



## Original article

## Acculturative stress in Korean Americans



Cha-Nam Shin, PhD, RN\*, Shannon Ruff Dirksen, PhD, RN, FAAN, Bin Suh, BSN

College of Nursing and Health Innovation, Arizona State University, United States

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## ABSTRACT

**Background:** Acculturative stress is known to contribute to chronic diseases among many immigrants and yet this association in Korean Americans remains unclear.

**Aim:** The study purpose was to examine the level of acculturative stress in Korean Americans and to determine if correlations existed with personal and physiological factors.

**Methods:** An exploratory, cross-sectional, descriptive study was conducted in a sample of 107 Korean American adults. Data on acculturative stress and personal factors were collected using a survey questionnaire in addition to a direct measure of physiological factors (i.e., body mass index and blood pressure).

**Results:** All 107 participants were first-generation Koreans. Most participants were women (66.4%), with a mean age of  $53.9 \pm 10.7$ , married (88.8%), and with a college education (84.2%). Acculturative stress was associated with a number of personal factors (i.e., arrival age, years of U.S. education, years of U.S. residency, English proficiency), and the personal factors of gender, age, employment status, and years of U.S. residency were associated with the physiological factors. No statistically significant associations were found between acculturative stress and physiological factors.

**Conclusions:** The mean acculturative stress score in this study was higher than findings from prior studies of Korean immigrants in the United States or Canada, with the rates of obesity and hypertension higher than prior reports of Korean Americans or Koreans residing in Korea. Future study is necessary with a larger sample from a variety of different geographic areas of the United States to examine further the impact of acculturative stress on physiological factors during the process of acculturation.

## 1. Introduction

Acculturation is a process of cultural change and adaptation that occurs when foreign-born individuals interact with people from a new country (Lopez-Class, Castro, & Ramirez, 2011; Schwartz, Unger, Zamboanga, & Szapocznik, 2010). During the process of acculturation to a new environment, some immigrants may have a successful experience through which they modify their life to adjust to the host culture, while others may face ongoing challenges and difficulties that can result in continued stress (Al-Omari & Pallikkathayil, 2008; Berry, 2008; D'Alonzo, Johnson, & Fanfan, 2012). The stress associated with acculturation is referred as acculturative stress which can adversely affect an individuals' health, including the development of cardiovascular disease (D'Alonzo et al., 2012; DeVlyder et al., 2013; Lee, Suchday, & Wylie-Rosett, 2015). An understanding of the factors that contribute to acculturative stress is crucial in helping to mitigate and lessen health problems that may be associated with this type of stress.

As of 2014, more than 42.4 million foreign-born individuals (13.3% of U.S. population) reside in the United States (U.S. Census Bureau,

2016). Immigrants are the fastest growing segment of the U.S. population with a 350% increase in number from a total of 9.6 million in 1970 to 42.4 million in 2014 (Camarota & Zeigler, 2015). Despite a relatively short history of immigration to the United States by Koreans, their numbers have rapidly grown by 39% from 1.2 million in 2000 to 1.7 million in 2010 (Pew Research Center, 2013; U.S. Census Bureau, 2014). In 2013, it was found that 1.8 million Koreans (U.S. born and foreign born) resided in the United States (U.S. Census Bureau, 2016). Among them, foreign-born (first generation) Koreans accounted for nearly four out of five Korean Americans (Pew Research Center, 2013). This first generation Korean residing in the United States is predominantly a monolingual speaker in Korean with limited English proficiency.

The degree of acculturative stress that is experienced by an immigrant would seem to vary depending on the degree of similarity or dissimilarity between the heritage culture and new culture (Rudmin, 2003; Schwartz et al., 2010). For example, White, English-speaking individuals (e.g., Canadian or Australian) may experience less stress immigrating to the United States due to similarities in language spoken

\* Corresponding author at: 500 N. 3rd Street, College of Nursing and Health Innovation, Arizona State University, Phoenix, AZ 85004, United States.  
E-mail addresses: [Cha-Nam.Shin@asu.edu](mailto:Cha-Nam.Shin@asu.edu) (C.-N. Shin), [Shannon.Dirksen@asu.edu](mailto:Shannon.Dirksen@asu.edu) (S.R. Dirksen).

than Asian immigrants who are not proficient in English. White, English-speaking immigrants may also adapt somewhat easier to American mainstream with less racial discrimination if the culture is closer to their own heritage culture. In contrast, Asian immigrants to the United States may experience a higher level of acculturative stress because they may have to learn a new language (i.e., English), live in a society with different cultural values and social norms (e.g., collectivism over individualism), and sometimes deal with racial discrimination (Schwartz et al., 2010).

A variety of personal factors have been found to impact the degree of acculturative stress that is experienced by immigrants. For example, Korean Americans who were men, younger, had high levels of English proficiency, who arrived to the United States at a younger age, or stayed more years in the United States experienced lower levels of acculturative stress than did their counterparts who were women, older, had low levels of English proficiency, who arrived to the United States at an older age, or stayed less years in the United States (Ji & Duan, 2006; Logan, Barksdale, Carlson, Carlson, & Rowsey, 2012; Moon, 2011). In a study of immigrants from the former Soviet Union, women and older immigrants to the United States experienced higher levels of acculturative stress than did men and younger immigrants (Miller et al., 2006).

In contrast, Asian Indian immigrant men in the United States experienced higher levels of acculturative stress than did women (Conrad & Pacquiao, 2005), while older Latinos residing in the United States experienced lower levels of acculturative stress than did younger Latinos (Bekteshi & van Hook, 2015). Length of residency was not associated with acculturative stress in studies of Latinos and Nigerian immigrants to the United States (Caplan, 2007; Daramola & Scisney-Matlock, 2014).

Asian Americans and Latinos with low levels of English proficiency and who stayed less years in the United States experienced high levels of acculturative stress (Bekteshi & van Hook, 2015; Lueck & Wilson, 2010, 2011). First-generation Latinos with limited English proficiency were found to experience 13% more acculturative stress than second generation Latinos (Lueck & Wilson, 2011). This is because linguistic integration for immigrants in the United States is a social requirement that enforces the acquisition of English proficiency (Lueck & Wilson, 2011).

Acculturative stress has been associated with physiological changes occurring within the individual, including hypertension and diabetes in Latinos and Chinese immigrants to the United States (D'Alonzo et al., 2012; Lee et al., 2015). In contrast, acculturative stress was not associated with blood pressure (BP) levels in Korean and Nigerian immigrants to the United States (Daramola & Scisney-Matlock, 2014; Logan et al., 2012). Acculturative stress has also been linked to elevated systolic BP among Latino immigrant men, but not among Latino immigrant women in the United States (McClure et al., 2010).

Due to the increased numbers of individuals who are immigrating to a new culture and the observed disparities in health reported outcomes, researchers are focusing to a greater degree on acculturation, acculturative stress, and factor which may impact this process and the ensuing stress that may result. Contributing factors to acculturative stress have been explored; however, the associations between those factors and acculturative stress are inconsistent across a limited number of studies. In particular, little information is available as to whether acculturative stress is associated with physiological factors in Korean Americans. Given that the fast growing numbers of Korean Americans, it is important to understand what factors contribute to acculturative stress and if acculturative stress is associated with physiological factors for this ethnic group. Therefore, we conducted an exploratory study to describe the level of acculturative stress in Korean Americans and to examine if correlations existed with level of acculturative stress and personal (e.g., age, gender) and physiological factors (e.g., BP).

## 2. Methods

### 2.1. Study design and sample

This study was a secondary analysis of data that were collected for an exploratory, cross-sectional, descriptive study in a large Southwestern city in the United States which examined cardiometabolic risk factors in Korean Americans. We recruited a convenience sample of Korean American adults who self-identified as Korean, aged 18 and above, and able to read, write, and speak either in Korean or the English language from a locally identified Korean community (e.g., restaurants, groceries, Korean ethnic churches). We had a total of 107 participants who had completed data on acculturative stress and the personal and physiological factors. For the correlation analyses conducted in our study, we had enough power ( $\beta = 0.85$ ) to detect correlations of 0.30 with a sample size of 96 according to G\*Power 3.1.7 (Faul, Erdfelder, Buchner, & Lang, 2009).

### 2.2. Measures

Information about acculturative stress, and the personal and physiological factors were obtained from each participant.

#### 2.2.1. Personal factors

Personal factors included the individual's age, gender, marital status, education level, annual family income level, employment status, years of U.S. education, arrival age, and years of residency in the United States. In addition, English proficiency was determined by asking the question, "In your opinion, how well do you speak English compared with most English native speakers?" Responses were rated on a scale from 1 (very much worse) to 4 (as well as most English native speakers). For the purpose of data analysis, we recoded this as a dichotomous variable (0 = very much worse–somewhat worse, 1 = only little worse–as well as most English native speakers).

#### 2.2.2. Acculturative stress

The Acculturative Stress Index (ASI) was used to measure the stress associated with adaptation to a new culture (Noh, Wu, & Avison, 1994). The ASI is available in both English and Korean languages. The scale consists of 31 items which assess acculturative stress from experiences such as homesickness, social isolation, social discrimination, sense of marginality, family problems, socioeconomic adjustment, and language difficulties. In the ASI, homesickness for example, is measured by an item that states: "I am living away from my family, relatives, and friends." Language difficulties are examined by a question such as "I experience difficulties because of my ability to speak and understand English when I try to understand the TV/radio." Participants rate the degree of difficulty in adapting to life in the United States on a 4-point Likert scale (from 1 = never to 4 = very often). A total ASI score was derived from the sum of the item scores with higher scores indicating greater acculturative stress. Because our focus was to measure acculturative stress in general, we used the total ASI score in this study.

Reliability for the ASI was supported by Cronbach's alphas of 0.75–0.95 in research studies of Korean immigrants in Canada and United States (Ji & Duan, 2006; Moon, 2011; Noh & Avison, 1996; Rhee, 2013). Studies have demonstrated validity for the ASI: appropriate factor loadings occurring with factor scores 0.40 or above for each item; and acculturative stress scores predicting depressive symptoms (Moon, 2011; Noh & Avison, 1996). Cronbach's alpha for the ASI was 0.93 in this study.

#### 2.2.3. Physiological measures

We measured body mass index (BMI) and BP as physiological factors in this study. To assess BMI, we measured the height and weight of each participant who wore light clothing and no shoes using a portable stadiometer (Seca 217, USA) and an electronic scale (Health O meter,

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