Health Experiences of Korean Immigrant Women in Retirement

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ABSTRACT

In this focused ethnographic study, we explored the health experiences of fifteen Korean immigrant women after retirement in an urban centre in Western Canada. Almost all women began their lives in Canada without adequate personal finances, making their employment essential to supporting their family financially. Most women lived with more than two chronic diseases, attributed to long hours and difficult work conditions. They experienced improved psychological health after retiring, irrespective of positive or negative changes in their physical health. Spiritual faith and exercise were important strategies to maintain and enhance their health, and to postpone and manage chronic diseases.

Key words: Korea, immigrant, women, health, retirement, employment, focused ethnography, Canada

The socio-cultural context of international migration is associated with health risk conditions, particularly among women and minority ethnic groups (Kim, Carrasco, Muntaner, McKenzie & Noh, 2013). Researchers have documented that there are health differences between immigrants and non-immigrants, and that gender influences these differences (Akhavan, 2007; Gadd, Johansoon, Sundquist & Wändell, 2006; Hyman, 2001; Jasso, Massey, Rosenzweig & Smith, 2004; Solé-Auró & Crimmins, 2008;). In later life, economic and health transitions, especially into poorer health post-retirement, mutually impact each other (O'Mahony & Donnelly, 2007; Smith, 2011). "Integrating ethnicity and migration [and aging] into how we understand women's health challenges the uni-dimensional definition of a woman, where gender is the primary unit of analysis, defining who women are, what we need, what our interests are and what challenges, frustrates and motivates us" (Vissandjee, Des Meules & Schotsman, 2006, p. 17). Despite well documented links among health, migration, gender, and retirement, very little is known about immigrant women's health following retirement. To address this knowledge gap, we conducted a focused ethnography to explore the health experiences of immigrant women after retirement. Specifically, we chose to explore the experiences of health, aging, and retirement among Korean immigrant women, an increasing minority population, in Western Canada.

LITERURE REVIEW

Immigrant Experiences of Gender, Aging, and Health

Gender influences on health outcomes among immigrants have been documented in recent research (e.g., Newbold & Filice, 2006; Wakabayashi, 2010). Little attention, however, has been paid to immigrant men's and women's health differences at older ages (Martin & Soldo, 1997). A study of older Asian Indian immigrant men and women in the United States suggested

that "developmental transitions in the normal course of aging are inextricably tied to cultural change and adjustment" (Tummala-Narra, Sathasivam-Rueckert, & Sundaram, 2013, p. 8). 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). Older immigrant women generally have lower health status than older immigrant men (Newbold & Filice, 2006; Wakabayashi, 2010). For instance, in a U.S. 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. Gender differences also have been found in relation to access to health services among aging immigrants (Solway, Estes, Goldberg, & Berry, 2010).

Immigrant Experiences of Retirement and Health

Experiences of retirement and health are integrally linked with experiences of employment and health prior to retirement. It is well documented that health is influenced by employment (Alderete, Vega, Kolody & Aguilar-Gaziola, 1999; Messias, 2001; Perilla, Wilson & Wold, 1998; Smith et al., 2005). For immigrants, employment itself may have potentially negative health consequences due to numerous stressors related to work, including rigid work demands, unpredictable work, low pay, language barriers, hard physical labor, lack of transportation, work-family conflict, and discrimination (Alderete et al., 1999; Catanzarite, 2002; Flores et al., 2011; Perilla et al., 1998). For example, Smith and colleagues (2005) reported that employment influenced the development of ill-health and that individuals working in high stress

jobs experienced the lowest well-being. Ethnic minority groups experienced a more negative work environment, especially in terms of discrimination; this in turn was seen to increase stress and negatively impact health (Smith et al, 2005). 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, often 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). Language barriers are particularly challenging among Asian immigrants, and most intensely and persistently among Korean immigrants (Nah, 1993). Underemployment and status incongruence have been identified as 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).

Shifting attention from employment to retirement, the impact of changes in health on the decision to retire has been examined. A variety of factors, including the availability of health insurance, social security eligibility, financial resources, and spousal interdependence influence the decision to retire; additionally, health status has been demonstrated as a significant determinant of the decision to retire (McGarry, 2004; Szinovacz & Davey, 2004). McGarry (2004) found that individuals in poor health were not likely to continue working compared to those in good health. Szinovacz and Davey (2004) 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.

Additionally, many researchers 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. The authors 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 as they aged, but that mental health improved among those who had retired, while deteriorated among those who continued to be employed.

Although retirement experiences among immigrant populations have received comparatively limited research attention, influences of socio-economic conditions on aging immigrant health have been documented. In a small number of studies of Northern and Western Europe immigration, a pattern of aging immigrant vulnerability has been identified (Akhavan, Bildt, & Wamala, 2007; Bolzan, 2008; Lanari & Bussini, 2012). For example, Bolzan (2008)

found that immigrant groups to Sweden were "overrepresented among the poor and the sick" (p. 109) and that among "foreign elders" socio-economic conditions clearly linked to the conditions in which they had worked and lived since immigration. In another Swedish study, Akhavan et al (2007) found that female immigrants over 50 years of age experienced more gender, ethnic, and workplace discrimination than younger immigrant women. Their study was positioned in the context of prior research documenting the higher incidence of "sickness-related absences and early retirement" (p. 135) among immigrant women compared to the total population. The limited attention to immigrant experiences of retirement, including the near absence of attention to immigrant women's experiences and to the North American context, constitute important gaps in knowledge about aging immigrant women's health.

Aging Korean Immigrant Women in Canada

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 be challenging for Korean women to do this. Traditional women's roles are deeply rooted, especially in relation to their husbands who usually make the decisions. At the same time, it is often difficult for Korean immigrant 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).

The accumulated influence of immigration, gendered family roles, and employment experiences and challenges may produce a unique health experience for Korean immigrant

women in retirement due to their experiences as immigrants, women, and aging persons. In the current study, we explored older Korean immigrant women's perspectives on the intersecting influences of gender, employment, and aging on their health in relation to retirement. Understanding these influences is needed to inform health promoting program and policy directions for immigrant women as they age.

METHODS

We used focused ethnography (Otterbein, 1977) as the methodology to guide data collection, data analysis, and report writing in the study. This approach to ethnography involves a context specific and time-limited exploration of situations, interactions, and activities, such as the situational performance of social actions, rather than groups, organizations, or milieus (Knoblauch, 2005). 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). 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 perspective of Korean immigrant women.

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) permanent resident or 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 life phase 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 as lead investigator. 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 recruitment. Their connections within the Edmonton Korean community included several 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 to obtain permission from them to be contacted by the first author. 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. The third recruitment method used by the first author was to recruit participants through a community agent. 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 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 encompassed relevant topics explored through conversation with each woman, including her perspective about the meaning of work, 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 transcribed as spoken into Korean and then translated into English for analysis soon after the interview. Two translators, who were fluent in English and Korean and fully understood the Korean culture and language, translated the interviews. Two of the transcripts were back-translated (Smith, Bond & Kâğıtçıbaşı, 2006) from English to Korean by a different translator to check 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, XXXX). 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 participant number used on study documents and a pseudonym used in reporting to protect confidentiality.

Data Analysis

The cognitive processes of analysis (Morse, 1994) were used to analyze the transcribed interviews. This analytic strategy helps to clarify how the researcher's cognitive processes

interact with the data to produce research findings and generate new knowledge. The strategy 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, 1994, 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 differences in interpretation 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; all except two participants had lived 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, opportunity, and personal preference. Most 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.

Most women had more than one health problem. Many diseases developed while the participants were employed, and they 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 developed chronic diseases after retirement. The following sections provide an in-depth account of how the Korean immigrant women's health changed through their employment, aging, and retirement.

The Meanings of Work: "*Work is like a tonic for life*"

Comprehending the meaning of work among participants was an imperative step to exploring their health experiences in relation to employment and retirement. For most of the women, work included all activities: 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 and most were employed very soon after immigrating to Canada. Employment was central for the women to build their lives in a new country. 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 the things they wanted. 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 and therefore was a way of life and a requirement for

immigrant women 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*"

Participants discussed a variety of physical health problems that they believed were a consequence of their work conditions. Despite having advanced education in Korea, most women were employed in nonprofessional positions as housekeepers, cooks, cashiers, helpers, laborers, and babysitters after immigrating to Canada. It was difficult 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. Participants suffered from health problems such as headaches, depression, and breakdowns while they were employed. These conditions were attributed mainly to mental and physical stress from paid work. Won-Ja recalled:

> 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 participants experienced work overload and physical stress which impacted their health. Their work typically 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 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)

Women 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.

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.

Over time, some participants quit their jobs or retired 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 often dealt with these work-related illnesses after their retirement, as Min-Ja stated, "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". 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 to cover living expenses, believing 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)

Some participants, however, believed that paid work helped them to stay healthy. They changed their jobs if they thought work was influencing their health in a negative way. Won-Ja said, "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." Despite 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: [After retirement] "*there's obviously the luxury of time psychologically…* "

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." Some women 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."

After retiring, many women described feeling 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 of the participants, however, did not experience this sense of mental relief. A few women lived by themselves and 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…" A few participants felt more tired and found that they noticed illnesses after retirement. They had not had time to feel tired while they were employed, but after retirement they experienced a lack of energy and 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 believed that they had not had time to pay attention to their health while employed, and that symptoms accumulated over a period of time without any indication of negative health. 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]."

Notably, for two women, employment and retirement did not appear to impact their mental health. These women had held jobs they enjoyed and retained 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*"

Participants used spirituality and physical activities as strategies to maintain health during employment and following retirement. Most of the women felt 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.
>
> **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 did not exercise on a regular basis while they were employed due to their busy schedule at home and at work. 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 stay 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 a 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. Min-Ja commented, "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." One woman was unable to maintain regular exercise, however. She had walked regularly for exercise inside the apartment or around the neighborhood, but 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, we explored Korean immigrant women's health experiences during their employment and after retirement, attending to the interplay of migration, gender, aging, and health. In our discussion, we focus on study findings that provide new contributions to current understandings of immigrant women's experiences.

Women described their paid work following immigration as physically and mentally hard and stressful, however, they also believed that paid work was vital to maintain their health. This experience of paid work is not unique to Korean immigrant women, nor even to immigrant women. A large body of research has documented the difficulties and stresses that women in diverse socio-economic circumstances face in managing family and paid work (e.g., Garey, 1999; Hochschild, 1989; Park, 2008; Tuominen, 2003). A comparatively small body of research also has described employment as a survival strategy and the necessary means to other goals for immigrant women (Messias, 2001; Park, 2008; Tuominen, 2003). For the women in the current study, employment was both a positive and a negative experience and was believed to have influenced their health in both positive and negative ways. This conclusion is consistent with Park's (2008) exploration of Korean immigrant women's perspectives of paid and family work as a dual "dis/empowering" experience that changed over time. However, both our and Park's findings contrast with the larger body of research that has tended to portray immigrant women's experiences as either empowering or disempowering.

Most participants' experienced acute or chronic diseases such as hypertension, arthritis, back pain, and bladder problems while they were employed and as they aged. Even though most women noticed that their health gradually deteriorated while being employed, they were not able to stop working because employment was essential to ensuring 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 several years after immigration with a stress-related ulcer due to her work.. There are differences, however, between the two studies. The women in our current study were older (51-83 years) than those in the Brazilian study (22-60 years), the women's employment in our study was not limited to low-paying jobs, and they had a variety of illnesses. 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). Further research to examine the range of factors that may influence the health of aging immigrant women would be valuable.

In the current study, the distinctive experiences of two of the women merit consideration. Whereas, most of the women were employed in low-paying, physically demanding, non-professional jobs after immigrating to Canada, similar to previous research (e.g., Im & Meleis, 2001; Martins & Reid, 2007), two women were able to secure jobs in the professional fields in which they had been educated (nursing and accounting). These two women indicated that they experienced a sense of continued mental well-being; they had enjoyed their jobs, and seemed not

to have experienced substantial work-related stress. Following retirement, these women appeared to be better able to maintain good health compared to other women in the study. These two women's experiences contrasted with our observations that for almost all women mental health improved but physical health stayed the same or worsened after retirement, similar to Gall and colleagues' (1997) findings. Our findings represent a valuable alternative perspective that requires further study to identify conditions that support perceived well-being among immigrant women during employment and following retirement.

Spiritual faith was one of the central strategies to maintain health for most of the women in the current study. 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. Older Korean immigrants are more likely to receive support from Korean ethnic church members because they share the same language and culture (Authors, in review; Cnaan, Boddie & Kang, 2005). Based on our findings, it was evident that spiritual faith played a valuable role in enhancing the health, particularly the psychological health of Korean immigrant elders. Expanding community based social programs and 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. Such programs and services could provide opportunity for immigrants to share their heritage language and culture, as well as to enhance the potential for them to develop a sense of belonging and connection in the adopted culture.

Although few of the participants in this study had exercised regularly while they were employed due to their busy schedule at home and at work, most began exercising on a regular basis after retirement. Women participated in more than one exercise; exercise was a way to

develop social relations and provide entertainment, and was essential to maintain health. 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). Our findings highlight the value for nurses, social workers, and other health professionals of developing 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 our current study, paid work was essential for women to establish themselves in their adopted society. Most of the women began their new lives in Canada without adequate personal finances, making their employment essential to supporting 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. While employed, women did not have time to take care of their physical health due to long working hours and difficult working conditions; this contributed to development of acute or chronic illnesses. Most of the women experienced improvement in their mental health after retiring, with spiritual faith and exercise as important strategies to maintain and improve their health, and to postpone and manage chronic diseases. Our study contributes new knowledge to understanding of the health experiences of Korean immigrant women during employment and following retirement. The experiences of women in our study are similar to immigrant women's, and in some ways, women's experiences of paid and family work demands, gendered socio-cultural expectations, and aging, particularly highlighting aspects of social and economic circumstances that may compromise health as

women age. Our study findings also highlight distinctive aspects of women's experiences that suggest the need for further study with immigrant women as they age in their adopted country. Moreover, we provide evidence that can inform priorities for health promotion program and service development to support immigrant women as they age.

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Health Experiences of Korean Immigrant Women in Retirement

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	—

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[1]	2

[1]The onset was not reported