Religiosity, Social Support, and Life Satisfaction Among Elderly Korean Immigrants

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Purpose: The present study tested Smith’s (2003) theory of religious effects to explore the relationship of religiosity, social support, and life satisfaction among elderly Korean immigrants. The study investigated the mediating role of social support to the relationship between religiosity and life satisfaction. Design and Methods: We hypothesized that religiosity would be positively associated with life satisfaction and that the relationship between religiosity and life satisfaction would be mediated by social support. Structural equation modeling was used to test the proposed hypotheses with a sample of 200 Korean immigrant older adults in New York City (mean age = 72.5, range = 65–89). Results: We found that greater religiosity was related to greater life satisfaction and that social support partially explained the positive relationship between religiosity and life satisfaction. Implications: Results indicated that religious engagement and social support could be significant factors to improve the quality of life among elderly Korean immigrants. Social services that facilitate religiosity and social support may be beneficial for Korean elders’ life satisfaction. Future studies are invited to replicate this study for diverse ethnic groups of elderly immigrants.

Key Words: Religious effects, Mediating effect, Structural equation modeling

Numerous studies have suggested that religiosity is positively associated with mental health and well-being in later life (Ardelt, 2003; Koenig, McCullough, & Larson, 2001; Nelson-Becker, 2005). Specifically, recent studies report that higher levels of religious engagement predict greater life satisfaction among older African Americans (Krause, 2004), older adults with disabilities (Moberg, 2008), rural American older adults (Yoon & Lee, 2007), and elderly Asian immigrants (E. O. Lee, 2007; Roh, 2010).

Researchers have also noted that social support is positively associated with life satisfaction in older adults (Chen, 2001; Roh, 2010; Yoon & Lee, 2007). Social support is not only predictive of the quality of life (L. George, 2006) but also found to be a positive outcome of religiosity in older adults (Ellison, Boardman, Williams, & Jackson, 2001; S. J. Jang & Johnson, 2004; E. O. Lee & Sharpe, 2007). With respect to the extent that religiosity exerts social support and that social support contributes to life satisfaction, it is possible that social support mediates the effects of religiosity on life satisfaction.

Despite the increasing research on religiosity and life satisfaction, few studies explored the structural relationships of these factors. L. K. George, Ellison, and Larson (2002) reviewed four social and psychological factors that may mediate the effects of religiosity on health, including social support as one of the four potential mediators.
The authors argued that few studies investigated the mediating role of social support between religiosity and health. Notably, S. J. Jang and Johnson (2004) empirically showed that the effects of religious involvement on distress were fully explained by social support among 659 African Americans aged 29–90 years (M = 53).

Given the limited information available concerning the impact of religiosity and social support on older adults (L. K. George et al., 2002; S. J. Jang & Johnson, 2004), the present study focuses on elderly Korean immigrants. Currently ranked as the fourth largest Asian American subgroup, Korean Americans are one of the fastest growing segments of immigrants in the United States. New York has been ranked as the second in the number of Korean residents. Of this population, approximately 7% are aged 65 years or older (Asian American Federation of New York, 2004). The general physical and mental health profile of Korean immigrant elders positions them as a high-risk group (Y. Jang & Chiriboga, 2010), and a number of studies have indicated individual-level risk factors (e.g., socioeconomic factors, health status, and personal resources) that affect the quality of life in this population (Y. Jang & Chiriboga, 2010; Min, Moon, & Lubben, 2005; Mui & Kang, 2006; Mui, Nguyen, Kang, & Domanski, 2006). The present study aimed to investigate the effects of religiosity on life satisfaction among elderly Korean immigrants and examined whether these effects would be explained by social support. This study will fill gaps in knowledge around whether religiosity and social support are positively related to life satisfaction among elderly Korean immigrants. Furthermore, the study is unique in that it empirically examines whether social support explains the effects of religiosity on life satisfaction in Korean older adults. Considering that elderly Korean immigrants are at risk of mental health concerns, this study gains significance in that it contributes to the literature of effective coping resources to improve the quality of life among Korean immigrant older adults.

### The Construct of Religiosity

Allport and Ross (1967) argued that people can live with both personally and socially oriented religiosity and proposed two types of religiosity: intrinsic and extrinsic religiosity. These authors suggest that intrinsic religiosity involves internal spiritual beliefs, general attitudes or values toward religion and spirituality, or other religious and spiritual practices that are personal. In contrast, people with extrinsic religiosity consider religion as “an instrumental means to solace and sociability” that involves religious membership, social activities, or preference for their own religion (Allport & Ross, 1967, p. 32). Canda and Furman (2010) defined religiosity as an “institutionalized pattern of values, beliefs, symbols, behaviors, and experiences that involves spirituality, a community of adherents, transmission of traditions over time, and community support functions that are related to spirituality” (p. 76). This definition resembles the construct of extrinsic religiosity; however, extrinsic religiosity is fundamentally based on the spiritual belief systems that are personal and hardly exclusive of intrinsic religiosity.

Contemporary scholars differentiate religiosity from spirituality but often find that people associate spirituality with religiosity and use the two terms interchangeably (P. C. Hill & Pargament, 2003; Nelson-Becker, 2005). The constructs of religiosity and spirituality are complicated and may conceptually overlap, but they are not the same. In the current literature, spirituality refers to an essential quality of human beings and human processes that involve seeking the meaning and purpose of life (Canda & Furman, 2010). The construct of spirituality is related to morality and values of the human being, a sense of the transcendent and connectedness to others or universe, and other transpersonal experiences that are not necessarily related to a certain religion (Canda & Furman, 2010; Delgado, 2005; Pargament, 2007). Further discussions on the distinction between religiosity and spirituality are beyond the scope of this study. The present study selected Allport and Ross’s (1967) constructs of intrinsic and extrinsic religiosity and focused on the relationship of religiosity, social support, and life satisfaction among elderly Korean immigrants.

### Social Support

Since Caplan (1974) articulated the construct of social support and noticed the role of social ties in the face of crises, life transitions, and other distressing environments, numerous studies have suggested the positive effects of social support on the quality of life in later years (Choi, 2001; L. George, 2006; Krause & Markides, 1990; Pinquart & Soerensen, 2000). Social support is a multifaceted construct that has various indicators such as social network
size; composition of social networks; frequency of contact with families, friends, spouse, or partners; the level of reciprocity in giving and receiving of support, supportive function; and perceived satisfaction with social relationships (Krause, 1999; Lubben, Gironda, & Lee, 2001; Roh, 2010). Berkman (1984) viewed social support as the “emotional, instrumental, and financial assistance” that is available from one’s social network (p. 414). In this study, social support was viewed as referring to the size of one’s family and friend network, frequency of contact with family members and friends, and reciprocity of giving help.

Religiosity in Elderly Korean Immigrants

As the first-generation Korean immigrants become older, they may experience aging-related distress as well as acculturative stresses (Y. Jang & Chiriboga, 2010). This group of people is predominantly monolingual and tends to live with their traditional beliefs and attitudes (Barnes & Bennett, 2002; Han, Kim, Lee, Pistulka, & Kim, 2007). Researchers suggest that religion is significant for immigrants to the United States as it offers a social context to connect with other people from similar ethnic backgrounds (Roh, 2010; Yang & Ebaugh, 2001). It is possible that elderly Korean immigrants maintain their original religious beliefs as a source of comfort to attenuate both aging-related and immigration-related stresses and may strengthen these beliefs as they grow older. Religious services in the intimate atmosphere may serve a vital community function. This may be because these services provide not only a place to worship in their native language but also a source of familiar ethnic foods, community information in the immigrants’ native language, psychological and instrumental support for newcomers who need health care, housing, and jobs (Stodghill & Bower, 2002). In fact, many studies indicate that 77%–97% of elderly Korean immigrants are closely affiliated with Korean religious organizations and report a moderate to high level of religious experiences (E. O. Lee, 2007; Min et al., 2005; Roh, 2010).

Conceptual Model and Hypothesis

The present study used Smith’s (2003) theory of religious effects as a conceptual framework in order to explain the relationship of religiosity, social support, and life satisfaction among elderly Korean immigrants. Although the original theory focused

on the lives of American adolescents, Smith called for further empirical studies to assess whether his theory would apply to American adults and to youth and adults outside the United States. S. J. Jang and Johnson (2004) tested Smith’s theory on African American adults and found that this theory partially explained the positive effects of religion on distress. The theory of religious effects (Smith, 2003) suggests that religion may exert positive effects through nine distinct but mutually reinforcing factors, which cluster around three larger conceptual dimensions of social influence: (a) moral order (moral directives, spiritual experiences, and role models), (b) learned competencies (community and leadership skills, coping skills, and cultural capital), and (c) social and organizational ties (social capital, network closure, and extra-community skills).

According to the theory of religious effects (Smith, 2003), it may be that religious engagement enhances moral order, learned competences, or social and organizational ties, which in turn may increase life satisfaction among elderly Korean immigrants. We hypothesized that religiosity would be positively associated with life satisfaction and that social support would account for the positive relationship between religiosity and life satisfaction among elderly Korean immigrants.

Method

Participants and Procedures

After obtaining approval from the University Committee on Activities Involving Human Subjects of New York University and from the two Korean senior centers to formulate sample groups, a survey of elderly Korean immigrants was conducted from January to May 2009 in New York City metropolitan area. Participants were required to be aged 65 years or older and to have sufficient cognitive ability to understand and complete the interview in Korean. A total of 207 individuals participated in the survey. Seven respondents who had more than 10% of missing data were excluded, resulting in the final sample of 200. Each face-to-face interview lasted approximately 30–50 min. All participants signed an informed consent form prior to interview and were paid 10 dollars for their participation.

Measures

Religiosity. —The Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) was selected to measure religiosity (Fetzer Institute/National
Institute on Aging Working Group, 1999). We adapted six subscales from the BMMRs based on previous studies (E. O. Lee, 2007; Yoon, 2006): Daily Spiritual Experiences (DSE), Private Religious Practices (PRP), Values and Beliefs (VB), Forgiveness, Religious and Spiritual Coping Skills (RSCS), and Religious Support (RS) scales. The six-item DSE scale ($\alpha = .93$) measured individuals’ perceptions of the existence of a transcendent being and a sense of connection or daily experiences with a higher being (e.g., “I feel God’s presence.”). The five-item PRP scale ($\alpha = .85$) measured informal and non-institutional religious behaviors (e.g., “How often do you pray privately in places other than at church or synagogue?”). The DSE scale and the PRP scale had a 5-point Likert scale ranging from 1 to 5 with higher scores reflecting higher standing.

The two-item VB scale ($\alpha = .73$) measured the extent to which an individual’s behavior reflects a normative experience of his or her faith and religion as the ultimate value (e.g., “I feel a deep sense of responsibility for reducing pain and suffering in the world.” and “I believe in God who watches over me.”). The Forgiveness scale ($\alpha = .68$) consisted of three items and measured the degree of forgiveness of self and others and a belief in the forgiveness from God (e.g., “I have forgiven those who hurt me.”). The VB scale and the Forgiveness scale had a 4-point Likert scale ranging from 1 to 4 with higher scores reflecting higher standing.

The RSCS scale measured religious and spiritual practices specifically related to coping with life challenges (e.g., “I work together with God as partners.”). The RSCS scale included four positive and three negative items reflective of religious methods dealing with religious struggles. The reliability of the RSCS scale was low ($\alpha = .54$) with the present sample; however, the reliability improved to high ($\alpha = .88$) when the three negative items were excluded. Thus, only four positive items of the RSCS were selected in this study. The RS scale measured aspects of the social relationships between study participants and others in their shared place of worship. Initially, the RS scale consisted of two categories: anticipated support and negative interactions (Roh, 2010). However, the measure of negative interactions was excluded in this study due to its low reliability with the data ($\alpha = .38$). The anticipated support subscale ($\alpha = .84$) had two items and measured the extent to which individuals believe that support would be available from their congregation and should they need it in the future (e.g., “If you were ill, how much would the people in your congregation help you out?”). The positive RSCS scale and positive RS scale had a 4-point Likert scale ranging from 1 to 4 with higher scores reflecting higher standing. Total scores were calculated for each of the six subscales of religiosity for analysis. Each scale of religiosity in this study attained content validity based on the feedback from scholars of religion, health, well-being, and aging studies (Roh, 2010).

**Social Support.**—The Lubben Social Network Scale Revised (LSNS-R; Lubben et al., 2001) was designed for older adults and used to measure social support. The 12 items measured the size of one’s family and friend network, frequency of contact with family members and friends, and reciprocity of giving help. The LSNS-R total score was computed by summing equally weighted items. Overall scores ranged from 0 to 60 with lower scores indicating smaller networks. The reliability of this measure with the present sample was high ($\alpha = .86$).

**Life Satisfaction.**—The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used to measure life satisfaction as the outcome variable. The five-item SWLS was originally developed by Diener and colleagues (1985) to measure global life satisfaction as a cognitive–evaluative process. Kim and Kim (1997) translated SWLS into Korean and revised it to a 5-point Likert scale for Korean older adults. Total scores were calculated for analysis, which ranged from 0 to 25 with higher scores indicating greater life satisfaction. The reliability of SWLS was high with the present sample ($\alpha = .88$).

**Control Variables.**—Based on the existing literature (Roh, 2010), we controlled the effects of demographic and socioeconomic variables as follows: age (in years), gender (0 = male, 1 = female), education (0 = high school graduate or below, 1 = above high school graduate), self-rated health (1 = very poor, 5 = excellent or very good), annual income (0 = less than $15,000, 1 = $15,000 or greater), and marital status (0 = never married, 1 = married).

**Analytic Strategy: Structural Equation Modeling**

The proposed hypotheses were tested using structural equation modeling (SEM). Previous researchers recommended SEM as the appropriate method for mediation analyses and suggested its
advantages of correction of measurement errors, inclusion of multiple indicators and latent variables, and provision of various model fit indices (Y. Jang & Chiriboga, 2010). We included one latent variable that contained six observed indicators of religiosity in the mediation model. Both a direct effect model (of religiosity and life satisfaction) and a mediation model (of religiosity and life satisfaction mediated by social support) were tested. Control variables (i.e., age, gender, education, health, income, and marital status) were free to correlate with each other and with religiosity but held constant their effects on social support and life satisfaction.

By convention, mediation is evidenced when (a) the independent and outcome variables are significantly associated, (b) the independent variable is significantly related with the potential mediator, (c) the potential mediator is significantly related with the outcome variable, and (d) the relationship between the independent and the outcome variable becomes nonsignificant or reduced with the introduction of the potential mediator (Baron & Kenny, 1986).

All statistical analyses were conducted using MPLUS version 6.1 (Muthén & Muthén, 2010). Standardized maximum likelihood estimations were used. Model fit was assessed using the chi-square statistics. Guided by Hu and Bentler (1999), comparative fit index (CFI), standardized root mean square residual (SRMR), and root mean square error of approximation (RMSEA) were also evaluated. CFI values above 0.95, SRMR values below 0.08, and RMSEA values below 0.06 indicate a relatively good fit (Hu & Bentler, 1999; Y. Jang & Chiriboga, 2010).

**Results**

**Descriptive Information of the Sample and Study Variables**

As presented in Table 1, the sample consisted of 200 elderly Korean immigrants aged 65–89 years, with an average age of 72.5 years (SD = 5.14). Over half (57.5%) of the respondents were men, 57% were high school graduates or below, 73% had an annual income of $15,000 dollars or less, and 60% married. The average score for self-rated health was 3.27 (SD = .89), indicating that respondents rated their health at a fair level on the average.

The average scores for DSE, VB, and Forgiveness were 24.25 (SD = 7.29), 6.23 (SD = 1.54), and 9.87 (SD = 2.03), respectively. PRP averaged 18.17 (SD = 5.47), RSCS averaged 20.71 (SD = 3.96), and RS averaged 5.86 (SD = 1.84). The average scores for social support and life satisfaction were 26.41 (SD = 9.65) and 15.7 (SD = 4.49), respectively.

**Correlations Among Observed Variables**

Table 2 presents zero-order correlations among the eight observed variables, excluding control variables. Within the latent construct of religiosity, the six observed variables were highly intercorrelated. Prior to the mediation analysis, we conducted confirmatory factor analysis on the six subscales of religiosity to examine whether these subscales were reliable measures of the latent variable religiosity. Factor loadings of the six observed indicators of religiosity ranged from .77 to .90, all of which were statistically significant. We found that the latent variable religiosity was well represented by its six observed indicators. All of the six subdomains of religiosity were positively associated with social support and life satisfaction. Positive association between social support and life satisfaction was also observed.

**Structural Model of Mediation**

First tested was a direct effect model of religiosity and life satisfaction. The model provided a good model fit for the data: $\chi^2_{44} (N = 200) = 67.52$, $p = .013$; RMSEA = 0.05 (90% low confidence interval [CI] limit = 0.02 and 90% upper CI = 0.07); CFI = 0.97; and SRMR = 0.03. The direct effect of religiosity on life satisfaction was significant (standardized regression coefficient $[\beta] = .21$, $p = .002$).

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Table 1. Descriptive Information for the Sample (N = 200)

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
<th>M (SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>72.5</td>
<td>5.14</td>
<td>65–89</td>
</tr>
<tr>
<td>Gender (male)</td>
<td>57.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (≥ high school)</td>
<td>57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income (≤ $15,000)</td>
<td>73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status (married)</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>3.27</td>
<td>0.89</td>
<td>1–5</td>
</tr>
<tr>
<td>Religiosity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily Spiritual Experiences</td>
<td>24.25</td>
<td>7.29</td>
<td>6–30</td>
</tr>
<tr>
<td>Values and Beliefs</td>
<td>6.23</td>
<td>1.54</td>
<td>2–8</td>
</tr>
<tr>
<td>Forgiveness</td>
<td>9.87</td>
<td>2.03</td>
<td>3–12</td>
</tr>
<tr>
<td>Private Religious Practices</td>
<td>18.17</td>
<td>5.47</td>
<td>5–25</td>
</tr>
<tr>
<td>Religious and Spiritual</td>
<td>20.71</td>
<td>3.96</td>
<td>12–28</td>
</tr>
<tr>
<td>Coping Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Support</td>
<td>5.86</td>
<td>1.84</td>
<td>2–8</td>
</tr>
<tr>
<td>Social support</td>
<td>26.41</td>
<td>9.65</td>
<td>3–56</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>15.7</td>
<td>4.49</td>
<td>5–25</td>
</tr>
</tbody>
</table>
The mediation model was then tested to assess the indirect relationship between religiosity and life satisfaction mediated by social support. The mediation model provided a slightly improved fit: \( \chi^2 (49, N = 200) = 69.15, p = .031; \) RMSEA = 0.04 (90% low CI limit = 0.01 and 90% upper CI = 0.07); CFI = 0.98; and SRMR = 0.03. Social support was predicted by religiosity (\( \beta = .20, p = .005 \)) and was itself predictive of life satisfaction (\( \beta = .22, p < .001 \)). In comparison to the direct effect model, the path between religiosity and life satisfaction in the mediation model was significant but its magnitude decreased (\( \beta = .16, p = .015 \)). In other words, social support partially mediated the relationship between religiosity and life satisfaction (\( \beta \) for indirect effect = .04, \( p = .028 \)). Religiosity and social support accounted for 31% of the variance in life satisfaction (\( R^2 = .31, p < .001 \)). Results of both direct effect and mediation model were presented in Figure 1.

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The Effects of Demographic and Socioeconomic Status

We controlled for the effects of demographic and socioeconomic status in the hypothesized models and found that some of these control variables were significantly associated with religiosity, social support, and life satisfaction. We found that age (\( \beta = .14, p = .026 \)), health (\( \beta = .29, p < .001 \)), and income (\( \beta = .15, p = .018 \)) were positively associated with life satisfaction. Being female was negatively associated with social support (\( \beta = -.18, p = .017 \)), and health was positively associated with social support (\( \beta = .16, p = .019 \)).

Discussion

The present study explored the relationship of religiosity, social support, and life satisfaction among Korean immigrant elders. We hypothesized that religiosity would be positively associated with life satisfaction and that this positive relationship would be mediated by social support. Using Smith’s (2003) theory of religious effects, results partially supported the hypothesized models with 200 Korean immigrant elders in New York City metropolitan area. We found that religiosity had positive effects on life satisfaction and that social support partially accounted for the positive relationship between religiosity and life satisfaction. This study showed that religiosity and social support were significant predictors of life satisfaction among elderly Korean immigrants.

In general, the respondents of this study were fairly satisfied with their life, although they had relatively lower income than the general elderly population. Consistent with the existing studies (E. O. Lee, 2007; Roh, 2010), these people were moderately engaged in religiosity. However, this study showed that elderly Korean immigrants hardly experienced a great level of social support. Considering the previous findings that social ties are essential for Korean elders (M. S. Lee, Crittenden, & Yu, 1996; Mui, 2001), it may be that elderly Korean immigrants highly value emotional social support (Y. Lee & Holm, 2011) but experience only modest level of social support in terms of network size, contact frequency, and reciprocity of giving help. Future studies are invited to use more refined measures that are culturally sensitive and comprise both qualitative and quantitative aspects of social support for this population. It is notable that older age, better health, and higher income were positively related with life satisfaction. This result is consistent with the previous findings that life satisfaction increases with age (Diener & Ryan, 2009; L. George, 2006), better self-rated health (L. George, 2006), and higher income (Pinquart & Soerensen, 2000).

The present study supported the partial impact of social support on the relationship between religiosity and life satisfaction. It may be that religiosity

Table 2. Zero-Order Correlations Among Eight Observed Variables

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily Spiritual Experiences</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. Values and Beliefs</td>
<td>.72**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3. Forgiveness</td>
<td>.71**</td>
<td>.62**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4. Private Religious Practices</td>
<td>.78**</td>
<td>.72**</td>
<td>.64**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>5. Religious and Spiritual Coping Skills</td>
<td>.71**</td>
<td>.55**</td>
<td>.59**</td>
<td>.68**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>6. Religious Support</td>
<td>.69**</td>
<td>.63**</td>
<td>.61**</td>
<td>.74**</td>
<td>.60**</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>7. Social support</td>
<td>.26**</td>
<td>.21**</td>
<td>.27**</td>
<td>.24**</td>
<td>.21**</td>
<td>.24**</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>8. Life satisfaction</td>
<td>.29**</td>
<td>.23**</td>
<td>.26**</td>
<td>.25**</td>
<td>.28**</td>
<td>.25**</td>
<td>.37**</td>
<td>—</td>
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</tbody>
</table>

**p < .01.
contributed to life satisfaction to some extent through social support in a way to protect elderly Korean immigrants from acculturative stresses, lack of social ties, emotional problems, and other various difficulties. These findings are in accordance with the current literature that people with greater social ties tend to experience greater level of life satisfaction than those who have little social support (L. George, 2006; Krause, 1987). It will be interesting to observe whether the relationship of religiosity and life satisfaction will be fully mediated by social support as more data are gathered.

The partial mediating role of social support implies that there are other factors that possibly explain the relationship between religiosity and life satisfaction. For example, self-rated health (Krause & Bastida, 2011) or cognitive functioning (T. D. Hill, Burdette, Angel, & Angel, 2006) may improve with religious engagement, which in turn contributes to life satisfaction. Few studies have investigated potential mediating factors to explain the relationship between religiosity and life satisfaction for elderly Korean immigrants. This study fills this gap in the literature and invites further research on diverse factors that may account for the salutary effects of religiosity on life satisfaction. In addition to mediating factors, future investigators are encouraged to explore potential moderators that enhance the positive effects of religiosity on the quality of life. We tested interaction effects of religiosity and social support on life satisfaction to examine social support as a moderator and found no significant outcomes with the present sample.

One of the unique aspects of this study is that Smith’s (2003) theory of religious effects was used as a conceptual framework to explain the hypothesized models. Few studies have used theoretical framework to investigate the relationship of religiosity, social support, and life satisfaction. In fact,
the lack of theory-based studies results from the dearth of relevant theories that may explain the effects of religiosity on the quality of life. Smith’s theory is one of the few theories that account for the positive effects of religion. However, its three dimensions of social influence (i.e., moral order, the positive effects of religion. Nevertheless, we had to adapt the Western measures based on previous studies (E. O. Lee, 2007; Yoon, 2006) because there are few indigenous measures of religiosity and social support for Korean immigrants. Future investigators are encouraged to validate our findings by developing culturally sensitive measures of religiosity and social support for elderly Korean immigrants. The findings of the present study are limited to Korean immigrant elders. This may limit the generalizability of the findings and requires replication in other immigrant populations.

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**References**


