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A study of self-efficacy in a group of Hmong refugees

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Mai Emma Yang
A Study on Perceived Self-
Efficacy in a Group of
Hmong Refugees

ABSTRACT

Social cognitive theorist Albert Bandura defined resilience as the ability to organize thoughts and actions to manage prospective and unknown situations. He called it the theory of perceived *self-efficacy* (Bandura, 2010). The tool used to measure this construct is called the General Self-Efficacy Scale (GSES), which assesses a broad stable sense of an individual's personal competence to efficiently deal with a variety of stressful situations. Previous research suggested that due to its positive association with mental health and well being, the GSES and theory of self-efficacy are worthy of further examination in refugees (Sulaiman-Hill and Thompson, 2011).

This study examines different variables in comparison to levels of General Perceived Self-Efficacy in a group of 49 Hmong refugee adults living in Minnesota and California. Results found language proficiency, education level, citizenship status, and years lived in the U.S. to be positive predictors of higher perceived self-efficacy. Those with higher self-efficacy reported less depressive and anxiety symptoms. Age, marital, gender, and employment statuses had no significant relationship with self-efficacy scores.

**A STUDY ON SELF-EFFICACY
IN A GROUP OF HMONG REFUGEES**

A study based on independent investigations,
submitted in partial fulfillment of requirements
for the degree of Masters of Social Work.

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2014

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS

ii

TABLE OF
CONTENTS

iii

LIST OF
TABLES

iv-v

CHAPTER

I INTRODUCTION

1

II LITERATURE
REVIEW

4

III METHODOLOGY

29

IV FINDINGS

35

V DISCUSSION

50

REFERENCES

62

APPENDICES

Appendix A: Screening
Questions

64

Appendix B: Smith College HSR Approval Letter	65
Appendix C: Recruitment Letter	66
Appendix D: Agency Letter	68
Appendix E: Demographic Questionnaires	69
Appendix F: GSES Questionnaires	73
Appendix G: List of Resources	77

LIST OF TABLES

Table

1. Sample
Demographics

30

2. General Self-Efficacy Scale (GSES) Scores and
Statistics

36

3. GSES and English
Variable

37

4. GSES and Education Variable (Oneway Anova
Test)

37

5. Education Variable Post Hoc
Test

38

6. Education GSES Oneway Anova
Test

39

7. GSES and Employment
Variable

39

8. Depression Variable Oneway Anova
Test

40

9. Depression Variable Post Hoc
Test

40

10. Depression Variable Spearman Rho
Correlation

41

11. Depression Variable Oneway
Test

41

12. GSES and Anxiety
Variable

42

13. Anxiety Variable T-
Test

42

14. GSES and Gender
Variable

43

15. Marital Status Variable Oneway
Test

43

16. GSES and Marital Status
Variable

44

17. Age Variable Pearson Correlation
Test

44

18. GSES and Age
Variable

45

iv

19. Citizenship Variable T-
test

45

20. GSES and Citizenship
Variable

46

21. Years in the U.S. Variable Oneway
Test
46

22. Years in the U.S. Variable Post Hoc
Test
47

23. GSES and Years in the U.S.
Variable
48

CHAPTER I

Introduction

Rarely do we realize that some of the most prominent and iconic people throughout the world were refugees. Albert Einstein, Bob Marley, the Dalai Lama, and Sigmund Freud all sought refuge outside of their homelands at one point in their lives. While they are well known figures that have overcome challenging times in their lives, there are many refugees that remain in the shadows with their stories unheard. Although it is rare that we hear about these people, they too have experienced struggles as refugees. According to social cognitive theorist Albert Bandura, such resilience requires the ability to organize thoughts and action to manage prospective and unknown situations. He called this his theory of perceived self-efficacy (Bandura, 2010).

Perceived self-efficacy is an optimistic self-belief - the belief that one can perform a novel or difficult task, or cope with adversity - in various domains of human functioning (Schwarzer, 2005). The tool used to measure this construct is called the General Self-Efficacy Scale (GSES), which assesses a broad stable sense of an individual's personal competence to efficiently deal with a variety of stressful situations (Bandura, 2010). Previous research suggested that due to its positive association with mental health and well being, the GSES and theory on self-efficacy are worthy of further examination in refugees (Sulaiman-Hill and Thompson, 2011). The purpose of this present study looks at the association of self-efficacy among Hmong refugees living in the United States using the GSES, along with different variables such as age, gender, employment, marital status, citizenship status, depression, anxiety, and level of education.

The inspiration for this study comes from my experience working with Hmong

adults and their children at Jane Addams School for Democracy in Saint Paul, MN. I saw firsthand the struggles and hardship that they experienced in the face of war and seeking refuge, the fear of death and hunger, as well as their striving to make something of themselves in a new country. As the result of working with and learning from these families, I personally saw the drive and commitment of these Hmong refugees to learn English, to learn about laws, and to obtain American citizenship. They showed determination and motivation to succeed despite the daily struggles each one of them faced in trying to care for their families, communicate with their children and their children's school, learning how to drive, and possibly obtaining work.

When I learned about the construct of self-efficacy, I thought about the Hmong refugee population I have worked with and how much they have accomplished despite the difficulties that they have encountered. Working with this population was a humbling experience. From the first days of learning to read and write in English to the day where they would come in overwhelmed by the certificate at hand, declaring their American citizenship; the experience of working with this population was inspiring. To many people American citizenship is just a piece of paper used to identify oneself, while for many Hmong refugee adults this was an achievement to be proud of, a validation that there is hope of succeeding in this country. Despite today's literature and research on Hmong people, there is little empirical research on perceived self-efficacy among Hmong refugees. There is, however, general research conducted on refugee populations from all over the world that have used the General Self-Efficacy Scale (GSES) as an instrument to measure perceived self-efficacy. The research on self-efficacy in other refugee population suggests significance of this construct in Hmong people, too.

The purpose of this study is to explore self-efficacy among Hmong refugees living in the United States. Using the GSES, this quantitative study will examine perceived self-efficacy in Hmong refugees along with different variables such as age, gender, employment, marital status, level of education, citizenship status, years lived in the U.S, along with questions about depression and anxiety. It is with hope that this study will not only support our understanding of Hmong refugees, but also connect to how levels of perceived self-efficacy is associated with a Hmong person's way of dealing with difficult and stressful situations. Aside from that it is also with great hope that this research can also be an addition to the existing literature on Hmong refugees.

In the chapters to follow, Chapter II introduces the history of the Hmong people, the social cognitive theory of self-efficacy, and empirical research relevant to my study. Chapter III explains how I designed my study using the GSES and the data collection process. Chapter IV will present the findings of my research, and Chapter V will discuss the findings along with their implications for future research and social work practice.

CHAPTER II

Literature Review

Introduction

This chapter provides an overview of the literature relating to Albert Bandura's social cognitive theory of self-efficacy, empirical use of the general self-efficacy scale (GSES), historical background of Hmong people, and research pertaining to this population. With little research that focuses directly on Hmong refugee and perceived self-efficacy, the literature reviewed in this section will provide a framework for the present study. It is hoped that it will provide readers with a cultural context of who Hmong people are, their experiences and struggles with integration into American culture, and research on perceived self-efficacy and variables that influence higher perceived self-efficacy. This research centers on the following question: What factors influence a higher perceived self-efficacy among Hmong refugees?

Due to the sparse number of studies that explored perceived self-efficacy in Hmong refugee populations, after an extensive search through the academic database and Hmong studies research guides, only one study was found for review specific to both this topic and population (Ostergren, 1991). However, many research studies have examined Hmong refugees and their wellbeing, health, and socioeconomic integration in the United States (Grigoleit, 2006; Lee, 1993, 2012; Yang 2003). Some of the empirical studies reviewed in this chapter include: research on Hmong refugee and self-efficacy, studies conducted about self-efficacy in other refugee populations, and self-efficacy of people from various countries. This chapter also contains a meta-analysis of research studies utilizing the general self-efficacy scale (GSES).

Background of Hmong People

It is believed that Hmong people lived in the geographical area known today as Iraq and Syria, over 5000 years ago. Over time, the Hmong people migrated to other areas such as Turkistan, Russia, Siberia, Mongolia, Tibet, India, and China (Lie, Yang, Rai, & Vang, 2004). Today, without a country of their own, the Hmong people are large ethnic minority groups living in China, Vietnam, Laos, Burma, and Thailand (Westermeyer, & Her, 2007). In 1954, the Geneva Agreements partitioned Vietnam into two sections, North and South (Lie, et al., 2004). Communism spread to Southeast Asia, and in 1950, the United States engaged in a military operation in Laos by providing military and training to Lao government forces (Lie, et al., 2004). This had an impact on Hmong citizens.

When civil war erupted in Laos in 1958, instead of sending their own military personnel to intervene the United States Central Intelligence Agency recruited, retrained, and armed a secret guerilla army of about 35,000 Hmong soldiers (Lie, et al., 2004). As a result of this operation by 1970 more than one third of the Hmong in Laos became refugees in their own homeland. One tenth to one half of the Hmong soldiers died in battle, and entire Hmong villages were decimated (Lie, et al., 2004). The Hmong lost 20% of their adult male population to war-related fatalities (Tatman, 2004), and nearly one third of the Hmong population was killed overall (Adler, 1995). In early 1973, North Cambodia agreed to a ceasefire. By March, the United States withdrew its military, and Cambodia, Laos, and South Vietnam fell to the communist regimes (Lie, et al., 2004). When the United States withdrew from Vietnam, the Hmong experienced retaliation and were targets of genocide due to their partnership with the United States (Tatman, 2004).

As a result, between 1975 and 1990 many of Hmong people were forced to flee from Laos to Thailand (Goodkind, 2006). These losses had significant consequences for the mental health and unity of the remaining Hmong population. For example, the Hmong men that had served as soldiers, pilots, and navigators were unable to provide for their families' safety and wellbeing due to PTSD and physical injuries (Tatman, 2004). Those who escaped to Thailand spent up to 20 years in refugee camps. Between 1975 and 1996, approximately 130,000 Hmong refugees were accepted into the United States (Goodkind, 2006). Although displaced, Hmong people saw immigration to the United States as an escape (Tatman, 2004). The Hmong who came to America found themselves pulled between two worlds, where language, religion, and skills were de-contextualized and previous social supports were greatly weakened (Adler, 1995).

According to the most recent census of the Hmong people, the largest Hmong populations reside in California, Minnesota, and Wisconsin (Tatman, 2004). Today, we see Hmong people who live in the U.S. achieving American citizenship, and taking on active leadership roles in the community. Yet, there are others who continue to struggle with their physical and psychological health, as well as those who continue to struggle to adapt to life between two different cultures.

The concept of perceived self-efficacy could allow us to gain more insight into what variables foster or impact the behaviors and beliefs of Hmong refugees and their self-perception. The concept of perceived self-efficacy could also enable research, questions, and hypothesizes about what variables are associated with higher or lower perceived self-efficacy among Hmong refugees. The literature reviewed later in this chapter includes studies on mental health in Hmong refugees being overlooked, concerns

and felt needs, as well as an ethnography on the transition of a wave of Hmong refugee from the refugee camps into their lives here in the United States. One could hypothesize that efficacy plays a big role in a Hmong refugee's ability to cope with their mental health or that suffering with a mental health disorder such as depression and anxiety have a negative relationship with an individual's perceived self-efficacy. Integration of American culture, felt needs, and concerns are also important subjects to consider. Concerns around employment, education, language, and health were all variables that are significant to Hmong people. Although there lacks research on self-efficacy in Hmong populations, the research on mental health, integration, and concerns about well being also included variables such as language, employment, education, etc. These variables show a relationship between expressed concerns and challenges in the resettlement process for Hmong refugees as well as a relationship with self-efficacy. This reflects support for my research of which explores perceived self-efficacy among Hmong refugees.

Social Cognitive Theory: Self-Efficacy

At the heart of social cognitive theory is the concept of self-efficacy, which is a predictor of behavior (Bandura, 2010). Self-efficacy is believed to form in early childhood, when children deal with a variety of experiences, tasks, and situations. However, the growth of self-efficacy does not end during youth. Instead, it continues throughout life as people acquire new skills, experiences, and knowledge (Bandura, 2010). The construct of perceived self-efficacy reflects an optimistic belief that one can perform new or difficult tasks and cope with adversity in various domains (Schwarzer, 2005). Perceived self-efficacy facilitates goal setting, effort, and persistence in the face

of adversity and setbacks. In short, it is a positive resource factor for resilience.

Perceived self-efficacy is valuable to the field of social work because it is an operative construct; it is related to subsequent behavior, and is therefore relevant to clinical practice and setting goals for behavioral change (Schwarzer, 2005). To help others better understand his theory of self-efficacy, Bandura categorized into 4 concepts the methods of how self-efficacy is learned. *Mastery* is the concept defined as a strengthened sense of self-efficacy through success of a task, which is learned through trial and error (Bandura, 2010). *Social modeling* is a form of encouragement, as the individual witnesses others complete a task, and believes that he or she can too as a consequence of witnessing the success (Bandura, 2010). *Social persuasion* is a form of encouragement that supports the belief that one can also accomplish a task. It can help an individual overcome insecurity and instead focus desired outcomes (Bandura, 2010). Lastly, *psychological responses* are an individual's response and emotional reaction to a task or situation. (Bandura, 2010). These four categories can be used to understand how an individual may achieve or have difficulty achieving high self-efficacy based on different influencing variables (i.e. language, education, employment status).

The General Self-Efficacy Scale (GSES) was created by Jerusalem and Schwarzer in 1981 to assess a general sense of perceived self-efficacy, with the aim of predicting the individual's ability to cope with daily hassles, as well as stressful life events (Sulaiman-Hill, and Thompson, 2011). This scale has been used internationally with success for two decades (Thompson, 2011). It is suitable for a broad range of applications; it can be utilized to predict adaptation after major life changes, but it is also suitable for assessing an individual's quality of life at any point in time (Bandura, 2010).

There are ten questions in the survey designed to explore the construct of self-efficacy as subjectively perceived by any given individual. Each item refers to successful coping and how one views his/her own success. For example, one question states: “I can always manage to solve difficult problems if I try hard enough” with answers ranging from a four point scale (1 = Not at all true, 2 = Hardly true, 3 = Moderately true, 4 = Exactly true). Furthermore research across various countries and with various groups of people has been done using this scale. Research has found that the use of the GSES supports an understanding how groups of people similar to Hmong people have been able to adapt to stressful life situations or changes.

Empirical Findings

Self-efficacy in human functioning from various countries. Perceived self-efficacy was initially studied and incorporated into research by Albert Bandura. To examine whether perceived self-efficacy can be considered a universal construct in many domains of human functioning, in 2005, researchers Luszczynska, Gutierrez-Dona, and Schwarzer (2005) studied the relationship between self-efficacy and the following factors: personality, wellbeing, stress, social relations, and achievements. The sample size was made up of 8796 participants from Costa Rica, Germany, Poland, Turkey, and the United States (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). The researcher hypothesized that these variables would be positively correlated with perceived self-efficacy.

In Costa Rica and Germany, the samples of each country were combined, as the researchers posited that there were no significant difference between the groups (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). There were three groups of German

samples: East German migrants, German schoolteachers, and German high school students. The Costa Rican sample consisted of college students and international factory workers. In Poland, Turkey, and the U.S, the participants were high school students recruited through their schools. The surveys were all self-administered under the supervision of the research team. Bilingual native speakers adapted the ten questions from the general self-efficacy scale (GSES) to foreign languages based on the English version (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005), to account for the first language of the participants.

Across countries, the findings provided evidence for correlations between perceived general self-efficacy and the independent variables. The highest positive correlations with self-efficacy were optimism, self-regulation, and self-esteem. The highest negative correlations were between self efficacy and depression and anxiety (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). The researchers also found a positive relationship between self efficacy and participants' appraisal of stressful situation as challenges, rather than as insurmountable barriers (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). The measures for school, employment, and quality of life satisfaction were also found to have a positive relationship with self-efficacy (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005).

The hypothesis about the association between self-efficacy and other variables as similar across different countries was only partially supported. The study showed that the correlation between self-efficacy and other variables depended on the sample (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). This supported the idea that cognitive and social determinants for behavior are influenced by culture, ecology, social

situations, and historical backgrounds (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). The self-efficacy rates vary by culture supports the rationale of the present study. The research was limited by a lack of adversity in age, gender, and occupation in the sample population (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005).

Self-efficacy studied among refugee groups. Sulaiman-Hill and Thompson (2011) conducted a study about perceived self-efficacy with Afghan and Kurdish refugees, and looked at independent variables such as resettlement location, refugee community, gender, age, marital status, time spent as a refugee, employment status, English language ability, education, and psychological distress levels. The research aimed to address whether higher psychological distress results in lower general self-efficacy (GSE), and whether GSE is related to education, English fluency, and employment. The study also sought to explore if participants' GSE improve over time after resettlement. Sulaiman-Hill and Thompson's (2011) purpose in this study was to find ways to improve resettlement outcomes, as well as to improve the well being of former refugees.

The research sample was a population of 186 resettled Afghan and Kurdish refugees that sought refuge in New Zealand and Australia between 1988 and 2008. Snowball sampling was used for recruitment through Christian churches due to difficulty in accessing this population (Sulaiman-Hill, and Thompson, 2011). Language considerations were an important aspect in this research; the research was conducted in the participants' choice of Farsi or in English language (Suliman-Hill, and Thompson, 2011). A mixed-method approach was used by combining a quantitative assessment of psychometric data with qualitative data from open-ended questions.

The study found a significant relationship between self-efficacy, lower psychological distress, and a higher sense of well being in study participants (Sulaiman-Hill, and Thompson, 2011). The results revealed a statistically significant correlation between efficacy and the following factors: gender, employment status, and language proficiency (Sulaiman-Hill, and Thompson, 2011). Higher efficacy scores were recorded for employed males who spoke English, and who were productively functioning within the host society. Low median efficacy scores were found in participants with the highest risk of distress (Sulaiman-Hill, and Thompson, 2011).

No relationship was found in perceived self-efficacy based on the geographical area of resettlement, ethnicity, age, or marital status (Sulaiman-Hill, and Thompson, 2011). The findings of this study revealed that higher self-efficacy in turn increases the motivation to learn, decreases stress levels, and promotes better psychological and physical health. Related to my study, findings such as this show the correlation between perceived self-efficacy and various independent variables such as gender, employment status, language proficiency, and distress.

Self-Efficacy Meta-Analysis. In 2005, Luczynska, Scholz, and Schwarzer conducted a study looking at the relationship between self-efficacy and the following factors: social cognitive variables, behavior specific efficacy, health behaviors, well being, and coping strategies. The study included 1,933 respondents in three countries: 633 from Germany, 359 from Poland, and 941 from South Korea (Luczynska, Scholz, & Schwarzer, 2005). The research participants were between the ages of 16 and 86 years old, and some were dealing with stressors such as recovering from hospitalization, or other significant life changes (Luczynska et al., 2005).

The study hypothesized that self-efficacy should correlate to social cognitive constructs, such as goal intentions, implementations, and outcome expectancies (Luczynska et al., 2005). The researchers also hypothesized that higher quality of life would result in a higher GSE (Luczynska et al., 2005). It was hypothesized that self-efficacy would correlate to the frequent use of active, problem-focused coping strategies in stressful or difficult situations, and less use of passive coping strategies (Luczynska et al., 2005). The study accounted for socioeconomic differences such as religion, politics, class, and social structures (Luczynska et al., 2005).

The German sample consisted of 395 patients with coronary heart disease, ages 31 to 82 years old. The majority were men. Most participants were married or living with a partner. 51 were single or widowed, 34 were divorced, and 6 did not indicate their family status. Of all participants, 29.4% reported 9 years, 21% 10 years, 25.3% 12 years, and 20.3% 13 years of education; 4% did not indicate their education level.

Approximately half of the respondents (48.1%) were employed (Luczynska et al., 2005). The second German sample consisted of 238 patients with cancer, and the results were collected one month after surgery in four cancer treatment centers in Berlin. Participants were 29 to 86 years old, and the majority of the participants were male. Seventy-five percent of the participants were married, or living with a partner. 84% reported having children (Luczynska et al., 2005).

The South Korean sample had 941 participants, the subjects were 17 to 91 years old, and the majority were women. Sixty percent of the participants were single, 1.3% was divorced, 297 were married or remarried, and 6.6% were widowed (Luczynska et al., 2005). Forty-six percent reported education above the high school level. 44.6% had

finished high school, and 9.4% had completed a degree in higher education (Luczynska et al., 2005). Approximately half of the participants were currently employed (45.9%)(Luczynska et al., 2005).

The Polish research participants consisted of 225 students at three universities in Warsaw, Poland. The students were 19 to 26 years old, and 110 (49%) were men. Data was collected during classes on a voluntary basis (Luczynska et al., 2005). The second Polish sample consisted of 54 professional swimmers, ages 15 to 26, who had participated in regular physical training in four centers for at least 6 years. All participants were approached individually for participation in the study.

The third Polish sample consisted of 80 patients with gastrointestinal diseases; half of them were hospitalized in internal disease units in Warsaw. The participants were 35 to 65 years old and 44% had at least 12 years of education. The subjects had been admitted to the hospital due to various chronic or acute diseases and consequent pain, such as appendicitis or cholilithiasis. Participants were interviewed individually, and took part in the study on a voluntary basis (Luczynska et al., 2005).

Perceived self-efficacy was measured by means of the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995). The 10-question scale was originally developed in Germany over the course of two decades and adapted into to 28 languages (Schwarzer & Jerusalem, 1995). Many bilingual native speakers translated the self-efficacy survey into foreign languages (Luczynska et al., 2005). The scale was found to be configurable across 28 nations (Luczynska et al., 2005).

The results of this study found that there was a relationship between higher general self-efficacy (GSE) and the motivation to exercise in student participants with health

issues. Students with a high GSE performed moderate physical activity more frequently than their counterparts with low GSE. Students with high GSE also reported stronger self-regulation of attention. Across samples, the GSE results were positively correlated to behavior-specific self-efficacy beliefs. Swimmers with high GSE had stronger beliefs about their ability to continue their training (Luczynska et al., 2005). In the South Korean sample, GSE beliefs were related to nutrition self-efficacy, exercise self-efficacy, and smoking abstinence self-efficacy (Luczynska et al., 2005).

There were correlations between low GSE and negative affect, and a higher efficacy was found in those with lower levels of depression and lower levels of anxiety (Luczynska et al., 2005). South Koreans with high GSE performed physical activities and ate a healthy diet more regularly than those with low GSE (Luczynska et al., 2005). Meta-analysis collected 10 correlations between GSE and well-being, and found a population effect size of $r(\text{pop}) = .28$, equivalent to $d = .58$. This result was homogeneous. The coefficient of $.28$, therefore, reflects very well the relationship between GSE and the selected emotional variables (Luczynska et al., 2005). This study has shown that the use of the GSES across different sample populations is effective. Due to the data collection process, this study also had its limitations in terms of diversity and size.

The meta-analysis showed the results of this study to be similar regardless of country or sample. Similar to previous findings, there is no relationship was found in perceived self-efficacy area of resettlement. The findings of this study support the belief that GSE is related to active coping, namely, more frequent employment of planning, usually seen as a predictor of successful adaptation to stressful encounters (Luczynska et

al., 2005). It may be assumed that similar patterns of relations exist between GSE and social–cognitive constructs as well, such as wellbeing, health behaviors, and coping with stress (Luczynska et al., 2005). The study included participants of various ages, socioeconomic status, and from different cultures. This was crucial to the study’s hypothesis that findings can explain the relationship between self-efficacy and a set of variables for a studied population, but not necessarily represent an entire group of people.

The literature reviewed supports that self-efficacy is correlated with the frequent use of problem-focused coping strategies in stressful or difficult situations, and that higher efficacy is found in those with lower levels of depression and lower levels of anxiety (Luczynska et al., 2005). It also suggests that a relationship exists between GSE and social–cognitive constructs such as wellbeing, health behaviors, and coping with stress. This reveals that higher self-efficacy increases the motivation to learn, decreases stress levels, and promotes better psychological and physical health. School, employment, gender, language proficiency, and quality of life satisfaction were found to have a positive relationship with self-efficacy (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005).

Hmong refugees and their mental health. Despite there being much empirical evidence to support the relationship between perceived self-efficacy and well being, no studies have yet explored this connection among Hmong people. However, some research has been conducted on mental health among Hmong people. In 2012, Lee (2012) reviewed many journal articles and research studies pertaining to Hmong mental health between the years 1987 and 2012. He discussed the complexities of assessing mental illness in Hmong living in the U.S. and how research has found inconsistent results in

regards to ethnic identity, resettlement stress, and depression (Lee, 2012). The purpose of his research was to identify the inconsistent information about the Hmong population living in America and their mental health, arguing that it is necessary to reassess the mental illness rate among Hmong Americans.

He reexamined studies that found biases among practitioners who are counseling Hmong clients, and found language and English proficiency to be a significant factor in this (Lee, 2012). He went on to acknowledge that of the Hmong who came to the United States, some readjusted and obtained work, learned English, and took part in their community, while others struggled and did not experience such transitions as successfully (2012). He examined another study on Hmong refugees finding that acculturation stress was the strongest factor that impacted these refugees' mental health status and that earlier research lacked focus on mental health issues and resettlement issues (Lee, 2012). An important point that he noted is that in many research studies Hmong were categorized along with Vietnamese and Lao people. Of the research specific to Hmong people, there has only been one single research study done on Hmong people by well-known psychiatrist Joseph Westermeyer who followed 102 individuals from a refugee camps to the United States for 8 years (Lee, 2012).

The longitudinal study that Westermeyer (1995) conducted one and a half years after the first wave of Hmong refugees suggested that nine settlement risk factors (community, language, war injuries, reasons for leaving Laos) had no correlation between symptoms prior to emigration (Westermeyer, Schaberg, & Nugent, 1995). This finding supports the belief that the mental health status of Hmong refugees were not related to symptoms experienced prior to emigration but rather developed in response to such

experiences. Findings also supported that community, language, and wellbeing are important factors in mental health among Hmong refugee after resettlement.

Lee (2012) concluded that of the various journal articles and research studies on Hmong people from 1987-2012, many pertained to mental health and cultural competency. He acknowledged that it is hard to sufficiently document what went on for Hmong people back then compared to today, since information is much more accessible and available for statistical analysis. He relied on speaking with bilingual clinicians and colleagues, to hear their perspectives on Hmong mental health. They all concluded having difficulty finding such information. Searching Hmong bibliographies and academic research premiere databases was unsuccessful in locating in-depth information relating to Hmong and mental health (Lee, 2012). For this reason, the author also added that aside from more in-depth insight into this population, “consideration for the historical background of the Hmong people and their accumulative war related traumas, pre- and post- migration stressors, and adjustment challenges mainstream society” is a practical consideration for future research (Lee, 2012, p. 6).

As Lee’s (2012) research shows, although Hmong people are understood to have developed mental health problems, not enough empirical investigation has been done about the nature and quality of them. He purports that due to the difficulty locating enough research pertaining to mental health and well being in Hmong refugees, the cultural and historic background along with adjustment challenges are worth studying. My research aims to bridge both the historical and everyday challenges in Hmong refugees by looking at their ability to adjust to new and stressful situations. I will study

this through examining the relationship between independent variables to perceived self-efficacy scores.

Hmong American: felt needs, concerns, and development. Yang (2003) studied the felt needs/development concerns of the Hmong population living in the U.S. The term “felt needs” was defined by Yang (2003) as the variables identified by key members of the Hmong community who are well informed (i.e. elders, office members, organization leaders). To gather his information, Yang networked, attended group discussions, reviewed literature on Hmong acculturation, and attended two of the National Hmong conferences in 1999 and 2001 (Yang, 2003).

The data that he obtained for this study was gathered through two different approaches. He used key informants to provide information based on expertise, experience, and perspective. Although this approach precludes the generalization of his findings to an entire group, Yang argued that his selection of key informants was based on their capacity to know the needs of their community. These key informants included elders, bilingual/bicultural professionals, students, and staff of Hmong American Mutual Assistance Association (Yang, 2003). Data was gathered through an unstructured interview pertaining to the opinions of the participants.

His second approach was to use group discussions to identify what it is that the Hmong community identifies as their needs and concerns. These groups contained different individuals of different backgrounds in part to balance the key informant approach. Yang attended community events containing young professionals, community leaders, and community members where he took note of the different issues that came up and later categorized them into specific groups.

Yang grouped his findings into seven categories: Family conflicts, youth delinquency, generation gap, poverty, health and mental health, education, and lack of know-how or accessibility to information and resources (Yang, 2003). The issues that appeared most often were family conflicts, youth delinquency, and health/mental health with health/mental health being most talked about (Yang, 2003). Yang included in this study examples of literature pertaining to each of these findings.

Although this study addressed current presenting issues, it did not address issues of migration, adaptation, accommodation, social interactions, and diversity within the Hmong community. Yang's (2003) findings regarding the concerns and felt needs of Hmong Americans do provide information on the issues that are apparent in the Hmong community. His findings support that concerns around health, language, and employment are due to a lack of resource as well as the inability to seek out these resources. Understanding that these needs and concerns are apparent in the Hmong community supports my research aim, which is to understand how self-efficacy is a predictor of individual's ability to overcome difficult situations.

His research findings supports my study aims by examining relationship between self-efficacy and active coping as well as a predictor of successful adaptation to stressful encounters. It also supports that there is similar patterns of relations that exist between GSE and social-cognitive constructs such as wellbeing, health behaviors, and coping with stress. It also aligns with other empirical studies in the belief that higher self-efficacy increases the motivation to learn; decreases stress levels, and promotes better psychological and physical health. School, employment, gender, language proficiency,

and quality of life satisfaction were found to have a positive relationship with self-efficacy.

Integration of Hmong refugees. Keeping concerns of felt needs and wellbeing in mind, Grigoleit (2006) who is a part of the department of American studies at the University of Passau, Germany, wrote about the integration of the more recent wave of Hmong refugees to the U.S. and into American society. This wave of Hmong refugee came to the U.S in 2003 from the refugee camps in Wat Tham Krabok, Thailand. To ensure successful adaptation, these refugees resettled in established Hmong communities (Grigoleit, 2006). This ethnography raised a question pertaining to how much an ethnic community can provide in order to meet the needs of newly resettled Hmong refugees, its limitations, and the effects of this process. Some things to consider were the time separation between the Hmong living in the U.S. and the newly resettled Hmong refugees. This entailed different cultural norms, environment, and significant cultural changes (Grigoleit, 2006).

This ethnography was conducted in Thailand in 2004 through to 2005 in St. Paul, Minnesota. First hand information about the refugee's lives and thoughts about resettlement were gathered in the refugee camp in Thailand. The purpose was to gain better insight and knowledge to the conditions and environment changes. From April through October of 2005, author conducted open ended, face-to-face interviews with refugees that have come from Wat Tham Krabok to the U.S. It is unclear how participants were recruited but with the assistance of translators and family members who spoke English, the structured interview included information on four different areas: life

and daily routine in the refugee camps, impression upon arrival to the U.S., transition into American culture, and experience of the Hmong community (Grigoleit, 2006).

Research following this wave of Hmong refugees found that resettlement was a difficult and challenging process for all participants. There was pressure on the preexisting Hmong community to play a role in this process with little support (Grigoleit, 2006). English as a second language classes, job training programs, and interpreter services, housing, schooling, and public health were all resources needed by the refugees. With a total of 9,201 refugees arriving nationwide, these resources were quickly exhausted (Grigoleit, 2006). Grants provided for initial resettlement provided services for the first 90 days, on top that there was also an equally high number of African, Somalia, and Liberia refugees seeking services (Grigoleit, 2006).

The 2000 census found that the median Hmong family income was \$32, 348 equaling only 64% of an average American family (Grigoleit, 2006). In Minnesota 30% of Hmong lived below the poverty line, 47% unemployed, and 42% had no schooling (Grigoleit, 2006). Hmong refugees utilized Hmong Mutual Assistance Association Agencies that offered services around health care, schooling, and laws. Unfortunately, budget cuts decreased the availability of these services (Grigoleit, 2006). With little marketable work skills and experience, new refugees experienced difficulty integrating into the American labor force (Grigoleit, 2006). Due to this changes in the welfare system and housing soon became another issue faced by Hmong refugees (Grigoleit, 2006).

Cultural transition was also confusing for many Hmong refugees. Many reported not knowing what the world they would be living in was like and family members living in the U.S. could not relate to them (Grigoleit, 2006). Despite the 10-hour basic

orientation courses prior to coming to the U.S., the Hmong refugees from Wat Tham Krabok were still limited on their knowledge of the social environment (Grigoleit, 2006). Many refugees felt intimidated and overwhelmed by this diversity and uncertain how to function outside a world different from their own. Grigoleit (2006) states that based on the history of Hmong refugee resettlement, migration and adaptation to a new environment are not great challenges (Grigoleit, 2006). However he does not dismiss the fact that “new refugees could potentially not be included in established Hmong American communities leading to an isolative new fragment of the community that bears the culture of the homeland and thus further increase the complexity and segmentation of the Hmong American Community” (Grigoleit, 2006, p.21).

Hmong Refugees and well-being. In 1993, Serge Chia Lee conducted a study that examined the relationship between stress, support systems, and psychosocial wellbeing of the Hmong refugee adults living in Washington and California. His research explored the following questions: What are views of traditional helping and American helping mechanisms among Hmong refugee adults? What are the characteristics of acculturation pressures and immigration experiences among Hmong refugee adults? What patterns of social support are associated with positive adaptation and general contentment? Finally, what are the best predictors of psychosocial well being of Hmong refugee adults? (Lee, 1993).

Lee’s study consisted of 100 participants (48 female, 52 male) over the age of 21, who identified as Hmong refugees, and had lived in the U.S. for 5 years or more. The participants were at least 10 years old when they left the country of Laos. Exclusion criteria included: mental illness or treatment from a local mental health facility, and

illiteracy (Lee, 1993). Participants were recruited through Hmong mutual assistance agencies, and through Hmong clan leaders. Contacts were made over the phone, or via personal home visits. The study design utilized cross sectional method by including report questionnaires and open-ended interviews.

Lee's (1993) study found that Hmong refugees who came to the U.S. as adults experienced severe and specific long lasting stressors, and that these stressors were linked to difficulty integrating into the American culture (Lee, 1993). The study also found that two important factors that contributed to a positive quality of life were the individual's acculturative pressures and immigration experience (Lee, 1993). Many Hmong refugees not only endured physical separation from their homelands, but also endured psychological trauma resulting from multiple displacements. "Lack of fluency, unemployment or underemployment further exacerbates problem in transcultural adaptation" (Lee, 1993, p.21). Lee found that 55% percent of participants perceived a loss of social status. 62% spoke both Hmong and English languages in the home, 58% had a high school diploma or further education, only 39% were employed, only 33% spoke competent English, and only 49% claimed to be in good health (1993). These statistics reflected a variety of socioeconomic stressors in the Hmong population.

Some limitations of this study were the sample size, as the small nonrandomized sample did not necessarily reflect a normal distribution of the research variables. The internal validity of this research is said to be tenuous in the research according to Lee. The validity of the measurement scale also presents a limitation, as only one scale (the General Contentment Scale (GCS)) was standardized. As previously noted, those who were illiterate (in English or Hmong) were excluded from the study. The sample also

geographically reflected the 100 Hmong refugees living in Seattle, Washington, and Sacramento, California.

The findings of this study suggest that Hmong refugees are faced with difficult challenges in terms of adaptation, which makes the role that self-efficacy plays important to explore. Some important variables that attribute to these challenges are languages barriers, employment status, education level, and health. These variables all play an important role to the resettlement process as well as understanding what influences self-efficacy; as research on efficacy found that higher efficacy decreases stress levels and positive relationship with variables such as school, employment, gender, language proficiency, and quality of life satisfaction.

Self-Efficacy studied in Hmong refugees. Ostergren (1991) conducted a study at the University of Minnesota on the relationship between self-efficacy, English performance, depression, and anxiety in 128 Hmong refugees. Along with self-efficacy she also examined demographic variables such as gender, marital status, education background, and time in the U.S. (Ostergren, 1991). The author hypothesized that self-efficacy will be a significant positive predictor of English performance. She also hypothesized that depression, anxiety, and age will be a negative predictor of English performance, and that gender will be a significant predictor of English communication performance such that males perform better than females (Ostergren, 1991).

Participants were Hmong refugees between the ages of 21 and 55 years old; the sample was gathered through snowball sampling of Hmong refugees that attended an “English as a second language” course at a school or organization in Minnesota. Although this study collected and reviewed quantitative data, it was seen as exploratory

due to the scant research that exists on this. In the data gathering process, the participants were split into three groups based on their English level classes. All participants had to be able to read in either Hmong or English. The instruments used in this study included a self-efficacy questionnaire developed based on Albert Bandura's guideline for microanalysis, some demographic questionnaire, the Hopkins symptom checklist-25 to assess depression and anxiety, and performance measurement by separating participants based on English class levels (Ostergren, 1991).

The results of this research found that performance was a significant positive predictor of self-efficacy, and that those who reported a higher level of depression also reported higher levels of anxiety (Ostergren, 1991). Literacy level was a significant predictor of depression being that participants who performed lower reported higher level of depression. There was an association between low self-efficacy and being female, being older in age, lack of literacy, and lack of education. The demographic variables showed that participants with more years of formal education reported greater self-efficacy in relation to English performance (Ostergren, 1991). As age increased, self-efficacy in English performance decreased, and males reported stronger self-efficacy than females.

Interestingly, this research supports the self-efficacy theory as a predictor of performance. An important limitation to note is that it also only sampled Hmong refugees from the metropolitan area in Minnesota; further research should collect data from samples in other populated areas such as California and Wisconsin. Because all participants were enrolled in some sort of literacy course, it does not fairly represent Hmong refugee populations, especially those who do not have any form of education or

cannot read and write. Lastly, although this study was said to study self-efficacy and performance, the researcher did not use the General Self-Efficacy Scale (GSES) to measure self-efficacy. The researcher argued that participants would have trouble understanding the scale due to its complexity and difficulty with the translation. Without the use of the proper GSES, it is difficult to claim validity and measurement of self-efficacy.

Conclusion

Similar to the literature previously reviewed in this section, this researcher will examine self-efficacy in a group of Hmong refugees using the General Self-Efficacy Scale in relation to variables such as age, gender, marital status, and employment status. The purpose of this study is to examine self-efficacy in Hmong people who are (or were) refugees, and who have settled in the United States. In a group such as the Hmong, there is lack of research on self-efficacy, and previous research on mental health, integration, and concerns about well being highlighted an important need for further study. Research pertaining to concerns and felt needs of Hmong refugees highlight age, gender language, and employment as variables contributing to the well being of Hmong refugees.

Overall research supports that self-efficacy would correlate with the frequent use of problem-focused coping strategies in stressful or difficult situations, and with health and wellbeing. Overall, the research reviewed found a positive relationship between self efficacy and lower psychological distress, and a higher sense of well being in study participants (Sulaiman-Hill, and Thompson, 2011). Higher efficacy was found in those with lower levels of depression and lower levels of anxiety (Luczynska et al., 2005).

Findings support that GSE is related to active coping as well as a predictor of successful adaptation to stressful encounters (Luczynska et al., 2005). There is also support that similar patterns of relations exist between GSE and social–cognitive constructs as well, such as wellbeing, health behaviors, and coping with stress (Luczynska et al., 2005). This reveals that that higher self-efficacy increases the motivation to learn, decreases stress levels, and promotes better psychological and physical health. School, employment, gender, language proficiency, and quality of life satisfaction were found to have a positive relationship with self-efficacy (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). No relationship was found between perceived self-efficacy and the geographical area of resettlement, ethnicity, age, or marital status (Sulaiman-Hill, and Thompson, 2011). Higher efficacy was found in those with lower levels of depression and lower levels of anxiety (Luczynska et al., 2005). This study sought to further validate the significance of the GSES in research supporting a better understanding life situation in a group of Hmong refugees.

Chapter III Methods

This empirical study explored factors that influenced perceived self-efficacy among Hmong refugees. Through the use of the General Self-Efficacy Scale (GSES) and a demographic questionnaire, this study examined the relationship between levels of efficacy and several independent variables in a group of Hmong refugees in the United States. These variables were chosen based on the frequency and commonality in prior studies. As discussed in the literature review, researchers found an association between self-efficacy and gender, literacy levels, and educational status in many socioeconomic groups (Sulaiman-Hill and Thompson, 2011). Meta-analysis also supported that self-efficacy is related to employment and self-esteem, and that self-efficacy was a predictor for successful adaptation (Luczynska, Scholz, & Schwarzer, 2005). Therefore, the following research question framed this study: What is the relationship between perceived self-efficacy (as measured by the GSES) and selected independent variables in Hmong refugees? The following hypotheses were formulated in order to explore this question.

Hypotheses:

1. Language fluency will be a positive predictor of higher perceived self-efficacy.
2. Education level will be a positive predictor of higher perceived self-efficacy
3. Employment status will be a positive predictor of higher perceived self-efficacy.
4. Depression and anxiety will be negative predictors of perceived self-efficacy.
5. Gender will be a significant predictor of self-efficacy; males will report higher perceived self-efficacy than females.
6. There will be no relationship between perceived self-efficacy scores and marital

status.

7. Age will have no significant relationship to perceived self-efficacy.
8. Citizenship status will have no significant relationship to perceived self-efficacy.
9. The number of years a participant has lived in the U.S. will not have a significant relationship to perceived self-efficacy.

Subjects

The sample for this study consisted of 49 Hmong adults, 28 male and 21 female, who identified as Hmong refugees (as the result of the Vietnam War). All subjects had successfully passed a screening questionnaire (Appendix A). Participants lived in northern regions of California and in the twin cities of Minnesota. Subjects were between the ages of 20 and 100, with mean age of 45 years. Participants were solicited from an English/Civics class at a Hmong nonprofit organization in Fresno, California, as well as through Facebook. Table 1 illustrates the sample demographics.

Table 1
Sample Demographics

<u>N</u>	<u>Gender</u>	<u>Age</u>	<u>Marital status</u>	<u>Citizenship</u>	<u>Employment</u>
49	21 Female	20 (youngest)	12 Single	25 US Citizen	29 Employed
	28 Male	45 (mean)	28 Married	24 Non Citizen	20 Unemployed
		100 (oldest)	4 Divorced		
			5 Widowed		

Selection criteria for inclusion in the research study included: (1) research subjects were 18 years of age or older, (2) they were residing in the United States (Minnesota or California), and (3) they were able to read Hmong or English. The study also included participants who had already obtained American citizenship. The following individuals were excluded from the study: Hmong adults born in the United States;

Hmong individuals who were not refugees of the Vietnam War; Hmong individuals who could not read Hmong or English. Individuals acquainted with the researcher were also excluded from the study, as well as relatives, to avoid ethical issues and bias.

All research instruments were all translated from English to Hmong, including the consent forms, screening questionnaires, and the recruitment letter. This researcher's translation was reviewed and edited by four other individuals fluent in both languages, so as to ensure a sound translation. Three of the individuals were Hmong refugees themselves, and one was a college graduate from the University of Minnesota, Twin Cities who studied the Hmong language.

Recruitment Strategy

The research received approval from the Smith College Human Subjects Review Committee on February 4, 2014 (Appendix B). Agency approval was obtained over the phone for recruitment in both organizations in Minnesota and California, and the consent forms were signed in person prior to the study. Unfortunately, the agency in Minnesota was experiencing internal issues which lead to a community rally and protest. For this reason, data could not be collected from this agency, which lead to the a lot more participants having to be recruited through Facebook.

Due to difficulty finding participants that were Hmong refugees of the Vietnam War, snowball sampling was used to recruit participants from social networks and from the Hmong organization in California. This researcher first recruited participants at Hmong organization day programs. After approaching the agency and providing them with information and the recruitment letter (Appendix C), permission was obtained (Appendix D). On the scheduled day, this researcher returned and surveyed the

participants who met the requirements and volunteered to be part of the study. Screening questions were used to determine which participants met the criteria for this research (Appendix A).

Online recruitment consisted of posts containing the initial recruitment letter (See Appendix C) on Facebook. Interested potential participants then voluntarily contacted the researcher. Some of these participants were parents or relative of friends unacquainted with researcher; they contacted this researcher through the phone number and/or email that provided in the post. For data collection, each participant answered the questionnaire in a neutral space with privacy, such as library study rooms.

Instrumentation

Demographic questionnaire. A demographic questionnaire (Appendix E) was developed to acquire information about the participants. As aforementioned, many researchers had studied perceived self-efficacy in refugee populations as related to variables such as age, gender, employment status, and marital status, along with the two mental health constructs of depression symptoms and anxiety. The demographic questions allowed for comparison and hypotheses about whether these variables contribute as a factor to a person's high or low self-efficacy. The demographic questions were included as independent variables in the study.

General Self Efficacy Scale (GSES). The General Self-Efficacy Scale (Appendix F) was developed to assess a participant's perception of his or her ability to cope with daily hassles, as well as adaptation to stressful life events and changes. The GSES contained a ten-question questionnaire; each question on the GSES referred to successful coping and implied an internal-stable attribution of success. Permission was given by the

authors to use and reproduce the General Self-Efficacy Scale for studies, as long as the source was credited in the write-up of the study (Schwarzer, Jerusalem, 1995).

Design and Analysis

Regardless of the method of recruitment, all participants were provided with an overview of the consent form. Participants were instructed to answer the questions to the best of their knowledge, as the researcher was not in the room to answer questions about the survey to decrease the risk of influencing a participant's answer. All participants were given the same survey, and had 20 to 25 minutes to answer the questions. After the allotted time was up, the researcher returned to collect the questionnaires and answer any questions.

Participants understood that there would be no follow-up, and any questions they had could be answered by contacting the researcher or The Board of Research at Smith College School for Social Work. In case participants experienced any distress as a result of their participation, a list of resources was provided (see Appendix G). Participants were thanked for their time, given a copy of the consent form, and the researcher's contact information. Surveys were placed in a file and then stored in a locked cabinet. All electronic files were stored on a separate password secure laptop. Marjorie Postal from Smith College assisted with the data analysis process. All research materials will be stored in a secure location for three years according to federal regulations, and electronically stored data will be password-protected during the storage period.

The hard copies of the questionnaires were transcribed into an electronic file, and the hard copies were then destroyed. T-Testing and Pearson correlation analysis were measures utilized to examine the associations between the independent variables and

level of perceived self-efficacy. Oneway Anovas were conducted to determine if there was a difference in variables with more than two categories (i.e. education, and marital status, years in the U.S., and anxiety). The Bonferroni Post Hoc Test was run to determine which groups were significantly different from each other for within both anxiety and years in the U.S. variables. T-Tests were run to determine if there were differences in GSES by language, employment, gender and citizenship (all two category variables).

Chapter 4 will detail the results of these analyses, and the findings will be discussed in Chapter 5.

CHAPTER IV

Findings

Introduction

Previous studies have found an association between self-efficacy and gender, lack of literacy, and lack of education in many socioeconomic groups (Sulaiman-Hill, and Thompson, 2011, Ostergren, 1991). This particular study explored variables that could affect self-efficacy in Hmong refugees. The study utilized the General Self-Efficacy Scale to capture the affect of independent variables on self-efficacy. These variables included age, gender, level of education, citizenship status, depression, anxiety, marital status, employment, and years of residence in the United States. These variables were chosen based on their frequency and importance in prior studies. This chapter will review the results of the data analysis.

Dependent Variable GSES

The General Self-Efficacy Scale (GSES) measured the dependent variable, perceived self-efficacy. This scale assesses a person's perception, coping mechanisms, and ability to adapt to stressful life events. The GSES is a ten-question questionnaire; each question on the GSES referred to successful coping and implied an internal-stable attribution of success. For example, one question states: "I can always manage to solve difficult problems if I try hard enough" with answers ranging on a four point scale (1 = Not at all true, 2 = Hardly true, 3 = Moderately true, 4 = Exactly true). Responses are added up to a sum score with the range from 10 to 40 points.

The study sample was made up of 49 individuals; 21 were female and 28 were male. Findings revealed that the 49 participants overall scored a mean of 30.92. The median score was 32, with a standard deviation of 4.32724, as shown in Table 2.

Table 2

Total GSES Score

GSES Total (N=49)

Mean	30.9184
Median	32.0000
Mode	33.00
Std. Deviation	4.37244
Minimum	21.00
Maximum	40.00

GSES scores were highest for question number 6 (M=3.224), 9 (M=3.224), and 10 (M=3.204). Question 6 states: “I can solve most problems if I invest in the necessary effort”; Question 9 states: “If I am in trouble, I can usually think of a solution”; Question 10 states, “I can usually handle whatever comes my way.” Answers were given per a 4-point scale (1 = Not at all true, 2 = Hardly true, 3 = Moderately true, 4 = Exactly true). As aforementioned, this study explored the hypothesis that independent variables such as age, gender, marital status, employment status, citizenship status, and education, had an influence on self-efficacy. Nine hypotheses were tested that looked at the relationships between self-efficacy and these independent variables.

Hypothesis 1: Language fluency will be a positive predictor of higher perceived self-efficacy.

Those who spoke English had a mean GSES Score of 31.74, while those who did not scored 28.857. Hypothesis 1 was supported in that a significant difference was found ($t(47)=2.166, p=.035$). Those spoke English had a higher mean GSES score ($m=31.74$) than those who did not ($m=28.86$), as shown in Table 3.

Table 3

Total GSES English Variable

Speaks English	N	Mean	Std. Deviation	Std. Error Mean
Yes	35	31.7429	4.14688	.70095
No	14	28.8571	4.38278	1.17135

Hypothesis 2: Education level will be a positive predictor of higher perceived self-efficacy.

A Oneway Anova was run to determine if there was a difference in GSES by education. The middle school category was removed since there was only one person in that category. The results approached significance ($f(3,44)=2.796$, $p=.051$). A significant result was $<.051$, as shown in Table 4.

Table 4

Oneway Anova for Education Variable

Education	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	146.309	3	48.770	2.796	.051
Within Groups	767.608	44	17.446		
Total	913.917	47			

A Bonferroni Post Hoc Test showed a significant difference between those with less education (GSES $m=28.2$) and those with college 2 + years ($m=32.71$), as shown in Table

5.

Table 5

Bonferroni Post Hoc Test for Education Variable

Education		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Elementary	-2.05000	1.98123	1.000	-7.5238	3.4238
	High school	-2.35556	1.91911	1.000	-7.6577	2.9466
	college 2+yrs	-4.51429*	1.60478	.044	-8.9480	-.0806
Elementary	None	2.05000	1.98123	1.000	-3.4238	7.5238
	High school	-.30556	2.02956	1.000	-5.9128	5.3017
	college 2+yrs	-2.46429	1.73535	.976	-7.2587	2.3302
High school	None	2.35556	1.91911	1.000	-2.9466	7.6577
	Elementary	.30556	2.02956	1.000	-5.3017	5.9128
	college 2+yrs	-2.15873	1.66408	1.000	-6.7563	2.4388
College 2+yrs	None	4.51429*	1.60478	.044	.0806	8.9480
	elementary	2.46429	1.73535	.976	-2.3302	7.2587
	High school	2.15873	1.66408	1.000	-2.4388	6.7563

*. The mean difference is significant at the 0.05 level.

Hypothesis 2 was thus supported by a significant relationship between the reported level of education and perceived self-efficacy scores; those with higher levels of education reported higher self-efficacy, as shown in Table 6.

Table 6

Oneway Anova for Education Variable

Education	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
None	10	28.2000	5.26624	1.66533	24.4328	31.9672	21.00	34.00
Elementary	8	30.2500	2.91548	1.03078	27.8126	32.6874	26.00	33.00
High School	9	30.5556	4.58561	1.52854	27.0307	34.0804	25.00	40.00
College 2+yrs	21	32.7143	3.80976	.83136	30.9801	34.4485	25.00	38.00
Total	48	30.9583	4.40965	.63648	29.6779	32.2388	21.00	40.00

Hypothesis 3: Employment status will be a positive predictor of higher perceived self-efficacy.

59% of the sample were employed, and scored a mean GSES of 31.069. Those who were unemployed scored 30.70, as shown in Table 7. Due to the mean scores being close in range, it was determined that employment status was not a predictor of higher perceived self-efficacy in this study. Overall, there was no significant relationship found between employment status and perceived self-efficacy.

Table 7

Total GSES for Employment Variable

Employed	N	Mean	Std. Deviation	Std. Error Mean
Yes	29	31.0690	4.20825	.78145
No	20	30.7000	4.70274	1.05157

Hypothesis 4: Depression and anxiety will be negative predictors of perceived self-efficacy for Hmong refugees, as found in other socioeconomic groups in prior studies.

A significant difference for the depression variable was found ($f(2,44)=4.197, p=.021$)

per Table 8.

Table 8

Oneway Anova for Depression Variable Between Groups

Depression	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	118.051	2	59.025	4.197	.021
Within Groups	618.758	44	14.063		
Total	736.809	46			

A Bonferroni post hoc test showed the difference was between the "none" group (m=32.67) and the 1-2 times per week group (m=29.36) per Table 9.

Table 9

Bonferroni Pos Hoc Test for Depressive Thought Variable

Depressive Thoughts		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Yes 1-2 times per week	3.30303*	1.14406	.018	.4555	6.1505
	Yes 3-4 times per week	2.16667	2.04581	.886	-2.9253	7.2586
Yes 1-2 times per week	None	-3.30303*	1.14406	.018	-6.1505	-.4555
	Yes 3-4 times per week	-1.13636	2.03835	1.000	-6.2098	3.9370
Yes 3-4 times per week	None	-2.16667	2.04581	.886	-7.2586	2.9253
	Yes 1-2 times per week	1.13636	2.03835	1.000	-3.9370	6.2098

*. The mean difference is significant at the 0.05 level.

A Spearman Rho Correlation was run to see if there was an association between depressive thoughts and GSES scores. A significant negative correlation was found (rho=-.358, p=.012, as shown in Table 10).

Table 10

Spearman's Rho for Depression Variable

Correlation	Depressive_Thoughts	GSES_Total
Correlation Coefficient	1.000	-.358*
Sig. (2-tailed)		.012
N	49	49

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

The negative correlation suggested that as depressive thoughts have an inverse relationship to GSES scores, as shown in Table 11.

Table 11

Oneway Anova for Depression Variable

Depressive Thoughts	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min.	Max.
					Lower Bound	Upper Bound		
None	21	32.6667	4.10284	.89531	30.7991	34.5343	23.00	38.00
Yes (1-2 times per week)	22	29.3636	3.63247	.77444	27.7531	30.9742	23.00	34.00
Yes (3-4 times per week)	4	30.5000	1.29099	.64550	28.4457	32.5543	29.00	32.00
Total	47	30.9362	4.00220	.58378	29.7611	32.1113	23.00	38.00

19 participants of the 49 individuals reported no experiences of anxiety, while the remaining thirty individuals reported “yes sometimes,” or “a lot.” No significant difference was found in the GSES scores between these two groups. Those who stated “none” scored a GSES mean of 33.4211, and those to reported “sometimes” and or “a lot” scored a GSES mean of 29.333, as shown in Table 12.

Table 12

GSES Total for Anxiety Variable

Anxiety	N	Mean	Std. Deviation	Std. Error Mean
No	19	33.4211	3.48514	.79955
Yes (sometimes or a lot)	30	29.333	4.17162	.76163

A T-Test was run to determine if there was a difference in GSES by anxiety (2 categories) and a significant difference was found ($t(47)=3.554$, $p=.001$ per table 13 below). The “yes” group had a lower mean ($m=29.33$) than the “no” group ($m=33.42$). Thus, Hypothesis 4 was supported by the data: anxiety and depressive thoughts are negative predictors of self-efficacy scores.

Table 13

T-Test for Anxiety Variable

Anxiety	Levene's Test for Equality of Variances		T-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	1.515	.224	3.55	47	.001	4.08772	1.15019	1.77383	6.40161
Equal variances not assumed			3.70	43.34	.001	4.08772	1.10424	1.86131	6.31413

Hypothesis 5: Gender will be a significant predictor of self-efficacy; males will report higher perceived self-efficacy than females.

There was no significant difference in the GSES scores. Both females and males had a mean score around 31 on the GSES, as shown in Table 14. As the sample was not evenly divided between males and females, as there were only 21 female participants to 28 male participants, the unequal numbers could potentially have made a difference in this comparison.

Table 14

GSES Total for Gender Variable

Gender	N	Mean	Std. Deviation	Std. Error Mean
Female	21	31.8571	4.35070	.94940
Male	28	31.2500	5.77110	1.09063

Hypothesis 6: There will be no relationship between perceived self-efficacy scores and marital status.

A Oneway Anova was run to determine if there were differences in GSES by marital status, (both variables with more than 2 categories) Table 15.

Table 15

Oneway Anova for Marital Status Variable

Marital Status	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	18.243	3	6.081	.304	.822
Within Groups	899.431	45	19.987		
Total	917.673	48			

Hypothesis 6 was supported, as no significant difference was found in GSES mean scores between groups with differing marital status, as shown in Table 16.

Table 16

GSES Total for Marital Status Variable

Marital Status	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Single	12	31.4167	4.14418	1.19632	28.7836	34.0498	25.00	37.00
Married	28	31.0357	4.05044	.76546	29.4651	32.6063	23.00	38.00
Divorced	4	30.7500	2.62996	1.31498	26.5652	34.9348	28.00	33.00
Widowed	5	29.2000	7.85493	3.51283	19.4468	38.9532	21.00	40.00
Total	49	30.9184	4.37244	.62463	29.6625	32.1743	21.00	40.00

Hypothesis 7: Age will have no significant relationship to perceived self-efficacy.

A Pearson Correlation was run to determine if the variable of age had any relationship to GSES scores. A t-test was run to determine if there was a difference in age. The results were re-coded into two age categories, and no significant difference was found for either category. Consequently, Hypothesis 7 was supported; there was no significant correlation between age and self-efficacy, as shown in Tables 17 and 18.

Table 17

Pearson Correlation for Age Variable

Correlation	GSES Total	Age
Pearson Correlation	1	-.177
Sig. (2-tailed)		.224
N	49	49
Pearson Correlation	-.177	1
Sig. (2-tailed)	.224	
N	49	49

Table 18

GSES Total for Age Variable

Age	N	Mean	Std. Deviation	Std. Error Mean
20-35	26	31.8846	4.11171	.80637
42-100	23	29.8261	4.48890	.93600

Hypothesis 8: Citizenship status will have no significant relationship to perceived self-efficacy.

T-tests were run to determine if there were differences in GSES due to citizenship status, and a significant difference was found ($t(47)=2.479$, $p=.017$, as shown in Table 19.

Table 19

T-Test for Citizenship Status Variable

Variance Assumption	Levene's Test for Equality of Variances		T-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	.002	.966	2.479	47	.017	2.94333	1.18752	.55434	5.33233
Equal variances not assumed			2.482	46.988	.017	2.94333	1.18610	.55719	5.32948

Hypothesis 8 was thus negated; those who were citizens had a higher mean GSES score (m=32.36) than those who were not (m=29.42), as shown in Table 20. It can thus be inferred that citizenship *does* have a significant correlation to perceived self-efficacy in Hmong refugees.

Table 20

GSES Total for Citizenship Status Variable

U.S. Citizen	N	Mean	Std. Deviation	Std. Error Mean
Yes	25	32.3600	4.27083	.85417
No	24	29.4167	4.03158	.82294

Hypothesis 9: The number of years a participant has lived in the U.S. will not have a significant relationship to perceived self-efficacy.

A Oneway Anova was run to see if there was a difference in GSES by years in US (4 category variable). A significant difference was found ($f(3,45)=5.528$, $p=.003$, two-tailed), as shown in Table 21.

Table 21

Oneway Anova for Years Lived in the U.S. Variable

Years in U.S.	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	247.114	3	82.371	5.528	.003
Within Groups	670.560	45	14.901		
Total	917.673	48			

A Bonferroni Post Hoc Test was run to determine which groups were significantly different from each other, as shown in Table 22. The results showed a difference

between the group who had resided in the U.S. for 6 to 10 years (GSES mean=25.33), and the group that had resided in the United States for over 15 years (GSES mean=32.29). Conclusively, Hypothesis 9 was not supported; the number of years lived in the U.S. has a significant relationship with GSES scores.

Table 22

Bonferroni Pos Hoc Test for Years Lived in the U.S. Variable

Years in the U.S. Group1 Group2		Mean Difference (I- J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1-5 years	6-10 years	2.91667	2.94829	1.000	-5.2204	11.0538
	11-15 years	.25000	2.41952	1.000	-6.4277	6.9277
	over 15 years	-4.03571	2.03742	.322	-9.6589	1.5874
6-10 years	1-5 years	-2.91667	2.94829	1.000	-11.0538	5.2204
	11-15 years	-2.66667	2.66381	1.000	-10.0186	4.6853
	over 15 years	-6.95238*	2.32225	.027	-13.3616	-.5431
11-15 years	1-5 years	-.25000	2.41952	1.000	-6.9277	6.4277
	6-10 years	2.66667	2.66381	1.000	-4.6853	10.0186
	over 15 years	-4.28571	1.59828	.061	-8.6969	.1254
Over 15 years	1-5 years	4.03571	2.03742	.322	-1.5874	9.6589
	6-10 years	6.95238*	2.32225	.027	.5431	13.3616
	11-15 years	4.28571	1.59828	.061	-.1254	8.6969

*. The mean difference is significant at the 0.05 level.

It should be noted that the 6-10 year group only had three people, as shown in Table 23.

Thus, this finding may warrant further study in future research.

Table 23

GSES Total for Years Lived in the U.S. Variable

Years	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max
					Lower Bound	Upper Bound		
1-5 years	4	28.2500	4.64579	2.32289	20.8575	35.6425	24.00	34.00
6-10 years	3	25.3333	4.04145	2.33333	15.2938	35.3729	21.00	29.00
11-15 years	7	28.0000	2.82843	1.06904	25.3841	30.6159	23.00	32.00
over 15 years	35	32.2857	3.93006	.66430	30.9357	33.6357	23.00	40.00
Total	49	30.9184	4.37244	.62463	29.6625	32.1743	21.00	40.00

Conclusion

Of the nine hypotheses in this study, five were supported. Statistically significant results supported the hypotheses that language proficiency and education level were positive predictor for level of perceived self-efficacy. Those who had more education and spoke English scored higher than those with less education status and those who did not speak English. Those who scored the highest mean on the self-efficacy questionnaire reported no experiences of depressive symptoms and anxiety. They were also U.S. citizens, attended 2+ years of college, and lived in the U.S. for over 15 years. Those who scored the lowest mean on the GSES reported they were not English speakers, were not U.S. citizens, and had experienced some depressive symptoms and anxiety. Those who

have lived in the United States for 1-5 years scored a mean. Those who had lived in the U.S. for 6-10 years scored slightly lower than those who lived in the U.S. 11-15 years.

The results found that in this group of 49 Hmong refugee adults, age, marital, gender, and employment status have no significant relationship with self-efficacy scores. Those between 20 and 35 scored higher on the GSES, while those between 42 and 100 years of age scored lower. While this appeared to be a significant difference, due to the overall wide age gap (20-100), a T-Test determined that there was no significant difference in these two age groups. While widows scored lower on the GSES, in general marital status correlated to a mean score in the lower. Therefore, it was determined that there is no significant correlation between GSES score and marital status. Gender and employment status had no correlation to GSES scores; all participants scored relatively high on the GSES.

While the overall score on the General Self Efficacy Scale for this population sample is considered fairly high, there are still many of these variables and findings that warrant discussion. The following chapter will discuss these findings in more detail.

CHAPTER V

Discussion

Introduction

Early Hmong historical documents are unclear as to whether Hmong people have ever had their own country. However, what is clear is that the Hmong people have faced many challenges as a migratory group. Their immigrant experiences raise important questions about the role of resilience.

This study explored perceived self-efficacy in a group of Hmong refugees who faced various challenges, including war, persecution, discrimination, alienation, and assimilation into life in the United States. This study examined the relationship between perceived self-efficacy and different variables such as age, gender, language proficiency, employment, marital status, citizenship status, depression, anxiety, and years of residence in the U.S. These variables were incorporated into the nine hypotheses of this study. Of the nine hypotheses in this study, five were supported by the data. The following sections will discuss the results of this study, compare these findings to past research, and discuss the limitations of it.

General Self-Efficacy

This study explored variables that previous studies have found correlate to perceived self-efficacy. The General Self-Efficacy Scale assesses a person's perception of his or her ability to cope the stresses of daily life, as well as the ability to adjust after stressful life events. In this study, the 49 participants overall scored a mean of 30.92. The

two highest scores were for the questions, “I can solve most problems if I invest in the necessary effort,” and, “If I am in trouble, I can usually think of a solution.” Answers were on a 4-point scale (1=Not at all true, 2=Hardly true, 3=Moderately true, 4=Exactly true). The scores for these two questions had the same overall mean. The question that had an overall lowest score was question number 4, which states: “I am confident that I could deal efficiently with unexpected events.”

Previous research had found that performance was a significant positive predictor of self-efficacy in Hmong refugees. Those who reported a higher level of depression also reported higher levels of anxiety (Ostergren, 1991). Participants with more formal education reported greater self-efficacy in relation to English performance (Ostergren, 1991). Males reported stronger self-efficacy than females. There was an association between low self-efficacy and the following variables: being female, being older in age, illiteracy, and educational deficits. As the age of the participants studied increased, self-efficacy in English performance decreased.

Although this study was limited by exploring correlations among variables, as opposed to establishing causation, the findings suggested a few possibilities. As the Hmong people have faced and adapted to many challenges, e.g. war, immigration, and living in new countries, this history of self-reliance may hypothetically be why the two problem solving questions in this study found fairly high scores. The questions relating to confidence and self-belief had the lowest scores. This would be an area worthy of further research in the Hmong population.

Overall, the group of Hmong refugees who participated in this study scored fairly high on the GSES. Many of the participants have been living in the United States for over

15 years, and many Hmong people had become accustomed to life in the U.S. It would be interesting to see this study conducted with new immigrants. While there are many variables in an individual's life that can influence levels of efficacy, Hmong people may generally have high self-efficacy.

Language and Perceived Self-Efficacy

This study found a significant difference between those who spoke English and those who did not. Those who scored one of the lowest mean overall on the GSES reported an inability to speak English. Previous research also found a significant correlation between efficacy and language proficiency (Sulaiman-Hill, and Thompson, 2011); higher efficacy scores were recorded for those who spoke English and were productively functioning within the host society. Results in previous studies also showed that language proficiency and education level were positive predictors for level of perceived self-efficacy. Those who had higher education and spoke English scored higher than those with less education and an inability to speak English (Ostergren, 1991).

This study revealed the same results. This may be due to the fact that English proficiency allows for an individual to communicate with others, obtain employment, and have more self-confidence. Consequently, perceived self-efficacy is increased. Conversely, a lack of self-efficacy may decrease one's belief in one's ability to learn a new language, thus leading to a self-fulfilling belief system where the individual is unable to learn new language skills. It is also important to note that this study excluded those who could not read or write in Hmong and or English. This could have impacted the findings of this study. As language proficiency may have correlated to a higher self-efficacy in general.

Education and Perceived Self-Efficacy

This study's findings showed a significant difference between those with educational deficits and those with at least 2 years of college education. There was a significant relationship between the reported level of education and perceived self-efficacy scores; those with higher levels of education reported higher self-efficacy. Previous research on Hmong refugees and efficacy found that participants with more years of formal education reported greater self-efficacy in relationship to English performance (Ostergren, 1991).

Many Hmong refugees were known to be farmers and laborers living off of their own crops, which did not require education. In the United States, many older Hmong adults still farm today. For this reason it is understood that Hmong refugees who have little to no education may have lower perceived self-efficacy, while those who have obtained a higher education have higher self-efficacy as result of being able to learning and speak the local language, as well as the accomplishments that come with a higher education. It would be beneficial to know the results of self-efficacy levels in specific grade levels, as well as in specific income levels, to see if results show significant differences.

Employment and Perceived Self-Efficacy

The results of this study showed that for this group of 49 Hmong refugee adults, employment status had no significant relationship to self-efficacy scores. Previous research had found that there was significant correlation between efficacy and employment status (Sulaiman-Hill, and Thompson, 2011), as higher self-efficacy scores were recorded for employed males who spoke English, and who were productively

functioning within the host society.

One possible explanation for there being no significant difference in GSES scores between the employed and unemployed is that government assistance and resources are available to support Hmong families around this issue. Another could be that in highly populated Hmong areas such as California and Minnesota, many employers seek out those who are Hmong and are able to speak the language. It would be interesting to see if there are differences in scores between families or individuals based on income.

Anxiety and Depression to Perceived Self-Efficacy

A significant difference in the depression variable was found in this study. Those who scored a high mean on the self-efficacy questionnaire reported no experiences of depressive and anxiety symptoms. There was a significant negative correlation between depressive thoughts and GSES scores. A significant difference was also found for the anxiety variable. Previous research confirmed significant relationships between self-efficacy, lower psychological distress, and a higher sense of well being in refugee participants (Sulaiman-Hill, and Thompson, 2011).

Previously studies also revealed that higher self-efficacy increases the motivation to learn, decreases stress levels, and promotes better psychological and physical health. Research related to Hmong refugees suggests that those who reported a higher level of depression also reported higher levels of anxiety (Ostergren, 1991). Though results from previous research support the findings in this study, mental health is a new topic to many Hmong individuals in America.

This study was translated from English to Hmong to make it applicable to participants who did not speak English; though reviewed by many, the language and

terminology may be an area worth re-examining in future research to ensure a clear understanding of depression and anxiety. It would be useful to know how Hmong individuals define anxiety and depression, and what are the different issues that cause depression and anxiety.

Gender and Perceived Self-Efficacy

There was no significant result for gender and GSES scores. Both females and males had similar mean scores on the GSES. This was surprising, as previous research revealed differently that there was significant correlation between efficacy and gender (Sulaiman-Hill, and Thompson, 2011). Previous research also found higher efficacy scores were recorded for employed males who spoke English, and who were employed.

I had believed that Hmong males would score higher than Hmong females due to the fact that Hmong men typically take on provider roles, while many Hmong women are caretakers. In the past, Hmong men were also typically given more opportunities for formal education, career building, and leadership than Hmong women. One possible explanation for the non associated findings could be that in today's society, many Hmong women are leaving their roles as caretakers and taking on responsibilities that were once only held by men. It should be noted that the sample for this study was not evenly divided between males and females, as there were only 21 female participants to 28 male participants. Thus, the make up of the sample population could have made impacted the findings.

Citizenship Status and Perceived Self-Efficacy

Research subjects that scored the highest mean on the self-efficacy questionnaire were U.S. citizens. Subjects that scored a lower means on the GSES were non-U.S.

citizens. Due to the citizenship process being a long and expensive process, with certain requirements such as reading, writing, and answering civics questions, it could be assumed that the difficulty for those who are not literate in English affects the individuals' levels of self-efficacy. Currently, there is no research on Hmong refugees comparing self-efficacy scores in Hmong citizens versus non-citizens in the United States.

Years Lived in the United States and Perceived Self-Efficacy

Subjects that scored high on the self-efficacy questionnaire were those who reported living in the U.S. for over 15 years. The results showed a difference between the group who had resided in the U.S. for 6 to 10 years, and the group that had resided in the United States for over 15 years. The number of years in the U.S. had a significant relationship to the GSES scores.

It should be noted that the 6-10 year group only had three people in it. Thus, the sample size might have been too small to generate reliable results. However, familiarity and comfort is built over a period of time in a new country. It is common for someone to feel unsure of himself or herself and less confident in a new place.

After the 5-year mark of residence in the United States, the level of efficacy scores decreased. The scores then increased significantly after 11-15 years of residing in the United States. This may be due to transitional periods and phases of adjustment. For example, the Hmong people had very high hopes for a new life in America; they even saw it as an escape. After a few years, what many hoped for may not have been what was experienced, as many were faced with language, employment, and cultural barriers. After a decade living in the United States, individuals may have become comfortable and

confident. However, this study did not examine causation, so this is hypothetical.

Age and Perceived Self-Efficacy

For this study, age did not have a significant relationship with the self-efficacy scores. Some previous studies also found a lack of a relationship between perceived self-efficacy and age (Sulaiman-Hill, and Thompson, 2011). Yet others found that there was an association between low self-efficacy and being older in age. Previous research found that as age increased, self-efficacy in English performance decreased (Ostergren, 1991). This is an area worthy of further research due to the conflicting results of previous studies. Results for this study may have been influenced by the sample population containing young adults who have had some form of education and career, versus older adults who had resources at an older age.

Marital Status and Perceived Self-Efficacy

This study found no significant difference between GSES scores and marital status. Previous research also found no relationship in perceived self-efficacy and marital status (Sulaiman-Hill, and Thompson, 2011). I hypothesized that there would be no relationship based on previous research, but I actually believed there could have been a relationship between this variable and self-efficacy, as marriage or a relationship would provide potential support and encouragement. Surprisingly, this was not the case, but I would like to point out that those who reported that they were widows scored the lowest in all the variables. It would be interesting to know how participants who reported being widowed lost their partner, and how self-efficacy scores are influenced by the cause of death. It is

hypothesized that scores may significant for those who lost a partner due to war.

Implications for Social Work Practice

The concept of perceived self-efficacy allows some insight into what variables may foster or impact the behaviors and beliefs of people and their self-perception. Self-efficacy could also enable research, questions, and hypotheses about what variables are associated with self-efficacy scores when working with different groups of people. For groups such as the Hmong people, studies on mental health and well-being are sometimes overlooked. Efficacy plays a big role in a Hmong refugee's mental health. This is important information for clinicians to have in their practice with Hmong refugees.

In terms of the implications of these findings for social work, the inability to speak English has a great impact in the Hmong community, as seen in issues such as parent-child relationships and generational gaps. It also has an impact on health and well-being. Those unable to speak English cannot communicate as easily with health providers. This is important to the field of social work when making diagnoses and recommendations.

As education, language, and citizenship were found to have a relationship to self-efficacy scores, social workers will understand self-efficacy and ways to support their clients or seek available resources to help with life transitions, behavioral change, or life changes. Past research has supported that perceived self-efficacy scores are valuable to social work practice, because it explores behavioral change and relevant to clinical practice and goal setting (Schwarzer, 2005). This construct is important to understanding how a Hmong refugee might face challenges and life transitions immigrating to the United States. It helps us see how self-efficacy is higher for those who have adapted to a

life involving work, school, relationships, and achievements, as well as where self-efficacy may be lacking. The concept of perceived self-efficacy could allow us to gain more insight into what variables foster or impact the behaviors and beliefs of not just Hmong, but all refugees in general.

The concept of perceived self-efficacy could also enable research, questions, and hypotheses about what variables are associated with higher or lower perceived self-efficacy among Hmong refugees. This study seeks to not only support our understanding of Hmong refugees, but also connect how levels of perceived self-efficacy are associated with a Hmong person's way of dealing with difficult and stressful situations. These strengths are important to acknowledge in strength-based practices. There are many cultural aspects that may influence self-efficacy in the Hmong population, and are important for social workers to think about.

One element that I was struck by overall in my findings is how high my research sample scored on the General Self-Efficacy Scale. Though I looked at different independent variables and examined the relationship between them, this research did not explore whether Hmong refugees generally have higher efficacy due to their experiences, or if their experiences as refugees shape their own perceived self-efficacy. In other words, it is not clear if the correlation implies causation.

Recommendations for Future Research

Recommendations for future research would be applying these questions to a larger sample size in a longitudinal study. It would be beneficial to see how the results change over time as a group of people adapt to a new environment. Due to the limitation of time and resources, it would also be recommended that future studies cross-examine

the different variables, so as to compare efficacy scores in terms of gender and age, as well as in terms of age and education level. Future research on Hmong refugees might also find a way to include those who do not read or write in both English and Hmong, so as to provide a broader sample for studying these variables.

This study encountered many limitations. There were individuals who met all criteria for the study, but could not read or write in either language. The recruitment process also was time consuming, and finding participants was challenging. For future studies, it is recommended to keep the questionnaires as simple and short as possible. Few participants can tolerate three pages of twenty or more questions. Time and finances were also a big limitation as there was approximately three weeks to collect data from participants living in both Minnesota and California. The sample size could be significantly larger with more funding and time allowances.

Summary

The Hmong people have traditionally been Animistic people, believing in earthly structures as having their own individual spirits (Tatman, 2004). Many stories told by elders reveal that the many migrations in Hmong history were due to political struggles in regions, which clashed with the Hmong way of life. Due to the many life changes that Hmong people endured, the Hmong culture and language was undocumented and lost in the early years. Consequently, much information about the Hmong people is based on an oral history. Through storytelling and social gatherings around Hmong elders, I have heard discussions regarding many things such as the motherland of Laos, the life of hill tribe people, religion, life in refugee camps, and their U.S immigration experiences.

Despite today's literature and research that documents the struggles Hmong

refugees have faced, there is little empirical research on perceived self-efficacy among Hmong refugees. I found one general research conducted on refugee populations from all over the world that have used the General Self-Efficacy Scale (GSES) as an instrument to measure perceived self-efficacy. The research on self-efficacy in other refugee populations suggests significance of this construct.

My experience working with Hmong refugee and their children had suggested that self-efficacy played an important role in personal development. Previous research on Hmong populations supports the self-efficacy theory as a predictor of performance, and this study provided some empirical data to support this. As the literature shows, there are many aspects to consider when working with a refugee population. Having a general knowledge of the cultural background, and an understanding of the refugee experience, will be substantial to understanding where self-efficacy comes from in the Hmong population, and how it may continue to develop for the Hmong people.

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Appendix A
Participant Screening Questions

If participants do not answer yes to both questions, they would not have met criteria for the sample population needed for this research.

1. Are you a Hmong, 18 or older, that immigrated to the U.S. seeking refuge after Vietnam War?
 2. Can you read in Hmong or English?
-
1. Koj puas yog hmoob, tshaj 18 xyoo, tuaj nyob teb chaws mikas ua neeg hmoob tawg rog?
 2. Koj puas paub nyeem ntawm hmoob los si ntawm miskas?

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February 4, 2014
Emma Yang

Dear Emma,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,



Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee
CC: Elizabeth Kita, Research Advisor

Appendix C

Recruitment Letter

Looking for Participants

I am a graduate student studying for my Masters in Social Work at Smith College School for Social Work, in Northampton, Massachusetts. I am looking to survey 50+ self identified Hmong refugees living in the United States (of any gender identity and age range above 18) for a quantitative study assessing the level of self-efficacy in Hmong refugee population. In this study, participants will be asked to answer a ten-question survey on a high-low scale and 5 demographic question pertaining to self. The total time for this study lasts less than half an hour.

Your participation is *voluntary* and you may withdraw from this study at any time and for any reason.

If you are interested in this study, please contact me at XXX-XXX-XXXX or at eyang@smith.edu. The above recruitment letter will be posted on social networking websites, sent via email, and handed out in person to look for Hmong refugee participants.

Ntawv Caw

Tshawb Nrhiav Txog Neeg Hmoob

Kuv yog ib tug ntxhais tab tom kawm kuv daim Master rau Social Work tom lub tsev kawm ntawv Smith College School for Social Work, nyob rau Northhampton, Massachusetts. Kuv tab tom nrhiav li 50 tus neeg los teb ib co lus noog, tsis hais txiv neej los yog poj niam tsuav yog nws muaj hnuv nyug tshaj li 18 xyoo, yog Hmoob tawg rog nyob rau teb chaws Miskas. Yuav muab cos lus noog coj los soj ntsuam cov Hmoob tawg rog lub peev xwm thiab nws txoj kev xav. Nyob hauv txoj kev tshawv nrhiav no, kuv yuav noog 15 lo lus txog ntawm koj tus kheej. Yuav siv sij hawm tsis tshaj li 30 nas tis.

Koj txoj kev koom tes yog nyob ntawm koj *yeem xwb*, thiab koj xav tshem koj tus kheej tawm thaum twg los tau.

Yog hais tias koj txaus siab pab, thov tiv tauj kuv tus xov toog: (XXX-XXX-XXXX los yog kuv tus email: eyang@smith.edu). Daim ntawv no yuav muab tiv rau hauv internet, xa raws email, thiab yuav muab faib tawm.

Appendix D

3/28/14

Smith College
School for Social Work
Lilly Hall
Northampton, MA 01063

To Whom It May Concern:

Lao Hmong Family Community gives permission for Emma Yang to locate his/her research in this organization. We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) performs a review of the research proposed by Emma. Hmong American Partnership will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,

A handwritten signature in black ink, appearing to be 'Pa Ly', written in a cursive style.

Pa Ly, Program Manager
Lao Hmong Family Community

Appendix E
Demographic/Research Questionnaire

1. Age:

2. Gender:

Male

Female

3. Marital Status:

Single

Married

Divorced

Widowed

4. Employed:

Yes

No

5. Level of Education:

None

Elementary (K-6)

Middle School (7-8)

High School (9-12)

College (2+ years)

6. How many years have you been living in the United States?

1-5 years

6-10 years

11-15 years

Over 15+ years

7. Are you a US citizen?

Yes

No

8. Do you experience any depressive thoughts?

No, none at all

Yes, about 1-2 times per week

Yes, about 3-4 times

Yes, almost every day

9. Do you experience any anxiety?

No, none at all

Yes, sometimes

Yes, a lot

10. Can you speak English?

Yes

No

Lus Noog

1. Hnub Nyug:
2. Gender:
 - Poj Naim
 - Txiv Neej
3. Txij Nkawm:
 - Tsis Muaj
 - Sib Yuav
 - Nrauj lawm
 - Xiam lawm
4. Haujlwm:
 - Muaj
 - Tsis Muaj
5. Kev Kawm Ntawv:
 - Theem ib (K-6)
 - Theem ob (7-8)
 - Theem peb (9-12)
 - Qib Siab (tshaj ob xyoo)
6. Koj tuaj nyob teb chaws miskas tau pestsawg xyoo lawm?
 - 1-5 xyoo
 - 6-10 xyoo

11-15 xyoo

Tshaj 15 xyoo

7. Koj puas yog xam xaj miskas?

Yog

Tsis yog

8. Koj puas muaj kev nyuaj siab?

Tsis muaj li

Muaj, 1-2 zaug ntawm ib vas thiv

Muaj, 3-4 zaug ntawm ib vas thiv

Muaj, txhua txhua hnuv

9. Koj puas muaj kev txhawj?

Tsis muaj li

Muaj, tej zaug xwb

Muaj ntau heev

10. Koj puas paub hais lus miskas?

Paub

Tsis Paub

Appendix F
GSES Questionnaire

1. I can always manage to solve difficult problems if I try hard enough
 - 1 = Not at all true
 - 2 = Hardly true
 - 3 = Moderately true
 - 4 = Exactly true

2. If someone opposes me, I can find the means and ways to get what I want
 - 1 = Not at all true
 - 2 = Hardly true
 - 3 = Moderately true
 - 4 = Exactly true

3. It is easy for me to stick to my aims and accomplish my goals
 - 1 = Not at all true
 - 2 = Hardly true
 - 3 = Moderately true
 - 4 = Exactly true

4. I am confident that I could deal efficiently with unexpected events
 - 1 = Not at all true
 - 2 = Hardly true
 - 3 = Moderately true
 - 4 = Exactly true

5. Thanks to my resourcefulness I know how to handle unforeseen situations
 - 1 = Not at all true
 - 2 = Hardly true
 - 3 = Moderately true
 - 4 = Exactly true

6. I can solve most problems if I invest in the necessary effort
 - 1 = Not at all true
 - 2 = Hardly true
 - 3 = Moderately true
 - 4 = Exactly true

7. I can remain calm when facing difficulties because I can rely on my coping abilities
 - 1 = Not at all true
 - 2 = Hardly true
 - 3 = Moderately true

4 = Exactly true

8. When I am confronted with a problem, I can usually find several solutions

1 = Not at all true

2 = Hardly true

3 = Moderately true

4 = Exactly true

9. If I am in trouble, I can usually think of a solution

1 = Not at all true

2 = Hardly true

3 = Moderately true

4 = Exactly true

10. I can usually handle whatever comes my way

1 = Not at all true

2 = Hardly true

3 = Moderately true

4 = Exactly true

GSES Lus Noog

1. Kuv yeej ua tau tej yas ua nyuab nyuab yog kuv sib zog rau siab
 - 1 = Tsis muaj tseeb
 - 2 = Tsis tshua tseeb
 - 3 = Muaj ntsis tseeb
 - 4 = Muaj tseeb

2. Yog leeg twg twv tsam kuv, kuv yeej yuav nrhiav kom tau ib txoj hauv kev los ua li kuv siab xav.
 - 1 = Tsis muaj tseeb
 - 2 = Tsis tshua tseeb
 - 3 = Muaj ntsis tseeb
 - 4 = Muaj tseeb

3. Nws yoojyim rau kuv ua raws li kuv siab xav kom mus raws li kuv lub hom phiaj.
 - 1 = Tsis muaj tseeb
 - 2 = Tsis tshua tseeb
 - 3 = Muaj ntsis tseeb
 - 4 = Muaj tseeb

4. Kuv ntseeg tias kuv yeej daws tau tej yam uas tshwm sim raus kuv uas kuv tsis ceev faj txog.
 - 1 = Tsis muaj tseeb
 - 2 = Tsis tshua tseeb
 - 3 = Muaj ntsis tseeb
 - 4 = Muaj tseeb

5. Kuv lub tswvyim pab kuv daws tau tej yam uas tshwm sim raus kuv es kuv xav tsis txog.
 - 1 = Tsis muaj tseeb
 - 2 = Tsis tshua tseeb
 - 3 = Muaj ntsis tseeb
 - 4 = Muaj tseeb

6. Kuv yeej daws tau ntau yam teebmeeb yog kuv rau siab thiab siv zog txaus.
 - 1 = Tsis muaj tseeb
 - 2 = Tsis tshua tseeb
 - 3 = Muaj ntsis tseeb
 - 4 = Muaj tseeb

7. Kuv yeej tswj tau kuv tus kheej thaum uas ntsib tej yam uas nyuaj vim kuv yeej pab tau kuv tus kheej.
 - 1 = Tsis muaj tseeb
 - 2 = Tsis tshua tseeb
 - 3 = Muaj ntsis tseeb

4 = Muaj tseeb

8. Thaum kuv ntsib teebmeeb kuv yeej nrhiav tau ntau txoj hauv kev los pab daws.

1 = Tsis muaj tseeb

2 = Tsis tshua tseeb

3 = Muaj ntsis tseeb

4 = Muaj tseeb

9. Yog kuv raug teebmeej lawm, kuv yeej xav tau ib txoj hauv kev los daws.

1 = Tsis muaj tseeb

2 = Tsis tshua tseeb

3 = Muaj ntsis tseeb

4 = Muaj tseeb

10. Feem ntau kuv yeej tiv tau txhua yam uas los tshwm sim rau kuv.

1 = Tsis muaj tseeb

2 = Tsis tshua tseeb

3 = Muaj ntsis tseeb

4 = Muaj tseeb

Appendix G

List of Resources

Lao Family Community of Minnesota- Youth & Family Services-

<http://www.laofamily.org/programs>

320 University Ave W

St Paul, MN 55103

(651) 209-6087

Hmong American Partnership -Children and Family Services

http://www.hmong.org/youth_family.aspx

Arcade Office (Main)

1075 Arcade Street

Saint Paul, MN 55106

Main: 651-495-9160

Fax: 651-495-169

Central Office

732 30th Ave SE

Minneapolis, MN 55414

Main: 612-294-2460

Fax: 612-294-2461

Lao Family Community Empowerment, INC.

Stockton Office

8338 N. West Lane, Ste. 101

Stockton, CA 95210

Tel: (209) 466-0721 Fax: (209) 466-6567

Sacramento Office

1075 Dixie Avenue

Sacramento, CA 95815

Tel: (916) 921-8247 Fax: (916) 921-9784

info@lfcempowerment.org

<http://www.lfcempowerment.org/Home/tabid/160/Default.aspx>