

GUEST EDITORIAL - Dr Mee Young (Clare) Park Cheju Halla College, South Korea

THE IMPACT OF CULTURE ON CARE

In 2003 I undertook a study to explore how nurses in Korea might more meaningfully engage in patient education. The study successfully demonstrated that nurses engaging in an action research project could improve their practice. Nevertheless, a number of factors were identified that impacted on nurses' capacity to implement change. Any change in practice needs to be contextually based and demands that practitioners be involved if it is to be successful and sustained. While the Korean nursing context shares many similarities with other countries, it also provides a particular set of challenges to those who recognise a need to closely align practices with client's needs, especially in patient education. It is this set of challenges that I wish to reflect upon in this invited editorial.

While the phraseology of patient education is well accepted and the importance of it was clearly perceived by nurses in Korea, the practice of patient education has not improved much over time. Despite the fact that nurses are often regarded as the health care professionals best able to provide effective patient education, their capacity to do this has been frequently questioned and it has been suggested that, in general, nurses do not believe they deliver patient education at a satisfactory level. Nurses' practice of patient education often remains limited to unplanned and informal approaches, and dependent on the nurses' individualised style.

Recently, the Korean Nurses Association (2000) recognised the role of patient educator as one of the nurses' important professional responsibilities and has stressed the importance of this role. This recognition is indicative of the increasing emphasis placed on this role in Korean clinical settings. However, there is inadequate organisational support for nurses as patient educators. Although nurses in the study believed that patient education was an important element of their practice, they felt that there was a need for more systematic change in the approach to patient education in an acute setting.

As occurs in other countries, almost 80% of the total number of practising nurses in Korea are clinical nurses working at medical institutions including general hospitals, medical clinics or midwifery clinics. More than 95% of the total number of clinical nurses are working at institutions located in urban areas. A nursing shortage is problematic in Korea and, although current medical law regulates health care providers to keep 2:5 as a nurse/patient ratio, less than 30% of organisations comply

with this regulation according to research conducted in 1997 (Korean Clinical Nurses Association 2000). The supply of doctors and dentists is close to that of other developed countries but the supply of nurses is low compared to that of the United States (US), Japan and England. In fact, the nursing ratio to the population of 10,000 was significantly lower than that in other countries. Therefore, basic care such as hygiene care and feeding is inevitably delivered by family carers (or carers employed by patient's family) who are allowed to stay with patients 24 hours a day.

Several authors have pointed out that concepts (such as patient education) are culturally bound and are transmitted from one generation to another by examples and customs that are often implicit in behaviours. Nurses' practice of patient education is intimately linked with their perception of their role and place in society. Perhaps the most significant factor to impact on the capacity for nurses to change their practice is the broader societal view of nurses and nursing. This has historically been dominated by hierarchical and patriarchal views.

The geographic location of Korea has influenced its expression of culture, its identity, and people's values and beliefs. Korean society has gone through rapid changes on a socio-political-economic level; people's values and beliefs have also been in the process of transformation. This has been characterised as a conflict between hierarchy (the old way of life) and individualism (a new way of life).

Hierarchy has been the dominant way of life for over two thousand years in Korea. It is 'a way of life whose social relations, defined by strictly defined social roles and strong group identification, create vertical relationships whether between two individual persons and groups or within a group setting' (Kim 1998). In a hierarchical society, individual autonomy is limited and the person is hemmed in by the confining nature of the social roles and groups. Each individual person is linked to others through social roles defined in accordance with one's status as determined by heredity, age, gender, marital status etc. Since these reciprocal social roles establish ties between people, it eventually forms a web of social relationships in which each relationship is clearly prescribed.

Korean culture is a collective culture. Koreans tend to relate themselves to another within the context of group (Han and Choi 1998). They take for granted the duties

and obligations that come as a result of their identification with the group, for example the health sector. Koreans often use the collective words 'we' or 'our' to identify themselves within the group to which they belong, for example, our family, our school, and our country. This strong group identification promotes values that emphasise social harmony, consensus and personal sacrifice by subordinating their own self-interests to the group. In Korean society and in sub-sets of society such as the health service, it is very important to morally fulfil the duties and obligations to those to whom one is bound in a relationship. Maintaining one's face, personal loyalty, sincerity and harmonious relationships, are the basic values and beliefs rooted in the strictly defined social roles. Therefore, Koreans instinctively attempt to order their relations hierarchically in order to find out how to behave towards one another. This hierarchical relationship is constantly reinforced through the use of honorific language and the adherence to social etiquette. Individuality within a group is discouraged and it is seen as a cause of social disharmony or a form of selfishness.

While hierarchy still has a strong hold over Koreans, over the last few decades individualism has been rapidly internalised in the life of the so-called new generation of Korea. This shift brought profound consequences for social relations and eventually impacted on values and beliefs. Since individualism values the spheres of individual freedom operating on the principle of equality, it is incompatible with the concept of hierarchy. With the wearing down of 'firm and lasting ties' inherent in a social structure based on the hereditary status of traditional Korea, individuals become independent of one another in order to exercise their freedom of choice. Thus, conflict exists between hierarchy and individualism.

As Korea became a modernised society, women became more educated, their participation in the workforce increased and women's contributions to society became more valued. Patriarchy, however, still remains, though it has a different face today and is not as obvious as before. It still influences women's lives in modern society through socialisation in family, education and

workplace situations. While young women are educated and influenced by Western cultures, they have grown up with parents who still hold to the traditional idea of 'Nam-jon Nyo-bi': men are superior to women. Boys are taught to be tough and socially active whereas girls are taught to be feminine and to stay at home to be loved. Through this process, women become passive and find the significance of their lives in the achievements of others such as a husband and children. On the surface, school and society as the agencies of socialisation appear to have largely eradicated the consciousness of discrimination based on gender. In reality, it is pervasive and covert and still presents a significant problem. Therefore, just as the relationship between hierarchy and individualism is in conflict, so do patriarchy and the women's movement towards equality unsteadily co-exist and often create conflict in family, organisational, social and political spheres in Korea.

Given these sociological constraints, I have been challenged to examine the extent to which nurses can become more autonomous and effective as patient educators, when their role is so strongly influenced by hierarchy and patriarchy. I have also been caused to question the extent to which allegedly empowering research processes such as action research can coexist with management and health care practice that is less responsive to or cognisant of the need for change. I have also been caused to reflect on the sensitive interface between individualism as a mechanism to provide stimulus for change and the collective action as the mechanism for achieving and sustaining change.

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