

THE LEVEL AND DETERMINANTS OF
WELL-BEING AMONG POLISH
ECONOMIC MIGRANTS IN SCOTLAND;
TESTING THE SUSTAINABLE HAPPINESS
MODEL

A Sequential Explanatory Mixed-Methods
Study

Anna Bak-Klimek

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**The Level and Determinants of Well-being among Polish Economic Migrants in
Scotland; Testing the Sustainable Happiness Model.
A Sequential Explanatory Mixed-Methods Study**

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Doctor of Philosophy

By

ANNA BAK-KLIMEK

October 2015

DECLARATION

I, Anna Bak-Klimek, declare that this thesis is my own work and that no material contained in it has been submitted for another academic award.

A full list of references has been included, encompassing reference to parts of this work previously published:

Bak-Klimek, A., Karatzias, T., Elliott, L. and MacLean, R. (2014). The determinants of well-being among international economic immigrants: A systematic literature review and meta-analysis. *Applied Research in Quality of Life*, 10(1), pp.161-188.

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ABSTRACT

Background: The available research on economic migration suggested that immigrants may be less happy than the indigenous populations. It was found that relatively stable dispositional factors such as optimism, and cognitive-behavioural factors such as social comparisons, predicted well-being among migrants. Circumstantial factors such as income did not play an important role. Although useful, these studies did not examine a comprehensive range of predictors and most were not theoretically based. Furthermore all were based on quantitative designs and thus were unable to explain the relationship between these factors and well-being. Indeed, no qualitative studies have been conducted in this area of research.

Aims: The aims of this study were to identify the level and determinants of well-being among Polish economic migrants living in Scotland, using a comprehensive range of predictors; to establish the extent to which the findings are supported by theory - the Sustainable Happiness Model (SHM) - and to provide greater insight into how factors have affected immigrants' well-being.

Research Design & Methods: A sequential explanatory mixed-methods design was used in which the qualitative phase explains quantitative results in more detail. In the first phase, 188 participants selected by a combination of snowball sampling and advertising, completed questionnaires which were analysed by means of univariate and multivariate statistics. The second phase included semi-structured interviews with a subsample of 17 participants. The interviewees were selected using purposive sampling in the form of extreme case sampling, on the basis of the high/low scores on the predictors identified in the quantitative analysis. Transcripts of interviews were analysed by a thematic analysis.

Results: Participants reported high levels of well-being. An earlier age at migration, good health and a proficient level of English predicted high well-being levels. The greater use of emotion-focussed coping, problem-focussed coping, higher social support, religiousness and tendency to make downward social comparisons, all predicted higher well-being levels. Emotion-focussed coping was the strongest predictor of all examined factors. Cognitive-behavioural and circumstantial factors accounted for more variance in well-being than personality, which contradicts the SHM that

personality accounts for most variance in well-being. The qualitative study suggested that immigrants' adjustment process to a new country, their cultural values and the socio-economic background in their home country may explain such findings.

Conclusions: The present findings contribute to the literature on economic migrants' mental health, in demonstrating that despite facing adaptation challenges and acculturative stress, migrants are capable of being happy. The findings demonstrate that emotion-focussed coping can be more adaptive than problem-focussed coping for immigrants who face difficult to change, adverse circumstances. The findings in relation to age at migration, perceived health status and language proficiency making a direct contribution to well-being, build on the previous research, which concluded that circumstantial factors have a minor impact on immigrants' well-being. The findings indicate that the SHM, that was based on studies conducted on general populations from Western, rich, individualistic countries, may not be applicable to migrant populations from non-Western, collectivist cultures. A new well-being model is proposed which posits that well-being is explained mostly by cognitive-behavioural factors and circumstances. The study encourages future research to test the revised model across diverse populations. The study recommends the use of self-help cognitive-behavioural techniques to help maintain high well-being levels among immigrants.

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DEDICATION

This thesis work is dedicated to my husband, *Krystian Klimek*,

who has been the main source of happiness to me,

since we migrated to Scotland 10 years ago.

Thank you for giving me freedom to choose the life path

I desired and showing faith in me.

I am truly grateful for having you in my life.

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whose good examples have taught me

to work hard for the things that I aspire to achieve

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LIST OF ABBREVIATIONS

LFS: Labour Force Survey

SHM: Sustainable Happiness Model

SWB: Subjective Well-being

SWL: Satisfaction with Life

WHO: World Health Organisation

WRS: Worker Registration Scheme

CHAPTER I

INTRODUCTION

This chapter introduces the background of the study, namely mental health of international economic migrant populations. After reviewing migration prevalence, reasons and mental health of economic migrants, it briefly presents the existing research problems and states how these are addressed in the present study.

1 Background of the Study

1.1 Migration: Prevalence and Reasons

We live in a world shaped by human migration. Every day, people make a decision to leave their hometown - or even their own country - and move elsewhere to work, study, retire, or reunite with their families. Migration has changed the demographic composition of cities and nations. In the last half century, international migration has increased worldwide, despite increased efforts by many governments to limit immigration. In 2013, approximately 214 million people lived outside their place of birth (The International Organization for Migration, 2013). This denotes a dramatic jump of more than 40% from 150 million just over a decade ago in 2000. This number represents 3.1% of the world population, suggesting one in every 33 persons in the world is a migrant (International Organization for Migration, 2013).

Britain is the second most popular destination for migrants (OECD, 2008). In 2011, there were 7.5 million foreign-born residents in the UK, corresponding to 11.9% of the total population (Office for National Statistics, 2013). Economic migration of Polish citizens to the UK is considered as one of the largest migration movements in contemporary Europe (Burrell, 2004). In 2013, the number of Polish citizens in the UK was estimated at 679 000, making them the largest foreign nationality group residing in the UK for several years running (Salt, 2013). Scotland, as compared to Wales, Northern Ireland and England, has seen a significant influx of immigrants from Poland. Polish immigrants in Scotland are not only the largest non-UK born population but also one of the fastest growing migrant populations, growing from 2,505 in 2001 to 55,231 in 2011 and reaching an estimated 56,000 in 2012 (Packwood and Findlay, 2014; Pietka-Nykaza and McGhee, 2014).

1.2 Reasons for Migration from Poland to the UK

Migration from Poland to the United Kingdom is by no means a recent phenomenon. The two largest migration flows took place first during the Second World War and its aftermath, and next in the post-accession period (Trevena, 2009). The present study is focussed on contemporary migration of Poles to the UK, which gained momentum after the country's accession to the European Union in 2004. Post-accession Polish immigrants chose the UK as the preferred destination for economic reasons such as low pay, the lack of work at home, poor career development and low quality of life (Sim, Barclay and Anderson, 2007). The financial strain in their home country resulted from the Post-Communist system (Bhat, Kaur and Kauser, 2009; Sim, Barclay and Anderson, 2007). In the years following the fall of Communism, Poland experienced a sharp decline in its quality of life. The dramatic political transition to a liberal democracy affected many Poles in a negative way (Pavlovic, and Gritzner, 2008). By the mid-1990s in Poland, recession had set in and brought with it a sharp increase in the total level of unemployment, from 6.5% in 1990 to as much as 19.4% in 2003, reaching a staggering 30% in certain regions (GUS, 2008). Significantly, a high level of youth unemployment became an especially conspicuous phenomenon in Poland (Fihel et al., 2008). The situation in the Polish labour market was very difficult, in some regions even dramatic, which created a considerable migration pressure (Trevena, 2009). Nevertheless, the institutional conditions for Poles seeking work abroad were rather unfavourable in the pre-accession period. Hence, the greatest migration wave from Poland took place only after the institutional changes marked by the 2004 EU enlargement, with the United Kingdom, Ireland, and Sweden fully opening their labour markets to A8 nationals (Trevena, 2009). Thus, migration from Poland to Britain represents economic migration from a non-Western, poorer country to a Western, richer country. Polish immigrants are an example of economic immigrants who arrived in a foreign land with expectations of, and hopes for, improvement of their quality of life (Sim, Barclay and Anderson, 2007).

1.3 Cultural Identity of Polish People

Economic and political changes in Poland have influenced cultural values of Polish people, that is, the extent to which Poland is individualistic (puts emphasis on personal freedom and achievement) and collectivist (puts emphasis on connection with others and harmony in social relationships) (Chen et al., 2006). There was a high level of

emphasis on a collectivist society by the Communist rule and members of Polish society internalised some collectivist values then. Gorlach (1995) noted that religious and traditional influences promoted collectivism within Polish society.

Polish people's emphasis on collectivist values is evident in Hofstede's rankings of national cultures' individualism (Hofstede, 2001). Hofstede (2001) assigned Poland an individualism index of 60. For a comparison, Britain was assigned an individualism index of 89 - one the highest of the individualist scores.

The literature suggested that Poland now may be more individualistic than expected due to western influence for the last years expected (Chen et al., 2006). It is believed that Polish people may now be more prepared to take individual responsibility, compete and motivated by economic and material incentives which may further explain their decision to migrate. On the other hand, it is also argued that Polish society will still maintain many internalised collectivist values such as seeking seek social recognition (Chen et al., 2006).

Thus, although there is no up-to-date research comparing cultural values of Poland and Britain, it is believed that a cultural gap may exist between these two countries. Furthermore, it is argued that on settling down in the new culture, migrants' cultural identity is likely to change (Bhugra, 2004). This has important implications for mental health of immigrants; Cultural distance (i.e. the extent of similarity-dissimilarity between the culture of origin and the culture of contact) is considered as one of the key factors that affect mental health of migrant population (Bhugra, 2004).

1.4 Mental Health of Migrant Populations

The available literature on immigrants' mental health shows that there is a wide discrepancy between migration-related expectations and post-migration reality (Kozłowska, Sallah and Galasinski, 2008; Negy, Schwartz and Reig-Ferrer, 2009). In relation to Polish immigrants the evidence suggests that people felt disappointment with the reality of migration. Migrants were surprised that the UK was not the 'promised land' they imagined; they could not achieve as much as they had expected they would, they did not develop, and they did not always 'fit in' in the host society (Kozłowska, Sallah and Galasinski, 2008). Migrants faced multiple stressors; stress following immigration was expressed in the difficulties that immigrants faced in the new context and society, such as economic hardship, language and cultural gaps, loss of social, familial and support networks (Sim, Barclay and Anderson, 2007; Weishaar, 2008),

discrimination and underemployment (Kozłowska, Sallah and Galasinski, 2008; Sim, Barclay and Anderson, 2007; Weishaar, 2008).

In addition to high levels of stress, an elevated level of psychological distress (anxiety and depression) is a common problem among many migrants (Griffin and Soskolne, 2003; Huan and Spurgeon, 2006; Lindert et al., 2009; Sharma and Jaswal, 2006) including Polish migrants living in different countries such as Germany and the UK (Bhat, Kaur and Kauser, 2009; Kozłowska, Sallah and Galasinski, 2008; Merbach, Ulla and Brahler, 2008; Weishaar, 2008).

The available literature suggests that migration experience is undoubtedly one of the most stressful life events. It disrupts many aspects of an individual's life and has negative consequences on health, contributing to increased level of depression and anxiety (Huan and Spurgeon, 2006; Lindert et al., 2009). Nevertheless, the researcher is aware that the existing research tends to adopt the stress-health outcome framework in order to describe a significant link between immigration experience (stress) and immigrants' mental health (Huan and Spurgeon, 2006; Lindert et al., 2009; Sharma and Jaswal, 2006). Clearly, the studies tend to focus on immigrants' negative mental health (distress, stress), which does have limitations.

2 Statement of the Problem

Due to previous research being conducted exclusively in a pessimistic fashion (focussing exclusively on negative mental health), migration itself may automatically be assumed as bad for one's well-being. Immigrants are treated as a homogenous group suffering from mental health problems. It has been overlooked that although migration in itself can be a stressful experience, it may not necessarily result in negative adaptation outcomes, and many can make positive adaptations to their new social environment. Also, the significant variables and factors related to successful adaptation and resettlement may be ignored or missed.

The present research recognises the importance of studying well-being among the population of immigrants. It recognises that mental health is not merely the absence of mental illness, but also the presence of subjective well-being (SWB) such as happiness and life satisfaction (Diener and Seligman, 2002; Keyes, 2005), and determinants of well-being may be different from determinants of psychopathology (Seligman, 2002). The study stresses that the populations of countries all over the world are becoming multicultural and it is important to know if the economic migrants, who make sacrifices

in some areas of life (e.g. separation from family) for the sake of increased income and improved quality of life, are happy or not. It becomes necessary to identify the reasons for their (dis)satisfaction and find out if their level of well-being can be increased at all.

Surprisingly enough, although often the immigrants' goal is to improve well-being, the existing research on migrants' well-being is scarce and suffers methodological limitations. Available literature comparing the level of migrants' well-being to that of natives in the destination country or 'stayers' in the countries that immigrants left, suggested that immigrants may be less happy than the indigenous populations (Baltatescu, 2005, 2007; Bartram, 2013, 2014; Cai et al., 2014). Nevertheless, the studies used non-standardised measures of well-being consisting of a single question (Bartram, 2013; Cai et al., 2014). Furthermore, the systematic review of twelve studies, presented in Chapter II, revealed that relatively stable dispositional factors such as optimism, and cognitive-behavioural factors such as social comparisons, predicted well-being among migrants. Circumstantial factors such as income did not play an important role in immigrants' well-being. However, the studies did not examine a comprehensive range of predictors informed by an overarching conceptual framework that relates all the potentially important factors. Most research was not theoretically based.

Furthermore all studies were based on quantitative designs and thus were unable to explain the relationship between these factors and well-being. Indeed, no qualitative studies have been conducted in this area of research. The present study recognised that it is important not only to identify the determinants of immigrants' well-being, but also to understand how various factors and experiences affect immigrants' well-being. The qualitative study would allow us to better understand how these factors, alone and in combination, may affect immigrants' well-being. It would enable us to build a broader picture of how immigrants' well-being is shaped.

The present study addressed the above gaps in the literature on economic migrants' well-being, and adopted a mixed-methods design to investigate the determinants of well-being among Polish economic immigrants in Scotland, who are the largest migrant group in this country (Packwood and Findlay, 2014; Pietka-Nykaza and McGhee, 2014). It is the first study to investigate a comprehensive range of determinants of well-being and to examine the interrelationship between them. Unlike the previous studies that lacked an overarching conceptual framework, the researcher assessed the Sustainable Happiness Model (Lyubomirsky, Sheldon and Schkade, 2005) in predicting well-being in this population. The inclusion of a conceptual framework in this area of research

should help us to understand the relationships between potential predictors and well-being, and therefore will help professionals implement appropriate interventions aimed at improving well-being and post-migration adjustment. Finally, an additional qualitative component was employed to add richness and depth, and allow the researcher to explain and expand on the quantitative data. Overall, the study aimed to provide unique data, given that this is a methodologically and theoretically sophisticated study which addresses issues that have never been investigated before.

CHAPTER II

LITERATURE REVIEW

PART I Well-being Approaches and Theoretical Perspectives

This section presents, firstly, how the approach to well-being has been changing over the last half-century. Secondly, the benefits of investigating well-being are listed. Thirdly, the chapter draws on the theoretical and empirical evidence attempting to answer the question why some people are happier than others and whether it is possible to increase well-being. Bottom-up and top-down theories of well-being are critically reviewed. Finally, the section presents the Sustainable Happiness Model (Lyubomirsky, Sheldon and Schkade, 2005), which integrates all the previous empirical and theoretical evidence on well-being and has been selected as a theoretical framework for the present study.

1 Approaches to Well-being

1.1 A Psychiatric Approach

Prior to World War II, psychology had three missions (Seligman and Csikszentmihalyi, 2000): 1) cure mental illness, 2) improve well-being of an average person, 3) understand optimal functioning. Thus, psychology focussed both on curing mental illness and on fostering healthy, meaningful lives for people. Nevertheless, following the war, the main objective was to cure mental illness and repair damage using a disease model of human functioning (Peterson, Park and Seligman, 2006). A great majority of psychologists found employment through the Veterans Administration, treating soldiers suffering from mental illness. This caused a dramatic shift in the focus of psychology, with any focus on well-being becoming quite rare (Peterson, Park and Seligman, 2006). Well-being was then described in negative terms, with absence of psychopathology commonly regarded as indicative of well-being. It was assumed that individuals were either mentally ill or presumably mentally healthy (Manderscheid et al., 2010). Individuals free of mental illness were assumed to be homogenous, functioning about the same or markedly better than mentally ill individuals (Corey and Keyes, 2005).

At the end of the World War II, a more positive conception of well-being was explicit in the initial set-up of the World Health Organisation (WHO) “Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (WHO, 1948). Nevertheless, this definition by WHO was utopian, since at that time adequate measuring instruments were not available to professionals or citizens committed to this refreshing approach towards the concept of wellness and illness (Vazquez et al., 2009). Thus, despite WHO intentions, the psychiatric approach to well-being persisted until the end of the 1990s, when the researchers and clinicians came to the realisation that what psychologists had learned over 50 years was that the disease model did not move psychology closer to the prevention of these serious problems (Snyder and Lopez, 2002). In fact, the number of people suffering from mental illness was still increasing. Furthermore, due to the exclusive focus of psychologists on the mentally ill, the mentally healthy population was neglected, although people were not equally happy and many did not have satisfying and fulfilling lives. Thus, the psychiatric approach to well-being could not explain why many individuals free of mental disorder were not leading equally productive and healthy lives. The conclusion was reached that although the pursuit of well-being was central to human existence, such a disease-focussed approach cast only a narrow spotlight on human experience and did not make any significant contribution to human well-being.

1.2 A Positive Psychological Approach

As a reaction against the over-emphasis in psychology and psychiatry on ‘the negative’, Seligman introduced the Positive Psychology movement in 1998 (Duckworth, Steen and Seligman, 2005). Seligman and Czikszentmihalyi (2000) called for a shift from a disease-oriented science to a science of optimal functioning, well-being, and happiness. They stressed that the focus of our attention should be on what is strong and healthy rather than on disorder, dysfunction, and disease; “Psychology is not just the study of disease, weakness, and damage; it also is the study of strength and virtue. Treatment is not just fixing what is wrong; it also is building what is right.” (Seligman, 2002, p.4). The assumptions of the positive psychology movement pioneers were in line with the (WHO) health definition that ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO, 1948).

The claims that the absence of mental illness does not imply the presence of well-being were supported by strong empirical evidence. The important study by Corey and Keyes,

(2005) acknowledged that mental health problems and mental well-being are not two ends of the same continuum and can be viewed on two separate continua: a mental health problem continuum and a mental well-being continuum. On these continua, mental well-being ranges from a low (minimal) to a high (maximal) level and mental health problems from absence (minimal) through mild to severe clinically diagnosable illness (maximal). This model recognises that a person with a mental health problem can experience high levels of mental well-being and vice versa (Corey and Keyes, 2005). Thus, for example, individuals who may not suffer from depression do not necessarily experience high levels of well-being. Such claims are supported by increasing research in the area. For instance, there is evidence that psychological distress can occur alongside moderately high general levels of happiness or that people with psychosis can be as happy as general population (Headey and Wearing, 1991; Mankiewicz, Gresswell and Turner, 2013).

Following the realisation that the absence of mental distress does not guarantee the presence of well-being, and that the presence of psychological distress and mental illness does not preclude happiness, positive mental health has been increasingly considered a worthy subject for serious scientific research. The interest of researchers has shifted from exclusive focussing on treating what is weak and defective about people to developing positive characteristics. It has begun to ask how and why people felt good and how this contributed to well-being. The researchers and clinicians have understood that the knowledge of positive mental health has important and broad implications for therapeutic settings.

Firstly, positive psychology has a lot to offer in relation to prevention of mental illness and thus is a field of relevance to health promotion. According to Seligman and Csikszentmihalyi (2000), the largest successes in preventing mental illness have come from focussing on the building of competence, not on correcting weaknesses. By adopting positive functioning/well-being as a goal for researchers and clinicians, there is the possibility of increasing our ability to predict distress and dysfunction. The evidence suggests that well-being serves a preventative function against future psychopathology and relapse and low well-being represents a risk factor for psychiatric illness (Lampropoulos, 2001). Prevention is a natural point of entry for positive psychology because positive constructs emphasize enhancing the sources of strength and resilience (Ingram and Snyder, 2006).

Secondly, positive psychology can also offer benefits in terms of treatment of mental illness. Additional treatment options for anxiety and depression would be desirable. Despite so many years of exclusive focus on treatment of mental disorders, a startling number of people continue to suffer from these incapacitating illnesses. Depression affects over 100 million people worldwide, and in 2000 was the second-leading cause of disability among individuals aged 15–44 (WHO, 2011). In the United Kingdom, depression is the third most common reason for a primary care consultation. In Scotland, patients with depression and anxiety make up as much as 70% of GP appointments (Rait et al., 2010). The service costs for depression and anxiety are huge and current treatment strategies of these disorders have limitations (Rait et al., 2010). Response rates to a single antidepressant are generally considered to be 60%–70%, with over 80% of the drug effect accounted for by placebo effects (Kirsch et al., 2002). Also, drug therapy is associated with adverse effects that patients often must endure to obtain the benefits (American Psychiatric Association, 2010). Although talking therapies compare favourably to medication and are effective in reducing acute distress in depressed patients, they do not work for everyone (Layous, Chanellor and Lyubomirsky, 2011). The pathologising nature of psychological diagnoses and treatments, as well as the social stigma often attached to them, seem to contribute to keeping people away from helping services (Lampropoulos, 2001). Others may be unable to obtain treatment simply because they lack the requisite financial resources. Thus, it is believed that positive psychology interventions may address those limitations and 1) have the potential to benefit individuals not responding to pharmacotherapy or not able or willing to obtain treatment, 2) could be relatively less expensive to administer and less time-consuming, 3) would hold little to no stigma, and 4) would carry no side-effects.

In addition to the contribution of positive psychology in prevention and treatment of mental illness, one should not forget that positive psychology makes the argument that these positive topics of inquiry are important to understand in their own right, not solely as buffers against the problems, stressors, and disorders (Gable and Haidt, 2005). Seligman (2002) emphasizes that a positive psychology approach will measure, understand and build the positive human traits or characteristics that make life worth living, and that help individuals and communities not just survive or endure, but also flourish. This is important, given that individuals free of mental illness are not leading equally productive and healthy lives and there are many who do not feel happy (Karwowski, Garratt and Ilardi, 2006). A positive psychology approach will thus be

beneficial to mentally healthy individuals who have a low sense of well-being. It appears that the population of the mentally healthy but unhappy has been neglected, although it constitutes a greater proportion of the society (Karwowski, Garratt and Ilardi, 2006).

The available research regarding the contribution of positive psychology to prevention, treatment of mental illness and improvement of well-being is promising and encourages further investigations. Positive psychology interventions which focus on cultivating positive thoughts, feelings and experiences, rather than aiming solely to ameliorate depressive symptoms, have proved efficacious for both enhancing well-being and reducing depressive symptoms. This is evident in a recent meta-analysis of 51 positive psychology interventions with both depressed and non-depressed participants (Sin and Lyubomirsky, 2009). The meta-analysis showed that such interventions may appeal to people who are not optimally served by cognitive-behavioural or interpersonal therapies, as well as patients who are already taking antidepressant medication, but who have shown a small to moderate response (Sin and Lyubomirsky, 2009). Nevertheless, the evidence suggests that positive psychological interventions do not work equally well for all populations, and the effectiveness of interventions varies across populations (Sin and Lyubomirsky, 2009). Thus, further research is required in order to pinpoint which intervention methods work best for the populations that are at risk of having poor well-being and suffering from mental distress.

To conclude, although the assessment, understanding and treatment of mental illness has been the mission of psychology since the end of World War II, it seems that depression and anxiety are still prevalent and require improvements in treatment. Also, nowadays, absence of mental illness is no longer sufficient to indicate good mental health. Psychologists do not now attempt only to answer “What is broken?”, “What doesn’t work?”, “What needs to be fixed?” and “How can we fix it?” but also “what works, what is right, and what is improving?” (Sheldon and King, 2001, p.216). Positive psychology has the potential to contribute significantly to improve effectiveness and delivery of mental illness treatment, but also to enhance well-being in mentally healthy populations. Positive psychology also has its role in the prevention of psychological problems, for example in promotion of health. The positive psychology approach does not try to erase work on distress and dysfunction. Rather, the aim is to build up what we know about human resilience, strength, and growth, to integrate and complement the existing knowledge base. An integration of psychopathology-focussed and

strength-focussed approaches in therapeutic psychology is very promising, as it helps treat mental illness but also increases people's well-being (Lampropoulos, 2001).

Despite increasing evidence in the area, positive psychology is relatively new branch of psychology, only about a decade old. A review of the scientific literature published over the hundred years from 1907 to 2007 shows the publication of 77,614 articles on stress, 44,667 on depression and 24,814 on anxiety, but only 6,434 on well-being (Vazquez et al., 2009). Thus, it is an evolving field that is actively seeking further evidence about the routes to well-being. Well-being interventions are still in the early stages of development as compared to the interventions that address negative affect. All of this stresses the need for a more comprehensive view on how well-being functions in different societies.

2 Definitions of Well-being

The positive psychology field has witnessed the formation of two relatively distinct, yet overlapping, perspectives and paradigms for empirical inquiry into well-being: hedonism and eudemonism (Ryan and Deci, 2001).

2.1 Hedonic Well-being

The notion of hedonism - striving for maximisation of pleasure (positive affect) and minimisation of pain (negative affect) can be traced to Aristippus, a Greek philosopher who believed that the goal of life is to experience maximum pleasure (Diener et al., 1999).

Most research within hedonic psychology has used subjective well-being (SWB) as the prevailing measure of well-being (Diener et al., 1999). SWB is often used in the literature interchangeably with the term happiness, and consists of three components: life satisfaction, the presence of positive affect, and the absence of negative affect (Diener, 1984; Lyubomirsky, 2001). Life satisfaction represents people's conscious evaluative judgments about their satisfaction with life as a whole, or evaluative judgments about specific aspects of their lives such as job, recreation or marriage (Andrews and Withey, 1976). It has frequently been found that specific life satisfaction ratings made on different domains are substantially correlated, suggesting the existence of a higher order factor representing general life satisfaction. Based on the previous work, Diener (1984) and Diener, Suh, Lucas and Smith (1999) defined life satisfaction as people's general cognitive evaluations of their own life.

The affective components of subjective well-being form a separate factor from life satisfaction judgements (Diener, 1984). They refer to moods and emotions which can be either positive or negative. Positive affect refers to pleasant moods or emotions (e.g. happiness, joy or pride), whereas negative affect refers to unpleasant emotions (e.g. anxiety, shame or depression).

Based on the definition of SWB, a person is said to have high subjective well-being if she or he experiences life satisfaction and frequent joy, and only infrequently experiences unpleasant emotions such as sadness or anger. In contrast, a person is said to have low subjective well-being if she or he is dissatisfied with life, experiences little joy and affection, and frequently feels negative emotions such as anger or anxiety (Diener, Suh and Oishi, 1997).

Although SWB has reigned as the prevailing measure of well-being for the last 20 years, it has been subject to criticism. One of the major criticisms of SWB is that it is not grounded in a well-considered theoretical framework (Ryff and Keyes, 1995). The measure arose, almost inadvertently, from questionnaires designed to evaluate interventions. Thus, instead of defining a measure and then developing an appropriate questionnaire, the measure was defined by the questionnaires. As a result, it has been argued that subjective well-being fails to encapsulate the philosophical complexity of what it means to be truly psychologically well (Vittersø, 2003), and misses vital elements such as meaning, purpose and personal expressiveness (King and Napa, 1998). It is argued that the hedonic approach to well-being seems to give a one-sided, rather bare picture of well-being - striving for maximisation of pleasure (positive affect) and minimisation of pain (negative affect).

2.2 Eudaimonic Well-being

Recently, another approach to well-being has arisen out of the historical and philosophical debris - the idea of eudaimonic well-being. The concept of eudaimonia can be traced back to Hellenic philosophy, and was expounded upon, among others, by Socrates, the Stoics and most extensively Aristotle (Waterman, 1993). Whilst each of their conceptions of eudaimonia differs in the details, there is a strong consensus that not a pleasure but virtue is necessary to achieve Eudaimonia (well-being) (Waterman, 1993). Socrates advocated that virtue is not only necessary but is sufficient for a good life. According to Socrates, a person who is not virtuous cannot be happy, and a person with virtue cannot fail to be happy. Aristotle also agrees that eudaimonia was achieved

not through pleasure but through a life of virtue and doing what is worth doing (Waterman, 1993). He viewed eudaimonia as a sense of being that gives meaning to one's life and the final and the highest goal of human striving (Waterman, 1993).

There are several theories of well-being which try to co-exist together under a relatively broad concept of eudaimonia. Humanistic psychologists, such as Maslow and Rogers, were probably the first 'eudaimonists' in the 20th century. Humanistic psychology grew up in the '60s out of the climate of pessimistic psychoanalysis and behaviourism that reduced humans to machines responding to stimuli. The premise of humanistic psychology was that people have a free will and make choices that influence their well-being (Waterman, 1993).

Further, Ryff and Keyes (1995) presented a multidimensional approach to the measurement of psychological well-being that taps six distinct aspects of human actualization: autonomy (feelings of self determination and personal authority), personal growth (sense of continuing growth and development as a person), self-acceptance (positive evaluations of oneself and one's past life), life purpose (the belief that one's life is purposeful and meaningful), mastery (capacity to manage one's life and surrounding world effectively), and positive relatedness (having warm and trustful interpersonal relationships).

Another eudaimonic model, the self-determination theory (SDT) developed by Ryan and Deci (2001) postulates the existence of three inherent fundamental needs, which are universal (found throughout different cultures and times). These basic psychological nutrients are: autonomy - the need to choose what one is doing, being an agent of one's own life; competence - the need to feel confident in doing what one is doing and relatedness - the need to have human connections that are close and secure, whilst still respecting autonomy and facilitating competence. SDT asserts that when these needs are satisfied, motivation and well-being are enhanced, and when they are limited, there is a negative impact on our well-functioning (Ryan and Deci, 2001).

Clearly, there is a lack of consensus regarding the definition of eudaimonia, which is a problem, as it results in an increasing number of constructs falling under the umbrella. Multiple definitions can actually hinder inquiry into the relationship between these concepts (Kashdan, Biswas-Diener and King, 2008). However, we must also remember that the field is still in its infancy, and given the complex nature of the subject matter, differing and competing definitions should not be unexpected.

2.3 Conclusion: Hedonic or Eudaimonic?

Recent research suggests that the dominant psychological paradigm of well-being, hedonic well-being, does not fully capture psychological wellness. The eudaimonic constructs that have emerged appear to add value over and above that of SWB, although the definition of eudaimonia is not clear.

Interestingly, although the psychological construction of eudaimonia is still in its infancy, there is already support for the distinction between hedonia and eudamonia, not only from philosophy, but also from psychological and physiological research. A number of psychological studies support the distinction that there are other dimensions to well-being distinct from, although correlated with, SWB, such as meaning (King and Napa 1998; McGregor and Little, 1998) and personal growth (Compton et al., 1996). Also, a study by Urry et al. (2004) investigated the relationship of eudaimonic and hedonic measures with levels of prefrontal cortex (PFC) activation using electroencephalography (EEG). This research suggests that higher scores in psychological well-being lead to greater left prefrontal activation over and above that associated with positive affect, whereas satisfaction with life (SWL) does not. This physiological research suggests that eudaimonic constructs provide additional health benefits unaccounted for by positive affect or SWL.

Overall, the research suggests that there is no consensus around a single definition of well-being, and well-being is probably best conceived as a multidimensional phenomenon that includes aspects of both the hedonic and eudaimonic conceptions of well-being (Compton et al., 1996). Therefore, although in the literature the term well-being has often been used interchangeably with other terms such as happiness, in the present study the researcher undertook the overarching approach to well-being and used the term 'well-being' consistently. The multidimensional nature of well-being was also taken into account while selecting the measures for well-being.

3 Theoretical Perspectives on Well-being

Although there is an agreement that well-being is an important goal for all human beings, there is a debate on how to achieve it. Two main questions have intrigued more and more researchers and clinicians: what determines people's well-being? Can we increase our well-being level? Efforts to understand what drives well-being have come

to be guided by two major theoretical perspectives: bottom-up and top-down theories (Diener, 1984).

3.1 Top-down Perspective

Top-down theories of well-being suggest that people have a genetic predisposition to be happy or unhappy and that this predisposition determines their well-being "set point". The theory implies that a person's baseline or equilibrium level of well-being is a consequence of hereditary characteristics and is therefore almost entirely predetermined at birth (Lykken and Tellegen, 1996).

Support for the top-down theory of well-being comes from research investigating the biological or temperamental underpinnings of well-being. For instance, Tellegen, Lykken, Bouchard, Wilcox, Segal, and Rich (1988) examined two sets of twins (monozygotic and dizygotic) who were raised together or apart, which enabled the researchers to separate the effects of similar family environment. They found that monozygotic twins raised in different families were more similar to each other than were dizygotic twins who were raised either together or apart. More recently, in a longitudinal twin study, Lykken and Tellegen (1996) showed that identical twins reared apart were substantially more similar in well-being than were fraternal twins reared either together or apart, suggesting that genes may have a powerful effect on well-being.

The top-down theory of well-being is further supported by the study of personality. Research has shown that all the dimensions of the Big Five framework (openness, conscientiousness, extraversion, agreeableness, and neuroticism) are associated with well-being to differing degrees (Compton, 1998; DeNeve and Cooper, 1998; Ruiz, 2005). The traits of neuroticism and extraversion have repeatedly been the strongest personality predictors of SWB (Lucas, 2008, Lucas and Diener, 2008); Extraversion (defined by a higher degree of sociability, assertiveness, and talkativeness) was positively associated with well-being, and neuroticism (defined by a lack of emotional stability and optimism, and marked by high levels of guilt proneness, psychosomatic concerns and worry) was negatively correlated to well-being (Argyle, 2001; Cheng and Furnham, 2001). However, the meta-analysis by DeNeve and Cooper (1998) indicates that two other personality traits, namely agreeableness and conscientiousness, also predispose individuals towards well-being, but to a lesser extent. Openness to new experiences does not appear to be a strong and consistent predictor of well-being (DeNeve and Cooper, 1998).

At a psychological level, two plausible mechanisms have been proposed to explain the relationship between personality and SWB. For example, some researchers (Cantor and Sanderson, 1999; Carver and Scheier, 1990) have emphasized the roles of extraversion and neuroticism in reward and punishment systems respectively. Extraverts are more sensitive to pleasures and engage in more social activities, whilst introverts withdraw from most social situations (Emmons, Diener and Larsen, 1986). Others have proposed that the relationship arises from indirect, instrumental effects of personality on the experiences an individual encounters (McCrae and Costa, 1991).

3.2 Bottom-up Perspective

According to the bottom-up perspective, happy people are the privileged; they encounter relatively more positive and satisfying life events and accrue the greatest advantages in life, for example a comfortable income, robust health, a supportive marriage (Diener et al., 1999). The theory places emphasis on objective situations and conditions, external events, experiences and demographic variables, and regards well-being as the sum total of individuals' experience (pleasant/unpleasant) of the main domains of satisfaction in their lives (e.g. family, friends, work) (Diener, 1984). It is commonly thought that socio-demographic factors such as income, or life events such as divorce or disability, would be strongly related to well-being (Diener et al., 1999). The evidence for the theory, however, is not as strong or consistent as compared to the evidence for the top-down approach.

For instance, in relation to income, it is commonplace to hypothesize that higher income causes better well-being. However, much research has shown that the correlation between income and well-being is quite small. A good example is a study by Brickman, Coates and Janoff-Bulman (1978), which found that lottery winners were not significantly happier than the comparison group. This finding has received further support from numerous subsequent studies (Diener et al., 1993; Easterlin, 2001; Frey and Stutzer, 2000; Van Praag and Ferrer-i-Carbonell, 2004). Many have interpreted this to mean that money does not matter for well-being, and that the rich are no happier than the poor.

Nevertheless, there is an increasing number of studies indicating that money does indeed matter. For instance, Gardner and Oswald (2007) compared individuals who won the lottery with two control groups using longitudinal data of British people, and found that the unexpected increase in income had a positive effect on their well-being. Frijters,

Haisken-DeNew and Shields (2004) found that 35–40% of the increase in well-being in East Germans was due to the exogenous increase in real household income after the reunification of the country in 1991. Furthermore, a recent study conducted in 28 European countries has shown that within a country, people with high incomes have a higher level of well-being than poor people (Fahey, Whelan and Maitre, 2005). Overall, those inconsistent findings across studies may suggest that there is a “threshold effect”; that is, above a certain level, extra income does not add much (if anything) to well-being (Bartram, 2010).

The evidence regarding the link between life circumstances such as poor health and well-being is also complex. Compelling evidence came from Silver (1982), who found that individuals who were seriously disabled in an accident were at first very unhappy and upset, but over a relatively short time became happier, which means that the accident did not have a sustained effect on their well-being. Nevertheless, there is also contradictory evidence. For instance, extremely negative life events such as disability, (Brickman, Coates and Jannoff-Bulman, 1978; Easterlin, 2003; Lucas, 2007), unemployment (Lucas et al., 2004), divorce (Lucas, 2005) and widowhood (Lucas et al., 2003) had a sustained impact on one’s well-being. Also, although psychologists have interpreted the famous study by Brickman, Coates and Janoff-Bulman (1978) as evidence that people adapt to disabling spinal-cord injuries, more recently Lucas and Schimmack (2009) noticed that the differences between the injured participants and the controls in that study were actually large ($d = 0.78$), suggesting that injuries did have an impact on well-being.

3.2.1 Mechanisms Underlying the Relationship Between Bottom-up Factors and Well-being

It is believed that there may be a number of mechanisms underlying the relationship between bottom-up factors and well-being. Some of them are highlighted below.

3.2.1.1 Hedonic Treadmill

First of all, the concept of a hedonic treadmill is used to describe the gradual process of diminishing emotional responses to positive or negative stimuli over time (Frederick and Loewenstein, 1999). Although hedonic adaptation to negative events is welcome, studies show that such adaptation is often slow or incomplete. This can explain why people typically do not return to their baseline levels of well-being after negative life events such as a disability (Lucas, 2007), unemployment (Lucas et al., 2004), divorce

(Lucas, 2005), or widowhood (Lucas et al., 2003). By contrast, people adapt relatively quickly and completely to positive experiences (Lyubomirsky, 2008). For example, hedonic adaptation appears to be complete following positive life events such as marriage (Lucas et al., 2003) or a voluntary job change (Boswell, Boudreau and Tichy, 2005). Generally, these findings suggest that people cannot become lastingly happier, because they may not fully adapt to negative life events and will adapt all too fully to positive life events (Lyubomirsky and Della Porta, 2010). It is also believed that the degree of adaptation to different types of positive or negative life events can vary according to both personal characteristics (e.g. flexibility, social support) and the significance of the events (e.g. marriage, death or disability). This may explain why sometimes negative events may have a permanent effect on well-being.

3.2.1.2 Cognitive Processes - Construal Model of Well-being (Lyubomirsky, 2001)

In addition to the above, the construal model of well-being (Lyubomirsky, 2001) attempts to explain the relationship between bottom-up factors and well-being. The theory argues that life circumstances and events are not truly objective, and people are not passive receivers who simply accept the effects of objective life events and conditions. Life events are 'cognitively processed' (Scarr, 1989), construed and framed, evaluated and interpreted, contemplated and remembered. Thus, objective life circumstances play a critical role in well-being but are poor predictors of well-being, because their effect on well-being depends largely on how they are construed, perceived or compared to others (Lyubomirsky, 2001). The theory thus emphasises the role of relevant cognitive processes in moderating the effects of events, life circumstances and demographic factors on the perception of well-being. This can explain how income affects well-being. For example, having an annual income of \$100K might be construed as satisfying if one's peers are making \$50K, but dissatisfying if one's peers are making \$250K (Solnicka and Hemenway, 1998). Therefore, it might be the difference between one's earnings and his/her peers (relative income) that can explain well-being more precisely, rather than comparisons of absolute income (Mentzakisa and Morob, 2009).

3.2.1.3 Personality Traits

In addition to cognitive and motivational factors, personality moderates the effect of life events on well-being. Headey and Wearing (1992) linked personality, life events and well-being in what they termed *dynamic equilibrium theory*. Using data from an Australian panel study, they observed that history repeats itself in people's lives - that

the same life events tend to keep happening to the same people. The events which happen to a person must be partly driven by stable characteristics. It has been shown that extraverts tend to experience many positive events and that neurotic individuals experience many negative events (Magnus et al., 1993). Thus, effects of life circumstances on well-being can vary considerably among individuals, depending on their basic personality traits. This is evident in the study by Soto and Luhmann (2013), where neuroticism consistently moderated the effects of income on life satisfaction.

3.3 Conclusion: Top-down or Bottom-up?

Top-down factors (e.g. personality trait) seem to have a larger and more consistent influence on well-being compared to bottom-up factors (e.g. demographic variables and life circumstances). Generally, studies have consistently shown that the average person's objective circumstances are less predictive than one might expect of how happy he or she is likely to be. Objective circumstances, demographic variables and life events put together, account for no more than 8% to 15% of the variance in well-being (Diener et al., 1999). Nevertheless, although life circumstances generally play a smaller role in determining well-being they should not be ignored, as there is also much evidence supporting the view that circumstantial factors can have a sustained effect on well-being (Gardner and Oswald, 2007; Lucas, 2007). Also, most importantly, one should bear in mind that the effects of life circumstances (e.g. income) on well-being vary substantially among individuals, depending on their personality characteristics (e.g. neuroticism) or cognitive/motivational processes (e.g. social comparison, rumination), which affect how one views the world. Thus, life circumstances, personality characteristics and cognitive factors should not be treated as distinct and competing predictors of SWB.

Thus, neither top-down nor bottom-up theory alone is sufficient to account for differences in well-being. Both bottom-up and top-down forces influence how happy or unhappy people are - that is, both circumstances (e.g. being married or wealthy) and personality (e.g. possessing an extraverted disposition) affect well-being. The interaction of inherited traits with environmental factors remains a complicated process. Thus, to achieve a more comprehensive understanding of well-being, top-down, bottom-up and cognitive, motivational processes need to be synthesized and considered together. When these theories are integrated, we can see that there are objective life circumstances we must deal with, but that we all have a subjective opinion about whether our life is positive or negative.

In relation to the possibility of increasing well-being, it seems that top-down theories are pessimistic, as they suggest that each person may have a unique set point for well-being that is genetically determined and immune to influence (Lyubomirsky, Sheldon and Schkade, 2005). These theories imply that there is little chance of creating greater well-being. In this view one can at best try to raise that fixed level somewhat, be it with genetic engineering or training. In terms of bottom-up theories, it appears that changing life circumstances will not increase well-being permanently, due to the hedonic treadmill (Lyubomirsky, 2001). The concept of the hedonic treadmill suggests that any gains in well-being are only temporary, because humans so quickly adapt to change. Thus, trying to become happier may be as futile as trying to become taller (Lykken and Tellegen, 1996). The notion of an individual fighting against the effects of adaptation brings to mind an image of a pedestrian walking up a descending escalator (Lykken and Tellegen, 1996). Although the improving circumstances of our lives may propel us upward towards ever-greater well-being, the process of adaptation forces us back to our initial state. This means that the hedonic treadmill is also a significant impediment to happiness seekers, because it implies that such seeking is doomed to failure in the end (Lyubomirsky, 2001). Thus, according to top-down and bottom-up theories, striving for well-being may inevitably bring deep disappointment for many people.

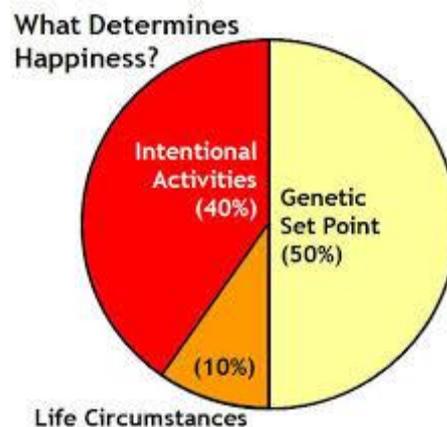
To conclude, researchers should no longer treat top-down and bottom-up theories as competing. Rather, they should base their research on the comprehensive theory which 1) integrates the available theoretical and empirical evidence for and against top-down and bottom-up theories to clarify our understanding of well-being; 2) assumes that despite the seemingly compelling reasons listed for pessimism regarding attempts to elevate levels of well-being the pursuit of happiness is not futile; 3) is practical and can be used to develop interventions which enhance well-being.

4 The Sustainable Happiness Model (SHM) –Toward a Unifying Theoretical Perspective on Well-being.

Lyubomirsky, Sheldon and Schkade (2005) condensed the conclusions of previous studies and integrated research on well-being into a single conceptual model. Based on the available theoretical and empirical evidence, they proposed the Sustainable Happiness Model (SHM) that attempts to account for factors that best predict the well-being level of individuals. Within this model there are three main factors: the set point, circumstances and intentional activities/effortful acts. The model proposes that a set

point accounts for 50% of the variance in well-being, life circumstances 10% and intentional activities 40%. The percentages of variance for circumstances (10%) and personality (50%) are averages of estimates from previous studies (Diener et al., 1999; Lykken and Tellegen, 1996; Reich, Zautra and Hall, 2010) and the percentage (40%) for intentional activities has been proposed by Lyubomirsky (2005) herself (see Figure 1.)

Figure 1. The Sustainable Happiness Model.



In this model, the set point reflects relatively immutable intrapersonal, temperamental and affective personality traits, such as extraversion and neuroticism that are highly heritable (Tellegen et al., 1988) and change little over the lifespan (McCrae and Costa, 1990). It means that we enter the world with a predisposition toward a certain level of well-being, and that our well-being levels tend to hover around this set point.

Lyubomirsky, Sheldon and Schkade, (2005) agree that focussing on the set point is not a fruitful avenue for increasing well-being.

According to the model, the second factor that influences well-being is circumstances, which accounts for 10% of the variance in well-being. Circumstances refers to the “incidental but relatively stable factors of an individual’s life” (Lyubomirsky, Sheldon and Schkade, 2005, p. 117). Circumstances relevant to well-being may include the national, geographical and cultural region in which a person resides, and also demographic factors such as age, gender and ethnicity (Diener et al., 1999).

Circumstantial factors also include the individual’s personal history – that is, life events such as having experienced a childhood trauma, an automobile accident, or winning a

prestigious award. Finally, circumstantial factors include life status variables such as marital status, occupational status, job security, income or health. Thus, ‘circumstances’ refer to the socio-demographic, economic and cultural influences in people’s lives.

Finally, the remaining 40% of well-being is determined by the intentional activities. Intentional activities is a broad category that involves the voluntary and effortful things people do in their everyday lives. The researchers also assume that intentional activities take some degree of effort to enact, that is, the person has to try to do the activity – it does not happen by itself. Indeed, this point touches on one of the critical distinctions between the category of activity and the category of life circumstances – that is, circumstances happen to people, and activities are ways that people act on their circumstances (Lyubomirsky, Sheldon and Schkade, 2005). Lyubomirsky, Sheldon and Schkade, (2005) differentiate between three types of intentional activities/effortful acts: cognitive, behavioural, and volitional. The cognitive ones include: social comparison, developing strategies for coping and cultivating positive thinking. Behavioural ones include: nourishing social support, taking care of our body and practising religion and spirituality. Volitional ones include committing to goals. Thus, intentional activities refer to psychological rather than social, cultural or economic influences in people’s lives.

Lyubomirsky, Sheldon and Schkade, (2005) argue that changes in circumstances have limited potential for producing sustainable changes in well-being and intentional activities are the best potential route for sustainably increasing one’s well-being. Attempting to produce changes in life circumstances can consume time, energy or resources that a person may not have and, in some cases (e.g. a real estate downturn when one desires to move), is practically impossible. Furthermore, although this strategy may work in the short term, it probably will not work in the long term because people tend to adapt to constant circumstances (Lyubomirsky, Sheldon and Schkade, 2005). Lyubomirsky, Sheldon and Schkade, (2005) also argue that positive changes in one’s circumstances will have a less sustainable effect on well-being than negative changes, due to hedonic adaptation having different effects on positive and negative life events. As previously mentioned, hedonic adaptation to positive events is faster and more complete than adaptation to negative events (Lyubomirsky, 2008, 2011).

A central assumption of the Lyubomirsky’s model is that hedonic adaptation occurs more slowly with respect to activity changes than to circumstantial changes. In other

words, the effects of positive activity changes (such as changing one's way of thinking) tend to decay more slowly than the effects of positive circumstantial changes (such as securing a salary raise). This differential adaptation assumption is rooted in the proposal that circumstances (e.g. salary, car ownership, place of residence) represent relatively static and constant "facts" about one's life (Abbe, Tkach and Lyubomirsky, 2003), and intentional activities are dynamic and changeable. Thus, although changes in circumstances can trigger increases in well-being, such boosts tend to be short-lived, because people quickly begin to take those new circumstances for granted and cease to derive positive experiences from them. In contrast, an intentional activity focusses on a person's energy and behaviour in a variety of different ways, leading to a more diverse and varied set of experiences, relative to the experiences produced by circumstances (Abbe, Tkach and Lyubomirsky, 2003). An intentional activity can directly combat the problem caused by adaptation as people might make the effort to keep varying how and when they engage in intentional activity (Fredrickson and Joiner, 2002; Sheldon and Houser-Marko, 2001). Therefore, changing one's intentional activities, which are entirely within one's ability to control and change, may provide a boost to well-being that is likely much larger, than changing one's circumstances.

4.1 Strengths of the Sustainable Happiness Model (SHM)

The model proposed by Lyubomirsky, Sheldon and Schkade (2005) has many strengths. First of all, it integrates all the available evidence; it allows a comprehensive examination of the mechanism of well-being. It accommodates the role of both personality/genetic and circumstantial/demographic factors in well-being. However, importantly, it also goes beyond these factors to incorporate the role of motivational, cognitive and behavioural factors.

Furthermore, the model is consistent with the assumption that well-being can be actively pursued. The theory argues that genes and personality traits may indeed operate to hold well-being levels relatively constant over time, and individuals may be predisposed to adapt to positive life experiences relatively swiftly. However, the theory also stresses that engaging in intentional activities has the potential to improve levels of well-being for significant periods of time (Lyubomirsky, Sheldon and Schkade, 2005). Unlike many life circumstances and experiences to which one adapts rather quickly, the practice of intentional activities may serve as a natural antidote to the process of hedonic adaptation (Lyubomirsky, 2011).

Thus, the focus on this model allows us to address several important issues and paradoxes, such as the question of whether it is even possible to become happier given strong genetic personality influences on well-being, the question of why past well-being research has found such weak associations between demographic/circumstantial variables and well-being, and the question of how a person might appropriately take action to pursue well-being. These questions had not been addressed in the previous theories (Lyubomirsky, Sheldon and Schkade, 2005).

4.2 Limitations of the Sustainable Happiness Model (SHM)

Despite many strengths of this overarching model, the researcher recognised its main limitation. Although Lyubomirsky, Sheldon and Schkade, (2005) considered a comprehensive range of predictors of well-being (circumstantial factors, cognitive-behavioural factors, personality traits), the extent to which they interact with one another are still not clear. This is despite calls for investigations which would assess the interaction of factors in order to better understand well-being (Diener et al., 1999). The percentages of variance accounted for by circumstantial factors (10%) and set-point (50%) in the SHM are averages of estimates from previous studies (Diener et al., 1999; Lykken and Tellegen, 1996). Many of these studies, however, focussed on examining one category of predictor, such as circumstantial factors (Diener, et al., 1999), genetically determined factors or personality (Costa and McCrae, 1980). Thus, the percentages appear to indicate the amount of variance in well-being explained by a given category of factors, without controlling for other groups of factors. This is the limitation of the theory, given that these factors are likely to interact with one another as demonstrated above; for instance, cognitive processes (e.g. social comparisons) or personality can moderate the effects of circumstantial factors on the perception of well-being. Although Lyubomirsky, Sheldon and Schkade, (2005) mentioned that these three categories of factors interact with one another, the authors did not state how.

5 Theoretical Perspectives on Well-being – Conclusion

‘High happiness seems to be like beautiful symphonic music - necessitating many instruments, without any one being sufficient for the beautiful quality’ (Diener and Seligman, 2002)

As demonstrated, empirical research focussing on the field of well-being has resulted in two often competing types of theory, such as top-down theories which are based on studies of the effects of personality and temperament on well-being, and bottom-up theories which mainly focus on the relationships of life events with well-being. Nevertheless, only a modicum of work leans towards the establishment of a general theory of well-being. Although the reviewed theories all provide plausible explanations for the differences in well-being among certain groups of people or in certain situations, they rely too much on a specific source or correlate of well-being and ignore others in one way or another.

In the present study the researcher’s argument is that these theories should be treated as complementary rather than mutually exclusive. There appears to be no single key to well-being that automatically produces this state. Instead, well-being appears to have a number of necessary preconditions that must be in place before it occurs. Undoubtedly personality has significant direct influences on well-being (Gutierrez et al., 2005). Nevertheless, although the top-down theorists may well be right in arguing that temperament and personality exert a substantial influence on well-being, it would be dangerous to conclude that well-being results entirely from a person’s personality and temperament, regardless of the effects of objective factors such as life events on well-being. Therefore, although circumstances and life events have a small impact on well-being, the comprehensive theory should not exclude them. The more recent research also argues that people’s well-being is not passively determined by the inherited characteristics (e.g. personality and temperament), as argued by the top-down theories, nor by the life events happening to them as asserted by the bottom-up theories, but rather that cognitive/behavioural, attitudinal and motivational factors are also important (Lyubomirsky, 2001). Therefore, all these factors play some role in well-being and they should all be considered while attempting to account for variance in well-being. Previous theories of well-being, including top-down theories and bottom-up theories are somewhat incomplete in explaining well-being and to better understand the mechanism of well-being, these theories should be integrated.

Additionally, the available concepts and theories suggest that trying to become happier may be fruitless. For instance, top-down theories focus mostly on the factors that humans really have no control over. Although personality, genes and temperament explain significant variance of well-being, there is really nothing we can do about that as we cannot change our genes; genes are our destiny. Similarly with life circumstances; life circumstances usually denote the aspects of one's life over which one has little to no control, for instance, income, education level, employment, physical health, appearance and major life events such as accidents. Also, even if we are capable of changing the circumstances, the effect on well-being may be transient due to hedonic adaptation.

Therefore, the researcher in the present study set out to test the SHM, which is believed to address the above limitations. The SHM integrates available theoretical and empirical evidence, is consistent with the assumption that well-being can be actively pursued, and proposes factors that will be within the control of every individual and whose practice has a potential to increase well-being in different societies. The researcher felt that there was a need for testing a theory that would have clear practical implications for how to design interventions that will increase well-being. This is important, as techniques for boosting well-being proposed in the self-help literature generally have limited grounding in scientific theory, and even less empirical confirmation of their effectiveness (Norcross et al., 2000). Nevertheless, although the researcher appreciated the theory strengths, she also identified its main limitation: that the extent to which three sets of factors interact with one another are not clear. The researcher addressed this limitation in the present study and established the unique contribution of each category of predictors (personality, circumstantial, cognitive-behavioural factors) to well-being.

CHAPTER II

LITERATURE REVIEW

PART II Well-being Among Migrant Populations. A Systematic Review and Meta-Analysis of Studies on Well-being Among International Economic Migrants.

This section, as opposed to the previous section, is focussed on well-being among migrant populations. The section presents a systematic review of the quantitative and qualitative studies on subjective well-being among economic migrant populations. It also presents a meta-analysis of the studies on well-being determinants among this population group. The researcher wants to find out how many studies investigated well-being of economic migrant populations, what determinants of well-being have already been identified and whether the studies use a theoretical model. The researcher also wants to determine the extent to which the integrative Sustainable Happiness Model (2005) is substantiated by the existing research among economic immigrants. The review will extend the available knowledge on the well-being of immigrants in order to aid to design interventions for enhancing well-being in this specific population group.

As demonstrated in the previous section, there has been an increasing number of theoretical and empirical studies on well-being. Nevertheless, most of the evidence comes from studies on general populations. Well-being of vulnerable populations of immigrants who are at risk of stress and distress has not drawn much attention of the researchers. Although there are some studies which focus on this topic (Amit, 2010; Gokdemir and Dumludag, 2012; Herrero and Fuente, 2011), these studies have not been systematically reviewed and analysed to provide an overview of the range of factors which may affect immigrants' well-being, and whether these differ across studies. Nor do we know the extent to which the existing integrative model of well-being, the Sustainable Happiness Model (Lyubomirsky, Sheldon and Schkade, 2005), which is based on the studies from the general population, is substantiated by research conducted with migrants.

It is likely that immigrants' well-being may be shaped by different factors and experiences than well-being of the general population. International migrants constitute a very small part of the world's population; migrants are "exceptional", likely to be different from the general population in a variety of ways (Bartram, 2010). Immigrants have to face drastic changes in a wide range of areas such as socio-economic, culture

and language (Shimahara, Holowinsky and Tomlinson-Clarke, 2012), which may all have an impact on their well-being. Thus, it would be inappropriate to generalise findings from the studies conducted among general populations to migrant populations. Systematic review and meta-analysis helped determine whether the research on well-being among immigrants would simply add to the base of evidence from general population, or would provide intriguing evidence that deviates from the existing knowledge.

1 Review Questions

The review questions are as follows:

1. What is known about the factors and experiences that affect well-being among international economic immigrants?
2. To what extent is the scientific evidence informed by theory including integrative Sustainable Happiness Model (2005)?

2 Review Methodology

2.1 Search Strategy

The literature search was carried out in July-August 2013. The researcher conducted a comprehensive computerized search of the literature using six English databases: AMED, CINAHL, MEDLINE, PsycINFO, ASSIA and Psychology and Behavioural Sciences Collection. A search strategy for each database was developed using combinations of the following key words: immigrant* OR migrant* OR emigrant* OR migration* AND well-being* OR happiness* OR life satisfaction* OR adaptation* OR quality of life* (see Appendix 1). Citations from relevant research articles were followed up for potential research studies.

2.2 Inclusion/Exclusion Criteria for Systematic Review

Each paper was assessed for relevance with reference to the following inclusion/exclusion criteria:

1. *Type of paper*: Primary research published in English in peer-reviewed journals.
2. *Study design*:
 - Quantitative research including cross-sectional and cohort studies
 - Qualitative research

3. *Population:* The target population was international immigrants aged 16 and older. Populations included migrants moving for labour/economic, educational and personal reasons, who worked full-time or part-time or were temporarily unemployed. Studies investigating in-country migration (e.g. rural-urban migration) were excluded. Immigrants under the age of 16 were excluded as they would be likely to be in full-time education, dependent on their parents/carers and not in employment. Also, studies investigating exclusively the elderly aged over 65 were not included as they would mostly be comprised of non-working populations. Studies investigating clinical samples of economic migrants were excluded. Finally, refugees and asylum-seekers were excluded due to their greater exposure to pre-migration trauma and subsequent risk for mental health distress.

4. *Purpose of the study*

- *Quantitative study*

Studies that focussed solely on examining negative mental health (stress, distress or mental illness) were excluded. Only studies that provided a quantitative/statistical estimate (e.g. correlation or regression coefficient) of the association with well-being were included. Broad domains of predictor/correlate variables - psychological, social, migration-related, demographic and economic predictors were considered.

- *Qualitative study*

Studies that focussed on exploring negative mental health (stress, distress or mental illness) were excluded. Studies that aimed to investigate immigrants' perceptions of the impact of specific postmigration experiences on immigrants' well-being were included. Studies in which immigrants were asked an open question about what experiences influenced their well-being in a foreign country were included.

2.3 Quality Assessment

The quality of the included quantitative studies was assessed according to a standardized tool, the Assessment Tool for Quantitative Studies (National Collaborating Centre for Methods and Tools, 2008). The tool consists of six components: (1) the extent to which study participants are representative of the target population, (2) study design, (3) control of confounding factors, (4) blinding of outcome assessors and participants, (5) reliability and validity of the data-collection tools, and (6) the number of withdrawals and drop-outs. The fourth criterion was considered not applicable for cross-sectional studies. For all studies, each component was rated as "strong," "moderate," or "weak" according to standard criteria. The component ratings were used

to obtain an overall rating: “strong” when there was no weak component rating, “moderate” when there was one weak component rating, and “weak” when there were two or more weak component ratings.

2.4 Systematic Review

The purpose of the systematic review was to critically review the available literature and summarise findings concerning well-being and its determinants among working age international immigrants worldwide. The review helped the researcher to identify weaknesses and limitations of the available studies, helped in development of new research questions and to decide on appropriate methodology and theoretical framework.

The researcher employed the narrative synthesis approach to synthesise data extracted from the included quantitative studies. She assessed the characteristics of the original research and extracted the following data: participant characteristics (i.e. sample size, nationality, host country, gender, age, marital status, job status, education, duration of migration); aim of the study; well-being measures; measures used as predictors of well-being; theoretical framework, limitations and results.

2.5 Meta-Analysis

In addition to the narrative review the researcher conducted a meta-analysis to provide the methodological rigour to the systematic review. Meta-analysis, unlike the narrative review, includes the calculation of effect sizes that examine the strength of the predictor and can also examine moderator effects (Cooper and Rosenthal, 1980). This was very important, since identified studies in the area of migrants’ well-being had heterogeneity among them. The process of conducting a meta-analysis included: 1) Calculating effect sizes, 2) Conducting basic and moderator analyses, 3) Estimating the effect of publication bias.

2.5.1 Calculating Effect Sizes

The Pearson’s correlation coefficient (r) was used to assess the relationship between the predictor variables and the outcome. Cohen’s (1988) standard definition of small (0.10), medium (0.30), and large (0.50) effect sizes were used to interpret the effect size findings.

When the study did not report r for a given variable, common formulae were used to convert the individual study statistic to r as suggested by Bowman (2012) and

Lyons (1998). If a study did not report the necessary values such as t , F , χ^2 , d , p , or Beta, it was excluded from the meta-analysis. If a study reported a separate coefficient r for independent samples (different immigrant groups), a combined weighted correlation was calculated so that each study provided only one effect size.

2.5.2 Conducting Basic and Moderator Analyses

Computer packages IBM SPSS Statistics 19 and R were used to conduct meta-analyses. Basic meta-analyses were performed using Field and Gilletts' (2010) syntax Meta Basic r.sps. Moderator analyses were conducted using Field and Gilletts' (2010) syntax launch Meta Mod r.sps to investigate whether effect sizes for factors were moderated by different sample and study characteristics. There are two ways to conceptualize meta-analysis: fixed and random effects models (Hedges, 1992). In this study the Hunter-Schmidt (1990) random effects model was chosen since the available studies pooled samples from different populations, examined different factors, and examined a variety of outcome measures. As such, the random effects model suggests that these variations across studies could have an impact on the overall effect size. The random effects model, although less powerful as compared to the fixed effects model, permitted generalization beyond the studies included in the meta-analysis (Rosenthal, 1995).

2.5.3 Heterogeneity Test

A chi-square (χ^2) test was performed to determine the probability that the obtained effect sizes were not heterogeneous. A highly significant chi-square result suggests that moderator variables may account for the heterogeneity of the effect sizes (Rosenthal and DiMatteo, 2001). If the chi-square is not statistically significant, then no moderator variable is present; sample effect sizes are regarded as roughly equivalent and so population effect sizes are likely to be homogenous. However, these tests should be used cautiously as a means to decide on how to conceptualise data, because they typically have low power to detect genuine variation in population effect sizes (Hedges and Pigott, 2001). For this reason, the choice of model (random effects vs. fixed effects) in this study was determined a priori by the goal of the analysis rather than being a post hoc decision based on the data collected.

2.5.4 Confidence Intervals

The lower and upper limit confidence intervals around r and significance (p) values were reported. To interpret confidence intervals, the following guidelines are suggested:

- The smaller the range (< 0.10) between the upper and lower limit, the greater should be the confidence in the effect size value.
- The larger the range (> 0.10) between the upper and lower limits, the more cautiously the effect size should be interpreted.
- If the confidence interval includes 0, then the effect is not significant.

2.5.5 Estimating the Effect of Publication Bias

It is recommended that a variety of techniques should be used to estimate the effect of publication bias (Field and Gillett, 2010). In this meta-analysis, publication bias was tested using two methods. First, the fail-safe N was computed. The N represents the number of additional studies with nonsignificant results that would have to be added to the sample in order to change the combined p from significant (at the 0.05 or 0.01 level of confidence) to not statistically significant (Rosenthal, 1979). The tolerance level was also computed to estimate the number of irretrievable studies that possibly exist, based on the assumption that the number of unpublished studies is not five times greater than the number of published ones (Rosenthal and Rosnow, 2008, p. 689). As a rule of thumb, it has been suggested that we regard as robust any combined results for which the tolerance level reaches $5k + 10$, where k is the number of studies retrieved (Rosenthal, 1991). Another method of determining the existence of publication bias is to draw a funnel plot. The researcher produced funnel plots with confidence intervals superimposed (Field and Gillett, 2010). If the data are unbiased, this plot is funnel shaped around the dotted line and symmetrical. A sample with publication bias lacks symmetry (Field and Gillett, 2010).

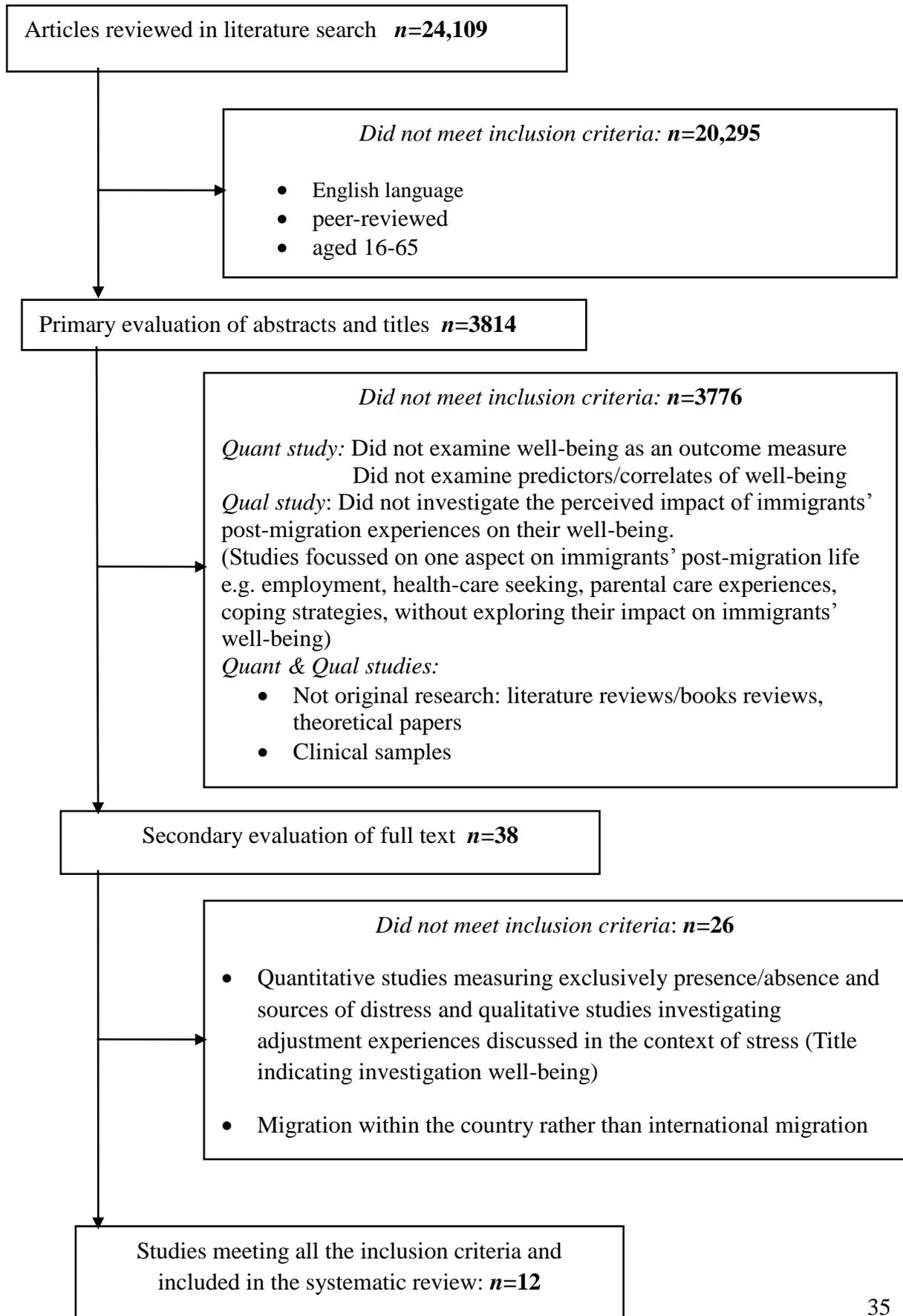
3 Results

3.1 Search Results

The combined search strategies yielded 24,109 citations (Fig. 2). Then, the search was narrowed by applying specific inclusion criteria: peer reviewed, written in English language, aged 16-65. The titles and abstracts of the remaining 3814 papers were reviewed. After the review, a total of 3776 papers were judged not relevant because they did not meet inclusion criteria: they included clinical samples, failed to report on original data and were theoretical in nature. Quantitative studies did not examine well-being as an outcome measure and did not examine predictors/correlates of well-being. Qualitative studies did not investigate the perceived impact of immigrants' post-migration experiences on their well-being; they investigated specific post-migration

experiences such as employment experiences, health-care seeking and parental care experiences without exploring their impact on immigrants' well-being. The remaining 38 full-text papers were retrieved for detailed assessment. A total of 26 were excluded because 1) they measured exclusively the presence/absence of negative mental health (distress) and investigated adjustment experiences in the context of stress despite the title and abstract indicating investigation of well-being (positive feeling and experiences); 2) they investigated migration within a country rather than international migration. A total of 12 studies (quantitative) met all the inclusion criteria and were included in the systematic review.

Figure 2. Flow diagram of data retrieved at each stage of the review.



3.1.1 Quality of Available Evidence

The quality of the reviewed studies was variable (see Appendix 2). As is evident in Appendix 2, four of the cross-sectional studies were rated as “moderate” and eight as “weak”. The main reason for such poor quality is the use of cross-sectional designs and unrepresentative sampling across studies. However, these are inherent problems in conducting research with immigrants. Immigrants, as a study population, are an example of a “hidden” or “hard-to-reach” population; there is often no readily-available database that researchers may access to identify, and subsequently contact immigrants (Faugier and Sargeant, 1997). Furthermore, immigrants are likely to be more residentially and occupationally mobile than established populations, which would be the key obstacle to tracking sample members in longitudinal studies (Black et al., 2003).

3.2 Narrative Synthesis of Studies

The main findings from the studies are reported in Table 1.

Author	Participants Characteristics	Aims	Well-being Measures	Measures Used as Predictors of Well-Being	Theoretical Framework	Limitations	Results:
A. Herrero and Fuente (2011)	<p>Sample size: 350</p> <p>Nationality: Latin American</p> <p>Host country: Spain</p> <p>Gender: Females 56%, Males 44%</p> <p>Age: mean: 34</p> <p>Marital status: 53.1% married/ living in the relationship</p> <p>Job status: 74% in employment 26% unemployed</p> <p>Education: University studies: 28.3% No university studies: 71.7 %</p> <p>Duration of migration: M= 6 years</p>	To test the influence of social integration on well-being	<p>Cognitive & emotional dimension</p> <p>Items from the European Social Survey (2007) (Diener et al., 1999)</p>	<p>Circumstantial & contextual:</p> <ul style="list-style-type: none"> Socio-demographics: age, gender, education, household income, marital status Migration-related factors: legal status, years of residency <p>Personality & dispositional</p> <ul style="list-style-type: none"> self-esteem <p>Intentional activities</p> <ul style="list-style-type: none"> social support, social integration 	Not explicitly mentioned	<p>Design: Cross-sectional</p> <p>Sampling: Convenience</p> <p>Measures: No limitations identified</p>	<p>Circumstantial & contextual: None</p> <p>Personality & dispositional:</p> <p>Self-esteem (positively correlated)</p> <p>Intentional activities:</p> <p>Social integration/social support (positively correlated)</p>

<p>B. Kimberley (2000)</p>	<p>Sample size: 100</p> <p>Nationality: Irish Immigrants</p> <p>Host country: the USA, Boston</p> <p>Gender: Females: 73%, Males: 27%</p> <p>Age: mean age =31</p> <p>Marital Status: Married: 38%, Non-married: 62%</p> <p>Job status: N/A</p> <p>Education: Graduates: 43% College 1 year: 35% High school & less: 22%</p> <p>Duration of migration: The mean length of stay: 6 years</p>	<p>To examine the extent to which demographic variables and the personality construct of resilience, explain well-being</p>	<p>Cognitive dimension</p> <p>General Well-Being Schedule (GWB) (Dupuy, 1978).</p>	<p>Circumstantial & contextual:</p> <ul style="list-style-type: none"> Socio-demographics: age, gender, marital status, education, income Migration-related factors: length of time in the USA and citizenship status <p>Personality & dispositional:</p> <ul style="list-style-type: none"> Personality construct of resilience 	<p>Not explicitly mentioned</p>	<p>Design: Cross-sectional</p> <p>Sampling: Convenience</p> <p>Measures: No limitations identified</p>	<p>Circumstantial & contextual:</p> <p>A number of health care appointments (negatively correlated)</p> <p>Personality & dispositional:</p> <p>Resilient personality (positively correlated)</p>
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<p>C. Vohra and Adair (2000)</p>	<p>Sample size: 189</p> <p>Nationality: Irish immigrants</p> <p>Host Country: Canada</p> <p>Gender: Females: 42% Males: 58%</p> <p>Age: 18-71</p> <p>Job status: N/A</p> <p>Education: Degree: 82.6% Without degree: 17.4%</p> <p>Duration of migration: Length of stay: 1-37 years</p>	<p>To test if the level of life satisfaction will be predicted by a series of discrepancies between the evaluation of life accomplishments and a postulated set of standards</p>	<p>Cognitive dimension</p> <p>Satisfaction With Life Scale (Diener et al., 1985).</p>	<p>Intentional activities:</p> <ul style="list-style-type: none"> • Comparison standards: <p>Discrepancies between what immigrants have and 1.what one wants, 2. what one expected at the time of immigration, 3.expects in 15 years from now and 4 what others have</p>	<p>The Multiple Discrepancy Theory Michalos (1985)</p>	<p>Design: Cross-sectional</p> <p>Sampling: Convenience</p> <p>Sample negatively skewed regarding educational attainments (most highly educated)</p> <p>Measures: No limitations identified</p>	<p>Intentional activities:</p> <ul style="list-style-type: none"> • comparison standards: <p>Comparisons with significant others back home, with the members of the adopted community and other immigrants from India were significant predictors of well-being. The discrepancy between what one has and what one expected at the time of immigration predicted life satisfaction. Immigrants who felt that their recalled expectations at the time of immigration were met were more satisfied than those who expected much more than they had.</p>
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<p>D. Shin, Han and Kim, (2007)</p>	<p>Sample size: 147</p> <p>Nationality: Korean immigrants</p> <p>Host Country: the USA</p> <p>Gender: Females: 64%, Males: 36%</p> <p>Age: mean age =43.67</p> <p>Marital status: Married: 81%, Non-married : 19%</p> <p>Job status: Employed: 69%, Unemployed: 31%</p> <p>Education: High School or less: 38% College and more: 60% No education: 2%</p> <p>Duration of migration: Mean length of stay =15 years</p>	<p>To examine risks and resources of positive affect</p>	<p>Cognitive and emotional dimension</p> <p>The MUNSH (Kozma and Stones, 1980)</p>	<p>Circumstantial & contextual:</p> <ul style="list-style-type: none"> • Socio-demographics: age, gender, perceived income comfort level • Migration-related: Duration of migration <p>Personality & dispositional:</p> <ul style="list-style-type: none"> • Sense of mastery <p>Intentional activities</p> <ul style="list-style-type: none"> • Social support 		<p>Design: Cross-sectional</p> <p>Sampling: Convenience</p> <p>Measures: No limitations identified</p>	<p>Circumstantial & contextual: None</p> <p>Personality & dispositional:</p> <p>Sense of mastery (positively correlated)</p> <p>Intentional activities:</p> <p>Social support (positively correlated)</p>
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<p>E. Uskul and Greenglass, (2005)</p>	<p>Sample size: 181</p> <p>Nationality: Turkish immigrants</p> <p>Host country: Canada, Toronto</p> <p>Gender: Females: 41%, Males: 59%</p> <p>Age: mean age = 32.6</p> <p>Marital status: N/A</p> <p>Job status: N/A</p> <p>Education: Degree holders and college, university graduates: 89%</p> <p>Duration of migration: Mean length of stay = 7.5 years</p>	<p>To examine predictors of well-being</p>	<p>Cognitive dimension</p> <p>3-item Life Satisfaction Scale developed by Bachman, Kahn, Davidson and Johnston (1967).</p>	<p>Circumstantial & contextual:</p> <ul style="list-style-type: none"> • Socio-demographics: gender, age, education, marital status • Migration-related factors: length of stay in Canada <p>Personality & dispositional:</p> <ul style="list-style-type: none"> • Optimism <p>Intentional activity:</p> <ul style="list-style-type: none"> • Proactive coping 	<p>Not explicitly mentioned</p>	<p>Design: Cross-sectional</p> <p>Sampling: Convenience</p> <p>Dominant presence of highly educated participants Problems with generalizability of the results</p> <p>Measures: No limitations identified</p>	<p>Circumstantial & contextual: None</p> <p>Personality & dispositional: Optimism (positively correlated)</p> <p>Intentional activity: Proactive coping (positively correlated)</p>
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<p>F. Garcia, Ramirez and Jariego, (2002).</p>	<p>Sample size: 105</p> <p>Nationality: Moroccan and Peruvian</p> <p>Host country: Spain</p> <p>Gender: Females 100%</p> <p>Age: mean age =30.5</p> <p>Marital status: Married: 45.6%</p> <p>Job status: Unemployed: 23.7% Employed: 76.3%</p> <p>Education: Years of education: (mean =10.1 years)</p> <p>Duration of migration: Not considered</p>	<p>To examine predictors of well-being</p>	<p>Cognitive and emotional dimension</p> <p>Scale of General Psychological Well-being Sanchez-Canovas (1994)</p>	<p>Circumstantial & contextual:</p> <ul style="list-style-type: none"> • Demographics: age & education <p>Personality & dispositional:</p> <ul style="list-style-type: none"> • Locus of control <p>Intentional activities:</p> <ul style="list-style-type: none"> • Social support 	<p>Not explicitly mentioned</p>	<p>Design: Cross-sectional</p> <p>Sampling: No information provided</p> <p>Measures: The tool for assessing locus of control showed very low internal consistency level</p>	<p>Circumstantial & contextual:</p> <p>Education (positively associated)</p> <p>Personality & dispositional:</p> <p>Locus of control (positively correlated)</p> <p>Intentional activities:</p> <p>Social network characteristics (positively correlated)</p>
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<p>G. Amit, (2010)</p>	<p>Sample size: 831</p> <p>Nationality: Jewish immigrants from Western countries (386) and the Former Soviet Union (FSU) (485)</p> <p>Host Country: Israel</p> <p>Gender: <i>Western Immigrants</i> Females: 43.6% Males: 57.4% <i>FSU Immigrants:</i> Females: 45.9% Males: 54.1%</p> <p>Age: Western Immigrants: M=38.63 FSU immigrants: M=39.70</p> <p>Marital status: N/A</p> <p>Job status: N/A</p> <p>Education: <i>Western Immigrants</i> Academic degrees: 61% <i>FSU immigrants:</i> Academic degrees: 43.9%</p> <p>Duration of migration: <i>Western Immigrants:</i> M=6.19 yrs <i>FSU immigrants:</i> M=14 yrs</p>	<p>To understand the factors that explain well-being</p>	<p>Cognitive dimension</p> <p>General satisfaction with life in Israel, rated on a scale of 1–6.</p>	<p>Circumstantial & contextual:</p> <ul style="list-style-type: none"> Socio-demographics: age, gender, marital status, standard of living, education Migration-related factors: number of years in Israel, perception of personal Hebrew language proficiency <p>Intentional activities</p> <ul style="list-style-type: none"> Religiosity level 	<p>Not explicitly mentioned</p>	<p>Design: Cross-sectional</p> <p>Sampling: No limitations identified</p> <p>Measures: No limitations identified</p>	<p>Circumstantial & contextual:</p> <p><i>For both groups of immigrants:</i></p> <p>Education (negatively correlated)</p> <p>Standard of living (positively correlated)</p> <p>Intentional activities:</p> <p>Religiosity level (positively correlated)</p>
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<p>H. Gokdemir and Dumludag, (2012)</p>	<p>Sample size: 207</p> <p>Nationality: Turkish and Moroccan</p> <p>Host Country: Netherlands</p> <p>Gender: <i>Turkish immigrants:</i> Females: 41.4%, Males: 58.6% <i>Moroccan immigrants</i> Females: 57.3% Males: 42.7%</p> <p>Age: 16-40</p> <p>Marital Status: N/A</p> <p>Job status: N/A</p> <p>Education: N/A</p> <p>Duration of migration: Not considered</p>	<p>To investigate the role of several socio-economic and non-economic factors in well-being of immigrant groups</p>	<p>Cognitive dimension</p> <p>1 question: how satisfied are you with your life as a whole these days?</p>	<p>Circumstantial & contextual:</p> <ul style="list-style-type: none"> • Socio-demographics: absolute income, marital status, education <p>Intentional activities:</p> <ul style="list-style-type: none"> • Relative income (income comparisons) • Religiosity 	<p>Social Comparison Theory (Festinger, 1954)</p>	<p>Design: Cross-sectional</p> <p>Sampling: No information about sampling provided</p> <p>Measures: Well-being measured using one question</p>	<p>Circumstantial & contextual:</p> <p>Marital status, (singles are more satisfied than couples for both samples)</p> <p>Education (positively correlated in Turkish sample, negatively correlated in Moroccan group)</p> <p>Absolute income: (positively correlated in Moroccan sample)</p> <p>Intentional activities:</p> <p>Relative income: (negatively correlated for Turkish and Moroccan sample)</p> <p>Religiosity level (positively correlated in Moroccan group)</p>
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<p>I. Dominguez-Fuentes and Hombros-Mendieta, (2012).</p>	<p>Sample size: 180</p> <p>Nationality: Latin American, African, European, North American</p> <p>Host Country: Spain, Malaga</p> <p>Gender: Females 100%</p> <p>Age: mean age =35.3</p> <p>Marital status: Married: 40.6%, Non-married: 59.94%</p> <p>Job status: Employed: 39.3%, Unemployed: 60.7%</p> <p>Education: Secondary and primary education: 68.9% University education: 25.5% No education: 5.6%</p> <p>Duration of migration: Less than a year: 28.9% 1-2 years: 41.1% 3 and more: 30%</p>	<p>To examine association between perceived social support and well-being</p>	<p>Emotional dimension</p> <p>Oxford Happiness Questionnaire (Hills and Argyle, 2002)</p>	<p>Circumstantial & Contextual:</p> <ul style="list-style-type: none"> • Socio-demographics: employment status • Migration-related: duration of migration <p>Intentional activities</p> <ul style="list-style-type: none"> • Social support 	<p>Not explicitly mentioned</p>	<p>Design: Cross-sectional</p> <p>Sample: Convenience, exclusive focus on women</p> <p>Measures: No limitations identified</p>	<p>Circumstantial and contextual: None</p> <p>Intentional Activities:</p> <p>Social support (positively correlated)</p>
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<p>J. Tonsing, 2013</p>	<p>Sample size: 447</p> <p>Nationality: 229 Pakistanis, 218 Nepalese</p> <p>Host Country: China, Hong Kong</p> <p>Gender: <i>Pakistanis:</i> 55% Females, 45% Males <i>Nepalese:</i> 48.8% Females, 51.2% Males</p> <p>Age: <i>Pakistanis:</i> mean age =30.60 <i>Nepalese:</i> mean age =32.27</p> <p>Marital status <i>Pakistanis:</i> 70% married <i>Nepalese:</i> 71.6% married</p> <p>Job status: <i>Pakistanis:</i> 48% in employment 52% unemployed <i>Nepalese:</i> 68.3% in employment 31.7% unemployed</p> <p>Education: High school degree and higher: <i>Pakistanis:</i> 64.7% <i>Nepalese:</i> 77.10%</p> <p>Duration of migration: <i>Pakistanis:</i> mean age = 13.16 years <i>Nepalese:</i> mean age =10.07 years</p>	<p>To explore the relationship between life satisfaction and perceived social support and socio-demographics</p>	<p>Cognitive dimension</p> <p>Satisfaction with Life Scale (SWLS) Diener et al., (1985)</p>	<p>Circumstantial & Contextual:</p> <ul style="list-style-type: none"> • Socio-demographics: age, gender, education, employment status, income • Migration-related: duration of migration <p>Intentional Activities:</p> <ul style="list-style-type: none"> • Social support 	<p>Not explicitly mentioned</p>	<p>Design: Cross-sectional</p> <p>Sampling: Convenience</p> <p>Measures: No limitations identified</p>	<p>Circumstantial and contextual:</p> <p>Educational attainment (positively correlated in Pakistanis sample)</p> <p>Duration of migration (negatively correlated in Pakistanis sample)</p> <p>Intentional Activities:</p> <p>Social Support (positively correlated in Pakistanis and Nepalese samples)</p>
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<p>K. Hombra dos-Mendiet a et al., (2013)</p>	<p>Sample size: 700</p> <p>Nationality: Latin American, Eastern Europeans and African</p> <p>Host Country: Spain, Malaga</p> <p>Gender: Females: 54% Males: 46%</p> <p>Age: mean age =31.32</p> <p>Marital status: Married and in partnership: 33.2%</p> <p>Job status: In employment: 56.5% Unemployed: 43.5%</p> <p>Education: University & College: 18.8%</p> <p>Duration of migration Mean duration of migration = 7.30 years</p>	<p>To analyse the influence of the sense of community on satisfaction with life (SWL)</p>	<p>Cognitive dimension</p> <p>Satisfaction With Life Scale (SWLS; Pavot and Diener, 1993).</p>	<p>Intentional activities:</p> <ul style="list-style-type: none"> • Sense of community 	<p>Not explicitly mentioned</p>	<p>Design: Cross-sectional</p> <p>Sampling: No limitations identified</p> <p>Measures: No limitations identified</p>	<p>Intentional activities:</p> <p>Sense of community (positively correlated)</p>
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<p>L. Polek, van Oudenho- ven, and ten Berge, 2008</p>	<p>Sample size: 631</p> <p>Nationality: 408 Polish 100 Russian 123 Hungarian</p> <p>Host country: Netherlands</p> <p>Gender: Polish: 68% Females Russian: 72% Females Hungarian: 76% Females</p> <p>Age Polish: M=33.50 Russian: M=36.71 Hungarian: M=36.51</p> <p>Marital status: N/A</p> <p>Job status: N/A</p> <p>Education: N/A</p> <p>Duration of migration: Polish: M=6.54 years Russian: M=6.20 years Hungarian: M=13.79 years</p>	<p>To examine the relationship between demographic factors, attachment styles and satisfaction with life</p>	<p>Cognitive dimension</p> <p>Satisfaction With Life Scale (SWLS) by Diener, Emmons, Larsen, and Griffin (1985)</p>	<p>Circumstantial & contextual:</p> <ul style="list-style-type: none"> • Demographics: education • Migration-related: duration of migration and age at migration <p>Dispositional:</p> <ul style="list-style-type: none"> • Attachment style 	<p>Not explicitly mentioned</p>	<p>Design: Cross-sectional</p> <p>Sampling: Convenience</p> <p>Measures: No limitations identified</p>	<p>Circumstantial & Contextual:</p> <p>Education (positively correlated in Polish sample)</p> <p>Duration of migration (positively correlated) in Hungarian sample)</p> <p>Dispositional:</p> <p>Secure attachment (positively correlated in all samples)</p>
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Table 1. Summary of studies included in the systematic review

NB In the following discussion of these studies, for ease of citation, they are referred to by the study letter rather than author, e.g. A, D, F.

3.2.1 Study Characteristics

3.2.1.1 Participants and Setting

A total of four out of twelve studies were conducted in the USA and Canada (B, C, D, E), six in Europe (A, F, H, I, K, L), one in Israel (G) and one in Asia (J). Immigrants in the included studies predominantly migrated to Spain; those immigrants included Latin American immigrants (A, I, K), African immigrants (I, K), Moroccan and Peruvian immigrants (F) and North American immigrants (I). Polish, Russian, Hungarian (L), Turkish and Moroccan immigrants (H) migrated to the Netherlands. Other immigrants included: Irish immigrants in Boston (B), Indian immigrants in Canada (C), Korean immigrants in the United States (D), Turkish immigrants in Toronto, Canada (E), immigrants from Western Countries and from the Former Soviet Union in Israel (G) and Pakistanis and Nepalese in Hong Kong (J). Overall, the total sample consisted of 4068 immigrants across studies. All participants were aged 16–71. Most samples included participants of both sexes, although the samples of two studies consisted exclusively of immigrant women (F, I). Nonprobability convenience sampling was the most commonly used sampling method (A, B, C, D, E, I, J, L). Only two studies (G, K) employed probability sampling such as stratified sampling method and random route sampling. The remaining two studies (F, H) failed to provide information about a sampling strategy.

3.2.1.2 Well-being Measures

Eight studies measured only a cognitive aspect of well-being (life satisfaction) (B, C, E, G, H, J, K, L). Of those, six studies (B, C, E, J, K, L) used standardised measures namely, The Satisfaction With Life Scale (Diener et al., 1985; Pavot and Diener, 1993), Life Satisfaction Scale (Bachman et al., 1967) and the General Well-Being Schedule (Dupuy, 1978), and two (G, H) used non-standardised measures asking a single global question whether immigrants are satisfied on a scale 1–6. One study (I) measured only the emotional component of well-being using the Oxford Happiness Questionnaire (Hills and Argyle, 2002). The remaining three studies (A, D, F) measured both components of well-being - emotional and cognitive. Study A measured items from the European Social Survey (2007) which asked participants to what degree they considered themselves happy at the time of the study (emotional component) and about their general satisfaction with life (cognitive component). Study D used the MUNSH, a self-reported 24-item instrument (Kozma and Stones, 1980) and study F used the Scale of General Psychological Well-being by Sanchez-Canovas (1994).

3.2.1.3 Theoretical Framework

Two out of twelve studies explicitly used a theoretical framework for well-being. Study H used the Social Comparison Theory (Festinger, 1954), which explains how individuals evaluate their own opinions and abilities by comparing themselves to others. Study C employed the Multiple Discrepancy Theory of Michalos (1985), which expands on the social comparison theory and argues that individuals not only compare themselves to other people, but also to other standards such as past conditions, ideal levels of satisfaction, and needs or goals. Both theories offer a cognitive approach to our understanding of well-being. These theoretical accounts are applicable in explaining levels of well-being of migrants since migrants tend to compare their post-migration reality to their pre-migration life or to the current life of their friends and family in their home country (Melzer and Muffels, 2012). The remaining ten studies did not use a theoretical framework explicitly, and they focussed predominantly on examining a wide range of bottom-up (contextual) factors of well-being such as socio-demographics and migration-related factors, and explored a narrow range of personality and intentional activities (see Table 1).

3.2.1.4 Measures Used as Predictors of Well-Being

Circumstantial & Contextual Factors: Socio-Demographics

Included studies incorporated a wide range of socio-demographics such as age (A, B, D, E, F, G, J), gender (A, B, D, E, G, J), marital status (A, B, E, G, H) education attainment (A, B, E, F, G, H, J, L), income and standard of living (A, B, D, G, H, J) and employment status (I, J).

Circumstantial & Contextual Factors: Migration-Related Factors

Migration-related factors examined in the studies included age at immigration (L), language proficiency (G), duration of migration (A, B, D, E, G, I, J, L), legal and citizenship status (A, B).

'Set point': Personality and Dispositional Factors

Studies examined the following dispositional factors: self-esteem (A), resilience (B), sense of mastery (D), optimism (E), attachment style (L) and locus of control (F).

Intentional Activities (Cognitive-Behavioural Factors)

Cognitive factors such as comparison standards (C, H), and coping strategies (E) were examined. Many studies examined the perceived level of support from the respondents' social networks (A, D, F, I, J) social integration (A) or sense of community (K). Two studies also examined religiosity (G, H).

3.2.2 Multivariate Predictors of Well-being

3.2.2.1 Circumstantial and Contextual Factors: Socio-Demographics and Migration-Related Factors

Regarding migration-related variables, language proficiency and age at migration did not emerge as significant predictors in any of the studies. Duration of migration was a weak predictor in studies J and L. In study J longer duration of migration predicted lower well-being levels and in study L longer duration of migration predicted higher well-being levels. Regarding socio-demographic variables, all studies that examined age (A, B, D, E, F, G, J), gender (A, B, D, E, G, J) or employment status (I, J) consistently found that these variables were not significant predictors of well-being. Marital status was found to be a significant predictor in one study (H); being married was associated with lower levels of well-being. Five studies reported that education status was a significant predictor of well-being (F, G, H, J, L). Studies F, J and L found that a higher education level was associated with increased levels of well-being. Study G reported that a lower education level was associated with a higher level of well-being. Also, in study H a higher education level predicted higher life satisfaction for Turkish immigrants, but for Moroccan immigrants a lower education level was associated with higher life satisfaction. In terms of income, it emerged as a significant predictor in two studies (G, H). These studies found that a higher income was associated with higher well-being levels.

3.2.2.2 Personality & Dispositional Factors

All studies that examined personality and dispositional factors found these factors to be significant predictors of well-being. A greater sense of mastery (D), a greater perception of personal control (F), a higher level of self-esteem (A), resilience (B), optimism (E) and a secure attachment style (L) were associated with higher levels of well-being.

3.2.2.3 Intentional Activities (Cognitive-Behavioural Factors)

Cognitive Factors: Coping Strategies & Comparison Processes

All the studies that examined cognitive factors found that these factors significantly predicted levels of well-being. For instance, the studies that examined the role of comparison processes (C, H) found that comparisons with significant others back home, with the members of the adopted community and with other immigrants were significant predictors of well-being. The discrepancy between what one has and what one expected at the time of immigration also predicted life satisfaction. In addition, use of proactive coping strategies predicted greater levels of well-being (E).

Behavioural Factors: Seeking and Receiving Social Support

All studies that examined the association between well-being and social network elements such as social support or social integration in the community (A, D, F, I, J, K) consistently found that social support and integration were significant predictors of well-being. In all these studies a greater social support predicted higher levels of well-being.

3.3 Statistical Synthesis of Outcomes

3.3.1 Basic Meta-Analyses

Overall, eleven studies met the final inclusion criteria for the meta-analysis. The study by Gokdemir and Dumludag (2012) did not report sufficient information to calculate r and thus had to be excluded from the meta-analysis. Meta-analyses were conducted on eight separate predictors of well-being: circumstantial/contextual factors such as age, gender, education, income, marital status and duration of migration; intentional activities (behavioural factor) such as social support; and dispositional/personality factors. Although different types of dispositional factors were included in the different studies, they were combined in the meta-analysis. Given that the aim of the study was to test the extent to which circumstantial factors, intentional activities (cognitive, behavioural factors) and dispositional factors contribute to well-being, it was important to obtain effect sizes for all three categories of factors. The basic meta-analyses results (see Table 2) suggest that circumstantial factors have a very small effect on well-being ($r=0.01-0.20$). Since the confidence intervals for all the circumstantial factors encompassed a zero value, the effect of circumstantial factors was considered non-significant. The effect of social support (0.42) and dispositional factors (0.36) was found to be moderate and significant.

Table 2. Basic meta-analyses results. Hunter Schmidt Random-Effects Model.

Name of predictor	K number of studies	Mean effect size (<i>r</i>)	95% Credibility Interval		Test of homogeneity	Sig
			Lower	Upper		
Circumstantial Factors						
Age	7	.032	-.390	.455	$\chi^2 (6)=108.364$	p<.05*
Gender	6	.006	-.051	.062	$\chi^2 (5)=7.066$	
Education	8	.116	-.205	.437	$\chi^2 (6)=58.972$	p<.05*
Income	6	.215	-.070	.500	$\chi^2 (5)=52.538$	p<.05*
Marital status	4	.044	-.029	.117	$\chi^2 (3)= 2.664$	
Duration of migration	8	-.042	-.343	.259	$\chi^2 (8)=79.766$	p<.05*
Behavioural						
Social support	6	.418	.009	.827	$\chi^2 (6)=139.358$	p<.05*
Dispositional Factors						
	6	.362	.053	.671	$\chi^2 (5)=55.014$	p<.05*

3.3.2 Moderator Analyses

Given the heterogeneity among the effect sizes, moderator analyses were conducted. The moderating effects of the following sample and study characteristics were examined: sampling type (probability vs. nonprobability), gender of included participants (males and females vs. only females) and outcome measure (emotional/happiness vs. cognitive/life satisfaction vs. emotional and cognitive). Moderator analyses (see Table 3) show that there was still an overall small effect for circumstantial factors ($r=0.02$ - -0.22), however; confidence intervals (for all the circumstantial factors) encompassed a zero value. There was a strong positive effect of social support ($r=0.46$) and dispositional factors ($r=0.51$) on well-being. Sampling type significantly moderated the effect of all the variables included in the analyses. Gender significantly moderated the effect of all the variables apart from duration of migration and marital status, and outcome measure moderated the effect of social support on well-being.

Table 3. Moderator analyses – Analyses aimed to determine if study characteristics such as outcome measure, sampling type and gender of participants influenced the effect sizes for the factors: age, income, education, marital status, duration of migration, social support and dispositional factors. N/A – moderator analyses were not conducted as the examined studies samples did not differ in terms of these sample characteristics.

MODERATORS									
PREDICTOR	Outcome Measure		Sampling type			Gender			
	Mean Effect	Size <i>r</i>	Significance	Mean Effect	Size <i>r</i>	Significance	Mean Effect	Size <i>r</i>	Significance
Age	.22	(-.097 .500)	χ^2 (1)= 2.68,	.22	(-.097-.500),	χ^2 (2)=62.84 p<.05*	.22	(-.097-.500)	χ^2 (1)= 47.11, p<.05*
Income	.17	(-.040 .356)	χ^2 (1)=.20	.17	(-.040-.356)	χ^2 (1)=3.86 p<.05*	N/A		
Education	.19	(-.052 .414)	χ^2 (1)=2.78	.19	(-.052 .414)	χ^2 (1)=76.07 p<.05*	.19	(-.052 .414)	χ^2 (1)=76.07, p<.05*
Marital status	.04	(-.075 .162)	χ^2 (1)=9.28	N/A			.04	(-.075 .162)	χ^2 (2)=1.99
Duration of migration	.02	(-.120 .166)	χ^2 (2)=.89	.02	(-.120 .166)	χ^2 (1)=8.534 p<.05*	.02	(-.120 .166)	χ^2 (1)=1.02
Social support	.46	(.173 .677)	χ^2 (2)=7.93 p<.05*	.46	(.173 .677)	χ^2 (2)=23.190 p<.05*	.46	(.173 .677)	χ^2 (1)=5.87 p<.05*
Dispositional Factors	.51	(.122 .760)	χ^2 (1)=1.71	.51	(.122 .760)	χ^2 (1)=149.77, p<.05*	.51	(.122 .760)	χ^2 (1)=149.77 p<.05*

3.3.3 Publication Bias

Computed fail-safe N indicates that the file drawer problem was unlikely to threaten the results of this review. The fail-safe N for social support predictor (1116) and dispositional factors (695) exceeded the tolerance levels of 45 and 40, respectively. Thus, the original estimates are considered robust. However, the funnel plots (see Appendix 3) show signs of possible publication bias. Both plots show that some effect sizes are very divergent from the rest, which indicates bias.

4 Discussion

The first aim of the review was to identify factors that affect well-being among international economic immigrants. The narrative synthesis showed that all dispositional characteristics included in the review, such as optimism, resilience or self-esteem, were significant predictors of well-being. It also demonstrated that intentional activities (cognitive and behavioural factors) were very important for immigrants' well-being. For instance, it confirmed that proactive coping mechanisms were important for well-being of migrants, who often have to deal with many stressors associated with their immigrant status (Uskul and Greenglass 2005). Also, judgments of immigrants' life situation compared to others such as their peers back home or other immigrants, or to what it could have been had they remained in their native country, were crucial to determining immigrants' own satisfaction with life (Vohra and Adair 2000). The review confirmed that feeling connected and supported by others is fundamental to a positive experience of immigration. Social support and integration in the community might help immigrants not only to acquire new resources that may promote well-being, but also to enhance their chances of coping successfully in difficult life situations, reducing again the levels of stress (Cohen, Gottlieb and Underwood, 2000). The review also demonstrated that migration-related factors accounted for little variance in well-being. Language proficiency and age at migration failed to account for variance in well-being in all the studies that examined these variables (Amit, 2010; Polek, van Oudenhoven and ten Berge, 2008). Duration of migration was a significant (but weak) predictor in only two out of eight studies (Polek, van Oudenhoven and ten Berge, 2008; Tonsing, 2013). Furthermore, although the review showed that socio-demographics such as gender or age were not significant predictors of well-being across the studies, there was inconsistency in relation to the role of socio-demographic factors such as marital status, income and education. For instance, marital status did not have a significant effect on well-being for Latin American immigrants (Herrero and Fuente, 2011), Irish immigrants

(Kimberley, 2000) and Turkish immigrants (Uskul and Greenglass, 2005). However, in the study by Gokdemir and Duumludag (2012), marital status significantly predicted well-being. In terms of income, although it did not matter for well-being in many immigrant groups, it emerged as a significant predictor in the studies by Amit (2010) and Gokdemir and Duumludag, (2012).

Meta-analyses results supported the findings of the narrative review. Meta-analyses confirmed that dispositional factors and intentional activities (social support) had a strong effect on well-being, while the effects of circumstantial/contextual factors such as duration of migration, age and gender were very modest and non-significant. The review findings are in line with the evidence from non-immigrant populations. For instance, greater levels of social support were highly correlated with an increase in well-being in a meta-analysis by Wang (1998). Also, circumstantial factors were weakly related to increases in well-being. For instance, Argyle (1999) concluded that chronological age has a small positive correlation with SWB and education has an even smaller correlation with well-being than does age. Furthermore, the relationship between marital status and well-being was also weak ($r=0.14$) in a meta-analysis which included 58 empirical studies (Hadring-Hidore, Okun and Witter, 1985). Similarly, the relationship between income and well-being was weak. For example, DeNeve and Cooper (1998) quoted a mean correlation coefficient between income and SWB of 0.17 (over 85 independent samples) which is exactly the same effect size found in the present meta-analysis. The effects of income on well-being are likely to be mediated by psychological processes such as comparison processes (Diener et al., 1999). This is very explicit in the study by Gokdemir and Duumludag (2012), which demonstrated that Turkish immigrants who had high incomes did not consider their exact incomes but instead they tended to make upward income and social status comparisons, which reduced their life satisfaction levels.

The second aim of the study was to determine the extent to which the Sustainable Happiness Model (2005) is substantiated by the existing research among immigrants. The findings of the narrative synthesis and meta-analyses acknowledged that dispositional factors such as optimism or self-esteem and intentional activities (cognitive/behavioural factors) such as social support are more powerful in explaining the variability of well-being levels than circumstantial factors. The findings also demonstrated that dispositional factors had the strongest effect on immigrants' well-being compared to the circumstantial and cognitive-behavioural factors. As such, the findings provided support for an integrative model - the Sustainable Happiness Model

(SHM; Lyubomirsky, Sheldon and Schkade, 2005). In line with this conceptualisation, the evidence from the present study confirmed that personality and intentional activities account for the majority of variance in well-being. On the other hand, circumstantial factors such as migration related and socio-demographic factors are of secondary importance due to “hedonic adaptation”, which is people’s tendency to adapt to constant circumstances such as income or marital status (Lyubomirsky, Sheldon and Schkade, 2005). According to the model, the changes in circumstances such as economic or social may significantly improve immigrants’ well-being at the beginning of migration period, but this effect may erode over time (Lyubomirsky, Sheldon and Schkade, 2005). Hedonic adaptation was likely to have occurred because samples of the studies included mostly immigrants who had been in the host country for a long period of time.

5 Conclusion

The meta-analysis revealed that dispositional factors such as optimism and self-esteem, and cognitive/behavioural factors such as social support, were strong and significant determinants of well-being in immigrants. It also confirmed that circumstantial factors had modest and non-significant effect on well-being. Overall, the findings supported evidence from general populations that circumstantial factors account for little variance of well-being compared to psychological factors. As such, the findings of the review are in line with the integrative model of well-being – the SHM (Lyubomirsky, Sheldon and Schkade, 2005), developed from evidence in non-migrant populations. Nevertheless, since important variables such as age at migration, language proficiency, coping strategies and personality traits were not included in the meta-analyses, one should be cautious about drawing general conclusions on the role of circumstantial and cognitive-behavioural factors in immigrants’ well-being, based on this meta-analysis. Overall, although this review demonstrated some clear trends and patterns within the literature, it also highlighted many of the gaps that currently exist in the literature on immigrant well-being, which should be addressed in future research.

CHAPTER II

LITERATURE REVIEW

PART III Justification for the Present Study

Having reviewed the available international evidence in the area of well-being among economic migrants, this chapter focusses on highlighting the main research gaps in the literature and states how these are addressed in the present study. The chapter also identifies the importance of studying well-being among Polish immigrants in Scotland and stresses the relevance of the Sustainable Happiness Model (SHM, 2005) to the Polish immigrant population.

1 Main Research Gaps in the International Literature on Well-being of Economic Migrants

Most of the scientific literature on immigrant mental health has focussed on stress, distress and mental illness, and less attention has been paid to positive aspects, in particular mental well-being. Surprisingly enough, although often the immigrants' goal is to improve well-being, the existing research on migrants' well-being is scarce and suffers methodological limitations. First of all, some studies that compared the level of migrants' well-being to that of natives in the destination country or 'stayers' in the countries that immigrants left, suggested that immigrants may be less happy than natives and stayers (Baltatescu, 2005, 2007; Bartram, 2013, 2014; Cai et al., 2014). Nevertheless, these studies used a non-standardised measure of well-being consisting of a single question (Bartram, 2013; Cai et al., 2014). This further highlights the need to investigate the level of well-being in this population group using standardised measures. Furthermore, the systematic review of twelve studies presented in Chapter II (Part II), revealed that relatively stable dispositional factors such as optimism, and cognitive-behavioural factors such as social comparisons, predicted well-being among migrants. Circumstantial factors such as income did not play an important role in immigrants' well-being. However, the studies included in the review were limited in scope. Most studies focussed on examining demographic and socio-economic factors and ignored other potentially important factors. For instance, they examined a narrow range of intentional activities (cognitive-behavioural variables) and neglected the role of personality traits (e.g. extraversion), which according to literature from general

populations account for significant variance of well-being (Steel, Schmidt and Shultz, 2008). In addition, none of the studies examined three sets of variables simultaneously (circumstantial, cognitive-behavioural and personality) in a single study and examined the interrelationships between these sets. Importantly, since the studies investigated a limited range of circumstantial and cognitive-behavioural factors (e.g. one out of twelve studies examined coping strategies), one cognitive-behavioural factor (social support) and one migration-related factor (duration of migration) could be included in the meta-analysis. Thus, one should be cautious about drawing general conclusions on the role of circumstantial and cognitive-behavioural factors for immigrants' well-being based on this meta-analysis.

In addition to examining a limited range of potential predictors of well-being, most research on the determinants of well-being among economic migrants was not theoretically based and when it was, the theoretical underpinnings were limited. Only two out of twelve studies used a theoretical framework, none of which was a comprehensive theory of well-being (Gokdemir and Dumludag, 2012; Vohra and Adair, 2000).

Finally, all studies were based on quantitative designs and thus were unable to explain the relationship between these factors and well-being. Indeed, no qualitative studies have been undertaken to explore economic immigrants' post-migration experiences and their effect on their well-being. Existing qualitative studies tended to concentrate on investigation of only one aspect of migrants' post-migration experiences such as employment experiences, health-seeking behaviour, parental care experiences or coping with stress (Gideon, 2011; Guzder, Yohannes and Zelkowitz, 2013; Lausch et al., 2003; Weishaar, 2008). The studies, however, failed to explore the perceived impact of these specific experiences on immigrants' well-being. No study was identified in which immigrants were asked an open question about what and how experiences influence their well-being in a foreign country.

2 Addressing Existing Gaps in the Literature

The researcher wanted to address the above limitations. First of all, she measured a level of well-being using a standardised instrument. Secondly, she investigated a more comprehensive set of determinants of well-being, using the SHM (2005) as a framework to set out variables in a meaningful way in predicting well-being. Unlike previous studies which included one or two cognitive-behavioural factors in their analysis, the

present study examined four types of cognitive-behavioural factors in a single study: social support, coping strategies, religiousness and social comparison. In the present study three types of coping strategies (i.e. problem-focussed, emotion-focussed and dysfunctional coping) were included, as opposed to previous studies which included none or only one of these, as demonstrated in the systematic review presented in Part II of the Literature Review Chapter. Furthermore, the present study not only focussed on the socio-economic factors such as income, education or demographic factors such as age and gender, commonly studied among migrant populations, but it also examined perceived health status. Health status was omitted in the previous literature despite the fact that literature suggests that immigrants often have difficulties in accessing health care (Leaman, Rysdale and Webber, 2006), and that the health status of immigrant populations is poorer than that of natives (Sole-Auro and Crimmins, 2010; Stanciole and Huber, 2009). The present study also included three types of migration-related factors (language proficiency, age at migration, duration of migration) as opposed to many previous studies which included none or only one of these. Importantly, unlike previous studies which did not investigate personality traits, the present study included personality traits such as extraversion and neuroticism as potential determinants of well-being. In addition, the present study, unlike previous studies, not only aimed to examine the relationships between well-being and single circumstantial, cognitive-behavioural and dispositional factors, but also aimed to establish the contribution of each set of factors to well-being. This allowed the researcher to test an overarching theory of well-being.

Finally, the present study recognised that it is important not only to identify the determinants of immigrants' well-being but also to understand how various factors and experiences affect immigrants' well-being. Since there is likely to be a complex relationship between sets of factors such as circumstantial and cognitive-behavioural factors, as discussed in Chapter 1 (Part 1), the qualitative study would allow better understanding of how these factors, alone and in combination, may affect immigrants' well-being. It would enable us to build a broader picture of how immigrants' well-being is shaped. As such, an additional qualitative component was employed to add richness, depth and allow the researcher to explain and expand on the quantitative data.

3 Importance of Studying Well-being Among Polish Immigrants in Scotland

The researcher identified the need to study well-being among Polish immigrants living in Scotland for several reasons. These include: difficult economic situation in the home country which pushed immigrants to emigrate, high prevalence of Polish immigrants in Scotland, and evidence suggesting that immigrants face multiple stressors and may suffer from psychological distress.

3.1 Economic Reasons for Migration and High Prevalence of Immigrants in the UK

Polish immigrants in the UK are economic migrants who left their home seeking 'normality' and a 'better future' in a wealthy country (Galasińska and Kozłowska, 2009). By the mid-1990s in Poland, recession had set in and brought with it a sharp increase in the total level of unemployment, from 6.5% in 1990 to as much as 19.4% in 2003, reaching a staggering 30% in certain regions (GUS, 2008). Significantly, a high level of youth unemployment became an especially conspicuous phenomenon in Poland (Fihel et al., 2008). Hence, in the wake of EU enlargement, the situation in the Polish labour market was very difficult, in some regions even dramatic, which created a considerable migration pressure (Trevena, 2009). Nevertheless, the institutional conditions for Poles seeking work abroad were rather unfavourable in the pre-accession period. Hence, the greatest migration wave from Poland took place only after the institutional changes marked by the 2004 EU enlargement, with the United Kingdom, Ireland, and Sweden fully opening their labour markets to A8 nationals (Trevena, 2009). Consequently, the UK became the one major destination country for Polish migrants. In fact, recent migration from Poland to the UK is one of the most rapid and intense flows in contemporary Europe (Fihel et al., 2008). Polish migrants are not only the largest migrant group in Scotland but also the Polish community appears to be one of the fastest growing migrant populations in Scotland, growing from 2,505 in 2001 to 55,231 in 2011, and reaching an estimated 56,000 in 2012 (Packwood and Findlay, 2014; Pietka-Nykaza and McGhee, 2014).

3.2 High Levels of Stress Reported by Immigrants

Available literature suggests that Polish immigrants felt disappointment with the reality of migration – migrants were surprised that the UK is not the 'promised land' they imagined; they could not achieve as much as they had expected, that they did not

develop, and that they did not always ‘fit in’ in the host society (Kozłowska, Sallah and Galasinski, 2008). Migrants showed that stress following immigration was expressed in the difficulties that immigrants face in the new context and society, such as economic hardship, language and cultural gaps, loss of social, familial and support networks (Sim, Barclay and Anderson, 2007; Weishaar, 2008), discrimination and underemployment (Kozłowska, Sallah and Galasinski, 2008; Sim, Barclay and Anderson, 2007; Weishaar, 2008).

Loss of social contact has been identified as a major source of stress. Many missed their familiar surroundings, family and friends (Kozłowska, Sallah and Galasinski, 2008). Language problems have also been reported as a main concern among many immigrants (Kozłowska, Sallah and Galasinski, 2008). Due to language barriers, their socialising with British society was not possible (Weishaar, 2008). Furthermore, work-related stress was identified as a major difficulty faced by the immigrants. Poor language skills, non-recognition of qualifications and financial difficulties, forced many migrants to work under poor conditions and in low-rated jobs, which involved long and anti-social hours, high physical demands and low pay (Sim, Barclay and Anderson, 2007; Weishaar, 2010). Finally, the literature suggests that immigrants may be affected by anxiety and depression and may not use mental health services due to language barriers and social stigma attached to psychological diagnoses and treatments (Kozłowska, Sallah and Galasinski, 2008; Sim, Barclay and Anderson, 2007).

Nevertheless, although literature indicates that Polish immigrants in the UK suffer from high levels of stress and distress, one cannot assume that immigrants may not be capable of being happy. Furthermore, suggestive evidence indicating that Polish immigrants in the UK may be affected by anxiety and depression, comes from non-peer reviewed reports or working papers of research institutions (Kozłowska, Sallah and Galasinski, 2008; Sim, Barclay and Anderson, 2007). This highlights the need to investigate the level and determinants of well-being among this particular migrant group.

4 Relevance of the Sustainable Happiness Model to the Polish Immigrant Population

It is believed that the SHM, which uses an integrative approach to well-being and assumes that personality, circumstances, and intentional activities (cognitive, behavioural factors) matter, is relevant to the migration setting. It is clear that well-

being of Polish immigrants may be determined by multiple interrelated factors. First of all, the immigrants experienced migration from a poorer, less individualistic country to a wealthier and more individualised country, which itself is a huge change in their circumstances - language, culture and socio-economic status (Hofstede, 2001). Such complexity of circumstances may have an impact on their well-being. Furthermore, the component - intentional activities - is relevant to this setting, as immigrants experience multiple stressors and the theory believes that that even in the face of adverse circumstances or hard times, people are capable of being happy by practising cognitive, behavioural and volitional activities.

The researcher agreed that all these three components would be important for Polish immigrants, in line with Lyubomirsky's model. Nevertheless, the researcher did not agree with the extent to which those components would be significant for the well-being of this particular population group. For instance, the researcher believed that circumstances might have a greater influence on Polish immigrants' well-being than on the general population, and on the studied migrant populations. Although the model of Lyubomirsky (2005), as well as evidence from the twelve studies with immigrants, can lead to the suggestion that circumstantial factors have a negligible role in well-being (Herrero and Fuente, 2011; Kimberley, 2000), such a conclusion may not apply to Polish immigrants. One should bear in mind that the conclusion on the role of circumstantial factors in immigrants' well-being has been drawn from the findings of the meta-analysis conducted on a limited number of circumstantial factors (income, education, age, gender, marital status). Factors such as health status, language barrier and age at migration were not included in the meta-analysis. Indeed, these may be important predictors for Polish immigrants' well-being, given suggestive evidence that Polish immigrants suffer from mental distress, underutilise health services and that language barriers are a great source of stress for them (Kozłowska, Sallah and Galasinski, 2008; Sim, Barclay and Anderson, 2007; Weishaar, 2010). Furthermore, it is likely that cognitive-behavioural factors may also explain more variance in their well-being, given that Polish immigrants face multiple stressors and use a wide range of coping strategies, as identified in the qualitative study on stress and coping among Polish immigrants (Weissnar, 2008). Thus, the researcher believes that this theory may indeed be challenged in relation to this specific population group.

5 Conclusion

The present study addressed the identified gaps in the literature on economic migrants' well-being, and adopted a mixed-methods design to investigate the level and determinants of well-being among Polish economic immigrants in Scotland. A sequential explanatory mixed-methods design was chosen, where an initial quantitative phase was followed by a qualitative phase. In the present study, the follow-up explanation model was used, in which the primary emphasis is on the quantitative phase, and the qualitative phase is used to explain quantitative results in more detail (Creswell and Plano Clark, 2007). The first, quantitative phase investigated a level of well-being and a wide range of its determinants, informed by an integrative theory of well-being - the Sustainable Happiness Model. The second, qualitative phase, helped explain and expand on the quantitative results.

It is hypothesised that this theory based on evidence from general populations may not be applicable to the Polish migrant population. Circumstantial factors were expected to be more important for Polish immigrants' well-being than the theory suggests, as migrants are faced with multiple socio-economic, environmental and cultural changes as a result of migration, which can have an impact on their well-being. Furthermore, cognitive-behavioural factors were expected to play a more important role, as migrants are more likely to use a wide range of cognitive-behavioural coping strategies to cope with multiple post-migration stressors.

RESEARCH QUESTIONS

1. What is the level of well-being among Polish economic immigrants living in Scotland?
2. What are the determinants of well-being among Polish economic immigrants in Scotland?
3. To what extent are the findings supported by the Sustainable Happiness Model (Lyubomirsky, Sheldon and Schkade, 2005)?
4. How do factors identified in the quantitative study affect immigrants' well-being?

CHAPTER III

STUDY DESIGN & METHODOLOGY

This chapter provides details of the design and methodology for the present study, where the intent is to determine the level and sources of well-being among Polish immigrants in Scotland. The chapter begins with a brief overview of a debate between quantitative and qualitative paradigms; it attempts to discuss how qualitative and quantitative research strategies differ by contrasting their epistemological, ontological and methodological aspects. Following an examination of the differences between two research approaches, the conclusion is drawn that quantitative and qualitative research should be complementary rather than competitive. Further, detailed information about the research process is provided. The chapter provides a rationale for combining qualitative and quantitative research in the present study and contains a justification of a sequential explanatory approach to mixed-methods design. Data collection and analysis methods are discussed separately for the quantitative and qualitative phase. Finally, a reflexive account is given concerning the influence of the researcher's background on the research processes.

1 Ontology, Epistemology and Methodology

1.1 Quantitative-Qualitative Paradigms Debate

The last century has witnessed a debate between quantitative and qualitative research paradigms (Johnson and Onwuegbuzie, 2004). Purists, researchers who restrict themselves exclusively either to quantitative or to qualitative research methods tend to focus on differences between both research paradigms. They stress that distinctions exist between quantitative and qualitative research with respect to the following orientations: epistemological, ontological, methodological and principal orientation to the role of theory (Bryman, 2004) (see Table 4).

Table 4. Fundamental differences between qualitative and quantitative research strategies.

ORIENTATIONS	QUALITATIVE	QUANTITATIVE
Ontological orientation	Subjectivism	Objectivism
Epistemological orientation	Interpretivism	Positivism
Methodological orientation	Focus on words Interview, focus groups Participant observation	Numerical data Experimental, quasi-experimental research designs
Principal orientation to the role of theory in relation to research	Inductive; generation of theory	Deductive; testing of theory

Source: Adopted from Bryman (2004)

With regard to ontology, quantitative research takes an objectivist position which holds that there is only one truth, an objective reality that exists independent of human perception (Sale, Lohfeld and Brazil, 2002). Quantitative researchers take an objective, detached stance towards research participants and their setting (Tuli, 2010). According to quantitative researchers the investigator and investigated are independent entities. Therefore, the investigator is capable of studying a phenomenon without influencing it or being influenced by it (Guba and Lincoln, 1994). Qualitative research, on the other hand, tends to be associated with the idea or views that social life is the product of social interactions and the beliefs of the social actors. This idea/view is known as subjectivism (Bahari, 2010). Qualitative purists do not accept the idea of reality ‘out there’ which exists irrespective of people (Tuli, 2010). The qualitative researcher’s role is involved, trusting, intense and close to the participants (Tuli, 2010).

From the epistemological point of view, quantitative purists identify with the philosophy of positivism (Sale, Lohfeld and Brazil, 2002). The researchers state that knowledge is only of significance if it is based on observations of the external reality (Tuli, 2010). Quantitative researchers believe that there is a clear-cut relationship between things and events in the outside world and people’s knowledge of them, and that empirical facts are governed by laws of cause and effect (Marczyk, DeMatteo and Festinger, 2005; Staiton-Rogers, 2006). They also argue that research should be conducted in a value-free environment; the values do not affect how the researchers conduct their research and interpret the findings (Denzin and Lincoln, 1994). On the other hand, qualitative

researchers identify with interpretivism and constructivism (Tulin, 2010). They play a role as 'social actors' where they could interpret their everyday social roles in accordance with the meaning given to these roles (Saunders, Lewis and Thornhill, 2007, p.106). In addition, they believe that the facts and values are not different and that findings are influenced by the researcher's perspectives and values (Bahari, 2010).

In relation to the principal orientation to the role of theory in research, quantitative research strategy is characterized by a deductive approach (Bahari, 2010). The theory used in the research becomes a framework for the whole study, an organizing model for the research questions or hypotheses and a procedure for data collection (Creswell, 2003, p. 125). On the other hand, qualitative research is characterized as inductive, that is, oriented toward discovery and process, and is more concerned with deeper understanding of the research problem in its unique context (Ulin, Robinson and Tolley, 2004).

From the methodological point of view, the quantitative data collection techniques focus on gathering numerical data (Sarantakos, 2005). The main quantitative designs include experimental, quasi-experimental and observational research designs, for instance surveys and cohort studies (Migiro and Magangi, 2011). Sample sizes are much larger than those used in qualitative research and aim to represent populations (Carey, 1993). In contrast, qualitative research normally emphasizes language and context (Bryman, 2004). Techniques used in qualitative studies include in-depth interviews, focus groups and participant observation. Samples are not meant to represent large populations. Rather, small samples of articulate respondents are used because they can provide in-depth information (Reid, 1996).

Taken together, the debate between quantitative and qualitative research paradigms has been a many-sided one, ranging from ontological and epistemological issues to particular themes about methods for collecting and analysing data. Purists maintain that qualitative and quantitative data cannot be combined, because they arise from different paradigms (Bahari, 2010). Proponents from both sides claim that their approach is most appropriate for researching the types of question posed.

1.2 Mixed-Methods Paradigm

The assumptions of quantitative and qualitative purists were undermined in the post-1990 period by Pragmatists (Howe, 1988; Maxcy, 2003), who stressed that a conflict between the purists is exaggerated or even false. They argued that there are several

myths that appear to be held by purists. First of all, some of the epistemological and ontological differences between the paradigms are not clear. From the ontological point of view, although the quantitative and qualitative purists criticise each other for lack of objectivity/subjectivity in their research, there is no need to decide whether we should be ontologically and epistemologically objective or subjective. Quantitative purists stress that methods and procedures are to be carried out objectively. However, they disregard the fact that total objectivity is impossible for researchers who are, after all, human beings (Mellon, 1990). Many subjective decisions are made throughout the research process, including the quantitative research (e.g. developing instruments that are believed to measure what the researcher views as being the target construct, making score interpretations, deciding what findings are practically significant) (Mellon, 1990). Thus, the conduct of fully objective and value-free research is a myth (Johnson and Onwuegbuzie, 2004); both ontologies can coexist. Furthermore, there is no way of proving that there is one reality or that there are multiple realities of which we can have some individual knowledge. It more or less boils down to a question of faith (Bradley, 1993). Finally, although purists concentrate on highlighting differences between the quantitative and qualitative paradigms, there are some similarities between the paradigms that have been overlooked. Quantitative and qualitative paradigms both share the goal of understanding the world in which we live (Haase and Myers, 1988). They share a commitment to improving the human condition, a common goal of disseminating knowledge for practical use, and a shared commitment to conscientiousness and critique in the research process (Reichardt and Rallis, 1994). Both sets of researchers also incorporate safeguards into their enquiries in order to minimize confirmation bias and other sources of invalidity that have the potential to exist in every research study (Sandelowski, 1986).

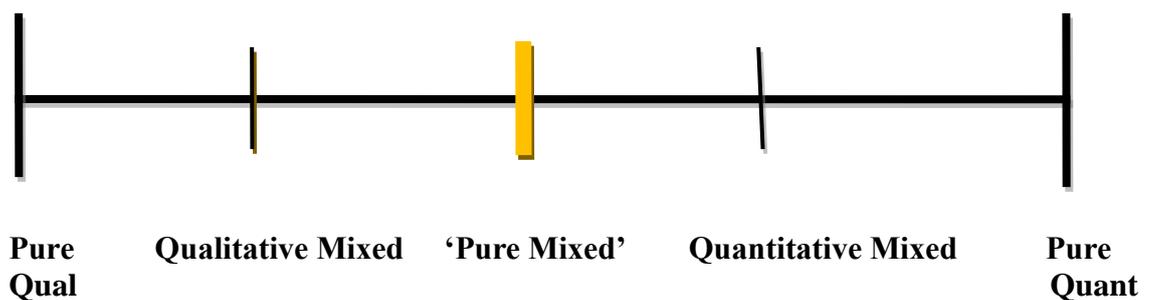
Thus, according to the Pragmatists, no incompatibility between quantitative and qualitative methods exists at either the level of practice or that of epistemology, and combining qualitative and quantitative methods in a single study is indeed possible (Howe, 1988). The notion that one research strategy is more outstanding than the other is a myth; qualitative or quantitative approaches are not good or bad paradigms per se, each of them possessing different strengths and weaknesses. However, each approach should not be analysed and judged by the criteria associated with the other approach. Each approach should be judged by its own standards (Siegle, 2002). Pragmatists believe that researchers should forge ahead with what works. A study's research

questions are considered to be more important than the methods used to answer them or the philosophical views underlying each method (Maxcy, 2003). Pragmatism has indeed gained considerable support as a stance for mixed-methods researchers (Feilzer, 2010; Johnson and Onwuegbuzie, 2004; Maxcy, 2003). Many mixed-methods researchers and scholars believe that Pragmatism is the best philosophical basis of mixed-methods research (Teddlie and Tashakkori, 2009). Nevertheless, some argue that Pragmatism fails to give a coherent rationale for mixed-methods due to its lack of a clear definition of ‘what works’. The question of whether a mixed-methods design ‘works’ or not can only be decided once the research product is completed and the findings interpreted. Despite disagreements over the most appropriate philosophical basis of mixed-methods design, it is often referred to as the third methodological movement and is now practised in studies across the social sciences including sociology, psychology, nursing, health management and education (Bryman, 2008; Creswell and Plano Clark, 2007).

1.2.1 Different Types of Mixed-Methods Research

Mixed research can be viewed as incorporating several overlapping groups of mixed-methods researchers or types of mixed methods research (Johnson, Onwuegbuzie and Turner, 2007) (See Figure 3).

Figure 3) Graphic of the Subtypes of Mixed-Methods Research (Johnson, Onwuegbuzie and Turner, 2007)



Looking at the qualitative-quantitative continuum (See Figure 3), the area in the center of the figure represents the strongest or ‘pure’ form of mixed-methods research. These mixed-methods researchers are likely to believe that qualitative and quantitative data and approaches will add insights as one considers most, if not all, research questions (Johnson, Onwuegbuzie and Turner, 2007, p. 124). Another type of mixed methods research that results from the continuum is labelled ‘qualitative dominant mixed-

methods research'. In this type of research, researchers believe it is important to include quantitative data and approaches into their otherwise qualitative research projects (Johnson, Onwuegbuzie and Turner, 2007, p. 124). The third type of mixed-methods research is labelled quantitative dominant mixed-methods research. This area on the continuum fits quantitative or mixed-methods researchers who believe it is important to include qualitative data and approaches into their otherwise quantitative research projects (Johnson, Onwuegbuzie and Turner, 2007, p 124).

2 Overview of the Research Process

2.1 Quantitative-Dominant Mixed-Methods Research

In the present study the researcher undertook a mixed methods approach; she based the inquiry on the assumption that collecting diverse types of data (quantitative and qualitative) in a single study best provides an understanding of a research problem. For the researcher, the research question was more important than the method that was used or the worldview that underlies the method (Teddlie and Tashakkori, 2009).

A quantitative-dominant mixed-methods approach was chosen for the present study. In this type of research the researchers rely on a quantitative, post-positivist view of the research process, while concurrently recognising that the addition of qualitative data and approaches are likely to benefit most research projects (Johnson, Onwuegbuzie and Turner, 2007, p 124). Being influenced by the post-positivist conceptions of science, the researcher believes that the goal of research is explanation, prediction, and control as well as making generalizations and cause-effect linkages (Guba and Lincoln, 1994). The researcher aims to find the truth about immigrants' well-being, assuming that reality exists but is only imperfectly apprehendable (Guba and Lincoln, 1994). The researcher does not believe that one can convincingly find truth with one study, but each study is part of a broader effort to get closer and closer to the truth through a series of research studies (Willis, 2007). The researcher searches for the universals: beliefs, concepts, theories and ideas that can be applied to many different situations.

The post-positivist approach influenced the researcher's methodological decisions including research questions (See section 2.2) and a type of mixed-methods design (See section 2.3). The researcher wanted to identify the level of immigrants' well-being using standardised well-being measures and examine a comprehensive range of predictors of well-being informed by an overarching theory of well-being. The researcher also recognised the importance of testing a theory in her study. Since the Sustainable

Happiness Model (2005) - an overarching theory of well-being based on evidence from general populations - has not been tested in migrant populations before, the researcher wanted to investigate whether this theory is universal and applicable beyond general populations. As such, the main research questions (1, 2, 3) were derived from the gaps in the literature on the level and determinants of well-being among international economic migrants and required the quantitative study. The qualitative study was employed to explain, elaborate on and expand on the initial quantitative results.

2.2 Research Questions

1. What is the level of well-being among Polish economic immigrants living in Scotland?
2. What are the determinants of well-being among Polish economic immigrants in Scotland?
3. To what extent are the findings supported by the Sustainable Happiness Model (Lyubomirsky, Sheldon and Schkade, 2005)?
4. How do factors identified in the quantitative study affect immigrants' well-being?

2.3 Sequential Explanatory Mixed-Methods Design

Creswell and Plano Clark (2007) defined a mixed-methods design as 'collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies' (p. 5). Nevertheless, combining the approaches requires careful consideration. Creswell and Plano Clark (2007) identified three main dimensions in analysing the question of how to best combine the approaches: 1) The timing dimension – what will the timing of qualitative and quantitative methods be? In which order will the researcher collect and use the data? Will it be concurrent - both sets of data are collected at the same time - or sequential - one set is collected before the other? 2) The weighting dimension – what will be the relative importance, weight or priority given to qualitative and quantitative methods and data in answering the study's questions? 3) The mixing dimension – how will qualitative and quantitative methods be mixed, at which stage in the process of research will the data be integrated (Creswell et al., 2003, p. 212). Based on the different combinations of possible answers to these three questions (timing, weighting, mixing), Creswell and Plano Clark (2007, pp58–88) devised a four-way classification of the main mixed-methods designs (see Table 5).

Table 5. Classification of the main mixed-methods designs. Adapted from Creswell and Plano Clark (2007). Uses abbreviations and notation from Morse (2003).

Design type	Timing of quan & qual phases	Relative weighting of quan & qual components	Mixing – when quan & qual phases are integrated	Notation
Triangulation	Concurrent	Equal	During interpretation or analysis	QUAN + QUAL
Embedded	Concurrent	Unequal	One is embedded within the other	QUAN(qual) or QUAL(quan)
Explanatory	Sequential; Quan then qual	Usually quan is given priority	Phase 1 informs phase 2	QUAN qual
Exploratory	Sequential; Qual then quan	Usually qual is given priority	Phase 1 informs phase 2	QUAL quan

In the present study an explanatory sequential approach to mixed-methods design was chosen, where an initial quantitative phase is followed by a qualitative phase (Creswell and Plano Clark, 2007). The follow-up explanation model was used in which the primary emphasis is on the quantitative phase and the qualitative phase is used to explain quantitative results in more detail (Creswell and Plano Clark, 2007). In the present study, the first, quantitative phase represented the major aspect of data collection and analysis and in this design greater priority was given to this phase. Since quantitative findings were used to inform sampling and design of an interview schedule in the second phase, as discussed below, this is where the integration between phases occurred.

The researcher argued that an explanatory sequential approach to a mixed-methods study is appropriate for the present study. Since the main research questions required the quantitative study, and the qualitative study aimed to explain, elaborate on and expand on the initial quantitative results, the data should be collected sequentially rather than concurrently. In addition, the sequential explanatory model rather than sequential exploratory model is considered most suitable. The researcher is aware of the potential benefits of the sequential exploratory approach which would allow to develop a theory in the first, qualitative stage and test it in the second, quantitative phase (Creswell and

Plano Clark, 2007). Nevertheless, an exploratory model is used when little to no research and theory exists (Hanson et al., 2005). In the case of the present study, research on the determinants of well-being in migrant populations does exist but has limitations as discussed in the Literature Review Chapter. Furthermore, an overarching theory of well-being is available, however, the theory, has not been tested in migrant populations. Thus, the choice of a sequential explanatory design is appropriate given that this approach is primarily used when research and theory regarding the research topic are available but incomplete (Hanson et al., 2005). Finally, the use of the sequential explanatory approach allows to test theories universality. It enables to correct the available theories so they are relevant to the prediction and explanations of all human behaviours, not just Western ones, as encouraged by the cross-cultural psychologists (Schweder, 1991).

2.4 Rationale for Adopting Mixed-Methods Design

The rationale for the mixed-methods design in this study was explored by considering the different purposes of mixing identified by Bryman (2006) and Green, Caracelli and Graham (1989) (see Table 6).

Table 6. Rationale and purposes for mixed-methods design identified by Bryman (2006) and Green, Caracelli and Graham (1989).

Primary Purpose of Mixing	Additional Purposes
<p>Complementarity: seeks elaboration, enhancement, illustration, and clarification of the results from one method with the results from the other method.</p> <p>Development: seeks to use the results from one method to help develop or inform the other method</p>	<p>Completeness: a more comprehensive account of the area of inquiry is provided.</p> <p>Process: quan provides an account of structures but qual provides sense of process</p> <p>Explanation: qual used to help explain findings generated by quant method.</p> <p>Sampling: quant used to facilitate the sampling of respondents or cases</p> <p>Context: qual provides contextual understanding coupled with generalizable, externally valid findings in quan.</p> <p>Diversity of views: quan uncovers relationships between variables and qual reveals meanings among research participants</p>
<p>Initiation: seeks the discovery of contradiction, new perspectives of frameworks, unusual results from one method with results from the other method</p> <p>Expansion: seeks to extend the breadth and range of inquiry, provides richness and detail building on the findings of either qualitative or quantitative methods</p> <p>Triangulation: seeks convergence, corroboration, and correspondence of results from the different methods.</p>	<p>Unexpected results: quan or qual generates surprisingly results only experienced by other</p> <p>Enhancement: Findings of quan or qual augmented by gathering data using qual or quan</p>

In the present study, the main purposes of mixing quantitative and qualitative study were complementarity, development, initiation and expansion. Triangulation, which is used to test the consistency of findings through different approaches and is a way of improving the validity of a study (Erzberger and Prein, 1997), was not considered as a purpose for this sequential mixed-methods study. Sequential design is not appropriate for triangulation because when it is utilized quantitative data are gathered first, such that

findings from the first quantitative approach might influence those from the second, qualitative approach, thereby positively biasing any comparisons (Onwuegbuzie and Collins, 2007). Only concurrent designs can address triangulation purposes. However, sequential design is appropriate for expansion, complementarity, development and initiation purposes (Onwuegbuzie and Collins, 2007) (see Table 7).

Table 7. Matrix crossing purpose of mixed-methods research by time orientation (Onwuegbuzie and Collins, 2007).

Purpose of Mixed-Methods Research	Concurrent Design Appropriate?	Sequential Design Appropriate?
Triangulation	YES	NO
Complementarity	YES	YES
Development	NO	YES
Initiation	YES	YES
Expansion	NO	YES

2.4.1 Purposes of the Present Study

2.4.1.1 Complementarity

A mixed-methods design study was needed for a more comprehensive account of the area of inquiry: level and sources of well-being among Polish immigrants. Well-being has never been tested in a Polish migrant population and it is important to know if Polish immigrants, who are the most prevalent and also the fastest growing immigrant group in Scotland, are happy and satisfied with their lives, or are they at most times dissatisfied and unhappy that they moved out of their own countries. If they are not happy, it becomes necessary to identify the reasons for their dissatisfaction. We can learn more about this research problem if we combine the strengths of qualitative research with those of quantitative research, while compensating at the same time for the weaknesses of each method. Neither quantitative nor qualitative methods alone would be sufficient to identify and explore this research problem. Quantitative study alone would make it impossible to infer meaning beyond the results achieved through statistical analysis; it would not be able to explore in depth the experiences and feelings of immigrants. On the other hand, exclusive reliance on qualitative study would not allow the researcher to test an overarching theory of well-being (Lyubomirsky, Sheldon and Schkade, 2005) and generalize the findings to wider population of migrants. Thus,

the use of qualitative and quantitative approaches, and the mixing of both approaches in a study, is more than simply collecting and analysing both kinds of data; it also involves the use of both approaches in tandem so that the overall strength of a study is greater than either qualitative or quantitative research (Creswell and Plano Clark, 2007).

2.4.1.2 Expansion

While statistical analyses provided detailed assessment of patterns of responses, the qualitative data collected by interviews provided a deep and contextual understanding of survey responses. Exploration of immigrants' experiences and feelings provided richness and detail which built on the findings of quantitative methods. First of all, while a quantitative study identified significant predictors of well-being such as social comparisons, social support etc., a qualitative study helped explain how these factors affected immigrants' well-being, which expanded on the quantitative findings. For instance, while in the quantitative study emotion-focussed coping was the strongest predictor of higher well-being, the qualitative study identified what coping strategies immigrants used and how they affected their well-being. Another example of how the qualitative study expanded on the quantitative study is related to social support. In the quantitative study higher social support predicted immigrants' higher levels of well-being. The qualitative study expanded on this and identified how different sources of social support affected their well-being. For instance, it revealed that family, friends in Poland and the Polish community in Scotland eased immigrants' feelings of homesickness, however, poor integration into Scottish society appeared to have a negative impact on their well-being. Furthermore, the quantitative study identified that the three sets of variables (i.e. personality, cognitive-behavioural, circumstantial factors) were related to one another. The qualitative study, which investigated the perceived impact of the role of circumstantial and cognitive-behavioural factors on immigrants' well-being, helped better understand the relationships between these sets. It enabled the researcher to build a broader picture of how immigrants' well-being is shaped.

2.4.1.3 Initiation

Inclusion of a qualitative study aimed to help seek the discovery of contradiction and unusual results from the quantitative method. The researcher believed that in this study she might be likely to obtain counterintuitive findings which could be explained by a qualitative study. Since the SHM has not been tested in migrant populations before, the

researcher suspected that a quantitative study might generate surprising results against the SHM, for instance, that circumstantial and cognitive-behavioural factors might account for more variance in well-being than the theory argues. Indeed, the quantitative study found that both sets of factors made a greater contribution to well-being than expected, as presented in CHAPTER IV, and a qualitative study helped elaborate on these unexpected quantitative findings.

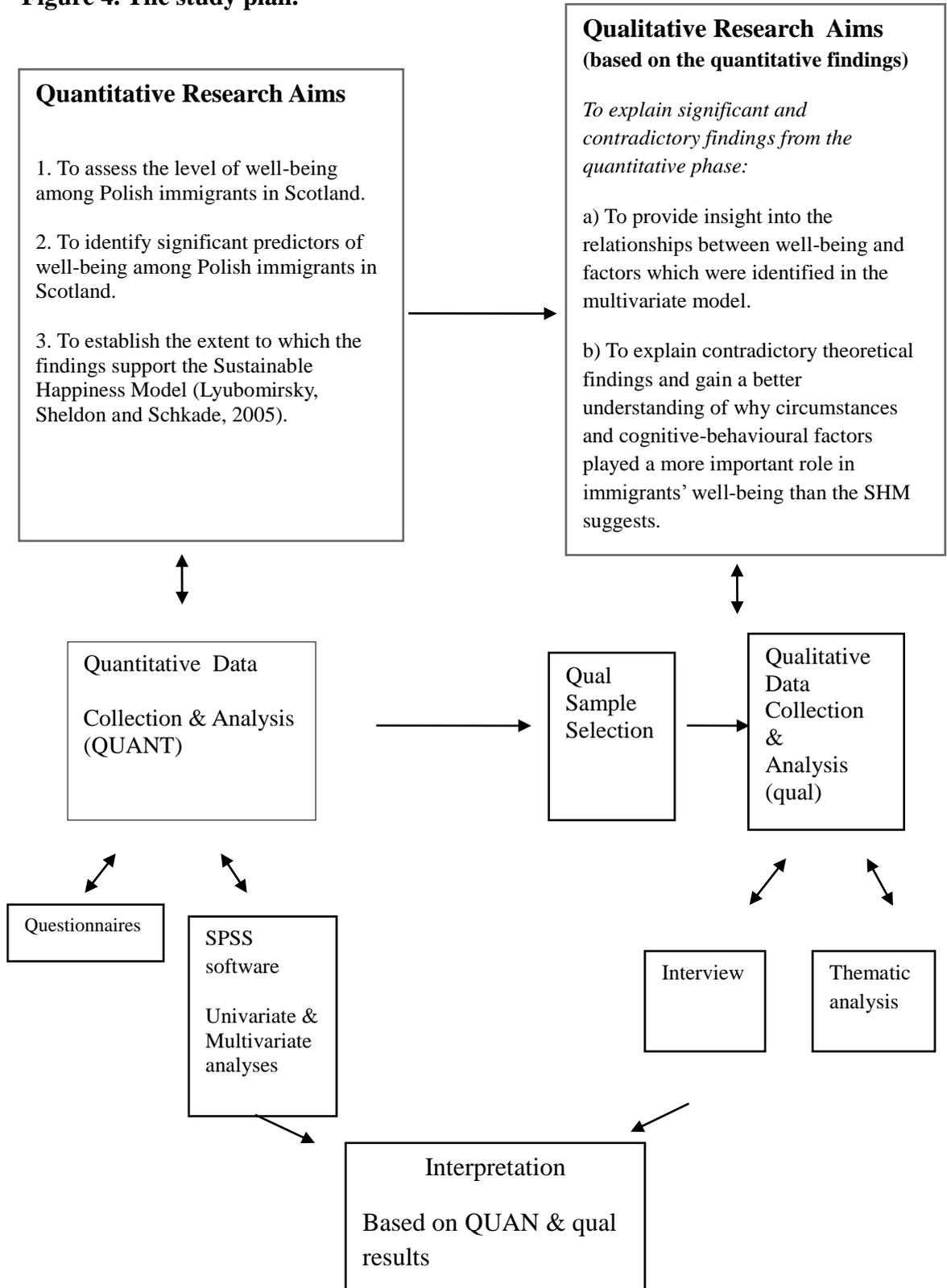
2.4.1.4 Development

The results from the quantitative study were used to help develop the qualitative study; first of all, the results from the quantitative study helped with the design of the interview schedule. The researcher asked questions eliciting more information about significant and unexpected predictors of well-being such as language barrier, perceived health status, social support, social comparisons, religiousness and use of coping strategies. Secondly, the quantitative study was used to facilitate the sampling of respondents for a qualitative phase. The quantitative study guided purposeful sampling for more in-depth interviews; it identified a mixture of participants who scored high and low on factors that emerged as significant and unexpected predictors of well-being, such as language proficiency, perceived health status and age at migration. Thus, there is a clear relationship between quantitative and qualitative sampling - called a nested relationship (Onwuegbuzie and Collins, 2007), which implies that the sample members selected for one phase of the study represent a subset of those participants chosen for the other facet of the investigation.

2.5 Visualising the Study Plan

The study plan appears in Figure 4

Figure 4. The study plan.



3 Research Methods: Phase I - Quantitative

3.1 Design

This study employed a cross-sectional design to assess the level and predictors of well-being among Polish immigrants. The researcher was aware that a longitudinal study would be considered preferable to a cross-sectional study; it would be a more powerful method to disentangle causes and outcomes especially when it comes to a dynamic and evolving process such as migration. For instance, it would allow testing of baseline (pre-migration) levels of well-being and compare levels of well-being before and after the migration.

However, immigrants are likely to be more residentially and occupationally mobile than established populations, which would be the key obstacle to tracking a sample (Black et al., 2003). Furthermore, longitudinal research was not possible within the time constraints of a PhD. The researcher considered using existing survey data and consulted the Economic and Social Data Services database, which houses longitudinal and other surveys (e.g. Scottish Health Survey and Scottish Social Attitudes Survey) conducted in the UK, but none were designed to answer the questions set by this PhD. (<http://www.esds.ac.uk/longitudinal/introduction.asp>).

3.2 Participants

The overall inclusion criteria for sample consideration included Polish immigrants aged 18-65 who were living in Edinburgh and the Lothians, in Scotland. In addition, participants had to have the capacity to provide their informed consent to participate in the research. The reason why the researcher has chosen this age group results from the purpose of the study. The researcher tested the Sustainable Happiness Model (SHM) (2005), which argues about the relationship between circumstantial factors such as socio-economic status (income, education, employment status) and well-being. Thus, the researcher was interested mainly in labour/economic migrants who work full-time or part-time or are temporarily unemployed. Immigrants under the age of 18 were excluded as they would be likely to be in full-time education, dependent on their parents/carers and not in employment. In addition, the immigrants aged over 65 were not included as they would mostly be non-working and possibly in poor health.

3.3 Sampling

Participants were recruited between April 2013 and October 2013. Polish immigrants are an example of a "hidden" or "hard-to-reach" population; there is no readily-available database that the researcher may access to identify, and subsequently contact, the immigrants (Faugier and Sargeant, 1997). There is an inherent problem in conducting research with hard-to reach populations - no census-based sampling frame or any other reliable source is available to define and randomly sample these hard-to-reach populations (Faugier and Sargeant, 1997). Therefore, the researcher employed two simultaneous sampling strategies in the study, the aim of which was to increase the likelihood of gaining access to a wide range of Polish immigrants.

The researcher used a snowball sampling technique. She identified a few people from the Polish population who then identified other members of population who, in turn identified further members and so on. Exponential non-discriminative snowball sampling was used where the first chosen subject refers to multiple subjects, and all of these multiple subjects are chosen as the next subject (Coolican, 2009).

The researcher used a broad range of snowball initiation points, informed by the previous research on Polish immigrants in the UK (Drinkwater, Eade and Garapich, 2006; Pollard, Lattore and Sriskandarajah, 2008). Potential participants were approached in urban areas of Scotland, mostly in Edinburgh and Glasgow, which are top destinations for migrants in Scotland, significantly ahead of other areas (The Scottish Government, 2010). Initial points of contact included: a Polish priest who conducts regular Polish masses for Polish immigrants, Polish managers in the housekeeping and hospitality sectors in hotels in Edinburgh (e.g. Sheraton Hotel, Glasshouse Hotel), where most of the employees are Poles, the owner of Polish retail shops and restaurants in Edinburgh, staff at a Polish advice bureau 'Polak w Szkocji', a teacher of beginner English classes for Polish people, a hostel in Edinburgh, the administrator of Feniks - Counselling, Personal Development and Support Services provided to the Polish community in Scotland and a sexual psychotherapist who provided private counselling sessions to Polish immigrants. The sampling strategy was designed to attract a diverse sample of Polish immigrants (e.g. newly arrived and settled immigrants). For instance, the researcher was expected to recruit newly arrived immigrants through the beginner English classes for Polish people.

The researcher, a Polish speaker, recruited participants. The researcher approached the above initial points of contact and handed out Participant Information Sheet, Consent form and the questionnaire pack translated into Polish (with enclosed pre-paid envelope) (see Appendix 4, 5, 6). Participants were asked to fill in the questionnaire and send it away within 10 days. The researcher also asked snowball initiation points to help identify others that may be willing to take part. The researcher gained contacts and followed the same procedure. In addition to traditional snowball sampling, the researcher implemented snowball sampling using Facebook. Using Facebook can be effective for the study of “hard-to-reach” populations; it can expand the geographical scope and facilitate the identification of individuals with barriers to access, thus it can increase the sample size and its representativeness (Baltar and Brunet, 2012).

In addition to snowball sampling the researcher used posters and flyers to advertise the research in the Polish church, social club, shops and restaurants. The advertisement was also placed on Polish websites designed for Polish immigrants living in Scotland, such as <http://www.szkocka.net/>, <http://www.emito.net/>, or <http://www.mojawyspa.co.uk/>. To facilitate recruitment, an online survey was created (www.surveymonkey.com/s/zdrowie) and a link to this web survey was included in the adverts.

Advertising yielded a total of 15 participants who completed questionnaires online. Regarding snowball sampling, 214 pen-and-paper questionnaires were distributed (mainly through face-to-face and phone contacts). Out of 214 questionnaires, 128 were completed, achieving a 59.8% response rate. Snowball sampling via Facebook yielded a total of 45 questionnaires. Since it is difficult to identify the number of immigrants who received and read the advert on Facebook, it was not possible to define response rate for this sampling technique. Overall, the two recruitment approaches yielded a total of 188 participants aged 18-65 (see Table 8).

Table 8. Recruitment strategies and response rates.

RECRUITMENT STRATEGIES & RESPONSE RATES			
Snowball Sampling			Advertising
Facebook (online questionnaire)	Traditional (face-to-face, phone, mail)		<i>Websites, Polish pubs, shops, information centres</i>
Returned: 45	<u>Distributed</u>	<u>Returned</u>	Returned: 15
	Hospitality (25)	Hospitality (14)	
	Housekeeping (23)	Housekeeping (14)	
	Caring sector (14)	Caring sector (9)	
	Sales (22)	Sales (13)	
	University/college (37)	College/University (29)	
	Feniks (12)	Feniks (3)	
	Private counsellor (8)	Private counsellor (2)	
	Church (26)	Church (21)	
	English classes (15)	English classes (6)	
	Polish 'Swielica' (12)	Polish swielica (5)	
	Polish pub (20)	Polish pub (12)	
Total: 214	Total: 128		
Response rates: 59.8%			
Total Questionnaires Returned: 188			

3.4 Power Analysis

The minimum number of participants required for the study was determined by a priori power analysis. Power analysis was carried out using a statistical power analysis program: G*Power 3.1 (Faul et al., 2007). A power analysis for regression models, based on a two tailed alpha value of 0.05, a beta value of 0.95, power of 0.80 and an effect size of 0.3 and a number of variables (26) yielded a recommended sample size of 146. Due to a lack of studies investigating determinants of well-being among Polish immigrants, previously observed effect size reported in a meta-analysis by Sin and Lyubomirsky (2009) has been used to estimate appropriate sample size for the present study.

In addition to the power analysis, the researcher used another strategy to calculate the required sample size. The researcher followed the guidelines by Tabachnick and Fidell (2007) on how to obtain a minimum number of cases required for multiple regressions (Number of cases = 104 + number of IVs). The researcher found that a minimum sample size of 130 was required, given that 26 variables (dummy variables included) would be included in the multivariate analyses.

3.5 Variables and Measures

3.5.1 Variables

The theoretical model (Sustainable Happiness Model, 2005) informed the choice of measures (See Table 9).

Table 9. Predictor variables based on the Sustainable Happiness Model (2005) measured in the present study.

Predictors of well-being based on the Sustainable Happiness Model (2005)				
<i>Circumstantial Factors</i>			<i>Personality</i>	<i>Intentional Activities</i>
Socio-demographic	Socio-economic	Migration-related		
Age	Income (monthly)	Age at migration	Extraversion	Social support
Gender	Education	Duration of migration	&	Coping strategies
Marital status	Job status	Language proficiency	Neuroticism	Social Comparisons
Perceived Health status				Religiousness

Self-report questionnaires were used to collect the data on well-being (The Warwick-Edinburgh Mental Well-being Scale) and its potential predictors based on the Sustainable Happiness Model (Lyubomirsky, Sheldon and Schkade, 2005): circumstantial factors: socio-demographics (marital status, age, gender, perceived health status; socio-economic factors (income, education, employment status); migration-related factors (duration of migration, age at migration, language proficiency), intentional activities (social comparison, coping, social support, religiousness), personality (extraversion and neuroticism). The choice of the selected circumstantial factors and intentional practices has been justified by their relevance to the context of

migration.

For instance, it is important to include socio-economic factors such as education, income and employment status as potential predictors of well-being of economic migrants who leave their country to improve their socio-economic conditions. The available research on Polish immigrants suggested that, although largely well-educated, they tend to be underemployed (Kropiwek and King-O'Riain, 2006) and on low incomes (NHS Lothian, 2013).

It was also important to know whether and how general health status affects immigrants' well-being. The epidemiological evidence from several countries, including the UK, demonstrated that the health status of immigrant populations is poorer than that of natives (Sole-Auro and Crimmins, 2010; Stanciole and Huber, 2009), and immigrants experience unequal access to health care (Mladovsky, 2007). Furthermore, a number of studies pointed to considerable health needs of Polish and other Eastern European migrants, especially with regards to emergency care, maternity care, sexual health and mental health (Lakasing and Mirza, 2009; Leaman, Rysdale and Webber, 2006; Weishaar, 2008). Eastern European migrants in Britain reported low knowledge of the system, low take-up and delays in registrations with GPs (Collis, Stott and Ross, 2010; Osipovic, 2013; Spencer et al., 2007).

Immigrants commonly compare their lives with others such as family/friends in their home country (Vohra and Adair, 2000), therefore questions on these topics were also included. Available research indicates that immigrants often feel lonely and isolated (Sim, Barclay and Anderson, 2007; Weishaar, 2008) and thus, questions on the role of social support in well-being were also included. Furthermore, migrants frequently use coping strategies to help deal with stress (Weishaar, 2008) and thus, the questionnaire included items on coping strategies use. Finally, since religion plays an important role in the Polish society and is deeply intertwined with Polish culture (94% of Poles are believers in God; Boguszewski, 2012) a section of the questionnaire was dedicated to religious beliefs and practices.

3.5.2 Measures

All the questionnaires used in the study are standardized questionnaires which were previously translated and validated by the Polish Psychological Society. The internal consistency of scales was calculated using Chronbach's alpha method (Cronbach, 1951).

3.5.2.1 Outcome Measure

The Warwick-Edinburgh Mental Well-Being Scale was used to measure well-being in this study. It is a 14-item scale which includes affective-emotional aspects, cognitive-evaluative dimensions and psychological functioning. Each item is measured on a 5-point Likert scale (none of the time, rarely, some of the time, often, all of the time). Initial evaluation showed good content validity and reliability; test-retest reliability was high (0.83) (Stewart-Brown et al., 2011). In the present sample an alpha coefficient of 0.9 was reported for the scale.

This particular measure of well-being has been selected as it aims to build on previous scales and captures a wide conception of well-being. It is in line with the definition of well-being: that well-being is best conceived as a multidimensional phenomenon that includes aspects of both the subjective well-being (positive affect, life satisfaction) and psychological well-being (i.e. positive functioning: clear thinking, energy, self-acceptance) (Compton et al., 1996). This multidimensional measure seems more appropriate than the instruments measuring exclusively positive affect (e.g. Oxford Happiness Scale) which are popular measures of well-being in Western populations. Cultural variation exists in the concepts of happiness (Oishi, Graham, Kesebir, and Galinha, 2013); in the Polish language ‘happiness’ means ‘luck’ or ‘fortune’ and the feeling of happiness in this country may be less desired than in other countries (Wierzbicka, 2004).

3.5.2.2 Predictor Measures

Circumstantial Factors: Socio-demographic & Socio-economic Variables

Questions about age, marital status and perceived health status have been derived from The Lothian Health & Lifestyle Survey (2010) (NHS Lothian, 2013) and Scottish Health Survey, which was administered among Polish immigrants. All these variables were categorical. Age included 6 categories for descriptive analyses: Below 20, 20-24, 25-34, 35-44, 45-54 and 55-65. For correlational analyses the variable included three categories: below 25, 25-34, 35-65. For regression analyses the categories were collapsed into two dummy variables (below 25 vs. 25-34 and over 34 vs. 25-34). Marital status included three categories for descriptive analyses: single, married, widowed/divorced/separated. The categories were collapsed into two (married vs. single) for correlational and regression analyses. Perceived health level included five

categories for descriptive analyses: very good, good, fair, poor and very poor. For correlational analyses, it included three categories: good/very good, fair, poor/very poor. For regression analyses the categories were collapsed into two dummy variables (poor vs. good/v good and fair vs. good/v good).

Socio-economic variables included education level, job status and income. These questions have also been derived from The Lothian Health & Lifestyle Survey (2010) (NHS Lothian, 2013) and Scottish Health Survey. Education level included six categories for descriptive analyses: Primary School, Secondary School, Vocational training, College, Degree and Postgraduate studies. For correlational analyses it included three categories: primary/secondary school, college/vocational training, degree/postgraduate studies. For regression analyses the categories were collapsed into two dummy variables: primary/secondary school vs. degree/postgraduate studies and vocational training/college vs. degree/postgraduate studies. Job status included six categories for descriptive analyses: in paid full-time employment, in paid part-time employment, unemployed, receiving benefits, retired, in full-time education. The categories were collapsed into two dummy variables for correlational and regression analyses: employed vs. unemployed and full-time student vs. nonstudent. Monthly income included nine categories for descriptive analyses: Nil, £1-£333, £334-£666, £667-£999, £1000-£1416, £1417-£2000, £2001-£3083, £3084 and more, Do not wish to say. For correlational analyses it included four categories: 0-£666, £667-£999, £1000-£1416, above £1416. For regression analyses it included three dummy variables: 0-£666 vs. £1000-£1416, £667-£999 vs. £1000-£1416 and over £1416 vs. £1000-£1416.

Circumstantial Factors: Migration-related Variables

Questions about duration of migration, age at migration and English language proficiency have also been derived from The Lothian Health & Lifestyle Survey (2010) (NHS Lothian, 2013). English language proficiency was a categorical variable while duration of migration and age at migration were continuous variables. For descriptive analyses, English language proficiency included five categories: Absolute beginner, Basic, Intermediate, Advanced and Proficient. For correlational analyses it included three categories: basic/beginner vs. intermediate vs. advanced/proficient. For regression analyses, the categories were collapsed into two dummy variables: beginner/basic vs. advanced/proficient and intermediate vs. advanced/proficient.

Intentional Activities (Cognitive-Behavioural Factors)

Social Support

Three subscales of The Berlin Social Support Scales (BSSS; Schwarzer and Schulz, 2000) were used to measure perceived support, need for support and support seeking. The scale is used to assess quantity, type, and function of social support in general and in stressful circumstances (Schulz and Schwarzer, 2003). The BSSS requires participants to rate their level of agreement with a given statement using a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree). Negatively phrased items were reversed to obtain a total social support score by summing item responses. Internal consistency for subscales has been reported for perceived social support (0.83), need for support (0.63) and support seeking (0.81) (Schulz and Schwarzer, 2003). Validity has been demonstrated in several studies (Schulz and Schwarzer, 2003; Schulz and Schwarzer, 2004). It was also reported that a Polish version of BSSS is a viable and reliable measure of social support dimensions (Luszczynska, Kowalska, Mazurkiewicz and Schwarzer, 2006). In the present sample an alpha coefficient of 0.93 was reported for the scale.

Coping Strategies

The 28-item Brief Cope Scale (Carver, 1997) was used to measure coping strategies. The Brief Cope measures the ways in which individuals attempt to face, reduce, or master the challenges presented by stressful experiences. This short version scale consists of 28 items, each assessed on a 4-point Likert scale. Individual items are grouped into 14 subscales ranging in score from 0 to 6 (0-3 per item contributing to each subscale). The subscales can be grouped under the following categories: emotion-focussed coping strategies (acceptance, emotional support, humour, positive reframing, religion), problem-focussed coping strategies (active coping, instrumental support, planning), and dysfunctional coping strategies (behavioural disengagement, denial, self-distraction, self-blame, substance abuse, venting) (Moos and Holahan, 2003). For each item, respondents indicate the extent to which they experienced the response that the item describes, during the last two weeks. Response choices are on a scale ranging from 1 ('I haven't been doing this at all') to 4 ('I have been doing this a lot'). The minimum score for emotion-focussed coping is 0 and the maximum is 30. The minimum score for dysfunctional coping is 0 and the maximum is 36. The minimum score for problem-

focussed coping is 0 and the maximum is 18. The Brief COPE scale has good internal consistency and test-retest reliability, and concurrent validity has been established (Carver, 1997). The three composite subscales measuring emotion-focussed, problem-focussed and dysfunctional coping have proved useful in clinical research and have content validity (Cooper, Katona and Livingston, 2008). This tool yielded satisfactory psychometric parameters when measured stress among Polish population (Juczyński and Ogińska-Bulik, 2009). In the present study the internal consistency of the dysfunctional, problem-focussed and emotion-focussed coping subscales were found to be 0.73, 0.69, and 0.70, respectively.

Social Comparisons

Social comparisons were measured by the questions from Michalos' (1991) scale, asking to rate the discrepancies/gaps between what one has and what relevant others have (self-other). In this study, participants were asked to assess the discrepancies between their current standard of life and the standard of life of others (friends and family in Poland, generally people living in Poland, British people and other ethnic groups living in the UK). In the current sample a Cronbach alpha coefficient of 0.71 was reported. This tool yielded satisfactory psychometric parameters when measured social comparisons among Polish population (Kowalik and Janecka, 1998).

Religiousness and Spirituality

The Brief Multidimensional Measure of Religiousness/Spirituality (Ellen et al., 2003) was used to measure religiousness/spirituality. Participants were asked to indicate the extent to which they considered themselves "spiritual" or "religious" by selecting a response along a 4-point Likert type scale. They also indicated the frequency of attendance at religious services. This instrument showed evidence of reliability and validity when psychometrically evaluated in the 1998 General Social Survey (Idler et al., 2003). In the current sample a Cronbach alpha coefficient of 0.77 was reported.

Personality

The 48-item short form EPQR (EPQR-S; Eysenck, Eysenck and Barrett, 1985) was used to measure personality. For the purpose of this study, only extraversion and neuroticism indices were measured. Each question has a binary response: 'yes' or 'no'. Each dichotomous item is scored 0 or 1 and each scale has a maximum possible score of 12 and minimum of 0. The scale has good internal consistency, test-retest reliability, and concurrent validity. The EPQR-S has now been used quite widely, including studies by

Aleixo and Norris (2000), Blagrove and Akehurst (2001), Chan and Joseph (2000). In the current sample the internal consistency of the extraversion and neuroticism subscales were found to be 0.85, and 0.84 respectively.

The choice of these personality indices was determined by the available evidence on personality traits among migrant and general populations. First of all, the personality traits of extroversion and neuroticism have been granted the most theoretical and empirical attention (Costa and McCrae, 1980; Diener and Lucas, 1999; Watson and Clark, 1984) and have been consistently reported as the most significant predictors of well-being in general population (Lucas, 2008). The set point percentage (50%) from the Sustainable Happiness Model was based on the scientific evidence coming mostly from studies on these specific personality traits (DeNeve and Cooper, 1998; Steel, Schmidt and Shults, 2008).

The researcher also argued that both neuroticism and extroversion may be relevant to migration setting; it is evident that these two personality traits increased the probability to migrate (Canachea, Hayesb, Mondaka and Walsc, 2013; Silventoinen, Hammar, Hedlund, Koskenvuo, Rönnemaa and Kaprio, 2008). Furthermore, there is suggestive evidence indicating that Polish people may score higher on neuroticism than people from other countries (e.g. Italy, United States, Sweden) (Eysenck, 1982; Ronowicz 1995; Wierzbicka, 1994). Polish people have type blood B associated with neuroticism, express bad feelings such as irritation more readily than people from other cultures and in Poland there is a cultural script for complaining (Dolisnki, 1997; Eysenck, 1982).

Potential Confounding Variable: Mental Distress

Mental distress was considered as a potential confounding variable since it is known that anxiety and depressive symptoms may contribute to low level of well-being (Mankiewicz, Gresswell and Turner, 2013). Mental distress was assessed by the Hospital Anxiety and Depression Scale (The HADS; Zigmond and Snaith, 1983) which is a scale for detecting symptoms of anxiety and depression in non-psychiatric patients. It contains two 7-item scales: one for anxiety and one for depression, with a score ranging from 0-21. Each item has a choice of four fixed response statements (weighted 0-3). A score of 8-10 points indicates borderline significance for either scale, but less than 8 points is insignificant. The validity of the HADS to detect mood disorders has been documented (Herrmann, 1997; Shuldham et al., 1995), as has the reliability of the questionnaire for Polish adults (Wichowicz and Wieczorek, 2011). In the current sample

the internal consistency of the anxiety and depression subscales were found to be 0.81, and 0.84 respectively.

A recently published 10-year review questioned the ability of HADS to differentiate between anxiety and depression, and recommended use of HADS scores more generally as a measure for mental distress (Cosco et al., 2012). For this reason, mental distress score (rather than scores of anxiety and depression) was included in multivariate analyses.

3.6 Questionnaire Pack

3.6.1 Questionnaire Design, Appearance and Distribution

Before designing and compiling the questionnaire pack (see Appendix 6) the researcher became familiar with the available literature on increasing response rates to postal questionnaires (Edwards et al., 2002). Although the literature demonstrated that a shorter length of questionnaire and a use of incentives predicted a higher response rate, in the present study the questionnaire was long, due to the nature of the problem studied (investigation of a comprehensive range of determinants of well-being). Also, the incentives were not implemented due to the objection of the ethics committee. Indeed, this can be seen as a form of ‘coercion’. Nevertheless, the study used colour and stamped return envelopes (first-class stamp), which predicted a higher response rate as demonstrated in the systematic review (Edwards et al., 2002).

3.6.2 Piloting the Questionnaires

It is recommended to pilot a questionnaire on a small group of volunteers, who are as similar as possible to the target population. The researcher in the current study followed pilot study procedures to improve the internal validity of a questionnaire (Peat et al., 2002, p 123):

- administer the questionnaire to pilot subjects in exactly the same way as it will be administered in the main study
- ask the subjects for feedback to identify ambiguities and difficult questions
- record the time taken to complete the questionnaire and decide whether it is reasonable
- discard all unnecessary, difficult or ambiguous questions
- assess whether each question gives an adequate range of responses
- establish that replies can be interpreted in terms of the information that is required
- check that all questions are answered

- re-word or re-scale any questions that are not answered as expected
- shorten, revise and, if possible, pilot again

In the present study, the questionnaires were piloted on a small group ($n=6$) of Polish immigrants recruited via snowball sampling. Participants were given Participant Information Sheet, Consent Form and the questionnaire, and were asked them fill these out in the researcher's presence. The researcher watched pilot participants read and complete the materials and watched for hesitation or skipped questions. The researcher also recorded the time taken to complete the questionnaire. The participants were instructed, after completing the questionnaires, to provide any feedback to the researcher for improvements in clarity of the questionnaire. This was an important step to ensure the questions were not misinterpreted. The researcher made notes of participants' comments.

Recorded timing was 8-13 minutes, which was reasonable. Overall, the participants regarded instructions as clear. Participants did not skip any questions. They thought the questions were interesting and encouraged reflection. Minor changes were suggested to wording in the Participant Information Sheet and the questionnaire. Pilot participants also commented on the use of font in the questionnaire, suggesting the use of a black font and shades of different colours to facilitate reading. Upon evaluation of feedback generated by the pilot study, several of the questions were reworded or reorganized for clarity or to avoid redundancy. Data generated by the pilot study was not included for analysis.

3.7 Data Analysis

SPSS 20 statistical software was used to conduct all planned analyses of the data. Descriptive statistics were used to outline the sample characteristics and answer research question 1. Simple and multiple regression analyses were conducted to answer research question 2, that is, identify significant predictors of well-being.

Before conducting simple and multiple regression analyses, correlational analyses were employed to identify the strength of the association between well-being and circumstantial, cognitive-behavioural and personality factors. Correlational analyses unlike simple regression analyses, allowed the researcher to clearly see the strength of the association between ordinal variables such as language proficiency or perceived

health level which were broken down into dummy variables in simple regression analyses.

Simple regression analyses were used to determine how much individual circumstantial, cognitive-behavioural factors and personality traits contribute to well-being. Due to possible interrelationships among the variables, all studied variables, that is, personality, intentional activities and circumstantial factors, were simultaneously entered into a multiple regression model to allow for simultaneous control of multiple confounding variables. Such analysis allowed the researcher to 1) determine the unique contribution of each variable after adjusting for the effects of all the other predictors, 2) identify the strongest predictor of immigrants' well-being, 3) identify how much variance in well-being the model accounts for.

Hierarchical regression analysis was conducted to answer research question 3, that is, to determine the extent to which three theoretically pre-determined sets of predictors account for variance in well-being in the sample of Polish immigrants and in doing so, assess the extent to which the data support the Sustainable Happiness Model (2005). In this study, theoretical assumptions were tested by entering the blocks of variables (circumstantial factors, cognitive-behavioural factors, personality) in different orders. The hierarchical regression analysis allowed assessment of the unique contribution of each block of variables after taking into account the remaining blocks of variables.

4 Research Methods: Phase II - Qualitative

4.1 Participants/Sampling

In order to identify individuals for interview, a purposive sampling in the form of an "extreme case" strategy (where cases are selected because of their high or low scores on a variable of interest) was employed (Gerring, 2007). The quantitative study results informed sampling for a qualitative study. The quantitative study found that perceived health status, English language proficiency, age at migration, social support, social comparisons, religiousness, emotion-focussed, problem-focussed and dysfunctional coping were multivariate predictors of immigrants' well-being. Thus, the researcher aimed to choose a diverse range of participants which could best explain the role of these factors. The researcher sent invitations to immigrants who migrated at a younger and older age at migration, reported very good and poor health, basic/beginner and proficient level of English language, who scored low and highly on social support, religiousness, social comparisons and coping strategies scales. Since in the quantitative

study circumstantial factors overall accounted for more variance in well-being than the theory suggested, the researcher also wished to interview immigrants who varied in terms of other circumstantial factors such as socio-economic status (i.e. those with higher/ lower income, full-time/part-time jobs, lower/higher educational status).

Overall, 17 Polish immigrants were interviewed between November 2013 and March 2014. The interviews took place in public places convenient to the participant to provide a safe, non-threatening environment, such as a quiet room in the library at Edinburgh Napier University or small cafes at off peak times. The longest interview lasted 76 minutes and the shortest one 38 minutes.

4.2 Data Collection: Interview

4.2.1 Interview Process

All interviews were taped, allowing the researcher to take notes and guide the subject into areas in more depth or to related areas that appeared a priority to the subject. Immediately after each interview, the researcher reviewed the tape and notes taken during the interview. The interview process was explained to interviewees, and they were told that the interviews would be recorded and later transcribed word-for-word into an interview transcript, which would be analysed by the researcher and reviewed by supervisors. Interviewees were assured that all names and places would be changed to protect their anonymity; and that the audio file would only be accessible to the researcher. Interviewees were also assured that it would be their right, at any time, to stop the interview.

4.2.2 Semi-structured Interview

Qualitative data were gathered via semi-structured interview. All interviews were conducted in the Polish language. This allowed to access immigrants who do not speak English. Although some interviewees had reported proficient English language in the quantitative phase of the study, the researcher decided to conduct all interviews in the Polish language. It is argued that interviews in the second language should be avoided. Usually extra effort is required from participants, especially when emotional or sensitive topics are involved, which can result in impoverished accounts (Westermeyer, 1990), as well as making the grounded accuracy and value of the data uncertain (Marshall and Whille, 1994). Furthermore, when interviewees speak in a second language they perceive themselves as less confident and happy (de Zelueta, 1990). Using interviews

as a form of data collection is consistent with qualitative studies and encourages an inter-subjective relationship between the researcher and the participants, whereby the researcher becomes the listener and the interpreter of the data provided by the participant (Grant and Giddings, 2002). The semi-structured interview guide was designed in such a way as to demonstrate sensitivity to participants' perspectives through the construction of open-ended and non-directive questions. The interview structure applied in this research permitted spontaneous comments; however, where issues of interest were not spontaneously described by the participant, the researcher utilized prepared probes, for instance, 'Could you give me an example?', 'Can you elaborate on that idea?', 'Would you explain that further?', 'I'm not sure I understand what you're saying'. McCracken (1988) suggested that prompts or probes give structure to the interview and allow the participant to use his/her own voice to relate experiences in an individual fashion. This structure allowed the interview participants freedom to connect, correct, rephrase for understanding, and digress to related topics (McCracken, 1988). The intention was to enable participants to respond freely (Wilkinson, Joffe and Yardley, 2004), and to provide rich descriptive accounts of their migration experiences.

4.2.3 Piloting Interviews

Two pilot interviews were conducted with participants on whom questionnaires were previously piloted. Interviewees provided valuable feedback on the type of questions asked. Two interviewees struggled to answer the question about personality: 'How would you describe yourself as a person?' All other questions were considered as interesting and encouraging of reflection. Interviewees did not find any of the questions distressing. The researcher evaluated feedback and decided to remove the question on personality from the list of questions. Data generated by the two pilot interviews were not included for analysis.

4.3 Data Analysis: Thematic Analysis

In the qualitative analysis, data collection and analysis proceed simultaneously (Merriam, 1998). The conventional thematic analysis approach was used in which themes and categories are explored to reveal the experiences and perceptions (Hsieh and Shannon, 2005). This method is independent of theory and epistemology, and through its theoretical freedom thematic analysis provides a flexible and useful research tool which can potentially provide a rich and detailed, yet complex account of data. Due to

its relative independence from any specific epistemology, thematic analysis is ideal for a mixed-methods study (Braun and Clarke, 2006).

The researcher followed the stages of thematic analysis as outlined by Braun and Clarke (2006) to guide the analytic process (transcribing the data, the generation of codes, organising the coded data into meaningful codes, refinement of themes, establishment of a thematic map, final analysis and report write-up). The initial coding was performed in Polish, whilst the latter stages were in English, so that peer examination could be possible.

Conducted interviews were analysed thematically using mostly a deductive approach. Indeed, the literature argues that in sequential explanatory designs, the qualitative study is best served by a deductive approach. A detailed analysis of one or a few themes lends well to a sequential explanatory model (Trahan and Stewart, 2013). Circumstances such as language proficiency, perceived health status, age at migration, and cognitive-behavioural factors such as social comparisons, social support, religiousness and coping strategies, which were identified as significant factors in the quantitative phase, served as a pre-existing main frame. Guided by these predetermined concepts, text sections were coded.

Nevertheless, the researcher also used an inductive approach. After categorising data into the predetermined master themes (i.e. 'Circumstantial factors influencing immigrants' well-being' and 'Cognitive-behavioural factors influencing immigrants' well-being') and themes (e.g. social support, language proficiency) the researcher allowed new themes to emerge from the data. She coded the data under each main category (Circumstantial factors influencing immigrants' well-being) and (Cognitive-behavioural factors influencing immigrants' well-being) inductively, and looked for new ideas within the main master themes.

The researcher identified and classified themes and subthemes according to their surface level meanings (latent analysis). In this approach, the researcher attempted to go beyond the statements made by the interviewee to identify some hidden meaning. This approach was appropriate given that the researcher attempted to uncover cultural beliefs, and/or assumptions underlying the data (Patton, 1990).

4.4 Trustworthiness of the Qualitative Study

Guba (1981) proposed four criteria that he believed should be considered by qualitative researchers in pursuit of a trustworthy study: credibility, which corresponds roughly with the positivist concept of internal validity; dependability, which relates more to reliability; transferability, which is a form of external validity; and confirmability, which is largely an issue of presentation.

4.4.1 Credibility

The concept of credibility relates to whether the findings of a study are accurate and supported by data, i.e. plausible (Pitney and Parker, 2009). Credibility confirms the extent to which the researcher represents the social reality of the participants and their experiences. To ensure this the researcher consciously challenged any potential bias that might influence the study design or conclusions. Potential bias might be the researcher's background as a migrant worker and similarities between the researcher's migration experiences and the experiences of participants. The researcher can become so enmeshed with the informants that he or she may have difficulty separating his or her own experience from that of the informants, and lose ability to interpret the findings (Marcus and Fischer, 1986). To help ensure that this extreme over-involvement did not occur, the researcher used a strategy called reflexive analysis, or reflexivity (Good et al., 1985). Reflexivity refers to assessment of the influence of the investigator's own background, perceptions, and interests on the qualitative research process (Ruby, 1980). The researcher kept a journal throughout the research process which included the researcher's thoughts, feelings and ideas generated by contact with informants. It also contained questions, problems, and frustrations concerning the overall research process. In writing these personal thoughts and feelings about the research process, the researcher became more aware of biases and preconceived assumptions. Potential bias was also reduced by following the phases of Braun and Clarke (2006) in the data analysis. In keeping with their recommendations, interpretations were repeatedly checked and amended where necessary with the researcher's supervisors' feedback as to whether the accounts were consistent and recognisable. Further, having opportunities to share the researcher's findings and identified themes with other colleagues (including a qualitative expert), referred to as peer examination, also allowed verification. Thus, both supervisors and peer feedback processes allowed the researcher to reflect on the interpretations. In addition, the researcher used tactics to help ensure honesty in participants when contributing data. The researcher did not implement any incentives.

Each person who was approached by the researcher was given opportunities to refuse to participate in the project so as to ensure that the data collection sessions involve only those who are genuinely willing to take part and prepared to offer data freely.

Participants were also encouraged to be frank from the outset of each session, with the researcher aiming to establish a rapport in the opening moments and indicating that there are no right answers to the questions that would be asked (Shenton, 2004). Finally, the researcher conducted interviews and performed the initial coding in Polish (native language of participants) which maximised the trustworthiness of the study. The researcher followed the recommendations to stay in the original language as long and as much as possible to avoid potential limitations in the analysis (Van Nes, Abma and Jonsson, 2010). When translating codes at latter stages and participants' quotes, the researcher used support of a professional translator which is expected to enhance validity of the study (Van Nes, Abma and Jonsson, 2010).

4.4.2 Transferability

Pitney and Parker (2009) suggest that when similarities occur between and among contexts, then results are transferable to similar situations with similar types of participant. The key issue is whether there is enough descriptive information to allow a reader to determine whether the results are applicable to similar contexts (Shenton, 2004). The researcher provided a rich description of the research participants, data collection methods employed, the number and length of the data collection sessions, the time period over which the data were collected.

4.4.3 Dependability

Guba (1981) proposed that the dependability criterion relates to the consistency of findings. In the present study the exact methods of data gathering, analysis and interpretation in qualitative research were described. Such dense description of the methods provided information as to how repeatable the study might be or how unique the situation might be (Kielhofner, 1982). Guba (1981) used the term 'auditable' to describe the situation in which another researcher can clearly follow the decision trail used by the investigator in the study. In addition, the researcher increased the dependability of the study by conducting a code-recode procedure on data during the analysis phase of the study. After coding a segment of data, the researcher waited about a month and then returned and recoded the same data and compared the results (Shenton, 2004). The use of colleagues and methodological experts (peer examination)

to check the research plan and implementation was another means that was used to ensure dependability in this study.

4.4.4 Confirmability

Confirmability was ensured by including an external auditor who follows through the natural history or progression of events in a project to try to understand how and why decisions are made. The audit was ongoing throughout the research process. The auditor considered the process of research as well as the product, data, findings, interpretations, and recommendations (Lincoln and Guba, 1985). Reflexive analysis undertaken by the researcher was also useful to ensure that the researcher was aware of her influence on the data.

5 Research Permission and Ethical Consideration

Ethics approval was sought and received from the Research Ethics and Governance Committee at Edinburgh Napier University. Participant Information Sheet, Consent Form and Debriefing Form were developed for participants (both Polish and English versions) (See Appendix 4, 5, 8). Participants were informed of their rights to voluntarily consent or decline to participate, and to withdraw participation at any time without having to provide a reason. Participants were given a choice of taking part only in the first (quantitative phase) or both phases of the study. Participants were informed about the purpose of the study, the procedures that would be used to collect the data. Participants were also informed that the study was not intended to upset them in any way. Nevertheless, in case some of the participants had experienced distress, they would have been advised to contact counselling organisations. The recommended organisations have been carefully selected; the researcher made sure the services would be convenient to the participants with language barriers and financial problems. Anonymity and confidentiality was maintained throughout the study. No personal information was used in the write-up of the study. All data was stored on a password-protected computer with no personal identifiable information. All the questionnaires and audiotapes were destroyed after the data was transferred to a password-protected computer.

6 The Role of the Researcher in the Mixed-Methods Study

The researcher's involvement with data collection in the two phases of this study is different. In the first, quantitative phase, the researcher administered the questionnaire and collected the data using the standardized procedures, including the convenience sampling. Data analysis was performed using rigorous statistical analysis techniques and the results were interpreted based on the established values for the statistical significance of the functions. The advice of a professional statistician was sought before analysing data.

In the second, qualitative phase, the researcher had a more participatory role due to the "sustained and extensive experience with participants" (Creswell, 2003, p. 184) and personal involvement with the research topic of migration. There was a similarity between the participants and the researcher in terms of migration background. The researcher is a Polish-speaking migrant worker, and such attributes in an interviewer might allow interviewees to be truly themselves, to trust the interviewer and to explore their feelings and experience more easily. However, similarity in background characteristics between the interviewer and interviewees was also likely to introduce a possibility for subjective interpretations of the phenomenon being studied and create a potential for bias (Locke, Spirduso and Silverman, 2000). The researcher, however, challenged any potential bias and predispositions that may have influenced the study conclusions by following the phases of Braun and Clarke (2006) in the analysis of data, careful auditing by the researcher's supervisors on all research procedures and data analysis in the study, peer examination and by reflexive analysis (keeping a journal throughout the research process).

CHAPTER IV

QUANTITATIVE RESULTS

This chapter presents results of the quantitative stage of the study. The chapter begins with a description of sample characteristics including participants' circumstantial, cognitive-behavioural factors and personality. Following the sample description, answers are provided to three research questions: 1) What is the level of well-being among Polish immigrants in Scotland? 2) What are the predictors of immigrants' well-being? 3) To what extent do results support the Sustainable Happiness Model (Lyubomirsky et al., 2005)? Descriptive statistics are used to outline the sample characteristics, identify the level of well-being and describe the variables which are used to predict well-being. These variables are grouped under three categories which correspond to Lyubomirsky's model: circumstances, cognitive-behavioural factors and personality. Correlational analyses and simple regression analyses are performed to identify the statistically significant correlates and predictors of well-being. Multiple regression analysis is performed to determine the unique contribution of each variable after adjusting for the effects of all the other predictors. Hierarchical regression analyses are conducted to determine the extent to which three theoretically pre-determined sets of predictors account for variance in well-being in the sample of Polish immigrants and in doing so, assess the extent to which the data support the Sustainable Happiness Model (2005). Prior to conducting multivariate analyses, data are checked for outliers, multicollinearity, normality and linearity.

1 Sample Characteristics

1.1 Circumstantial Factors. Socio-demographic and Socio-economic Factors

1.1.1 Gender, Age, Marital Status and Perceived Health Level

The sample consisted of 188 Polish migrants living in Scotland (see Table 10). The overwhelming majority of participants were females (68.8%). The sample comprised mostly young adults; a total of 53.8% of participants were between the ages of 25 and 34. A total of 45.7% of participants were single, 44.6% married and 9.7% divorced/separated/widowed. A total of 57.4% participants reported having good/very good health, 7.7% fair health and 34.9% poor/very poor health.

1.1.2 Education Level, Income and Job Status

The majority of participants were highly educated; 55.9% completed undergraduate/postgraduate studies and 14.5% completed vocational training or attended college. A total of 84.4% participants were employed, of whom 57.5% were in full-time employment and 26.9% in part-time employment. Many participants (38.9%) reported earning below £1000 per month, 32.4% earned £1000-£1416 and 20.5% earned above £1416.

Table 10. Sample characteristics: circumstantial factors (socio-demographics).

Circumstantial & contextual: Socio-demographics		Frequency	%
<i>Sex</i>			
	Female	128	68.8
	Male	58	31.2
<i>Age</i>			
	<20	6	3.2
	20-24	21	11.3
	25-34	100	53.8
	35-44	40	21.5
	45-54	13	7.0
	55-65	6	3.2
<i>Marital Status</i>			
	Single	85	45.7
	Married	83	44.6
	Divorced/Separated/Widowed	18	9.7
<i>Education level</i>			
	Primary school	4	2.2
	Secondary School	51	27.4
	Vocational training	6	3.2
	College	21	11.3
	Degree	40	21.5
	Postgraduate studies	64	34.4
<i>Job status</i>			
	Full-time employment	107	57.5
	Part-time employment	50	26.9
	Unemployed	10	5.4
	Receiving benefits	17	9.1
	Retired	3	1.6
	In full-time education	34	18.3
<i>Income (per month)</i>			
	0	8	4.3
	1-£333	12	6.5
	£334-£666	18	9.7
	£ 667-£999	34	18.4
	£1000-£1416	60	32.4
	£1417-£2000	29	15.7
	£2001-£3083	8	4.3
	£3084 & more	1	0.5
	Do not wish to say	15	8.2
<i>Perceived Health Level</i>			
	Very Good	14	7.7
	Good	90	49.7
	Fair	14	7.7
	Poor	61	33.7
	Very poor	2	1.2

1.1.3 Representativeness of the Sample

The researcher was interested in the extent to which the current sample was representative of the Polish immigrant population living in the UK.

1.1.3.1 Characteristics of the Polish Immigrant Population in the UK

Population-based data such as age, gender, marital status, education and income for Polish immigrants living in Scotland are not available. However, some sources such as the Worker Registration Scheme (WRS) or the Labour Force Survey (LFS) provide data on the population of A8 (The eight former Eastern European countries that acceded to the European Union in 2004) immigrants, including Polish immigrants in the UK (Pollard, Lattore and Sriskandarajah, 2008). In addition, there are Accession Monitoring Reports available. These are based on provisional Management Information collected through the WRS and manual monitoring of applications for National Insurance numbers, claims for benefits, applications for tax credits and applications for housing and homelessness assistance (Home Office, 2007).

Polish nationals arriving to work in the UK are young: of those who applied to the WRS between May 2004 and March 2009, 81% were aged between 18 and 34 years. In terms of male-female ratio it is fairly even split between males and females (50:50) (Home Office, 2009). According to LFS data 38.6% of Polish immigrants arriving in the UK in the years 2004-2006 were married (Drinkwater, Eade and Garapich, 2006). Also, Polish immigrants are primarily employed in low-paying jobs despite possessing reasonably high levels of education (Drinkwater, Eade and Garapich, 2006).

Nevertheless, British sources of migration statistics are far from accurate and estimates should be treated with caution (Green et al., 2008; Pollard, Lattore and Sriskandarajah, 2008). For instance, WRS depends on voluntary registration, and there is evidence that a number of immigrants who are eligible for registration do not do so (Pollard, Lattore and Sriskandarajah, 2008). Furthermore, a significant number of working migrants are exempt from the scheme, particularly those who are self-employed. Finally, WRS provides data on inflows exclusively. Migrants are required to register once they take up employment but are not required to report their departure from the country. Similarly, the LFS has limitations; although LFS provides data on the socio-economic characteristics of migrants it shares all the drawbacks of survey-based samples such as voluntary participation (Trevena, 2009).

1.1.3.2 How Representative is the Current Sample?

The study sample is somewhat similar to that reported in the sources cited above although not in every characteristic. The sample seems representative in terms of marital status; 44.6% of participants were married compared to 38.6% (Drinkwater, Eade and Garapich, 2006). Also, the sample is representative in terms of education level and monthly wages; the current sample included mostly well-educated immigrants (55.9% participants had undergraduate/postgraduate degrees) but overall immigrants' monthly wages were low: 38.9% participants earned below £1000 a month and only 20.5% earned above £1416. This is in line with the findings of Drinkwater, Eade and Garapich, (2006) that Polish immigrants were primarily employed in low-paying jobs despite possessing reasonably high levels of education. Nevertheless, the present sample does not seem to be representative in terms of age and gender. Most participants in the sample (68.3%) were between the ages of 18-34 years compared with 81% in the WRS. Furthermore, females were overrepresented in the present sample; that is, they comprised 68.8% of the sample compared to 50% (Home Office, 2009). This may be due the specifics of Edinburgh as a city, where most jobs are in catering and hospitality and more attractive to female workers (Weishaar, 2008).

1.2 Circumstantial Factors Related to Migration

The mean age at migration was 27.6 years and the mean length of migration was 63 months. A total of 41.4% participants described their level of English as advanced/proficient, 24.7% as intermediate and 33.9% as beginner/basic (see Table 11).

Table 11. Sample characteristics: Circumstantial, migration-related factors.

Circumstantial & contextual: Migration-related variables	Frequency	%	Mean	SD	Min	Max
<i>Age at migration</i>			27.6	8.9	12	63
<i>Duration of migration (months)</i>			63.0	28.9	1	146
<i>English language level</i>						
Absolute beginner	13	7.0				
Basic	50	26.9				
Intermediate	46	24.7				
Advanced	57	30.6				
Proficient	20	10.8				

1.3 Intentional Activities: Cognitive-Behavioural Factors

1.3.1 Coping strategies

The Brief Coping (Carver, 1997) instrument was used to measure coping strategies. This short version scale consists of 28 items, each assessed on a 4-point Likert scale. Individual items are grouped into 14 subscales ranging in score from 0 to 6 (0-3 per item contributing to each subscale). The subscales can be grouped under the following categories: *emotion-focussed coping strategies* (acceptance, emotional support, humour, positive reframing, religion), *problem-focussed coping strategies* (active coping, instrumental support, planning), and *dysfunctional coping strategies* (behavioural disengagement, denial, self-distraction, self-blame, substance abuse, venting) (Moos and Holahan, 2003). The minimum score for emotion-focussed coping is 0 and the maximum is 30. The minimum score for dysfunctional coping is 0 and the maximum is 36. The minimum score for problem-focussed coping is 0 and the maximum is 18. The mean and standard deviation for each scale and subscale for participants in the present sample is presented in Table 12. Overall, the table demonstrates that participants scored relatively low on dysfunctional and problem-focussed coping strategies and highly on emotion-focussed coping.

Table 12. Coping strategies.

Coping strategies	Mean	SD	Min	Max
Dysfunctional coping	8.9	4.5	0	20
<i>Self-distraction</i>	1.2	1.3	0	6
<i>Denial</i>	1.3	1.4	0	6
<i>Substance use</i>	0.7	1.3	0	6
<i>Behavioural disengagement</i>	2.2	1.2	0	5
<i>Venting</i>	1.6	1.2	0	6
<i>Self-blame</i>	1.9	1.5	0	6
Problem-focussed coping	8.4	2.3	6	18
<i>Active coping</i>	2.0	1.1	0	6
<i>Instrumental support</i>	2.4	1.3	0	6
<i>Planning</i>	4.0	1.1	0	6
Emotion-focussed coping	20.1	4.2	16	28
<i>Acceptance</i>	3.8	1.1	2	6
<i>Emotional support</i>	5.0	1.4	0	6
<i>Humour</i>	1.6	1.2	0	5
<i>Positive reframing</i>	6.3	1.2	2	6
<i>Religion</i>	3.3	2.1	0	6

Since population norms have not been established for this instrument (Simmons and Lehmann, 2013) scores from the current study have not been compared against any norms.

1.3.2 Social Comparisons

There are two kinds of social comparison. An upward comparison occurs when an individual compares him/herself to someone who is better off (Baumeister and Bushman, 2008). A downward comparison occurs when an individual compares him/herself to someone who is worse off (Baumeister and Bushman, 2008). An overwhelming majority of participants in the present sample made downward social comparisons with people from their native country (Poland) (see Table 13). A large proportion of participants (75.6%) reported that their current standard of living is better as compared to the living standards of people living in Poland. A total of 58.9% participants reported that their current standard of living is better than the lives of their relatives who live in Poland. Furthermore, 56.1% participants believed that their standard of living is about the same as compared to that of British people and 65.6% reported that their standard of living is about the same as other minority groups in the UK. Overall, the results suggest that most participants made downward comparisons with people from their native country. Also, most participants reported a similar standard of living to that of British people and other minority groups in the UK.

Table 13. Social comparisons with different groups of people in Poland and in the UK.

Question	Much worse		Slightly worse		About the same		Slightly better		Much better	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
In comparison to the lives of my relatives who are in Poland my current standard of living is:	5	2.8	20	11.1	49	27.2	45	25.0	61	33.9
In comparison to the lives of British, my current standard of living is:	18	10.0	46	25.6	101	56.1	13	7.2	2	1.1
In comparison to the lives of persons from my native country, my current standard of living is:	2	1.1	9	5.0	33	18.3	52	28.9	84	46.7
In comparison to the lives of persons of other minority groups in the UK, my current standard of living is:	3	1.7	14	7.8	118	65.6	34	18.9	11	6.1

1.3.3 Social Support

Social Support was measured using 3 subscales of the Berlin Social Support Scales. The scale is used to measure cognitive and behavioural aspects of social support; to assess quantity, type, and function of social support in general and in stressful circumstances (Schulz and Schwarzer, 2003). The minimum scale score is 8 and the maximum is 32. In the present sample the immigrants' mean level of social support is 27.8 ($SD=4.7$, $Min=14$, $Max=32$). See Table 14 for the participants' responses on social support scale. The table demonstrates that participants overall reported a very high level of social support. At the moment, normative data for the scale do not exist which makes it impossible to interpret current scores (Schulz and Schwarzer, 2003).

Table 14. Social support.

	Strongly Disagree	Somewhat Disagree	Somewhat agree	Strongly agree
	%	%	%	%
1 There are some people who truly like me.	1.7	5.0	20.7	72.6
2 Whenever I am not feeling well other people show me that they are fond of me.	5.0	11.2	37.4	46.4
3 Whenever I am sad, there are people who cheer me up.	3.4	8.4	31.3	57.0
4 There is always someone there for me when I need comforting.	3.9	9.5	27.9	58.7
5 I know some people upon whom I can always rely.	2.2	7.8	18.4	71.5
6 When I am worried, there is someone who helps me.	3.4	7.8	25.1	63.7
7 There are people who offer me help when I need it.	1.7	11.7	21.8	64.8
8 When everything becomes too much for me to handle, others are there to help me.	2.8	10.6	28.5	58.1

1.3.4 Religiousness/Spirituality

Measurement of spirituality and religiousness in the current study was accomplished using three items selected from the Overall Self-Ranking dimension of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS; Ellen et al., 2003). Participants indicated the extent to which they considered themselves “spiritual” or “religious” by selecting a response along a 4-point Likert-type scale for each of the following questions: “To what extent do you consider yourself a religious person?” and “To what extent do you consider yourself a spiritual person?”. Participants also reported the frequency of attending religious services. The minimum scale score is 3 and the maximum is 17. The mean level of religiousness/spirituality in the sample was 11.1 ($SD=4.1$, $Min=3$, $Max=17$). To better illustrate participants’ responses see Table 15a and 15b. The tables demonstrate that most participants considered themselves moderately religious and spiritual. Most participants attended religious services every week.

Table 15a. Religiousness/Spirituality level.

	Very %	Moderately %	Slightly %	Not at all %
1. To what extent do you consider yourself a religious person?	21.5	33.7	26.0	18.8
2. To what extent do you consider yourself a spiritual person?	12.7	45.9	23.2	18.2

Table 15b. Frequency of attending religious services.

	Never %	Less Than Once a year %	About once or twice a year %	Several times a year %	About once a month %	2-3 times a month %	Nearly every week %	Every week %	Several times a week %
3. How often do you attend religious services?	12.2	9.4	22.7	13.3	0.0	10.0	5.0	23.2	4.2

Since population norms have not been established for this instrument (BMMRS; Ellen et al., 2003) scores from the current study have not been compared against any norms.

1.4 Personality

Extraversion and neuroticism were measured using the 48-item short form EPQR (EPQR-S; Eysenck, Eysenck and Barrett, 1985). Participants' mean extraversion score (defined by a higher degree of sociability, assertiveness, and talkativeness) was 8.8 ($SD=3.1$, $Min=0$, $Max=12$). Participants' mean neuroticism score (defined by a lack of emotional stability, an enduring tendency to experience negative emotional states) was 5.0 ($SD=3.5$, $Min=0$, $Max=12$).

1.4.1 Mean Personality Scores for Current Sample Compared with Population Norms

UK population norms for neuroticism are $M=4.95$ ($SD=3.44$) and for extraversion are 6.36 ($SD=3.80$, $n=902$) (Robbins et al., 2001), as measured by The EPQR-S (Eysenck, Eysenck and Barrett, 1985). A one sample t-test demonstrated that the current sample

scored significantly higher on extraversion as compared to the population norms $t(1088)=8.24, p<0.001$). There was no significant difference in neuroticism scores, though $t(1088)=0.27, p=0.86$.

2 Checking Data for Outliers, Normality, Linearity and Multicollinearity.

Data were checked for univariate and multivariate outliers. Outliers outside two standard deviations occurred in no more than 5% of cases in the present study and there were no cases with standardized residuals greater than 3 standard deviations from the mean standardized residual score. This means that outliers did not compromise the validity of this study (Fahrmeir et al., 2013). A normal probability plot for the residual of a multiple regression model and a histogram for the standardized residuals were created using SPSS, to check the normality of data. Both figures demonstrated that the normality assumption was not violated. To check for linearity, scatterplot, ZRESID by *ZPRED, which is a plot of the standardized residuals by the standardized predicted values was created. The scatterplot demonstrated that the normality assumption was not violated. Finally, to check for multicollinearity, the correlation matrix between continuous predictor variables was produced (see Appendix 9). According to Tabachnick and Fidell (1996), the independent variables with a bivariate correlation more than 0.70 should not be included in multiple regression analysis. Correlation matrix reveals that there are no correlations higher than 0.70 between predictor variables.

3 Research Question I: What is the Level of Well-being Among Polish Immigrants in Scotland?

Descriptive statistics were conducted to answer the research question.

3.1 Well-being Level

A total well-being score ranges from a minimum of 14 to a maximum of 70, with higher scores representing higher levels of mental well-being. The mean level of well-being for the present sample was 52.4 ($SD=8.2$, Min=30, Max=69). Females' mean level of well-being was 52.7 ($SD=8.1$) and males' was 51.5 ($SD=8.3$). However, this difference was not significant at the 0.05 level: $t(179)=-0.9, p=0.4$.

3.1.1 Mean Well-being Scores for Current Sample Compared with Population Norms

The mean level of well-being for Polish immigrants in the present sample is higher than the adult Scottish population score of $M=50.7$ ($SD=8.79$, $n=1749$), obtained from a combined national dataset comprising data from the Health Education Population Survey (2006) (Gosling et al., 2008). An independent t-test demonstrated that this difference was significant at the 0.05 level ($t(1928)=2.49$, $p<0.05$).

3.2 Mental Distress

Mental distress was assessed by the Hospital Anxiety and Depression Scale (The HADS; Zigmond and Snaith, 1983) which is self-reported scale containing two 7-item scales: one for anxiety and one for depression, with a score ranging from 0-21. In the present study the anxiety scale mean score was 5.8 ($SD=3.8$); for depression, $M=3.6$ ($SD = 3.6$). Although the majority of immigrants reported normal levels of anxiety (71.7%) and depression (83.3%), a total of 27.7% presented with mild and moderate levels of anxiety, 0.5% had severe anxiety, 16.7% mild and moderate depression and nobody reported severe depression (see Table 16).

A recently published 10-year review questioned the ability of HADS to differentiate between anxiety and depression, and recommended the use of HADS scores more generally as a measure for mental distress (Cosco et al., 2012). The minimum score for psychological distress is 0 and the maximum is 42. In the present study, the psychological distress mean score was 9.4 ($SD=6.8$).

Table 16. Mental distress.

	Mean	SD	Frequency	%
Mental Distress	9.4	6.8		
Anxiety	5.8	3.8		
Normal	0-7		132	71.7
Mild	8-10		23	12.5
Moderate	11-15		28	15.2
Severe	16-21		1	0.5
Depression	3.6	3.6		
Normal	0-7		155	83.3
Mild	8-10		19	10.2
Moderate	11-15		12	6.5
Severe	16-21		0	0

3.2.1 Mean Anxiety and Depression Scores for Current Sample Compared with Population Norms

The normative data from a large non-clinical UK adult population show that for the anxiety scale, the mean score was 6.14 ($SD = 3.76$) and for depression scale, 3.68 ($SD = 3.07$, $n=1792$) (Crawford et al., 2001). The present study did not find a statistically significant difference between participants' anxiety scores and population norms $t(1974)=1.16$, $p=0.24$. The study also did not find a statistically significant difference between participants' depression scores and population norms $t(1976)=0.33$, $p=0.74$.

Overall, in relation to the research question I, it was found that participants in the present sample had a high level of well-being. In relation to anxiety and depression scores, there was no statistically significant difference between the scores in the present sample and population norms.

4 Research Question II. What are the Statistically Significant Predictors of Well-being Among Polish Immigrants in Scotland?

4.1 Univariate Analyses

Before progressing to the multivariate analysis all independent variables were submitted to correlational and simple regression analyses. Correlational analyses identified the magnitude of the relationship between well-being and different circumstantial, cognitive-behavioural and personality variables. Simple regression analyses identified significant predictors of well-being.

4.1.1 Correlational Analyses

The Pearson correlations were computed between pairs of continuous variables (well-being and a set of independent variables such as age of migration, duration of migration, problem-focussed coping, emotion-focussed coping, dysfunctional coping, social comparisons, religiousness, social support, extraversion and neuroticism). The choice of this test was considered appropriate as data were found to be normally distributed.

Spearman correlations were performed between continuous (well-being) and ordinal variables such as age (<25, 25-34 vs 35-65), education (primary/secondary school vs. college/vocational training vs. degree/postgraduate studies), income (0-£666, £667-£999, £1000-£1416, above £1416), perceived health level (good/very good, fair, poor/very

poor), language proficiency (basic/beginner vs. intermediate vs. advanced/proficient). Point biserial correlations were computed between continuous (well-being) and dichotomous variables such as gender (female vs. male), marital status (married vs. single), employment status (employed vs. unemployed, full-time student vs. nonstudent).

Table 17 displays correlations between all independent variables and dependent variable (well-being). Strength of correlations was defined as follows: ± 1.0 to ± 0.5 (strong); ± 0.5 to ± 0.3 (moderate) and ± 0.3 to ± 0.1 (weak) (Tabachnick and Fidell, 2001).

Analyses found that there was no significant relationship between well-being and socio-demographic factors such as age, gender and marital status. There was a moderate positive significant relationship between perceived health and well-being levels ($r=0.38, p<0.01$); better health was associated with higher well-being levels. In relation to socio-economic factors, there was a weak but highly significant relationship between well-being, education ($r=0.26, p<0.01$) and income ($r=0.26, p<0.01$). Higher monthly income and education level were associated with higher well-being levels. With regards to migration-related factors, longer duration of migration ($r=0.21, p<0.01$), and a use of advanced/proficient language ($r=0.34, p<0.01$) were associated with higher levels of well-being. A later age at migration ($r=-0.40, p<0.01$) was associated with lower levels of well-being. Duration of migration was a weak correlate of well-being and English language proficiency and age at migration were moderate correlates of well-being.

In relation to cognitive-behavioural factors, there was a strong significant relationship between well-being, emotion-focussed coping ($r=0.63, p<0.01$), problem-focussed coping ($r=0.52, p<0.01$), dysfunctional coping ($r=-0.54, p<0.01$), social support ($r=0.52, p<0.01$) and a use of downward social comparisons ($r=0.53, p<0.01$). Low levels of well-being were associated with the use of dysfunctional coping. High levels of well-being were associated with high social support, use of downward social comparisons and greater use of problem-focussed and emotion-focussed coping strategies. A higher level of well-being was moderately associated with religiousness, ($r=0.38, p<0.05$). Finally, there was a moderate significant relationship between well-being and extraversion ($r=0.40, p<0.01$) and a strong significant relationship between well-being and neuroticism ($r=-0.54, p<0.01$). Extraversion was associated with higher level of well-being and neuroticism was associated with lower well-being levels.

Table 17. Correlational analyses between well-being and circumstantial, cognitive/behavioural and personality factors.

Variable	Correlation Coefficient (r)
Circumstantial factors	
Gender	0.08
Age	-0.03
Marital status (married vs. single)	0.03
Job status (employed vs. unemployed)	0.02
Job status (full-time student vs. nonstudent)	0.02
Education	0.26**
Income	0.26**
Perceived health level	0.38**
Age at migration	-0.40**
Duration of migration	0.21**
Language proficiency	0.34**
Cognitive/Behavioural factors	
Problem-focussed coping	0.52**
Emotion-focussed coping	0.63**
Dysfunctional coping	-0.54**
Downward social comparisons	0.53**
Social support	0.52**
Religiousness	0.38*
Dispositional factors	
Neuroticism	-0.54**
Extraversion	0.40**

Note

*p< 0.05, **p<0.01

4.1.2 Simple Regression Analyses

Separate simple regression analyses for all the factors were conducted to identify significant predictors of well-being. The results of regression analyses are presented in Table 18. Regarding circumstantial, socio-demographic factors age, gender, marital status and job status were not significant predictors of well-being. Perceived health level significantly predicted well-being levels, with poor and fair level of health predicting lower well-being levels. In relation to circumstantial, socio-economic factors, education level and income were significant predictors of well-being. Being educated to a primary/secondary school level predicted poor well-being. Furthermore, earning £667-£999 predicted low well-being levels and earning over £1416 predicted high well-being levels.

In relation to circumstantial, migration-related factors, English language proficiency, age at migration and duration of migration were significant predictors of well-being. Basic/beginner level of English predicted low levels of well-being, longer duration of migration predicted high levels of well-being and an older age at migration predicted lower well-being levels.

In relation to cognitive/behavioural factors, all the examined factors were significant predictors of well-being. High social support level, the use of problem-focussed and emotion-focussed coping skills, downward social comparisons with others and high religiousness levels predicted higher levels of well-being. The use of dysfunctional coping strategies predicted low levels of well-being. With regards to dispositional factors, both personality factors - extraversion and neuroticism - were significant predictors of well-being. High scores on extraversion predicted higher well-being levels and high scores on neuroticism predicted lower levels of well-being.

Table 18. Simple regression analyses.

Predictors	B	Standard Error	Beta	t	Significance
Circumstantial: Socio-demographics					
<i>Age</i>					
below 25 vs. 25-34	-2.72	1.83	-0.18	-1.63	
over 34 vs. 25-34	-2.41	1.31	-0.16	-1.92	
<i>Gender</i>					
	1.31	1.34	0.07	0.92	
<i>Marital status(married vs. single)</i>					
	0.73	1.22	0.05	0.62	
<i>Education</i>					
primary/secondary school vs. degree/postgraduate studies	-3.62	1.31	-0.22	-2.74	.007**
vocational training/college vs. degree/postgraduate studies	-2.51	1.82	-0.13	-1.42	
<i>Income</i>					
0-£666 vs. £1000-£1416	-1.64	1.52	-0.82	-1.02	
£667-£999 vs. £1000-£1416	-4.31	1.52	-0.21	-2.81	.006**
over £1416 vs. £1000-£1416	3.72	1.51	0.20	2.51	.01*
<i>Job status</i>					
employed vs. unemployed	1.72	2.81	0.05	0.60	
nonstudent vs. full-time student	-0.40	1.62	-0.01	-0.21	
<i>Perceived health level</i>					
fair vs. good/v good	-3.0	1.32	-0.10	-2.32	.02*
poor vs. good/v good	-8.2	2.12	-0.27	3.91	.000***
Circumstantial: Migration-Related					
<i>Age at migration</i>					
	-0.11	0.10	-0.43	-4.21	.000***
<i>Duration of migration</i>					
	0.12	0.13	0.21	2.92	.004**
<i>Language proficiency</i>					
basic/beginner vs. advanced/proficient	-8.61	1.52	-0.42	-5.81	.000***
intermediate vs. advanced/proficient	0.22	1.41	0.11	0.12	
Cognitive/Behavioural predictors					
Downward social comparisons	1.52	0.23	0.53	6.62	.000***
Social support	0.94	0.10	0.52	8.02	.000***
Religiousness	0.93	0.12	0.39	7.91	.000***
Problem-focussed coping	1.80	0.23	0.52	7.81	.000***
Emotion-focussed coping	1.01	0.11	0.63	8.12	.000***
Dysfunctional coping	-0.92	0.14	-0.54	-8.21	.000***
Dispositional predictors					
Neuroticism	-1.30	0.12	-0.54	-8.52	.000***
Extraversion	1.02	0.24	0.40	5.73	.000***

Note

*p< 0.05, **p<0.01, ***p<0.001

To conclude, in relation to research question II, correlational analyses demonstrated that circumstantial factors such as income, education and duration of migration were weak correlates of well-being. Perceived health status, age at migration and English language proficiency were moderate correlates of well-being. In relation to cognitive-behavioural factors, results revealed that three types of coping strategies, social support and use of downward social comparisons were strong correlates of well-being. Religiousness was a moderate correlate. In terms of personality factors, neuroticism was strongly correlated to well-being and extraversion was moderately correlated.

Simple regression analyses showed that higher income, education, better health, the use of advanced/proficient English, earlier age at migration, higher social support, religiousness, higher use of downward social comparisons, problem-focussed coping, emotion-focussed coping and extraversion all significantly predicted higher well-being levels. Neuroticism and use of dysfunctional coping significantly predicted lower well-being levels.

4.2 Multivariate Analyses

4.2.1 Multiple Regression Analysis

Due to possible interrelationships among the variables, all studied variables, that is, personality, cognitive/behavioural, circumstantial factors and a potential confounder - mental distress -, were simultaneously entered into a multiple regression model to allow for simultaneous control of multiple confounding variables. Such analysis allowed determination of the unique contribution of each variable after adjusting for the effects of all the other predictors. Multiple regression analysis also allowed determination of how much variance in well-being the whole model accounted for.

Table 19 displays simultaneous multiple regression analysis.

Table 19. Simultaneous multiple regression analysis.

Predictors	B	Standard Error	Beta	t	Sig
Circumstantial: Socio-demographics					
<i>Age</i>					
below 25 vs. 25-34	0.43	1.62	0.16	0.26	
over 34 vs. 25-34	-1.59	1.33	-0.08	-1.20	
<i>Gender</i>					
	-0.41	0.89	-0.02	-0.47	
<i>Marital status (married vs. single)</i>					
	0.51	0.81	0.30	0.63	
<i>Education</i>					
primary/secondary vs. degree/postgraduate studies	-0.57	1.01	-0.03	-0.56	
vocational/college vs. degree/postgraduate studies	-0.42	1.23	-0.02	-0.34	
<i>Income</i>					
0-£666 vs. £1000-£1416	-1.55	1.24	-0.08	-1.25	
£667-£999 vs. £1000-£1416	-0.38	1.06	-0.02	-0.35	
over £1416 vs. £1000-1416	0.72	1.00	0.04	0.71	
<i>Job status</i>					
employed vs. unemployed	4.27	2.24	0.10	1.91	
non-student vs. full-time student	-0.78	1.20	-0.03	-0.65	
<i>Perceived health level</i>					
poor vs. good/v.good	-1.57	0.87	-0.09	-1.80	.05*
fair vs. good/v.good	1.35	1.82	0.04	0.74	
Circumstantial: Migration-related					
<i>Age at migration</i>					
	-0.26	1.37	-0.21	-3.20	.001**
<i>Duration of migration</i>					
	0.10	0.16	0.36	0.63	
<i>Language proficiency</i>					
basic/beginner vs. advanced/proficient	-4.59	0.80	-0.18	-3.34	.001**
intermediate vs. advanced/proficient	0.70	1.00	0.37	0.71	
Cognitive/behavioural predictors					
<i>Downward social comparisons</i>					
	0.84	0.18	0.22	4.22	.000***
<i>Social support</i>					
	0.24	0.09	0.14	2.46	.02*
<i>Religiousness</i>					
	0.38	0.18	0.12	2.15	.02*
<i>Problem-focussed coping</i>					
	0.51	0.24	0.14	2.10	.04*
<i>Emotion-focussed coping</i>					
	0.94	0.22	0.28	4.95	.000***
<i>Dysfunctional coping</i>					
	-0.24	0.10	-0.13	-2.35	.02*
Dispositional predictors					
<i>Neuroticism</i>					
	-0.18	0.16	-0.07	-1.17	
<i>Extraversion</i>					
	0.19	0.14	0.06	1.34	
Mental distress					
	-0.41	0.09	-0.32	-4.08	.000***

Note

*p<0.05, **p<0.01, ***p<0.001

Overall, multivariate analysis demonstrated that advanced/proficient level of English, younger age at migration, good health, use of problem-focussed coping, emotion-focussed coping, a high tendency to make downward social comparisons, high levels of social support and religiousness significantly predicted high levels of well-being. The use of dysfunctional coping strategies predicted lower well-being levels. Emotion-focussed coping was the strongest multivariate predictor of well-being. The model explained 80% of variance in well-being.

5 Research Question III. To What Extent do Results from the Quantitative Study Support the Sustainable Happiness Model (Lyubomirsky et al., 2005)?

5.1 Hierarchical Regression Analyses

Hierarchical regression analysis was used to answer the research question. Hierarchical regression is typically used to examine specific theoretically-based hypotheses (Aron and Aron, 1999; Cohen, 2001). The ordering of the independent variables in hierarchical regression is determined on an a priori basis, that is it should be determined before any data are collected or analysed (Petrocelli, 2003). The present study tests the Sustainable Happiness Model (SHM; Lyubomirsky, Sheldon and Schkade, 2005), which argues that personality is the most important predictor as it accounts for 50% of the variance in well-being. Cognitive-behavioural factors are the second most important factors as they account for 40% of the variance in well-being, and circumstantial factors are the least important factors as they explain only about 10% of the variance in well-being. Thus, to test the SHM, the researcher initially conducted three hierarchical regression analyses where circumstantial factors, cognitive-behavioural factors and personality traits category were entered into the equation first. Nevertheless, the available literature in general population suggested that complex relationships may exist between these sets of categories (see the Literature Review chapter). The researcher, thus, argued that it was important to address the limitation of the theory and identify the unique (direct) contribution of each set of categories after taking into account of the remaining sets. To address the limitation of the theory and test the unique contribution of each set of variables, the researcher conducted three additional regression analyses with circumstantial, cognitive-behavioural and personality factors being entered into the equation last. Thus, initial three regression analyses (Model 1, 2, 3) allowed to test the model while additional three analyses (Model 4, 5, 6) allowed to build on it.

The results of hierarchical regression analyses are presented in Table 20.

When personality variables were entered into the regression model first, they accounted for 35.3% of variance in well-being (Model 1). When circumstantial factors were controlled for, personality variables accounted for 19% (Model 5), when cognitive-behavioural factors were controlled for, they accounted for 4% (Model 3), and when both circumstantial and cognitive-behavioural factors were controlled for, they accounted for 3% of variance in well-being (Model 6). Thus, personality had little unique/direct contribution to well-being.

When cognitive-behavioural factors were entered first, they accounted for 64% of the variance in well-being (Model 3). When circumstantial factors were controlled for, cognitive-behavioural factors accounted for 37% (Model 2), when personality factors were controlled for they accounted for 33% (Model 1), and when both circumstantial and personality factors were controlled for, they accounted for 21% of variance in well-being (Model 4).

When circumstantial factors were entered into the model first they accounted for 37% of variance in well-being (Model 2). When cognitive-behavioural factors were controlled for, cognitive-behavioural factors accounted for 10% (Model 6), when personality factors were controlled for, they accounted for 20% (Model 4), and when both cognitive and behavioural and personality factors were controlled for, they accounted for 9% of variance in well-being (Model 3).

Table 20. Hierarchical regression analyses.

Models	R	R Square	Adjusted R Square	R Square Change	Sig F Change
Model 1					
Step 1					
<i>Personality</i>	.594	.353	.344	.353	.000
Step 2					
<i>Cognitive-behavioural</i>	.825	.682	.660	.329	.000
Step 3					
<i>Circumstantial</i>	.880	.774	.725	.092	.000
Model 2					
Step 1					
<i>Circumstantial</i>	.608	.370	.289	.370	.000
Step 2					
<i>Cognitive-behavioural</i>	.863	.744	.694	.374	.000
Step 3					
<i>Personality</i>	.880	.774	.725	.030	.001
Model 3					
Step 1					
<i>Cognitive-behavioural</i>	.800	.640	.621	.640	.000
Step 2					
<i>Personality</i>	.826	.682	.660	.042	.000
Step 3					
<i>Circumstantial</i>	.880	.774	.725	.092	.000
Model 4					
Step 1					
<i>Personality</i>	.594	.353	.344	.353	.000
Step 2					
<i>Circumstantial</i>	.748	.560	.496	.207	.000
Step 3					
<i>Cognitive Behavioural</i>	.880	.774	.725	.214	.000
Model 5					
Step 1					
<i>Circumstantial</i>	.608	.370	.289	.370	.000
Step 2					
<i>Personality</i>	.748	.560	.496	.190	.000
Step 3					
<i>Cognitive Behavioural</i>	.880	.774	.725	.214	.000
Model 6					
Step 1					
<i>Cognitive-Behavioural</i>	.880	.640	.621	.640	.000
Step 2					
<i>Circumstantial</i>	.863	.744	.694	.104	.000
Step 3					
<i>Personality</i>	.880	.774	.725	.030	.001

Overall, the findings did not fully support the SHM (2005). The findings supported the theory in demonstrating that cognitive-behavioural factors were more important predictors of well-being than circumstantial factors. However, they questioned the theory as they demonstrated that 1) personality accounted for much less variance in well-being (35.3%) than Lyubomirsky's model suggests (50%); 2) Cognitive-behavioural factors accounted for much more variance (64%) than the original model suggests (40%); 3) circumstantial factors accounted for much more variance (37%) than the model suggests (10%). It was demonstrated that cognitive-behavioural factors, rather than personality traits, were the most important predictors of well-being, before and after controlling for the remaining sets of factors. Personality traits were the least important and after controlling for the remaining sets of factors, they made little (3%) direct contribution to well-being.

6 Summary of Findings

The study aims were 1) To determine the level of well-being among Polish immigrants in Scotland, 2) To identify statistically significant predictors of well-being, 3) To determine the extent to which results support the SHM (Lyubomirsky, Sheldon and Schkade, 2005).

In relation to the research aim 1 it was found that participants in the current sample had a high level of well-being. In relation to research aim 2, univariate analyses demonstrated that circumstantial factors such as age, gender and marital status were not statistically significant correlates and predictors of well-being. Higher level of education, higher income and longer duration of migration were significant but weak correlates and predictors of high well-being levels. Good health, a younger age at migration and an advanced/proficient English level were significant and moderate correlates and predictors of higher levels of well-being. In relation to cognitive-behavioural factors, results revealed that most factors were significant and strong correlates and predictors of well-being. In terms of personality factors, there was a strong highly significant relationship between neuroticism and well-being and a moderate relationship between extraversion and well-being. Both personality traits were also significant predictors of well-being; neuroticism predicted lower levels of well-being and extraversion predicted higher well-being levels. Furthermore, multivariate analysis demonstrated that advanced/proficient level of English, an earlier age at migration, good health, use of problem-focussed, emotion-focussed coping, a high

tendency to make downward social comparisons, high levels of social support and religiousness significantly predicted high levels of well-being. The use of dysfunctional coping strategies predicted lower well-being levels. In relation to research aim 3, the results of the hierarchical analyses did not provide support for the SHM (2005). The results revealed that 1) personality accounted for much less variance in well-being than Lyubomirsky's model suggests (50%); 2) Cognitive-behavioural factors accounted for much more variance than the original model suggests (40%) and 3) circumstantial factors accounted for much more variance than the model suggests (10%). Personality made little (3%) direct contribution to well-being.

CHAPTER V

QUALITATIVE RESULTS

This chapter presents the results of the second, qualitative phase of the mixed-methods study. It builds on the quantitative results chapter by explaining how factors identified in the quantitative study affected immigrants' well-being. It also helps explain contradicting theoretical results suggesting that circumstantial and cognitive-behavioural factors are more important for immigrants' well-being than the Sustainable Happiness Model (SHM) suggests (Lyubomirsky, Sheldon and Schkade, 2005). The chapter presents themes and subthemes identified in the thematic analysis by using a combination of deductive and inductive approach. Connections between themes and subthemes are highlighted.

1 Introduction

In the first, quantitative phase of the study it was found that circumstantial factors such as age at migration, perceived health status and language proficiency; and cognitive-behavioural factors such as coping strategies, social support, religiousness and social comparisons predicted immigrants' well-being. The findings also revealed that cognitive-behavioural factors and circumstantial factors accounted for most variance in well-being. The second, qualitative phase of the study aimed to explain the quantitative findings.

1.1 Interviewees

In order to identify individuals for interview, a purposive sampling in the form of an "extreme case" strategy (where cases are selected because of their high or low scores on a variable of interest) was employed (Gerring, 2007). The researcher aimed to choose a diverse range of participants and sent invitations to immigrants who migrated at a younger and older age at migration, reported very good and poor health, basic/beginner and proficient level of English language, who scored low and highly on social support, religiousness, social comparisons and coping strategies scales. Since in the quantitative study circumstantial factors overall accounted for more variance in well-being than the

theory suggested, the researcher also wished to interview immigrants who varied in terms of other circumstantial factors such as socio-economic status (i.e. those with higher/ lower income, full-time/part-time jobs, lower/higher educational status). Overall, the interviewees' circumstances were very diverse. There were immigrants who were living with partners/family members as well as those who were single or divorced. Although some felt comfortable with communicating in English, there were a few immigrants who did not speak English and overrelied on the Polish community. Most interviewees were employed full-time, however, there were also some who were part-time employees or unemployed due to language barrier, older age at migration or poor health. Similarly, although most interviewees were highly educated, some completed education at a Primary or Secondary School level. The sample was also very diverse in terms of health level; a half of the sample perceived their health as good/very good and a half reported fair and poor perceived health level. Interviewees also exhibited different levels of social support; with some reporting loneliness and homesickness and others having wide social networks. Characteristics of the interviewees are presented in Table 21.

Table 21. Socio-Demographic Characteristics of the Interviewees.

Socio-demographics		<i>N</i>
Gender	Female	12
	Male	5
Age	Below 25	3
	25-34	6
	35-44	6
	Above 44	2
Marital status	Single	8
	Married	5
	Widowed/Divorced/Separated	4
Education Level	Primary School	1
	Secondary School	4
	College/Vocational Training	3
	Degree	1
	Postgraduate Studies	8
Job status	Full-time employee	13
	Part-time employee	3
	Unemployed	1
Perceived Health Status	Very good	3
	Good	5
	Fair	4
	Poor	5
Language proficiency	Absolute Beginner	2
	Basic	3
	Intermediate	2
	Advanced	5
	Proficient	5

1.2 Interview schedule

All the interviewees were asked the following questions:

1. What is important for your well-being here in Scotland and why?
2. What were the reasons behind your decision to migrate?
3. How did you find the process?
 - a) What did you find most enjoyable/difficult about migrating? Why? How have you dealt with this?
4. How long did it take you to feel 'settled'? What helped you to settle in/ prevented you from feeling settled in Scotland?
 - a) What aspects do you find difficult about living in Scotland? Why? What would help with this?
5. What do you like most about living in Scotland. Why?
6. What do you dislike about living in Scotland? Why?
7. Tell me about your work experience in Scotland. What do you think are the positive and negative aspects of working here? In what ways does it affect your general well-being?
8. In what ways (if at all) does the language barrier feature in your everyday life? Give examples. How does language barrier affect your general well-being?
9. Tell me about your social life/relationships here in Scotland and in Poland. What role do these relationships play in your general happiness/wellbeing here in Scotland? In what ways are these relationships important to you?
10. The process of immigration and settlement can be stressful. How have you been coping with stress? What do you do to help you relax/feel better? How do these coping strategies affect your general well-being?
11. How do you think your standard of life in Scotland compares to the standard of life at home in Poland? In your opinion, how does your standard of life in Scotland compare to that of others (e.g. British people, other migrants, family, and friends in Poland)? How do these comparisons affect your well-being?

12. What role does religion play in your life? How does it affect your well-being?
13. How would you describe your health? How does it affect your well-being?

The interview questions were shaped by the quantitative findings. Since the quantitative study found that perceived health status, English language proficiency, age at migration, social support, social comparisons, coping strategies and religiousness were significant multivariate predictors, the researcher aimed to explain how these factors affected immigrants' well-being. Since circumstantial factors accounted for more variance in well-being than the Sustainable Happiness Model (2005) suggested, additional questions were also asked to help better explain the overall role of circumstantial factors in immigrants' well-being. As such, the interview schedule also included questions on the reasons for migration, process of adjustment, living and working experiences in Scotland. The answers to the questions aimed to provide data that could build on the first, quantitative phase, and help explain, elaborate on and expand on the initial quantitative results.

The following sections outline the main master themes which discuss the role of circumstances and cognitive-behavioural factors for immigrants' well-being. The first master theme discussed how circumstances such as language barriers and poor health affected Polish immigrants' well-being. The second master theme helped gain insight into how immigrants' ways of thinking and behaving, such as making social comparisons, nourishing social support and engaging in different coping strategies affected their well-being. Themes and subthemes are presented in Table 22.

Relationships were sought between themes and subthemes to explore any potential explanatory relationships. Thematic maps were developed to visually represent the development of themes, subthemes and the relationships between them (see Appendix 10).

2. Thematic Analysis Results

Table 22. Themes and subthemes.

<i>Circumstantial Factors Affecting Immigrants' Well-being</i>	<i>Cognitive-Behavioural Factors Affecting Immigrants' Well-being</i>
Poor Health	Comparisons: Scotland vs. Poland
Restricted Educational and Job Opportunities Experiences with the Health Services A Difficult Start for Older Migrants	Life Conditions and Standards Work Conditions Lifestyle and Culture
Language Barrier	Social Support and Network
Barrier to Services and Facilities Barrier to Socialising and Integrating Barrier to Employment An Impassable Obstacle for Older Migrants	Family and Friends in Poland Polish Community in Scotland Superficial Relationships with Scottish People
	Emotion-focussed Coping Strategies
	Escape/Avoidance Seeking Emotional Support Cognitive Restructuring – Downward Comparisons Faith/Religiousness

2.1 Circumstantial Factors Affecting Immigrants' Well-being

Many interviewees reported experiencing language barriers and health problems which appeared to have a negative impact on their day-to-day life. In particular, for interviewees who migrated at an older age, the language barrier and health problems seemed to make the start of a new post-migration life difficult.

2.1.1 Poor Health

The 'Poor health' theme highlights how being affected by a chronic illness (i.e. cancer, epilepsy, traumatic brain injury) or age-related health problems (i.e. chronic tiredness) affected different aspects of immigrants' lives. Interviewees reported how poor health restricted their access to educational and job opportunities which were important for them as economic migrants. They also described how different perceptions of and experiences with health services had an impact on their recovery and overall well-being. Immigrants who migrated at an older age reported how age-related health problems delayed their process of adjustment to a new country. Thematic maps (See Appendix 9 Figure 2a, 2b) have been created to illustrate the process of coding and development of the subthemes for this theme.

2.1.1.1 Restricted Educational and Job Opportunities

Interviewees felt that due to their illness, their educational and economic opportunities were being ‘wasted’ and their job was no longer secure. This appeared to have a negative impact on their well-being; personal growth and development in a foreign country seemed important for these interviewees, who migrated for economic reasons.

An illness appeared to take over Marta’s life and restricted her in many ways including ‘financially, intellectually and time-wise’. It made it impossible for her to continue studying and working. Marta expressed her disappointment as a result of being no longer able to benefit from educational and work opportunities offered in a foreign country. She did not see the point of living in a foreign country any longer:

My illness (traumatic brain injury) restricts me in so many ways... financially, intellectually and time-wise...because I have to go to the orthopaedist, physiotherapist...and this is constant. It’s tiring...I had to suspend my studies, stop working...This country offers so many opportunities for development and now I cannot take advantage of them...what’s the point of being here? I miss Poland and I’m considering going back [Marta, age 24, unemployed].

Marta might have made a sacrifice, leaving her home country in order to be able to improve her socio-economic situation and benefit from the opportunities a foreign country offers. Thus, when poor health prevented her from realising her goals she felt extremely disappointed. She also seemed more homesick in the face of the illness and considered returning to her home country.

Although for some interviewees an illness was less restricting in terms of access to employment and ability to work, it affected their perceived job security. For instance, an illness introduced some uncertainty and worry in Kasia’s life when she found out that she had epilepsy. Kasia believed that due to her condition she could be sacked from work, as this comment highlights:

I was afraid that in the bakery where I worked they would fire me if they found out about my condition...In Poland they would have. [Kasia, 39, full-time employee].

Kasia admitted that her fear of losing a job may be related to her experiences of a lack of job security in Poland as reflected in the ‘comparisons: Scotland vs. Poland’ theme. Kasia suspected that in Poland she would have not been allowed to work with this condition.

It seems that immigrants' perceptions of and experiences with the NHS also seemed to play an important role in the well-being of immigrants affected by a chronic illness.

2.1.1.2 Experiences with the Health Services

Some interviewees felt the NHS provided them with high quality care and were very appreciative of the support they received for their condition. Renata, for instance, described how grateful she was for professional care in Scotland, which she believed helped her with cancer treatment and recovery:

I have had some very difficult years...I was diagnosed with cancer 2 years ago..The NHS has helped me so much. I am fully informed about the illness, procedures - they explain everything to you. They act quickly. I was diagnosed with cancer on Monday and on Friday I had chemotherapy. Very professional care...this is just so different from what my mum had to go through in Poland – the unprofessional, corrupt health service. [Renata, age 30, full-time employee].

Renata's perception of the NHS seems to be affected by comparisons between Scottish and Polish health service. She compared a professional NHS in Scotland to the 'unprofessional, corrupt health service in Poland' that her family members used. This adds to the 'comparisons: Scotland vs. Poland' and 'emotion-focussed coping' themes. Such downward comparisons helped Renata cope with her illness. She believed that she would not have had better care in Poland.

Some immigrants, however, reported unpleasant experiences with the NHS. For instance, Kasia described her experience with the NHS as 'horrible'. She perceived British health professionals having a very ignorant attitude towards her. Her perceptions of the quality of the health service might have been affected by her English language ability. Kasia clearly stated that her experiences with the NHS significantly improved the moment she felt more confident in her English-speaking skills, since then she could communicate her health needs more clearly. More proficient language skills also seemed to empower her and give her confidence, as this comment highlights:

I used to have horrible experiences with the NHS...they just sent me away, did not care at all...hmm...now it has changed somehow. I'm not sure why...perhaps my English was poor then. Now after so many years of being here it's good enough and I don't have any major problems with communication. I can express my needs and expectations when I see doctors. [Kasia, age 39, full-time employee].

This quote further adds to the ‘language barrier’ theme that poor English also acted as a barrier to communication with health professionals among the interviewees affected by a chronic illness. Although chronic physical illness such as cancer, epilepsy or traumatic brain injury had a negative impact on immigrants’ life and work, age-related health problems also made the start of post-migration life more difficult among migrants who migrated at an older age.

2.1.1.3 A Difficult Start for Older Migrants

Interviewees who migrated at an older age reported how their health problems upon arrival in a new country delayed their process of adjustment. The interviewees attributed their problems to their aging. They suggested that if they had been younger, the process of moving from one country to another would have been easier. For instance, Beata talked about her menopause, which made her start in a new country miserable, as this comment highlights:

I entered the phase of menopause, my hormones started dropping and that was my start in a new country, my life was miserable. [Beata, age 47, full-time employee].

Ewa reported to be struggling with chronic tiredness even before she migrated. She believed this might be related to her age as medical tests did not detect any other illnesses. She admitted that this did not facilitate the start of her new life. She had no energy to look for a job upon arrival in a new country as described below:

I was tired all the time...it was this physical tiredness. This problem started before I migrated. I went to a doctor, had all tests done, all was fine...my body is simply no longer so young [laugh]. I understand this may be natural and I cannot do much about this but still it doesn't help when you start a new life abroad. I needed this energy to look for a job [Ewa, age 42, full-time employee].

Not only poor health made the adjustment to a new country more difficult, but also language barriers appeared to cause a feeling of mental discomfort among the interviewees.

2.1.2 Language Barrier

Interviewees reported that language barrier had a negative impact on many aspects of their life. Poor English acted as a barrier to accessing different services, facilities and it was a barrier to employment and socialising. In particular, for immigrants who migrated

at an older age language barrier seemed to be an impassable obstacle that delayed their process of adjustment.

Thematic maps have been created to illustrate the process of coding and development of the subthemes for this theme (See Appendix 9, Figure 1a,b).

2.1.2.1 Barrier to Services and Facilities

Some interviewees reported that a lack of language skills acted as a barrier to shopping, using health services and running errands. They often had to ask other people to translate/interpret for them. It seems that immigrants felt some discomfort or even guilt resulting from their inability to communicate effectively in English despite living in Scotland for a few years. Thus, although immigrants moved to Scotland to be independent and self-sufficient, as the ‘Comparisons: Scotland vs. Poland theme’ suggests, they might have realised they were still dependent on others, as this example from Basia illustrates:

I can't cope without relying on many people...whether I am in a bank, shop, office. I need to rely on others if I have to run errands, or go to the GP. I feel that within two years I should have learnt something. Frustrating. [Basia, age 42, part-time employee].

Due to language barriers immigrants appeared to have missed important opportunities to communicate their needs and feelings to others. When there was nobody available to support them, they lost their confidence, became silent and passive and could not react as they would wish. As a result, they appeared isolated, excluded or even intimidated. Beata's words ‘*I just stood there*’ also indicate a sense of hopelessness and uselessness:

Sometimes I could have reacted in certain situations. I could have made a complaint...but I don't know how to do this...so I'm passive and quiet. For example, I went to the council and I stood and stammered and eventually I had to leave as nobody understood me. [Beata, age 47, full-time employee].

Language barriers not only impeded access to services and facilities, poor English was also a barrier to socialising and integrating.

2.1.2.2 Barrier to Socialising and Integrating

Language barriers limited immigrants' opportunities for socialising in everyday life but also resulted in poor integration at work. Some interviewees reported that they could not

socialise with British people, as language barriers prevented them from having simple conversations, as this example from Ola illustrates:

I don't think my English is good enough to be able to have a chat about everything, for example with my neighbours...and when I go out there is a barrier. I will not be able to converse with everybody...but I don't feel lonely. I have lots of Polish friends.[Ola, 38, part-time employee].

Nevertheless, the words '*I don't feel lonely. I have lots of Polish friends*' add to the 'social support and network' and 'emotion-focussed coping' themes; although immigrants' inability to communicate with Scottish people might have made it difficult to integrate fully with Scottish society, immigrants made friends with other Polish people, which might have reduced their feelings of loneliness.

Interviewees also reported how the language barrier affected their relationships with colleagues at work. The language barrier seemed to cause isolation in the workplace. Inability to speak English might have reinforced segregation and exclusion of migrants, and did not enable them to fully integrate with British colleagues. For instance, Radek emphasised clear division between Polish and British colleagues at lunchtime:

When I meet British colleagues I am restricted because I can't understand them or speak to them. I can't say what I want. I feel so isolated but this is caused by the language barrier, for example, when there is a lunch break I am looking for other Polish immigrants to sit next to...it feels like there is a Polish table and a British table. [Radek, age 18, full-time employee].

Not only immigrants' integration at workplace was affected by language barriers, but also the process of job seeking and job performance.

2.1.2.3 Barrier to Employment

The language barrier contributed to immigrants' underemployment (doing a low-skill job below their qualifications) and the feelings of inadequacy at work. An inability to work in a profession because of poor English caused a sense of stuckness, frustration and desperation for personal growth. For instance, Beata mentioned regretting not using the skills and knowledge she possessed through education; her aspirations were not satisfied, as this comment illustrates:

I really would like to work in my profession. I would love to be a nurse. Unfortunately it is not possible. My language is not good enough and I work in the kitchen. I got stuck there. This is frustrating, I've got higher ambitions...At least my wages are higher than they were in Poland. [Beata, age 47, full-time employee].

The words '*unfortunately it is not possible*' suggest powerlessness and hopelessness in this situation. They indicate a lack of faith in finding a job in a profession. This quote also reinforces Marta's quote on p. 121, whose socio-economic opportunities were restricted due to her illness. Beata's words again stress frustration as a result of inability to take a full advantage of the available socio-economic opportunities in a foreign country. Nevertheless, the words: '*at least my wages are higher than they were in Poland*' suggest that the interviewee compared her adverse current situation to the one she experienced in Poland. Since in Poland her salary was much lower this seemed to give her some comfort and reminded her of the reasons why she migrated. Thus, this adds to the 'comparisons: Scotland vs. Poland' and 'emotion-focussed coping' themes; immigrants used downward comparisons to help them cope with adverse working conditions.

Nevertheless, not only does this statement indicate a comparison between current and past conditions but also between current achievements (being a kitchen assistant) and high aspirations ('I would love to be a nurse'). Thus, although a downward comparison between past and present condition seems to positively affect Beata's well-being, a gap between aspiration and achievements seems to have a detrimental effect. This further builds on the 'Comparisons: Scotland vs. Poland' theme; Lifestyle & Culture subtheme, that not only upward comparisons in relation to cultural values, but also a gap between aspirations and achievements may negatively affect immigrants' well-being.

Interviewees also reported that a lack of language proficiency affected their job performance; it seemed to cause a feeling of inadequacy at work. Poor verbal and written English skills affected communication with their customers or clients, which resulted in stress and feelings of frustration. There was also a feeling of shame and embarrassment due to having to rely on their colleagues and boss, as described by Ula below:

At work I need to communicate with our clients via e-mail, I need to describe a problem and I need to be very precise then. This is stressful and frustrating. I rely on my colleagues sometimes, but once there was nobody around and I had to ask my boss for

help...this was embarrassing...the fact that I had to ask my boss. [Ula, age 39, full-time employee].

The feeling of embarrassment might have resulted from the concern about looking incompetent and fear of being sacked from work. This is likely, given immigrants reported being constantly worried about job loss in Poland and having to constantly prove their competence, as reflected in the theme ‘Comparisons: Scotland vs. Poland: work conditions’.

It appears that language barriers were particularly difficult to overcome for immigrants who migrated to Scotland at an older age.

2.1.2.4 An Impassable Obstacle for Older Migrants

Some interviewees who migrated at an older age reported that they had no motivation to learn a foreign language. Some attempted to learn it but admitted it was still a great obstacle which delayed the process of adjustment to a country. Basia admitted that her inability to speak English made it more difficult for her to settle down in a new country, for example, to find a stable job upon arrival in a country. However, she had never had any motivation to learn it. It appears that although language barriers made her dependent on her family and friends, as demonstrated in the previous theme (Language barrier), this was still not sufficient reason for starting to learn English, as this comment highlights:

If I had spoken English well I think I would have been more settled by now. Well, I still feel more settled than I was in Poland, but when I arrived in this country it took me a while to find a job. I still don't have a full-time stable job. Anyway, I really can't be bothered to attend English classes...maybe if I was younger but not now. [Basia, age 42, part-time employee].

The words ‘*I still feel more settled than I was in Poland*’ indicate that although Basia complained about her inability to find full-time stable employment as a result of the language barrier, she still believed she was more financially stable than she used to be in Poland. Thus, this adds to the ‘comparisons: Scotland vs. Poland’ and ‘emotion-focussed coping’ themes; downward comparisons of current living conditions to the conditions immigrants experienced in Poland made them feel better about their adverse situation (lack of full-time working hours).

Unlike Basia, another interviewee - Ania - had motivation to learn English. Nevertheless, although she showed determination to learn it just after arrival in a new country, she admitted this was an impassable obstacle. She did consider that this might have been related to her age:

The language barrier was a huge problem when I arrived in the country. There was a kind of mental discomfort. There was some fear, hopelessness, lack of confidence...but I was determined to learn it. It was so difficult to overcome it. I'm not sure if it's age or what. [Ania, age 55, full-time employee].

Ania's words indicate that the language barrier had a negative impact on both emotional well-being (causing 'fear, hopelessness') and on cognitive well-being ('lack of confidence').

2.1.3 Summary of the Master Theme: 'Circumstantial Factors Affecting Immigrants' Well-being'

To sum up, this master theme enabled me to see a broader picture of how the adverse circumstances immigrants faced, may affect their well-being. The theme suggested that language acted as a barrier to employment, socialising and integrating with British people, and a barrier to different services and facilities. Not only language barriers but also poor health affected many interviewees. Chronic illness such as cancer, epilepsy or traumatic brain injury resulted in perceived job insecurity and reduced socio-economic opportunities. Some immigrants believed that the professionalism and high standard of the NHS facilitated their recovery. Others reported negative experiences with the NHS due to poor communication with health professionals.

It seems that the language barrier and poor health resulted in a difficult start in a new country for immigrants who migrated at an older age. These immigrants reported having no motivation to learn English and even if motivation was there, poor English resulted in feelings of hopelessness and poor confidence, and delayed finding a stable job. Furthermore, these immigrants complained that age-related health problems did not allow them to settle down quickly. They believed that if they had migrated at a younger age, the process of adjustment would have been easier.

There seems to be a relationship between the themes in this master theme. For interviewees who migrated at an older age, language and health problems appeared to delay their process of adjustment, and made the start of post-migration life difficult. The

language barrier also played an important role for immigrants who suffered from a chronic illness, causing poor communication with health professionals. Furthermore, it seems that negative circumstances such as poor health, language barrier and an older age at migration, resulted in reduced socio-economic status, which caused frustration among those economic immigrants who had hoped to improve their socio-economic circumstances. The language barrier forced qualified immigrants to work below their skills and qualifications, and made it difficult for those who migrated at an older age to secure stable full-time employment. Poor health status restricted education and employment opportunities and caused perceived job insecurity.

While this master theme aimed to increase understanding of how circumstances affected immigrants' well-being, the next superordinate theme aimed to provide an insight into how immigrants' ways of thinking and their everyday behaviours affected their well-being.

2.2 Cognitive-Behavioural Factors Affecting Immigrants' Well-being

This master theme discusses the role of the following cognitive-behavioural factors: comparisons, social support and coping strategies.

2.2.1 Comparisons: Scotland vs. Poland

Within a '*Comparisons: Scotland vs. Poland*' theme there are three key subthemes: '*life conditions and standards*', '*work conditions*' and '*lifestyle and culture*', as Polish immigrants made constant comparisons between the two countries in terms of life, work conditions and lifestyle/culture. When interviewees compared life conditions between these countries they paid attention to financial independence/dependence, security/insecurity, and whether the country offered many opportunities to enjoy their life. While comparing work conditions they discussed work atmosphere, financial recognition and job security. Finally, when they considered lifestyle and culture differences and similarities they took into account overall mentality, tolerance, as well as characteristics of individualistic and collectivist cultures (i.e. family values, consumerism). Thematic maps have been created to illustrate the process of coding and development of the subthemes for this theme (See Appendix 9, Figures 3-4).

2.2.1.1 Life Conditions and Standards

Interviewees reported that Scotland, as opposed to Poland, offered them independence, financial stability and many opportunities to enjoy their life. It appears that not only

their basic needs could be met but they could also have a more extensive and luxurious life. The theme emphasises that immigrants had an enhanced quality of life in Scotland; in a foreign country they appeared to start living rather than only existing.

Immigrants compared their present (financial freedom) with their past (financial dependence) but they also compared themselves to others (e.g. friends from Poland who are still dependent on their parents). Such comparisons made them feel good about themselves. Immigrants felt appreciative to Scotland for giving them financial independence which they could not achieve in Poland. In Poland, although they were employed, they often had to ask their parents for financial support, as their salary was not sufficient enough to move out, while in Scotland their wages allowed them to live an independent life. Furthermore, immigrants stressed that in Scotland they were in a position to help their family living in Poland, which made them feel even better about themselves; it generated a sense of pride, achievement and self-worth, as described by Kasia and Piotr:

I'm really grateful to this country for giving me an opportunity of being independent. In Poland this was not possible at all...although I had many jobs I was always dependent on my parents, I lived with them...and here I feel I am responsible for everything myself. I pay the bills etc. In Poland my mum helped me financially...my uncle paid for my dentist and now I help my family financially. I send money, gifts. I can afford it...I'm financially independent. I feel really good about it. [Kasia, age 39, full-time employee].

This country gave me independence, freedom. I was really desperate for this independence. My friends in Poland still haven't achieved it, though. [Piotr, age 28, full-time employee].

Not only did immigrants' new salary in Scotland allow them to live an independent life but it also gave them financial stability. Interviewees stressed that in Poland they had a constant feeling of financial and material insecurity, which was no longer experienced by them while in Scotland. When living in Poland they were constantly worried about not being able to meet their basic needs, such as having enough money to pay for bills, food or clothes. Thus, it seems that they were not able to afford the most primitive, basic, taken-for-granted things that are considered as 'normality' in Scotland. In the UK their jobs helped them meet their basic needs to a greater extent, which gave them 'mental peace and comfort'. A part-time job in Scotland seemed to give them a greater mental comfort than a full-time job in Poland, as this example from Basia illustrates:

I'm so happy that I have achieved this mental peace and comfort. Although I still don't have so many hours at work as I wish because I work part-time...I have money for bread, to pay for gas, electricity. I have enough...more than enough for normal functioning, and in Poland even if you have a full-time job...well...then you have 20 slices of cheese and bread every second day...but when you have to buy toilet paper then this is - Oh my God - stupid toilet paper costs 20zł (£4) and you earn about 6zł (1£) per hour...I remember it all. [Basia, age 42, part-time employee].

It seems that financial stability was particularly appreciated by interviewees who were single parents. These interviewees seemed to struggle most in Poland as there was no support available to them, and therefore they could not provide normal living conditions for their children. In Scotland they felt a sense of relief. Their appreciation of support systems available to them in the UK is highlighted in Ewa's comment:

I simply couldn't live there any longer. I didn't have any kind of help...I had to leave otherwise we (myself and my son) would have died of hunger. Although I worked, I had 2 jobs, we couldn't cope...and in this country we have financial stability. This country provides support...for me this means security, when I know that I have income from work and country support (tears in eyes). I have never been so threatened here...there has never been such a situation. [Ewa, age 42, full-time employee].

Not only did a new salary help immigrants meet their basic needs and achieve financial independence but it also ensured a more extensive and luxurious life, and thus enabled them to enjoy their life more fully. While in Poland immigrants led 'boring' lives due to their limited budget, in Scotland they felt they had many opportunities to enjoy their life. Interviewees' salary in Scotland was sufficient to help them pursue their hobbies and interests or go on holidays abroad, which was not possible in Poland. This gave them a sense of freedom and exploration. In the UK it seemed to be easier to fulfil their wishes and desires as these comments from Radek and Piotr illustrate:

Although I miss my friends so much I realise that I have opportunities for a better and more enjoyable life here. My friends have been living dull, poor, boring lives...every day has been the same...nothing has been happening. Just stagnation...nobody goes out anywhere because of the lack of money. [Radek, age 18, full-time employee].

Wages in Poland are really low, the minimum full-time wage is about £200, £300 per month...similar to the costs of living...so this is really not enough. Many people cannot

enjoy their life: afford to go on holidays or buy nice clothes. Maybe if they saved about 13 years they would be able to buy a flat or car but they would need to give up on many things for so many years...here, I can save for a few weeks or months to get this - not years. [Piotr]

It seems that the comparison of living conditions between the two countries helped immigrants with their feelings of homesickness, as the above quote from Radek indicates. As such, this is linked with an ‘emotion-focussed coping’ theme which highlighted that downward comparisons were used as coping mechanisms by immigrants.

2.2.1.2 Work Conditions

Interviewees noticed that in addition to better living conditions in Scotland their working conditions in a foreign country were more humane and advantageous. They observed that the work atmosphere was more friendly, financial rewards much higher and jobs much more secure than in Poland. Interviewees reported that there is a difference in the way employees are treated by Polish and Scottish employers. They felt that no matter of what job they did, they were respected by Scottish employers, which boosted their confidence. Immigrants valued the relationship with Scottish managers, who were perceived by them as approachable, friendly and motivating. In contrast, they perceived Polish employers as ‘abusive’ explaining that Polish employers tended to show disrespect to their employees, spread alarm and despondency and expected their employees to constantly prove they deserved a given position. Interestingly, when talking about their unpleasant experiences with Polish employers they used words indicating detachment from their home country, for example ‘over there’, as the comments from Renata and Ewa highlight:

Over there the way of treating employees is just horrible, unacceptable...I feel respected here, I am treated fairly. This means higher self-esteem. I feel more confident. I don't need to try to prove myself because I get respect at work, unlike in Poland. There is not such a big gap: I'm your boss and you are my employee...managers try to treat you equally; they are friendly, say hello, 'how are you'. The relationship with managers is different and I like it here more. In Poland we were scared of the manager, we panicked when she approached us. [Radek, age 30, full-time employee].

It is better to work for Scots than Polish people. Scots will respect you no matter what you do...whether you clean, paint etc...I am a cleaner but I get more respect here than I

got in Poland as a manager... Scottish employers see you work well and they can motivate you, say thank you, praise you, respect your time, holidays. They say - you deserve a break. If you work for a Polish employer you don't hear this...you hear 'if you don't like it you can leave, there are hundreds of people who could do this job'. [Ewa, age 42, full-time employee].

The quote by Ewa also highlights that comparing her treatment by Scottish and Polish employers might have helped her to accept her low-income and low-skilled job, which may further add to the 'emotion-focussed coping' theme.

Interviewees also observed that not only the nature of the relationship with their employers was different from what they experienced in Poland, but they were also financially recognised. Although some interviewees did a lower-level job in Scotland they received a decent salary, which they found motivating. In Poland their wages were low even if they worked long hours or performed a higher-level job, as examples from Krystian and Kasia illustrate:

In Poland I occasionally worked a 20 hour shift in the bar and I was paid about £1 per hour, so £20 for 20 hours...and here I have financial recognition although I earn the minimum salary and I do the same job; working in the bar I can earn so much more money. [Krystian, age 35, full-time employee].

While working in the bakery here I earned much more money than in Poland as an assistant director doing overtime. [Kasia, age 39, full-time employee].

Thus, this is again linked with 'emotion-focussed coping' theme. Although Krystian was employed in a low-income salary job and Kasia in a low-status job, they might have used downward comparisons to make them feel better about their current circumstances.

For interviewees, better working conditions in Scotland also meant a greater sense of job security, in addition to having a more friendly and respectful atmosphere at work and being financially recognised. Due to high unemployment levels and 'unfair deals' in the workplace in Poland, they were constantly worried about possible job loss over there. In fear of its loss, they felt they had to be obedient to their employers and were afraid to stand up for themselves when necessary. However, in Scotland they experienced a greater sense of job security; they believed recruitment processes are more fair here, 'unfair deals' uncommon, and thus it is more difficult to lose a job if you work hard, as described by Beata and Krystian:

In Poland you can lose your job at any moment...you can't be sure that you will stay in your job...you need to have connections, 'unfair' deals. You do not know the day nor the hour when you can lose your job. In Britain if you are doing a job it's difficult to fire this person based on...oh, a relative of the boss will get your job. Here you don't need to have relationships, connections. Here it is normal, you get a job and you work, you feel secure. [Beata, age 47, full-time employee]

In Poland people kept saying there is a high unemployment rate...no jobs...you need to be quiet, obedient and passive, otherwise you will lose it. You don't experience something like that here. [Krystian, age 35, full-time employee].

Overall, the 'work conditions' theme suggests that work conditions in Scotland were more advantageous for immigrants compared to their work conditions in Poland. They perceived that they received greater respect at work, had a greater sense of job security and felt financially recognised. The theme also highlights that making downward comparisons between Poland and Scotland in relation to work conditions helped immigrants accept their current circumstances, which may seem to be adverse such as lack of full-time hours, employment in low-income and low-skilled jobs. Therefore, this theme further builds on the 'emotion-focussed coping' theme, which stressed that immigrants used cognitive restructuring (downward comparisons) as one way of coping with their adverse circumstances.

Nevertheless, although interviewees made most comparisons in relation to life and work conditions, they also made a few comments on the perceived differences between the two countries in lifestyle behaviours and cultural values. It is likely that their adverse experiences and conditions at work and in everyday life in Poland had an impact on their perceptions of lifestyles in both countries.

2.2.1.3 Lifestyle and Culture

Interviewees had both positive and negative perceptions of Scottish lifestyle. They favoured Scotland over Poland in terms of mentality, tolerance and openness, however, they criticised Scotland for its cultural values.

Interviewees felt that the pace of life in Scotland is slower and more peaceful, which had a positive impact on them, as this allowed them to slow down and 'live their life'. They noticed a huge gap in overall mentality. They were thinking of mentality in Scotland as more favourable than in Poland, perceiving Poland as a destructive 'mental

burden'. This may indicate how much stress they might have faced in Poland. Such perceptions of Poland might have been related to difficult living and work conditions experienced by the interviewees in Poland, as reflected in previous themes. It is likely that interviewees felt a slower pace of life in Scotland as they felt greater financial security and this gave them a sense of peace. The difference in mentality between the two countries is best illustrated by comments from Monika and Ania:

I think in this country there is some kind of peace...unlike in Poland...us Polish people are always rushing, we always assign some goals which we want to achieve and the truth is that we are like that all the time and we forget we need to live in this life. [Monika, age 30, full-time employee].

I cannot imagine living in Poland again...I feel so much better here. I often say to my mum, family: 'Poland would destroy me mentally'. There is a huge gap in mentality, world-view. Poland would be a mental burden for me. [Ania, age 55, full-time employee].

Interviewees also perceived Scotland as more liberal, accepting and open-minded. It seems that in Scotland there is more openness and respect in society, for instance, towards cohabitation. There is also less pressure to have children at a younger age, as reflected in the comment below:

This country is more liberal. Most of my friends in Poland are already married and they have children. I'm not married myself but I can live with my boyfriend and nobody looks at you and talks to you disrespectfully...Also, I'm 26 and don't have children yet...this is not perceived as something bad...they don't call me 'a spinster'. I'm sure in Poland they would start doing this already. [Marta, age 24, unemployed].

Immigrants also appreciated Scottish people's patience, understanding and tolerance towards immigrants not speaking English. They were also grateful for their willingness to adjust their language pace and accent to be more understandable by immigrants. In particular, they valued Scottish employers' attitudes, who seemed to respect them despite a lack of English skills, as this example from Ewa illustrates:

I cannot speak English well but Scottish people have so much patience and they are not angry if I don't understand what they are saying, they say - 'don't worry' and they try to speak slower, and Scottish employers respect you for hard work, not for your ability to

...speak English. I cannot see this is happening in Poland...never! [Ewa, age 42, full-time employee].

This is an interesting finding given that the ‘language barrier’ theme indicated that immigrants perceived their language barrier to have a negative impact on their job performance, causing feelings of inadequacy. It is likely that pressure to speak better English comes from immigrants themselves, rather than their employers, who appreciated their professional skills and hard work. This also adds to the ‘work conditions’ theme (‘respect vs. abuse’ subtheme), further stressing the pleasant aspects of working in Scotland.

Nevertheless, the interviewees also noticed a negative side of Scotland. They believed that there is a gap between the cultural values. According to them, Polish immigrants have different life goals and values from Scottish people; for instance, they believed that Polish people value family and personal growth more than Scottish people. They perceived Scottish people to pay little attention to personal development and family life and excessive attention to consumption. This seems to have been difficult to accept for some interviewees, who were committed to family life and valued personal self-fulfilment over materialistic self-fulfilment. Even interviewees who have been living in Scotland for a few years found it difficult to get used to a new culture, as reported below:

I think we have different lifestyle, culture...I mean, for example, life goals, their perception of family, materialism or individualism. They don't commit to family life...it's all for themselves, they don't commit to personal development. [Ilona, age 23, full-time student, part-time employee].

So many people live on benefits here, without aspiration, attached to consumption. This is difficult to accept for me. I've been living here so many years and I still don't get it. [Ula, age 39, full-time employee].

The words that ‘*They don't commit to family life*’ suggest that the interviewees considered Scottish people as less collectivist than themselves. They indeed used the word ‘individualism’ in relation to Scottish people. However, the words ‘*they don't commit to personal development*’ suggest that they associated Scottish people with the negative side of individualism (materialism, consumerism) and associated themselves with a positive side of individualism (personal development). Thus, although Polish

people may consider themselves as more collectivist than Scottish people, they may also perceive themselves as holding some positive individualistic values.

Overall, the 'Comparisons: Scotland vs. Poland' theme demonstrated that Polish immigrants were involved in multiple comparisons; they compared life in Scotland to their life in Poland in terms of overall lifestyle, culture, life and work conditions. They compared their current conditions to the conditions of their family and friends living in Poland, but also to the conditions they used to experience themselves before migrating to Scotland. Interviewees clearly favoured Scotland over Poland in terms of life and work conditions. They reported that Scotland created better living conditions, offering them financial independence, security and many opportunities to enjoy their life. Scotland enhanced their quality of life. Interviewees also reported that conditions at work in Scotland were more decent and humane and financial recognition much higher. Interestingly, they used these downward comparisons to help them cope with their adverse circumstances, such as a lack of full-time working hours or low-income job. In terms of lifestyle, although they appreciated peaceful mentality, acceptance and tolerance in Scotland, they perceived Scottish cultural values as different from their own values. They found it difficult to accept Scottish people's excessive attention to consumption, a lack of family values and no need of personal development. The next theme will help to better explore Polish immigrants' family values and their role for immigrants' well-being.

2.2.2 Social Support and Networks

This theme further confirms the importance of close family and friends from Poland for immigrants' well-being. It also demonstrates the benefits of having a well-established Polish community in Scotland. Finally, it identifies what role Scottish friends played in immigrants' lives. Thematic maps have been created to illustrate the process of coding and development of the subthemes for this theme (See Appendix 9, Figures 5a-e).

2.2.2.1 Family and Friends in Poland

Although the interviewees moved to Scotland, their family and friends in Poland appeared to play an important role in their well-being. For many interviewees distance between the two countries was a physical and psychological barrier to keeping close contact with their loved ones from Poland. Although they did their best to keep contact with family and friends, migration seemed to disrupt their ties, which made them feel homesick:

Family is so important to me...Lack of family and friends has a negative impact on me. I was very close to them. You feel sentimental...attachment to those left in Poland...I try to visit them but it's not the same. [Ola, age 38, part-time employee].

One interviewee also expressed her concern about her parents in Poland; she wanted to be closer to them to be able to look after them. This was likely to generate a sense of guilt. However, she was persuaded by her parents against coming back to Poland due to the difficult living conditions, as this example from Joanna illustrates:

I'm worried about my parents... I would like to be closer to them. I don't have any brothers and sisters so I'm thinking who is going to look after them? They are not always going to be healthy, they are getting older...but my parents say 'do not come back here, you won't get a life here'. [Joanna, age 29, full-time employee].

The reported feelings of homesickness and perceived obligation of caring about family members, might have resulted from a deep cultural attachment to family, as demonstrated in the previous theme: 'Lifestyle and culture'. Although interviewees expressed homesickness which may be related to their cultural values, the interviewees appreciated the well-established Polish community in Scotland.

2.2.2.2 Polish Community in Scotland

Despite living in a foreign country, all interviewees reported feeling a sense of Polish community in Scotland due to a high number of Polish people living here and the availability of different services for Polish people, for example: the Polish drop-in centre ('Swietlica'). It appears that the Polish community played two important roles for the interviewees: it allowed them to keep continuity of Polish roots but also provided them with support with social resources such as language.

An easy access to Polish facilities and services enabled interviewees to keep continuity of Polish culture and language, which appeared to be very important for Polish immigrants. Renata, who has been in Scotland for many years described how attending the Polish drop-in centre allowed her child mix with other Polish children and learn Polish:

I attend the Polish drop-in centre. I meet other Polish parents regularly. We do something together. Our children can play together, they can learn Polish. [Renata, age 30, full-time employee].

Interviewees talked about the Polish community in a positive way; they reported feeling as if they were in their home country. It appears that immigrants with a language barrier, in particular, appreciated having so many other Polish people around, as this gave them a sense of security, as the comment from Ewa highlights:

I live at.....and there are so many Polish people there. Although I miss Poland, what I left there, sometimes I feel here as if I weren't in a foreign country. This gives me - somebody without a language - a sense of security - the fact that there are so many of us here for example, if something happened I could ask somebody for help. I can function without a language [Ewa, age 42, full-time employee].

Thus, although immigrants felt some discomfort, or even guilt, resulting from their inability to communicate effectively in English, as evident in the theme: 'language barrier: Barrier to facilities and services', having a Polish community allowed them to function in a foreign country without a knowledge of English language. However, this did not motivate them to learn the foreign language. It seems that the presence of a Polish community might have helped immigrants with language barriers to make new relationships in Scotland. The quote also reflects that the well-established community in Scotland helped alleviate immigrants' feelings of homesickness. As such, the theme builds on the 'emotion-focussed coping strategies' theme which identified social support as one of the coping strategies used by immigrants.

Overall, the Polish community in Scotland seems to have given immigrants a sense of security and belonging in kinship; it helped them and their children keep continuity with Polish roots, culture and language. Polish immigrants appeared to appreciate a Polish community because of shared experiences; they looked around for friends who shared similar language, cultural values and beliefs. The high number of Polish people living in Scotland helped immigrants overcome the feelings of homesickness, but was also a source of support for immigrants with a language barrier. Since a well-established community seemed to encourage immigrants to mix with their compatriots, this might have affected their integration with Scottish people, as demonstrated below.

2.2.2.3 Superficial Relationships with Scottish People

The relationship with Scottish people was perceived as 'superficial' by Polish immigrants. Ola believed that she would never be able to create and enjoy lasting friendships as she did in Poland, and she perceived her friends from Poland as irreplaceable, as described below:

Even if I make new friendships here, these will be superficial ones...they will never replace ones made in Poland. There is a language barrier; that's for sure, but there is something else... [Ola, age 38, part-time employee].

This adds to the subtheme on the importance of the family and friends from Poland. It also builds on the 'comparisons: Scotland vs. Poland' theme, adding that Polish immigrants compared the relationships made in Scotland to the relationships they had in Poland. Ola believed that the language barrier might be a huge obstacle to socialising with Scottish people, which further adds to the 'language barrier' theme, stressing that poor English is a barrier to socialising and integration.

However, another interviewee also pointed to cultural and educational barriers. A perceived gap in the system of values seems to have prevented her from making meaningful relationships with Scottish people. For instance, immigrants with more collectivist values seemed to prefer talking about family, and found it difficult to socialise with immigrants with more extreme individualised values. In addition, highly educated interviewees might have avoided noneducated Scottish people, as they struggled to find a common conversation topic with them. They preferred the company of educated Scottish people, whom they found more mentally stimulating, as highlighted by a comment from Ania:

I have some Scottish friends but I just feel there is some cultural barrier...there is no way we are ever going to understand each other. We are closer to French than British people in terms of culture. I want to talk about emotions or family and they want to talk about shopping, drinking. There is no depth in this conversation. It's frustrating! I quite like talking to educated Scottish people because they have wide knowledge...but non-educated people don't have anything to say. [Ania, age 55, full-time employee].

This further adds to the theme 'Comparisons: Scotland vs. Poland' on how different cultural values affected interviewees' well-being.

Overall, the social support & network theme further confirmed the strong value of family for Polish immigrants. Their homesickness or feeling of sentimental attachment might have resulted from the collectivist values which immigrants held. It was evident that many Polish immigrants avoided socialising with Scottish people. Language, cultural and educational barriers appeared to prevent them from making meaningful relationships with them. Nevertheless, the interviewees appreciated the Polish

community in Scotland, as they offered them support with language but also gave them a sense of security and belonging, making them feel as if they were living in Poland. It helped immigrants alleviate their feelings of homesickness. The role of social support in coping with post-migration stressors is further demonstrated in the theme below.

2.2.3 Emotion-focussed Coping Strategies

The 'Emotion-focussed coping strategies' theme includes four key subthemes: 'escape/avoidance', 'seeking emotional support', 'cognitive restructuring – downward comparisons' and 'faith/religiousness'. The theme indicates that interviewees used these techniques to reduce emotional distress related to stressors such as homesickness or language barrier. Thematic maps have been created to illustrate the process of coding and development of the subthemes for this theme (See Appendix 9, Figure 6a,b).

2.2.3.1 Escape/Avoidance

Many immigrants admitted that going for a trip to Poland to catch up with their family and friends acted as a form of distancing from their daily stresses in Scotland. A statement by Ola suggests that she may sometimes feel 'fed up' with her life in Scotland. However, a trip to Poland gives her a break and she enjoys coming back to Scotland. She also reported going abroad for 'proper' holidays:

When I'm fed up with this life here I buy a ticket and go to Poland to make myself feel better... I go there for 3-4 days, I detach myself from my life here, but I like coming back here. I also go on proper holidays abroad twice a year to Spain, Greece. [Ola, age 38, part-time employee].

Willingness to include family and friends from Poland as part of their holidays further highlights an important role they play in participants' life. This also suggests that although Poland was perceived as a 'mental burden', as indicated in the 'Lifestyle and culture' theme, it was also associated with a place of rest and relaxation. This may depend on whether participants are permanent residents there or temporary visitors.

Some interviewees also reported using 'avoidance' strategies to cope with their language barrier. For instance, Basia reported that she intentionally chose to go to places, for instance Polish shops, where she would not be expected to speak English. This way she could avoid 'embarrassment' and distress associated with her inability to communicate in English:

Well...I do my best to avoid embarrassment. I go only to supermarkets and Polish shops, Polish hairdressers where I don't need to speak English. I don't answer unknown phone calls. I don't travel on my own, for example I wouldn't get on the bus to go for a trip to... let's say – England. [Basia, age 42, part-time employee].

This quote further adds to the 'language barrier' theme, stressing how restricting an inability to speak English can be for immigrants. It also further reinforces the importance of the Polish community and the available Polish services in coping with the language barrier.

2.2.3.2 Seeking Emotional Support

It appears that family and friends from Poland, as well as their partners living with them in Scotland, were a reliable source of emotional support for the interviewees. For instance, Joanna admitted that in difficult moments she could rely on her partner in Scotland, whom she shared a deep bond with. Her life in a foreign country would not have been the same; rather it would have been much more difficult and possibly even unbearable, as the quote below illustrates:

I cannot imagine living here without my husband. It would have been very difficult without him. I can cry over his shoulders, let out all my frustration or anger. He helps me so much...In fact, I think our relationship has improved since we migrated. [Joanna, age 29, full-time employee].

The words '*our relationship has improved since we migrated*' also indicate that migration contributed to the strengthening of the relationships; possibly due to overcoming migration-related stressors together.

Some interviewees reported that in moments of homesickness they made a phone call or Skype conversation with their family and friends in Poland. This alleviated their distress and uncertainty and made them feel closer to them. This further highlights how important it is for Polish immigrants to have meaningful relationships with people from Poland.

I have two friends who live in Poland. Our relationship survived. I can phone them at night and they will listen to me, support me. I also phone my mum every few days...I'm just telling her what happened, even if nothing happens, I phone her. I feel better then, closer. [Monika, age 30, full-time employee].

It is likely that keeping in touch with family and friends, or frequent visits to Poland, could encourage immigrants to make downward comparisons as a way of coping.

2.2.3.3 Cognitive Restructuring – Downward Comparisons

Although some interviewees admitted feeling very homesick and not fully satisfied with their job, they used downward social comparisons with their family and friends in Poland or other people living in Poland. They also compared their current condition with the condition they used to experience in Poland. These downward comparisons reassured them that they made the right decision, despite post-migration stressors they faced. It also helped them look at the disadvantaged situation in a more positive light.

For instance, for Ula, comparing overall living conditions in Scotland to the standard of life of her family or friends, appeared to be a very quick and effective coping technique that soothed her feeling of homesickness:

Sometimes I can get homesick...in fact, I think about Poland every day: what and who I left there. I can be desperate to leave everything and go home, but when I think what standard of life my family and friends have over there, suddenly this homesickness goes away (laugh). [Ula, age 39, full-time employee].

For Krystian, on the other hand, comparing his current working conditions to the worse conditions he used to experience in Poland, helped him cope with his low-income and intellectually unstimulating job. It helped him accept his current situation, as suggested by a statement below:

I don't really like my job, I don't get on well with my boss, it is a minimum UK salary, I could have done something more mentally stimulating. However, I shouldn't really complain, when I think about how much I earned in Poland, then I change my mind and I appreciate it. After 7 years I'm still here in the same job. [Krystian, age 35, full-time employee].

Overall, this subtheme adds to the 'Comparisons: Scotland vs. Poland' theme and suggests that downward social and temporal comparisons were used as a coping mechanism against the feelings of homesickness and adverse circumstances such as a low income job. Nevertheless, although downward comparisons helped immigrants face migration-related stressors, using comparisons to look at the disadvantaged situation in a positive light may not motivate immigrants to change their situation, as suggested by the statement above from Krystian.

2.2.3.4 Faith/Religiousness

Some interviewees also perceived religiousness and faith as a way of coping; it not only gave them a life purpose but also opportunities for spiritual connectedness to other religious immigrants. For instance, Pawel admitted that he became more spiritual since migrating. For Pawel, faith was more important than anything or anybody else. It gave him a sense of life meaning and mental comfort. It empowered him and gave him strength to cope with everyday difficulties, as described below:

Faith makes me a better human being...I feel more spiritual since migrating here. Faith strengthens me when I'm sad, stressed or angry. It helps me accept my decisions. It has a great impact on my life. Faith is more important than people. I feel kind of spiritual fulfilment, balance...It is meaningful...I put faith in first place. [Pawel, age 31, full-time employee].

Ilona, on the other hand, was very religious before migration. Faith gave her a sense of belonging in kinship, network, as well as a sense of security. She appreciated having opportunities to attend Polish service and belonging to a religious community in a foreign country, where she could seek spiritual connectedness with others of similar values:

Every Sunday we meet during Polish mass and some of us also stay afterwards to discuss religious matters, read the Bible. We support each other, pray for each other. I leave the meeting empowered, it gives me positive energy for the next week... I'm glad I have an opportunity to enhance my faith...it was always important to me and my family. [Ilona, age 23, full-time student, part-time employee].

This theme further strengthens the importance of the Polish community for Polish immigrants. It also stresses that while for some interviewees migration made them more spiritual, others' religiousness had roots in their home country.

Overall, the 'emotion-focussed coping strategies' theme suggested that interviewees used a wide range of emotion-focussed coping strategies, such as escape/avoidance, emotional support, downward social and temporal comparisons and faith. It adds to the previous themes: 'comparisons: Scotland vs. Poland' and 'social support and network' themes by demonstrating that immigrants used these to help them cope with post-migration life. These coping strategies seemed to be related to immigrants' poor socio-

economic background in their home country (e.g. downward comparisons) or cultural values ('escape': a trip to Poland, emotional support from family and friends in Poland, faith/religiousness). However, although these strategies appeared to be perceived by interviewees as an effective relief from stress and homesickness, they did not seem to motivate them to solve or change their stressors.

2.2.4 Summary of the Master Theme: 'Cognitive-Behavioural Factors Affecting Immigrants' Well-being'

To sum up, this master theme aimed to provide insight into how immigrants' ways of thinking and everyday behaviours affected their well-being. For instance, it explained what types of comparisons interviewees made and how they affected them. The theme showed that immigrants compared the two countries in relation to living, work conditions, lifestyle and culture. They compared their current conditions to the conditions of others living in Poland such as family and friends (social comparisons), but they also compared their current situation to the one they used to experience before migrating to Scotland (temporal comparisons). Comparisons between the two countries in relation to work and life conditions were downward; immigrants consistently perceived conditions in Scotland as being more beneficial to them. The interviewees believed that Scotland enabled them to live a fuller life and offered them more opportunities to enjoy their life. Nevertheless, interviewees also made upward comparisons in terms of cultural values. Perceived differences in the system of values held by the two countries seemed to have made their life in Scotland more difficult. Different cultural values were difficult to accept, even for migrants who have been living in Scotland for a long time.

The master theme also showed that keeping regular contact with their family and friends from Poland was important for immigrants' well-being, possibly influenced by collectivist cultural values. Interviewees valued being a part of a Polish community in Scotland, since this allowed them to mix with other Polish people who shared similar values, attitudes and beliefs, and thus gave them a sense of kinship and security in a foreign country. The well-established community and the perceived differences in cultural values did not encourage immigrants to integrate with Scottish society.

The master theme also demonstrated that immigrants used downward social and temporal comparisons in relation to living and working conditions to cope with their feelings of homesickness and their adverse circumstances such as low-income, low-

skilled job or lack of full-time working hours. Reminding themselves of their own difficult socio-economic situation in Poland or the situation of their family and friends, helped them deal with their current adverse circumstances.

Furthermore, social support from family and friends in Poland, their partners in Scotland and the well-established Polish community in Scotland, helped them overcome their feelings of homesickness. The well-established community also helped immigrants overcome their cultural barrier; it enabled immigrants to make meaningful relationships with other Polish people. It also helped immigrants with language barriers, who could not socialise with Scottish people, to protect themselves from loneliness.

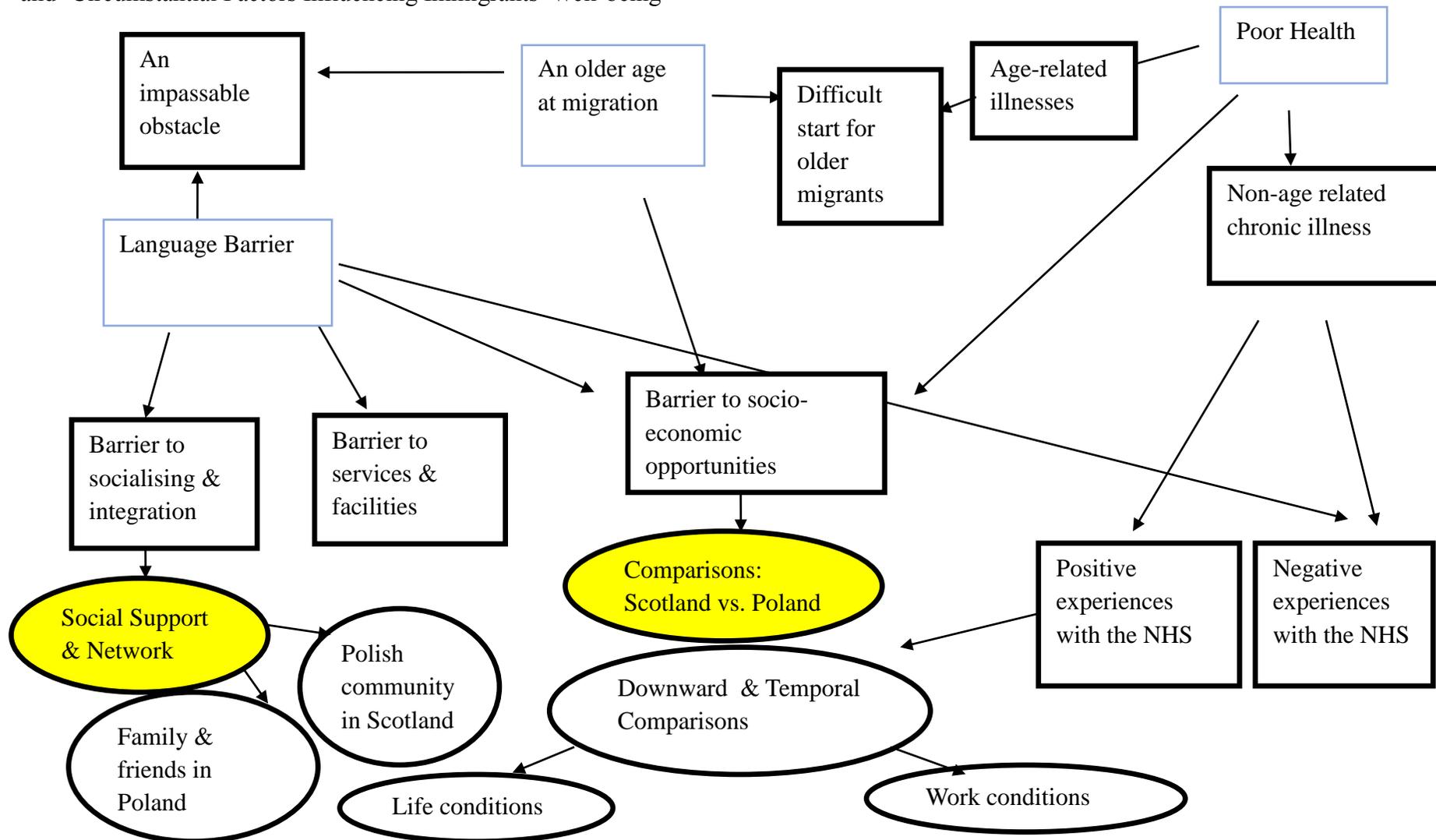
In addition to social support and downward comparisons, immigrants seemed to use escape/avoidance and religiousness as coping strategies. A trip to Poland or holidays abroad, were forms of distancing from daily stressors. Avoidance techniques were reported particularly by immigrants with a language barrier, who avoided situations in which they would have to communicate in English. In addition, religiousness helped immigrants accept decisions and allowed them to seek spiritual connectedness with people who shared the same values.

It seems that downward comparisons, social support and religiousness might have been affected by immigrants' poor socio-economic status and cultural background in Poland. Difficult socio-economic situations in their home country made them appreciate their life, work conditions and lifestyle in Scotland, despite the challenges they might have faced. Furthermore, immigrants' cultural background and their family values might have affected their social networks in Scotland and resulted in frequent trips to Poland, poor integration with Scottish people, and participation in religious meetings.

3 Overall Summary

Overall, two master themes: 'Circumstantial factors affecting immigrants' well-being' and 'Cognitive-Behavioural factors affecting immigrants' well-being' aided my understanding of how negative circumstances which immigrants face and their ways of thinking and behaving, affected their well-being. It appears that these two master themes are highly related to each other the thematic map illustrates (See Figure 5)

Figure 5 Thematic map illustrating connections between themes of 2 master themes: ‘Cognitive-Behavioural Factors Influencing Immigrants’ Well-being and ‘Circumstantial Factors Influencing Immigrants’ Well-being’



On the thematic map blue colour indicates main themes from the master theme: 'Circumstantial factors affecting immigrants' well-being' and yellow colour indicates main themes from the master theme: 'Cognitive-Behavioural factors affecting immigrants' well-being'. This is considered the most important map of all the thematic maps that have been developed (See Appendix 9); the map demonstrates how two master themes are interrelated and identifies possible pathways through which sets of factors may affect immigrants' well-being. The map suggests that it is not possible to understand the role of circumstantial factors on immigrants' well-being without looking into cognitive-behavioural factors.

For instance, although immigrants faced many negative circumstances such as the language barrier, poor health or poor socio-economic situation, they used a wide range of coping strategies to deal with adversity. For instance, immigrants affected by poor health compared professional health services in Scotland with the unprofessional and corrupt health services in Poland, which made them feel more positive about their treatment and recovery. Furthermore, although language and cultural barriers prevented immigrants from social integration into Scottish society, immigrants used the Polish community and emotional support from family and friends in Poland to protect themselves from loneliness. Immigrants, in addition to social support from the Polish community, used avoidance strategies to cope with their inability to speak English. Although the language barrier resulted in employment in low-skilled and low-paid jobs among those overqualified, interviewees still appreciated such jobs, as they compared wages earned in Scotland to much lower wages earned in Poland. Similarly, although the language barrier made it difficult to find a stable job for immigrants who migrated at an older age, they reminded themselves of financial instability and insecurity in Poland, and realised that a part-time job in Scotland gave them more mental peace and comfort than their full-time job in Poland.

Thus, it appears that although immigrants reported negative circumstances such as poor health, language and cultural barriers, employment in low-income and low-skilled jobs, which negatively affected their well-being, immigrants used a wide range of emotion-focussed coping strategies to make themselves feel better. These coping strategies helped them accept post-migration reality and reassure themselves that they had made the right decision in migrating to Scotland.

CHAPTER VI

DISCUSSION & CONCLUSIONS

The beginning of the chapter opens with the reminder of the study background, rationale and aims. Further, the findings are briefly summarised and compared with previous research. The findings from the quantitative and qualitative phases are interrogated and this demonstrates how the qualitative findings assist in bringing a richness and depth of understanding to the quantitative findings. The methodological, theoretical and empirical contributions are also outlined and an argument presented on how the study adds to the international evidence on economic migrants' well-being. Conclusions drawn from the results of the research are presented throughout the chapter. The chapter ends with a discussion of strengths and limitations of the study, the implications for future research and practice and highlighting the key conclusions from the study.

1 Study Background, Rationale and Aims

1.1 Study Background

In the last half-century international migration has increased worldwide; in 2013, approximately 214 million people lived outside their place of birth, representing 3.1% of the world population (International Organization for Migration, 2013). Economic migrants, that is, those who cross borders in search of better economic or educational opportunities, are the world's fastest growing group of migrants (International Organization for Migration, 2008). Economic migration of Polish migrants to the UK is considered as one of the largest migration movements in contemporary Europe (Burrell, 2004).

Most of the scientific literature suggests that migration is one of the most significant and stressful life events (Bhugra, 2004). Migrants face multiple stressors such as language barriers, new cultural norms, loss of social, familial and support networks, discrimination and underemployment (Khavarpour and Rissel, 1997; Maneze, Salamonson and Attwood, 2014; Sim, Barclay and Anderson, 2007; Weishaar, 2008). These challenges can result in psychological distress such as anxiety and depression (Griffin and Soskolne, 2003; Huan and Spurgeon, 2006; Lindert et al., 2009; Sharma and Jaswal, 2006). Indeed, the dominant narrative in research conducted among economic migrants is negative mental health. However, this does not consider the

alternative account that immigrants might experience relatively high levels of mental well-being.

It is now recognised that mental health is not merely the absence of mental illness, but also the presence of indicators of well-being such as happiness and life satisfaction (Diener and Seligman, 2002; Keyes, 2005). Existing research on well-being in general populations has focussed on exploring theoretical and empirical determinants of well-being. Over the past years the integrative theoretical account of subjective well-being (SWB) - the Sustainable Happiness Model (SHM, Lyubomirsky, Sheldon and Schkade, 2005) - has attracted the attention of several researchers (Boehm, Lyubomirsky and Sheldon, 2011; Sheldon and Lyubomirsky, 2009; Sheldon et al., 2010). The theory argues that people could be genetically predisposed to well-being, but that it can also be actively pursued. According to Lyubomirsky, Sheldon and Schkade (2005) immutable intrapersonal, temperamental, and affective personality traits that change little over the lifespan account for 50% of variance in well-being; intentional activities, that is, effortful activities people do in their everyday lives account for 40%, and circumstances, that is, incidental but relatively stable factors of an individual's life contribute little (10%) to well-being. The model has been developed based on the previous theoretical and empirical evidence of the effect of circumstantial factors and personality on people's well-being (Diener et al., 1999; Lykken and Tellegen, 1996). Although this model is receiving increasing attention from the researchers investigating general and student populations (Sheldon and Lyubomirsky, 2009; Sheldon et al., 2010), researchers did not examine the extent to which the three sets of factors account for variance in well-being. Rather, they tended to study the effect of circumstantial changes and intentional activities on well-being using longitudinal and intervention studies. Thus, it is still not clear if the percentages reported by Lyubomirsky, Sheldon and Schkade (2005) are correct, and whether this model can be applicable beyond general populations, including economic migrants, which are the focus of the current study.

1.2 Rationale for the Present Study

Most of the scientific literature on immigrant mental health has focussed on stress, distress and mental illness, and less attention has been paid to positive aspects, in particular mental well-being. Surprisingly enough, although often the immigrants' goal is to improve well-being, the existing research on migrants' well-being is scarce and suffers methodological limitations. First of all, some studies that compared the level of

migrants' well-being to that of natives in the destination country or 'stayers' in the countries that immigrants left, suggested that immigrants may be less happy than natives and stayers (Baltatescu, 2005, 2007; Bartram, 2013, 2014; Cai et al., 2014). Nevertheless, these studies used a non-standardised measure of well-being consisting of a single question (Bartram, 2013; Cai et al., 2014). Furthermore, the systematic review of twelve studies presented in Chapter II revealed that relatively stable dispositional factors such as optimism, and cognitive-behavioural factors such as social comparisons, predicted well-being among migrants. Circumstantial factors such as income did not play an important role in immigrants' well-being. Studies included in the review, however, were limited in scope. Most focussed on examining demographic and socio-economic factors and ignored other potentially important factors. For instance, they examined a narrow range of intentional activities (cognitive-behavioural variables) and neglected the role of personality traits (e.g. extraversion) which according to literature from general populations, account for significant variance in well-being (Steel, Schmidt and Shultz, 2008). Furthermore, none of the studies examined the three sets of variables simultaneously (circumstantial, cognitive-behavioural and personality) in a single study, or examined the interrelationships between these sets.

In addition to examining a limited range of potential predictors of well-being, most research on the determinants of well-being among economic migrants was not theoretically based and when it was, the theoretical underpinnings were limited. Only two out of twelve studies used a theoretical framework, none of which was a comprehensive theory of well-being (Gokdemir and Dumludag, 2012; Vohra and Adair, 2000).

Finally, no qualitative studies have been undertaken to explore economic immigrants' post-migration experiences and their effect on their well-being. Existing qualitative studies tended to concentrate on investigation of only one aspect of migrants' post-migration experiences such as employment experiences, health-seeking behaviour, parental care experiences or coping with stress (Gideon, 2011; Guzder, Yohannes and Zelkowitz, 2013; Lausch et al., 2003; Weishaar, 2008). The studies, however, failed to explore the perceived impact of these specific experiences on immigrants' well-being. No study was identified in which immigrants were asked an open question about what and how experiences influence their well-being in a foreign country.

The present study recognised that it is important not only to identify the determinants of immigrants' well-being but also to understand how various factors and experiences affect immigrants' well-being. Since there is likely to be a complex relationship between sets of factors such as circumstantial and cognitive-behavioural factors, as discussed in Chapter 1, Part 1, the qualitative study would allow the researcher to better understand how these factors, alone and in combination, may affect immigrants' well-being. It would enable to build a broader picture of how immigrants' well-being is shaped.

1.3 Study Aims and Methods

The present study addressed the identified gaps in the literature of economic migrants' well-being and adopted a mixed-methods design to investigate well-being among economic immigrants in Scotland. The study focussed on Polish economic migrants, who are the largest and one of the fastest-growing migrant populations in Scotland (Packwood and Findlay, 2014; Pietka-Nykaza and McGhee, 2014). The study had five aims. The quantitative study aimed to: 1) identify the level of well-being among migrants, 2) identify the determinants of well-being and 3) establish the extent to which the findings are supported by the SHM (Lyubomirsky, Sheldon and Schkade, 2005). The aims of the qualitative study were to: 1) provide insight into the relationships between well-being and factors which were identified in the multivariate model and 2) explain contradictory theoretical findings and gain a better understanding of why circumstances and cognitive-behavioural factors played a more important role in immigrants' well-being than the theory suggests.

A sequential explanatory mixed-methods design was chosen to answer the research questions. The follow-up explanation mixed-methods model was used, in which the primary emphasis is on the quantitative phase and the qualitative phase is used to explain quantitative results in more detail (Creswell and Plano Clark, 2007).

Having reviewed the study background, rationale and aims, the answers to the research questions will now be briefly summarised and discussed in the context of existing research. The chapter will also present how qualitative data were used to explain and expand on the quantitative findings.

2 The Level of Well-being Among Polish Economic Migrants Living in Scotland

In the present cross-sectional study the level of well-being among Polish immigrants living in Scotland was examined using the Warwick Edinburgh Mental Well-being Scale (Tennant et al., 2007). The results were compared with the mean well-being of Scottish people obtained from the Health Education Population Survey 2006 (Gosling et al., 2008). The present study findings demonstrated that Polish immigrants in Scotland were significantly happier than Scottish people. Such findings contradict previous literature demonstrating that immigrants in Western European countries, Eastern European migrants included, are less happy than the native populations (Baltatescu, 2005, 2007; Bartram, 2011; Safi, 2010). Possible explanations for such results are as follows.

The first explanation is that Polish immigrants' well-being did not increase as a consequence of migration, but that these immigrants were already happy prior to migration. In the scientific literature it has been demonstrated that those who are healthy and ambitious are more likely to migrate and move further away from home than the rest of the population in the country of origin (Lu, 2008; Lu and Qin, 2014). Authors suggest that one has to be open-minded, optimistic and risk-loving in order to cross borders and live abroad, and many of these qualities are positively correlated with SWB (Ek et al, 2008; Ivlevs, 2013; Polgreen and Simpson, 2011). Finally, there is evidence to suggest a greater tendency towards migration among people with higher levels of happiness (Bartram, 2013; Cai et al., 2014).

In contrast, a second explanation is that Polish immigrants were unhappy before migration and that migration increased their well-being. Such an explanation seems more plausible for the following reasons. Eastern Europeans, Polish nationals included, rank among the lowest in international rankings of happiness (Constant and Zimmerman, 2013). Furthermore, there is evidence that intended migrants, Eastern European migrants included, are less happy than those who have no intention to migrate (Graham and Markowitz, 2011; Otrachshenko and Popova, 2014). Thus, unhappiness may be an important driver of migration. The qualitative data from the present study indicate that migrants were unhappy before migration; all interviewees consistently referred to Poland as the country that could not provide them with the means to live and work in decent and humane conditions; they referred it to as 'mental burden'. All

interviewees believed that Scotland helped them feel more financially secure and allowed them to lead a fuller life.

Furthermore, it is likely that migration improved immigrants' well-being through the change of cultural values. It is expected that economic migration would change immigrants' value system as cultures change when they come in contact with other influences (Zepeda, Gonzalez-Mena, Rothstein-Fisch, 2006). Since the UK is more individualistic than Poland (Hofstede, 2001) a shift towards more individualistic values (such as the socialization of autonomy) in Polish immigrants was likely. However, although a shift toward individualistic values often comes with greater access to education or employment, essential collectivist values tend to be maintained even after immigration to a country that has a dominant culture with a different value system (Durgel et al., 2009; Yagmurlu & Sanson, 2009; Zepeda, Gonzalez-Mena, Rothstein-Fisch, 2006). Maintaining close relationships with families and relatives, characteristic for cultures that have collectivist values remains important for such immigrants as well (Yaman et al., 2009). Thus, immigrants are expected to have a well-balanced collectivist and individualistic values.

Although the present quantitative study did not measure individualism/collectivism, a qualitative study suggests that immigrants hold both individualistic and collectivist values. Interviewees valued personal and career development (see subtheme: barrier to employment under language barrier) but they also appreciated close relationships with family and friends and belongingness to a Polish community in Scotland (see theme: social support and network). Furthermore, the qualitative study suggested that there may be a gap in cultural values between Polish immigrants and Scottish people; some interviewees reported that Polish immigrants pay more attention not only to family life but also to personal and career development (see theme: comparisons: Scotland vs. Poland, subtheme: lifestyle & culture). Polish immigrants may be more collectivist but also more individualistic than Scottish people. Such observations are confirmed by previous literature demonstrating that immigrants who came from collectivist cultures to more individualistic were more collectivist but also became more individualistic than non-immigrants (Aycicegi-Dinna and Caldwell-Harris, 2011).

Having a balance of individualistic and collectivist values can indeed be beneficial to immigrants as immigration requires both high autonomy (self-reliance, agency) and interdependence with others (Aycicegi-Dinn and Caldwell-Harris, 2011). By holding

balanced individualistic and collectivist values they may not suffer costs of extreme individualism (e.g. lack of strong social support, loneliness) (Suh and Oishi, 2002) and extreme collectivism (lack of freedom from family to pursue personally rewarding goals (Argyle, 2013; Suh and Oishi, 2002). Indeed, in the present study it was evident that although interviewees valued career and personal development they also did not approve of the negative side of individualism; excessive materialism and consumptionism (see theme: Comparisons: Scotland vs. Poland, subtheme: lifestyle & culture). Furthermore, although immigrants valued social relationships they also appreciated being no longer dependent on their family who was left behind in Poland, which usually decreases well-being of people from collectivist cultures (Argyle, 2013; Suh and Oishi, 2002) (see theme Comparisons: Scotland vs. Poland, subtheme: dependence vs. independence). Thus, it is likely that holding well-balanced collectivist and individualistic values did make a positive effect on immigrants' well-being. This may also explain why Polish immigrants were happier than Scottish people; Scottish people are likely to suffer costs of extreme individualism such as loneliness. Indeed, Britain has been named as the loneliness capital of Europe based on the analysis published by the office for National Statistics. Overall, it is likely that immigrants' well-being has improved as a result of migration and change of cultural values. Nevertheless, because an assessment of well-being was not conducted before migration, and cultural values were not measured at all, it is difficult to confirm which of the above explanations apply to Polish immigrants in Scotland.

2.1 Contribution to Existing Evidence on the Level of Well-being Among Economic Migrants

The findings in relation to high well-being levels are important in the light of previous literature on migrant mental health, which suggests that migration is likely to make economic immigrants unhappy (Baltatescu, 2005, 2007; Bartram, 2011; Safi, 2010) and that immigrants suffer high levels of stress and distress (Khavarpour and Rissel, 1997; Kozłowska, Sallah and Galasinski, 2008). Existing literature conveyed the message that migration itself may automatically be assumed as bad for one's health and well-being.

The researcher acknowledges that migration can be a very stressful experience and can lead to psychological distress. Migration involves the loss of the language, attitudes and values (Bhugra and Becker, 2005), and migrants have been described by Eisenbruch (1991) as 'uprooted people'. Migration from Poland to Scotland is not an exception. In

the present study it was demonstrated that a relatively high proportion of immigrants reported low level of English proficiency, low income and poor health. In the qualitative study it was also suggested that immigrants may be poorly integrated into mainstream society. It is likely that some interviewees suffered 'cultural bereavement' (Eisenbruch, 1991); they were homesick, very attached to their own cultural values and expressed difficulty in accepting a new culture. This may result from the cultural gap between the two countries; Poland is a more collectivist society than the UK (Hofstede, 2001). Bhugra and Becker (2005) argued that when individuals migrate from collectivistic societies into individualist societies they may experience feelings of alienation, with difficulty in settling into the new society.

Nevertheless, participants in the study reported high levels of well-being, which is significantly higher when compared to the mean well-being of Scottish people obtained from the Health Education Population Survey 2006 (Gosling et al., 2008). Such findings add to the literature on migrants' mental health, that despite facing adaptation challenges and acculturative stress, migrants are capable of being happy, possibly even happier than natives. In the present study, immigrants used a wide range of coping strategies such as social support, religiousness and downward comparisons to help them soothe feelings of homesickness and overcome adverse circumstances which they encountered in the new country.

Such findings also indicate that immigrants might have experienced acculturative stress-related personal growth. A previous study found that individuals who make conscious and determined efforts to heal, and who utilize various coping resources, are more likely to experience stress-related growth (Park and Fenster, 2004). Interestingly, social support, religious coping and positive reappraisal - which were used by migrants in the present study - were identified in a meta-analysis conducted on general population studies as the main factors that contribute to stress-related growth (Prati and Pietrantonio, 2009). Furthermore, the present qualitative study suggested that migration to Scotland provided immigrants with new opportunities to enjoy life, to strengthen their relationships and enhance spiritual growth, which are all indicators of post-stress growth (Tedeschi and Calhoun, 2004).

As such, the findings not only add to the literature on migrants' well-being showing that economic migrants can be happy in a foreign country, but they also contribute to the literature on post-stress personal growth. Such findings obtained from the migrant

sample add to the growing body of literature on general and clinical populations showing that individuals experiencing major life events associated with stress can experience positive psychological changes (Park, Cohen, and Murch, 1996; Tedeschi and Calhoun, 2004). The present mixed-methods findings from a working-age migrant sample, build on the emerging literature on stress-related growth among non-refugee migrants. For instance, they add to the existing qualitative study suggesting that elderly immigrants experienced stress-related growth because of adaptation difficulties (Kim and Kim, 2013). The present study also responds to the literature calling for an examination of the post-stress growth among immigrants who relocated from more collectivist societies to individualistic cultures (Joseph and Linley, 2008). The present study shows that despite suggestive evidence of cultural gap and bereavement, immigrants can be happy. Thus, coping with migration-related losses, cultural bereavement, and post-migration stressors can provide the context for significant positive changes.

The sections below will help better understand how immigrants who face adverse circumstances such as a language barrier or poor health may be capable of being happy in a foreign country. The section ‘Predictors of well-being among Polish immigrants in Scotland’ demonstrates that although some adverse circumstances predicted lower well-being, immigrants used a wide range of coping strategies which significantly determined higher well-being levels. The section ‘To what extent do findings support the Sustainable Happiness Model (2005)?’ adds that these cognitive-behavioural factors predicted well-being above and beyond circumstantial factors.

3 Predictors of Well-being Among Polish Immigrants in Scotland

3.1 Circumstantial Predictors of Well-being

Circumstantial factors refer to the “incidental but relatively stable factors of an individual’s life” such as socio-demographic or economic factors (Lyubomirsky, Sheldon and Schkade, 2005, p. 117). In the present study, age at migration, language proficiency and perceived health status were the only circumstantial factors that made a unique contribution to well-being. Although socio-economic factors such as income, education, job status did not emerge as significant predictors of well-being, the qualitative phase suggests that factors such as overqualification, job stability and work patterns (e.g. shift work) may play an important role in immigrants’ well-being, and thus will also be discussed in the section.

3.1.1 Age at migration, language proficiency and perceived health status.

In the present study age at migration was the strongest circumstantial predictor of well-being, with an older age at migration predicting lower well-being levels. This finding contradicts findings from the previous study (Polek, van Oudenhoven and ten Berge, 2008) which did not report this variable as significant. Although the mean age at migration in the present study was similar to the means reported in the study by Polek, van Oudenhoven and ten Berge, (2008), present finding could be explained by the difficulties participants might have experienced when migrating at an older age. As suggested by the data in the present qualitative study, poor perceived health and a difficulty in learning a language due to low motivation and limited cognitive abilities, may be problems experienced by immigrants who migrated at an older age. Such difficulties delayed immigrants' process of adjustment by making it difficult to find a stable job. Nevertheless, in the present study, poor health status and the language barrier predicted lower well-being levels over and above age at migration.

The finding that poor general health predicted immigrants' lower well-being supplements previous research on the determinants of well-being among migrants which failed to measure this variable (Bak-Klimek et al., 2015). The finding is important, given that the epidemiological evidence from several countries, including the UK, demonstrated that the health status of immigrant populations is poorer than that of natives (Sole-Auro and Crimmins, 2010; Stanciole and Huber, 2009), and that immigrants experience unequal access to health care (Mladovsky, 2007). Indeed, in the present study, 57.4% participants reported having good or very good health, as compared to 85.9% reported by the general community in the Lothians (NHS Lothian, 2013). Nevertheless, in the present sample, levels of depression and anxiety were not elevated in comparison with general population norms, which contradicts previous studies that immigrants, Polish migrants included, tend to suffer from mental distress (Kozłowska, Sallah and Galasinski, 2008; Merbach, Ulla and Brahler, 2008; Morawa, Senf and Erim, 2013). The present findings in relation to the relatively high prevalence of immigrants with poor general health and low levels of mental distress, may indicate that participants in the study may experience more physical problems rather than mental health issues. Indeed, in the qualitative study, it was suggested that suffering from physical conditions such as cancer, epilepsy or traumatic brain injury resulted in reduced employment and educational opportunities and increased perceived job insecurity. Furthermore, some reported that they found it difficult to communicate with

health professionals due to the language barrier. This builds on the literature on Eastern European migrants' health, which pointed to immigrants' health needs with regards to emergency care, maternity care, sexual health and mental health (Lakasing and Mirza, 2009; Leaman, Rysdale and Webber 2006; Weishaar, 2008). The present study suggests that immigrants' health needs may also be related to chronic physical conditions.

The present study findings are in line with the literature on general population which reported a high correlation between self-reported health and well-being (Okun, Stock, Haring and Witter, 1984; Lyubomirsky, Tkach, and DiMatteo, 2006). The findings from the qualitative study indicating the importance of chronic physical illness supports previous evidence pointing at the significant and negative role physical ailments such as heart disease, physical disability and cancer play in well-being (Sirgy, 2012). The finding that mental distress was a strong multivariate predictor of well-being also supports previous literature on general population. The literature suggests that indicators of mental disorders are very important for well-being; possibly even more important than indicators of physical health (Dolan, Peasgood and White, 2008). Much evidence exists indicating that all forms of mental disorders are a major factor in low well-being (Packer, Husted, Cohen & Tomlinson, 1997).

Finally, the finding that a basic/beginner language level predicted lower well-being levels above and beyond age at migration and perceived health status did not support the findings by Amit (2010), who reported this variable as a nonsignificant predictor of well-being among Jewish migrants. The difference in these findings could be explained by the level of English proficiency and the mean duration of migration. Although Amit did not report the range of the language proficiency, he reported that most Jewish immigrants from Western countries and the Former Soviet Union (FSU) had a high level of English proficiency, which might have resulted from the long duration of migration ($M=14$ years and $M=6.19$, respectively). In the present study, about the half of the sample (58.6 %) reported having basic/beginner/intermediate English level which may result from a shorter ($M= 5$ years) length of migration. The present qualitative study explained that the language barrier acted as an obstacle to socialising and integrating with British people and to accessing different services and facilities. It also prevented qualified immigrants from finding employment in their profession and negatively affected their job performance causing feelings of inadequacy (shame, incompetency) at work. The language barrier also prevented immigrants at an older age finding a stable job.

3.1.2 Socio-economic factors

Although none of the socio-economic factors measured in the quantitative phase of the study (i.e. income, education, job status) significantly predicted immigrants' well-being, the qualitative study pointed at some socio-economic experiences that may matter for their well-being. These include overqualification, job stability and work patterns.

Some interviewees reported to be overqualified for their jobs. They reported that they could not use their qualifications due to the language barrier or because they were not recognised by British employers. Indeed, previous literature demonstrated that migrant workers might be more likely to be overqualified for their current job; studies have shown that there is a strong mismatch between ethnic minorities' qualifications and the jobs they do (often under-qualified) (Battu and Sloane, 2004). This includes Polish immigrants in host countries such as the Netherlands or the UK, (Schothorst 2009; Pollard et al., 2008). It was reported that 63.3% of Polish immigrants were employed in low-skilled and low-paid occupations such as catering or housekeeping despite having a relatively high level of education and being more educated than natives (Pollard et al., 2008; Drinkwater, Eade and Garapich, 2006).

Importantly, in the qualitative study it was found that being unable to work in their field caused frustration as participants' opportunities for development were limited. One participant's frustration elevated to such an extent that she even considered going back to Poland. Furthermore, those who were overqualified complained that their low-skilled jobs involved working with uneducated people and this education gap made it difficult to integrate with British people in workplace. Indeed, the literature points out that participation in suitable work not only provides a source of social and economic independence and self-fulfilment but also vital means of integration into the wider society (Pavalko, 1988). Overall, the results from the qualitative study are in line with previous literature that lower-status employment can make migrants unhappy (e.g. Aycan and Berry, 1996) and being employed in more relevant jobs to their previous education or experience makes immigrants happier (Jibeen and Khalid, 2010). Thus, future research is required to investigate whether immigrants are employed according to acquired qualifications and how this impacts their well-being rather than solely investigate a role of job status and education level.

In the qualitative study it was also suggested that regularity and security of job may play an important role in immigrants' well-being. The qualitative study demonstrated that some immigrants had temporary positions or worked irregular and long hours. This is

indeed reflected in previous literature demonstrating high incidence of shift work and long working hours among migrant populations, Polish migrants included (Kouvonen, Bell and Donnelly, 2014; Hudson, Radu and Phillips, 2010; Trevena, 2009). In the qualitative study work patterns such as shift work, weekend work and term time appeared to lead to a disorganised and chaotic life, a lack of financial security, disturbed sleep, low energy levels and poor nutrition. This is in line with the literature suggesting that work schedules can have a detrimental effect on peoples' health (Harrington, 2001). Thus, this stresses the need to consider the effects of shift patterns on immigrants' well-being.

3.1.3 Contribution to Existing Evidence on the Role of Circumstantial Factors in Immigrants' Well-being

The finding in relation to age at migration, perceived health status and language proficiency making a unique contribution over and above socio-economic factors builds on the literature on the determinants of well-being among migrants. Previous studies failed to include all the three variables together in the study, and even when these factors were investigated in separate studies, they did not significantly predict immigrants' well-being as demonstrated in the systematic review presented in Chapter II. The present qualitative study helped better understand the observed relationships and suggested how these factors may affect well-being. The study also indicated that age at migration, perceived health status and language proficiency may be related to one another. For instance, among interviewees who migrated at an older age, language and health problems appeared to delay their process of adjustment and made the start of post-migration life difficult. The language barrier also played an important role for immigrants who suffered from a chronic illness causing poor communication with health professionals. This means that it may be very difficult to understand the role of one type of circumstance (e.g. age at migration) without looking into other circumstances (e.g. poor health, language barrier). Although there is increase in the number of qualitative studies exploring health and barriers to health services, including the language barrier (Blignault et al., 2008; Goodwin, Polek and Goodwin, 2013; Osipovic, 2013), none of these studies investigated the perceived impact of these particular experiences on immigrants' well-being. Furthermore, there is a shortage of studies which address the perceived impact of all of these circumstances (old age at migration, language barrier and poor health) on immigrants' well-being in a single study. The present sample, consisting of immigrants from diverse backgrounds, such as

those with good perceived health and affected by chronic illness, those who migrated at younger and older age, those speaking advanced/proficient English and those facing language barriers, made it possible to identify and explain the links between these adverse circumstances. This enabled the author see a broader picture of how these circumstances may together affect immigrants' well-being.

Furthermore, the qualitative study not only identified the links between these three circumstances, but also suggested that socio-economic status may be a common mechanism underlying the relationship between well-being, language proficiency, perceived health status and age at migration. It was reported that the language barrier forced qualified immigrants to work below their skills and qualification, and made it difficult for older migrants to find a stable job upon arrival in the new country. Poor health status restricted their access to employment and educational opportunities, and caused the feeling of job insecurity. Inability to work or study, or to work in a job that fully utilised immigrants' skills and qualifications, caused frustration and a sense of stuckness among migrants who left their countries due to economic reasons. Thus, the qualitative study suggests that although in the present and in previous studies on migrant well-being (see the systematic review presented in Chapter II), income, education and job status did not emerge as significant predictors of well-being, underemployment/overqualification, job stability and reason for unemployment may play a more important role. Therefore, the present mixed-methods study sets a baseline for future quantitative research, which may determine the statistical associations between the qualitatively identified factors and well-being using complex analyses such as path analysis.

Although the mixed-methods study demonstrated that immigrants experienced different negative experiences, such as language barrier or poor health, which can reduce their well-being, immigrants used coping strategies which predicted their higher well-being, as discussed in the section below.

3.2 Cognitive-Behavioural Predictors of Well-being (Intentional Activities)

Intentional activities were described as the voluntary and effortful things people do in their everyday lives (Lyubomirsky, Sheldon and Schkade, 2005). These include cognitive, behavioural, and volitional acts (Lyubomirsky, 2008). In the present study it was found that a higher level of social support, religiousness/spirituality and a tendency to make downward social comparisons to the standard of life of others (e.g. family and

friends in Poland), predicted a higher level of well-being. Furthermore, a greater use of emotion-focussed coping, problem-focussed coping and a lower use of dysfunctional coping, predicted a higher level of well-being, with emotion-focussed well-being being the strongest predictor of all cognitive-behavioural factors.

3.2.1 Emotion-focussed, Problem-focussed and Dysfunctional Coping Strategies

The findings that emotion-focussed coping, problem-focussed coping and dysfunctional coping were significant predictors of well-being, build on previous limited research, which examined only proactive coping as a predictor of well-being (Uskul and Greenglass, 2005). In the present study, the researcher included measures of reactive rather than proactive coping. There is a significant difference between these (Aspinwall and Taylor, 1997). Reactive coping occurs in response to a stressor and proactive coping occurs before the introduction of a stressor (Greenglass, 2002). The reactive coping mechanisms are used to deal with a past or present stressor and its aim is to compensate for loss or alleviate harm that has already occurred, while proactive coping is future-oriented. Thus, the present findings build on the study by Uskul and Greenglass (2005) by demonstrating that not only proactive coping, but also coping strategies used in response to the stressors, are important predictors for immigrants' well-being.

The present findings in relation to problem-focussed and dysfunctional coping might have been expected, based on previous literature from the general population (Diong and Bishop, 1999; Guppy and Weatherstone, 1997). However, the finding that emotion-focussed coping made a unique contribution to increased well-being levels of migrants, and was a stronger predictor than problem-focussed coping, contradicts previous theoretical and empirical research. Lazarus and Folkman (1984) in their contextual and cognitive model, suggested that coping focused on problem resolution is more effective at reducing stress than coping focused on emotion, which is confirmed by the literature (Cruzado and de la Morena, 2013). Furthermore, the long-term use of emotion-focussed coping has a negative effect on one's well-being (Aldvin and Revenson, 1987; Carr, 2011; Essex, Seltzer and Krauss 1999; Kling, Seltzer and Ryff, 1997; Mayordomo-Rodríguez et al., 2014; Moeller and Richards, 1999).

Since migrants' mean duration of migration was long ($M=63$ months), one may expect that after being in a country for a long time, immigrants would deal with migration stressors by using more active strategies that would allow them to solve the source of the problem, rather than simply alleviating distress associated with it. The present

qualitative study, however, revealed that immigrants tended to use coping strategies to reduce the distress experienced because of stressors, rather than taking action to eliminate the source of stress. The qualitative data suggested that social comparisons social support and religiousness which also emerged as significant predictors of well-being, served a function as emotion-focussed coping mechanisms, along with temporal comparisons and escape/avoidance techniques.

3.2.2 Comparisons, Religiousness, Social Support and Escape/Avoidance

3.2.2.1 Comparisons

Downward social comparisons emerged as a strong multivariate predictor of well-being. The present findings indicate that Polish immigrants did not tend to make upward comparisons with natives or other ethnic groups; when compared their standard of life with British people or other ethnic groups most immigrants considered it as of the same level. This is against the study by Gokdemir and Duumludag, (2012) that immigrants' social comparisons reduced their well-being levels as they tended to make upward income and social status comparisons. This is also against the explanation of Bartram (2013) who argued that economic migration 'is perhaps a misguided endeavour' because migrants may compare themselves to the natives and with the lapse of time they realise that they are not as well off as those around them which will reduce their well-being levels. This is not evident in the present sample although immigrants' average length of migration was long ($m=63$ months). Other ethnic groups and natives were not seen as a threat. It is also likely that such finding may be an artefact of the comparatively large Polish community in Scotland. Immigrants with smaller immigrant communities may feel less secure and thus, may have a greater tendency to compare themselves to other ethnic groups or natives.

In the qualitative study Polish immigrants appeared to concentrate on making downward comparisons with those living in Poland. Interviewees compared their living and working conditions in Scotland with conditions of those who did worse, such as family, friends and other people living in Poland. The findings in relation to Polish immigrants' tendency to make downward comparisons with their family and friends are in line with SEM Tesser's (1988) Self-Evaluation Maintenance (SEM) model that people are particularly motivated to put themselves in a positive light relative to others who are close to them. Frequent comparisons with their family and friends might have occurred due to their emotional importance (Simon, 1995). In addition, making

downward comparisons and avoiding upward comparison can be explained by participants' scoring high on extraversion; extraverts are more inclined to compare downwardly as they maintain a positive sense of self and the world around them by withdrawing from upward comparisons (VanderZee, Buunk and Sanderman, 1996).

Comparing their standard of living in Scotland to a poor standard of living and working conditions of their family and friends in Poland, soothed their feelings of homesickness. Furthermore, immigrants affected by poor health compared professional health services with the 'unprofessional and corrupt' health services in Poland, that their family members are forced to use. This made them more positive about their own treatment and recovery. Thus, immigrants were 'energised to act on others' stressors' (Snyder, 2001, p.292). It helped them protect their self-esteem and increase well-being. This is in line with Wills's (1981) theory of downward comparisons, that comparing oneself to others who are thought to be worse off helps make people's actual performance feel adequate. Since the qualitative data suggested that family and friends in Poland were important to immigrants, one may consider why making downward comparisons to the standard of life of family and friends did not make immigrants feel bad. The detrimental impact of downward comparisons was indeed reported previously in non-migrant populations (VanderZee et al., 1998). Nevertheless, interviewees stressed that in Scotland they were in a position to help their family living in Poland, which made them feel even better about themselves; it generated a sense of pride, achievement and self-worth.

In addition to making social comparisons, some immigrants also compared their current living and working conditions to the past unfavourable conditions they experienced in Poland. For instance, comparing their low wages from a full-time job in Poland to higher wages from a part-time job in Scotland helped them cope with their inability to find a full-time job. This supports a relativity argument (Easterlin, 1974) indicating the importance of the relative income for one's well-being. This is also in line with research in general populations, showing that if people compare their present self to a past self that was destitute, people may not react negatively to unfavourable circumstances (Markus and Nurius, 1986).

Some immigrants also compared their current achievements with their aspirations. For instance, one interviewee who was employed as a kitchen assistant reported to have higher aspirations and wished to work as a nurse. This seemed to have a negative impact

on her well-being causing frustration and hopelessness. Indeed, there is suggestive evidence that migrants may have higher aspirations than general population as these aspirations are partly the result of the migration experience itself (Czaika and Vothknecht, 2014). Since immigrants tend to be employed in low-paid and low-skilled jobs (Trevena, 2009), having higher aspirations may not help them accept their current circumstance which may indeed have a detrimental impact on their well-being.

Overall, all interviewees reported using social (i.e. comparing self with others) or temporal comparisons (i.e. comparing self at present with self in the past) to cope with daily and work-related stress (Fiske, 2014). Both types of comparisons - social and temporal - tended to be downward, which made an adjusted assessment that allowed immigrants to reinterpret their present lives in a positive manner and increase their well-being. Nevertheless, it is important to note that some interviewees also pointed at a gap between their current achievements and aspirations which seemed to have a negative impact on well-being.

The present study findings in relation to these types of comparisons (i.e. social, temporal, aspiration-achievement) are in line with the Multiple Discrepancy Theory (Micholas, 1985). Micholas viewed well-being as resulting from evaluations of the present self in relation to multiple standards of comparisons e.g. what relevant others have (self-other gap), between what a person has and wants (aspiration-achievement gap). The findings are also in line with research on general population that a discrepancy that involves an upward comparison (i.e., where the comparison standard is higher) results in decreased well-being, whereas a downward comparison results in increased well-being (Diener, Suh, Lucas, Smith, 1999). The study findings support previous literature on migrant populations demonstrating that social comparisons are crucial to determining immigrants' own well-being (Vohra and Adair, 2000; Gogdemir et al., 2012). Nevertheless, the present findings build on the study by Vohra and Adair (2000), which demonstrated that social comparisons with significant others and discrepancies between pre-migration expectations and post-migration reality are important for immigrants' well-being. The present study adds that discrepancies between what immigrants presently have and what they used to have before migration as well as discrepancies between achievements and aspirations may also play an important role. Such comparisons were likely to be enhanced by frequent visits in Poland, which allowed them to observe the standard of living and working lives of their family and friends, and reminded them of their own past life over there.

3.2.2.2 Religiousness and Social support

Immigrants often chose a trip to Poland to detach themselves from their daily stressors in Scotland. Not only did trips abroad serve as an escape from the stressors, but some immigrants, in particular the ones with a language barrier, also used avoidance strategies while living in Scotland to cope with their inability to speak English. Immigrants also reported seeking emotional support from their family and friends in Poland and among the well-established Polish community in Scotland, which provided them with an opportunity to socialise with people who share the same language, values and attitudes. This is in line with the stress buffering model (Cohen and Wills, 1985), which posits that social support brings reassurance during stressful life events. This also supports research from general populations that sharing fears, worries and uncertainties with others provides emotional expression and increases feelings of success and adjustment to stress (Sarason, Pierce and Sarason, 1990). Finally, this further reinforces the importance of social support for immigrants' well-being (Herrero and Fuente, 2011; Shin, Han and Kim, 2007).

Finally, interviewees also looked for comfort from God in the moments of homesickness; faith helped them accept their daily decisions. In addition, interviewees participated in religious rituals, and they had opportunities of belonging to a religious community where they could seek spiritual support and connectedness with others who share similar values. Since immigrants used religious beliefs and practices to reduce stress and deal in problems with life (Koenig, 1997), religion was part of a coping process.

3.2.2.3 Comparisons, Social Support and Religion - Summary

Overall, immigrants over-relied on emotion-focussed coping; escape/avoidance, cognitive reappraisal, seeking social support and turning to religion are all emotion-focussed coping mechanisms, which do not aim to address the source of stress, but reduce distress associated with the stressor (Folkman and Lazarus, 1990; Folkman and Moskowitz, 2004). Although some claimed that social support coping and positive reappraisal is not just emotion-focussed, but has an important problem-solving component (Folkman and Moskowitz, 2004), the researcher argues that social support and positive reappraisal in the present study encouraged passivity and escape or avoidance patterns. For instance, although immigrants sought support with language from the Polish community, being dependent on others did not solve the problem of the

language barrier. Similarly, using downward comparisons when immigrants got stuck in low-income and low-skilled jobs did not address the sources of stress, but only temporarily reduced distress. This is in line with Snel and Staring's (2001) assumptions that coping strategies used by immigrants do not necessarily solve their problems.

3.3 Contribution to Existing Evidence on the Role of Cognitive-Behavioural Factors in Immigrants' Well-being

The present study built on the existing literature on immigrants' in a few ways. First of all, it was demonstrated that emotion-focussed coping was the strongest cognitive-behavioural predictor of well-being - stronger than problem-focussed coping. This builds on previous limited research which examined only proactive coping as a predictor of well-being (Uskul and Greenglass, 2005). This also contradicts the studies from general populations demonstrating a negative relationship between emotion-focussed coping and well-being (Aldvin and Revenson, 1987; Carr, 2011; Essex, Seltzer and Krauss 1999; Kling, Seltzer and Ryff, 1997; Mayordomo-Rodríguez et al., 2014; Moeller and Richards, 1999). In addition, the finding that social support, social comparisons and religiousness were all significant predictors not only reinforces the findings from those studies which examined these factors separately (Amit, 2010; Garcia, Ramirez and Jariego, 2002; Herrero and Fuente, 2011; Shin, Han and Kim, 2007; Tonsing, 2013), but also builds on them. As opposed to the previous studies, the present mixed-methods study used a qualitative component to explain the quantitative findings. In the qualitative study it was revealed that social support, religiousness and comparisons served a function as emotion-focussed coping mechanisms for post-migration stressors. The qualitative study also suggested that, in addition to comparisons, social support and religiousness, immigrants used escape/avoidance and temporal comparison to cope with stress. This builds on the study by Vohra and Adair (2000); not only are social comparisons with significant others and discrepancies between pre-migration expectations and post-migration reality important for immigrants' well-being, but so also are discrepancies between what immigrants presently have and what they used to have before migration. The tendency of migrants to use emotion-focussed coping in the present study also contradicts the existing study (Weishaar, 2008) which found that migrants used a combination of problem-focussed and emotion-focussed coping strategies.

The findings overall indicate the importance of emotion-focussed coping for immigrants' well-being. Such findings may be explained in a number of ways. First of

all, the findings could be explained by a possible high level of acculturative stress resulting from facing adverse circumstances. Literature demonstrates that coping strategies are influenced by the level of acculturation (Cheung and Leung, 2014; Kuo, 2014), and those who use emotion-focussed coping are likely to suffer higher levels of stress (Annie et al., 2004; Padilla, Wagatsuma and Lindholm, 1985). Although the level of acculturative stress was not measured in the present study, it was evident that many immigrants did not speak proficient English. Furthermore, the qualitative study suggested that immigrants preferred a separation strategy of acculturation, and were poorly integrated into a new culture due to language and cultural barriers (Berry, 1992, 1997). Immigrants also faced other non-acculturative stressors such as poor health or low income.

Based on the evidence from general populations, it is likely that frequent use of emotion-focussed coping, such as downward comparisons or a use of escape/avoidance, could be explained by immigrants' perceiving these stressors and circumstances (i.e. homesickness, poor health, language barrier) as unchangeable or uncontrollable (Benet-Martinez and Hong, 2014; Lockwood et al., 2012; Stewart et al., 2013). Indeed, the qualitative study identified that some immigrants, in particular those who migrated at an older age, perceived the language barrier as an impassable obstacle. Emotion-focussed coping can be helpful for dealing with such difficult to change or unchangeable stressors (Baldacchino and Draper, 2001; Cameron and Jago, 2008; DeGraff and Schaffer, 2008; Suls and Fletcher, 1985). It can give the person an opportunity to escape from the constant pressures of the stressful situation (Carver, Scheier and Pozo, 1992).

Thus, the sample composed of immigrants who face adverse circumstances, such as poor perceived health, language barrier, low-income and low-skilled jobs, which they perceived as difficult to change or control, may explain the present mixed-methods findings. It may explain why the present qualitative study does not fully support the study by Weishaar (2008), who reported that immigrants used a combination of problem-focussed and emotion-focussed coping strategies. The previous study, in contrast to the present study, focussed on healthy migrants who adjusted well to the country (Weishaar, 2008). The sample may also explain why the present quantitative study, as opposed to the previous studies, found a positive strong relationship between well-being and emotion-focussed coping (Aldvin and Revenson, 1987; Carr, 2011; Essex, Seltzer and Krauss 1999; Kling, Seltzer and Ryff, 1997; Mayordomo-Rodríguez et al., 2014; Moeller and Richards, 1999).

Furthermore, it is also likely that such findings could be explained by the cultural background of immigrants. Emotion-focussed coping is a passive approach and considered suitable within collectivist cultures (Cheung and Leung, 2014). Poland is more collectivist than Western countries such as the UK or the USA (Hofstede, 2001) and the present qualitative study suggests that immigrants hold collectivist attitudes such as family values and an obligation of care towards family members. Thus, this type of coping may best suit such a population with collectivist values. Furthermore, the literature regarding general populations suggests that individuals from collectivist cultures engage in coping that reflects their interdependent tendencies (Lam and Zane, 2014), which means that they use more 'reference to others' coping strategies. The present qualitative data suggested that immigrants used such strategies (i.e. seeking social support, taking part in religious meetings and making downward social comparisons).

Finally, one should also take into account the impact of the measures used on such findings. It is likely that the contradiction between present and previous studies may result from the inconsistency in conceptualisation and measurement of the emotion-focussed coping construct. It was noted in the literature that wide latitude is apparent in the operationalization of emotion-focussed coping (Snyder, 2001). In the present study, emotion-focussed coping encompassed items indicating more functional coping such as humour and acceptance. In previous studies this variable comprised items such as denial, venting emotions, behavioural disengagement and mental disengagement which indicate dysfunctional coping (Essex, Seltzer and Krauss, 1999).

Overall, the mixed-methods findings indicate that coping plays a very important role for immigrants' adaptation after migration. Such findings acknowledge that migration experience is a significant stressful life event (Lindert et al., 2009) and immigrants may be required to cope with many adverse circumstances such as the unfamiliarity of language, customs, and norms of the receiving society (Thalhammer et al., 2000). For migrants in the present sample, emotion-focussed coping was the most helpful coping strategy. This suggests that for some subgroups of immigrants who experience circumstances that they find difficult to change or control, such as employment in low-skill jobs, chronic illness or language barrier, this may be a beneficial coping mechanism, even though they have been in a country for a few years. Since emotion-focussed coping can help deal with the feeling of loss (Lazarus, 1991), it may suit migrants who experience multiple losses such as the loss of language, attitudes, values,

social structures or health (Bhugra and Becker, 2005). The use of these techniques might have helped immigrants reassure themselves that, despite their migration-stressors, they made the right decision by leaving their country, which was a 'mental burden' to them.

While this section identified significant circumstantial and cognitive-behavioural predictors of well-being, the next section discusses the extent to which the obtained findings support the theory of well-being that was based on studies from general populations. This section contributes to further understanding of why immigrants overall reported a high well-being level, by demonstrating that cognitive-behavioural and circumstantial factors were highly related to each other, and that cognitive-behavioural factors predicted well-being above and beyond circumstantial factors.

4 To What Extent do Present Findings Support the Sustainable Happiness Model (Lyubomirsky, Sheldon and Schkade, 2005)?

This is the first study that tested an overarching theory of well-being: the Sustainable Happiness Model (SHM, Lyubomirsky, Sheldon and Schkade, 2005) based on the studies from general populations using a migrant sample. According to the theory, immutable intrapersonal, temperamental, and affective personality traits that change little over the lifespan, account for 50% of variance in well-being; intentional activities (i.e. effortful activities people do in their everyday lives, such as social comparisons and coping strategies) account for 40%, and circumstances (i.e. incidental but relatively stable factors of an individual's life such as income, marital status) have little (10%) contribution to well-being. The percentages of variance for circumstances (10%) and personality (50%) are averages of estimates from previous studies (Diener et al., 1999; Lykken and Tellegen, 1996) and the percentage (40%) for intentional activities has been proposed by Lyubomirsky (2005) herself. The percentages indicate the amount of variance in well-being explained by a given category of factors without controlling for the remaining groups of factors.

In the present study, the researcher conducted six hierarchical regression analyses which allowed her to 1) test the contribution of a given set of factors before controlling for the remaining sets of factors, 2) address the limitation of the theory and examine the direct contribution of each set (after controlling for the remaining sets of factors). The present study findings demonstrated that when entered first into the model, 1) personality accounted for 35% of the variance, 2) Cognitive-behavioural factors accounted for 64%

and circumstantial factors accounted for 37%. Further analyses demonstrated that personality accounted for 3% of the unique contribution to well-being, circumstantial factors 9% and cognitive-behavioural factors 21% of the variance in well-being.

4.1 Interrelationships Between Sets of Factors

The findings indicate that three sets of factors were highly interrelated. In the present study it was found that personality factors shared most variance with cognitive-behavioural factors, and circumstantial factors shared most variance with cognitive-behavioural factors. The finding of a strong relationship between personality and cognitive-behavioural factors supports previous research from general populations demonstrating the relationship between personality traits, coping and social support (Herbst, Coetzee and Visser, 2007; Onyishi, Okongwu and Ugwu, 2012). The finding that the influence of circumstantial factors on well-being was strongly related to cognitive-behavioural factors supports the construal theory of Lyubomirsky (2001), which argued that the effect of circumstantial factors on well-being depends on cognitive factors, that is, how they are perceived, construed and interpreted. The qualitative data helped explain how circumstantial and cognitive-behavioural factors together affected immigrants' well-being. For instance, although language and cultural barriers prevented immigrants from social integration with a new culture, immigrants used the Polish community and emotional support from family and friends in Poland to protect themselves from loneliness. Although the language barrier resulted in employment in low-skilled and low-paid jobs among overqualified interviewees, they still appreciated such jobs, as they compared wages earned in Scotland to much lower wages earned in Poland. Similarly, although the language barrier made it difficult to find a stable job among those who migrated at an older age, they reminded themselves of financial instability and insecurity in Poland, and realised that a part time job in Scotland gave them more mental peace and comfort than their full-time job in Poland. Finally, although immigrants reported poor health they compared professional health services with the 'unprofessional and corrupt' health services in Poland that their family members are forced to use, which made them feel better. Such qualitative data build on the existing qualitative studies, which tended to concentrate only on one aspect of immigrants' post-migration experiences such as coping strategies (Weishaar, (2008), comparison processes (McGhee, Heath and Trevena, 2012), employment experiences or health-seeking behaviours (Gideon, 2011; Lausch et al., 2003). Investigating perceived role of circumstantial and cognitive-behavioural factors in immigrants' well-being in a

single study enabled the researcher to build a broader picture of how immigrants' well-being is shaped.

Overall, a current study supported findings from previous studies among general population on the relationships between personality and cognitive-behavioural factors and the relationships between circumstantial factors and cognitive-behavioural factors (Herbst, Coetzee and Visser, 2007; Onyishi, Okongwu and Ugwu, 2012). The findings indicate that complex relationships may occur between these three sets of factors and well-being. The qualitative study built on the quantitative study and suggested that there may be an interaction between some factors from two categories. First of all, the qualitative study points at possible interaction between language/cultural barrier and social support. It appears that immigrants with language/cultural barriers were happy if they experienced a high level of social support. Secondly, there appears to be an interaction between perceived health level and comparison processes. Immigrants who reported poor perceived health compared the high quality of treatment they received in Scotland to the poor quality of care in Poland which made them feel better. Thirdly, there appears to be an interaction between age at migration, socio-economic factors and comparison processes. Immigrants employed in low-income and low-skilled jobs appeared to feel better when they were involved in downward comparisons (comparing low-income job to a much lower-income job in Poland). Immigrants who migrated at an older age and did not have a stable job reported to feel better if they reminded themselves of their lack of stability in their home country. Thus, the present mixed-methods findings stress that one cannot fully understand the relationship between one set of factors (circumstantial) and well-being, without taking into account the remaining ones (e.g. cognitive-behavioural factors). Therefore, this questions the SHM (2005) which proposes percentages that do not reflect the interaction between sets of factors. Future research should use the present qualitative study findings proposing some possible pathways and test them using a path analysis. A path analysis would test mediation and identify direct and indirect pathways used by various circumstantial, cognitive-behavioural and personality factors to influence well-being (Olobatuyi, 2006).

4.2 Unique Contribution of Personality, Cognitive-Behavioural Factors and Circumstantial Factors to Immigrants' Well-being

The present study not only identified how sets of factors were related to one another, but also established the direct contribution of each set to immigrants' well-being. The

findings indicate that both before and after controlling for the remaining sets of factors, circumstantial factors accounted for less variance in well-being than cognitive-behavioural factors. This confirms the theoretical assumption that intentional activities are more resistant to the effects of adaptation than circumstances (Lyubomirsky, Sheldon and Schkade, 2005). However, the present study questioned this theory as it indicated that personality factors accounted for the least rather than most variance in well-being. Importantly, circumstantial and cognitive-behavioural factors explained variance in well-being above and beyond the effects of personality, with cognitive-behavioural factors accounting for most, and personality traits the least unique variance.

The present findings do not support Lyubomirsky's statement that the effect of circumstantial changes on well-being will never be greater than the effect of one's set point (personality) (Lyubomirsky et al., 2010). Neither do the findings support conclusions drawn in the literature on well-being in general populations that personality traits are the best predictors of well-being, more important than life circumstances (Diener and Lucas, 1999; Libran, 2006), and that people's well-being levels are stable across time and not amenable to improvement due to major personality influences (Diener and Lucas, 1999; McCrae and Costa, 1990). The present findings support the neglected evidence from general population demonstrating that cognitive-behavioural factor such as social support or circumstantial factors such as social resources and life events can predict well-being above and beyond personality traits (Balogun, 2014; Headey and Wearing, 1989, 1992). This also adds to the emerging studies in general populations demonstrating that personality traits such as extraversion and neuroticism are weak predictors, after controlling for different circumstantial factors such as unemployment (Rammstedt, 2007; Sulaiman and Olanrewaju, 2011).

Nevertheless, it is worth mentioning that these studies tended to focus on examining the contribution of single factors representing three categories (i.e. circumstantial, personality, cognitive-behavioural) using multivariate analyses, rather than entering a different combination of blocks of factors in hierarchical regression analyses. Thus, the present study findings can be considered novel, given that no study in general and migrant populations appears to exist, which has included these three sets of factors simultaneously (i.e. circumstantial, cognitive-behavioural, dispositional) or investigated the unique contribution of each set of predictors.

4.2.1 Explanation of Contradictory Findings

There are a number possible explanations for the finding that cognitive-behavioural and circumstantial factors, rather than personality, accounted for most variance in well-being in the present sample. Based on the previous literature on migrant acculturative stress, one might conclude that immigrants coming to a new society may experience different circumstances and practise different cognitive-behavioural activities than the general population. For instance, immigrants may face language and cultural barriers, but they may also be more likely to be employed in low-skill jobs and to be more unhealthy than the general population (Ben-Sira, 1997). The present qualitative data build on that, although some circumstances can be also common among general populations (e.g. poor health), their consequences can be different for migrant populations. For instance, although an illness may also restrict socio-economic opportunities in general populations (Lerner, et al., 2000), the immigrants may experience them in a different way and their emotional consequences may be more severe. For immigrants who have sacrificed life in their home country to improve their economic situation, an inability to work and study in a foreign country resulted in a sense of ‘wasted opportunities’. An inability to realise their goals resulted in disappointment, frustration and feeling of regrets and homesickness. The qualitative data also suggest that for some migrants, it may be difficult, or it may take a long time, to change their adverse circumstances. The use of emotion-focussed coping strategies such as downward comparisons, although helping to cope with stressors, did not motivate some immigrants to change their adverse circumstances. This supports the evidence from general populations that the use of emotion-focused coping may not enhance individuals' sense of control over future outcomes or motivate self-improvement (Cameron and Jago, 2008; Lockwood et al., 2012). Finally, the qualitative study suggested that immigrants may find it difficult to get used to their adverse circumstances. For instance, some interviewees admitted that although they had been in a country for a long time, they could not accept new cultural values (‘individualism, consumption, materialism’). This indicates that hedonic adaptation to negative life events may indeed be slow, as suggested by Lyubomirsky, Sheldon and Schkade, (2005); that is, it is easier to become habituated to positive life events such as income rise, than to negative life events such as poor health or a language barrier. Because of that, the effect of adverse situations may have sustained negative consequences on immigrants’ well-being.

Immigrants may not only face different circumstances to the general population, but they may also put more conscious effort into a variety of cognitive-behavioural activities (intentional activities). For instance, previous literature suggested that immigrants usually need to put a lot of effort and energy into rebuilding their social networks, as they tend to lose significant ties when they leave their countries (Schwarzer, Jerusalem and Hahn, 1994). Furthermore, given that migration was previously described using language like ‘getting out of the trap’, ‘making a fresh start’, ‘a new beginning’ (Helset, Lauvli and Sandlie, 2005; Karisto 2005; Salvá, 2005), it may be more natural for migrants to compare their life before and after migration. Immigrants are also more likely to be religious than the general population, and this is true across immigrant populations who have different faith traditions - Catholics, Protestants and Jews (Hoge, 2007).

The present qualitative study builds on that finding, and suggests that the choice of these intentional activities is not only related to migration context, but also the socio-economic and cultural background of immigrants. For instance, comparisons in the area of lifestyle and culture, working and living conditions, seemed to result from immigrants’ poor socio-economic situation in their home country. Immigrants appreciated financial stability, independence, job security, financial recognition, slower pace of life and new opportunities to enjoy life, when thinking about poor conditions in Poland, which they perceived as a ‘mental burden’. There is a substantial socio-economic gap between Poland and Scotland; Poland’s Gross Domestic Product (GDP) is significantly lower than Britain’s, and the minimum hourly wage is less than half that paid in Britain (Ministry of Treasury Republic of Poland, 2012). For this reason, immigrants to Scotland tended to make downward comparisons.

Furthermore, immigrants’ comparisons in the area of lifestyle and culture seemed to result from the collectivist values they held. This is evident when immigrants perceived themselves as being more committed to family life than Scottish people. This may result from the cultural gap between Scotland and Poland: Poland is considered as more collectivist than Scotland (Hofstede, 2001). Collectivist societies may be even more attuned to social comparisons in general, because they tend to strongly value their social standing within a group (Adams, 2005; Toda et al., 1978; White and Lehman, 2005). Because economic migrants are likely to migrate from poorer, collectivist countries to wealthier, individualistic ones such as the UK or the USA, then they may be prone to

such comparisons in the area of culture and socio-economic context (Ahuvia, 2001; Triandis, McCusker and Hui, 1990).

Immigrants' phone calls and trips to Poland to detach themselves from daily hassles and seek emotional support, may also be related to their cultural - particularly family - values. This was very apparent in the statements provided by one interviewee, who expressed a perceived obligation to be closer to her parents in order to be able to look after them. Indeed, in more collectivist societies, there is a familial expectation of taking care of family members, and a strong sense of duty and responsibility to the family (Craft-Rosenberg and Pehler, 2011). Furthermore, it is clear that immigrants appreciated the well-established Polish community, because it enabled them to keep continuity with Polish roots, culture and language, and gave them an opportunity to make meaningful relationships with other Polish people. Indeed, for the individuals with collectivists values, it is important to give and receive emotional support (Aycicegi-Dinn and Caldwell-Harris, 2011) and to feel a sense of "belonging" within a social group (Oyserman, Coon and Kemmelmeier, 2002). Furthermore, collectivists seek intimate relationships, while superficial relationships are common among individualists (Triandis, 1972).

Finally, the data suggested that religiousness might have been culturally essential for the immigrants. Immigrants reported that belonging to a religious community enabled them to seek spiritual connectedness with others who shared similar religious and cultural values. The literature demonstrated that attending religious practices is culturally essential for the immigrant, and can facilitate the process of resettlement (Gleason, 1992). In addition, economic migrants who mostly come from collectivist cultures are more likely to be religious, since collectivism is associated positively with religiousness across different cultures (Cukur, de Guzman and Carlo, 2004).

4.3 Contribution to the Theoretical Evidence on Well-being

From the conceptual point of view, this is the first study that has tested an integrative theory of well-being - the Sustainable Happiness Model (SHM; 2005) - based on the studies from general populations using a sample of migrant population. The present study not also examined how a given set of factors predicted well-being without controlling for the remaining sets of factors, but it also examined the relationships between sets of factors and determined the unique contribution of each block of factors to well-being.

It was found that personality traits accounted for the least variance in well-being and cognitive-behavioural factors for the most variance in well-being, when entered into the model first and last (after controlling for the remaining sets of factors). Such findings undermine the Sustainable Happiness Model which posits that personality accounts for the most variance in well-being and circumstantial factors for the least variance. Several explanations for such contradictory results can be offered.

First of all, one may argue that, based on the previous literature on migration stressors and coping, immigrants may experience different circumstances and cognitive behavioural factors from general populations. For instance, migrants are likely to face language and cultural barriers, and migration-related stresses may provoke migrants to a more frequent use of social support, religiousness and downward comparisons (Ben-Sira, 1997; Helset, Lauvli and Sandlie, 2005; Karisto, 2005; Schwarzer, Jerusalem and Hahn, 1994). The present qualitative study added that although some circumstances may also occur in general populations, such as poor health and underemployment, their consequences can be more severe in migrant populations. Furthermore, the qualitative data also suggested that for some migrants, it may be difficult or it may take a long time, to change their adverse circumstances. Migrants may also find it difficult to get used to some adverse circumstances (e.g. cultural, language barrier). Due to slow hedonic adaptation to these circumstances, they may have a more sustained effect on their well-being.

Another explanation proposed by the qualitative study is that cultural and socio-economic background in the immigrants' home country might have played an important role in shaping their intentional activities. In the case of Polish immigrants, it appears that the choice of certain intentional activities was influenced by their collectivist values and poor socio-economic situation in their home country.

Since economic migrants are likely to move from poorer, more collectivist societies to wealthier, more individualistic countries such as the USA or UK (Hofstede, 2001), such migrants may indeed face different circumstances and intentional activities from the general populations living in those countries.

Finally, one cannot rule out the possibility that the obtained present findings were affected by methodology, and that a choice of different predictors or a different sample, might have yielded different results. For instance, in the present study, only two personality traits (Extraversion and Neuroticism) were measured.

Although the choice of these personality traits has been justified in the ‘Study Design & Methodology’ chapter, one cannot rule out the possibility that if the researcher had included measures of other personality traits, the percentage of variance being explained by the personality would have changed significantly. For instance, future research on migrants may consider measuring the role of ‘openness to experience’, which may be exhibited by migrant populations (Canachea, Hayesb, Mondaka, Walsc, 2013).

It is also likely that had so many immigrants not experienced adverse circumstances such as language barriers or poor health, then the circumstantial factors would have accounted for less variance in well-being, as the hedonic adaptation to positive life events is faster than adaptation to negative events (Lyubomirsky, 2008).

4.3.1 A critical View on the SHM. Proposal of a New Model of Well-being

The present study findings indicate that the SHM, which posits that personality accounts for the most and circumstantial factors for the least variance in well-being, may not be universal across populations and cultures. First of all, the SHM, that was based on studies conducted on general populations from Western, rich countries may not be applicable to vulnerable, disadvantaged populations such as migrants who are likely to migrate from poorer countries (Martin, Abella and Kuptsch, 2006).

As discussed above, migrant populations appear to face additional stressors and experience more adverse circumstances as compared to general populations. Economic migrants’ thinking and behavioural patterns, as well as circumstances, may be shaped by their adjustment process to a new country, their socio-economic background and their cultural values as demonstrated in the present study.

The researcher also argues that the theory may not be applicable across cultures. It appears that the SHM, that was based on studies conducted on Western, individualistic countries, may not be applicable to non-western populations that may be less individualistic and more collectivist. The theory argues that personality accounts for the most variance in well-being, however, it is important to stress that the study of psychology in general and of personality in particular has largely been guided by Western research. For example, 92% of publications in the *Journal of Personality and Social Psychology* are from authors at North American institutions, and 99% are from authors at Western schools (Quinones-Vidal et al. 2004). Church (2000) in his model of

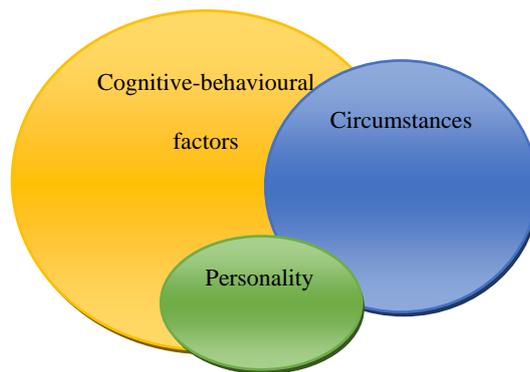
culture and personality theorized that although personality traits exist in all cultures, they explain behavior less in more collectivist cultures. Thus, Western ideas about personality may not be applicable to other cultures (Benet-Martinez and Oishi, 2008). There is indeed evidence that the strength of personality traits varies across cultures; people in more collectivist cultures appear to rely on personality traits to a lesser degree when understanding themselves and others, compared with those from individualistic cultures (Heine and Buchtel, 2009).

Thus, the current form of the Sustainable Happiness Model, positing that 1) circumstances only have a negligible role in well-being, 2) personality accounts for most variance in well-being may convey misleading messages to non-Western, or/and vulnerable and disadvantaged populations. This may discourage such populations from making an effort to change their circumstances and seek other ways of increasing their well-being.

It appears that the SHM is an example of the psychological theories that have been developed and tested in W.E.I.R.D. (Western, Educated, Industrialised, Rich and Demographic) populations (Henrich, Heine and Norenzayan, 2010). It is argued that a theory should be relevant to the prediction and explanation of all human behaviours, not just Western ones. The researcher stresses the importance to propose a theory of well-being that can be accurately applied to other cultures and populations. Based on the present study findings, the researcher proposes a revised model which posits that well-being is explained mostly by cognitive-behavioural factors and circumstances and personality plays the least important role (See Figure 6).

A new model is much more optimistic than the model proposed by Lyubomirsky. It indicates that our well-being may be fixed to a smaller extent than the SHM argues, well-being is likely to be changed depending on people's life circumstances and their way of thinking and behaving. The revised model is also more comprehensive than the original model; unlike the SHM, it takes into account the interrelationships between sets of factors.

Figure 6. Revised Model of Well-being



5 Summary of Empirical and Theoretical Contributions to Existing Evidence on Well-being of Economic Migrants

The present study made contributions to the existing empirical and theoretical evidence on immigrants' well-being. First of all, the findings in relation to high well-being levels contradict existing literature suggesting that immigrants may be unhappy (Bartram, 2013, 2014; Cai et al., 2014). They indicate that despite facing adaptation challenges and acculturative stress migrants are capable of being happy. Such findings obtained from the migrant sample also contribute to the literature on post-stress growth which provided evidence that individuals experiencing major life events associated with stress can have positive psychological changes (Park, Cohen, and Murch, 1996; Tedeschi and Calhoun, 2004). The present mixed-methods findings from working-age economic migrants build on the emerging literature on stress-related growth among non-refugee migrants; they added to the existing qualitative study on the elderly immigrants who experienced stress-related growth because of adaptation difficulties (Kim and Kim, 2013).

Secondly, the finding in relation to age at migration, poor health status and language proficiency making a unique contribution over and above socio-economic factors builds on the literature on the determinants of well-being among migrants. Previous studies failed to include all the three variables together in the study and even if these factors were investigated in separate studies, they did not significantly predict immigrants' well-being (See the systematic review presented in Chapter II). The qualitative study

also identified that age at migration, perceived health status and language proficiency may be related to one another and suggested that it may be difficult to understand the role of one factor without another.

Thirdly, it was demonstrated that emotion-focussed coping was the strongest predictor of well-being after controlling for the rest 25 variables. This is an important finding given that emotion-focussed coping has not been considered as a potential predictor of well-being as demonstrated in the systematic review. Importantly, the mixed-method study revealed that emotion-focussed coping was a stronger predictor than problem-focussed coping, and that immigrants over-relied on emotion-focussed coping when dealing with adverse circumstances. This contradicts evidence from general populations demonstrating a negative relationship between emotion-focussed coping and well-being (Aldvin and Revenson, 1987; Carr, 2011; Essex, Seltzer and Krauss 1999; Kling, Seltzer and Ryff, 1997; Mayordomo-Rodríguez et al., 2014; Moeller and Richards, 1999). This finding also contradicts a previous qualitative study (Weishaar, 2008) which found that migrants used a combination of problem-focussed and emotion-focussed coping strategies. The present findings suggest that for some subgroups of immigrants, who experience circumstances difficult to change or control, such as employment in low-skill jobs, chronic illness or language barrier, this may be the most beneficial type of coping strategy.

Furthermore, this is the first study that tested the Sustainable Happiness Model (SHM, 2005) based on evidence from general populations in a migrant sample. The study questioned the theory which argues that personality accounts for most variance in well-being. In the present study, it was demonstrated that cognitive-behavioural factors and circumstantial factors made a greater contribution to well-being than personality traits, before and after controlling for the remaining sets of factors. The qualitative study suggested that the SHM may not be applicable to migrant populations; economic migrants' thinking and behaving patterns as well as circumstances may be shaped by their adjustment process to a new country, their cultural values and socio-economic background in their home country. It was also suggested that the SHM that was based on studies conducted on Western, individualistic countries, may not be applicable to non-western populations that may have different cultural values. Based on the present study findings, the researcher proposed a new model which posits that well-being is explained mostly by cognitive-behavioural factors and circumstances and personality plays the least important role. The revised model is more optimistic than the SHM as it

indicates that our well-being may be fixed to a smaller extent than the SHM argued. The new model is also more comprehensive as unlike the SHM, it takes into account the interrelationships between sets of factors. Finally, the qualitative component of the present mixed-methods study, which explored the perceived impact of the role of circumstantial and cognitive-behavioural factors in immigrants' well-being, built on the existing qualitative studies. Existing qualitative studies tended to concentrate only on one aspect of immigrants' post-migration experiences such as coping strategies (Weishaar, (2008), comparison processes (McGhee, Heath and Trevena, 2012), employment experiences or health-seeking behaviours (Gideon, 2011; Lausch et al., 2003). Importantly, the studies did not explore the perceived impact of these specific post-migration experiences on immigrants' well-being. No study has been identified in which immigrants would be asked an open question on what factors and experiences contribute their well-being in a foreign country. Investigating perceived role of different circumstantial and cognitive-behavioural factors in immigrants' well-being in a single study, enabled the researcher to build a broader picture of how immigrants' well-being is shaped.

6 Strengths of the Study: Methodological Contribution

6.1 Mixed-Methods Design

The theoretical and empirical contributions discussed above would not be possible without the innovative methodology of this study. The main methodological strength of this study is the use of a mixed-methods design approach, which allowed a more comprehensive account of the sources of well-being among economic immigrants. Although the quantitative phase alone has many strengths as compared to the previous quantitative studies on migrant well-being, combining quantitative and qualitative data in a single study helped provide a fuller picture of complex and multi-faceted experiences of economic migrants and how they affect well-being.

The first, quantitative phase of the study, investigated a more comprehensive range of determinants of well-being in a single sample. Inclusion of a comprehensive range of factors in a simultaneous multiple regression analysis enabled identification of significant circumstantial, cognitive-behavioural and dispositional predictors of well-being, while controlling for other factors. Unlike previous studies identified in the systematic review, the present study also established the extent to which each set of predictors determined immigrants' well-being, by conducting hierarchical regression

analyses. This allowed the testing of an integrative theory of well-being. Importantly, the study also determined the unique contribution which each set of variables made to well-being, after controlling for the remaining groups of predictors. This allowed expansion on the SHM (2005), which did not consider possible interactions between the identified sets of predictors.

This study also built on the quantitative findings by using a qualitative study to explain significant and contradicting findings from the first, quantitative phase of the study. First of all, qualitative data explained how the factors such as age at migration, perceived health status, language proficiency and reactive coping strategies affected immigrants' well-being. This enabled the researcher to explore these individuals' experiences and perceptions of the role of these factors for their well-being. Investigating a perceived impact of both circumstantial and cognitive-behavioural factors in a single qualitative study, enabled the researcher to build a broader picture of how immigrants' well-being was shaped. The qualitative study was also used to gain a better understanding of contradictory theoretical findings in relation to the overall role of circumstantial and cognitive-behavioural factors in immigrants' well-being. It helped to provide explanations of why cognitive-behavioural and circumstantial factors were more important for immigrants' well-being than the theory suggests. The use of a mixed-methods design allowed the researcher to first identify immigrants who scored high/low on the circumstantial and cognitive-behavioural variables, and then to explore in depth the role of individuals' experiences, feelings and perceptions of these factors in their well-being.

7 Study Limitations

The study is not without limitations. The main limitation of the study is its cross-sectional design, which did not allow examination of changes in well-being over time, and thus did not adequately capture the complex phenomena investigated. The cross-sectional nature of the data did not allow the disentangling of the relationships between covariates and well-being. The design also did not allow investigation of the effect of hedonic adaptation on the circumstantial and cognitive-behavioural factors.

Nevertheless, such a design was chosen because immigrants are likely to be more residentially and occupationally mobile than established populations, which would be the key obstacle to tracking a sample (Black et al., 2003). Given the available resources

and time, this design also allowed the researcher to maximise data and assess a wide range of variables.

Another limitation of the study was a failure to include a comparison group: Polish people living in Poland. As a result, post-migration well-being levels could not be compared to the mean level of well-being among those living in Poland. The study would also have benefitted from the inclusion of a comparison group of Scottish people. Nevertheless, although this was not considered in the study, the mean well-being of the present sample has been compared to the mean well-being of Scottish people obtained from a previous survey (Gosling et al., 2008).

A further limitation of this study is the use of a non-random purposive sampling for the quantitative study, which was likely to affect the generalizability of the present results. The generalizability of the present results is limited to immigrant groups falling under specific gender (female), age (25-34), and longer duration of residence criteria ($M=63$ months).

This study focussed on immigrants residing in the host country (Scotland), mainly from urban areas such as Edinburgh and Glasgow and the investigation of this problem among migrants living in rural areas might have produced different results. Thus, although efforts were made to select a sample that might mirror the actual population of Polish immigrants in Scotland, or even the UK, caution should be exercised in generalizing the results to the larger populations of Polish immigrants, or to other ethnic immigrant populations within Scotland or the UK. There are many facilities and services available in Scotland to support the Polish community. These include trade unions, the Citizen Advice Bureau, churches providing services in Polish, the Polish Consulate and FENIKS support services, which provide psychological support for the Polish community in Scotland. Poles can also take advantage of the growing number of Polish restaurants, supermarkets, delicatessens and libraries. There are also community centres which offer regular meeting opportunities for Polish migrants. This includes 'Swietlica' - a Polish Drop-in Centre supported by Edinburgh Council, and an independent non-profit organisation called 'Polish Community in Scotland' aimed at maintaining traditional Polish bonds.

Furthermore, Scotland's capital is a city with an international atmosphere which attracts many foreigners. Previous literature suggests that the Scottish public, Scottish employers included, are more open towards immigrants, and may be less hostile to

immigration than is the case in many other parts of the UK (Bromley, Curtice and Given, 2007). Thus, specific characteristics of Scottish society, labour market and the forms of official support offered to Polish migrants, might have had a significant impact on the findings of this study. For instance, it might have had a positive impact on the observed levels of well-being, participants' social support and integration, and this should be taken as a potential limitation of the study. It is likely that this group of immigrants, with a strong support system and a sense of their own culture, traditions and community may be different from other economic migrants. Thus, the level and determinants of well-being in the present sample may not be generalizable to less numerous groups of economic migrants such as Romanians or Bulgarians, who have not formed such a strong cultural community in the host country (Pantiru and Barley, 2014). Nevertheless, one should bear in mind that despite these potential problems with generalizability, the researcher used a combination of sampling strategies (i.e. advertising and snowball sampling) which helped obtain a large sample ($N=188$) from this hard-to-reach population group.

Finally, there are limitations related to the use of predictor measures. The study used a single-item measure for health which might have affected the results. The choice of the measure in the study seemed appropriate given the measure was validated in Polish population (NHS, 2013) and health status was not a main focus of the study; rather it was treated as one of the 16 predictor variables. Nevertheless, future research on migrant populations would benefit from the inclusion of more comprehensive, physiological health outcome measures, such as a symptom checklist. Furthermore, it is important to note that the chosen instrument, measured perceived, subjective rather than objective health which might have affected the results. Previous research reported that a correlation between subjective health and well-being is higher than between objective health and well-being (Diener, 2009). Since self-reported measures of health are generally treated as weak measures of respondents' objective health status (Ambrasat, Schupp and Wagner, 2011), future research should also use ratings by experts (health care professionals) rather than self-assessment (Sirgy, 2012).

Additional limitations of the study are related to the failure of inclusion potentially important variables. For instance, pre-migration factors such as preparation for migration or life events before migration have not been considered, although they are likely to have a powerful influence on well-being (Ryan et al., 2006). In addition, it would have been beneficial to include cultural measures such as

individualism/collectivism, underemployment (whether participant feels employed below their skills and qualifications), stability of a job and the level of social integration with Scottish people, as potential predictors of well-being. The qualitative study suggested that these might have played a role in immigrants' well-being. Finally, it would have been useful to include a question about immigrants' children and examine how having/not having children affects their well-being. It is likely that having children may affect immigrants' social networks and the level of integration in a foreign country. Nevertheless, the researcher stresses that the study still included a wide range of predictors, falling into three sets: circumstantial, cognitive-behavioural and personality.

8 Recommendations for Future Research

Future research should address the limitations highlighted above. First of all, the study encourages future studies to further test an overarching Sustainable Happiness Model (SHM, 2005) in migrant population, using longitudinal and experimental designs. Although such studies exist among student, general and clinical populations, they are non-existent among migrant populations (Sheldon and Lyubomirsky, 2006, 2009; Sheldon et al., 2010).

The researcher acknowledges the strengths of such designs in studying well-being. A longitudinal design would help to fully understand the concept of hedonic adaptation and its effect on circumstantial and cognitive-behavioural factors. Although it is difficult to track immigrants over time, a longitudinal study would also allow testing of how migration influenced immigrants' well-being; it would be promising to study potential immigrants' well-being at the time of the migration decision, that is, when they lived in their country of origin. Experimental studies would allow examination of the effectiveness of intentional activities - positive psychological interventions (e.g. involving in downward social comparisons, increasing social support) - on immigrants' well-being levels. The significance of intentional activities (cognitive-behavioural factors) in the present cross-sectional correlational study, further encourages the design of such cognitive-behavioural interventions and testing of their effectiveness.

Future research in migrant populations also should attempt to use the findings from the qualitative phase of the study, suggesting possible mechanisms underlying the relationship between well-being and different circumstantial and cognitive-behavioural factors. It also should determine the statistical associations between qualitatively identified factors and outcomes in samples of different migrant populations. It should

consider cultural variables and socio-economic variables such as underemployment (employment below one's skills and qualifications), job stability and work patterns, which the present qualitative data suggested are important for immigrants.

The present findings are also important for further development of well-being theory. They highlight important recommendations for future research of well-being among general populations. Since in the present study it was found that three sets of factors (circumstantial, cognitive-behavioural, personality) were highly interrelated, future studies in general populations should identify the unique contribution of three sets factors. Future studies should consider using structural equation modelling, that would allow identification of the "pathways" by which personality, cognitive-behavioural factors and circumstantial factors affect well-being. Although researchers of general populations have recently concentrated on investigating the impact of changed circumstances and intentional activities using experimental and longitudinal studies (Sheldon and Lyubomirsky, 2006, 2009; Sheldon et al., 2010), it is important to verify the correctness of the percentages provided by Lyubomirsky, Sheldon and Schkade (2005). It is essential to know how much variance in well-being these three sets of factors account for, and what is the most important set of predictors.

Finally, the present findings suggest that the SHM may not be applicable in migrant populations or populations with strong collectivist values and encourages future research to test this theory across diverse population groups.

9 Recommendations for Practice

The present study findings have important implications for health services, local government and migrants themselves. Many immigrants in the present sample reported poor perceived level of health and inability to speak advanced/proficient English, and these factors predicted lower well-being levels. This stresses the importance of continuing to provide linguistically appropriate health services,

by providing adequate information and sufficient support in interpreting and translating for immigrants with language barriers. Since many immigrants appeared to face cultural barriers, it is also important to deliver culturally appropriate care. Recent report suggests that health needs of ethnic minorities are still unmet as a result of a lack of sensitivity to cultural/religious differences and poor communication between the healthcare professional and the patient/family (Calanzani, Koffman, Higginson, 2013). The present

study findings further emphasise the importance of cultural competency and communication skills training for healthcare professionals.

Furthermore, the present study suggests that due to cultural and language barriers, immigrants were poorly socially integrated into a new country. Immigrants emphasized their own values and culture, and avoided contact with the host society. They were sceptical about making long-term relationships with British people. Although immigrants still reported a high level of social support due to the well-established Polish community, the researcher recognises that poor social integration may have negative long-term consequences for both Polish migrants and for the receiving society, Scotland. Previous literature demonstrated that migrants who maintain strong ties exclusively with groups of co-ethnics may be socially disadvantaged (Wierzbicki, 2004), and immersion in ethnic-specific networks can foster ghettoization (Griffiths, Green and Tsouroufli, 2005). As Rubin, Watt and Ramalli (2012) noted, better integration strengthens intergroup relations between immigrants and host nationals and enables immigrants to access the social capital of host nationals and, consequently, access better employment and lifestyle opportunities (Martinovic, van Tubergen and Maas, 2009). Thus, increased efforts should be made to improve integration of both societies. The government should not only consider offering free English classes that would help immigrants overcome the language barrier preventing such integration, but also organising more cultural events that would encourage people from different cultural groups to exchange information and learn about each other's similarities and differences. Since integration is conceived as a two-way process (Rubin, Watt and Ramalli, 2012, it is crucial that migrants take an active role in the integration process and the Polish community in Scotland is encouraged to become a part of the broader society.

Despite adverse circumstances immigrants faced and poor social integration with Scottish society, immigrants used different cognitive and behavioural techniques (i.e. emotion-focussed coping strategies such as social support, religiousness, downward comparisons) to help them cope with adversity and increase their well-being levels. Such findings can help design self-administered well-being interventions to help maintain well-being among the immigrants who face negative circumstances. Such interventions might be eagerly used by immigrants as they could be self-administered and would not require regular visits to health services. Since cognitive-behavioural factors such as social comparisons, social support and religiousness determined most variance in immigrants' well-being, immigrants may benefit from self-help cognitive-

behavioural interventions. Cognitive interventions could help immigrants consider the benefits of migration (e.g. training to generate adaptive thoughts that could include rational downward comparisons about their present situation, realise that income/standard of life is better than the one in their home country). Behavioural interventions could aim at increasing immigrants' activity levels. These may include nourishing existing relationships within Polish community and developing new relationships with Scottish people and other ethnic groups. To ensure feasibility of these interventions, it is important that immigrants have an access to local, cultural and religious communities.

10 Key Conclusions

The study findings contribute to a better understanding of what life as an economic immigrant in a wealthy country is really like, and what factors are likely to determine immigrants' well-being. The findings indicate that wealth and education opportunities, which economic migrants are attracted to, may not bring long-term well-being. Such findings are very important for economic migrants who leave their country to improve their socio-economic situation, hoping that this will lead to increased well-being levels (Graham and Markowitz, 2011). The findings also indicate that even settled immigrants may face many migration-related stressors and adverse circumstances, such as language barrier, cultural barrier, poor perceived health and poor social integration, which may negatively affect their well-being. In particular, immigrants who migrated at an older age may find adaptation to a new country difficult, due to likely problems with language and health.

Nevertheless, the key findings of this study are much more optimistic. Although migration is one of the most stressful life events (Lindert et al., 2009) and involves facing many losses (e.g. culture, language, family) and adverse circumstances, immigrants are still capable of being happy in the host country, possibly even being happier than natives. Immigrants' well-being was mostly determined by individual choices, - their way of thinking and behaving - rather than factors that are difficult or impossible to change such as personality traits or circumstantial factors. Immigrants can control their patterns of thinking and behaving. For instance, they can use appropriate coping strategies that will help them deal with their adverse circumstances.

Such findings overall indicate that happiness-seeking through economic migration may not be doomed to failure. Thus, this study suggests that coping with migration-related losses, cultural bereavement, and post-migration stressors can provide the context for

significant positive changes – post-stress growth for economic migrants. This adds to the developing Positive Psychology field, which holds that people have the capability and strength to prevent or lessen the damage of disease and stress, despite negative aspects of life (Gable and Haidt, 2005).

The study findings also contribute to a further development of the comprehensive theory of well-being. They help better understand what determines the society's well-being and whether, and to what extent, well-being levels can be increased.

First of all, although the findings confirm that circumstantial, cognitive-behavioural factors and personality traits determine people's well-being, they stress that these three sets of factors are highly interrelated and one cannot fully understand well-being without considering the interactions between them. The findings indicate that well-being is a very complex phenomenon and encourage investigation of the unique contribution of each set of factors to well-being.

Secondly, the findings indicate that the SHM which posits that personality accounts for the most and circumstantial factors for the least variance in well-being may not be universal across populations and cultures. The SHM, that was based on studies conducted on general populations from Western, rich countries may not be applicable to vulnerable, disadvantaged populations such as migrants who are likely to migrate from poorer countries. Migrant populations appear to face additional stressors and experience more adverse circumstances as compared to general populations. Economic migrants' thinking and behavioural patterns, as well as circumstances, may be shaped by their adjustment process to a new country, their socio-economic background and their cultural values as demonstrated in the present study. The researcher also argues that the theory may not be applicable across cultures. It appears that the SHM, that was based on studies conducted on Western, individualistic countries, may not be applicable to non-western populations that may be less individualistic and more collectivist (Hofstede, 2001). The researcher argues that one should be wary about generalising findings on well-being among general and Western populations to non-Western populations or migrant populations. Since the determinants of well-being among migrants and non-Western populations may be different from the determinants of well-being in Western general population, one should not assume that well-being interventions designed for general populations will be equally effective for other populations. Separate intervention studies are required for this population group.

The researcher identifies a need for a universal theory of well-being that can be accurately applied to other cultures and populations. Based on the present study findings the researcher proposes a revised model which posits that well-being is explained mostly by cognitive-behavioural factors and circumstances, and personality plays the least important role. The revised model is more optimistic than the SHM as it indicates that our well-being may be fixed to a smaller extent than the SHM argued. The new model is also more comprehensive; unlike the SHM, it takes into account the interrelationships between sets of factors.

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APPENDICES

APPENDIX 1

Database Search Results

	Query	Limiters/Expanders	Last Run Via	Results
S3	S1 AND S2	Limiters - Peer Reviewed; English; Exclude Dissertations Narrow by Subject Age: - thirties (30-39 yrs) Narrow by Subject Age: - young adulthood (18-29 yrs) Narrow by Subject Age: - middle age (40-64 yrs) Narrow by Subject Age: - adulthood (18 yrs & older) Narrow by Subject Age: - middle aged: 45-64 yrs Narrow by Subject Age: - adult: 19-44 years Narrow by Subject Age: - all adult Search modes Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE; AMED - The Allied and Complementary Medicine Database; CAB Abstracts; CINAHL Plus with Full Text; Psychology and Behavioral Sciences Collection; PsycINFO	3,814
S3	S1 AND S2	Limiters - Peer Reviewed; English; Exclude Dissertations Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE; AMED - The Allied and Complementary Medicine Database; CAB Abstracts; CINAHL Plus with Full Text; Psychology and Behavioral Sciences Collection; PsycINFO	24,109
S2	TX emigrant OR TX immigrant OR TX migrant OR TX migration	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE; AMED - The Allied and Complementary Medicine Database; CAB Abstracts; CINAHL Plus with Full Text; Psychology and Behavioral Sciences Collection; PsycINFO	369,959
S1	TX happiness OR TX well-being OR TX life satisfaction OR TX adaptation OR TX quality of life	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE; AMED - The Allied and Complementary Medicine Database; CAB Abstracts; CINAHL Plus with Full Text; Psychology and Behavioral Sciences Collection; PsycINFO	1,224,097

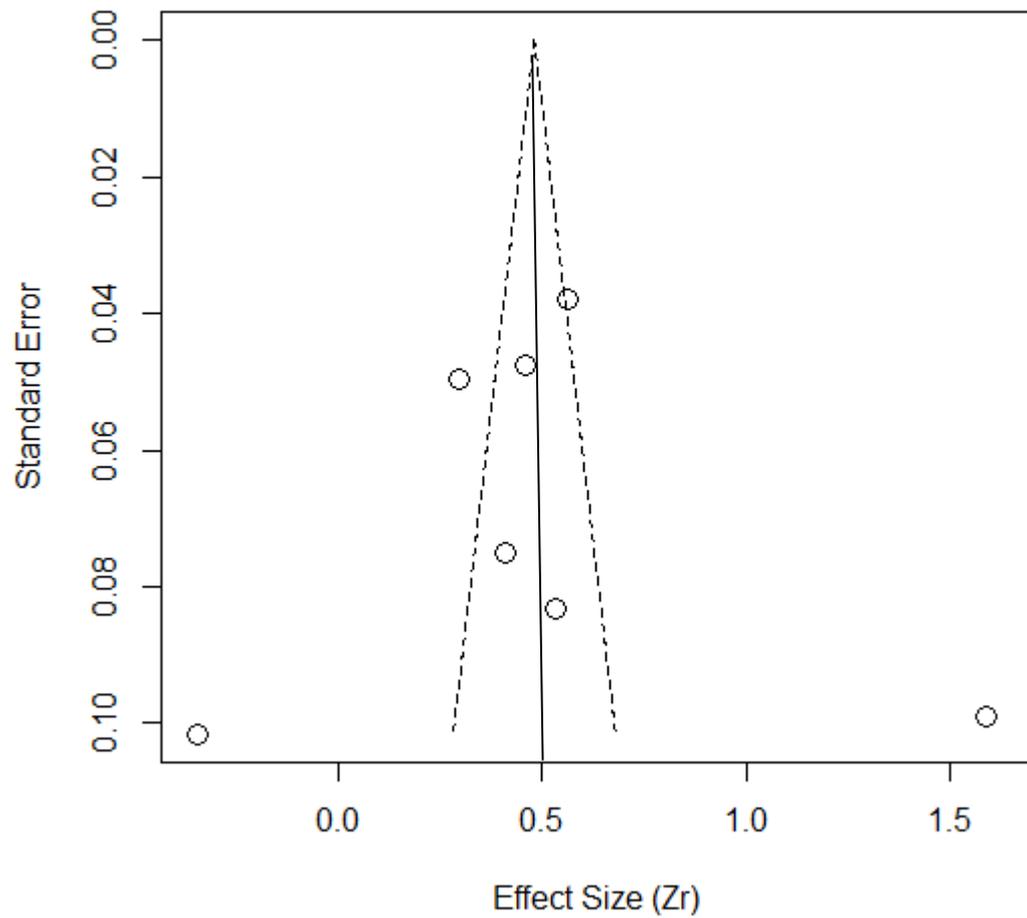
APPENDIX 2

Evaluation of the Methodological Quality of the Studies Included in the Systematic Review

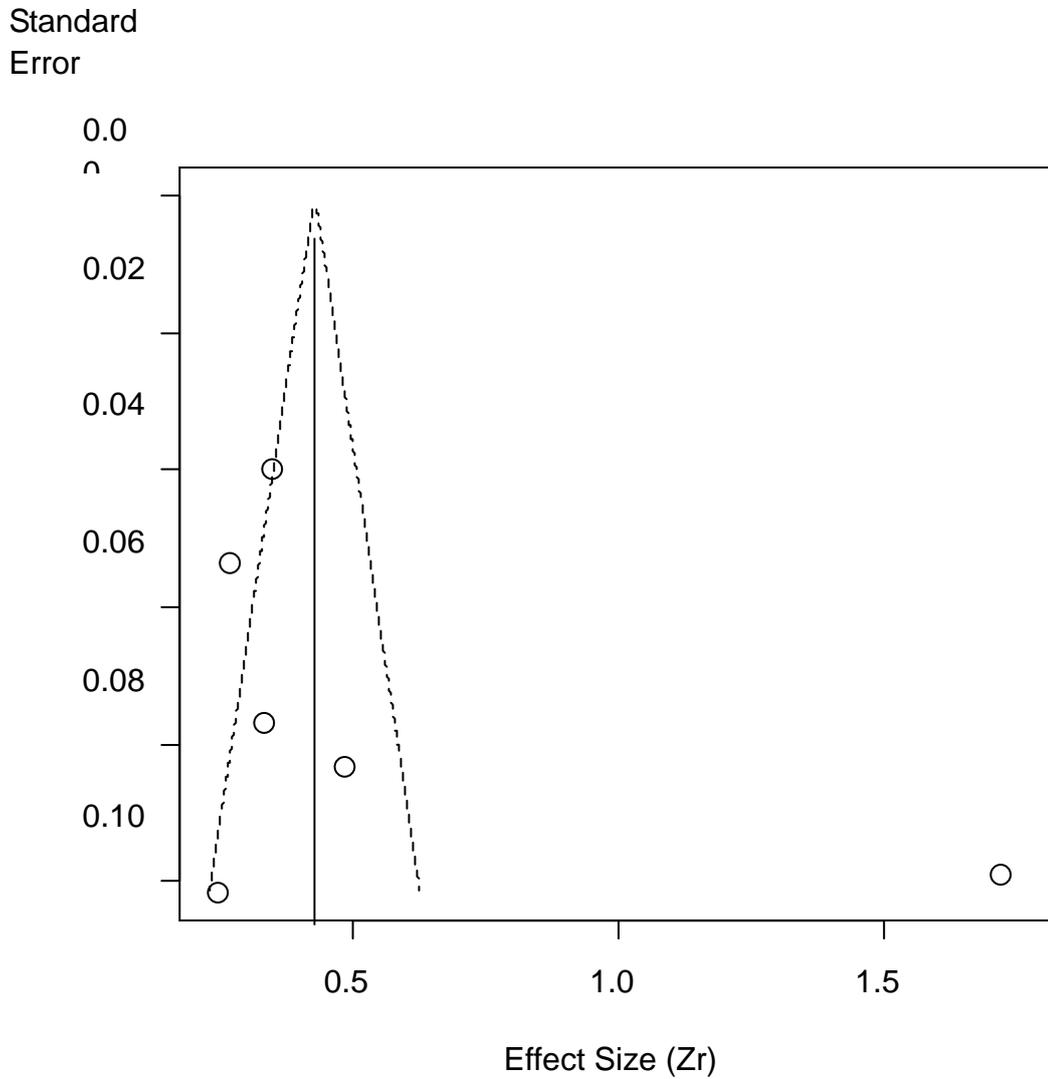
Study	Component			Rating			Global Rating
	Representativeness	Design	Confounders	Blinding	Methods	Dropout	
Cross-sectional studies							
Herrero and Fuente (2011)	Weak	Weak	Strong	N/A	Moderate	Moderate	Weak
Kimberley (2000)	Weak	Weak	Strong	N/A	Strong	Moderate	Weak
Vohra and Adair (2000)	Weak	Weak	Strong	N/A	Moderate	Moderate	Weak
Shin, Han and Kim (2007)	Weak	Weak	Strong	N/A	Strong	Moderate	Weak
Uskul and Greenglass, (2005)	Moderate	Weak	Strong	N/A	Moderate	Moderate	Moderate
Garcia, Ramirez and Jariego, (2002)	Weak	Weak	Strong	N/A	Moderate	Moderate	Weak
Amit, (2010)	Strong	Weak	Strong	N/A	Moderate	Moderate	Moderate
Gokdemir and Dumludag, (2012)	Weak	Weak	Strong	N/A	Weak	Moderate	Weak
Dominguez-Fuentes and Hombrados-Mendieta (2012)	Strong	Weak	Strong	N/A	Strong	Moderate	Moderate
Tonsing, (2013)	Weak	Weak	Strong	N/A	Strong	Moderate	Weak
Hombrados-Mendieta et al., (2012)	Strong	Weak	Strong	N/A	Strong	Moderate	Moderate
Polek, van Oudenhoven and ten Berge (2008)	Weak	Weak	Moderate	N/A	Strong	Moderate	Weak

APPENDIX 3

The Funnel Plots Showing Publication Bias



The effect of social support on well-being - Funnel plot showing publication bias. The vertical line is the population effect size estimate and the diagonal lines the 95% confidence interval.



The effect of dispositional factors on well-being - Funnel plot showing publication bias. The vertical line is the population effect size estimate and the diagonal lines the 95% confidence interval.

APPENDIX 4

Participant Information Sheet

(Polish and English version)

Participant Information Sheet

Project Title: Well-Being of Polish Immigrants in Scotland.

Invitation

You are being invited to take part in a research study. I am a PhD student at Edinburgh Napier University, supervised by Professor Thanos Karatzias and Professor Lawrie Elliott. My research is designed to offer information on the sources of well-being in Polish immigrants living in Scotland.

Before you participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this information sheet.

What is the aim of the study?

It is estimated that Polish migrants now make up the largest foreign national group living in Scotland. It is still unknown, however, if the immigrants are happy and satisfied with their lives or they are at most times dissatisfied and unhappy. In addition, the underlying determinants of immigrants' well-being are unknown. It is believed the findings of the study may be useful to improve well-being in mentally healthy immigrants as well as to improve intervention programs for psychologically distressed immigrants.

What does the study entail?

The study consists of two parts.

In the first part, you will be asked to complete a series of questionnaires which will take you up to 10min. Information obtained from these questionnaires will help me to find out your level of well-being as well as help identify sources of well-being. When you complete the questionnaires, you will be asked to send them away in the enclosed self-addressed envelope within 10 days. If I do not receive the questionnaires within 10 days, I may contact you to kindly remind you to send them away.

The second part will involve taking part in an interview, which will be about your pre- and post-migration experiences (e.g. reason for migration, pre-migration expectations, social networks, language barrier) and their impact on your level of well-being. This interview is expected to last approximately 60 minutes. I would like to audiotape the interview for better recall and analysis of the information you provide. If you agree to participate in this part of the study you may be invited back to participate in this interview.

Do I have to take part?

It is entirely up to you whether you wish to take part. If you are not interested in taking part in this study, you can ignore this information sheet and you do not need to inform me about your decision. If you are considering participating in this study, though please bear in mind that you can take part only in the first part of the study without having to participate in an interview. If you do decide to take part in the first or both parts of the study, you will be given this information sheet to keep. You will also be asked to fill in and post one signed consent form (please keep one copy for yourself) and the questionnaire pack and send them away in the enclosed self-addressed envelope within 10 days. Please bear in mind you do not have to give your real name. Also, if you decide to take part, you are still free to withdraw from the study at any time and without having to give a reason.

What will happen to the information you collect about me?

If you take part in either part of the study, all the information about you and the responses will be confidential. No personal information will be used in the write up of the study. Your responses will be collated with other participants' responses. All data will be stored on a password-protected computer with no personal identifiable information. Access to data will be granted to Prof Thanos Karatzias who will supervise my data analysis. All the questionnaires and audiotapes will be destroyed after the data being transferred to a password-protected computer. The study has been reviewed by the Research Ethics Committee of the Edinburgh Napier University.

What will happen to the results of the research study?

The results of the study will be used in my PhD thesis and in the reports to health services. The material will be presented at academic and professional conferences and in academic journals. Anonymity and confidentiality will still be in place in all cases. Findings from this study will contribute to developing a better understanding of how we can improve well-being among healthy as well as psychologically distressed immigrants.

What are your rights?

Participation in the study is voluntary and you are free to refuse to take part or to withdraw from the study at any point without having to provide a reason. Your decision whether to participate in the study or not will have no influence on any current or future psychological or medical care you receive. Your responses will be confidential.

Concerns

If you have any questions or concerns about any aspect of this study, you should ask to speak with Andy Gibbs (email: A.Gibbs@napier.ac.uk, Tel. +44 (0)131 455 5301) who will do his best to answer your questions. You can also contact my supervisors: Prof Thanos Karatzias (email: T.Karatzias@napier.ac.uk or Prof Lawrie Elliott (email: L.Elliott@napier.ac.uk). If following your participation in this project, you experience any personal issues and you wish to speak with a qualified clinician then you will be advised to see Polish or British counsellors/psychologists whose contact details will be given to you at the end of the study.

Thank you for taking the time to read this information

Karta Informacyjna Uczestnika

Tytuł projektu: Ogólne samopoczucie wśród polskich imigrantów w Szkocji.

Zaproszenie

Zostales zaproszony(a) do udziału w badaniu. Jestem doktorantka na uniwersytecie Edinburgh Napier prowadząca badanie naukowe pod nadzorem profesora Thanosa Karatzias i profesora Lawrie Elliott. To badanie zostało zaprojektowane w celu uzyskania informacji na temat ogólnego samopoczucia i wyczerpania psychicznego wśród polskich imigrantów żyjących w Edynburgu i Lothians.

Zanim rozpocznieš, ważne jest, żebyś wiedział/a w jakim celu badanie to zostanie przeprowadzane i z czym uczestnictwo w nim będzie się wiązało. Proszę uważnie przeczytać następującą informację. Jeżeli cokolwiek jest niejasne lub chciałbyś/chciałabyś uzyskać dodatkowe informacje na temat badania, proszę kierować pytania do mnie. Dziękuję za przeczytanie tej karty informacyjnej.

Cel Badania:

Szacuje się, że Polscy imigranci stanowią obecnie największą grupę obcokrajowców żyjących w UK. Nie jest wiadome jednak, czy imigranci są szczęśliwi i zadowoleni z ich życia czy też nie. Nie są znane również czynniki wpływające na samopoczucie imigrantów. Przewiduje się, że wyniki badań przyczynią się do poprawy ogólnego samopoczucia u imigrantów nie mających problemów natury psychologicznej – jak i do poprawy programów profilaktycznych i interwencyjnych dla imigrantów cierpiących na stany lękowe i depresyjne.

Z czym wiąże się udział w badaniu?

Badanie składa się z dwóch części.

W pierwszej części zostaniesz poproszony(a) o wypełnienie kilku kwestionariuszy, co zajmie Ci nie więcej niż 10 min. Informacja w nich zawarta pomoże nam dowiedzieć się o Twoim poziomie samopoczucia, wyczerpania psychicznego, jak i zidentyfikować czynniki wpływające na Twoje wysokie lub niskie samopoczucie. Jeśli wypełnisz kwestionariusze, zostaniesz poproszony(-y) o przesłanie ich w załączonej zaadresowanej już kopercie w ciągu 10 dni. Jeśli nie otrzymam kwestionariuszy w ciągu 10 dni, skontaktuję się z Tobą, żeby uprzejmie przypomnieć Ci o ich wysłaniu.

Druga część wiąże się z udziałem w rozmowie, w której będziesz mógł(a) opowiedzieć o tym, jak według Ciebie Twoje przed- i po-migracyjne doświadczenia (np. powód emigracji, przed-migracyjne oczekiwania, edukacja, zatrudnienie, wsparcie społeczne, religia, bariera językowa) wpłynęły na Twoje ogólne samopoczucie. Szacuje się, że rozmowa potrwa ok. 60 min. Chciałabym również nagrać tę rozmowę w celu utrwalenia i analizy informacji, która

nam dostarczysz.. Jesli zgodzisz sie wziac udzial w tej czesci badania, mozesz zostac zaproszona(y) do wziecia udzialu w takiej rozmowie.

Czy musze uczestniczyc w tym badaniu?

To, czy zechcesz wziac udzial w tym badaniu zalezy calkowicie od Ciebie. Jezeli nie bedziesz w ogole zainteresowany(a) wzieciem udzialu w tym badaniu zignoruj prosze ta karte informacyjna i nie musisz nas informowac o Twojej decyzji. Jezeli jednak rozważasz uczestnictwo w tym badaniu pamietaj, ze mozesz zdecydowac wziac udzial tylko w pierwszej czesci badania bez koniecznosci uczestniczenia w rozmowie. Jesli zgodzisz sie na wziecie udzialu w pierwszej lub w obu czesciach badania wreczona zostanie Ci ta karta informacyjna. Zostaniesz rowniez poproszony o wypelnienie i przeslanie w zalaczonej zaadresowanej kopercie jednej kopii podpisanego formularza zgody (zachowaj druga kopie dla siebie) i kwestionariuszy w ciagu 10 dni. Pamietaj, nie musisz podawac swojgo prawdziwego imienia i nazwiska.. Ponadto, jesli zdecydujesz sie na wziecie udzialu w badaniu, mozesz wycofac sie z niego w kazdym momencie i bez podania powodu.

Co sie stanie z danymi, ktore zbierzecie o mnie?

Jezeli wezmiesz udzialu w ktorejokolwiek czesci badania, wszystkie informacje o Tobie oraz odpowiedzi jakich udzielisz beda poufne. Zadne osobiste informacje nie zostana uzyte w opisanu badania. Twoje odpowiedzi beda dodane do odpowiedzi innych uczestnikow. Wszystkie dane beda umieszczone na komputerze zabezpieczonym haslem, a informacje tam zawarte beda anonimowe. Dostep do nich bedzie posiadal rowniez Prof Thanos Karatzias, ktory bedzie nadzorowac prowadzona przeze mnie analize danych. Wszystkie kwestionariusze i tasmy beda zniszczone po przetransferowaniu ich zawartosci na komputer zabezpieczony haslem. Badanie zostalo rowniez zatwierdzone przez Komisje do Etyki Badan Naukowych na uniwersytecie Edinburgh Napier.

What will happen to the results of the research study?

Wyniki badania zostana zuzyte do napisania mojej pracy doktoranckiej i raportow do sluzby zdrowia. Material zostanie zaprezentowany na naukowych i profesjonalnych konferencjach i w czasopismach naukowych. W kazdym z tych przypadkow obowiazujac beda zasady zachowania poufnosci i anonimowosci. Wyniki tego badania przyczynia sie do lepszego zrozumienia czynnikow wplywajacych na poprawe samopoczucia wsrod emocjonalnie zdrowych i wyczerpanych psychicznie imigrantow.

Jakie sa moje prawa?

Uczestnictwo w tym badaniu jest calkowicie dobrowolne i wolno Ci odmowic udzialu w badaniu lub wycofac sie z niego w kazdej chwili i bez podania powodu. Twoja decyzja o tym, czy wziac udzial w badaniu czy nie nie bedzie miala zadnego wplywu na obecna lub przyszla psychologiczna lub medyczna opieke jaka otrzymujesz. Twoje odpowiedzi beda utajnione.

Obawy

Jezeli masz pytania lub obawy dotyczace jakiegokolwiek aspektu tego badania, powinnas/powinienes zglosic sie do Andy Gibbs (email: A.Gibbs@napier.ac.uk, Tel. +44 (0)131

455 5301), który postara się odpowiedzieć na wszystkie Twoje pytania. Możesz również skontaktować się z moimi promotorami: Prof Thanos Kartazias (email: T.Kartazias@napier.ac.uk) or Prof Lawrie Elliott (email: L.Elliott@napier.ac.uk). Jeżeli po wzięciu udziału w tym badaniu doświadczysz jakichś emocjonalnych problemów i chciałbyś(-alabyś) porozmawiać z wykwalifikowanym psychologiem, doradzimy Ci, żebyś zwrócił się o pomoc do polsko-jezycznych lub anglo-jezycznych psychologów/terapeutów, których dane kontaktowe zostaną Ci wręczone pod koniec badania.

Dziękuję za przeczytanie tej informacji

APPENDIX 5

Consent Form

(English and Polish version)

Consent Form

Project Title: Well-Being of Polish Immigrants in Scotland.

Please circle Yes or No

Have you read and understood the Participant Information Sheet? Yes No

Have you been given an opportunity to ask questions and further discuss this study? Yes No

Have you received satisfactory answers to all your questions? Yes No

Have you now received enough information about this project? Yes No

Do you understand that participation is voluntary? Yes No

Do you understand that you are free to withdraw from this study:
at any time? Yes No

without having to give a reason for withdrawing? Yes No

without this affecting your present or future medical and psychological care? Yes No

Do you understand that the study consists of two parts? Yes No

Do you understand that participation in the first part of the study does not oblige you to take part in an interview? Yes No

Do you agree to take part in the first part of the study (completing questionnaires)?
Yes No

Do you agree to take part in the second part of the study (interview)? Yes No

If so, do you agree to have the interview audiotaped? Yes No

Do you wish to receive a summary of the results? Yes No

What is the best way to contact you, if I need to get in touch with you? (for example if I wanted to invite you for an interview or if you wished to be informed of the results of the study?)

Email/phone no: _____

Name of participant	Date	Signature

Name of person taking the consent	Date	Signature

Thank you for agreeing to take part in this research

Formularz zgody

Tytuł projektu: Ogólne samopoczucie wśród polskich imigrantów w Szkocji.

Proszę zakreśli TAK lub NIE

Czy przeczytałeś i zrozumiałeś kartę informacyjną uczestnika?	Tak	Nie
Czy dano Ci szansę zadania pytań oraz dalszego przedyskutowania badania?	Tak	Nie
Czy otrzymałeś satysfakcjonujące odpowiedzi na wszystkie Twoje pytania?	Tak	Nie
Czy otrzymałeś wystarczająco informacji na temat tego badania?	Tak	Nie
Czy rozumiesz, że uczestnictwo w badaniu jest całkowicie dobrowolne?	Tak	Nie
Czy rozumiesz, że wolno Ci wycofać się z badania w każdej chwili	Tak	Nie
bez potrzeby podania powodu?	Tak	Nie
bez wpływu na Twoją obecną i przyszłą opiekę medyczną i psychologiczną?	Tak	Nie
Czy rozumiesz, że badanie składa się z dwóch części?	Tak	Nie
Czy rozumiesz, że udział w pierwszej części badania nie zobowiązuje Cię do wzięcia udziału w drugiej części badania?	Tak	Nie
Czy zgadzasz się na wzięcie udziału:		
-w pierwszej części badania (wypełnienie kwestionariuszy)?	Tak	Nie
-w drugiej części badania (rozmowa) ?	Tak	Nie
Czy zgadzasz się na nagranie rozmowy?	Tak	Nie
Czy chciałbyś(-abyś) otrzymać podsumowanie wyników badania?	Tak	Nie

Jaki jest najlepszy sposob by sie z Toba skontaktowac, jesli zajdzie taka potrzeba? (np. jesli chcialabym Cie zaprosic na rozmowe czy poinformowac o wynikach badania)

E-mail/nr tel.:

Imie uczestnika badania

Data

Podpis

Imie badacza

Data

Podpis

Dziekuje za zgode na uczestnictwo w tym badaniu

APPENDIX 6

Questionnaire Pack

(English and Polish version)

Well-being among Polish Immigrants in Scotland

QUESTIONNAIRE PACK

Thank you for helping me by filling in this questionnaire. I value your opinions and experiences. I hope you find the questionnaire interesting and easy to complete.

Your answers are **STRICTLY CONFIDENTIAL**.

Most of the questions can be answered by ticking a box or boxes. A few questions need a number or a few words in the space provided. Please try to answer all questions. The questionnaire will take up to 10 minutes to complete.

Please post the questionnaire back to me in the envelope provided within 10 days. No stamp is required.

Section A

1. What was your main reason for moving to the UK? Please tick as many boxes as apply.

- Economic
- Education/study
- Joining a family member
- Personal/Family problems
- Other reason (please specify).....

2. When did you move to the UK? Please give approximate date (year, month)

Year.....Month.....

3. How old were you the moment you arrived in the UK? Please give your age.

.....

4. How would you rate your English language skills?

- Absolute beginner Basic Intermediate Advanced Proficient

Section B

1. Gender

Male

Female

2. Age:

1 Below 20

2 20-24

3 25-34

4 35-44

5 45-54

6 55-65

3. Marital Status (Please tick one box only)

Single

Married

Widowed/Divorced/Separated

4. Education level

What is the highest level of education you have completed to date? (Please tick one box only)

Primary School

Secondary School

Vocational training

College

Degree

Postgraduate studies

5. Employment Status (Please tick as many boxes as apply)

- In paid full-time employment
- In paid part-time employment
- Unemployed
- Receiving benefits
- Retired
- In full-time education
- Other (Please specify).....

6. Income level

What is your average monthly gross income (before tax) in Scotland? Please include money earned through work, tax credits, benefits and any other income. Please tick one box only.

- NIL
- £1-£333
- £334-£666
- £667-£999
- £1000-£1416
- £1417-£2000
- £2001-£3083
- £3084 and more
- Do not wish to say

Section C

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the **LAST 2 WEEKS**. Please tick one box on each line.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
1. I've been feeling optimistic about the future	<input type="checkbox"/>				
2. I've been feeling useful	<input type="checkbox"/>				
3. I've been feeling relaxed	<input type="checkbox"/>				
4. I've been feeling interested in other People	<input type="checkbox"/>				
5. I've had energy to spare	<input type="checkbox"/>				
6. I've been dealing with problems well	<input type="checkbox"/>				
7. I've been thinking clearly	<input type="checkbox"/>				
8. I've been feeling good about myself	<input type="checkbox"/>				
9. I've been feeling close to other people	<input type="checkbox"/>				
10. I've been feeling confident	<input type="checkbox"/>				
11. I've been able to make up my own mind about things	<input type="checkbox"/>				
12. I've been feeling loved	<input type="checkbox"/>				
13. I've been interested in new things	<input type="checkbox"/>				
14. I've been feeling cheerful	<input type="checkbox"/>				

Section D

Read each item and tick the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

1. I feel tense or 'wound up':

- Most of the time
- A lot of the time
- From time to time, occasionally
- Not at all

2. I still enjoy the things I used to enjoy:

- Definitely as much
- Not quite so much
- Only a little
- Hardly at all

3. I get a sort of frightened feeling as if something awful is about to happen:

- Very definitely and quite badly
- Yes, but not too badly
- A little but it doesn't worry me
- Not at all

4. I can laugh and see the funny side of things:

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

5. Worrying thoughts go through my mind:

- A great deal of the time
- A lot of the time
- From time to time but not too often
- Only occasionally

6. I feel cheerful

- Not at all
- Not often
- Sometimes
- Most of the time

7. I can sit at ease and feel relaxed

- Definitely
- Usually
- Not often
- Not at all

8. I feel as if I am slowed down

- Nearly all the time
- Very often
- Sometimes
- Not at all

9. I get a sort of frightened feeling like 'butterflies' in the stomach:

- Not at all
- Occasionally
- Quite often
- Very often

10. I have lost interest in my appearance

- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

11. I feel restless as I have to be on the move:

Very much indeed

Quite a lot

Not very much

Not at all

12. I look forward with enjoyment to things:

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

13. I get sudden feeling of panic:

Very often indeed

Quite often

Not very often

Not at all

14. I can enjoy a good book or radio or TV program:

Often

Sometimes

Not often

Very seldom

Section E

1. How is your health in general? (Please tick one box only)

Very good Good Fair Poor Very poor

Section F

Please rate how you compare your life to others.

	Much worse	Slightly worse	About the same	Slightly better	Much better
1a In comparison to the lives of my relatives who are in Poland my current standard of living is:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2a In comparison to the lives of British people, my current standard of living is:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3a In comparison to the lives of persons from my native country, my current standard of living is:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4a In comparison to the lives of persons of other minority groups in the UK, my current standard of living is:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Section G

These items deal with ways you've been coping with the stress in your life. There are many ways to try to deal with problems. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. Don't answer on the basis of whether it seems to be working or not - just whether or not you're doing it. Use these response choices. Make your answers as true FOR YOU as you can.

	Don't do this at all	Do this a little	Do this a medium amount	Do this a lot
1. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I've been concentrating my efforts on doing something about the situation I'm in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I've been taking action to try to make the situation better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I've been refusing to believe that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I've been saying things to let my unpleasant feelings escape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I've been trying to come up with a strategy about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I've been accepting the reality of the fact that it has happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I've been trying to get advice or help from other people about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I've been making fun of the situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section H

1.To what extent do you consider yourself a religious person?

Very Moderately Slightly Not at all

2.To what extent do you consider yourself a spiritual person?

Very Moderately Slightly Not at all

	Never	Less Than Once A year	About once or twice a year	Several times a year	About once a month	2-3 times a month	Nearly every week	Every week	Several times a week
3.How often do you attend religious services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I

Here are some questions regarding the way you behave, feel and act. After each question is a space for answering YES or NO. Try to decide whether YES or NO represents your usual way of acting or feeling. Then put a tick in the box under the column headed YES or NO. Work quickly, and don't spend too much time over any question, we want your first reaction, not a long drawn-out thought process.

	YES	NO
1. Are you a talkative person?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your mood often go up and down?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you rather lively?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever feel 'just miserable' for no reason?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you enjoy meeting new people?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you an irritable person?	<input type="checkbox"/>	<input type="checkbox"/>
7. Can you usually let yourself go and enjoy yourself at a lively party?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are your feelings easily hurt?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you usually take the initiative in making new friends?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you often feel 'fed-up'?	<input type="checkbox"/>	<input type="checkbox"/>
11. Can you easily get some life into a rather dull party?	<input type="checkbox"/>	<input type="checkbox"/>
12. Would you call yourself a nervous person?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you tend to keep in the background on social occasions?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you a worrier?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you like mixing with people?	<input type="checkbox"/>	<input type="checkbox"/>

16. Would you call yourself tense or 'highly strung'?
17. Do you like plenty of bustle and excitement around you?
18. Do you worry too long after an embarrassing experience?
19. Are you mostly quiet when you are with other people?
20. Do you suffer from 'nerves'?
21. Do other people think of you as being very lively?
22. Do you often feel lonely?
23. Can you get a party going?
24. Are you often troubled about feelings of guilt?

Section J

The following questionnaire asks about your social support. Please read the following statements and tick the response that most closely describes your current situation.

	Strongly Disagree	Somewhat disagree	Somewhat agree	Strongly agree
1 There are some people who truly like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Whenever I am not feeling well other people show me that they are fond of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Whenever I am sad, there are people who cheer me up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 There is always someone there for me when I need comforting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I know some people upon whom I can always rely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 When I am worried, there is someone who helps me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 There are people who offer me help when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 When everything becomes too much for me to handle, others are there to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for taking the time to complete
this questionnaire.**

Your answers will help me build up a picture of the well-being of Polish immigrants in Scotland. Your answers are very important to make better health and social services for Polish immigrants in Scotland.

Please return the questionnaire to me in the pre-paid envelope provided.

If you have any queries relating to this questionnaire pack, please contact:

Researcher

Anna Bak-Klimek
Edinburgh Napier University
Sighthill Campus
Sighthill Court
Email: A.Bak-Klimek@napier.ac.uk

Supervisor

Prof Thanos Karatzias
Tel. (0)131 455 5345
Email: karatzias@napier.ac.uk

Independent advisor

Andy Gibbs
Tel. (0)131 455 5301
E-mail: A.Gibbs@napier.ac.uk

Zdrowie i Samopoczucie Wśród Polskich Imigrantów w Szkocji

Kwestionariusz

Dziękujemy za pomoc w wypełnieniu niniejszego kwestionariusza. Ceniemy Pana/Pani opinie i doświadczenia. Mamy nadzieję, że kwestionariusz okaże się interesujący i łatwy do wypełnienia.

Kwestionariusz jest ANONIMOWY i udzielone odpowiedzi mają charakter **ŚCIŚLE POUFNY**.

Proszę postarać się odpowiedzieć na wszystkie pytania. Wypełnienie kwestionariusza zajmie około 10 minut. *Nie zastanawiaj się zbyt długo nad odpowiedziami.*

Proszę odesłać nam Kwestionariusz razem z Formularzem Zgody w załączonej kopercie w terminie 10 dni. Znaczka pocztowego nie trzeba naklejać.

Sekcja A

1. Jaki był główny powód Pani/Pana przeprowadzki do Wielkiej Brytanii? (Możesz zaznaczyć więcej niż jedno okienko)

- 1 Przyczyny ekonomiczne
- 2 Studia/nauka
- 3 Dołączyła(e)m do członka rodziny/partnera/partnerki
- 4 Problemy osobiste/rodzinne
- 5 Inne powody (proszę podać).....

2. Kiedy Pan/Pani przyjechał (a) do Wielkiej Brytanii? Proszę wpisać przybliżoną datę.

Rok.....Miesiąc.....

3. Ile miał/miała Pan/Pani lat w momencie przyjazdu do Wielkiej Brytanii?

4. Jak ocenia Pan/Pani swoją znajomość języka angielskiego? Proszę zaznaczyć tylko jedno okienko

- 1 Początkująca
- 2 Podstawowa
- 3 Średniozaawansowana
- 4 Zaawansowana
- 5 Płynna

Sekcja B

1. Płeć

Mężczyzna ₁

Kobieta ₂

2. Ile ma Pan/Pani lat?

₁ Poniżej 20

₂ 20-24

₃ 25-34

₄ 35-44

₅ 45-54

₆ 55-65

3. Stan Cywilny (Proszę zaznaczyć tylko jedno okienko)

₁ Kawaler/Panna

₂ W związku małżeńskim

₃ Wdowa/Wdowiec/ Rozwiedziony/a W separacji

4. Poziom edukacyjny

Jaki jest, obecnie, najwyższy, ukończony przez Panią/Pana poziom edukacji? (Proszę zaznaczyć tylko jedno okienko)

₁ Szkoła podstawowa/gimnazjum

₂ Szkoła średnia (liceum/technikum)

₃ Szkoła zawodowa (Vocational training)

₄ Szkoła pomaturalna (college)

₅ Studia wyższe: licencjat

₆ Studia wyższe – studia podyplomowe/magisterskie/doktoranckie

5.Sytuacja zawodowa (Możesz zaznaczyć więcej niż jedno okienko)

- 1 Praca płatna w pełnym wymiarze godzin (full-time)
- 2 Praca płatna w niepełnym wymiarze godzin (part-time)
- 3 Bezrobotny(a)
- 4 Otrzymuję benefity
- 5 Emeryt/emerytka
- 6 Student(ka) w pełnym wymiarze godzin (full-time)
- 7 Inne (proszę podać) _____

6.Dochód

Jaki jest Pani/Pana średni miesięczny dochód brutto (przed opodatkowaniem) w Wielkiej Brytanii (proszę uwzględnić dochody z pracy, zasiłków/benefits, tax credit/i inne źródła zarobku).

- 1 Zero
- 2 £1-£333
- 3 £334-£666
- 4 £667-£999
- 5 £1000-£1416
- 6 £1417-£2000
- 7 £2001-£3083
- 8 £3084 i więcej
- 9 Nie chcę odpowiadać na to pytanie

SEKCJA C

Proszę zaznaczyć opcję, która najlepiej opisuje Pana/Pani odczucia i myśli w ciągu ostatnich 2 tygodni.

ODCZUCIA	WCALE	RZADKO	CZASAMI	CZESTO	CALY CZAS
1.Optymistycznie patrzę w przyszłość	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2.Czuję się potrzebny/a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3.Czuję się zrelaksowany/a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4.Interesuję mnie życie innych ludzi, ich uczucia i emocje	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5.Czuję, że mam nadmiar energii	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6.Dobrze radzę sobie z problemami	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7.Myślę jasno i precyzyjnie	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8.Jestem z siebie zadowolony/a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9.Czuję się blisko związany/a z innymi ludźmi	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10.Czuję się pewnie	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

11. Jestem w stanie samodzielnie podejmować decyzje	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12. Czuję się kochany/a	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13. Interesuję się nowymi sprawami/wydarzeniami	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14. Czuję się wesola/y	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SEKCJA D

Przeczytaj uważnie każde ze stwierdzeń i zakreśl krzyżykiem (x) właściwą odpowiedź. Odpowiedź właściwa - to znaczy ta, która Pana/Pani zdaniem najlepiej określa jak czuł/a się Pan/Pani podczas ostatniego tygodnia. Nie zastanawiaj się zbyt długo nad odpowiedziami.

1. Czulem/am/ się spięty/a/ lub zdenerwowany/a/

₃ Większość czasu

₂ Sporo czasu

₁ Od czasu do czasu

₀ Wcale

2. Wciąż cieszę mnie rzeczy (sprawy), które zwykle sprawiały mi radość

₀ Zdecydowanie tak samo

₁ Niezupełnie tak samo (nieco mniej)

₂ Tylko trochę

₃ Zupełnie nie

3. Odczuwałem/am/ przerażające uczucie; jakby się miało zdarzyć coś okropnego

₃ Tak, bardzo wyraźnie i coś bardzo złego

₂ Wyraźnie, ale nie tak bardzo złego

₁ Tak, ale nie martwiło mnie to

₀ Wcale czegoś takiego nie odczuwałem/am

4. Potrafię śmiać się i dostrzegać zabawną stronę zdarzeń

- 0 Tak samo jak kiedyś
- 1 Teraz nie tak bardzo jak kiedyś
- 2 Znacznie mniej niż kiedyś
- 3 W ogóle nie

5. Nachodzą mnie smutne myśli

- 3 Większość czasu
- 2 Sporo czasu
- 1 Od czasu do czasu, niezbyt często
- 0 Przypadkowo, rzadko

6. Czuję się wesoły/a i pogodny/a

- 3 Wcale nie
- 2 Rzadko
- 1 Czasem
- 0 Większość czasu

7. Mogę siedzieć spokojnie i czuć się zrelaksowany/a

- 0 Zdecydowanie tak
- 1 Zwykle
- 2 Raczej rzadko
- 3 Wcale nie

8. Czuję się jakbym był/a w ‘psychicznym dolku’

- 3 Przez cały czas
- 2 Bardzo często
- 1 Od czasu do czasu
- 0 Wcale nie

9. Mam zatrważające uczucie, jakby mi się coś trzęsło w środku

- 0 Wcale nie
- 1 Od czasu do czasu
- 2 Dość często
- 3 Bardzo często

10. Przestałem(am) interesować się swoim wyglądem

- ₃ Całkowicie przestałem się interesować
- ₂ Nie dbam o siebie tak jak powinienem (powinnam)
- ₁ Nie jestem w stanie dbać o siebie tak jak kiedyś
- ₀ Dbam o siebie tak jak zawsze

11. Nie mogę spokojnie usiedzieć na miejscu

- ₃ W bardzo znacznym stopniu
- ₂ W znacznym stopniu
- ₁ Czasem, rzadko
- ₀ W ogóle

12. Oczekuję z radością na różne sprawy (wydarzenia)

- ₀ W takim stopniu jak kiedyś
- ₁ Mniej niż kiedyś
- ₂ Zdecydowanie mniej niż kiedyś
- ₃ Wcale nie

13. Miewam nagle uczucie panicznego lęku

- ₃ Bardzo często
- ₂ Dość często
- ₁ Rzadko
- ₀ Wcale

14. Potrafię cieszyć się dobrą książką czy programem telewizyjnym

- ₀ Często
- ₁ Czasem
- ₂ Rzadko
- ₃ Bardzo rzadko

SEKCJA E

1. Czy ogólnie powiedział(a)by Pan/Pani że Pana/Pani zdrowie jest

₅ Doskonale
 ₄ Bardzo dobre
 ₃ Dobre
 ₂ Niezbyt dobre
 ₁ Słabe

SEKCJA F

Jak porównujesz swoje życie do życia innych ludzi

	Znacznie Gorszy	Trochę Gorszy	Podobny	Trochę Lepszy	Znacznie Lepszy
1a. Mój obecny standard życia w porównaniu z życiem moich członków rodziny, którzy są w Polsce jest:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2a. Mój obecny standard życia w porównaniu z życiem Brytyjczyków jest:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3a. Mój obecny standard życia w porównaniu z życiem ludzi w Polsce jest:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4a. Mój obecny standard życia w porównaniu z życiem innych mniejszości narodowych w UK jest:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SEKCJA G

Gdy jestem w bardzo trudnej sytuacji, to zazwyczaj:

	Prawie nigdy	Rzadko	Często	Prawie zawsze
1. Zajmuję się pracą lub innymi czynnościami, żeby o tym nie myśleć.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
2. Moje wysiłki koncentrują się na tym, aby coś z tą sytuacją zrobić	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
3. Mówię do siebie „to nieprawda”	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
4. Piję alkohol lub zażywam inne środki, aby poczuć się lepiej.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
5. Uzyskuję wsparcie emocjonalne od innych.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
6. Rezygnuję z prób osiągnięcia celu	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
7. Podejmuję działania, aby poprawić tę sytuację	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
8. Nie chcę uwierzyć, że to naprawdę się zdarzyło.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
9. Mówię o rzeczach, które pozwalają mi uciec od nieprzyjemnych uczuc	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
10. Szukam rady i pomocy u innych odnośnie tego, co należy zrobić.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
11. Piję alkohol lub zażywam inne środki, co pomaga mi przez to przejść.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
12. Staram się zobaczyć to w innym, bardziej pozytywnym świetle	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
13. Krytykuję samego siebie	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
14. Staram się wypracować strategię czy plan określających należy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

robic				
15. Otrzymuję otuchę i zrozumienie od innych.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
16. Rezygnuję z poradzenia sobie z tym.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
17. Szukam dobrych stron w tym, co się zdarzyło.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
18. Żartuję na ten temat	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
19. Robię coś, aby mniej o tym myśleć, np. idę do kina, oglądam TV, czytam, śnię na jawie, śpię lub robię zakupy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
20. Akceptuję fakt, że to się już stało	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
21. Ujawniam swoje negatywne emocje	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
22. Staram się znaleźć ukojenie w religii czy w swojej wierze.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
23. Otrzymuję pomoc lub poradę od innych osób	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
24. Uczę się z tym żyć	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
25. Poważnie zastanawiam się nad tym, jakie kroki należy podjąć.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
26. Obwiniam siebie za to, co się stało	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
27. Modlę się lub medytuję.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
28. Traktuję tę sytuację jak zabawę.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SEKCJA H

1. Za jak bardzo religijną osobę uważa Pani/Pan siebie?

₄ Bardzo ₃ Średnio ₂ Mało ₁ W ogóle

2. Za jak bardzo uduchowioną osobę uważa Pani/Pan siebie?

₄ Bardzo ₃ Średnio ₂ Mało ₁ W ogóle

	Nigdy	Mniej niż raz w roku	Raz lub dwa razy w roku	Kilka razy w roku	Okolo raz w miesiącu	2-3 razy w miesiącu	Prawie raz w tygodniu	Raz w tyg	Kilka razy w tyg
3. Jak często bierze Pan/Pani udział w uroczystościach religijnych?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

SEKCJA I

Proszę zakreślić krzyżykiem (x) TAK lub NIE

	TAK	NIE
1. Czy jesteś osobą rozmowną?	<input type="checkbox"/> _{E1}	<input type="checkbox"/> _{E0}
2. Czy często miewasz zmienne nastroje?	<input type="checkbox"/> _{N1}	<input type="checkbox"/> _{N0}
3. Czy masz żywe usposobienie?	<input type="checkbox"/> _{E1}	<input type="checkbox"/> _{E0}
4. Czy czasem czujesz się 'podle' bez powodu?	<input type="checkbox"/> _{N1}	<input type="checkbox"/> _{N0}

- | | | |
|---|--|--|
| 5. Czy lubisz poznawać nowych ludzi? | <input type="checkbox"/> _{E1} | <input type="checkbox"/> _{E0} |
| 6. Czy łatwo cię wyprowadzić z równowagi? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 7. Czy zwykle potrafisz odprężyć się i dobrze się bawić na wesołym przyjęciu? | <input type="checkbox"/> _{E1} | <input type="checkbox"/> _{E0} |
| 8. Czy łatwo zranić twoje uczucia? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 9. Czy zazwyczaj przejawiasz inicjatywę przy zawieraniu nowych znajomości? | <input type="checkbox"/> _{E1} | <input type="checkbox"/> _{E0} |
| 10. Czy często czujesz że masz 'wszystkiego dość'? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 11. Czy łatwo Ci rozkręcić towarzystwo na nudnym przyjęciu? | <input type="checkbox"/> _{E1} | <input type="checkbox"/> _{E0} |
| 12. Czy nazwałbyś (nazwałabyś) się osobą nerwową? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 13. Czy w towarzystwie masz skłonność trzymania się na uboczu? | <input type="checkbox"/> _{E0} | <input type="checkbox"/> _{E1} |
| 14. Czy masz skłonność do zamartwiania się? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 15. Czy lubisz przebywać wśród ludzi? | <input type="checkbox"/> _{E1} | <input type="checkbox"/> _{E0} |
| 16. Czy uważasz się za osobę 'spiętą' czy przewrażliwioną? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 17. Czy lubisz jak wokół Ciebie jest dużo ruchu i ciągle coś się dzieje? | <input type="checkbox"/> _{E1} | <input type="checkbox"/> _{E0} |
| 18. Czy zbyt długo się martwisz, kiedy zdarza ci się coś nieprzyjemnego? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 19. Czy przeważnie milczysz w towarzystwie innych ludzi? | <input type="checkbox"/> _{E0} | <input type="checkbox"/> _{E1} |
| 20. Czy cierpisz na 'nerwy'? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 21. Czy ludzie uważają cię, za osobę o bardzo żywym usposobieniu? | <input type="checkbox"/> _{E1} | <input type="checkbox"/> _{E0} |
| 22. Czy często czujesz się samotny (samotna)? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |
| 23. Czy potrafisz rozkręcić zabawę na przyjęciu? | <input type="checkbox"/> _{E1} | <input type="checkbox"/> _{E0} |
| 24. Czy często dokucza Ci poczucie winy? | <input type="checkbox"/> _{N1} | <input type="checkbox"/> _{N0} |

Seksja J

Poniższy kwestionariusz pyta o Twoje wsparcie społeczne. Proszę przeczytaj następujące stwierdzenia i zaznacz odpowiedź, która najlepiej opisuje Twoją obecną sytuację.

	Zdecydowanie się nie zgadzam	W małym stopniu się zgadzam	W umiarkowanym stopniu się zgadzam	Zdecydowanie się zgadzam
1 Są osoby, które naprawdę mnie lubią.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2 Ilekroć źle się czuję, inni okazują mi, że czują do mnie sympatię	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Ilekroć jestem smutny, są ludzie, którzy podnoszą mnie na duchu.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4 Zawsze jest ktoś, kto mnie pociesza, kiedy tego potrzebuję	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5 Znam osoby, na których zawsze mogę polegać	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6 Kiedy jestem zmartwiony, jest ktoś kto mi pomoże	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7 Są osoby, które oferują mi pomoc, kiedy jej potrzebuję	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8 Kiedy przestaję dawać sobie ze wszystkim radę, wtedy są tacy, którzy mi pomogą	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

DZIEKUJĘ ZA CZAS POŚWIĘCONY NA UDZIAŁ W TYM BADANIU

Odpowiedzi wszystkich osób pozwolą nam stworzyć pełny obraz samopoczucia polskich emigrantów i zapewnić bardziej odpowiednie świadczenia zdrowotne.

Proszę odesłać kwestionariusz i formularz zgody w załączonej kopercie. Opłata pocztowa została już uiszczona.

W razie jakichkolwiek pytań dotyczących tego pakietu kwestionariuszy, proszę o kontakt:

Osoba prowadząca badanie

Anna Bak-Klimek
Edinburgh Napier University
Sighthill Campus
Sighthill Court
Email: A.Bak-Klimek@napier.ac.uk
Nr tel: 07990662344

Supervisor

Prof Thanos Karatzias
Tel. (0)131 455 5345
Email: karatzias@napier.ac.uk

Niezależny Doradca

Andy Gibbs
Tel. (0)131 455 5301
E-mail: A.Gibbs@napier.ac.uk

APPENDIX 7

Debriefing Form (English and Polish version)

Debriefing Form

Well-Being of Polish Immigrants in Scotland

Dear Participant,

I would like to thank you for taking part in this research. Your help and contribution is very much appreciated.

If you have any further questions regarding this study or would like any information about the results of the study once it is completed, please feel free to contact me, the researcher by e-mail (Anna Bak-Klimek, 05013458@napier.ac.uk).

This study is not intended to upset you in any way. However, your participation in the study may have raised some issues or concerns. If you feel you need more information, advice and/or support about some of the issues raised during the study we advise you to contact counsellors or psychologists. You may wish to consult one of the following organisations:

1.FENIKS. Counselling, Personal Development and Support Services Ltd. - non-profit project based in Edinburgh which offers counselling and psychotherapy specifically to Polish immigrants facing post-migration challenges. Since psychologists and therapists are Polish, the services are convenient for Polish immigrants with language barriers. Fees for individual therapy are flexible and dependent on the client's financial situation.

St. Stephen's Centre, St. Stephen Street, Edinburgh, EH3 5AB

phone no: +44 75 101 224 25

2.Crossreach Counselling Lothians - Counselling is free of charge or by voluntary donation.

Wallace House, 3 Boswall Road, Edinburgh, EH5 3RJ

- Telephone: 0131 552 8901
- Fax: 0131 552 2319
- e-mail: ccl@crossreach.org.uk

Please again accept my appreciation for your participation in this study.

Yours sincerely

Anna Bak-Klimek
PhD student
Edinburgh Napier University

Informacja dla uczestnika

Ogólne Samopoczucie Wśród Polskich Imigrantów w Szkocji

Drodzy uczestnicy,

Pragniemy podziękować Wam za wzięcie udziału w niniejszym badaniu. Bardzo doceniamy Waszą pomoc i zaangażowanie.

Jeśli macie Państwo dodatkowe pytania dotyczące niniejszego badania lub chcieliby Państwo uzyskać informacje na temat wyników badania po jego zakończeniu, proszę o kontakt e-mailowy ze mną, prowadzącą to badanie: Anna Bak-Klimek, e-mail: 05013458@napier.ac.uk

Celem badania nie jest w żadnym wypadku zestresowanie Państwa. Jednak udział w badaniu może wzbudzać pewne kwestie lub obawy. Jeśli uważacie Państwo, że potrzebujecie więcej informacji, porady i/lub wsparcia odnośnie niektórych kwestii podnoszonych w badaniu, radzimy Państwu skontaktować się z psychologiem lub terapeutą.

Proponujemy Państwu skonsultowanie się z jedną z następujących organizacji:

1) Centrum Rozwoju, Terapii i Wsparcia FENIKS, organizacja non-profit, prowadzona jest przez psychologów i psychoterapeutów w Edynburgu, ma na celu pomoc Polakim imigrantom w rozwiązywaniu problemów wynikających z emigracji. Jako że psychologowie i psychoterapeuci są Polakami, usługi są dogodne dla Polaków z bariera językowa. Wysokość opłaty ustalana jest indywidualnie w zależności od sytuacji finansowej.

St. Stephen's Centre, St. Stephen Street, Edinburgh, EH3 5AB, nr tel. +44 75 101 224 25

2) Crossreach Counselling Lothians – Usługi oferowane w klinice są darmowe, aczkolwiek zachęca się do dokonywania donacji.

Wallace House, 3 Boswall Road, Edinburgh, EH5 3RJ

Telephone: 0131 552 8901

Fax: 0131 552 2319

e-mail: ccl@crossreach.org.uk

Proszę jeszcze raz przyjąć ode mnie moje wyrazy uznania związane z Państwa udziałem w niniejszym badaniu.

Z poważaniem

Anna Bak-Klimek

Doktorant

Edinburgh Napier University

APPENDIX 8

The Correlation Matrix between Continuous Predictors

		Psychological distress	Dysfunctional coping	Emotion-focussed coping	Problem-focussed coping	Religiousness	Social support	Neuroticism	Extraversion	Social Comparisons
Psychological distress	Pearson Correlation	1								
	Sig. (2-tailed)									
	N	183								
Dysfunctional coping	Pearson Correlation	.484**	1							
	Sig. (2-tailed)	.000								
	N	167	172							
Emotion-focussed coping	Pearson Correlation	-.435**	-.270**	1						
	Sig. (2-tailed)	.000	.000							
	N	171	169	176						
Problem-focussed coping	Pearson Correlation	-.337**	-.377**	.543**	1					
	Sig. (2-tailed)	.000	.000	.000						
	N	171	171	173	176					
Religiousness	Pearson Correlation	-.119	-.196**	.510**	.199**	1				
	Sig. (2-tailed)	.117	.010	.000	.008					
	N	176	172	176	176	181				
Social support	Pearson Correlation	-.457**	-.309**	.422**	.452**	.221**	1			
	Sig. (2-tailed)	.000	.000	.000	.000	.003				
	N	174	171	175	175	179	179			
Neuroticism	Pearson Correlation	.656**	.454**	-.351**	-.254**	-.072	-.285**	1		
	Sig. (2-tailed)	.000	.000	.000	.001	.334	.000			
	N	175	171	175	175	180	179	180		
Extraversion	Pearson Correlation	-.312**	-.151*	.209**	.234**	.078	.343**	-.300**	1	
	Sig. (2-tailed)	.000	.049	.006	.002	.298	.000	.000		
	N	175	171	175	175	180	179	180	180	
Social Comparisons	Pearson Correlation	-.352**	-.190*	.165*	.156*	.131	.140	-.090	.176*	1
	Sig. (2-tailed)	.000	.013	.029	.039	.080	.061	.230	.019	
	N	175	171	175	175	180	178	179	179	180

APPENDIX 9

Thematic Maps

Figure 1a) Illustration of coding process for the 'Language Barrier'

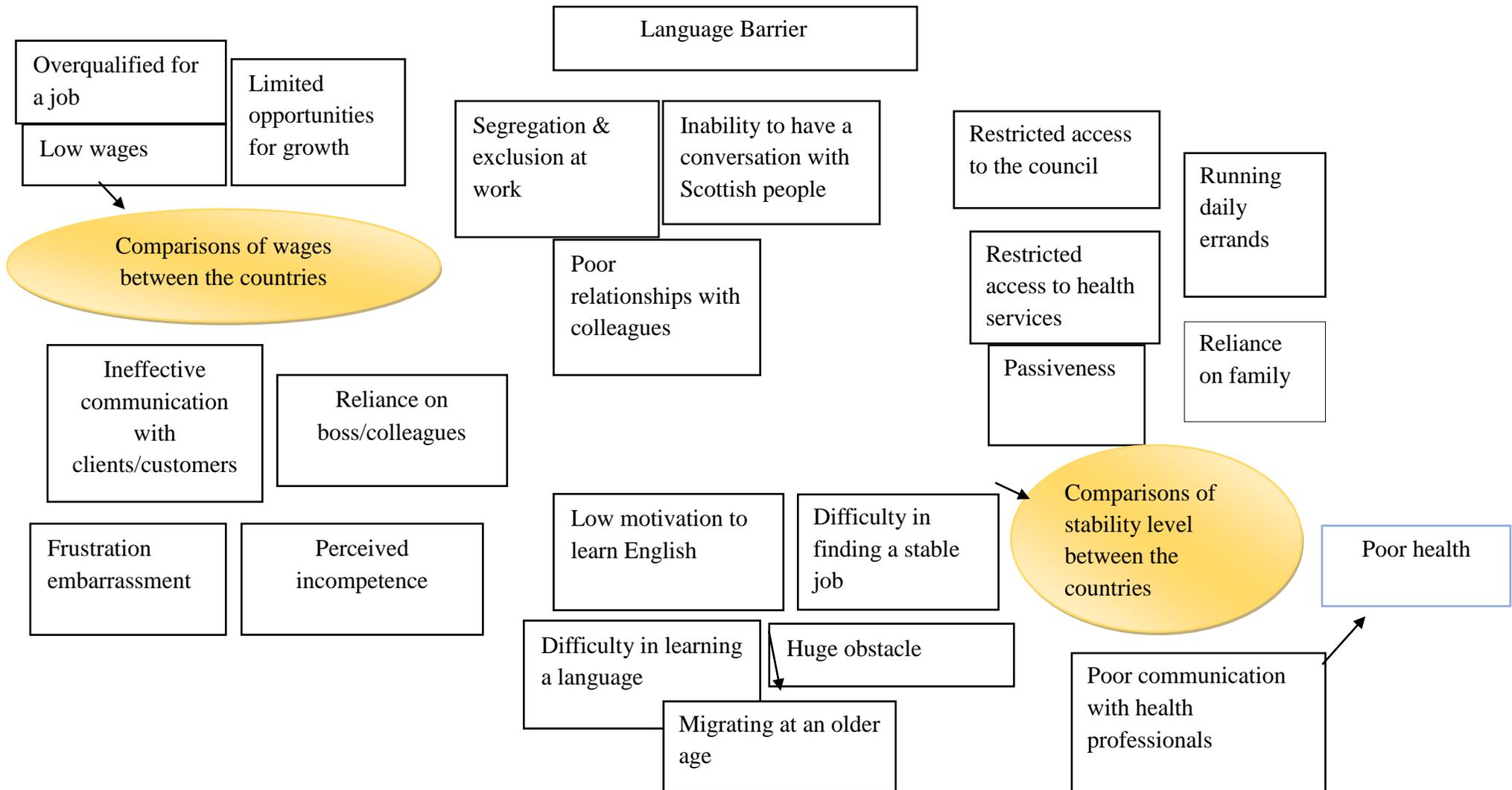


Figure 1b) Subthemes of the 'Language Barrier'

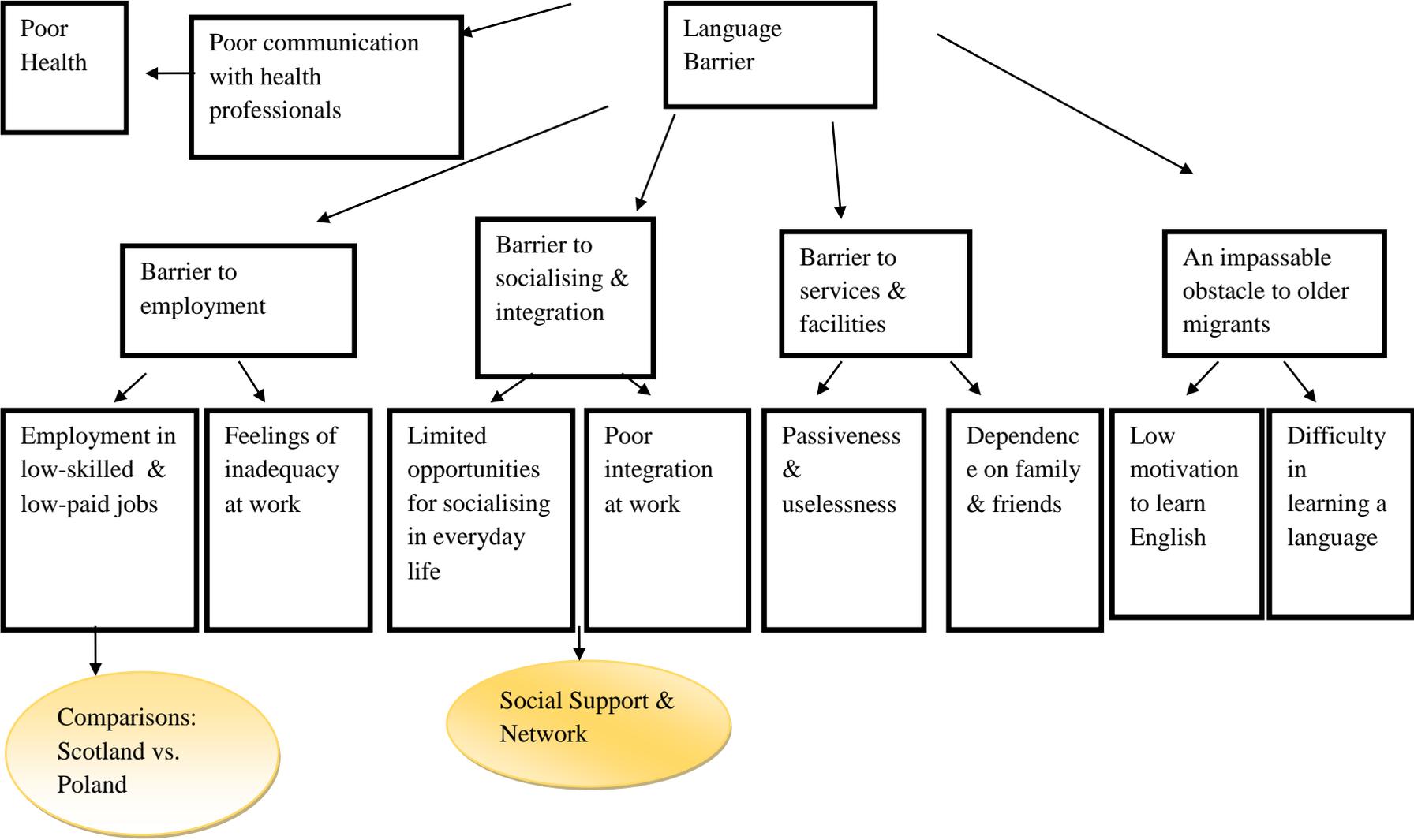


Figure 2a) Illustration of coding process for the 'Poor Health'

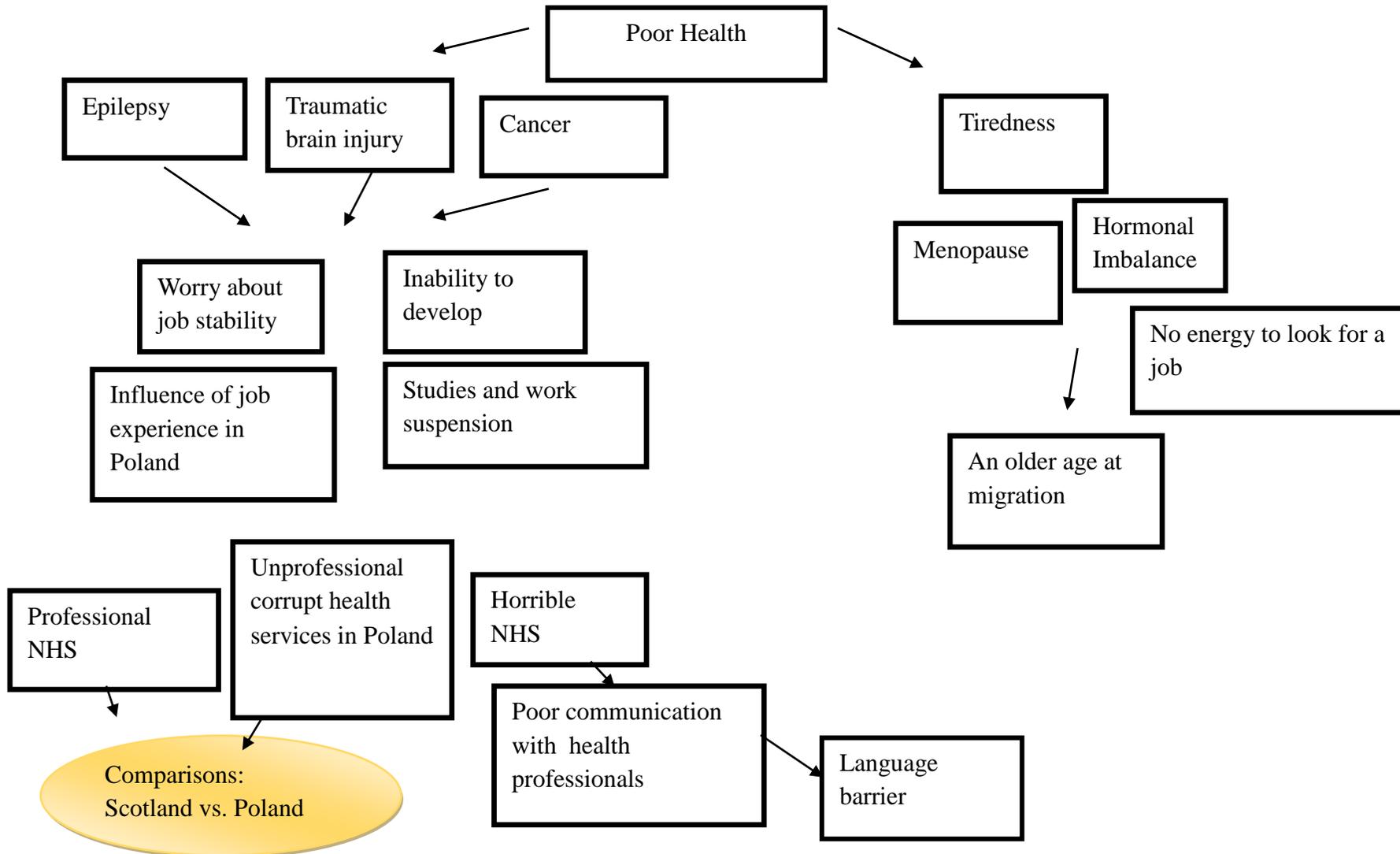


Figure 2b) Subthemes of 'Poor Health'.

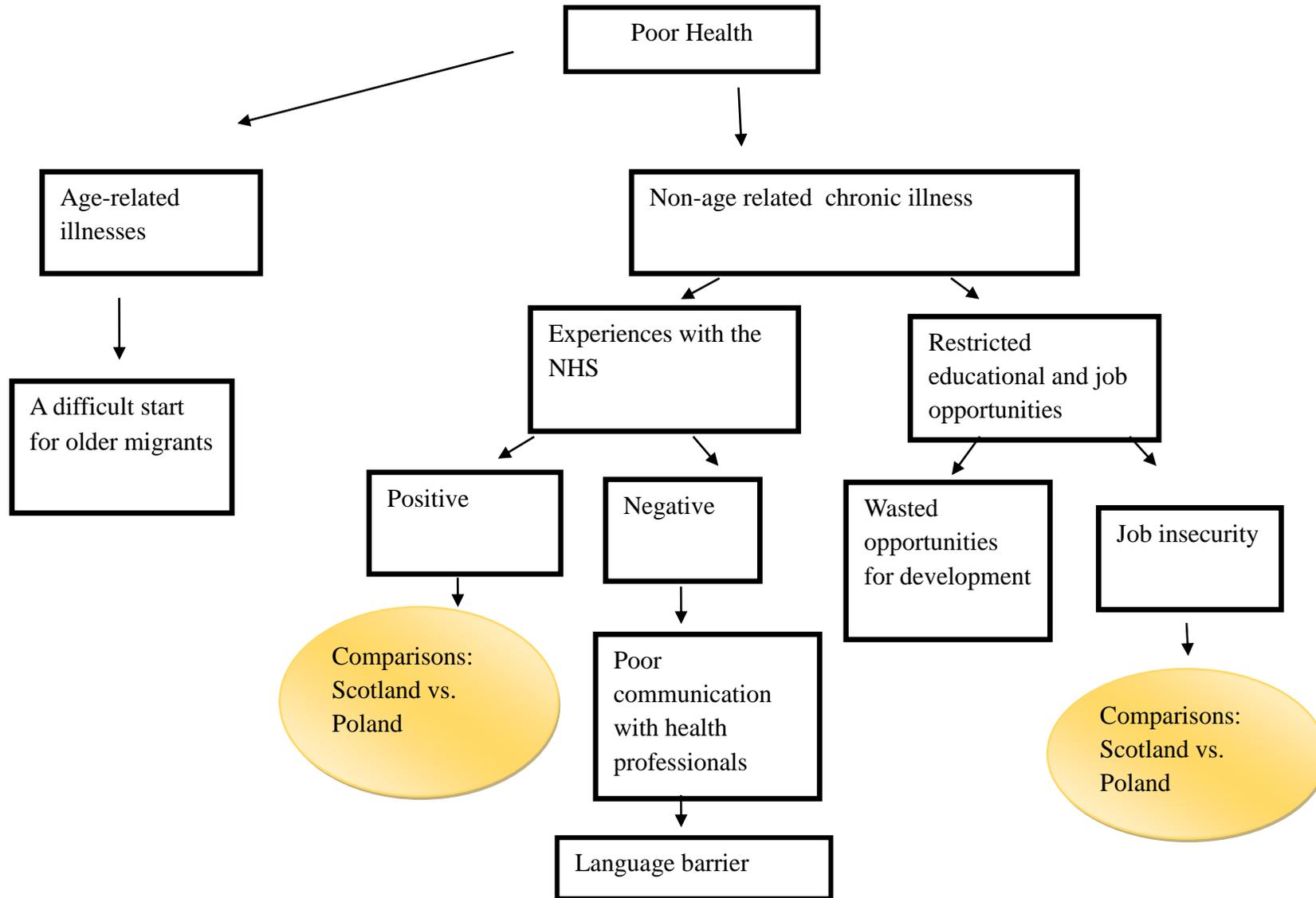


Figure 3a) Illustration of coding process for 'work conditions' (under 'Comparisons: Scotland vs. Poland' theme)

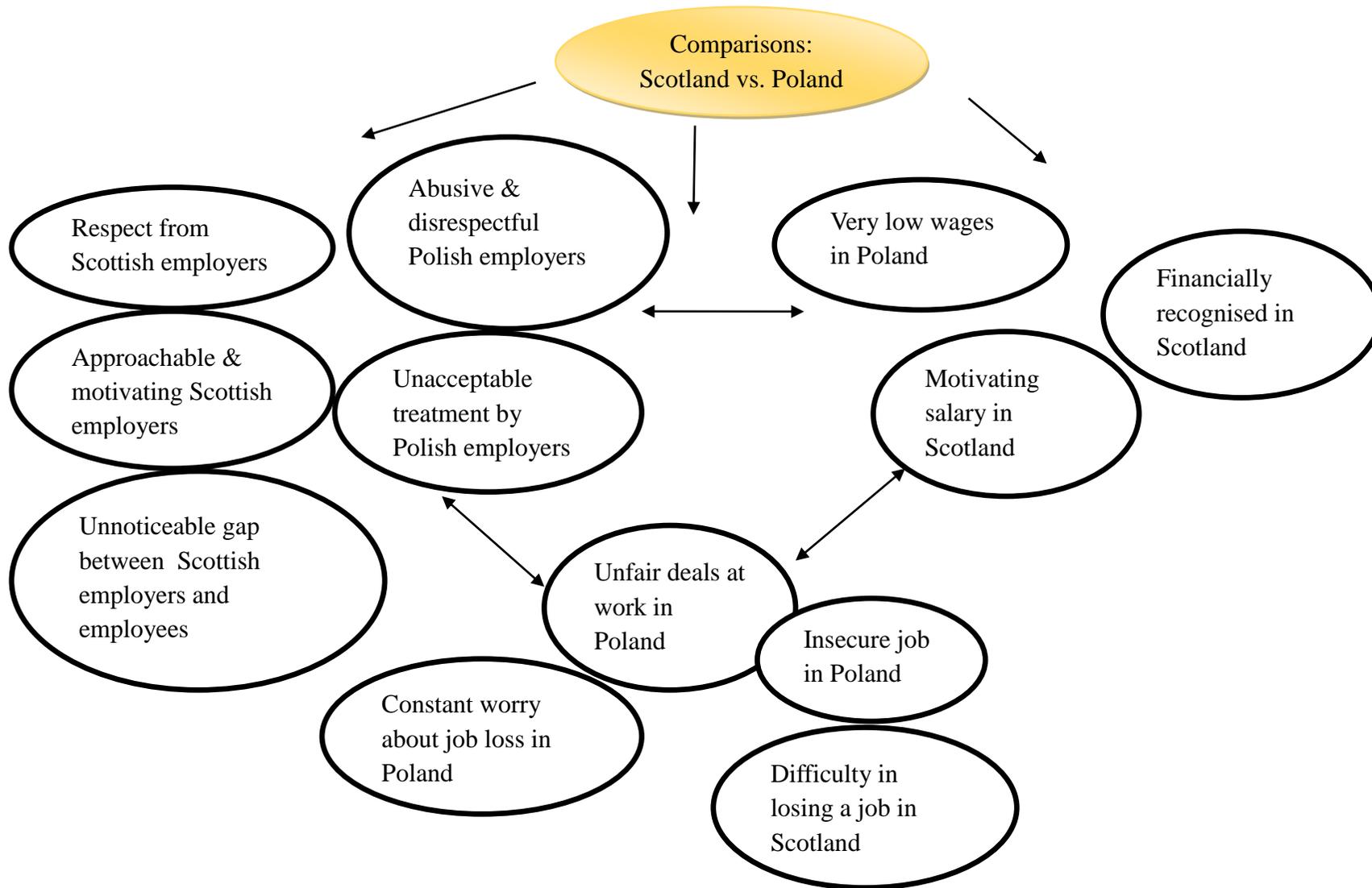


Figure 3b) Subthemes of 'work conditions' (under 'Comparisons: Scotland vs. Poland' theme)

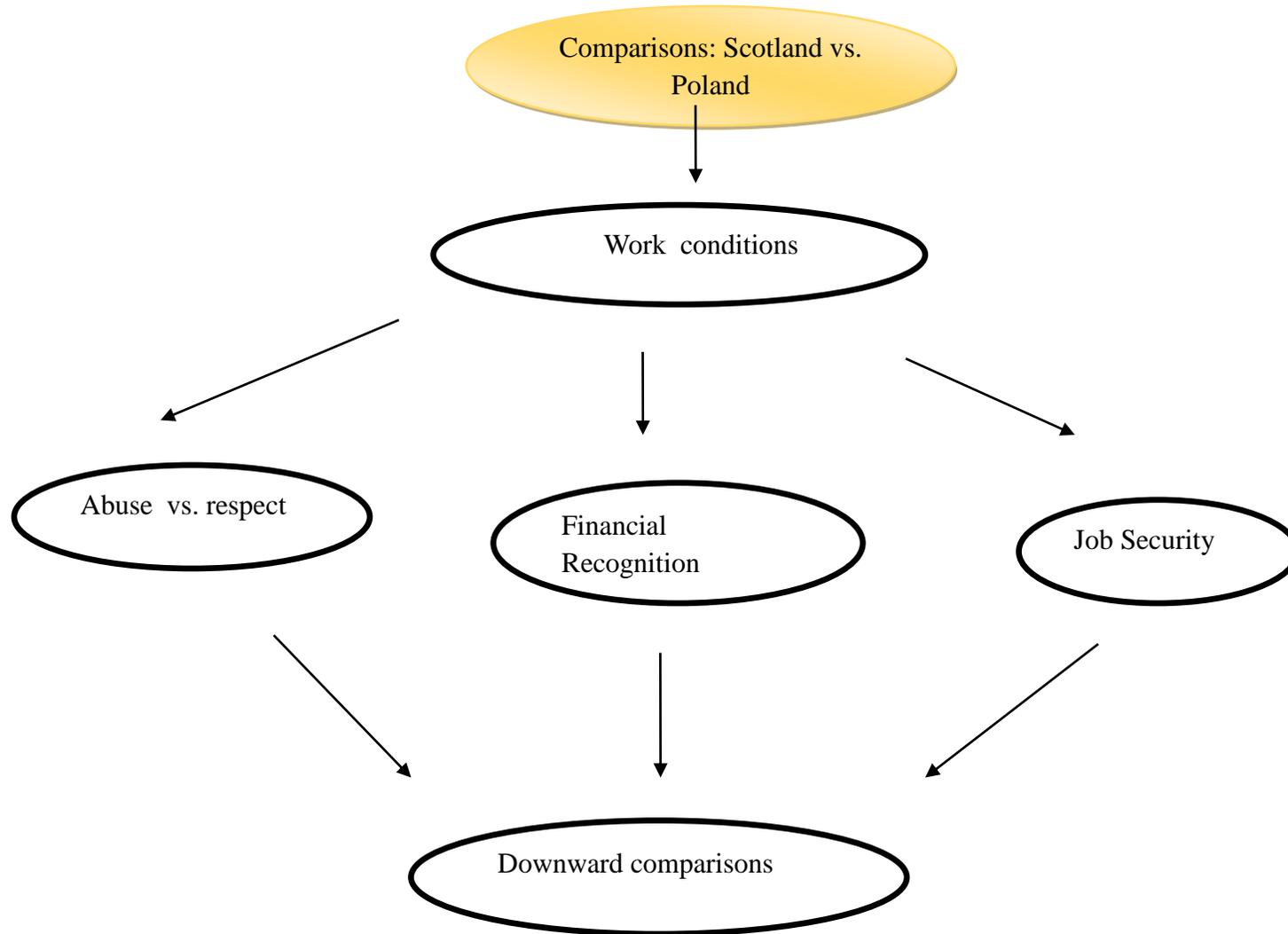


Figure 4a) Illustration of coding process for the 'Lifestyle & Culture' (under 'Comparisons: Scotland vs. Poland' theme)

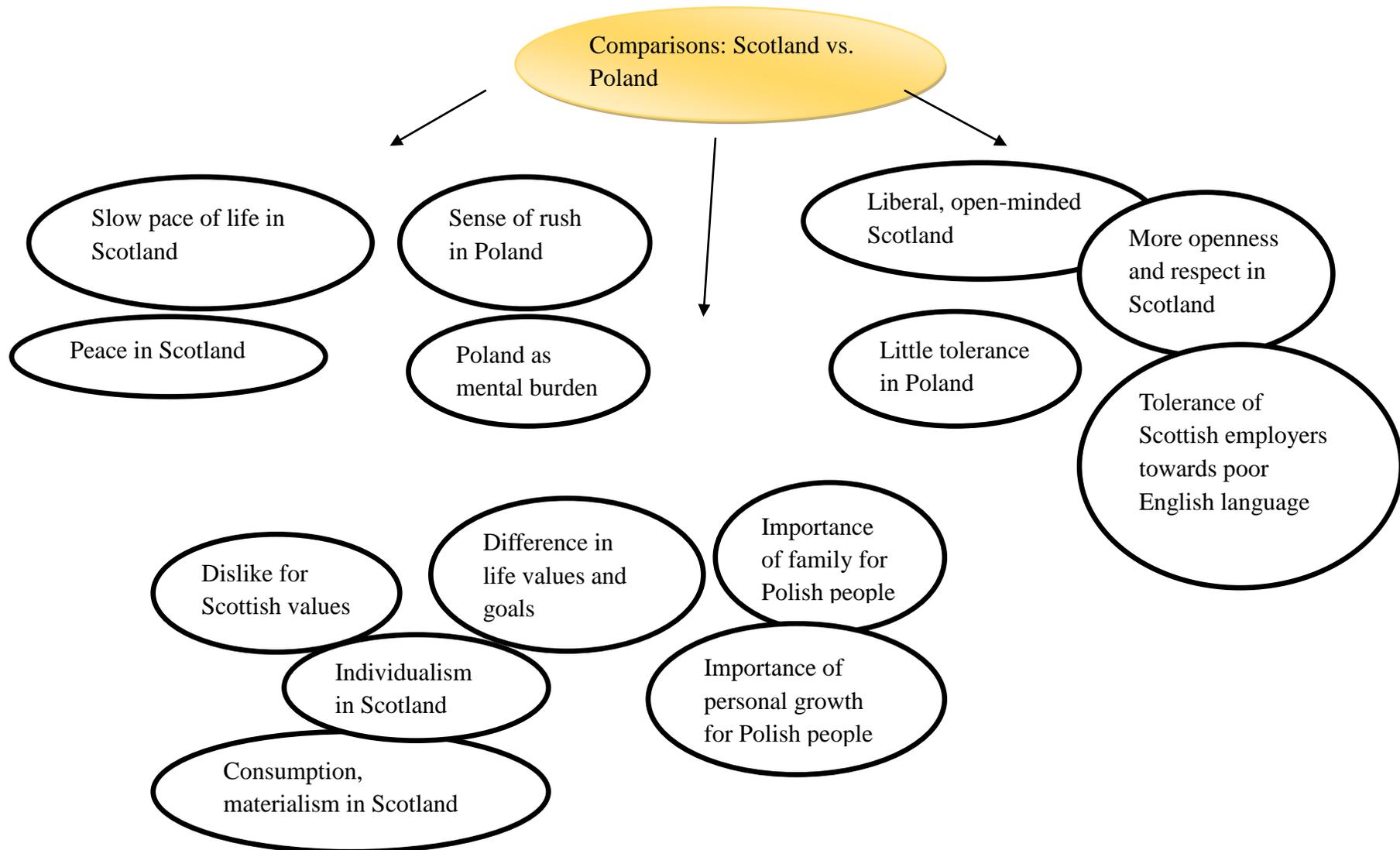


Figure 4b) Subthemes of 'Lifestyle & Culture' (under the 'Comparisons: Scotland vs. Poland' theme)

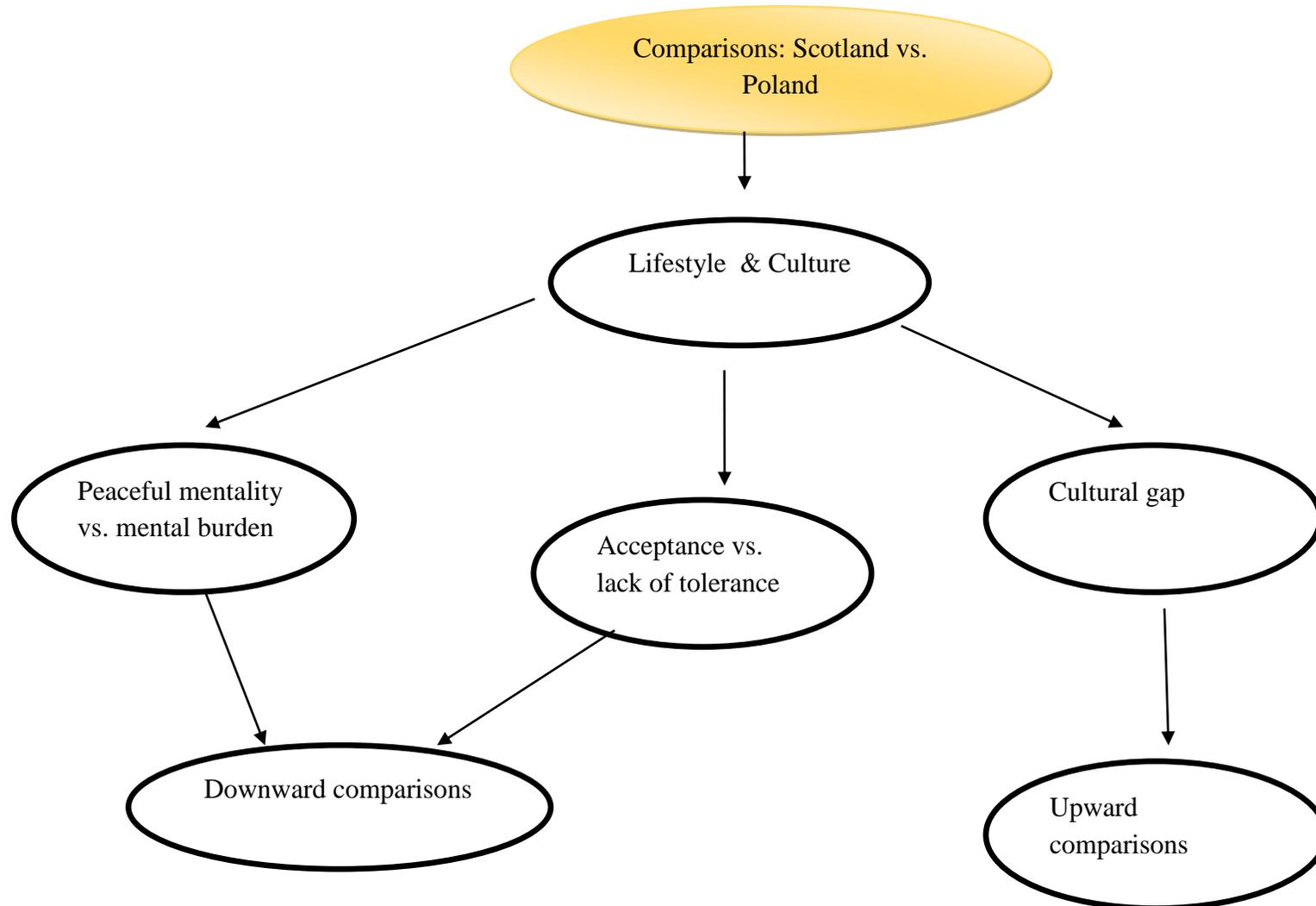


Figure 4c) Subthemes of 'Comparisons: Scotland vs. Poland' theme.

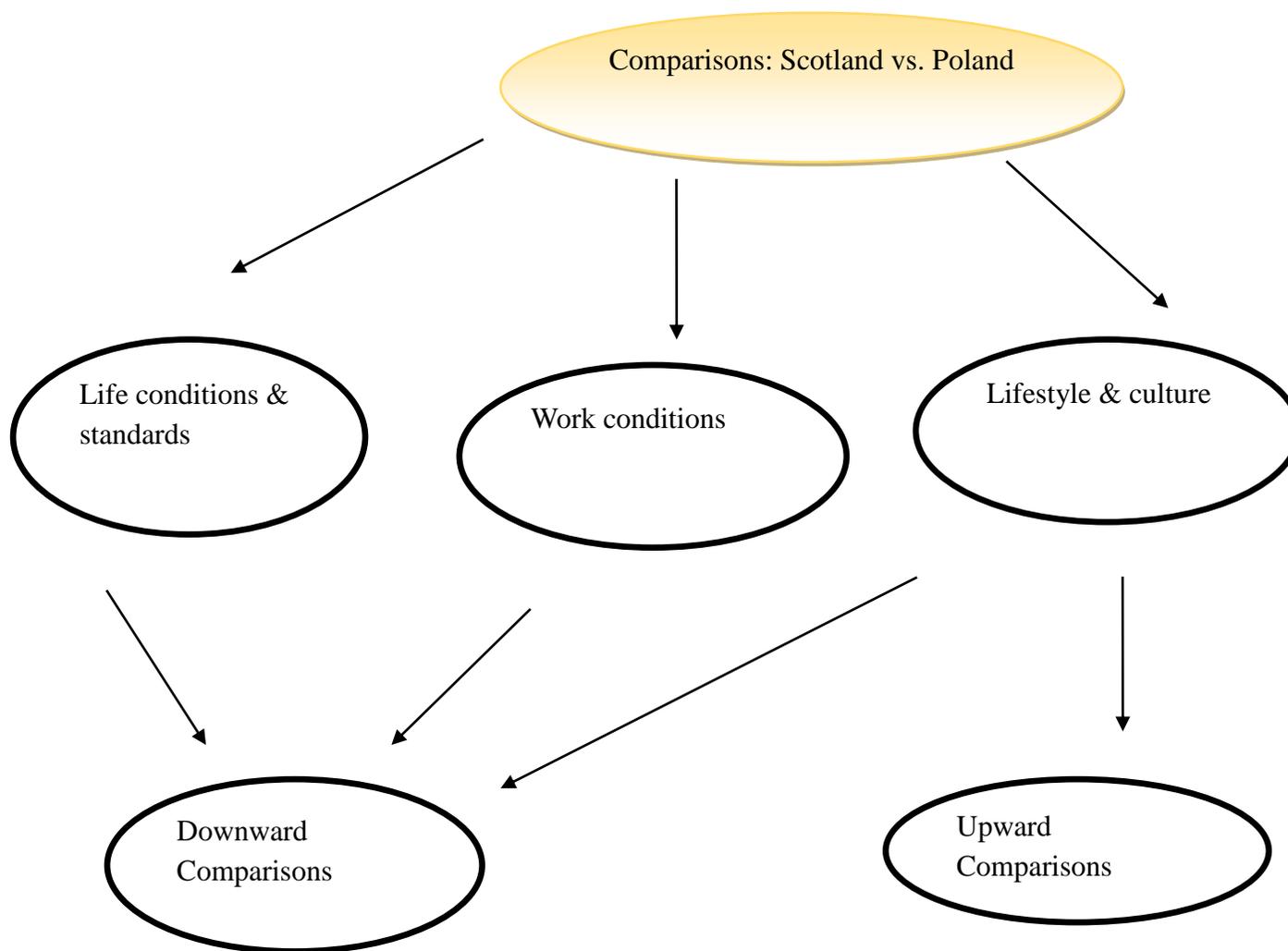


Figure 5a) Illustration of coding process for the ‘Polish community in Scotland’ and ‘Family & Friends in Poland’ (under Social Support & Network theme)

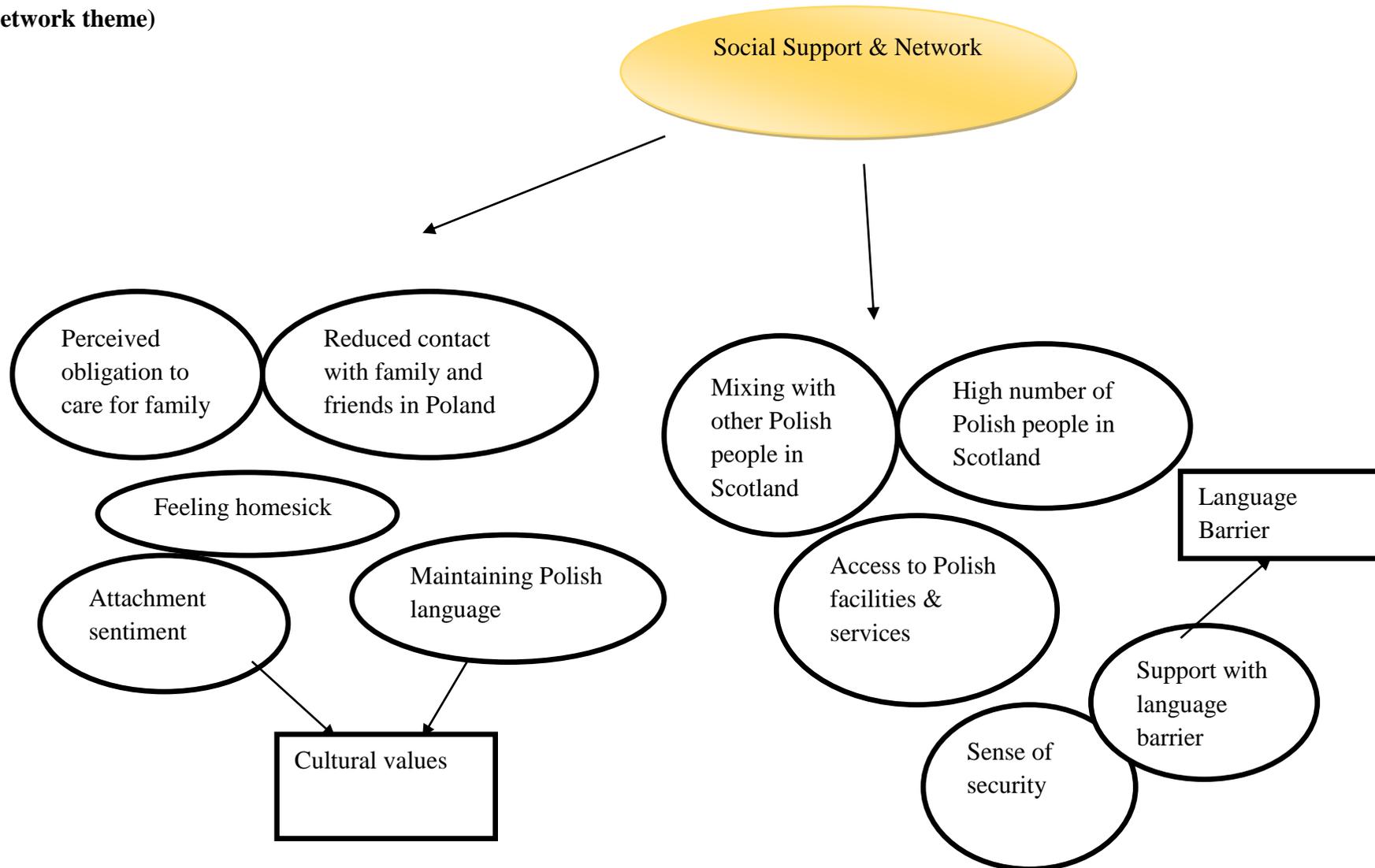


Figure 5b) Two subthemes of the Social Support & Network theme

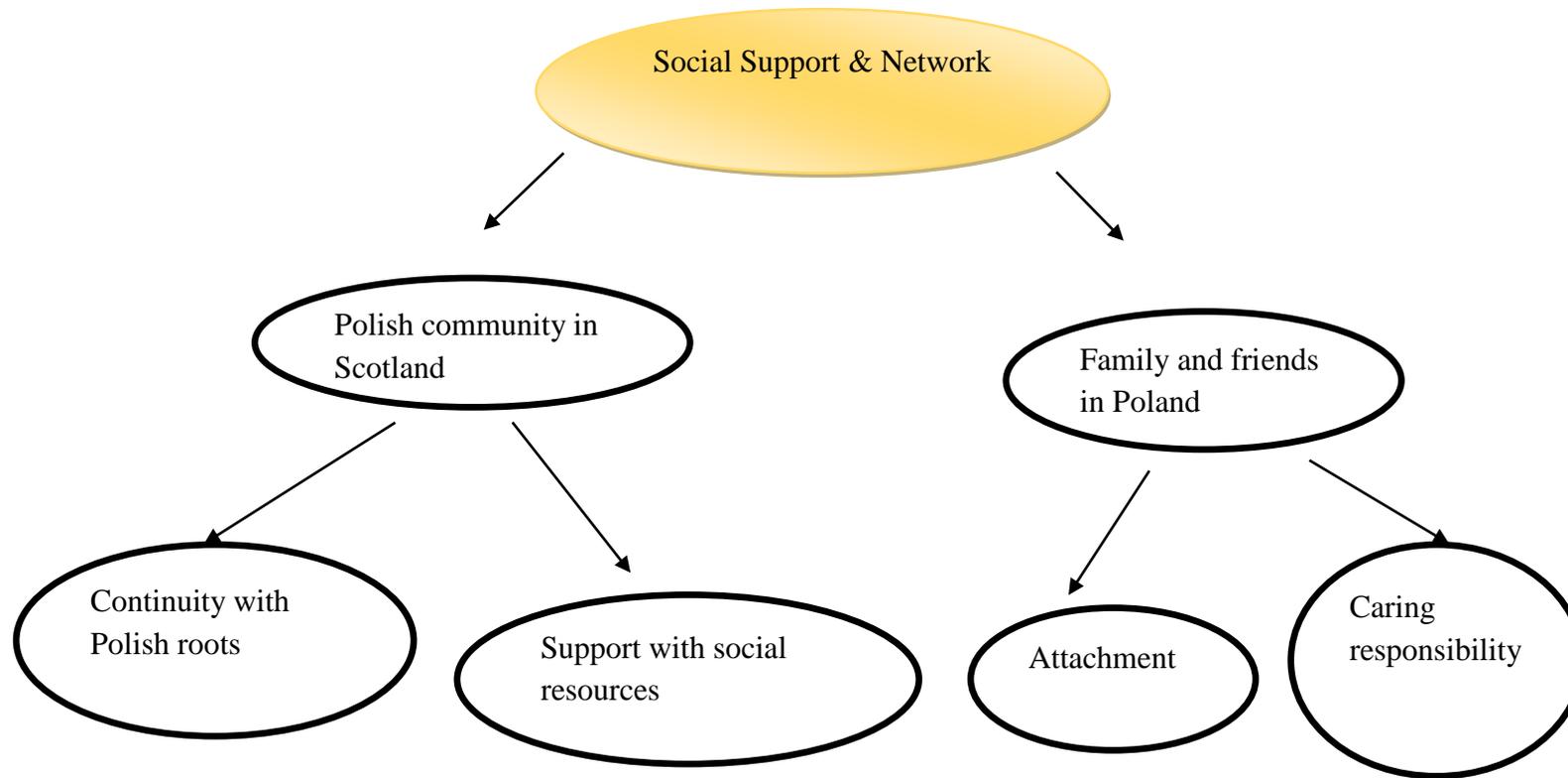


Figure 5c) Illustration of coding process for 'Superficial relationships with Scottish people' (under Social Support & Network' theme)

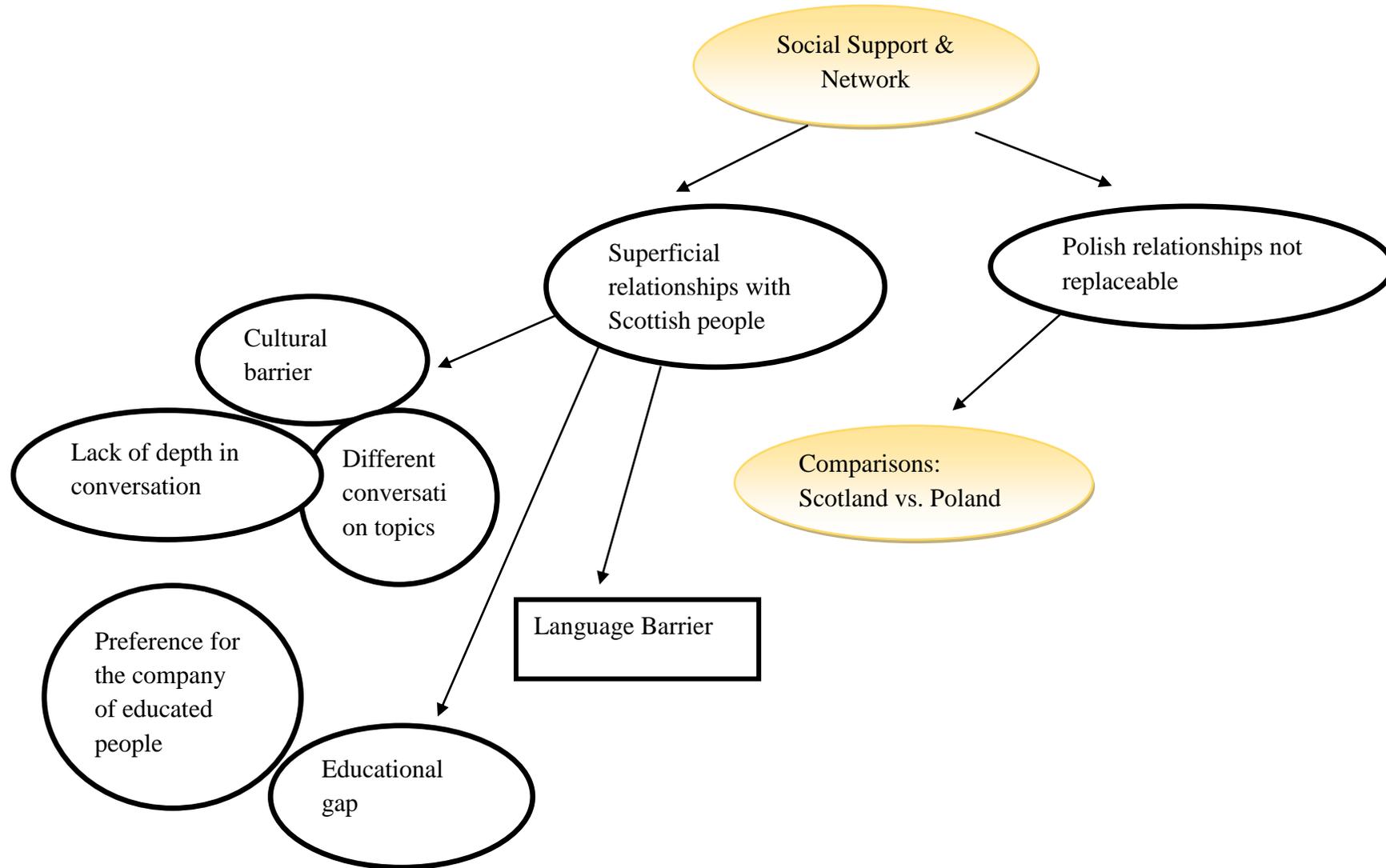


Figure 5d) Subtheme ‘Superficial relationships with Scottish people’ (under the Social Support & Network)

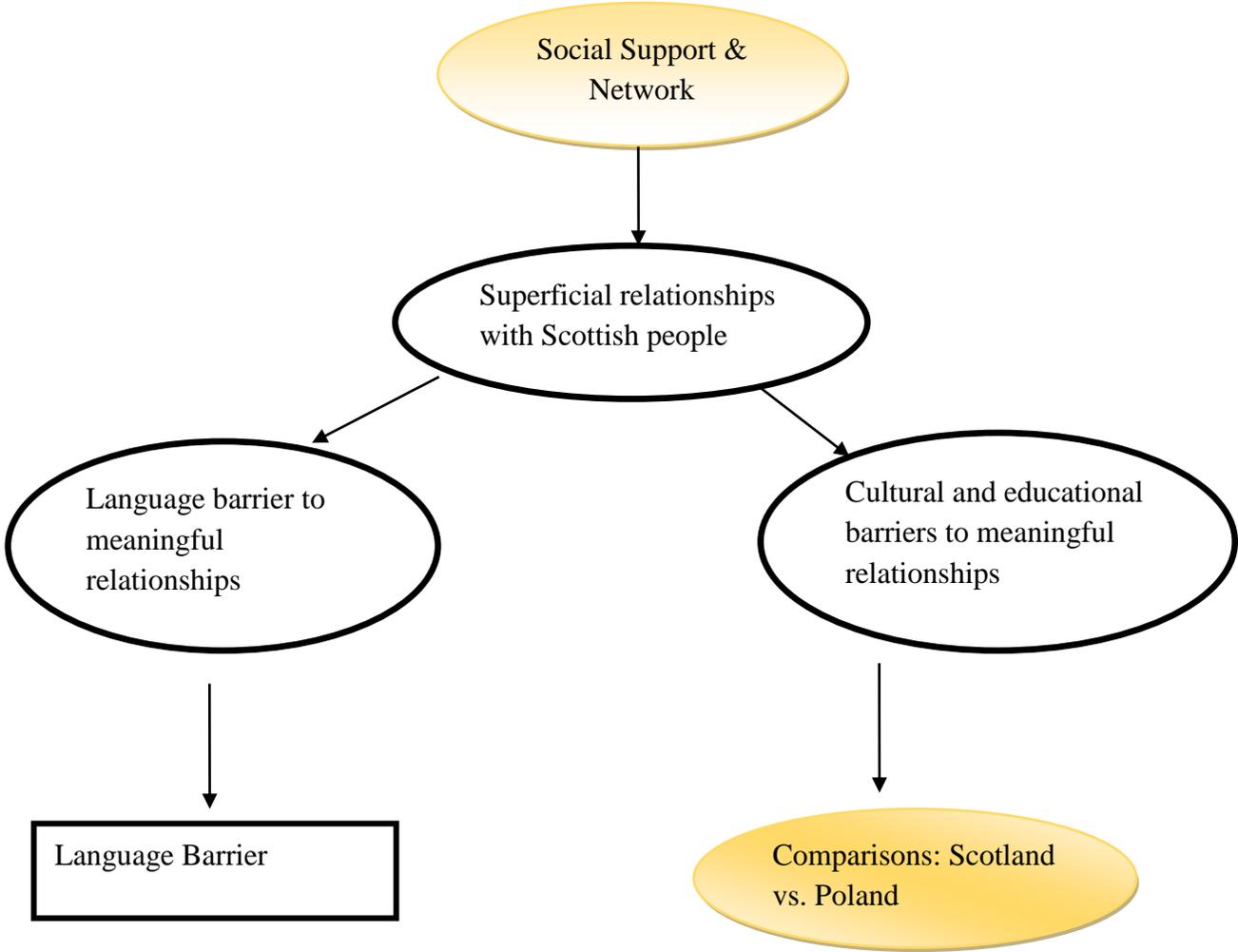


Figure 5e) Illustration of all subthemes for 'social support & network' theme

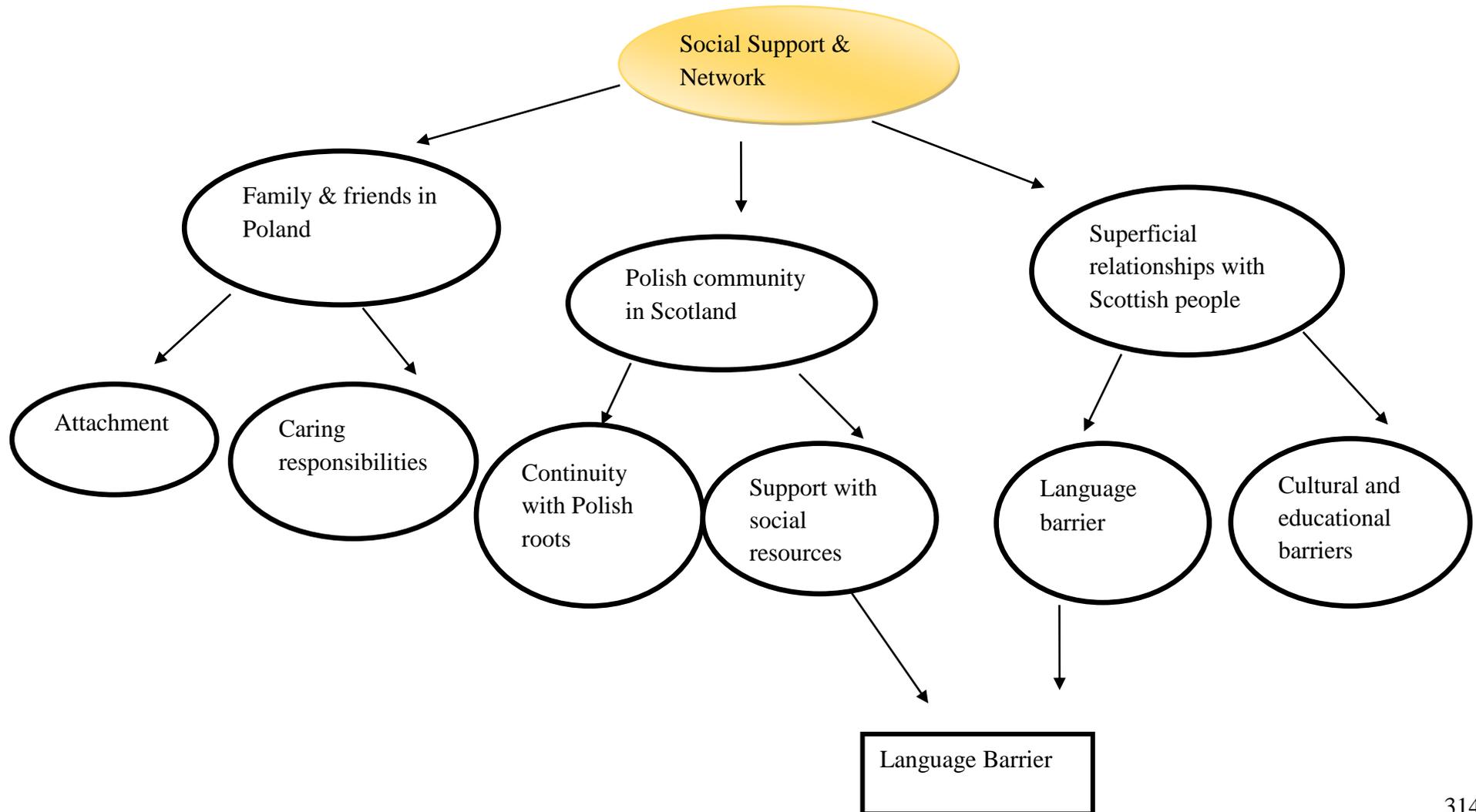


Figure 6a) Illustration of coding process for ‘Emotion-focussed coping strategies’

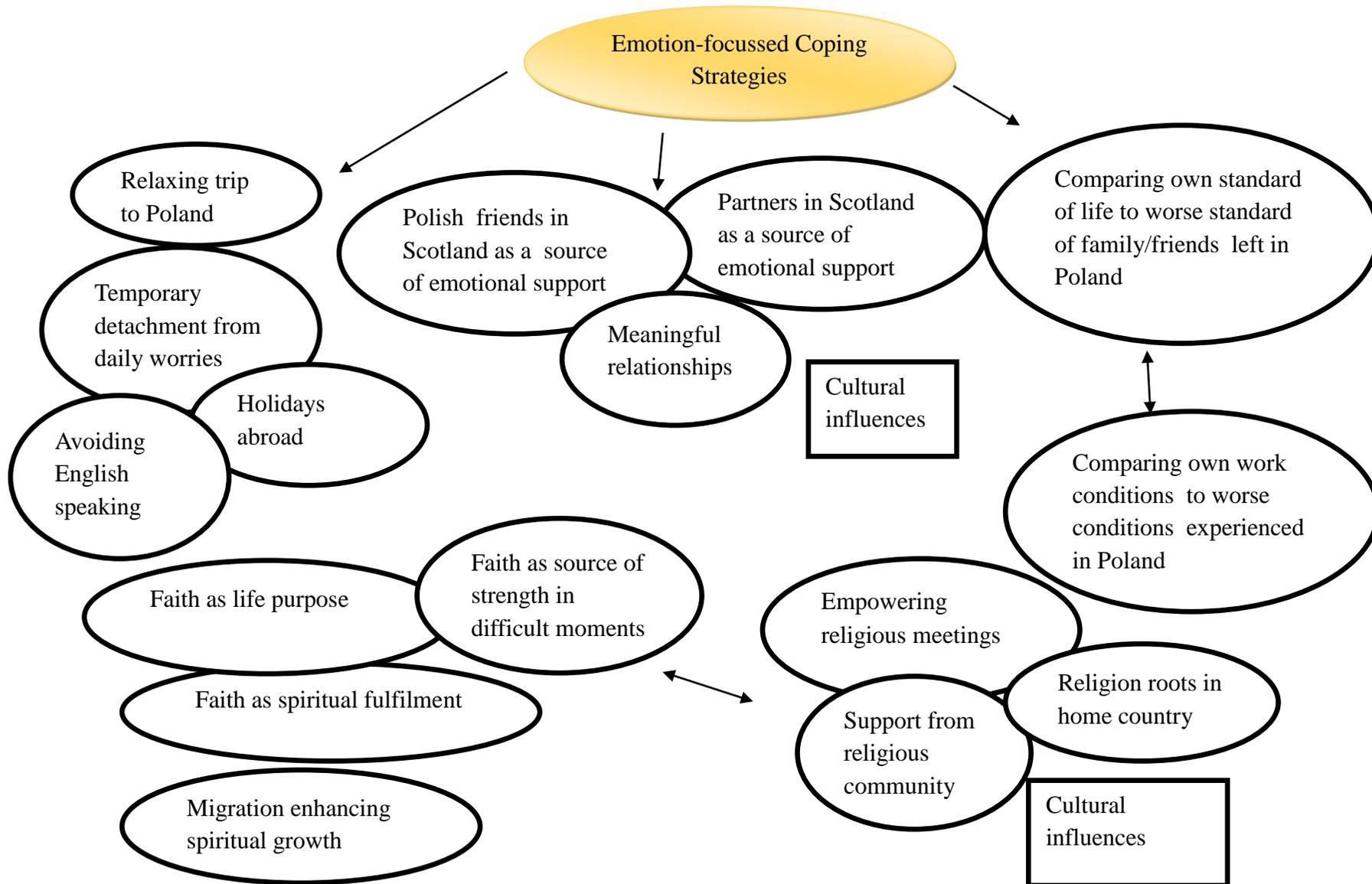
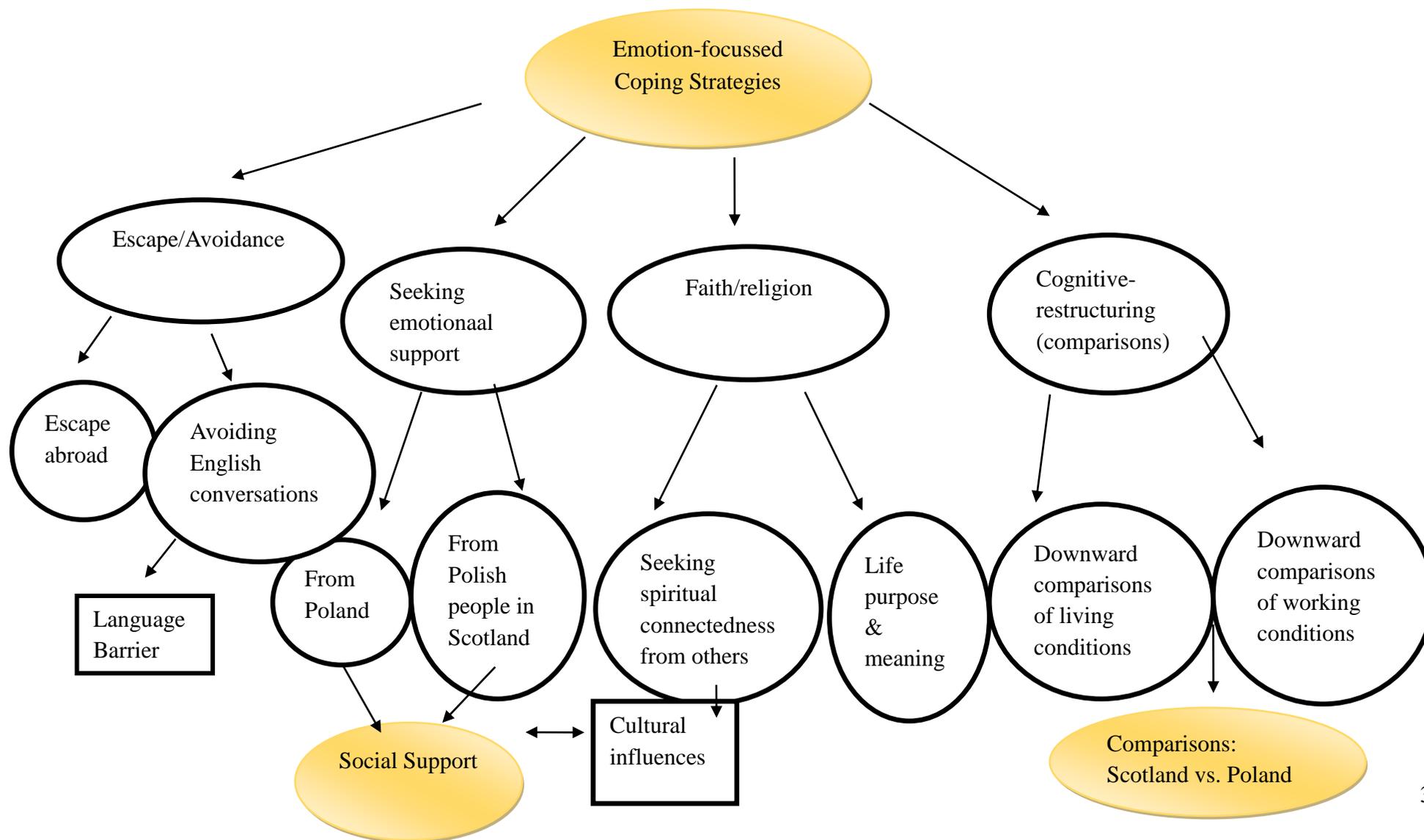


Figure 6b) Illustration of subthemes for 'Emotion-focussed coping strategies' theme



APPENDIX 10

Publication Resulting from the PhD Dissertation