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Factors Affecting Quality of Life for Korean American Cancer Survivors: An Integrative Review

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Abstract

Problem Identification—There is limited understanding of Korean American cancer survivors' quality of life (QOL) within a cultural context. The study examined factors associated with the QOL of Korean American cancer survivors.

Literature Search—A systematic literature search of PubMed, CINAHL®, Google Scholar, and EBSCO databases from January 2000 to January 2014.

Data Evaluation—The studies were assessed for the relevance to the purpose of the review. Each study was rated on a 2-point scale using an 11-item quality criteria checklist.

Data Synthesis—The 13 studies that met the criteria for inclusion included 7 descriptive, 5 qualitative, and 1 mixed method.

Conclusion—Social support, communication, and acculturation were key factors associated with Korean American's QOL. Cultural differences were evident for Korean Americans versus other Asian American ethnic groups.

Implications for Practice—More innovative and culturally driven research is needed to understand each minority group's cultural barriers as well as to improve cancer survivors' QOL. Improving doctor-patient relationship is critical to promote better cancer experiences for Korean American cancer survivors.

- Majority of Korean American cancer survivors are 1st generation immigrants and have language and cultural barriers when receiving health care services.
- Social support, communication, and acculturation are factors that influence level of quality of life of Korean American cancer survivors.
- The quality of the doctor-patient relationship is important to Korean-Americans and can be improved by utilizing interpreting services, providing language-appropriate

educational materials, and increased awareness, knowledge, and understanding of cultural contexts.

- Collaborating with ethnic community centers and churches to deliver cancer-related information and nursing interventions would be a strategy to improve cancer screenings rates, access to medical services and implement culturally appropriate nursing interventions to improve patients' QOL.

Keywords

Korean American; quality of life; cancer; integrative review

Introduction

The size of the Asian American population living in the U.S. is projected to increase by 132% and will comprise 9% of the total U.S. population by 2050 (U.S. Census Bureau, 2011). As compared to Whites, Blacks, and Hispanics, Asian Americans have distinctive profiles for leading causes of death. Specifically, cancer (and not heart disease) is the leading cause of death for Asian Americans. Specific information on Asian American subgroups indicates that Korean Americans have the highest cancer mortality rates (Kwong, Chen, Snipes, Bal, & Wright, 2005) and the lowest breast and colorectal cancer screening rates (H. Lee, Ju, Vang, & Lundquist, 2010; H. Lee, Lundquist, Ju, & Luo, 2011; Maxwell, Crespi, Antonio, & Lu, 2010). Korean American men (54.6 per 100,000) and women (27.5 per 100,000) have the highest incidence of stomach cancer compared to other Asian subgroups, which is five times higher than rates for non-Hispanic White men and seven times higher than non-Hispanic White women (McCracken et al., 2007). Korean American women have the highest incidence and mortality rates for liver cancer compared to other Asian American subgroups, while Korean American men have the second highest incidence and mortality rates for liver and colorectal cancer (McCracken et al., 2007). Given the high incidence of cancer among Korean Americans and the dramatic increase in the percent of Korean Americans (33%) living in the U.S. since 2000 (U.S. Census Bureau, 2012), oncology professionals will likely be caring for more Korean cancer survivors and will need more accurate and culturally and ethnically relevant information about their cancer experience, quality of life (QOL), and factors that affect it.

One of the persistent problems in understanding the experience of Korean Americans with cancer is that current studies often focus on Asian Americans as one large homogeneous group, a practice that obscures the heterogeneity that exists within the Asian American population (Hastings et al., 2015). Past epidemiologic studies indicate that lifestyle factors, genetics, nativity (foreign-born vs. U.S. born), socioeconomic, and environmental factors may influence the development of cancer and survival among immigrants. However, these findings vary by specific ethnicity designations within the broader racial categories (Gomez et al., 2010; Gomez et al., 2013; Hasting et al., 2015; Kwong et al., 2005). Using aggregated data to represent all subgroups of Asian Americans, hinders understanding of the diversity that exists both across and within these subgroups (Holland & Palaniappan, 2012; Islam et al., 2010). Further, aggregated data obscures the identification of risk factors and causes of

mortality within each group, and also decreases the ability to tailor interventions to the unique needs of specific subgroups of Asian Americans (Hastings et al., 2015).

The present study uses an integrative review of the literature to address the limitations of aggregated data from multiple Asian American subgroups and increase understanding of Korean Americans' cancer experience. The integrative review focused specifically on Korean American cancer survivors and examined their QOL and factors that affected it. This information is essential for fostering a better understanding of the cancer experience in this group and planning culturally/ethnically appropriate interventions to support them. In this review, the term "cancer survivor" refers to a person who has been diagnosed with cancer, including anyone who is currently getting treatments for cancer as well as those who have been treated for cancer and are presently cancer free.

Characteristics of Korean American Immigrants

The majority of Koreans came to the U.S. after Congress passed the Immigration Act of 1965 that enabled people from other countries to seek a better life, pursue their education, and join family members living in the U.S (Zong & Batalova, 2014). Currently, the top three states where most Korean American immigrants live are California (30%), New York (9%), and New Jersey (6%) (U.S. Census Bureau, 2012). About 40 percent of Korean immigrants live in metropolitan areas such as Los Angeles, New York, and Washington D.C. (U.S. Census Bureau, 2012). General demographic characteristics of Korean American immigrants in the U.S. indicate that more than half are foreign-born (born in South Korea) (U.S. Homeland Security, 2011), 52 percent have a bachelor's degree or higher (Zong & Batalova, 2014), and among Asian American subgroups, they have the highest rate of self-employment (Pew Research Center, 2012). Compared to the six largest Asian American subgroups (Pew Research Center, 2012), Korean Americans have the lowest median household income (\$50,000) despite having high educational attainment.

Korean American Cancer Survivors' Cultural Values and Quality of life

Research indicates that Korean American cancer patients' QOL is strongly influenced by their cultural norms (Kagawa-Singer, Dadia, Yu, & Surbone, 2010), which are based on Confucianism. In Confucianism, gender and familial roles are clearly delineated. Traditionally, men are the breadwinners and decision makers for the family (Park & Bernstein, 2008). Women are obligated to cook for the family, raise children, maintain the household, and help financially. These cultural norms shape family members' expectations that wives and mothers who are diagnosed with cancer will continue their usual cultural/gender roles as caregivers and in managing the household. This conflict between expectations and the experience of living with cancer and its treatment creates enormous strains that negatively impact the emotional well-being of female cancer survivors (Tam Ashing, Padilla, Tejero, & Kagawa-Singer, 2003).

Although the literature on the QOL of Korean American cancer survivors is limited, prior research indicates that Korean American cancer survivors have lower levels of acculturation and lower quality of life when compared to other Asian cancer survivors (Kim, Ashing-Giwa, Singer, & Tejero, 2006). Korean American cancer survivors also report lower

psychological QOL than their native Korean (residing in South Korea) counterparts, but higher physical QOL (Lim & Zebrack, 2008). Korean American cancer survivors report difficulty adjusting to cancer due to language barriers they face that hinders their understanding of health information and ability to communicate with health professionals (Choi, Jun, & Anderson, 2012; Tam Ashing et al., 2003).

In sum, due to the small number studies in this area and acknowledged limitations of the literature, little is known about the QOL of Korean American cancer survivors. More information is needed on their QOL and associated factors in order better to understand and plan culturally/ethnically appropriate interventions to support them. This integrative review was conducted to assess the current state of the literature and to gain a better understanding of QOL issues among Korean American cancer survivors.

Literature Search

This integrative review was conducted with focused searches using PubMed, CINAHL, Google Scholar, and EBSCO databases and were limited to studies published from January 2000 to January 2014. Searches were conducted using the following key words *Korean American or Asian American cancer patients or survivors' experiences or quality of life (physical, mental, or psychological)* including at least the word quality of life with either Korean American or Asian American, which were used as exploded Medical Subject Headings (MeSH) terms. For example, using the search "Korean American cancer survivors' quality of life" and the MeSH terms of Korean American, cancer survivors, quality of life were used in the PubMed database. Both English and Korean language publications were retrieved. Studies were included if they were primary quantitative, qualitative, or mixed-method studies that described the experience of Korean American cancer survivors and factors that influenced their quality of life. Studies that were based on samples that focused broadly on quality of life of Asian Americans, but that reported the results for Korean Americans as a specific subgroup, were included in the review. Quotes from a qualitative study among Asian American cancer survivors were also included in this review, if the quote was directly attributable to a Korean American cancer survivor.

Data Evaluation

Prior to data analysis, potential studies were reviewed by four researchers and any discrepancies were resolved by evaluating the overall quality of each study. Each study was rated on a 2-point scale (high or low) based on the relevance of findings to the purpose of the review (Whittemore & Knafl, 2005). Also, studies were evaluated for adequate conceptual definitions of variables, appropriate use of research design and method, and appropriate data analyses.

Data Analysis

Data from all studies included in the integrative review were extracted. The most commonly measured variables in the quantitative studies, and the most commonly discussed issues in the qualitative studies that affected QOL of Korean American cancer survivors reflected 3 main themes: social support (e.g., types, amount, size, and quality), communication (e.g.,

family communication and patient-physician communication), and acculturation (e.g., cultural/language barriers, lack of culturally relevant resources, living as an immigrant, and cultural norms).

Presentation of Findings

A total of 13 studies that included Korean American cancer survivors were retrieved from the search: 7 quantitative studies, 5 qualitative studies, and 1 mixed-method study (see consort diagram in Figure 1). Table 1 provides details about the 13 studies. All studies were obtained in English except one qualitative study that was written in Korean by Choi and colleagues (2012). Two studies consisted of Korean Americans only, nine studies included Korean Americans with other Asian American ethnic groups, and two studies compared native Koreans (i.e., Korean nationality) to Korean Americans. The number of Korean Americans in the studies ranged from less than 10 (S. Lee et al., 2013) to a high of 71 (Lim & Ashing-Giwa, 2013; Lim & Paek, 2013).

Demographic Characteristics

The mean age of the cancer survivors was 56 years. A majority of participants in the studies reviewed attained more than a high school degree (i.e., some college education) and had an average income level of less than \$25,000. Cancer survivors' average length of stay in the U.S. was 21.8 years and 98% of them were born in Korea. Of the thirteen studies reviewed, all were conducted with female cancer survivors. Most studies were conducted with women with breast cancer (n=10) and a few were conducted with women with gynecologic cancer (n=3). Korean American breast and gynecological cancer survivors generally had lower income but higher education than their native Korean counterparts (Lim & Yi, 2009; Lim & Zebrack, 2008). Korean American breast cancer survivors had the lowest income compared to other Asian American breast cancer ethnic groups (Japanese, Chinese, Filipino, and other small Asian groups) and also the lowest level of QOL (Kim et al., 2006).

Several socioeconomic indicators predicted or were related to QOL. Income was inversely associated with psychological distress and positively associated with QOL (Lim & Yi, 2009). Higher education was associated with positive physical and mental QOL (Lim & Ashing-Giwa, 2013). In regard to acculturation factors, language barriers were identified as a primary indicator of Korean American cancer survivors' level of acculturation. Higher levels of acculturation (reduced language barriers) were positively related to their level of QOL. High language barriers were related to lower social network involvement (Kim et al., 2006; Lim, Yi, & Zebrack, 2008). Longer length of stay in U.S. was positively associated with larger social network size, greater social involvement, and fewer language barriers (Lim et al., 2008).

Social Support Perceptions of Korean American Cancer Patients and Caregivers

Studies included in the integrative review documented the importance of social support for Korean American cancer survivors' QOL. Higher perceived social support was one of the factors that positively influenced higher levels of well-being in a study of Korean American gynecological and breast cancer survivors ($p < .01$) (Lim & Zebrack, 2008). Social support

was also negatively associated with psychological distress ($p < .01$), and the positive impacts of spirituality for better overall QOL was mediated via perceived social support (Lim & Yi, 2009). Lim (2014) also found that breast cancer survivors who used more social support from extended family, friends, and neighbors, or sought more spiritual support had better mental-related QOL. Furthermore, those with positive social network structures (i.e., larger network size, more diverse networks, and greater network involvement) had better emotional support and QOL (Lim et al., 2008). These studies all suggest that social support is a key factor related to Korean American cancer survivors' QOL and that social network size and network involvement have a positive influence on emotional support. However, Korean American cancer survivors had significantly smaller networks and less network involvement as compared to their native Korean cancer survivors (Lim & Zebrack, 2008).

Five qualitative studies found that family was perceived as both a major source of support and a major source of stress for Korean American cancer survivors. Perceived stress can be attributed to survivors' adherence to ethnic values that emphasize the importance of fulfilling family role expectations even after receiving a cancer diagnosis. Perceiving family as a source of stress was also associated with survivors' belief that their family members did not know or understand what they were really going through (Ashing Giwa et al., 2004; Choi, Jun, & Anderson, 2012; S. Lee et al., 2013; Lim, Gonzalez, Wang-Letzkus, Baik, & Ashing-Giwa, 2013; Tam Ashing et al., 2003). For example, a breast cancer survivor said "My family expects me to work and function the same as before the surgery. It saddens me" (Tam Ashing et al., 2003, p. 45). Elderly Korean American cancer survivors reported that it was difficult to seek support from younger adult family members because they did not want to become a burden by relying on them too much. Elderly survivors felt cancer was their battle to wage alone (Ashing et al., 2004; Choi et al., 2012; S. Lee et al., 2013; Tam Ashing et al., 2003). To illustrate, a Korean American oncologist said "Older generations feel that they are a burden to their family, so that's another different issue that some of my patients do go through (compared to American patients)." (S. Lee et al., 2013, p. 5).

Obtaining support from the community was also difficult for Korean Americans. Studies indicate that cancer survivors wanted support groups to share feelings and experiences (Ashing et al., 2004; Choi et al., 2012; S. Lee et al., 2013; Tam Ashing et al., 2003), but were not able to locate support groups that were language appropriate (i.e., conducted in Korean). Further, because many community members were immigrants who had demanding work commitments for surviving through immigrant life, cancer survivors did not perceive that they had much support from their own Korean American community. Korean American cancer survivors also perceived a lack of support from the Western community (Lim, Baik, & Ashing-Giwa, 2012). Language barriers were a primary reason that limited their ability to relate and share their feelings freely with people from the Western community. One cancer survivor said "Americans don't seem to share their emotions with immigrants like us. They don't try to talk to us first." (Lim et al., 2012, p. 393). Direct quotes are provided in Table 2. As a consequence, cancer survivors were unable to receive emotional support from either the Korean or Western communities (Choi et al., 2012; S. Lee et al., 2013; Lim et al., 2012; Lim et al., 2013).

Communication and Cancer

Several quantitative studies examined the relationship between Korean American's communication behaviors and their physical and mental QOL. Lim (2014) found that cancer survivors who communicated effectively within the family improved their own physical ($p < 0.001$) and mental QOL ($p < 0.01$). Similarly, among 71 Korean American breast cancer survivors, family communication was directly associated with mental and physical QOL ($p < 0.05$) (Lim & Paek, 2013). Other studies focusing specifically at family relationships found that higher family support was related to more family communication ($p = 0.002$) (Lim & Ashing-Giwa, 2013).

Communication within a family was sometimes a barrier for Korean American cancer survivors. Choi et al.'s (2012) qualitative study of first generation Korean American breast cancer survivors found that although their main emotional support came from family members, cancer survivors had difficulty communicating with their second generation adult children due to language barriers. Adult children were more fluent in English and first-generation immigrant cancer survivors were more fluent in Korean. First-generation Korean American cancer survivors identified this language barrier as an obstacle to receiving adequate emotional support from their family.

Korean American cancer survivors also perceive that cancer-associated stigma has limited their ability to effectively communicate with their family members and others. Some Korean American cancer survivors felt ashamed of having cancer, which made them reluctant to talk about their feelings with others who were healthy (Choi et al., 2012; S. Lee et al., 2013). Because of the stigma, they also limited their interactions with others but then felt lonely and distressed. By hiding their cancer, Korean American cancer survivors were able to avoid hearing negative comments or questions such as "how much longer (can you live)?" (S. Lee et al., 2013). They indicated that negative comments from others were difficult to hear and had a negative effect on their QOL (Choi et al., 2012; S. Lee et al., 2013). Feelings of shame for having cancer and the need to protect themselves from others' comments, were reported mainly by female cancer survivors whose observance of cultural norms prevented them from sharing their experiences (Im, Lee, & Park, 2002).

Studies examining communication and the relationships between Korean American cancer patients and their physicians (Lim et al., 2012) found physicians' assistance in managing patients' stress had positive effects on QOL. In qualitative studies, Korean American cancer survivors reported that their doctors' attitudes and communication was important to them during their cancer treatment and follow-up care (Choi et al., 2010; Lim et al., 2012). However, some Korean breast cancer survivors said that they worried that asking too many questions could result a negative relationship with their physicians. This was not the belief of other Asian subgroups, who felt that patients should ask their physician questions (Tam Ashing et al., 2003).

In general, first generation cancer survivors said they preferred a Korean-speaking oncologist because they would be able to understand information about their course of disease more easily (Choi et al., 2012). However, it was difficult for the survivors to find a Korean-speaking oncologist within their Korean American community. Further, Korean

American cancer survivors said they were limited to those hospitals or oncologists that were covered by their insurance. This hindered their ability to find a Korean American oncologist who also spoke Korean and with whom they could have effective communication.

Acculturation

Degree of acculturation to their host culture is highly related to health-related QOL (Janz et al., 2009). In studies of Korean American cancer survivors: 1) higher acculturation influenced their multi-dimensional QOL through better social support (Lim et al., 2008), and 2) higher acculturation was directly related to higher social support (Lim & Ashing-Giwa, 2013). In both studies, the degree of acculturation was assessed using measures of cultural identity and knowledge, language use, and food and diet patterns, as well as additional acculturation factors such as, birthplace, primary language/language barriers, and length of stay in the U.S. Studies of acculturation indicated that Korean American cancer survivors were much less acculturated as compared to Chinese cancer survivors, even with comparable lengths of stay in the United States (Lim & Ashing-Giwa, 2013). Further, those who completed surveys in English were more acculturated than those who completed surveys in their own native language. Among Asian groups (Chinese, Filipino, Japanese and others), Korean Americans had the highest rate of completing surveys in their own language, suggesting lower levels of acculturation (Kim et al., 2006; Lim et al., 2008).

Acculturative stress is a common response to the process of acculturation that is reflected in lower mental health status (confusion, anxiety, and depression), higher psychosomatic symptom level, and identity confusion (Berry, Kim, Minde, & Mok, 1987). Factors associated with acculturative stress can lead to lower levels of QOL among immigrant cancer survivors versus non-immigrant cancer survivors (Butow et al., 2013; Luckett et al., 2011). Immigrants who are diagnosed with cancer reported compounded stress from a variety of sources, in addition to the stress of being an immigrant. Korean Americans who receive a cancer diagnosis reported more stress from 1) a lack of knowledge or education related to understanding of the U.S. health system (i.e. health insurance) and finding resources, 2) language barriers related to understanding health-related materials after surgery, chemotherapy instructions, or side effects from clinicians, 3) a lack of support and availability of Korean cancer support groups, and 4) having to work while being treated for cancer due to lack of insurance and need to support their immigrant family.

Findings from qualitative studies indicate that cancer survivors had limited understanding of the U.S. health care system related to its high-cost and fragmented care system and had a lack of trust in the system (Choi et al., 2012; Tam Ashing et al., 2003). Also, breast cancer survivors did not have knowledge or education specific to cancer genetic testing or about the need for cancer screening in situations of a family history of breast cancer (Choi et al., 2012; Tam Ashing et al., 2003). Finally, because of their limited English and language barriers, Korean American cancer survivors played a less active role in their treatment plan and they were less likely ask questions or express concerns (Tam Ashing et al., 2003).

Discussion

This integrative review identified 13 studies focused on factors affecting the QOL of Korean American cancer patients. The most common factors or topics that were studied were social support, communication, and acculturation, which all demonstrated significant relationships to QOL. More specifically, higher family support, better family communication, and higher level of acculturation, were associated with higher quality of life among Korean Americans. The central findings of this review are that Korean American cancer patients: 1) received inadequate social support from both their own ethnic community and the western community, 2) had difficulty communicating with their adult children, 3) experienced stigma from having cancer, 4) were not able to receive health information in their own language, and 5) experienced acculturative stress which hindered effective communication with others and ultimately affected their QOL. These findings are consistent with a literature review of studies of Asian American breast cancer survivors living in the U.S. (Wen, Fang, & Ma, 2014). In that literature review, quantitative studies indicated that cultural health beliefs, immigration stress, acculturation level, English proficiency, social support, and spirituality were associated with Asian American breast cancer survivors' quality of life. The qualitative studies indicated that cancer survivors reported a lack of physical and emotional support, a lack of knowledge, and language barriers during cancer survivorship.

An important finding from this review of quantitative and qualitative studies was that Korean American cancer survivors are often uncomfortable or uncertain about interacting with their oncologists. Korean American cancer survivors were hesitant asking questions and worried that if they asked too many questions, it would have a negative effect on their doctor-patient relationship. Female Korean American cancer survivors often deferred to their physicians when considering treatments, were less active in the decision making process (Tam Ashing et al., 2003) and often wanted to follow their doctors' recommendations to promote a good relationship (Lim et al., 2012). Korean American deference to their physicians may be associated with the fact that most of them were elderly, first generation immigrants who were strongly influenced by their Korean cultural beliefs, and less likely to be acculturated.

The integrative review also indicated that because families are the main source of social support for Korean American cancer survivors, it is important to include family caregivers of cancer survivors in future studies. However, caregiving is a part of cultural obligations (rather than being voluntary) in Korean culture (Han, Choi, Kim, Lee, & Kim, 2008). Given this, a full appreciation of the cultural meaning of caregiving will be crucial for assessing the patient-caregiver relationship. Past studies indicate that Korean American caregivers have higher levels of depression, burden, and anxiety than White American caregivers (E. Lee & Farran, 2004; Yoon, Knight, Jeong, & Benton, 1999) suggesting that they may also have needs for specific types of information and support as caregivers.

Direction for Future Research

Given the paucity of research on Korean American cancer survivors, there is a need for more research including descriptive, exploratory, and longitudinal studies that focus only on Korean Americans. Studies with larger samples of Korean American cancer survivors will

further clarify the relationships between social support, communication, acculturation and QOL. Also, future studies will need to assess Korean American cancer survivors with different types of cancer. In light of the high incidence of stomach and liver cancer among Korean Americans, it is surprising that none of the studies included survivors with these types of cancer. In addition, because Korean Americans have the lowest use of cancer screening compared to other Asian subgroups, studies focusing on increasing cancer screening using culturally tailored interventions are needed.

Limitations of Existing Literature

This review is constrained by a number of limitations in the existing literature on the QOL of Korean American cancer patients and caregivers. First, only two studies (Choi et al., 2012; Lim et al., 2008) focused exclusively on Korean American cancer survivors. Although the remaining studies included Korean American as one subgroup of Asian Americans, analyzing the experiences of only Korean American cancer survivors was challenging. Second, studies in the integrative review were focused on breast/gynecological cancer survivors (Ashing Giwa et al., 2004; Choi et al., 2012; Kim et al., 2006; S. Lee et al., 2013; Lim & Ashing-Giwa, 2013; Lim, 2014; Lim et al., 2013; Lim et al., 2012; Lim & Paek, 2013; Tam Ashing et al., 2003), which limited our understanding of the relationship between support, communication and acculturation among survivors coping with other types of cancer. Also, the findings may be relevant primarily to female Korean American cancer survivors who made up the sample for most of the studies reviewed. Third, the majority of the studies were conducted by the same team of researchers using a few large surveys, which may limit the generalizability of the findings. Fourth, most of studies had small sample sizes. Finally, the research designs in prior studies were primarily secondary analyses, cross-sectional or qualitative designs, limiting our understanding of the experience of Korean American cancer survivors over time.

Implications for Practice

Understanding and acknowledging the cultural background of Korean American cancer survivors is essential to improve their QOL. Based on the concept of Confucianism and filial piety, Korean American cancer survivors may not seek professional help to build social support, improve communication skills, or report feelings of depression or stress. Clinicians will need to pay closer attention to the quality of family communication as families prefer to resolve conflicts internally or they may try to avoid even talking about conflicts. Therefore, providing a safe environment for both cancer patients and their family caregivers to talk about health-related issues is important. It is also important for health professionals to understand that Korean Americans may prefer to make medical decisions as a family rather than leave these decisions to the patient only.

The findings indicated that most of first generation Korean American cancer survivors will trust their clinicians and take their recommendations during decision-making, therefore, clinicians play a critical role in the decision-making process. Providing health information such as side effects of treatments, chemotherapy, healthy behaviors, post-surgery complications, and reconstructive surgery options in an easy to understand manner will help

reduce cancer survivors' stress during the cancer experience and promote better QOL. Also, having an interpreter present during consultations may help cancer survivors to ask questions more freely without having to rely on their own interpreter (e.g., friends or family members) to enhance making autonomous decision.

Currently, the American Cancer Society (2015) has educational materials for various Asian or Pacific Islander languages that includes Korean. For Koreans, there are education materials related to: 1) cancer prevention and early detection, 2) side effects and treatment, 3) general knowledge of different types of cancer, 4) healthy behaviors, 5) caregiving, and 6) the patient-doctor relationship. Korean American cancer survivors respond positively when clinicians provide health informational brochures. Providing culturally-appropriate American Cancer Society educational materials that are culturally and language appropriate (Korean language) could further capitalize on their acceptance and prove to be very useful in informing both patients and caregivers.

Most Korean Americans rely on their own ethnic community centers and churches for social support to extend their social networks and to access health services. Given this, clinicians or public health nurses may need to work with ethnic affiliated community-based organizations to provide culturally effective nursing interventions. Collaborating with Korean American community centers is critical since they have staff who can speak English, Korean, or both languages to help patients and caregivers. Since community centers may have already established good rapport and relationships with cancer survivors, providing education or support groups through community centers can provide a safe environment for cancer survivors to talk about their emotions or ask for help. For second-generation cancer survivors who prefer to join non-Korean American organizations, an organization like the Cancer Support Community can be a useful resource where they can receive psychosocial care at no cost.

Finally, acknowledging the importance of providing culturally appropriate programs at non-profit organizations is imperative. Western-oriented therapy or support groups focus on open communication, open discussions about conflicts, and emphasize individuals as compared to the family (Leong & Lau, 2001)—all features of therapeutic approaches that are unfamiliar and more difficult for people from Asian cultures. Modifications of this form of therapy (such as a greater emphasis on spirituality) are needed to enhance the effectiveness of therapy or a support group for Korean Americans or other ethnic groups who follow Confucianism values.

In summary, cancer is recognized as the leading cause of death for Korean Americans in the U.S.—a population that will increase in size over the coming decades. This review of the literature identified social support, communication, and acculturation as key factors related to the level of QOL in Korean American cancer survivors. These findings have implications for future research on Korean American cancer survivors, as well as for health care professionals who may provide care to this group. Ongoing efforts to infuse research and practice with culturally-relevant and sensitive interventions and therapeutic approaches, hold promise for ensuring that Korean American patients and their families receive high quality care that improves their quality of life.

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Figure 1.
Consort diagram

Table 1

Demographic and Findings from Studies in the Integrative Review

Authors/Date	Study Sample/Mean Age (<i>M</i>)	Type & Stage of Cancer (Korean Americans Only)	Design	Instruments or Interview Topics	Study Findings Only Related to Korean American (KA) Cancer Survivors
Ashing et al., 2003	N=34 survivors Korean Americans: <i>n</i> = 11, <i>M</i> = 56 years	Breast Cancer Stage 0, I & II = 10, Stage III & IV = 0, Unknown = 1	Qualitative (semi-structured and focus group)	<ul style="list-style-type: none"> Health care access Cultural, socio ecological factors Barriers to health care and psychosocial care Role of the health care system Patient-physician relationship Medical adherence 	Family support was main source of social support during cancer experience but also a strain for meeting family expectation role. Survivors had stigma of cancer. Survivors did not want to burden their families. Unlike other subgroups of Asian Americans, Korean American cancer survivors felt that asking too many questions could cause a negative relationship with one's doctor and that they should comply with doctors' recommendations. Language barrier was a problem in communicating with medical staff
Ashing et al., 2004	N=101 survivors Korean Americans: <i>n</i> = 11, <i>M</i> = 56 years	Breast Cancer Stage 0, I & II = 10, Stage III & IV = 0, Unknown = 1	Qualitative (focus group interview)	<ul style="list-style-type: none"> Health beliefs Health socialization Relationships Quality of care Socio-ecological factors 	Physical and psychological social support came from people who experienced cancer. Having Korean social network had a positive impact during cancer. Family support was important during cancer experience but meeting role expectations was a challenge.
Kim et al., 2006	N=206 survivors Korean Americans: <i>n</i> = 29, <i>M</i> = 53 years	Breast Cancer Stage 0, I & II = 25, Stage III & IV = 4	Quantitative (Cross-sectional)	<ul style="list-style-type: none"> FACT-B BCS SAS ULSS SSS 	KAs had the lowest scores for all HRQOL subscales compared to other Asian subgroups. KAs had the lowest acculturation level ($p < 0.0001$). KAs had the second lowest social support score following Chinese Americans. Being KA was associated with poor HRQOL when covariates were controlled ($p < 0.001$) which could be related to acculturation stress such as, limited English skills.
Lim et al., 2008	N=51 survivors Korean Americans: <i>N</i> = 51, <i>M</i> = 56 years	47 breast cancer, 4 gynecologic cancer. Stage 0, I & II = 42, Stage III & IV = 7, Not reported = 2	Quantitative (cross-sectional)	<ul style="list-style-type: none"> QOL-CS BSI-18 MOS SSS SNI AAMAS 	QOL was indirectly predicted by acculturation, social network structures, perceived social support, and health insurance. Acculturation and QOL relationship was mediated by social network structures and perceived social support. Emotional support ($p < 0.001$), network size/diversity ($p < 0.01$), and network involvement ($p < 0.001$) were positively correlated with QOL. Language barrier ($p < 0.05$) was negatively correlated with QOL.

Authors/Date	Study Sample/Mean Age (<i>M</i>)	Type & Stage of Cancer (Korean Americans Only)	Design	Instruments or Interview Topics	Study Findings Only Related to Korean American (KA) Cancer Survivors
Lim & Zebrack (2008)	N=161 survivors Korean Americans: <i>n</i> = 51, <i>M</i> = 56 years Koreans living in Korea: <i>n</i> = 110, <i>M</i> = 51 years	47 breast cancer, 4 gynecologic cancer. Stage 0, I & II = 42, Stage III & IV = 7, Not reported = 2	Quantitative (cross-sectional)	<ul style="list-style-type: none"> • QOL-CS • BSI-18 • MOS SSS • SNI 	KAs had higher physical QOL but lower psychological QOL than native Koreans ($p < 0.05$). Greater network diversity influenced better social support ($p < 0.01$) and in turn, higher perceived social support influenced better QOL ($p < 0.01$). KAs had smaller networks, and less involvement with social ties than their native Korean cancer survivors.
Lim & Yi (2009)	N=161 survivors Korean Americans: <i>n</i> = 51, <i>M</i> = 56 years Koreans living in Korea: <i>n</i> = 110, <i>M</i> = 51 years	47 breast cancer, 4 gynecologic cancer. Stage 0, I & II = 42, Stage III & IV = 7, Not reported = 2	Quantitative (cross-sectional)	<ul style="list-style-type: none"> • SF-36 • BSI-18 • QOL-CS • MOS SSS 	Social support was a partial mediator between spirituality and QOL which was observed for only Korean Americans ($p < 0.05$).
Choi et al., (2012)	N=11 survivors Korean Americans: <i>n</i> = 11 (10 cancer survivors, 1 family member of cancer survivor) Age range: 35–67 years	Breast Cancer Stages not reported	Qualitative (participatory observation and in-depth interviews)	<ul style="list-style-type: none"> • Cancer experience • Underserved nursing care • Acculturation factors • Combined supports altogether 	Acculturation factors were related to inability to speak English, inability to connect to Western community, children who could not understand mother's Korean language, and housewives who had higher workloads since immigration to the US. KA's also reported less help from professionals due to knowledge deficits about cancer, difficulty understanding healthcare system, and difficulty to finding oncologist/social support group in Korean.
Lim et al., (2012)	N=206 survivors Korean Americans: <i>n</i> = 29, <i>M</i> = 53 years 11 Korean Americans participated in the focus group.	Breast cancer Survey group: Stage 0, I & II = 25, Stage III & IV = 4 Focus group: Stage 0, I & II = 8, Stage III & IV = 3	Quantitative (cross-sectional) & Qualitative	<ul style="list-style-type: none"> • SAS • MHL • ADQ <p>Health behaviors: self-report about diet, exercise, and stress management</p> <p>Treatment-related decisions: self-report</p>	KAs were less acculturated than Asian American cancer survivors ($p < 0.001$). KAs had acculturative stress/emotional challenges due to adjusting to immigrant life/US, healthcare system and language barriers which led them to be frustrated. Survivors had uncomfortable relationship with doctor due to language barrier, preventing them from receiving sufficient medical information. KAs were hesitant to make medical decisions as their own.
Lim and Paek (2013)	N=157 survivors Korean Americans: <i>n</i> = 71, <i>M</i> = 54 years	Breast cancer Stage 0, I & II = 58, Stage III & IV = 12, Not reported = 1	Quantitative (cross-sectional)	<ul style="list-style-type: none"> • FACES-FCS • DCS • PEP-PLS • SF-36 	Family communication was directly related with physical and mental QOL ($p < 0.01$). Unlike Chinese Americans, KAs had less confidence in communicating with their physicians, which negatively affected KA's QOL
Lim et al. (2013).	N=42 survivors Korean Americans: <i>n</i> = 11, <i>M</i> = 54 years	Breast Cancer Stage 0, I & II = 8, Stage III = 3,	Qualitative	<ul style="list-style-type: none"> • Health behavior practices related to QOL 	Expressed importance of social support during cancer experience. Family was a motivator to health behavior change but also created hardships because

Authors/Date	Study Sample/Mean Age (M)	Type & Stage of Cancer (Korean Americans Only)	Design	Instruments or Interview Topics	Study Findings Only Related to Korean American (KA) Cancer Survivors
Lim & Ashing-Giwa (2013)	N=157 survivors Korean Americans: n = 71, M = 54 years	Breast Cancer Stage 0, I & II = 58, Stage III & IV = 12, Not reported = 1	Quantitative (cross-sectional)	<ul style="list-style-type: none"> Motivators and barriers to health behavior changes MOS SF-36 FACES IV-FCS FACC FACES-III MOS SSS AAMAS 	<p>they expected female patients to maintain their culturally prescribed roles.</p> <p>Family communication was related with physical ($p = 0.005$) and mental QOL ($p = 0.003$). Social support was directly associated with family communication ($p = 0.002$). Acculturation was directly related to social support ($p = 0.025$). KAs had lower acculturation level than Chinese Americans.</p>
Lee et al., (2013)	N=12 survivors Korean Americans: n = 5 Mean age of all survivors = 50 years old 1 oncologist born in Korea.	Breast cancer Stage 0, I & II = 7, Stage III & IV = 2 (Stages not reported by ethnicity)	Qualitative	Domains related to QOL	Family was their main source of support but they did not want to burden them. Survivors had stigma associated with cancer. Survivors wanted culturally appropriate support groups. A Korean American oncologist reported that patients were reluctant to talk about cancer and said that intergenerational issues affected the patient and family caregiver relationship. Survivors did not have enough resources during their cancer experiences.
Lim (2014)	N=32 dyads Korean Americans: n = 14 dyads, (14 cancer survivors, 14 family members), M for survivors = 57.9 years, M for caregiver = 53.5 years	Breast cancer Stage 0, I & II = 13, Stage III & IV = 1	Quantitative (Cross-sectional)	<ul style="list-style-type: none"> MOS SF-36 FACES IV-FCS FACC F-COPES 	<p>Higher communication within the family was related to higher physical QOL ($p < 0.001$) and mental QOL ($p < 0.01$). Survivors who used more community resources increased their own physical QOL ($p < 0.05$). Higher social support was related to higher mental QOL ($p < 0.05$).</p> <p><i>*Analysis were combined with Chinese American cancer survivors.</i></p>

AAMAS: Asian American Multidimensional Acculturation Scale; BCS: Breast Cancer Subscale; BSI-18: Brief Symptom Inventory-18; FACT-B: Functional Assessment of Cancer Therapy-Breast; MOS SSS: Medical Outcomes Study Social Support Survey; QOL-CS: Quality of Life-Cancer Survivor; SAS: Short Acculturation Scale; SNI: Social Network Index; SSS: Social Support Scale; ULSS: Urban Life Stressor Scale

BSI-18: Brief Symptom Inventory-18; MOS SSS: Medical Outcomes Study Social Support Survey; QOL-CS: Quality of Life-Cancer Survivor; SF-36: Short-Form Health Survey; SNI: Social Network Index

ADQ: Adherence Determinants Questionnaire; DCS: Decisional Conflict Scale; PEP-PIIS: FACES-FCS: Family Adaptability and Cohesion Evaluation Scales-Family Communication Scale; MHLCC: Multidimensional Health Locus of Control; Perceived Efficacy in Patient-Physician Interaction Scale; SAS: Short Acculturation Scale; SF-36: Short-Form Health Survey

AAMAS: Asian American Multidimensional Acculturation Scale; FACES-FCS: Family Adaptability and Cohesion Evaluation Scales-Family Communication Scale; FACC: Family Avoidance of Communication about Cancer; FACES-III: Family Adaptability and Cohesion Evaluation Scales-III; MOS SF-36: Medical Outcomes Study Short-Form Health Survey; MOS SSS: Medical Outcomes Study Social Support Survey

FACES-FCS: Family Adaptability and Cohesion Evaluation Scales-Family Communication Scale; FACC: Family Avoidance of Communication about Cancer; F-COPES: Family Crisis Oriented Personal Evaluation Scale; MOS SF-36: Medical Outcomes Study Short-Form Health Survey

Table 2

Qualitative Findings of Key Variables

Variables	Topics	Findings
Social support (Ashing-Giwa et al., 2004; Choi et al., 2012; S. Lee et al., 2013; Lim et al., 2013; Tam Ashing et al., 2003)	Family	<p>"I believe that cooperation and love from family and husband have helped me a lot"</p> <p>"Families don't understand. They say they understand, but they expect us to be the same people as before the disease"</p> <p>"My family expects me to work and function the same as before the surgery"</p> <p>"I have been devoted to my family...I just tolerate everything as many Korean women do"</p> <p>"Even after getting chemo, I still had to take care of my children, so that was hard"</p> <p>"My children are barriers for me"</p> <p>"I am sure the fear is the same, or even more because they don't have as much family support in this country, but we don't hear as much (from Korean American oncologist)"</p>
	Support from community	<p>(Choi et al., 2012; Lee et al., 2013; Lim et al., 2012;</p> <p>"Americans don't seem to share their emotions with immigrants like us. They don't try to talk to us first"</p> <p>"We are minority here in the U.S. so, we can't fit in western nor Korean community"</p> <p>"I have some church friends, but I wasn't close to them. So I didn't want to put burden on them or bother them"</p> <p>"I recommend them support groups. But one problem is that there are not many Asian American support groups" (from Korean American oncologist)</p>
Communication (Choi et al., 2012; Tam Ashing et al., 2003)	Healthcare system	<p>"I realized that (American) doctors are very friendly. It's frustrating that I can't communicate with them well"</p> <p>"We, first-generation Korean Americans, prefer Korean speaking doctors because of the language barrier"</p> <p>"I had a few consultation sessions with a doctor before surgery... It was a little regretful because I did not get any detailed information"</p>
	First vs. second generation communication	<p>"My mother is very emotional person... doesn't talk much... I think my thoughts become Americanized (from young adult breast cancer patient)"</p>
Acculturation (Choi et al., 2012; Lim et al., 2012)	Living as immigrant	<p>"Most of immigrants have acculturative stress when they immigrate....I had stress from living together with my sister's family to save money"</p>
	Language barrier	<p>"I felt stressed due to the language problem.... So I wonder if I would not have gotten cancer if I had stayed in Korea"</p>