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Published online: 08 Mar 2016.

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# The Mutual Relationship Between Immigrants' Disrupted Everyday Activities and Their Health: A Grounded Theory of Experiences of Korean Immigrants Settling in New Zealand

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**ABSTRACT**

For Asian immigrants, immigration has the potential to disrupt all familiar routines. That is a threat to their health and well-being. This grounded theory study explored how immigrants adjust to a new environment by analyzing the experiences of 25 Korean immigrants in New Zealand. The findings suggest that immigration is a stress-inducing phenomenon that requires adjustment of valued activities and adversely affects their health. In response, participants worked on regaining control over disrupted activities by opting for two world perspectives. The study helps social workers to develop effective interventions and services for immigrants to better handle health problems.

## Introduction

*Public health*, which refers to all organized efforts to identify community health problems; inform, educate, and empower people about health issues; and create conditions in which people can be healthy (World Health Organisation [WHO], 2015), is increasingly recognized to play a vital role in securing the prerequisites of health (Novick & Morrow, 2008). To achieve health equity across entire populations, linking people to needed health services regardless of race or ethnicity becomes a key public health goal (Blas, Sommerfeld, & Kurup, 2011). Health disparities between ethnic minority immigrants and other members of the population are therefore of concern, particularly given that health is a fundamental human right (WHO, 2007).

### Health disparities among ethnic minority immigrants in New Zealand

Acknowledging the considerable evidence of a widening gap in the health status of "those who are marginalised by their social identities and those who are privileged" (Giddings, 2005, p. 304), the New Zealand government initiated public health programs to ensure that every New Zealander has equitable health status and access to health care (Mehta, 2012). Entitlement to health services does not mean those services are accessed (Mortensen, 2011), however, and substantial disparities in the burden of disease and death of people with ethnic minority backgrounds continues to be attributed to failure to provide them with quality health care (Martin et al., 2010). There is evidence that ethnic minority immigrants are less likely to seek health treatment than members of the host society and, once in care, less likely to receive the best available treatment because of cultural differences and language barriers (Signal, Martin, Cram, & Robson, 2008).

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Given that ethnic minority immigrants are at risk of encountering a prejudiced social reception in New Zealand (Human Rights Commission, 2011), it may be that health disparities are deeply rooted in the discriminatory and inequitable distribution of health care resources (Keefe, 2010). Certainly, there are growing concerns that the health status of ethnic minority immigrants deteriorates over times as acculturation occurs (Mehta, 2012). For example, older Chinese immigrants and Indian immigrant students reported higher-than-average symptoms of mental illness (Te Pou, 2008), whereas the burden of diabetes increased in other Asian communities (Abbott, Wong, Williams, Au, & Young, 2000). Further investigation of the influence of the social context and conditions in which ethnic minorities lives (Gehlert et al., 2010) and how ethnicity is associated with disparities in the process, structure, and health care outcomes is warranted, along with redefinition of what constitutes a public health intervention (Keefe, 2010). Toward that end, this study investigates the experience of settling in New Zealand and its impact on the health status of one ethnic minority.

## Adopting an occupational perspective to understand health disparities

Health is strongly related to how people live, regardless of their health conditions, and how they achieve a productive and fulfilling life (Wilcock, 2006). Attending to how people live is consistent with the *Ottawa Charter for Health Promotion* (WHO, 1986), which identifies preparation for living (education), the outcomes of human productivity (shelter, food, income), and its social and environmental conditions (peace, justice, a stable ecosystem, sustainable use of resources) as the prerequisites of health. The perspective advanced in this article is that the relationship between "how people live" and their health is best understood by examining their everyday activities and routines. Viewed from that standpoint, people maintain health and well-being by participating in a range of activities, and conversely, ill health impedes the quality or quantity of participation (Wilcock & Hocking, 2015). When everyday activities are viewed as a primary resource for health (Jenson & Thomas, 2005), the repertoire of skills people possess, their goals, and their capacity to act within their environment (Creek, 2010) are seen to directly affect health.

In adopting this perspective of the adjustment process immigrants experience (Gupta & Sullivan, 2013), we have aligned the study with occupational science, which is a basic social science that studies human as fully engaged in the world of activity for their existence (Yerxa, Clark, Jackson, Pierce, & Zemke, 1990). In that context the term *occupation* is not confined to employment; rather it includes "what people do minute by minute, hour by hour … year by year" (Wilcock, 2001, p. 412). Accordingly, *occupation* embraces activities in self-care, productivity, and leisure (Townsend & Polatajko, 2007), where *self-care* includes activities that are necessary for maintaining self within the environment, ranging from personal care to community living (Creek, 2010). *Productivity* involves activities that enable individuals to provide support to self, family, and society; enhancing connections between people; and resulting in positive perceptions of self (Polatajko, 2010). *Leisure* refers to activities that contain freedom of choice in participation without a particular goal other than enjoyment, leading to increased life satisfaction (Primeau, 2003). Health disparities are attributed to inequitable access to activities in these three areas that people want, need, and are expected to do (Wilcock & Hocking, 2015).

## Korean immigrants in New Zealand

Immigrants to New Zealand represent diverse ethnic subgroups with different demographic characteristics, cultures, and languages (Bedford, Callister, & Didham, 2010). Although few studies have examined subgroup differences (W. Kim & Keefe, 2010), some have acknowledged that to reduce health disparities the health needs for each ethnic minority should be considered separately (Mehta, 2012). This study focuses on South Korean immigrants (hereafter Korean), whose issues are often conflated with the larger and more established Chinese and Indian communities, leaving them thus under-represented in New Zealand research (Park & Anglem, 2012).

Numbering just over 30,000, Korean immigrants are relatively invisible in the total New Zealand population (Epstein, 2006) although they make up the fourth largest Asian ethnic group (Statistics New Zealand, 2013a). Reflecting their relatively short history in New Zealand society (Chang, Morris, & Vokes, 2006), the majority (89%) are the first generation and have lived fewer than two decades in this country. Most are monolingual and have a strong attachment to their own culture (Statistics New Zealand, 2013b). For many, immigration was associated with a range of losses such as previously held roles, resources, and autonomy due to their limited local knowledge. These losses are compounded by an unwelcoming attitude toward new immigrants from the receiving society (McKinnon, 2006) and their potential being underestimated (Chang et al., 2006), both of which threaten their perception of identity and well-being (Im & Yang, 2006).

For Korean immigrants, being in the minority is associated with disruption of family life (Ho, Au, Bedford, & Cooper, 2002), whereas their new arrival status contributes to limited social networks and difficulties getting to know their New Zealand neighbours (Epstein, 2006). Their confined opportunities for their involvement in the host community are associated with high levels of isolation, un/underemployment (Meares, Ho, Peace, & Spoonley, 2010), deterioration of their physical health, and psychological distress (Lee & Hwang, 2014). Increasing numbers present with mental health problems such as anxiety and depression (H. Kim & Nayar, 2012).

This situation may partially explain why their numbers declined by 2.0% from 30,792 in 2006 to 30,171 in 2013 (Statistics New Zealand, 2013a), as they returned to Korea or reimmigrated to countries such as Australia and the United States (Song, 2013). Those declining numbers may reflect the struggle that Korean immigrants experience with their transition to New Zealand. Questions such as what Korean immigrants actually experience while settling and how those experiences influence health remain unanswered. The purpose of this study was to listen to the voices of Korean immigrants and thereby contribute information to the receiving society that will assist with understanding what are perceived to be unique and pressing issues for Korean immigrants in the New Zealand context.

## Method

This study employed Straussian grounded theory, a methodology associated with the interpretive paradigm (Grant & Giddings, 2002) that assumes that human's actions are purposeful and based on their interpretation of their situation (Corbin & Strauss, 2008). Grounded theory places action at the center of its attention to understand how the social world works (Glaser & Strauss, 1967).

By conceptualizing action at an occupational level (Strauss, 1987), this version of grounded theory is useful for understanding the embodied nature of occupation, its role in generating and sustaining meaning, and its relationship to health and well-being (Hocking, 2000). Through focusing on actions, this study offers new insight of how occupations are orchestrated in situations, particularly those the participants find problematic in their new social context. Ethical approval for this study was granted by the Auckland University of Technology Ethics Committee in 2011 (ref. 11/61).

### Participants

In total, 25 Korean immigrants were recruited between July 2011 and February 2013 from three cities within the North Island of New Zealand; a metropolitan city (A), a provincial city with a developing ethnic community (B), and a provincial city with a small ethnic population (C). Because of small size of the Korean population in New Zealand, the names of the cities have not been identified to protect participants' privacy and safety. Participants were all married and their ages ranged from 32 to 58 years; 10 were male. Their demographic characteristics are presented in Table 1.

Two male and two female participants were initially recruited using purposive sampling (Bouma & Ling, 2004), whereby the first author selected participants who met the inclusion criteria of immigrating to New Zealand since 2000, residing within cities A, B, or C, and age 30 years or older. Theoretical

Table 1. Participants' Characteristics.

| Pseudonyms | Gender | Age | No. of Children | Religion | Year of Arrival | Employment |
| --- | --- | --- | --- | --- | --- | --- |
| Kevin | Male | 47 | 2 | Catholic | 2001 | Employed |
| Jenny | Female | 44 | 2 | Christian | 2001 | Student |
| Tom | Male | 42 | 1 | Christian | 2004 | Self-employed |
| Sue | Female | 43 | 1 | Christian | 2004 | Student |
| Joy | Female | 55 | 2 | Catholic | 2000 | Employed |
| Mike | Male | 40 | 2 | Catholic | 2000 | Student |
| Aaron | Male | 41 | 2 | Catholic | 2002 | Employed |
| Lucia | Female | 32 | 1 | Christian | 2010 | Housewife |
| Bob | Male | 34 | 1 | Christian | 2006 | Employed |
| Judy | Female | 45 | 0 | Christian | 2008 | Employed |
| Kerry | Female | 38 | 2 | Catholic | 2003 | Housewife |
| Anne | Female | 38 | 2 | None | 2008 | Employed |
| Jill | Female | 50 | 3 | Christian | 2003 | Housewife |
| Simon | Male | 58 | 0 | Catholic | 2007 | Self-employed |
| Antony | Male | 57 | 2 | Christian | 2002 | Self-employed |
| Carl | Male | 42 | 2 | Christian | 2006 | Self-employed |
| Asma | Female | 44 | 2 | Catholic | 2000 | Student |
| Ruth | Female | 44 | 2 | Christian | 2006 | Housewife |
| Marie | Female | 40 | 2 | Catholic | 2002 | Student |
| Gary | Male | 49 | 2 | Catholic | 2002 | Self-employed |
| Donna | Female | 40 | 2 | Catholic | 2000 | Housewife |
| Sandra | Female | 42 | 2 | Unknown | 2006 | Housewife |
| Hanna | Female | 37 | 2 | Catholic | 2002 | Student |
| Clara | Female | 57 | 0 | Catholic | 2004 | Student |
| Jacob | Male | 42 | 2 | Catholic | 2001 | Self-employed |

sampling was then followed, with recruitment based on theoretical relevance to concepts derived from previous data analysis. Questions about those concepts determined the next round of data collection (Strauss, 1987), ensuring opportunities to compare similarities and differences in experiences. This circular process of sampling continued until theoretical saturation was reached, with all major concepts well defined and explained (Charmaz, 2014).

The main source of data was semistructured interviews as they allow researchers to probe for more information and clarification of answers (Barriball & While, 1994). The first author initially set the direction of the interview including "can you tell me about your previous lifestyle in Korea?" and later "can you tell me about your meaningful activities during those days?"; however, apart from these indicative questions, participants were given considerable control over the course of the interview. Open-ended questions allowed participants to respond at length about their everyday occupational experiences (Creswell, 2007). Interviews ranged from 60 to 90 minutes in duration, were audio-taped and translated verbatim, and transcripts analyzed.

To obtain different viewpoints, five field observations, a total of 7 hours, were conducted at the individual and community level, locating the first author right where the action actually occurred. Television reports, memoirs, and ethnic newspapers were also helpful in gaining an insider's impression. This range of data yielded great depth of substantive knowledge by giving different views from which to understand the studied world (Glaser & Strauss, 1967).

## Data analysis

Data analysis included three phases of coding; "open-coding," "axial-coding," and "selective-coding." During this simultaneous coding process, data were fractured, conceptualized, and integrated to form theory (Holton, 2007).

In open coding, data were broken down into discrete parts, followed by close examination and constant comparison of similarities and differences, thereby allowing all possible theoretical directions to be explored (Corbin & Strauss, 2008). The interview transcripts were, thus, examined line by line and then sentence by sentence to identify words or sentences describing actions/interactions, feelings, and

events of participants, resulting in lists of open codes. Later, these open codes formed categories under which similar codes were grouped (Chamberlain, 1999).

Axial coding happened by comparing those categories and identifying subcategories (Strauss & Corbin, 1998). Categories, generated through the open coding, were constantly compared using the analytic tools of a "paradigm" and "the conditional/consequential matrix" to understand the circumstances that surround events. By constant comparison, categories were related to one another, with the result that some categories were subsumed under more abstract categories as conditions, actions, or consequences of those specific concepts. This was part of a process to elaborate on concepts such as when, where, why, and how those concepts were likely to occur (S. S. Kim, 2004).

In selective coding, the substantive theory was refined by integrating major categories, yielding a core category, and validating relationships through abstraction of data (Corbin & Strauss, 2008). This central category was able to integrate all major categories that emerged during axial coding. All hypotheses and propositions were continuously checked against incoming data, and modified, extended, or deleted as necessary to verify this central category until the theoretical account was saturated: that is, the point in category development at which no new properties, dimensions, or relationships emerged during analysis (Charmaz, 2014).

Through three stages of coding, the authors developed categories, interconnected those categories, and eventually built a theory that encapsulates major categories. This coding process was designed to develop a theory from the descriptive level to the more abstract level while avoiding precipitous theoretical conclusions (Creswell, 2007).

## Trustworthiness of the study

To enhance trustworthiness of this study, the criteria suggested by Lincoln and Guba's (1985) were used; "credibility," "transferability," "dependability," and "confirmability." Three types of strategies accomplished to mitigate researchers' bias, leading to the "credibility" including "prolonged engagement," "member-checking," and "peer-debriefing"; thus, what was found accurately reflects what was being studied (Janesick, 2000).

To achieve the "transferability," multiple sources of data were collected, strengthening this study's applicability to other settings (Ryan & Bernard, 2000). The Auckland University of Technology grounded theory group, which included experienced grounded theory researchers, regularly provided feedback on which interpretation was most consistent across various situations. This effort helped to keep the authors' interpretations in check and allowed for verification of the findings by others; thus enhancing the "dependability" of the study (Marshall & Rossman, 2011).

To increase the "confirmability," the authors met each month to discuss ongoing analysis, which was led by the first author. By responding to questions and comments, he was able to make rendering of the participants' world logical. The participants were contacted to verify the themes and check that misinterpretations had not occurred during the analysis. Additionally, a self-reflexive stance (Stern, 2009) was continuously applied, while the findings were further validated by those in the field from which the theory was developed, resulting in an accurate reflection of the participants' reality.

## Findings of the study

The analysis revealed that following immigration, Korean immigrants shared similar levels of occupational disruption and down-grading. Fitting into New Zealand society was accompanied by a loss of control over their lives, compounded by few support networks being available and a prejudiced social reception. This experience eventually led to participants devaluing themselves.

Participants, with few exceptions, gave of their best to regain control over disrupted activities through navigating within two worlds: being a Korean or being a New Zealand resident. This effort assisted them to acquire the knowledge necessary to function autonomously at some levels.

Participants, however, disclosed that their journey of settlement was not limited to the point of mastery in new surroundings; instead, they continually sought a place where they could value themselves again as members of civic society. This phenomenon was titled "regaining control: a journey of valuing self." This statement is sufficiently abstract to include all the major categories derived from data and still apply to all participants' experiences.

In presenting the findings, English pseudonyms have been used to protect the identity of the participants and avoid mistaken identification of others in the Korean community. Quotes selected to illustrate the findings were translated into English by the first author.

### Salient conditions

Seven salient conditions, at micro- and macrolevel, affected the process of adjusting to a new culture: minimum expectations for a new life, sugar-coated world, language barriers, ethnocentric attitude, existing networks, Korean enclave, and Confucianism.

These seven conditions were closely related with each other. Rather than directly affecting participants' situations, these micro- and macroconditions formed the structural contexts of enacting Korean ways and enacting New Zealand ways, which influenced the way in which participants interpreted and responded to their current situations. The former referred to a context in which participants behaved in Korean ways, whereas the latter was defined as an attitude of learning the New Zealand perspective in relation to the involvement in the host community.

Minimum expectations for a new life encapsulated participants' prospects of immigration. That is, unlike those who moved overseas in anticipation of social mobility, for participants in this study, the real attraction, and the more compelling reason for deciding on immigration was that they were pursuing a better quality of life including "leisurely lifestyle" and "a secure social welfare," with the prospect of the good education that the country offered their children.

> My husband told me that New Zealand would be good for our children's education and would be good for us because of its social welfare system. If we think of business opportunities, I mean making money, New Zealand wouldn't be a good place. But, if we consider our children's education and quality of lifestyle, New Zealand is the best place for us to live. (Jill)

The concept *sugar-coated world* referred to New Zealand's prevailing reputation in Korea, where it is depicted as "the last remaining paradise on earth" (Sue). New Zealand was described as pure, safe, and peaceful. This contributed to participants regarding immigration to New Zealand as ensuring their quality of life and securing their children's future. The majority of participants left their home with a great sense of optimism even if their assessment of New Zealand society was not based on objectively weighed pros and cons, alongside a belief that they could return to Korea if needed.

> I dreamt of "La vie en rose." … I imagined that if I could go to New Zealand, there would be sheep wandering on green grass, and my children would be joyfully playing with bare feet. I would also speak English well sooner or later … I didn't predict something wrong happening to us. Anyway, if something turned out to be too hard to bear, I kept it in mind that I could easily return to Korea anytime. (Marie)

Participants left their home with a sense of a rosy future while not having a specific goal or plan for their new life, "I just simply held an attitude of 'go and find out what happens. I wasn't serious about immigration" (Tom). As such, many participants regarded immigration in the same light as moving to another town, leading to them being in a vulnerable position when it came to adapting to things reflective of New Zealand society. What the participants did not consider seriously was that the process of settlement is inevitably influenced by a number of inter-related factors such as language, existing networks, and the nature of the social reception and as a result, they encountered a very different reality from their optimistic expectations.

> When I first came here, I couldn't sleep at all because I was so scared. I will never forget the first two nights. It had rained all day and was very cold. ... Everything was different from what I had expected. I didn't know where to start. (Ruth)

Language barriers were the first major challenge that participants had to deal with, particularly those who could speak only a few English words, enough to maintain their survival, "When I turned the TV on here, I didn't understand a single word that people said on the programmes" (Clara). Due to their inability to speak the local language, participants had to endure constraints on many aspects of their lives as language is pivotal for social life. That included expressing themselves, performing social roles, and looking for a job as well as experiencing a dramatic increase of social isolation, "I often left the place if I didn't understand people, saying 'sorry.' This experience made me avoid local people" (Carl).

Participants perceived many New Zealanders to maintain ethnocentric attitude. This attitude described New Zealanders' lack of tolerance toward different cultures, "People came to my shop and spoke English very fast. Then they complained when I didn't understand them" (Simon). Many New Zealanders tended to compare how people in other cultures might behave based on assumptions derived from their own perceptions, and this attitude was often associated with discrimination, "I have experienced their cold reception because I am Asian. ... They treat us differently" (Donna). This stereotyping, in many circumstances, has been used as a justification for New Zealanders not recognizing Korean immigrants' qualifications and life experiences, leading to participants starting their new life from the bottom, with things that were often linked to less life satisfaction and low self-esteem.

> My brother had to start from scratch just like we did years ago. ... He graduated from one of the top universities in Korea and had a good job there. But here, his first job was as a furniture remover. When I saw him moving furniture, I was terribly sad. ... It is not the country which I dreamt of. But it is a reality I have to live with as an immigrant. (Hanna)

Rather than finding a better quality of life, the reality that Korean immigrants had encountered was that they had to solve problems on a daily basis with support from existing networks (family and friends who were already residing in New Zealand). By offering mutual and reliable assistance, existing networks were crucial when participants sought help in mastering new ways of doing things as well as buffering stressors in the process of settlement, "I was lucky to have a family here. They made our settlement smooth" (Jill). Alternatively, participants who "didn't have any friends here" (Tom) relied on a prearranged settlement service that was designed to provide brief information and necessary resources to continue their lives, "I hired a Korean settlement advisor. I paid him $3000. He arranged a school for my children, helped me to get to know the local shops, banking, and so on" (Ant).

The Korean enclave was identified as a place where participants could retain a feeling of control in an unfamiliar society through employing familiar strategies, including language skills, as part of creating the impression they sought to make, "In Korean shops, I could buy familiar products which I had enjoyed in Korea. ... You know the products I already knew" (Marie). For many participants, the Korean enclave functioned as a transnational medium between their old world and the new world; hence, ethnic attachment was a starting point for regaining control in their lives, "Korean Church is the best place to get useful information such as where I can apply for a job or where I can find a good school for my children" (Carl).

Confucianism explained participants' family-oriented values, "I want to support my son in whatever he wants to do. I believe that is our duty as parents" (Tom). Many participants chose activities to fulfill their cultural roles based on this traditional belief, regardless of the quality of those activities. The philosophies of Confucianism explained why participants decided to stay in New Zealand despite the hardship that ensued in relation to continuing their lives, "The main reason we decided to stay was because my son loves his school. ... He said he doesn't want to return to Korea" (Anne). In some instances, witnessing the children's successful acculturation was enough to justify their sacrifice, "When

my children started to speak English, I was so proud of that. . . . It was the first time for me to feel rewarded for my decision to come and stay in New Zealand" (Carl).

### The basic social process: Regaining control for the purpose of valuing self

As detailed above, Korean immigrants reported that they became incompetent in continuing activities that had previously enhanced their social identity while fitting into a lifestyle reflective of New Zealand society, "I used to be a super mum in Korea. I did everything for my children, including their school work . . . . But here, I didn't know the New Zealand education system. When they asked me, I often made mistakes" (Jenny).

This experience contributed to participants losing control over their lives and devaluing themselves, "I often found myself a second class citizen" (Clara). In response, participants actively engaged in the process of regaining control, through traversing their old world and new world perspective, while continually searching for a place where they could value themselves again as members of civic society. Regaining control explained a basic social process in which Korean immigrants engaged over time, guiding participants' ongoing actions. Valuing self was the purpose to which Koreans aspired while interacting with their social surroundings. This process is diagrammatically depicted in Figure 1.

Regaining control was a journey that required cognitive effort to find the best way to perform activities by selecting the most promising perspective from the two worlds, Korea and New Zealand. Participants brought every possible element of both worlds, of being a Korean and a New Zealand resident, into daily activities that they needed to perform to continue their lives in a new environment. This process was ongoing, possibly never ending, as participants' needs, values, and priorities changed in response to their stage of life and external circumstances and included two sets of subprocesses: achieving a balance and making a commitment.

Achieving a balance means that participants constantly sought to balance different aspects of each culture to engage in activities. The key point of this subprocess was that participants consciously sought all available resources from their past and present, to sustain their lives in New Zealand. Participants initially preserved Korean ways, leading to the close engagement in the Korean enclave where ethnic resources were accessible. At this stage, their traditions and previous knowledge strongly influenced how they behaved, "I mostly stayed home, watching Korean TV and reading Korean books" (Hanna).

While undertaking necessary activities by behaving in Korean ways, participants had opportunities to learn local ways of doing things and gradually increased their knowledge of their present situation, "I have learnt how to cook Korean meals with local ingredients. For example, I know how I make 'Kimchi' with local cabbages" (Asma). Over time, some participants reached a point where they came to appreciate how to behave in New Zealand ways. This knowledge gave participants the ability to opt for
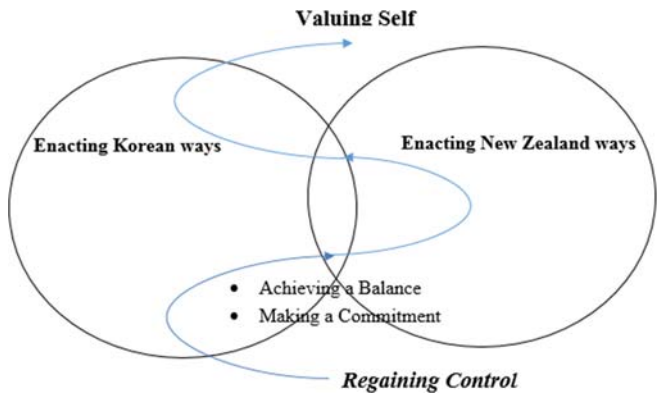


Figure 1. Regaining control for the purpose of valuing self.

Korean ways or New Zealand ways, depending on the specific situation. At this stage, participants gained the ability to achieve a balance between the two worlds.

> Here in New Zealand, I have to choose between being a Korean or a New Zealander several times a day. When I go home, I am Korean. I am a Korean father to my children, a Korean husband to my wife, and also a Korean son to my parents. But, when I go to work, I have to be a Kiwi and behave just like them. (Mike)

Making a commitment delineates a level of the participants' engagement in the process of regaining control. This subprocess explains how participants put in their best effort in relation to what they were expected to do within the New Zealand context. Their level of commitment depended on the individual participant's readiness including skills, networks, and personal motivation, with the result that participants held an attitude of either being an active responder or observer based on their self-assessment of their capacities in specific situations.

Many participants initially chose the domain of "making a commitment" in the name of the family's well-being, based on their cultural beliefs about the appropriate gender division of labor within the family. For example, a father might make a commitment to find employment to fulfill his responsibility as the breadwinner for his family, "I was desperate to find employment. I told myself I can do whatever to support my family" (Carl). Alternatively, a mother might make a commitment to look after the family as part of fulfilling her responsibility, "As a mother, I have to know the school system here for my baby" (Lucia). In many cases, there was a sense of sacrifice because participants tended to subordinate their individual needs to the interests of the family as a whole.

Through being exposed to New Zealand perspectives, some participants began to relinquish that collectivism, "I realized that my life is mine, your life is yours" (Jenny). They demonstrated their willingness to make a commitment beyond the home. Some sought a place to develop themselves, while some gave their best effort for the community, "I believe my experience in Korea would benefit children here. This is why I chose to study teaching at University" (Asma). Furthermore, participants were strongly determined to make a commitment if they found those activities meaningful, "I pushed myself harder and harder. I have done my best over the last two years, showing them my potential" (Hanna).

Of course, there were times when participants were more passive in their choices. Some participants deliberately chose a passive stance to avoid difficulties and hassles while relying on others' assistance, creating pressure on other family members who had to pick up their roles and resulting in role negotiation and power shifts within the family system.

> I do all the paper work in English. My wife doesn't speak English. She felt easily stressed when she did these jobs . . . . Sometimes I feel overloaded. I once asked my wife to choose one, either learning English or finding a job. (Carl)

The process of regaining control occurred in the transactional relationship of the person and environment, depending on the availability, possibility, and inevitability of activities, through the interplay of the two world perspectives. Through this process, Korean immigrants came to learn about their new physical surroundings, appreciate a new culture, and subsequently master occupational challenges, leading to them finding their lives stable and even predictable after a period of settlement, "Previously, I didn't know what would happen tomorrow. But now, I can foresee the situation. . . . I can plan what I will do tomorrow" (Jacob).

However, participants disclosed that regaining control over occupational transitions was not the final outcome they hoped to achieve. Rather than stopping their journey of creating a home at this point, they constantly sought a place where they were able to value themselves, which eventually led to a feeling of belonging in New Zealand society.

The scope within which they wished to value self varied depending on personal preferences, circumstances, experience, and skills. In some instances, participants were satisfied with valuing themselves within their domestic sphere, even after obtaining a sense of mastery in their new environment, "Now my life has become more stable. . . . I've been thinking about how I meet the needs of my children as they grow up. I like to support them as a father" (Kevin).

On the other hand, some participants continued to seek a place for valuing self in the host community, in particular where they could maximize their transnational knowledge, "I want to feel that I am contributing to the community where I live … I would like to find something, you know, that I can contribute to society" (Mike). This experience eventually helped them accept this land as their new home, "New Zealand is no longer a strange place. This is my home where I choose to live" (Sue).

For Korean immigrants, successful settlement was about finding a place where they could value themselves and feel they belong in the community and be accepted as members of civic society. This was the purpose of regaining control over their new environment.

## Discussion

This study reveals that the socioenvironmental changes that result from immigration contribute to the loss of control over their lives that Korean immigrants encounter. That loss of control can lead to psychological distress and physical frailty (Lachman & Prenda Firth, 2004), "Without enough information, it was very hard and stressful for me to settle my family here. Now I have been diagnosed with diabetes. I assume that my diabetes is a result of anxiety and stress from those periods" (Ant). This conclusion is congruent with the finding that "the healthy migrant effect abates over time as acculturation occurs" (Metha, 2012, p. xi). The assertion that a sense of control is pivotal to mental and physical well-being has been extensively discussed (Bandura, 1997; Hugman, 1991; Lachman & Weaver, 1998a; Shapiro, Schwartz, & Astin, 1996; Taylor & Brown, 1988).

However, a sense of control is a complex concept, as the amount of control one has in any given situation is subject to interpretations (Lachman & Weaver, 1998b). This study suggests that a sense of control in the settlement process is not a measure of the skills Korean immigrants hold but their belief about what they can do with whatever skills they possess under different sets of conditions. In other words, their health issues should be explored from the angle of what they feel confident to undertake and their experiences of skill development and competence in daily activities in domestic and community contexts. However, social workers in public health will also acknowledge that not all people are afforded equal opportunities to participate in activities of their choice (Wilcock, 2006).

The theme *regaining control* emerged when participation in daily activities was confined or restricted, even when Korean immigrants had the capacity to execute a particular activity. To regain control over activities, and thereby enhance health and well-being, they exercise choices over what they do by searching for the most promising ways, through behaving in Korean ways or adapting to New Zealand ways. This strategy aligns with Berry's (1994, 2008) acculturation strategies: namely, "assimilation," "separation," "marginalization," and "integration"; yet the focus is different. Although Berry's (1997) model emphasizes the aspect of cultural maintenance, Korean immigrants appear to employ acculturation strategies to regain control in their lives.

## Implications for social workers in public health

It is evident that access to health care systems for ethnic minority immigrants is limited and inequitable; in other words, health disparities ensue and persist due to unequal access determined by ethnicity (Keefe, 2010). This requires that social workers take an active role in achieving greater equity in health by not only developing new sets of interventions, but also redefining what constitutes public health programmes (Blas et al., 2011).

> Many people suffered from daily stresses but couldn't get proper service or support because of language and cultural differences. I have witnessed people with mild early depression who have ended up with worse depression. Yet, we didn't have any Korean counsellors here. (Marie)

As this participant suggests, one of factors in deteriorating health disparities is the language barriers, as immigrants are less likely to utilize such resources and receive health services because of their inability to speak the local language (J. Kim, Park, & Heo, 2010). Social workers need to liaise between service

providers and immigrants, initially helping immigrants to comprehend health literature but ultimately educating them to use analytic and decision-making skills in health care situations in their languages.

Another significant barrier to using health care and social services is a lack of cultural understanding in the health systems (Mortensen, 2011). The findings indicate that immigrants' health greatly depends on the attitude and readiness of the host society to recognise and accept their traditions. This suggests that social workers must undertake professional development activities to ensure they have positive attitudes toward engaging with ethnic immigrant patients. It is particularly important for social workers, who are not familiar with the strengths of ethnic minority groups, to understand what it is like for ethnic immigrants and the way they interpret the situations. This recommendation is consistent with the United Nations' Human Rights Education and Training (HRET) document, which emphasises the need for "respect," "tolerance," and "recognition" of others' culture (United Nations, 2011). Although cultural understanding is not a panacea for improving health care for ethnic people (W. Kim & Keefe, 2010), at least social workers must take into consideration cultural and religious diversity, to understand their patients regardless of their cultural backgrounds.

A further implication of the study is that social workers should pay extra attention to helping ethnic minority immigrants develop social networks, as these are critical determinants of social participation (Treas & Mazumdar, 2002). It is reported that social networks buffer hardship and ease stresses from the process of settlement (Lee & Hwang, 2014). The first step would be to initiate community programs in which immigrants can share their experiences of learning to do things. Ideally, such interventions would take place in the immigrants' first language, because social workers advocate that language is a key indicator of ethnic identity (Spoonley, 1993). Additionally, however, immigrants need opportunities to freely interact with local people without fear of being rejected. What this program pursues is that all members of the society are better able to understand each other and are thus equipped to mobilize community partnerships to identify and solve immigrants' health problems together.

## Limitations

Potential bias may exist because grounded theory falls within an interpretive paradigm (Grant & Giddings, 2002). In this study, the findings are coconstructed by the researchers and the participants (Charmaz, 2014); hence, one of the limitations aligns with what Ember and Ember (2009) attested, "no one expects perfect replication" (p. 154). Because of this, the authors aimed to represent participants' reality rather than reproduce it (de Vaus, 2001). Lincoln and Guba's (1985) criteria of credibility, transferability, dependability, and confirmability were used to make constant comparisons and find variations widely based on theoretical grounds, alongside the self-reflexive stance that was continuously applied by the authors (Stern, 2009). This effort allowed the findings of this study to represent the participants' reality fairly.

The age of participants ranged between 32 to 58 years. The findings that emerged have explanatory power specifically to this population. By excluding adolescent and senior Korean immigrants, the theory has limitations to encapsulate their experiences. All participants resided within three cities in the North Island of New Zealand, thus the findings may not fully embody the experiences of Korean immigrants who settle outside of these locations. Exploring the theory of regaining control across a range of ages and cities is advisable.

Despite the fact that participants were offered interviews in either English or Korean, interviews were mainly conducted in Korean. This study is limited by the fact that a direct translation is almost impossible in cross cultural studies (Stern, 2009). Although considerable care was taken to translate what participants wished to express by carefully selecting their words in English, the concepts participants drew on do not fully translate into English.

## Conclusion

The 25 participants in this study revealed that they experienced disruption of their everyday activities while fitting into New Zealand society. In response, Korean immigrants worked on regaining control

over their lives through traversing two worlds: Korea and New Zealand, until they reached a place of valuing self, with the result of having a feeling of belonging in New Zealand society.

Social workers have positioned themselves at the forefront of efforts to support ethnic minority immigrants to successfully settle. The findings of this study suggest that social workers in public health need to understand the unique and pressing issues that ethnic minority immigrants perceive in a new country. Bringing an occupational lens to immigrants' lives will help with exploring what actually happens to them when relocating and provide a way forward to developing useful interventions that mitigate the stress associated with resettling in a foreign environment and the barriers to health care systems for immigrants. These efforts, in turn, will promote immigrants' health and enhance their well-being in their new country.

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