

Adjustment of Korean-American Physicians in Korea: Aspect of Personal Satisfaction

This study was conducted to assess the psychosocial adjustment of Korean-American physicians in the aspect of personal satisfaction after returning to Korea. A questionnaire was mailed to 72 Korean-American physicians who were practicing medicine in Korea and forty physicians responded. These physicians, typically in their 50s, lived in America for 21-30 years before coming back to Korea. The most frequent motives for them to come back to Korea were giving back to their native country, longing for their native country, filial duty, and suggestions from their colleagues or professors to move back. Eighty percent of them were extremely satisfied or slightly satisfied with their work in Korea, and only 10% are extremely or slightly dissatisfied with their decision to return. Although most of them are content for the time being in Korea, only 12.5% have definite plans to stay in Korea after retirement. The variables that were most significantly related to personal satisfaction of returning to Korea were how well treated at work and how much satisfied with job rather than other factors such as motives for returning, duration of staying in America and in Korea, and family situation.

Key Words: Social adjustment; Personal satisfaction; Physicians; Emigration and immigration

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INTRODUCTION

A small but increasing number of Korean-American physicians are returning to Korea after living many years in America. Also, there are many that entertain the idea of returning to Korea or actively seek opportunities to return. They are not necessarily unhappy or under hardships in America contrary to many Korean immigrants who returned after failing to adjust to American life.

In my knowledge, there has been no research done on the adjustment of Korean-American physician who moved back to Korea. This study was conducted in an attempt to assess the aspect of personal satisfaction in the psychosocial adjustment of Korean-American physicians who had relocated to Korea. The findings can be utilized by physicians abroad in their decision making process of relocating to Korea and may also help Korean physicians increase their empathy towards Korean-American physicians, which is often required to build a good working relationship.

Prior to 1945 only fifteen Koreans graduated from American medical schools, Dr. Philip Jaisohn being the first Korean to graduate from an American medical school in 1892 (1). Between 1920 and 1930, half a dozen

graduates from Severance Union Medical College in Korea had the opportunity to receive medical training in America. In 1947, a few graduates from Korean medical schools started going to America to receive medical training. In 1953, many professors from Korea went to America to learn American medicine, after realizing through experience during the Korean War that medicine in America was far more advanced than Japan. They contributed significantly to the modern medicine and medical education in Korea by bringing in American medical textbooks and various medical research facilities. Between 1954 and 1965 those professors who returned after having been trained in America actively taught American modern medicine to medical students, particularly at medical schools of Seoul National University and Yonsei University. They are considered to have laid the corner stone of modern medicine in Korea.

In the late 1950s, there were several hundred professors from Korean medical schools receiving training in America and they returned to Korea on completion of their medical training. However, contrary to this, most of those that went to America after 1960 were naturalized and stayed in America. It is estimated that about 2,500 Korean physicians went to America in the 1960s.

More than half of the medical school graduates from Seoul National University and Yonsei University went to America during this period. In the early 1970s, there were about 4,300 Korean doctors in America.

Most currently 5,626 Korean-American physicians were identified to be actively practicing medicine in America by Lee who had screened Korean surnames from a 1994 data base which was provided by the American Medical Association (2). There were 3,771 graduates from Korean medical schools and 1,848 from American medical schools. The majority of Korean-American physicians currently practicing in America have graduated from the eight original Korean medical schools in the mid- to late-1960s. These immigrant physicians are highly trained but approaching retirement. As they are still energetic and enthusiastic to remain in practice despite being financially comfortable, Lee suggests that now is the opportune time for the exchange of medical knowledge in the form of American educated and trained physicians teaching and practicing in Korea.

MATERIALS AND METHODS

It was difficult to obtain the names and addresses of Korean-American physicians who were practicing medicine in Korea. There was no centralized government organization from which information about foreign physicians working in Korea could be obtained. The lists of Korean-American physicians were obtained from Hyundai Chungang Hospital and Samsung Medical Center. They are the hospitals where a large number of Korean-American physicians are employed in Korea. Additional names were obtained informally through colleagues from different hospitals and medical schools. A set of questionnaires was mailed to 72 physicians in August of 1996 and 40 physicians (eight females and 32 males) replied.

The questionnaire was produced by the author and it includes 27 items of questions regarding demographic information, experience in America, process of moving, family issues, experience in Korea and future plan. The items to measure satisfaction at work and overall satisfaction of the decision to return to Korea were rated on a 5-point scale (5=very satisfied to 1=very unsatisfied). The items on motives to return and on inconvenience in Korean life were responded by choosing three answers from the examples in the order of importance. Other items were responded by choosing one appropriate answer from the examples.

Data were analyzed using SPSS. Pearson correlation coefficient and Multiple Regression Analysis were used to examine relationships among variables including overall satisfaction, and to find predictors of personal satisfaction

at returning to Korea. Logistic Regression and Kruskal-Wallis Test were also used respectively to examine relationship among other appropriate variables.

RESULTS

Twenty-seven physicians (67.5%) were in their 50s, five physicians (13.5%) in 40s, and four physicians (10%) in 30s and 60s, respectively. Twenty-five physicians (62.5%) had lived in America for 21-30 years before coming back to Korea, 10 (25%) for 11-20 years, and three (7.5%) for more than 31 years. Eight physicians (20%) had been living in Korea for less than one year, 23 physicians (57.5%) for 1-4 years, six physicians (15%) for 5-8 years, and three physicians (7.5%) for more than 13 years. Prior to coming back to Korea, 57.5% of them worked in universities, 45% did private practice, and 17.5% were employed by hospitals. Most of the non-academic practitioners had clinical affiliations with medical schools concurrently.

When they moved back to Korea, twenty-seven physicians (67.5%) left some family members behind back in America. They left children behind because of school, job, marriage or simply because "They are not Korean." or "They are not interested in living in Korea." Six physicians left spouses in America. Three of them had to leave spouses because their spouses had jobs well established in America. Nineteen physicians would talk with their children over the phone 1-4 times a month. A couple of physicians would communicate almost daily with their children through e-mail. Eighteen physicians would see their children 2-3 times a year and five physicians less than once a year.

Twenty-one physicians had at least one parent living in Korea and 11 of them would see the parent(s) 2-4 times a month, four physicians less than once a month. Four physicians lived with parents. Eleven (34%) out of 32 male physicians had wives working and all of the eight female physicians had husbands working. Twenty male physicians had spouses who did not work and seven of them report that their spouses were engaged in household work only. Other unemployed spouses were involved in volunteer work (12 spouses), hobby activities (10 spouses), religious activities (6 spouses), and education (3 spouses).

As for the most important primary motive for coming back to Korea, 11 physicians (27.5%) reported longing for their native country, nine physicians (22.5%) reported giving back to their native country and filial duty respectively, and seven physicians (17.5%) reported suggestions by old professors or colleagues. Twenty physicians (50%) made the decision of coming back to Korea

mostly by themselves, 15 (37.5%) together with their spouses and five (12.5%) mostly by the spouses.

Most of the physicians were satisfied with their work in Korea; 16 physicians (40%) were very satisfied, 14 (35%) slightly satisfied, seven (17.5%) neutral, one (2.5%) slightly dissatisfied and one (2.5%) very dissatisfied. Overall they felt that treatment by the employers was the same as had been promised or even better than they had expected. However, 13 physicians (32.5%) felt that treatment got worse as time went by. To the question about how the fact that they were from America affected the attitudes of Korean colleagues towards them, 37.5% of physicians felt that they were treated with hostility, 15% with favor and 47.5% with no difference.

About the change in health status since coming back to Korea, 15% reported that their health got better, 17.5% worse, and 67.5% no change. Most physicians reported that the intimacy of their marriage remained the same but 5% reported deterioration and 7.5% improvement. The most serious inconveniences they experience in Korea were transportation, Korean style of thinking, housing, and leisure activities in that order.

Overall most of them were satisfied with the decision they had made to come back to Korea. Thirty per cent of physicians were extremely satisfied, 35% somewhat satisfied, and 25% neutral. Five per cent were somewhat dissatisfied or extremely dissatisfied, respectively. Twenty-nine physicians (72.5%) wanted to work in Korea until retirement, seven physicians (17.5%) did not want to and the rest undecided. Sixteen physicians (40%) absolutely wanted to go back to America after retirement, five physicians (12.5%) absolutely not, and the rest undecided.

Twenty-four physicians (60%) still had houses in

America. Some were trying to sell their houses but the majority of them wanted to keep their houses in America. Thirty-five physicians (87.5%) still kept American citizenship. There were five physicians who had rescinded their American citizenship. They rescinded it to be a "whole Korean" again, to avoid the nuisance of renewing the visa periodically and to own property. Those physicians who still kept America citizenship did not want to give it up because either they wanted to go back to America after retirement or in case things did not go well in Korea. Some did not want to lose benefits by giving up citizenship.

Correlation Analysis showed that personal satisfaction at returning to Korea was significantly related to how well treated at work in Korea and how much satisfied with job (Table 1). There was also a significant correlation between job satisfaction and treatment by the work.

To exploratively find significant variables, stepwise multiple regression was used. Only job satisfaction that had a strong correlation with personal satisfaction was included in the regression model ($p < 0.000$). This regression model with one independent variables has a constant of 0.432 with regression coefficients of 0.828 for job satisfaction variable ($df=33, p < 0.000$). The coefficient of determination (R^2) of this regression model is 0.55. When job satisfaction was excluded from the regression analysis, work treatment variable that had a strong correlation with overall satisfaction was included in the regression model ($p < 0.004$). When job satisfaction was excluded from the regression analysis, work treatment variable that had a strong correlation with overall satisfaction was included in the regression model ($p < 0.004$).

Other variables such as sex, motives for returning to Korea, items of inconvenience living in Korea, separation

Table 1. Correlation between personal satisfaction and sociodemographic factors

	Health	Marriage	Personal satisfaction	Peer attitude	Age	LOS USA	Work treatment	Job satisfaction	LOS Korea
Health									
Marriage	0.340*								
Personal satisfaction	0.217	0.018							
Peer attitude	0.197	-0.123	0.272						
Age	0.136	0.024	0.151	-0.094					
LOS USA	0.012	0.315	-0.120	-0.109	0.616 [†]				
Work treatment	0.095	0.042	0.427 [†]	0.265	0.099	-0.112			
Job satisfaction	0.014	-0.111	0.682 [†]	0.080	-0.03	-0.194	0.456 [†]		
LOS Korea	0.114	-0.120	0.271	-0.03	0.190	-0.327	0.214	0.163	

* $p < 0.05$, [†] $p < 0.01$

LOS USA, length of stay in America; LOS Korea, length of stay in Korea

from family, and presence of parents in Korea did not show statistically significant relation to the overall satisfaction at the decision of coming back to Korea.

DISCUSSION

Resettlement can present opportunity in the form of economic and emotional freedom as well as risk in the form of regression and rigid resistance to growth and change. The most prevalent problems identified in Jews immigrated to America from the former Soviet Union were marital conflict, depression, and either anxious and withdrawn or acting out children and adolescents (3). Five stages for resettlement were clearly identified from the initial preimmigration or preparatory stage to final transgenerational stage (4). There are a number of individual characteristics that may be considered significant in the adjustment process of resettlement. These include personal and cultural identity, age and life stage, gender and gender role identification, personalities, socioeconomic status, and aspirations, among others.

Most of Korean-American physicians in Korea returned during their middle adulthood, Erikson's stage of generativity versus stagnation (5). Generativity not only refers to a person's having or raising children but also includes a vital interest outside the home in establishing and guiding the oncoming generation or in improving society. Generativity also includes a sense of altruism and creativity.

Persons in mid-adulthood more clearly define what they want from work, family, leisure and life in general by reviewing the past, considering how one's life has gone, and deciding what the future will be like (6). Those that have reached their highest level of advancement in work may experience disillusionment or frustration when they realize they can no longer anticipate new work challenges. Those that may experience the gap between early aspirations and current achievements may wonder if the life-style and commitments they chose in early adulthood are worth continuing. They may feel that they would like to live their remaining years in a different, more satisfying way, without knowing exactly how.

Those Korean-American physicians back in Korea had sacrificed themselves in a sense in this process of coming back. They gave up many personal comforts and accomplishments they had earned through years of hard work in America. They had developed a wide array of acquaintances, friendships, and relationships along with status and economic security. Truly the good life in America was lost in exchange for returning to Korea. Although they had obtained American citizenship and might had been accepted and fit in an American society, it seems

they did not lose their loyalty to Korea and its people, which was the main motive for many to return. They also took the challenge of mid-adulthood, generativity, by being altruistic and productive.

The majority of Korean-American physicians back in Korea went to America as Koreans in their early adulthood and returned back to Korea as Americans in their mid- or late-adulthood. As a consequence, they lived almost equal amounts of time in each country. Although their physical features are undeniably Korean, their social norms, values, and behavioral patterns including thinking must have changed through acculturation in western society. Those individuals who live at the juncture between two cultures and can lay a claim to belonging to both cultures may experience psychological conflict, a divided self, and disjointed person. This is the psychological state of what Dubois (7) labeled double-consciousness, or the simultaneous awareness of oneself as being a member and an alien of two or more cultures.

Most Korean-American physicians who came back to Korea did not experience serious difficulties in resettling. They lived effectively and in a satisfying manner. Probably this was possible because of their familiarity with, and the longing for, Korean culture, secure career, and their personality that facilitated learning culturally and situationally appropriate behavior. It appears, however, that Korean-American physicians were ambivalent in assimilating themselves completely back to Korean culture, based on the fact that 88% of them had not reclaimed Korean citizenship, which would obviously make their living in Korea more convenient. In fact, 40% of them wanted to retire in America and only 13% had definite plans to retire in Korea.

It appears that Korean-American physicians who want to retire in America and those who do not have definite plan to retire in Korea take "the alternation model" in this process of change that occurs in transition between two cultures. The alteration model of second-culture acquisition assumes that it is possible for an individual to know and understand two different cultures. It also supposes that an individual can alter his or her behavior to fit a particular social context (8). Different problem-solving, coping, human relational, communication, and incentive motivational styles can be used depending on the demands of social context (9). Furthermore, the alternation model assumes that it is possible for an individual to have a sense of belonging to two cultures without compromising his or her sense of cultural identity. Individuals who can alternate their behavior appropriate to two targeted cultures will be less anxious than a person who is assimilating or undergoing acculturation.

Some authors have speculated that individuals who have the ability to effectively alternate their use of cultur-

ally appropriate behavior may well exhibit higher cognitive functioning and mental health status than people who are monocultural, assimilated, or acculturated (10, 11). In fact, the alternation model suggests that it is possible to maintain a positive relationship with both cultures without having to choose between them. Second, this model does not assume a hierarchical relationship between two cultures. Within this framework, it is possible for the individual to assign equal status to the two cultures, even if he or she does not value or prefer them equally (8). The Korean-American physicians back in Korea might have kept their psychological well being best by developing and maintaining competence in both cultures. Most probably, they consider themselves as American-Koreans while in Korea and will become Korean-Americans again when they return to America later.

It must be quite a courageous and risk-taking behavior for a person in their mid- or late-adulthood to leave behind all that is familiar and to start a new life in a new country. Some may consider it to be an act of sheer folly or irresponsibility to come back to Korea, leaving the comfortable living environment of America and causing family crisis. However, most Korean-American physicians and their families back in Korea live in a satisfying manner, fulfilling their unresolved personal issues or aspirations. This may be because it was much easier for them to readjust in a familiar culture which they had been longing for. It is also probable that these people had a stronger sense of self or commitment (e.g., more ambitious or capable) and may therefore be better equipped to cope with stresses.

The personal satisfaction at returning to Korea was significantly related to how well treated by employer and how much satisfied at job in Korea more than anything else did. Different motives for returning to Korea, presence of children and parents in Korea, and various length of stay in America and in Korea were not statistically significant factors affecting personal satisfaction. This may be speculated that they were invariably fulfilling their own motives for returning to Korea or the motives are more or less equally difficult to fulfill so that this variable does not affect personal satisfaction. As children are mostly grown up and independent, leaving children in America does not seem to negatively affect their personal satisfaction, particularly when they plan to return to America in the future. Job satisfaction was the most influencing factor for personal satisfaction for the work-oriented Korean-American physicians who returned to Korea.

The findings presented in this report should be evaluated in light of their methodological limitations. Although significant differences for many comparisons were

demonstrated, the data of only 40 physicians, that were not only small in number but also far from representing model sample of Korean-American physicians in Korea, were analyzed. It is probable that those physicians who did not adjust well might have not responded to the questionnaire. One may argue that the good adjustment of Korean-American physicians back in Korea is an inevitable result in this study because those that were dissatisfied with relocation may have returned to America. Although the number may be very small, data from those that returned to America may be helpful in understanding the adjustment of Korean-American physicians in Korea.

Despite those obvious limitations, this study finds its value by being the first article that looked into the adjustment of Korean-American physicians in Korea. The potential contribution of Korean-American physicians to Korean medicine is considered to be huge. Because many Korean-American physicians in America are already retired or reaching the age of retirement, sooner or later they may not be able to serve Korea. The Korean-American physicians who are born and raised in America apparently do not have longing for or commitment to Korea as the first generations do. This diminishing opportunity for widening the medical horizon of Korea by utilizing Korean-American physicians should not be lost. They should be recruited, offering creative working conditions and the Korean government should make it easy for them to teach or practice medicine in Korea by removing administrative roadblocks.

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