

Thrown in a Different World: The Later Lives of Korean Elderly in an American Nursing Home

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Purpose: Increasing numbers of Koreans have immigrated to the United States since the late 1960s. The first generation of Korean immigrants or their parents become old and institutionalized in American nursing home setting. Although the Korean elders would experience many cultural differences in the nursing home, no study to date has investigated their everyday lives on how they live through their later lives within a different cultural environment from their own. **Methods:** Using ethnographic methodology, the purpose of this paper was to illustrate Korean residents' experiences and daily lives in a nursing home located in an east coastal city in the U.S. Participant observation, field notes, semi-structured interviews were utilized by means of data collection. Eighteen Korean residents were observed, and five of them and two nurses participated in informal qualitative interviews. **Results:** The overriding theme from the findings is "thrown in a different world." Three sub-themes include "constant struggles in making themselves understood", "dealing with culturally inappropriate nursing care," and "maintaining their own ways of life". **Conclusion:** The discovered themes reflect culturally isolated lives of the participants and open a venue for designing a culturally congruent nursing care for Korean elders living in the U.S. nursing homes.

Key Words : Nursing home, Ethnography, Culture, Elderly, Nursing care

1. Introduction

Imagine that you were institutionalized in a nursing home located in a different country from your own. You can neither communicate in your language, nor understand the culture of the institution, including the lifestyle, values, roles, and/or attitudes. Undoubtedly, you would face many obstacles to obtain proper nursing care in the nursing home you live. This situation is very real for Korean immigrants elders in nursing homes in the United States.

Increasing numbers of Koreans have immigrated to the United States since the late 1960s after the

immigration quota restriction had been removed (Min, 1995). The first generation of Korean immigrants or their parents become old and institutionalized in American nursing homes. It is presumed that their daily lives and what they experienced in the institutions are culturally different from that of other American residents. The purpose of this paper, an ethnographic study, was to describe Korean residents' expressions and their daily lives in a nursing home in an east coast city in the U.S. Participant observation and informal interview were utilized to address Korean residents' experiences in an American nursing home.

Purnell's Model for Cultural Competence (Purnell &

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Paulanka, 1998) is used in this ethnographic study as a research framework. This model depicts cultural competency from the unconsciously incompetent state to unconsciously competent state through twelve different cultural domains and their concepts. Among those twelve sub-dimensions, three micro-aspects, communication, nutrition, and family organization, are utilized to look at Korean residents' daily lives and experiences.

II. Backgrounds

Traditionally in Korea, the elderly gets more respects from the young. Koreans respect the old in the sense of assuming them to be wiser and more considerate to others. The idea, 'Hyo', which means respect to the old, is one of the main ideas that Koreans learn throughout their lives. There are many Korean proverbs telling the wisdom of the old; for example, "none of the words from the old is wrong" or "you will never fail when you follow the words of the old." Many parents teach their children to respect all elders as they would respect their own grandmother or grandfather. Philosophically, these thoughts are from Confucianism.

The idea, 'Hyo', undergirds Korean tradition of care for elders. Along with very strong familism, it is usually one of the obligations or duties for the offspring to take care of their old parent. Usually, the first son has the obligation to live with his parent. This tradition continues in Korean immigrant communities; most caregivers of demented Korean elders at home are women, especially daughter-in-laws (39%)(Lee, Kim, & Yoo, 1997).

Only one other study researched Korean immigrant elders; Youn, Knoght, Jeong, and Benton (1999) studied the differences in familism values and caregiving outcomes among Korean, Korean American, and white American dementia caregivers. This study reported that familism was highest in Korean caregivers and Lowest in whites, with Korean Americans in the middle. Koreans and Korean Americans had higher burden

levels, depression, and anxiety than white Americans. These findings also demonstrate that Koreans have a stronger connection to their families; in other words, the suffering of the parent affects them more negatively than it does Americans.

Other previous literature studied Asian residents in a nursing home setting without distinguishing Korean from other Asian minorities. Several studies reported significant variation in their health care wishes (Eleazer et al. 1996) and advance directive preferences (Vaughn, Kiyasu, & McCormick, 2000), underrecognition and undertreatment of pain in racial minorities (Won et al. 1999). These limited number of literature illustrates the insufficient picture of the lives of Korean immigrant elders in American nursing home setting.

III. Research Methodology

This study utilized the ethnographic qualitative method (Fetterman, 1998). With the phenomenologically oriented paradigm, it is believed that multicultural perspectives exist and people in the cultural group under investigation experiences multiple realities (Fetterman, 1998). Given the philosophical standpoints, two research questions were immersed: first, what is Korean residents' daily lives and experiences in an American nursing home? Second, what are the difficulties for them to live in an American nursing home? These questions were asked to Korean residents as "How is your daily life here?" or "What makes it most hard for you to live here?" or "Tell me how have you been doing in this facility." in Korean language.

1. Entering issues and Setting

One Korean church, located in Northwest Philadelphia, Pennsylvania, supports pastoral care in an American nursing home, which has eighteen Korean residents at

the time of data collection. Pastor Choi (all names in this paper are fictitious) introduced the first author to this particular nursing home, which needs help caring for its Korean residents. After a while of volunteering as a Korean translator for Korean residents, the first author could gain permission to conduct this study. The director of the nursing home were willing to allow the author to conduct this ethnographic study. With the facility's permission, the author visited the nursing homes twice a week for 2 months from June to the end of July, 2003 to observe eighteen Korean residents' behaviors and the nursing cares for them, and interviewed five of the Korean residents and two registered nurses.

The nursing home, a three story building, had two hundred forty beds. There were four units, two for general geriatric care, one for Alzheimer's care, and one for skilled nursing care which had medicare patients. During the period of data collection, two hundred twenty-five residents were living in the nursing home. Eighteen of them were Koreans, and nine of the eighteen residents lived in the same unit for Alzheimer's care. The other nine Korean residents lived in the general geriatric units.

Over one hundred employees work at the nursing home, forty of them are nurses, either registered nurses (RN) or licensed practice nurse (LPN). The majority of the nurses and nurse aids (CNA), as well as residents are African-American, due in part to the location of the facility, an African-American community in Northwest Philadelphia.

2. Data Collection Method

Participant observation and informal interview were utilized for this ethnographic study. In two different units, the Alzheimer's care unit and one of the general geriatric unit, where nine Korean residents lived each, their daily lives and the nursing care they received were

observed, especially focused on their communication with American nurses, the meal time in the dining room, and their behaviors responding to the personal care. Observation time is from 8 am to 4 or 5 pm for 1 month and then in the next month from 3 pm to 11 pm in order to maximize the opportunity to observe the variety of residents' lives.

Five of the eighteen Korean residents were selected for the in-depth interviews. Those five Korean residents were able to communicate coherently in Korean at the time of the data collection, while the others had minor to severe mental impairment. Interviews were conducted in Korean language in the residents' rooms, therefore assuring privacy. The content was tape-recorded. Field notes and memos were taken. Semi-structured questions were asked, such as, "How is your daily life here?" or "What makes it most hard for you to live here?" The interviews lasted only ten to twenty minutes, because of the short attention span of the elders. During the data collection period, the short, yet multiple interviews were conducted and transcribed in Korean.

In addition, two nurses who were the charge nurses of the units where the Korean residents lived also participated in the interviews. The nurses, Janette and Natasha, were interviewed to identify the viewpoints of the American staff toward Korean residents. For nurses, the semi-structured questions, such as, "What is like taking care of Korean residents?", "What make you difficult in caring those residents?" were asked. The interviews were held in nursing station and lasted 40 to 60 minutes. The interviews were conducted in English, tape-recorded, and then, transcribed and analyzed.

3. Human Subject Considerations

This study was exempted from the Institutional Review Board of the University of Pennsylvania due to the fact that the nature and the method of this study held

minimal or no risk. The institutional permission from the nursing facility was taken. The purpose and content of this study were explained to the five residents and two nurses who participated in the individual interview. The interviews were conducted in a private resident's room to ensure the participant's confidentiality. No side effects of the interviews such as tiredness or distress was noticed during the data collection. Considering the sensitive nature of the research question, implying the negative experience in the American nursing home, the interview participants' confidentiality were maintained throughout the study by using only code numbers on all documents and in all transcriptions. Recorded tape and other study materials were kept in a locked and secure file cabinet, and destroyed at the conclusion of the study.

4. Data Analysis

The data analysis parallels the data collection. After obtaining the first set of interview transcriptions and field notes, the data were analyzed according to the ethnographic method (Munck & Sobo, 1998). The first level coding, which is separating each unit of analysis from the original text, is done in Korean without translating it directly to English in order not to lose cultural nuance or Korean verbatim. From the categorical analysis, English translation is conducted with constantly comparing the subtle and contextual meanings between two languages. The categories were reanalyzed and/or synthesized until the higher theme were emerged. Based on the aforementioned three micro-aspects, communication, nutrition, and family organization, themes were derived.

IV. Results

1. Korean Participants and American nurses

Fifteen Korean immigrant residents were all born in

Korea and immigrated into U.S. in their older age. Their ages were between 69 to 93. The years of residency in the U.S. varied 5 to 20 years, while they had lived in the nursing home from 2 months to 5 years. All participants dominantly spoke Koreans. The brief description on a couple of participants exemplify the typical feature of the participants. Shim was 93 year-old Korean woman. She had a stroke when she visited her son in the U.S. nine years ago. She was the first Korean resident admitted to this nursing home about five years ago. She was alert and oriented, but wheel-chair dependent, so she was given physical therapy. She had stage II pressure sores on her coccyx due to prolonged time of sitting. She only spoke "Hi" and "Thank you" in English.

Mr. & Mrs. Paik lived in the same room. Mr. Paik was 89 years old; his wife, Mrs. Paik, was 86 years old. They immigrated to the U.S. twenty years ago with their son's family. They could not speak English at all. They came to the nursing home last year. Mr. Paik had been getting weaker and had become urinary incontinent. Mr. Paik had a urinary track infection at the time of his admission. Mrs. Paik came here with her husband to take care of him. Mrs. Paik, one of the interview participants, was alert but she had some disability articulating words. The other three interview participants' name were Kim, Jin, and Yoon.

Two American nurses were in the charge of the unit where the Korean residents live. Janette and Natasha were registered nurses and both African Americans. They admitted that they never learned Korean language before, and this was their first time having Koreans as their care recipients. Major nursing practices include supervising LPNs and CNAs, medication administrations, nursing treatment if there are any, and monitoring residents' health status.

2. Overview of the Findings

The overriding theme from the findings is “thrown in a different world.” The Korean immigrant residents in an American nursing home felt a totally different world which they never had imagined before. They expressed that they were thrown there without their volitional decision. Given the reality, the Korean residents “constantly struggled in making themselves understood” and had to “deal with culturally inappropriate nursing care,” then, not surprisingly, “maintaining their own ways of life”. These are the three sub-theme emerged from the data.

"Constant struggles in making themselves understood"

In general, American nurses took care of Korean residents with no differently than they care for American residents. One thing found as the cultural consideration was a Korean-American dictionary at each nursing station. Nurses and CNAs treated all Korean residents as Alzheimer's patients, who were mentally impaired because they did not know what they were saying, no matter what their real mental status were.

More than anything else, communication was the hardest thing for the Korean residents in their daily life. All Korean residents spoke only Korean. All the interview participants told that the language barrier was the most difficult thing for them to face there. While the author participated in the observation, nurses and CNAs kept asking, “What did they say?”, “Would you come here to listen to them and let me know what they want?” All staff members seemed willing to help the Korean residents if they could understand them. Janette, an LPN, said, “Most of the time we ignore what they say...I wish I could understand Korean.” Although some LPN knew several simple Korean words, such as, ‘An-nyung-ha-se-yo’(Hi with respect), ‘Mul’(water), ‘Bob’(rice, food), ‘Um-sik’(food), American nurses often failed to

pronounce Korean good enough for Korean elderly residents. The Korean residents had to constantly struggle to make themselves understood.

They don't do their job... I just don't ask them to do something because I don't want to bother them. When some nurses, who I am familiar with, are on duty, they give me the right medicine, such as cough meds (medicine) and pills for constipation. But if strange nurse is on duty, she cannot find my meds right. The nurses are changed so many times... I cannot communicate with each of them, and explain to them what I want. When I need cough meds, I cough at them...when I need food, I gesture eating...only through body language can I get at least what I want... sometimes I am so sick and tired of it (Shim).

The communication barrier is the hardest thing for me to stay here. When I got sick, I could not ask them for a cough syrup unless showing the gesture to coughing or sneezing. They look like they think we are mentally retarded...but we are not... we just cannot speak English... I can say 'Thank you' though (smile)...(Mrs. Paik).

We cannot communicate with them at all... I use body language, sometimes kick them or hit them to let them know I am here and I want something. When my son visits me, I do not complain about anything... I do not want him to concerned... I want to die soon... I live too long... when people get old...people need to die as early as possible... that is good for their kids (Yoon).

Before the Korean residents were observed or interviewed, Janette, a nurse, gave some information about and problems with Korean residents. Janette explained that Shim was combative and sometimes got aggressive badly. She told about an episode when they changed Shim's roommate's diaper, Shim kicked and hit her roommate. But when Shim was interviewed, she was just a normal Korean elderly woman. Shim told that her

previous roommate was jabbering all day and night, and she could not get any sleep. She said that kicking and hitting her roommate was the only way to let the nurse know she did not like her roommate.

The language barrier is even more problematic for some Korean residents who have certain degrees of mental impairment. On one visit, when the author walked through the unit, Jimin was sitting in a chair, and repeatedly speaking “Mul-zom-zo-boa”(please give me some water, if you don’t mind). She was too mentally impaired to get to the water fountain and just mumbling her need repeatedly. But nobody gave any attention to her. She was thirsty, but no one could understand her.

As another example, on the same day, Choi was not wondering the hallway as she usually does. She was found lying on a couch. She had a fever, and her breathing sounded harsh. The staff and confused residents were passing her by, but nobody cared for her. She kept saying “Ne-Ne”, when she was asked if she was OK. But she gestured she had a sore throat and was having difficulty breathing when I assessed her lungs. With the efforts of translating her needs to nurse, antibiotic therapy were given to her on the same day. It was truly sure that all Korean residents struggled in communicating with American nurses due to language barriers and limited transcultural resources.

“Dealing with the culturally inappropriate nursing care”

Korean residents expressed how much it was culturally unfamiliar with them being taken care of in American nursing home. Not only language, but also food, attitudes, and the ways of interaction with others in western culture were quite strange them. For example, they had no choice but to eat American food, which was not what they were accustomed to eating. Two Korean residents complained about the food discrepancy, how much they did not like the food that the facility gave

them, and how hard it was for them to adjust to American food in their later ages. Unfortunately, there was no consideration of Korean diets, nor food plans set up specifically for Korean residents.

In addition, American nursing staffs' certain ways of caring the Korean residents were culturally inappropriate for them. They often expressed “no good”, “not right” in their cultural way. They articulated their difficulties with the different culture as follows:

When I came here for the first time, I hardly could eat any of their food. But now I try to eat as much as possible and not to be starved. Some food is OK but sometimes I even do not touch any food in my plate. If I don't eat well, then they talk something loudly and badly... They look like they do not like that I am not eating (Shim).

I want to eat Kim'chi (Korean traditional food) so badly... I asked my son but he said Americans do not like the smell... I am OK... I am still trying to put up with it... (Mrs. Paik).

They do not know what to do.. they treat the elder badly. They yell at me, they transfer me abruptly without any respect... I never thought I could live in this kind of unhonorable place... It is all my fault, I live too old to get this kind of unfamiliar treat (Jin).

They (American) don't know how to treat the old... They are not like Koreans. I feel like they are so rough and treat people hard...They uncover residents' private area... doing this and that... turning them and ... lifting them... I do not like the way they treat me. So I do not ask them to transfer me from bed to wheelchair... I am usually sitting up in a wheel-chair all day (Yoon).

Janette said that Korean residents always ate very small amount. So, she assumed that Korean residents did not like American food, but they could not help it. There

were no alternatives in terms of foods and culturally sensitive nursing cares for Korean residents. Also, given the culture of “Hyo”, the Korean residents experience in the nursing home were totally dissimilar to what they expected that they would gotten in their older ages if they were taken care of in Korean culture.

“Maintaining their own ways of life”

Lastly, all staff asked the author with many questions about Korean residents and Korean culture, why they had done certain types of behaviors in certain situation. The questions were much about Mrs. Paik's behavior toward her husband. They wanted to know about Korean gender roles and family dynamics. Mrs. Paik's submissive behavior toward her husband were common behaviors in Korea, but they were questionable to the American staff members. Mr. & Mrs. Paik showed the typical Korean gender roles. Mrs. Paik lived with her husband in the nursing home, just for his care. Despite she could live independently for herself home, she volunteered to be institutionalized with her husband. Although nurses asked Mrs. Paik for them to provide basic care for Mr. Paik, she refused to get any other woman's help and kept doing what she had done at home for her husband.

With diaper change, she wanted to do that. She did not want anybody else to touch her husband. She held his scrotum with her both hands so carefully... and put his penis in the middle of the scrotum... just does that so carefully... (laugh)... I do not understand why she does that all the times. Do you Korean women do that to their husband usually? (Janette, nurse)

We separated Mrs. Paik from her husband since a couple of months ago... the reason is whenever the meal comes, she starts feeding him her food without eating her food. She hardly ate anything because of helping her husband... After we se-

parated them, she eats her food in their room well, and Mr. Paik resumed to feed himself again... We, nurses, still do not understand why she behaves like that... All women does like that in Korea? (Natasha, nurse)

From American nurses' perspective, the Korean residents' ways of life were unfamiliar with them and could be possibly understood as “problematic” behaviors which needed medical attention. Without any trans-cultural resources or manpower to mediate the cultural gaps between American nursing care and Korean residents, the elderly Koreans were living their everyday lives just like the way they had lived in Korean culture.

V. Discussion

There is a paucity of literature investigating nursing home residents' cross-cultural experience. A few studies echo the findings of this study representing the needs for culturally competent nursing care for nursing home residents from different ethnic culture (Fitzgerald, Mullavey-O'Byrne, & Clemson, 2001; Kata & Kerse, 2004; Schofield, Tolson, Arthur, Davies, & Nolan, 2005). The communication barriers, such as different language, culturally inappropriate attitudes, and limited trans-cultural personnel or systemic resources, result in the disparities in nursing care between Korean residents and others. The disadvantages of the language barrier were everywhere in their lives: they could neither report their sickness properly, nor get proper treatment on time. Without intention, nurses and CNAs ignored Korean residents' needs. Only combative or disruptive behaviors were only way to let their needs known to American nursing staffs.

In fact, all Korean residents had more cognitive and behavioral functions than what their charts reported. Culturally inappropriate ways of assessing Korean residents might produce inaccurate results of their mental

and physical status which could lead over-or under-medication. Setting aside Korean residents' emotional or spiritual needs, their minimal nursing care via culturally-appropriate and linguistically-adequate assessment needs to be delivered. For doing so, as a few research demonstrate, qualitative research approach is a useful way to explore and describe the uncovered cultural logics and reasoning (Deutschman, 2005; Roach, 2004).

Nutritional consideration for ethnic minority is a still challenge for achieving culturally sensitive nursing care (Evans & Crogan, 2006). The Korean residents were trying to adjust to American food with minimal success. They seemed not to obtain proper nutrients from the American style foods. Culture-specific nutritional assessment and intervention are critical needs for Korean residents.

The health care providers in the nursing home including nursing, social works, and dietary staffs, definitely encountered their cultural impediment, not being able to provide culturally competent care for Korean residents. They had no skills on how to deal with Korean residents who speak foreign language, take different foods, and interact with them in a different way. However, they seemed to have no cultural awareness, knowledge, nor skills, according to Campinha-Bacote's model of cultural competence (1995).

However, most of the staffs wanted to know about Korea, in terms of life styles, languages, food, attitudes, roles, values and so on. By Purnell's Model for Cultural Competence (1998), they are at the state of "consciously incompetent." Clinically, adequate culture education can be designed and provided for them to become culturally competent to take care for Korean residents. For the future research, more qualitative study on Korean elders who live in different long-term care settings needs to be conducted in order to investigate the cultural disparities in nursing care for elderly. By accumulating the

naturalistic research, culturally congruent nursing care and intervention could be possibly delivered.

VI. Conclusion

This ethnographic study was conducted to describe Korean residents' daily lives and experiences in an American nursing home. One American nursing home located in Northwest Philadelphia was studied and five Korean residents participated in this ethnographic exercise. Three sub-dimensions from Purnell's Model for Cultural Competence, which was communication, nutrition, and family organization, was focused on to look at Korean residents' lives in an American nursing home. Participant observation and informal interview were used to uncover Korean residents' everyday lives.

Eighteen Korean residents lived in two different nursing unit. Among them, five residents and two nurses participated in informal qualitative interviews. The main theme of this study is "thrown in a different world." Three sub-themes are "constant struggles in making themselves understood", "dealing with culturally inappropriate nursing care," and "maintaining their own ways of life". Many communication barriers including verbal and non-verbal ones observed, and, they are also expressed by the interview participants. No cultural consideration for language, food, attitudes, or values were noted. For health care providers, Korean ways of living and behaving, such as tight family organization, gender roles, and reverence of elderly, are challenging topics as well. In conclusion, Korean immigrants' everyday lives in their later years, depicted in this ethnographic study, seem not quite congruent to what their lives would be if they were in Korea. Continuous attention and awareness to transcultural nursing will be the first step to bring culturally congruent nursing care for ethnically minority residents.

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