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간호학석사학위논문

**Acculturative Stress, Depression, and
Quality of Life Among Indonesian
Migrant Workers in South Korea**

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Acculturative Stress, Depression, and Quality of Life Among Indonesian Migrant Workers in South Korea

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ABSTRACT

The purpose of this study was to identify associations among acculturative stress, depression, and quality of life among Indonesian migrant workers living in South Korea.

A cross-sectional, correlational design was used. Data collection were performed from September 1st to September 30th of 2018 and 91 participants were recruited from Ansan, Yeongdeungpo, and Hanyang University Ansan Campus. Acculturative stress was measured by *Acculturative Stress Scale* developed by Sandhu and Asrabadi, depression was measured by *Patient Health Questionnaire-9* (PHQ-9) developed by Spitzer, quality of life of migrant workers was measured by *WHOQOL-BREF* developed by World Health Organization (WHO), individual factors were measured by demographic questionnaire, social support was measured by using *Multidimensional Scale of Perceived Social Support (MSPSS)* developed by Zimet, and organizational support was measured by using *Perceived Organizational Support* scale by Eisenberger. The data were analyzed by using the Statistical Package for Social Science (SPSS) software program, version 22.

A significant positive correlation was shown between acculturative stress and depression and a negative correlation was found between acculturative stress and quality of life. Significant factor influencing the level of depression was acculturative stress. Significant factors influencing the level of quality of life were social support and acculturative stress.

The result from this study can be used to improve better mental health service for migrant workers in South Korea, especially Indonesian migrant workers. Comparing to other studies, the relationship among

acculturative stress and depression was inconsistent. Therefore, further studies regarding this issue among migrant workers will be needed.

Keywords: acculturative stress, depression, quality of life, migrant workers, Indonesian

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Chapter I. Introduction

1. Background

Nowadays, the number of migrants who travel around the world and make their home in another country is increasing. The United Nations (UN) stated that globally the number of immigrants reached 244 million in 2015; this is a 41 percent increase compared to the number in 2000 (2016). The South Korean government's office of statistics has stated that according to research on the employment of foreigners in 2016, the number of foreign migrant workers in South Korea, as of May 2016, reached 962,000 and that it has increased year by year since 2012 (Hankyoreh, 2016). One of motivations for migration is to look for better job opportunities. During the process of adapting to a unfamiliar society with different culture, however, immigrants face many challenges. Unfortunately, not everyone manages to go through this process, which is known as acculturation, smoothly. Some immigrant workers struggle a lot and go through different process (Jeon & Lee, 2015).

During this complex process, some people have to deal with acculturative stress. Acculturative stress occurs when individuals try to adjust to a new culture and integrate the new and unfamiliar ethnic characteristics of their host society with their own cultural characteristics (Samuel, 2009). This acculturative stress can give rise to mental health issues, such as anxiety, eating disorders, alcoholism, depression, and even suicide (Robinson, 2011). Depression is a recognised mental health issue; it has become the world's second most common cause of dysfunction and can have an impact on people from any ethnic group and of any age around the world (Purba, 2018). Moreover, for people who live in stressful conditions, like migrant

workers, quality of life is rarely assessed in the angle of mental health (Islam, 2011).

Year by year, many Indonesian people travel to South Korea for work. At least 90% of native Indonesian people who stay in South Korea are migrant workers. Indonesia is as largely Muslim country and Islam influences how most Indonesians live their daily lives (in terms of strict rules on eating, lifestyle, praying routines, and outward appearances). South Korea is a very different country to Indonesia and, as such, it is hard for Indonesian migrant workers to adjust to the South Korean culture. Indonesians are also regarded as being social people who tend to have a community of friends from their hometown and whether or not they can find such a community once they migrate is probably an important factor during their adjustment. Although some studies (Chae, Park, & Kang, 2014; Cho, Jang, Ko, Lee, & Moon, 2017; Jeon & Lee, 2015; Lee, Ahn, Miller, Park, & Kim, 2012) have been conducted regarding acculturative stress, depression, and quality of life among migrant workers, none of these studies has targeted Indonesian migrant workers in South Korea. The studies mentioned above have focused on Vietnamese and Korean-Chinese migrants.

Indonesian migrant workers are reported to lack Korean language skill and some of them have experienced human rights violations, such as physical or verbal abuse, received low wages, faced discrimination, and brutal working conditions. Some respond to these negative experiences and overcome stress by isolating themselves from the Korean community and becoming more likely to spend time with people from Indonesia in their own community (Yun & Kim, 2017). Consequently, they experience an increased risk of mental health problems (GOVUK, 2017). Thus, it is important to explore the

level of acculturative stress experienced by this group and identify associations between acculturative stress, depression, quality of life, and other related factors among Indonesian migrant workers.

2. Objectives

This study's objective was to identify associations among acculturative stress, depression, and quality of life among Indonesian migrant workers living in South Korea. The specific aims of this study were to:

- 1) Assess the level of acculturative stress, depression, and quality of life;
- 2) Identify associations among acculturative stress, depression, and quality of life; and
- 3) Identify significant factors influencing the level of depression and quality of life among Indonesian migrant workers.

3. Definition of Terms

a. Acculturative Stress

Acculturative stress is defined as stress experienced in response to occurrences in someone's life which are related to acculturation, difficulties in adjusting into new culture, or negative psychological effects from unfamiliarity with a new society and norms (Zhang, 2012). In this study, acculturative stress is measured using an Indonesian version of the *Acculturative Stress Scale* developed by Sandhu and Asrabadi (Sandhu & Asrabadi, 1994).

b. Depression

Depression is a mental disorder involving lack of interest, energy reduction, depressed state, low self-esteem, guilty feeling, poor concentration, disrupted appetite and sleep (WHO, 2012). Depressive

symptoms are measured, in this study, using an Indonesian version of the *Patient Health Questionnaire-9* (PHQ-9) developed by Spitzer in 1999 (Dewi, 2016).

c. Quality of Life

Quality of life refers to how an individual estimates the good aspect of their life. It includes someone's personal assessment of life satisfaction, personal relationships, work satisfaction, and life occurrences (Theofilou, 2013). Quality of life is measured, in this study, using an Indonesian version of *WHOQOL-BREF* developed by WHO (WHO, 2004).

d. Individual Factors

Individual factors are factors specific to an individual, including genetics, personal characteristics, skills, and knowledge (PDHPE, 2015). In the present study, individual factors include age, gender, occupation, living area, educational background, monthly wages, working hours per day, working hours per week, Korean language proficiency and length of stay in South Korea were measured through use of a demographic questionnaire.

e. Environmental Factors

1) Social Support

Social support refers to various sorts of help and encouragement provided by family members, neighbours, friends, and others, including psychological and emotional support and support with information and finances (Barrera et al., 1981). Social support is measured, in this study, using an Indonesian version of the *Multidimensional Scale of Perceived Social Support (MSPSS)* developed by Zimet (Aprianti, 2012).

2) Organizational Support

Organizational support is organization's willingness to provide for the socio-emotional needs of their employees, adequately reward work effort, and also employees' beliefs about the degree to which their employing organization appreciates their contribution and pays attention to their welfare (Pradesa, Setiawan, Djumahir, & Rahayu, 2013). Organizational support is measured, in this study, using an Indonesian version of *Perceived Organizational Support* developed by Eisenberger, Huntington, Hutchison, and Sowa (1986).

Chapter II. Literature Review

1. Acculturation

Acculturation refers to the concept of how immigrants live together with multicultural groups in a society and try their best to adapt to them by modifying their own psychological and cultural characteristics. Acculturation is divided into four modes: assimilation, integration, segregation or separation, and marginalisation. In this model, it is suggested that there are two issues which are faced by individuals and groups who are adjusting to a new society: factors relating to maintaining cultural identity and characteristics; and factors relating to maintaining relationships with other groups or the dominant society (Berry & Hou, 2017). When individuals respond negatively to first set of factors and positively to the second set of factors, it is called *assimilation*. Assimilation means individuals reject their own culture and accept the host culture fully. When an individual's response to both sets of factors is positive, this is referred to as *integration* and it can be seen in individuals who want to maintain their own culture but also want to become part of the dominant and wider society. If an individual's response to the first set of factors is positive and negative with regard to the second set of factors, *segregation* or *separation* happens. In the case of segregation, individuals only want to keep their own culture but completely refuse to engage with the host culture. Finally, when individuals have a negative response to both sets of factors, *marginalisation* is present. This last mode describes how individuals withdraw from their own culture and also the host culture. All of these four modes are determinants of acculturative stress (Dona & Berry, 1994).

2. Acculturative Stress and Health

The term acculturative stress has been used widely in research around the world especially in the field of psychology. Im, Lee, and Lee (2014) discuss how acculturative stress is present in response to having regular contact and interaction with people from different groups. The level of acculturative stress can be different and it is influenced by immigrants' characteristics, immigrants' experiences during their stay in a host country, their socio-demographic situation, and the attitude of the host country. An individual with acculturative stress may experience feelings of alienation, psychosomatic symptoms, identity confusion, and mental health problems (e.g., anxiety and depression). The effects of acculturative stress may not only be psychological; it can also affect social and physical aspects of an individual's existence and can lead to degradation of an individual's health status (Berry, Kim, Minde, & Mok, 1987).

A study was conducted to assess the association between acculturative stress and demographic characteristics among 123 foreign workers in South Korea (Kim and Kim, 2013). This study examined subcategories of acculturative stress: homesickness, culture shock, having no community of people from one's hometown, discrimination, and experiences of mistreatment. Among all of the acculturative stress categories that were explored, the researchers found that homesickness and discrimination played a significant role in heightening acculturative stress (Kim & Kim, 2013). Another study identified that the level of acculturative stress experienced by migrant workers and their perspective to acculturation influence their health behavior and well-being (Schmitz and Berry, n.d.). This study also found a significant relationship between acculturation and

psychopathology. Separation and marginalization modes are usually positively related to psychopathology (Schmitz & Berry, n.d.).

Smart and Smart (1995) explained that acculturative stress can affect various aspects of an individual. Stress increases an awareness of symptoms and the focus on physical illness. These researchers explained that acculturative stress is usually experienced by unskilled migrant workers who try to fulfil high standards in their workplace. It leads to a deterioration of health status and escalates the amount of time it takes individuals to recover from illness. Mental health status was related to five characteristics of migrant workers: high levels of life stress; originating in a rural area; high levels of work stress; separation from spouse; and living in the city for 5-9 months per year according to a study among Chinese male rural-urban migrants (Yang et al., 2012). Smart and Smart (1995) also mentioned that stress influences an individual's decision making. A person with a high level of stress feels that their decision-making options are narrowed. In the worst case scenario, this can lead to suicide.

Depression has a great impact on work productivity which consequently affects economic development and a society's equilibrium (Qiu et al., 2011). This mental disorder represents a huge social burden and causes low productivity, functional deterioration, low salaries, impairment of interpersonal relationships, and degradation in quality of life (Al-Maskari et al., 2011). Lam and Johnston (2015) explained that migrants with depression have limited opportunity to use professional health services and self-medication compared to local inhabitants. This demonstrates some of the reasons which explain their difficulties during periods of migration and the importance of preventing depression.

Tomita, Labys, and Burns (2014) found that demographic factors, such as age, play a significant part in the relationship between immigration and depression. Young immigrants had a higher level of depression than older immigrants, possibly due to the higher level of cultural conflict and residential instability experienced by younger immigrants. The researchers speculated that older immigrants were less depressed because they have developed better coping strategies by the time they migrate compared to younger immigrants.

Quality of life is a concept related to a person's health status and associated with stress, social support, and depression. Someone with higher levels of social support can adjust well to their immigrant life and tends to be less depressed (Chae, Park, & Kang, 2014). Low quality of life has been found to be correlated with a degradation in work performance and early retirement. A study among rural-urban female migrant workers found that lack of social support, lack of social accommodation and poor working and living environments related to their low quality of life (Zhu et al., 2012).

3. Factors Influencing Acculturative Stress and Health

The impact of acculturative stress on health could be altered by modifying certain factors. Eustace (2007) described the factors which influence acculturative stress, such as age, gender, cultural gap (language and cultural values), length of residence, modes of acculturation, perceived social support, marital and family status, and socioeconomic status. Studies among international students in developed countries have identified a few factors that influence acculturative stress. Those factors were shorter length of stay, lower income, lower language proficiency, lower educational achievement, bigger cultural diversity, and lack of preparation. Meanwhile, age,

marital status, and religion have been inconsistently associated with acculturative stress (Yu et al., 2014).

In another study, Jeon and Lee (2015) examined acculturative stress and depression among 230 Vietnamese immigrant workers in South Korea. They found significant differences in acculturative stress levels related to proficiency in the Korean language, availability of friends from an individual's hometown, and the existence of religious belief in an individual. They also found a positive relationship between acculturative stress and depression among Vietnamese immigrant workers.

Length of stay in host country has been identified as a significant factor related to acculturative stress. The longer someone stays in one country, the better their social and building relationship skills become and the lower their acculturative stress level (Nasirudeen, Josephine, Adeline, Seng, & Ling, 2014). Some studies have found female migrants have higher stress levels compared to male migrants. It has been suggested that the reason for this is because female workers have to cope with their low status in society and within their racial group, and also their parts as mothers, wives, and laborers (Lueck & Wilson, 2011).

Social support is another factor that has been identified as influencing level of acculturative stress. Social support is described as the perceived existence of aid from an individual's social system and social support indicates a flow of resources within the social system that is available to an individual in the face of a devastating life crisis; it improves the health status of individuals (Liu, Wu, & Chen, 2016). Social support can be gained from formal and informal resources. Formal resources include official systems, such as organisations, professionals, institutions, and social services. Meanwhile, informal

resources are closely related to an individual's social system, such as family, friends, and colleagues (Wen & Hanley, 2016).

Amazue and Onyishi (2016) described how organizations also play an important part in assisting an individual to deal with conflicts related to managing work and non-work responsibilities by offering needed support to their workers. When organizations care about their workers' well-being and appreciate their value, workers may have a higher level of perceived organizational support (Liu, Hu, Wang, Sui, & Ma, 2013). Workplaces which cover migrant workers' insurances fee also contribute to helping migrant workers to improve their lives in their host country. Peng, Chang, Zhou, Hu, and Liang (2010) conducted a study in China to evaluate the impact of socio-demographic factors relating to migrant workers in terms of their decision about whether to look for health care services when they are sick. Those factors were insurance cover, educational background, working hours per day and monthly household income. The researchers found that insurance was the most essential aspect affecting whether migrant workers demonstrated help-seeking behavior.

4. Indonesian Migrant Workers in South Korea

The number of foreign migrant workers in South Korea in May 2016 reached 962,000 according to research on foreigner employment in 2016 published by the South Korean government's office of statistics. This number had increased by 24,000 compared to 2015. Among the total working population in South Korea, about 3.64 per cent of them were foreign workers in 2016 (Hankyoreh, 2016).

The so-called "G to G" program was set up in 2004 for immigrant workers. This program allows Indonesian people to work in

South Korea if they join the recruitment process under the National Authority for Placement and Protection of Indonesian Migrant Workers (BNP2TKI). The Center for Indonesian Policy Studies (CIPS) stated that Korean government serves between 5,000 to 6,000 quotas for immigrant and the successful applicants are picked from thousands of Indonesians (2016). This policy has opened up many possibilities for these two countries. Among all the countries that are allowed to send migrant workers to South Korea (such as Vietnam, China, Thailand, Cambodia, The Philippines, Nepal, Myanmar, Sri Lanka, Pakistan, and East Timor), Indonesia is now the largest migrant worker provider.

Jakartaglobe (2012) mentioned that at least 9,387 Indonesian workers were accepted for work in South Korea in 2013 and this number has continued to increase. Between 2004 and 2013, about 50,538 Indonesians have travelled to South Korea as migrant workers. The image of Indonesian migrant workers as being the 'best qualified workers' has helped to solidify the supply of workers from Indonesia. Indonesian workers are reported to behave conscientiously and rarely make errors that might disrupt the standards and rules at a workplace. They are also well known among South Korean companies because of their diligence and hard work. For Indonesian migrant workers, their main reason for wanting to work in South Korea is that South Korea companies offer a higher salary in comparison with other destination countries, such as Hong Kong and Taiwan. Indonesian immigrant workers are paid about 26 million Rupiahs (about \$2,200) monthly.

Acculturation is an important process that happens in the transition phase of a migrant's life. The risk of having acculturative stress is high when the differences between the individual's own culture and that of the host country is large. Although Indonesian

migrant workers are free to practice their religious activities in South Korea, some of them still find it hard to do so and find it hard to attend religious events prior to their companies' permission (Kartikasari, 2013). This can lead to depression and affect migrants' quality of life. Indonesian migrant workers, with all the differences between their own country and their host country (South Korea), have a high risk of acculturative stress. However, so far no study on this has been conducted amongst Indonesian migrant workers.

For the aforementioned reasons, research about associations between acculturative stress, depression, and quality of life among Indonesian migrant workers living in South Korea is necessary.

Chapter III. Theoretical Framework

This study is based on acculturation theory. The term ‘acculturation’ was initially created by Redfield, Linton and Herskovits in 1936 and it is defined as the phenomenon of groups with different cultures having interaction resulting in certain replacements in the original tradition of one or both groups (Berry, 1997). Although, acculturation was seen as a group phenomenon at first, it is also now understood to be an individual phenomenon and it takes account of psychological and social factors (Graves, 1936). The concept of acculturation strategies was proposed by Berry in 1980 to identify how individuals find ways to acculturate (Berry & Hou, 2017).

Berry’s acculturation model claimed that an individual’s acculturation strategy is related to maintaining one’s own culture and the amount and level of connection with people in the host culture. He found that immigrants experience low levels of stress when their traditional society is similar to that of the new (host) society, when they have a large amount of interaction with people in the host society, and when they succeed in integrating diverse aspects from the traditional and host cultures with their own cultural norms (Coughlan & Owens-Manley, 2006).

Berry and Kim also identified psychological and cultural factors which influence the association between acculturation and mental health (Berry et al., 1987). During acculturation, mental health problems often happen and these problems depend on a difference of individual and group characteristics which are involved in the acculturation process. Those mental health problems, such as lowered mental health status (depression, anxiety, and confusion), sense of alienation, identity confusion, and high levels of psychomatic

symptoms are caused by acculturative stress that occurs through the acculturation period (Berry et al., 1987). Acculturative stress is a stress response to an individual's experience during the acculturation process (Robinson, 2011). The stressors related to acculturative stress are sources of difficulty faced by the individual during the acculturation process (Eustace, 2007). Those stressors include feelings of discrimination, loneliness or isolation, difficulties of integrating into the new culture, differences in cultural expectations and habit, and language barriers. Acculturative stress is integrated into Berry's acculturation theory and independently correlated with Berry's acculturation strategy (Lee, 2016).

A framework by Hovey and King (1997) proposed that acculturative stress may lead to depression with some moderating factors that influence levels of acculturative stress and depression. Hovey and King explained how the acculturation process experienced by migrants leads to acculturative stress of various levels (low or high) and may result in suicidal thoughts and depression. The level of acculturative stress, depression, and suicidal thoughts may be influenced by some moderating factors, such as age, social support, cognitive variables, motives for migration, family cohesiveness, socioeconomic status, knowledge of the new language, premigration adaptive functioning, generation in the new community, and degree of cultural pluralism in the new community.

According to one previous theory and model, the investigator developed a theoretical framework which is applicable to the present study. The theoretical framework guiding the present study is as follows:

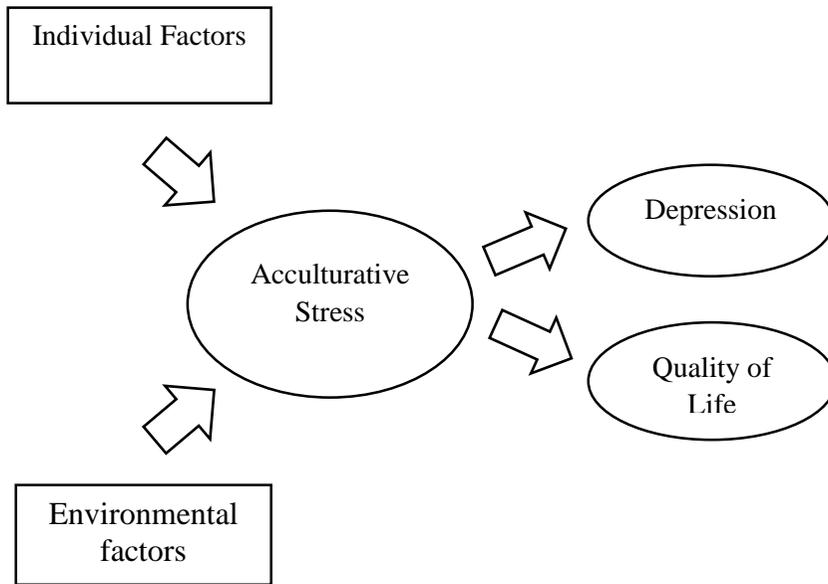


Figure 1. Theoretical Framework

Chapter IV. Methods

1. Study Design

This study has a cross-sectional, correlational design to identify the associations between acculturative stress, depression, and quality of life among Indonesian migrant workers living in South Korea.

2. Setting and Sample

The sample for this research was made up of migrant workers from Indonesia who currently work in South Korea and were willing to participate in this research. The inclusion criteria were that individuals who took part had to be migrant workers, aged 20-65 years old and able to read and understand Indonesian. Adolescent and elderly migrant workers were excluded from this study.

This study used non-probability sampling methods, namely convenience and snowball sampling. Convenience sampling is a sampling method by which the researcher includes participants who are easily approachable through personal contacts. For snowball sampling, one participant from a population is approached and is then asked to refer the researcher to other potential participants (Alvi, 2016).

The significance level used for this study is an alpha level of 0.05. Based on a previous study, a medium effect size (r) of 0.3 was selected for this study (Kim, 2015). Medium effect size is commonly used in the field of behavioural science and this degree of relationship is obvious to a reasonably sensitive observer. In this study, the power of 0.80 is used because it is also commonly used in behavioural science (Cohen, 1988). Based on the significance level, effect size, and

power, the sample size for this study was calculated by using the G*Power program and the result was 82. Taking into account that 20% of participants withdrew during this study, the total sample was 98 participants.

3. Measures

All of the measurement tools used in this study were in the Indonesian language to minimize language barrier.

Table 1. Study Concepts and Measurements

Variables	Instrument	No. of Items
Acculturative Stress	Acculturative Stress Scale	36
Depression	Patient Health Questionnaire-9 (PHQ-9)	9
Quality of Life	World Health Organization Quality of Life Instrument (WHOQOL-BREF)	26
Social Support	Multidimensional Scale of Perceived Social Support (MSPSS)	12
Organizational Support	Perceived Organizational Support Scale (POS)	36

a. Acculturative Stress

Acculturative stress was measured using the *Acculturative Stress Scale* developed by Sandhu and Asrabadi (Sandhu & Asrabadi, 1994). The original version of this scale includes 36 items with 7

subscales: perceived discrimination (7 items); homesickness (4 items); perceived hate (5 items); fear (4 items); stress due to change/ culture shock (3 items); guilt (2 items); and nonspecific concerns (10 items). Each question in this questionnaire was rated based on a 5-point Likert scale, from strongly disagree (1) to strongly agree (5) with (3) as 'not sure'. The total scores range from 36 to 180 with a high score indicating a high level of acculturative stress.

The Indonesian version of this scale was developed by the investigator through translation, back translation, and cognitive interviews. The Cronbach's alpha for the present study was 0.94.

b. Depression

Depression was measured using the *Patient Health Questionnaire-9* (PHQ-9) developed by Spitzer in 1999. The original version of this scale includes 9 items. Each question in this questionnaire was rated using a 4-point Likert scale, from not at all (0) to nearly every day (3). The total scores range from 0 to 27 with five severity categories: minimal (0-4), mild (5-9), moderate (10-14), moderately severe (15-19), and severe (20-27). The Cronbach's alpha for the present study was 0.84.

c. Quality of Life

Quality of life of migrant workers was measured using the *World Health Organization Quality of Life Instrument* (WHOQOL-BREF) developed by the World Health Organization. The WHOQOL-BREF includes 26 questions with four domains: physical health, psychological, social relationships, and environment (WHO, 2004). WHOQOL-BREF uses a 5-point Likert Scale, where 1 indicates worst quality of life and 5 indicates best quality of life. The items are reverse scored for items no 3, 4, and 26. The total scores range from 26 to 130. The Cronbach's alpha for the present study was 0.90.

d. Individual Factors

Individual factors measured in this study included age, gender, occupation, living area, educational background, monthly wages, working hours per day and per week, Korean language proficiency, and length of stay in South Korea.

e. Environmental Factors

1) Social Support

Social support was measured using the *Multidimensional Scale of Perceived Social Support* (MSPSS) developed by Zimet in 1988. MSPSS has been used to measure perceived social support among people from various cultures and also students living in foreign country. This scale contains 12 items with three subscales: family, friends, and significant others (Zimet, 1988). Each subscale is represented by four questions. The original version of MSPSS uses a 7-point Likert scale. But considering the nature of Indonesian people's characteristics, in that they tend to pick a "neutral" choice, the Indonesian version of MSPSS was changed to a 6-point Likert scale from strongly disagree (1) to strongly agree (6). The total scores range from 12 to 72 with 2 categories: < 56 (low) and ≥ 56 (high). These categories were divided using the formula: $X < \text{Median}$ as the low category and $X \geq \text{Median}$ as the high category. The Cronbach alpha for the present study was 0.91.

2) Organizational Support

Organizational support was measured using the *Perceived Organizational Support* scale (POS) (Eisenberger et al., 1986). The POS scale originally has 36 items with a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7). However, the POS Indonesian version has a 4-point Likert scale ranging from strongly disagree (1) to strongly agree (4) (Nurmala, 2015). The items are

reverse scored for items no 2, 3, 6, 7, 11, 12, 14, 15, 16, 17, 19, 22, 23, 26, 28, 31, 32, and 34. The total scores range from 36 to 144 with 3 categories: < 89 (low), 89-107 (middle), and > 107 (high). These categories were divided using the formula: $X < \text{Mean} - 1\text{SD}$ as the low category, $\text{Mean} - \text{SD} < X < \text{Mean} + 1\text{SD}$ as the middle category, and $X > \text{M} + 1\text{SD}$ as the high category (Nurmala, 2015). The Cronbach's alpha for the present study was 0.86.

4. Study Procedure

a. Translation of Instrument

The Indonesian version of the Acculturative Stress scale was developed through a series of steps: translation of the Acculturative Stress scale and cognitive interviews with four native Indonesian adults including three nursing students. Cognitive interview is an approach used for designing questionnaires which employs two methods: think-aloud interviewing and verbal probing techniques (Willis, 2015).

b. Data Collection

After obtaining approval from the Seoul National University, Institutional of Review Board or SNUIRB (IRB number 1808/001-003), data collection was performed from September 1st to September 30th 2018. The participants in this study were recruited from Ansan, Yeongdeungpo, and Hanyang University Ansan Campus. Some Indonesian migrant workers gather to study every Sunday in the *Universitas Terbuka* (UT) held in Hanyang University Ansan Campus. High numbers of Indonesian migrant workers reside in Ansan and Yongdeungpo. The researcher visited mosques, Indonesian restaurants, and gathering places around those areas to meet eligible participants. No announcements were made at migrants' places of

work in order to protect migrant workers' freedom from their employer.

When eligible participants had been found, the researcher gave them further information on herself and the study. The researcher also handed a form on informed consent which contained a summary of the study. Once the eligible participants had agreed to join the study, they were given questionnaires designed to assess the associations between acculturative stress, depression, and quality of life. The participants were instructed to complete the questionnaires privately in agreed places and to fill in the questionnaires based on their experiences while living in South Korea as migrant workers. The questionnaires contained five sections (acculturative stress, depression, quality of life, social support, and organizational support) with a total of 119 questions. It took about 20 to 30 minutes for participants to complete the questionnaire. The information about participants' demographics was also collected. Those data were used to analyse the associations between acculturative stress, depression, and quality of life among Indonesian migrant workers in South Korea.

For this study, among the 120 migrant workers who were approached by the researcher, 98 workers agreed to participate in this study (response rate 81.7%). A total of 91 questionnaires were included for final analysis after excluding 7 incomplete questionnaires.

5. Data Analysis

The data were analysed using the Statistical Package for Social Science (SPSS) software program, version 22 (IBM, 2013). The demographic characteristics of the study sample included age, gender, occupation, living area, educational background, monthly wages, working hours per day and per week, Korean language proficiency,

and length of stay in South Korea. The acculturative stress score, depression score (PHQ), quality of life score (WHOQOL-BREF), social support score (MSPSS), and organizational support (POS) were summarised using descriptive statistics. The psychometric properties of the Indonesian version of the Acculturative Stress Scale were also examined. To identify the differences in the level of acculturative stress, depression, and quality of life depending on the individual and environmental factors, multiple regression and linear regression tests were undertaken. Associations between the level of acculturative stress, depression, and quality of life were analysed using Pearson's correlation coefficients (Heron, 2009).

6. Ethical Consideration

For this study, there were some ethical issues which were taken into account. The researcher conducted this study after obtaining approval from the Institutional Review Board (IRB) and protected the participants from any harm and violation by ensuring that questionnaires could not be accessed by employers. The private information about participants was protected and only used for this study. Every participant was given an ID number for anonymity. No name was requested on the demographic questionnaire. The consent forms will be stored in a locked filing cabinet for at least three years after completion of the study. Research data were stored on the researcher's personal PC protected by a password and accessible only to the researcher for at least five years after the study. Only the primary researcher had access to participants' personal information.

Chapter V. Results

1. Characteristics of the Participants

The demographic characteristics (i.e., individual factors) of the participants from this study are shown in Table 2; they include age, gender, occupation, living area, education, wages, working hours per day, working hours per week, Korean language proficiency, and length of stay. A total of 91 Indonesian migrant workers participated in this study. Participants ranging in age from 20-24 years old were the most commonly represented (51.6%). The participants were mostly male (76.9%), worked as factory workers (94.5%), lived outside Seoul, graduated from high school in terms of their highest educational background (90.1%), and received wages of 1-2 million Won per month (92.3%). Indonesian migrant workers commonly work for 8 hours per day (48.4%) and around 40-49 hours per week (51.6%). Most Indonesian migrant workers who work in South Korea (76.9%) were able to communicate in Korean. In terms of length of stay, the participants generally stayed in South Korea for 1-2 years (40.7%).

Table 2. Demographic Characteristics of the Participants (N= 91)

Characteristics	Category	N	Percentage (%)
Age (years)	20-24	47	51.6
	25-29	28	30.8
	30-34	10	11.0
	≥ 35	6	6.6
Gender	Male	70	76.9
	Female	21	23.1
Occupation	Factory Worker	86	94.5

	Others	5	5.5
Living Area	Seoul	20	22.0
	Outside Seoul	71	78.0
Educational	Middle School	5	5.5
Background	High School	82	90.1
	Bachelor	2	2.2
	Master	2	2.2
Wages per Month (won)	< 1 million	2	2.2
	1-2 million	84	92.3
	3-4 million	3	3.3
	> 4 million	2	2.2
Working Hours per Day (hour)	≤ 8 hours	45	49.5
	9-11 hours	21	23.1
	12-14 hours	25	27.5
Working Hours per Week (hour)	10-19 hours	2	2.2
	40-49 hours	47	51.6
	50-59 hours	15	16.5
	60-69 hours	18	19.8
	≥ 70 hours	9	9.9
Korean Language Proficiency	Yes	70	76.9
	No	21	23.1
Length of Stay (years)	< 1 year	25	27.5
	1-2 years	37	40.7
	3-4 years	16	17.6
	> 4 years	13	14.3

2. The Level of Acculturative Stress, Depression, and Quality Of Life

The mean score for the acculturative stress scale was 86.37 (SD = 19.67). The mean score for the depression scale was 5.16 (SD = 4.39). Meanwhile, the mean score for quality of life was 89.85 (SD = 11.20) (see Table 3).

Table 3. The Level of Acculturative Stress, Depression, and Quality of Life

	N	Possible Range of Scores	Mean	SD
Acculturative Stress	91	36-180	86.37	19.67
Depression	91	0-27	5.16	4.39
Quality of Life	91	26-130	89.85	11.20
Valid N (listwise)	91			

3. Associations among Acculturative Stress, Depression, and Quality of Life

Pearson correlations were performed to analyse the associations between acculturative stress, depression, and quality of life. A significant positive correlation was shown between acculturative stress and depression, $r = 0.41$, $p < 0.001$. Meanwhile, a significant negative correlation was found between acculturative stress and quality of life, $r = -0.42$, $p < 0.001$. A significant negative correlation was also found between depression and quality of life, $r = -0.47$, $p < 0.001$.

Table 4. Associations among Acculturative Stress, Depression, and Quality of Life

		Acculturative Stress	Depression	Quality of Life
Acculturative Stress	Pearson Correlation	1	.41**	-.42**
	Sig. (2-tailed)		.000	.000
	N	91	91	91
Depression	Pearson Correlation	.41**	1	-.47**
	Sig. (2-tailed)	.000		.000
	N	91	91	91
Quality of Life	Pearson Correlation	-.42**	-.47**	1
	Sig. (2-tailed)	.000	.000	
	N	91	91	91

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

4. Significant Factors Influencing the Level of Depression and Quality of Life

a. Significant Factors Influencing the Level of Depression

Firstly, a multiple regression test was carried out to predict factors that influence level of depression. The variables occupation and working hours per day were excluded from this analysis for the following reasons. The occupation variable was excluded because most of the study participants were factory workers. The working hours per day variable was excluded because it was highly correlated with the working hours per week variable. Multiple regression analysis showed that those variables explained 17% of the variance in the level of depression. Acculturative stress was the only significant variable

that influenced the level of depression. The Durbin-Watson value was 1.99 and showed that there was a positive autocorrelation.

Table 5. Multiple Regression analysis for the Significant Factors Influencing the Level of Depression

Variables	Depression				
	B	SE	β	t	p
(constant)	-.89	.96		-.93	.36
Age	-.02	.06	-.04	-.37	.71
Gender	.23	.12	.20	1.95	.05
Living Area	.04	.14	.04	.33	.74
Educational Background	.23	.13	.19	1.73	.09
Wages	-.06	.13	-.05	-.44	.66
Working Hours/ Week	.01	.05	.01	.12	.91
Korean Language	-.07	.12	-.06	-.64	.52
Length of Stay	.03	.05	.06	.52	.61
Social Support	-.11	.06	-.19	-1.78	.08
Organizational Support	.05	.24	.03	.23	.82
Acculturative Stress	.39	.11	.44	3.70	.00
R Square	.28				
Adjusted R Square	.17				
F-value	2.73				.01
Durbin-Watson	1.99				

b. Significant Factors Influencing the Level of Quality of Life

A multiple regression was carried out to predict factors influencing the level of quality of life. The variables occupation and working hours per day were also excluded from this analysis. Those variables were found to explain 40% of the variance in the level of

quality of life. Social support and acculturative stress were the significant variables influencing the level of quality of life. The Durbin-Watson value was 2.12 and this demonstrated a negative autocorrelation.

Table 6. Multiple Regression analysis for the Significant Factors Influencing the Level of Quality of Life

Variables	Quality of Life				
	B	SE	B	t	p
(constant)	2.14	.72		2.97	.00
Age	.02	.04	.04	.44	.66
Gender	.09	.09	.09	1.02	.31
Living Area	-.00	.10	-.00	-.03	.98
Educational Background	.09	.10	.08	.87	.39
Wages	.17	.10	.15	1.72	.09
Working Hours/ Week	.01	.03	.01	.14	.89
Korean Language	-.04	.09	-.04	-.47	.64
Length of Stay	.07	.04	.17	1.84	.07
Social Support	.23	.05	.46	4.96	.00
Organizational Support	.07	.18	.04	.36	.72
Acculturative Stress	-.31	.08	-.40	-3.97	.00
R Square	.48				
Adjusted R Square	.40				
F-value	6.50				.00
Durbin-Watson	2.12				

Chapter VI. Discussion

This cross-sectional, correlational study was designed to identify associations between acculturative stress, depression, and quality of life among Indonesian migrant workers living in South Korea. Data from 91 migrant workers were used for data analysis and the mean of individual item scores for acculturative stress was 2.4. This score was higher than the scores for Thai (mean score = 2.3), Vietnamese (mean score = 2.1) and Filipino (mean score = 2.2) female migrant workers living in South Korea. The lower level of acculturative stress among Vietnamese female migrant workers may possibly be due to the similarities in the cultural characteristics between Korean and Vietnam and strong ties between the two countries (Lee et al., 2011).

The mean of individual item scores for depression among Indonesian migrant workers in the present study was 5.16 indicating that Indonesian migrant workers have mild depression. The score was higher than the depression score for Mexican migrant workers living in the US which was measured using the PHQ-9 scale. The mean scores from a prior study assessing depression among Mexican migrant workers in the US was 4.26 for indigenous Mexican migrants and 3.63 for non-indigenous or mestizo Mexican migrants (Donlan & Lee, 2010). A study assessing depression among Central Asian migrant workers in Kazakhstan using the Brief Symptom Inventory scale (BSI Depression) showed that six percent of migrant workers in Kazakhstan had depression (Ismayilova et al., 2014). The researcher in that study claimed that the low percentage of depression among them may be correlated with various factors, such as shared cultural values

between the traditional culture and host culture (Ismayilova et al., 2014).

The high acculturative stress and depression scores among Indonesian migrant workers were probably related to certain factors, such as a lack of understanding about how to use the health services and stressful processes during migration to a new country with an unfamiliar culture (Purba & Abdullah, 2018).

The mean score for level of quality of life from this study was 89.85 (SD= 11.205). This is higher than the score reported from a previous study on new-generation migrant workers in Eastern China (mean = 62.8) (Xing et al., 2013). This, Indonesian migrant workers in South Korea, considered in this study, had a higher quality of life compared to migrant workers in Eastern China. This finding is inconsistent with that of the previous study which assessed the utilisation of health services and factors influencing the quality of life among foreign migrant workers from diverse countries in South Korea (Lee & Lee, 2014). That study reported that migrant workers had a low mean score for quality of life (mean = 71.3). In other words, Indonesian migrant workers were found to have a higher quality of life than migrant workers from other countries who were working in South Korea. One difference between this present study and previous studies was that most of the participants for this study resided in rural areas, while migrant workers in the previous study mostly lived in urban areas. It was known that living area is one of the factors influencing migrant workers' quality of life (Lee & Lee, 2014).

The finding of the present study shows significant associations between acculturative stress, depression, and quality of life among Indonesian migrant workers in South Korea. The finding is consistent

with a previous study that demonstrated the significant impact of acculturative stress on the level of depression among Vietnamese immigrant women in South Korea (Chae et al., 2014). High acculturative stress was associated with high depression and low quality of life and it affected psychological aspects of an individual's well-being (Oh, 2015). In terms of psychological aspects, individuals with high acculturative stress experienced fewer positive affects, more negative affects, and defective psychological functioning (Bernal, 2014). The differences between someone's country of origin and host country may be a threat to an immigrant's mental health (Revollo et al., 2011). High acculturative stress is also related to low quality of life among immigrants affecting aspects of physical and social relationships (Papazyan, Bui, & Der-Karabetian, 2016).

In this study, individual factors were neither a significant predictor for depression nor quality of life among Indonesian migrant workers. These insignificant findings were possibly due to the homogeneity of the sample. Most of the Indonesian migrant workers had worked in factories outside Seoul for 1 to 2 years and had a similar amount of wages per month. They were also mostly male migrant workers. With regard to this, homogenous participants are often preferable because results from a homogenous group will lead to more accurate theoretical prediction and decrease the chances of drawing false conclusions (Calder et al., 1981).

From this research, social support was a significant factor influencing the level of quality of life. Xing et al. (2013) assessed the level of social support using WHOQOL-BREF and the Social Support Rating Scale and found that social support affected quality of life among migrant workers in Eastern China. The researchers assumed that social support from people from an individual's country of origin

could be limited in urban areas because of unfriendliness and neighbourhood characteristics. For Indonesian migrant workers, living in rural areas such as Ansan might feel less stressful compared to living in a big city like Seoul because of the high number of Indonesian people in Ansan. Anjara et al. (2017) explained that the older migrant workers with more work experience had a higher score for quality of life because they received higher social support. Social support has a positive impact on an individual, in terms of feelings of self-worth, sense of security about life situation and avoiding negative experiences (Cohen & Wills, 1985). Indonesian migrant workers had regular gatherings and spiritual meetings and this contributed to the social support aspect. When an individual has a low level of stress and strong ties with people, and feels involved and part of a group, their quality of life is improved (Helgeson, 2003).

In this study, organizational support was not a significant factor for the level of quality of life. Although the result for this study was not significant, an individual's employing organisation or work environment plays a significant role in improving quality of life, job satisfaction, and stability in social and work life among migrant workers. In addition, self esteem could be enhanced by receiving organizational support which provides guidance and fulfills an individual's socio-emotional needs in terms of reward and self-efficacy (Kurtessis et al., 2017). Workers feel supported by their organization if they are valued, respected, and well-treated (Ahmed et al., 2011). The feeling of being supported by an organization may lead to willingness to use mental health services provided by the organization in order to be able to maintain best performance at work (Kelley, 2010).

This study is important because it has focused on Indonesian migrant workers in South Korea who have not been studied extensively in terms of acculturative stress, depression, and quality of life. The Indonesian version of the Acculturative Stress scale could be useful for future studies with Indonesian migrant workers. Based on the results, interventions designed to lower acculturative stress and depression could be developed. Mental health promotion which strengthens the ability of an individual and community to improve their mental health is needed (Khanlou, 2008). Migrants face some barriers to using mental health services (i.e language differences and perceived stigma) and this makes it critical to explain the role of mental health services to them (Tiwari & Wang, 2008). Providing information related to mental health and mental illness for migrant workers would help in the early detection of mental health issues (Wong & Chang, 2010).

There were some limitations in the present study. Indonesian migrant workers who participated in this study were mostly male, factory workers, living in Ansan (outside Seoul), and most had stayed in South Korea for approximately 1-2 years. These homogenous characteristics made it difficult to detect significant differences in the level of acculturative stress, depression, and quality of life. For future studies a heterogenous sample would be useful. Another limitation was the cross-sectional design of this study. A cross-sectional study design cannot provide a clear explanation of or direction for the relationship between the variables. For future research, conducting a qualitative study with some additional questions about migrant workers' accompanion during their residence in the host country may provide more information about acculturative stress, depression, and quality of life.

Chapter VII. Conclusion

This study was a cross-sectional, correlational study which was designed to identify associations between acculturative stress, depression, and quality of life among Indonesian migrant workers living in South Korea. A significant positive correlation was found between acculturative stress and depression and a negative correlation was found between acculturative stress and quality of life.

Acculturative stress was shown to be a significant factor influencing levels of depression. Significant factors influencing the level of quality of life were social support and acculturative stress.

Not much research has been conducted on Indonesian migrant workers, especially in South Korea. In terms of migrant care, the results from this study could be used to improve the quality of mental health services for Indonesian migrant workers in South Korea. By providing important information such as contact numbers for health services and mental health counseling, migrant workers' quality of life could be improved and their acculturative stress and depression could be reduced.

Direction for Future Research

This study was the first of its kind to be carried out among Indonesian migrant workers in South Korea and thus it had some limitations. In this study, the participants who took part were very homogenous. For future research, it would be better to approach a more diverse group. Conducting qualitative research would most likely provide more information and understanding about the experiences of Indonesian migrant workers during their time in South Korea. Compared to other studies, the association between acculturative stress and depression was inconsistent. Therefore, further

studies on this issue are needed. It would be better to examine other variables that may impact upon acculturative stress, depression, and quality of life among migrant workers.

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APPENDICES

- APPENDIX A : Announcement for Research Participant
- APPENDIX B : Informed Consent
- APPENDIX C : Demographic Information
- APPENDIX D : Acculturative Stress Scale
- APPENDIX E : Patient Health Questionnaire-9 (PHQ-9) Scale
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- APPENDIX I : Confirmation of IRB Approval

APPENDIX A: Announcement for Research Participant

Notice for Research Participants

We are looking for people who will participate in the following research.

Research

Associations among Acculturative Stress, Depression, and Quality of Life among
Indonesian Migrant Workers in South Korea

Principle Investigator

Farah Dineva R. (Seoul National University, College of Nursing)

Purpose: The main purpose of this research is to identify associations among acculturative stress, depression, and quality of life among Indonesian migrant workers in South Korea.

Participant Selection Criteria: Indonesian migrant workers with age 20-65 years old and able to read and understand Indonesian language.

Participation:

Time and place of participation:

- 1) Period: 20 minutes (Research Period: June-August 2018)
- 2) Location: Ansan, Yongdeungpo, Hanyang University
- 3) Questionnaire Contents: The questionnaire contains 5 sections (Acculturative Stress, Depression, Quality of Life, Social Support, and Organizational Support) with the total of 119 questions.

Compensation for participation: You may not directly benefit from this research; however, we hope that your participation in the study may contribute to better healthcare service.

How to participate: Participants will complete the questionnaire privately in agreed upon places. It is a one-time survey, so participants will complete the questionnaire once. It will take about 20 minutes for participants to complete the questionnaire.

If you are interested in participating in this study, please contact the researcher.

Name: Farah Dineva R. Contact: 010-7573-1610/ favarustam1610@gmail.com

Pengumuman untuk Partisipan Penelitian

Kami mencari partisipan untuk penelitian di bawah ini:

Penelitian

Hubungan Antara Stres Akulturatif, Depresi, Dan Kualitas Hidup Pada Pekerja Migran Indonesia Di Korea Selatan (Associations among Acculturative Stress, Depression, and Quality of Life among Indonesian Migrant Workers in South Korea)

Peneliti

Farah Dineva R. (Seoul National University, College of Nursing)

Tujuan: Tujuan dari penelitian ini adalah untuk menemukan hubungan antara stres akulturatif, depresi, dan kualitas hidup pada pekerja migran Indonesia di Korea Selatan.

Kriteria Pemilihan Partisipan: Pekerja migran Indonesia berusia 20-65 tahun dan mampu membaca dan memahami bahasa Indonesia.

Partisipasi:

Waktu dan Tempat Partisipasi:

- 1) Periode: 20 menit (Periode penelitian: Juni-Agustus 2018)
- 2) Lokasi: Ansan, Yongdeungpo, Hanyang University
- 3) Kuesioner: Kuesioner terdiri dari 5 bagian (Stres akulturatif, Depresi, Kualitas hidup, Dukungan sosial, dan Dukungan organisasi) dengan total 119 pertanyaan.

Kompensasi untuk Berpartisipasi: Anda tidak akan mendapatkan keuntungan langsung dari penelitian ini. Namun, kami berharap partisipasi anda akan berkontribusi untuk pelayanan kesehatan.

Cara Berpartisipasi: Partisipan akan mengisi kuesioner secara pribadi di tempat yang disepakati. Ini adalah penelitian dalam satu waktu sehingga partisipan hanya akan mengisi kuesioner satu kali. Partisipan akan membutuhkan waktu sekitar 20 menit

untuk menyelesaikan pengisian kuesioner.

Apabila anda memiliki pertanyaan mengenai penelitian ini, harap menghubungi peneliti

Nama: Farah Dineva R. Kontak: 010-7573-1610/
favarustam1610@gmail.com

APPENDIX B: Informed Consent

Research Title: Associations among Acculturative Stress, Depression, and Quality of Life among Indonesian Migrant Workers in South Korea.

Name of Researcher: Farah Dineva R. (Master student/ Seoul National University)

This is a study about associations among acculturative stress, depression, and quality of life among Indonesian migrant workers living in South Korea. You are being asked to take part in this research study. A researcher (Farah Dineva R.) from Seoul National University who will conduct this research will explain purposes and procedure of the study to you. This study will be conducted only for those who have voluntarily participated, and it is important for you to understand why this study is performed and what the research is related to before deciding to participate. Please read the following carefully and let them know you are willing to participate. If you have any questions, the researcher will explain in detail.

1. Why is this study conducted?

The purpose of this study is to identify associations among acculturative stress, depression, and quality of life among Indonesian migrant workers living in South Korea.

2. How many people participate?

98 Indonesian migrant workers aged 20 to 65 years old in South Korea will participate in the present study.

3. What happens if I participate in the study?

You will be asked to fill out questionnaire related to this study. The questionnaire contains 5 sections with the total of 119 questions. This will take approximately 20 minutes of your time. You will complete the questionnaire privately, not as a group.

4. How long is the study?

You will be asked to complete the questionnaire once and it will takes 20 minutes of your time.

5. Can I quit while I am participating?

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. If you want to stop participating in the study, please let the researcher know immediately.

6. Are there any side effects or risks?

There is a small chance that you might be a little uncomfortable with some of the questions. If you feel uncomfortable during the survey, you may stop and leave at any time. The researcher conducting the survey is trained to assist you if you become uncomfortable.

All collected data will be saved in a locked file cabinet in a locked office and in a computer file which is accessed only with a password. No one will have access to the data other than the research team who understand the issue of confidentiality. No name will be elicited on the demographic questionnaire and no names will be on the questionnaire.

7. Do participants benefit from participating in this study?

There is no immediate benefit to your participation in this study. However, the information you provide will help us improve our understanding of experiences with acculturative stress, depression, and quality of life among Indonesian migrant workers in South Korea. This study may help to improve migrant worker's health and productivity in work field. For nursing area, this study can help to provide better mental health services for Indonesian migrant workers specifically and other foreign migrant workers generally.

8. Do I have any disadvantages if I do not participate in this study?

You are free to refuse to participate in this study. Also, there is no disadvantage to you if you do not participate in this study.

9. Is the confidentiality of all personal information obtained from the research guaranteed?

The researcher (Farah Dineva R.) is in charge of the personal information management. We will do our best to ensure the confidentiality of all personal information obtained through this study. When research findings are presented for academic purposes, your

name and other personal information will not be used. However, if the law requires it, your personal information may be provided. In addition, the monitoring staff, the inspectors, and the SNU Institutional Review Board (SNUIRB) committee, without violating the confidentiality of the personal information of the research participants, directly read the research results in order to verify the reliability of the procedures and data can. By signing this agreement, you are aware of this and will be deemed to have consented to it.

10. Will I be paid for participating in this study?

I am sorry, but there are no financial rewards for participating in this study.

11. What should I do about the research?

If you have any questions about this study or if you have problems in the middle of your study, please contact the next researcher.

Name: Farah Dineva R.

Phone: 010-7573-1610

If you have any questions about your rights as a research participant at any time, please contact the following Seoul National University Institutional Review Board (SNUIRB)

SNUIRB Committee, Phone: 02-880-5153

AGREEMENT

1. I have read this manual and discussed it with my researcher.
2. I have heard about the risks and benefits and have received satisfactory answers to my questions.
3. I voluntarily agree to participate in this study.
4. I consent to the collection and processing of information obtained from this study by researchers to the extent permitted by current legislation and the SNU Institutional Review Board Regulations.
5. I will not disclose my personally identifiable information that is kept confidential if the researcher or authorized representative conducts research or results management and when the health authorities, the school authorities and the SNU Institutional Review Board (SNUIRB) conduct surveys I agree to read.
6. I can withdraw my participation in this study at any time and I know that this decision will not affect me in any way.
7. My signature means that I have received a copy of this consent form and I will keep a copy until the end of the study.

_____	_____	_____
Study Participant	Signature	Date (Year/Month/Day)

_____	_____	_____
Researcher	Signature	Date (Year/Month/Day)

LEMBAR INFORMASI

Judul Penelitian: Hubungan Antara Stres Akulturatif, Depresi, dan Kualitas Hidup pada Pekerja Migran Indonesia di Korea Selatan (*Associations among Acculturative Stress, Depression, and Quality of Life among Indonesian Migrant Workers in South Korea*).

Nama Peneliti: Farah Dineva R. (Program Master/ Seoul National University).

Penelitian ini adalah sebuah penelitian mengenai hubungan antara stres akulturatif, depresi, dan kualitas hidup pada pekerja migran Indonesia di Korea Selatan. Anda diminta untuk berpartisipasi dalam penelitian ini. Seorang peneliti (Farah Dineva R.) dari Seoul National University yang akan melakukan penelitian ini akan menjelaskan tujuan dan prosedur penelitian kepada anda. Penelitian ini akan dilakukan hanya kepada anda yang bersedia untuk berpartisipasi dan penting bagi anda untuk memahami alasan penelitian dilakukan serta segala sesuatu mengenai penelitian ini sebelum anda memutuskan untuk berpartisipasi. Anda diminta untuk membaca keterangan di bawah ini secara teliti dan harap memberitahukan kepada peneliti jika anda bersedia untuk berpartisipasi. Jika anda memiliki pertanyaan, peneliti akan menjelaskan kepada anda secara terperinci.

1. Mengapa penelitian ini dilakukan?
Untuk menemukan hubungan antara stres akulturatif, depresi, dan kualitas hidup antara pekerja migran Indonesia yang tinggal di Korea Selatan.
2. Berapa orang yang berpartisipasi?
98 orang pekerja migran Indonesia berumur 20 sampai 65 tahun di Korea Selatan akan berpartisipasi dalam penelitian ini.
3. Apa yang harus saya lakukan di penelitian ini?
Anda akan diminta untuk mengisi kuesioner yang berhubungan dengan penelitian ini. Kuesioner terdiri dari 5 bagian dengan total 119 pertanyaan. Pengisian kuesioner ini akan membutuhkan waktu sekitar 20 menit. Anda akan mengisi kuesioner secara pribadi, bukan sebagai grup.

4. Berapa lama waktu yang dibutuhkan dalam penelitian ini?
Anda akan diminta untuk mengisi kuesioner satu kali dan proses ini membutuhkan waktu sekitar 20 menit.
5. Dapatkah saya mengundurkan diri selama saya berpartisipasi?
Anda dapat memilih untuk berpartisipasi atau tidak. Jika anda dengan suka rela berpartisipasi dalam penelitian ini, anda dapat mengundurkan diri kapan pun tanpa konsekuensi apa pun. Anda juga diperbolehkan untuk menolak menjawab beberapa pertanyaan yang tidak ingin anda jawab dan tetap berpartisipasi dalam penelitian ini. Apabila anda ingin berhenti berpartisipasi dalam penelitian ini, harap segera memberitahukan kepada peneliti.
6. Apakah ada efek samping atau resiko?
Ada sedikit kemungkinan bahwa anda akan merasa sedikit tidak nyaman saat menjawab beberapa pertanyaan. Jika anda merasa tidak nyaman selama penelitian, anda dapat berhenti dan meninggalkan penelitian. Peneliti akan mendampingi anda jika anda merasa tidak nyaman. Semua data yang telah terkumpul akan disimpan dalam tempat terkunci di ruang terkunci dan komputer yang hanya bisa diakses menggunakan kata sandi (*password*). Tidak ada yang dapat mengakses data kecuali peneliti yang telah memahami isu kerahasiaan. Nama anda tidak akan dimunculkan di kuesioner demografis dan tidak akan ada nama anda di kuesioner.
7. Apakah partisipan akan mendapat keuntungan dalam penelitian ini?
Tidak ada keuntungan secara langsung bagi partisipasi anda dalam penelitian ini. Namun, informasi yang anda berikan akan membantu kami meningkatkan pemahaman kami dalam memahami pengalaman mengenai stres akulturatif, depresi, dan kualitas hidup pada pekerja migran Indonesia di Korea Selatan. Penelitian ini diharapkan dapat membantu meningkatkan kesehatan dan produktifitas pekerja migran di lapangan kerja. Bagi area keperawatan, penelitian ini dapat meningkatkan pelayanan kesehatan jiwa menjadi lebih baik untuk pekerja migran Indonesia secara khusus dan pekerja migran asing lainnya secara umum.

8. Apakah ada kerugian apabila saya tidak berpartisipasi dalam penelitian ini?
Anda bebas untuk menolak berpartisipasi dalam penelitian ini. Tidak ada kerugian apabila anda tidak berpartisipasi dalam penelitian ini.
9. Apakah semua data pribadi di dalam penelitian ini dapat dijamin kerahasiaannya?
Peneliti (Farah Dineva R.) adalah penanggung jawab pengelolaan data pribadi partisipan. Kami akan melakukan yang terbaik untuk menjamin kerahasiaan semua informasi pribadi di dalam penelitian ini. Ketika hasil penelitian dipresentasikan untuk tujuan akademis, nama dan semua informasi pribadi anda tidak akan digunakan. Namun, apabila dibutuhkan oleh hukum, informasi pribadi anda dapat ditunjukkan. Sebagai tambahan, petugas pemantau, pengawas, dan komite SNU Institutional Review Board (SNUIRB), tanpa melanggar kerahasiaan informasi pribadi milik partisipan, membaca secara langsung hasil penelitian untuk memeriksa keandalan proses dan penyimpanan data. Dengan menandatangani persetujuan, anda dianggap telah memahami dan menyetujui tentang ini.
10. Apakah saya akan dibayar untuk berpartisipasi dalam penelitian ini?
Mohon maaf, namun tidak ada hadiah uang untuk partisipasi anda dalam penelitian ini.
11. Apa yang harus saya lakukan dalam penelitian ini?
Apabila anda memiliki pertanyaan mengenai penelitian ini atau memiliki masalah selama mengikuti penelitian, harap menghubungi peneliti melalui kontak di bawah ini:

Nama: Farah Dineva R.
1610

No. Telp: 010-7573-

Apabila anda memiliki pertanyaan mengenai hak anda sebagai partisipan penelitian, anda dapat menghubungi Seoul National University Institutional Review Board (SNUIRB) kapan pun melalui kontak di bawah ini:

SNUIRB Committee, Phone: 02-880-5153

LEMBAR PERSETUJUAN

1. Saya telah membaca petunjuk ini dan mendiskusikannya dengan peneliti.
2. Saya telah mendengar tentang resiko dan keuntungan dan telah mendapat jawaban yang memuaskan dari pertanyaan saya.
3. Saya setuju untuk berpartisipasi secara sukarela dalam penelitian ini.
4. Saya menyetujui pengumpulan dan pengolahan informasi yang didapatkan dari penelitian ini oleh peneliti sampai ke batas yang diizinkan oleh undang-undang yang berlaku saat ini dan peraturan SNU Institutional Review Board.
5. Saya tidak akan memberitahukan informasi personal saya yang dirahasiakan apabila peneliti atau utusan resmi melakukan penelitian atau pengelolaan hasil dan saat wewenang kesehatan, wewenang akademis, dan SNU Institutional Review Board (SNUIRB) mengadakan penelitian yang saya setujui untuk dibaca.
6. Saya dapat mengundurkan diri dari penelitian ini dan saya memahami bahwa keputusan ini tidak akan mempengaruhi saya dalam bentuk apa pun.
7. Tanda tangan saya menunjukkan bahwa saya telah menerima salinan lembar persetujuan ini dan saya akan menyimpan salinan ini hingga akhir penelitian.

_____	_____	_____
Partisipan Penelitian	Tanda Tangan	Tanggal (Tahun/Bulan/Hari)

_____	_____	_____
Peneliti	Tanda Tangan	Tanggal (Tahun/Bulan/Hari)

APPENDIX C: Demographic Information

- No. (filled by researcher) : ()
- Age :
 20-24 years old 25-29 years old 30-34 years old
 35-39 years old 40-44 years old 45-49 years old
 50-54 years old 55-59 years old 60-65 years old
- Gender : Male Female
- Occupation : Factory Workers Others ()
- Living Area : Seoul Outside Seoul ()
- Educational Background :
 Elementary School Middle School High School
 Bachelor Master PhD
- Monthly Wages : < 1 million Won 1-2 million
Won
 3-4 million Won > 4 million
Won
- Working Hours per Day : About _____ per day
- Working Hours per Week : About _____ per week
- Korean Language Proficiency : Yes, I can speak Korean No, I
can not speak Korean
- Length of Stay in South Korea :
 < 1 year 1-2 years 3-4 years > 4 years

- No. (diisi oleh peneliti) : ()
- Umur :
- 20-24 tahun 25-29 tahun 30-34 tahun
- 35-39 tahun 40-44 tahun 45-49 tahun
- 50-54 tahun 55-59 tahun 60-65 tahun
- Jenis Kelamin : Pria Wanita
- Pekerjaan : Pekerja Pabrik Lainnya ()
- Tempat tinggal : Seoul Luar Seoul ()
- Latar Belakang Pendidikan : SD SMP SMA
- S1 S2 S3
- Gaji per Bulan : < 1 juta Won 1-2 juta Won
- 3-4 juta Won > 4 juta Won
- Waktu Kerja per Hari : Sekitar _____ jam per hari
- Waktu Kerja per Minggu : Sekitar _____ jam per minggu
- Kemampuan Bahasa Korea :
- Ya, bisa berbahasa Korea Tidak bisa berbahasa Korea
- Lama tinggal di Korea Selatan :
- < 1 tahun 1-2 tahun 3-4 tahun > 4 tahun

APPENDIX D: Acculturative Stress Scale

No	Items	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	Homesickness bothers me	1	2	3	4	5
2	I feel uncomfortable to adjust to new foods	1	2	3	4	5
3	I am treated differently in social situations	1	2	3	4	5
4	Others are sarcastic toward my cultural values	1	2	3	4	5
5	I feel nervous to communicate in English	1	2	3	4	5
6	I feel sad living in unfamiliar surroundings	1	2	3	4	5
7	I fear for my personal safety because of my different cultural background	1	2	3	4	5
8	I feel intimidated to participate in social activities	1	2	3	4	5
9	Others are biased toward me	1	2	3	4	5
10	I feel guilty to leave my family and friends behind	1	2	3	4	5
11	Many opportunities are denied to me	1	2	3	4	5
12	I feel angry that my people are considered inferior here	1	2	3	4	5
13	Multiple pressures are placed upon me after migration	1	2	3	4	5
14	I feel that I receive unequal treatment	1	2	3	4	5

15	People show hatred toward me nonverbally	1	2	3	4	5
16	It hurts when people don't understand my cultural values	1	2	3	4	5
17	I am denied what I deserve	1	2	3	4	5
18	I frequently relocate for fear of others	1	2	3	4	5
19	I feel low because of my cultural background	1	2	3	4	5
20	Others don't appreciate my cultural values	1	2	3	4	5
21	I miss the people and country of my origin	1	2	3	4	5
22	I feel uncomfortable to adjust to new cultural values	1	2	3	4	5
23	I feel that my people are discriminated against	1	2	3	4	5
24	People show hatred toward me through actions	1	2	3	4	5
25	I feel that my status in this society is low due to my cultural background	1	2	3	4	5
26	I am treated differently because of my race	1	2	3	4	5
27	I feel insecure here	1	2	3	4	5
28	I don't feel a sense of belonging (community) here	1	2	3	4	5
29	I am treated differently because of my color	1	2	3	4	5
30	I feel sad to consider my people's problems	1	2	3	4	5

31	I generally keep a low profile due to fear	1	2	3	4	5
32	I feel some people don't associate with me because of my ethnicity	1	2	3	4	5
33	People show hatred toward me verbally	1	2	3	4	5
34	I feel guilty that I am living a different life style here	1	2	3	4	5
35	I feel sad leaving my relatives behind	1	2	3	4	5
36	I worry about my future for not being able to decide whether to stay here or to go back	1	2	3	4	5

No	Pernyataan	Sangat Tidak Setuju	Tidak Setuju	Tidak Yakin	Setuju	Sangat Setuju
1	Kerinduan kampung halaman mengganggu saya	1	2	3	4	5
2	Saya tidak nyaman harus menyesuaikan dengan makanan baru	1	2	3	4	5
3	Saya diperlakukan berbeda di lingkungan sosial	1	2	3	4	5
4	Orang lain menyindir nilai budaya saya	1	2	3	4	5
5	Saya merasa gugup berkomunikasi dalam Bahasa Inggris	1	2	3	4	5
6	Saya merasa sedih hidup di lingkungan asing	1	2	3	4	5
7	Saya mengkhawatirkan keamanan diri saya karena latar belakang budaya saya yang berbeda	1	2	3	4	5
8	Saya merasa terancam untuk berpartisipasi dalam aktifitas sosial	1	2	3	4	5
9	Orang lain tidak adil terhadap saya	1	2	3	4	5
10	Saya merasa bersalah telah meninggalkan keluarga dan teman saya	1	2	3	4	5
11	Banyak peluang yang tidak diberikan kepada saya	1	2	3	4	5
12	Saya merasa marah karena orang dari negara saya dianggap rendah di sini	1	2	3	4	5
13	Banyak tekanan yang saya hadapi setelah pindah ke negara ini	1	2	3	4	5
14	Saya merasa saya diperlakukan tidak adil	1	2	3	4	5
15	Orang lain menunjukkan rasa benci kepada saya dengan bahasa tubuh dan ekspresi muka	1	2	3	4	5

16	Saya merasa sakit hati saat orang lain tidak mengerti budaya saya	1	2	3	4	5
17	Saya tidak terima dengan apa yang pantas saya dapatkan	1	2	3	4	5
18	Saya sering berpindah tempat karena takut dengan orang lain	1	2	3	4	5
19	Saya merasa minder karena latar belakang budaya saya	1	2	3	4	5
20	Orang lain tidak menghargai nilai budaya saya	1	2	3	4	5
21	Saya merindukan orang-orang dan kampung halaman saya	1	2	3	4	5
22	Saya merasa tidak nyaman untuk menyesuaikan diri dengan nilai budaya baru	1	2	3	4	5
23	Saya merasa orang-orang dari negara saya dibedakan (didiskriminasi)	1	2	3	4	5
24	Orang-orang menunjukkan kebencian mereka terhadap saya dengan tindakan	1	2	3	4	5
25	Saya merasa status saya rendah di masyarakat karena latar belakang budaya saya	1	2	3	4	5
26	Saya diperlakukan berbeda karena ras saya	1	2	3	4	5
27	Saya merasa tidak aman di sini	1	2	3	4	5
28	Saya tidak merasa sebagai bagian dari masyarakat di negara ini	1	2	3	4	5
29	Saya diperlakukan berbeda karena warna kulit saya	1	2	3	4	5
30	Saya merasa sedih memikirkan masalah teman-teman dari negara saya	1	2	3	4	5
31	Saya mencoba bersikap rendah hati karena merasa takut	1	2	3	4	5

32	Saya merasa beberapa orang tidak mau berhubungan dengan saya karena etnis saya	1	2	3	4	5
33	Orang-orang menunjukkan rasa benci mereka ke saya lewat kata-kata	1	2	3	4	5
34	Saya merasa bersalah karena memiliki gaya hidup yang berbeda di sini	1	2	3	4	5
35	Saya merasa sedih karena meninggalkan keluarga	1	2	3	4	5
36	Saya khawatir dengan masa depan saya karena tidak bisa memutuskan akan tetap tinggal di sini atau kembali ke negara saya	1	2	3	4	5

APPENDIX E: Patient Health Questionnaire-9 (PHQ-9) Scale

Over the past 2 weeks, how often have you been bothered by any of the following problems?

No	Items	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Selama 2 minggu terakhir, seberapa sering Anda terganggu oleh masalah-masalah berikut?

No	Pernyataan	Tidak Pernah	Beberapa hari	Lebih dari 1 minggu	Hampir setiap hari
1	Kurang tertarik atau bergairah dalam melakukan apapun	0	1	2	3
2	Merasa murung, muram, atau putus asa	0	1	2	3
3	Sulit tidur atau mudah terbangun, atau terlalu banyak tidur	0	1	2	3
4	Merasa lelah atau kurang bertenaga	0	1	2	3
5	Kurang nafsu makan atau terlalu banyak makan	0	1	2	3
6	Kurang percaya diri atau merasa bahwa Anda adalah orang yang gagal atau telah mengecewakan diri sendiri atau keluarga	0	1	2	3
7	Sulit berkonsentrasi pada sesuatu, misalnya membaca koran atau menonton televisi	0	1	2	3
8	Bergerak atau berbicara sangat lambat sehingga orang lain memperhitungkannya. Atau sebaliknya yaitu merasa resah atau gelisah sehingga Anda lebih sering bergerak dari biasanya	0	1	2	3
9	Merasa lebih baik mati atau ingin melukai diri sendiri dengan cara apapun	0	1	2	3

APPENDIX F: WHOQOL-BREF Scale

No	Items	Very Poor	Poor	Neither Poor nor Good	Good	Very Good
1	How would you rate your quality of life?	1	2	3	4	5

No	Items	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
2	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last two weeks.

No	Items	Not at all	A Little	A Moderate Amount	Very Much	An Extreme Amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5
7	How well are you able to concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last two weeks

No	Items	Not at all	A little	Moderately	Mostly	Completely
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

No	Items	Very Poor	Poor	Neither Poor nor Good	Good	Very Good
15	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

No	Items	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5

20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last two weeks.

No	Items	Never	Seldom	Quite Often	Very Often	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

No	Pertanyaan	Sangat Buruk	Buruk	Biasa-biasa Saja	Baik	Sangat Baik
1	Bagaimana menurut anda kualitas hidup anda?	1	2	3	4	5

No	Pertanyaan	Sangat Tidak memuaskan	Tidak Memuaskan	Biasa-biasa Saja	Memuaskan	Sangat Memuaskan
2	Seberapa puas anda terhadap kesehatan anda?	1	2	3	4	5

Pertanyaan berikut adalah tentang seberapa sering anda telah mengalami hal-hal berikut ini dalam 2 minggu terakhir.

No	Pertanyaan	Tidak Sama Sekali	Sedikit	Dalam Jumlah Sedang	Sangat Sering	Dalam Jumlah Berlebihan
3	Seberapa jauh rasa sakit fisik anda mencegah anda dalam beraktivitas sesuai kebutuhan anda?	5	4	3	2	1
4	Seberapa sering anda membutuhkan terapi medis untuk dpt berfungsi dlm kehidupan sehari-hari anda?	5	4	3	2	1
5	Seberapa jauh anda menikmati hidup anda?	1	2	3	4	5
6	Seberapa jauh anda merasa hidup anda berarti?	1	2	3	4	5
7	Seberapa jauh anda mampu berkonsentrasi?	1	2	3	4	5
8	Secara umum, seberapa aman anda rasakan dlm kehidupan anda sehari-hari?	1	2	3	4	5
9	Seberapa sehat lingkungan dimana anda tinggal (berkaitan dgn sarana dan prasarana)?	1	2	3	4	5

Pertanyaan berikut ini adalah tentang seberapa penuh anda alami hal-hal berikut ini dalam 2 minggu terakhir.

No	Pertanyaan	Tidak Sama Sekali	Sedikit	Sedang	Sering Kali	Sepe- nuhnya Di- alami
10	Apakah anda memiliki vitalitas yg cukup untuk beraktivitas sehari-hari?	1	2	3	4	5
11	Apakah anda dapat menerima penampilan tubuh anda?	1	2	3	4	5
12	Apakah anda memiliki cukup uang utk memenuhi kebutuhan anda?	1	2	3	4	5
13	Seberapa jauh ketersediaan informasi bagi kehidupan anda dari hari ke hari?	1	2	3	4	5
14	Seberapa sering anda memiliki kesempatan untuk bersenang-senang /rekreasi?	1	2	3	4	5

No	Pertanyaan	Sangat Buruk	Buruk	Biasa- biasa Saja	Baik	Sangat Baik
15	Seberapa baik kemampuan anda dalam bergaul?	1	2	3	4	5

Pertanyaan berikut ini adalah tentang seberapa puas anda dalam mengalami hal-hal berikut ini dalam 2 minggu terakhir.

No	Pertanyaan	Sangat Tidak Memuaskan	Tidak Memuaskan	Biasa- biasa Saja	Memu- -askan	Sangat Memu- -askan
16	Seberapa puaskah anda dg tidur anda?	1	2	3	4	5
17	Seberapa puaskah anda dg kemampuan anda untuk	1	2	3	4	5

	menampilkan aktivitas kehidupan anda sehari-hari?					
18	Seberapa puaskah anda dengan kemampuan anda untuk bekerja?	1	2	3	4	5
19	Seberapa puaskah anda terhadap diri anda?	1	2	3	4	5
20	Seberapa puaskah anda dengan hubungan personal / sosial anda?	1	2	3	4	5
21	Seberapa puaskah anda dengan kehidupan seksual anda?	1	2	3	4	5
22	Seberapa puaskah anda dengan dukungan yg anda peroleh dr teman anda?	1	2	3	4	5
23	Seberapa puaskah anda dengan kondisi tempat anda tinggal saat ini?	1	2	3	4	5
24	Seberapa puaskah anda dgn akses anda pd layanan kesehatan?	1	2	3	4	5
25	Seberapa puaskah anda dengan transportasi yg hrs anda jalani?	1	2	3	4	5

Pertanyaan berikut merujuk pada seberapa sering anda merasakan atau mengalami hal-hal berikut dalam 2 minggu terakhir.

No	Pertanyaan	Tidak Pernah	Jarang	Cukup Sering	Sangat Sering	Selalu
26	Seberapa sering anda memiliki perasaan negatif seperti ' <i>feeling blue</i> ' (kesepian), putus asa, cemas dan depresi?	5	4	3	2	1

APPENDIX G: Multidimensional Scale of Perceived Social Support (MSPSS) Scale

No	Items	Strong-ly Disagree	Dis-agree	Some-what Dis-agree	Some what Agree	A-gree	Strong-ly Agree
1	There is a special person who is around when I am in need	1	2	3	4	5	6
2	There is a special person with whom I can share my joys and sorrows	1	2	3	4	5	6
3	My family really tries to help me	1	2	3	4	5	6
4	I get the emotional help and support I need from my family	1	2	3	4	5	6
5	I have a special person who is a real source of comfort to me	1	2	3	4	5	6
6	My friends really try to help me	1	2	3	4	5	6
7	I can count on my friends when things go wrong	1	2	3	4	5	6
8	I can talk about my problems with my family	1	2	3	4	5	6
9	I have friends with whom I can share my joys and sorrows	1	2	3	4	5	6
10	There is a special person in my life who cares about my feelings	1	2	3	4	5	6

11	My family is willing to help me make decisions	1	2	3	4	5	6
12	I can talk about my problems with my friends	1	2	3	4	5	6

No	Pernyataan	Sangat Tidak Setuju	Tidak Setuju	Agak Tidak Setuju	Agak Setuju	Setuju	Sangat Setuju
1	Selalu ada seseorang yang spesial ketika saya membutuhkan	1	2	3	4	5	6
2	Ada seseorang yang spesial untuk saya berbagi kebahagiaan dan kesedihan	1	2	3	4	5	6
3	Keluarga saya benar-benar mencoba membantu saya	1	2	3	4	5	6
4	Saya mendapat bantuan dan dukungan emosional dari keluarga saya	1	2	3	4	5	6
5	Saya memiliki seseorang spesial yang merupakan sumber utama kenyamanan saya	1	2	3	4	5	6
6	Teman saya benar-benar mencoba membantu saya	1	2	3	4	5	6
7	Saya dapat mengandalkan teman-teman saya ketika ada masalah	1	2	3	4	5	6
8	Saya dapat bercerita tentang masalah saya kepada keluarga	1	2	3	4	5	6
9	Saya memiliki teman untuk berbagi kebahagiaan dan kesedihan	1	2	3	4	5	6
10	Ada seseorang spesial di hidup saya yang peduli dengan perasaan saya	1	2	3	4	5	6
11	Keluarga saya mau membantu saya dalam mengambil keputusan	1	2	3	4	5	6

12	Saya dapat bercerita tentang masalah saya kepada teman-teman	1	2	3	4	5	6
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APPENDIX H: Perceived Organizational Support (POS) Scale

No	Items	Strongly Disagree	Disagree	Agree	Strongly Agree
1	The organization values my contribution to its well-being	1	2	3	4
2	If the organization could hire someone to replace me at lower salary it will do so	4	3	2	1
3	The organization fails to appreciate any extra effort from me	4	3	2	1
4	The organization strongly considers my goals and values	1	2	3	4
5	The organization would understand a long absence due to my illness	1	2	3	4
6	The organization would ignore any complaint from me	4	3	2	1
7	The organization disregards my best interests when it makes decisions that affect me	4	3	2	1
8	Help is available from the organization when I have problem	1	2	3	4
9	The organization really cares about my well-being	1	2	3	4
10	The organization is willing to extend itself in order to help me perform my job to the best of my ability	1	2	3	4
11	The organization would fail to understand my absence due to a personal problem	4	3	2	1
12	If the organization found a more efficient way to get my job done they would replace me	4	3	2	1
13	The organization would forgive an honest mistakes on my part	1	2	3	4
14	It would take only a small decrease in my performance for	4	3	2	1

	the organization to want to replace me				
15	The organization feels there is little to be gained by employing me for the rest of my career	4	3	2	1
16	The organization provides me little opportunity to move up the ranks	4	3	2	1
17	Even if I did the best job possible, the organization would fail to notice	4	3	2	1
18	The organization would grant a reasonable request for a change in my working conditions	1	2	3	4
19	If I were laid off, the organization would prefer to hire someone new rather than take me back	4	3	2	1
20	The organization is willing to help me when I need a special favor	1	2	3	4
21	The organization cares about my general satisfaction at work	1	2	3	4
22	If given the opportunity, the organization would take advantage of me	4	3	2	1
23	The organization shows very little concern for me	4	3	2	1
24	If I decided to quit, the organization would try to persuade me to stay	1	2	3	4
25	The organization cares about my opinions	1	2	3	4
26	The organization feels that hiring me was a definite mistake	4	3	2	1
27	The organization takes pride in my accomplishments at work	1	2	3	4
28	The organization cares more about making a profit than about me	4	3	2	1

29	The organization would understand if I were unable to finish a task on time	1	2	3	4
30	If the organization earned a greater profit, it would consider increasing my salary	1	2	3	4
31	The organization feels that anyone could perform my job as well as I do	4	3	2	1
32	The organization is unconcerned about paying me what I deserve	4	3	2	1
33	The organization wishes to give me the best possible job for which I am qualified	1	2	3	4
34	If my job were eliminated, the organization would prefer to lay me off rather than transfer me to a new job	4	3	2	1
35	The organization tries to make my job as interesting as possible	1	2	3	4
36	My supervisors are proud that I am a part of this organization	1	2	3	4

No	Pernyataan	Sangat Tidak Setuju	Tidak Setuju	Setuju	Sangat Setuju
1	Perusahaan menghargai kontribusi yang saya berikan untuk kesejahteraan organisasi	1	2	3	4
2	Jika perusahaan dapat menyewa orang untuk menggantikan saya dengan gaji yang lebih rendah maka itulah yang akan dilakukan oleh perusahaan	4	3	2	1
3	Perusahaan gagal untuk menghargai apa pun usaha ekstra saya	4	3	2	1
4	Perusahaan benar-benar mempertimbangkan tujuan dan nilai-nilai saya	1	2	3	4
5	Perusahaan memaklumi ketidakhadiran saya karena saya sakit	1	2	3	4
6	Perusahaan akan mengabaikan apapun keluhan saya	4	3	2	1
7	Perusahaan mengabaikan kepentingan terbaik saya ketika membuat keputusan yang dapat mempengaruhi saya	4	3	2	1
8	Perusahaan menyediakan bantuan ketika saya mengalami kesulitan atau masalah	1	2	3	4
9	Perusahaan benar-benar peduli pada kesejahteraan saya	1	2	3	4
10	Perusahaan bersedia memberikan keleluasaan kepada saya agar saya dapat mengeluarkan kemampuan terbaik saya	1	2	3	4
11	Perusahaan tidak memaklumi ketidakhadiran saya karena masalah pribadi	4	3	2	1
12	Jika perusahaan menemukan cara yang lebih efisien untuk dapat menyelesaikan tugas saya mereka akan menggantikan saya	4	3	2	1
13	Perusahaan akan memaafkan kesalahan yang saya akui dengan jujur selama saya bekerja	1	2	3	4

14	Penurunan prestasi kerja yang saya lakukan membuat perusahaan ingin menggantikan posisi saya dengan orang lain	4	3	2	1
15	Perusahaan merasa hanya ada sedikit yang bisa diperoleh dari mempekerjakan saya selama sisa karir saya	4	3	2	1
16	Perusahaan hanya menyediakan sedikit kesempatan bagi saya untuk menjadi lebih maju	4	3	2	1
17	Bahkan jika saya melakukan pekerjaan sebaik mungkin, perusahaan tidak akan melihat usaha saya	4	3	2	1
18	Perusahaan mengabaikan permintaan yang masuk akal bagi perubahan kondisi kerja saya	1	2	3	4
19	Jika saya diberhentikan, perusahaan lebih suka merekrut orang baru daripada mempekerjakan saya kembali	4	3	2	1
20	Perusahaan bersedia untuk membantu saya ketika saya membutuhkan bantuan khusus	1	2	3	4
21	Perusahaan memperhatikan kepuasan kerja saya secara keseluruhan	1	2	3	4
22	Jika diberi kesempatan, perusahaan akan mengambil keuntungan dari saya	4	3	2	1
23	Perusahaan memberikan perhatian yang sangat sedikit kepada saya	4	3	2	1
24	Jika saya memutuskan untuk berhenti, perusahaan akan mencoba membujuk saya untuk tetap bertahan	1	2	3	4
25	Perusahaan peduli tentang pendapat saya	1	2	3	4
26	Perusahaan merasa bahwa mempekerjakan saya adalah suatu kesalahan besar	4	3	2	1
27	Perusahaan bangga terhadap prestasi saya di tempat kerja	1	2	3	4

28	Perusahaan lebih peduli untuk mencari keuntungan dibandingkan saya	4	3	2	1
29	Perusahaan memaklumi jika saya tidak bisa untuk menyelesaikan pekerjaan saya tepat waktu	1	2	3	4
30	Perusahaan mendapatkan keuntungan yang lebih besar, maka perusahaan akan mempertimbangkan untuk menaikkan gaji saya	1	2	3	4
31	Perusahaan merasa bahwa setiap orang dapat melakukan pekerjaan sama seperti yang saya lakukan	4	3	2	1
32	Perusahaan tidak peduli terhadap gaji yang merupakan hak saya	4	3	2	1
33	Perusahaan ingin memberikan kepada saya pekerjaan yang sebaik mungkin sesuai kualifikasi saya	1	2	3	4
34	Jika posisi saya ditiadakan, perusahaan akan lebih memilih untuk memberhentikan saya daripada memindahkan saya ke posisi lain	4	3	2	1
35	Perusahaan berusaha menjadikan pekerjaan saya semenarik mungkin	1	2	3	4
36	Atasan saya merasa bangga karena saya menjadi bagian dari perusahaan ini	1	2	3	4

APPENDIX I: Confirmation of IRB Approval

Notification on results

Reception

Principle Investigator	Name: Farah Dineva R	Affiliation: College of Nursing of Seoul National University	Position: 석사과정
Funding Organization	N/A		

Information on Research Project

Approval number	IRB No. 1808/001-003		
Title of Research Project (Korean)	대한민국 인도네시아 이주 노동자들의 문화적응 스트레스, 우울, 삶의 질의 상관관계를 중심으로		
Type of Research	Academic Research, Survey		
Types of deliberation	Prompt deliberation		
Date of deliberation	2018-08-13		
Subject of deliberation	Research plan(Reconsideration), Consent forms or statement of reasons on consent exemption for research participants		
Deliberation result	승인		
Date of approval	2018-08-13	Approval validity period	2019-08-12
Regular reporting cycle	12Month		
Review opinion	<ol style="list-style-type: none"> 1. Submitted research plan has been approved as a result of deliberation. 2. The researcher is expected to conduct one's research using approved documents, and if adjustments need to be made in terms of the plan (change of researcher, change in research contents etc.), please proceed the research after applying for modification to the Committee and gaining its approval 3. <u>Termination report must be submitted</u> when research is completed within the valid period, and if research needs to be continued beyond the approved period of validity , please proceed with <u>deliberation on continuation by 13 July, 2019</u>. 		

2018.08.13

Chairperson of the Seoul National University Biomedics Committee



국문초록

이 횡단적, 상관관계 연구의 목적은 한국에 거주하는 인도네시아 이주 노동자들의 문화적응 스트레스, 우울, 삶의 질 사이의 연관성을 확인하는 것이었다. 대상자는 안산, 영등포, 한양 대학교 안산 캠퍼스에서 모집하였으며, 자료 수집은 2018년 9월 1일부터 9월 30일까지 이루어졌다. Indonesian version of Acculturative Stress Scale, Patient Health Questionnaire-9 (PHQ-9), World Health Organization Quality of Life-BREF (WHOQOL-BREF), Multidimensional Scale of Perceived Social Support (MSPSS) 와 Perceived Organizational Support scale 를 사용하여 연구 변수들을 측정하였다. SPSS 소프트웨어 프로그램, 버전 22 를 사용하여 자료를 분석하였으며, 91 명의 자료가 분석에 사용되었다.

분석 결과, 문화적응 스트레스와 우울 사이에 유의한 양의 상관 관계가 나타났으며, 문화적응 스트레스와 삶의 질 사이에는 음의 상관 관계가 밝혀졌다. 우울의 정도에 영향을 미치는 중요한 요인은 문화적응 스트레스였으며, 삶의 질 수준에 영향을 미치는 중요한 요소는 사회적지지와 문화적응 스트레스였다.

본 연구는 한국에 거주하는 인도네시아 노동자를 대상으로 이루어진 첫번째 연구이며, 추후 더 다양한 연구들이 필요할 것이다. 이 연구의 결과는 한국의 이주 노동자, 특히 인도네시아 이주 노동자의 정신 건강 서비스 개선에 사용될 수 있을 것이다.

키워드 : 문화적응 스트레스, 우울, 삶의 질, 이주 노동자,
인도네시아인

학생증 : 2016-27018

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Farah Dineva R