J Immigrant Minority Health (2013) 15:125–131
DOI 10.1007/s10903-011-9547-5

ORIGINAL PAPER

Learning to Fit in: An Exploratory Study of General Perceived Self Efficacy in Selected Refugee Groups

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Published online: 16 November 2011

Abstract As self efficacy beliefs help determine an individual's response to challenging situations, we explored the impact of the refugee experience on efficacy beliefs and their contribution to resettlement. General self efficacy (GSE) was assessed in 186 resettled Afghan and Kurdish refugees against a range of personal and temporal variables. Although no differences in GSE in relation to temporal factors were noted, significant relationships between self efficacy, lower psychological distress and higher subjective well being were evident. The findings suggest that GSE, because of its positive association with mental health and well being, is a variable worthy of further examination in refugees. In addition to ensuring a supportive environment for learning English, proactive employment strategies should be encouraged. Further research examining the use of successful refugee role models to promote self efficacy, enhance motivation for learning and ensure newly arrived refugees view resettlement as a challenge, rather than a threat, is recommended.

Keywords General self efficacy · Refugees · Resettlement · Mental health · Social modelling

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Background

Any migration experience provides significant challenges to individuals adapting to their new environment, and this is particularly so for refugees resettling in host societies where there are considerable cultural, linguistic and social barriers. Although there are wider pre- and post-migration influences, including human rights violations, trauma, personal loss and the involuntary nature of migration which affect refugee groups as a whole, individual psychosocial characteristics also influence the resilience and ease with which some people adapt. In particular, the concept of self efficacy (SE) may be one area worthy of further consideration for enhancing resettlement outcomes and well being for former refugees.

Self efficacy was first described by Bandura as a key component of social cognitive theory [1, 2]. According to this theory, SE beliefs help shape an individual's responses through cognitive, motivational, affective and selection processes that determine how people feel, think, motivate themselves and behave. The main sources of efficacy beliefs include mastery experiences, vicarious experiences gained by observation of social models especially those perceived as similar to the individual, social persuasion and an individual's own psychological assessment of capability.

A strong sense of efficacy promotes belief in personal accomplishment and confidence to face challenging situations, improves the likelihood of success in a given venture, and enhances psychological well being. People with high efficacy beliefs perceive tasks as challenges to be mastered in pursuit of a goal, rather than threats to be avoided, and maintain a strong commitment to these goals even following failures or setbacks. Whereas someone with low efficacy may attribute difficulties to personal deficiencies, focusing on obstacles, adverse outcomes and

avoidance of the activity, highly efficacious individuals are more inclined to perceive life as a challenge, confident that they can exercise control over threatening situations. This in turn reduces stress and decreases vulnerability to depression. Although self efficacy was originally conceived as a domain or task specific construct, there is now increasing acceptance of a generalised efficacy concept (GSE), or "situation-independent competence beliefs", referring to a globalised confidence in one's coping ability to successfully manage a range of stressful situations [3–6]. The general self-efficacy scale therefore, aims at assessing a broad and stable sense of personal competence to deal efficiently with a variety of stressful situations.

A high level of efficacy increases motivation for work, study [7] and exercise [8], is associated with lower levels of stress and psychological distress [9, 10], has a positive relationship with health related quality of life [11], and has also been identified as an important predictor of post traumatic recovery for collective trauma survivors [12, 13]. However, few studies have examined SE in refugee groups despite a number of studies indicating that it may be important. For example, self efficacy has been identified as a significant predictor of mental health for former Malawian refugees [9], higher levels of SE and lower depression were observed among resettled Somali adolescents reporting a greater sense of school belonging [14], and East German refugees/migrants with higher GSE reported better health, higher rates of employment and improved social integration [15]. High levels of personal and collective efficacy have also been observed among Somali women in the United States in a study examining determinants of physical activity [8].

However, although a high sense of general self efficacy can have positive benefits in a number of areas, it is known that weak SE beliefs are vulnerable to change in response to intervening experiences [2]. Thus, although the beliefs themselves may be conceived and manifest in general terms such as self confidence and motivation, they may be modified by specific experiences.

As part of a larger exploratory study examining psychological distress and subjective well being (SWB) in resettled Afghan and Kurdish refugees in New Zealand and Australia, measurement of GSE was included to address the following research questions: Do those with higher levels of psychological distress have lower GSE? Is GSE related to education, English ability, or employment? Is there any relationship between the length of time someone has spent in a disempowering refugee situation and their assessed GSE? Once a refugee has been resettled in an area without persecution or conflict, does their GSE improve over time? What is the relationship between the level of GSE and the type of stressors reported?

Methods

A mixed methods approach was used for our wider study, combining quantitative assessment of psychometric data with qualitative interview responses from open ended questions. Selected findings from the quantitative component of the study relating to general perceived self efficacy are presented here. The study was approved by the Human Research Ethics Committee, Curtin University in Perth, Western Australia. Written informed consent was obtained from all participants. A full description of instrument selection, language considerations and sampling challenges is available elsewhere [16, 17], but a brief outline is presented below.

Participant Recruitment

Participants were adults of Afghan or Kurdish ethnicity, who arrived in New Zealand or Australia as refugees between 1988 and 2008 and were living in either Christchurch or Perth during data collection in 2008–2009. Snowball sampling was used for recruitment, using multiple initial contacts with short chains of contacts within each of the refugee groups to improve representativeness and reduce selection bias [18, 19]. Comparison with census data and community profile maps reassured us that this had been achieved [16]. An ascending technique helps overcome some of the sampling challenges with vulnerable, socially invisible groups, including concerns about research motives, difficulties with access and trust [20, 21], also problems with invisibility in national data sets (a particular concern for Kurdish participants). It has been acknowledged that snowballing is sometimes the only feasible approach for recruitment of hidden populations such as these [20].

Measures

General Perceived Self Efficacy Scale (GPSE)

The GPSE scale [22] consists of ten questions in which respondents rate how well each statement describes their approach to problem situations on a four point Likert scale. A sum score, with a range from 10 to 40 points, is calculated by adding all responses, or alternatively a mean score may be used. Higher scores represent higher levels of perceived self efficacy. Scores are not calculated if there are more than three missing values. Alternative language versions are available from the developer's website (http://userpage.fu-berlin.de/health/selfscal.html), and previous international studies have reported cross-cultural equivalence [5].

Kessler-10 Psychological Distress Scale (K10)

This instrument was used to assess self-rated psychological distress over the previous 4 weeks, using a Likert scale with five response categories. The sum of all ten items gives a total score ranging from 10 to 50. Cut off values vary, but for the purposes of this analysis the categories selected for the New Zealand (2006–2007) and Australian (2007–2008) Health Surveys were used [23, 24]. These classify scores between 10 and 15.9 as being at low risk of distress, moderate (K10 between 16 and 21.9), high (22–29.9) and very high risk (K10 of 30 and over). The high and very high risk groups were aggregated for this analysis. Also available in Arabic, Farsi and Turkish, the K10 has previously been used with similar refugee groups in Australia [25].

Personal Well Being Index (PWI)

Subjective well being (SWB) was assessed using the Personal Well Being Index [26], a self rated questionnaire comprised of eight items of satisfaction related to quality of life domains representing the first level deconstruction of the global question "How satisfied are you with your life as a whole?" Questions scored using an 11-point Likert scale are aggregated to give an average percentage score representing SWB, with higher scores indicating greater satisfaction. This instrument is available in Farsi and Arabic, and has been previously used with groups from the Middle East [27, 28].

Language Considerations and Data Collection

The availability of pre-translated, culturally validated instruments in appropriate languages for the target populations was a key criterion in their selection. Questionnaires also needed to report adequate validity and reliability with comparable populations, to measure the constructs of interest, and ideally have comparative national or local population data sets available. Farsi/Dari (Persian) is a national language of Afghanistan and is also understood by many Kurdish refugees, in addition to English and Arabic. No instruments were identified in any Kurdish dialects; however, as most Kurds are educated in the state language of their country of origin, Farsi and Arabic were considered a compromise choice. Similarly, all Afghan refugees in Christchurch and Perth understand Dari. Although Arabic instruments were also available for use, only Farsi and English language versions were used by participants.

Face-to-face interviews lasting 1–2 h were conducted with 186 participants. Questionnaires were self completed by respondents in their choice of Farsi [41% ($n = 76$)] or English language [59% ($n = 110$)]. In a small number of cases, interpreter assistance was required. Open-ended questions were used to direct discussion about sources of stress, with 71 participants providing some qualitative material for analysis as part of our wider study. The aim was to determine if the types of stressors reported by participants, information which cannot be determined from psychometric instruments, varied according to the level of GSE recorded.

Analysis

Quantitative data was analysed using SPSS 12.0 (SPSS Inc.). Baseline descriptive statistics were calculated, and differences between groups of variables assessed using nonparametric tests (Kruskall–Wallis (KW) and Mann–Whitney (MW)) to reduce the impact of skewed data, with initial significance levels of $P < .05$. Significant results from the KW test were further analysed by pair wise comparison using the MW test and applying the Bonferroni correction to determine relevant significance levels. Cronbach's alphas, calculated for combined language versions of 10-item GPSE and K10, and 8-item PWI with our entire sample,were .89, .86 and .83 respectively. Thematic analysis involved open coding in which data from open ended questions was broken down into distinct units of meaning. During the axial coding phase these codes were compared with one another to identify links between categories, and related categories were then aggregated to produce the themes reported [29]. Findings were discussed between the researchers with input from interpreters.

Results

The demographic characteristics of the sample, with median GPSE scores, are presented in Table 1. Statistically significant differences in self efficacy between some groups were noted, with higher scores recorded for males, those employed, and people speaking functional English. This was defined as being able to confidently communicate in English with members of the host society. A positive linear relationship was observed for the education variable with participants having minimal education recording the lowest SE scores and those with tertiary level education the highest. This was also observed for SWB; those with lower SE scores reported poorer quality of life. An inverse relationship was noted for psychological distress; participants with the highest risk of distress had the lowest median SE scores, while the highest SE scores were recorded for those with lowest risk of psychological distress.

No differences in perceived self efficacy were noted for groups based on resettlement location, ethnicity (refugee community), age, or marital status.

Table 1 Median GPSE scores by demographic variables $n = 186$

Variable	n	Median GPSE	Range	Test of significance
Resettlement location				
Christchurch	91	31	10–40	$P = .467$
Perth	95	32	10–40	
Refugee community				
Afghan	89	30	10–40	$P = .096$
Kurdish	97	32	13–40	
Gender				
Male	96	34	10–40	$Z = -5.01$, $P = .000$
Female	90	28	10–40	
Age				
Under 30	78	31	10–40	$P = .790$
30 & older	108	32	10–40	
Marital status				
Married	120	32	12–40	$P = .416$
Not married	64	30	10–40	
Time spent as refugee				
Less than 1 year	27	30	10–40	$P = .806$
1–4 years	66	31.5	12–40	
5–9 years	19	32	17–37	
10–14 years	25	32	10–40	
15–19 years	14	32	23–40	
20–24 years	17	31	13–37	
25 years or more	15	31	20–40	
Time settled[a]				
0–5 years	64	31	10–40	$\chi^2(3, 185) = 15.1$, $P = .002$
6–10 years	70	30	10–40	
11–15 years	43	34	25–40	
16–20 years	8	31	25–36	
Employment status				
Working	87	33	10–40	$Z = -2.95$, $P = .003$
Not working	96	30	10–40	
English language ability				
None/minimal	25	24	10–40	$Z = -3.97$, $P = .000$
Functional English	161	32	10–40	
Education[a]				
None/minimal	14	25	10–34	$\chi^2(3, 177) = 10.92$, $P = .012$
Primary	26	30	17–40	
Secondary	88	31	13–40	
Tertiary	49	32	13–40	
Psychological distress level (K10)[a]				
Low risk	64	34	10–40	$\chi^2(2, 186) = 27.28$, $P = .000$
Moderate risk	66	32	10–40	
High/very high risk	56	26	16–38	
Subjective well being (SWB)[a]				
0–50	8	23	18–36	$\chi^2(5, 183) = 24.07$, $P = .000$
51–60	27	28	17–39	
61–70	27	28	13–38	
71–80	38	31	10–40	
81–90	45	32	10–40	
91–100	38	35	13–40	

Not all totals sum to 186, missing data excluded

[a] Mann–Whitney U tests showed significant differences in GPSE for the following variables:

Time Settled (Bonferroni correction $P = .008$): between 0 and 5 years and 11–15 years ($z = -4.24$, $P = .000$), and 6–10 and 11–15 years ($z = -4.14$, $P = .000$)

Education (Bonferroni correction $P = .008$): between None/minimal and Secondary ($z = -2.68$, $P = .007$), and None/minimal and Tertiary ($z = -3.26$, $P = .001$)

Psychological distress level (Bonferroni correction $P = .017$): between Low risk and Moderate risk ($z = -2.56$, $P = .011$), Low risk and High/Very High risk ($z = -5.10$, $P = .000$), and Moderate risk and High/Very High risk groups ($z = -2.99$, $P = .003$)

Subjective Well Being (Bonferroni correction $P = .003$): between SWB 0–50 and 91–100 ($z = -2.98$, $P = .002$), SWB 51–60 and 91–100 ($z = -2.99$, $P = .003$), and SWB 61–70 and 91–100 ($z = -3.88$, $P = .000$)

Although significant differences were noted for the variable based on time since resettlement (Time settled), in particular between those resettled for 10 years or less and those resettled longer (with the highest SE scores observed in the 11–15 year group), no significant differences were observed for the length of time spent in a refugee situation prior to resettlement.

To control for possible improvements in GSE after resettlement, data was split into three categories: settled less than 1 year, 1–2 years, and longer than 2 years. These were then cross tabulated against time spent in a refugee situation prior to arrival to better reflect pre-migration influences. No significant differences in GSE were observed between groups.

GPSE scores were then used for qualitative profiling [30]; by cross referencing the GPSE score against participants who provided responses to open ended questions about sources of stress in their lives ($n = 71$). As this data had already been gathered as part of our larger study, the findings are included here. There was no difference based on participants' GSE levels in whether they provided a qualitative response. Eight distinct themes which had been previously identified for our entire sample (in press) were compared by GPSE score, splitting the data across the

median of 31.5 (Table 2). This cut point maximised the numbers for comparison on qualitative responses, but for most themes numbers were small and no clear differences emerged between groups with high or low GSE. Although some participants with low scores described 'feeling hopeless' (male GPSE = 12), that they 'can't decide about everything, can't make decisions' and that 'there are too many things here to think about' (female GPSE = 27), and another woman mentioned depression resulting from not 'know[ing] what they're doing with their lives' (GPSE = 21), similar sentiments were expressed by those reporting higher scores. Exploration using different cut points for GPSE was also tried, with no clear distinction between groups for the themes coded from participants' qualitative responses. However, the three themes of "feeling overwhelmed", "disempowerment" and "introspection/depression" for which there were higher numbers identified in qualitative theme coding, were disproportionately represented in those with GPSE scores below 25.

Discussion

The theoretical framework underpinning this study of resettled refugees proposes that higher GSE increases motivation to learn, and decreases levels of stress, promoting better health and overall wellbeing. The refugee experience is stressful, disempowering and frequently traumatic, resulting in life experiences that have the ability to affect self efficacy beliefs [2]. However, as neither the nature nor scope of these beliefs is static, we suggest that positive post-resettlement experiences could potentially improve GSE and enhance long term outcomes.

To answer our research questions, we firstly examined the relationship between GSE and psychological distress levels, with results confirming a clear linear relationship based on K10 results. Participants scoring lower GSE were significantly more likely to report higher distress, consistent with previous reports [4, 9]. Similarly, education, English ability and employment variables also showed significant differences by GSE. People with higher self efficacy were more likely to speak good English, have higher levels of education and to be employed. They were also more likely to report greater levels of satisfaction with their lives overall. Although these associations do not imply causality, the observed links between general efficacy beliefs and positive educational and employment outcomes confirms the salience of the GSE construct in this context. As these variables have been previously associated with well being and health for resettled refugee groups [31, 32], initiatives to improve GSE could therefore have a positive impact in these areas and prove beneficial for long term outcomes, especially as strong efficacy beliefs can predict coping behaviour and health functioning up to 5 years later [2].

Table 2 Sources of stress, ranked by percentage of participants with GPSE below median of 31.5

Source of stress	GPSE below median $n = 32$		All participants $n = 71$	
	n	%	*n*	%
Introspection/depression	21	66	48	68
Separation	12	38	26	37
Feeling overwhelmed	7	22	13	18
Disempowerment	4	13	6	9
Relationship concerns	4	13	7	10
Social isolation	3	9	5	7
Status dissonance	3	9	8	11
Cultural or social change	2	6	3	4

Totals do not sum to 71 or 32 as some participants reported more than one source of stress

In particular, there may be a benefit in providing successful role models for newly arrived refugees. In addition to mastery skills, vicarious experiences gained from social "models" can enhance efficacy beliefs. For resettling refugees, contacts with others from a similar background, who have succeeded in learning English, establishing new homes, social connections, and gained meaningful employment provide a model of success. By their transmission of knowledge, effective skills and strategies [2], models may stimulate new arrivals to not only acquire new skills, but also motivate them to persevere when times are difficult. In contrast, contact with others who have struggled may undermine confidence. One participant expressed deep concern that he had met people settled for many years who were still unable to speak adequate English and obtain employment. The sense of despondency depicted by this image had a profound effect on his motivation and desire to learn.

Our second focus was to investigate the impact of temporal factors on GSE. In particular, we were interested to explore whether the length of time spent in a refugee situation would have any impact on efficacy levels. Many refugees in our sample came from protracted, long term situations (some had spent their entire lives in a camp environment), experiencing not only the traumas and disempowerment common to the refugee experience, but also constraints on education and employment opportunities. Despite this, our results showed no significant difference in GSE based on the length of time spent as a refugee prior to resettlement. However, as 'the relation between efficacy beliefs and action is revealed more accurately when they are measured in close temporal proximity'[2], by splitting our data into those newly arrived and within the first 2 years we were able to more accurately assess efficacy

levels soon after arrival. Again, no differences in GSE were observed in the recently arrived groups based on the length of time they had been refugees.

Another question explored in this analysis was whether GSE improves over time once people are resettled in an area without persecution or conflict. We found a statistically significant difference between people settled less than 10 years and those between 11 and 15 years, which could suggest that intervening positive experiences, such as gaining meaningful employment or exposure to successful models have had a beneficial impact over time. However, the cross sectional study design and a number of potential confounding factors means causal inferences cannot be determined and this finding should be regarded with caution. Further work is therefore needed in this area. Similarly, our assessment of whether the level of GSE influences the type of stressors reported was restricted by the small number of participants scoring low GSE who also provided sufficient qualitative data for analysis. No obvious differences were apparent in the stressors reported during interview by those with high or low levels of GSE. Contrary to our expectations, we found little relationship between self reported stressors and efficacy beliefs in this sample, although only 71 participants with qualitative responses available constrained our ability to detect only substantial differences in themes based on GPSE score. Again, additional research in this area would determine whether those with low efficacy are more vulnerable to feeling overwhelmed and disempowered by the challenges of resettlement. If it is so, it suggests that assessment with instruments such as the GPSE is an important and useful supplement to inquiring into how people are faring using qualitative inquiry.

Limitations

In addition to the limitations already mentioned, snowball sampling prevents generalisation of our results to a wider population, although the personal endorsements from participants helped to break down barriers and ensure a large enough sample for a valid study. To more accurately measure trends in GSE or evaluate intervention programs, repeated cross-sectional or longitudinal studies following the same sample would be warranted. In particular, studies could focus on interventions using positive models to promote self efficacy and enhance motivation for learning.

New Contribution to Literature

Although no meaningful differences in GSE in relation to temporal factors were noted, clear associations between self efficacy, psychological distress and SWB were evident. The findings suggest that GSE, because of its positive association with mental health and well being, is a variable worthy of further consideration for refugee groups. In addition to ensuring a supportive environment for learning English, proactive employment strategies should be encouraged. Further research examining the relationship between successful role models and refugee self efficacy would be useful.

Acknowledgments Special thanks to Nicholas (Nasr) Sulaiman-Hill and Sawsan Kamal Ahmed for their assistance with data collection, and to all our former refugee participants. The author (CS-H) was supported by an Australian Postgraduate Award scholarship.

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