

**University of Alberta**

Exploring the Health Experiences of Korean Immigrant  
Women in Retirement

By

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*This dissertation is dedicated*

*To Jesus Christ who has always been in me every step of the way,*

*To the Korean immigrant women who shared the stories that are documented in the following  
papers,*

*To my mother Jung Ja Park who has always believed in me and supported my dreams, and*

*To my puppy Happy who has always been with me no matter what.*

## **Abstract**

Immigrant women have many emotional, psychological, and/or cultural stressors that may influence their health. For some women, these stressors may only be present during the acculturation process, but for others they may continue throughout the remainder of their lives. Focused ethnography, as described by Otterbein (1977), was used to explore the health experiences of Korean immigrant women following retirement in the context of employment. The bi-dimensional acculturation model introduced and developed by Berry (1980, 1997) provided the conceptual framework for the study. Fifteen women over the age of 50 years were interviewed. Morse's cognitive processes of analysis (1994) were used to analyze the interviews. The findings were interpreted and recontextualized in the context of relevant knowledge regarding the influence of employment and retirement on health.

Findings revealed that Korean immigrant women came to Canada to provide their children with a better future and to help their adult children with their businesses. The participants received support from family, government, and the church. Most of the participants struggled to adjust to Canadian society due to a variety of reasons, including poor English skills, transportation, and finances. However, they gradually learned the new culture and integrated into Canadian society through various methods, including improving their English abilities, acquiring jobs, or being involved in church activities. Women believed that their health was impacted by work; after retirement, their physical health stayed the same or worsened, but their mental health improved. Most of the women had more than one health issue, and exercise and spiritual faith helped them maintain and/or improve their health.

A paper format was chosen for the dissertation, and it includes an introduction, three publishable papers, and a conclusion. The first paper discusses the translation process and some

of the challenges regarding the translation of interviews. Korean women's immigrant experiences following their immigration to Canada are described in the second paper. In the third paper, the health experiences of Korean immigrant women following retirement in the context of employment are explored. The dissertation concludes with a discussion of the implications of the findings for nursing and the recommendations for further research.

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## **Introduction**

My study focus was on the health among Korean immigrant women after immigrating to Canada, particularly in the context of their employment and retirement experiences. I specifically examined the experiences of health, while working and following retirement, and the general immigrant experiences regarding childcare, employment, support, and interaction in Canadian society.

### **Engaging in the Study**

I came to Canada in 2003 to enroll in a PhD program in nursing at the University of Alberta. Before pursuing my doctoral research, I attended a Korean ethnic church in Edmonton. While at church, I met many Korean immigrant women, and I discussed issues that the Korean immigrant women were dealing with. As a nurse in Korea I had worked with the middle-aged and older population for more than 15 years. I was very interested in the experiences of immigrant women in Canada. Through conversation with them, I became aware that, following immigration, women experienced something unexpected; many women had to accept low-paying jobs for a long time, and one woman had to postpone her own education because she had to support her husband's studies. My social conversation with Korean immigrant women provided the impetus for the current dissertation project, "Exploring the Health Experiences of Korean Immigrant Women in Retirement."

### **Korean Immigration to Canada**

There have been a few waves of Korean immigration to Canada over the course of the past five decades, and the number of Korean immigrants in Canada has gradually increased over recent decades. Yoon (2006) examined the history and patterns of Korean migration to and adaptation in five countries: Canada, China, the Commonwealth of Independent States, Japan,

and the United States. According to Yoon's study (2006), the first Koreans came to Canada as seminary students; Canadian missionaries built schools, hospitals, and other social service institutions in Korea as part of their mission so that Canadian missionaries were able to obtain the trust of Koreans who were initially hostile to westerners. At this time, Koreans were troubled by poverty and lost sovereignty under the Japanese. Christianity gave Koreans comfort and hope and spread rapidly, especially among alienated classes and women. Many Korean elites were educated in private Christian schools. The size of the local Christian community grew during the first decades of the 1900s (Yoon). The Canadian missionaries sent Korean students to Canada to be educated using a Western approach. No Korean students entered Canada from 1938 to 1945 (Yoon). At the end of World War II, Koreans entered Canada as missionary scholarship students as a part of Canadian churches contribution to Korean's postwar rehabilitation program (Yoon). Early Korean immigrants prior to the 1960s consisted mainly of church ministers, medical doctors, and scholars. Most of the missionary Korean students returned to Korea after having completed their education, but very few permanently settled in Canada. In 1965, the total permanent Korean immigrants of Canada were approximately 70 (Yoon). The Canadian government had excluded Asians since 1947, however in 1966, Lester Pearson's Liberal government changed Canadian immigration policy. With the 1966 reform of Canadian immigration laws, Korean immigration to Canada grew gradually from 1970 and 18,148 Koreans immigrated to Canada between 1970 and 1980 (Song, 2009). Korean immigration to Canada increased more rapidly after 1997 due to the foreign currency crisis in Korea. The number of immigrant increased to 53,326 between 1991 and 2001 (Song).

The Korean immigrant population (3.2%) constitutes one of the largest and fastest growing non-European ethnic groups in Canada; in the late 1990s, Korea became the fifth-largest

source of immigrants to Canada (Kwak, 2004; Statistics Canada, 2007; Statistics Canada, 2009a, 2009b). The majority of the Korean population in Canada was foreign-born; 70% of Canadians of Korean origin were born outside the country in 2001 (Statistics Canada, 2007). In 2001, of the foreign born people of Korean origin in Canada, 60% immigrated in the previous decade, 19% arrived between 1981 and 1990, 17% came between 1971 and 1980, and only 4% immigrated to Canada before 1971 (Statistics Canada, 2007). In 2001, 21% of Korean immigrants were aged 45 to 64 years, and 5% aged 65 years and older (Statistics Canada, 2007). Slightly more Korean immigrant women are living in Canada than are Korean immigrant men; 51.7% of all Korean immigrants in Canada were female in 2001 (Statistics Canada, 2007).

### **Theoretical Perspectives on Culture and Health**

*The retention of traditional cultural beliefs and behaviors and the acquisition of new cultural features through acculturation may affect health outcomes in non-overlapping ways (Salant & Lauderdale, 2003, p. 86).*

Culture generally refers to dimensions such as values, beliefs, attitudes, and customs that are shared by a group of people and are passed from one generation to the next (Spector, 2000). People such as immigrants, who are less powerful in the social world, may have less cultural capital -- that is, they may be less competent with the social resources in a new society. Health experiences are linked to the old and/or new culture, and culture can have an important influence on shaping individual responses to health (O'Mahony & Donnelly, 2007). In regard to immigrant women, culture should be seen in the context of historical, economic, political, and geographic elements which may influence health (O'Mahony & Donnelly, 2007).

In the Korean ethnic community, health is believed to be an integration and balance between mind (attitudes and thoughts) and body (physical state and function) (Sin, LoGerfo, Belza & Cunningham, 2004). According to Sin and colleagues, most Korean immigrants are

likely to be passive regarding health and illness because they consider illness as a natural phenomenon in older age and think that health promoting behaviors might not improve their health. Resting in bed is a common treatment for those who get sick in the Korean culture. For instance, a post-stroke patient is encouraged to stay at home and/or in bed rather than to move around inside and outside of the home.

Most immigrants to Canada arrive with a culture, language, and values that are different from the dominant Canadian culture. Acculturation is the process of ‘overall’ adaptation at both individual and group levels that involves cultural, psychological, social, and economic changes that take place as a result of contact between people having different cultural origins (Berry, 1997, 2007). The acculturation process tends to be an important factor in the health of all immigrants, and it is likely to be more difficult for Korean immigrant women (Yang, 2007). Many studies show that acculturation and immigration influence health experiences (Amer & Hovey, 2007; Gomez, Kelsey, Glaseer, Lee & Sidney, 2004; Yeh, 2003). Therefore, the purpose of the current study was to explore the experience of health among Korean immigrant women following retirement in the context of employment.

### **The Study**

The current study was carried out between June 2009 and October 2012 as part of the requirements for my PhD in Nursing at the University of Alberta. The primary research question was: What are midlife and older Korean immigrant women’s perspectives on their experiences of health following retirement in the context of employment? Specifically, I was interested in further examining: (a) what are the challenges related to the translation of interviews conducted with Korean immigrant women?; (b) what are the experiences of Korean immigrant women following immigration?; and (c) what are the health experiences of Korean immigrant women

following retirement in the context of employment?

### **Theoretical Framework: Acculturation Theory**

Culture provided a context for my study focused on health, employment, and retirement among Korean immigrant women. Culture is understood as a system of symbolic meanings that may have an impact on individuals' experiences and social reality. Culture is a way of life for individuals and changes all the time in subtle and tangible ways, but is foundational to establish and/or to develop individuals' own perspectives in relation to attitudes, beliefs, values, lifestyles, and ways of responding to health (Alasuutari, 1995). Health is a part of a cultural system (O'Mahony & Donnelly, 2007). Acculturation is generally defined as a cultural transition requiring a characteristic three-phase process: contact, conflict and adaptation. Contact is necessary, conflict is probable, and adaptation is inevitable to acculturation (Berry, 1980). More specifically, contact is the key concept in the acculturation process as there is no acculturation without contact (Berry). Conflict will not always occur during the acculturation process, but it may happen when some ethno-groups or their individual members try to keep their home culture in preference to their new culture (Berry). Finally, adaptation can be used to reduce or stabilize conflict. Adapting to the new culture or society may differ depending on personality factors or on how the various individuals deal with conflict (Berry). Even though acculturation is a neutral term, and in principle change can occur in either or both groups, it is likely to cause more changes in the group composed of immigrants than in the group of those who are from the host country (Berry).

The process of acculturation occurs at both the individual and the group level (Berry, 2007). At the individual level, it includes changes that take place in "an individual's behavioral repertoire and these psychological changes come about through a long-term process" (Berry,

2007, p. 543). At the group level, on the other hand, acculturation includes changes that take place in “social structures and institutions and in cultural practices” (Berry, 2007, p. 543).

Recently, acculturation has focused on how immigrants change after immigrating to a new country and also has been used to describe how immigration and health influence each other (Amer & Hovey, 2007; Berry, 2007; Gomez et al., 2004; Yeh, 2003).

In the current study, a bi-dimensional acculturation model was used to describe the physical, psychological, cultural, and social changes experienced by Korean immigrant women. The bi-dimensional acculturation model was introduced and developed by Berry (1980, 1997). This model assumes that an individual can have many socio-cultural identities at one time, and that acculturating individuals adopt one of four acculturation strategies when in contact with the culture of a host society (Berry, 1980, 1984). According to Lee, Sobal, and Frongillo (2003), immigrants can accept both the socio-cultural identities of their host country and some of their home country, and these identities may vary independently from individual to individual based on their personal strong points, their heritage, and their mainstream cultural identities. Because of this, not all individuals experience acculturation in the same way. Individuals have varying attitudes towards their acculturation and different behaviors as they go through the acculturation process. These attitudes and behaviors are termed ‘acculturation strategies’ and include integration (accept old culture, accept new culture); assimilation (reject old culture, accept new culture); segregation (accept old culture, reject new culture); and marginalization (reject old culture, reject new culture) (Berry, 1990).

The integration strategy involves maintaining cultural heritage while in daily interactions with other groups, and it occurs when immigrants have a positive relationship with a host country as well as with their cultural heritage (Berry, 1990). The assimilation strategy entails the

process of relinquishing or giving up one's cultural heritage and accepting the beliefs and behaviors of a new society (Berry). The segregation strategy involves one maintaining his or her original culture while avoiding interaction with others, and it occurs when immigrants continue to hold on to their original culture without accepting that of a host country (Berry). Finally, the marginalization strategy entails losing relationships with both the heritage and new societies (Berry). According to some studies (Berry, Kim, Minde & Mok, 1987; LaFromboise, Coleman & Gerton, 1993; LaFromboise & Rowe, 1983; Szapocznik & Kurtines, 1980), integration is the most adaptive acculturation strategy, followed by assimilation, segregation, and marginalization. Therefore, in this study, the bi-dimensional acculturation model was used to inform the process of data generation and data analysis. This model assisted me to develop a richer understanding of acculturation from the perspective of Korean immigrant women.

### **Methodology: Focused Ethnography**

Focused ethnography (Knoblauch, 2005; Morse & Field, 1995) was the most appropriate methodology to answer the research question and to guide data collection, data analysis, and report writing. This methodology allows the researcher to listen to the perspective of the participants and to explore the selected issue in depth and detail (Patton, 2002). Moreover, the use of focused ethnography helped to provide an understanding of the cultural reality in relation to health and experiences with employment and retirement as viewed by Korean immigrant women.

Ethnography, always informed by the concept of culture, examines human life or behaviors in everyday life (Beach, 2005). Ethnographic researchers are able to explore the way that people explain their realities in their everyday living and to understand the beliefs and attitudes about something that people in a particular group or organization share through the



concept of culture (Boyle, 1994). In recent decades, ethnography has also become a popular methodology in nursing research because ethnographic inquiry facilitates an understanding of health behavior within a context of culture and environment in the field (Boyle, 1994; Morse & Field, 1995). The new understanding of ethnography drawn from sociologist-ethnographers involves diverse subject matter and entails studying the varieties of lifestyle or living experiences from the perspective of informants living in modern society (Vidich & Lyman, 2003). Researchers using ethnography tend to study a particular social group who share many similar social and cultural characteristics, such as “cultural patterns of village life” (Morse & Field, 1995, p. 23) or seniors living in a nursing home, but ethnography may also be used to study some specific human experiences, such as aging, employment, or retirement (Morse & Field, 1995; Wolcott, 1973).

In the current study, I drew on the sociological perspective described by Otterbein (1977) as focused ethnography. This approach was used to focus on health experiences with employment and retirement from the perspective of Korean immigrant women. In focused ethnographic research, small elements of the social environment which focus on a narrow area of inquiry, such as the health experiences of ethnic groups, are studied (Knoblauch, 2005; Morse & Field, 1995). Focused ethnography differs in several ways from classical ethnography. For instance, in focused ethnographic research, the focus of inquiry is chosen before collecting data, whereas in classical ethnography, the focus emerges during data collection and analysis (Morse & Field, 1995). Rather than discovering a new phenomenon, focused ethnography focuses on developing knowledge and improving practice regarding the phenomena being studied (Knoblauch, 2005; Morse & Field, 1995). Focused ethnography is a context specific and time-limited exploratory study focused on situations, interactions, and activities, such as the

situational performance of social actions, rather than groups, organizations, or milieus (Knoblauch, 2005). In recent years, nursing scholars have used focused ethnography to develop nursing knowledge and practice (Bathum & Baumann, 2007; Garcia, 2004; Garcia & Saewyc, 2007).

### **Sample and Setting**

The target population for my study was Korean female immigrants aged 50 years or older who live in Edmonton, Alberta. Fifty years and older was selected as one of the eligibility criteria, as midlife is an important transition period for women. Kim (2001) suggests that midlife is the stage in their lives when women become aware that they are aging and begin to have doubts about their health and abilities. Purposive sampling (Morse, 1991) was the method used to recruit participants for this study. This method provided informants who were best able to meet the informational needs of the study, and allowed for the most effective and efficient use of resources for obtaining a sample that fit the inclusion criteria below (Morse, 1991). This sampling technique was appropriate for this study, as generalization is not one of the aims of qualitative research.

### **Inclusion Criteria**

The inclusion criteria for this study were women who: (a) emigrated from Korea; (b) were permanent residents or Canadian citizens; (c) were 50 years or older at the time of the interview; (d) had been living in Canada for at least 5 years; (e) were living in Edmonton; and (f) were able to understand and speak Korean or English.

### **Sample Size**

Fifteen participants were recruited for the study, in keeping with the recommended sample size of 10 to 20 participants for a focused ethnography (Lincoln & Guba, 1985). A small

sample size is common in a focused ethnography, but adequacy of sample size is the main goal of a qualitative study to ensure informational adequacy, including the volume, relevance, and completeness of information collected from the participants (Morse, 1991). Informational adequacy (Morse) was achieved by recruiting informants who: (a) were experts in the problem area; (b) were able and willing to give detailed experiential information about the problem area; (c) able to participate in the study interview; and (d) had the patience to answer the interview questions.

### **Recruitment of Participants**

Three methods were carried out to recruit participants. Initially, I recruited participants through the use of flyers (see Appendix A and B) in a variety of settings. I posted flyers (with permission) at several Edmonton locations. When a potential participant contacted me by telephone, I explained the study and ensured that the woman met the inclusion criteria. An interview time and place were then scheduled if the participant was considered appropriate during the telephone interview (see Appendix C). Secondly, I contacted key informants, including Korean church pastors and their spouses, to recruit participants for this study. If the participants met the inclusion criteria, the key informants made initial contact with the potential participants. The key informant obtained permission for me to contact the women. I then followed up by telephone to ensure that the individual met the inclusion criteria, to explain the study in detail, and to schedule an interview at a mutually acceptable time and place. Thirdly, a community agent, who had been working with older Korean immigrants for more than five years at the Seniors Association of Greater Edmonton, helped to recruit the participants. The community agent followed the exact recruitment steps as the other key informants did for recruitment. Women read an information letter about the study at the time of the interview (see

Appendix D and E), and informed consent was then obtained (see Appendix F and G).

### **Data Generation**

Face to face in-depth interviews with each participant who gave consent was the main data collection method to explore Korean immigrant women's health experiences. Demographic data was also collected from each participant at the end of the interview (see Appendix H and I). Specifically, information, such as age at time of the interview, marital status, highest educational level achieved, occupation, date of arrival (month and year) in Canada, and date of retirement, were asked. This information was used to describe the study sample. In addition, interview notes (see Appendix J) were written following each interview to record information about the setting and non-verbal communication, including description of environment (e.g., personal belongings, etc.), non-verbal behavior (e.g., tone of voice, posture, facial expressions, eye movements, forcefulness of speech, body movements, and hand gestures), content of interview (e.g., key words, topics, focus, exact words, or phrases that stood out), researcher's impressions (e.g., discomfort of participant with certain topics, emotional responses to people, events, or objects), analysis (e.g., researcher's questions, tentative hunches, trends in data, and emerging patterns), and technological problems (e.g., lost 5 minutes when the tape did not turn on). Interview notes are a commonly used tool in ethnography to record observational data. The interview notes in the current study were transcribed.

**Open-ended Interviews.** The goal of each interview was to produce descriptions of the Korean immigrant women's lives, specifically in relation to their experiences of immigration, employment, retirement, and health. The advantages of interviews include direct observation of the responses of the participant, chances to clarify questions if misunderstood, and the ability to ask questions to obtain information from the participant (Kahn, 2000; Wood & Ross-Kerr, 2006).

Open-ended interviews are used when the researcher already has some information, based on previous experience, but insufficient information to answer the research problems or questions that are being examined (Mayan, 2001). Therefore, I employed in-depth interviews in order to collect rich data.

Congruent with a focused ethnography, audio-recorded interviews were conducted with each participant using guiding questions (see Appendix K). The guiding questions were open-ended to ensure that the participants' experiences were explored in-depth and were revised as necessary during the interview process. During the interview, I was not only listening but also thinking about what question to ask next and how to ask it. I wrote a few notes as a prompt to return to a topic of interest and discuss it further. Each of the interviews lasted for approximately two hours, and was conducted in Korean, the participants' preferred language and my native language. The recorded interviews were immediately transcribed as spoken in Korean and then translated into English for analysis. Using the methods of back translation (Smith, Bond & Kâğıtçıbaşı, 2006), two of the interview transcripts were back translated from English to Korean by a different translator to ensure the accuracy of the transcripts. I reviewed all of the interview transcripts by listening to the audio recordings and comparing them to the transcripts. The study was approved by the University of Alberta Health Research Ethics Board (HREB, Panel B, see Appendix L).

The four cognitive processes of analysis (Morse, 1994) were used to analyze the transcribed interviews: comprehending, synthesizing, theorizing, and recontextualizing. This cognitive analytic method helps to better understand how the researcher's cognitive processes interact with the data to generate the outcomes of research and discover new phenomena, and is a process of "piecing together data, of making the invisible obvious, of recognizing the significant

from the insignificant, of linking seemingly unrelated facts logically, of fitting categories one with another, and of attributing consequences to antecedents” (Morse, p. 25). This method helped to make explicit how my cognitive processes interacted with the data to produce research outcomes and generate new knowledge regarding the impact of employment and retirement on immigrant health.

### **Rigor of the Study**

To enhance rigor in qualitative research, the researchers establish a set of strategies to manage reactivity and bias, and legitimize the research outcomes (Padgett, 2008). Culture as a variable is “harder to operationalize than other variables and cannot simply be reduced to a quantifiable” (Im, Page, Lin, Tsai & Cheng, 2004, p. 891). Therefore, additional types of evaluation criteria for rigor in cross-cultural research with qualitative designs are required. In the current study, the researcher used Meleis’ (1996) eight evaluation criteria to enhance rigor: contextuality, relevance, communication styles, awareness of identity and power differential, disclosure, reciprocation, empowerment, and time.

*Contextuality.* Culturally competent knowledge provides a context for the phenomenon, the research questions, the results, and the interpretations (Meleis, 1996). Context includes sensitivity to structural conditions that contribute to informants’ responses and to the interpretations of situations informed by experiences, by validation of perceptions, and by a careful review of existing knowledge. Without contextual understanding, phenomena discovered from this study could not be fully understood, and the socioeconomic and/or sociocultural contexts of daily lives could distort the findings of this study. In this study, contextuality was enhanced through the fact that the researcher is Korean, and lived for 38 years in Korea, where she worked for 15 years as a registered nurse. In addition, while living in Canada for the last 9

years she has continued to attend a Korean church; therefore, the researcher has significant knowledge and experience about Korean culture and society.

*Relevance.* Relevance generally refers to whether the research question can serve a population's issues and interests in improving their lives (Meleis, 1996). Relevance can be achieved by ensuring that the concept or phenomenon being studied is a culturally acceptable and relevant issue to explore. In the current study, the researcher discussed the research questions and research background with key informants, including church pastors, to ensure that this study was relevant to Korean immigrant women; church members freely discuss issues related to their lives with pastors.

*Communication styles.* Communication styles refers to the notion that the methodology is planned using the most productive or preferred communication style of the population (Meleis, 1996). In this study, this criterion was achieved by conducting the interviews in Korean. The researcher and the participants both share the same ethnicity; this helped to ensure that the researcher and participants had a similar understanding of the research phenomenon.

*Awareness of identity and power differential.* A researcher and a participant can never have equal power, but the researcher must establish more horizontal relationships and develop shared authority and shared ownership of the data with the participant (Meleis, 1996). In this study, the awareness of identity and power differential was achieved by respecting the participants' views, beliefs, and values; for example, the researcher encouraged participants to express their own self-interests regarding the phenomenon being studied without controlling or limiting their responses to inquiries.

*Disclosure.* Disclosure is facilitated when the participants can freely answer those questions they choose to and refuse to answer those they do not (Meleis, 1996). In this study,

disclosure was achieved by building and developing trust with the participants. Sharing the same language with the participants and having the same ethnicity as the participants also helped to build trust.

*Reciprocation.* Reciprocation is an aspect of mutual respect, and helps to ensure that the researcher and the participant achieve their own goals during the research process and through the research outcomes. (Meleis, 1996). In this study, reciprocation was enhanced by ensuring that the participants were able to have their own questions answered and had the opportunity to feel comfortable with the researcher; for example, the researcher and participants talked about personal interests or health issues before the interviews, and the interviews then proceeded.

*Empowerment.* Empowerment is the ability of participants to see their contributions to the results of research in which they have participated (Meleis, 1996). In this study, empowerment was enhanced by helping the participants to understand the importance of their contributions to the research and to the enhanced understanding of the phenomena being studied. In addition, the researcher shared the findings of the study with participants upon its conclusion; for example, Korean women are not likely to share their personal issues or family issues with others. Participants in the current study learned that other Korean immigrant women had the same experiences with health, employment, and retirement, and shared similar experiences in relation to how employment and retirement affected their health. They were proud of their participation in this study.

*Time.* Time flexibility allows the researcher to establish trust, to identify reciprocal goals, to develop maps of action, and to complete the research process (Meleis, 1996). In this study, time flexibility was achieved by being flexible in scheduling the interviews and by adjusting the duration of each interview based on each participant's ability to focus.



### **The Dissertation Format**

The dissertation has been organized into the introduction, three papers written for publication and a concluding chapter. The first paper focuses on the translation process and some of the challenges that were encountered during the data analysis process, while the second and third papers highlight the major findings. The first paper has been accepted for publication by the International Journal of Qualitative Methods, the second paper has been submitted for review to the Journal of Cross-Cultural Gerontology, and the third paper has been submitted for review to the Health Care for Women International. All three papers were written entirely by me, Jaeyoung Choi. After drafting the papers, I invited my three supervisory committee members, Dr. Judy Mill, Dr. Kaysi Kushner, and Dr. Daniel Lai, to contribute their critical review and feedback on the papers. Their invaluable expertise in immigrant health and profound understanding of qualitative methods and acculturation theory contributed to the development and revision of the three papers and deepened my understanding of the challenges of Korean immigrant women's experiences in relation to health. Therefore, I invited them to be co-authors for the three papers, and they agreed.

#### **Paper #1: Understanding the language, the culture, and the experience: Translation in cross-cultural research.**

In the first paper, I provide an overview of the translation process and examine some of the challenges experienced during the translation of the interview transcripts from the participants. In cross-cultural and cross-language research, achieving conceptual equivalence (Squires, 2008) between two languages is a challenge, since the research is conducted in a language which is not the researcher's or research teams' first language. In addition, translation provides an additional challenge in some cross-cultural studies. Therefore, a key element of

cross-cultural qualitative research is the language translation process; however, this process is rarely described in detail. In this paper, I describe how the translators were selected, the translators' backgrounds, and the researcher-translator relationship following the interview. Based on our experience with translators, I argue that a translator must fully understand the participants' culture and language in the research context. This will reduce potential threats to the validity of the data. I suggest that researchers consider the translator as a co-worker when interpreting findings and communicate with the translator throughout the translation process in order to obtain accurate and meaningful data. I also recommend that the interviewer thoroughly review the translated transcripts.

**Paper #2: The Experience of Korean Immigrant Women adjusting to Canadian Society.**

In the second paper, I explore midlife and older Korean women's immigrant experiences following their immigration to Canada. Most women indicated that it was difficult to integrate into Canadian society for various reasons, such as poor English skills, lack of transportation and finances. Nevertheless, they never gave up their efforts to adjust to a new culture. The participants came to Canada for different reasons, including providing their children with a better education and helping their adult children with their businesses. Further, most of the participants identified constraints that prevented them from undertaking activities to achieve their hopes. A major constraint was that participants had many responsibilities inside and outside the home, including taking care of their children and being employed. Most participants were employed in low-paying jobs because of their limited English ability and lack of job skills. The participants, on the other hand, received support from government, family, and church in a variety of ways. I argue that understanding the acculturation process and associated adjustment patterns of immigrants is crucial to provide immigrant women and their families with appropriate support

and services. Furthermore, I discuss the adjustment experience of the immigrant women in the context of Berry's bi-dimensional acculturation model. Several strategies to help immigrant women and their families integrate smoothly into a new society and culture are discussed.

### **Paper #3: Health Experiences of Korean Immigrant Women in Retirement.**

In the third paper, Korean immigrant women's health experiences following retirement are examined in the context of their employment. The women's experiences document several factors that impacted their physical, emotional, and mental health. Being employed was critical for the participants to begin and build their new lives in Canada due to the fact that they did not have enough financial support. For many women, paid work demands and conditions negatively influenced their health, however, in some circumstances, paid work positively affected their health. Most of the participants did not have time to exercise to maintain and improve their health due to long working hours and hard working conditions while being employed. They attributed these conditions to their development of acute and chronic illnesses that they lived with for the rest of their lives. Following retirement, most participants' mental health improved; however, their physical health stayed the same or worsened. Moreover, exercise and spiritual faith were perceived as essential tools to maintain and improve health, and also to help postpone and manage chronic illnesses.

### **Conclusion of the dissertation**

In the conclusion of the dissertation, I critically review the findings in their entirety. The implications of the research to promote the health of immigrant women and their families are discussed, implications of the findings for nursing practice and research are considered, and recommendations for future research are presented.

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## **Understanding the Language, the Culture, and the Experience: Translation in Cross-Cultural Research**

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### **Introduction**

In recent years, many scholars have analyzed the effect of translation on research from a variety of perspectives including culture, power, and ideology (Baker, 2007; Eco, 2001; Murray & Wynne, 2001; Spivak, 2000, 2001; Wolf, 2011; Wolf & Fukari, 2007). Several authors (Larkin, Dierckx de Casterlé, & Schotsmans, 2007; Prunč, 2007; Temple & Young, 2004) have commented on the potential impact that translators may have on research. Most cross-cultural, cross-language qualitative research has been focused on the challenge of linguistics and the impact of translation on research findings, including translation techniques (Esposito, 2001; Regmi, Naidoo, & Pilkington, 2010), multilingual translation issues (Larkin et al., 2007), the use of interpreters in data collection (Baker, 2006; Kapborg & Berterö, 2002), and translation barriers in conducting qualitative research (Lopez, Figueroa, Connor, & Maliski, 2008). Very few researchers have addressed how the translators are selected and the researcher-translator relationship following the interview. In fact, no scholarly publication has explored the researcher-translator relationship and the methodological rigor of translation in the context of Korean language and culture. Esposito (2001) concluded that the potential for miscommunication between researcher and translator exists in all qualitative research, and that this miscommunication increases when researchers are not familiar with the participants' native language (the first language that a person learns at home). This increases the potential to produce flawed data due to language barriers. In the current study, several challenges were encountered during the translation of interview transcripts from Korean immigrant women.

Cross-cultural research is sometimes conducted in a language other than the researcher's or research team's first language, and the translation of instruments, data, and analysis guidelines must be completed. Translation, therefore, provides an additional challenge in some cross-cultural research; the language translation process may be the most important part of cross-cultural qualitative studies (Im, Page, Lin, Tsai, & Cheng, 2004). Nevertheless, qualitative researchers frequently do not describe the translation process of their studies in detail because journals do not require a description of language translation methods (Esposito, 2001). As a result, qualitative researchers fail to recognize the importance of the translation of data (Larkin et al., 2007) to the overall rigor of the study. This oversight may have negative consequences for the ultimate interpretation of findings from the study.

To conduct cross-cultural, cross-language research is typically more expensive and more time-consuming than non-cross-cultural research, and may be one of the reasons why researchers exclude non-English speaking immigrants from their studies (Esposito, 2001). Non-English speaking immigrants who are experiencing a new culture, however, should not be excluded from research. Their experiences might differ from those of English-speaking immigrants. In this paper, we provide an overview of the translation process during the first author's recent research exploring some of the challenges that were encountered in relation to the translation of interviews conducted with Korean immigrant women.

## **Background**

In cross-cultural research, there are two common ways to conduct interviews with those who do not speak the study language (often English). Some researchers interview the participants using the participants' language, transcribe the data into the participants' language, and then translate the full transcript into the research language (often English) (Poss, 1999; Suh, Kagan, &

Strumpf, 2009). This was the process used in the current study, however, this approach rarely occurs in cross-cultural research because there are not many competent bilingual researchers (Esposito, 2001).

A second approach to conducting cross-cultural research is with the assistance of an interpreter (Esposito, 2001; Essén et al., 2000; Gannagé, 1999; Johnson, 2002; Kapborg, 2000; Silveira & Allebeck, 2001). Interviews are completed by interpreters in the participants' native language; the interpreters then translate the conversations into the study language (often English) without first transcribing them in the participants' native language (Dagher & Ross, 2004; Mackinnon, Gien, & Durst, 1996; Miller, Worthington, Musurovic, Tipping, & Goldman, 2002; Olsson, Tuyet, Nguyen, & Stålsby Lundborg, 2002). This is the most commonly used interview and translation approach in cross-cultural studies.

### **Translation Following the Interviews – the Meaning**

In the research context, translation is the transfer of meaning from a native or mother tongue such as Korean to a study language such as English (Esposito, 2001). The translator translates the vocabulary and grammatical structure of the words to transfer the meaning of the original language to the study language. Therefore, the word *translation* itself “loses its literal sense” (Spivak, 2000, p. 13), however, each of the words, phrases, and sentences in a native language becomes suitable language that has meaning and helps individuals communicate with each other in a study language by using the generality of a semiotic that contributes to meaning (Spivak, 2000). Spivak (1993) argues that translators consider logical connections between words and also look at texts as rhetorical devices.

During the translation process, the translator considers the individual situation and the cultural context of both societies to develop a translation that is understandable on several

different levels (Larson, 1998). A translator who fully understands the participants' culture and language will reduce potential threats to the validity of the data. Furthermore, qualitative researchers in cross-cultural research typically depend on professional translators, who may be fluent in languages but not the nuances embedded in cultural expressions, and the researchers are confronted with the challenge of producing meaning-based translations rather than word-for-word translations. This is because not all expressions can be readily translated for the reason that not all concepts are universal (Jones & Kay, 1992). But, the translation should be easily understood by diverse audiences. Translators must use vocabulary and grammar to ensure that the syntax is correct, and to ensure the meaning of the translation is comprehensible to anyone (Esposito, 2001).

Researchers have a responsibility to communicate with the translator to understand meaning in a language and culture that may be little known to the researcher. In other words, researchers may not understand the translation process and emerging data if they do not consider the translator as a coworker when interpreting research findings (Temple & Edwards, 2002). Nevertheless, translator and translation challenges are rarely mentioned in mainstream methodological accounts (Temple, 2002). We will describe such experience from a recent study, *Exploring the Health and Aging Experiences of Korean Immigrant Women* to highlight several challenges, such as difficulties in finding a suitable translator and the importance of communication between the researcher and the translator.

### **The Current Study**

The Korean immigrant population in Canada, in which women are in the majority, constitutes one of the largest and fastest growing non-European ethnic groups (Statistics Canada, 2007). Unfortunately, very little is known about Korean women's immigration experiences, even

though their numbers continue to grow. The purpose of the study described here was to explore health and aging among Korean immigrant women, particularly in the context of their employment and retirement experiences.

### **Design and Methods**

Focused ethnography was the methodology used to guide data collection, data analysis, and report writing. The target population for the study was Korean, female immigrants aged 50 years or older who lived in Edmonton, Alberta. Purposive and snowball sampling (Morse, 1991) were used to recruit participants for this study. The study was approved by the University of Alberta Health Research Ethics Board (HREB, Panel B).

A face-to-face in-depth interview was conducted with each participant who gave consent. Guiding questions were used during the audio-recorded interviews. All interviews were conducted in Korean, which was the women's preference, and the first author's native language. The recorded interviews were immediately transcribed as spoken in Korean; however, it was almost impossible to capture emotional stress and nonverbal communication including looks, body postures, and body language that were not recorded (Poland, 1995). As a result, fieldnotes were written following each interview to record information about the setting and non-verbal communication, and each interview was immediately analyzed by reviewing fieldnotes and the transcripts as soon as they were available. The first author, who is Korean, is a PhD student in the nursing program at the University of Alberta, in Canada. For her doctoral research, she interviewed Korean immigrant women using Korean and transcribed the interviews into Korean to improve the quality of the transcripts. The Korean transcripts were then translated into English. Using the method of back translation (Smith, Bond, & Kâğıtçıbaşı, 2006), two of the interview transcripts were back-translated from English to Korean, by the translators, to ensure the

accuracy of the transcripts. The first author then checked all data by listening to the audio recordings and compared them to the transcripts she and the translators made. The demographic information about the sample is summarized in Table 1.

Table 1. Demographic Information of Korean Immigrant Women (N=15)

Variables	Items	Frequency (N)
Age	50 – 59	2
	60 - 69	5
	70 or over	8
Marital Status		
During employment	Married	10
	Widowed	2
Current	Married	9
	Widowed	6
Length of Time in Canada (years)	1 - 9	2
	10 - 19	4
	20 - 29	3
	30 or over	6
Education	Elementary	4
	High school	3
	College	1
	University	7
Length of Time Working in Canada (years)	10 months - 19	4
	20 - 29	5
	30 or over	3
	Not working	3
Length of Time since Retirement (years)	<1 - 9	8
	10 - 19	3
	Still working	1

Data analysis of the transcribed interviews initially took place using content analysis to identify conditions, actions, phenomena, and consequences in relation to the experiences of the

Korean immigrant women (Richards & Morse, 2007; Wood & Ross-Kerr, 2006). The first stage of content analysis was to code the data. The first author used NVivo 8 to assist with coding and data management. In the next stage, the data was categorized. For the third stage, categories were placed together to produce themes by exploring the complex interrelationships of the content drawn out from each category. Finally, exemplars were selected to illustrate Korean immigrant women's experiences of health and aging.

Establishing a set of strategies to enhance rigor in qualitative research helps the researcher to manage reactivity and bias, and legitimizes the findings (Padgett, 2008). In the current study, the first author used Meleis's (1996) eight evaluation criteria to enhance rigor and to ensure culturally competent data: contextuality, relevance, communication styles, awareness of identity and power differential, disclosure, reciprocation, empowerment, and time. The first author lived in Korea for 38 years and worked as a registered nurse for 15 years prior to beginning her doctoral studies in Canada. Since moving to Canada five years ago, she has attended a Korean church. As a result, the first author has extensive personal and professional knowledge and experience with Korean culture and society, including aspects of acculturation. This combined history of the first author also enhanced the rigor of the study (Shklarov, 2007). Culturally competent knowledge provides a context for the phenomenon, the research questions, the results, and interpretations. Context includes sensitivity to structural conditions that contribute to informants' responses and to the interrelations of situations formed by experiences, by validation of perceptions, and by a careful review of existing knowledge (Meleis, 1996). Without contextual understanding, phenomena described in the study may not be fully understood, and the socioeconomic and/or sociocultural contexts of daily lives may distort the findings of the study.



### **Translation Challenges in Cross-Cultural Research**

As a new researcher who is proficient in two languages (Korean and English) and who conducted cross-cultural research for the first time, sometimes the first author paused to think about what should be done to obtain accurate and meaningful data. The first author also took time to read books and articles that outlined recommended procedures for conducting cross-cultural research. There is limited literature on translation challenges and issues, even though many researchers are interested in cross-cultural research. Other researchers have expressed similar concerns in their research; cross-cultural research has additional challenges because of the lack of bilingual researchers and the difficulties of generating reliable and valid data (Esposito, 2001; Lopez et al., 2008; Squires, 2008; Suh et al., 2009; Tsai, et al., 2004; Twinn, 1997).

The most important role for the translator is to develop accurate and meaningful transcripts that minimize potential threats to the validity of the data. The translation process is not just about the direct translation of the words; it also involves portraying as many layers of meaning as possible. Even though the translators may have perfect English skills (as the research language), they cannot contribute to the research if they do not accurately and meaningfully translate what the research participants say. It is difficult to fully develop accurate and meaningful transcripts because the exact equivalence or meaning may not exist (Regmi et al., 2010). A central issue for cross-language research, therefore, is ensuring translations that arrive at the same meaning and maintain relevance in the cultures of both the original language (non-English) and the study language (English) (Regmi et al., 2010; Squires, 2009).

It is a challenge to achieve conceptual equivalence between two languages (Squires, 2008). Equivalence is a form of validity in meaning or interpretation between two different

categories such as languages or cultures (Chang, Cahu, & Holroyd, 1999). Conceptual equivalence in cross-cultural research refers to words, ideas, or concepts that have similar meanings in two languages after being translated (Chang et al., 1999). Achieving conceptual equivalence requires that interviews are accurately translated across languages and take into account cultural differences (Squires, 2008). Therefore, working with trained translators may be an optimal way to produce accurate and meaningful data. The translators will choose the words best suited to convey the meaning of the participants' native language in the research language if they fully understand the research participants' culture and language (Temple & Edwards, 2002). For example, a bilingual translator with a graduate degree in nursing may be able to easily translate nursing or medical terminology, but a non-professional serving in the role of translator may not be familiar with this terminology. The lack of experience of the translator will have an impact on how she or he translates from the participants' native language to the research language. Despite this issue, many researchers use non-professional translators for the sake of convenience (Squires, 2008).

### **Translators' Background Characteristics: Understanding the Language, the Culture, and the Experience**

Immigrant populations typically form small communities in cities to which they immigrate. Similarly, Korean immigrants make up a small community in Edmonton where the research was conducted. The first author looked for a translator who was fluent in Korean and English, fully understood Korean culture, and had some experience regarding immigrant life as an adult. It took time, however, to find a suitable translator who had extensive experience in all of these areas. The first author reviewed articles related to cross-cultural research to find information on how to locate a good translator, but there was no information available; most

articles just reported personal information including gender, ethnicity, language proficiency, and occupation of the translators without explaining how they were chosen.

While interpreters are employed to conduct interviews or focus groups for translation services, translators are employed to translate written documents including interview transcripts from one language to another; we hired two translators to translate transcripts from Korean into English. Unlike with interpreters, the social characteristics of translators, including gender, age, sexuality, and ethnicity are not important factors in producing accurate and meaningful data; however, having the same cultural background as the research participants is believed to be an important factor in developing accurate and meaningful transcripts (Lee, Tripp-Reimer, Miller, Sadler, & Lee, 2007; Temple, 2002). Therefore, we chose both a female and a male translator who fully understood the Korean culture. There have been questions about how translators might influence the quality of transcripts through their own cultural, religious, and social biases. Thus, the first author searched for articles on translator bias but discovered that no studies have been published; however, there has been some discussion about the influence of interpreters in cross-cultural research (Squires, 2008; Temple, 2002). The need to maintain neutrality is considered an important factor in the ethical behavior of translators (Squires, 2008).

The first author struggled to find a translator for more than two months. After receiving ethics approval for the study, she began talking to people in her social network about her need to find a translator for the study. The first author found two potential translators, a male and a female, who were interested in the study. They struggled, however, to understand and to translate some of the medical terms and some of the metaphors used by the research participants. Subsequently, the first author found two translators who were not hindered by the challenges encountered by the first two individuals, and, therefore, were qualified to provide translations for

the study. In the current study, two translators with extensive experience translating from Korean into English were hired to translate 14 interviews. One was female (Alice) and the other was male (Justin). They fully understood the Korean culture and language and were also fluent in English. It could be questioned that male translators might not understand women's health and aging experiences. In the current study, the first author communicated frequently with the male translator on the phone and by email about women's health and aging experiences. Because he had a mother who was in the same age range as the research participants, and who had experienced pre- and post-menopause and other health issues, he was able to translate the transcripts without struggling to understand women's health and aging experiences.

### **The Translation Process**

The first author originally planned to hire only one translator to ensure consistency in translation (Larkin et al., 2007; Twinn, 1997); however, this was not possible due to Alice's busy schedule. Prior to beginning the translation process, the first author had a meeting with Alice to help her understand the purpose of the study and the importance of accurate translation of the interviews. The first author did not meet with Justin in person, because he lived three hours from the study site; however, the first author spoke by telephone with Justin and provided him with key information regarding the research project; she also made him aware of the need for an accurate translation of the participants' interviews. According to some studies (Poland, 1995; Temple, 2002; Temple & Edwards, 2002), providing translators with key information regarding the research project, including the purpose of the study and the importance of accurate translation of the interviews, is essential to producing accurate and truthful transcripts. For example, in Poland's (1995) study, he mentioned that "the opportunity to engage the transcriber more fully in the research project should not be overlooked" (p. 303). Therefore, it is an

imperative step to provide translators with key information about the research project before they begin to transcribe interviews.

Following transcription of the interviews to Korean by the first author, the transcripts were sent to the translators by email in password-protected files, to protect the confidentiality of the participants. In the beginning of the translation process, the first author translated the first interview, but it was time consuming and some of the translation was awkward because English was not her first language. She thus hired an editor to revise part of the first transcript in order to facilitate reading and in order to enhance the validity of the data. The editor followed the same instructions regarding the transcripts that were used by the translators. She added and/or changed words, phrases, and sentences to ensure that the interview flowed well, and that the meaning was the same before and after editing. The following are examples of the editorial changes made:

**First author:** I started to work at the hospital when my kids became school age.

**Editor:** I started working at the hospital when it was about time for my kids to go to school.

**First author:** After that, I haven't been to [Korea] for a holiday.

**Editor:** Since then I haven't really been to [Korea] for a holiday.

Alice translated four interviews, and Justin translated ten interviews. If the translators had made a hard copy of the transcripts to facilitate the translation, the first author requested that the translators erase the transcripts from their computers or destroy them after translation. The translators sent the translated transcripts back to the first author by email with the same password. It generally took two weeks to get the transcripts back from the translators. The first author thoroughly reviewed each translated transcript to ensure the accuracy of the translation and continued to communicate with the translators in order to develop accurate transcripts and reduce potential threats to the validity of the data. Meaning-based translations were used for the study rather than word-for-word translations because Korean people are more likely to use metaphors and nonverbal language in communication than other ethnic groups (Im et al., 2004).

Back-translation was used as a strategy to ensure the accuracy of the translation process and to check for translation errors (Smith et al., 2006). This was done midway through the translation process. The first author chose one transcript from each of the translators and gave it to the individual who had not done the original translation. The translators then back-translated the English version of the transcript into Korean. The first author reviewed the back-translated version of the two transcripts and compared them to the original Korean transcripts to ensure accuracy. There were no significant differences between them. There were only a few mistakes found because of the translators' word choices. This was because some participants used different dialects, which sometimes resulted in different words being used to describe the same concept. In South Korea, there are about six dialects, but these dialects do not have a significant impact on the meaning of the language (Cho, Jun, Jung, & Ladefoged, 2000; Cho, Jun, & Ladefoged, 2000). In other words, Korean people from different provinces can still communicate with each other. The first author then shared the minor errors with the male translator because the female translator was no longer available at that time in the study.

### **Translation Challenges in Cross-cultural Research**

As other researchers have indicated (Esposito, 2001; Larkin et al., 2007; Regmi et al., 2010), translators have a powerful effect on the interpretation of the research data. It is, therefore, imperative to communicate with the translators during the translation process, in order to obtain accurate and meaningful transcripts. In this section, we provide examples to highlight the importance of continual communication with the translator in cross-cultural research.

During the translation process, the first author occasionally found that the translators had misunderstood some words or sentences due to the participant's use of metaphors in the Korean language. In addition, some of the participants used unique native language expressions to

represent their immigration experiences. Sometimes, the first author had to add explanations in brackets to the translated transcripts. For example, most of the Korean immigrant women referred to their husbands as father or dad; “my dad [husband] passed away in 1949,” which actually meant, “my HUSBAND passed away in 1949.” Therefore, the first author added “husband” with a bracket behind the word “dad.” If the first author had not added the word “husband,” the meaning of the phrase would have been misinterpreted. As another example, one of the participants said:

“... 아파트비를 큰아들이 안 받아요. 그 아파트비를 작은아들이 못사니까 [어렵게 사니까] 작은아들한테 내줬으니까 [주었으니까].”

The initial translation of this Korean sentence was:

“... my older son doesn’t receive the money for the apartment. My second son isn’t that well off *and my older son let him live in it.*”

After reviewing the transcript, however, the first author revised the translation as follows:

“... my older son doesn’t receive *the money for the apartment* [where participant lives now]. My second son isn’t that well off *and my older son let me give that money to my second son.*”

Although this was a fairly minor error in word choice, the meaning of part of the sentence was distorted. The first author informed the translator of this before correcting these sentences.

The first author always tried to talk with the translators when she found a difference between the translation and her own understanding of what had been said in the interview. She either asked the translator to change that part of the transcript or changed it herself. Thus, the first author and the translators were in regular communication by email. At first, the translators did not understand why they should discuss these issues; however, following an explanation from the first author, they understood the need for this type of communication. In addition, when the first author and the translators had a disagreement about words, phrases, and sentences, they

came to a consensus on appropriate and culturally sensitive language to describe women's health and aging experiences.

The following excerpts illustrate the subtle word choice distinctions in translation and the communication with the translator to explore and address differences. In one of the interviews, a participant said:

“... 그래서 그때 많이 실망했죠. 캐나다에 있는 며느리들한테 한번 항의했죠. ‘너희들이 내가 필요한 건 너희들 아이들 [돌] 보라고 그런 거 아니냐’ 그러면서 내가 막 항의했죠.”

The translator initially translated this statement as follows:

“... So I found that quite disappointing. So I complained to *my daughter-in-law* saying, ‘*You didn’t bring me here so I could baby-sit your children*, that’s not why I am here’ so I complained like that. Then *she said*, ‘Mom, it’s not what you think...’”

The translator misunderstood the part of the transcript that said, “... 그런 거 아니냐 ...” This translation was not technically wrong, but it was awkward and too literal. In other words, this translation was a word-for-word translation, rather than a meaning-based translation. The first author, therefore, asked the translator to make a further revision. After the communication between the first author and the translator, the translation was revised as follows:

“... So I found that quite disappointing. So I complained to *my daughter-in-laws* saying, ‘*You brought me here to baby-sit your children*, that’s not why I am here’ so I complained like that. Then *they said*, ‘Mom, it’s not what you think.’”

An excerpt from the translator's email reveals his difficulties in understanding what the participant meant by “... 그런 거 아니냐 ...”:

first of all, the ending “그런 거 아니냐” was very confusing because just by her words alone, she meant that she WANTS to baby-sit the kids, because her sentence ending translates to “Isn’t it (babysitting your children) and stuff like that?” and the whole thing should be “Didn’t you bring me here so I could baby-sit your kids or something like that?” “그런 거,” to my understanding, is “stuff like that.” However, her context seemed the exact opposite because she previously wanted to learn driving and travel around, but she was disappointed that she was asked to baby-sit. So her words should’ve been “...보



라고 그런게 아냐” or “...보라고 그런게 아니야” which will translate to one of the following: “You didn’t bring me here so I could baby-sit your children,” or “You didn’t bring me here to baby-sit your children.”

This example illustrates the complexity of understanding some of the Korean language because Korean people tend to use metaphors in their conversation. The part of the transcript that said, “... 그런거 아니냐 ...,” is a common metaphor that Korean people use in their dialogue and does not mean anything when taken out of context. However, its meaning is completely changed if it is combined with a sentence. The translator may misunderstand it if he or she does not look carefully at the interview transcripts. Therefore, it is recommended that the person who completes the interviews thoroughly review the translated transcripts. More important, it is imperative to have clear communication between the translator and the researcher throughout the translation process in order to obtain accurate and meaningful data.

### **Conclusion**

In this paper, we presented the general translation process used following interviews, in order to contribute to a better understanding of the translation process. We also highlighted challenges that may be experienced in finding a suitable translator, and the importance of communication between the researcher and the translator, in order to achieve accurate and meaningful transcripts. It may be difficult to find a translator who has the necessary skills and expertise, particularly when a specific immigrant community is small, as was the situation for us. Given that the participants and translators were recruited from a small immigrant community, we were concerned that participants’ anxiety about confidentiality might inhibit them from speaking openly about their immigration experiences (Murray & Wynne, 2001). We informed the participants that the translators did not share information from the interview with any unauthorized individuals, and also informed the translators of the need for confidentiality; the

translators were not given participants' real names. Therefore, there was nothing to hinder the participants' openness during interviews.

Finding a translator who comprehended the culture, the language, and the experience of the participants was the most essential step in the process, since this reduced the potential threats to the validity of the data. We were concerned about translator bias in the context of the study, but this did not appear to be a problem. In the current study, we hired two translators who were each fluent in Korean and English, and understood Korean culture. They completed back-translation of one interview; however, they did not have any experience in research. Smith et al. (2006) recommended that it is beneficial to use two competent bilingual translators who are familiar with the research; one to translate forward (the researcher's language) and a second to translate back to the original language (the participant's language). Therefore, our experience illustrates potential barriers to following Smith and his colleagues' recommendation.

The communication between the researcher and the translator helped the researcher understand the translation process and the meaning of the emerging data. This ongoing communication was imperative in order to develop accurate and meaningful transcripts, and to achieve conceptual equivalence. The importance of this communication became apparent as the study described here progressed through the various stages, from data collection to translation, and finally to analysis.

The comprehension and interpretation of meaning from the data is central in cross-cultural qualitative analysis (Alasuutari, 1995). Translators must accurately convey meaning from one language and culture to another. Researchers should not minimize the translators' role in the research project because the translators have the potential to significantly impact the interpretation of the research data. Maintaining rigor may be problematic in studies in which

researchers neither understand nor speak the participants' native language. It is critical for all researchers who conduct cross-cultural, cross-language research, to ensure open and ongoing communication between themselves and the translators, in order to enhance the rigor of the study. Therefore, rigorous translation that achieves conceptual equivalence between two languages will enhance the validity of cross-cultural research.

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## **The Experience of Korean Immigrant Women adjusting to Canadian Society**

**(in review 2012, Journal of Cross-Cultural Gerontology)**

### **Introduction**

It is important for health care professionals to have a clear understanding of diverse cultural backgrounds to provide culturally competent care (Buscemi, 2011). The ability to provide culturally competent care is especially important for community nurses, who help immigrants to maintain and/or improve their health environments. In Canada, demographic changes reflect an increasingly diverse population. The number of immigrants in Canada has gradually increased over recent decades, and currently 19.8% of the total Canadian population are immigrants (Statistics Canada, 2009).

Culture is referred to as a system of symbolic meanings that may have an impact on individuals' experiences and social reality, and health is a part of a cultural system (O'Mahony & Donnelly, 2007). Cultural background affects individuals' lives including attitudes in relation to health, beliefs, language, behaviors, and family structures (O'Mahony & Donnelly, 2007). Most immigrants to Canada arrive with a different culture, language, and values. Therefore, given the fact that cultural background influences health, it is important to understand immigrant experiences in order to improve immigrant women's health.

Acculturation is a process of cultural and psychological change that immigrants experience when they are in contact with the culture of the host society (Berry, 2007). Immigrant women face many stressors which may have an impact on their lives in a new society, and they continue to deal with these throughout the acculturation process and their life thereafter (Kiefer et al., 1985; Lee, 2007; Mui, 2001; Nah, 1993). Recent research has indicated that Korean immigrant women experience more difficulties with the acculturation process than their male

counterparts (Lee, Moon & Knight, 2005; Yang, 2007). After immigration, Korean immigrant women are confronted with many challenges including getting a job, and maintaining their role as a mother, a wife, or an employee, at the same time as adjusting to their new lives (Pak, 2006).

There has been limited research to examine the acculturation experiences of midlife and older Korean immigrants. Most researchers have studied the Korean immigrant population as a whole, rather than focusing on the perspectives of a sub-group of the population such as midlife and older immigrants or younger adults (Nah, 1993; Shin, 2010; Shin, Han & Kim, 2007). Therefore, in the current study, we examined midlife and older Korean women's immigrant experiences following their immigration to Canada.

### **Korean immigrant women**

After immigrating, despite changes in the relationship between husband and wife in the Korean immigrant community, Korean immigrant women's work is still considered to be a form of duty to their family, rather than a personal choice or accomplishment (Pak, 2006). Women may try to make the relationship with their husband equal following immigration, but are unlikely to challenge the traditional relationship between husband and wife (Lim, 1997). According to Im and Meleis (2001), even after moving to and living in a society that embraces equal treatment of women and men, Korean immigrant women still followed the patriarchal traditions of their home country. These authors also found that Korean immigrant women's employment did not affect or change their relationships with their husbands in terms of equality or their responsibilities in the home.

It is often difficult for immigrant women to secure employment due to labor market barriers such as racial discrimination and a lack of recognition of their education and work experience in their home country (Kim & Rew, 1994; Pak, 2006). Nah (1993) explored Korean

immigrants' perceived problems in their new country, and reported that the employment problems faced by Korean immigrants, once white-collar professionals but forced to work in blue-collar jobs, included underemployment and status incongruence. Moreover, many midlife and older immigrant women cannot benefit from language practice as they do not have an opportunity to work with others; this challenge limits their exposure to cultural norms that are a secondary benefit for women in paid employment (Brown, 2008).

### **Acculturation**

Acculturation can be defined as a process that “comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups” (Redfield, Linton & Herskovits, 1936, p. 149). There are two major perspectives on the process of acculturation (Bourhis, Moise, Perreault & Senecal, 1997; Lee, Sobal & Frongillo, 2003). First, Gordon (1964) introduced a *unidimensional model* to describe the cultural changes experienced by immigrants. This model implies a one-way change process in which immigrants are fully adopted into the host culture as they lose their heritage culture. Throughout the course of immigrants' lives, they may find themselves anywhere along a continuum from maintenance of their heritage culture to full adoption of the host culture. For many decades, the unidimensional model has been used to articulate immigrant adaptation, however, the model cannot “separate bicultural individuals having high familiarity with both societies from those having low familiarity with both societies” (Lee et al., 2003, p. 282).

Criticism of the unidimensional model led to the development of the *bi-dimensional acculturation model*, introduced and developed by Berry (1980). This model assumes that an individual's culture or personal factors can be tools in shaping his or her identity, and that

individuals may have many cultural identities at one time. In the past two decades, acculturation research supports the theory that acculturation is bi-dimensional, and that acculturating individuals tend to internalize the values of the dominant society while maintaining their original identity and culture (Benet-Martinez & Haritatos, 2005; Ryder, Alden & Paulhus, 2000).

Berry (2007) developed a conceptual framework defining four strategies that may be used by immigrants during acculturation. Within the framework, the dimensions of “maintenance of heritage culture and identity” and “maintenance of relationships with host country” (Berry, 2007) are delineated. When individuals maintain their heritage culture and identity and also have a positive relationship among groups in the host country, the integration strategy is defined. When individuals do not wish to maintain their heritage culture and have positive relations with the host country, the assimilation strategy is defined. In contrast, when individuals hold on to their heritage cultural identity and wish to avoid interaction with other cultures at the same time, the segregation strategy is defined. Finally, when there is little interest in maintaining one’s heritage culture and little possibility in seeking daily interaction with others, marginalization strategy is defined (Berry, 1980, 2007).

Although Berry’s model has made important contributions to acculturation research, several criticisms have been put forward. Some authors (Harwood, 1994; Rogler, 1994) suggest that current conceptualizations of acculturation are outdated, and that the model must be broadened to capture understanding of the emotional dimensions of the acculturation process. Furthermore, this model was developed based on research with immigrant youth (Berry, Phinney, Sam & Vedder, 2006; Sam & Berry, 1995) and has been mostly used to examine the acculturation of students (Calderwood, Harper, Ball & Liang, 2009; Chia & Costigan, 2006; Schwartz & Zamboanga, 2008). In most cases, Berry’s model has been used with quantitative

research (Kim-Jo, Benet-Martinez & Ozer, 2010; Obasi & Leong, 2010; Sam & Berry, 1995), rather than with qualitative approaches to the study of acculturation (Calderwood et al., 2009; Sakamoto, 2007).

There has been limited research on midlife and older people's acculturation experiences, which may be different from youths' experiences. As a result, it is important to conduct research with midlife and older persons to understand what they experience during the acculturation process in relation to both heritage and mainstream cultures. Lee and colleagues (1997) suggest that midlife spans from 40 to 64 years of age. Thomas (1998) however argues that the definition of midlife in women may no longer be clear due to diverse reproductive patterns, shifting social norms, and fluctuating patterns of employment. In the current study, we defined midlife as being older than 50 years. Moreover, examining phenomenon in relation to Korean immigrant women's immigrant experiences using a qualitative method is valuable, as it enables researchers to examine the subjective meanings of an individual's experience (Nieswiadomy, 2008).

## **Methods**

A focused ethnography (Otterbein, 1977) was used to guide data collection, data analysis, and report writing in the study. The use of focused ethnography helped to provide an understanding of the cultural reality of immigrant experiences from the perspective of Korean immigrant women.

## **Recruitment**

Recruitment of participants in a large city in Western Canada was conducted using three methods, consistent with purposive sampling (Morse, 1991). Initially, participants were recruited through the use of flyers in a variety of settings. Secondly, the first author contacted key informants, including church pastors and their spouses, to seek their help with recruiting

participants for this study. The key informants helped identify women who met the inclusion criteria and made initial contact with several potential participants. The key informant obtained permission from each woman for the first author to contact her. The first author followed up through a phone call to ensure that the woman met the inclusion criteria, to explain the study in detail, and to schedule an interview at a mutually acceptable time and place. Informed consent was obtained at the time of the interview. Thirdly, the first author recruited participants through a cultural broker, who had been working for older Korean immigrants for more than five years at the Seniors Association at the study site. The cultural broker agreed to assist the first author with recruitment for the study. The cultural broker followed the same recruitment procedures as were used with the key informants. The inclusion criteria for this study were women who: (a) emigrated from Korea; (b) were a permanent resident or a Canadian citizen; (c) were 50 years or older at the time of the interview; (d) had been living in Canada for at least 5 years; (e) were living at the study site; and (f) were able to understand and speak Korean or English. The study was approved by the research ethics board at the university of the first three authors.

### **Data collection**

Following informed consent, open-ended in-depth interviews were conducted with participants to explore their experiences after immigrating to Canada. Guiding questions were used to ensure that each participant's experiences were examined in a similar manner and were revised as necessary during the interview process. The guiding questions for the current study were as follows: (a) please tell me about when you came to Canada; (b) what kind of contact have you had with Korea since immigrating to Canada? (e.g., return visits to Korea); (c) describe any changes including financial resources, environment, and family relationships since immigration; and (d) what has your experience been in relation to employment? All interviews

were conducted in Korean, the participants' preferred language and the first author's native language. The recorded interviews were transcribed into written Korean and then translated into English for analysis. Two translators, who were fluent in English and fully understood the Korean culture and language, were hired to translate the interviews. To ensure the accuracy of the transcripts, two of the interview transcripts were back-translated (Smith, Bond & Kâğıtçıbaşı, 2006) from English to Korean by a different translator. The first author further checked all data by listening to the audio recordings and comparing them to the transcripts prepared by the translators. A detailed description of the translation process is published elsewhere (Authors, in review).

### **Data analysis**

To analyze the transcribed interviews, the cognitive processes of analysis (Morse, 1994) were used. This analytic method helps to make explicit how the researcher's cognitive processes interact with the data to bring about research outcomes and generate new knowledge. The cognitive processes of analysis are processes "of piecing together data, of making the invisible obvious, of recognizing the significant from the insignificant, of linking seemingly unrelated facts logically, of fitting categories one with another, and of attributing consequences to antecedents" (Morse, p. 25). Four cognitive processes are essential parts of this process: comprehending, synthesizing, theorizing, and recontextualizing. Comprehending was achieved by sorting the data and discovering implied meanings, cultural values, and linkages to other concepts or contexts in the text. Synthesizing and theorizing involved the "fitting of alternative models to the data" (Morse, p.33) in order to create links to established theory. In the current study, the findings were interpreted and recontextualized in the context of relevant acculturation theory.

## **Results**

### **Characteristics of the sample**

Fifteen Korean immigrant women participated in the study and ranged in age from 51 to 83 years, with an average age of 69.5 years. Nine women were married, and six women were widowed at the time of the interview. Thirteen women had lived in Canada for more than 10 years, and two women had lived in Canada for less than 10 years, with an average of 26.3 years. Seven women had university education and one woman had college education completed in Korea. All but three participants had been employed in Canada, with an average of 20.8 years of work experience (range: 10 months to > 40 years). Women usually worked in non-skilled occupations including babysitters, hospital workers, laborers, cashiers, housekeepers, helpers, or cooks. Only two participants worked as professionals; one was a registered nurse and another was a tax audit manager. In the study, six themes emerged and are discussed in detail here: coming to Canada; caring and sacrificing; obtaining employment; getting support; participating in the church; and hoping for the future. In the presentation of the findings, each participant was assigned a pseudonym.

### **Coming to Canada...**

The women in the study came to Canada for various reasons. Several of the women who came to Canada in their 30s and early 40s immigrated to the new country to provide their children with a better education and future opportunities. In-Sook recalled “I came to Canada because of my children’s education.” Similarly, Won-Ja had come to Canada “...for my children’s future.” Some women, who came to Canada in their 50s and early 60s, had different reasons for immigration. They led a good life before immigrating and never thought that they would immigrate to Canada, however they decided to follow their adult children who had



already immigrated to Canada. Gil-Soon said “At the time, I never thought of immigration. While I was in Korea, I didn’t even know what immigration was.” The participants’ adult children were concerned that their parents were living without the adult children’s care. Jee-Eun mentioned “My son in Canada said ‘You guys should immigrate to Canada, it’s pretty tough for you out there in Korea,’ so that’s what made us decide to immigrate here.” In addition, several participants wanted to help their adult children with their businesses:

**Sang-Hee:** I worked in a real estate business with a friend so I earned quite a bit of money [in Korea]. The reason we immigrated here was because my daughter bought a restaurant here [in Canada]. She started a restaurant business but since she didn’t know much about it she wanted me to help her and teach her things.

**Kum-Soon:** There’s nothing for me to do at home. I went out to work because I had confidence. I asked my son first “Can I give you a hand with your business?” Then he said “Mother, could you really do it?” So I said “Why not?”

A few women immigrated for yet other reasons. Chi-Sook had immigrated to take advantage of the Canadian health care system:

At first we weren’t interested in immigrating here but my husband had high blood pressure and diabetes ... We found out Canada was very good with medical service for the elderly so my husband and I decided to apply for immigration on the fall of 2002.

Interestingly Bong-Ja, who immigrated to Canada in her late 20s, came to marry her husband. She also hoped to have an opportunity to further her education.

While I was working [in Korea] I met my husband through a matchmaker. He already lived in Canada at the time and so that is how I could come to Canada ... I did expect that I could study more here. It was impossible for a woman to expect to study after marriage in Korea. I wanted to study in Canada so badly.

Several of the participants shared that their husbands had made the decision to immigrate:

**Dong-Hee:** My husband wanted to come [to Canada] so I followed him.

**Bok-Hee:** My husband had gone to work in [Central Canadian city] for 6 months... so he came back and said “It would be nice if we could go and live there [Canada].” So that’s when we decided to immigrate.

After immigrating, the women were in contact with a new culture, and most of the women tried to learn about the new culture to adjust to Canadian society. However, often there were obstacles that they could not completely overcome, especially related to language (English):

**Choon-Ja:** It's nice to learn about the Canadian culture as quickly as possible. The reason why I am going to these dance classes is because wherever I go for parties, there's always dancing. So we [Choon-Ja and her husband] couldn't go. Around the time we first came to [Western Canadian city], we took a private dance lesson from a Canadian gentleman. I felt I had to learn dancing, that seemed to be the only way to not be left out of the [Canadian social] group. This is the West, you know. I rarely had the chance to learn dancing otherwise. I was busy raising children... whenever we are invited to the party, we didn't know how to dance.

**Bong-Ja:** Before meetings, people would usually make jokes, but I couldn't understand. That was hard. Jokes are very culture specific. When they were laughing about their jokes, I couldn't understand. I felt so bad. I felt bad at first, but then I just pretended that it was funny. It is a different culture. What can I do?

## **Caring and sacrificing**

Many women in the study came to Canada with their children, while some women had their children after immigrating. All participants tried to focus on their children and to provide them with a better environment and education. Some of the participants mentioned that they stayed home to take care of their children and therefore were unable to be employed:

**In-Sook:** I couldn't work at all because of the kids. That's why I just stayed home and raised my kids. That was my main job ... we never saved money for ourselves. We used our money entirely for our children. If they [children] needed anything, without questioning, we would let them have it or let them do whatever.

**Dong-Hee:** My kids were young at the time and I wanted to send them to school. So when I immigrated here I didn't work or anything. Sent the kids to school...

Most of the participants believed that they did not have enough time to think of their own future and that they sacrificed their dreams for their children. They had goals for themselves but gave up on them in order to provide more opportunities for their children:

**In-Sook:** I couldn't abandon my kids in order to do whatever I wanted to do. I had to support my husband and my kids, so I had to give up what I had hoped to do.

**Choon-Ja:** Since I've been here [Canada], everything I've done was for raising my kids and I've done nothing for myself. I haven't even been to an English school.

Some participants, on the other hand, had to be employed and take care of their children at the same time. Therefore, they were unable to go to school because they did not have enough time and money to do both. Taking care of their children was their most important role, but participants sometimes felt guilty because they did not spend enough time with their children:

**Choon-Ja:** I couldn't take on the three different roles at the same time. I was a mother, I was a wife, so

how can there be room for me to get more education? I can't do it, I didn't have the ability. It's too much ... and I had to work too ... I had to give up at least one of those, so I gave up on education. If I chose education and my children ended up wrong because of it, then that's a damage I can't repair with all the money in the world... I didn't even have enough money for living.

**Bong-Ja:** When I had a job, I couldn't spend much time with my daughter. I tried to spend quality time with her though, but I still felt guilty ... I was so busy and I didn't have much money ... I had to survive.

Min-Ja brought her daughter to Canada one year after her immigration to protect her from the challenges of immigration:

We have a daughter and left her in Korea at the time [of immigrating]. We felt that immigrating here would be too tough on our daughter so we left her with my mother, then after about a year we brought her to Canada.

At the time of the interview, most of the participants had grandchildren in Canada, and believed that taking care of their grandchildren was helping their adult children. Some women lived with their adult children and looked after their grandchildren while their children were working. Others mentioned that they took care of their grandchildren temporarily when their children needed help. These experiences were similar regardless of when women immigrated to Canada:

**In-Sook:** We lived with my oldest son's family. My daughter in law and my son were working. They had two sons, 4 years old and 2 years old. I took care of my grandchildren every day.

**Won-Ja:** My daughter lives in [Western Canadian city]. So when my daughter needs a babysitter for her children all of a sudden because of her job, then I go there to babysit my grandchildren.

**Kum-Soon:** I knew automatically I should be taking care of my grandchildren when I come to Canada. I looked after them [grandchildren].

One participant, who came to Canada in her mid 50s, took care of all of her grandchildren. She even had to quit her job to look after one grandchild:

My [older] son had a business in a small town ... and I would be at home doing chores and taking care of the grandchildren ... I began working but my second son had his first child so I had to quit the restaurant only after 10 months. My second daughter-in-law had her first baby and she and my son had to work so I had to look after the baby ... My younger son lives right beside me so whenever my daughter-in-law is out working then I would take care of the grandchildren.

## Obtaining employment

***Employment in Korea.*** Most of the participants worked in careers such as nursing,

teaching, selling real estate, and banking before immigrating. However, two women had different work experiences before coming to Canada; one woman operated a business at home to support her family financially, and another woman worked as a non-professional, which did not require higher education. A few women, however, recalled that they did not have a chance to work before immigrating to Canada. One woman stated that she did not need to work because her husband had a good career to support their family. Bok-Hee mentioned that she had followed her father's philosophy that women should not work for a living:

When I was attending school, my father used to say "Women belong at home and school." It's not that I didn't, it's more like I couldn't. I didn't even dare think of working.

**Employment in Canada.** Most of the participants sought employment immediately after immigrating to Canada to contribute to the family finances. They changed their occupation depending on their family situations, but found it hard to work because of unfamiliar working conditions. Many participants were employed in low-paying jobs as babysitters, unskilled laborers, and housekeepers, working hard and gradually improving their English skills:

**Young-Soon:** I did babysitting a lot. I had to babysit other peoples' children if I were to stay at home, so that I could help out with my family's finance situation. I never stayed home as a housewife after I came here ... I started working at the hospital when it was about time for my children to go to school ... I really hated the sterilization tasks ... It's very difficult work.

**Won-Ja:** At the beginning, my sister found a job for me. I had to work no matter what. I had to make money. So I was a seamstress. I had never done that kind of work. It was difficult ... I quit ... I had a job at the dietary department at a nursing home. I was basically a helper in the kitchen. It was hard ... I didn't like it. So I became a housekeeper [at a nursing home] and I worked there for a long time ... It was hard to go to work at first, because of my language. But later on when my English got better, it was fun to go to work.

**Bong-Ja:** I worked very hard, and then later on, I got over my inability [to speak English]. I was able to open my eyes and see better, and my ears were opened and I could understand better. I got promoted.

**In-Sook:** I was a labor worker ... I couldn't speak English and I didn't understand it either at that time [when I started work]... [Later on] I could understand well all the words that they were using at work. So it was nice to be a translator for people.

Two women had different work experiences after immigrating. Min-Ja initially continued to work as a nurse, but eventually started her own business:

I became a nurse in the year 1960 [in Korea], and I came to Canada in the year 1967. When I was immigrating here [Canada], I had all the papers prepared, like I already had some contacts/acquaintances in B.C. and Alberta ... at least for us [women] it was easy to find a job, but it was more difficult for men [in B.C.]. So we decided to come to [Western Canadian city] and I searched for and went to a Nurse Association. When I got there, I got a job right away. There was no written exam. After working as a nurse for so long [26 years], I wanted to do something else. So we started a business, my own business.

Bong-Ja worked her way up to a job as an auditor:

I got a job three weeks after arriving in Canada. There was one accountant and an accounting clerk. I had to work for them. ... I got a phone call from the government ... By 1978, I couldn't go any higher in my department ... I got the job [at the federal government] ... I came back to the government. I started as an auditor and then I was promoted to be a manager.

Unlike the majority of participants, a few women did not have any financial problems when they immigrated to Canada. They came to Canada as investing immigrants, and similar to other participants, worked in a variety of businesses:

**Bok-Hee:** We came as investing immigrants ... We ran a bottle depot. We had that business for a while, then we bought another business up north and for years ... for the past few years I was working in the dairy section ... I stopped working at [supermarket S] last year. Nowadays I do catering work.

Some of the participants stated that they entered the workplace a few years after their immigration, because they wanted to look after their children initially:

**Choon-Ja:** I just stayed home for about 3-4 years. I just raised kids... Well, I tried running my own business once ... I'd say it was still difficult [to work as a cashier] ...

**Dong-Hee:** My kids were young at the time and I wanted to send them to school. So when I immigrated here I didn't work or anything ... I've seen my savings get smaller after not working for a few years. So I worked at a sandwich shop as a helper.

Some participants who immigrated to Canada in their mid 50s helped out in their adult children's businesses:

**Sang-Hee:** I worked at the [daughter's] restaurant while living with her ... I still worked at my daughter's restaurant for a few years after that [after participant moved out of her daughter's home].

**Kum-Soon:** When I first started working there [son's store], I made 15 different kinds of sandwiches at the store ...

It was often very difficult for women to get the kind of job that they hoped for. Language was the biggest challenge that hindered the women, followed by their primary responsibilities as mothers to care for their children, financial situations, and transportation.

**In-Sook:** I couldn't work at all because of the kids, and also because I couldn't speak English.

**Won-Ja:** I had to do manual labor kind of work because of the language ... I could have studied [English], but how could I do it with my two children? I didn't even have enough money for living ... The language was very hard to get used to.

**Dong-Hee:** Working for a company or someone else wouldn't work because I can't speak English in the first place. I couldn't find a place to work, so I gave up on that and figured I had to do something so that's why I decided to start my own business.

**Bong-Ja:** After I immigrated here, I had been hoping to become some kind of lawyer, but because of my English, becoming a CPA was suitable for me.

A few women, who immigrated to Canada in their early 60s, were not employed after immigrating. They wanted employment, however, it was impossible for them due to limitations in language and transportation:

**Chi-Sook:** There isn't anyone who'd hire me. Also, location is important because I am limited to where I can go with the public transit... I am old and can't speak English so there isn't much I can do around here.

**Hwa-Sook:** No, there wasn't anything that I could do. I can't communicate with other people.

Most of the women did not experience racism or discrimination in the workplace, but one woman felt discriminated against because of her appearance as an Asian woman even though she held a high position at work. Bong-Ja said "After I became a manager, I had to supervise other people, and I had new difficulties. There were many troubles. I am a tiny Asian woman. I could feel sometimes that even if I was their boss, they looked down on me."

Overall, the women in this study talked about the difficulties of working in Canadian society and the challenges that they encountered including language, transportation, and caring for children. Despite these challenges, they believed that employment helped them to improve their English skills.

### **Getting support**

Most of the participants received support from government and family. The women received financial support from various levels of government and were satisfied with the public services and programs for seniors. They recalled what the Canadian government had done for

them:

**Choon-Ja:** So he [husband] went to [technical post-secondary school] and I stayed home with the baby. The government gave my husband some financial support ... It doesn't look like you need to worry about it in this country.

**Kum-Soon:** The government doesn't provide me luxuriously but they have given me enough to just get by... Even my son can't give me \$100 a month, but the Canadian government gives me this pension and I call Canada a great child. Whenever I think about that, I can get by even when it's not enough.

**Chi-Sook:** I also found out that [Western Canadian city] has a good program for the seniors for this [pointing to her teeth] whereas other provinces you have to pay. At least for seniors, the province of Alberta seems to have good programs and services so I don't want to leave here.

According to the participants' stories, their adult children supported them financially, and their husbands helped them physically, emotionally, and mentally. The participants commented:

**In-Sook:** Now they [adult children] are helping me a lot. I don't have much money now. But they give me whatever I ask for.

**Won-Ja:** My husband wanted to take care of me and so he took a break from his work.

**Bong-Ja:** Becoming a CPA [Certified Public Accountant] wasn't an easy thing to do. I felt like giving up, but my husband helped me get through it. He helped me mentally. He always encouraged me to keep going. So I finished it finally.

Emotional, physical, and mental support enhanced participants' adjustment to Canadian society.

For example, Kum-Soon had found that reading a Korean newspaper was very supportive:

It felt like I was in Korea when I read the [Korean] newspapers. Reading the [Korean] newspapers helped me a lot with my immigrant life. Reading the [Korean] newspapers played an important role in stabilizing my mind. Newspapers, aside from faith, became my friend.

## Participating in the church

All of the participants attended Korean church on Sundays, and many women also participated in church services early in the morning or in the evening during weekdays.

Furthermore, most of the participants began their daily lives with prayer. The participants shared:

**Bok-Hee:** I go to an early prayer service in the morning. On Sundays, I go to [Korean] church.

**Chi-Sook:** I invariably start my day off with a prayer. Then I would go to [Korean] church for Wednesday night service, then Sunday for the Lord's day service.

**Min-Ja:** Since I go to church at 6am in the morning, I pray, read the Bible ... Sundays I go to [Korean] church.

All of the participants took part in church activities such as conducting church choirs, building

relationships with the congregation after worship, and helping church members:

**In-Ja:** I have a choir practice quite often during the weekends. The service ends at 1pm, and after lunch and the choir practice, it'll be 4pm once I come home. I practically live at church on Sundays.

**Yong-Soon:** I involve myself in the church a lot and do many things for the church on Saturdays and Sundays.

**Dong-Hee:** Do church things [on Sundays]. And at church, they often cook meals and have dinner together, and we come home after having coffee with the church friends.

Some women believed that their Christian faith helped them get through difficult situations such as having cancer and that living as a Christian helped them to consider things in a positive way.

**In-Sook:** While I was getting treated [for cancer], I knew that God was helping me. Even though I was sick and having difficulties, I worked through them happily...and I had surgery, and I became very healthy ... I have a strong mind that God is really helping me. I depend on Him entirely.

**Wond-Ja:** My life wasn't easy here [Canada]. When I came here, it was very hard on me physically and mentally ... After I recovered my faith, I felt much happier when I looked at my situation. I had a job and I could support my kids' studies. I've been good since then.

Bok-Hee, who was still working as a helper, felt that she needed more time for prayer, and thus she changed from full-time to part-time employment.

Part of the reason I've changed to part-time work is because I don't have as much time to pray in the early morning.

Overall, women talked about their involvement in the church and how their Christian faith eased their adjustment to Canadian society.

### **Hoping for the future**

The hopes of the women for their future were mostly related to health, children, and faith. Participants stated that good health was their primary goal, and therefore they wanted to exercise on a regular basis. The women also commented that they did not want to create any burdens financially and physically for their adult children; they wished to live independently without their children's help. They wanted to take care of their grandchildren, and to visit their children. The participants described their hopes for the future:

**Young-Soon:** My wish was to take care of my grandchildren whenever they need me when I get older. So, I will take care of my grandchildren in the future when I am in good health. What I really want to do is



exercise, I'm going to do exercise ... walking or something like that is an exercise. So, I want to exercise in everyday life by allocating more time to it.

**In-Sook:** I want to be healthy. And I always want to depend on God for my life ... I'd like to visit my children sometimes.

**Won-Ja:** I have been serving God for a long time and I don't want to be a burden on my children until the end of my life.

**Gil-Soon:** I want to live healthy. When I get sick, I don't want them [adult children] stopping what they're doing and taking care of me.

Participants also had a range of activities they wanted to participate in. They wished to study English, to travel, to be employed again, to help others, to meet friends more often, to have a Canadian friend, and to buy a house:

**Choon-Ja:** I can't even read the newspapers well, so I need to learn a few more English words while I can ... and meet up with friends.

**In-Ja:** One wish I have nowadays is to have a good Canadian friend and have a good relationship with that person. ... If my son settles down in that gas station I want to open up a sandwich shop inside the gas station ... I want to save up some money and travel abroad and do a lot of volunteer work.

**Hwa-Sook:** Buy a town house that has a front yard and a back yard [garden]. I want to live in that kind of house ... sometimes I'd like to go on a trip.

Financial security, including appropriate housing, remained a focus for the women. Song-Hee wished to have better pension plans and programs for senior citizens:

I wish the pensions for the seniors were better because the economy is so tough and things got more expensive nowadays. It's too much for us to get our hands on anything like T-bone steaks or good quality meats. Even pork is expensive .... I wish we wouldn't have to wait so much to get in seniors homes. To get in to one of those places, we have to wait few months and up to a year or so. The long wait is tough because the rest of the places have such expensive rent.

Dong-Hee hoped to retain ties with Korea, including being able to return to Canada for periods of time, but not permanently relocate:

It's just my wish, I don't know maybe we can go back and live there [Korea] for a bit and come back [to Canada] and forth like that.

## Discussion

After immigrating, the participants experienced physical, psychological, cultural, and social changes in relation to family, employment, support, and religion. In the current study, Berry's bi-dimensional model is useful to further understand Korean immigrant women's

adjustment to Canadian society. Adapting to the new culture or society may differ depending on personality factors or how individuals deal with conflict (Berry, 1980). Sometimes it is stressful to adapt to living in a new society, but adaptation often results in “some form of longer-term accommodation” (Berry, 2007, p. 543). Since Berry’s model recognizes the importance of multicultural societies and minority individuals and groups, this model may be used as a framework to understand Korean women’s experiences after immigrating.

Over time, most of the study participants appeared to become integrated (Berry, 2007) into Canadian society. While they continued to maintain their own culture, language, and norms, they endeavored to be part of Canadian society through various means such as being employed, improving English skills, and learning about the new culture. The participants provided examples to illustrate this process. For instance, the participants’ most important role was to take care of their children, sacrificing their own dreams for the children: a personal choice that is congruent with their cultural heritage. In Korean culture, the woman’s role as a wife is to look after children; and family is more important than the individual (Pak, 2006). At the same time, participants tried to adapt their lifestyles to be consistent with the new culture in Canadian society. For example, in Korea the participants left their jobs after marriage, but were re-employed to support their family after coming to Canada. Working with others may have improved their English skills and finances, and subsequently helped the participants’ integration into Canadian society. It is also evident in American studies (Jang, Kim & Chiriboga, 2006; Kim, Jang & Chiriboga, 2012) that older Korean immigrants, who were more acculturated, tended to integrate well into American society and to have fewer limitations in their everyday lives because of their language ability and familiarity to a new culture compared to the others who had lower levels of acculturation.

A few women appeared to have moved back and forth between segregation and integration. Participants segregated emotionally, physically, and psychologically mainly due to limited English skills, transportation, and financial situations, however, they continued to try to integrate into Canadian society. For example, they worked to improve their language and learned social dance in order to fit in with a Canadian social group. Some women could not be employed because of their lack of English skills and transportation; this may have isolated them and limited opportunities to become familiar with the new culture and society. At the same time, they were satisfied with their pensions and public health services, and tried to improve their English skills which may have eased their integration into Canadian society. No participants appeared to have adopted assimilation and marginalization strategies. This may be because the participants never gave up on establishing their lives in Canadian society, while at the same time interacting with Korean culture through Korean ethnic churches. Further qualitative research is required to clarify how well Berry's model can be applied to different age and cultural groups, and in rural settings.

Most of the participants in the current study received emotional, physical, and financial support through family, government, and the Christian faith. This is consistent with previous research (Wong, Yoo & Stewart, 2005) to explore the various social support domains and actual sources of support for older American Chinese and Korean immigrants. These authors reported that the government and adult children were common sources of financial support, and that prayer and talking to church members to deal with feelings of loneliness, depression, or stress provided emotional support. Religion was a fundamental source of support for the women in the current study. This is consistent with Chu's (2010) findings that religion played a valuable role for Vietnamese immigrant women, and that spiritual support helped them maintain hope for their future.

In the current study, all of the participants practiced religion and attended Korean ethnic churches at least once a week, and participated in a variety of church activities. This is similar to findings reported by Hurh and Kim (1984) who explored Korean immigrants' adaptation in relation to settlement patterns, acculturation, social relations, occupational career, family role adjustment, religious participation, and life satisfaction. These authors found that most Korean immigrants attended a Korean ethnic church, and participated in Korean voluntary organizations, while only a very small number participated in American voluntary associations. A similar finding was also reported in a Canadian study (Lai, 2012); older Chinese immigrants participated in culture-related activities, including attending social functions organized by the Chinese community, listening to Chinese radio broadcasts or watching Chinese television programs, and reading Chinese newspapers and magazines, and had stronger ties with the Chinese community than the Canadian born older Chinese. Accordingly, the continuation of strong ties through church involvement may have helped the women to integrate into the new society. In addition, the role of religious affiliation was essential to providing immigrant women with social support in relation to language, child care, and finances, preventing segregation and facilitating a smooth transition into a new society.

The women in the current study struggled to maintain and improve their employment conditions, as most women had young children to care for and did not have enough finances to care for themselves after they immigrated to Canada. They had to choose between employment and children. They could not compromise their children's future; some of them stayed home to look after their children for some years while others did both, taking care of children and working outside the home. Therefore, they could not improve their language abilities and acquire specific skills that they needed to get better jobs; they remained in low-paying jobs as unskilled

laborers or housekeepers. Immigrant women spend more time in childcare than their male counterparts, and childcare responsibilities make it difficult for potential working immigrant mothers to be employed or continue to work (Anastario & Schmalzbauer, 2008; Heymann, 2000; Hochschild, 1989, 2012). Accordingly, providing childcare services such as daycare centers, day homes or after school care at low or no cost to immigrant families would offer greater opportunity for immigrant women to be educated and to attain the employment they desire.

There were no women in the current study who participated in Canadian church. As a midlife and older woman, it may not be easy to interact with others who speak different languages; midlife and older people need more time to learn English than young people. They also have limitations in transportation. Therefore, providing language services which are particularly developed for midlife and older immigrants with free or low cost transportation services might facilitate their participation in language programs and enhance their employment opportunities. Overall, employment was a huge challenge for the participants, and language was the most influential factor in their employment. More accessible language programs for midlife and older people need to be developed to help them have confidence in themselves and facilitate their adjustment to Canadian society.

### **Limitations**

The researcher interviewed a small and select sample of Korean immigrant women who had similar backgrounds and social levels (education, geographical, or occupation). As is essential in qualitative research, the participants were selected based on their ability to provide information, not on the basis of how they represented the general population. This may have resulted in a very homogeneous sample. Potential participants could have refused to participate in the interview due to the fact that the Korean ethnic community was small and thus most of the

Korean immigrants knew each other on some levels; despite this, no participants refused to take part in an interview. The process of audio recording the interviews may have been intimidating to some participants, however none of the participants asked to have the audio-recorder turned off.

## **Conclusion**

In this study, midlife and older Korean immigrant women's experiences in Canadian society were examined. There were different reasons for their immigration to Canada, including providing their children with a better education, following their adult children, and helping their adult children's businesses. It was difficult for midlife and older women to adjust to Canadian society due to a variety of reasons, such as poor English skills, lack of transportation, and finances. Furthermore, the most important role for the women was to take care of their children, and thus most women did not focus on themselves. The participants experienced challenging circumstances which they had not expected before they immigrated, but they continued to seek better lives for the next generation and themselves. They had to be employed without benefit of extensive English language classes which made it even more difficult for them to integrate into Canadian society. Nonetheless, most of the women felt well supported by the government, family, and church in various ways.

Understanding the acculturation process and associated adjustment patterns of Korean immigrant women can help health care and community service professionals including nurses or social workers to identify various intervention points to provide appropriate support and services that are crucial to the various life stages and transitions. For example, there is a need to provide assistance to Korean immigrant women regarding child care. Programs and services to facilitate access to emotional, mental, physical and financial supports are important for these women, particularly when they are faced with the demands of employment and caring for their families.

Many of the Korean immigrant women in the current study reported isolation and inadequate help in some circumstances. As health care providers, nurses and related health professionals could proactively address the emotional and social support needs that often emerge from the gender related roles in the cultural milieu of immigrant women.

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## **Health Experiences of Korean Immigrant Women in Retirement**

(in review 2012, *Health Care for Women International*)

### **Introduction**

More Canadians will transition into retirement over the next decade, and therefore understanding the impacts of retirement on health is imperative (Kuerbis & Sacco, 2012; Schellenberg & Ostrovsky, 2008). Despite the fact that a link between retirement and health is well documented, very little is known about immigrant women's health following retirement. Health is powerfully influenced by individuals' historical, economic, political, and geographic context, and, in later life, economic (especially post-retirement) and health transitions (especially into poorer health) mutually impact each other (O'Mahony & Donnelly, 2007; Smith, 2011). Previous studies have documented that good health is a critical factor in a positive retirement experience and that poor health may contribute to early retirement (Carmel & Bernstein, 2003; McConatha & Stoller, 2006; Rowe & Kahn, 1997). In addition, retirement increases self-assessed poor health and worsens latent health conditions, and therefore retirement may be one risk factor for acute and/or chronic illnesses (Behncke, 2012). Furthermore, individual characteristics and circumstances of retirement tend to impact health. For instance, marital status has an effect on retirement well-being with married individuals reporting higher levels of well being (Szinovacz & Davey, 2004a).

Prior studies have documented that there are health differences between immigrants and non-immigrants, and that gender influences these differences (Akhavan, 2007; Gadd, Johanson, Sundquist & Wändell, 2006; Hayward, Warner & Crimmins, 2007; Hyman, 2001; Jasso, Massey, Rosenzweig & Smith, 2004; Khlal & Courbage, 1996; Solé-Auró & Crimmins, 2008; Sundquist & Li, 2006). For instance, Gadd and colleagues (2006) found that male immigrants in Sweden

have higher rates of mortality and heart disease than Swedish-born men. Khlal and Courbage (1996) reported that male Moroccan immigrants living in France had lower mortality rates than French-born men but female Moroccan immigrants had higher mortality rates than French-born women. Women may experience health and illness in different ways, and social conditions impact women's health (Akhavan, 2007; Ruzek, Olesen & Clarke, 1997). For example, Korean immigrant women are expected to be, first and foremost, good wives and mothers in addition to being good women, and they are generally employed in low-paying jobs in the new country (Im & Lipson, 1997; Pak, 2006). These social norms can be a stressor which may impact their health. It is evident that mental and physical health are influenced by prolonged exposure to stress (Latkin & Curry, 2003; Kop & Gottdiener, 2005). Therefore, in the current study, Korean immigrant women's experiences during the time from active working status to retirement were explored.

## **Literature Review**

### **Retirement and Health**

Retirement itself may have a negative effect on mental and physical health. Numerous studies have researched the impacts of changes in health on the decision to retire. A variety of factors, including the availability of health insurance, social security eligibility, financial resources, and spousal interdependence influence the decision to retire; several studies have also demonstrated that health status is a significant determinant of the decision to retire (Carmel & Bernstein, 2003; Dwyer & Mitchell 1999; McConatha & Stoller, 2006; McGarry, 2004; Szinovacz & Davey, 2004b). McGarry (2004) found that individuals in poor health were not likely to continue working compared to those in good health. Szinovacz and Davey (2004b) reported that depressive symptoms prompted retirement for women. Therefore, it is evident that

poor health may lead to some individuals withdrawing from employment, thereby promoting early retirement.

A few studies, on the other hand, have examined how retirement affects health status (Coe & Zamarro, 2011; Dave, Rashad & Spasojevic, 2008; Mein, Martikainen, Hemingway, Stansfeld, & Marmot, 2003; Salokangas & Joukamaa, 1991; Tuomi, Jarvinen, Eskelinen, Ilmarinen & Klockars, 1991; Westerlund et al., 2010). Dave and colleagues (2008) concluded that retirement had a negative impact on mental and physical health outcomes. More specifically, retirement increased difficulties associated with mobility and activities of daily living (ADL), worsened mental health, and increased illnesses including diabetes, heart disease, stroke, high blood pressure, and arthritis. They also highlighted a number of factors that moderated the negative health outcomes: having a spouse and social support; engaging in physical activity following retirement; and continuing to be employed part-time after retirement. Westerlund and colleagues (2010) examined retirees living in France and reported that although retirement decreased both mental and physical fatigue and depressive symptoms, it did not directly influence chronic disease status. Similarly, Salokangas and Joukamaa (1991) studied Finnish retirees and found that retirement improved mental health but did not significantly affect physical health. Tuomi and colleagues (1991), in contrast, reported that retirement increased musculoskeletal and cardiovascular diseases among retirees. American retirees were compared to employed individuals to explore the impact of retirement on mental and physical health functioning (Mein et al., 2003). These authors reported that physical health worsened in both retired and employed people, but that mental health improved among those who had retired, while deteriorated among those who continued to be employed.

### **Immigrant Compared to Non-Immigrant Health**



Research has consistently documented that immigrants' health status is high at the time of arrival in their adopted country, but gradually declines and becomes more like that of non-immigrants with similar socioeconomic status and health-related behaviors, as their time in the host country lengthens (Dunn & Dyck, 2000; Newbold & Danforth, 2003; Prus & Lin, 2005; Solé-Auró & Crimmins, 2008). This change in health status following immigration may be attributed to the fact that immigrants may be chosen for good health through the screening process at the time of entry into the host country (Jasso, Massey, Rosenzweig & Smith, 2004; Laroche, 2001), but that post-immigration conditions may not support continued good health over time. This issue may become increasingly important as immigrants retire and age in their adopted country.

In general, the health of immigrants is different than that of non-immigrants (Buckley, Angel & Donahue, 2000; Chen, Ng & Wilkins, 1996; Dunn & Dyck, 2000; Gee, Kobayashi & Prus, 2004; McDonald & Kennedy, 2004; Wakabayashi & Donato, 2007; Woo, 2007). Wakabayashi and Donato (2007) explored the decline of immigrant women's health in later life and reported that immigrant women, compared to their American born counterparts, experienced more rapid health decline and a greater increase in ADL limitations. A similar pattern was also found in a Canadian study (Dunn & Dyck, 2000); immigrants were more likely to have poor health status than their Canadian-born counterparts. By contrast, Woo (2007) reported that American immigrants who made the transition from active worker into retirement reported a lower risk of mortality compared to their American born counterparts. This finding is consistent with a Canadian study (Chen, Ng & Wilkins, 1996) demonstrating that immigrants were less likely to experience disabilities or chronic conditions such as joint problems, allergies, and hypertension than non-immigrants.

## **The Influence of Gender on Older Adults' Health**

Prior research has found that gender influences health outcomes (Newbold & Filice, 2006; Wakabayashi, 2010). Little attention, however, has been paid to men's and women's health differences at older ages (Martin & Soldo, 1997). Both women and men experience more acute and chronic diseases in their later life, especially when over age fifty; men are more likely to experience acute diseases that end in death, whereas women are more likely to experience chronic diseases that end in poor quality of life (Hooeyman & Kiyak, 2002). Moreover, older immigrant women generally have lower health status than older immigrant men (Newbold & Filice, 2006; Wakabayashi, 2010). For instance, in an American study (Wakabayashi, 2010), immigrant women showed poorer health in terms of self-rated health and activity limitations, compared to their male counterparts. The author concluded that this was because women had low socioeconomic status compared to men. Similarly, in a Canadian study (Lai, 2004), older Chinese-Canadian women were less healthy than older Chinese-Canadian men.

## **Employment and Health**

It is well documented that health is influenced by employment (Alderete, Vega, Kolody & Aguilar-Gazola, 1999; Blustein, 2008; Messias, 2001; Perilla, Wilson & Wold, 1998; Smith et al., 2005). Smith and colleagues (2005) studied the associations between work characteristics, work stress, and health among three groups: Black Caribbean, Bangladeshi, and White (UK born). They reported that employment influenced the development of ill-health, and that individuals working in high stress jobs experienced the lowest well-being. They concluded that ethnic groups experienced a more negative work environment, especially in terms of discrimination; this in turn may increase stress and negatively impact health. Further, previous studies have documented that demanding jobs lead to an increased risk of mental disorder

(Alderete et al., 1999; Stansfeld, Fuhrer, Shipley & Marmot, 1999), depression (Stansfeld, Head & Marmot, 1998; Tsutsumi, Kayaba, Theorell & Siegrist, 2001), anxiety (Evans & Steptoe, 2002), psychological distress (Marshall, Barnett & Sayer, 1997; Mino, Shigemi, Tsuda, Yasuda & Bebbington, 1999; Yeung & So Kum Tang, 2001), physical stress and musculoskeletal problems (Messias, 2001), and coronary heart disease (Smith et al., 2005).

Employment itself may have potentially negative health consequences for immigrants due to numerous stressors related to work, including rigid work demands, unpredictable work, poor pay, language barriers, hard physical labor, lack of transportation, work-family conflict, and discrimination (Alderete et al., 1999; Catanzarite, 2002; Grzywacz et al., 2007; Flores et al., 2011; Magaña & Hovey, 2003; Perilla et al., 1998). Immigrants living in Canada need to engage in paid work in their new life, but not all immigrants obtain employment or employment comparable to pre-immigration positions because it is very difficult to find employment that recognizes their education and qualifications (Martins & Reid, 2007). Most immigrant employment is in the service sector, including transportation, accommodation, and food services, however, skilled immigrants, regardless of the number of years of experience, continued to confront serious employment difficulties (Boyd & Schellenberg, 2007; Statistics Canada, 2008). These difficulties include not having degrees, work experience, and language proficiency recognized (Boyd & Schellenberg, 2007; Statistics Canada, 2008). Low status in a company or an organization may lead to high work stress which may in turn affect individuals' health (Kawakami et al., 2004).

### **Culture and Health**

Cultural differences between the home country and the host country may be responsible for some of the negative health experiences of Korean immigrant women. Following

immigration, Korean women are often obligated to change their primary role from that of homemaker to that of employee. Because their husbands are generally employed in low-paying jobs in their adopted country, it becomes essential for Korean immigrant women to take on paid work in order to support their family financially (Im & Lipson, 1997; Pak, 2006). They may try to change or reduce their roles both inside and outside of the home, but it may not be easy for Korean immigrant women to do this. Traditional norms in terms of women's roles are deeply rooted, especially in their husbands who usually make the decisions. At the same time, it is often difficult for immigrant Korean women to secure employment due to labor market barriers such as a lack of recognition of their education and work experience in their home country (Kim & Rew, 1994; Pak, 2006). Underemployment and status incongruence were the most common employment challenges faced by Korean immigrants when they shifted from white-collar professions to blue-collar jobs following immigration to the United States (Nah, 1993).

Overall, the shift from family caregiver to employee may have widespread repercussions on Korean immigrant women's health due to the employment challenges that they experience after immigrating to Canada. The accumulated influence of employment experiences and challenges may produce a unique experience for Korean immigrant women in retirement due to their roles as women, immigrants, and aging persons. It is well known that if individuals experience role conflict and stress for a prolonged period of time, they may develop health problems that could affect their health status later in life. Therefore, understanding of the phenomena that impact Korean immigrant women's health in relation to employment and retirement is required. In the current study, we explored older Korean immigrant women's perspectives on their health following retirement.

## **Methods**

In this study, a qualitative design was used to explore Korean immigrant women's experiences of health in relation to employment and retirement. Focused ethnography (Otterbein, 1977) was the methodology to guide data collection, data analysis, and report writing in the study. A focused ethnography is a context specific and time-limited exploratory study focused on situations, interactions, and activities, such as the situational performance of social actions, rather than groups, organizations, or milieus (Knoblauch, 2005). This methodology allows the researcher to listen to the perspective of the participants and to explore the selected issue in depth and detail, (Patton, 2002). Focused ethnography involves diverse subject matter and entails studying a variety of lifestyle or living experiences from the perspective of informants living in modern society (Vidich & Lyman, 2003). The use of focused ethnography helped to provide an understanding of the cultural reality in relation to health and experiences with employment and retirement viewed through the lens of Korean immigrant women. Furthermore, in focused ethnographic research, small elements of the social environment which focus on a narrow area of inquiry, such as the health experiences of ethnic groups, are studied and the focus of inquiry is chosen before collecting data (Knoblauch, 2005; Morse & Field, 1995). This study was led by the first author as the principal investigator, who was responsible for the recruitment of participants, data collection, data analysis, and dissemination of findings.

Purposive sampling (Morse, 1991) was used to recruit 15 participants for the study. The inclusion criteria for participants were: (a) female; (b) emigrated from Korea; (c) a permanent resident or a Canadian citizen; (d) 50 years or older at the time of the interview; (e) living in Canada for at least 5 years; (f) living in Edmonton; and (g) able to understand and speak Korean or English. Fifty years and older was chosen as one of the eligibility criteria because midlife is an important transition period in individuals' lives. For women, midlife is the phase in women's

lives when they realize that they are aging and begin to have doubts about their health and abilities (Kim, 2001).

### **Data Collection**

Recruitment of participants was carried out using three methods. Initially, participants were recruited through the use of flyers posted (with permission) in a variety of settings: Korean community organizations such as churches; the Edmonton Korean Canadian Women's Association; seniors' centers; and retirement communities. Potential participants were asked to telephone the first author. When a potential participant contacted the first author, she explained the study and ensured that the woman met the inclusion criteria. If the participant met the inclusion criteria, an interview time and place were scheduled. Informed consent was obtained at the time of the interview. Secondly, key informants, including Korean church pastors and their spouses, were contacted to seek their help with recruiting participants for this study. Their connections within the Edmonton Korean community included non-profit organizations serving Korean immigrants. Since most Korean immigrants attend a Korean church and participate in Korean voluntary organizations (Hurh & Kim, 1984), this was likely to be the most effective way to recruit participants. The key informants assisted in the identification of Korean immigrant women who met the inclusion criteria and made initial contact with several potential participants. Key informants obtained permission from potential participants for the first author to contact them. Then, the first author followed up by telephone to ensure that each of the individuals met the inclusion criteria, to explain the study in detail, and to schedule an interview at a mutually acceptable time and place. Thirdly, the first author contacted a community agent to recruit the participants. At the time of recruitment, the community agent had been working with older Korean immigrants for more than five years at a community center. The community agent agreed

to assist the first author with recruitment for the study. The community agent followed the exact same steps to recruit participants as the key informants did.

The main data collection method was one open-ended in-depth interview with each participant. Guiding questions were used for the interview and revised as necessary during the interview process. The guiding questions covered various topics, including the meaning of work, women's health experiences during employment and after retirement, and physical activities such as exercise and leisure. Demographic data were collected from each participant at the end of each interview. Field notes were written following each interview to document information about the setting and non-verbal communication. Each of the interviews was audio-recorded, lasted approximately one to two hours and was conducted in Korean, the participants' preferred language and the interviewer's native language.

The recorded interviews were immediately transcribed as spoken into Korean and then translated into English for analysis. Two translators, who were fluent in English and Korean and fully understood the Korean culture and language, were hired to translate interviews. Two of the interview transcripts were back-translated (Smith, Bond & Kâğıtçıbaşı, 2006) from English to Korean by a different translator to ensure the accuracy of translation. The first author reviewed all of the interview transcripts by listening to the audio recordings and comparing them to the transcripts prepared by the translators to ensure the accuracy of data. Additional details about the translation process are published elsewhere (Authors, in press). The research protocol of this study was reviewed and approved by the Health Research Ethics Board of the University of the first author. Each participant was assigned a pseudonym and a number to protect confidentiality.

### **Data Analysis**

The cognitive processes of analysis (Morse, 1994) were used to analyze the transcribed interviews. This cognitive analytic method helps to clarify how the researcher's cognitive processes interact with the data to produce research findings and generate new knowledge, and is a process of "piecing together data, of making the invisible obvious, of recognizing the significant from the insignificant, of linking seemingly unrelated facts logically, of fitting categories one with another, and of attributing consequences to antecedents" (Morse, p. 25). This method is comprised of four cognitive processes: comprehending, synthesizing, theorizing, and recontextualizing. First, to achieve comprehension, the data were sorted to discover underlying meanings, cultural values or perspectives, and linkages to other concepts or contexts in the text. Next, synthesizing and theorizing involved the "systematic selection and fitting of alternative models to the data" (Morse, p.33) in order to produce connections to established theory and explain variation in the data. The research outcomes in the current study were recontextualized in the context of relevant knowledge about the impact of employment and retirement on immigrant health. The authors discussed and resolved questions and concerns during the data analysis process.

## **Findings**

### **Sample Characteristics**

Fifteen women ranging in age from 51 to 83 years, with an average age of 69.5 years, participated in the study. Nine participants were married, and six participants were widowed. The range of time in Canada was 7 to 42 years, with an average of 26.3 years, with all except two participants living in Canada for more than 10 years. Seven participants had university education and one participant had college education completed in Korea. Years of employment in Canada ranged from 1 to 40 years, with an average of 20.8 years. Typically, participants began at one job



and later changed to another, depending on their family's economic situation or personal preference. In general, the participants worked in non-skilled occupations such as a housekeeper, helper in a nursing home or restaurant, cashier, laborer, babysitter, or cook. Only two participants worked as professionals: one was a registered nurse and another was a tax audit manager. Many women in the study immigrated to Canada with their dependent children while some women had children after immigrating. Nine participants were employed concurrently with taking care of their children. Three participants immigrated to Canada in their mid 50s to help out in their adult children's businesses. An overview of participants' demographic profiles with pseudonyms is presented in Table 1.

**TABLE 1** Participants' Demographic Profile (N=15)

Name (pseudonym)	Type of job	Length of time working in Canada (years)	Marital status (at time of interview)	Took care of children during employment (yes/no)
Bok-Hee	Small business	10	Married	Yes
	Cashier	2		
	Kitchen helper	7		
Bong-Ja	Tax audit manager	40	Widowed	Yes
Choon-Ja	Cashier	28	Married	Yes
Dong-Hee	Kitchen helper	1	Married	Yes
	Small business	7		
In-Ja	Cashier	2	Married	Yes
	Cook	3		
In-Sook	Laborer	10	Widowed	Yes
	Cashier	16		
Min-Ja	Registered nurse	20	Married	Yes
	Small business	16		
Won-Ja	Laborer	1	Married	Yes
	Housekeeper	27		
Young-Soon	Baby sitter	15	Married	Yes
	Hospital worker	22		
Jee-Eun	Kitchen helper	1	Married	No
Kum-Soon	Kitchen helper	1	Widowed	No
	Missionary	10		
Song-Hee	Kitchen helper	20	Widowed	No
Chi-Sook	—	—	Widowed	—
Gil-Soon	—	—	Married	—
Hwa-Sook	—	—	Widowed	—

Most women had more than one health problem. Many diseases developed while the participants were employed, and the participants continued to deal with these diseases following retirement; Tables 2 and 3 provide an overview of diseases and the onset of diseases. Some women, on the other hand, found that they had chronic diseases after retirement. The following sections provide a more detailed account of how the Korean immigrant women's health changed through their employment.

**TABLE 2** Summary of Diseases During Employment

Disease	# of participants
Hypertension	10
Osteoporosis	7
Diabetes	3
High cholesterol	2
Allergy	2
Heart disease	1
Hyperthyroidism	1
Liver cirrhosis	1
Arthritis	1
Gastroenteric disorder	1
Hemorrhoid	1

\* Two women did not report any particular chronic diseases

**TABLE 3** The Onset of Diseases During Employment

Onset of Disease (years)	# of diseases
> 10	8
10-19	3
< 20	4
A long time <sup>1</sup>	2

<sup>1</sup>The onset was not reported

### **The Meanings of Work: “*Work is like a tonic for life*”**

There was a range of perspectives about how women understood the meaning of work. Comprehending the meaning of work was an imperative step to exploring health experiences in relation to employment and retirement. For most of the women in this study, work included everything: washing the floor with a rag; doing laundry at home; and working outside of the

home for money. Won-Ja said, “Everything is work. Working at home and doing laundry are work ... It is working for my family.” In contrast, for some women work was closely associated with payment. They believed that work meant making money, therefore, working at home was not work; it was an obligation to their family in contrast to paid work. Young-Soon said, “House work can’t be work... Work means making money.” Jee-Eun commented, “Stuff you do at home isn’t work because it’s my duty. Because it’s my thing to do, because it’s something I have to do.”

According to participants’ accounts, in Korea, women’s responsibility was related to working at home or raising their children, but following immigration, paid work became a necessity to maintain well-being. Bok-Hee had lived in Korea for 30 years prior to immigrating:

In Korea, I thought work for women meant just doing housework and raising children. But when I came to Canada, my husband and I ran our own business and it wasn’t just my husband going out to work, I worked too. So after then the definition of work for me changed to ... work is about giving someone a purpose... something that maintains the person’s mental well-being.

Paid work was a positive factor that helped participants to maintain their health during difficult periods in their lives and was the reason they lived. Paid work was a survival tool for the women. Most participants were employed very soon after immigrating to Canada. There was no way for the women to build their lives in a new country except by employment. Participants knew how hard paid work was, and they did not forget to say ‘thank you’ for their employment.

**Kum-Soon:** I think work is like a tonic for life because I am alive and healthy. It means I am healthy if I work. I think not being able to work due to bad health is the same as death. So I think work is life. If I am not healthy I can’t work. So work is like life ... Work is done because of good health. If there’s no health, then there is no money. And work can bring food on the table and send kids to school. How can one work without health? The word has the label “work” attached to it, but it means work is done because you’re healthy. So that’s why I call work the tonic of life. Work is difficult, but it’s also what makes a person live. Work can be best for health.

**In-Sook:** When we [In-Sook and her husband] came to Canada, we couldn’t bring anything. We could only bring around \$300. We didn’t have much. I had four kids to take care of. I had to feed them and buy them clothes to wear. These reasons made me work very hard with all my strength. It was very hard work.

Moreover, work meant energy which helped the women to keep going. When they lost energy,

they could not do anything they wished. Jee-Eun was living with liver cirrhosis:

Work means energy in one's life. When a person sits around and does nothing, he has no strength. We have to move around, and think too. I think we're meant to move around. If my hands weren't hurting then I wish I could knit some clothes for the elders or orphans or something and give it away.

The women believed that paid work was something that they had to do for a living after immigrating. It was hard for one person to earn all the money needed in an immigrant family because husbands were generally employed in low-paying jobs. Paid work took up a large portion of Korean immigrants' family life. Therefore, paid work was a way of life and was required by immigrant women in order to sustain their lives: "Work is subsistence, a way of life. Here [in Canada], you have to work so you can survive. It's a way of living." (In-Ja)

**Physical Health: *"I had to keep on going [while working] no matter what"***

Employment itself may negatively affect individuals' health, and individuals who experience poor working conditions may develop health problems due to stress and fatigue. In contrast, employment may contribute positively to health. Accordingly, in this section, the women's physical health experiences during employment are described, including factors which influenced their physical health while employed, why they continued to work despite their poor physical health conditions, and what made them retire early.

Most participants did not have any health problems when they immigrated to Canada, but their health deteriorated gradually over time. During their employment, they experienced work overload and physical stress which impacted their health. The women often worked in nonprofessional sectors that required them to be standing or bending all day long. This sometimes led to the development of acute or chronic diseases and resulted in them quitting their jobs and suffering from chronic disease in their later life. Song-Hee described:

And I had to [stop working] because I couldn't stay standing too long. My back hurts so it's tough to stay up for even an hour. At first it was pretty difficult, working at my daughter's business ... I think it was 1989, I fainted while cutting meat. I had diabetes ... I was very healthy when I first immigrated here. My health isn't as good nowadays, for sure. I was diagnosed with diabetes and osteoporosis after I came to

Canada. My toe is stuck out funny like this [showing her toe] because of osteoporosis. They say it's because I was standing up for too long ... I assumed I got the illness because I was working.

Women believed that they had developed physical health problems from the stress and fatigue they experienced while they were employed:

I got the blood pressure problem from the stress. I would go home late at night. Once I got home, I was too tired to do anything else. Even if I wanted to eat something, I couldn't do it. I just slept as soon as I came home. It was so difficult. (Kum-Soon)

Some participants, on the other hand, believed that paid work helped them to stay healthy. Most of the women were employed after immigrating to Canada and usually worked at more than one job. They changed their jobs if they thought work was influencing their health in a negative way. Won-Ja said, "I had to wash that big pot and I was too emotionally nervous to work with other people. That's why I moved over to housekeeping ... housekeeping work helped me to settle down both mentally and physically."

Participants suffered health problems such as headaches, depression, and breakdowns while they were employed. This was mostly due to mental and physical stress from paid work. Despite having advanced education in Korea, women most often were employed as housekeepers, cooks, cashiers, helpers, laborers, and babysitters after immigrating to Canada. Thus, it was hard for them to adjust to a work environment that was not familiar to them. Working in unfamiliar conditions caused stress that in turn impacted their health. Won-Ja mentioned:

I had a breakdown. It was a nervous breakdown. I guess that it was due to mental and physical stress. Ever since I started work as a housekeeper, for about five years, I had headaches. I lost my appetite, and I was losing a lot of weight ... I was hospitalized for three days.

Most of the participants had to maintain their employment despite their illnesses. As a result, they became fatigued and believed that this contributed to the development of certain diseases.

Kum-Soon recalled:

I think my blood pressure went up as I was working at my son's business place. I think I got high blood pressure from the work there. Some of the deaconesses from the church helped me out at work. They said they prayed for me like "please help her so she doesn't collapse" because I was working so much. I had

pills for stroke in my bag ready. I didn't know when the headache could hit me during work. And after working at my son's store, that's when I suffered a stroke.

Participants believed that working conditions contributed negatively to their physical health.

Bok-Hee said, "When I work[ed], I had to hold myself back from going to the bathroom quite often. I must've done that too much because I got something called pollakiuria [neurogenic bladder]. At times it's fine but once in a while I show pretty bad symptoms." Sometimes the women could not deal with their health issues because they did not want to miss paid work. No work meant that there was no money coming in. Bong-Ja recalled:

There was a sign of bad health coming after all. It was 1980. I had lower back pain. I think I pulled a muscle. I went to work, but I had to come back home. I couldn't even walk for three days. I hadn't had a single absence from my work in 5 years. I was okay until 2002 and then suddenly I got a bloody nose. It was bleeding so much that I had to go to the hospital. The doctor said it was because of the dry weather. And so the next day I went to some kind of seminar and I was there all day and my nose kept bleeding. I went to the emergency and my blood pressure kept going up and up. I almost died ... I had to keep on going no matter what. I think that it was all piled up, all that stress and no rest. It [the sickness] didn't really happen all of a sudden after all.

Some participants had to quit their jobs or retire early due to work-related illnesses. Bok-Hee shared that "for the past few years I was working in the dairy section handling cold objects so the joints in my hands hurt. I wonder if I got arthritis. That's why I stopped working at [Supermarket] last year." Participants were often still dealing with these work-related illnesses after their retirement: "As for my back, I strained it a bit when I used to work at the hospital lifting the patients ... once in a while it is uncomfortable" (Min-Ja). Choon-Ja had to retire earlier than expected because of her illnesses: "I remember having some problems like my hand being numb and stuff. So that's why I stopped working and retired because of the pain."

These experiences were described not only by women who immigrated to Canada as skilled workers, professionals and provincial nominees, but also by women who immigrated as investor immigrants. These women had enough money for living, and therefore thought that they could make a good living without being employed. However, it turned out to be difficult to have

a good life without paid work:

At first, I came here [Canada] thinking I'd stay home. But when we came to realize the situation, I seemed to have no choice but work. It wouldn't go well without keeping oneself working. I couldn't just live without working. I couldn't use up all of my savings ... You know how much we suffered mentally. (Dong-Hee)

Despite these challenges, paid work helped the women feel energetic and active, which were seen as essential to preserving health. During employment, the women were energized, which impacted their mental health in a positive way; good mental health may have, in turn, influenced their physical and emotional health.

**Jee-Eun:** I think I was healthier when I was working. My health becomes bad when I don't work. When I worked at the restaurant, the female staff would talk about funny things, and do little stuff here and there which was the good times.

**Dong-Hee:** I think I was happy when I worked. My body felt more energetic. Nowadays not much gives me the pleasure but when I used to work, I ran around so quickly and was very active.

**Mental Health: “*There’s obviously the luxury of time psychologically... [after retirement]*”**

While retirement itself may have had negative health consequences, it may have positively impacted mental and physical health outcomes. As such, there is still on-going debate on how retirement affects health functioning. Therefore, in this section, the women's mental health experiences following retirement are presented as follows: negative and positive impacts of retirement on mental health and factors influencing mental health following retirement.

The women believed that their mental health improved but their physical health stayed the same or worsened after retirement. Young-Soon shared that “my health condition is the same, but it is totally different mentally. Last month was the first month I experienced after retirement. I feel so good.” The participants commented that freedom from paid work gave them a new life mentally. In-Ja stated this very eloquently: “There’s obviously the luxury of time psychologically since I no longer work.” Furthermore, some of the participants lived by themselves which may not have been helpful to their mental health. As a result, a few

participants suffered from loneliness. Bong-Ja said, “I lost my partner that I could share with, and so I am more lonely now than I have ever been. I talk to my husband’s picture...”

In general, participants were housewives in Korea and had never been employed until they immigrated to Canada. Therefore, paid work itself was very stressful for the women in this study. After retiring, they were free from work-related mental stress. Kum-Soon said, “I suffered from depression [prior to retirement] ... [but] I didn’t have any difficulty mentally [after retirement]. My mind was at ease because I stopped work.” Participants also believed that the physical problems they experienced while they were employed improved after retiring. Won-Ja said that “I always used to say that I was so tired or that I was dying [while I was working], but now [after retiring] I am better ... It’s been good after retirement. It is a lot better [mentally and physically]...much better than before.”

Some participants felt more tired and found that they had illnesses after retirement. They did not have time to feel tired while they were employed, but after retirement they stayed home doing house chores which may have resulted in a lack of energy and impacted their motivation. Dong-Hee said that “I feel like I got lazier. When I used to work, I used to get up at 6 am and didn’t even know I was tired. Maybe I feel it more in my mind nowadays [after retirement] because I don’t work but just stay home ... I feel tired more often [after retirement].” Some participants only realized they were sick after retirement. They believed that they did not have time to pay attention to their health while employed, and that symptoms accumulated over a period of time without any indication of negative health. Then, after retirement, they began to notice certain illnesses. Bok-Hee commented, “I didn’t notice this while I was working before but when I suddenly stopped working my elbow hurt. I must’ve been tense all this time, and didn’t notice it because I was working and the pain must have built up from all that [work].” Paid



work itself was a ‘medicine’ for participants to keep them from being sick while they were working. However, following retirement, without the demands of employment, physical illnesses became apparent:

After I stopped working there, my mind was no longer tense, and I had nothing else to do but just stay home. During work, I was exerting too much energy, and I got to relax all of a sudden. That’s when all the illnesses started to flood in (Kum-Soon).

Moreover, the participants’ physical health progressively worsened after their retirement. Kum-Soon said that “I got around well by myself [while employed]. But I can’t do that as much nowadays [after retirement] because my health got worse. I suffered from overwork. My health deteriorated since then.”

Meanwhile, for two women, employment and retirement did not impact their mental health. These women had jobs they enjoyed and positive attitudes about their circumstances.

They recalled:

**Min-Ja:** Everyone that worked with me says I was good, and that’s all I remember. It’s nice to work with a happy attitude, with everyone and it’s nice... I think it [health]’s stayed the same. Just about the same. Even when I was working I didn’t have many [health] problems and I didn’t know about my osteoporosis ... I don’t notice anything different now [after retirement]

**In-Ja:** I really think it depends on one’s attitude, I found the work very enjoyable... I didn’t suffer from back pain or shoulder pain or anything like that when I was working. I don’t have any of those health problems now [after retirement] so I feel it’s been pretty much the same for me. I think that’s God’s blessing. God gave me health.

### **Maintaining Health: “*I start the day with exercise*”**

It was beneficial for the participants to use physical activities and spirituality as strategies to maintain health during employment and following retirement. Most of the women were well prepared spiritually, and they believed that their spiritual faith improved their emotional, mental, and physical health. They stated:

**Young-Soon:** I think I am very healthy now emotionally or physically appearance-wise. I don’t need to worry [about it] because only God knows what happens in the inside.

**In-Ja:** I have the Lord on my side so I still haven’t felt the loneliness as much ... Others tell me I look younger than my age, it must be because I think and live positively. I began to think more positively after I gave my life to God.

**In-Sook:** No matter what, I depend on God. Instead of feeling lonely, I just feel happy.

**Kum-Soon:** I live alone so I can move around like this and sing worship songs. So it makes me feel good and I don't feel lonely about living alone.

A detailed description of how the Christian faith impacts Korean immigrant women's lives in Canadian society, and of their participation in church activities, is published elsewhere (Authors, in review).

In addition to spirituality, participants talked about the use of exercise as a strategy to maintain health. Most studies related to exercise discuss the benefits, reasons, and barriers to exercise (Im & Choe, 2001; Lim, Kayser-Jones, Waters & Yoo, 2007; Sin, LoGerfo, Belza & Cunningham, 2004), but none of the research to date highlights specific exercises to maintain health. Most of the Korean immigrant women did not exercise on a regular basis while they were employed due to their busy schedule at home and at work. For these women, exercising regularly while employed may not have been easy due to the lack of free time for themselves. They had plenty to do both inside and outside of the home, including taking care of their children, managing house work, and being employed. However, following retirement, they exercised regularly, and exercise was part of their lives and was like daily bread for the participants.

Young-Soon said:

I retired recently, and I wanted to exercise a lot [while I was working], but I didn't have time, so I couldn't exercise. I tried to do stretching for about 30 minutes in the morning, and I tried to do a hula hoop in the evening, but eventually it didn't work out ... Nowadays [after retirement], I start the day with exercise and during the afternoon I go out. So, now I mostly try to start the day with exercise.

In-Sook liked to walk outside but had an alternate plan during cold weather: "I walk inside the house. I can't go out. It's too cold. So I walk on the running machine four times a week in the wintertime." Some of the participants enjoyed golfing despite their age. Won-Ja said, "For my daily routine, I play golf in the summer about three times a week. I also go to the driving range as well ... On days when my husband doesn't play golf with me, I like to go practice golf by

myself.”

Most of the women participated in more than one exercise, such as walking and golfing, yoga and Tai Chi, or walking and swimming. This may have helped them keep healthy mentally and physically. Min-Ja shared that “I attend those dance classes, and I also take some yoga [and] Tai Chi classes” Bong-Ja stated that she cross-country skied in the winter and participated in other exercises, such as walking, yoga, Tai Chi, aerobics, and golf in the summer to maintain her health:

I generally exercise four times a week at YMCA in the evening during the winter time. I do yoga, and I do Tai Chi at home with a tape. I play golf in the summer, and also now I do cross-country skiing in the winter. Cross country skiing is to maintain health, it's a good exercise. Doing so, I really enjoy it in winter. When there's no snow, I walk and. I do yoga and aerobics alternatively [at YMCA] in summer.

Walking was the favourite form of exercise for the women. They chose to walk for exercise throughout the year because it was easy to practice and cost-free. Kum-Soon said, “It's not just for 10 minutes because I walk 10-15 minutes in the morning and 10 minutes in the afternoon, so twice a day.” Furthermore, the participants utilized the Korean community center to do exercises such as stretching, dancing, yoga, and Tai Chi: “We have these dance classes at the Korean community centre twice a week. I attend those dance classes, and I also take some yoga [and] Tai Chi classes. Nowadays I do some stretching.” (Min-Ja)

Only one woman did not have time to exercise regularly because of her specific circumstances. She had walked for exercise inside the apartment or around the neighborhood, however, she had to stop because she needed to take care of her sick husband:

Before my husband was ill, I used to go outside during day time quite often. Nowadays I have to help my husband with medication on a set time during the day, but I go out if I have someone to get together with. Before this I used to walk around in the hallway quite often, as well as take a walk around the neighborhood. I didn't exercise very much... I must think that going out like that is an exercise. And this year, I often think to myself “I should go around the neighbors when I wake up in the morning.” So once in a while I take a walk outside. (Jee-Eun)

## Discussion

In the current study, Korean immigrant women's health experiences during their employment, and after retirement, were examined. The meaning of work varied among women in the study and was influenced by social attitudes and cultural beliefs. Prior to immigrating, work was related to raising children or working in the home, whereas, after immigrating to Canada, the meaning of work broadened to include paid work outside the home. In Korean culture, taking care of children, supporting your husband, and managing house chores are a part of a woman's job as a wife. Hard work is considered to be a form of duty to a woman's family, rather than a personal choice or accomplishment (Pak, 2006). As some of the women in the current study demonstrated, even after moving to, and living in, a society that treats women as equal to men, Korean immigrant women were likely to keep their traditional perspectives about work. It was evident that the Confucian philosophy was deeply etched in their way of being (Kim, 1996). Moreover, participants described paid work as hard and stressful, however, believed that paid work was vital to maintain their health. Previous research has described employment as a survival strategy and the necessary means to other goals for Brazilian immigrant women (Messias, 2001). Participants also stated that paid work itself was hard and involved a lot of effort. Employment was like a tonic for life for the women in the current study and influenced health in both positive and negative ways.

Most participants experienced acute or chronic diseases such as hypertension, arthritis, back pain, and bladder problems while they were employed. Paid work had negative influences on women's health after immigrating; even though the women noticed that their health gradually deteriorated while being employed, they were not able to stop working because employment was essential to make a living. Previous research (Messias, 2001) has reported that Brazilian immigrant women employed as house cleaners experienced work overload, physical stress,

muscular-skeletal problems and exposure to toxins and diseases; for instance, one woman was diagnosed with a stress-related ulcer due to her work several years after immigration. There are differences, however, between the two studies. The women in the current study were older (51-83 years) than those in the Brazilian study (22-60 years), the women's employment in the current study was not limited to low-paying jobs, and they had a variety of illnesses. It is evident that there may be other factors that impacted the women's health in the two studies. Different cultural perspectives about work and health and different personal characters may have influenced health outcomes. For example, for Korean immigrants, illness is a natural phenomenon in older age, and therefore most Korean immigrants tend to be inactive when they get older; resting in bed is a common treatment for those who get sick in Korean society, as they believe that health promoting behaviors might not improve their health (Sin et al., 2004). Therefore, further research is needed to examine the range of factors that may influence the health of immigrant women.

In the current study, most of the women were employed in low-paying jobs as housekeepers, cooks, cashiers, helpers, laborers, and babysitters after immigrating to Canada, even though they had obtained advanced education in Korea. This finding is similar to previous studies (Im & Meleis, 2001; Martins & Reid, 2007) of immigrant women. Im and Meleis reported that most Korean immigrant women worked in unfavorable labor situations in: (a) informal sector jobs such as private household work, unskilled work, and baby-sitting; (b) formal sector jobs in factories, restaurants, and supermarkets; and (c) small family businesses. Nevertheless, in the current study, only two participants were able to get jobs in professional fields in which they had been educated (nursing and accounting). These two women appeared to be better able to maintain good health after retirement than were the women who were in low-paying employment; so far there are no published studies to support this finding, however, there

may be a relationship between the quality of employment and health among immigrants.

Therefore, further research is needed to clarify potential relationships between employment and health among immigrants and Canadian-born individuals.

It is well known that people may develop health problems that could affect their health status later in life if they experience stress and fatigue for a prolonged period of time (Messias, 2001). In the current study, most of the women had to continue being employed despite experiencing fatigue and stress. This may have led to the development of certain diseases such as diabetes, headaches, depression, and nervous breakdowns. Once acquired, participants lived with these illnesses for the rest of their lives. This finding is consistent with Lee's report (2007) that Korean immigrant women face many stressors, which have an impact on their emotional, psychological, and physical health, and they continue to deal with these throughout the acculturation process and their life thereafter. It is evident that managing fatigue and stress is essential to prevent certain types of illness. However, it may not be easy for married immigrant women to find solutions to ease fatigue and stress while they were employed due to the fact that women have many roles to fulfill, including taking care of children, providing emotional nurturance for husbands, performing household tasks for the family, and being employed. Mui (2001) found that Korean immigrant women experienced more stressful life events than did their husbands. As a result, nurses, social workers, and other health professionals must work together to provide affordable social services and mobile health care centers for immigrants who do not have time to go to clinics or hospitals. This might improve immigrant women's and their families' health.

The health experiences of Korean immigrant women after retirement were also explored in the current study. The findings suggest that in most cases mental health improved but physical

health stayed the same or worsened after retirement. However, in the current study, retirement did not affect two women's psychological health; they enjoyed their jobs and may not have experienced much work-related stress. Freedom from work-related stress provided the participants with better psychological health, however they had more pain and physical health problems. Gall and colleagues (1997) studied the well-being of Canadian male retirees; retirees' physical problems did not change significantly one year after retirement, but became worse six to seven years after retirement. On the other hand, the psychological health of retirees decreased one year after retirement and increased six to seven years following retirement (Gall et al.).

Culturally isolated immigrants are susceptible to loneliness (Choudhry, 2001; Lee, 2007; Ponizovsky & Ritsner, 2004); some women in the current study suffered from loneliness. Women are particularly vulnerable to loneliness because they are often single in their later life due to their longer life expectancy compared to men (Holmen, Ericsson, Andersson & Winblad, 1993; Ponizovsky & Ritsner, 2004). Some of the participants lived alone, which may have impacted their mental health in a negative way. In a recent American study (Lee), most of the elderly Korean immigrants reported feeling lonely and emotionally and socially isolated from their families and the new society. Loneliness is likely to be associated with physical and mental health problems, and continuing to live with loneliness without any intervention to mitigate it may destroy an individual's psychological well-being (Draper, 1995; Olsen, Olsen, Gunner-Svensson & Waldstrom, 1991; Ponizovsky & Ritsner, 2004). Although women in the current study were spiritually and physically active, a few of the participants continued to suffer from emotional and social loneliness. The Korean immigrant women in the current study typically joined a Korean ethnic church, where they shared their heritage language and culture, and avoided daily interaction with others who do not speak the same language (Korean) and/or other

cultures (Authors, in review). Therefore, community based social programs and/or services for older immigrants to share their immigrant experiences with others and learn about other cultures would provide alternatives for women, including those who may not choose to affiliate with a formal religion. These programs and/or services not only share their heritage language and culture, but also enhance the potential for them to develop a sense of belonging and connection in the adopted culture.

Spiritual faith was one of the common ways to maintain health for most of the participants. In the current study, spiritual faith affected the women's emotional, psychological, and physical health positively, and eased stresses in daily lives. This finding is similar to Lee and Yoon's (2011) report that spirituality was significantly associated with lower anxiety, lower depression, higher positive well-being, and higher vitality. It is well documented that older Korean immigrants are more likely to receive support from Korean ethnic church members due to the fact that they share the same language and culture (Authors, in review; Cnaan, Boddie & Kang, 2005). Therefore, it is evident that spiritual faith plays a valuable role in enhancing the health, particularly the psychological health of Korean immigrant elders.

Many studies have shown that the major health risk for older Korean immigrants is physical inactivity (Sin, Belza, LoGerfo & Cunningham, 2005; Sin et al., 2004). Thus, exercise is an important strategy for older people to prevent and manage chronic diseases and to maintain independence (Lim et al., 2007; Sin et al., 2005). Although most of the participants in this study did not exercise regularly while they were employed due to their busy schedule at home and at work, many women began exercising on a regular basis after retirement. Most of the women participated in more than one exercise; exercise was a way to develop social relations and provide entertainment, and was essential to maintain health. Nurses, social workers, and other



health professionals must develop practical health promotion programs to help young and midlife immigrant women begin physical activity and to further engage the aging immigrant women in physical activities.

### **Conclusion**

In this study, paid work was essential for women to establish themselves in a new society. Most of the women began their new lives in Canada without enough personal finances, and therefore they had to be employed to support their family financially. Employment affected the women's health primarily in a negative way, however there were some women for whom paid work impacted health in a positive way. The women did not have time to take care of their physical health due to long working hours and difficult working conditions; this contributed to acute or chronic illnesses that they lived with for the rest of their lives. On the other hand, most of the women experienced improvement in their mental health after retiring. Exercise was an important strategy to maintain and improve their health, and to postpone and manage chronic diseases. Spiritual faith also impacted the women's mental health in a positive way. The current study contributes to our understanding of the health experiences of Korean immigrant women during employment and following retirement.

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## Conclusion

The lives and health experiences of aging Korean women following immigration were influenced by different factors including employment, finances, social networks, home circumstances, language, and retirement. Without understanding of the socioeconomic and sociocultural context of daily lives, it may be difficult to comprehend the phenomena that affect Korean immigrant women's health during employment and following retirement. Therefore, in the second paper, Korean women's immigrant experiences following immigrating to Canada were explored, and six themes emerged: coming to Canada; caring and sacrificing; obtaining employment; getting support; participating in the church; and hoping for the future. These findings provided a deeper understanding of Korean immigrant women's experiences with acculturation and challenges related to immigration in order to answer the research question, "what are the experiences of Korean immigrant women following immigration?"

Most of the women in the current study participated in paid work prior to retirement despite their development of chronic diseases. Paid work was essential to their economic well-being and provided their children with more opportunities. In Korean families, looking after children is the most important responsibility for women in their role as wives. Most of the participants had two or three substantial roles and responsibilities in addition to being employed, including taking care of children or grandchildren, and studying to improve English. These circumstances may have contributed to mental and physical illnesses during the women's lives, especially following retirement. In this section, the research findings are discussed in their entirety, including women's roles in Korean culture, immigrant employment in Canada, women and retirement, and health in retirement. Implications for nursing practice and recommendation for further research are also discussed.

## **Women's Roles in Korean Culture**

Confucian philosophy, which influences traditional values and the roles of family members, is deeply rooted in Korean family life (Kim, 1996). On the basis of this philosophy, Korean society maintains a patriarchal family system that includes multiple generations of family members connected through the patrilineal line (Kim). Additionally, in traditional Korean family relationships between men and women, men must be respected and women should be subservient (Kim). A woman's role as a wife is to take care of her children, to provide emotional nurturance for her husband, and to perform the household tasks for the family, while the man is the head of the family and the decision maker (Um & Dancy, 1999). Some studies indicate that, after immigrating, Korean immigrant women try to make their relationship equal to their husband but they are often not successful (Im & Meleis, 2001; Lim, 1997).

Furthermore, being a wise mother and a good wife is perceived as being of the highest value for Korean women (Pak, 2006). Most women in the current study were homemakers after marriage in their home country. Therefore, traditional gender roles were well entrenched prior to immigrating. As a result, after immigration, the women in the current study were confronted with many challenges such as getting a job and adjusting to their new lives, while maintaining their roles as mothers and wives.

It can be challenging to be a woman in Korean society (Im & Lipson, 1997). Despite recent changes influenced by Western views and industrialization in Korea, the Confucian view of social and family order remains strong (Kim, 1996). Korean immigrant women who are midlife and older tend to maintain the traditions of their home country, including the traditional norms with respect to women's roles (Yang, 2007). This being so, it may not be easy for them to shift their roles, to include being paid worker along with wife and mother.

## **Immigrant Employment in Canada**

Immigrants provide a major source of labor in Canada. In 2007, employment among immigrants aged 25 to 54 increased by 2.1 % compared to 1.3% among Canadian-born workers (Statistics Canada, 2008). Similarly, employment of older immigrants aged 55 and over was higher (9.3%) than that of all older Canadians (7.1%) (Statistics Canada). In 2007, the employment rate for immigrant women was still lower than that of immigrant men, yet employment among immigrant women aged 25 to 54 increased remarkably (Statistics Canada). Most immigrant employment in 2007 was in the service sector, including transportation, accommodation, and food services; however, regardless of the number of years of experience, skilled immigrants continue to deal with employment difficulties, including not having their degrees, work experience, and language proficiency recognized (Boyd & Schellenberg, 2007; Statistics Canada, 2008).

Some studies have documented that immigrants need to be employed in their host country, but not every immigrant finds paid work that they desire because it is very difficult to find employment related to their education and qualifications (Martins & Reid, 2007; Messias, 2001). Paid work is a survival tool and a necessary means to attain other goals for immigrants; paid work itself is difficult, entails a lot of effort, and dominates immigrants' lives due to long and hard working hours (Messias, 2001). Following immigration, Korean women take on paid work in order to contribute to supporting their family financially because their husbands are generally employed in low-paying jobs (Im & Lipson, 1997; Pak, 2006). Nah (1993) examined Korean immigrants' perceived problems in their new society and found that the major employment problems were underemployment and status incongruence. These problems were faced by Korean immigrants who were once white-collar professionals but were subsequently working in

blue-collar jobs. In addition, participants experienced difficulty finding employment and at times had inadequate job skills. They also initially found it hard to operate their business; however, over time were able to do so independently (Nah). In the current study, prior to immigrating, most of the participants obtained advanced education in Korea and were employed in careers including nursing, teaching, real estate, and banking before marriage; however, they had to stop working to undertake the household tasks for the family after marriage. Nevertheless, following immigration, many participants could not get the kind of employment that they wished because they had poor language skills, lack of finances, transportation difficulties, and the primary responsibility for child-rearing.

In the current study, most of the participants were employed in Canada in non-skilled jobs such as a housekeeper, helper in a nursing home or restaurant, cashier, laborer, or babysitter. Only two participants were employed as professionals. Some of the participants started and ran small businesses with their husbands or by themselves.

### **Women and Retirement**

The retirement experience for women may be different than that of men due to the fact that women and men have different work experiences and different duties and/or obligations at home. Women are likely to increase their social activities after retirement because they are free from job duties and obligations (Nateetanasombat, Fongkaew, Sripichyakan & Sethabouppha, 2004). Nateetanasombat and colleagues explored the experiences of Thai retired women. Thai women perceived their retirement positively as a time to enjoy their life. According to Price (2003), retirement was seen by American professional women as an autonomous experience that was made more manageable by a lack of responsibility to others. Based on the findings, Price argues that adjustment to retirement by professional women could be improved by maintaining



active lifestyles, utilizing work-related skills, and strengthening individual self-concepts to reduce the effects of the loss of former professional roles during the retirement adjustment process.

Babb (1997) found that most American retired women in her study believed that they had adjusted well. Family was the most important support mechanism for them, followed by work colleagues, community resources, and aging friends. Furthermore, the restructuring of free time was not a significant issue among the professional retired women in Babb's study. Volunteer opportunities, changing family obligations, and permission to relax filled their free time and compensated for the lack of structured work activity. In the current study, women had time to exercise following retirement; this was not possible for most of them to pursue while they were employed. Participants wanted to do more volunteer work to help others. Moreover, the women in the current study received emotional, social, and financial support from family, church, and government.

Many factors, such as the extent of preparation for retirement, adequate financial foundation, good health and marital status, family and social support, and enjoyable activities, affect how successful a retiree's later life will be (Babb, 1977; Snyder, 1998). In Price's study (2003), retirement adjustment for American women was affected by the following factors: (a) role expansion, particularly tasks and responsibilities in relation to the former work role; (b) strength in self-concept and maintaining a sense of self despite the loss of the work role; (c) the practice of establishing structure in retirement through time management; and (d) community involvement. In the current study, having spiritual faith, doing exercise to maintain health, and receiving emotional, social, and financial support through family, church and government were the main factors that helped participants enjoy their lives following retirement.

## Health in Retirement

Retirement is a social-psychological transition that may influence physical and psychological health, and that can provide individuals with the opportunity to reconsider how they might improve their physical health by developing strategies to improve and maintain it (Moen, 2001; Nateetanasombat et al., 2004). Individuals, especially when over fifty, experience more acute and chronic diseases (Hooeyman & Kiyak, 2002). Nateetanasombat and colleagues (2004) stated that although some participants reported no illnesses, many of the Thai retired women in their study had diseases such as diabetes mellitus, osteoarthritis, and physical degeneration. The retired women built strategies to support their physical health through exercise, a balanced diet, and relaxation (Nateetanasombat et al., 2004). In the current study, most of the women had more than one chronic disease, such as hypertension, osteoporosis, and diabetes, and continued to manage these diseases for the rest of their lives. Furthermore, following retirement, most participants exercised on a daily basis to maintain and improve their health. They engaged in more than one type of exercise, such as walking and swimming or yoga and Tai Chi; walking was the favorite form of exercise. In addition, spiritual faith positively affected the women's mental health.

More Canadians will shift from active working to retirement over the coming decade due to the retirement of baby boomers (Kuerbis & Sacco, 2012; Schellenberg & Ostrovsky, 2008). Between 1995 and 2000, the retirement age for women declined from 67.9 to 62.5 years, and for men declined from 68.5 to 62.6 years (Gendell, 2001). In the current study, the retirement age ranged from 52 to 74 years, with an average of 63.1 years. It is evident that employment affects health (Blustein, 2008; Messias, 2001; Perilla, Wilson & Wold, 1998; Smith et al., 2005). For instance, people working in demanding jobs experience more mental and physical health

problems (Evans & Steptoe, 2002; Messias, 2001; Smith et al., 2005; Stansfeld, Fuhrer, Shipley & Marmot, 1999; Tsutsumi, Kayaba, Theorell & Siegrist, 2001; Yeung & So Kum Tang, 2001).

In the current study, some of the women had to stop working, to change their jobs, or to reduce working hours due to poor health before they reached their retirement age. Furthermore, the women in the current study experienced health problems such as headaches, depression, and breakdowns mostly due to mental and physical stress from paid work. In contrast, for a few women, paid work helped them feel energetic and active, which helped them stay mentally healthy.

There are limited studies which examine how retirement influences health outcomes. Nevertheless, some arguments about the relationship between retirement and health have been proposed. Some researchers argue that retirement has a negative impact on both mental and physical health (Dave, Rashad & Spasojevic, 2008; Tuomi, Jarvinen, Eskelinen, Ilmarinen & Klockars, 1991), while others insist that retirement improves mental health but worsens physical health (Mein, Martikainen, Hemingway, Stansfeld & Marmot, 2003). Furthermore, it has been argued that retirement decreases mental problems but does not directly impact physical health (Salokangas & Joukamaa, 1991; Westerlund et al., 2010). In the current study, retirement appeared to enhance mental health but, in some instances, worsened physical health. Following retirement, the women in the current study experienced mental improvement, which affected their mental health in a positive way. In contrast, for some women, their physical health gradually deteriorated over time. The women did not have time to take care of their health during their employment and, as a result, did not realize that they had certain illnesses until they retired. Then, following retirement, they began to notice physical illnesses. On the other hand, for a few

women, physical health problems that they experienced during employment improved after retirement.

### **Implications for Nursing**

The findings from the study have important implications for nursing. Over recent decades, the number of immigrants in Canada has gradually increased, and currently 19.8% of the total Canadian population are immigrants (Statistics Canada, 2009). Therefore, it is essential for nurses to understand diverse cultural backgrounds in order to provide culturally competent care. This is particularly important to maintain and improve the health of immigrants and to provide them with high quality health care providers (Buscemi, 2011). Furthermore, immigrant women and their families need health care providers who understand their heritage and host culture in order to help them improve their quality of life in a new society. For instance, community based social programs and social services may be helpful for older immigrants to share their immigrant experiences with others and learn about other cultures. These programs and services facilitate access to emotional, social, and financial support so that the immigrants not only share their heritage language and culture, but also develop a sense of belonging and connection to groups and communities in the host country. Therefore, it is important for nurses to have a clear understanding of the acculturation process and associated adjustment patterns of immigrant women and their families to provide appropriate support and services that are essential to diverse life stages and transitions.

Health promotion has been an important area of research in nursing, but there are few studies in relation to the health of Korean immigrant women. Health promotion is a broad concept that is affected by individual beliefs, cultural influences, and social values (Sin, LoGerfo, Belza & Cunningham, 2004). The goal of health promotion is to reduce the number of latent

years of life lost due to premature mortality and to enhance the quality of life (Bloom, 2001). Quality of life is an important aspect of health promotion. Factors affecting quality of life in midlife and old age vary from individual to individual. Korean immigrant women may have a lower quality of life than Canadian-born women because of declining health status with aging, increasing health risk factors, and environmental factors such as language barriers, lack of transportation, social isolation, and lower socio-economic status. The combination of aging and reduced economic resources, due to losing employment, not getting a job, or retirement, may not allow Korean immigrant women to maintain activities consistent with health promotion (Shin, Kang, Park, Cho & Heitkemper, 2008).

In the current study, some diseases may have been prevented by women's participation in health promoting behaviors such as exercise, eating a healthy diet, and reduced work hours; modifying lifestyle factors potentially prevents heart disease and diabetes (Boutayeb & Boutayeb, 2005). According to the American Association of Retired Persons (2007), regular physical activity decreases the risk of high blood pressure, heart disease, diabetes, and colon cancer, as well as the risk of premature death. However, it was almost impossible for participants to exercise and to reduce work hours prior to retirement due to competing demands of paid work and caring for children. Knowledge about how Korean immigrant women grew up and functioned in Korea and/or in the Korean immigrant community in Canada will contribute to a better understanding of their health experiences. Furthermore, it is important to develop practical education programs for nurses to understand immigrant women and their families, and to provide direct and indirect support. For instance, in the current study, all of the women participated in the Korean ethnic church and attended the Korean community center to engage in physical activities. Therefore, nurses may connect with Korean immigrant women and their families through the

Korean churches and community centers to provide accessible social services and mobile health care services. The current study provides general information for nurses about the health experiences of Korean immigrant women especially during employment and following retirement.

Overall, nurses may be the best candidates to help immigrant women and their families integrate smoothly into Canadian society through various forms of education and through providing affordable community services in relation to health. The knowledge obtained from the current study can be used to guide health promotion programs by nurses, social workers, and other health professionals with this population. The information gained from this study may inform health promotion practice to contribute to the reduction of potential health problems of immigrant women and their families.

### **Recommendations for Further Research**

Further research in several areas is required to help immigrant women and their families maintain their health and improve their lives following immigration. I would like to highlight three areas for further research: (a) examine the methodological rigor of translation and developing guidelines for the translation process; (b) apply Berry's bi-dimensional model to participants of different ages and cultural backgrounds; and (c) investigate the relationships between paid work and physical health among foreign-born and Canadian-born individuals.

Despite the fact that translators have the potential to impact research (Larkin, Dierckx de Casterlé & Schotsmans, 2007; Temple & Young, 2004), there is limited literature examining the researcher-translator relationship and there is no information available regarding how translators should be selected. In the paper "Understanding the language, the culture, and the experience: translation in cross-cultural research," the general translation process used following interviews

was discussed, and some challenges related to finding a suitable translator and the importance of communication between the researcher and the translator were presented. I hired two translators who were fluent both in Korean and English and understood Korean culture and the experience of the participants; this reduced the potential threats to the validity of the data. Furthermore, from data collection to the final data analysis in the current study, I continued to communicate with the translators to develop accurate and meaningful transcripts. Since rigor in cross-cultural research has rarely been addressed (Im, Page, Lin, Tsai & Cheng, 2004), further research is needed to explore the methodological rigor of translation in the context of other languages and cultures.

Berry (1980) argues that personality factors or how individuals deal with conflict affect individuals' integration into the adopted country. To explain how individuals seek to engage in the acculturation process, Berry (1997) used the term "acculturation strategies" (p. 9): integration, assimilation, segregation, and marginalization; furthermore, integration is the most adaptive acculturation strategy, followed by assimilation, segregation, and marginalization (Berry, Kim, Minde & Mok, 1987; LaFromboise, Coleman & Gerton, 1993; LaFromboise & Rowe, 1983; Szapocznik & Kurtines, 1980). In the current study, using the qualitative methodology of focused ethnography to apply Berry's bi-dimensional model to participants limited me in achieving my intention of understanding where the participant were in the process of acculturation. Berry's model, however, provided me with the idea that individuals can have many socio-cultural identities present at one time, and that individuals can accept both the socio-cultural identities of their adopted country and some of their home country (Berry, 1980, 1984; Lee, Sobal & Frongillo, 2003). Accordingly, Berry's model enabled me to understand Korean immigrant women's experiences based on their lives inside and outside the home, including

family relations focusing on caring and sacrificing, employment, and church involvement. Furthermore, the findings from the current study revealed that most of the women had gradually integrated into Canadian society even though they had a difficult time adjusting due to challenges with language, finances, and child-care. On the other hand, a few women moved back and forth between segregation and integration, and no women adopted the assimilation or marginalization strategy. This raises a question in my mind: “Would the results be different if I had used mixed methods, combining open-ended interviews and a survey instrument, to explore Korean immigrant experiences in relation to health and immigration?” A mixed method design may have made it easier to determine what strategy (integration, assimilation, segregation, and marginalization) participants were in. Combining qualitative and quantitative methods may be more effective to explore immigrant experiences. In addition, further research is needed to illustrate how Berry’s model can be applied to different age and cultural groups, and in rural settings.

Employment has an impact on the development of poor health and immigrants have more negative work experiences that may increase stress and impact poor health conditions (Blustein, 2008; Messias, 2001; Smith et al., 2005). The relationships between employment and mental health have been examined (Alderete et al., 1999; Evans & Steptoe, 2002; Tsutsumi et al., 2001; Yeung & So Kum Tang, 2001), and some studies indicate that physical health is affected by employment (Messias, 2001; Smith et al., 2005). In the current study, it was evident that paid work affected immigrant women’s health. Long and hard working hours may have contributed to acute and/or chronic illnesses that the women had to deal with for the rest of their lives. The women also indicated that it was very difficult to find employment related to their education, and most of the women did not obtain a job that they wished for; they were employed in low-paying



jobs which required long working hours. On the other hand, two women in the current study were able to work in professional sectors where they had been educated (nursing and accounting). These two participants appeared to maintain better health following retirement than those participants who were employed in low-paying jobs; no studies have been published to support this research outcome, however, the quality of employment may affect health among immigrants. Therefore, further research is required to elucidate potential relationships between employment and health among immigrants and Canadian-born citizens.

Overall, although the Korean immigrant women in the current study experienced many difficulties and challenges adjusting to Canadian society, they gradually integrated into their adopted country. They struggled to establish their new lives for various reasons, such as poor English abilities, lack of finances and transportation, and child-rearing responsibilities, however these challenges did not keep them from improving their lives in the host country. Rather, they accessed social support systems, such as government, family, and church, to assist their adjustment to Canadian society. On the other hand, the women had to be employed for a living and paid work influenced their health. Following retirement, the women's mental health improved but their physical health remained the same or worsened; most of the women had more than one health problem. The women began to exercise to maintain and improve their health after retiring, and spiritual faith enhanced their mental health. The women had a positive attitude toward Canadian society no matter what their experience had been. I believe that the positive attitude toward the adopted society helped them integrate well into Canadian society and kept them moving forward.

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# Title of Study: Exploring the Health and Aging Experiences of Korean Immigrant Women

## Your Experience Can Make Immigrant Women's Lives Different

- Are you a Korean immigrant woman who is 50 years or over?
- Are you interested in participating in a study exploring the health and aging experiences of Korean immigrant women?

Jaeyoung Choi  
Faculty of Nursing  
University of Alberta  
Phone: 780-492-8317  
E-mail: [jaeyoung@ualberta.ca](mailto:jaeyoung@ualberta.ca)

If you or someone you know might be interested in participating in the study please take a tag and call. Thank you:

[illegible]



연구제목: 한국이민자여성의 건강과 노화경험에 관한 연구

**당신의 경험이 이민자여성의 삶을 변화시킬 수 있습니다!**

- 당신은 50 세 이상의 한국이민여성이십니까?
- 한국이민여성의 건강과 노화경험에 관한 연구에 관심이 있으십니까?

이메일 주소: [jaeyoung@ualberta.ca](mailto:jaeyoung@ualberta.ca)

한국이민자여성의 건강에 관한 연구에 관심이 있으신 분은 아래의 전화번호를  
가져가셔서 전화 주십시오. 감사합니다.

[illegible]

## APPENDIX C: Telephone Intake Interview

**Date:** \_\_\_\_\_

Thank you for calling.

My name is \_\_\_\_\_

**Would you like to hear a bit more about the study or would you prefer to know if you are eligible to be in the study?**

A bit more about the study:

**Purpose:** The purpose of the study is to learn about Korean immigrant women's health and aging experiences related to employment and/or retirement.

I am interested in how immigration and living in a new culture have affected your health and aging.

If you are willing to participate, I will talk with you for about 1-2 hours in a convenient place such as your home. Anything you say will be kept confidential.

We hope that the findings of this study may contribute to fewer health problems for Korean immigrant women.

**Eligibility:**

- Are you interested in participating? Yes \_\_\_\_ No \_\_\_\_

*You will be asked to sign a consent form when I interview with you.*

I need to ask you some questions now to make sure that you meet the criteria for being included.

- Are you a Korean immigrant woman? Yes \_\_\_\_ No \_\_\_\_
- Are you a permanent resident or a Canadian citizen? Yes \_\_\_\_ No \_\_\_\_
- What is your age?
- Have you been living in Canada for at least 5 years?
- Have you been employed since you came to Canada?

Can you please give me the correct spelling of your name: \_\_\_\_\_

Phone number \_\_\_\_\_

Alternate number \_\_\_\_\_

E-mail \_\_\_\_\_

**Set up interview:**

- When is the best time for the interview?
- Where would you like to be interviewed?

**Address and Directions:**

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**Special considerations to be aware of** (backdoor, dogs, parking, buzzer number):

---

*Do you have any questions about the study?*

Thank you for agreeing to participate. I will call you 1 to 2 days before the interview to confirm the date and time. I look forward to meeting you in person.

-----

\* Reminder: Please bring your glasses if necessary in order to read and fill out some forms.



## APPENDIX D: Information Letter (Grade level: 7.8)

**Title of Study:** *Exploring the Health and Aging Experiences of Korean Immigrant Women*

**Principal Investigators:** Judy Mill, RN, PhD, Associate Professor, Faculty of Nursing,  
University of Alberta, Phone: (780) 492-7556, E-mail:  
[judy.mill@ualberta.ca](mailto:judy.mill@ualberta.ca)

Kaysi Eastlick Kushner, RN, PhD, Associate Professor,  
Faculty of Nursing, University of Alberta, Phone: (780) 492-5667,  
E-mail: [kaysi.kushner@ualberta.ca](mailto:kaysi.kushner@ualberta.ca)

**Co-Investigator:** Jaeyoung Choi, RN, MScN, PhD candidate, Faculty of Nursing,  
University of Alberta, Phone: (780) 492-8317,  
E-mail: [jaeyoung@ualberta.ca](mailto:jaeyoung@ualberta.ca)

You are being asked to participate in a research study. Before you give your consent, please read the following information. I would like you to ask any questions to make sure that you understand the purpose of the research.

**Study Purpose:** The purpose of this study is to learn about Korean immigrant women's health and aging experiences. I want to learn how immigration and living in a new culture have affected your health and aging. I am also interested in how paid work might have affected your experiences.

**What will happen?** I will talk with you one time in person, for one to two hours. Our talk will be tape recorded. I may write notes to make sure that important information is not missed.

**What are the benefits of the study?** There may not be any direct benefits to you. However, what you tell me will help me to learn about Korean immigrant women's experiences. What you tell me may be helpful to people who plan programs to support immigrant women and their families.

**Are there any risks to me?** There are no expected risks to take part in the study. However, you may not be comfortable when you talk about your experience. I will stop the interview when you are not comfortable. I will stop the tape recorder when you ask me to.

**Will my privacy be kept?** I will keep all data in a locked filing cabinet in the supervisor's office. Your real name or initial will not be used in reports of the research. I will use an anonymous name or a number. The interview recording and interview notes will be destroyed 7 years after the completion of the study.

**It's your choice** It is your choice to be part of this study. You can stop taking part in this study at any time without consequences or harm. If you decide to stop taking part in this study, no data

will be included in the study.

**Reimbursement of expenses** You will receive a \$20 gift card for your time.

**Do you have more questions?** If you have any questions, you can call Jaeyoung Choi at 780-492-8317 or email me at [jaeyoung@ualberta.ca](mailto:jaeyoung@ualberta.ca)

**Additional contact** If you have concerns about the study, you can phone Dr. Christine Newburn-Cook, Associate Dean Research, Faculty of Nursing, University of Alberta, at 780-492-6831. The Associate Dean is not part of this study.

**Study findings** If you want a summary of the results of this study, please call Jaeyoung Choi at 780-492-8317. Please leave your name, mailing address including a postal code.



**APPENDIX E: Information Letter (연구안내서) (Grade level: 5.7)**  
**(Korean version)**

**연구제목:** 한국이민자여성의 건강과 노화경험에 관한 연구

**지도교수:** Judy Mill, 간호사, 간호학박사, 부교수, 간호학부, 알버타 대학,  
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**연구자:** 최재영, 간호사, 간호학석사, 박사과정 후보자, 간호학부, 알버타 대학,  
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한국이민자여성의 건강과 노화경험에 관한 양질연구에 참여하시게 되었습니다. 연구 동의서에 서명하시기 전에 아래의 연구안내서를 읽으시기를 바랍니다. 연구목적을 이해하시기 위해 필요한 많은 질문을 하여 주시기를 바랍니다.

**연구목적:** 본 연구의 목적은 한국이민여성의 건강과 노화의 경험을 연구하고자 합니다. 본 연구자는 이민과 새로운 문화에서의 생활이 어떻게 당신의 건강과 노화에 영향을 미치는지를 알고자 합니다. 또한 직업이 어떻게 당신의 건강과 노화의 경험에 영향을 미치는지를 알고자 합니다.

**연구가 어떻게 진행되는지?** 본 연구자는 당신과 단 한번 1시간 또는 2시간 이야기할 시간을 갖게 될 것입니다. 우리의 이야기는 녹음될 것입니다. 중요한 정보를 놓치지 않기 위해 간단한 메모를 할 경우도 있습니다.

**본 연구의 이익은 무엇인가?** 당신에게 미치는 직접적인 이익은 없습니다. 하지만, 당신이 이야기하는 것은 한국이민여성에 관한 이해를 도울 것입니다. 당신의 이야기는 이민여성과 그들의 가정을 도와주기 위한 프로그램을 개발하는 사람들에게 도움이 될 것입니다.

**연구참여자에게 위험이 있습니까?** 본 연구에 참여함으로써 예상되는 위험은 없습니다. 그러나 인터뷰 하실 때 경험한 것들을 말씀하시면서 불편함을 느끼실 수도 있습니다. 인터뷰 하실 때 불편함을 느끼신다면 인터뷰를 바로 중단할 것입니다. 당신이 인터뷰 중단을 요구하신다면 녹음기를 바로 정지 시킬 것입니다.

**개인정보가 보호 됩니까?** 모든 연구자료는 지도교수님의 캐비닛 (책상서랍)에 보관될 것입니다. 실제이름이나 실제이름의 머리글자는 연구결과에 사용되지 않을 것입니다. 익명이나 숫자를 이용할 것입니다. 인터뷰녹음과 인터뷰 당시에 본 연구자가 작성한

연구노트는 연구 종료 7년 후에 파기될 것입니다.

**당신의 선택입니다** 본 연구에 참여하는 것은 당신의 선택입니다. 언제든지 아무런 위험 없이 본 연구를 탈퇴하실 수 있습니다. 본 연구에서 탈퇴하실 때는 탈퇴 당시까지 수집한 모든 자료는 삭제됩니다

**보상비용** 본 연구에 참여하여 주신 것에 대한 감사의 표시로 20달러 선물카드를 받으실 것입니다.

**더 궁금한 것이 있으십니까?** 질문이 있으시다면 최재영에게 전화 또는 이메일을 주십시오. 전화번호와 이메일 주소는 다음과 같습니다:  
전화번호: 780-492-8317 또는 이메일 주소: [jaeyoung@ualberta.ca](mailto:jaeyoung@ualberta.ca)

**부가적인 연락처** 본 연구에 대해서 염려되시는 것이 있으시다면 알버타 대학의 간호학부 연구부학장 Christine Newburn-Cook 교수님에게 전화 주십시오. 연락처는 다음과 같습니다: 780-492-6831. 연구부학장 Christine Newburn-Cook 교수님은 본 연구와 관련이 없습니다.

**연구결과** 연구결과요약을 원하신다면 최재영에게 전화 주십시오. 연락처는 780-492-8317입니다. 당신의 이름, 우편번호를 포함한 집주소를 남겨 주십시오.

## APPENDIX F: Informed Consent (Grade level: 7.8)

### Part 1 (to be completed by the Principal Investigator)

**Title of Project:** *Exploring the Health and Aging Experiences of Korean Immigrant Women*

**Principal Investigators:** Judy Mill, RN, PhD, Associate Professor,  
Faculty of Nursing, University of Alberta,  
Phone: (780) 492-7556, E-mail: [judy.mill@ualberta.ca](mailto:judy.mill@ualberta.ca)  
Kaysi Eastlick Kushner, RN, PhD, Associate Professor,  
Faculty of Nursing, University of Alberta,  
Phone: (780) 492-5667, E-mail: [kaysi.kushner@ualberta.ca](mailto:kaysi.kushner@ualberta.ca)

**Co-Investigator:** Jaeyoung Choi, RN, MScN, PhD candidate, Faculty of Nursing,  
University of Alberta, Phone: (780) 492-8317,  
E-mail: [jaeyoung@ualberta.ca](mailto:jaeyoung@ualberta.ca)

### Part 2 (to be completed by the research participant)

	Yes	No
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached information letter?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to withdraw from the study at any time, without having to give a reason?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who will have access to your records?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to be audio-taped?	<input type="checkbox"/>	<input type="checkbox"/>

This study was explained to me by \_\_\_\_\_

I have read and understood the above information and agree to participate in this study.

\_\_\_\_\_  
Signature of the Research Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I believe that the person signing this consent form understands what is involved in the study and voluntarily agrees to participate.

\_\_\_\_\_  
Signature of the Investigator

\_\_\_\_\_  
Date

**The information sheet must be attached to this consent form and a copy given to the research participant.**



## APPENDIX G: Informed Consent (Grade level: 6.2)

### (Korean version)

#### Part 1 (연구자에 의해 기술되는 부분)

**연구제목:** 한국이민여성의 건강과 노화경험에 관한 연구

**지도교수:** Judy Mill, 간호사, 간호학박사, 부교수, 간호학부, 알버타 대학,  
Phone: (780) 492-7556, E-mail: [judy.mill@ualberta.ca](mailto:judy.mill@ualberta.ca)  
Kaysi Eastlick Kushner, 간호사, 간호학박사, 부교수, 간호학부,  
알버타 대학, Phone: (780) 492-5667, E-mail: [kaysi.kushner@ualberta.ca](mailto:kaysi.kushner@ualberta.ca)

**연구자:** 최재영, 간호사, 간호학석사, 박사과정 후보자, 간호학부, 알버타 대학  
Phone: (780) 492-8317, E-mail: [jaeyoung@ualberta.ca](mailto:jaeyoung@ualberta.ca)

#### Part 2 (연구참여자에 의해 기술되는 부분)

	Yes	No
이 연구에 참여하시게 된 것에 대해서 이해하십니까?	<input type="checkbox"/>	<input type="checkbox"/>
연구안내를 받으시고 읽으셨습니까?	<input type="checkbox"/>	<input type="checkbox"/>
연구에 참여함으로써 발생하는 잠재적인 위험과 이익에 대해서 이해하십니까?	<input type="checkbox"/>	<input type="checkbox"/>
본 연구에 대해서 궁금하신 점을 연구자에게 물어 보시고 의견을 나누셨습니까?	<input type="checkbox"/>	<input type="checkbox"/>
탈퇴이유를 밝히실 필요 없이 언제든지 본 연구에서 탈퇴 하실 수 있다는 것을 이해하십니까?	<input type="checkbox"/>	<input type="checkbox"/>
비밀보장에 대해서 설명 들으셨습니까?	<input type="checkbox"/>	<input type="checkbox"/>
본 연구에서 수집된 당신의 모든 정보나 자료를 누가 열람할 수 있는지를 이해하십니까?	<input type="checkbox"/>	<input type="checkbox"/>
인터뷰가 녹음되는 것에 동의하십니까?	<input type="checkbox"/>	<input type="checkbox"/>

본 연구는 연구자 \_\_\_\_\_ 의해 연구참여자에게 설명되었다.

본 연구참여자는 위의 연구동의서의 내용을 이해하고 본 연구에 참여하는 것에 동의합니다.

\_\_\_\_\_  
연구참여자의 서명

\_\_\_\_\_  
날짜

\_\_\_\_\_  
성명

본 연구자는 연구동의서에 서명한 연구참여자가 본 연구에서 어떤 역할을 하게 될 것인지를 이해하고 자발적으로 연구에 참여하는 것에 동의한 것이 사실임을 확인합니다.

\_\_\_\_\_  
연구자 서명

\_\_\_\_\_  
날짜

연구안내서는 반드시 연구동의서에 첨부되어야 하며 연구동의서 사본을 연구자에게 주어야 한다.

## APPENDIX H: Demographic Data (Grade level: 6.8)

### PERSONAL INFORMATION

Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Arrival in Canada: Month and Year \_\_\_\_\_

Highest Educational Level Achieved \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Never married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Other \_\_\_\_\_

Were you married when you immigrated to Canada? Yes \_\_\_\_ No \_\_\_\_

Did you have children when you immigrated to Canada? Yes \_\_\_\_ No \_\_\_\_

If yes, how many children did you have at that time? \_\_\_\_\_

Have you had any additional children since you came to Canada? Yes \_\_\_\_ No \_\_\_\_

If yes, how many? \_\_\_\_\_

Number, age, and relationship of adults living in your household (including yourself)

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### EMPLOYMENT/RETIREMENT INFORMATION

Current employment status and occupation:

Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Self-employed \_\_\_\_\_

Homemaker \_\_\_\_\_

Retired \_\_\_\_\_

Other \_\_\_\_\_

Date of Your Retirement (If retired) \_\_\_\_\_

What type of work did you do (if retired)? (brief description of your past work experience and major responsibilities)

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How many years were you employed in your workplace? \_\_\_\_\_

Are you receiving compensation/pension that is directly associated to your years of work (in addition to any Canadian Pension Plan you may draw)? Yes \_\_\_\_ No \_\_\_\_

Have you been employed since your retirement? Yes \_\_\_\_ No \_\_\_\_

If yes, how many hours do you work per week? \_\_\_\_\_hour(s)

Do you have any health problems that require you to see a physician or take medications on a regular basis? Yes \_\_\_\_ No \_\_\_\_

If yes, what is/are that/those condition(s)?

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NOTE: The contents of this demographic data and all interviews/interview notes will be coded by the researcher to ensure the confidentiality of the participants.

**APPENDIX I: Demographic Data (개인정보) (Grade level: 3.5)**  
**(Korean version)**

**개인 정보**

개인코드 \_\_\_\_\_

생년월일 \_\_\_\_\_

이민일자: 월/년 \_\_\_\_\_

교육 정도 \_\_\_\_\_

결혼상태: 결혼 \_\_\_\_\_ 미혼 \_\_\_\_\_ 이혼 \_\_\_\_\_ 사별 \_\_\_\_\_ 기타 \_\_\_\_\_

캐나다에 이민오실때 결혼하신 상태이셨습니까? 예 \_\_\_\_\_ 아니오 \_\_\_\_\_

캐나다에 이민오실때 자녀가 있으셨습니까? 예 \_\_\_\_\_ 아니오 \_\_\_\_\_ 캐나다에 이민오실당시에  
 자녀가 있으셨다면 슬하에 몇 명 두셨었습니까? \_\_\_\_\_

캐나다에 이민오신 이후에 자녀를 더 두셨습니까? 예 \_\_\_\_\_ 아니오 \_\_\_\_\_ 그러시다면 슬하에  
 몇 명 더 두셨습니까? \_\_\_\_\_

현재 함께 살고 계시는 성인가족의 수, 나이 그리고 가족관계를 적어주십시오 (연구참여  
 자인 본인도 포함시켜 주십시오)

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고용/퇴직 정보

현재고용상태 및 직업:

정규근무시간제 (Full-time) \_\_\_\_\_

단시간 근무제 (Part-time) \_\_\_\_\_

자영업 \_\_\_\_\_

주부 \_\_\_\_\_

퇴직 \_\_\_\_\_

기타 \_\_\_\_\_

퇴직일자 (퇴직하셨다면) \_\_\_\_\_

어떤 직종에 종사하셨습니까 (퇴직하셨다면)? (어떤 일을 하셨는지 그리고 주로 맡은 책임이 무엇이었는지를 간단히 기입해주세요)

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몇 년 일하셨습니까? \_\_\_\_\_

직장과 관련한 국민연금이나 보상 받는 것이 있으십니까? 예 \_\_\_\_ 아니오 \_\_\_\_

퇴직 후 현재 일하고 계십니까? 예 \_\_\_\_ 아니오 \_\_\_\_

현재 일하고 계시다면 일주일에 몇 시간씩 일하십니까? \_\_\_\_\_hour(s)

병원을 정기적으로 방문해야 한다거나 현재 어떤 질병 때문에 정기적으로 약을 복용하고 계십니까? 예 \_\_\_\_ 아니오 \_\_\_\_

질병이 있으시다면, 상태는 어떠십니까?

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비고: 인구통계학의 모든 정보와 인터뷰자료와 인터뷰 당시에 노트에 기록한 모든  
자료는 연구참여자의 비밀보장을 위해 본 연구자에 의해 기호로 표시될 것이다.

**APPENDIX J: Interview Notes**

Participant Code #

Interview Date:

Start Time:

End Time:

Location of interview:

People present:

Description of environment (including personal belongings, etc.):

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Nonverbal behavior (e.g., tone of voice, posture, facial expressions, eye movements, forcefulness of speech, body movements, and hand gestures):

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Content of interview (e.g., use key words, topics, focus, exact words, or phrases that stand out):

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Researcher's impressions (e.g., discomfort of participant with certain topics, emotional responses to people, events, or objects):

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Analysis (e.g., researcher's questions, tentative hunches, trends in data, and emerging patterns):

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Technological problems (e.g., lost 5 minutes when the tape did not turn on):

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Source: Morse & Field (1995, p. 115)



## **APPENDIX K: Guiding Questions**

### **Preamble**

Before we begin, I want to assure you that what you tell me in the interview will be kept confidential.

We will start the interview with a general question to help me understand your daily life. Then, we will talk about immigration, health and aging experiences as well as your employment and retirement experiences (if you have retired).

### **Introduction**

1. Please tell me about a 'typical day' for you at home and at work (If employed).

### **Immigration Experience**

2. Please tell me about when you came to Canada.
3. What kind of contact have you had with Korea since immigrating to Canada? (e.g., return visits to Korea)

### **Health and Aging experience**

4. Please tell me about what your health has been like.
  - a) Please tell me about what your health has been like recently.
  - b) Have there been any changes since immigration?
- a) Please tell me about what your health has been like since you have retired (If retired).
5. Please tell me about what the aging experience has been like for you.

### **Employment and retirement experience**

6. What does employment mean to you? (e.g., job outside the home, work such as babysitting)
7. Have you been employed since you came to Canada?
  - a) What has that been like for you?
  - b) Have you been able to get the kind of employment that you hoped for since immigrating to Canada?
8. Were you employed in Korea before you came to Canada? Please tell me about what it was like to be an employee in Korea.
9. If you retired in Canada, please tell me about that experience.

### **Before Finishing the Interview**

10. As you look to the future, what are you expecting your life to be like?
11. Is there anything about your experiences in relation to health, aging, employment and/or retirement that we have not talked about and that you would like to tell me before we finish this interview?
12. Do you know someone who meets the eligibility criteria and who might be willing to be interviewed?

## **APPENDIX K: Ethics Approval**

### **Ethics application has been approved**

ID: Pro00005892

Title: Exploring the Health Experiences of Korean Immigrant Women in Retirement

Study Investigator: Jaeyoung Choi

Description: This is to inform you that the above study has been approved.

University of Alberta  
Edmonton Alberta  
Canada T6G 2E1