

10-8-2017

# I Want an Omnipotent Doctor: North Korean Defectors' Unmet Expectations of South Korean Medical Providers

Soo Jung Hong

*Huntsman Cancer Institute - the University of Utah, soojung.hong@hci.utah.edu*

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## Recommended APA Citation

Hong, S. (2017). I Want an Omnipotent Doctor: North Korean Defectors' Unmet Expectations of South Korean Medical Providers. *The Qualitative Report*, 22(10), 2612-2628. Retrieved from <http://nsuworks.nova.edu/tqr/vol22/iss10/6>

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## I Want an Omnipotent Doctor: North Korean Defectors' Unmet Expectations of South Korean Medical Providers

### Abstract

This study examines North Korean defectors' unmet expectations of South Korean medical providers from the perspectives of both North Korean defectors and their medical providers. Seventeen defectors and 12 medical providers were recruited for focus groups and in-depth interviews. Grounded theory was used for data analysis. Data indicates the North Korean defectors were not satisfied with their providers because they (1) preferred human techniques over computerized technology, (2) expected the doctors to be omnipotent, and (3) expected to receive emergency medical service but did not expect to pay for it. Their medical providers felt that it was impossible to satisfy the defectors because they expected to (1) receive medical services based on self-diagnosis and/or nonmedical personal needs, (2) have the doctor listen to their stories, and (3) receive medical services without booking an appointment. The findings of this study suggest that more efforts for mutual understanding and effective communication are urgently needed for both providers and defectors.

### Keywords

Refugee Health, Patient Satisfaction, Patient Expectation, North Korean Defectors, Doctor-Patient Communication, Grounded Theory

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# I Want an Omnipotent Doctor: North Korean Defectors' Unmet Expectations of South Korean Medical Providers

Soo Jung Hong

Huntsman Cancer Institute - University of Utah, Salt Lake City, Utah, USA

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## Introduction

Patient satisfaction is a key determinant of healthcare quality (Baker, 2001; Glickman et al., 2010; Isaac, Zaslavsky, Cleary, & Landon, 2010; Jha, Orav, Zheng, & Epstein, 2008; Rozenblum et al., 2011), and meeting patients' expectations is an important aspect of patient satisfaction (McKinley, Stevenson, Adams, & Manku-Scott, 2002; Oliver, 2014; Rozenblum et al., 2011; Ruiz-Moral, De Torres, & Jaramillo-Martin, 2007). The specific experiences of refugees—i.e., those living in an unfamiliar culture who has past traumatic experiences related to war and/or torture (Burnett & Peel, 2001) — tend to shape their expectations for healthcare in their new environment (Karmi, 1992; MacDuff, Grodin, & Gardiner, 2011). As the experience of illness is to some extent socially and culturally constructed (Petersen & Benishek, 2001), cultural differences regarding perceptions on the value of, satisfaction with, and expectations of healthcare vary widely across cultures and require sensitive interpretation (Jentsch, Durham, Hundley, & Hussein, 2007). Therefore, refugees' expectations of and amount of satisfaction with the healthcare system in their new environment is likely to vary according to their previous experiences and thus requires a mutual understanding between the two parties.

North Korean defectors (i.e., refugees) are no exception. Since the late 1990s, the number of North Korean defectors entering South Korea has increased significantly. The number reached 20,000 in 2010 and 30,000 in 2016 (Korea Hana Foundation, 2017). Sharing a long history and only recently divided, South Korea and North Korea continue to share the same ethnicity and the same language. Nevertheless, more than sixty years following the division of Korea has seen two radically different cultures develop expressed through differing ideologies and social systems. As a result, many North Korean defectors find adapting to South Korean society to be a difficult task, and in accessing South Korea's healthcare system they

inevitably confront a system born of South Korean culture. North Korean defectors hold beliefs and engage in practices relating to medicine that differ significantly from those of their health providers in South Korea (Hong, 2015).

Issues central to refugees' expectations of the health care they receive in their new environment have been investigated in diverse contexts. For example, Omeri, Lennings, and Raymond (2006) found that the lack of cultural knowledge on the part of Afghan refugees in Australia led to inappropriate expectations in regard to health services and how to access them. According to Pavlish, Noor, and Brandt (2010) in the US, female Somali refugees' divergent health beliefs resulted in conflicting expectations regarding treatment and healthcare interactions. In regard to asylum seekers in the UK, Burnett and Peel (2001) commented that patients from countries without a developed primary healthcare system expect to be referred to a hospital for conditions that require only primary care—a situation that causes disappointment on the part of refugees and irritation on the part of providers. Further, as patients' expectations are sometimes unreasonable, physicians need to be prepared to work with their patients to develop a shared understanding (Bell, Kravitz, Thom, Krupat, & Azari, 2002; Guerra, McDonald, Ravenell, Asch, & Shea, 2008; Hareli, Karnieli-Miller, Hermoni, & Eidelman, 2007; Kravitz, 1996). Researchers have found that refugees want to tell their stories although doing so might not be necessarily therapeutic (Crowley, 2009; Burnett & Peel, 2001; Karmi, 1992; Summerfield, 1995). At the same time, patient satisfaction based on the fulfillment of expectations is associated with better health outcomes (Glickman et al., 2010; Rozenblum et al., 2011). For example, research has found that when medical providers meet patient expectations, the patients experience greater satisfaction than when medical providers fail to meet patient expectations (Bowling et al., 2012; Janzen et al., 2006; Kravitz, 1996; O'Brien, Petrie, & Raeburn, 1992). And, further, meeting the patient's expectations positively influences the patient's adherence to medical treatment (Mazor et al., 2006; O'Brien et al., 1992; Sherbourne, Hays, Ordway, DiMatteo, & Kravitz, 1992).

Therefore, to better understand each other's perspective and improve North Korean defectors' health outcomes, the purpose of the current study is to examine North Korean defectors' unmet expectations of South Korean medical providers from the perspectives of both North Korean defectors and their medical providers. Although several studies have documented refugees' expectations based on cultural background, these studies have rarely examined this topic from both the defectors' and the providers' perspectives. The goal of this study is to identify the unmet expectations on both sides to facilitate understanding of North Korean defectors' medical experiences in South Korea.

### **Research Questions**

As a Korean postdoctoral fellow studying health communication in the U.S., the author has explored health beliefs, scientific uncertainty, and public health discourse using both qualitative and quantitative research methods, and has investigated cross-cultural differences in these beliefs and discourses. In addition, North Korea defectors' adaptation to South Korean healthcare system was the topic of the authors' master's thesis. Based on the master's thesis and the interview data collected in 2009, the author set out to investigate the following: "What are the difficulties and satisfying factors in North Korean defectors' adaptation to South Korean healthcare system?" This initial query led to her research questions for this present study.

RQ1: How do North Korea defectors and South Korean medical providers view the causes of unmet expectations?

RQ2: In what ways do the views of unmet expectation on medical treatment differ for North Korean defectors and their medical providers in South Korea?

## Method

### Participants

The author recruited 17 North Korean defectors and 12 medical providers through the Korean National Medical Center. The North Korean participants comprised four men and 13 women (Table 1)—an appropriate gender ratio given that women constitute almost 71% of North Korean defectors according to the Korea Hana Foundation (2017). The author conducted three group interviews and one individual interview with a North Korean defector in June and July 2009. In addition, the author interviewed seven medical doctors from seven medical divisions and five nurses, each from a different division in the National Medical Center (Table 2): OB/GYN (n=1), orthopedic surgery (n=1), general surgery (n=1), gastroenterology (n=1), cardiovascular medicine (n=1), neurology (n=1), psychiatry (n=1), and nursing (n=5). All the interviews were semi-structured in terms of format.

**Table 1. Selected Demographic Information about North Korean Defectors**

No.	Years in South Korea	Gender	Age	Religion	Level of education in North Korea	Disease in South Korea
1	1-3	F	30s	Christian	High school	Headache, Gastritis
2	1-3	F	30s	Christian	High school	Tuberculosis
3	1-3	F	40s	None	High school	Uterine myoma
4	1-3	F	40s	Christian	None	Arthritis
5	1-3	F	40s	Catholic	None	Stomach surgery, Foot amputation
6	1-3	F	40s	Christian	None	Herniated disc, appendicitis
7	1-3	F	40s	Christian	High school	Arthritis, Herniated disc, Paranasal sinus surgery
8	1-3	F	50s	Christian	High school	Desmorrhexis, Arthritis
9	1-3	F	60s	Christian	College	Diabetes, Hypertension
10	1-3	M	40s	None	High school	Herniated disc
11	3-5	F	30s	Christian	High school	Hepatocirrhosis, Hypertension, Arthritis, Thyroiditis
12	3-5	F	50s	Christian	None	Foot inflammation surgery, Depression, Gynecopathy
13	5-7	F	50s	None	High school	Arthritis, Nephritis,
14	5-7	F	60s	Christian	High school	Hypertension, Diabetes, Stroke, Angina, Asthma
15	5-7	M	30s	None	High school	Neurasthenia
16	5-7	M	40s	Christian	College	Lumbar disc surgery
17	5-7	M	40s	none	High school	Herniated disc

**Table 2.** Selected Demographic Information about Medical Providers

No.	Years of treatment of NK defectors	Gender	Age	Religion	Specialization	Most frequently treated diseases with North Korean defectors
1	1-3	M	20s	Other	Orthopedic surgery	Spinal stenosis, Herniated lumbar disc, Degenerative knee arthritis
2	1-3	M	30s	Christian	Cardiovascular medicine	Angina, Aortostenosis
3	1-3	F	40s	Catholic	Nursing (OB/GYN)	Cervical cancer, Osteoporosis, Chronic pelvic disease, Vaginitis
4	1-3	F	40s	Buddhist	Nursing (Chief Nurse)	General surgery, OB/GYN, Orthopedic surgery
5	3-5	M	30s	None	Neurology	Headache (tension-type), PTSD (Post-traumatic stress disorder), Hypochondria disorder
6	3-5	M	30s	Other	OB/GYN	Pelvic inflammatory disease, Pregnancy, Tumor
7	3-5	M	40s	None	Psychiatry	Depression, PTSD, Somatization disorder
8	3-5	M	50s	Christian	General surgery	Celiopathy, etc.
9	3-5	F	30s	Catholic	Gastroenterology	GERD (Gastroesophageal reflux disease), Liver cirrhosis, Hepatitis
10	3-5	F	30s	Christian	Nursing (Orthopedic surgery)	Herniated lumbar disc, Degenerative knee arthritis, Gonalgia
11	3-5	F	40s	Christian	Nursing (Gastroenterology)	Hypertension, Diabetes, Renal insufficiency
12	3-5	F	50s	Buddhist	Nursing (General surgery)	North Korean defector guidance, Gallstone, Celiopathy, Thyroid disease

## Procedure

This study was approved by the Institutional Review Board (IRB) at a Midwestern university in the US. The Organization for One Korea (an NGO called Sae-jo-wi), which helps North Korean defectors adapt to South Korean society, gave the author permission to recruit and interview the participants through the organization.

The author visited three areas of Seoul, South Korea, to conduct group interviews with North Korean defectors: Ga-yang-Dong, Jung-gye-Dong, and the practice location used by the Pyongyang Art Troupe, which comprises only female North Korean defectors. All the participants completed an anonymous one-page questionnaire including demographics and other relevant information. Each participant received an honorarium of 20,000 won (approximately \$19 USD). All interviews were audio-recorded and later transcribed by the author. Additionally, in June 2009, the author conducted one voluntary individual interview with a male defector who was receiving care through the free health checkup program for North Korean defectors. This interview lasted for an hour and a half and was also audio-recorded and transcribed.

The author visited 12 providers' offices at an agreed time to conduct individual interviews. The providers also read and signed a consent form to acknowledge that they understood their rights and the voluntary nature of their participation. All the providers completed the anonymous one-page questionnaire including demographic information and specialty areas. Each interview lasted 25–40 minutes and was audio-recorded and transcribed.

The questions used to conduct group and individual interviews are in Table 3. The interview data were translated by the author.

**Table 3. Interview Questions**

North Korean defectors	Medical providers
1. What was your first impression of South Korea?	1. Why did you start to treat North Korean defectors?
2. What was your expectation of the escape from North Korea?	2. What is your specific finding you want to share throughout your experience treating North Korean defectors?
3. What medical treatment did you have in South Korea?	3. What is the difference between South Korean patients and North Korean patients?
4. What did you feel during medical treatment in South Korea?	4. Do you think patients are transformed from their illness experiences? Have you ever observed such changes?
5. How were the medical providers?	5. How did your North Korean patients change from their diseases and treatment in South Korea?
6. Tell me your illness story.	6. Do you think North Korean defectors are becoming similar to South Koreans throughout their diseases and treatments? Or, do you think they maintain their identities as North Korean even though they ostensibly adapt to South Korean society?
7. Do you feel there is some kind of difference between what you were before the illness and what you are now?	7. Do you feel more comfortable meeting patients from North Korea who had illness experience before? Why or why not?
8. What is the difference of the medical circumstances between North Korea and South Korea?	8. What are your goals and future plan as a medical provider healing North Korean defectors?
9. Which do you feel you are closer to, a North Korean or a South Korean or both? How your experiences of disease in South Korea influence what you are now?	
10. Do you feel more comfortable living in South Korea after the disease? Why or why not?	
11. Is there any difference between what you were before the illness and what you are now? What did you usually think during the treatment? Did you realize something meaningful about your life throughout the illness?	

## Data Analysis

Grounded theory procedures were used for this study. Grounded theory is a method for collecting and analyzing data designed to help researchers explore data in fresh ways (Charmaz, 2006; Glaser & Strauss, 2009; Strauss, & Corbin, 1994, 1998). More specifically, grounded theory was employed to develop the research themes based on the broad interview data (Corbin & Strauss, 1990). Grounded theory has specific procedures with regard to data collection and analysis with flexibility and latitude within its limits (Corbin & Strauss, 1990). The original goal of this study was to investigate how North Korean defectors adapted or failed to adapt to South Korean health care. However, North Korean defectors' unmet expectations of South Korean medical providers emerged as one of the major themes in the coding process. Based on the identification of this prevalent theme, relevant patterns were identified among several categories through the coding procedure. Throughout coding, different perspectives between North Korean defectors and South Korean providers on the reasons for the unmet

expectations emerged as another important theme. At first, the relevant categories were coded based on both the defectors' and the providers' perspectives on the unmet expectations, which helped investigate the ways in which both providers and defectors' stories were associated with this specific topic.

Finally, open coding was used to identify detailed sub-categories related to the defectors' unmet expectations. Open coding is the interpretive process through which data are broken down analytically to give the researcher new insights (Corbin & Strauss, 1990). Through this analytical process, conceptually similar events and stories were grouped together to generate a category about North Korean defectors' unmet expectations of South Korean providers and its subcategories from both sides' perspectives (see Corbin & Strauss, 1990; Glaser & Strauss, 2009; Strauss & Corbin, 1998, 1994). Since unmet expectations have different reasons based on the defectors and providers' perspectives, it could be broken into subcategories (e.g., omnipotent doctors transcending medical boundaries; medical services based on self- diagnosis and/or nonmedical personal needs). After the subcategories were identified from both perspectives, these subcategories were used as the theoretical ground for the next step of sampling and observations. Based on the categories and their properties, more instances related to unmet expectations were searched for in the data, and investigated how the examples are qualitatively different from each other. With thorough examination, the most important ambiguities between categories and examples were resolved.

For example, the two following excerpts were coded as the instances of the subcategory "Omnipotent doctors transcending medical boundaries" from the defectors' perspective.

1. North Koreans say that the medical providers here don't know what to do when patients say they feel sick. [...] In North Korea, the providers are omnipotent.
2. It is not good that doctors see are so specialized, like they exclusively treat the knee, and ignore other parts.... We have illnesses everywhere in our bodies. [...]

Although both examples support the author's argument that North Korean defectors want omnipotent doctors who can cure all kinds of disease, these examples suggest different reasons for their preference. More specifically, while the first example explains the defectors' medical experiences in North Korea that are different from the South Korean healthcare system, the second instance is more related to their health problems caused by previous refugee experience.

## **Transcription**

The author recorded the interviews with a digital audio recorder, assigned pseudonyms to the participants, and used parentheses to add text in order to elucidate meaning. To denote the providers' expertise superscript abbreviations were placed after their pseudonyms: Obstetrics- gynecology = OB/GYN, orthopedic surgery = ORS, general surgery = GES, gastroenterology = GAS, cardiovascular medicine = CAR, neurology = NEU, psychiatry = PSY, and nursing = NUR.

## **Results**

According to the interview data, several North Korean defectors were satisfied with the medical service in South Korea. As the following examples show, the defectors' satisfaction was related to South Korean providers' voluntary and kind services as well as their high level of responsibility toward patients.



The medical providers here treat me very kindly. [...] I feel like I'm an executive. This is a real life I never enjoyed before [i.e., in North Korea]. (Dongmin, a male defector)

In South Korea, the providers have high levels of responsibility. [...] All the providers

I've seen have given me great service. (Seonhee, a female defector)

The medical providers voluntarily provide these services. So I'm grateful. [...] it is not easy to take care of others. Easier said than done. (Kiseok, a male defector)

In addition, the Korean medical-welfare system is not only open to North Korean defectors but provides them with medical treatment at a minimal cost in many cases. This situation is very different from their medical experiences in North Korea as well as other countries they've went through. Therefore, satisfaction often comes from the feeling of relief.

Frankly speaking, if I were in North Korea, I should have been dead. Here (in South Korea) I'm living like a normal and healthy person. I really appreciate it. (Taehee, a female defector)

Surely, the medical aid here is really great. There are a lot of people who would have been dead if they were still in North Korea or China. (Chulhee, a male defector)

As the examples show, the defectors appreciate the fact that they are alive, and living as ordinary citizens benefiting from the South Korean medical system, not as refugees any more. Moreover, several defectors said that the medical infrastructure and sanitation in South Korea top other countries they went through. They felt satisfied with this abundance and clean environment compared with the inferior situation in North Korea. Yuna (a female defector) worked for a hospital in North Korea and had the opportunity to see the medical equipment and infrastructure there. She commented, "In South Korea, people use one-time-use acupuncture needles and syringes and throw them away after using them once. [...] In North Korea, providers boil and reuse them until the scales on the syringes disappear."

Despite these positive impressions, however, it appears that the defectors' overall satisfaction is low because of several unmet expectations. The North Korean defectors were not satisfied with the medical treatment available in South Korea because they (1) preferred human techniques over computerized technology, (2) expected the doctors to be omnipotent (i.e., to transcend medical boundaries), and (3) expected to receive emergency medical service but did not expect to pay for it. The South Korean medical providers felt that it was impossible to satisfy the defectors because the latter expected to (1) receive medical services based on self-diagnosis and/or nonmedical personal needs, (2) have the doctor listen to their stories, and (3) to receive medical services without booking an appointment.

## The Unmet Expectations of North Korean Defectors in the South Korean Healthcare System

**Preference for human techniques over computerized medical technology.** Although a few defectors acknowledged the contribution of medical technology to South Korea's medical system, several revealed a stronger trust for human techniques/diagnoses than mechanical and computerized medical technology. A few defectors showed partial satisfaction with medical technology in South Korea. For example, Hyunju is a female defector who has suffered from a leg ache for a long time. She commented that the medical infrastructure of South Korea is better than any other country she has been to, and thus her leg pain could be treated effectively in South Korea. She commented, "I got a scan and found out which bone was broken and that the cartilage was worn out."

In addition, Taehee and Sumin acknowledged the hygienic condition and accurate diagnosis of highly developed medical technology in South Korea.

Here in South Korea, providers focus on the machines, as South Korea has advanced medical technology. It is sanitary as well. (Taehee, a female defector)

Anyways, a machine has accuracy. (Sumin, a female defector)

As these examples reveal, several defectors were satisfied with South Korea's technologically advanced healthcare services. The interviewees said that the medical infrastructure and sanitation in South Korea top other countries they went through, such as China and Mongol. They felt satisfied with this abundance and clean environment in comparing them with the inferior situation in North Korea. However, the defectors were not entirely positive about computerized medical technology. In particular, for gynecological diagnoses, female defectors placed more trust in the doctor's naked eye than in computerized medical equipment:

The gynecologists here use ultrasound scans, but that is not the same as taking a look like this [an internal examination]. There could be inflammation inside. (Dohee, a female defector)

Every disease should be found when providers looks inside your womb. (Sujin, a female defector)

Several defectors agreed with the opinion that human medical abilities and techniques in North Korea were highly developed. The following dialogue between female defectors reveals their trust for the human diagnoses of North Korean natural medicine providers:

Mira: They don't examine their patients with a computer in North Korea.

Arang: They don't diagnose a patient in front of the computer. North Korean providers can tell from the patient's pulse, not by a computer.

Mira: They don't examine patients with a computer in North Korea. People here stick too much to the books.

Sujin: Although there isn't such medical equipment in North Korea, medical providers have developed instead. There are human techniques. [...] Machines

are no good for human beings. [...] You can find diseases earlier by measuring your pulse. [...] When a machine catches something, cancer is already there.

As the dialogue shows, several defectors desired their doctors to be able to make diagnoses that would be more accurate than those based on technology. Moreover, they revealed strong trust in the ability of medical providers in North Korea. This strong trust resulted in a lack of trust in the mechanical diagnoses in South Korea. In regard to this distrust of medical technology on the part of the defectors and their praise of the diagnostic ability of North Korean providers, one South Korean medical provider commented as follows:

Due to a lack of medical equipment, North Korean doctors listen to their patients a lot and make inaccurate diagnoses on the spot. For example, if a patient says “I feel lethargic,” then the doctor says, “You have hepatitis.” But, in South Korea, doctors would say, “Is that so? Then let’s carry out an examination.” (TaesikGES)

**Omnipotent doctors transcending medical boundaries.** Several North Korean defectors said they couldn’t understand why the human body was analyzed according to discrete medical descriptions such as cardiology, obstetrics/gynecology, oncology, dermatology, etc.:

North Koreans say that the medical providers here don’t know what to do when patients say they feel sick. [...] In North Korea, the providers are omnipotent. (Yuna, a female defector)

As the defectors had experienced more inclusive and integrative medical institutions and providers in North Korea, they wanted doctors who could treat every part of their bodies. As Seonhee (a female defector) commented, “North Korean providers treat everything.” North Korean defectors’ dissatisfaction regarding medical boundaries increased due to the use of English signs indicating each medical department in the South Korean hospitals.

Because of the English signs, my surgical procedure was very inconvenient. (Dohee, a female defector)

Further, the defectors tended to think that their requests for integrative treatment was related to their special situations as refugees as well as previous medical experiences. Youngju (a female defector) commented that “[in North Korea] traditional medicine and Western medicine are in the same hospital, but South Korea is different.” In fact, North Korea has made an effort to incorporate Eastern medicine into the arena of science (Lee, Kim, Cho, & Kim, 2013). In regard to their refugee status, Youngju also commented, “We are refugees who have gone through several different countries. [...] and we are patients suffering from various diseases at the same time.” In addition to the defectors’ medical experience in North Korea, the following comment reveals another reason why the defectors want their medical providers to be omnipotent:

It is not good that doctors here are so specialized, like they exclusively treat the knee, and ignore other parts.... We have illnesses everywhere in our bodies. [...] yet we have to go to an ophthalmologist when our eyes ache, and to physical therapy when our legs ache ... it’s too complicated. (Jin, a female defector)

**Emergency medical service without making an immediate payment.** Several North Korean defectors had difficulty understanding the payment procedures in South Korea's hospitals. For example, they could not understand why they should pay for treatments in advance or pay a deposit before hospitalization when they are in an urgent situation. Chulhee, a male defector, shared his experience in a South Korean hospital:

One day, my son was hospitalized with acute pneumonia. [...] It was a night. I was not prepared and just hurried there... [They said] "You should pay 500 thousand won as deposit." I didn't have a credit card. I had nothing. [I said] "I will pay tomorrow and it's impossible to pay now..." Then, they said, "You should definitely pay."  
(Chulhee, a male defector)

In South Korea, there probably are not many people who forget to bring money or a credit card when they go to the hospital in an urgent situation. However, North Korean defectors were not yet accustomed to the systematic procedure required in the new culture. Therefore, this sometimes caused the defectors' disappointment with South Korea and reminded them of North Korean medical procedures. Hyunju (a female defector) noted, "Everything in North Korea is not bad. In North Korea, once a patient comes into the emergency room, healing the patient is the top priority. In the same vein, several defectors felt the procedures in the hospital were too capitalistic. Also, the defectors' evaluations revealed their distrust toward capitalism and a capitalist society:

Not everything in North Korea is bad. In North Korea, once a patient comes into the emergency room, treating the patient is the priority. (Hyunju, a female defector)

If I didn't have money, I would die in South Korea ... even though I have health insurance. (Chulhee, a male defector)

I and my relative hurried to the patients' affairs department without any money. Our friend's temperature was over 40 degrees Celsius, but they wouldn't accept her without payment.... Capitalism is the problem. Here is a dying life.... But they say "money first." (Youngju, a female defector)

As the examples suggest, capitalist values in South Korea were very disappointing for the defectors.

### **North Korean Defectors' Unmet Expectations from the Perspective of South Korean Medical Providers**

**Medical services based on self-diagnosis and/or nonmedical personal needs.** A female defector Juyeon said, "I love it here because I am free and I can make a living by working, although it is hard." As Juyeon's comment suggests, while it is better than living in North Korea, living as a refugee in a new environment is not an easy process. Therefore, medical certificates for the inability to work, which is directly related to governmental subsidies, play an important role in the defectors' lives. As seen above, some North Korean defectors do not feel positive about medical technology in South Korea. Dohee (a female defector) also had difficulties in understanding why she needed to get an ultrasound scan although she could already guess what her illness was by diagnosing herself without a scan.

She had a belly ache and thought it was her womb that was the area of problem, so she went to a gynecologist. She explained,

The doctor made me get a checkup, although I thought it was an oviduct inflammation. We pay a lot of money for such checkups. I was definitely sure it should be related to my ovaries. You know there is nothing but womb around the lower part of the female body. Although I thought the problem was my womb or ovaries, the doctor made me get an ultrasound scan. It's too expensive and anyway you will find the same outcome.

From her perspective, scanning was useless because she thought the procedure would only reconfirm what she already knew. However, finding the exact cause by checking the medical image is a vital process in computerized biomedical treatments. Her complaint is based on her previous medical experiences in North Korea, where human diagnoses are pervasive due to lacking medications and poor medical infrastructure.

Although getting unnecessary examinations is not an easy situation for the North Korean defectors, at the same time, according to the medical providers, it is problematic for the defectors to request specific medical examinations based on their self-diagnosis:

They diagnose themselves. [...] they ask their providers to scan here because [they believe] they have nephritis. (DongminPSY)

If we say "According to examination results, you're alright. Let's observe for the next few months," they say they can't be OK because they feel pain [...]. But we providers don't think so. We do necessary examinations only. (MoranNUR)

We don't conduct a medical examination when a patient doesn't need it. But when patients need it, they get an examination. But, they [the defectors] don't think so. [They think] "I would like to get a CT scan and an MRI scan. Why don't you prescribe them?" (MinahNUR, general surgery)

As these excerpts suggest, the South Korean medical providers addressed issues regarding the defectors' self-diagnosis, subjective feelings of illness, and subsequent requests for unnecessary examinations, revealing the differences in opinions about the (un)necessities of specific medical examinations. In regard to the reasons the defectors want specific examinations based on a self-diagnosis, Kiwon<sup>NEU</sup> explains as follows:

There are so many shocking things [in their lives]. [...] most of them have chronic headaches, so they want examinations. But their brain scans don't show anything. Actual disease is less than 1%. Therefore, they become suspect.

In addition, according to the medical providers, there was a difference in opinions regarding necessary medical services such as medical examinations and diagnosis of a disability between North Korean defectors and their medical providers:

They ask for a better thing or for a diagnosis of a disability. (MoranNUR, a practical nurse) Many defectors come in because they want a medical certificate. (DongjinORS)

Lots of defectors directly ask to be certified as disabled. [...] They were very poor in North Korea, so they want compensation in South Korea. (HyoreeGAS)

As the examples reveal, the medical providers interpreted the defectors' request for disability diagnosis or illness certificate as their desires for compensation. Similarly, HojunOB/GYN talked about patients who asked him to make provisions for them based on nonmedical needs:

When they come to the hospital to give birth, they ask me to hospitalize their kids because they don't have a nanny. [...] They think that as they are in hospital to give birth, the hospital should take care of their children.

These data indicate that these situations result from the defectors' inexperience as well as lack of understanding of the South Korean healthcare system, thereby suggesting that education and interventions are necessary so that the defectors can successfully adapt to the new system.

**Patients' stories.** Several medical providers remarked that compared to their South Korean patients, the North Korean patients were very innocent, but they would not open their minds easily.

It might be an odd thing to say, but they are innocent. [...] they have difficulty opening their minds because they don't really trust anyone. (JinhoCAR)

They are very suspicious. And it's very hard for us to have a close relationship with them. They are very innocent in some ways, but they aren't very open-minded. (HyoreeGAS)

As the instances reveal, the medical providers found difficulties in their relationships with their North Korean patients because they hardly trust or build close relationships with their doctors. Therefore, a neurologist, KiwonNEU expressed his concerns about these defectors and commented, "Society should embrace these people ... it is easy to cheat them as they are so innocent." At the same time, ironically, he also said that the defectors want to talk about themselves because of their innocence. He expressed pity saying,

If I had enough time, I would listen to each defector's story. But very often, it is better if I focus on the disease rather than the person.

Since it is hard for the providers to spare just a few minutes for the defectors, several providers commented that North Korean defectors are very grateful when they listen to the defectors' stories. The following comments show how much the defectors appreciate their providers' small efforts:

Because I was her attending doctor, I listened to a female defector's story for a little bit longer. She still says "thank you" when she meets me. (DongjinORS)

I listened to her [a cancer patient] once, and told her "You will get better little by little." Then, one day, when nobody was in the office, she left some snacks with a thank-you Note. (JaeunNUR, OB/GYN department)

These examples suggest that listening to the defectors' story as well as expressing empathic and positive feedbacks can be helpful for South Korean medical providers to build positive relationships with their North Korean patients. TaesikGES explains that North Korean defectors' expectations can be attributed to their medical experiences in North Korea. TaesikGES notes,

Providers [in South Korea] only ask about necessary things because we must see a lot of patients in a short time. Without medical examination procedures, like North Korean providers we may need to listen to the patients' stories.

**Providers' service to those without regard for an appointment system.** North Korean defectors, who are not familiar with the booking system in the South Korean hospitals, often misunderstand South Korean medical procedures. Specifically, according to nurses, many defectors usually think their social status as refugees is the reason why they are often moved back in the treatment order. At the same time, they also say the defectors' misunderstanding is caused by their victim mentality:

They often ignore the booking system. (MiraNUR, orthopedic surgery)

It's our rule to see patients who have appointments first and patients who come in without appointments later. But, they say "You won't see me first because I'm a North Korean defector." (JaeunNUR, OB/GYN)

They think that they should always see the doctor first. (MoranNUR)

They have a victim mentality. We treat everyone the same way, but they feel that they aren't treated fairly. (MinahNUR, general surgery)

As the examples show, the nurses talked about diverse experiences as well as various interpretations of North Korean defectors' (mis)understanding of their booking system. The following excerpt from an interview with a nurse working in the department of general surgery suggests that North Korean defectors' misunderstanding of the booking system often generate frustrations and negative feelings to them:

In those cases, we feel uncomfortable. [...] Other patients are in the same situation. All patients come to the hospital because of a disease. [...] They [the North Korean defectors] have a very hot temper, so although we explain that our system operates based on an appointment system and that they must wait, they complain again in 5–10 minutes. To wait just one minute is hard for them. (MinahNUR, general surgery)

This example suggests that more efforts for mutual understanding and effective communication are urgently needed for both providers and defectors.

## **Discussion**

This study problematizes North Korean defectors' unmet expectations of South Korean medical providers from the perspectives of both North Korean defectors and their South Korean medical providers. Seventeen defectors and twelve medical providers were recruited for focus-group and individual interviews. The grounded theory method (Charmaz, 2006; Glaser & Strauss, 2009; Strauss, & Corbin, 1994; 1998) was employed in terms of all the specific

procedures regarding data collection and analysis. More specifically, open coding was used to identify detailed sub-categories related to the defectors' unmet expectations. As the results of this study have shown, three themes were identified respectively from each data in accordance with North Korean defectors' and South Korean medical providers' perspectives.

First, while their satisfaction with a well-established medical-welfare system was directly related to their survival, the unmet expectations, identified via interviews with North Korean defectors, were associated with their medical experiences in North Korea. The North Korean defectors were not satisfied with the medical treatment available in South Korea because they (1) preferred human techniques over computerized technology, (2) expected the doctors to be omnipotent (i.e., to transcend medical boundaries), and (3) expected to receive emergency medical service but did not expect to pay for it. The defectors' expectations reveal that their experiences of traditional and integrative medical culture in North Korea influence their understanding of South Korea's medical system as well as their level of satisfaction with the medical treatment and service in South Korea. Therefore, the results were consistent with those of previous studies in other contexts regarding refugees' expectations (Omeri et al., 2006; Pavlish et al., 2010).

Second, the themes found in the interviews with the South Korean providers were related to their ability as well as authority as medical providers treating North Korean defectors. The South Korean medical providers felt that it was impossible to satisfy the defectors because the latter expected to (1) receive medical services based on self-diagnosis and/or nonmedical personal needs, (2) have the doctor listen to their stories, and (3) to receive medical services without booking an appointment. The results suggest that the South Korean medical providers recognize the North Korean defectors' unmet expectations when they feel that the defectors are invading the sphere of medical diagnosis and treatment or are making a request that a provider is unable to fulfill. Like the defectors, the medical providers also experienced negative feelings (e.g., they felt irritated with, sorry for, and pity for the defectors) about such situations, which is consistent with previous research (Karmi, 1992).

Third, the study results suggest that the North Korean defectors were not accustomed to the procedures common within South Korea's healthcare system, whether those procedures involved immediate payment for emergency medical services or the provision of medical services without appointments. These two unmet expectations suggest that patient education programs for North Korean defectors are needed for the defectors' successful adaptation to the South Korean healthcare system. In particular, given these situations may have brought on by the defectors' inexperience as well as lack of understanding of the South Korean healthcare system, two parties' efforts for mutual understanding and effective communication are urgently needed. Moreover, although these issues might not be a matter of survival, they may affect the defectors' perceived quality of life as refugees who went through differing cultures and social systems in the past. While they were able to get fundamental medical treatments for sustaining their lives, they sometimes felt dissatisfied with the care given due to lacking mutual understanding as well as effective communication.

## **Limitations**

Despite investigating several important issues regarding North Korean defectors and their health, this study does have a few limitations. First, the findings of this study, which are based on interview data conducted several years ago with a small number of people, may not be easily generalizable to other refugee cases. In addition, North Korean defectors' situation may not be the same as that of other refugees in different countries because as a divided nation, North and South Korea share the same history and language. However, despite this limitation,



the results of this study reflect several themes found in the existing literature about refugee health. Second, since the interviews were conducted, translated, and analyzed by the author, this research could be considered subjective. However, open coding procedures based on endless questioning and comparisons help researchers to overcome subjectivity and bias (Corbin & Strauss, 1990).

Moreover, the special situation of North Korean defectors in South Korea could be better understood and analyzed clearly by the author, who is originally from South Korea and shares the same language with the defectors. As noted, the results of this study are generally consistent with several findings in the existing literature as well.

### Practice Implications and Future Research

Meeting patients' expectations is a key aspect of ensuring patient satisfaction, of engendering positive perceptions of healthcare quality, and of fostering positive health outcomes. Therefore, to solve the situations relating to North Korean defectors' unmet expectations of South Korean medical providers, specific patient education programs reflecting the defectors' experiences are needed in order to help them adapt to the South Korean healthcare system and to foster mutual understanding between the parties.

The findings of this study also provide suggestions for future research. First, the results of this research provide a foundation for future intervention designs by considering cultural factors for North Korean defectors' utilizations of South Korean healthcare systems (e.g., developing health messages or education programs reflecting the defectors' experiences). In addition, future studies could be guided by theoretical models that focus on the socio-cultural factors and contexts of North Korean defectors' unmet expectations so that culture-based prevention programs can be implemented at the national and community levels. Lastly, although the age of the interview data might be considered a limitation, new studies conducted with recent defectors would be a good addition for a longitudinal design presenting changes of North Korean defectors' (unmet) expectations over time.

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### Author Note

Soo Jung Hong is a postdoctoral fellow in Huntsman Cancer Institute - the University of Utah. She holds an MA in health communication from The University of Oklahoma and a Ph.D. in health communication from the Pennsylvania State University. Her academic interest centers on the development of culturally tailored health messages and socio-cultural influences on individuals' health beliefs and behaviors. Correspondence regarding this article can be addressed directly to: [soojung.hong@hci.utah.edu](mailto:soojung.hong@hci.utah.edu).

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### Article Citation

Hong, S. J. (2017). I want an omnipotent doctor: North Korean defectors' unmet expectations of South Korean medical providers. *The Qualitative Report*, 22(10), 2612-2628. Retrieved from <http://nsuworks.nova.edu/tqr/vol22/iss10/6>

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