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Immigrants' Health, Acculturation, and the Work-Retirement Continuum

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Purpose:

Immigration is increasing worldwide, and this increase includes diaspora immigrants (coming to a destination country connected to their ancestral heritage); the phenomenon of diaspora immigration is found in more than 50 countries such as Finland, Greece, and Israel (Aalto, Heponiemi, & Keskimaki, 2014; Mahonen, Leinonen, & Jasinskaja-Lahti, 2013; Motti-Stefanidi, Pavlopoulos, Obradovic, & Masten, 2008). Diaspora immigrants move to the destination country to live in a country with a culture and way of life with which they identify (Mahonen, Leinonen, & Jasinskaja-Lahti, 2013). Their motivation is different from refugees and asylum-seekers who are fleeing political and economic strife and different from immigrants who want to increase their economic situation (Albert, Ferring, & Lang, 2016; Green, 2016; Imai, Stacey, & Warman, 2014; Khvorostianov & Remennick, 2015). Yet this group of immigrants, with a distinct motivation for immigration, often are grouped with other immigrants. For all immigrants, health status indicates social integration (Mantwill & Schulz, 2017) as well as thriving as an individual, and is a commonly used outcome to indicate immigrants' health and social welfare (Lee, O'Neill, Ihara, & Chae, 2013). This study builds on this literature by focusing specifically on diaspora (adult) immigrants and examining the connection between locations on the work-retirement continuum (i.e., working adult immigrants who retain the same occupation after immigration, working immigrant adults who change occupations after immigration and immigrant adults who retire) and health, exploring confounding effects and interactions with acculturation and demographic characteristics. While the link between immigrants' health status and employment is well-established, little is known about the impact of the work-retirement continuum on the health and acculturation in immigrant (Szabo & Ward, 2015; Zaban, 2015). This study addresses the gap in the literature.

Methods:

Using a sample of three immigrant groups on the work-retirement continuum (i.e., working-same occupation, working-changed occupation, retired) (n=377), this cross-sectional study examines whether the link between health and acculturation varies for immigrants based on their location on the work-retirement continuum (after adjusting for age and other confounding variables). Respondent completed an online 20-minute questionnaire containing mostly valid and reliable measures including questions on: demographic characteristics; reasons for immigration; family support; self-reported health status; acculturation variables; job prior to immigration; and current job.

Results:

Bivariate analyses revealed differences by work-retirement continuum group in two acculturation variables, language proficiency ($p < 0.0001$) and dual country self-identification ($p < 0.05$). Acculturation variables showed that more than half of adults reported dual country self-identification; and for language proficiency and realized expectations after immigration, both measured by scales ranging from 0 to 12 with the highest score indicating the best language proficiency and the most realized expectations after immigration, means were 7.42 (SD=4.87) and 7.0 (SD=2.37), respectively. Significant differences were found in dual country self-identification ($p > 0.05$), with proportionally more adults in the same occupation after immigration group reporting dual country self-identification. Proportionally more adults in the changed occupations after immigration group reported higher language proficiency ($p < 0.0001$). Multiple variable analyses revealed an interaction effect between work-retirement continuum group status by

realized expectations on health status, such that good health was: related to higher levels of realized expectations for the retired group; related to lower levels of realized expectations for the changed occupations after immigration group; and unrelated to realized expectations for the same occupation after immigration group.

The interaction effect found in this study showed that immigrants who changed occupations after immigration were more likely to report good health if they had lower levels of realized expectations. The necessity to change occupations may explain why their immigration did not meet their expectations. However, changing occupations may have compelled these immigrants to gain better language proficiency. Thus, it may be that acculturation for them was realized in a different way than the one they anticipated. For retired immigrants, good health was related to having higher levels of realized expectations. In this study, retirees' average age was over 70 years old, and studies on older immigrant adults note that those who received financial, social and information support from their families, compared to those who did not, were more likely to report good health. Realized expectations after immigration for retired adults may encompass being with family and receiving their support. In contrast, for the group that retained the same occupation after immigration, health status was unrelated to having realized expectations. Health status was related to the acculturation variable of dual country self-identification, and adult self-identity often includes occupation.

Conclusion:

Realized expectations, an important aspect of acculturation, depends on the immigrant's location on the work-retirement continuum. Administrators, and health and social welfare professionals can promote health in working or retired immigrants by providing clear and realistic information on their expectations.

Title:

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Keywords:

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***Seminal Works**

Abstract Summary:

Immigrants hope their pre-immigration expectations for a new life will be 'realized' post-immigration. Findings show that for adult immigrants (n=377), work-retirement status (working in the same occupation, working in a different occupation or being retired) has an interactive effect with 'realized' expectations on health status.

Content Outline:

I Introduction

1. Immigration is increasing overall, including adult diaspora immigrants (individuals 18 years or older coming to a destination country connected to their ancestral heritage). Diaspora immigrants are common in more than 50 countries including Finland, Greece, and Israel.
2. Adult immigrants' self-reported health is associated with level of acculturation. The level of acculturation is measured most commonly as possessing dual country self-identification; level of language acquisition; and the extent that one's preconceived expectations, anticipated prior to immigration, are realized (or not) post-immigration (i.e., realized expectations).
3. Adult immigrants vary on many variables including whether they anticipate working or retiring as immigrants (called the Work-Retirement Continuum). Many decide to work. Some immigrants continue to work in the same occupation post-immigration as they did in their country of origin, some change occupations post-immigration, and others retire post-immigration.

II Body

1. Immigrants on the Work-Retirement Continuum.
2. Workers: The "healthy worker effect" suggests that individuals who are working have better health than those who do not. However, this construct ("the healthy worker effect") does not necessarily refer to immigrants – it is a general construct differentiating between the employed and unemployed. Moreover, few studies have examined the work-retirement continuum (i.e.,

remaining in the same occupation or changing occupations post-immigration) for immigrants, and its connection to health. Although immigrants who change occupations are working (related to better health), they may lose the social advantage since one's profession is incorporated in an adult's identity and possibly even, social status. Reasons for changing occupations may be language difficulties, differing expectations of occupational skill-sets, and unrecognized academic credential by the destination country.

3. Retirees: Adult immigrants who plan to retire tend to be older, live on limited or fixed incomes, and have poorer health than working immigrants. They possess smaller social networks and may be dependent on family members for social, informational, and household function (e.g., shopping and transportation), and financial support. All these factors are associated with poorer health and lower healthcare service utilization. Still, the trend of being a retired immigrant is increasingly common. Even after adjusting for age, the link between acculturation and health may be different for retired persons. Many studies simply measure adult immigrants' acculturation and health without examining the impact of their location on the work-retirement continuum.

1. Acculturation and Health (Findings)

2. The three parameters of acculturation are linked to health: language proficiency, self-identity and realized expectations (what one expected to occur post-immigration regarding work and social networks, did occur). These three parameters are associated with one another.
3. Language proficiency, a major component of acculturation, is associated with well-being and health, possibly, since language facilitates healthcare service awareness and access. Immigrants with more work experience have better language proficiency. Greater language proficiency is linked to dual country self-identification, and realized expectations.
4. Study findings confirmed the relationship between health status and acculturation variables (i.e., dual country self-identification and language proficiency), but the relationships varied for immigrants by work-retirement status. Bivariate analyses indicated that both working groups of immigrants had better language proficiency than the retired group; and significantly higher proportions of immigrants with the same occupation after immigration reported dual country self-identification compared to those who changed occupation after immigration or who were retired. In the bivariate analyses (not multivariable), having realized expectations did not differ by work-retirement group.

III Conclusions

Realized expectations, an important aspect of acculturation, depends on the immigrant's location on the work-retirement continuum. Administrators, and health and social welfare professionals can promote health in working or retired immigrants by providing clear and realistic information on their expectations.

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