational specialist speaks in English, the Korean staff member interprets for us. When a dietitian gives information about food that is good and bad for us, the Korean staff member also interprets for us. If the staff doesn't interpret for us, we can't understand what they say. (Mrs. Moon, Beautiful Tree)

Where can I receive care like here? But...

The second main theme that emerged from the responses of the Korean American elders concerns the limitations of even high-quality institutional care. A majority of Korean American residents expressed gratitude to the American government, which enabled them to receive nursing home care and services. Also, they were satisfied with the nursing home overall. Many of them said that nobody took care of them as well as the nursing home staff did, not even their children. However, participants expressed two major points of dissatisfaction, neither of which were necessarily associated with Korean culture: no freedom and nobody to talk with them.

No Freedom

Residents associate entering a nursing with a loss of autonomy; they inevitably lose much of their personal decision making and control over their activities (Cohen-Mansfield, 1995) and the environment. They often have restrictions on making decisions and acting freely within the institution. Lidz, Fischer, and Arnold (1992) dealt with three aspects of autonomy and long-term care: *free action*, "the acts that are both voluntary and intentional" (p. 8); *effective deliberation*, "making a decision based on an understanding of the situation and the possible alternative courses of action" (p. 10); and *consistency*, which "assesses the autonomous character of one's life rather than the autonomy of each

individual act” (p. 13). According to their findings, nursing home placement was negatively related with all three aspects of autonomy. Lidz et al. stated that the highly structured aspects of residents’ lives restricted their capability to choose what they wanted to do. They had no choice even in basic matters such as when to wake up, when to eat, and when to bed. The decisions associated with major treatments or placement were made in the weekly meetings in which most upper staff participated but not residents, families, or line staff. Also, Lidz et al. reported that the nursing home staff paid little attention to the residents’ previous lives, much less to allowing them the space and options to develop new interests and goals; therefore, their ability to develop new interests and goals was severely impeded (Lidz et al.).

In this study, many activities of the residents’ daily lives (e.g., their waking, meals, medications, and showers) and activity programs were scheduled by the staff. Decisions regarding their care and lives were likely to be made by the staff; the residents were excluded from the decisions and expected to follow the staff’s direction. In particular, the residents had no choice in roommate selection and must ask staff for permission to go outside the building, visit their relatives, bring furniture or other belongings to the nursing home, use most electrical appliances, and take vitamin supplements and herbal medicines. Thus, these restrictions or limitations made residents feel a loss of freedom. When asked, “What makes it difficult for you to live here?” and “What do you miss in this facility?” many residents cited the lack of freedom. A great majority of nursing home residents said that they could not go freely outside the building and could not go out without staff permission and/or the signature of their guardians.

Mrs. Moon (Blue Sky) mentioned that the nursing home was a prison without bars due to the rules:

I wanna go out to eat things that I want, but can't leave this building. We can't open even windows all the way, just a little. We're the same as chickens in a coop. Our life is the same as prison life. Here is a prison without bars. People have to have freedom but there is no freedom. So we're dying slowly. We can't go outside this building. We had gone out for a walk [before] but we can't now because the staff has to pay attention to us to prevent our injuries. They feel that to walk with us is a pain in the neck. So they don't allow us to go out for a walk. They always tell us, "Don't go outside this building" or "Go to the top of this building if you want." Now, they don't take us outside this building. I really wanna go outside this building, even to go the top of this building, freely.

Mrs. Lim (Beautiful Tree) who was an active person, said that she missed her freedom and that a lack of freedom made it difficult for her to adjust to the nursing home:

I miss freedom. Here there is no freedom. . . . When we go out for a walk, a guide takes us. We can't go outside individually. . . . I often met my friends when I lived in my apartment. I often talked and ate together with them. . . . In the past, I lived freely, but here it is a group setting. So I have to follow the rules of this facility. . . . All activities of this facility are scheduled and I can't behave freely. So I have to be adapted to this group life. . . . At first, I had difficulty adjusting here because there is no freedom. Probably everyone would feel it at first. Moreover, I was an active person. But I have to adapt to this nursing home.

Mrs. Lee, who has resided at Lake View for about 2 years, said, "The only thing which I'm uncomfortable with here is that I can't go out freely." Mrs. Bok (Blue Sky) also responded that the restriction against going outside the facility made it difficult to maintain her previous lifestyle:

The only thing which I dislike in this nursing home is that I can't freely leave the facility. I used to walk at the beach when I lived in California, and could freely meet my children. But I can't now. I can't maintain my previous lifestyle in this nursing home.

Mrs. Shin (Lake View) missed outings she used to take:

When I lived at an apartment alone, I went out about 24 times in 2 months. . . . I lived happily. . . . A bus stop was near my apartment, so I used to hobble there and take a bus to buy things that I needed. After that, I had coffee and lunch and saw a movie in a shopping mall. But I can't go out now. You know why? Because this nursing facility would be responsible for our accident. If our guardians come here to take us out, we can go out. I can't often go out now because my illness.

Mrs. Kim (Beautiful Tree) also stated that she could not freely meet her friend who lived outside the facility due to the prohibition against going out without permission.

Most residents who participated in this study agreed that this particular limitation was more strictly applied to the residents who had physical and/or cognitive impairments, including those with dementia and/or mobility issues, due to the staff's concerns about injuries or accidents. Staff at the three nursing homes seemed to consider physical safety or security as more important than autonomy, personal choice, social interactions, a home-like atmosphere, and psychological well-being. The recreational assistant at Blue Sky said, "We consider a safety issue as a priority aspect." It might be worth sacrificing some of the emphasis on the residents' the safety or security for the fundamental aspects of creating a pleasant environment for elders. Many complained that they were unable to use an outdoor facility, such as a garden, due to restrictions and dissuasion from the staff:

Handicapped people aren't allowed to go out because the staff is worried of falling. . . . In summer, the staff said, "It is cool within this building. It is hot outside this building. Why do you want to go outside?" They prevent us from going outside of the building. They said that they would expel us from this floor if we sneaked out. So I didn't ask to them to go outside this building because they dislike it. But some people sneaked out. The staff dislikes them. I heard that some of them were expelled from this floor. (Mrs. Joo, Lake View)

There is a garden but it is useless. The staff prevents me from going outside this building because we may fall. Only people who are healthy and are allowed to go out can go there. (Mrs. Kim, Beautiful Tree)

The nursing home where I lived before moving into this facility is a 10- story building. There was a small garden and benches to plant flowers and take a rest in the top of the building. But the residents must have permission from the staff to go there. The elderly with dementia might be in danger there, so they couldn't go there freely. The elderly people living both in that nursing home and this nursing home can't go anywhere freely because they may be in danger. (Mr. Park, Lake View)

On the other hand, some participants mentioned that barriers in the physical environment made it difficult for frail residents to leave the building and use an outdoor facility:

I think a garden is very important for the Korean American elderly people. . . . Easy access to get out is important for them. But they have to walk down the stairs to leave this ground. I think there is another exit. I never use the exit. I don't know where it is. I never use it. Whenever we leave, [my grandmother] goes on the stairs. It's not convenient for her. I'd like a ramp . . . I think if this place had more funding, it could be clear. (granddaughter of a female resident, Lake View)

Even if I want to go to the garden, the [exit] door is locked so I can't go out. (Mrs. Hwang, Lake View)

No One to Engage in Conversation

Ethnically oriented nursing home placement might help residents form new friendships based on a common language and culture. In this study, a few Korean American residents had close relationships with other Korean American residents or the Korean American staff. They also expressed fewer feelings of loneliness in the communal setting than at home alone or with their children. They were satisfied with the nursing home placement because they were not alone and were surrounded by other

people even though they did not actively interact. They were more likely to adjust well to the new environment.

As mentioned early, however, a majority of the residents who were interviewed responded that they had very few or no close relationships with others in the nursing home. The inadequate number of nursing home staff, particularly Korean staff, the busy schedule of the staff, and/or infrequent visits from families and friends outside the facilities contributed to the residents' feelings of loneliness or isolation. Most of them said they wanted to make friends and find people with whom to converse and do activities, but had difficulty finding companions because a great majority of residents had severe physical and mental problems such as stroke and dementia, as well as different education levels. Some residents said:

Everybody in this nursing home is a wiseass. I don't like to talk to them. (Mrs. Seo, Lake View)

There is nobody to talk with me, such as Professor Jang. When he lived here, I was not bored. I miss him. . . . I love reading books and listening to classical music. . . . I liked to talk about classical music and books with others who knew about them. However, there is nobody to talk with me about them. . . . Most people are not highly educated people. I'm close with the Korean staff. But they also aren't my close conversation partners. I don't converse with the people who answer incoherently. (Mr. Son, Lake View)

I like to play Korean chess, but there is nobody to play it with me. (Mr. Kang, Beautiful Tree)

The Korean people like Korean games, but most residents are crazy so they're unable to play the games. . . . I used to go to the Senior House for 2 years. My friends called me to come to the House. Lunch was provided in the House so I usually had lunch there. I like to play *hwatu* with older people there. The game helps stop the elderly from having dementia. I had a good time with my friends in

the House, but now I'm here. It's right that life has many ups and downs. Nobody knows one's own future. (Mrs. Sung, Beautiful Tree)

As stated previously, male residents were less likely to experience social interaction and would feel isolated because most of the residents and staff members were women. They were more likely to spend a great deal of time alone in their rooms. Mr. Park (Lake View) implied he was sometimes lonely and had difficulty making friends because there were very few Korean American men in the nursing home:

Although there are a few male elders, we aren't close to one another. When we meet, we just greet. I thought that I would make a close friend here. But, here there is nobody to make a friend. . . . I'm close a little with an older woman living in the next room. Most of the elders are women so I can't be close to them. If I'm close with them, a rumor will spread... All staff members are non-Koreans and women. So I'm not close to them. . . . Very few residents visit the rooms of others. . . . When I'm bored, I go to the rooms of other residents but they are lying in their bed. If there are many men, I'll talk with them but here it's almost all women. Most people draw curtains around their bed. There is nobody to talk to.

CHAPTER V

SUMMARY AND INTERPRETATION OF ANALYSIS

The primary purpose of this study was to identify the features of the physical, social, and organizational environments in nursing homes in order to develop more culturally appropriate nursing home environments that can create a better quality of life and care for frail Korean American elders. Primarily through interviews with Korean American residents, relatives, and staff members, I sought to answer three research questions regarding (a) the overall features of the physical, social, and organizational environments of nursing homes in the United States that have many Korean American residents; (b) the cultural features provided by nursing homes for Korean American residents; and (c) the particular needs, preferences, and levels of satisfaction of Korean American residents regarding the physical, social, and organizational environments of nursing homes. In particular, residents were selected for this study according to demographic characteristics, such as age, years of residency both in the United States and the nursing home, marital status, educational attainment, English proficiency, mobility (walkers or users of wheelchairs), and gender, that might influence their opinions regarding nursing homes. Through a qualitative content analysis of data, two main themes and nine subthemes emerged: “I want to maintain the Korean way of life in the nursing home” and “Where do I receive care like here? But...”

In this chapter, the findings of this study will be summarized and interpreted with existing literature. Also, it includes the limitations of this study and implications for future research and policies.

Characteristics of Residents

In this study, the common characteristics of Korean American residents were that all were born in Korea and that most had immigrated to the United States at age 55 or older at the invitation of their adult children. Many Korean American residents strongly preferred to enter a nursing home near their children. It was a notable finding in this study that even though elders who moved from other states disliked living far from their children, they chose to enter the ethnically oriented nursing homes that provided cultural services, employed Korean staff members, and had many Korean residents. In other words, this finding implies that an ethnically oriented nursing home may be a significantly more important factor than close proximity to relatives when choosing nursing homes for Korean American residents. In addition, most residents and relatives found the facilities through Korean ethnic newspapers; thus, ethnic newspapers can be an effective way to inform Korean American elders and their relatives about nursing homes that can accommodate their needs and preferences.

Physical Environment

It has been suggested in much of the literature that the use of carpet rather than vinyl to cover floors in long-term care facilities can contribute to creating “home-like” and “less-institutional” environments. This study found that carpeted floors did not contribute to a home-like atmosphere for Korean American residents because typical Korean housing units use vinyl. Moreover, it was found that Korean American residents preferred the floors covered in vinyl because an odor from the carpet permeated the air; the smell was much more difficult to remove compared with the tiled floors. In addition, the literature frequently stated that the physical features of nursing homes (e.g., long

corridors; elevated nurses' stations placed at intervals; the fluorescent lighting; and a curtain that could be drawn around each resident's bed) made it feel like a hospital or institution to the residents. However, an interesting finding was that whether the facility's physical features looked like those of a hospital or a home, the Korean American elders in this study were more likely to consider a nursing home as a hospital or medical center rather than a home and to consider themselves as patients not residents. It seemed to help them reduce the feelings of being abandoned by their children and adjust to the nursing home.

A growing number of recent studies stress cultural responsiveness in the physical environment as well as social and organizational environments of long-term care facilities to improve the quality of life and well-being (Alves, Gulwadi, & Cohen, 2005; Cohen & Moore, 1999; Day & Cohen, 2000). All nursing homes in this study were designed with little consideration for the Korean cultural lifestyle; therefore, Korean American residents had difficulties maintaining their way of life even though these were ethnically oriented nursing homes. For example, they had to wear outdoor shoes even in their rooms and could not immerse their bodies in hot water when bathing and sleep on a warm floor. Moreover, the physical features were not made to meet the linguistic needs of Korean American residents; many written materials were in English, such as the name tags on residents' doors, signage, and notices posted on a bulletin board, even though most residents were unable to read English. Nevertheless, these unmet needs and preferences were ignored by the administrators and staff of the facilities. Furthermore, they tended to believe that physical facilities were not that important and even useless because most residents were unable to use them due to their mental and physical

impairments. The indifference and lack of awareness of staff members, particularly administrators, might result in physical environments in nursing homes, even ethnically oriented facilities, that are not culturally appropriate. Therefore, providers as well as designers need to consider cultural lifestyles when creating the physical environment of a nursing home for ethnic residents.

Notable, in terms of a culturally sensitive physical environment, was Lake View's provision of a small field for Korean American residents to plant traditional Asian vegetables. Even though the facility allowed very few elders to participate in this horticultural activity, the small field enabled them to continue the outdoor activity they had been doing before coming to the nursing home. Mr. Yoo, who lived in Lake View, enjoyed planting, harvesting, and distributing vegetables among other Korean American residents. It seemed to enhance his sense of self-worth and psychological well-being as well as reduce boredom, facilitate physical health, promote longevity for him (Alves et al., 2005; Day & Cohen, 2000) and achieve continuity through this meaningful activity. In fact, although he was 90 years old, he seemed to be healthier and have greater self-esteem than other Korean American residents, who were more likely to consider themselves as useless. Even Korean American residents who did not participate in the activity pointed out that it was one of the good things about living in the nursing home because they could have fresh vegetables. The field provided a familiar environment for the Korean elderly. The opportunity to garden also evoked memories of their past when they watched the vegetables growing in the field. As a result, a field to cultivate plants and vegetables may make a nursing home's physical environment more culturally appropriate for the ethnic residents.

The current study found that the lack of visitor parking in Blue Sky was related with frequency of family visits to the Korean American residents. Furthermore, the three nursing homes did not have appropriate spaces for elders to interact with family and other visitors, even in residents' rooms. Therefore, ample parking and appropriate physical spaces should be considered to enhance frequent family visits for both the residents and their families. A majority of residents responded that there were no public spaces when they felt bored and left their rooms, except a common dining room used as a multipurpose area; it is often mentioned in the literature as one of the most frequently used public places in U.S. nursing homes. The dearth of interesting public spaces could imply that residents were more likely to stay in their rooms, feel bored, and have few interactions with others. However, diverse pleasant activity spaces is important for residents in an institution, who usually stay within the facility. Some things that would enhance the environment for Korean American nursing home residents are a game room with culturally specific games (e.g., *janggi* [Korean chess], *boduk* [Korean checkers], *yuk*), a secure outdoor courtyard with trees, flowers, and a small fountain, a small room for tea and conversation, a music room with a karaoke machine where elders can sing along or listen to music with familiar cadences, a television room with Korean videos, a kitchen for cooking, and a library with ethnic newspapers, magazines, and books. Activities like these can encourage residents to leave their rooms to use public areas, reduce feelings of boredom and loneliness, provide opportunities for socialization, and promote their functional ability. In addition, Korean female residents tended to like to do their own laundry; thus, providing clotheslines in an outdoor yard could contribute to maintaining a sense of their previous lifestyles in Korea.

The life in nursing homes is frequently connected with a loss of privacy. Kane (1990) pointed out that the “nursing home typically affords little privacy, personal space, or opportunity to use public space” (p. 16). In this study, Korean American residents seemed to accept sharing a room with other persons in the nursing home because they considered the facility as a communal setting where they had to live with other persons, even in their rooms. Furthermore, a majority of Korean American residents preferred two-bed rooms so they might feel less lonely and isolated. However, many of them pointed out that sharing a room with other persons made it difficult to protect their privacy. Although a great majority of Korean American residents liked having roommates from the same cultural and language backgrounds, those same qualities made it more difficult for them to have any privacy. It is interesting that Mrs. Oh, a resident of Beautiful Tree, said that living with an American roommate who did not understand the Korean language was a way to solve that problem.

Much of the literature stressed the importance of personalizing private rooms with residents’ own belongings. Calkins (2003) emphasized that these personal possessions “are seen as a reflection of individuals’ identities—who they are, what they accomplished, and what was important to them in their lifetimes” (p. 76). In addition, the personalization of private resident areas furnished and decorated with everyday objects, particularly residents’ own belongings, might help reduce the environmental discontinuity that is frequently related to relocation (Johnson & Grant, 1985). Furthermore, it may contribute to an increased sense of belonging and a home-like environment. In this study, the lack of personal spaces—most rooms were shared with two and three residents—discouraged residents from any personalization with their own

possessions. The Korean elders had to give up their own items used at home upon entering the nursing home, which consequently contributed to their feelings of loss.

In this study, a personal refrigerator and a microwave oven were things most needed by Korean American residents. A majority of Korean American elders had their favorite Korean side dishes and other ethnic foods such as Korean-style bread, which they bought or their children bought for them. They liked to eat the dishes together with other side dishes provided by the facility. The use of a personal refrigerator seemed to be important for the residents for two reasons: It enabled the Korean American elders to store a continuous supply of their favorite foods and helped them consume an adequate amount of food, particularly when the foods provided by the facility were not to their taste. Based on residents' comments, it appears that many of them store these foods even without refrigeration; prohibiting the use of a refrigerator could result in serious problems among because the residents may unknowingly eat spoiled food.

Social Environment

Contrary to the assumption that an ethnically grouped nursing home might contribute to establishing new friendships among residents, this study found that a majority of the Korean American residents still had difficulty making friends. The main reason elders gave for not having active interactions with other residents was that most residents were severely mentally or physically impaired. According to Lidz, Fischer, and Arnold (1992), differences in cognitive abilities among residents make it difficult to build friendships among long-term care residents; cognitively intact residents typically avoid interactions/relationships with cognitively impaired residents. However, although Frank (1999) stated that residents frequently feel lonely even though they are surrounded by

other people, this study found that Korean residents were more likely to express fewer feelings of loneliness in the communal settings with persons from the same ethnic background than at home alone or with their children. Some Korean elders moved into the ethnic nursing home due to social opportunities in the communal setting. It was not surprising that most Korean American elders who lost previous social networks with close friends and relatives after immigration would have significant difficulty establishing new friendships and spend most of their time alone at home. Therefore, they frequently felt lonely and isolated in the United States. In addition, non-English-speaking ethnic minority residents from different cultural backgrounds can feel isolated socially and linguistically in American nursing homes. Clustering by ethnicity made it easier for the elderly to communicate with one another and somewhat helped Korean American residents reduce the feelings of isolation. An unexpected finding of this study was that Korean American men living in these facilities had more difficulty establishing friendships, and they felt lonely and isolated in the nursing homes more often than the female residents in facilities where most residents and staff members were women. Even though neither male or female residents felt uncomfortable with different genders cohabiting, they did not tend to have close relationships with residents of a different gender due to unwanted rumors. Care providers need to pay more attention to Korean male residents who are more likely to be isolated in nursing homes, help them have frequent social interactions with others (i.e., staff members, other residents, families, and volunteers), and encourage them to become involved in activities.

Although most healthier residents did not like sharing a room with frail elders, particularly those affected by dementia or who were bedridden, room assignments were

mandated by the administrator of the facility according to staff preferences and conveniences for care. Due to being forced to room with residents with dementia, Korean American elders had more conflicts with their roommates. They did not understand the behavior of patients with dementia, such as anger or rage without reason, aggressiveness, and dependence on the staff for such things as bathing and dressing, and this lack of understanding often caused problems among them. Therefore, staff needs to inform residents about the symptoms of dementia to reduce the conflicts. A problem regarding the overall resident mix remains unresolved (Johnson & Grant, 1985). Some critics suggested that residents who are mentally or physically impaired should be segregated from the more capable residents (Johnson & Grant). Nevertheless, administrators should not force residents to share a room with impaired residents.

Regardless of Korean elders' proficiency in English, no one had close relationships with American residents and all had either no or very little interaction with them. All Korean American residents had interactions and relationships with other Korean American residents. Therefore, English proficiency was not associated with the lack of connection between Korean American residents and American residents in the facility. From this finding, it may be assumed that even Korean American residents who speak English are more likely to feel isolated in a U.S. nursing home where few Korean Americans reside. In other words, an ethnically oriented nursing home having residents from the same ethnicity may be beneficial in terms of residents' social environment. Although a great majority of Korean American residents preferred Korean American roommates to American roommates, as mentioned previously, the issue regarding roommates from the same or other ethnic backgrounds is controversial for these elders.

For example, for Mrs. Jang, living with an American roommate was the most serious problem in the facility. To avoid being alone with the woman, she usually stayed out of her room and returned only when her roommate was asleep. On the contrary, even though Mr. Park was unable to communicate with his American roommate, he felt more comfortable living with him because the language barriers between them made him calmer; there were no unwanted arguments.

A few residents had close relationships with some Korean staff members and considered them as family members, but no one, not even elders who spoke English, had close relationships with American staff. This showed that having staff from same the ethnic and language background is beneficial for establishing close relationships with the staff as well as for providing culturally sensitive care. Even though the nursing homes had many Korean American residents, none of the facilities had special staff training programs that taught how to care for the ethnic residents. The administrators were not aware of a need for such training programs because, they said, the American staff might learn Korean culture and language naturally through interacting with Korean American residents and staff. The administrators and other staff members stated that American staff had no big problems in caring for the Korean American residents. This did not match the perceptions of the Korean American residents, who said they frequently experienced difficulties in receiving appropriate care from American staff members who were unable to converse with them.

Among Korean Americans, nursing home placements could be seen as family disregard for filial piety and the result of elders being abandoned by their children. In Confucianism, “which has been a tradition of Korea for more than 400 years” (K. S. Kim,

1996, p. 35) the eldest son is expected to take the responsibility of caring for his elderly parents, and consequently, placing older parents in a facility is not acceptable. Therefore, both elderly residents and their relatives might have high levels of emotional difficulties regarding nursing home placement, such as feelings of guilt, sadness, depression, and abandonment. Maintaining close ties and frequent visits between Korean elderly residents and their family members can reduce these negative feelings. Greene and Monahan (1981) stated that family visits were related to the well-being of elderly persons in a nursing home. Farber, Brod, and Feinbloom (1991) reported that the quality of primary family contacts was negatively related to depression and positively related to life satisfaction. In this study, frequent family visits and contacts significantly contributed to helping Korean American elders adjust easily to the nursing home and reduced feelings of loneliness and abandonment. This finding supported a previous study that reported that family ties, rather than friendships, may be the significant factors in the psychological adjustment of nursing home residents (Commerford & Reznikoff, 1996). In addition, Korean American residents' family members who participated in this study were more likely to perform duties such as taking their parents' clothes home to wash them, bringing food and other needs for them, and taking the elders home frequently, which seemed to reduce the families' feelings of guilt about placing frail relatives in a nursing home and residents' feelings of abandonment by the relatives. The situation becomes more complicated when, due to a failure to find an adequate and affordable nursing home near their children, elders must enter a nursing home far away. As a consequence, frequent family visits and contacts as well as family involvement in their relative's care must be encouraged by staff for Korean American residents. Therefore, care providers and

designers should make efforts to create environments that encourage these interactions. Furthermore, efforts should be made by nursing homes to connect with volunteers from the ethnic community or neighborhood who can have regular contact with the residents for emotional and practical support, especially those elderly who have no relatives to support and visit them. Moreover, health care providers need to take into account the emotional hardships that Korean American elders living in nursing homes experience after institutionalization.

Organizational Environment

Clustering Korean American residents in a single building, floor, and/or wings made it easier to provide special cultural services for the residents. Administrators of nursing homes in this study seemed to regard providing culturally related services and activities for ethnic residents as more important than meeting their physical or the psychosocial needs. All nursing homes in this study provided ethnic TV and radio channels, church services conducted by Korean pastors, ethnic foods for their regular meals, and several cultural activity programs for the elderly Korean residents. All these special services were considered to be very important by Korean residents because they were less likely to have adapted to American culture regardless of their length of residence in the United States. These services, including having Korean staff members, were important reasons why they chose the facilities.

Although the nursing homes in this study offered diverse activity programs, residents were not likely to attend. This implies that the diverse activity programs were not appropriate for them; thus, efforts should be made to plan and provide meaningful activity programs rather than just increase the quantity of activity programs. According to

E. Kim's (2001) study, Korean men preferred to be involved in "inactive, solitary, and thought-provoking activities such as reading," whereas women preferred to participate in "active, collective, and expressive activities such as singing and socializing" (p. 190). Similar results were found in this study: The men preferred to read Korean newspapers and books and catch up with Korean news on the television. Of the formal recreation activities, they tended to participate in bingo and Bible study but were unwilling to get involved in karaoke. Therefore, recreational directors and activity therapists need to consider the different preferences between Korean American men and women when planning the activity programs. It would be helpful for the directors to use a variety of small-group activity programs that consider the diverse preferences and abilities of elderly residents who are less likely to participate in large groups. The directors should not attempt to make every activity program appeal to all residents. Activity programs conducted in the residents' language are a very important consideration for Korean American elderly residents because their limited English abilities can be a barrier to their involvement in activities provided by a nursing home. In other words, providing activities conducted in their native language might increase their involvement in recreational programs provided in a nursing home.

Maintaining the Korean Way of Life in the Nursing Home

Korean Food

Legge and Westbrook (1989) concluded in their study that "catering for ethnic food preferences is seen as of paramount importance but by no means as the only accommodation to be made for residents from non-English speaking backgrounds" (p. 13). A previous study (Suh & Yeo, 2007) of Korean elders living in an American nursing

home reported the importance of providing ethnic food. In Suh and Yeo's study, most of the Korean residents failed to adjust to American food and appeared not to obtain appropriate nutrients from those foods. In this study too, providing Korean ethnic foods for regular meals in nursing homes was seen as a vital cultural feature for Korean American residents. All Korean American residents, even those had lived in the United States for more than 30 years, were accustomed to a Korean diet. All the participants said they preferred Korean food and disliked American food. Many of them did not use the word *disliked*—they said they could not consume American foods and would only consume Korean foods. Korean residents in Beautiful Tree refused meals when Korean food was not served. Care providers should note that, according to the findings, the desire to have the ethnic food for regular meals goes beyond general complaints about meals served in nursing homes. As a consequence, nutrition programs in a nursing home must include the provision of appropriate ethnic foods for regular meals, Korean residents are accustomed to.

Sharing Foods With Neighbors

Korean American residents of the three nursing homes distributed the foods they and their children brought among the other Korean American elders. The nursing homes enabled Korean American residents to maintain their cultural customs in the facility. Sharing their own foods with their neighbors might contribute to developing close relationships with others, to helping elderly residents feel more at home, and to making the institution seem more warm and friendly. Consequently, a facility's rule prohibiting sharing foods with others should be more flexible, although staff need to watch for any foods that some patients must avoid. In addition, nursing staff members need to know and

respect the fact that Korean American residents are more likely to distribute and share their own foods.

Asian Herbal Remedies

Although many Korean American residents in the nursing homes preferred and believed in the efficacy of the traditional herbal treatments such as Asian herbal medicine (*Han-yak*), acupuncture, moxibustion, and cupping, many of them were unable to opt for the herbal care and medications because they would have to pay the cost out of pocket and the facility did not allow them to take the traditional medicine due to the concerns of overdose. Most Korean residents were Medicaid recipients, but Medicaid does not cover most remedies—only transportation to the clinic. On the other hand, Medicare covers many herbal treatments but does not cover acupuncture—a treatment that most Korean elders wanted to receive. This finding is consistent with the results of a previous study. According to Pourat, Lubeen, Wallace, and Moon (2010), lack of financial resources could have made traditional herbal care inaccessible to Korean elders in the United States.

Despite the prohibition against the traditional medicine, some Korean American residents appeared to take it secretly. This could be dangerous for residents who are taking herbal medications simultaneously with Western medications. As a consequence, health care providers must recognize the concurrent use of both medicines among Korean American elders and monitor their potential side effects and synergies. In addition, the herbal medications usually need to be kept cold to prevent spoiling. Nevertheless, residents of Beautiful Tree, who had no refrigerators in their rooms, sometimes kept

herbal medications at room temperature. This could be dangerous if the medications spoil.

Pourat and colleagues (2010) pointed out that “western physicians who treat Korean, and increasingly other, patients with vague symptoms (e.g., stomach pain) or hard-to-treat chronic conditions (e.g., arthritis) need to investigate all other treatments being used by their patients” (p. 178). The herbal remedies utilized by traditional medicine practitioners may have a positive medical impact beyond placebo effects (Pourat et al.). If Korean American patients in nursing homes desire traditional herbal remedies, Korean medicine practitioners need to be involved in order to increase “their satisfaction with and quality of care as well as perceptions of well-being and outcomes of care” (Pourat et al., p. 718).

Ondol Room

There were no *ondol* rooms in the nursing homes in this study. Therefore, the Korean American residents were required to change a deep-rooted lifestyle. For example, they were no longer able to sleep on a warm floor, and they stopped taking off their shoes inside the building and wore outdoor shoes inside. However, a few elders used electric sleeping mats even though each nursing home prohibited their use and the rooms were warm enough without them. Creating the traditional *ondol* room for Korean residents could be hard or impossible given the current regulations of U.S. nursing homes and/or other financial pressures. Nevertheless, it is suggested that in the future, a Korean ethnic nursing home should create some rooms such as an activity room with the Korean floor heating system. These rooms could be used for watching TV, playing games (e.g., *janggi*, *baduk*, and *hwatu*) and for socializing (e.g., chatting with others and drinking tea). They

would also provide a physical feature of a culturally appropriate environment for Korean residents, which can contribute to preserving their way of life, providing a sense of familiarity, achieving continuity, and creating a more home-like atmosphere.

Korean Cultural Activities

Involvement in activities is significantly important for nursing home residents to foster “well-being and maintain function, social interaction, and connection to healthy and familiar aspects of their past” (Day & Cohen, 2000, p. 372). Additionally, it may diminish the feelings of boredom and loneliness among nursing home residents. The activity programs in a nursing home are “euphemistically referred to as ‘B.B.C.,’ that is, Bingo, birthday, and crafts (Johnson & Grant, 1985, p. 114). The scheduled activity programs typically provided by a nursing home were not likely to be interesting to the elders, which resulted in residents’ refusal to participate. In other words, well-planned activity programs based on residents’ culture and preferences can promote their involvement in the activity programs. In this study, providing Korean cultural activities and outdoor activities planned specifically for Korean American residents had a positive influence on their involvement. Residents with mobility and cognitive problems were excluded by the staff from trips to such places as a Korean market or a restaurant, even if they wanted to go. Off-site activities are important for all residents who stay in the facility all day long. Staff members may have to make additional effort to help residents with limited mobility get involved in outings, and/or volunteers or family members can be encouraged to accompany them.

Providing elders with a separate ethnic nursing home or a nursing home that groups certain ethnicities together would enable the facility to provide cultural activities

and other activities that reflect their preferences and that could be led by recreational workers who speak the same language. However, if clustering or separating is not appropriate, nursing homes can offer cultural activities scheduled on different days of the week for ethnic residents (Aeschleman, 2000).

Church Services in the Nursing Home

An increasing number of researchers have suggested that spirituality and religion are positively associated with psychological well-being and health, especially for elderly people (Geiger & Miko, 1995; Idler, 1987; Kennedy & Kelman, 1996; Mackenzie, Rajagopal, Meibohm, & Lavizzo-Mourey, 2000). Several researchers reported that religious attendance is negatively associated with depression, self-esteem, and/or life satisfaction (Commerford & Reznikoff, 1996; Guy, 1982; Kennedy & Kelman; Koenig, et. al., 1998). According to Idler, religious involvement may facilitate health by diminishing risky behaviors, developing social cohesion, and providing coherent, consistent beliefs regarding coping and shared experience. Geiger and Miko found in a qualitative study that for nursing home residents with religious beliefs, going to Mass provided a sense of security and delivered a promise that they would go to heaven after they pass away. As a result, staff members and designers should be aware of religion's role for residents and make efforts to create environments that support their religious or spiritual needs.

In this study, a majority of Korean elders were Protestants, and thus, a church service held in each nursing home was one of the most popular features, along with serving Korean ethnic foods for regular meals and having Korean staff. Besides Protestants, a few residents were Catholics and Buddhists. However, there were no

religious services for Catholics and Buddhists conducted in the Korean language. Residents who practiced Buddhism were more likely to have difficulties in maintaining their religion in the nursing homes run by Christian administrators. None of the nursing homes provided religious services for the Buddhist residents, and they were discouraged from bringing any religious materials to the facilities. One of the unexpected findings of this study was that attendance at church services was forced on some residents, regardless of their own intentions and their religious beliefs. Religious or spiritual supports for nursing home residents are important, but no one should be forced to attend religious services provided by the facility. Nursing home staff must respect residents' religions and religious values. It is also important that environmental interventions be considered in nursing homes to support the religious needs of residents, including a quiet place for prayer, encouragement to bring religious materials to the facilities, a religious activity, and so forth. Furthermore, offering religious services for Korean residents conducted in their mother language is an important consideration. This would help meet their religious or spiritual needs and foster well-being, health, and a better quality of life. If this is unavailable, regular visits from Korean clergy, religious leaders, and members in religious organizations are some possible solutions.

Korean Staff

In this study, participants expressed the need for more staff from the same cultural and linguistic background to increase the quality of care and life of Korean American residents. A great majority of Korean American residents had no or little ability to speak and understand English. Therefore, they often experienced communication failures with non-Korean staff, particularly nursing aides. The communication issue between Korean

residents and the staff was one of the most important considerations regarding the quality of care and life. According to previous literature, even though elderly people have some ability to speak English, they have a growing desire as they age to speak in their original tongue (Pensabene & Wilkinson, 1986). Also, bilingual elders living in a nursing home typically lose their second language due to dementia (Pensabene & Wilkinson; Runci, O'Connor, & Redman, 2005). Communication barriers between residents and the staff had negative impacts on Korean elderly residents in this study; the residents had difficulty expressing their needs and feelings, receiving appropriate care from staff members from other ethnicities, and participating in activity programs. Furthermore, Korean American residents felt more comfortable with the Korean staff with the same cultural background. Because so few of the Korean residents in U.S. nursing homes can communicate in English, it is necessary to have staff members who can speak Korean. Recruitment of administrators, other staff members, and doctors from the same ethnicity as the residents should be encouraged to help solve communication problems and ensure that elders receive culturally sensitive care. Given difficulties in employing staff members, especially bilingual nursing aides, other options should be considered to improve communication, such as an investment to educate caregivers in basic language skills or the use of language boards (Runci et al.) and the hiring of translators. Also, there is a need for education programs to teach staff members and nursing students about ethnic residents' cultural values, lifestyles, beliefs, norms, attitudes, practices, and their relevance in developing culturally appropriate and competent care.

Where Do I Receive Care Like Here? But...

No Freedom

The concept of autonomy is multidimensional and ambiguous (Schwarz & Brent, 1999). It is related to privacy, freedom, individual liberty to choice and action, self-determination, and independence (Cohen-Mansfield et al., 1995; Collopy, 1988; Lidz et al., 1992; Schwarz & Brent). Autonomy may appear to be inapplicable to nursing home residents who usually suffer from disabilities or illnesses that prevent them from independent living and require them to rely on others. However, in relation to long-term care, the theory on autonomy seeks “a way to live with dependency, to perhaps even creatively embrace it” (Reinardy, 1999, p. 59). Agich (1993) stated that there is no opposition to dependency—not when one depends on others in a way that is consistent with one’s sense of self-worth and identity. Regarding autonomy for older adults, several researchers in gerontology and geriatrics have suggested “focusing on the importance of making autonomous decisions and choices irrespective of frailty, dependency and restrictions of action” (Andresen & Puggard, 2008, p. 7). A previous study demonstrated “that it is possible to experience autonomy while being dependent on assistance, and that older people’s perception of independence changes with the process of functional decline. It is, therefore, not only their actual performance but also their ability to make meaningful choices and decisions that are of importance” (Andresen & Puggard, p. 7). A growing number of studies have shown the importance of autonomy for older adults, particularly nursing home residents: The sense of control provides positive effects on their elders’ well-being and mental health “even when they are dependent on assistance with ADL [activities of daily living]” (Andresen & Puggard, p. 2; Cohen-Mansfield et al., 1995).

For fostering the autonomy of nursing home residents, researchers have suggested several strategies: Staff should respect and support their actions and choices; residents and their families should be involved in decisions about the elders' own care; nursing homes should not limit residents' choices; certain rules/regulations that influence autonomy need to be changed or be made more flexible to increase elders' well-being and quality of life; regulations and facility rules "should be reviewed to determine whether all should be applied across the board to all residents," without respect to their cognitive capability (Kane, Freeman, Caplan, Aroskar, & Urv-Wong, 1990, p. 70) (e.g., some cognitively intact residents can perform self-care such as having a bath and manage items in their rooms such as a nail clipper, electric kettle, and microwave oven); and physical interventions and aids for supporting and promoting autonomy/independence should be provided (Cohen-Mansfield et al., 1995; Kane et al., 1990; Lidz et al., 1992; Schwarz & Brent, 1999).

In this study, in response to the questions "What makes it difficult for you to live here?" and "What do you miss in this facility?" many Korean residents pointed to the lack of freedom. A great majority of them said that they could not even go outside the building without the permission of the staff and/or the signature of their guardians. The elderly residents, even cognitively intact residents, were discouraged from leaving the building by the facility's rules/policies, the concerns for security or safety, restrictions and dissuasion from the staff, and barriers within the physical environment (e.g., stairs of the entrance and locked exterior doors). These restrictions or prohibitions were negatively associated with their social interactions as well as with their ability to use outside facilities, have access to the outdoors, and adjust to the nursing home, which might

influence their well-being and life satisfaction. The restrictions also made residents feel the nursing home was like a prison without bars. A lack of autonomy is one of the most frequently mentioned issues in the literature regarding nursing homes in the United States reflecting the fact the medical model is used in most current nursing homes. This finding is somewhat contradictory to a past study's finding (Lee, 1999), which reported that Chinese elders in a residential care home did not regard living with the rules and regulations as important or the lack of autonomy and privacy as barriers to adjustment.

Nobody to Talk With Them

A previous study reported that lack of company was one of the most common unmet needs of older adults in residential care (Hancock, Woods, Challis, & Orrell, 2006). Similarly, a majority of Korean American residents in this study responded that there were very few persons with whom they could converse within the nursing homes. The difficulty of making friends in the nursing homes, the inadequate number of nursing home staff (particularly Korean staff), the busy schedule of the staff, and infrequent visits from families and friends outside the facilities contributed to the feelings of loneliness and isolation expressed in this current study. However, having someone to talk to was one of the reasons some Korean American elders moved into an ethnically oriented facility, but their expectation was not met in the facility. Before moving to the nursing home, they spent most of their time at home alone until their family members, particularly their children, returned from work. This is congruent with the findings of a previous study conducted by Frank (1999), who found that many residents wanted friends, but making friends was difficult in a group setting.

Limitations

First, in terms of sampling, this study included only residents who were cognitively able to understand and respond to interview questions. The experiences, opinions, and feelings about ethnic nursing home environments for those with cognitive impairments were not investigated, although their experiences were shared indirectly by a small member of family members and staff. Therefore, future studies could use a large sample size to investigate the experiences, opinions, and feelings about ethnic nursing home environments. In addition, staff members provided the names and room numbers of residents who had the cognitive ability to be interviewed for this study, and most of the study participants were those the staff recommended. This might mean that residents who had good relationships with staff and would, therefore, give more positive feedback about the facilities and services had a greater opportunity to participate in the study. Additionally, this study was confined to three ethnic nursing homes in suburban areas on the East Coast of the United States. As a result, this study has limited generalizability. Even so, the findings may be useful for care providers and designers of long-term care facilities who seek to provide culturally appropriate environments and care for Korean American elders.

Second, concerning data collection, interviews were conducted at places the participants chose, such as residents' rooms, offices, and public spaces including dining rooms, day rooms, and lobbies. In many cases, there were other people, including roommates, other residents, other staff members, or visitors, present during the interviews. The three nursing homes had few private spaces or rooms; most resident rooms were shared with other residents; offices were shared with other employees; and

there were always others present in the public spaces or rooms (except bathrooms). It was very difficult to find areas in each nursing home where I could ensure the participants' privacy, avoid disrupting the flow of the interviews, and prevent noise and interruptions during the audio-recording.

Third, only one non-Korean staff member was interviewed for this study. A single source makes it difficult to infer much about the experiences and difficulties of the Korean American residents from the perspectives of non-Korean staff.

Implications for Future Research

First, in spite of several limitations, this study provides various and specific information in order to make culturally appropriate physical, social, and organizational environments for providing a better quality of life and care to frail Korean American elders. During the course of this study, I found a dearth of general baseline data and information about Korean American nursing home residents in the United States. Thus, future studies need to continue examining this understudied, underserved, and rapidly growing population.

Second, relatively little research has been conducted about the cultural needs and preferences of ethnic minority nursing home residents from culturally and linguistically diverse backgrounds, especially Asian American elders. This study can be an example for future studies of these populations and can be extended to other ethnic groups. More studies are necessary that focus on the increasing ethnic minority populations in the United States. Nursing home residents of each ethnic group also have unique cultural and language needs and preferences; thus, researchers should examine the differences among elders of different ethnic minorities. Furthermore, many issues are still unresolved

regarding how best to make physical, social, and organizational nursing home environments culturally appropriate for ethnic elders in the United States, how to provide tailored care for nursing home residents of each ethnic group, and “whether ‘segregated’ care is necessary or indeed beneficial” (Mold, Fitzpatrick, & Roberts, 2005, p. 112).

Much research is necessary to resolve these issues.

Third, this study was conducted in three nursing homes with many Korean American residents and Korean staff members that offered several cultural services (e.g., ethnic TV and radio channels, church services conducted by Korean pastors, ethnic foods for lunch and dinner) as well as activity programs designed for Korean American residents. However, most American nursing homes have no or few Korean staff and do not provide special cultural services and activity programs for the residents of a specific ethnicity. Therefore, Korean American residents in most U.S. nursing homes may have different opinions and attitudes about culturally appropriate nursing home environments from the participants in this study. Researchers need to involve Korean American residents in mainstream American nursing homes. Also, they may explore and compare the differences among the residents in nursing homes that offer various environments and services.

Fourth, this study was conducted over a short period of time, which made it difficult to accumulate in-depth information about this topic. It is recommended that further studies are conducted for an extended period of time for data collection.

Finally, the needs of cognitively impaired Korean American residents in nursing homes should be explored further in future studies. This study excluded Korean residents with cognitive impairment for the interviews in this study and any information about their

needs in the nursing homes was acquired during interviews and observations with just a few family members. Therefore, a larger sample of family members and extended period of data collection need to be added for future studies. An observation method using videotaping may be an appropriate way to deal with this issue.

Implications for Policy

Most existing American nursing homes have not provided the particular cultural and linguistic needs and preferences for ethnic minority elders from different cultural and non-English-language speaking backgrounds, even though their numbers have grown significantly in the United States. The difficulties in finding appropriate nursing homes accommodate the frail populations are one of the main access barriers in nursing homes in the United States. Therefore, policymakers need to pay attention to the increasing elderly populations and develop appropriate strategies to provide culturally appropriate environments and care for the elderly in nursing homes. Lack of autonomy was one of the major complaints among Korean American residents in the nursing homes because current regulations center on safety/security issues. Also, regulations did not accommodate culturally appropriate environments and care for nursing home residents. Therefore, regulations need to be more flexible to develop better, culturally appropriate environments and care in U.S. nursing homes to improve the quality of life for residents, whether or not they are minorities. In this study, each facility clustered the Korean residents with limited English and specific cultural backgrounds into a single building, floor, or wings. The grouping made it easier to provide for cultural and linguistic needs such as ethnic food, a religious service conducted in their mother language, and Korean staff members. Also, Korean American residents in this study strongly preferred the

ethnically grouped nursing homes. As a result, ethnically clustered nursing homes may be one option to provide better culturally sensitive environments and care among residents from diverse cultural and linguistic backgrounds in the United States. Finally, ethnic minority elders and their family members from different cultural and language backgrounds still face difficulty finding ethnic nursing homes that can accommodate them. Due to increased numbers of frail elders in various ethnic groups, perhaps government financial support can contribute to establishing ethnic nursing homes.

APPENDIX A

General Characteristics of Nursing Home Residents

Date: _____ Time: _____

Participant's identification number: _____ Place: _____

1. _____Male _____Female

2. Age: _____

3. Birthplace: _____

4. Year of immigration: _____

5. How and why did you come to the U.S.?

6. Marital status

_____Married

_____Divorced

_____Separated

_____Widowed

_____Never married

7. Educational status

_____No formal schooling

_____Elementary school

_____Middle school

_____High School

_____College (bachelor's degree or associate's degree)

_____Graduate or professional degree

_____ Other

8. English proficiency

_____ Very well

_____ Well

_____ Not well

_____ Not at all

9. What is your religion? In Korea: In the U.S.:

10. How many children do you have?

11. How long have you stayed in this nursing home?

12. With whom did you live before you moved to this nursing home? Where did you
live before moving here?

13. Why did you move to this nursing home?

14. How did you find out about this nursing home?

15. Who made the decision to move to this facility?

APPENDIX B

Interview Questions for Nursing Home Residents

Note. The interview questions were presented in Korean. The questions were sometimes followed up with more specific clarifying questions, depending on how participants responded.

1. Could you tell a little bit about yourself and your family?
2. How has your life changed since you moved to this nursing home?
3. Could you tell me about your typical day in this facility?
4. Has the move met your expectations?
5. Could you tell me about the reasons for choosing this nursing home?
6. How often do you go out?
7. What did you bring when you moved to this nursing home?
8. What do you need in your room? Is there any difficulty maintaining your previous lifestyle in your room? If so, what?
9. Do you often use the public spaces in this facility? If so, what space do you often use? Where do you like?

If you don't have any public spaces you frequently use, why not?
10. How is the relationship with your roommate(s)? What kind of interaction do you have with your roommate(s)?

How is the relationship with other residents? What kind of interaction do you have with other residents?

11. How is the relationship with Korean staff? What kind of interaction do you have with Korean staff?

How is the relationship with American staff? What kind of interaction do you have with American staff?

12. Have you experienced any difficulties when you receive care from American staff? If so, what kinds of difficulties do you have?

13. How is the relationship with your family members?

What kind of interaction do you have with family members? How often do they visit with and/or contact you?

14. Do you have friends outside of this nursing home? If so, how often do you contact or meet them?

15. What kinds of services does this nursing home offer for Korean residents? What kinds of services do you prefer? Are you satisfied with the services? If not, what?

16. Do you participate in the activities provided by this nursing home? If so, how often? What activities do you like? If not, why don't you participate in the activities?

17. What are rules that you have to follow? What do you think about the rules?

18. Of the things you used to do at home, what do you miss doing here? For example, seeing family and friends, home cooking, outings, privacy, gardening, opportunity to converse in your own language, and so on.

19. Are there any rules or policies about how you furnish your personal space?

20. Tell me about the positive aspects of residing in this nursing home. What do you really like here?

21. Tell me about the negative aspects of residing in this nursing home. What don't you like here?
22. Have you had any difficulties adjusting to this facility? If so, what?
23. Considering everything, how would you rate your overall satisfaction with this facility?
24. Is there anything else you would like to add that I didn't ask you about this nursing home or your residence?

APPENDIX C

Interview Questions for Families

1. Could you tell me a little bit about yourself and your relative who lives in this nursing home?
2. Why did your relative move to this nursing home?
3. Could you tell me about the reasons for choosing this nursing home?
4. What does your relative usually do in this facility?
5. What do you think about your relative's room and the public spaces of this facility?
6. Where do you usually stay when you visit your relative?
7. What kind of interaction do you have with your relative? How often do you visit your relative?
8. How is the relationship between you or your relative and this nursing home staff?
9. How is the relationship between your relative and other residents?
10. What do you think about services offered by this nursing home?
11. What do you think about activities offered by this nursing home?
12. Do you think that this nursing home staff provides appropriate care for your relative?
13. Has your relative had any unmet needs or difficulties in this nursing home? If so, what?
14. Tell me about the positive or negative aspects of residing in this nursing home.
What do you/your relative really like in this nursing home?
What don't you/your relative like in this nursing home?

15. What do you think a nursing home needs to provide for Korean residents?

16. Is there anything you would like to add?

APPENDIX D

Interview Questions for Nursing Home Administrator & Staff

1. How long have you been working in this nursing home?
2. How long has this nursing home provided services for Korean people?
3. How many Korean residents are living in this nursing home? How many Korean staff members are working in this facility?
4. Are there any differences between this (building, floor, or wing) for Korean residents and those for other ethnicities? If so, what?
5. Are there any special services offered by this facility for the Korean residents? If so, what? What kind of services have you seen to be necessary or important for the Korean residents?
6. What kinds of activities does this nursing home offer? Are there any special activities offered by this facility for the Korean residents? If so, what?
What activities are the most popular among the Korean residents?
Do the Korean residents often participate in the activities? If not, why are they less likely to participate in the activities?
7. Are there any rules/policies to prevent you from providing culturally sensitive environments or care for the Korean residents? If so, what?
8. How is the relationship between the Korean residents and you/other staff members? What kinds of interactions do you/other staff members have with Korean residents?
9. What do you think about the relationships among the Korean residents?

10. What do you think about the relationships between Korean residents and other ethnic residents?
11. What do you think about the relationships between the Korean residents and their family members?
12. Tell me about the resident policies/rules.
13. Are there any staff training programs about the Korean residents?
14. Are there any barriers to providing culturally appropriate environments or care for the Korean residents? If so, what?
15. Do American staff members have any difficulties taking care of the Korean residents? If so, what kind of difficulties do they have and how do they deal with the difficulties?
16. What do you think a nursing home needs to provide for Korean residents?
17. Is there anything else that you would like to add?

APPENDIX E

Resident's Informed Consent Form (English version)

Title of Study: Providing culturally appropriate environments in nursing homes for frail ethnic minority elders in the U.S.: Three case studies of Korean-American nursing homes
IRB Number: 1107818

Principal Investigator: Eun-Hee Lee, Doctoral student, Department of Architectural Studies, University of Missouri-Columbia, 141 Stanley Hall, Columbia, MO 65211, (732) 857-7994 (C), elht4@mail.missouri.edu

Primary Investigator's Advisor: Benyamin Schwarz. Ph.D. Professor, Department of Architectural Studies, University of Missouri-Columbia, 141 Stanley Hall, Columbia, MO 65211, (573) 882-4904 (W), SchwarzB@missouri.edu

Purpose: This study aims to identify the features of the physical, social, and organizational environments in nursing homes in order to make better culturally appropriate nursing home environments, which can create a better quality of life and care for frail Korean-American elders. The findings of this study will be published as a Ph.D. dissertation and may be published in the form of a journal article or presented at professional meetings or conferences.

Procedures: If you agree, you will participate in a face-to-face interview. This interview will start with general questions about you. Then you will be asked about your thoughts and experiences about the nursing home environments where you are living. It will last approximately 90-120 minutes and be audio-recorded. This interview will be conducted at a time and place that is convenient for you. After finishing this interview, I'll observe and take pictures of your room if you agree.

Voluntary Nature of the Study: Your participation in this study is entirely voluntary, and you can decide not to participate. If you decide to participate, you are free to not answer any individual questions or withdraw at any time without penalty.

Risks & Benefits: Though there are minimal risks to participate in this study, some unforeseen results may exist. You may feel some tiredness or distress when being asked questions or may feel uncomfortable being recorded. You will not be paid for participation, and you will receive no personal benefits through participation in this study. However, the results of this study may be reflected in the future facility design and program for Korean American elders. For nursing home management, the results may be used in better policy-making procedures.

Confidentiality: All information that you provide me will be processed in a manner to protect your anonymity and confidentiality. In any sort of report that might be published, I will not include any information that will make it possible to identify you as an individual participant in this study. To ensure confidentiality, research records will be

kept in a locked filing cabinet, and only I will have access to the records. Also, I will be the only person who has access to the interview audiotapes. The audiotapes will be kept for a period of 3 years following the completion of the study and then destroyed. No copies of the data will be made or distributed.

Compensation: There is no compensation for participation in this study.

Contacts & Questions: You may ask any questions you have now. If you have any questions about this study later, you are encouraged to contact Eun-Hee Lee at (732) 857-7994 or Dr. Schwarz at (573) 882-4904. If you have any questions or concerns regarding this study and would like to talk to someone other than the researchers, please contact the IRB office at 483 McReynolds Hall, Columbia, MO 65211; (573) 882-9585.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature of Participant

Date

Eun-Hee Lee, Investigator

Date

APPENDIX F

Resident's Informed Consent Form (Korean version)

연구 주제: 미국에 거주하는 소수민족 노인에게 문화적으로 적절한 너싱홈 환경 제공하기 위한 연구: 미국내 세 한국 요양원 사례 연구

IRB 번호: 1107818

주 연구자: 미주리 대학교 건축학과, 박사과정 이은희

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지도교수: 미주리 대학, 콜럼비아, 건축학과, Schwarz, Benyamin 교수.

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연락처: 573-882-4904 (W), SchwarzB@mail.missouri.edu

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연구과정: 만약 본 연구 참가에 동의 하신다면, 일대일 인터뷰를 하시게 됩니다. 본 인터뷰는 귀하에 관한 일반적인 질문으로 시작하게 되고, 이후 귀하께서 거주하고 있는 양로원 환경에 대해서 자신의 경험하거나 느낀것들을 묻게 될 것 입니다. 질문은 대략 90-120 분 정도 소요될 예정이며 인터뷰 내용은 녹음될 것 입니다. 본 인터뷰는 참가자가 편한 시간과 장소에서 진행될 것이며 인터뷰 후에는 참가자의 동의하에 침실 사진 촬영을 하게 될 것 입니다. 필요하다면 인터뷰 도중 잠시 휴식 시간을 가진 후 다시 인터뷰를 진행할 것 입니다.

자발적 연구참여 여부: 이 연구에 참여여부는 전적으로 참여자에게 달려 있습니다. 인터뷰 도중 불편한 질문에 관해선 답변을 하지 않아도 됩니다. 원하시면 인터뷰를 중간에 그만두셔도 그에 따른 어떠한 불이익도 없습니다.

연구참여의 위험및 잇점: 본 연구에 참여함으로써 생기는 위험은 극히 미약하다고 여겨지나 미리 예상치 못한 결과가 발생할 수도 있습니다. 귀하께서는 인터뷰 도중 육체적이나 정신적으로 피로를 느낄 수도 있으며, 인터뷰 내용이 녹취됨에 다소 거부감을 느끼실 수 있습니다. 본 인터뷰에 참여함으로써 어떠한 금전적 배상 혹은 개인적 이익은 없습니다. 하지만 향후 미국내 한국노인을 위한 너싱홈 환경을 디자인 하거나 프로그램에 할때 본 연구결과가 반영될 수 있으며, 연구결과는 양로원을 운영하는데 있어서 한국 노인거주자들을 위한 더 나은 정책을 이끄는 데 쓰여질 수 있습니다.

자료의 비밀보호: 귀하께서 저에게 제공하시는 모든 정보는 익명과 자료 보안의 원칙하에 진행될 것입니다. 인터뷰 내용이 논문에 쓰이게 될 경우, 저는 귀하의 개인정보를 노출할 수 있는 어떠한 자료도 포함시키지 않을 것입니다. 자료보안을 위해 녹취된 자료들은 주연구자 개인 자료함에 보존될 것이며, 오직 주 연구자만 자료를 열람할 것입니다. 모든 녹취테입들은 3년간 연구목적에 위해 보관됩니다. 연구가 끝난 이후에는 모두 폐기처분되며 원본이외 어떠한 복사본도 만들어지거나 배포되지 않습니다.

사례: 본 연구에 참여로 인한 보상은 없습니다.

연락처와 의문사항: 귀하께서는 궁금하신게 있으면 지금 저에게 질문하셔도 좋습니다. 만약 이후에 언제든지 본 연구에 관해 의문점이 있으시면 지체하지 마시고 주 연구자 이은희 (732-857-7994) 또는 연구자의 지도교수 슈월즈교수님 (573-882-4904) 에게 연락하시면 됩니다. 이 연구에 참여에 관한 질문이나 우려가 있으시면 본 연구자들외 미주리 콜롬비아 McReynolds 홀에 위치한 IRB 사무실 573-882-9585 로 연락하실 수 있습니다.

서명을 하시면 사본을 받으시게 될 것입니다.

결론:

본인은 위의 내용을 읽고 이해했습니다. 인터뷰에 관한 의문점을 질문 했으며 그에 관한 대답도 받았습니다. 본인은 본 연구에 참여할 것으로 동의합니다.

참가자 서명

날짜

연구자 서명

날짜

APPENDIX G

Family's Informed Consent Form (English version)

Title of Study: Providing culturally appropriate environments in nursing homes for frail ethnic minority elders in the U.S.: Three case studies of Korean-American nursing homes
IRB Number: 1107818

Principal Investigator: Eun-Hee Lee, Doctoral student, Department of Architectural Studies, University of Missouri-Columbia, 141 Stanley Hall, Columbia, MO 65211, (732) 857-7994 (C), elht4@mail.missouri.edu

Primary Investigator's Advisor: Benyamin Schwarz. Ph.D. Professor, Department of Architectural Studies, University of Missouri-Columbia, 141 Stanley Hall, Columbia, MO 65211, (573) 882-4904 (W), SchwarzB@missouri.edu

Purpose: This study aims to identify the features of the physical, social, and organizational environments in nursing homes in order to make better culturally appropriate nursing home environments, which can create a better quality of life and care for frail Korean American elders. The findings of this study will be published as a Ph.D. dissertation and may be published in the form of a journal article or presented at professional meetings or conferences.

Procedures: If you agree, you will participate in a face-to-face interview. If you agree to participate in this interview, you will be asked general questions about you and your relatives. Then you will be asked about your thoughts and experiences concerning the environments of this nursing home. Each interview will require approximately one hour and be audio-recorded. The interview will be conducted at a time and place that is convenient for you. If needed, I will have a short break during the interview and continue it after the break.

Voluntary Nature of the Study: Your participation in this study is entirely voluntary, and you can decide not to participate. If you decide to participate, you are free to not answer any individual questions or withdraw at any time without penalty.

Risks & Benefits: Though there are minimal risks to participate in this study, some unforeseen results may exist. You may feel some tiredness or distress when being asked questions or may feel uncomfortable being recorded. You will not be paid for participation, and you will receive no personal benefits through participation in this study. However, the results of this study may be reflected in the future facility design and program for Korean-American elders. For nursing home management, the results may be used in better policy-making procedures.

Confidentiality: All information that you provide me will be processed in a manner to protect your anonymity and confidentiality. In any sort of report that might be published, I will not include any information that will make it possible to identify you as an

individual participant in this study. To ensure confidentiality, research records will be kept in a locked filing cabinet, and only I will have access to the records. Also, I will be the only person who has access to the interview audiotapes. The audiotapes will be kept for a period of 3 years following the completion of the study and then destroyed. No copies of the data will be made or distributed.

Compensation: There is no compensation for participation in this study.

Contacts & Questions: You may ask any questions you have now. If you have any questions about this study later, you are encouraged to contact Eun-Hee Lee at (732) 857-7994 or Dr. Schwarz at (573) 882-4904. If you have any questions or concerns regarding this study and would like to talk to someone other than the researchers, please contact the IRB office at 483 McReynolds Hall, Columbia, MO 65211; (573) 882-9585.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature of Participant

Date

Eun-Hee Lee, Investigator

Date

APPENDIX H

Family's Informed Consent Form (Korean version)

연구 주제: 미국에 거주하는 소수민족 노인에게 문화적으로 적절한 너싱홈 환경
제공하기 위한 연구: 미국내 세 한국 요양원 사례 연구

IRB 번호: 1107818

주 연구자: 미주리 대학교 건축학과, 박사과정 이은희

주소: 미국, 미주리 주, 콜럼비아 시, 미주리 대학교, 건축학과, Stanley 홀 141 호, 우편번호:
65211.

연락처: 732-857-7994, elht4@mail.missouri.edu

지도교수: 미주리 대학, 콜럼비아, 건축학과, Schwarz, Benyamin 교수.

주소: 미국, 미주리 주, 콜럼비아 시, 미주리 대학교, 건축학과, Stanley 홀 141 호,
우편번호: 65211

연락처: 573-882-4904 (W), SchwarzB@mail.missouri.edu

연구목적: 이연구의 목적은 재미한국 노인분들을 수용하고 있는 미국내 너싱홈들이
노인분들에게 보다 나은 환경과 케어를 제공하기 위해 그들의 문화에 적절한 건축적,
사회적, 제도적 너싱홈 환경을 제공하기 위해 필요한 요소들을 조사하기 위함입니다. 본
연구의 결과는 주 연구자의 박사논문의 자료로 쓰여질 것이며, 이후 학술지에 실리거나
학회 주제로 발표 될 수 있습니다.

연구과정: 만약 본 연구 참가에 동의 하신다면, 일대일 인터뷰를 하시게 됩니다. 본
인터뷰는 귀하와 너싱홈에 계시는 귀하의 가족분에 관한 일반적인 질문으로 시작하게
되고, 이후 이 너싱홈 환경에 대한 자신이 경험하거나 생각한 것들을 묻게 될 것
입니다. 질문은 대략 1 시간정도 소요될 예정이며 인터뷰 내용은 녹음될 것 입니다. 본
인터뷰는 참가자가 편한 시간과 장소에서 될 것입니다. 필요하다면 인터뷰 도중 잠시
휴식시간을 가진후 다시 인터뷰를 계속 할 것입니다.

자발적 연구참여 여부: 이 연구에 참여여부는 전적으로 참여자에게 달려 있습니다. 인터뷰
도중 불편한 질문에 관해선 답변을 하지 않아도 됩니다. 원하시면 인터뷰를 중간에
그만두셔도 그에 따른 어떠한 불이익도 없습니다.

연구참여의 위험 및 잇점: 본 연구에 참여함으로써 생기는 위험은 극히 미약하다고
여겨지나 미리 예상치 못한 결과가 발생할 수도 있습니다. 귀하께서는 인터뷰 도중

육체적이나 정신적으로 피로를 느낄 수도 있으며, 인터뷰 내용이 녹취됨에 다소 거부감을 느끼실 수 있습니다. 본 인터뷰에 참여함으로써 어떠한 금전적 배상 혹은 개인적 이익은 없습니다. 하지만 향후 미국내 한국노인을 위한 너싱홈 환경을 디자인 하거나 프로그램에 할때 본 연구결과가 반영될 수 있으며, 연구결과는 양로원을 운영하는데 있어서 한국 노인거주자들을 위한 더 낫은 정책을 이끄는 데 쓰여질 수 있습니다.

자료의 비밀보호: 귀하께서 저에게 제공하시는 모든 정보는 익명과 자료 보안의 원칙하에 진행될 것 입니다. 인터뷰 내용이 논문에 쓰이게 될 경우, 저는 귀하의 개인정보를 노출할 수 있는 어떠한 자료도 포함시키지 않을 것 입니다. 자료보안을 위해 녹취된 자료들은 주연구자 개인 자료함에 보존될 것이며, 오직 주 연구자만 자료를 열람할 것 입니다. 모든 녹취테이프들은 3년간 연구목적을 위해 보관됩니다. 연구가 끝난 이후에는 모두 폐기처분되며 원본이외 어떠한 복사본도 만들어지거나 배포되지 않습니다.

사례: 본 연구에 참여로 인한 보상은 없습니다.

연락처와 의문사항: 귀하께서는 궁금하신게 있으면 지금 저에게 질문하셔도 좋습니다. 만약 이후에 언제든지 본 연구에 관해 의문점이 있으시면 지체하지 마시고 주 연구자 이은희 (732-857-7994) 또는 연구자의 지도교수 슈월즈교수님 (573-882-4904) 에게 연락하시면 됩니다. 이 연구에 참여에 관한 질문이나 우려가 있으시면 본 연구자들외에 미주리 콜롬비아 McReynolds 홀에 위치한 IRB 사무실 573-882-9585 로 연락하실 수 있습니다.

서명을 하시면 사본을 받으시게 될 것 입니다.

결론:

본인은 위의 내용을 읽고 이해했습니다. 인터뷰에 관한 의문점을 질문 했으며 그에 관한 대답도 받았습니다. 본인은 본 연구에 참여할 것으로 동의합니다.

참가자 서명

날짜

연구자 서명

날짜

APPENDIX I

Staff's Informed Consent Form (English version)

Title of Study: Providing culturally appropriate environments in nursing homes for frail ethnic minority elders in the U.S.: Three case studies of Korean-American nursing homes
IRB Number: 1107818

Principal Investigator: Eun-Hee Lee, Doctoral student, Department of Architectural Studies, University of Missouri-Columbia, 141 Stanley Hall, Columbia, MO 65211, (732) 857-7994 (C), elht4@mail.missouri.edu

Primary Investigator's Advisor: Benyamin Schwarz. Ph.D. Professor, Department of Architectural Studies, University of Missouri-Columbia, 141 Stanley Hall, Columbia, MO 65211, (573) 882-4904 (W), SchwarzB@missouri.edu

Purpose: This study aims to identify the features of the physical, social, and organizational environments in nursing homes in order to make better culturally appropriate nursing home environments, which can create a better quality of life and care for frail Korean American elders. The findings of this study will be published as a Ph.D. dissertation and may be published in the form of a journal article or presented at professional meetings or conferences.

Procedures: If you agree, you will participate in a face-to-face interview. If you agree to participate in this interview, you will be asked about you and this nursing home. Then you will be asked about the physical, social, organizational environments of this nursing home and the barriers to providing culturally appropriate environments and care for Korean-American residents. Each interview will require approximately 1 to 2 hours and be audio-recorded. The interview will be conducted at a time and place that is convenient for you. If needed, I will have a short break during the interview and continue it after the break. In addition, I will observe exterior and public spaces of this nursing home with the permission of the administrator of this facility.

Voluntary Nature of the Study: Your participation in this study is entirely voluntary, and you can decide not to participate. If you decide to participate, you are free to not answer any questions or withdraw at any time without penalty.

Risks & Benefits: Though there are minimal risks to participate in this study, some unforeseen results may exist. You may feel some tiredness or distress when being asked questions or may feel uncomfortable being recorded. You will not be paid for participation, and you will receive no personal benefits through participation in this study. However, the results of this study may be reflected in the future facility design and program for Korean-American elders. For nursing home management, the results may be used in better policy-making procedures.

Confidentiality: All information that you provide me will be processed in a manner to protect your anonymity and confidentiality. In any sort of report that might be published, I will not include any information that will make it possible to identify you as an individual participant in this study. To ensure confidentiality, research records will be kept in a locked filing cabinet, and only I will have access to the records. Also, I will be the only person who has access to the interview audiotapes. The audiotapes will be kept for a period of 3 years following the completion of the study and then destroyed. No copies of the data will be made or distributed.

Compensation: There is no compensation for participation in this study.

Contacts & Questions: You may ask any questions you have now. If you have any questions about this study later, you are encouraged to contact Eun-Hee Lee at (732) 857-7994 or Dr. Schwarz at (573) 882-4904. If you have any questions or concerns regarding this study and would like to talk to someone other than the researchers, please contact the IRB office at 483 McReynolds Hall, Columbia, MO. 65211; (573) 882-9585.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature of Participant

Date

Eun-Hee Lee, Investigator

Date

APPENDIX J

Staff's Informed Consent Form (Korean version)

연구 주제: 미국에 거주하는 소수민족 노인에게 문화적으로 적절한 너싱홈 환경 제공하기 위한 연구: 미국내 세 한국 요양원 사례 연구

IRB 번호: 1107818

주 연구자: 미주리 대학교 건축학과, 박사과정 이은희

주소: 미국, 미주리 주, 콜럼비아 시, 미주리 대학교, 건축학과, Stanley 홀 141 호, 우편번호 65211.

연락처: 732-857-7994, elht4@mail.missouri.edu

지도교수: 미주리 대학, 콜럼비아, 건축학과, Schwarz, Benyamin 교수.

주소: 미국, 미주리 주, 콜럼비아 시, 미주리 대학교, 건축학과, Stanley 홀 141 호,

우편번호: 65211

연락처: 573-882-4904 (W), SchwarzB@mail.missouri.edu

연구목적: 이연구의 목적은 재미한국 노인분들을 수용하고 있는 미국내 너싱홈들이 노인분들에게 보다 나은 환경과 케어를 제공하기 위해 그들의 문화에 적절한 건축적, 사회적, 제도적 너싱홈 환경을 제공하기 위해 필요한 요소들을 조사하기 위함입니다. 본 연구의 결과는 주 연구자의 박사논문의 자료로 쓰여질 것이며, 이후 학술지에 실리거나 학회 주제로 발표 될 수 있습니다.

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서명을 하시면 사본을 받으시게 될 것 입니다.

결론:

본인은 위의 내용을 읽고 이해했습니다. 인터뷰에 관한 의문점을 질문 했으며 그에 관한 대답도 받았습니다. 본인은 본 연구에 참여할 것으로 동의합니다.

참가자 서명

날짜

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