



VCU

Virginia Commonwealth University
VCU Scholars Compass

Theses and Dissertations

Graduate School

2023

Acculturative Stress and Quality of Life among Older Korean Immigrants: Do Religiosity and Resilience Matter?

Sunghwan Cho
Virginia Commonwealth University

Follow this and additional works at: <https://scholarscompass.vcu.edu/etd>



Part of the [Social Work Commons](#)

© Sunghwan Cho 2023

Downloaded from

<https://scholarscompass.vcu.edu/etd/7264>

This Dissertation is brought to you for free and open access by the Graduate School at VCU Scholars Compass. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.

Acculturative Stress and Quality of Life among Older Korean Immigrants: Do Religiosity and
Resilience Matter?

A dissertation submitted in partial fulfillment of the requirements for the degrees of Doctor of
Philosophy at Virginia Commonwealth University

by

Sunghwan Cho¹

BA, The Catholic University of Korea, 2009

MA, The Catholic University of Korea, 2011

MSW, St. Catherine University - University of St. Thomas, 2019

Dissertation Chair: Denise Burnette, Ph.D.¹

Dissertation Committee: Sarah Kye Price, Ph.D.¹

Kyeongmo Kim, Ph.D.¹

Rosalie A. Corona, Ph.D.¹

¹Virginia Commonwealth University School of Social Work

Virginia Commonwealth University

Richmond, VA

May 2023

© Sunghwan Cho 2023

All Rights Reserved

Acknowledgements

First and foremost, I would like to express my deepest gratitude to my dissertation chair, Dr. Denise Burnette, for her unwavering support, guidance, and encouragement throughout this journey. I am immensely thankful to my committee members, Dr. Kyeongmo Kim, Dr. Sarah Kye Price, and Dr. Rosalie Corona, for their insightful feedback, patience, and dedication to my success, especially during the challenging times of the pandemic.

I am eternally grateful to my parents, Kanghyun Cho and Eunju Kim, for their love, understanding, and endless support. I also wanted to extend my heartfelt appreciation to Lauren Fabiano.

My sincerest thanks go to Archdiocese of Seoul, Korea, the Korean Community Center and St. Paul Chong Ha-Sang Roman Catholic Church in Flushing, NY, for their unwavering support and for fostering a sense of community that has played a pivotal role in my personal and academic growth.

I am deeply appreciative of Dr. Eunjeong Lee from the Asian American Resource and Information Network, as well as Dr. Eunmi Kim from Kongyang Cyber University, South Korea, for their invaluable insights, knowledge, and collaboration throughout this process.

I would like to extend my gratitude to my friends and cohort members, Tommy Buckley, Todd Becker, Matthew Morgan, Seon Kim, Camie Tomlinson, Jennifer Murphy, Sarah Lineberry, Brittany Murphy, and Mauricio Yabar, who have provided invaluable support, camaraderie, and encouragement throughout this journey. Their friendship and collaboration have been essential to my growth and success.

I am grateful for the faculty and Ph.D. program coordinator, including Dr. Hollee McGinnis, Dr. Leslie Aitken, Dr. Hyojin Im, Dr. Nicole Corley, Dr. Jamie Cage, Dr. Elizabeth Cramer, Dr. Traci Wike, Dr. Youngmi Kim, Dr. Ananda Newmark, Dr. Matt Bogenschutz, and Dr. Qasarah Bey Spencer, whose mentorship, guidance, and support have been instrumental in my academic journey and professional development.

I feel truly fortunate to have been surrounded by such an incredible support system, and I dedicate this work to all those who have contributed to my success.

Table of Contents

Acknowledgements	3
Table of Contents	4
Abstract	7
Chapter 1: Introduction	8
Research Questions	12
Summary	13
Chapter 2: Theoretical Framework	14
Stress and Coping Theory	14
Religious Coping	15
Resilience Theory	17
Summary	18
Chapter 3: Methods	20
Study Design	20
Data Collection	20
<i>Sampling and Recruitment</i>	20
<i>Measures</i>	21
<i>Demographic Variables</i>	22
<i>Quality of Life (QOL)</i>	23
<i>Acculturative Stress</i>	24
<i>Religiosity</i>	25
<i>Resilience</i>	27
<i>Social Isolation</i>	28
Data Analysis	29
<i>Question 1</i>	29
<i>Question 2</i>	30
Figure 1. Conceptual Path Model for Sequential Mediation Analysis	31
Figure 2. Model of Acculturative Stress, Religiosity, Resilience, and Quality of Life	31
Summary	33
Chapter 4: Results	34
Description of the Sample	34
Table 1	34
Scale Reliability	36

Correlational Analyses	37
Research Question 1	37
Table 2	38
Research Question 2	41
Path Analysis Results	41
Figure 3	42
Table 3	44
Summary	45
Chapter 5: Discussion	47
Introduction	47
Overview of Significant Findings	47
<i>The Impact of Acculturative Stress on Quality of Life</i>	47
<i>Acculturative Stress and Quality of Life: The Mediating Role of Religiosity</i>	49
<i>Acculturative Stress and Quality of Life: Sequential Mediation by Religiosity and Resilience</i>	50
Religiosity and Quality of Life	52
Religiosity and Resilience	52
Religiosity and Communal Impact	53
<i>Social Support</i>	53
<i>Shared Values and Beliefs</i>	54
<i>Moral Guidance</i>	54
<i>Social Engagement</i>	54
<i>Cultural Preservation</i>	54
<i>Coping strategies</i>	54
Social norms and behaviors	55
<i>Implication for the Church as a Gateway for Immigrant Communities</i>	55
Social Integration and Support	55
Cultural Preservation	55
Mental Health and Well-Being	55
Community Engagement	56
Interfaith Dialogue and Cooperation	56
Policy and Advocacy	56
Collaboration with Service Providers	56
<i>Implication for Theory</i>	57

Acculturative Stress Theory	57
Resilience Theory	57
Religiosity and Coping Theory	57
<i>Implications for Practice</i>	58
Social Work Practice	58
Social Work Education	59
Limitations	61
Future Research	63
Conclusion	66
References	68
Appendix A	89

Abstract

The impact of acculturative stress on the quality of life among older adults has been widely acknowledged in previous literature. However, few studies have explored the role of religiosity and resilience in this relationship among older Korean immigrants. This dissertation explores the relationships between acculturative stress, religiosity, resilience, and quality of life among 300 older adults aged 65 years and over who live in an ethnic Korean enclave of Queens, New York. The study employs path analysis and multiple regression analyses to test hypothesized relationships among these variables.

The key findings of the study are as follows: (1) higher acculturative stress was associated with lower quality of life after controlling for sociodemographic variables; (2) religiosity did not mediate the relationship between acculturative stress and quality of life; (3) resilience partially mediated the relationship between acculturative stress and quality of life; and (4) religiosity and resilience did not sequentially mediate the relationship between acculturative stress and quality of life. These findings highlight the importance of resilience in mediating the negative impact of acculturative stress on the quality of life among older Korean immigrants.

Implications for social work practice, education, and future research are discussed, emphasizing the development of targeted interventions to address acculturative stress and enhance resilience among older Korean immigrants and exploring the potential roles of religiosity and other coping resources in this population. Additionally, the study underscores the need for ongoing professional development to improve cultural competence and sensitivity when working with older Korean immigrants.

Chapter 1: Introduction

The U.S. foreign-born immigrant population aged 65 and older is increasing rapidly. Sixteen percent of the U.S. population was aged 65 and older and 13.9 % of this age group were foreign-born in 2018 (Administration for Community Living, 2020; Mizoguchi et al., 2019). Korean immigrants accounted for more than 2 percent of the 44.9 million immigrants in the U.S. in 2019, and are the fifth-largest Asian American ethnic minority subgroup, at 7.4 percent, of the 14.1 million Asian immigrants (Migration Policy Institute, 2021).

Most older Korean Americans are foreign-born immigrants who are unfamiliar with Western cultural norms and English. They are likely to experience distress due to low levels of adaptation to the host culture if they do not have adequate coping strategies or skills. This situation may lead to physical and mental health problems. In a national probability sample of Korean Americans living in the United states, the prevalence rate of depression (33.3%) exceeds that of Japanese (20.4%) and Chinese (15.7%) Americans when measured with the Center for Epidemiologic Studies Depression Scale (Kim et al., 2015). Since older Korean immigrants typically suppress their feelings and emotions due to the fear of being stigmatized as weak and shameful in the community or family, symptoms of distress may be manifested as psychosomatic symptoms, such as chest pain, stomach pain and insomnia (Rhee, 2017).

Coping is defined as one's assessment of the extent of the stressor and one's ability to effectively manage it (Lazarus & Folkman, 1984). Effective coping helps individuals address stress when they experience threatening or demanding situations. People who are religiously affiliated may use faith-based coping resources to manage their stress (Koenig, 2012; Whitehead & Bergeman, 2020). Korean Americans show high rates of participation in religious institutions, which have served as a center point of social, cultural, and spiritual life throughout Korean

immigrants' history. Forty-four percent of the South Korean population are religiously affiliated, compared to 77% of the Korean American population (Statistics Korea, 2020; Pew Research Center, 2012). Pew research center presented that older Koreans are more likely than younger age groups to be religiously affiliated (18-54 years: 24-33%; 55 years old and above: 41%). When first generation Koreans immigrate to a new country, they are likely to experience acculturative stress like other first generation immigrants (Berry et al., 1987). Due to language difficulties and cultural differences, immigrants with religious affiliation might benefit from coping strategies such as formal or informal support from praying or participation in a religious community.

In their widely used theory of stress and coping, Lazarus and Folkman (1984) argued that once an individual perceives a stressful event, they will assess the adequacy of their coping resources. Pargament (1997) suggested that religious coping helps people cope with stressors. According to his religious coping theory, individuals use religion as not only a framework to understand life events but also as an active response to reduce stress. Religiosity is defined as the degree to which an individual is religious in terms of their adoption of religious beliefs and activities on an individual and religious community level (Simmons et al., 2000). Religious coping is usually operationalized in terms of personal practices such as prayer or meditation, or community-based behaviors (Carleton et al., 2008).

The terms religiosity and spirituality are often used interchangeably as they share overlapping features and influence each other (King & Crowther, 2004). But whereas religiosity is more community-oriented and relates to organized activities and resources that impact beliefs and understanding, spirituality refers to the drive to develop a relationship with a higher being and the need to find sacred meaning (Austin et al., 2018; Dolcos et al., 2021).

Religiosity may provide a valuable source of support, coping, and social connections that help mitigate the negative effects of acculturative stress on overall well-being (Goforth et al., 2014; Le et al., 2021; Nguyen et al., 2016). Additionally, resilience can further enhance their ability to adapt to new cultural environments and overcome challenges related to acculturation, ultimately contributing to improved quality of life (Masten, 2014; Serafica et al, 2019).

The relationship between acculturative stress and quality of life has been found to be particularly relevant for older Korean immigrants, as they often experience challenges in adapting to a new cultural environment, which may impact their overall well-being (Bernal et al., 2022). Examining the roles of both religiosity and resilience as intervening or mediating variables could be critical in understanding the relationship between acculturative stress and quality of life among this population.

The primary research questions of this study focus on understanding the roles of resilience and religiosity in the relationship between acculturative stress and quality of life among older Korean immigrants. Resilience is a life-long developmental process that refers to the capacity to recover from adversity, or situations that cause a major deterioration in one's quality of life (Hildon et al., 2010). Religiosity as a coping resource has been associated with resilience (Fradelos et al., 2020; Schwalm et al, 2022). It provides protection against distress, including acculturative stress (Sanchez et al, 2012; Sanchez et al, 2015; Ward & Geeraert, 2016), and redefines a stressful situation as a possible beneficial outcome such as learning opportunity. Furthermore, improved coping abilities fostered by religiosity promote adaptive behaviors, increase resilience and maintain well-being. Studies have reported an inverse relationship between acculturative stress and resilience (Lee & Chang, 2009; Lee & Holm, 2011; Reyes et al., 2018). In addition, Korean immigrants with lower acculturative stress and higher resilience have

higher levels of physical and mental health (Kang et al, 2009; Masten, 2014). Given the importance of resilience in coping with acculturative stress among older Korean immigrants, it is important to examine the relationship between acculturative stress and resilience, as older immigrants may be particularly susceptible to social isolation, which can further negatively impact their overall well-being (Kang et al, 2009; Cornwell & Waite, 2009).

Social isolation describes an objective state (being alone) in which one experiences weak social connections, integration, and networks (Gardiner et al., 2018; Poscia et al., 2018; Shvedko et al., 2018; Swader, 2019). Social isolation has detrimental effects on older adults' physical and mental health (Landeiro et al., 2017). Older Korean immigrants are susceptible to social isolation because of their linguistic and cultural differences, racism, and changing family caregiving dynamics (Jang et al., 2021a; Lai et al., 2020). Given the negative consequences of social isolation on the well-being of older Korean immigrants, it is crucial to examine the role of psychological sense of community as a counterbalance that can foster social connectedness, support networks, and promote improved mental health (McMillan & Chavis, 1986; Oh et al., 2002).

Psychological sense of community (SOC) is defined as perceived belongingness and a belief that community members will meet one another's needs (McMillan, 1996; McMillan & Chavis, 1986). McMill and Chavis identified four possible dimensions of sense of community: (1) *Membership*: a sense of perceived belongingness, (2) *Needs fulfillment*: the expectations of having one's needs fulfilled by community, (3) *Influence*: a sense of making a difference within one's community, and (4) *Emotional connection*: a belief that member share histories, socio cultural backgrounds, experience and time with each other. Research with older adults indicates that SOC is positively associated with quality of life (Zhang et al., 2017; Tang et al., 2018). SOC

also encourages adjustment to a new country and strengthens an immigrant's quality of life and social integration (Fischer et al., 2002; Hombrados-Mendita et al. 2013).

The roles of religiosity and resilience as mediators or moderators in the relationship between acculturative stress and quality of life among older Korean immigrants. Although previous research has indicated that both resilience and religiosity may play crucial roles in mitigating the negative effects of acculturative stress, more in-depth studies are needed to understand how these factors interact and contribute to the overall well-being of this population.

Research Questions

RQ₁: Is acculturative stress associated with quality of life among older Korean immigrants in the United States?

H₁: Controlling for the effects of sociodemographic variables, higher acculturative stress will be associated with lower quality of life.

RQ₂: Do religiosity and resilience influence the relationship between acculturative stress and quality of life?

H_{2a}: Controlling for the effects of sociodemographic variables, religiosity will partially mediate the relationship between acculturative stress and resilience.

H_{2b}: Controlling for the effects of sociodemographic variables, resilience will partially mediate the relationship between acculturative stress and quality of life.

H_{2c}: Controlling for the effects of sociodemographic variables, religiosity and resilience will sequentially double-mediate the relationship between acculturative stress and quality of life.

Summary

This chapter introduces the context and significance of studying older Korean immigrants in the United States, emphasizing the challenges they face in terms of acculturation, language barriers, cultural differences, and the potential impact on their physical and mental health. The chapter highlights the importance of coping strategies, specifically religious coping, and the roles of religiosity and resilience in managing stress and improving the quality of life of older Korean immigrants. The chapter also addresses the issues of social isolation and the value of psychological sense of community (SOC) in promoting social connectedness and mental health.

The upcoming Chapter 2 will provide a detailed exploration of the theoretical frameworks that underpin the study: Stress and coping theory, religious coping theory, and resilience theory. These theories will be examined in the context of older Korean immigrants to better understand the relationships between acculturative stress, religiosity, resilience, and quality of life. By delving deeper into these theories, the study aims to address the primary research questions and contribute to a better understanding of the experiences and challenges faced by older Korean immigrants, informing potential interventions and support strategies.

Chapter 2: Theoretical Framework

This dissertation will draw on stress and coping theory, religious coping theory, and resilience theory to examine how religiosity and resilience mediate the relationship between acculturative stress and quality of life among older Korean immigrants.

Stress and Coping Theory

Lazarus and Folkman's (1984) stress and coping theory describes the process through which people experience a stressful situation and ideally respond with adaptive behavior. They define stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing" (p.19). A stress response is triggered by one's interaction with the environment and results from a subjective appraisal of a particular condition or event.

Perceived stress is defined as the degree to which a person views things in his or her life as stressful (Kamarck et al., 1983). Perceived stress has been shown to affect choice of coping style. Problem-focused coping is an active method to alter a situation considered as harmful or challenging (Lazarus & Folkman, 1984). Lazarus & Folkman describes that Emotion-focused coping is a psychological method to change negative feelings associated with the distress. Increases in perceived stress are related to use of passive strategies such as emotion-focused coping, while a decline in perceived stress is associated with active strategies such as problem-focused strategies (Rasclé, 2000). The coping process consists of cognitive appraisals and coping efforts. In the stage of cognitive appraisal, a person assesses the potential consequences of a specific event experienced from both internal and external environments (Folkman & Lazarus, 1985). The appraisal process is further categorized into primary and secondary appraisals. In the

primary appraisal stage, an individual will judge if an encounter with a particular event is relevant, positive (e.g., joyful, happy, exhilarating) or stressful (e.g., harmful, threatening, loss). If the outcome of the primary appraisal is relevant, a person will use the specific strategy to push back or overcome the consequences.

Religious Coping

Religious concepts can be applied to the stress and coping model in order to understand religion as a coping strategy (Pargament, 1997). If older Korean immigrants experience acculturative stress, they may assess an event or condition as negative or positive. If negative, they will seek coping strategies in a secondary appraisal. Religion can be included into all parts of the coping process, from religious appraisal of stress through religious coping practices and even the religious outcomes of those activities. Previous studies have found that women, including Koreans, are generally more likely than men to use emotion-focused coping strategies such as religious involvement or prayer (Lee, 2015; Lee & GlenMaye, 2014; Lee & Mason, 2014; Seiffge-Krenke, 2011).

Religious coping is defined as one's use of religious beliefs or behaviors to address stressful life events or conditions (Pargament, 2005). Pargament describes how religious coping helps people who are seeking spiritual meaning, spiritual comfort and closeness to God. People use religious coping in different ways and with varied results depending on the attributions they make regarding a stressor (e.g., blaming God vs. a belief that everything happens for a purpose). There are both positive and negative ways of religious coping, just as there are more and less helpful psychological and physiological ways to cope with pressures (e.g., alcohol misuse vs. exercising). In this study, I will measure positive religious coping as a coping resource.

Positive religious coping is defined as “a secure relationship with a transcendent force, a sense of spiritual connectedness with others, and a benevolent world view” (Pargament et al., 2011). In other words, positive religious coping indicates finding God’s love and care, reframing one’s ways of thinking about difficult situations as a chance for growth, and having a partnership with God to overcome hardships and find strength. Positive religious coping strategies view the stressor as beneficial and treat God as a partner who cares for individuals.

Positive religious coping is associated with positive physical and mental health outcomes. Ai et al. (2006) found that positive religious coping helps cardiac patients reduce fatigue and Masters and Hooker (2013) argued that it is associated with greater well-being in cancer patients. With respect to mental health, Rosmarin et al. (2013) indicated that positive religious coping was significantly related to reduced depression and anxiety. Likewise, Mahamid and Bider (2021) argue that individuals who think that their faith is important are less likely to experience depression and they recover more readily than non-religious people if they do experience depression. Koenig et al. (1998) found that positive religious coping can help people overcome stressful life events and that people who use religious coping are more resilient against depression and anxiety than individuals who do not use religious coping.

Negative religious coping is defined as “underlying spiritual tensions and struggles within oneself, with others, and with the divine” (Pargament et al., 2011). In other words, this mode of coping refers to religious struggles within oneself (intrapersonal category), with others (interpersonal category) and with God (divine category) (Pargament et al., 2013). In responding to stress, individuals might not only feel abandoned by God or neighbors/friends in the community of faith but may also interpret negative life events as a form of punishment (Pargament et al., 2013).

Negative coping mechanisms are also related to negative physical and mental health outcomes. Taheri-Kharameh et al. (2016) found that negative religious coping was associated with worse quality of life among Iranian hemodialysis patients. Park et al. (2011) reported that negative religious coping is related to worsening physical conditions among hospitalized congestive heart failure patients. Similarly, negative religious coping has been associated with depressive symptoms (Bean et al, 2009), suicidal risk and thoughts (Kopacz et al, 2016), addiction to alcohol and distress (Ai et al., 2007; Holt et al., 2014).

Previous studies have found commonalities and differences in religious coping between religions. In a systematic review of religious coping, Abu-Raiya and Pargament (2015) found that Christians and non-Christians (Buddhism, Hinduism, Islam, Judaism) depend on their religious and spiritual teachings to cope with stressful life events. Religious coping can also have positive or negative attributes in different religions. Some religious coping mechanisms are associated with desirable outcomes such as optimism, but others are related to undesirable ones such as depression and anxiety. Additionally, Abu-Raiya and Pargament indicate that positive religious coping is more common than negative religious coping across religions.

Resilience Theory

Resilience theory holds that an individual's ability to protect, adapt, and endure stress determines whether or not they are able to overcome adverse challenges to physical and mental health (Masten, 2014). Specifically, when people experience illness or adversity, they may use internal protective factors for individual resilience (e.g., self-efficacy, self-esteem) and external protective factors for ecological resilience (e.g., social networks). The perspective on internal protective factors describes resilience as a personal trait which helps people overcome adversity

and achieve reintegration (Wang et al., 2015), and the perspective on external protective factors describe resilience as one's interaction with the environment when overcoming adverse events and coping successfully. Resilience is not necessarily a personal characteristic, but rather is a blend of individual, context and environment. Wang et al. claims that resilience theory is based on a strength-based approach within both perspectives.

Resnick's (2014) resilience model aims to promote health and well-being by emphasizing the importance of positive adaptation in developing resilience after adversity. When a person experiences adversity or stressful life events, they decide how to cope with the situation, which in turn will influence the outcome of reintegration. According to this model, resilience involves overcoming adversities and growing from these experiences. Ecological resilience helps people develop and sustain resilience, but since social networks for older Korean immigrants are likely to be environmentally restricted to, for example, family, community center or religious organization, this dissertation uses a measure that focuses on individual resilience.

Summary

This chapter provided a comprehensive overview of the theoretical frameworks that form the foundation of this study: Stress and coping theory, religious coping theory, and resilience theory. These theories help explain how individuals manage stress, how religious beliefs and practices may serve as coping strategies, and how resilience plays a role in overcoming challenges to physical and mental health. The chapter emphasized the importance of understanding these theories in the context of older Korean immigrants, as it sets the stage for examining the relationships between acculturative stress, religiosity, resilience, and quality of life.

The Chapter 3 will outline the methodology of the study, detailing the study design, data collection, and data analysis procedures. The chapter will be structured to first present the research questions and hypotheses, followed by a description of the participants, measures, and data collection procedures. Next, the data analysis techniques will be discussed, providing a clear explanation of the methods used to examine the relationships between the variables of interest. Lastly, the chapter will delve into the results and their implications, address the limitations of the study, and offer suggestions for future research in this area.

Chapter 3: Methods

Study Design

This study used a correlational, cross-sectional survey to test the hypothesized model of acculturative stress and quality of life among older Korean immigrants.

Data Collection

I collected data using an in-person interview questionnaire developed for this study. I recorded responses in RedCap, a safe web software that enables file export to SPSS. With the approval of community social workers of Korean American Associations and senior centers, I posted recruitment fliers, approved by the Virginia Commonwealth University institutional review board, in public areas and distributed them to participants on the date of their interview. The fliers introduced the investigator, explained the study purpose and procedures, and the date and time for data collection. I consulted with staff about days and times that were best for them, and accepted referrals from the agencies. Participants provided informed consent and they were offered \$10 as compensation for their participation.

Sampling and Recruitment

A statistical power analysis was performed with G*Power software to determine the sample size necessary for this study. The number of complete cases (N) needed to detect the hypothesized associations of variables in the study was 139 with a power of .80, an alpha of .05 and an $f^2 = .15$ (medium effect size). I ultimately recruited and interviewed 300 participants.

I used snowball sampling techniques to recruit participants from Korean American Senior associations, Korean ethnic Churches and senior centers in Flushing, New York in August 2022.

Flushing is an ideal location for primary data collection on the experiences of immigrants, particularly among Asian Americans, due to its diverse population and its status as an ethnic enclave. Inclusion criteria were: 1) Korean immigrants from South Korea; 2) aged 65 years or older; 3) immigrated to the U.S. at or after 10 years of age; 4) able to speak and understand Korean; 5) residing in a community-based setting at the time of investigation; and 6) able to provide informed consent. This research was approved by the IRB at Virginia Commonwealth University (IRB# HM20025051., PI: Denise Burnette, Ph.D).

Measures

The data collection instrument consisted of six sections: 1) sociodemographic and immigration-related information; 2) social isolation; 3) psychological sense of community 3) acculturative stress; 4) religiosity; 5) resilience; and 6) quality of life. I also included a small number of open-ended questions at the end of the survey to further understand respondents' contexts, e.g., motivation for decision to immigrate. The survey was developed in Korean and then translated into English. All questionnaires were administered in Korean.

Studies have examined the relationships among acculturative stress, religiosity, resilience and quality of life (e.g., acculturative stress- religiosity-quality of life; acculturative stress- religiosity-resilience; acculturative stress-resilience-quality of life). However, few studies of older Korean immigrants explore the relationships among these constructs. The purpose of the current study is to test a model of pathways among acculturative stress, religiosity, resilience and quality of life. Berry (2006) focuses on the concept of acculturative stress, which arises when individuals face challenges adapting to a new culture. This stress can have negative consequences on various aspects of life, including quality of life. In relation to my first

hypothesis, Berry's work highlights the potential impact of acculturative stress on the quality of life among older Korean immigrants.

Koenig et al. (2012) explore the relationship between religion and health in their comprehensive handbook. Their research suggests that religiosity can play a role in coping with stress, which could potentially mediate the relationship between acculturative stress and quality of life. This supports my second hypothesis regarding the partial mediation effect of religiosity. Masten (2014) discusses resilience in children and youth from a global perspective. While the focus is on a younger population, the concept of resilience as a protective factor against adversity is applicable to older adults as well. In the context of the third hypothesis, Masten's work indicates that resilience could partially mediate the relationship between acculturative stress and quality of life among older Korean immigrants.

Smith (2008) developed the Brief Resilience Scale (BRS), which measures resilience as a key factor in coping with stress and adversity. Although their study does not specifically address the sequential double-mediation of religiosity and resilience, their work on resilience provides a foundation for understanding how these factors may interact to influence the relationship between acculturative stress and quality of life, supporting my fourth hypothesis.

I will focus on the role of key coping resources in the relationship between acculturative stress and quality of life among older Korean immigrants in the U.S. Specifically, I will examine the dual mediation effects of religiosity and resilience on this relationship.

Demographic Variables

The primary demographic characteristics were current age (continuous), gender (female=0 or male=1), education (less than high school= 0 or high school graduate and above=

1), marital status (never married = 0 or married =1), living arrangement (living alone =0 or living with others = 1), employment status (no= 0 or yes=1) and monthly household income (\$1,526 and below or above \$1,526). The federal poverty level (FPL) for a family of two in the United States was \$18,310 per year. I converted this to a monthly income of \$1,526-(Healthcare, n.d.; Lee, 2020).

Quality of Life (QOL)

Quality of life is defined as an “individual’s perception of their position in life within the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (WHOQOL Group, 1995). I used the EUROHIS-QOL Index to measure quality of life, a shortened version of WHOQOL-BREF (Schmidt et al., 2005; WHOQOL Group, 1998). The EUROHIS-QOL measures: general health, energy, daily activities, self-esteem, relationships, financial resources, and living environment (Schmidt et al.). The index utilizes a 5-point Likert scale for each item. The first 2 items ask about whether the respondent has enough money and energy, ranging from “*not at all=1*” to “*completely=5*”. The other 6 items ask about level of satisfaction with: health, oneself, ability to perform daily activities, personal relationships, living environment, and overall quality of life. Possible responses are “*very dissatisfied=1*” to “*very satisfied=5*”. All items are summed to create a composite score ranging from 8 to 40. Higher scores indicate higher quality of life ($\alpha = .84$). The Korean version of the instrument was validated in the study with Koreans (Min et al., 2002). The WHOQOL-BREF showed good reliability ($\alpha = .90$) and validity in the study (Min et al.).

Acculturative Stress

The Acculturative Stress Index (ASI) was developed to measure acculturative stress for the Korean Mental Health Study (KMHS) in Toronto, Canada (Noh & Avison, 1996). It aims to evaluate chronic life pressures that persist over time (Rhee, 2017). The original ASI is a 31-item, 4-point Likert scale that evaluates how stressful Korean immigrants' daily life experiences are due to adjustment problems in the host country (Park & Rubin, 2012). Internal consistency is consistently higher than .90 in Korean samples (Lee et al., 2018; Noh & Avison; Park & Rubin; Rhee; Rhee et al., 2019).

Acculturative stress was measured in terms of six domains: 1) language barriers (e.g., difficulty in expressing oneself in English, trouble understanding people when they speak English), 2) cultural conflict (e.g. feeling that some of one's own values clash with American values, feeling uncomfortable with American customs and behaviors), 3) discrimination (e.g., being treated unfairly because of one's race or ethnicity, feeling that people in the U.S. do not treat me with respect), 4) social isolation (e.g., difficulty making friends in the U.S., feeling lonely and isolated in the U.S.), 5) homesickness (e.g., missing one's family and friends from the home country, feeling homesick and nostalgic for one's homeland), and 6) employment problems (e.g., having difficulty finding a job that matches one's skills and qualifications, worrying about losing one's job because of discrimination). Responses are scored on a four-point Likert scale ranging from 1 (never) to 4 (very often) and summed to create a composite score ranging from 31 to 124. Higher scores indicate higher levels of ASI.

Religiosity

The Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) (Fetzer Institute, 1999) has been used extensively with diverse populations and repeatedly demonstrates good reliability, ranging from $\alpha=.71$ to $\alpha=.87$ (Harris et al, 2008; Yoon & Lee., 2007). I used six subscales (27 items) of the BMMRS for religiosity, as indicated by prior research with the older Korean population (Lee, 2007; Lee et al., 2017; Park et al., 2012; Roh et al., 2014). The Korean Version of BMMRS has demonstrated strong reliability ($\alpha=.97$) and good validity, ranging from $\alpha=.64$ to $\alpha=.97$ (Yoon & Kim, 2015).

1. The *Daily Spiritual Experience* subscale measures an individual's experience of being transcendent (God, the Divine) in daily life and of interaction with God. The subscale consists of 6 items with a 5-point response format (theoretical range = 1 (everyday) to 5 (never). Higher scores reflect lower daily spiritual experience. In this study, the internal consistency of the subscale was .960. The results indicated excellent reliability for this subscale (Cronbach, 1951).
2. The values/beliefs subscale measures religious values and beliefs. It consists of 2 items with a 4-point response format that ranges from 1 (strongly agree) to 4 (strongly disagree). Higher scores reflect lower religious values and beliefs. In the current study, the internal consistency of the subscale was .710. This indicates an acceptable level of reliability for this subscale (Cronbach, 1951).
3. The Forgiveness subscale measures forgiveness of self and others and belief in the forgiveness of God. Most religious traditions foster beliefs and teach forgiveness (Pargament & Rye, 1998). This subscale has 3 items rated on a 4-point response format that ranges from 1 (always) to 4 (never). Higher scores reflect lower

forgiveness. In this study, the internal consistency of this subscale was .767. The Cronbach Alpha indicated good reliability for this subscale (Cronbach, 1951).

4. Private religious practice measures religious behaviors (i.e., prayer, meditations, listening/watching religious programs, reading religious materials, and praying before meals). This subscale consists of 5 items with a 5-point response format, ranging from 1 (everyday) to 5 (never)). Lower scores reflect more private religious practice. In the current study, the internal consistency of this subscale was .848. This indicates a strong reliability for this subscale (Cronbach, 1951).
5. Religious/spiritual coping skills measure additional religious/spiritual practices and beliefs specifically related to coping with life's problems. This subscale consists of 7 items with a 5-point response format ranging from 1 (a great deal) to 5 (not at all). Lower scores reflect higher religious/spiritual coping skills. In this study, the original subscale contained four positive and three negative items, which represented religious approaches to addressing religious conflicts. In the current sample, the subscale's reliability was initially low ($\alpha=.55$), but increased significantly ($\alpha=.87$) after removing the three negative items. Thus, this study only utilized the four positive items from the subscale.
6. Religious support measures the degree to which local congregations provide help, support, and comfort. This sub-scale consists of 4 items, each in a 4-point response format ranging from 1(very often) to 4 (none). Higher scores reflect lower congregational support. In the currency study, the subscale was composed of two categories: expected support and negative interactions (Roh, 2014). Nevertheless, the negative interactions measurement was not included in this study because of its low

reliability with the present sample ($\alpha=.33$). The expected support subscale ($\alpha=.90$) contained two items and assessed the degree to which individuals believed they would receive support from their congregation if required in the future (Roh).

The BMMRS does not have the same range of scores for each subscale. As other researchers point out (Piedmont et al., 2007; Johnstone et al., 2009; Bodling et al., 2013), all subscale items were standardized so that their scaling was equivalent, with each item on a scale of 0 to 3. Specifically, the three subscales with a four-point answer format (value/belief, forgiveness and religious support) were changed from having a 1-4 range to a 0-3 range by subtracting 1.0 from the actual score for each item. For the three subscales with a 5-point answer format (daily spiritual experiences, private religious practice and religious/spiritual coping skills), 1.0 was subtracted from the actual score for each item, which was then multiplied by $\frac{3}{4}$. Each of the six religiosity subscales (Park et al., 2012) was summed for total scores. In addition to using the overall BMMRS scale to measure religiosity, I also examined the subscales separately. The subscales demonstrated good validity. For all items, a lower score indicates a greater degree of religiosity/spirituality (Fetzer, 1999; Roh, 2014).

Resilience

The Brief Resilience Scale (BRS) is a 6-item measure examining one's ability to recover from difficult situations (Smith, 2008). The instrument has been validated with studies of Koreans (Choi et al., 2019) The BRS utilizes a 5-Point Likert scale, ranging from "strongly disagree=1" to "strongly agree=5". Items 1, 3, and 5 ask how respondents recover from and address stressful events or hard times: Tendency to recover after hard times, rapid recovery from a stressful event, and enduring difficulties with little trouble. Items 2, 4, and 6 were reverse-

coded: Hard time in stressful events, slow recovery from bad events, long time to overcome setbacks. A composite score is created by summing all 6 items to create a scale, ranging from 6 to 30, with good internal consistency ($\alpha = .84 - .91$). The BRS scale has been validated across cross-cultural studies about older adults, including Korean samples (da Silva-Sauer et al., 2021; Son et al., 2019).

Psychological Sense of Community (SOC)

SOC were measured with a Korean translation of the Brief Sense of Community Scale (BSCS). Four domains, each with 2 items, assess needs fulfillment, membership, influence, and emotional connection (Peterson et al., 2008). Responses to each item range from 1 (Strongly Agree) to 5 (Strongly disagree). When the 8 items are summed, composite scores range from 8 to 40. Higher scores indicate higher levels of SOC. Also, the internal consistency of the Korean version of the BSCS was acceptable ($\alpha = .70$) among a migrant worker sample in Korea (Kim et al., 2021).

Social Isolation

To measure social isolation, I used the Lubben Social Network Scale (LSNS-6; Lubben et al., 2006). Lubben (1988) developed the original version of the 10-item LSNS to evaluate social relationships in older adults based on the Berkman-Syme Social Network Index (BSNI) (Hong et al., 2011). It was revised in 2002, along with a 6-item scale version (LSNS-6) and a 12-item scale version (LSNS-R) (Lubben & Girona, 2003). Since LSNS-6 is brief and easy to manage, it has been used in multiple studies. It has also been translated and used in numerous studies with older Asian Americans including Koreans (Lubben et al.; Chang et al., 2018; Hong et al.).

The LSNS-6 contains 3 items about family and 3 items about friends. These items asked about the number of family members or friends seen in a month, the number of people with whom respondents felt comfortable discussing private issues, and the number of people with whom respondents felt close. On a 6-point scale, responses range from 0 (none) to 5 (nine or above). Total scores may range from 0 to 30, with higher scores indicating stronger social connections. The LSNS has been translated into Korean and its psychometric characteristics have been validated (Hong et al., 2011; Lee et al., 2009). Internal consistency of the Korean version of the Abbreviated LSNS (K-LSNS-6) was .83 in the older Korean immigrant sample (Hong et al., 2011). The CFA of the K-LSNS-6 indicates a very good model fit and Hong et al. identified a distinctive two-factor structure of family and friends.

Data Analysis

Descriptive and bivariate data analyses were conducted with SPSS Statistics version 27, and hierarchical regression analyses and path analyses were conducted with Mplus version 8.6.. Data analyses were performed to address the research aims by testing the study hypotheses.

Question 1

Is acculturative stress associated with quality of life among older Korean immigrants in the United States? I hypothesized that higher acculturative stress would be associated with lower quality of life after controlling for the effects of sociodemographic covariates. I described sample characteristics with univariate descriptive statistics (means, standard deviation, skewness, and kurtosis) to obtain information about the data and to determine whether distributions were normal and test assumptions were met. All assumptions for multiple linear regression such as linearity, normality, multicollinearity, and homoscedasticity, were met by the data. In terms of

multicollinearity, variance inflation factors (VIF) scores of each subscale ranged from 1.1 to 2.63. A general guideline states that multicollinearity becomes an issue if VIF is less than greater than 10.0 (Kutner et al., 2004). However, a more frequently used cutoff is greater than 5.0 (Sheather, 2009). I then calculated bivariate correlations to obtain a general understanding of the relationships between the variables. Using Pearson's r , relevant questions were correlated in preparation for understanding relationships between the independent variables and the independent variable with the dependent variable. Finally, I used linear regression to test this research question, controlling sociodemographic variables, self-health related variables, social isolation and sense of community variables.

Question 2

Research question 2 explored the question of whether religiosity and resilience influence the relationship between acculturative stress and quality of life. I hypothesize: (a) that religiosity will partially mediate the relationship between acculturative stress and quality of life after controlling for the effects of sociodemographic variables, (b) resilience will partially mediate the relationship between acculturative stress and quality of life after controlling for the effects of sociodemographic variables, and (c) religiosity and resilience will sequentially double-mediate the relationship between acculturative stress and quality of life after controlling for the effects of sociodemographic variables. The basic causal chain involved in mediation assumes that the four variables (predictor) [X], mediator [M1, M2], and outcome [Y]) will be significantly associated in the directions depicted in Figure 1.

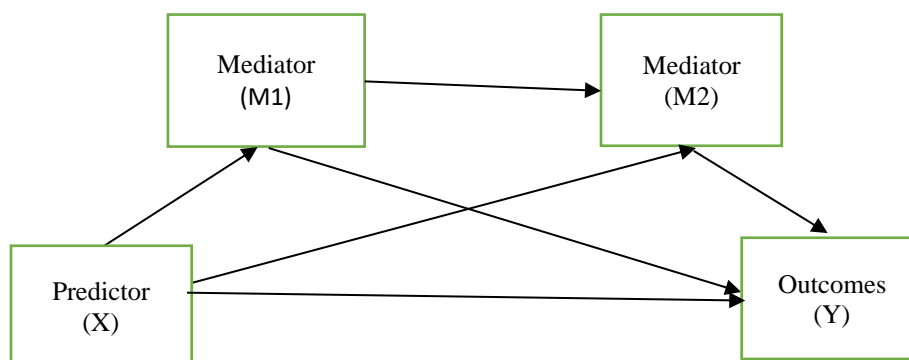


Figure 1. Conceptual Path Model for Sequential Mediation Analysis

I used path analysis to test four hypotheses. Path analysis is a useful method for evaluating indirect relationships between variables and determining overall direct and indirect effects. It is often employed when variables are believed to mediate the relationship between other variables (Wright, 1934). As seen in Figure 2, I used path analysis to determine the extent to which: acculturative stress has a direct impact on quality of life (path c'); acculturative stress has an indirect effect on quality of life through religiosity (path a_1-b_1); acculturative stress has an indirect impact on quality of life through resilience (path a_2-b_2); and acculturative stress has an indirect effect on quality of life through religiosity and resilience (path $a_1-d_1-b_2$).

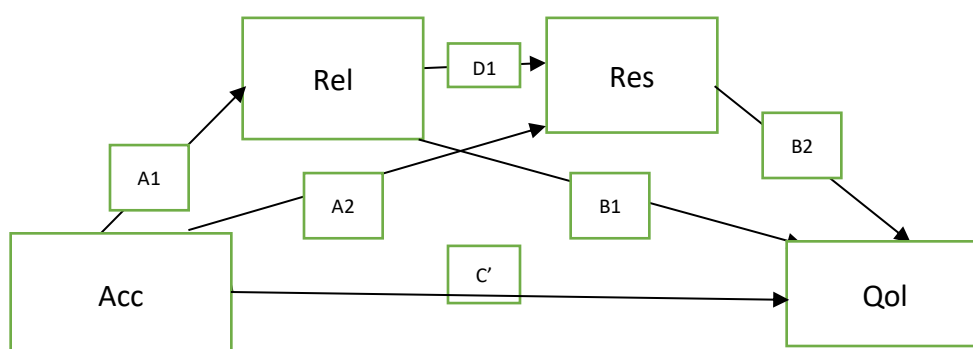


Figure 2. Model of Acculturative Stress, Religiosity, Resilience, and Quality of Life.

Note. Acc: Acculturative stress, Qol: Quality of life, Rel: Religiosity, Res: Resilience

I analyzed the following aspects of the hypothesized relationships: statistical significance, the proportion of variation in the dependent variable explained by the independent variable, direction and strength of the relationship, and the ability to predict values of the dependent variable based on different values of the independent variable. The model fit was evaluated by checking the assumptions of regression and comparing the Chi-Square test of model fit, degrees of freedom and p-value of the data with a null model. To check for outliers, I examined the minimum and maximum standardized residuals. After evaluating the overall model fit, I interpreted the path coefficients to check for associations between the variables. I considered the practical value of the findings by examining the magnitude of the effect. If the effect is small, it may not be relevant enough to suggest changes in practice.

I tested the hypotheses in Question 2 by examining the estimated indirect effect of acculturative stress on quality of life through religiosity and resilience. A causal steps approach has been commonly used to test the impact of an intervening variable (Baron & Kenny, 1986). However, due to the potential for decision errors and required testing of multiple hypotheses, I used bootstrapping, which provides a more accurate estimate of the indirect effect by repeatedly resampling the data, reducing bias in the analysis (Preacher & Hayes, 2008) (See Figure 1). Bootstrapping also yields a more accurate confidence interval, repeatedly resampling the original dataset, and thus a less biased test of mediation (Fritz & MacKinnon, 2007). Indirect effects were evaluated by calculating the results of a_1*b_1 , a_2*b_2 , and $a_1*d_1*b_2$.

Indirect effects were statistically significant if the 95% bias-corrected confidence intervals did not contain zero. Unstandardized coefficients are reported to interpret a change of one standard deviation in the predictor variable on the outcome variable, the predictor variable on the mediator variables, and the mediator variables on outcome variable.

Summary

Chapter 3 presented the data analysis methods employed to address the study's research questions, which aimed to investigate the relationship between acculturative stress and quality of life among older Korean immigrants in the United States and the mediating roles of religiosity and resilience in this relationship. Various statistical methods, including descriptive and bivariate data analyses, hierarchical regression analyses, and path analyses, were used to test the hypotheses. The chapter detailed the steps taken to analyze the data, evaluate the model fit, and interpret the results.

In Chapter 4, the results of the data analyses will be presented. This chapter will begin with a description of the sample characteristics, followed by the findings from the correlational and hierarchical regression analyses addressing the first research question. Next, the path analysis results exploring the mediating roles of religiosity and resilience in the relationship between acculturative stress and quality of life will be discussed in the context of the second research question. By providing a comprehensive overview of the results, Chapter 4 will elucidate the key findings and their implications for understanding the experiences of older Korean immigrants in the United States.

Chapter 4: Results

This chapter presents the results of statistical analyses used to examine acculturative stress, the direct relationship between acculturative stress and quality of life, and the indirect effect of acculturative stress on quality of life mediated by religiosity and resilience. I will report on sample demographics, correlation among variables, reliability of the measurement scales and the results of multivariate regression and path analysis.

Description of the Sample

Descriptive statistics, including means, standard deviations, frequencies, and ranges were calculated for all variables in SPSS version 27 (Table 1). Three hundred individuals participated in this study. As the acceptable rate of missing data is less than 5 %, 14 missing responses were deleted (4.67% missing rate). The average age of participants was 74.02 ($SD= 5.87$) (range = 65 - 94) and 71.7% identified as female. Almost half (47.6%) reported a monthly household income less than or equal to \$1,526, while 52.4% indicated that their income was greater than \$1,526, and almost one-fifth (18.5%) were employed. In terms of marital status, 60.8 % reported being married or partnered and 39.2% were unmarried. Almost one-third of respondents (32.8%) lived alone. In terms of level of education, 17.5% reported less than high school, 82.5% reported high school or higher degree, 4.7%.

Table 1

Descriptive Statistics of Study Variables (N=286)

Variable	N	%/ M (<i>SD</i>)	Range
----------	---	--------------------	-------

Age	286	74.02 (5.87)	65-94
Gender			
Female	205	71.7	–
Male	81	28.3	–
Income (Monthly)			
≤Less than \$1,526	136	47.6	–
> \$1,526	150	52.4	–
Employment status			
No	246	82.0	–
Yes	54	18.0	–
Marital status			
Non-married	112	39.2	–
Married or partnered	174	60.8	–
Living arrangement			
Live alone	91	31.8	–
Live with others	195	68.2	–
Level of education			
Less than high	50	17.5	–

school			
Greater than high school or equal to	236	82.5	–
Social isolation (LSNS- 6; $\alpha=.854$)	286	16.02 (6.46)	0-30
Sense of community (BSCS; $\alpha=.85$)	286	27.80 (7.27)	10-40
Patient health questionnaire-2	286	.94 (1.16)	0-6
Self-rated health	286	3.47 (0.9)	1-5
Acculturative stress (ASI; $\alpha=.95$)	298	53.29 (16.83)	31-121
Religiosity (BMMRS; $\alpha=.85$)	286	23.66 (14.17)	0-61
Resilience (BRS; $\alpha=.73$)	286	20.55 (4.29)	7-30
Quality of life (EUROHIS-QOL 8- Item Index; $\alpha=.87$)	286	27.56 (5.52)	13-40

Scale Reliability

Table 1 presents the descriptive statistics and reliability of analytic scales used in this study. Internal consistency reliability was assessed in relation to acculturative stress, religiosity, resilience,

quality of life, social isolation, sense of community. As noted in Table 1, all Cronbach's alpha coefficients were good, with estimates ranging from .73 to .95. According to social science standards, the widely accepted cut-off alpha should be .70 or higher (Tavakol & Dennick, 2011).

Correlational Analyses

Appendix A presents bivariate correlations for the variables examined in the study. The current study included interval and ratio variables, therefore Appendix A shows the bivariate correlation matrix of key study variables. In terms of the study hypothesis, the correlation analysis supported H₁ and H₂.

Research Question 1

H₁: Higher acculturative stress is associated with lower quality of life after controlling for the effects of sociodemographic variables.

Table 2 shows the results of the hierarchical regression with quality of life as the outcome. The final model explained 53% of the variance in acculturative stress ($F(14, 271)=22.132, p<.01$). In step 1 ($R^2 = .084, F(7, 278) = 3.65, p<.001$), education ($B= 1.85, p<.05$) and employment ($B= 2.07, p<.05$) were associated with better QOL. With related factors added in Step 2 ($R^2= .515, F(13, 272)=22.220, p<.001$), sense of community ($B=.178, p<.001$), self-rated health ($B=2.278, p<.001$), and resilience ($B=.353, p<.001$) were associated with better QOL, and higher levels of depression ($B=-.686, p<.01$) was associated with lower QOL. Finally, acculturative stress was added in Step 3 ($R^2= .533, F(14, 271)=22.132, p<.001$). While sense of community ($B=.175, p<.001$), self-rated health ($B=2.201, p<.001$) and resilience ($B=.328, p<.001$) were associated with better QOL, higher acculturative stress ($B=-.052, p<.001$) and depression ($B=-.506, p<.05$) was associated with lower QOL.

Table 2*Hierarchical Regression Results for Quality of Life (N=286)*

Variable	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>p</i>	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>					
Step 1							.084	.084***
Constant	20.457	11.704	29.209	4.446		<.001		
Age	.055	-.059	.168	.058	.058	.343		
Sex	-1.038	-2.512	.436	.749	-.085	.167		
Marital status	.180	-1.853	2.213	1.033	.016	.862		
Income	1.225	-.201	2.65	.724	.108	.092		
Education	1.851	.130	3.572	.874	.127	.035		
Employment	2.069	.359	3.779	.869	.146	.018		
Living arrangement	1.265	-.860	3.39	1.079	.107	.242		
Step 2							.515	.431***
Constant	2.307	-5.204	9.817	3.815		.546		

Age	.059	-.027	.145	.044	.063	.177
Sex	-.247	-1.364	.869	.567	-.023	.627
Marital status	1.330	-.134	2.886	.767	.122	.074
Income	.413	-.653	1.479	.542	.036	.446
Education	.309	-.995	1.612	.662	.021	.642
Employment	.427	-.861	1.715	.654	.030	.515
Living arrangement	-.730	-2.323	.863	.809	-.062	.368
Sense of community	.178	.104	.251	.037	.234	<.001
Social isolation	.042	-.040	.123	.041	.049	.314
Depression	-.686	-1.105	-.266	.213	-.145	.001
Self-rated health	2.278	1.711	2.846	.288	.371	<.001
Religiosity	.001	-.033	.035	.017	.002	.969
Resilience	.353	.237	.469	.059	.275	<.001

Step 3

Constant	7.310	-.662	15.281	4.049		.072	.533	.018**
Age	.046	-.039	.131	.043	.049	.286		
Sex	-.269	-1.367	.828	.557	-.022	.629		
Marital status	1.371	-.113	2.854	.754	.121	.070		
Income	.294	-.756	1.344	.533	.026	.582		
Edu	.225	-1.057	1.507	.651	.015	.73		
Employment	.316	-.952	1.584	.644	.022	.624		
Living arrangement	-.638	-2.205	.929	.796	-.054	.423		
Sense of community	.175	.102	.247	.037	.230	<.001		
Social isolation	.023	-.057	.104	.041	.027	.567		
Depression	-.506	-.932	-.080	.216	-.107	.020		
Self-rated health	2.201	1.639	2.763	.285	.359	<.001		
Religiosity	-.004	-.037	.03	.017	-.010	.825		
Resilience	.321	.205	.436	.059	.250	<.001		

Acculturative stress	-0.050	-0.080	-0.020	.015	-.153	.001
----------------------	--------	--------	--------	------	-------	------

Note. CI= Confidence Interval, *LL*= Lower Limit, *UL*=Upper Limit, Income= Monthly income

Reference groups: Never married- married; Less than Highschool degree- higher than high school degree or equal to; Living alone- lives with others; Unemployed- employed; less than \$1,526 monthly income or equal to- greater than \$1,526.

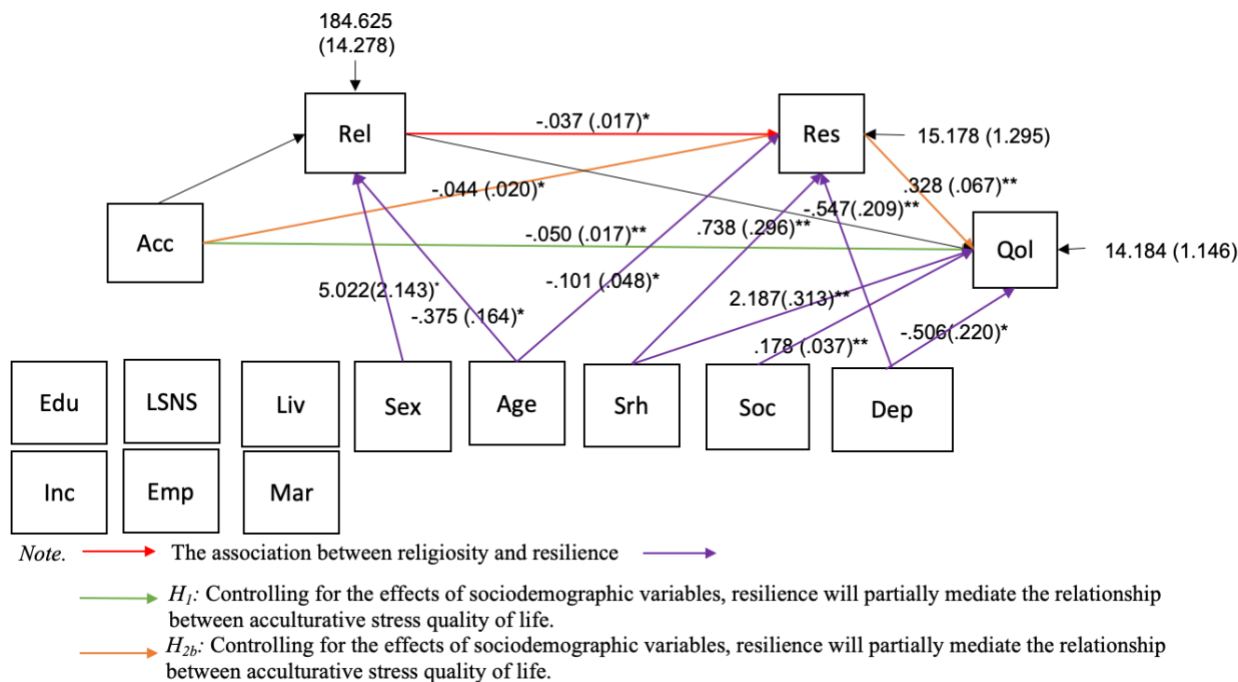
* $p < .05$; ** $p < .01$; *** $p < .001$

Research Question 2

Path analysis was conducted using Mplus 8.6. Figure 3 illustrates the hypothesized model. I used a just-identified model with zero degrees of freedom to test the direct relationship between acculturative stress and quality of life and the mediating role of coping via religiosity and resilience. Hypothesized directions of the path coefficients in each model are indicated. The model perfectly fits the data, thus the model fit indices are not calculated to assess model adequacy because of zero degrees of freedom. Results should thus be interpreted with caution.

Path Analysis Results

I used path analysis to examine the relationship between acculturative stress and quality of life and religiosity and resilience as mediators by coping mechanisms. I hypothesized that higher acculturative stress would be associated with lower quality of life after controlling for the effects of sociodemographic variables and that the two types of coping strategies would mediate this relationship.

Figure 3*Acculturative Stress and Quality of Life mediated by Religiosity and Resilience*

Note. ** $p < .001$. * $p < .05$. $N = 286$. Standardized coefficients are shown with standard errors in parenthesis. In this path analysis, age, sex, education, income, employment, depression, self-rated health, sense of community, marital status, social isolation and living arrangement variables were controlled for. All colored lines indicate statistically significant relationships in this model. The red colored line indicates the significant relationship only between religiosity and resilience, not sequential mediators.

Acc= Acculturative Stress, Rel: Religiosity, Res: Resilience, Qol: Quality of life, Edu: level of Education, LSNS: Social Isolation, Mar: Marital Status, Srh: Self-rated Health, Soc: Psychological Sense of Community, Inc: Income, Emp: Employment Status, Dep: level of Depression, Liv: Living arrangement

H_{2a} . Controlling for the effects of sociodemographic variables, religiosity will partially mediate the relationship between acculturative stress and quality of life.

H_{2b} . Controlling for the effects of sociodemographic variables, resilience will partially mediate the relationship between acculturative stress and quality of life.

H_{2c} . Controlling for the effects of sociodemographic variables, religiosity and resilience will sequentially double-mediate the relationship between acculturative stress and quality of life.

To examine the indirect effects in mediation models, I used the bootstrapping (Shrout & Bolger, 2002), a technique that generates numerous random samples from a dataset to determine the statistical significance of standard error estimates for indirect effects (Efron & Tibshirani, 1993; Mallinckrodt et al., 2006). I generated a total of 10,000 bootstrap samples to examine bias-corrected 95% confidence intervals for the indirect effects. When 95% confidence intervals exclude zero, the indirect effect has statistical significance at the .05 level (Shrout & Bolger).

Higher levels of resilience ($B=.321$, $p<.05$), sense of community ($B=.175$, $p<.001$) and self-rated health ($B=2.187$, $p<.001$) were associated with better QOL, while higher levels of acculturative stress ($B=-.050$, $p<.05$) and depression ($B=-.506$, $p<.05$) were associated with lower levels of QOL. Advanced age ($B=-.375$, $SE=.164$, $p<.05$) and female sex ($B=5.022$, $SE=2.143$, $p<.05$) were associated with lower religiosity. Higher levels of acculturative stress ($B=-.044$, $SE=.02$, $p<.05$), religiosity ($B=-.037$, $SE=.017$, $p<.05$), depression ($B=-.547$, $SE=.209$, $p<.05$) and age ($B=-.101$, $SE=.048$, $p<.05$) were associated with lower resilience, and better self-rated health ($B=.738$, $SE=.296$, $p<.05$) was associated with greater resilience.

With respect to indirect effects, resilience partially mediated the relationship between acculturative stress and quality of life ($B=-.014$, $SE=.007$, $p<.05$). Acculturative stress negatively impacts resilience ($B=-.044$, $SE=.02$, $p<.05$) and resilience, in turn, positively impacts quality of life ($B=.321$, $SE=.066$, $p<.001$). Nevertheless, the results also suggest that even after accounting for the mediating role of resilience, acculturative stress had a negative impact on quality of life ($B=-.05$, $SE=.017$, $p<.001$). Resilience ($R^2=.178$, $SE=.04$, $p<.001$) and religiosity ($R^2=.077$, $SE=.032$, $p<.05$) accounted for 17.8% and 7.7% of the total effect in this model, respectively.

The data did not support Hypotheses 2a as religiosity did not partially mediate the relationship between acculturative stress and quality of life ($B=.00$, $SE=.001$, $p=.879$). Acculturative stress did not impact religiosity ($B=-.053$, $SE=.054$, $p=.327$), and in turn, religiosity did not significantly affect quality of life ($B=-.004$, $SE=.017$, $p=.828$). Hypothesis 2c was also not supported as religiosity and resilience did not sequentially mediate the relationship between acculturative stress and quality of life ($B=.001$, $SE=.001$, $p=.416$). Acculturative stress did not affect the religiosity ($B=-.053$, $SE=.054$, $p=.327$), and in turn, however, religiosity affected the resilience ($B=-.037$, $SE=.017$, $p<.05$), and in turn, the resilience affected the quality of life ($B=.321$, $SE=.066$, $p<.001$). As shown in the Table 3, as well as the partial mediation in terms of religiosity (Acculturative stress-> Religiosity-> Quality of life), the serial mediation (Acculturative stress-> Religiosity-> Resilience-> Quality of life) was not significant.

Table 3

Standardized Total, Direct, and Indirect Effects for Path Model

Path	Total Effect		Direct Effect		Indirect Effect		95% CI
	<i>B(SE)</i>	<i>p</i>	<i>B(SE)</i>	<i>p</i>	<i>B (SE)</i>	<i>p</i>	
AS->RG->QOL	-.05(.02)	<.01	-.05(.02)	<.05	.00 (.001)	.879	-.002, .005
AS->RS->QOL	-.063(.02)	<.01	-.05(.02)	<.05	-.014(.007)	<.05	-.003, -.002

AS->RG->RS->QOL	-.05(.02)	<.01	-.05(.02)	<.05	.001 (.001)	.416	0, .003
-----------------	-----------	------	-----------	------	-------------	------	---------

Note. AS= Acculturative Stress. RG= Religiosity. RS= Resilience. QOL= Quality of Life.

Summary

In this chapter, the hypothesized path model demonstrated a close fit with the sample data. A multiple regression analysis revealed that higher acculturative stress was associated with lower quality of life after controlling for the effects of sociodemographic variables.

The path analysis findings indicated that various factors influenced quality of life (QOL) among older Korean immigrants. Higher levels of acculturative stress and depression were linked to worse QOL and higher levels of resilience, sense of community, and self-rated health were associated with better QOL. Additionally, older age and female sex were associated with higher levels of religiosity. Furthermore, higher levels of acculturative stress, depression, religiosity and advanced age, religiosity were related to lower resilience, while higher self-rated health was related to higher resilience. Resilience partially mediated the relationship between acculturative stress and quality of life, whereas religiosity did not. Finally, religiosity and resilience did not sequentially mediate the relationship between acculturative stress and quality of life.

Chapter 5 will discuss the findings from these analyses with a focus on the impact of acculturative stress on quality of life and the hypothesized mediating roles of religiosity and

resilience. I will also delve into the implications of these findings for social work practice and education, discuss study limitations and suggest directions for future research.

Chapter 5: Discussion

Introduction

The purpose of this study was to examine the relationships among acculturative stress, religiosity and resilience among older Korean immigrants living in the United States. I tested hypothesized relationships between the variables using path analysis, which includes the direct association between acculturation stress and quality of life and the mediating roles of religiosity and resilience. This chapter will address key findings, taking into account the existing literature on these variables, and will discuss potential implications for informing policy, programs, and practices that support and enhance QOL of older Korean immigrants. The chapter culminates with study limitations, recommendations for future research, and a summary.

Overview of Significant Findings

This study found that higher acculturative stress (e.g., language and cultural barriers and discrimination) is associated with lower quality of life outcomes. While resilience partially explained the variance in the quality of life, religiosity did not. Also, the findings of this study indicate that although higher religiosity is associated with increased resilience, religiosity and resilience did not sequentially mediate the relationship between acculturative stress and quality of life. In the model tested, religiosity was not a significant predictor on quality of life.

The Impact of Acculturative Stress on Quality of Life

Acculturative stress, a unique form of stress experienced by individuals adjusting to a new cultural environment, can significantly influence various aspects of an individual's life, including physical, psychological, and social well-being (Romeo et al., 2020). As older Korean

immigrants may face unique challenges, such as language barriers, limited social networks, and age-related health issues, it is important to understand the role of factors such as religiosity and resilience in mitigating the impact of acculturative stress on their quality of life (Roh et al., 2014, ; Song & Kim, 2003; Pascoe & Smart Richman, 2009).

The findings of this study align with the current research, suggesting that higher levels of acculturative stress are associated with a decrease in the quality of life among older Korean immigrants (Bernal et al., 2022). This relationship was observed across different dimensions that are mentioned above, such as mental health, physical health, and social relationships. It is essential to recognize the factors that contribute to acculturative stress, including cultural difference, social isolation, and perceived discrimination, as these elements play a crucial role in shaping the individual's overall well-being (Miyawakim, 2015; Qi et al., 2022).

Furthermore, the study findings highlight the importance of culturally congruent interventions and support systems to mitigate the negative effects of acculturative stress on older Korean immigrants' quality of life. Examples may include language support programs, social activities to promote community integration, and mental health services tailored to their unique needs (Jang et al, 2010; Rhee, 2017, 2019).

Acculturative Stress and Quality of life: The Mediating Role of Resilience

In this study, resilience partially mediated the relationship between acculturative stress and quality of life. This finding is consistent with current research, which suggests that resilience plays a significant mediating role in the relationship between acculturative stress and quality of life among older Korean immigrants. Resilience, or the ability to adapt and bounce back from stressors, can mitigate the negative effects of acculturative stress on quality of life. Higher levels

of resilience have been associated with better mental health, physical health, and social well-being, despite the presence of acculturative stress (Solà-Sales et al., 2021).

Similarly, Son et al. (2019) highlight the important role of culturally appropriate interventions and structures that promote resilience for older Korean immigrants and thereby lessen the adverse impacts of acculturative stress on their quality of life. These interventions may include resilience-building workshops tailored for older immigrants, social activities to promote community integration, and mental health services that incorporate the unique needs of this population (Ciaramella et al., 2022).

Acculturative Stress and Quality of Life: The Mediating Role of Religiosity

Although previous research has suggested that religiosity may mediate the negative effects of acculturative stress on mental and physical well-being, it did not mediate the relationship between acculturative stress and quality of life in this sample.

There are several possible reasons for this unexpected finding. First, the COVID-19 pandemic may have disrupted the typical functions of religiosity in providing social support and a sense of belonging for older Korean immigrants. For example, social distancing measures and closures of religious institutions during the pandemic may have diminished the protective role of religiosity (Długosz et al., 2020).

Second, as study participants resided in an ethnic enclave such as Queens, New York, they may have experienced unique factors influencing the relationship between acculturative stress, religiosity, and quality of life. Living in an enclave may provide a sense of familiarity and cultural continuity, which could potentially reduce the protective role of religiosity against the effects of acculturative stress. Moreover, older Korean immigrants in such areas may have access

to alternative sources of support, such as culturally-specific social networks, which could further explain the lack of mediating effect of religiosity in this context (Rhee, 2017, 2019).

Third, individual differences in the experience and expression of religiosity may have contributed to the lack of a mediating effect. Older Korean immigrants may vary in their religious practices, beliefs, and levels of religious engagement, which could have influenced the relationship between religiosity and quality of life.

Acculturative Stress and Quality of Life: Sequential Mediation by Religiosity and Resilience

I tested a model based on the hypothesis that religiosity and resilience mediate the relationship between acculturative stress and quality of life among older Korean immigrants. Surprisingly, religiosity and resilience did not sequentially mediate the relationship between acculturative stress and quality of life in this population.

Several factors may have contributed to these unexpected findings. First, the COVID-19 pandemic has significantly disrupted religious practices and the functioning of religious institutions. Social distancing measures and closure of religious gatherings limited opportunities for older Korean immigrants to engage in communal religious activities, which are often essential for reinforcing religious beliefs and providing social support (Saud et al., 2021). As a result, the typical protective role of religiosity against acculturative stress may have been diminished during the pandemic.

Second, older Korean immigrants residing in an ethnic enclave, such as Queens, New York, may experience a greater sense of familiarity and cultural continuity in their daily lives. The enclave itself may provide them with a supportive environment that reduces the need for seeking solace in religious practices as a means of coping with acculturative stress (Zhang et al.,

2022). Moreover, the availability of culturally-specific social networks within the enclave might serve as an alternative source of support, further diminishing the association between religiosity and acculturative stress.

Third, characteristics of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) used in this study may have influenced the findings. The BMMRS is a comprehensive instrument that evaluates multiple facets of religiosity and spirituality; however, certain dimensions might not have been as pertinent to the older Korean immigrants population, particularly those with a strong emphasis on Buddhist and Confucianism culture. Cultural disparities in the expression and experience of religiousness could have impacted the relationship between religiosity, resilience, and quality of life (Fetzer Institute, 1999; Cohen et al., 2022).

Fourth, although the majority of older Korean immigrants who responded to the survey were religiously affiliated (93%), with most identifying as Christian (90.2%), there was no observed association between acculturative stress and religiosity in this study. Several potential rationales could account for this lack of association. One possibility is that the specific religious beliefs and practices of the predominantly Christian older Korean immigrants may not have effectively addressed the challenges associated with acculturative stress (Fetzer Institute, 1999; Cohen et al., 2022).

Additionally, the absence of an association might be attributed to the presence of other factors that influence the relationship between acculturative stress and religiosity, such as social support, cultural identity, or individual coping strategies. It is also possible that the degree of religious commitment and involvement within the sample was not sufficiently diverse to detect a significant association, or that the measures used to assess religiosity did not adequately capture

the unique aspects of Christian religiosity relevant to older Korean immigrants (Fetzer Institute, 1999; Yoon & Kim, 2015).

Lastly, the relationship between religiosity and acculturative stress may be indirectly mediated or moderated by other variables, which could have led to the lack of observed association in the current study (Berry, 2006).

Religiosity and Quality of Life. With respect to the lack of association between religiosity and quality of life in this study, it is possible that the influence of religiosity on quality of life is not direct but rather operates through other factors, such as social support, other coping strategies, or resilience. It is also possible that unique circumstances of the COVID-19 pandemic and the particularities of the ethnic enclave setting might have weakened the typical relationship between religiosity and quality of life observed in other studies (Saud et al., 2021).

Further, individual differences in religious beliefs, practices, and engagement levels among older Korean immigrants could contribute to the lack of association between religiosity and quality of life. Future research should explore these relationships in more detail and under different circumstances to better understand the dynamics between acculturative stress, religiosity, and quality of life among older Korean immigrants.

Religiosity and Resilience. Although not the main finding of this study, the positive association between religiosity and resilience could have important implications. This relationship suggests that religiosity may play a vital role in enhancing resilience among older Korean immigrants, which could, in turn, positively influence their overall quality of life (Schwalm et al., 2022).

Several factors may contribute to the positive association between religiosity and resilience. For instance, religious beliefs and practices may provide older Korean immigrants with a sense of meaning and purpose, as well as a supportive community that fosters resilience in the face of acculturative stress (Pargament, 1997). Additionally, religiosity may offer a coping mechanism to help individuals navigate the challenges of acculturation, thus bolstering their resilience (Koenig, 2012).

Despite the lack of sequential mediation found in this study, the positive association between religiosity and resilience remains a noteworthy finding, suggesting the potential for religiosity to enhance resilience and contribute to the quality of life among older Korean immigrants. Further research could explore this relationship in more detail in order to gain additional insights into the complex interplay between acculturative stress, religiosity, resilience, and quality of life in this population.

Religiosity and Communal Impact. Religiosity might have a communal impact through several mechanisms, which can contribute to the overall well-being, connectedness, and resilience of individuals and communities. Some of the key mechanisms include:

Social Support. Religious communities often provide a network of social support to their members. This support can be in the form of emotional assistance, practical help, or even financial aid during challenging times. This social support can help individuals cope with stress, develop resilience, and foster a sense of belonging.

Shared Values and Beliefs. Religiosity often entails shared values and beliefs among members of a religious community. These shared values can foster a sense of unity and cohesion, which can promote cooperation and mutual understanding among community members.

Moral Guidance. Religious teachings often provide moral guidance and ethical principles that can influence individuals' behavior and decision-making. This can have a positive impact on the community by encouraging prosocial behaviors, such as altruism, forgiveness, and compassion.

Social Engagement. Many religious communities engage in social activities, such as volunteering, charity work, or community service. These activities can benefit the wider community and foster a sense of purpose and fulfillment among members of the religious community.

Cultural Preservation. Religiosity can play a significant role in preserving and transmitting cultural practices, rituals, and traditions within a community. This can help maintain cultural identity and foster a sense of belonging, particularly for individuals from minority or immigrant backgrounds.

Coping strategies. Religious beliefs and practices can provide individuals with coping strategies during times of stress or hardship. Prayer, meditation, and spiritual rituals can help individuals find comfort, strength, and hope, which can contribute to overall well-being and resilience within the community.

Social norms and behaviors. Religious communities often have their own social norms and behaviors, which can influence the way members interact with one another and the wider community. These norms can promote positive relationships, trust, and cooperation, contributing to a sense of social cohesion.

Implication for the Church as a Gateway for Immigrant Communities

The potential role of the church as a gateway for immigrant communities presents several future implications for research and practice:

Social Integration and Support. Researchers should investigate how religious institutions, such as churches can foster social integration and support among immigrant communities. This could include examining the role of church-sponsored programs, events, and services in facilitating connections and providing resources.

Cultural Preservation. Researchers should explore how churches can contribute to the preservation and transmission of cultural practices, rituals, and traditions within immigrant communities. This may involve looking into the role of religious leaders in maintaining cultural identity and fostering a sense of belonging.

Mental Health and Well-Being. Researchers should explore the impact of church involvement on the mental health and well-being of immigrants. This could involve examining the role of religious beliefs and practices in coping with stress and promoting resilience.

Community Engagement. Researchers should study how churches can facilitate community engagement and participation among immigrants. This may include examining the role of religious institutions in organizing volunteer work, charity initiatives, and other forms of community involvement.

Interfaith Dialogue and Cooperation. Researchers should investigate the potential of churches and other religious institutions in promoting interfaith dialogue and cooperation among immigrant communities. This could involve exploring how religious leaders can foster mutual understanding and respect between different faiths and cultural backgrounds.

Policy and Advocacy. Researchers should examine the role of churches in shaping public policies and advocating for the needs and rights of immigrant communities. This may involve researching the influence of religious leaders on policy discussions and decision-making processes.

Collaboration with Service Providers. Practitioners should explore the potential for collaboration between churches and other service providers to address the unique needs of immigrant communities. This could involve examining partnerships between religious institutions and healthcare, education, or social service providers.

By examining the future implications of the church as a gateway for immigrant communities, researchers and practitioners can develop a more comprehensive understanding of the potential benefits and challenges associated with this role. This knowledge can inform the design of interventions, policies, and initiatives aimed at supporting the well-being and integration of immigrants within their new communities.

Implication for Theory

The findings from this dissertation also have implications for the theoretical understanding of acculturative stress, resilience, and quality of life among older Korean immigrants. These implications can serve to refine, expand, or challenge existing theories and inform future research in this area.

Acculturative Stress Theory. The findings highlight the significant impact of acculturative stress on the quality of life of older Korean immigrants. This reinforces the importance of considering acculturative stress as a key factor in understanding the well-being of immigrant populations, and it may encourage researchers to further explore the specific factors contributing to acculturative stress among different immigrant groups.

Resilience Theory. The partial mediation of resilience in the relationship between acculturative stress and quality of life suggests that resilience is a significant factor in determining how older Korean immigrants adapt to their new environment. This finding supports the idea that fostering resilience is crucial for promoting well-being among immigrant populations and could encourage researchers to examine the specific resilience-building strategies and resources that are most effective for this group.

Religiosity and Coping Theory. The finding that religiosity did not mediate the relationship between acculturative stress and quality of life in this study may challenge existing theories that posit a protective role for religiosity in coping with stress. This could lead to further exploration of the role of religiosity in different cultural contexts and among different immigrant

populations to better understand how religious beliefs and practices may or may not influence the adaptation process.

Implications for Practice

Social Work Practice. The findings of this study on the mediating role of resilience in the relationship between acculturative stress and quality of life among older Korean immigrants, along with the association of greater religiosity with increased resilience, provide valuable insights for social work practitioners working with this population. Recognizing the significance of resilience and the potential role of religiosity in mediating the negative effects of acculturative stress on quality of life informs practitioners on the development of targeted interventions and support strategies to enhance resilience among older Korean immigrants (Masten, 2014; Ungar, 2018).

First, social workers should consider implementing evidence-based resilience interventions tailored to the unique needs of older Korean immigrants experiencing acculturative stress. Examples of such interventions include mindfulness practices, coping skills training, and cognitive-behavioral therapy (CBT) (Hjemdal et al., 2011; Smith, 2008). In addition, practitioners should be mindful of the potential benefits of incorporating religious and spiritual components into these interventions, as the study suggests that higher levels of faith may contribute to increased resilience.

Second, it is crucial for social workers to recognize the importance of social support, cultural connections, and religious affiliations for older Korean immigrants. Practitioners should facilitate the development and maintenance of social networks within both the Korean community and the broader community, as well as encouraging participation in religious

organizations or spiritual practices that align with the individual's beliefs (Park et al., 2021). This can promote a sense of belonging, social integration, and spiritual well-being, which may further enhance resilience.

Third, social work practitioners should be mindful of the role language barriers may play in exacerbating acculturative stress among older Korean immigrants (Jang et al., 2021b).

Advocating for and supporting the implementation of culturally and linguistically appropriate services, such as interpreter services and bilingual staff, is essential to ensure that older Korean immigrants have access to necessary resources and support systems.

Lastly, social work practitioners should engage in ongoing professional development to enhance their cultural competence and sensitivity when working with older Korean immigrants (Fisher-Borne et al., 2015). This includes understanding the unique cultural values, beliefs, and traditions of the Korean community, as well as being aware of potential biases and stereotypes that may impact the provision of services. By incorporating these implications into practice, social work practitioners can better support older Korean immigrants in navigating acculturative stress and promoting resilience, ultimately improving their quality of life.

Social Work Education. The findings of this study have significant implications for social work education, particularly with respect to preparing future social workers to effectively meet the needs of underserved populations such as older Korean immigrants who experience difficulties accessing health services. Social work educators should consider incorporating the following recommendations into their curricula to better equip students to address the unique needs and challenges faced by this population.

First, it is crucial to integrate content on acculturative stress and its association with lower quality of life, as evidenced by the current study. This will enable students to gain an in-depth understanding of the complexities surrounding acculturation and its impact on well-being, fostering greater empathy and competence in working with diverse populations, such as older Korean immigrants.

Second, in light of the finding on the role of religiosity in coping resources, social work educators should encourage critical thinking and reflection on the potential benefits of higher levels of religiosity in promoting resilience (Schwalm et al., 2022). This may involve examining alternative approaches to spiritual care and exploring how religiosity may contribute to coping resources and resilience in diverse populations, both in social work practice and education.

Third, the partial mediation of resilience in the relationship between acculturative stress and quality of life highlights the importance of incorporating resilience-focused interventions and skills training into social work education. This will equip students with the knowledge and skills needed to develop and implement effective resilience-building strategies to support older Korean immigrants experiencing acculturative stress.

Lastly, as the study was conducted during the COVID-19 pandemic, social work education should consider incorporating pandemic-related content, as well as the potential impact of future public health crises on vulnerable populations. This will prepare students to better respond to the evolving needs of diverse communities in times of crisis and ensure the provision of culturally sensitive and appropriate services.

By implementing these recommendations into social work education, future practitioners will be better prepared to support older Korean immigrants in navigating acculturative stress,

fostering resilience, and ultimately improving their quality of life, while taking into account the potential benefits of enhancing resilience.

Limitations

This study contributes to understanding the role of religiosity and resilience in the relationship between acculturative stress and quality of life, while acknowledging certain limitations. First, snowball sampling constrains the generalizability of the results to other groups of older Korean immigrants. The snowball-sampling used in this study has advantages, it also comes with several limitations. Since the both methods rely on non-random selection, the results are not generalizable beyond the specific sample studied (Bryman, 2016; Wagner, 2020).

The non-random nature of these sampling methods can lead to sampling bias, as I might have selected participants who share certain characteristics or opinions. This can skew the results and undermine the credibility of the findings. Since snowball sampling relies on the researcher's judgment in selecting participants, which introduces subjectivity into the sampling process, this can lead to biased samples and ultimately affect the reliability and validity of the study findings (Etikan et al., 2016). In addition, quota sampling requires the researcher to set quotas for specific subgroups based on certain characteristics. This process could be subjective and might not accurately have reflected the population's true composition (Bergman, 2017).

Second, the cross-sectional design has several limitations. The current study's cross-sectional design does not allow for establishing causal relationships between variables, making it challenging to determine whether the differences observed are due to the pandemic or other factors (Babbie, 2016). Also, since data are collected from at a single point in time, it is challenging to determine the temporal order of events or changes. I could not capture the

dynamic changes that occurred during different phases of the pandemic. This limits the ability to understand the evolving effects of COVID-19 on various aspects of society, such as mental health, economic conditions, or social behaviors. This can make it difficult to establish whether the cause preceded the effect or vice versa, leading to ambiguity in interpreting the findings (Lee et al., 2021). Furthermore, cross-sectional design does not follow the same individuals over time, making it difficult to examine how people's experiences, attitudes, or behaviors changed due to COVID-19. This limitation may mask important individual-level changes and lead to misleading conclusions (Niepel et al., 2021).

Data collection was conducted during the 2022 COVID-19 pandemic, which might have resulted in numerous social ramifications that may have influenced the responses from participants. Although evaluating the comprehensive effects of the pandemic poses a challenge, it is likely that the mental health and overall well-being of participants were influenced. This cross-sectional study might not capture the various stages of the pandemic, such as the initial outbreak, peak periods, lockdowns, and vaccine rollouts, leading to an incomplete understanding of the impacts of COVID-19 on different aspects of acculturative stress, religiosity, resilience and quality of life among older Korean immigrants (Thoits, 2018).

Future research could employ a longitudinal design to better examine the relationship between acculturative stress, resilience, religiosity, and quality of life over time. This approach would allow for a more accurate assessment of the directionality and causality of the relationships and stronger evidence for the mediating role of resilience and religiosity. With longitudinal data, researchers could apply more advanced statistical methods, such as growth curve modeling or latent change score models, to better understand the processes underlying the relationships between acculturative stress, resilience, religiosity, and quality of life.

Third, the deletion of missing responses may have led to a loss of valuable information, affecting the overall analysis and conclusions from the study. To mitigate the missing response issues, appropriate methods such as listwise deletion or multiple imputation could be considered, but it is important to note that these techniques have their own limitations and assumptions. Out of the 300 responses in our study, I identified and removed 14 missing responses, which amounts to a 4.67% missing data rate. Generally, since if less than 5 % of values are missing then it is acceptable to ignore them (Harrell, 2001), missing responses were deleted. From the Little's Missing Completely At Random (MCAR) test in the SPSS, the p-value of Little's MCAR test is less than 0.05, this suggests that the data are not missing completely at random (Little & Rubin, 2020). In this case, deleting the missing responses (listwise deletion) might not be the best approach, as it can potentially introduce bias and affect the validity of the analysis. In some situations, it might be reasonable to proceed with listwise deletion even when the MCAR assumption is not met, especially if the proportion of missing data is small and the reasons for missingness are deemed non-influential to the analysis. Since all deleted responses were in the income variable, and less than 5% of all samples, I proceed with listwise deletion. However, it is essential to acknowledge the potential bias introduced by this deletion and carefully interpret the results in light of this limitation, as it may still impact the overall robustness and generalizability of the findings (Bennett, 2001; Little & Rubin, 2020).

Future Research

This study provided important findings in terms of the relationships between acculturative stress, religiosity, resilience, and quality of life among older Korean immigrants

living in the ethnic enclave of Queens, New York. However, several avenues for future research could expand knowledge in this area.

Firstly, there is a large standard deviation in the measure of religiosity. Despite the majority of participants identifying as Christians, there may still be significant within-group diversity in terms of religious beliefs, practices, and experiences. Future research could examine the demographic, cultural, and social factors that may contribute to this diversity among older Korean Christian immigrants, helping to explain the large standard deviation observed in the BMMRS scores. Additionally, various external factors, such as socio-economic status, education, social support networks, and experiences of acculturation, could influence the religiosity of older Korean immigrants. Future research could investigate the relationships between these factors and BMMRS scores to better understand the sources of variability in religiosity measures.

Secondly, future research could investigate the impact of the COVID-19 pandemic on the relationships between acculturative stress, religiosity, resilience, and quality of life among older Korean immigrants. As data collection occurred during the pandemic, future research could compare the findings to data collected after the pandemic to determine if the relationships have changed. For example, future research could explore how the pandemic has affected the acculturative stress of older Korean immigrants and how this has influenced their religiosity, resilience, and quality of life (Długosz et al., 2022).

Thirdly, future research could investigate the potential mechanisms through which religiosity contributes to coping resources for older Korean immigrants. Although religiosity did not partially mediate the relationship between acculturative stress and quality of life in this study, future research could examine how religious beliefs and practices may provide social support,

hope, and meaning in the face of stress and adversity (Saud et al., 2021). For instance, future research could explore how participation in religious activities or engagement with religious leaders may enhance coping resources for older Korean immigrants (You et al., 2019).

Fourth, future research could investigate the cultural context of acculturation and its effects on the relationships between acculturative stress, religiosity, resilience, and quality of life among older Korean immigrants. Given that older Korean immigrants may have unique cultural experiences and beliefs, future research could investigate how these factors may shape the process of acculturation and its effects on their mental health and well-being. For example, future research could examine how cultural values, such as collectivism or filial piety, may influence the relationships between these variables.

Lastly, future research could employ a longitudinal or mixed-methods design to capture the dynamic changes in the relationships between acculturative stress, religiosity, resilience, and quality of life over time. This could provide a more nuanced understanding of the complex interactions between these variables and their effects on the mental health and well-being of older Korean immigrants living in ethnic enclaves.

Fifth, although the measures used in this study have been validated and found reliable in previous research, the current study did not specifically assess the validity for the study's sample population. Future research could focus on conducting validation studies for the measures used in this study, specifically targeting the older Korean immigrant population. This would involve assessing the measures' construct validity, criterion-related validity within this population to ensure that the measure are accurately capturing the intended constructs.

In conclusion, this study has provided important insights into the relationships between acculturative stress, religiosity, resilience, and quality of life among older Korean immigrants

living in the ethnic enclave of Queens, New York. However, future research could further explore the impact of the COVID-19 pandemic, the role of religiosity in coping resources, the cultural context of acculturation, and the dynamic changes in these relationships over time.

Conclusion

This study has revealed valuable insights into the relationships between acculturative stress, religiosity, resilience, and quality of life among older Korean immigrants residing in the ethnic enclave in Queens, New York. The findings have significant implications for social work practice, education, and future research in this area.

The results demonstrated that higher acculturative stress was associated with lower quality of life, emphasizing the need for targeted interventions to address acculturative stress in order to improve the well-being of individuals in ethnic enclaves. Furthermore, resilience was found to partially explain the relationship between acculturative stress and quality of life, highlighting the importance of fostering resilience in these communities. Programs aimed at enhancing resilience, such as psychoeducation or skill-building workshops, may prove beneficial in mitigating the negative effects of acculturative stress on quality of life.

An interesting finding from this study was that greater religiosity was associated with increased resilience. Although religiosity did not partially explain the relationship between acculturative stress and quality of life, it did show a positive association with resilience. This suggests that religiosity may play a role in bolstering resilience among older Korean immigrants, potentially serving as a valuable coping resource. Social work practice and education should consider the implications of this finding when addressing the unique needs of this population.

Despite the association between religiosity and resilience, the hypothesis that both religiosity and resilience would sequentially explain the relationship between acculturative stress and quality of life was not supported. Future research may consider examining different combinations of mediators or exploring potential moderating factors to gain a better understanding of the complex interplay between these variables.

It is important to note that data collection took place during the COVID-19 pandemic, which may have influenced the findings. As the pandemic has since ended, future research should explore whether the relationships between acculturative stress, religiosity, resilience, and quality of life differ in the post-pandemic context.

This study provides a better understanding of acculturative stress and its impact on quality of life among older Korean immigrants living in ethnic enclaves. It also highlights the importance of resilience in mediating against the negative effects of acculturative stress and offers implications for social work practice and education. Further research is needed to elucidate the role of religiosity in this context and to extend the findings to other populations and settings.

References

- Abu-Raiya, H., & Pargament, K. I. (2015). Religious coping among diverse religions: Commonalities and divergences. *Psychology of Religion and Spirituality*, 7(1), 24–33.
<https://doi.org/10.1037/a0037652>
- Administration for Community Living. (2020, May). *2020 profile of older Americans*.
https://acl.gov/sites/default/files/Profile%20of%20OA/2020ProfileOlderAmericans_RevisedFinal.pdf
- Ai, A. L., Park, C. L., Bu Huang, Rodgers, W., & Tice, T. N. (2007). Psychosocial mediation of religious coping styles: A study of short-term psychological distress following cardiac surgery. *Personality & Social Psychology Bulletin*, 33(6), 867–882.
<https://doi.org/10.1177/0146167207301008>
- Austin, P., Macdonald, J., & MacLeod, R. (2018). Measuring spirituality and religiosity in clinical settings: A scoping review of available instruments. *Religions (Basel, Switzerland)*, 9(3), 70. <https://doi.org/10.3390/rel9030070>
- Babbie, E. R. (2016). *The Practice of Social Research (14th ed.)*. Boston: Cengage Learning.
- Baron, R.M., & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173-1182.
<https://doi.org/10.1037/0022-3514.51.6.1173>
- Bean, M. K., Gibson, D., Flattery, M., Duncan, A., & Hess, M. (2009). Psychosocial factors, quality of Life, and psychological distress: Ethnic differences in patients with heart failure. *Progress in Cardiovascular Nursing*, 24(4), 131–140.
<https://doi.org/10.1111/j.1751-7117.2009.00051.x>

- Bennett, D.A. (2001), How can I deal with missing data in my study?. *Australian and New Zealand Journal of Public Health*, 25(5), 464-469.
<https://doi.org/10.1111/j.1467-842X.2001.tb00294.x>
- Bergman, M. M. (2017). Quota sampling. In M. Allen (Ed.), *The SAGE Encyclopedia of Communication Research Methods* (pp. 1423-1424). SAGE Publications.
- Bernal, D. R., Misiaszek, K. H., Ayala, J., & Kenley, N. (2022). Second-class citizens? subjective social status, acculturative stress, and immigrant well-being. *SN Social Sciences*, 2(7), 96. <https://doi.org/10.1007/s43545-022-00371-2>
- Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review*, 21(3), 491-511. <https://doi.org/10.2307/2546607>
- Berry, J. W. (2006). Stress perspectives on acculturation. In D. L. Sam & J. W. Berry (Eds.), *The Cambridge handbook of acculturation psychology* (pp. 43-57). Cambridge, UK: Cambridge University Press.
- Bodling, Heneghan, M., Walsh, J. C., Yoon, D. P., & Johnstone, B. (2013). The brief multidimensional measure of religiousness/spirituality with an Irish sample: A factor analysis. *International Journal of Therapy and Rehabilitation*, 20(2), 72–78.
<https://doi.org/10.12968/ijtr.2013.20.2.72>
- Bryman. (2016). *Social research methods* (5th ed.). Oxford University Press.
- Carleton, R. A., Esparza, P., Thaxter, P. J., & Grant, K. E. (2008). Stress, religious coping resources, and depressive symptoms in an urban adolescent sample. *Journal for the Scientific Study of Religion*, 47(1), 113–121. <https://doi.org/10.1111/j.1468-5906.2008.00395.x>
- Chang, Q., Sha, F., Chan, C. H., & Yip, P. S. F. (2018). Validation of an abbreviated version of

- the Lubben Social Network Scale (“LSNS-6”) and its associations with suicidality among older adults in China. *PLOS ONE*, *13*(8), e0201612.
<https://doi.org/10.1371/journal.pone.0201612>
- Choi, Leach, S. M., Hart, J. M., & Woo, H. (2019). Further validation of the brief resilience scale from a Korean college sample. *Asia T'aep'yŏngyang Sangdam Yŏn'gu*, *9*(2), 39–56. <https://doi.org/10.18401/2019.9.2.3>
- Ciaramella, Monacelli, N., & Cocimano, L. C. E. (2022). Promotion of Resilience in Migrants: A Systematic Review of Study and Psychosocial Intervention. *Journal of Immigrant and Minority Health*, *24*(5), 1328–1344. <https://doi.org/10.1007/s10903-021-01247-y>
- Cohen, D., Bhushan, B., Hanks, R., Yoon, D. P., Johnstone, B., Holliday, G., & Grover, A. (2022). Examining Cultural, Ethnic, and Religious Differences with the Brief Multidimensional Measure of Religiousness and Spirituality in the U.S. and India. *Journal of religion and health*, *61*(4), 3492–3506.
<https://doi.org/10.1007/s10943-021-01433-0>
- Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behavior*, *50*(1), 31-48.
<https://doi.org/10.1177/002214650905000103>
- Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, *16*(3), 297-334. <https://doi.org/10.1007/BF02310555>
- da Silva-Sauer, L., Lima, T., da Fonsêca, É., de la Torre-Luque, A., Yu, X., & Fernández-Calvo, B. (2021). Psychological resilience moderates the effect of perceived stress on late-life depression in community-dwelling older adults. *Trends in Psychology*, *29*(4), 670–683. <https://doi.org/10.1007/s43076-021-00073-3>

Długosz, Liszka, D., & Yuzva, L. (2022). The Link between Subjective Religiosity, Social Support, and Mental Health among Young Students in Eastern Europe during the COVID-19 Pandemic: A Cross-Sectional Study of Poland and Ukraine. *International Journal of Environmental Research and Public Health*, *19*(11), 6446–. <https://doi.org/10.3390/ijerph19116446>

Dolcos, F., Hohl, K., Hu, Y., & Dolcos, S. (2021). Religiosity and resilience: cognitive reappraisal and coping self-efficacy mediate the link between religious coping and well-being. *Journal of Religion and Health*, *60*(4), 2892–2905. <https://doi.org/10.1007/s10943-020-01160-y>

Efron, B., & Tibshirani, R. (1993). *An introduction to the bootstrap*. New York, NY: Chapman & Hall.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, *5*, 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>

Fetzer Institute. (1999). *Multidimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute/National Institute of Aging Working Group*. Kalamazoo, MI: John E. Fetzer Institute. https://fetzer.org/sites/default/files/resources/attachment/%5Bcurrent-date%3Atiny%5D/Multidimensional_Measurement_of_Religiousness_Spirituality.pdf

Fischer, A. C., Sonn, C., & Bishop, B. (Eds.). (2002). *Psychological sense of community: Research, applications, and implications* (pp. 87–108). New York, NY: Kluwer Academic Plenum Publishers.

- Fisher-Borne, Cain, J. M., & Martin, S. L. (2015). From Mastery to Accountability: Cultural Humility as an Alternative to Cultural Competence. *Social Work Education, 34*(2), 165–181. <https://doi.org/10.1080/02615479.2014.977244>
- Folkman, & Lazarus, R. S. (1985). If it changes it must be a process: study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology, 48*(1), 150–170. <https://doi.org/10.1037//0022-3514.48.1.150>
- Fradelos, Alikari, V., Vus, V., Papathanasiou, I. V., Tsaras, K., Tzavella, F., & Lekka, D. (2020). Assessment of the relation between religiosity, anxiety, depression and psychological resilience in nursing staff. *Health Psychology Research, 8*(1), 8234–8234. <https://doi.org/10.4081/hpr.2020.8234>
- Fritz, M. S., & MacKinnon, D. P. (2007). Required sample size to detect the mediated effect. *Psychological Science, 18*(3), 233-239. <https://doi.org/10.1111/j.1467-9280.2007.01882.x>
- Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health & Social Care in the Community, 26*(2), 147–157. <https://doi.org/10.1111/hsc.12367>
- Goforth, Oka, E. R., Leong, F. T. L., & Denis, D. J. (2014). Acculturation, Acculturative Stress, Religiosity and Psychological Adjustment among Muslim Arab American Adolescents. *Journal of Muslim Mental Health, 8*(2). <https://doi.org/10.3998/jmmh.10381607.0008.202>
- Harrell, F.E. (2001). Regression modeling strategies : With applications to linear models, logistic regression, and survival analysis. Springer.
- Harris, S. K., Sherritt, L. R., Holder, D. W., Kulig, J., Shrier, L. A., & Knight, J. R. (2008).

- Reliability and validity of the brief multidimensional measure of religiousness/spirituality among adolescents. *Journal of Religious Health*, 47(4), 438-457. <https://doi.org/10.1007/s10943-007-9154-x>
- Healthcare (n.d.). *Federal Poverty Level (FPL)*.
<https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>
- Hjemdal, Vogel, P. A., Solem, S., Hagen, K., & Stiles, T. C. (2011). The relationship between resilience and levels of anxiety, depression, and obsessive-compulsive symptoms in adolescents. *Clinical Psychology and Psychotherapy*, 18(4), 314–321.
<https://doi.org/10.1002/cpp.719>
- Hildon, Z., Montgomery, S., Blane, D., Wiggins, R., & Netuveli, G. (2010). Examining resilience of quality of life in the face of health-related and psychosocial adversity at older ages: what is “right” about the way we age? *The Gerontologist*, 50(1), 36-47.
[doi:10.1093/geront/gnp067](https://doi.org/10.1093/geront/gnp067)
- Holt, C. L., Clark, E. M., Debnam, K. J., & Roth, D. L. (2014). Religion and health in African Americans: The role of religious coping. *American Journal of Health Behavior*, 38(2), 190–199. <https://doi.org/10.5993/AJHB.38.2.4>
- Hong, M., Casado, B. L., & Harrington, D. (2011). Validation of Korean Versions of the Lubben social network scales in Korean Americans. *Clinical Gerontologist*, 34(4), 319–334.
<https://doi.org/10.1080/07317115.2011.572534>
- Hombrados-Mendieta, Gomez-Jacinto, L., Dominguez-Fuentes, J. M., & Garcia-Leiva, P. (2013). Sense of community and satisfaction with life among immigrants and the native population. *Journal of Community Psychology*, 41(5), 601–614.
<https://doi.org/10.1002/jcop.21559>

- Jang, & Chiriboga, D. A. (2010). Living in a Different World: Acculturative Stress Among Korean American Elders. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 65B(1), 14–21. <https://doi.org/10.1093/geronb/gbp019>
- Jang, Y., Park, J., Choi, E. Y., Cho, Y. J., Park, N. S., & Chiriboga, D. A. (2021a). Social isolation in Asian Americans: Risks associated with socio-demographic, health, and immigration factors. *Ethnicity & Health*, 1–14. <https://doi.org/10.1080/13557858.2021.1881765>
- Jang, Y., Yoon, H., Park, J., Park, N. S., Chiriboga, D. A., & Kim, M. T. (2021b). Health risks posed by social and linguistic isolation in older Korean Americans. *Journal of the American Geriatrics Society*, 69(11), 3258–3266. <https://doi.org/10.1111/jgs.17367>
- Johnstone, Yoon, D. P., Franklin, K. L., Schopp, L., & Hinkebein, J. (2009). Re-conceptualizing the factor structure of the brief multidimensional measure of religiousness/spirituality. *Journal of Religion and Health*, 48(2), 146–163. <https://doi.org/10.1007/s10943-008-9179-9>
- Kamarck, T., Mermelstein, R., & Cohen, S. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385–396. <https://doi.org/10.2307/2136404>
- Kang, S.Y., Domanski, M. D., & Moon, S. S. (2009). Ethnic enclave resources and predictors of depression among Arizona’s Korean immigrant elders. *Journal of Gerontological Social Work*, 52(5), 489–502. <https://doi.org/10.1080/01634370902983153>.
- Kim, M. T., Kim, K. B., Han, H.-R., Huh, B., Nguyen, T., & Lee, H. B. (2015). Prevalence and predictors of depression in Korean American elderly: Findings from the memory and aging study of Koreans (MASK). *The American Journal of Geriatric Psychiatry*,

- 23(7), 671-683, <https://doi.org/10.1016/j.jagp.2014.11.003>
- Kim, Y., Lee, H., Kim, S., & Kim, J. (2021). *Health engagement living lab project: A pilot mixed-methods study to advance self-care agency among migrant workers in South Korea* [Preprint]. In Review. <https://doi.org/10.21203/rs.3.rs-438549/v1>
- King, J. E., & Crowther, M. R. (2004). The measurement of religiosity and spirituality: Examples and issues from psychology. *Journal of Organizational Change Management*, 17(1), 83–101. <https://doi.org/10.1108/09534810410511314>
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN psychiatry*, 2012, 1–33. <https://doi.org/10.5402/2012/278730>
- Koenig, H. G., Pargament, K. I., & Nielsen, J. (1998). Religious coping and health status in medically ill hospitalized older adults. *The Journal of Nervous and Mental Disease*, 186(9), 513–521. <https://doi.org/10.1097/00005053-199809000-00001>
- Kopacz, Morley, S. W., Woźniak, B. M., Simons, K. V., Bishop, T. M., & Vance, C. G. (2016). Religious well-being and suicide ideation in veterans: An exploratory study. *Pastoral Psychology*, 65(4), 481–491. <https://doi.org/10.1007/s11089-016-0699-z>
- Kutner, M.H., Nachtsheim, C.J., & Neter, J. (2004). Simultaneous inferences and other topics in regression analysis. *Applied linear regression models* (4th ed). McGraw-Hill Irwin, New York, NY, 168-170.
- Lai, D. W. L., Li, J., Ou, X., & Li, C. Y. P. (2020). Effectiveness of a peer-based intervention on loneliness and social isolation of older Chinese immigrants in Canada: A randomized controlled trial. *BMC Geriatrics*, 20(1), 356. <https://doi.org/10.1186/s12877-020-01756-9>
- Landeiro, Barrows, P., Nuttall Musson, E., Gray, A. M., & Leal, J. (2017). Reducing

- social isolation and loneliness in older people: A systematic review protocol. *BMJ Open*, 7(5), e013778–e013778. <https://doi.org/10.1136/bmjopen-2016-013778>
- Lazarus, R. S. & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.
- Le, Snodgrass, J. L., Fenzel, L. M., & Tran, T. V. (2021). Acculturative stress and coping processes among middle-aged Vietnamese-born American Catholics: The roles of spirituality, religiosity, and resilience on well-being. *Asian American Journal of Psychology*, 12(2), 100–109. <https://doi.org/10.1037/aap0000217>
- Lee, J. (2020). Mediating role of resilience between successful aging and acculturation among older Korean immigrants In the United States. *Advances in Social Sciences Research Journal*, 7(5), 117–133. <https://doi.org/10.14738/assrj.75.8185>
- Lee, K. W., Kim, S. Y., Chung, W., Hwang, G. S., Hwang, Y. W., & Hwang, I. H. (2009). The Validity and Reliability of Korean Version of Lubben Social Network Scale. *Korean Journal of Family Medicine*, 30(5), 352-358. <https://doi.org/10.4082/kjfm.2009.30.5.352>
- Lee, Y. S. C., Suchday, S., & Wylie-Rosett, J. (2015). Social support and networks: Cardiovascular responses following recall on immigration stress among Chinese Americans. *Journal of Immigrant and Minority Health*, 17(2), 543–552. <https://doi.org/10.1007/s10903-013-9955-9>
- Lee, E.-K. O. (2007). Religion and spirituality as predictors of well-being among Chinese American and Korean American older Adults. *Journal of Religion, Spirituality & Aging*, 19(3), 77–100. https://doi.org/10.1300/J496v19n03_06
- Lee, S. (2020). *Health and Life Study of Koreans, United States, 2016-2018*. Inter-university Consortium for Political and Social Research [distributor].

<https://doi.org/10.3886/ICPSR37635.v1>

- Lee, K. H., & GlenMaye, L. F. (2014). Stressors, coping resources, functioning, and role limitations among older Korean immigrants: Gender differences. *Journal of Women and Aging, 26*(1), 66–83. <https://doi.org/10.1080/08952841.2014.858578>
- Lee, K. W., Kim, S. Y., Chung, W., Hwang, G. S., Hwang, Y. W., & Hwang, I. H. (2009). The validity and reliability of Korean version of Lubben social network scale. *Korean Journal of Family Medicine, 30*(5), 352. <https://doi.org/10.4082/kjfm.2009.30.5.352>
- Lee, & Chan, K. (2009). Religious/spiritual and other adaptive coping strategies among Chinese American older Immigrants. *Journal of Gerontological Social Work, 52*(5), 517–533. <https://doi.org/10.1080/01634370902983203>
- Lee, Y. M., & Holm, K. (2011). Stressors related to depression among elderly Korean immigrants. *Issues in Mental Health Nursing, 33*(1), 52–58. <https://doi.org/10.3109/01612840.2011.618965>
- Lee, E., Forthofer, R. N., & Lorimor, R. J. (2021). *Analyzing complex survey data: A practical guide for social scientists*. Routledge.
- Lee, H. S., & Mason, D. (2014). Cultural and gender differences in coping strategies between Caucasian American and Korean American older people. *Journal of Cross-Cultural Gerontology, 29*(4), 429–446. <https://doi.org/10.1007/s10823-014-9241-x>
- Lee, M., Nezu, A. M., & Nezu, C. M. (2018). Acculturative stress, social problem solving, and depressive symptoms among Korean American immigrants. *Transcultural Psychiatry, 55*(5), 710–729. <https://doi.org/10.1177/1363461518792734>
- Lee, Y.-S., Park, S.-Y., Roh, S., Koenig, H. G., & Yoo, G. J. (2017). The Role of religiousness/spirituality and social networks in predicting depressive symptoms among

- older Korean Americans. *Journal of Cross-Cultural Gerontology*, 32(2), 239–254.
<https://doi.org/10.1007/s10823-017-9317-5>
- Little, & Rubin, D. B. (2020). *Statistical analysis with missing data*, second edition (3rd ed, .Vol. 793). Wiley.
- Lubben, J. (1988). Assessing social networks among elderly populations. *Family & Community Health*, 11(3), 42–52. <https://doi.org/10.1097/00003727-198811000-00008>
- Lubben, J., & Gironda, M. (2003). Centrality of social ties to the health and well being of older adults. In B. Berkman & L. Harooytan (Eds.), *Social work and health care in an aging World* (pp. 319–350). Springer.
- Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, E. (2006). Performance of an abbreviated version of the Lubben social network scale among three European community-dwelling older adult populations. *The Gerontologist*, 46(4), 503–513. <https://doi.org/10.1093/geront/46.4.503>
- Mahamid, F. A., & Bider, D. (2021). The association between positive religious coping, perceived stress, and depressive symptoms during the spread of Coronavirus (COVID-19) among a sample of adults in Palestine: A cross sectional study. *Journal of Religion and Health*, 60(1), 34–49. <https://doi.org/10.1007/s10943-020-01121-5>
- Mallinckrodt, B., Abraham, T. W., Wei, M., & Russell, D. W. (2006). Advances in testing statistical significance of mediation effects. *Journal of Counseling Psychology*, 53(3), 372–378. <https://doi.org/10.1037/0022-0167.53.3.372>
- Masters, K. S., & Hooker, S. A. (2013). Religiousness/spirituality, cardiovascular disease, and cancer: Cultural integration for health research and intervention. *Journal of Consulting and Clinical Psychology*, 81(2), 206–216. <https://doi.org/10.1037/a0030813>

- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development, 85*(1), 6–20. <https://doi.org/10.1111/cdev.12205>
- McMillan. (1996). Sense of community. *Journal of Community Psychology, 24*(4), 315–325. [https://doi.org/10.1002/\(SICI\)1520-6629\(199610\)24:4<315::AID-JCOP2>3.0.CO;2-T](https://doi.org/10.1002/(SICI)1520-6629(199610)24:4<315::AID-JCOP2>3.0.CO;2-T)
- McMillan, & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology, 14*(1), 6–23. [https://doi.org/10.1002/1520-6629\(198601\)14:1<6::AID-JCOP2290140103>3.0.CO;2-I](https://doi.org/10.1002/1520-6629(198601)14:1<6::AID-JCOP2290140103>3.0.CO;2-I)
- Migration Policy Institute (2021, March 10). *Immigrants from Asia in the United States*. <https://www.migrationpolicy.org/article/korean-immigrants-united-states-2017>
- Min, S.K., Kim, K.I., Lee, C. I., Jung, Y. C., Suh, S. Y., & Kim, D. K. (2002). Development of the Korean versions of WHO quality of life scale and WHOQOL-BREF. *Quality of Life Research, 11*(6), 593–600. <https://doi.org/10.1023/A:1016351406336>
- Miyawaki C. E. (2015). Association of social isolation and health across different racial and ethnic groups of older Americans. *Ageing and society, 35*(10), 2201–2228. <https://doi.org/10.1017/S0144686X14000890>
- Mizoguchi, N., Walker, L., Trevelyan, E., & Ahmed, B. (2019). The older foreign-born population in the United States: 2012–2016. *United States Census Bureau*. <https://www.census.gov/content/dam/Census/library/publications/2019/acs/acs-42.pdf>
- Niepel, C., Kuger, S., & Weinert, S. (2021). Longitudinal and cross-sectional research designs. In S. Kuger, S. Weinert, & C. Niepel (Eds.), *Research methods in education* (pp. 97-116). Springer.
- Noh, S., & Avison, W. R. (1996). Asian immigrants and the stress process: A study of

Koreans in Canada. *Journal of Health and Social Behavior*, 37(2), 192–206.

<https://doi.org/10.2307/2137273>

Nguyen, A. W., Chatters, L. M., Taylor, R. J., & Mouzon, D. M. (2016). Social support from family and friends and subjective well-being of older African Americans.

Journal of Happiness Studies, 17(3), 959-979. <http://doi.org/10.1007/s10902-015-9626-8>

Oh, Y., Koeske, G. F., & Sales, E. (2002). Acculturation, stress, and depressive symptoms among

Korean immigrants in the United States. *Journal of Social Psychology*, 142(4), 511-526.

<https://doi.org/10.1080/00224540209603915>

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press

Pargament, K. I. Magyar-Russell, G. M., & Murray-Swank, N. A. (2005). The Sacred and the search for significance: Religion as a unique process. *Journal of Social Issues*,

61(4), 665–687. <https://doi.org/10.1111/j.1540-4560.2005.00426.x>

Pargament, K., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status

of a short measure of religious coping. *Religions*, 2(1), 51-76.

<https://doi.org/10.3390/rel2010051>

Pargament, K. I., Mahoney, A., & Shafranske, E. P. (2013). APA handbook of psychology, religion, and spirituality (Vol 2): An applied psychology of religion and spirituality.

In *APA handbook of psychology, religion, and spirituality (Vol 2): An applied psychology of religion and spirituality*. American Psychological Association.

<https://doi.org/10.1037/14046-000>

- Park, C. L., Wortmann, J. H., & Edmondson, D. (2011). Religious struggle as a predictor of subsequent mental and physical well-being in advanced heart failure patients. *Journal of Behavioral Medicine, 34*(6), 426-436. <https://doi.org/10.1007/s10865-011-9315-y>
- Park, J., Roh, S., & Yeo, Y. (2012). Religiosity, social support, and life satisfaction among elderly Korean immigrants. *The Gerontologist, 52*(5), 641–649. <https://doi.org/10.1093/geront/gnr103>
- Park N. S., Jang, Y., Chiriboga, D. A., & Chung, S. (2021). The Role of Social Networks on Depressive Symptoms: A Comparison of Older Koreans in Three Geographic Areas. *International Journal of Aging & Human Development*. <https://doi.org/10.1177/0091415020905553>
- Pew Research Center (2012, June 19). *The rise of Asian Americans. Chapter 7: Religious affiliation, beliefs and practices*. <https://www.pewresearch.org/social-trends/2012/06/19/chapter-7-religious-affiliation-beliefs-and-practices/>
- Park, H.-S., & Rubin, A. (2012). The mediating role of acculturative stress in the relationship between acculturation level and depression among Korean immigrants in the U.S. *International Journal of Intercultural Relations, 36*(5), 611–623. <https://doi.org/10.1016/j.ijintrel.2012.04.008>
- Pascoe, & Richman, L. S. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin, 135*(4), 531–554. <https://doi.org/10.1037/a0016059>
- Piedmont, R. L., Mapa, A. T., & Williams, J. E. (2006). A factor analysis of the Fetzer/NIA brief multidimensional measure of religiousness/spirituality (MMRS). In *Research in the Social Scientific Study of Religion, Volume 17* (pp. 177-196). Brill.
- Poscia, A., Stojanovic, J., La Milia, D. I., Duplaga, M., Grysztar, M., Moscato, U., Onder, G.,

- Collamati, A., Ricciardi, W., & Magnavita, N. (2018). Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Experimental Gerontology, 102*, 133–144. <https://doi.org/10.1016/j.exger.2017.11.017>
- Preacher, K.J., & Hayes, A. F. (2008). *Assessing mediation in communication research* (pp. 13-54). London: The Sage sourcebook of advanced data analysis methods for communication research.
- Qi, X., Zhang, W., Wang, K., Pei, Y., & Wu, B. (2022). Social isolation and psychological well-being among older Chinese Americans: Does resilience mediate the association?. *International journal of geriatric psychiatry, 37*(8), <https://doi.org/10.1002/gps.5791>
- Rasclé, N. (2000). Testing the mediating role of appraisal stress and coping strategies on employee adjustment in a context of job mobility. *European Review of Applied Psychology, 50*(3), 301–307
- Resnick, B. (2014). Resilience in older adults. *Topics in Geriatric Rehabilitation, 30*(3), 155–163. <https://doi.org/10.1097/TGR.0000000000000024>
- Reyes, Serafica, R., Cross, C. L., Constantino, R. E., & Arenas, R. A. (2018). Resilience, acculturative stress, and family norms against disclosure of mental health problems among foreign-born Filipino American women. *Asian/Pacific Island Nursing Journal, 3*(3), 80–92. <https://doi.org/10.31372/20180303.1002>
- Rhee, S. L. (2017). Acculturative stress and depressive symptoms among Korean immigrant elders residing in non-Korean ethnic enclaves. *Journal of Ethnic & Cultural Diversity in Social Work, 26*(4), 347–365. <https://doi.org/10.1080/15313204.2016.1242101>
- Rhee, S. L. (2019). Korean immigrant older adults residing in non-Korean ethnic enclaves:

- Acculturation strategies and psychosocial adaptation. *Journal of Human Behavior in the Social Environment*, 29(7), 861–873. <https://doi.org/10.1080/10911359.2019.1627970>
- Roh, S., Lee, Y.-S., Lee, J. H., & Martin, J. I. (2014). Typology of religiosity/spirituality in relation to perceived health, depression, and life satisfaction among older Korean immigrants. *Aging & Mental Health*, 18(4), 444–453. <https://doi.org/10.1080/13607863.2013.848837>
- Romero, Piña-Watson, B., Stevens, A. K., Schwartz, S. J., Unger, J. B., Zamboanga, B. L., Szapocznik, J., Lorenzo-Blanco, E., Cano, M. Á., Meca, A., Baezconde-Garbanati, L., Córdova, D., Villamar, J. A., Soto, D. W., Lizzi, K. M., Des Rosiers, S. E., Pattarroyo, M., & Oshri, A. (2020). Disentangling Relationships Between Bicultural Stress and Mental Well-Being Among Latinx Immigrant Adolescents. *Journal of Consulting and Clinical Psychology*, 88(2), 149–159. <https://doi.org/10.1037/ccp0000466>
- Rosmarin, D. H., Bigda-Peyton, J. S., Öngur, D., Pargament, K. I., & Björgevinnsson, T. (2013). Religious coping among psychotic patients: Relevance to suicidality and treatment outcomes. *Psychiatry Research*, 210(1), 182–187. <https://doi.org/10.1016/j.psychres.2013.03.023>
- Sanchez, M., Dillon, F., Ruffin, B., & De La Rosa, M. (2012). The influence of religious coping on the acculturative stress of recent Latino immigrants. *Journal of Ethnic and Cultural Diversity in Social Work*, 21(3), 171-194. <https://doi.org/10.1080/15313204.2012.700443>
- Sanchez, Dillon, F. R., Concha, M., & De La Rosa, M. (2015). The impact of religious coping on the acculturative stress and alcohol use of recent Latino immigrants. *Journal of Religion and Health*, 54(6), 1986–2004. <https://doi.org/10.1007/s10943-014-9883-6>

- Saud, M., Ashfaq, A., Abbas, A., Ariadi, S., & Mahmood, Q. K. (2021). Social support through religion and psychological well-being: COVID-19 and coping strategies in Indonesia. *Journal of religion and health, 60*(5), 3309–3325.
<https://doi.org/10.1007/s10943-021-01327-1>
- Schmidt, S., Mü Hlan, H., & Power, M. (2005). The EUROHIS-QOL 8-item index: psychometric results of a cross-cultural field study. *European Journal of Public Health, 16*(4), 420–428. <https://doi.org/10.1093/eurpub/cki155>
- Schwalm, Zandavalli, R. B., de Castro Filho, E. D., & Lucchetti, G. (2022). Is there a relationship between spirituality/religiosity and resilience? A systematic review and meta-analysis of observational studies. *Journal of Health Psychology, 27*(5), 1218–1232. <https://doi.org/10.1177/1359105320984537>
- Seiffge-Krenke. (2011). Coping with relationship stressors: A decade review. *Journal of Research on Adolescence, 21*(1), 196–210. <https://doi.org/10.1111/j.1532-7795.2010.00723.x>
- Serafica, Lekhak, N., & Bhatta, T. (2019). Acculturation, acculturative stress and resilience among older immigrants in the United States. *International Nursing Review, 66*(3), 442–448. <https://doi.org/10.1111/inr.12522>
- Sheather, S. (2009). A modern approach to regression with R. Springer Science & Business Media. <https://link-springer-com.proxy.library.vcu.edu/book/10.1007/978-0-387-09608-7>
- Shrout, & Bolger, N. (2002). Mediation in experimental and nonexperimental studies: New procedures and recommendations. *Psychological Methods, 7*(4), 422–445.
<https://doi.org/10.1037/1082-989X.7.4.422>
- Shvedko, A., Whittaker, A. C., Thompson, J. L., & Greig, C. A. (2018). Physical activity

interventions for treatment of social isolation, loneliness or low social support in older adults: A systematic review and meta-analysis of randomised controlled trials.

Psychology of Sport and Exercise, 34, 128–137.

<https://doi.org/10.1016/j.psychsport.2017.10.003>

Simmons, Z., Bremer, B. A., Robbins, R.A., Walsh, S. M., & Fischer, S. (2000).

Quality of life in ALS depends on factors other than strength and physical function.

Neurology, 55(3), 388–392. <https://doi.org/10.1212/WNL.55.3.388>

Solà-Sales, S., Pérez-González, N., Van Hoey, J., Iborra-Marmolejo, I., Beneyto-Arrojo, M. J., & Moret-Tatay, C. (2021). The role of resilience for migrants and refugees' mental health in times of COVID-19. *Healthcare (Basel, Switzerland)*, 9(9), 1131.

<https://doi.org/10.3390/healthcare9091131>

Son, S. J., Park, B., Choi, J. W., Roh, H. W., Kim, N.-R., Sin, J. E., Kim, H., Lim, H. K., &

Hong, C. H. (2019). Psychological resilience enhances the orbitofrontal network in the elderly with mild cognitive impairment. *Frontiers in Psychiatry*, 10, 615–615.

<https://doi.org/10.3389/fpsy.2019.00615>

Song, H. & Kim, B. J. (2023). Gender difference in the association between religious

participation and acculturative stress: Evidence from Korean immigrants in the United

States. *Korea Observer*, 54(1), 127–148. <https://doi.org/10.29152/KOIKS.2023.54.1.127>

Smith, Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief

resilience scale: Assessing the ability to bounce back. *International Journal of*

Behavioral Medicine, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>

Statistics Korea (2020). Korea Statistical Information Systems (KOSIS). www.kosis.kr.

Swader, C. S. (2019). Loneliness in Europe: Personal and societal individualism-collectivism

- and their connection to social isolation. *Social Forces*, 97(3), 1307–1336.
<https://doi.org/10.1093/sf/soy088>
- Tavakol, & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education*, 2, 53–55. <https://doi.org/10.5116/ijme.4dfb.8dfd>
- Taheri-Kharameh, Z., Zamanian, H., Montazeri, A., Asgarian, A., & Esbiri, R. (2016). Negative religious coping, positive religious coping, and quality of life among hemodialysis patients. *Nephro-Urology Monthly*, 8(6). <https://doi.org/10.5812/numonthly.38009>
- Tang, Chi, I., Xu, L., & Dong, X. (2018). Exploring relationships of psychological sense of community with self-rated health and depressive symptoms among older Chinese Americans. *Gerontology and Geriatric Medicine*, 4, 2333721418778183–2333721418778183. <https://doi.org/10.1177/2333721418778183>
- Thoits, P. A. (2018). Working with archival data: Studying lives. In R. Jessor (Ed.), *New methods for the study of human development* (pp. 47-69). Springer.
- Ungar, M. (2018). Systemic resilience: Principles and processes for a science of change in contexts of adversity. *Ecology and Society*, 23(4). <https://www.jstor.org/stable/26796886>
- Wagner, W. E. (2020). *Using IBM® SPSS® Statistics for Research Methods and Social Science Statistics (7th ed.)*. SAGE Publications.
- Wang, J., Zhang, D., & Zimmerman, M. A. (2015). Resilience theory and its implications for Chinese adolescents. *Psychological Reports*, 117(2), 354-375.
 doi:10.2466/16.17.PR0.117c21z8.
- Wright, S. (1934). The method of path coefficients. *Annals of Mathematical Statistics*, 5(3), 161-215. <http://www.jstor/stable/2957502>

- Yoon, H. Y., & Kim, K. H. (2015). Validation of the Korean version of brief multidimensional measure of religiousness/spirituality scale. *Journal of the Korea Convergence Society*, 6(5), 257-274. <http://dx.doi.org/10.15207/JKCS.2015.6.5.257>
- Yoon, D. P., & Lee, E. K. (2007). The impact of religiousness, spirituality, and social support on psychological well-being among older adults in rural areas. *Journal of Gerontological Social Work*, 48(3-4), 281-298. https://doi.org/10.1300/J083v48n03_01
- You, S, Yoo, J. E., & Koh, Y. (2019). Religious practices and mental health outcomes among Korean adults. *Personality and Individual Differences*, 142, 7–12. <https://doi.org/10.1016/j.paid.2019.01.026>
- Ward, & Geeraert, N. (2016). Advancing acculturation theory and research: The acculturation process in its ecological context. *Current Opinion in Psychology*, 8, 98–104. <https://doi.org/10.1016/j.copsyc.2015.09.021>
- Whitehead, B.R., & Bergeman, C. S. (2020). Daily religious coping buffers the stress-affect relationship and benefits overall metabolic health in older adults. *Psychology of Religion and Spirituality*, 12(4), 393–399. <https://doi.org/10.1037/rel0000251>
- WHOQOL Group. (1995). The World Health Organization quality of life assessment (WHOQOL): Position paper from the World Health Organization. *Social Science and Medicine*, 41(10), 1403–1409. [https://doi.org/10.1016/0277-9536\(95\)00112-K](https://doi.org/10.1016/0277-9536(95)00112-K)
- WHOQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF Quality of Life Assessment. *Psychological Medicine*, 28(3), 551–558. <https://doi.org/10.1017/S0033291798006667>
- Zhang, Metcalf, S. S., Palmer, H. D., & Northridge, M. E. (2022). Spatial Analysis of Chinese

American Ethnic Enclaves and Community Health Indicators in New York City.

Frontiers in Public Health, 10, 815169–815169.

<https://doi.org/10.3389/fpubh.2022.815169>

Zhang, Yu, N. X., Zhang, J., & Zhou, M. (2017). Sense of community and life satisfaction

in Chinese older adults: Moderating roles of personal and partner resilience. *Journal of*

Community Psychology, 45(5), 577–586. <https://doi.org/10.1002/jcop.21878>

Appendix A

Correlation Matrix for All Study Variables

	Acculturative stress	Religiosity	Resilience	Quality of life	Sense of Community	Social Isolation	PHQ-2	Self-rated health	Age	Sex	Marital Status	Income	Level of Education	Employment	Living Arrangement
Acculturative stress	1														
Religiosity	-.023	1													
Resilience	-.268**	-.121*	1												
Quality of life	-.400**	-.080	.463**	1											
Sense of Community	-.188**	-.133*	.198**	.425**	1										
Social Isolation	-.218**	-.101	.147*	.280**	.429**	1									
PHQ-2	.335**	.034	-.267**	-.350**	-.175**	-.081	1								
Self-rated health	-.239**	-.021	.260**	.547**	.222**	.157**	-.225*	1							
Age	-.036	-.129*	-.129*	-.019	.032	.068	.052	-.078	1						

Sex	-.017	.155*	-.011	-.018	-.139*	-.070	.010	.029	.101	1					
Marital Status	-.034	.060	.054	.131*	.003	.137*	-.026	.072	-.120*	.282**	1				
Income	-.154**	.034	.069	.197**	.19**	.173**	-.141*	.131*	-.066	.05	.305**	1			
Level of Education	-.121*	.095	.064	.164**	.02	.130*	-.069	.218**	-.059	.105	.215**	.229**	1		
Employment	-.101	.001	.079	.155**	.064	.030	-.093	.234**	-.286**	.080	.032	.163**	.054	1	
Living Arrangement	-.062	-.009	.104	.158**	.096	.182**	-.110	.120*	-.096	.246**	.759**	.366*	.120*	.075	1

Note. **. Correlation is significant at the 0.01 level (2-tailed)

*. Correlation is significant at the 0.05 level (2-tailed).