Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective

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Solemn Declaration

I, Elizabeth Stephenson, declare herewith that the thesis entitled ‘Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective’, which I herewith submit to the North-West University, Potchefstroom Campus, in compliance with the requirements set for the Ph.D. in Psychology degree, is my own work, has been language edited and has not already been submitted to any other university.

I understand and accept that the copies that are submitted for examination are the property of the University.

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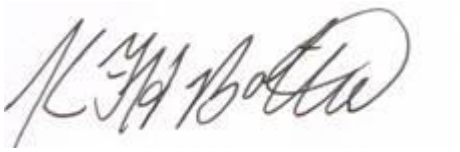

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Prof. Karel Botha

Preface

This thesis was completed in fulfilment of the requirements for the completion of the Doctorate degree in psychology. This thesis is submitted in accordance with rule A.8, and specifically according to the guidelines for a thesis in article format of the North-West University.

This thesis comprises of three manuscripts.

The referencing style and editorial approach of this thesis is in line with the guidelines of the Publication Manual (7th edition) of the American Psychological Association (APA).

Note to examiners:

- The South African Journal of Psychology is the intended journal for publication. The tables and figures are included in the text to ease the readability of the thesis.
- The length of manuscripts may be longer than the stipulated guidelines in order to better contextualise each study. This is considered appropriate for examination purposes. The length of each manuscript will be altered for publication purposes as prescribed by the *South African Journal of Psychology* and the feedback received from the examiners.
- The manuscripts conform to the publication guidelines of the latest edition of the American Psychological Association (APA); in this case, the 7th edition. This may be altered or updated for publication purposes.
- With the aim of publication, the in-text referencing within the manuscripts will be amended; for example, instead of referring back to certain chapters or manuscripts, the authors will refer to published articles originating from this thesis.

- This thesis is presented as a whole and is numbered as such. However, each manuscript is numbered from page 1 for publication purposes.
- The term *coloured* was used by the study of Sonn (1995) to describe a people group in South Africa that had group membership imposed through the Apartheid laws of South Africa. Sonn (1995, p. 118) noted that 'in South Africa, people responded by rejecting the labels imposed by the Apartheid system and preferred to identify as South African'. In the past, terms that were based on 'race' were often used to officially classify people in South Africa (Hicks, 2015); however, terms included in this thesis do not 'reflect any essential characteristics of people or groups, nor to reinforce any idea of a legitimate racial differentiation or structure' (Hicks, p. 31), and the authors of this study acknowledge that the use of imposed terms was rejected by many.
- For the readability of this study, the term immigrant will mainly be used, but in scientific literature, some authors may use the term 'migrant' or the two terms 'migrant and immigrant' interchangeably to explain the same concept. In this study, the term 'migration' will generally be used to describe the experience of both the terms 'emigration' (leaving the country of origin) and 'immigration' (arrival in the destination country) (see Goldin, 2002 Hicks, 2015), except when reference is made to a specific study.
- In this study, the term 'the researchers' will refer to the student of this study (E. Stephenson) and her promoter (Prof K. Botha).
- The surveys were completed on the internet and, therefore, the lay-out of the surveys in this thesis differs from the online format.

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Summary

Keywords: acculturation, psychological adaptation, coping, self-regulation, immigration, South African immigrants, rapid review, Interactive Qualitative Analysis, Delphi-approach.

This study was motivated by the increasing number of South African immigrants to countries like the United Kingdom, Australia, United States of America, and Canada having to deal with the daily challenges of this complicated and often traumatic process. Despite this trend, a paucity exists in the literature on the immigration experiences of South African immigrants, in terms of how they cope with immigration, as well as on interventions specifically aimed at supporting South African immigrants during their migration journey. The general aim of this study was to explore and evaluate the psychological adaptation and acculturation processes of South African immigrants in England, and to develop intervention guidelines for health professionals in this regard.

A multiple, yet integrated, theoretical and methodological approach was followed, based on the argument that immigration is a dynamic process unfolding over time. The study was, therefore, approached from a self-regulation perspective (as a dynamic process of coping and adjusting to challenges) applied within a broader, multi-phase Interactive Qualitative Analysis (IQA) (Northcutt & McCoy, 2004) design. The study consists of three sub-studies reported in a three-manuscript format. Chapter 1 contextualises the study in terms of background, terminology, and problem statement, while the three phases of the study are then reported in three manuscripts (Chapters 2, 3, and 4). Finally, an integrated conclusion, and recommendations are provided in Chapter 5.

Chapter 2 aims to firstly, explore the available scientific evidence on the experiences and challenges of South African immigrants regarding their acculturation experiences and

psychological adaptation; and to secondly, explore the content, nature, effects, and limitations of current intervention models aimed at improving the well-being of South African immigrants. A rapid review was conducted and 25 articles that met the inclusion criteria were thematically analysed and synthesised. The review shows that pre-migration factors, such as reasons for leaving South Africa, are important in understanding the experience of immigration. In addition, many South African immigrants found the administrative and practical aspects of moving and leaving family and friends challenging. Once in their new countries, new challenges regarding employment, language, social interaction, and acculturation are experienced on both intra and interpersonal levels, which often result in negative feelings and a decrease in general well-being. Many immigrants, however, appear to adjust to their changing situation by using positive coping strategies and drawing on personal strengths. However, it was confirmed that there is a paucity in research regarding intervention models aimed at improving South African immigrants` quality of life and well-being.

Chapter 3 aims to explore the self-regulation and coping strategies that a sample of South African immigrants in England apply in order to adapt psychologically to the acculturation-process. Interactive Qualitative Analysis was applied as a method to develop a conceptual, hypothetical model based on the cause-effect relations between the different components of immigration experiences and subsequent psychological adaptation. The model suggests that the process of immigration is motivated by security and safety concerns in South Africa, as well as positive pull factors in England. Cultural and job challenges, however, result in homesickness, guilt, and uncertainty. The experience of uncertainty seems to be a critical point from which different self-regulation efforts emerge, each feeding back into the experience of immigration. Essentially, the results of this study imply that the migration experience for South African immigrants is a dynamic, ongoing process of

regulating their behaviour amidst the uncertainties, challenges, and positive immigration experiences.

Chapter 4 aims to develop, based on the findings of the first two studies, scientifically based intervention guidelines for health professionals to support the psychological adaptation of South African immigrants in England. A guideline development approach was followed according to the steps identified by Wight et al. (2016), while, at the same time, incorporating certain principles of the logic model framework (Gervais et al., 2015; Savaya & Waysman, 2005). Four change mechanisms were identified during the guideline development phase and the final guidelines were categorised into three key clusters, namely preparations before applying the guidelines, pro-active strategies, and finally, reactive strategies. The guidelines were explained from a combined person-centred and strengths approach and refined through a two-round Delphi-approach with registered health professionals in England and South Africa. All 14 guidelines were considered relevant for inclusion and the health professionals agreed that it could be beneficial to include specialised training modules about support to immigrants. The final guidelines are meant to be flexibly integrated into the health professional`s existing professional procedures and therapeutic or counselling practices.

The study encountered a number of limitations that are comprehensively reported in Chapter 5. Taking into consideration these limitations, it is concluded that immigration is a multi-faceted, dynamic, and personal experience. From a self-regulatory perspective, it seems as if many South African immigrants experience a discrepancy between important life goals and their current situation in their destination country, specifically related to the challenges of the migration journey. Although some immigrants are successful in applying effective self-regulatory mechanisms, there is a great need to provide health professionals with guidelines on how to elicit a sense of agency within the individual immigrant by promoting coping styles and self-regulation strategies.

Although the study makes a valuable contribution to our understanding of immigration from a self-regulation perspective, recommendations are made to further improve this knowledge. These include the evaluation of the hypothetical IQA-model developed during this study, specifically regarding its generalisability to and verification within other immigrant contexts.

Opsomming

Sleutelwoorde: akkulturasie, sielkundige aanpassing, hantering, selfregulering, immigrasie, Suid-Afrikaanse immigrante, sneloorsig, interaktiewe kwalitatiewe analise, Delphi-benadering.

Hierdie studie is gemotiveer deur die toenemende aantal Suid-Afrikaanse immigrante na lande soos die Verenigde Koninkryk, Australië, die Verenigde State van Amerika, en Kanada wat daagliks te doen het met die uitdagings wat met hierdie ingewikkelde en dikwels traumatiese proses gepaard gaan. Ondanks hierdie toenemende tendens bestaan daar 'n gaping in die literatuur oor die ervarings van Suid-Afrikaanse immigrante, in terme van hoe hulle immigrasie hanteer, asook oor intervensies wat spesifiek daarop gemik is om Suid-Afrikaanse immigrante tydens hul migrasiereis te ondersteun. Die algemene doel van hierdie studie was om die sielkundige aanpassings- en akkulturasieprosesse van Suid-Afrikaanse immigrante in Engeland te ondersoek en te evalueer, en om intervensieriglyne vir gesondheidswerkers in hierdie verband te ontwikkel.

'n Veelvuldige, maar geïntegreerde, teoretiese en metodologiese benadering is gevolg, gebaseer op die argument dat immigrasie 'n dinamiese proses is wat oor ‘n tydperk ontvou. Die studie is dus onderneem vanuit 'n selfreguleringsperspektief (as 'n dinamiese proses van hantering en aanpassing by uitdagings) toegepas binne 'n breër, multifase Interaktiewe Kwalitatiewe Analise (IKA)-ontwerp (Northcutt & McCoy, 2004). Die studie bestaan uit drie substudies wat in 'n driemanuskripformaat aangemeld is. Hoofstuk 1 kontekstualiseer die studie in terme van agtergrond, terminologie en probleemverklaring, terwyl die drie fases van

die studie dan in drie manuskripte aangemeld word (Hoofstukke 2, 3 en 4). Ten slotte word 'n geïntegreerde gevolgtrekking en aanbevelings in Hoofstuk 5 verskaf.

Hoofstuk 2 het ten doel om eerstens die beskikbare wetenskaplike bewyse oor die ervarings en uitdagings van Suid-Afrikaanse immigrante rakende hul akkulturasie-ervarings en sielkundige aanpassing te ondersoek; en om tweedens die inhoud, aard, effekte en beperkings van huidige intervensiemodelle te ondersoek wat daarop gemik is om die welstand van Suid-Afrikaanse immigrante te verbeter. 'n Sneloorsig is gedoen en 25 artikels wat aan die insluitingskriteria voldoen het, is tematies ontleed en gesintetiseer. Die oorsig toon dat voormigrasiefaktore, soos redes waarom immigrante Suid-Afrika verlaat, belangrik is om die ervaring van immigrasie te verstaan. Daarbenewens het baie Suid-Afrikaanse immigrante die administratiewe en praktiese aspekte van die verskuiwing en verlaat van familie en vriende uitdagend gevind. By hul nuwe bestemming word nuwe uitdagings met betrekking tot indiensneming, taal, sosiale interaksie, en akkulturasie op beide intra- en interpersoonlike vlakke ervaar, wat dikwels lei tot negatiewe gevoelens en 'n afname in algemene welstand. Baie immigrante blyk egter aan te pas by hul veranderende situasie deur positiewe hanteringstrategieë te gebruik en op persoonlike sterkpunte te reken. 'n Leemte in die navorsing, rakende intervensie-modelle wat daarop gemik is om Suid-Afrikaanse immigrante se lewensgehalte en welstand te verbeter, word egter bevestig.

Hoofstuk 3 het ten doel om die selfregulerings- en hanteringstrategieë, wat 'n steekproef van Suid-Afrikaanse immigrante in Engeland toepas ten einde sielkundig by die proses van akkulturasie aan te pas, te ondersoek. Interaktiewe Kwalitatiewe Analise is toegepas as 'n metode om 'n konseptuele, hipotetiese model te ontwikkel wat gebaseer is op die oorsaak-effek verhoudings tussen die verskillende komponente van immigrasie-ervarings en daaropvolgende sielkundige aanpassing. Die model dui daarop dat die proses van immigrasie gemotiveer word deur sekuriteits- en veiligheidsbekommernisse in Suid-Afrika,

asook positiewe trekfaktore in Engeland. Kulturele en werksuitdagings lei egter tot heimwee, skuldgevoelens en onsekerheid. Die ervaring van onsekerheid blyk 'n kritieke punt te wees waaruit verskillende selfreguleringspogings na vore kom, wat elkeen terugvoed in die ervaring van immigrasie. In wese impliseer die resultate van hierdie studie dat die migrasie-ervaring vir Suid-Afrikaanse immigrante 'n dinamiese, deurlopende proses is waartydens gedrag gereguleer word te midde van die onsekerhede, uitdagings en positiewe immigrasie-ervarings.

Hoofstuk 4 het ten doel om, gegrond op die bevindinge van die eerste twee studies, wetenskaplik-gebaseerde intervensieriglyne vir gesondheidswerkers te ontwikkel om die sielkundige aanpassing van Suid-Afrikaanse immigrante in Engeland te ondersteun. 'n Riglynontwikkelingsbenadering is gevolg volgens die stappe wat Wight et al. (2016) geïdentifiseer het, terwyl dit terselfdertyd sekere beginsels van die logikamodelraamwerk (Gervais et al., 2015; Savaya & Waysman, 2005) inkorporeer. Vier veranderingsmeganismes is tydens die riglynontwikkelingsfase geïdentifiseer en die finale riglyne is in drie sleutelgroepe gekategoriseer, naamlik voorbereidings voordat die riglyne toegepas word, proaktiewe strategieë en uiteindelik reaktiewe strategieë. Die riglyne is uiteengesit van 'n gekombineerde persoon-gesentreerde en sterktebenadering en verfyn deur 'n tweevoudige Delphi-benadering met geregistreerde gesondheidswerkers in Engeland en Suid-Afrika. Al 14 riglyne is as relevant vir insluiting beskou en die gesondheidswerkers is dit eens dat dit voordelig kan wees om gespesialiseerde opleidingsmodules oor ondersteuning aan immigrante in te sluit. Die finale riglyne is bedoel om buigsaam geïntegreer te word in die gesondheidswerker se bestaande professionele prosedures en terapeutiese- of beradingspraktyke.

Die studie het 'n aantal beperkings teëgekom wat omvattend in Hoofstuk 5 gerapporteer word. Met inagneming van hierdie beperkings, is daar tot die gevolgtrekking

gekom dat immigrasie 'n veelsydige, dinamiese en persoonlike ervaring is. Vanuit 'n selfreguleringsperspektief lyk dit asof baie Suid-Afrikaanse immigrante 'n verskil tussen belangrike lewensdoelwitte en hul huidige situasie in hul bestemmingsland ervaar, spesifiek met die uitdagings van die migrasiereis. Alhoewel sommige immigrante suksesvol is in die toepassing van effektiewe selfregulerende meganismes, is daar steeds 'n groot behoefte om gesondheidswerkers toe te rus met riglyne oor hoe hulle individuele immigrante kan lei tot 'n gevoel van self-agentskap deur die bevordering van hanteringstyle en selfregulering-strategieë. Alhoewel die studie 'n waardevolle bydrae lewer tot ons begrip van immigrasie vanuit 'n selfreguleringsperspektief, word aanbevelings gemaak om hierdie kennis verder te verbeter. Dit sluit die evaluering van die hipotetiese IKA-model wat tydens hierdie studie ontwikkel is in, spesifiek met betrekking tot sy veralgemeenbaarheid en verifikasie binne ander immigrante kontekste.

Table of Contents

List of Tables

List of Figures

CHAPTER 1

Introduction, Problem Statement and Aims

Kaplan and Höppli (2017) estimated that by 2013, approximately 767,000 South African-born individuals had lived in one of the 31 major destination countries included in their study. Of these the majority (roughly 77%) resided in five main countries, namely the United Kingdom, Australia, New Zealand, the United States of America, and Canada. These five countries share English as a common language and have similarities to South Africa (Kaplan & Höppli, 2017). This does not mean, however, that transitioning into a new country is straightforward. Marchetti-Mercer (2009) noted that, although English is the main language in most of the countries that South Africans emigrate to, there may still be peculiarities in accent or vocabulary that makes the migration-process complex. Marchetti-Mercer also reported that South African immigrants whose mother tongue is not English, may find communicating in English in their destination country challenging. South African immigrants can enter their new country of residence on one of a variety of visa types depending on their individual circumstances (Small, 2015; Soontiens & van Tonder, 2014; Trlin, 2010, 2012; Wasserman, 2016). Many South Africans then work towards permanent residency or citizenship, which can be complicated in itself.

Factors that influence an individuals' decision to leave South Africa include factors that are characteristic to the destination country, the so called 'pull' factors, such as:

- perceived similarities to South Africa (Duxfield, 2013; Trlin, 2010; Wasserman, 2016),
- more opportunities, for example providing a better life for their children in the new country (see Barkhuizen & Knoch, 2006; Duxfield, 2013; Kwankam, 2010; Pernice et al., 2009; Trlin, 2010; Wasserman, 2016),

- financial factors and employment-related factors, including better job opportunities (Barkhuizen & Knoch, 2006; Duxfield, 2013; Groutsis & Arnold, 2012; Kwankam; 2010; Small, 2015; Trlin, 2010; Van der Vyver & De Villiers, 2000; Wasserman, 2016).

On the other hand, there are various pre-migration factors, called 'push' factors, inherent to South Africa that are commonly cited as reasons for emigration. Push factors include elements such as:

- South Africa`s challenging economic situation (Hicks, 2015; Small, 2015; Van der Vyver & De Villiers, 2000; Wasserman, 2016),
- aspects such as unemployment, lack of job security and career opportunities (Duxfield, 2013; Kwankam, 2010; Small, 2015; Trlin, 2010; Wasserman, 2016),
- concerns about safety and security (Barkhuizen & Knoch, 2006; Duxfield, 2013; Halvorsrud, 2014; Hicks, 2015; Khawaja & Mason, 2008; Pernice et al., 2000; Pernice et al., 2009; Philipp & Ho, 2010; Small, 2015; Van der Vyver & De Villiers, 2000; Trlin, 2010; Wasserman, 2016), and
- political instability and uncertainty (Duxfield, 2013; Van der Vyver & De Villiers, 2000; Wasserman, 2016).

Khawaja and Mason (2008) suggested that South African immigrants may fit Kunz`s definition of the 'anticipatory refugee' (Kunz, 1973, as cited in Khawaja & Mason, 2008) as they often feel pressed to leave South Africa because of country-specific factors rather than being attracted by the pull factors of another country, and they are therefore reluctant to leave. Several studies (Duxfield, 2013; Hicks, 2015; Philipp & Ho, 2010; Small, 2015; Wasserman, 2016) reported that South African immigrants may have negative or mixed feelings upon arrival in their destination country despite being positive about their decision to move. Challenges upon arrival often included practicalities that needed to be arranged

(Bennett et al., 1997; Kwankam, 2010; Rademeyer et al., 2009; Small, 2015), as well as family conflict or relationship issues (Duxfield, 2013; Philipp & Ho, 2010; Small, 2015).

Several studies have noted the psychological effects of immigration. Marchetti-Mercer (2009), for instance, noted that immigration is a complicated phenomenon that affects individuals on both a psychological and socio-cultural level, and moving to a new country has a huge impact on the family life of many immigrants. It is also evident that the challenges and difficulties that immigrants face during their immigration journey may even affect their mental health negatively (Bennett et al. 1997; Berry, 1997; Bhugra, 2004; Maydell-Stevens et al., 2007). Several South African immigrants mentioned that immigration was more difficult than they expected (Small, 2015; Wasserman, 2016) and several South African immigrants experience challenges such as:

- numerous demands, stressors, and adjustments when in their destination country (see Small, 2015; Trlin, 2010; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016),
- feelings of loss associated with leaving the country of South Africa, their loved ones, and established social and work networks (see Bennett et al., 1997; Duxfield, 2013; Hicks, 2015; Khawaja & Mason, 2008; Philipp & Ho, 2010; Small, 2015; Trlin, 2010; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016), and
- unanticipated cultural differences between South Africa and destination country (van Tonder, 2013; van Tonder & Soontiens, 2013).

Acculturation and Adaptation of Immigrants

The immigration process is often viewed and understood from an acculturation and adaptation perspective. According to Berry (1997, 2005), acculturation consists of a process of changes (both cultural and psychological) that result from the interaction between cultures. In turn, this can lead to several forms of mutual accommodation and some longer-term

adaptations (on a psychological and socio-cultural level) between both groups. The term ‘adaptation’ indicates relatively stable changes in an individual or group that occur ‘in response to environmental demands’ (Berry, 1997, p. 13). The terms adaptation and ‘psychological acculturation’ both refer to ‘psychological changes and eventual outcomes that occur as a result of individuals experiencing acculturation’ (Berry, 1997, p. 6). Berry (1997, 2005) identified four acculturation strategies, namely separation, assimilation, integration, and marginalisation. These strategies each centre around the individual`s relative preference for maintaining their identity, culture, and heritage, or having contact with and partaking in the broader society with other ethno-cultural groups.

When individuals evaluate and appraise the meaning of their experiences in relation to contact with other cultures, they may view their experiences in different ways, for example that the experience is an opportunity or even as a source of stress or difficulty (Berry, 1997). Consistent with the latter, stress has been found to be an issue among immigrants (Duxfield, 2013). The term ‘acculturative stress’ is a term used to indicate ‘a stress reaction to life events’ rooted in acculturation experiences (Berry, 1997, p.19). Acculturative stress can occur when a ‘fit’ between the dominant society and the acculturating group or individual is not achieved (Berry, 1997) or when acculturation experiences are problematic for immigrants (see Berry, 2005).

Contact with other cultures and the experience of cultural differences may influence immigrants` cultural identification. Ward (2001) described ethnic or cultural identification as the recognition, categorisation, or self-identification of oneself as a member of an ethno-cultural group. Cultural changes in identity can be stressful for immigrants (Bhugra & Becker, 2005) while Akram (2012) demonstrated that some immigrants may experience challenges such as feeling different or excluded in their new country.

Psychological Adaptation to Acculturation

Adaptation is a central concept in the science of evolutionary psychology and, according to Buss et al. (1998), it is important to distinguish the colloquial use of the term adaptation from the technical evolutionary use. For instance, in a cross-cultural context, Kim (1988) linked the term adaptation to 'the internal transformation of an individual challenged by a new cultural environment' (p. 9). Consequently, these changes can make the individual more compatible with the new environment (Kim, 1988). In addition, psychological adaptation to acculturation refers to the process where individuals who come into contact with a new culture, experience psychological changes on an individual level (Berry, 1997, 2001, 2005; Graves, 1967). Psychological adaptation mainly affects the psychological and physical well-being of an individual (Berry, 2005). Furthermore, psychological adaptation could lead to various positive internal psychological outcomes such as good mental health (Berry, 1997).

Self-regulation as a Central Adaptive Mechanism

Self-regulation is a very difficult construct to define since literature suggests multiple theories and models (Boekaerts et al., 2005; MacKenzie et al., 2012). Karoly (1993) linked self-regulation to internal and/or transactional processes that make it possible for individuals to guide their behaviour over time and across changing circumstances toward goal achievement. Goals could be described as ideas about prospective states that an individual wants to realise. Goals are primarily established by an individual's social environment (external goals) and by the individual (goals of internal origin) (MacKenzie et al., 2012). MacKenzie et al (2012) further contended that the individual's social environment plays a primary role when establishing external goals and, in contrast, individuals set their own goals of internal origin. Goals include the endpoint to both short term actions and long-term aspirations (Carver & Scheier, 2009).

Feedback is a fundamental principle of self-regulation (Carver & Scheier, 2009; Karoly, 2010; MacKenzie et al., 2012) because it provides information about possible discrepancies between goals and behavioural outcomes, and which actions to take to counter discrepancies (Carver & Scheier, 2009). It also helps the person anticipate conflict in order to prevent it; apply self-control; and to react appropriately to conflict that has already taken place so as not to deviate from an intended plan.

Coping as a Specific Self-regulatory Mechanism

In recent years, many researchers have moved towards a model where coping and self-regulation are integrated. Lazarus and Folkman (1984) refer to coping as a process of constantly changing efforts in response to 'specific external and/or internal demands that are appraised as taxing or exceeding the resources' (p. 141). This process may result in either problem-focused coping or emotion-focused coping. A key assumption of the emotional-motivational theories of stress and coping is that coping, as defined by Lazarus and Folkman (1984), is provoked by the experience of emotional distress (De Ridder & Kuijer, 2006).

When encountering major stress, some people draw upon adaptive resources that they previously didn't know about. It seems that these individuals appear to grow from stress and gain strength that can be used in subsequent crises (Lazarus & Folkman, 1984, p. 181). Coping strategies have primarily been researched from a reactive viewpoint, in that studies have focussed mainly on the ways individuals respond to stressors that present a threat to personal goals once they have happened.

It is equally important to study the ability of individuals to identify impending threats early on and their capability to use strategies that can possibly assist the offset of prospective problems (Ouwehand et al., 2008). According to Aspinwall and Taylor (1997) self-regulation processes are associated with the various stages of proactive coping. When individuals engage in proactive coping before potential stressful events occur, the impact of the event

may be minimised or the stressful event may even be prevented (Aspinwall & Taylor, 1997). In doing so, potential stressors may be reduced or counter-acted. Aspinwall and Taylor (1997) distinguishes five stages in their framework of proactive coping that can broadly be described as (a) accumulation of resources, (b) screening the environment and recognising potential stressors, (c) initial appraisal of such potential stressors, (d) preliminary coping to offset the potential stressor, and (e) evaluating to what extent preliminary coping efforts had an effect and using this feedback regarding the efforts. Proactive coping reduces the distress that results from a potential threat while the individual still has sufficient coping resources.

According to Matthews et al. (2000) coping and self-regulation are closely correlated constructs and, in this regard, Sniehotta et al. (2005) and Sniehotta (2009) referred to coping planning as a self-regulation strategy. Sniehotta (2009) argued that self-regulatory strategies can help individuals take control of their behaviour and associated causes. Sniehotta believed that by aiming to manage risky situations as opposed to initiating goal-related action directly, 'coping plans shield goal-directed behaviour' (Sniehotta, 2009, p. 269). It could therefore be argued that self-regulation as a mechanism of pro-active coping could support immigrants during their process of psychological adaptation.

Self-regulation and Coping as Adaptive Mechanism in Acculturation

Ouwehand et al. (2008) noted that individuals with the inclination to see prospect possibilities, make plans and set personal goals, tend to use more proactive coping strategies. The problem-solving skills used for active coping include 'goal setting, organisation, planning, breaking down problems into their components, and mental simulation' (Aspinwall & Taylor, 1997, p. 431). After reviewing various studies on coping, acculturation and cultural adaptation, Kuo (2014) found that coping played an essential part of the acculturation process and that a varying degree of acculturation was related to differentially preferred patterns of coping behaviours among specific individuals and groups such as immigrants. Kuo (2014)

further highlighted that the use of active and problem-focused coping strategies encourages emotional well-being and positive adaptation while the use of avoidance coping strategies impede adaptation and may have a negative impact on adjustment outcomes.

Yu et al. (2015) suggested that self-efficacy and goal setting may have impacted the enhancement of the personal resilience of the immigrants in their study. According to Monninkhof et al. (2004) self-efficacy refers to a person's confidence in their 'capability to execute particular behaviours' (p. 182). Efficacy beliefs are the basis of human agency and are significant in shaping the direction individuals' lives take by influencing their choice of environments and activities Bandura (2001). Self-efficacy, as a self-regulatory process, may contribute to long-term behaviour changes. For example, by repeatedly learning or experiencing that one is successful in particular situations, one's beliefs about similar, prospective situations may be positively influenced (MacKenzie et al., 2012). According to Small (2015), South African immigrants with traits such as resilience and achievement-orientation and who had developed a sense of self-efficacy and self-reliance before immigration, seemed more prone to view difficulties as challenges and were more optimistic and confident that in due course they would succeed. This aligns with the opinion of Forgas et al. (2009) that self-regulation helps people with adapting to the demands and opportunities of complicated social environments, implying a source of flexibility within the self. Karoly (2010) described flexibility as 'the capacity to overcome systemic inertia, to multitask when necessary, to reconfigure one`s goals and means, and/or to override automaticity in the service of counteracting self-defeating habits' (p. 154).

From a positive psychology stance, Diener (2000) hypothesised that goal change is an intrinsic element of adaptation. He argued that goal flexibility may be an important factor related to subjective well-being in adverse circumstances. When people consider moving to a new country, they have certain expectations about their settlement in the new country (e.g.,

long-term intentions to stay in a country). During the acculturation process however, immigrants may encounter discrepancies between their goals and actual outcomes that may require them to change or adjust their goals or their acculturation strategies. As immigrating often involves unforeseeable experiences, it could be argued that the decision to immigrate may resonate with the definition of courage by Pury and Saylors (2017, p.154) as 'taking a worthwhile risk'.

According to Karoly (1993) self-regulation processes is initiated when there is a disruption to routinised activity or when 'goal-direction is otherwise made salient' (p. 25). This may for instance happen by the appearance of a challenge (Karoly, 1993). During stressful times or periods of developmental transition (e.g., when failure or threat of failure emerge), goals that are meaningful to the individual may be 'reviewed, evaluated, and reframed in the service of retrospective and anticipatory coping' (Karoly, 2010, p. 155). Conflicting aspirations and social pressure sometimes cause many South African immigrants to re-evaluate their initial goal of permanency in a new country and influence their decision to return to South Africa. This may be the result when initial settlement goals lead to distress and when these goals are not compatible with current coping behaviour. Health professionals could potentially support immigrants successfully adjust to their new country by employing their capacity to be flexible and regulate goals as described by Karoly (2010). Immigrants often have to evaluate if their behavioural skill-set and personal goals are effective in helping them adapt and integrate in their country-of-settlement.

Several studies demonstrated that immigrants often used flexible approaches to evaluate and adjust their coping and behavioural strategies to see what worked best to adapt to their new environment (Duxfield, 2013; Maydell-Stevens et al., 2007; Small, 2015). Karoly (2010) indicated that in order for individuals to progress toward various, distant and sometimes contrary aspirations, they are often required to (a) develop a sensitivity to

contextual changes around them and (b) have the capability to make amendments or 'trade-offs' between apparently incompatible focal points of awareness. According to Small (2015), South African immigrants may form social connections with fellow South Africans to counter homesickness and maintain language skills and cultural connections. However, befriending immigrants from the destination country and other countries helped some South African immigrants adapt to the mainstream society (Small, 2015). The most effective acculturation strategy seems to be when immigrants are sensitive to the changing world but at the same time are pro-active in looking after their own well-being.

In a study evaluating the process of acculturation and coping, Akram (2012) found that the South Asian Muslim immigrants in this study experienced certain events that became turning points in their lives, consequently encouraging them to seek out specific kinds of support and coping mechanisms. The use of coping strategies helped these immigrants to deal with acculturation challenges and resulting depression and it also assisted them to become more acculturated and settled in their destination country (Akram, 2012). It may be that the so-called 'turning points' during the migration trajectory could be linked to the use of emotional regulation where participants evaluated their circumstances and adjusted their emotions and behaviour according to this evaluation. This is consistent with the view of Berger (2011) that self-regulation is a process of adjusting emotions and actions not only to internalising social norms and standards, but also to situational requirements.

Berry (1997) highlights the importance of the time period during processes of acculturation and adaptation. For example, such processes include how individuals manage acculturative problems, both initially and over a longer period of time. Evidence suggests that immigrants choose to re-evaluate their situations in the various phases of their acculturation process and change their cognitive and behaviour efforts to re-adjust to their new environment. The continuous evaluation and appraisal of the meaning they assign to

intercultural contact (see Berry, 1997) could be linked to the self-monitoring and feedback elements of self-regulation. Self-monitoring is characterised as purposefully paying attention to behaviours that need to be regulated (Forgas et al., 2009; MacKenzie et al., 2012). Attention refers to the mechanisms that enable adaptive behaviour by selecting, integrating, and prioritising the competing demands on our cognitive and emotional system. These demands are created by the external world and from goals generated by the individual (Berger, 2011).

Coping strategies that endeavour to deal with seemingly problematic experiences related to acculturation can be linked to the previous mentioned four acculturation strategies (Berry, 1997). It therefore seems as if immigrants often have to adjust their own behaviour and actions to achieve the desired results and this notion correlates with Bandura`s description of agency during changing times (Bandura, 2001) in which individuals are actively involved in areas of 'self-development, adaption and self-renewal' (p. 2).

According to Berry (1997) one aspect of psychological acculturation includes immediate effects, such as physiological and emotional reactions. Adaptation can be explained as 'changes that take place in individuals or groups in response to environmental demands' (Berry, 1997, p. 13). There is huge variation in the concept long-term adaptation to acculturation, alternating from well adapted in their new society to poorly adapted (Berry, 1997).

Where stressful events cannot be avoided, individuals using pro-active coping may experience better adjustment than those who do not engage in such preparatory actions (Aspinwall & Taylor, 1997). One reason for this may be the development of resilience - according to Castro and Murray (2010), resilience among immigrant populations refers to the 'positive adaptation to the challenges and stressors of migration' (p. 376), and entails persistent efforts to cope with compound stressors associated with the new environment.

Resilience could be described as the capability to endure and rebound from significant adversity and to also successfully adapt to adversity (Walsh, 2002; Zautra et al., 2010). Santos (2013) commented that many researchers highlighted two interactive processes as important principles of developing resilience, namely a.) the interaction between the environment and the individual, and b.) interaction between certain risk and protective factors. According to Karoly (2010), resilience is associated with effective and flexible self-regulatory processes under stressful circumstances or conditions of transition.

It could, therefore, be argued that self-regulation as an essential mechanism of positive, pro-active coping can lead to better psychological adaptation of immigrants. Promoting a strength-based approach in dealing with immigration could be valuable in guiding health professionals (e.g., psychologists, counsellors, and other medical professionals) in supporting South African immigrants during their immigration trajectory. Marchetti-Mercer (2009) noted that South African-based mental health professionals who work with emigrants may have subjective feelings regarding their own experiences of staying behind in South Africa and need to be aware of the impact these feelings potentially may have on their therapeutic relationships. In this regard, the intervention guidelines need to acknowledge the subjective experiences of health professionals supporting South African immigrants.

Problem Statement

Kuo (2014) identified the need to gain clarity about migrants` engagement in cross-cultural changes and a greater understanding of how migrants react to- and cope with challenges and stressors related to acculturation processes. There is also a need to understand how the health and well-being of immigrants is affected by their coping and adaptation strategies (Kuo, 2014). However, despite evidence that immigration poses certain demands

and challenges, Khawaja and Mason (2008) noted the paucity of research on the experiences of South African immigrants to Australia. Small (2015) identified a gap in immigration research as the lack of comprehensive assessment models for pre- and post-migration risk and protective factors on the well-being of South African immigrants in New Zealand. Small (2015) also commented on the absence of preventive, supportive, and therapeutic interventions specifically related to these South African immigrants. An intensive search on numerous databases showed that there is limited research available on the impact of the acculturation-process of South African immigrants in England. This study therefore aimed to explore the acculturation-process of this specific people group.

It is clear from the literature review that a self-regulation approach could contribute to a better understanding of the experiences and psychological adaptation of South African immigrants. This study could address the gap in literature on acculturation from a self-regulation perspective and, in so doing, links acculturation research to a positive psychology perspective. In line with this notion, it is clear from the literature review that a self-regulation approach, promotes and uses strategies that not only prevent adversity, but also build and facilitate strengths and optimum functioning.

The study also purposed to bring about a new understanding on what self-regulation and coping strategies South African immigrants in England apply to adapt psychologically to the acculturation-process, and how they perceived the cause-effect relations between these components. The findings could provide clarity on what intervention-guidelines should be compiled for health professionals working with the coping and adjustment challenges of South African immigrants in England.

Aims

The general aim of this study was to explore and evaluate the psychological adaptation and acculturation processes of South African immigrants in England, and to develop intervention-guidelines for health professionals. The specific aims were to:

- systematically review and compare national and international literature on (a) the experiences and challenges of South African immigrants regarding acculturation and psychological adaptation and (b) the content, nature, effects, and limitations of current intervention models aimed at improving South African immigrants` well-being,
- explore (a) the self-regulation and coping strategies that a sample of South African immigrants in England apply to adapt psychologically to the acculturation-process and (b) how they perceive the cause-effect relations between these different components of their experience, and
- develop scientifically based intervention guidelines for health professionals regarding the psychological adaptation of South African immigrants in England.

Overview of the methodology

For Manuscript 1, a rapid review of current international and national literature was conducted under the guidelines for systematic reviews in social science. A thematic synthesis approach, as described by Gough et al. (2012) and Thomas and Harden (2008), was used to integrate the results from the retrieved studies. For Manuscript 2, Interactive Qualitative Analysis (IQA) (Northcutt & McCoy, 2004), based on an explorative research design, was used to determine how a sample of South African immigrants in England perceived the relationship between different aspects of their experience and adaptation.

For Manuscript 3, a step-by-step guideline-development approach (Wight et al., 2016) was followed to develop the intervention guidelines for health professionals regarding the psychological adaptation of South African immigrants in England. Certain principles of the logic model framework (Gervais et al., 2015; Savaya & Waysman, 2005) were also incorporated in their development. The guidelines were developed based on the findings of Manuscript 1 and Manuscript 2. An online, modified Delphi method (Linstone & Turoff, 2002; Pezaro & Clyne, 2015) was used to obtain expert feedback regarding the quality and relevance of the intervention guidelines. The Health Research Ethics Committee (HREC) of the NWU provided ethics approval for this research (ethics approval number NWU- NWU-00365-16-S1).

Outline of the Manuscript:

Chapter 1 provides an introduction, the problem statement, and the aims of the study.

Chapter 2 presents Manuscript 1, which addresses Aim 1.

Chapter 3 presents Manuscript 2, which addresses Aim 2.

Chapter 4 presents Manuscript 3, which addresses Aim 3.

Chapter 5 concludes the study and offers further research recommendations.

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CHAPTER 2: MANUSCRIPT 1

Acculturation, Psychological Adaptation and Self-regulation of South African Immigrants: A Rapid Review

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Running head: CHAPTER 2: MANUSCRIPT 1

Abstract

A rapid review was conducted to determine (a) the experiences and challenges of South African immigrants regarding acculturation and psychological adaptation, and (b) the content, nature, effects, and limitations of current intervention models aimed at improving South African immigrants' well-being. A total of 25 articles met the inclusion criteria and were included in the study. A qualitative thematic analysis approach was used to analyse data. Findings show that migration is a multi-faceted, contextual process of acculturation and adaptation that is characterised by several unfolding challenges. As such, a self-regulation approach to intervention, with an emphasis on pro-active coping, seems appropriate. There is, however, a paucity in existing research regarding intervention models aimed at improving South African immigrants' well-being. Developing intervention guidelines from a self-regulation approach could contribute to a better understanding of the experiences and psychological adaptation of South African immigrants.

Keywords: Acculturation, psychological adaptation, coping, resilience, self-regulation, well-being, health, programme, intervention, immigration, South African immigrants, South African emigrants, adults.

Acculturation, Psychological Adaptation and Self-regulation of South African Immigrants: A Rapid Review

For a person to move and adapt to a new country and intend to reside there for the long-term, implies a requirement to interact with new cultures and, most likely, change on both a cultural and psychological level. In this regard, the International Organization for Migration (2019) defines an immigrant as '... a person who moves into a country other than that of his or her nationality or usual residence, so that the country of destination effectively becomes his or her new country of usual residence' (p. 101).

The United Kingdom (UK) Office for National Statistics (2019) indicated that there were over 200 000 South African-born immigrants residing in the United Kingdom by 2018. This correlates with figures from 2013 (Durnford-Slater, 2015; Kaplan & Höppli, 2017) in which the UK was named the most popular destination country for South African-born immigrants, followed by Australia (with over 150 000 South African-born immigrants), the United States, New Zealand, and Canada (Kaplan & Höppli, 2017). These countries are popular destinations for South African immigrants because they share English as a common language and have cultural and historical similarities to South Africa (Kaplan & Höppli, 2017). Even when these similarities are present, immigration still requires adapting to new ways of living on various levels. Immigration is, therefore, a dynamic process that occurs over a period of time and that might be explained from an overarching acculturation and adaptation framework.

The traditional definition of *acculturation* was presented by Redfield et al. (1936) who stated that 'acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups' (p. 149). Using this definition, acculturation can be described as a process in which both cultural and

psychological change occurs because of contact between two or more cultural groups (Berry, 2001, 2005). The processes of cultural and psychological changes involve several forms of mutual accommodation, which result in various long-term psychological and socio-cultural adaptations between both cultural groups (Berry, 1997, 2005).

Adaptation refers to changes in an individual or group in reaction to environmental demands and these changes can be described as comparatively stable (Berry, 1997). Winbush and Selby (2015) noted that to adapt to a new culture, immigrants utilise various strategies. *Psychological adaptation* refers to a set of inner psychological outcomes (Berry 1997) and mainly involves the individual's physical and psychological well-being (Berry, 2005). *Socio-cultural adaptation* refers to how well a person can manage everyday life in their new cultural context (Berry, 2005), or the ability to negotiate the interactive facets of a new culture and to 'fit in' with the new society (Ward & Rana-Deuba, 1999). Factors such as cultural knowledge and positive intergroup attitudes may lead to effective socio-cultural adaptation (Berry, 2005).

Many immigrants have positive experiences in their new countries and are able to achieve their goals and find opportunities during the acculturation process (see Berry, 2005; Forrest et al., 2013; Goldin, 2002; Ward & Styles, 2005). However, even when the long-term outcome of immigration is successful, difficulties in adapting to a new culture are almost always experienced (see Berry, 1997; Bhugra, 2004; Maydell-Stevens et al., 2007), and may lead to acculturative stress. *Acculturative stress* is a reaction in response to life events rooted in the experience of acculturation and can be manifested as anxiety, uncertainty, and depression (see Berry, 1997, 2005). Winbush and Selby (2015) discussed a broad range of stressors relating to the immigration process of South African immigrants in New Zealand in their research and believed that immigrants need to know the challenges associated with migration to better prepare for what lies ahead. Cultural or ethnic identity includes the

recognition, categorisation, or self-identification of the individual as a member of an ethno-cultural group (Ward, 2001). Several acculturation challenges are therefore related to cultural identity. Cultural changes in identity can cause stress and, consequently, result in issues with mental health and self-esteem (Bhugra & Becker, 2005). For instance, in a study evaluating the process of acculturation and coping, Akram (2012) found that the South Asian Muslim immigrants felt depressed after experiencing acculturation challenges (e.g. feeling different and excluded) during their settlement process in their new country. It seems that migrating to another country poses several difficulties that individuals and families must address to both settle into their new context and maintain or even improve their psychological well-being.

Goldin (2002) noted that the reaction of every individual to migration is unique. Immigrants often have to adjust their individual behaviour and actions to bring about the desired results. This line of thought correlates with the description of agency by Bandura (2001) in which an individual actively participates in areas of 'self-development, self-renewal, and adaptation' (p. 2). Bandura also stated that efficacy beliefs are the foundation of human agency and play a significant role in shaping the course of individuals' lives by influencing the various environments and activities they get involved in (Bandura, 2001).

One key aspect of adaptation is the ability to be pro-active. According to Hobfoll (2002), pro-activity is central to most resource theories as people are motivated to protect the resources they have. Hobfall contended that individuals 'do not wait for stressors to occur in their lives but, instead, act to foster their circumstances in ways that will help them gain resources and position themselves so that they are less vulnerable to future resource loss' (Hobfoll, 2002, p. 317). The ability and importance of being pro-active has been well reported in coping literature. For instance, Karoly (2010) found that, during periods of stress or times of developmental transition, personally meaningful goal episodes may be revised, evaluated, and reframed with regards to retrospective and anticipatory coping. When stressful

events cannot be avoided, an individual who engages in pro-active coping will usually experience better adjustment than an individual who does not engage in similar preparatory actions (Aspinwall & Taylor, 1997). Taking this into consideration, it seems that pro-active coping increases resilience. *Resilience* is described as the capability to endure and rebound from significant adversity and to also successfully adapt to adversity (Walsh, 2002; Zautra et al., 2010). According to Castro and Murray (2010), resilience among immigrant populations is the 'positive adaptation to the challenges and stressors of migration' (p. 376) and entails persistent efforts to cope with a compound of stressors associated with a new environment. Researchers not only highlight the interactive processes between the environment and the individual, but also the interaction between certain risk and protective factors as important foundations of developing resilience (Santos, 2013). Karoly (2010) linked resilience to an effective and flexible self-regulatory system under conditions of transition or stress. Self-regulatory processes are initiated when habitual activity is hindered or when goal-directedness is made noticeable, for instance, when a challenge occurs (Karoly, 1993). Self-regulation can also refer to processes relating to achieving and maintaining of goals (Vancouver, 2000; Vancouver & Day, 2005) where goals are defined as 'internally represented desired states' (p. 158). It could be argued that self-regulation is an essential mechanism of positive, pro-active coping that may lead to better psychological adaptation of immigrants.

Problem Statement

According to Kuo (2014), there is a need to better understand how migrants respond to and cope with cultural changes, stresses, and challenges related to acculturation. There is also a pressing need to understand how migrants' coping and adaptation strategies impact their well-being and health (Kuo, 2014). Despite the availability of international literature, there is limited research available on the specific impact of the acculturation process of South

African immigrants, specifically from a self-regulation and coping perspective. This study aims to address this gap.

Small (2015) identified a gap in immigration literature as the lack of 'comprehensive models for the assessment of pre- and post-migration risk and protective factors that had an impact on the well-being of South African immigrants' (p. 739). Small also noted the need for models for preventive, supportive and therapeutic interventions specifically related to factors impacting South African immigrants' well-being (Small, 2015). Consequently, a review of the experiences of South African immigrants may contribute to the design of interventions or programmes targeting this specific people group.

The two main questions this study aims to answer can be summarised as follows: According to scientific literature, (a) what are the experiences and challenges of South African immigrants regarding acculturation, psychological adaptation, and self-regulation?; and (b) what are the content, nature, effects, and limitations of current intervention models aimed at improving the well-being of South African immigrants?

Method

Research Design

A rapid review, defined by Petticrew and Roberts (2006) as a systematic literature review conducted within a limited time period, and has a restrictive scope of search, was conducted. Ganann et al. (2010) stated that rapid reviews 'use methods to accelerate or streamline traditional systematic review processes' (p. 1), while Grant and Booth (2009) described it as an 'assessment of what is already known about a policy or practice issue, by using systematic review methods to search and critically appraise existing research' (p. 95). A rapid review design is appropriate for this explorative study since it can answer questions about people's experiences or causes of problems (Petticrew & Roberts, 2006). Reviewing

previous research studies is valuable in designing intervention and developing programme theory when interventions are currently non-existent (see Snilstveit et al., 2012).

The Search Strategy

A rigorous literature search was conducted in consultation with a librarian at the North-West University (NWU). One Search portal was used, which provided access to most important databases including Eric, PsycInfo, PsycArticles, Science Direct, Academic Search Premier, Ebscohost, PsycARTICLES, Medline, Science Online, ProQuest Dissertations and Theses, and ebrary.

Keywords were identified through two processes, namely (a) Exploring/scanning psychology journals and textbooks on the topic, and (b) through the Medical Subject Headings (MESH) of the National Library of Medicine (n.d.). Keywords were combined with inclusion criteria and Boolean operators. The following keyword combinations were searched to obtain potentially relevant articles:

Accultur* OR culture OR cultur* OR shock OR adaptation OR adapt* OR 'socio-cultural adaptation' OR social OR 'social adjustment' OR 'social conformity' OR 'social discrimination' OR 'social distance' OR identification OR isolation OR marginali?ation OR stigma OR conform* OR nationalis* OR accustom* OR 'settling in' OR acclimatis* OR Cope OR coping OR resilience OR self-regulation OR regulat* OR well-being OR health OR programme OR intervention OR adjust* OR self-control OR stereotyp* OR 'emotional adjustment' OR 'sense of coherence' OR 'health promotion' OR treatment OR therapy OR psychotherapy OR counselling OR train* OR psycho-educational OR 'skills development' OR 'health service*' OR facilitat* OR intervention OR manage* OR engagement OR 'psychological adaptation' OR well* OR 'supportive intervention' OR 'preventive intervention' OR 'prevention technique' AND Immigra* OR emigra* OR migrat* OR relocate OR

resettle OR ‘move abroad‘ OR ‘move overseas‘ OR refugees OR migrants OR transients OR ‘settle* OR permanency OR ‘permanent residents’ AND ‘South Africa*’

Two more Google Scholar searches were conducted to increase the comprehensiveness of the database search. The keywords ‘acculturation, psychological adaptation, coping, resilience, self-regulation, well-being, programme, intervention’ and ‘South African immigrants’ were used in the first search, while ‘South African emigrants’ were added in the second search.

Inclusion and Exclusion (Eligibility) Criteria

To determine which studies were relevant to be included in this review, the following criteria were used. First, studies had to be full text, peer-reviewed studies published in English in academic journals, PhD theses, scientific books and eBook chapters. Second, studies must have been published between 1995 and 2017 since socio-political circumstances in South Africa changed significantly after the first democratic elections in 1994 and may have affected the participants’ motivation for immigration. Third, study populations and participants must have been 18 years of age or older.

The exclusion criteria used to determine which studies would be excluded from the review were: studies about returning immigrants, migrants moving within South Africa itself, and South Africans intending to move abroad. According to Marchetti-Mercer (2009), immigrants returning home may pose very specific adjustment issues linked to relocation. Literature reviews and conference proceedings were also excluded.

Critical appraisal of compliance with relevance, inclusion, and exclusion criteria

The researcher assessed the search results for titles of all studies for their relevance. A study was deemed relevant when it was compatible with the research questions and the inclusion criteria of this review. Irrelevant and duplicate studies were excluded first, after

which both reviewers (the researcher and co-researcher) assessed the abstracts of the studies that remained. Once consensus was reached, the full texts of the remaining studies were retrieved, providing they met the inclusion requirements. Both reviewers then assessed these studies in full to determine their scientific quality.

Quality appraisal

Relevant studies were assessed against a list of criteria (see Appendix A) adapted from, and based on several resources, these being the:

- 2010 updated version of the Evidence for Policy and Practice Information and Co-ordinating Centre's (EPPI-Centre) methods for conducting systematic reviews (personal communication, November 28, 2016),
- methodology checklist for qualitative studies by the National Institute for Health and Clinical Excellence (NICE) (2012),
- instruments for qualitative studies by Critical Appraisal Skills Programme (CASP) (n.d.) and American Dietetic Association (ADA) (2008),
- Effective Public Health Practice Project (EPHPP) (1998b), and
- framework for assessing qualitative evaluations by Spencer et al. (2003).

The selection process and inclusion criteria details were documented according to the recommendations of NICE (2012). The reviewer evaluated each study individually according to its perceived quality by scoring the 12 questions on the pre-compiled form. A 'yes' answer scored a 1, while a 'no' or 'cannot tell' scored a 0. If an individual reviewer scored a study between 9 and 12, it was considered good quality. If a reviewer scored a study between 5 and 8, it was considered of moderate quality. A study with a score between 0 and 4 was considered weak.

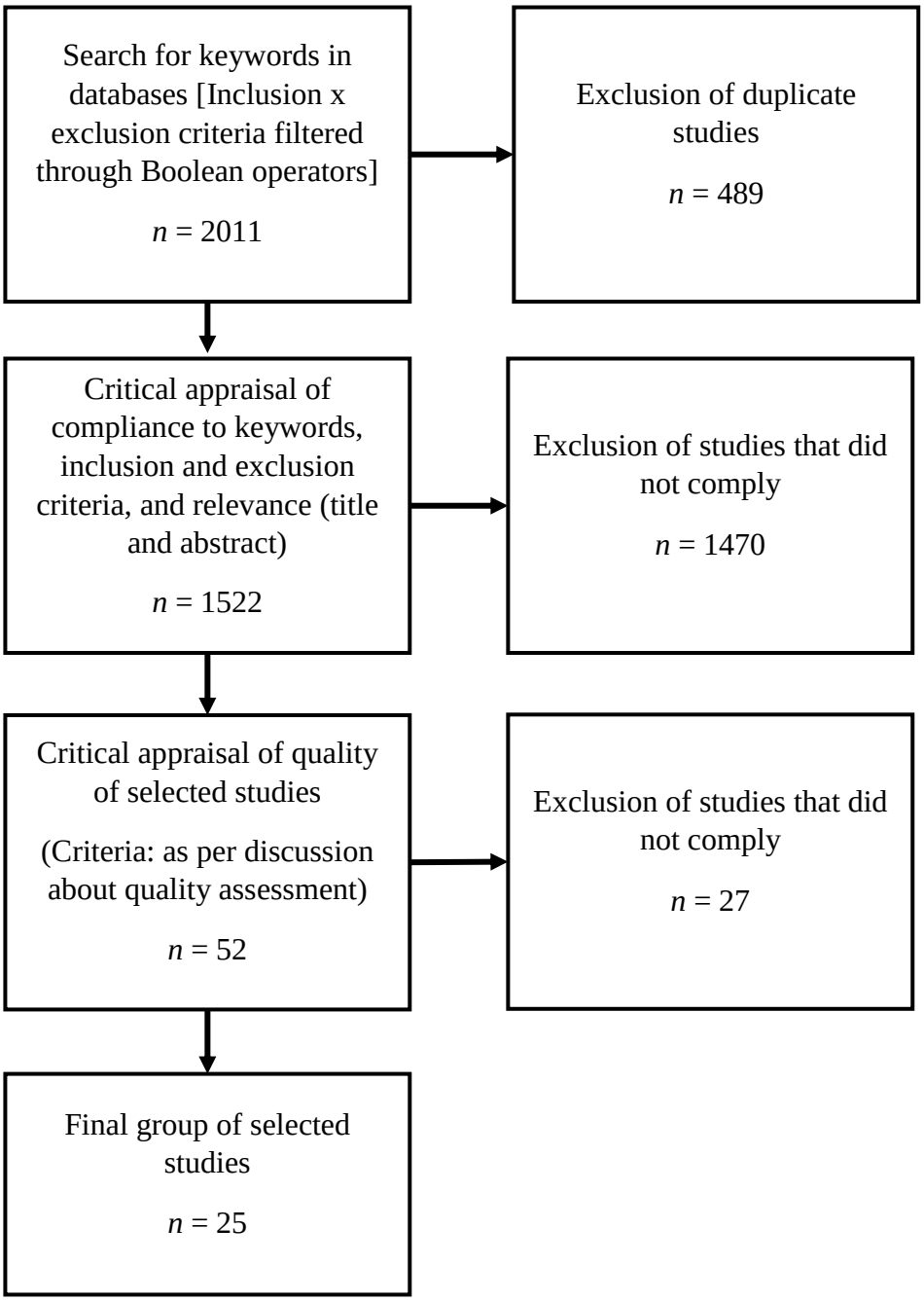
Perestelo-Pérez's (2013) recommendations for reviewing were then followed. The two reviewers discussed the ratings and differences in ratings to obtain consensus about the quality of the studies. It was decided that a study had to fulfil these criteria to be included:

a) 'Yes' to the screening question 1,
b) The combined scores of both reviewers must have been 12 or more' and
c) No weak code (this means that both reviewers had to have a moderate or good rating for the study).

Consensus was reached to include studies and, since all initial disagreements were resolved through discussion, a third reviewer was not deemed necessary. A flow chart was then designed, containing the summary of how many papers were included and excluded. Figure 1.1 is a visual illustration of the rapid review process.

Figure 1.1

A Visual Representation of the Rapid Review Process



Note. This figure demonstrates the literature search strategy followed during the rapid review process.

Data Extraction

Following the advice of Thomas and Harden (2008), all texts labelled as 'results' or 'findings' were considered study findings. Findings were verified by double-checking the entire document, searching for additional data in the abstract, and all text labelled as 'discussions' or 'conclusions'. The review endeavoured to extract only the most relevant data from each chosen study (Perestelo-Pérez, 2013; Petticrew & Roberts, 2006), and in so-doing, obtain the necessary information about study characteristics and findings (Centre for Reviews and Dissemination, 2009). Table 1.1 provides a summary of each study meeting the inclusion criteria and summarise the findings based on the recommendations of Petticrew and Roberts (2006).

Table 1.1

A summary of studies included in the review

Authors	Sample size and context	Aim/s of study	Design and methodology	Key findings (especially relating to this review's research questions).
Alpass, F., Flett, R., Trlin, A., Henderson, A., North, N., Skinner, M., & Wright, S. (2007)	n = 80 Recently arrived skilled immigrants from India (n=26), the People's Republic of China (n=24) and South Africa (n=30) to New Zealand. (for this review the focus is on the results of South Africans)	• To examine the present levels of psychological well-being in three groups of recently arrived immigrant to New Zealand. • To determine if aspects of the acculturation process and mental health outcomes are related.	• Both qualitative and quantitative • A longitudinal study involving annual in-depth interviews. • SF-36 Health Status Questionnaire • Quantitative analysis include : A one-way analysis of variance, Regression analyses • Qualitative analysis : Content analysis	There was little evidence for lower levels of psychological well-being between the general New Zealand population and the three immigrant groups. On the mental health scale, the immigrant group reported higher levels of 'vitality' than the New Zealand population. Between the three migrant groups no significant support was found for differences in psychological well-being. The importance of differential predictors in the understanding of psychological health in migrant groups was emphasised. Regression analyses presented a number of acculturation factors significantly associated with psychological well-being.
Barkhuizen, G.(2006)	n = 14 Afrikaans-speaking white South Africans living in New Zealand within the last 14 years. All were parents of children 18 years and younger.	• To examine the experiences specifically related to language of Afrikaans-speaking immigrants residing in New Zealand. • For instance: exploring the parents' awareness of their children's linguistic changes and their emotional responses to these changes they observe.	• Qualitative study • A narrative inquiry (with in-depth narrative interviews) • Content analysis	Parents in the study indicated a deep awareness of the linguistic changes taking place in their children. They were also conscious of what is happening linguistically within their own homes and families. Their children were shifting to English and most of them were experiencing Afrikaans loss (attrition). This happened despite the strategies of parents to decelerate the process. Parents' responses to this situation indicated conflicting emotions and there were a general feeling that 'the gains associated with immigration outweigh the losses'.

Authors	Sample size and context	Aim/s of study	Design and methodology	Key findings (especially relating to this review's research questions).
Barkhuizen, G. P. & Knoch, U. (2005)	n = 28 Afrikaans-speaking white South African immigrants in New Zealand.	*This is part of a larger study investigating what it is that Afrikaans-speaking South African immigrants miss about speaking Afrikaans after emigrating to New Zealand, their emotional responses and "linguistic longing", as well as strategies to deal with this.*	• Qualitative study • Semi-structured interviews • Qualitative data analysis	Most of the participants claimed to miss a selection of linguistic aspects accessible to them in South Africa. Some intentionally implemented language maintenance strategies. Inevitably signs of 'linguistic longing' are signs of language loss or language shift and usually those with a 'linguistic longing' made a conscious effort to connect with their culture and language. This most likely will lead to a degree of language maintenance.
Barkhuizen, G., & Knoch, U. (2006)	n = 28 Afrikaans-speaking white South African immigrants to New Zealand within the last 14 years.	• To investigate the language-related experiences of Afrikaans-speaking South African immigrants residing in New Zealand (including their attitudes to and awareness of language policies in both South Africa and New Zealand). • For example: to further explore the influence of this experiences on the individual and their family's language practices.	• Qualitative study • Semi-structured (narrative) interviews • Qualitative data analysis	Findings indicated that when participants still lived in South Africa, they were generally conscious of macro-level language policies in South Africa. They could articulate these policies' influence on language practices in the workplace and within their families. In New Zealand they observed an absence of an explicit national language policy. This absence meant that when participants arrived in New Zealand, they based their understanding of the linguistic context in New Zealand on language practices observed in their everyday lives. These language practices guided their decision-making regarding their personal and their family's language practices.
Bennett, H., Rigby, C. & Boshoff, A. (1997)	n = 72 South African immigrants to the Manawatu region of New Zealand	• This exploratory study's focus was on the adaptation of two South African immigrant groups to life in New Zealand. • More specifically, to determine whether the two groups of South African immigrants (those who have been in New Zealand for a shorter period oppose to the individuals who have been in New Zealand for more than five years) experience different stressors and use different coping strategies.	• Both qualitative and quantitative • A self-report problem-orientated semi-structured questionnaire • The Dimensions of Stress Scale and The Cybernetic Coping scale • Qualitative analysis :Content analysis • Quantitative analysis: Product Moment correlations.	Immigration has important social and psychological consequences. It seemed that the longer the South African immigrants have been in their new country the less control over relocation problems they perceived themselves to have. They were also more likely to use avoidance as a coping strategy rather than actively attempting to change their situation. The perceived that a degree of control over the relocation process were important as it may influence the choice of coping strategies. The main difficulties experienced and observed were the loss of close relationships, changes in financial status and cultural norms. 'Accommodation' and 'changing the situation' were the most used coping strategies and could potentially lead to integration and successful psychological adaptation.
Duxfield, K. (2013)	n = 50 South African immigrants who had lived in New Zealand for up to 11 years.	• To explore the quality of life and the acculturation trajectories of South African immigrants living in New Zealand.	• Both quantitative and qualitative • A semi-structured interview. The following self-report questionnaires were administered: a short socio-demographic questionnaire and the WHOQOL-100. • Analysis by means of profiling cases and thematic analysis (cluster analysis and thematic analysis of clusters). • Statistical analysis.	Profiles of acculturation trajectories were identified. Important issues such as pre-migration contextual issues, financial stress, employment experiences and participation in South African communities were highlighted. Migration motives e.g. opportunities for children, were highlighted. Various levels of employment satisfaction during early migration phases were identified and it often increased in later phases of migration. Afrikaans and English-speaking South Africans in New Zealand seemed to have different social support experiences and preferences.
Groutsis, D., & Arnold, P. C. (2012)	n = 469 South African-trained medical practitioners living in Australia.	• To analyse and explain the decisions to migrate and labour market experience of migrant elites (South African-trained doctors in Australia). • To draw on an integrated, multi-scaled model of analysis by tracing the experience of this group over a 60-year period.	• Both quantitative and qualitative • Survey: Demographic questions; quantitative outcomes and qualitative narratives. • An integrated, multi-scaled model of analysis.	Results indicated that South African-trained medical personnel made use of their network resources and successfully 'traded' their human capital resources (skills and qualifications). Participants chose Australia as destination country in which to transfer skills because of work and training opportunities, similar standards of medical practice, examination waivers, links with community, family, lifestyle and equivalent salary and employment circumstances. The force of agency, namely the push–pull dynamic were described and the results gave an insight into the context of both home and

Authors	Sample size and context	Aim/s of study	Design and methodology	Key findings (especially relating to this review's research questions).
				destination country. Factors such as lifestyle and safety were highlighted as drives for their move to Australia.
Halvorsrud, K. (2014)	n = 36 South African Participants in the United Kingdom UK) who, (with two exceptions), migrated to the UK in the post-apartheid era	• To examine South Africans in the UK and their experiences with citizenship/immigration policies, connections to South Africa and their everyday lives in the UK.	• Qualitative study • Semi-structured interviews • Other data materials such as historical analysis, policy documents and field notes have been collected • Analysing by means of 'thematic framework approach'	The study reported on white South Africans' sense of belonging in the UK. The study reported on the ways in which the participants negotiated away boundaries of exclusion by drawing on the privilege aspects of their group status as to distinguish themselves from other (more disadvantaged) groups. From these findings, it seemed that psychosocial concerns affected even relatively privileged groups of migrants in their new context.
Hicks, C. H. (2015)	n = 13 South African white immigrants to Australia.	• To explore the experience of migration post-apartheid of a subset of white South Africans to Australia.	• A qualitative study (combining a psychoanalytic framework with the application of constructivist grounded theory) • Interviews, followed by a written survey • Data analysis: From a constructivist grounded theory method (GTM) framework.	The reasons behind this group of white South Africans move to Australia after 1994 included for instance crime-levels and violence in South Africa; fears for the future of white South Africans and an anticipation of 'declining standards' in South Africa. Three phases in the migration process were distinguished. From the research framework the core conceptual category termed in this study as 'the centre cannot hold' were evident in all three phases and the role of defensive operations emerged. The role of 'Manic defences', in particular, were underscored.
Joudrey, R., & Robson, K. (2010)	n = 73 South African-trained physicians who have moved to Canada	• To investigate the practice experiences (pre- and post-migration) of South African physicians practising medicine in Canada. • To identify patterns in the work experiences and perceptions of South African physicians practising medicine in Canada.	• Qualitative study • Exploratory interviews (n=6); and open-ended mail surveys (N=67) • Content analysis	Practice frustrations in both countries were reported. The participants indicated that in general they preferred working in a socialized health insurance environment (allowing a wider accessibility than a two tiered system that favours only a privileged few). Factors that contributed to more satisfaction living in Canada included opportunities for children. Concerns such as family safety were important reasons for immigration. Findings regarding medical autonomy were discussed.
Khawaja, N. G., & Mason, L. (2008)	n = 101 South African immigrants to Australia (for less than 5 years).	• To investigate the psychological distress (if any) experienced by this population. • To explore how psychological distress is affected by demographic factors. • To identify psychosocial factors that tend to contribute towards the distress.	• Quantitative study • Demographic Information Sheet; Factors Influencing Migration Scale; Social and Emotional Loneliness Scale; The Rosenberg Self-Esteem Scale; Grief and Migration Scale • Data analysis include: Factor analyses, a one-way repeated-measures ANOVA, T-tests, multiple regression.	Results indicated that this group of South African immigrants showed low levels of distress. Employment and gender status did not affect their level of psychological distress, but it seemed if their distress reduced as their duration of stay in Australia increased. Factors that influenced the South African immigrants' decision to leave South Africa were explored. Aspects such as low levels of self-esteem, grief as a result of immigration, and the experience of crime in South Africa were identified as factors contributing to the psychological distress experienced by these South African immigrants.
Kwankam, F. (2010)	n = 26 Highly skilled South African migrants in Switzerland	• To identify means through which South African highly skilled expatriates in Switzerland could influence development. • To highlight the transnational undertakings, brain gain, philanthropic initiatives, and connections that this diaspora maintains with South Africa.	• Qualitative study • Qualitative interviews • Using a data analysis template compiled by a committee of researchers.	Migration motivations and various reasons for moving to Switzerland were presented. Transitioning obstacles and challenges such as housing, living costs and language were discussed. Links immigrants have with South Africa were explored. Differences between South Africa and Switzerland were reported and positive features of the Swiss were noted. Social connections in personal and professional spheres were discussed and the importance of networking was noted. Findings indicated that many South Africans were engaged in some kind of formal brain gain projects and/or projects that in a way benefitted South Africa.

Authors	Sample size and context	Aim/s of study	Design and methodology	Key findings (especially relating to this review's research questions).
Pernice, R., Trlin, A., Henderson, A., & North, N. (2000)	n = 107 Skilled immigrants recently taking up residency in New Zealand: from the Peolple's Republic of China (n=36), from India (n=36) and from South Africa (n=35) (after having been residents of New Zealand for an average of 5 months)	*It was the first phase of a longitudinal study which is the core element of 'The New Settlers Programme'.* • To determine the relationship between employment and duration of residence and its relationship with mental health of three groups of recent, skilled immigrants (new settlers) to New Zealand.	• Both quantitative and qualitative • Interviews using the New Settlers' Questionnaire Schedule (NSQS). • The General health Questionnaire 12 (GHQ-12) (A mental health instrument) • Quantitative analysis included: calculating alpha coefficients, analysis of variance and T-tests.	The levels of mental health of all migrants during their first months of residence were low and independent from the duration of residence in New Zealand. There were no significant differences between the immigrants with employment and those without employment. Although South Africans had a greater employment success, it did not prevent them from having low levels of mental health.
Pernice, R., Trlin, A., Henderson, A., North, N., & Skinner, M. (2009)	n = 107 Skilled immigrants taking up residency in New Zealand: from the Peolple's Republic of China (n=36), from India (n=36) and from South Africa (n=35)	*Part of a longitudinal study investigating five annual phases.* • To investigate mental health (measured by the General health Questionnaire 12) and its relationship to duration of residence and employment from a longitudinal study of the three groups of skilled immigrants to New Zealand.	• Both quantitative and qualitative • Interviews using a structured questionnaire: the New Settlers' Questionnaire Schedule (NSQS). • The General health Questionnaire 12 (GHQ-12) (A mental health instrument) • Quantitative analysis included: calculating alpha coefficients, T-tests, and one-way between-groups ANOVA.	In the first two data collection periods, all three groups of immigrants experienced levels of poor mental health with slightly improved scores during the next three collection periods. The results indicated poor mental health status in the first two years regardless of employment status. After the two years mental health as well as employment rates slightly improved. Compared to the other two immigrant groups, most South African immigrants were successful in finding employment from the start. Despite this, there were no substantial mental health differences among the three groups nor noteworthy improvements later in the longitudinal study. The findings could not establish a real positive relationship between mental health and duration of residence.
Philipp, A., & Ho, E. (2010)	n = 6 South African women who came to New Zealand between 1998 and 2007.	• To examine how this group of South African women actively create a sense of home in New Zealand by means of everyday domestic practices.	• Qualitative study • Semi-structured interviews • A variety of fieldwork strategies • Data analysis : Identifying themes	Important factors for a sense of home, identity and sense of belonging included safety, family, New Zealand's outdoor lifestyle and new social networks. Migrants' subjective home-making experiences could potentially provide an understanding of migrant settlement. After moving from South Africa, the images of participants' South African home remained strong. Post-migration adjustment and settlement have not been an easy process and factors that complicated their settlement were explored. Transnational identity and transnational practices among some South African migrants were evident The consumption of material goods played a significant part in their (re)creation of home.
Rademeyer, C., Wagner, C., & Cassimjee, N. (2009)	n = 24 South African immigrants (all previously classified as white) in Canada	• By focusing on this study populations' experience of the environment, the objective of this study was to examine the coupling between the new environment and the immigrant.	• Qualitative exploratory study • Interviews were conducted via an Internet relay chat program in real time or e-mail. • Content analysis	Thirty-six categories of immigrants' experiences regarding the Canadian physical environment were identified. Adaptive mechanisms and feelings of ambivalence were cited. It seems that the physical environment were important in adapting to a novel setting. A reciprocal relationship between the immigrant and the cultural environment were evident.
Small, C. S. (2015)	n = 9 Nine South African families living in Wellington, New Zealand.	• To understand the experiences and the outcomes of South Africans emigrating from their home country to New Zealand. • To explore adaptation of this population group across the pre-and post-migration phases and to describe factors that impacted on the immigration process.	• Qualitative study • Autobiographical narrative interviews • Thematic network analysis	Findings indicated that the South Africans experienced adaptation difficulties regardless of similarities between the countries. Demographic factors and risk factors that could contribute to psychological problems were identified. Protective factors such as pre-migration planning, support upon arrival, religious beliefs, family cohesion, reasonable employment, financial growth, a positive mind-set and other coping strategies were explored. The identified themes were used to develop this study's eco-models for assessment and intervention for South African immigrants in New Zealand.
Sonn, C.C. (1995)	n = 23	• To examine socio-political factors,	• Both quantitative and qualitative	The PSC model represented two dimensions: (a) a reflection of the imposed and externally constructed

Authors	Sample size and context	Aim/s of study	Design and methodology	Key findings (especially relating to this review's research questions).
	First stage: South African immigrants (who were previously classified as 'coloured' [1]in South Africa) living in Melbourne, Australia. n = 97 Second stage: South African first generation immigrants to Australia (when they lived in South Africa, participants, or their parents, were classified as [1]'coloured' according to the apartheid laws)	processes and structures that influenced he formation of the [1]'coloured' community. • To explore how the Psychological Sense of Community (PSC) model relates to this community (a politically constructed group).	• First stage: Semi-structured in-depth interviews • Second stage: The following were administered: Demographic information questions. An adapted version of the Sense of Community Index(SCI),The GHQ-30 • Data analysis include: Thematic analysis as well as factor analysis and multivariate ANOVA	definitions of group membership under the apartheid system (b) the ways in which individuals socially construct notions of community within their subgroup. The imposed label of' [1]'coloured' were rejected, but some negative stereotypes associated with the status and label were internalised. Positive support experiences and networks that developed within the enforced groupings were also internalised. Findings concluded that different underlying relationships among the elements of PSC for this community existed. The main element contributed to PSC was 'shared emotional connection' and was characterized by quality networks that enabled feelings of 'we-ness'. Ethnic identification seemed to be a catalyst for shared emotional connection. The social support networks of this group of immigrants seemed to fulfil different needs for the group members and there were no significant differences found between the different PSC groups and their psychological well-being.
Soontiens, W., & van Tonder, C. (2014)	n = 17 South African immigrants to Australia (at time of study: less than a decade ago).	• To identify drivers, factor conditions, and related contextual considerations that may expedite or constrain the adjustment and absorption of the migrant in their workplace adjustment and absorption in Australia.	• Qualitative study • Semi-structured interviews • Content analysis	The workplace exposure of South African migrants in Australia were explored and three major themes were identified: (a) An experience of 'not knowing', (b) a preparedness to confront the 'new, difficult environment', (c) the capability to 'respond' (in some cases this may mean outperforming their perceived reduced human capital value). Challenges included an initial uncertainty, the experience of loss of familiarity and understanding, loss of networks, recognition and track records. The realization that career progression may not be seamless and other challenges, could translate into negative emotions. It appeared that moral support, mental support and contextualised training, benefitted South African immigrants and many were able to re-launch their careers in Australia.
Trlin, A. (2010)	Part of a larger study with three different culture groups, but for this study the focus was South Africans immigrants. n = 35 Skilled South African immigrants (Principle applicants recently taking up residency in New Zealand)	*It was the first phase of a longitudinal study which is the core element of 'The New Settlers Programme'.* • To investigate the experience of and reflections from a group of skilled South Africans about moving to New Zealand in 1997/98 .	• Qualitative study • A longitudinal study involving annual in-depth interviews • For this phase, the South African immigrants were interviewed over the period May to August 1998, approximately 1-9 months after taking up residence in New Zealand.	Two main features have emerged: (a) from the migration experiences of this group of skilled South Africans it was evident that there was no uniform intervening sequence of events and tasks; (b) it seemed as if participants experienced a variety of difficulties, problems and consequent stresses despite being 'invisible' migrants (e.g. from a English-speaking background). The participants reported and described a number of these challenges and problems such as coming to terms with their migration decision, employment challenges, frustrations with immigration consultants and complicated visa applications.
Trlin, A. (2012)	Part of a larger study with three different culture groups, but for this study the focus was South African immigrants. n =35 Skilled immigrants (principle applicants) recently	*This study was the first round of annual interviews of a 5-year longitudinal study which is the core element of 'The New Settlers Programme'.* • To investigate the initial settlement experiences of a group of skilled South Africans with regard to employment and social engagement.	• Qualitative study • A longitudinal study involving annual in-depth interviews (using an in-depth questionnaire) • For this phase, the South African immigrants were interviewed over the period May to August 1998, approximately 1-9	Findings suggested that the difficulties these immigrants experienced were mainly caused by social, cultural and economic differences (perceived and actual) between the two groups (South African immigrants and New Zealanders). Prejudice as a contributing factor to these difficulties were mentioned and were especially evident in the sphere of social relationships and interactions. A number of South African participants were exposed to incidents of prejudiced attitudes and behaviour because of their accent.

[1] *Note*. See preface: note to examiners.

Authors	Sample size and context	Aim/s of study	Design and methodology	Key findings (especially relating to this review's research questions).
	taking up residency in New Zealand: 35 from South Africa (residing in Auckland).	• Two main aims include (1) to show that despite their 'invisibility' South Africans still experience initial settlement difficulties (2) to identify the cause(s) of this difficulties.	months after taking up permanent residence in New Zealand.	
Van der Vyver, J. D., & De Villiers, P. J. (2000)	n = 107 South African qualified doctors in Saskatchewan, Canada with permanent resident status	• To determine the socio-demographic profile of South African medical doctors who immigrated to Saskatchewan, Canada with permanent resident status. • To explore the reasons for emigration. • To get a better understanding of how they have adapted and if they have intentions to return to South Africa.	• Quantitative study • A cross-sectional postal survey (Questionnaires) • Statistical analysis (using the Epi-lnfo6.01 to determine confidence intervals for proportions by means of the Fleiss-quadratic methods and categorical variables by means of chi-squares)	Demographic data were reported (for example the majority of these doctors were male, recently qualified in South Africa and of equally Afrikaans and English-speaking proportions). The reasons for emigrating were mostly cited as the fear for their own safety, security and working conditions in the South African public health sector. The doctors in this study seemed to be well settled in Canada and earned above the average income in their new country. Adaptation to and positive adjustment in their new country were evident and participants reported that it is unlikely for them to return to South Africa.
van Tonder, C. L. (2013)	n = 21 South African migrants to Australia.	*This study forms part of a bigger research project focusing on the issue of effective (and accelerated) acculturation and adjustment of migrants*. • To establish whether 'personal transition' (or individual change) can be distinguished from the stories about migration of this group of South African immigrants.	• Qualitative study • Semi-structured phenomenological interviews • Basic content analysis	The findings indicated that 'migration' is a change process, consistent with the personal transition curve. This change process was described as challenging, protracted and multi-faceted. The migration experience was explored from a personal transition frame and this approach seemed to allow otherwise understated considerations, (for instance, 'the pre-arrival dynamics of South Africans' became more noticeable and it prompted a conscious consideration of 'the role and interaction of cognition and affect during migration').
van Tonder, C. L., & Soontiens, W. (2013)	n = 19 South African migrants to Australia.	*This exploratory study was the first stage of a bigger research project.* • To explore the role of migrants' 'first work encounters' against the backdrop of acculturation and settling in Australia.	• Qualitative study • Semi-structured phenomenological interviews • Basic content analysis.	Participants reported that migration was personally challenging. The following were prominent themes in the South African migrants' experience and first work encounters in a new country: (a) migration was reported as significantly challenging and involved major sacrifices, (b) employment was a prominent concern (c) first workplace encounters were distinguished by pertinent dynamics for example having pre-existing assumptions about work encounters, or confidence in own competence and expertise (self-efficacy) based on employment experiences in South Africa. Perceived similarities between the two countries masked underlying cultural differences.
Wasserman, R. G. (2016)	Data from the most recent Australian Census in August 2011 South African migrants to Australia: n = 502 Pilot surveys: n = 10 Return immigrants (individuals who had migrated before to Australia but since permanently returned to South Africa): N=11	• To provide greater understanding of the movement between Australia and South Africa and to demonstrate the complexity of migration. • To establish the nature and extent of migration between these countries. • To reveal the motivations and settlement experiences of South African migrants in Australia. • To explore the links this group of migrants maintain with South Africa.	• A mixed methods approach including quantitative and qualitative primary and secondary data. • Two online survey questionnaires (using online software). • Semi-structured interviews • Data analysis for quantitative data was descriptive statistics. • Qualitative data was analysed through basic text analysis identifying key themes and quotations.	Findings indicated that a dynamic and complex migration system existed between South Africa and Australia. It seems that migration from South Africa to Australia was primarily driven by push factors in South Africa, such as the security situation and economic factors. South African immigrants maintained significant social and emotional ties with South Africa and in some cases also political and financial links. A number of migrants held dual citizenship and return migration were rare. Reasons for returning to South Africa included factors such as not enjoying living in Australia, lifestyle, work or business-related factors, family and economic drivers. Findings also showed that return migration were not the end of the migration process for some South Africans.

Authors	Sample size and context	Aim/s of study	Design and methodology	Key findings (especially relating to this review's research questions).
	Semi-structured interviews : n = 20			

Data Analysis

A thematic synthesis approach was followed as described by Gough et al. (2012) and Thomas and Harden (2008). Thematic synthesis can include both qualitative and quantitative findings (Snilstveit et al., 2012) and involves three steps, namely the coding of text, developing descriptive themes, and generating analytical themes (Gough et al, 2012; Thomas & Harden, 2008). First, coding of the text involved the identification of themes (codes) and concepts across the included studies. Second, the relationships between the themes (and conceptually similar themes) were developed and articulated (Gough et al., 2012). The third and final step, namely generating the analytical themes, involved offering novel explanations and conceptualisations exceeding the content of the original studies. This was achieved by closely following the suggestions of Gough et al. (2012) and Thomas and Harden (2008) to consider how the descriptive themes answered the review question. Synthesis focused on the inductive creation of themes (codes) to allow the themes to flow from the data, rather than set them up in advance.

Ethical Clearance and Trustworthiness

The Health Research Ethics Committee (HREC) of the NWU provided ethics approval for this research (ethics approval number NWU- NWU-00365-16-S1). As suggested by Schünemann and Moja (2015), this rapid review adhered to the essential principles of a traditional systematic review by endeavouring to avoid bias in the inclusions of studies, and in the assessment and synthesis of the evidence. To ensure trustworthiness and credibility, ethical guidelines were adhered to, which included avoiding redundant (duplicate)

publications, ensuring transparency, avoiding plagiarism, acknowledging the contributors of the publication, and declaring potential conflict (see Wager & Wiffen, 2011, pp. 131—133).

A concerted effort was made to include enough detail in this study so that there can be a replication of the search process (EPPI-Centre, personal communication, November 28, 2016). This review critically appraised the included studies and endeavoured to collect and synthesise data in a transparent and systematic manner (Saini & Shlonsky, 2012). For the integrity of the study, all efforts were made to ensure it was conducted responsibly.

Results

A total of 25 manuscripts met the inclusion criteria for this study. Six of these were doctoral theses and 19 were published articles. The selected studies were published between 1995 and 2015 and applied diverse methodologies such as quantitative, qualitative, and mixed methodologies through interviews, self-reported questionnaires, and surveys. Studies included both gender groups, and were conducted in various international contexts, namely New Zealand (*n* = 11), Australia (*n* = 11), Canada (*n* = 1), United Kingdom (*n* = 1), and Switzerland (*n* = 1). Seven broad themes related to first aim of the study, and two themes related to second aim of the study were identified. Each aim will now be discussed.

Aim 1: To Explore the Experiences and Challenges of South African Immigrants Regarding Acculturation and Psychological Adaptation

Pre-migration factors

It is clear from the review that pre-migration factors are important and may affect the adjustment of South African immigrants. A few South African immigrants mentioned that they left South Africa because of conditions and restrictions related to the apartheid regime (Kwankam, 2010; Van der Vyver & De Villiers, 2000; Wasserman, 2016). The significant change in the socio-political context of South African after the 1990s brought about feelings of insecurity and anxiety for many South Africans (Small, 2015) which influenced numerous

South Africans' decision to migrate. Concerns about safety, security, and crime were one of the main reasons for leaving the country at the time (Barkhuizen & Knoch, 2006; Duxfield, 2013; Halvorsrud, 2014; Hicks, 2015; Khawaja & Mason, 2008; Pernice et al., 2000; Pernice et al., 2009; Philipp & Ho, 2010; Small, 2015; Trlin, 2010; Van der Vyver & De Villiers, 2000; Wasserman, 2016). Other factors that played a role in several immigrants' decision to move from South Africa were:

- political instability and uncertainty (Duxfield, 2013; Van der Vyver & De Villiers, 2000; Wasserman, 2016),
- uncertainty about their own and their children's future in South Africa (Duxfield, 2013; Hicks, 2015; Philipp & Ho, 2010; Trlin, 2010; Van der Vyver & De Villiers, 2000; Wasserman, 2016),
- negative perceptions about the South African government (Halvorsrud, 2014; Hicks, 2015; Trlin, 2010; Wasserman, 2016),
- dissatisfaction with policies such as affirmative action (Kwankam, 2010; Small, 2015; Wasserman, 2016),
- concern about South Africa's economic situation (Hicks, 2015; Small, 2015; Van der Vyver & De Villiers, 2000; Wasserman, 2016),
- aspects like unemployment, the lack of career opportunities and job security (Duxfield, 2013; Kwankam, 2010; Small, 2015; Trlin, 2010; Wasserman, 2016),
- a perceived decline of the level of service delivery (Small, 2015; Trlin, 2010; Wasserman, 2016), and
- the breakdown of infrastructures in South Africa (Hicks, 2015; Wasserman, 2016).

Despite these negative 'push-away' factors that encouraged migration, several studies indicated that South African immigrants were reluctant to leave South Africa (Duxfield, 2013; Khawaja & Mason, 2008; Pernice et al., 2009; Pernice et al., 2000; Small, 2015;

Wasserman, 2016). According to Pernice et al. (2000), Pernice et al. (2009) and Small (2015), immigrants' reasons for leaving South Africa, could have adverse effects on their psychological health even in their new countries.

In contrast, and possibly adding to immigrants' uncertainty about staying in South Africa, certain 'pull' factors of other countries were also apparent, including:

- perceived similarities to South Africa (Duxfield, 2013; Trlin, 2010; Wasserman, 2016),
- specific, positive aspects of the destination country itself (Barkhuizen & Knoch, 2006; Duxfield, 2013; Groutsis & Arnold, 2012; Halvorsrud, 2014; Pernice et al., 2000; Pernice et al., 2009; Trlin, 2010; Wasserman, 2016),
- the prospect of opportunities to better their or their families' future (Barkhuizen & Knoch, 2006; Duxfield, 2014; Kwankam, 2010; Pernice et al., 2009; Trlin, 2010; Wasserman, 2016),
- employment-related factors, and financial factors (Barkhuizen & Knoch, 2006; Duxfield, 2013; Groutsis & Arnold, 2012; Kwankam; 2010; Small, 2015; Trlin, 2010; Van der Vyver & De Villiers, 2000; Wasserman, 2016).

Other factors such as entry requirements (Duxfield, 2013; Trlin, 2010; Wasserman, 2016), contacts or relationships in the destination country (Duxfield, 2013; Groutsis & Arnold, 2012; Kwankam, 2010; Trlin, 2010; Wasserman, 2016) also influenced emigration choices.

Challenges Related to the Practicalities and Financial Implications of Migration

Various demands, stressors, and adjustments (Small, 2015; Trlin, 2010; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016) accompanied the move from South Africa and, for many, their migration experience was associated with sacrifices on different levels (Duxfield, 2013; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman,

2016). Some studies commented on the requirements for permanent residency and citizenship (Halvorsrud, 2014; Trlin, 2010, 2012), and how some immigrants found it stressful meeting these requirements and waiting for a decision about their application. Pre-migration preparation stressors included pre-migration visits to the destination country (Groutsis & Arnold, 2012; Trlin, 2010; van Tonder, 2013; Wasserman, 2016). Challenges upon arrival included practicalities that needed to be arranged (Bennett et al., 1997; Kwankam, 2010; Rademeyer et al., 2009; Small, 2015), and making contact and maintaining communication with other South African immigrants (Trlin, 2010; Small, 2015; Wasserman, 2016).

Experiencing financial difficulties as a result of migration was recounted by some studies (Bennett, et al., 1997; Duxfield, 2013; Kwankam, 2010; Small, 2015; Trlin, 2010; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016). In the study of Bennett, et al. (1997), both recent and long-term immigrants identified financial difficulties as one of the top two most challenging problems they encountered when relocating to New Zealand. Besides employment-related issues (see Theme 7), financial stressors and difficulties included the unfavourable exchange rate, immigration and settling costs (Duxfield, 2013; Small, 2015), and the high cost of living in their new country (Duxfield, 2013; Kwankam, 2010 Small, 2015, Wasserman, 2016).

'Being South African' in a new country: cultural identity and intrapersonal challenges

Several studies commented about how South African immigrants define and describe themselves in their new contexts, which varied according to personal circumstances and preferences (Duxfield, 2013, Halvorsrud, 2014; Hicks, 2015; Philipp & Ho, 2010; Small, 2015; Wasserman, 2016). The duration of residence influences cultural identification (Sonn, 1995; Wasserman, 2016), and the intention to stay in the country long-term or even permanently may influence the way South Africans view themselves in their new contexts. For some, taking up the new country's citizenship may symbolise a commitment to the

country and immigration process (van Tonder, 2013; Wasserman, 2016), and can help with the integration process (Wasserman, 2016).

Although various participants in this review were positive about being South African, cultural changes in identity posed particular challenges (see Bhugra & Becker, 2005). Duxfield (2013) discussed the likelihood of immigrants re-forming a new identity while oscillating between the different acculturation approaches. Maintaining an identity related to the culture of origin and re-forming an identity in the new country at the same time, Duxfield stated, were influenced by social interaction and both were challenging and important. While some immigrants chose their destination country because of perceived similarities to South Africa (van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016), sometimes unanticipated cultural differences were only discernible after an extended time (van Tonder, 2013; van Tonder & Soontiens, 2013) and affected immigrants adversely (Philipp & Ho, 2010; Trlin, 2012). Many South African immigrants had good relationships with the local population of their destination country, but in some cases, there were reports of negative views about South Africans in general (Barkhuizen & Knoch, 2006; Hicks, 2015; Small, 2015). Other negative experiences included perceived discrimination (Halvorsrud, 2014; Kwankam, 2010; Small, 2015; Wasserman, 2016) and negative reactions to their 'South African accent' (Halvorsrud, 2014; Small, 2015; Trlin, 2012; Wasserman, 2016).

Some immigrants reported language challenges (Barkhuizen, 2006; Barkhuizen & Knoch, 2005; Duxfield, 2013; Halvorsrud, 2014; Kwankam, 2010; Small, 2015) as evident, for instance, by some Afrikaans-speaking immigrants expressing loss experiences related to speaking Afrikaans. However, sometimes this latter experience was also associated with identity issues (Barkhuizen, 2006; Barkhuizen & Knoch, 2005; Barkhuizen & Knoch, 2006; Duxfield, 2013; Hicks, 2015; Small, 2015).

At times, the migration process was associated with feelings of ambivalence since many immigrants reported to be happy with their decision to migrate and positive about their new destination country, but also experienced negative feelings caused by their emigration from South Africa (Duxfield, 2013; Hicks, 2015; Philipp & Ho, 2010; Small, 2015; Wasserman, 2016). Although Alpass et al (2007) did not find significant differences in psychological wellbeing between South African immigrants and two other immigrant groups in New Zealand, their study results suggested an association between psychological wellbeing and several acculturation factors (Alpass, et al., 2007). The studies of Pernice et al. (2000) and Pernice et al. (2009) indicated that the relatively poor mental health of their South African participants during the first few months of residence was irrespective of their employment status. Comparing the responses of the South African immigrants to other immigrants, Pernice et al. (2000) and Pernice et al. (2009) suggested that one explanation for the poor mental health of this group of participants may lie in the influence of their motivations or reasons for migration. A few South African immigrants stated that the immigration was harder than they expected (Small, 2015; Wasserman, 2016). This was collaborated by the studies of van Tonder (2013) and Wasserman (2016) who indicated there were difficulties and complexities related to migration for which immigrants could not prepare for ahead of time.

Challenges Regarding Social Relations and Support, and Transnational Connections

Numerous studies reported loss experiences related to the impact of migration on social relations (Bennett et al., 1997; Duxfield, 2013; Hicks, 2015; Khawaja & Mason, 2008; Philipp & Ho, 2010; Small, 2015; Trlin, 2010; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016). It was clear that migration affected not only the individual, but also family members who emigrated with them (Duxfield, 2013; Philipp & Ho, 2010; Small, 2015; Trlin, 2010; Van der Vyver & De Villiers, 2000; Wasserman, 2016). Although family

and friends continued to be a source of support for South African immigrants, studies mentioned tensions and conflicts among family members as result of their migration (Duxfield, 2013, Philipp & Ho, 2010; Small, 2015). Besides the loss experiences, there were also reports about the influence that the immigrant's decision to move away from South Africa had on important relationships with others who stayed behind in South Africa. For instance, Duxfield's (2013) study reported mixed responses from family and friends regarding participants' decision to emigrate while Wasserman (2016) reported that some of the most difficult aspects of migration for South African immigrants were things they could not plan or prepare for such as the 'wrench' from friends and families. As stated in the study by Small (2015), there were even family members in South Africa that cut ties with the immigrants after they left South Africa.

Some immigrants also found it problematic to develop new social network systems—a few studies referred to limitations and difficulties associated with social interaction and integration in the immigrants' destination countries (Bennett et al., 1997; Kwankam, 2010; Philipp & Ho, 2010; Small, 2015; Trlin, 2012). Consequently, it is not surprising that a significant number of studies in this rapid review indicated the importance of social interaction and support in the new destination country for most South African immigrants (Barkhuizen & Knoch, 2005; Bennett et al., 1997; Duxfield, 2013; Philipp & Ho, 2010; Rademeyer et al., 2009; Small, 2015; Sonn, 1995; Trlin, 2012; van Tonder, 2013; Wasserman, 2016).

The Role of Employment during Immigration

Many studies reported and discussed employment issues and challenges that faced South African immigrants in their new destination country (Bennett et al., 1997; Duxfield, 2013; Kwankam, 2010; Small, 2015; Soontiens & van Tonder, 2014; Trlin, 2010, 2012; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016). Most often, these instances

were related to difficulty finding a suitable job that matched their skill set. Newcomers often found that their new work environment differed from those in South Africa (Duxfield, 2013; Joudrey & Robson, 2010; Soontiens & van Tonder, 2014; van Tonder & Soontiens, 2013) and that they had to re-establish networks in their new country (Bennett et al., 1997; Duxfield, 2013; Soontiens & van Tonder, 2014). Several studies reported issues with the recognition of South Africans' qualification or skills in their destination country (Duxfield, 2013; Halvorsrud, 2014; Soontiens & van Tonder, 2014; Wasserman, 2016), or a discrepancy between their new employment and previous work experience or qualifications (Duxfield, 2013; Small, 2015; Soontiens & van Tonder, 2014; Trlin, 2012; van Tonder & Soontiens, 2013; Wasserman, 2016) such as being overqualified for their new employment positions. Negative work experiences and job-related challenges seemed to adversely affect their functioning on various levels (Duxfield, 2013; Small, 2015; Soontiens & van Tonder, 2014; van Tonder & Soontiens, 2013).

However, despite initial employment challenges, literature also suggested that numerous South African immigrants had progressed in their careers in their new country (Soontiens & van Tonder, 2014; Wasserman, 2016) and were satisfied with their employment (Duxfield, 2013; Soontiens & van Tonder, 2014; Trlin, 2012). One example was found in the studies by Groutsis and Arnold's (2012) and Van der Vyver and De Villiers (2000) in which South African medical practitioners reported positive elements related to their professional experience in their new contexts, despite their work-related challenges.

Efforts to Cope and Settle

It is evident from the review that South African immigrants used a range of coping strategies and approaches to assist them during challenging times of their immigration journeys (Bennnett et al., 1997; Duxfield, 2013; Kwankam, 2010; Philipp & Ho, 2010; Rademeyer et al., 2009; Sonn, 1995; Small, 2015; Soontiens & van Tonder, 2014; Trlin,

2012). While the literature discussed these strategies and approaches in detail, only 11 brief examples of individual efforts and strategies used by South African immigrants will be mentioned within the scope of this explorative study.

The strategies are grouped into two overarching coping types, namely *emotion-focused coping* and *problem-focused coping*, loosely based on the conceptualisation of coping responses described by Carver et al. (1989). Although the strategies may be conceptually distinct, in practice they may co-occur. Immigrants may also use different strategies to cope according to the stressors related to the various phases/stages of migration/acculturation (see Duxfield, 2013; Small, 2015).

Emotion-focused Coping Responses.

Emotional Expression. Although avoidance and defensiveness were reported as coping strategies for some South African immigrants (Bennett et al., 1997; Rademeyer et al., 2009; Small, 2015), it seems as if a positive emotional state such as 'a sense of optimism' (Duxfield, 2013), having and maintaining a positive attitude (Duxfield, 2013; Rademeyer et al, 2009; Small, 2015), expressing of emotions and the use of humour (Small, 2015) were more helpful than a negative state of mind to South Africans in their adjustment period.

Seeking Emotional Social Support in Their New Country and at Home (In South Africa). Many South African immigrants noted the importance of participating and integrating with the local people of their destination country (Duxfield, 2013; Small, 2015; Trlin, 2010), and immigrants from other countries. At the same time, support offered by established South African immigrants to newcomers was also helpful when arriving in a new country (Duxfield, 2013; Small, 2015; Wasserman, 2016). Some immigrants indicated a strong preference to socialise mainly with South Africans, while others did not seem to seek interaction with other South Africans (Duxfield, 2013; Small, 2015). Some South African immigrants joined voluntary organisations, clubs (Bennett et al., 1997; Duxfield, 2013; Trlin,

2012; Wasserman, 2016), and church communities (Duxfield, 2013), which sometimes had predominantly South African members (Wasserman, 2016).

Several studies reported on immigrants' contact with South Africa and their continuing involvement with friends and family who remained in South Africa (Bennett et al., 1997; Duxfield, 2013; Groutsis & Arnold, 2012; Hicks, 2015; Kwankam, 2010; Philipp & Ho, 2010; Rademeyer et al., 2009; Small, 2015; Wasserman, 2016). Various immigrants also pointed out the importance of using familiar South African objects and other transnational practices to aid the settlement into their new home (Philipp & Ho, 2010; Trlin, 2010). Many South Africans immigrants reported visiting South Africa (Bennett et al., 1997; Duxfield, 2013; Hicks, 2015; Kwankam, 2010; Philipp & Ho, 2010; Rademeyer et al., 2009; Small, 2015; Wasserman, 2016) or being visited by important others (Bennett et al., 1997), primarily to maintain contact (Duxfield, 2013; Philipp and Ho, 2010; Wasserman, 2016).

A Sense of Appreciation (Gratitude) and an Altruistic Outlook. Gratitude and a sense of appreciation (e.g., appreciating the safety and opportunities in the destination country) (Duxfield, 2013; Kwankam, 2010) could be considered a part of South African immigrants' coping resources. Appreciating nature such as exploring the natural beauty of the destination country (Small, 2015), and exploring the new environment and contact with nature, for instance, gardening activities (Rademeyer et al., 2009) also contributed to South Africans feeling more at home in their new country. Some South African immigrants reported using appreciative activities such as active interest or involvement in projects, initiatives, and work that benefit South Africa (Hicks, 2015; Kwankam, 2010; Wasserman, 2016) and promoting South Africa from abroad (Halvorsrud, 2014).

Turning to Religion. Some South African immigrants found that churches and religious organisations were sources of support (Duxfield, 2013; Small, 2015; Wasserman, 2016). Church attendance, religion, and faith (Duxfield, 2013; Rademeyer et al., 2009; Small,

2015) facilitated the coping in a new environment for some. Faith as a coping strategy, helped South Africans face the stresses related to the migration process (Duxfield, 2013).

Problem-focused Coping Strategies.

Being task- or goal-focused. Examples of positive, pro-active coping strategies included strategies such as 'accommodating' and 'changing the situation' (Bennett et al., 1997), learning how to interact with the environment the way the locals interact, getting involved in cultural activities (Rademeyer et al., 2009), and mastering essential immigration tasks (Small, 2015). Small (2015) further listed protective factors to assist South African immigrants during their immigration journey such as preparation and planning. Various other practical solutions and problem-solving strategies used by South African immigrants were stated in several studies (Kwankam, 2010; Rademeyer et al., 2009; Small, 2015), such as finding suitable accommodation or adjusting to a colder climate by buying essential items and winter clothes to keep warm. Groutsis and Arnold (2012) reported that South African-trained doctors who immigrated to Australia already had a multi-faceted strategy to enter the medical labour market in their new country.

Engaging in Activities. Keeping busy, having hobbies, using distraction (Rademeyer et al., 2009; Small, 2015), and participating in sport and physical activities (Rademeyer et al., 2009; Trlin, 2012) were identified as other resources for coping.

Making Language Adjustments. Several studies reported strategies and approaches related to coping with language challenges or associated language loss experiences (Barkhuizen, 2006; Barkhuizen & Knoch, 2005; Barkhuizen & Knoch, 2006; Duxfield, 2013; Trlin, 2012). While many parents anticipated the loss of Afrikaans fluency in their children (Barkhuizen & Knoch, 2006; Duxfield, 2013), some appeared to be resigned to the fact that their children would become more fluent in English (Barkhuizen, 2006), and accepted that the changes were unavoidable (Duxfield, 2013). Parents in both these studies reflected that

the gains would outweigh the losses. Some Afrikaans-speaking immigrants had a more pro-active stance and considered (or already had) a family, home, and personal language policy to deliberately practice their mother tongue (Barkhuizen, 2006; Barkhuizen & Knoch, 2006; Duxfield, 2013). Many Afrikaans-speaking immigrants in the study of Barkhuizen and Knoch (2005) consciously implemented strategies to connect with their culture or language when they experienced linguistic longing. Trlin (2012) reported that communication difficulties with inhabitants in their destination country were typically 'overcome with familiarity and patience' (p. 71), and with strategies such as slowing down the rate of speech, or requesting an explanation of what was said when speaking to inhabitants of their new country.

Self-Care: Seeking Medical or Psychological Treatment. Small (2015) found that some of the South African immigrants who were prepared to seek psychotherapy in New Zealand, preferred seeing South African psychologists.

Employment and Financial Strategies. Soontiens and van Tonder (2014); Trlin (2012) and van Tonder and Soontiens (2013) cited numerous work-related strategies that assisted South African immigrants to cope and adjust to their new workplaces. Rademeyer et al. (2009) noted that finding financial security was a way of altering economic stress.

Seeking Instrumental Social Support and Contact with South Africa. Instrumental social support included South African immigrants interacting with locals to learn about the new society (Trlin, 2012), and linking with fellow South African immigrants to help with settlement and finding practical support (Duxfield, 2013; Halvorsrud, 2014; Kwankam, 2010; Small, 2015; Sonn, 1995; Trlin, 2012; Wasserman, 2016). Literature also reported the role and importance that a supportive and understanding employer played when South Africans would start work in a new country (see van Tonder & Soontiens, 2013).

Some South African immigrants reported that connections with South Africa such as financial connections, remittance and investments (e.g. properties) in South Africa,

(Kwankam, 2010; Wasserman, 2016), were also ways of staying in contact with South Africa.

Feeling Settled and Experiencing a Sense of Belonging in a New Country

The concepts 'feeling settled', 'home', and a 'sense of belonging' were mentioned in several studies and the immigrants' interpretation of these concepts and the extent of time it took to reach this state depended on each individual immigrant. Wasserman (2016) commented on the complexity of judging how successful immigrants settle in a new location, while Small (2015) stated 'the time it took for immigrants to reach a level of consolidation and achieve a sense of peace varied widely according to people's attitudes and circumstances' (p. 377).

Some immigrants mentioned that that their new country was 'home' to them (Duxfield, 2013; Rademeyer et al., 2009; Wasserman, 2016), while other immigrants did not see their new destination country as such or as a place of belonging (Duxfield, 2013; Wasserman, 2016). Some immigrants reported that both South Africa and their new destination country may represent, in some way or another, a 'sense of home' or 'belonging' (Hicks, 2015; Philipp & Ho, 2010; Rademeyer et al., 2009). Several immigrants reported being positive about their decision to move and numerous aspects of their new destination country (Duxfield, 2014; Hicks, 2015; Kwankam, 2010; Van der Vyver & De Villiers, 2000; Wasserman, 2016). Wasserman (2016) further indicated that some immigrants' motives of acquiring citizenship in their new country were 'based on their sense of home and desire to be part of Australia, to integrate and belong' (p. 181). In a study about South African immigrants in the United Kingdom, Halvorsrud (2014) noted that this particular group's sense of belonging were not fixed but, needed to be 'constantly negotiated amidst the transition from apartheid to democracy in South Africa and their relocation to British society' (p. 248).

Van Tonder and Soontiens (2013) reported that although South African immigrants' first work encounters may be challenging, they eventually do adjust and settle in. Due to the impact of migration, numerous individuals reported feeling 'unsettled' in their new destination country (Hicks, 2015; Small, 2015) and had to adjust and become accustomed to their new environment (Rademeyer et al., 2009). However, the findings of Hick's (2015) study suggested that although most immigrants in her study described themselves being happy and well-adjusted with their lives in their new country, an underlying unsettledness remained. Small (2015) stated that some immigrants had to re-evaluate their personal perceptions of home upon returning to South Africa for visits. Many South Africans still seem to connect strongly to South Africa (Duxfield, 2013; Wasserman, 2016).

Nonetheless, the process of settling in and belong, is by no means quick and easy, but is rather an ongoing, individual process with many phases (Duxfield, 2013; Hicks, 2015; Small, 2015; van Tonder, 2013; van Tonder & Soontiens, 2013). According to Trlin (2010), there is 'no uniform intervening sequence of tasks and events' (p. 181) in the South African immigrants' migration journey. Van Tonder (2013) described migration as a gradual, personal transition process in his study. All the respondents in Philipp and Ho's (2010) study felt that migration was a 'major turning point in their lives' (p. 91). A later study by Wasserman (2016) also noted that the duration of the immigrants' stay in their destination country may influence how they feel about living in the country.

Aim 2: To Explore the Content, Nature, Effects, and Limitations of Current Intervention Models Aimed at Improving South African Immigrants' Well-Being

The review revealed a paucity in research regarding intervention models aimed at improving South African immigrants' well-being. None of the studies included in the review evaluated any programmes, and only one (Small, 2015) pertinently proposed and described an intervention model. This model will be discussed as the first theme in this section about

intervention models, while theme two in this section will focus on broad intervention guidelines that emerged from the review.

The Eco-Models of Assessment and Intervention (Small, 2015)

Due to the practical limitations of this rapid review, only a brief, non-exhaustive summary of the content of the assessment and intervention programme in Small's study (2015) is presented. Small's study was based on a literature review, pre- and post-migration needs of South African immigrant families in New Zealand, factors, processes, and contexts that affected their immigration, and participants' recommendations to assist other immigrants.

Based on the narratives of participants in her study, Small (2015) described how acculturation influences the immigration process according to five organising themes, namely (a) changes, (b) stressors, (c) impact, (d) coping, and (e) resilience. The migration journeys and interactions of the immigrants were studied using an ecological framework and then explored within an overarching chronosystem. Besides this, Small described six phases of immigration and proposes that 'pre-migration' leads to 'preparation and migration' which then leads to 'arrival and survival' and, then leads to 'adaptation'. Adaptation can then either lead to 're-migration' or 'settlement and growth'. According to Small, pre-migration and post-migration assessment require an understanding of the challenges and processes of individuals, couples, and families during the different phases of the immigration process.

The study also listed examples of coping strategies including socialising and exploring the natural beauty of their new country, using immigration challenges to venture into new terrains or using humour. Small (2015) further reflected on how the role of traits such as resilience, being achievement-orientated, and a sense of self-efficacy, self-reliance, courage, fortitude, and endurance before immigration may positively influence the immigration process and the ability to succeed in New Zealand. Additionally, Small also offered recommendations to individuals and organisations supporting South African

immigrants such as proposing that health care personnel should be trained in cultural-competency skills. Small believed that, while her eco-model's approach could relate to some 'reluctant' immigrants, it may not be transferable (in a general sense) to other groups of migrants.

Small (2015) argued that preventive, supportive, and therapeutic processes should be considered when compiling an eco-model for intervention aimed at South Africans in New Zealand. These processes should aim to deal with the needs of immigrants while considering the progressive phases of adaptation in different living contexts. She suggested that pre-migration interventions include components such as education and information improvement, practical assistance, psychological preparation, medical care, and religious beliefs. Besides this, she proposed that components such as welcoming and orientation, information and education, social support, practical support, medical care, psychological care, and spiritual care should be included in developing post-migration intervention. Advice offered by participants in her study further emphasised the importance of factors such as employment and financial security, family and marital support, the value of religious beliefs and affiliations, and social connections and support.

Additional Research Findings that Could Contribute to Developing Intervention Models and Facilitate the Development of Appropriate and Relevant Services for South African Immigrants

Although the majority of articles did not pertinently describe intervention models, many researchers identified or highlighted certain factors that could be helpful in guiding support services or interventions related to assisting South African immigrants in their new destination country (Hicks, 2015; Khawaja & Mason, 2008; Sonn, 1995; van Tonder, 2013; Wasserman, 2016). Several studies emphasised the importance of considering South Africans' unique background and context when considering support offered (Bennett, et al.,

1997; Duxfield, 2013; Khawaja & Mason, 2008; Kwankam, 2010; Rademeyer et al., 2009; Trlin, 2010, 2012). Sonn (1995) specifically advocated for developing programmes and services to support South African immigrants that are culturally relevant and sensitive.

Several studies advocated the need for support regarding pre-migration preparation. Soontiens and van Tonder (2014) were of the opinion that 'basic induction, support and education can accelerate the assimilation process'(p. 1039), while Trlin (2010) indicated that there is a need for information about numerous aspects of settlement before, after, or during a 'look see' trip. Various studies noted the importance of social engagement when planning support for South African immigrants. Sonn (1995), for example, advised that social support networks should be established, while Kwankam (2010) and Wasserman (2016) referred to the importance of online forums (e.g. internet interfaces) to facilitate networking and the exchange of information on initiatives with others. Besides the above-mentioned recommendations, Wasserman (2016) further suggested that programmes grounded in social engagement might assist South African immigrants counter challenges regarding certain 'hard to plan and prepare for' factors.

In addition, various studies reported on strategies and approaches related to coping with language challenges or associated language loss experiences of Afrikaans-speaking South African immigrants, and highlighted the importance of having a personal, home and family language policy (Barkhuizen, 2006; Barkhuizen & Knoch, 2005; Barkhuizen & Knoch, 2006; Duxfield, 2013; Trlin, 2012). It further seems as if employment plays an important role during migration and support in that area could be beneficial. Van Tonder and Soontiens (2013) argued for more workplace support and Van Tonder (2013) called for more advanced knowledge-based support, while Wasserman (2016) referred to the importance of employment services that help South African immigrants with specific employment issues.

Several studies indicated that migration is a personal journey and intervention programmes focusing on developing self-efficacy may prove beneficial in both preparing for migration and coping in a new country. Hicks (2015) suggested that when providing guidance, it may help to be aware of the presence of factors such as 'conscious processes of shame and guilt in the self-experience' (p. 264) of some South African immigrants. In the light of the notion that migration is a personal experience, Duxfield (2013) indicated that the choice of social support depends on the individual's preference. Bennett et al. (1997) hypothesized that the degree to which the South Africans perceived themselves to have control over the processes and problems associated with migration could influence their choice of coping strategies, a specific finding that may be important when considering individual interventions from a self-regulation perspective. Duxfield (2013) suggested that further research is necessary regarding the positive changes associated with migration. These findings could guide health professionals to develop and plan relevant support services and future research more specifically, considering the unique context of this specific immigrant group and the individual's unique circumstances and preferences.

Discussion

The rapid review clarifies that immigration is a complex process affecting not only the individual but also their family members and friends. The migration experience appears to be unique for everyone based on their personal circumstances, contexts, and stage of the migration journey itself. The review further reveals that there is a paucity in research regarding intervention models aimed at improving South African immigrants' well-being.

In terms of Aim 1, the experiences and challenges regarding acculturation, psychological adaptation, and self-regulation; the first important implication of the study is that various pre-migration factors and migration motives influence South Africans' decision to leave South Africa. Bhugra (2004) called migration a process of social change in which

different factors play a role in migrants moving from one geographical area to another for either a prolonged stay or permanent settlement. Due to the socio-political and other changes in South Africa, many South African immigrants felt uncertain about their own and their families' future and safety.

This type of uncertainty seems to create a sense of incongruity between the individual's previously-set life goals, their current situation and future outlook. Uncertainty and stress about their future in South Africa interfered with many South Africans' previous goal of a 'stable' work and family life within familiar surroundings. Many South Africans felt motivated to create new goals that were not only financially and social feasible, but also accepted by their significant others (e.g. spouses or partners). When people consider moving to a new country, they most likely have certain expectations about their settlement in their new country (see Duxfield, 2013). They may therefore choose to migrate to the United Kingdom and other developed countries because of opportunities, and factors inherent of their country of origin (Bhugra & Becker, 2005).

According to Marchetti-Mercer (2016) emigration may entail a 'process of re-defining, re-growth and re-distribution' (p. 339). Moving to another country with more opportunities and stability can therefore be seen as an action to counter discrepancies between previous life goals and behavioural outcomes. This ties in with the key aspect of self-regulation, specifically feedback (Carver & Scheier, 2009; Karoly, 2010; MacKenzie et al., 2012) since it provides evidence about discrepancies between the individual's goals and behavioural outcomes, and help them to determine which actions to take to address these discrepancies (Carver & Scheier, 2009).

Factors such as the practical aspects of the departure process, the emotional impact of leaving, and various demographic factors could influence the migration journey of South Africans. Most studies in this review mentioned challenges and adjustments associated with

migration. This finding is not surprising and supports the literature about immigration and acculturation by researchers such as Berry (1997, 2005), Bhugra (2004), Bhugra and Becker (2005), Crush et al. (2014), Maydell-Stevens et al. (2007), and Winbush and Selby (2015). The importance of employment during the relocation to and settling down in a new country also emerge from the review as critical factor, and this supports the literature in general (compare Berry, 1997; Bhugra, 2004; Maydell-Stevens et al., 2007; Wulff & Dharmalingam, 2008). Similar to social support, employment or job opportunity seems to be a key resource in establishing a sense of security. Without it, adapting to a new country would be profoundly influenced.

The most challenging aspect may be the way South African immigrants define themselves as 'being South African' in their destination country as well as their sense of belonging and settledness. Cultural identity may be influenced during and after the migration process (Bhugra & Becker, 2005) and according to Bhugra (2004) it is likely that some facets of identity may change with acculturation. Settling down in a new culture may result in a change of cultural identity for some immigrants which then encourages a sense of settling in and belonging. Concepts such as 'home' and 'feeling settled', however, seems to depend on the individual's interpretation of them, and some South African immigrants may even experience ambivalent feelings about their sense of belonging. According to Goldin (2002) the reaction of each individual to migration is unique. When trying to understand transnational families, 'home' should be viewed as a relational concept instead of as a fixed physical space (Marchetti-Mercer, 2017).

If efforts to cope with the practicalities of emigration, securing employment, and establishing a new cultural identity and sense of belonging are not successful, the relocation process could affect immigrants' mental health (Berry, 1997; Bhugra, 2004; & Maydell-Stevens et al., 2007). From this research, it is clear that many South African immigrants

struggle with negative experiences in their new destination country and may benefit from intervention and support to help them to change or adjust their acculturation strategies to function more effectively and settle in their new country.

According to Forgas et al. (2009) self-regulation assists individuals with adapting to the opportunities and demands of complicated social environments, indicating a source of flexibility within the self. The term adaptation in a cross-cultural context could be connected to the internal changes an individual experienced when challenged by a new cultural environment and this could lead to compatibility to that environment (Kim, 1988). In the context of this study, psychological adaptation specifically refers to various psychological outcomes such as good mental health, the attainment of a subjective satisfaction in the new cultural setting, and a clear sense of personal and cultural identity (Berry, 1997). Psychological adaptation to a new cultural context is therefore about learning a range of new behaviours more suited to the new setting (Berry, 1997). As migration and settlement in a new country is an ongoing process, not only concerned with arriving as a foreigner in a new context, but also with negotiating settlement in the various phases of migration, it is clear that migrants' ability to self-regulate their behaviour over time is a key factor in eventual acculturation and adaptation.

From the review some evidence of self-regulation, including efforts to be optimistic, seeking emotional support, and turning to religion was found, primarily explored and described from an emotion- and problem-focused coping perspective. Regarding efforts to cope with the social demands of migration, studies such as those by Sonn (1995), Trlin (2010, 2012) and Small (2015) found many South Africans prefer and employ social integration to socially connect with others in their destination country to experience a sense of belonging and identification. They also generally maintain a connection with South Africa and engage in transnational practices. These findings correlate with general literature about the

significance of interaction and support with others during the migration journey (compare Berry, 1997, 2001, 2005; Berry & Hou, 2016; Bhugra, 2004; Wulff & Dharmalingam, 2008). According to Berry (2005) individuals pursuing the integration strategy often experience less stress and achieve better adaptations than those pursuing marginalization.

The review confirms the importance of following a self-regulation approach, and specifically emphasizes the importance of understanding the process of acculturation from a stress and coping perspective (Ait Ouarasse & Van de Vijver, 2004; Berry, 1997; Kuo, 2014; Ward, 2001). The value of a self-regulation approach could specifically lie in the skill set inherent to it, including a sense of self-efficacy, clear goal setting (Yu et al., 2015), as well as continuous self-reflection in order to proactively cope with ongoing changes (Aspinwall & Taylor, 1997). This pro-active approach could help South African immigrants not only to prevent adversity, but also aim to facilitate psychological strengths and optimal functioning.

The second aim of the study is to explore the content, nature, effects, and limitations of current intervention models aimed at improving South African immigrants' well-being. Only one study (Small, 2015) explicitly describes a model of intervention. Although none of the studies formally evaluated the feasibility or outcomes of support given to immigrants, important aspects emerged that could assist South African immigrants to adjust to their new country of origin and facilitate the development of appropriate and relevant services.

The eco-model for assessment (Small, 2015) explores factors that may influence South Africans' migration experiences and their well-being and adjustment to their new country. It also identifies factors that could buffer acculturation stress or that can cause positive experiences. These include for instance contacting fellow South Africans in New Zealand or creating new relationships in the destination country (Small, 2015). According to Ward and Styles (2005), the adverse impact of migration could be buffered by suitable pre- and post-migration strategies. Likewise, South Africans planning to emigrate will most likely

benefit from pre-migration preparation (Marchetti-Mercer, 2016). From the findings in this review, it is clear that there is a need for more research and information on intervention programmes for South Africans living abroad. It also indicates that many South African immigrants could benefit from intervention programmes and support helping South African immigrants to cope and adjust in their new country.

Recommendations

This review supports Bhugra and Becker's (2005) advice that mental health practitioners need to be alert to, and appreciative of the distinctive socio-cultural issues and stressors of immigrants to best deal with their needs. Knowledge of the experiences and needs of South African immigrants could be valuable (if not crucial) in guiding health professionals, researchers, and social scientists in supporting this specific population group. An understanding of the unique South African context (e.g., pre-migration motives, ambivalence, and other socio-cultural factors) is recommended because this may lead to developing culturally appropriate and sensitive services and intervention programmes.

Since there is a gap in literature, it is advisable that specific intervention guidelines and recommendations be developed regarding the immigration experiences and challenges of South African immigrants to assist health professionals and policy-makers. This review underscores various aspects that could be included in the above-mentioned guidelines and may be further explored during therapeutic support. Elements from a positive psychology framework, such as strategies focusing on resilience, self-regulation, and other pro-active coping strategies, may benefit South African immigrants during their adjustment in their new countries. The findings highlight the need for pre-migration preparation for prospective South African immigrants. It is advised that South African-based health professionals know the potential psychological impact of migration when supporting individuals planning to move abroad. The review further emphasises the need for therapeutic support when immigrants

deal with internal experiences and emotions (e.g., loss experiences) and factors that are specifically related to migration that may affect their well-being.

Further recommendations include support for aspects related to social connectedness and assistance to South African immigrants dealing with the psychological impact of financial and employment demands. Small's (2015) eco-models for assessment and intervention emphasise the important role of information and education, 'welcoming and orientation' in their new country, and practical, psychological, medical, and spiritual support. Because of these findings, the recommendation is that South African immigrants gain access to information about connecting to these various sources of support. Additionally, the study specifically recommends that these aspects be further investigated:

- how demographic factors such as language, age, and gender may influence the migration process,
- the role immigration plays in the cultural identity of South Africans,
- factors that facilitate psychological growth after immigration; for instance, the extent to which positive personal attributes such as resilience and self-regulation strategies such as self-efficacy and a pro-active approach play a role in positive migration and settling experiences,
- the feasibility of different types of intervention programmes and the impact and usefulness of intervention models in the various stages of migration; and
- the role of online technology in helping South African immigrants settle in their new countries.

Limitations

Some limitations should be considered before reaching a final conclusion.

Relatively few studies (n = 25), and only those published in English, were included due to time and financial constraints. Additionally, it is possible that, despite a thorough search strategy, certain studies meeting the inclusion criteria went undetected. Caution should therefore be taken when generalising conclusions about the experiences and challenges of South African immigrants. Since the emerging results are specific to intervention models to improve the well-being of South African immigrants, no comparative conclusions could be made. Nonetheless, the results do indicate a substantial lack of research and have identified a research gap that should be addressed.

Conclusion

The study systematically explored and synthesised scientific evidence about the experiences and challenges of South African immigrants in terms of acculturation and psychological adaptation; as well as intervention programmes that are intended to improve the South African immigrants' well-being. A rapid review was conducted to synthesise the findings of 25 studies that complied with the inclusion criteria. The findings imply that migration is a multi-faceted event that should be understood within the context of each individual and his or her specific social, cultural, and employment needs. Immigration is not a static event but a process of acculturation and adaptation, characterized by several unfolding challenges. From a self-regulation perspective, the decision to emigrate may be an attempt to decrease the discrepancy between important life goals (such as a long-held desire to feel safe, future prospects and job opportunities in your country-of-origin, etc.) and a current state of uncertainty, unemployment, and personal safety concerns in South Africa (pre-migration factors). However, it also seems as if the migration process in itself creates uncertainty and poses certain new challenges that have to be addressed through a (sometimes) long and difficult process of acculturation and adaptation.

The review indicates a gap in literature on intervention models focusing on support to South African immigrants. Pre-migration preparation as well as intervention programmes from a self-regulation perspective, could address the gap in acculturation research from a positive psychology perspective.

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Appendix A:

Quality Tool

CRITERIA AND QUESTIONS FOR THE ASSESSMENT OF QUALITY OF STUDY:

Study being appraised:	
Checklist completed by:	
Theoretical approach of study:	QUALITATIVE / QUANTITATIVE
Administering and scoring details:	Score YES: there is strong evidence that the study being appraised, answered the question Score NO: there is no or weak evidence that the study being appraised, answered the question Score 'cannot tell': the reviewer is not sure e.g. if the construct measured is inadequately reported. See the criteria for inclusion on the last page.

1. SCREENING QUESTION: Is the focus of the research appropriate for answering this particular review's research question/s?

For example: Does the study have a relevant topic? Does the study focus on this specific review's question/s?

NOTE:

If the answer is no to this question, this study will not be included in the review.

	YES	NO	CANNOT TELL

2. DOES THE STUDY HAVE AN APPROPRIATE PROBLEM STATEMENT/ RESEARCH QUESTION/S AND/OR A CLEAR STATEMENT OF THE AIMS AND OBJECTIVES?

For example: Is there a clearly focused problem statement and adequate reference to the literature? Are there a clear statement of the aims/objectives/research question/s?

	YES	NO	CANNOT TELL

3. DOES THE STUDY HAVE AN APPROPRIATE, RELEVANT STUDY DESIGN AND RESEARCH METHODOLOGY?

For example: Is the qualitative/quantitative approach appropriate and does it address the research goals? Is a rationale given for using a qualitative/quantitative approach? Is the research design appropriate to the research question? Is the study design appropriate in addressing this particular review's research question? Are accepted norms used for undertaking the particular type of research design used in the study? Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used?

	YES	NO	CANNOT TELL

4. IS THERE A CLEAR DESCRIPTION OF A RELIABLE AND APPROPRIATE DATA COLLECTION PROCESS?

For example: Were the data collection methods clearly described? Was the data collected appropriate to address the research question? Do the methods investigate what they claim to? Is it is clear how data was collected (e.g., semi-structured interview, survey, and others)? Is the medium of data clear (e.g., audio recordings, video recordings, field notes, and more)? Did the appropriate person/s conduct the data collection? Were there good and scientific procedures in place for the collection of data? Were the correct documents and

equipment used for collection/recording, and who took ownership of the recordings/ documents?

	YES	NO	CANNOT TELL

5. DOES THE STUDY HAVE A DETAILED DESCRIPTION OF THE CONTEXT AND DOES THE STUDY CLEARLY DEFINE AND DESCRIBE THE PARTICIPANTS?

For example: Is the context in which the study was conducted and the study sample clearly described? Are the characteristics of the participants and settings clearly defined and well-described? Was the recruitment strategy of participants appropriate to the study? Was there a good rationale for basis of selection of target sample/settings/documents (e.g., inclusions and exclusions criteria, discussion of sample size or the number of cases selected, and others)? Where applicable: Are the selected participants likely to be representative of the target population? Is the likelihood of bias (due to the allocation process) minimized? (Note: According to the dictionary that accompanies the Effective Public Health Practice Project (EPHPP) (1998a) document, the type of design is generally a good indicator of the extent of bias in quantitative studies). Where applicable: Did the authors describe both the numbers and reasons for withdrawals and drop-outs?

	YES	NO	CANNOT TELL

6. IS THE DATA ANALYSIS SUFFICIENTLY RIGOROUS AND RELIABLE?

For example: Is there an in-depth description of the process of data analysis? If data analysis techniques such as thematic analysis are used, is it clear how the categories/themes were derived from the data? Is there sufficient data presented to support the findings and to what extent is contradictory data taken into consideration? Was the researcher aware of any bias and influence during data analysis and presentation of data? Where applicable in quantitative studies, was the use of nonparametric statistics for small samples well-

motivated? Are the statistical processes in quantitative studies well-described and were the significant statistical differences and/or results appropriately reported? In qualitative studies, was the richness of the data (i.e., the detail, depth and the complexity of the data) conveyed in the study?

	YES	NO	CANNOT TELL

7. ARE THE FINDINGS CLEARLY PRESENTED, CONVINCING AND RELEVANT TO THE AIMS OF THE STUDY?

For example: Are the findings clearly presented and internally coherent? Is there a clear statement of findings? Are the findings discussed in relation to the original research question and relevant to the aims of the study? Is the credibility of the findings discussed (e.g., triangulation, respondent validation, more than one expert analysing the findings)?

	YES	NO	CANNOT TELL

8. IS THERE AN ADEQUATE DISCUSSION OF THE CONCLUSIONS?

For example: Is there an adequate discussion of the conclusions directed towards the aims of the study? Is there a clear link between the data, interpretation and conclusions of the study?

	YES	NO	CANNOT TELL

9. IS THERE AN ADEQUATE DISCUSSION OF ANY LIMITATIONS ENCOUNTERED?

For example: Is there an adequate discussion of any limitations encountered? Is there mention of further information or research needed relating to the limitation of evidence? Is there a discussion of the implication for study evidence relating to the limitations of the research design?

	YES	NO	CANNOT TELL

10. IS THE REPORTING OF ETHICS CLEAR AND COHERENT?

For example: Have ethical issues been taken into consideration and clearly reported? Is there enough evidence of attention to ethical issues?

	YES	NO	CANNOT TELL

11. WAS THERE SUFFICIENT EVIDENCE THAT SCIENTIFIC KNOWLEDGE/ UNDERSTANDING HAS BEEN EXTENDED BY THE RESEARCH? (NOTE: *AT LEAST* ON A THEORETICAL LEVEL)

For example: Was the research valuable? Were there any discussions regarding the contribution the study makes to existing knowledge or understanding? (e.g., are the findings considered in relation to other relevant research-based literature or current practice/policy?) Did the research identify any new areas where research is necessary? Did the researchers specify whether or how the findings can be transferred to other populations or reflected on ways the research may be used?

	YES	NO	CANNOT TELL

12. DOES THE STUDY ADHERE TO PRINCIPLES REGARDING TRUSTWORTHINESS, VALIDITY AND RELIABILITY? IN QUALITATIVE STUDIES: WAS THE STUDY CONSIDERED TO HAVE CREDIBILITY AND DEPENDABILITY?

For example: Has the role and the impact of the researcher/s on the research process been examined and reported? Has the relationship between the researcher/s and participants satisfactorily considered? Does the paper describe how the research was explained and presented to the participants? How did the researcher deal with any changes, if any, in the research designs and/or events during the study? Has potential error or any bias been examined and how is potential bias addressed, if at all? Where applicable: were the assessment of risk of bias such as blinding of participants *(reporting bias)* and blinding of

outcome (*detection bias)* included in the study? Where applicable: were the methods/questionnaires, and others used in quantitative studies shown to be valid and reliable?

	YES	NO	CANNOT TELL

OVERALL ASSESSMENT:

As far as can be ascertained from the paper, how well was the study conducted? ***See guidance notes at end*****:**

Screening question 1 (Circle appropriate) YES / NO

Individual score:

Individual Code: (Circle appropriate) Strong / Moderate / Weak

Combined total score of both reviewers:

FINAL DECISION (Based on the criteria). Circle the appropriate:

Included/ Excluded/ Discussion

Reviewers notes:

Guidance notes:

Score:

Yes = 1

No and 'Cannot tell' = 0

Codes:

If an individual reviewer scores a study between 9 and 12, it will be considered good in quality. If a reviewer scores a study between 5 and 8, it will be considered of moderate quality and a study with a score between 0 and 4 will be considered weak.

Description of the codes:

9-12 Good

5-8 Moderate

0-4 Weak

Criteria for inclusion to this review:

1. Yes to the screening question 1
2. An overall score of 12 or more (the combined scores of both reviewers)
3. No weak code (e.g. both reviewers must have a moderate or good rating for the study)

NOTES:

If study fail on criteria 1 and/or 2 it is automatically excluded. If criteria 1 and 2 are met, but only one of the reviewers gave a study a weak rating, then the study will be discussed between the reviewers. If no consensus between the reviewers regarding the inclusion of the study could be reach, they will resort to an independent third reviewer.

CHAPTER 3: MANUSCRIPT 2

Self-regulation Strategies of South African Immigrants in England: Towards the Development of an Explanatory Model

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Running head: CHAPTER 3: MANUSCRIPT 2

Abstract

This article explores the acculturation-process, self-regulation, and coping strategies that South African immigrants in England apply in order to adapt psychologically. Interactive Qualitative Analysis (IQA) (Northcutt & McCoy, 2004) was used to identify themes and to create a hypothetical IQA model based on the subjective experience of South African immigrants in England in relation to their self-regulation. The model suggests that South African immigrants are motivated by both safety concerns in South Africa and pull factors in England. It further shows how a series of challenges eventually culminate in a strong sense of uncertainty, which acts as a critical turning point in participants' experiences, since it contributes to efforts to settle in and integrate, as well as to seek and experience social support. From a self-regulation perspective, this reflects an effort to reduce the discrepancy between the current state (uncertainty) and goal (to experience a sense of settledness in a new country). However, it is also clear from the model that immigration is an ongoing process with several feedback loops that require continuous psychological and social adaptation. Recommendations are made for further research.

Keywords: South African immigrants, England, self-regulation, adapt, acculturation, coping, Interactive Qualitative Analysis

A significant number of South African-born people are living in the United Kingdom (UK) (Durnford-Slater, 2015; Office for National Statistics, 2015, 2019). Migration from South Africa seems to come at a 'cost' as research reports feelings such as guilt (Duxfield, 2013) or a sense of 'loss' associated with migration (Bennett et al., 1997; Hicks, 2015; Khawaja & Mason, 2008; Philipp & Ho, 2010; Small, 2015; Trlin, 2010; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016). During the process of their psychological and socio-cultural adaptation to the host culture, immigrants experience difficulties that could affect various aspects of their functioning, including their mental health (Bennett et al., 1997; Berry, 1997; Bhugra, 2004; Maydell-Stevens et al., 2007). However, many immigrants have positive migration experiences despite the potentially stressful nature of immigration (Berry, 2005).

While scientific literature shows that psychological adaptation typically consists of several cognitive, emotional and interpersonal mechanisms or strategies that are primarily approached from a coping perspective, there has been a shift to what is now known as pro-active coping (Aspinwall & Taylor, 1997; Davis & Asliturk, 2009; Greenglass & Fiksenbaum, 2009). This has been accompanied by the integration of self-regulation processes in various stages of proactive coping (Aspinwall & Taylor, 1997). With the emergence of positive psychology (Diener, 2000; Seligman & Csikszentmihalyi, 2000), pro-active psychological processes like self-regulation have been increasingly emphasised as key mechanisms in mental health.

Self-regulation is a complicated construct to define since multiple theories and models are suggested in the literature (Boekaerts et al., 2005; MacKenzie et al., 2012). As part of a multi-faceted definition of self-regulation, Karoly (1993) believes that self-regulation refers to the internal and/or transactional processes that 'enable an individual to guide his/her goal-directed activities over time and across changing circumstances (contexts)' (p. 25). Berger

(2011) defined it as ‘the ability to monitor and modulate cognition, emotion, and behaviour to accomplish ones’ goals, and/or adapt to the cognitive and social demands of specific situations’ (p. 4). Since the essence of self-regulation is changing one’s behaviour in reaction to perceived discrepancies between goals and behavioural outcomes, a key aspect in this process is that of feedback (Carver & Scheier, 2009; Karoly, 2010; MacKenzie et al., 2012) because it provides information about possible discrepancies between goals and behavioural outcomes, and which actions to take to counter discrepancies (Carver & Scheier, 2009).

In recent years, many researchers have moved towards a model which integrates coping and self-regulation. According to Lazarus and Folkman`s (1984) theory about stress, appraisal and coping, the term coping can be explained as a process of continuously changing efforts (both cognitive and behavioural) to manage the demands perceived to exceed or tax the individual`s resources. This may result in either problem-focused coping (managing the problem causing the distress) or emotion-focused coping (regulating negative feelings resulting from distress). This theory also refers to the link between the choice of coping strategies and secondary appraisals. Matthews et al. (2000, p. 177) stated that ‘coping is closely related to self-regulation’ and Sniehotta et al. (2005) and Sniehotta (2009) described coping planning as a self-regulation strategy. Coping planning can help individuals cope with difficulties by anticipating individual risk conditions and to plan their coping responses accordingly (Sniehotta et al., 2005). In unavoidable stressful situations, those who use pro-active coping mechanisms will usually experience better adjustment than those who do not (Aspinwall & Taylor, 1997).

When people consider moving to a new country, they often intend to settle permanently, and they have certain expectations about their new country (Duxfield, 2013). However, during the acculturation-process, immigrants often experience discrepancies between their goals and the actual outcomes. This is because immigration is a complicated

socio-cultural and psychological experience (Marchetti-Mercer, 2009) characterised by adjustments, demands, and challenges (Duxfield, 2013; Small, 2015; Trlin, 2010; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016). Individuals often cannot effectively deal with this and they consequently have to change or adjust their acculturation strategies to function more effectively in their new context. This notion supports the opinion of Forgas et al. (2009) that self-regulation assists individuals adapt to both the demands and opportunities of a complicated social environment, indicating a source of flexibility within oneself. Karoly (2010, p. 154) described flexibility as 'the capacity to overcome systemic inertia, to multitask when necessary, to reconfigure one`s goals and means, and/or to override automaticity in the service of counteracting self-defeating habits'.

Problem Statement

Despite clear evidence that immigration challenges the individual's adaptability, there is a paucity of research focused on South African immigrants (Khawaja & Mason, 2008), and very little research on the immigration experiences of South Africans in the United Kingdom, including England. A review of the literature (Chapter 2: Manuscript 1) further indicated a gap in literature on acculturation from a self-regulation perspective. Subsequently, there is a need to explore acculturation from a self-regulation and pro-active coping perspective.

As immigration, acculturation and adaptation are processes that unfold over time, it would be crucially important to understand the dynamic relation between the migration experiences of South African immigrants. Therefore, a systems perspective was implemented to explore South African immigrants` personal experiences of how these variables dynamically relate and interact during the migration journey. The understanding of a system is based on the notion that systems have two broad components, namely 'elements and relationships among the elements' (Northcutt & McCoy, 2004, p. 27). Maes and Karoly (2005) referred to self-regulation as a systematic process of behaviour that comprises of

personal goal setting and the directing of behaviour towards achieving these goals. Migration involves a sequential process of re-adjusting oneself and adapting to often challenging contexts. By understanding the perceived sequential process of migration, researchers can learn how South African immigrants` experiences unfold as a self-regulation process. This may provide valuable insights as to how South African immigrants experience and cope with immigration to England. Furthermore, valuable information regarding acculturation, coping styles, and self-regulation strategies may emerge that could be integrated into intervention programmes aimed at improving the quality of life of South African immigrants. This study could also provide information for mental health care professionals to adjust and better their services to South African immigrants living in England.

Aims

The aim of this study is to explore (a) the self-regulation and coping strategies that South African immigrants in England apply to adapt psychologically to the acculturation-process, and (b) how South African immigrants in England perceive the cause-effect relations between these different components of their adaptation.

Method

Research Design

An exploratory, multi-method design was followed by applying Northcutt and McCoy`s (2004) Interactive Qualitative Analysis (IQA). The rationale for using IQA is that it uses a systems approach to research the perceived cause-and-effect relationships among key themes related to a specific experience. The aim was to arrive at a socially constructed shared meaning of the experiences of participants (South African immigrants in England) and identify ‘perceived relationships between these experiences’ (Northcutt and McCoy, 2004, p. 81).

Participants

The research consisted of two phases; first, a discussion group to identify themes and second, the completion of a cause-effect questionnaire based on the themes identified in the first phase. Purposive sampling (Silverman, 2013) in line with inclusion criteria, relevance, and geographic practicalities was used in both phases. Purposive sampling was followed by snowball sampling (Marshall & Rossman, 2011) using the researcher`s personal networks; advertisements placed in two shops that sell South African products in England; and on social network sites (relevant Facebook groups and pages for South African expatriates) after obtaining permission from the administrators. South Africans were encouraged to forward the advertisements to other South African immigrants who might be interested in the study. The inclusion criteria were:

- South African-born adults who subsequently moved to England,
- South African-born adults living in England for more than 6 months and less than 20 years, and
- South African-born adults intending to stay in England on a long-term basis.

After the initial recruitment for the group discussion, the inclusion criteria for the online questionnaire was altered to include South Africans born elsewhere, but who spent most of their childhood in South Africa. This correlates with the notion that many people considering themselves South Africans are not necessarily born in South Africa (Trlin, 2010). The decision was also made to include South Africans living in England for over 20 years (see Appendix D and Appendix F)

Phase 1: The Discussion Group

Unfortunately, seven potential participants dropped out before the discussion group leaving only two individuals to participate; both were males who had lived in the United Kingdom between 5 and 25 years. Although the smaller sample size may have had

implications such as influencing the relevancy of themes, it allowed for an in-depth group discussion that lead to rich conversational content and the development of thorough, insightful themes. This is also supported by Northcutt and McCoy's (2004) statement that 'smaller groups are not as serious a problem during affinity production' (p. 87). In addition, it should be noted that themes were not exclusively developed through this discussion group but were also based on the review in Chapter 2 of this study.

Phase 2: The Questionnaire

Although IQA usually involves the same participants during Phases 1 and 2, it was foreseen that a higher response rate might be achieved for the theoretical coding as potential participants could complete the questionnaire at home at a time that suitable for them. The online questionnaire also had the additional benefit of reaching more South African immigrants in various geographic areas around England; and also gave participants the option to provide information about their migration experiences without being identified, in alignment with Wasserman's (2016) recommendations regarding anonymity.

Information about the research and the hyperlink with the password to the online questionnaire was sent to 26 interested individuals (refer to Appendix H). Eleven participants (7 female; 4 male) participated, with the majority over the age of 40. Most participants had dual citizenship (n = 7) while the rest had South African (n = 2), British, or other citizenship (n = 2). Most participants were employed or self-employed (n = 10), and one participant was retired. The majority had lived in England for over 11 years (n = 9), and most were born in South Africa (n = 10).

Data Collection and Analysis

Phase 1 commenced with a brief welcome and introduction by the researchers. After providing consent, participants attended a three-hour discussion group session in a private room. They were asked to recollect when they first decided to move to England, their actual

move to England, and their emigration process up to the present. They were then asked to write down their responses to these questions:

> We would like each of you to individually reflect for a few minutes on your personal acculturation/emigration process. More specifically, we would like you to then write down the following:
>
> a) What are the typical emotions that you experience regarding your move to England and the subsequent period up until the present day?
>
> b) What are the typical thoughts you have regarding your move to England and the subsequent period until the present day?
>
> c) What do you typically do with these emotions and thoughts? In other words, how do you react to the emotions and thoughts you have? Elaborate as much as possible and provide clear examples.

The participants were asked to engage in 'silent brainstorming' (see Northcutt & McCoy, 2004, p. 47), a process in which they could individually write down their thoughts, experiences, and feelings related to the questions on blank note cards. There was no limit to the number of note cards they could use. Each theme, and the brief explanation or working definition for each theme, was written on separate cards and placed on the wall of the meeting room. An open discussion followed where the themes were introduced, and every participant had the opportunity to discuss their notes. They were then asked to organise their cards into groupings or clusters of meaning based on a shared understanding of the themes (inductive coding) and, through facilitation by the researchers, reached a consensus regarding the meaning of each response. Northcutt and McCoy (2004, p. 98) refer to these thematically organised groupings as 'affinities'.

This process was followed with axial coding where the group was facilitated to name each affinity and to refine, reorganise, and sometimes clarify the groupings. Misplaced cards

were also re-organised into the most relevant groups (Northcutt & McCoy, 2004). During the group discussion, consensus was reached that the allocated definitions correctly reflected the meaning of the affinity. The researchers facilitated this process to ensure that the emerging themes conformed to the criteria indicated by Northcutt and McCoy (2004). Brief individual interviews were scheduled directly after the group discussion to gather additional information, clarify any uncertainties, and to allow the participants to ask the researcher questions regarding the research. A feedback session was scheduled with participants for the following day, providing the opportunity to reflect on the group discussion or add or amend their data. Participants were also invited to contact the researcher directly should they have wanted to discuss the research further.

A self-compiled questionnaire was used in Phase 2 to further explore the themes identified in Phase 1. The questionnaire consisted of four sections (a) demographic questions, (b) questions reflecting on the identified themes, (c) questions about the perceived cause-effect relations between the themes and, (d) open-ended questions relating to participants' coping and adjustment in England. For Sections B and C, the themes identified in Phase 1 were integrated with themes identified in a rapid review (see Chapter 2, Manuscript 1) regarding South African immigrants` experiences. The researcher then compiled questions based on the systematic guidelines of Northcutt and McCoy (2004) in a process known as theoretical coding (Northcutt & McCoy, 2004). Participants were asked to indicate how they experienced the direction of influence between two themes as stated in Section C. Themes were placed opposite each other, and each question had three possible options to choose from, for example a.) Theme 1 causes Theme 2; b.) Theme 2 causes Theme 1; or c.) Theme 1 and Theme 2 do not influence each other.

Participants completed the online questionnaire using QuestionPro (https://questionpro.com), an online software survey tool. The link to the online questionnaire

was accessible to participants for 37 days and gave them the option to save their work and return to it later. It took approximately one hour to complete the questionnaire. Participants could contact the researcher via email or her mobile phone number if they wanted to clarify or elaborate on anything in the questionnaire.

Thematic analysis, according to the six phases by Braun and Clarke (2006), was used to analyse the data from the open-ended questions (Sections B and D in the questionnaire). See Appendix I for a description of the themes derived from the open-ended questions in the questionnaire. Data from Section C in the questionnaire was analysed by calculating the frequency (F) of affinity pair relationships, the cumulative frequency (CF) for each possible relationship theme, the 'cumulative percentage based on the number of total possible relationships' (CPR), the cumulative percentage of frequencies (CPF), and a power analysis (P) as 'an index of the degree of optimization of the system' (Northcutt & McCoy, 2004, p. 160). Since the fewest number of affinity relationships accounted for the greatest variation, the fewest optimal relationships were selected according to the Pareto concept in order to assign the number of affinities to be included in the interrelationship diagram (IRD) (Northcutt & McCoy, 2004). The Interrelationship Diagram (IRD) (Northcutt & McCoy, 2004) was then constructed in which affinity relationships were recorded in a tabular format indicating whether an affinity was perceived as a relative driver (cause) or a relative effect (outcome) within each pair (see Table 2.3).

The themes were arranged in descending order of delta (see Table 2.3) and a cluttered System Influence Diagram (SID) was developed to emphasise the relationships among affinities that might account for the dynamics of a system. Redundant links were eliminated, and an uncluttered SID was constructed according to the IQA guidelines (Northcutt & McCoy, 2004). The visual representation of the mind-map embodied the explorative,

hypothetical model of the experiences of South African immigrants in England (see Figure 2.2).

Ethical Issues

The study was approved by the Ethics Committee of the North-West University (NWU) (ethics approval number NWU-00365-16-A1) and conducted under the NWU's research protocol (see Appendix C). All participants received an informed consent form relating to their participation in the research (Appendix E and Appendix G). Participants were advised that their involvement was voluntary and it was clearly stated that participants could withdraw at any stage during the research without providing a reason. The high premise placed on confidentiality was also explained.

Additionally, the discussion group participants were informed that the discussions would be audio-recorded and that only partial confidentiality and privacy could be ensured since the nature of discussion groups implied sharing information with other group members. Potential participants in Phase 2 of this study were advised that their completion of the survey would be considered as their implied consent and that they had to complete a mandatory question before continuing the online questionnaire (see Appendix G). All the participants had the option to complete the questionnaire anonymously, however, it was clearly stated that contacting the researcher direct, as they were invited to do, would put their anonymity at risk as their email address or conversation may reflect identifying particulars or information.

The data in the questionnaires was deleted from QuestionPro (https://questionpro.com) once all participants had completed their online questionnaires. A list of support organisations and the contact details of three psychologists was also provided to participants on an information sheet. The researcher adhered to ethical procedures regarding the secure storage of hard and electronic copies of all data and recordings. Information about feedback, anonymity, and the dissemination of the results was given and

explained in the consent form. Participants were informed that the results of the study would be used anonymously for a PhD degree thesis and also submitted for publication.

Trustworthiness

The IQA methodology inherently addresses trustworthiness (Northcutt & McCoy, 2004) as it is a form of triangulation that systematically and appropriately integrates qualitative and quantitative methods. The IQA method also actively involves the participants in identifying the themes (such as the case with the discussion group in Phase 1). In addition, these guidelines proposed by Tracy (2010), based on Lincoln and Guba's (1985) criteria for trustworthiness, were incorporated in the research procedure to enhance the trustworthiness further. The leading researcher was mindful to expend the necessary time, effort, and meticulousness when conducting the research and practised self-reflexivity by continuously reflecting on her own values, predispositions, and biases regarding immigration. Before the research commenced, the researcher was trained in IQA facilitation group interviewing and was also assisted by a co-researcher during the data generation interviewing. Internal validity was ensured by allowing the participants enough time to reflect on the questions and their experience of immigration. The discussion group participants were also given the opportunity to provide feedback on the transcription of the audio recordings.

The construction of the mental maps (model) was independently applied by the two researchers and were found to be identical. The researchers purposefully interconnected the findings with reviewed literature to produce a meaningfully coherent study. Finally, the researchers intended to report the findings of the research in such a way that the topic could contribute to empathy, identification, and reverberation of the research by readers who have no direct experience with the topic.

Results

The eight themes identified by the discussion group (see Appendix I) formed the point of departure in developing the online questionnaire. The findings from a rapid review (see Chapter 2, Manuscript 1) were then incorporated to adjust and fine-tune the themes for the questionnaire (see Appendix H). The questionnaire included an explanation of the themes, followed by the items presenting potential cause-and-effect relationships between all the themes. Table 2.1 shows the final ten themes included in the online questionnaire and where they originated. Table 2.1 not only includes findings that initially motivated the inclusion of these themes, but also includes findings from the online questionnaire (Phase 2 of this study) which confirms the relevance of these themes.

Table 2.1

The origin and relevance of the final themes of the IQA online questionnaire:

Final themes included in the online questionnaire:	**Evident from the rapid review (Chapter 2: Manuscript 1) (Themes may co-occur under different headings)**	**Evident from the themes identified by the members of the IQA discussion group:**	**Findings from the online questionnaire confirming the relevance of the themes:**
Theme 1 Positive motives for immigrating to England	✓ Mainly evident from Theme 1 (Rapid Review)	✓	The majority of participants (*n* = 9) found this theme relevant, while two found it partly relevant. This theme was also reflected in topics (themes) identified from the open-ended questions.

Theme 2 Uncertainty Sub-themes: a) The process of immigration b) Practical concerns	✓	✓	The majority of participants (*n* = 7) found the theme relevant, two found it partly relevant, and two found the theme was not personally relevant, but relevant to other South Africans known to them.
Theme 3 Security and safety concerns	✓	✓	Most of the participants found the theme relevant (*n* = 7); two found it partly relevant; and one found the theme not personally relevant, but relevant to other South Africans known to them. One did not complete the question.
Theme 4 Efforts to settle and integrate in England Sub-themes: (a) Making the most of your time (b) Looking for and experiencing a pleasant physical environment (c) Conscious efforts to integrate	✓	✓	All participants found the theme relevant This theme was also reflected in topics (themes) identified from the open-ended questions. All the participants found the theme relevant.

Mainly evident from Theme 2 (Rapid Review)

Mainly evident from Theme 1 (Rapid Review)

Mainly evident from Theme 6 (Rapid Review)

Theme 5 A sense of belonging and settledness Sub-themes: (a) A sense of belonging (b) Settledness	✓	✓	Mainly evident from Theme 3 and 7 (Rapid Review)	All the participants found the theme relevant. This theme was also reflected in topics (themes) identified from the open-ended questions.
Theme 6 Homesickness and guilt Sub-themes: (a) Homesickness: Missing South Africa (b) Guilt.	✓	✓	Mainly evident from themes describing challenges as a result of migration such as Theme 3 and 4 (Rapid Review)	The majority of participants found the theme either relevant (n = 5) or partly relevant (n = 5); and one found the theme was not personally relevant, but relevant to other South Africans known to them.
Theme 7 Negative experiences because of cultural differences	✓		Mainly evident from themes describing challenges as a result of migration such as Theme 3 and 4 (Rapid Review)	Six participants found the theme relevant (n = 3) or partly relevant (n = 3); and three found the theme was not personally relevant, but relevant to other South Africans known to them. Two participants did not find this theme relevant. This theme was also reflected in topics (themes) identified from the open-ended questions acknowledging general cultural differences. Negative experiences were not explored *per se.*

Theme 8 Experiencing social support	✓ Mainly evident from Theme 6 (Rapid Review)	The majority of participants found the theme either relevant (*n* = 5) or partly relevant (*n* = 5); and one found the theme not relevant (although this participant did mention social interaction in the open question section) This theme was also reflected in topics (themes) identified from the open-ended questions.
Theme 9 Experiencing employment issues and challenges	✓ Mainly evident from Theme 2 and 5 (Rapid Review)	Five of participants found this theme relevant (*n* = 3) or partly relevant (*n* = 2); and three found the theme was not personally relevant, but relevant to other South Africans known to them. Three participants did not find this theme relevant.
Theme 10 Satisfaction with employment and opportunities	✓ Mainly evident from Theme 5 (Rapid Review)	The majority of participants (*n* = 9) found this theme relevant; one found it partly relevant; and one found it not personally relevant, but relevant to other South Africans known to them.

The first theme, *positive motives for immigrating to England,* related to so-called 'pull' factors that cause immigrants to immigrate to another country because of the positive attributes of the new country. These include, for instance, financial advancement, potential

career prospects, and opportunities for them personally or their family members in their new country. It seems that the positive aspects of England did play a role in the migration decision of the participants.

The second theme, *uncertainty*, consisted of two parts, namely (a) the process of immigration and, (b) practical concerns. This uncertainty may be especially evident during the initial stages of South Africans coming to England and may, for instance, relate to 'not knowing the system' and not understanding how things work in England.

The third theme, *security and safety concerns,* related to concerns about crime and an uncertain future in South Africa, but also the sense of safety some South Africans may experience in England.

The fourth theme, *efforts to settle and integrate in England*, had three parts. It referred to (a) the initial and ongoing excitement of being in a new country, (b) how a pleasant physical environment could potentially help migrants settle, and (c) efforts to integrate in England. The theme referred to South African immigrants` coping strategies, psychological changes, behavioural changes, and personal factors. Several participants commented on efforts to settle and integrate in England and the following examples are highlighted '…Life is full of challenges and opportunities. Make it work for you'; '…Embrace the challenges and changes that you have'; '…Roll with the ups and downs and never give up…'; and '…look to your own future…'; '…Invest in practical skills as well as education . . . be prepared to graft (work hard)'.

The fifth theme, *a sense of belonging and settledness,* consisted of two parts, namely, belongingness and settledness. Belongingness referred, for instance, to the process of finding friends and common grounds with people with the motive of finding a personal sense of belonging. In contrast, settledness referred to the potential result of conscious integration in England. Qualitative answers relating to settling into a new country affirmed both Themes 4

and 5. Some qualitative responses referred to the conscious effort it takes to settle in England. It seems as if experiencing a sense of settledness in England depends on individual circumstances and is part of a process over time.

The sixth theme, *homesickness and guilt*, referred to two aspects that are closely connected and that could distract or prevent immigrants from being settled. According to literature, some immigrants may experience negative emotions associated with moving to a new country that could potentially affect their well-being. This theme was validated by participants who indicated that there are challenges to living in England. One participant, for example, reflected on how important it is for significant others also to be motivated to stay in England, and stated '...It's harder than you think'.

The seventh theme, *negative experiences because of cultural differences,* was based on the indication from literature that, despite similarities with the new culture, South Africans may feel different and feel that they are being treated differently (in a negative way), because of *being South African*. Several participants acknowledged the differences between cultures and countries (England and South Africa) in their qualitative answers, and some also advised others on how to deal with these differences. One participant described it as '…It is not South Africa. Be prepared to accept a culture and life different to South Africa. It is not right or wrong, or better or worse. It is different. England offers amazing opportunities if you make the effort to embrace life here'. Some participants also mentioned their South African identity.

The eighth theme, *experiencing social support,* indicated that South African immigrants may find support from various sources and social support may help them integrate and settle in a new country. In agreement with this theme, all the participants reported in their qualitative answers, the importance of social interaction. Participants also reflected on the importance of making an effort to integrate into the new community socially.

One participant, for instance, reflected on the preference of some South Africans to only socialise with other South Africans, and concluded '…I think if one does this you may feel marginalized as opposed to feeling integrated. I feel that I still have a South African identity but feel that I have integrated (as opposed to having being assimilated into the culture as in losing my SA identity)'.

The ninth theme, *experiencing employment issues and challenges*, suggested that there may also be employment issues and challenges in immigrants' new country-of-settlement, such as the unknown nature of the workplace. One participant mentioned '…You work and live in pounds, so you will not be rich and may have to start at the bottom and work your way up…'.

The tenth and final theme, *satisfaction with employment and opportunities*, reflected the positive side of employment, such as having career opportunities, job satisfaction, and financial stability in England that may help immigrants settle.

Perceived relationships between the themes

Table 2.2 shows the frequency table indicating participants' perceptions of the cause-effect relationship between all ten themes. Relationship pair 1→4 had the highest frequency which means that Theme 1 (Positive motives for immigrating to England) caused Theme 4 (Efforts to settle and integrate in England) as indicated by the greatest number of participants (n = 9) reflecting on their experience. Power in the frequency table increases progressively until it reaches its peak at 36.99 (belonging to the 36th theme pair 7←9). In this model, 40% of the relations explain 75.7 % of the variance in the data from a total of 90 probable cause-effect relations between the ten themes (see Northcutt & McCoy, 2004). Since the study was explorative, it was decided not to make any modifications to achieve the Pareto ideal of an 80/20 relationship (80% of variance explained by 20% of the relationships).

Table 2.2

Frequency Analysis of the Perceived Cause-effect Relationship between the Ten Themes

Cause-effect relation	F	CF	CPR	CPF	P
1→4	9	9	1.11	3.98	2.87
4→5	8	17	2.22	7.52	5.30
8→10	8	25	3.33	11.06	7.73
5←10	8	33	4.44	11.06	10.16
1→5	7	40	5.55	14.60	12.14
4→8	7	47	6.66	17.70	14.13
5→8	7	54	7.77	20.80	16.12
1←3	7	61	8.89	23.89	18.10
1→10	6	67	10	26.99	19.65
2→4	6	73	11.11	29.65	21.19
4→10	6	79	12.22	32.30	22.73
7→9	6	85	13.33	34.96	24.28
1←8	6	91	14.44	37.61	25.82
2←7	6	97	15.56	40.27	27.36
2←3	5	102	16.67	42.92	28.47
2←9	5	107	17.78	45.13	29.57
6←7	5	112	18.89	47.35	30.67
1→2	4	116	20	49.56	31.33
1→6	4	120	21.11	51.33	31.99
1→8	4	124	22.22	53.10	32.65
4←10	4	128	23.33	54.87	33.30
6←9	4	132	24.44	56.64	33.96
1→7	3	135	25.56	58.41	34.18
2→8	3	138	26.67	59.73	34.40
3→4	3	141	27.78	61.06	34.61
3→5	3	144	28.89	62.39	34.83
5→6	3	147	30	63.72	35.04
6→8	3	150	31.11	65.04	35.26
6→9	3	153	32.22	66.37	35.48
1←5	3	156	33.33	67.70	35.69
1←10	3	159	34.44	69.03	35.91
2←6	3	162	35.56	70.35	36.13
4←6	3	165	36.67	71.68	36.34
4←9	3	168	37.78	73.00	36.56

Cause-effect relation	F	CF	CPR	CPF	P
5←8	3	171	38.89	74.34	36.77
*7←9	3	174	40	75.66	36.99
2→3	2	176	41.11	76.99	36.77
2→6	2	178	42.22	77.88	36.54
2→7	2	180	43.33	78.76	36.31
3→7	2	182	44.44	79.65	36.09
3→8	2	184	45.56	80.53	35.86
5→7	2	186	46.67	81.42	35.63
5→10	2	188	47.78	82.30	35.41
6→10	2	190	48.89	83.19	35.18
7→8	2	192	50	84.07	34.96
9→10	2	194	51.11	84.96	34.73
1←2	2	196	52.22	85.84	34.50
1→9	2	198	53.33	86.73	34.28
3←7	2	200	54.44	87.61	34.05
3←9	2	202	55.56	88.50	33.82
4←5	2	204	56.67	89.38	33.60
5←9	2	206	57.78	90.27	33.37
8←10	2	208	58.89	91.15	33.15
1→9	1	209	60	92.04	32.48
2→5	1	210	61.11	92.48	31.81
2→9	1	211	62.22	92.92	31.14
3→6	1	212	63.33	93.36	30.47
3→9	1	213	64.44	93.81	29.80
3→10	1	214	65.56	94.25	29.13
4→6	1	215	66.67	94.69	28.47
4→7	1	216	67.78	95.13	27.80
4→9	1	217	68.89	95.58	27.13
1←4	1	218	70	96.02	26.46
2←4	1	219	71.11	96.46	25.79
2←10	1	220	72.22	96.90	25.12
3←5	1	221	73.33	97.35	24.45
3←10	1	222	74.44	97.79	23.79
4←7	1	223	75.56	98.23	23.12
4←8	1	224	76.67	98.67	22.45
5←6	1	225	77.78	99.12	21.78
8←9	1	226	78.89	99.56	21.11

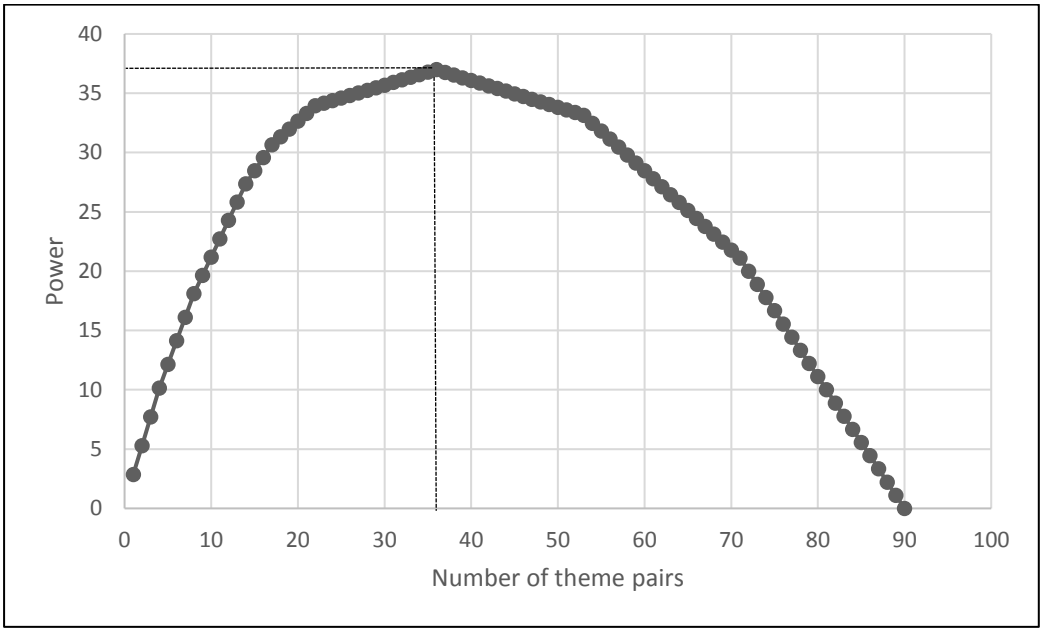
Cause-effect relation	F	CF	CPR	CPF	P
1→3	0	226	80	100	20
2→10	0	226	81.11	100	18.89
5→9	0	226	82.22	100	17.78
6→7	0	226	83.33	100	16.67
7→10	0	226	84.44	100	15.56
8→9	0	226	85.56	100	14.44
1←6	0	226	86.67	100	13.33
1←7	0	226	87.78	100	12.22
2←5	0	226	88.89	100	11.11
2←8	0	226	90	100	10
3←4	0	226	91.11	100	8.89
3←6	0	226	92.22	100	7.78
3←8	0	226	93.33	100	6.67
5←7	0	226	94.44	100	5.56
6←8	0	226	95.56	100	4.44
6←10	0	226	96.67	100	3.33
7←8	0	226	97.78	100	2.22
7←10	0	226	98.89	100	1.11
9←10	0	226	100	100	0

Note: *Power turning point; F = Frequency; CF = Cumulative Frequency; CPR = Cumulative Percent; CPF = Cumulative Percent frequency; P = Power

The power graph (Figure 2.1) visually shows the power analysis of the total of 90 possible relationships (or affinity pairs).

Figure 2.1

The Power Graph



Note. The maximum power of 36.99 was reached with the 36th theme pair (7←9).

An Inter-Relational Diagram (IRD) (Table 2.3) was then compiled to determine the position of themes within the hypothetical model. One primary driver (Theme 3; delta = 4) was found. Theme 1 (delta = 4), Theme 7 (delta = 2) and Theme 9 (delta = 2) were assigned as secondary drivers. These themes represented the strongest causal themes. Themes 6, 4, 5, 8, 10, and 2 were assigned as secondary outcomes. Based on the above-mentioned factors, the researchers decided that the existing data was sufficient to build a hypothetical model about the experiences of South African immigrants in England. The first hypothetical model was developed with all relational pairs and was based on the delta values indicated in the IRD.

Table 2.3

Interrelationship Diagram (IRD)

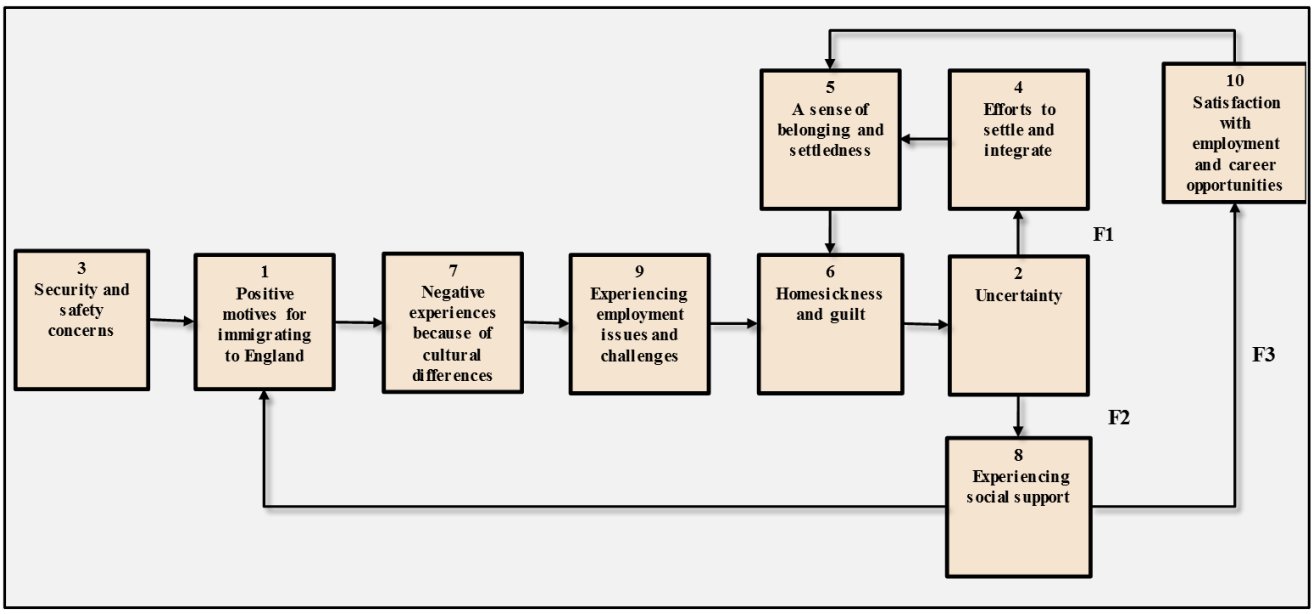
Theme	1	2	3	4	5	6	7	8	9	10	OUT	IN	Δ
1		↑	←	↑	↑	↑	↑	←		↑	6	2	4
2	←		←	↑		←	←	↑	←		2	5	-3
3	↑	↑		↑	↑						4	0	4
4	←	←	←		↑	←		↑	←	↑	3	5	-2
5	←		←	←		↑		↑		←	2	4	-2
6	←	↑		↑	←		←	↑	←		3	4	-1
7	←	↑				↑			↑		3	1	2
8	↑	←		←	←	←				↑	2	4	-2
9		↑		↑		↑	←				3	1	2
10	←			←	↑			←			1	3	-2

Note. The Interrelationship Diagram (IRD) indicates the direction of perceived influences between the ten themes and assigns positions in the model.

A cluttered SID was initially developed and was spread out in a circular fashion. Some links were considered redundant when alternative routes were available between two affinities via an intermediary affinity (Northcutt & McCoy, 2004). After redundant links were removed, the final conceptual model (an uncluttered SID) was developed (see Figure 2.2). The model serves as a hypothetical IQA model based on the subjective experience of South African immigrants about their experience in England in relation to their self-regulation. It is explorative and aims to explain the hypothetical relationships between themes.

Figure 2.2

Final SID



Note. The model serves as a hypothetical IQA model based on the subjective experience of South African immigrants about their experience in England in relation to their self-regulation. It is explorative and aims to explain the hypothetical relationships between themes.

According to the model, the process of immigration starts with s*ecurity and safety concerns* and these concerns, together with *positive pull factors of England*, motivate one to emigrate (to England). Two challenges then follow; first, *cultural differences and difficulties*, and second, *job challenges*. These challenges result in *homesickness and guilt* and *uncertainty*. The experience of *uncertainty* seems to be a critical point from which different self-regulation possibilities emerge, each feeding back into how immigration is experienced. On the one hand, uncertainty may increase *efforts to better integrate*, which increases *a sense of belonging and settledness* (feedback loop 1: F1 in Figure 2.2). On the other hand, *uncertainty* may lead to increased *social support* (perhaps through advice and support seeking) which then either reminds them of *positive motives for the decision to immigrate*

(feedback loop 2: F2 in Figure 2.2) or by increasing *job satisfaction* and *a sense of belonging and settledness* (feedback loop 3: F3 in Figure 2.2). Nonetheless, it is interesting to note that a *sense of belonging and settledness* (feedback loops 1 and 3) in turn contributes to the experience of *homesickness and guilt*. In this study, the feedback loop nature of the model most probably indicates that, for this group of participants, the experience is a dynamic, ongoing process of positives and challenges.

Discussion

It seems fitting that the model starts with security and safety because these concerns were reported in various literature studies as one of the main reasons for emigrating from South Africa (Barkhuizen & Knoch, 2006; Duxfield, 2013; Halvorsrud, 2014; Hicks, 2015; Khawaja & Mason, 2008; Pernice et al., 2000; Pernice et al., 2009; Philip & Ho, 2010; Small, 2015; Van der Vyver & De Villiers, 2000; Trlin, 2010; Wasserman, 2016). Security and safety concerns could explain why it emerged from the group discussion that feeling safe was a strong motivation to move to England. Literature (Duxfield, 2013; Groutsis & Arnold, 2012; Trlin, 2010; Wasserman, 2016) supported the fact that the prospect of security and safety could be a reason for many South Africans to migrate to a particular destination.

Although immigrants may have been positive about coming to England and the attributes of England, they also felt that they were treated differently or felt different because of cultural differences (e.g., accent) when they arrived or even later when they tried to settle in England. This may not have been expected, similar to those experiences of immigrants reported by van Tonder (2013), and van Tonder and Soontiens (2013). The same could be said for employment issues and challenges as one of the positive ‘pull’ factors of England may have been expectations of employment and job security, however, literature clearly shows that South Africans abroad experience several employment challenges (Kwankam, 2010, Trlin, 2010, 2012; Soontiens & van Tonder, 2014; van Tonder, 2013; van Tonder &

Soontiens, 2013). Some participants may have found these negative experiences unsettling, and it may have contributed to them experiencing feelings of homesickness and guilt. Winbush and Selby (2015) noted that stressors associated with migration could contribute to higher social, psychological, and economic 'costs' than initially anticipated, and it may also take longer to adjust than expected. Although negative feelings, such as feeling homesick, are described in the literature and could even be deemed a natural or expected response associated with migration in this sense, it may be that some South Africans did not expect the level of these feelings. One potential reason for this may be that they focused on the perceived similarities of the destination country and culture compared to South Africa (Duxfield, 2013; Trlin, 2010; Wasserman, 2016), and therefore did not expect the subtle differences in their new living and work environments.

In the model, cultural and job challenges, as well as homesickness and guilt eventually culminated in the experience of uncertainty. This concurs with several studies (Duxfield, 2013; Hicks, 2015 Philipp & Ho, 2010; Small, 2015; Wasserman, 2016) that report South African immigrants, despite being positive, having mixed or ambivalent feelings upon arrival in the country-of-settlement. Several South African immigrants reported that various practicalities need sorting out after arrival in their new country (Bennett et al., 1997; Rademeyer et al., 2009; Small, 2015).

Some participants might even have been reflecting on uncertainty about their decision to move, which supports findings that South African immigrants' reflections on the sacrifices they make, in turn meant that they would weigh up their migration choice (Duxfield, 2013; Wasserman, 2016). As indicated previously, uncertainty seems to act as a critical turning, reflecting, or changing point in participants' experiences, as it contributes to efforts to settle and integrate, as well as to seek and experience social support. Several immigrants in this study indicated that they made a conscious effort to settle and integrate when they

experienced ‘uncertainty’. Efforts to settle included having a positive attitude and being resilient, which supports Small (2015) who said that migrants generally view themselves as ‘courageous, creative, resourceful, strong and resilient’ people (p. 201), and Duxfield (2013) who described South African migrants as ‘courageous and resilient’ (p. 182). According to Castro and Murray (2010), resilience among immigrant populations is the ‘positive adaptation to the challenges and stressors of migration’ (p. 376), and entails persistent efforts to cope with a compound of stressors associated with the new environment. Resilience seems to be the capability to withstand and rebound from significant adversity and to also positively adapt to adversity (Walsh, 2002; Zautra et al., 2010).

The majority of participants used or made recommendations about having a pro-active approach as South African immigrants in England. Concepts such as ‘making own decisions’, ‘taking responsibility’, ‘making an effort’ were included in the qualitative answers of participants. These findings correlate with the description of sense of agency by Bandura (2001) in which the individual plays an active part in areas of ‘self-development, adaptation and self-renewal’ (p. 2). Some participants also advised on practical ways to integrate and deal with differences and *being an immigrant*. These strategies correlate with the coping style of ‘changing the situation’ described by Bennett et al. (1997).

The use of pro-active, positive strategies to deal with the immigration process could be explained from a self-regulatory, pro-active coping perspective where the individual plays an active role in adjusting to the situation. ‘People who are more inclined to make plans for the future and to see future possibilities and who have the tendency to set goals for themselves’ (Ouwehand et al., 2008, p. 33) are likely to use pro-active coping strategies. According to Aspinwall and Taylor (1997), problem-solving skills used as part of active coping may include ‘goal setting, organization, planning, parsing problems into their components, and mental simulation’ (p. 431). Immigrants may have experienced

discrepancies between their goals and actual outcomes; they may then have had to change or adjust their acculturation strategies to function more effectively in their new context. This confirms research by Forgas et al. (2009) who indicated that self-regulation promotes flexibility within the self and helps individuals adapt to their social environment. It is, therefore, not a surprise that participants perceived their efforts to settle and integrate as contributing factors to a sense of belonging and settledness (as indicated by the hypothetical IQA model).

Besides efforts to integrate, uncertainty also leads to 'seeking and experiencing social support', which may be an indication of the need for-, and elicitation of social support as a part of a coping strategy (see Bennett et al., 1997) when experiencing uncertainty regarding different aspects of immigration. Social support includes various sources, including other South Africans, family and friends, clubs or locals. Wulff and Dharmalingam (2008) found that South African and Zimbabwean migrants to Australia were more socially connected to their community than most other immigrants in their study. Various scientific literature supports the idea that social interaction and support is significantly important to South African immigrants (Barkhuizen & Knoch, 2005; Bennett et al., 1997; Duxfield, 2013; Philipp & Ho, 2010; Rademeyer et al., 2009; Small, 2015; Sonn, 1995; Trlin, 2012; van Tonder, 2013; Wasserman, 2016; Winbush & Selby, 2015).

According to the hypothetical model, social support has two consequences – first, it feeds back into the system by confirming or increasing 'positive motives for immigration to England' and, second, it contributes to the satisfaction with employment and career opportunities. Hypothetically, participants may have reflected on how social support and social networks influenced their motives for immigrating to England and linked them to their current employment. Existing literature shows that many South Africans immigrants already knew people in their destination country before leaving South Africa (Duxfield, 2013;

Groutsis & Arnold, 2012; Kwankam, 2010; Trlin, 2010; Wasserman, 2016). Both Small (2015) and Wasserman (2016) stated that South Africans often use internet networks (e.g., social network sites and forums) to seek advice relating to immigration aspects.

Employment often provides social interaction and Duxfield (2013), for example, suggests that employment could make the transition process into a new environment easier. This explains why, just like efforts to integrate, satisfaction with employment and career opportunities also contributes to a sense of belonging and settledness in this model. This might be because of support by work colleagues, the psychological value of employment, financial security or other employment benefits. Interestingly, participants perceived that a sense of belonging and settledness also contributes to experiencing feelings of homesickness and guilt, and eventually, uncertainty. This is difficult to explain but indicates that a sense of belonging and settledness is not the end of the immigration process, but could perhaps still make the South African immigrants aware of what they left behind (family, friends, and other positive elements of living in South Africa), thus explaining their seemingly ambivalent feelings towards the whole process. Consequently, it can be established that these constructs are interrelated by a feedback loop that can potentially continue indeterminably through the various stages of immigration, indicating the fluidity of the migration process. This may mean that the migrants adjust their behaviour according to what is required during the process of immigration, and thus correlates with literature about self-regulation (see Bandura, 2001).

Limitations

The study had limitations because the small sample size and the purposive sampling method means this study could not claim representativeness of the general population of South Africans in England. The limitation of using online questionnaires in research is that the questionnaire would most likely be completed by a more technologically capable sample group (see Wasserman, 2016). Even though every effort was made to ensure the online

questionnaire-process worked seamlessly, there was a short period of interruption to the 'save and continue' function. This issue was resolved quickly when the necessary measures were put in place. Although the IQA process was followed to ensure trustworthiness as described by Northcutt and McCoy (2004), it is important to emphasise that this model should still be considered as hypothetical only. The qualitative research method used to analyse the open-ended questions may have the limitation that replication in different contexts may return different interpretations. In this regard, it is important to note that the psychological acculturation process seems to be influenced by individual differences (Berry, 2005) and to emphasise that this study was explorative in nature.

Conclusion and Recommendations

This study aimed to explore the self-regulation and coping strategies of a sample of South African immigrants in England, and how they perceive the cause-effect relations between these different components of their adaptation. A hypothetical, conceptual model was developed based on how the immigrants perceive the cause-effect relations between the ten themes in the online questionnaire. Since immigration is described as a process (Rademeyer et al., 2009; van Tonder, 2013), it is not surprising that three distinctive feedback loops emerged from the IQA model. According to Northcutt and McCoy (2004), the distinction between drivers and outcomes is blurred within a feedback loop in that they all influence each other. It appears as if the affinities in this model are interconnected and operate together, a finding that could indicate the fluidity of immigration. The data indicates that, even when situations arise where immigrants may experience challenging situations, uncertainty or other emotions, such as homesickness and guilt, many still seem to make a conscious effort to settle and integrate and report a sense of belonging and settledness. Although the migration experience was not without challenges and may have even been harder for some than initially anticipated, it appears as if many immigrants use positive

strategies to deal with the dynamic immigration process. Subsequently, this could be explained from a self-regulation perspective where the individual plays an active role in adjusting to the situation. The ability to adapt to discrepancies between intended goals and present behavioural outcomes is fundamental to self-regulation (Botha, 2014). While no generalisations can be made from this hypothetical model, the information from this study could assist other South African immigrants in England, South Africans considering immigration, health professionals, researchers and policy-makers to better understand the experiences (both positive and negative) and the coping strategies of South African immigrants in England. Further research is recommended to:

- compare and potentially confirm findings of this hypothesised model, especially in other countries in the United Kingdom and worldwide,
- confirm the extent to which the model could be replicated, for example, through in-depth interviews and researching larger samples,
- explore the role of social and support networks (e.g., internet networks) in providing practical and emotional support to the South African immigrant, including online interventions or counselling, and
- develop intervention guidelines aimed at supporting South Africans by promoting self-regulation strategies and pro-active coping strategies.

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CHAPTER 4: MANUSCRIPT 3

The Development of Intervention Guidelines for Health Professionals Aimed at Promoting the Self-regulation and Coping Strategies of South African Immigrants in England

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Running head: CHAPTER 4: MANUSCRIPT 3

Abstract

Intervention guidelines for health professionals supporting South African immigrants in England were compiled by using a stepwise approach. Findings from Manuscripts 1 and 2 of this study formed the theoretical underpinning for these guidelines. The guidelines were explained from a combined person-centred and strength approach, and categorised into three key clusters, namely preparations before applying the guidelines, pro-active strategies, and reactive strategies. A double-round, modified, online Delphi method to assess the quality and relevance of the guidelines was used. The results indicated that there was a strong consensus in both rounds regarding the importance of inclusion and relevance of each guideline. Consensus levels were especially high in the second round with the majority of guidelines exceeding a 90% agreement level, meaning that all 14 guidelines were considered relevant by the health professionals and could be included in the intervention guidelines. This article will be concluded with a discussion of the study limitations and research recommendations.

Keywords: Intervention guidelines, health professionals, psychologists, counsellors, South African immigrants, England, self-regulation, coping, Delphi method

The challenges of immigration are widely reported in scientific literature (Berry, 1997, 2005; Bhugra, 2004; Maydell-Stevens et al., 2007), and include factors associated with migration that could negatively influence the mental health of immigrants (Berry, 1997; Bhugra, 2004; Bhugra & Becker, 2005; Maydell-Stevens et al., 2007). A rapid review conducted by Stephenson and Botha (see Chapter 2 of this manuscript) reported on South African immigrants' challenges during their immigration journey, a finding that supports earlier research.

Although South African immigrants may face many similar challenges to other immigrant groups, factors such as their reasons for emigration and other unique, contextual factors may differ (see Duxfield, 2013; Khawaja & Mason, 2008; Pernice et al., 2000; Pernice et al., 2009; Small, 2015; Wasserman, 2016)**.** Pre-migration factors and motives may not only influence the decision to leave South Africa but also their adjustment in a new destination country. From the rapid review, it is evident that immigration for South Africans is a multi-faceted and personal process affecting numerous areas of their lives.

Besides the findings of the rapid review about the experiences of South Africans in general, literature shows that migrants may choose to migrate to the United Kingdom and other developed countries because of employment and educational opportunities, factors inherent to their country of origin, joining relatives in the destination country, and other reasons (Bhugra & Becker, 2005). Kaplan and Höppli (2017) concluded that England was one of the top destinations for South African immigrants. However, despite the frequency of South African immigration to England (Durnford-Slater, 2015; Office for National Statistics,

2015, 2019), there is a lack of literature about intervention guidelines and recommendations for health professionals supporting South African immigrants in England.

Sonn (1995) advocated for the development of culturally-appropriate and sensitive services to support immigrants, while several other studies further advocated the need for support in the form of information or education about the migration process. Many emphasised the value of pre-migration preparation (Marchetti-Mercer, 2012, 2016; Small, 2015; Soontiens & van Tonder, 2014; Trlin, 2010; Winbush & Selby, 2015). Small (2015) identified a gap in immigration literature regarding supportive, preventive and therapeutic interventions focusing on South African immigrants. She proposed that areas of care such as medical, psychological, and spiritual needs to be included in a post-migration intervention programme aimed at South African immigrants in New Zealand.

The review indicated a lack of intervention guidelines to assist health care professionals in their support of South African immigrants and, significantly, also a great need for intervention guidelines for South African immigrants from the perspective of using coping as a self-regulatory behaviour. In particular, there was a scarcity of scientific literature pertaining to the psychological support offered to immigrants in England from a self-regulative perspective. Consequently, the aim of this study was to develop intervention guidelines for health professionals to promote the self-regulation and coping strategies of South African immigrants in England. The study employed both a person-centred and strengths perspective to develop the intervention guidelines to achieve this goal.

Person-centred Approach

From the late 1930s onwards, Carl Rogers developed *person-centred therapy* or *client-centred therapy* with the core assumptions that human organisms have the tendency to actualise and that a non-directive approach from the therapist or facilitator is needed to support growth and change (Tudor, 2012). Rogers' approach emphasises the counsellor-client

relationship where the client, together with the therapist, co-creates facilitative conditions that encourage 'growth, challenge and change' (Tudor, 2012, p. 321).

Shapiro and Shapiro's (1987) noted that various therapies with an interpersonal focus (such as client-centred therapies) share a fundamental belief that a key mechanism of change is the therapeutic relationship itself. Rogers hypothesised that if therapists try to accept their clients unconditionally without trying to change them, change will follow naturally (Elliott & Freier, 2007). From a research viewpoint, the person-based approach can aid the development of interventions by providing insight about how individuals in various situations view and engage with the intervention, for instance, by identifying relevant and useful elements of the intervention (Yardley et al., 2015).

Strengths perspective

In addition to, and in support of, a person-centred approach, the intervention guidelines focus on the strengths of individuals within a positive psychology framework. Positive psychology is defined as the 'study of optimal human functioning', and aims 'to better understand and apply those factors that assist individuals and communities to thrive' (Magyar-Moe, 2009, p. 1), and to flourish (Fredrickson, 2001; Keyes, 2002; Magyar-Moe, 2009). Positive psychology focuses on the continuing factors, causes, and learned components of psychological strengths (Feltham, 2012), and encompasses several interconnected aspects including resilience and experiences of positive emotions (Fredrickson, 2001). Also included in this framework is personal experiences linked to the past (such as well-being, contentment, and satisfaction), present experiences (for example flow and happiness), and experiences such as hope and optimism for the future (Seligman & Csikszentmihalyi, 2000). The broaden-and-build theory of positive emotions postulates that experiencing positive emotions are important to individuals' capacity to flourish in life and can contribute to personal growth and connection on a social level (Fredrickson, 2001).

In a study by Feltham (2012), positive psychology is described as ‘forward looking’ (p. 235), and emphasised the importance of acquiring coping skills aimed at preventing future problems, while Ouwehand et al. (2008) recommended studying individuals’ capability to identify future threats at an early stage, and their ability to use strategies to potentially assist the offset of prospective problems. This connects to the notion that, although immigrants mention several challenges associated with immigration, many still appear to possess a pro-active, optimistic stance about settling in their new country, making use of positive and pro-active coping strategies. The use of these coping strategies may be interpreted by an overarching self-regulation model.

Intervention guidelines focused on developing self-efficacy may prove beneficial in not only preparing immigrants for migration, but also influencing and encouraging the use of coping strategies to settle down in a new country (see Bennett et al., 1997; Small, 2015). Self-efficacy refers to an individual’s confidence in their capability to implement specific behaviours (Monninkhof et al., 2004). Bandura (2001) states that efficacy beliefs are the basis of human agency and postulates that they are a key component to shaping the course of an individual’s life by influencing the environments and activities that such individuals choose to become involved in. In this way, self-efficacy (as a self-regulatory process) may contribute to long-term behaviour changes. For example, when an individual repeatedly learns or experiences that they are successful in particular situations, their beliefs about similar, prospective situations may be positively influenced (MacKenzie et al., 2012).

According to Feltham (2012), positive psychology resonates with certain aspects of therapies that follow a cognitive-behavioural, humanistic, and solution-focused approach. Therefore, a combined person-centred approach and strengths perspective has great potential to assist South African immigrants adapt to their new country. Furthermore, it may contribute to the enhancement of their personal resilience and support optimal functioning. Since

various studies indicate that immigration is a personal journey, a combined approach implemented in a non-judgemental setting that pays attention to discovering and developing the individual's strengths and positive aspects may likely facilitate a sense of agency and also self-efficacy.

Aim

The study aims to develop scientifically-based intervention guidelines for health professionals to promote the psychological adaptation of South African immigrants in England.

Method

Research Design

The study followed a step-by-step, guideline-development approach (Wight et al., 2016) to develop, assess, and adjust the proposed intervention guidelines. During the first phase of this study, the researcher compiled intervention guidelines and recommendations aimed specifically at health professionals who support South African immigrants in England in terms of their experiences and challenges related to immigration. In this context, South African immigrants refer to those already living in England, but some of the guidelines may also be relevant to South Africans considering immigration. The guidelines were developed based on a rapid review and IQA (Chapters 2 and 3 of this study). The study also followed the steps of Wight et al. (2016) to guideline development while incorporating certain principles of the logic model framework (Gervais et al., 2015; Savaya & Waysman, 2005).

The second phase of this study used a modified Delphi method (Linstone & Turoff, 2002; Pezaro & Clyne, 2015) to gather expert feedback regarding the quality and relevance of the intervention guidelines. This entailed two rounds of Delphi in which health professionals were asked to complete online questionnaires. This was done to reach consensus about

including each guideline (see Appendix M). The results were then analysed and the guidelines subsequently refined and streamlined.

Procedure

Phase 1: Developing the intervention guidelines

The guidelines were developed based on the results of a rapid review and IQA (Chapters 2 and 3 of this manuscript) and criteria for evidence-based intervention guidelines. Fraser and Galinsky's principles (2010) for intervention research were adhered to and the resulting guidelines were thus developed in a systematic, rigorous, creative manner to identify purposive change strategies. These guidelines could advise healthcare decision-making and may be considered a foundation for future policy, planning, evaluation, and the improvement of quality (Gagliardi et al., 2015). These guidelines were developed and tailor-made for a specific context and audience, namely, health professionals supporting South African immigrants in England. The study did not focus on developing a structured and formal intervention approach and the resulting guidelines are not intended to replace the standard practices of psychotherapy or counselling, as related specifically to mental health issues. Instead, the study aimed to present complementary guidelines that may prove useful in the support of South African immigrants in England.

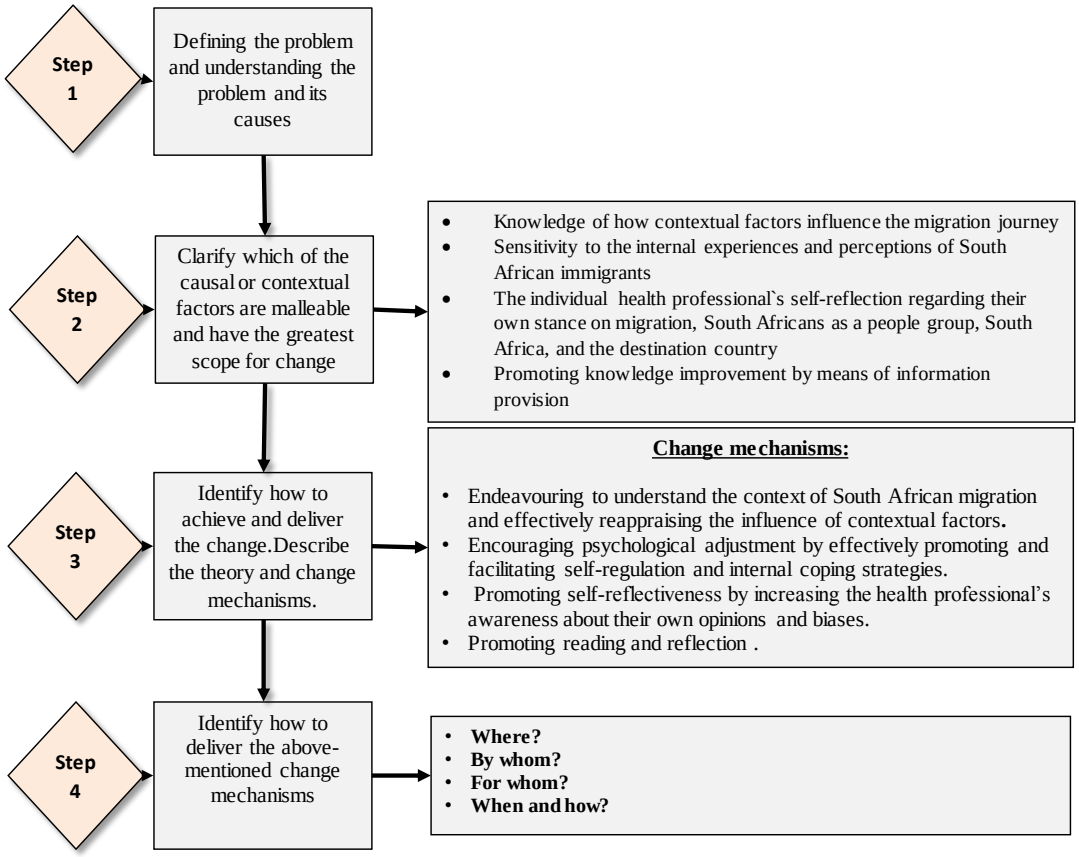
Steps in Developing the Guidelines. The first four steps of the principles of the model by Wight et al. (2016), formed a rough basis for the development of the guidelines. The final two steps of Wight's model were not applied, since the aim of the study was not the evaluation of a programme or intervention, however, the Delphi technique (Linstone & Turoff, 2002; Pezaro & Clyne, 2015) was applied to obtain expert feedback regarding the quality and

relevance of the intervention guidelines. This section explains the development of the guidelines (See the full guidelines in Appendix L).

The four steps in developing the guidelines are based on the steps identified by Wight et al. (2016, pp. 520–521) and depicted in Figure 3.1.

Figure 3.1

Steps in developing the guidelines based on Wight et al. (2016, pp. 520-521)



Note. This figure demonstrates the elements of developing guidelines by Wight et al. (2016, pp. 520–521) and how these steps could be incorporated in guidelines for health professionals supporting South African immigrants in England.

Step 1: Defining and Understanding the Problem and its Causes (Wight et al., 2016, p. 520). According to Wight et al. (2016), a starting point in developing interventions is clarifying the problem by examining existing research evidence. This step in the study was based on the problem statement stated in Chapter 1, (the orientation), and on the findings from Stephenson and Botha (as stated in Chapters 2 and 3) that highlight the lack of guidelines for health professionals, specifically regarding support to South African immigrants. Since certain challenges and demands seem unique to South African immigrants, it is advisable that health professionals possess knowledge pertaining to the South African context.

The initial driving forces behind this study were these gaps in knowledge or practical applications of intervention models aimed at improving South African immigrants' well-being:

- A gap in immigration literature focusing on South African immigrants has been noted by research (see Khawaja & Mason, 2008; Marchetti-Mercer, 2016; Small, 2015). The implication of this gap is that there is a need for intervention guidelines for health professionals to more efficiently support South African immigrants to cope with and adjust to their new country. It also appears there is a need for support of prospective South African immigrants even before their move to their destination country.
- The lack of international and local research, knowledge, or application of intervention guidelines for South African immigrants in England in terms of coping as self-regulatory behaviour perspective. Therefore, incorporating the positive qualities and pro-active coping efforts and approaches of South African immigrants (as mentioned in Stephenson and Botha, see Chapters 2 and 3 of this manuscript) may prove useful in the compiling of intervention guidelines.

Since the guidelines will eventually have to address specific issues, Step 1 is concluded by summarising the identified problem and causes, as described in the following paragraph.

Immigration is a complex and dynamic experience influenced by the individual's unique circumstances and the context of their migration journey. It further seems that migration challenges influence South Africans on both intra- and interpersonal levels and that immigration is a gradual process with unique challenges along the various phases (Stephenson and Botha, see Chapters 2 and 3 of this manuscript). By implication, this indicates that immigrants may need support during various phases of their immigration journey to deal with different types of uncertainties and challenges. Based on the lack of existing intervention guidelines and, as stated in the study's problem statement, it was deemed necessary to develop flexible guidelines with an awareness of- and sensitivity to context, rather than following a more formal or structured intervention programme. Because of this, the developed guidelines aimed to facilitate aspects that promoted psychological preparedness and well-being in a practical, preventive, and promotive way. Factors challenging South African immigrants' self-regulatory efforts was identified, and the intervention guidelines emphasised the development of appropriate strengths within an individual to promote their psychological growth and well-being. It is important to note that these guidelines cannot stand alone if the health professional detects underlying psychological distress or mental health issues that require a more appropriate psychological intervention.

Step 2: Clarifying which Causal or Contextual Factors were Malleable and had the Greatest Scope for Change (Wight et al., 2016, p. 522). The second step was to distinguish which factors identified in Step 1 had the greatest scope for change (Wight et al., 2016). The intention was that the guidelines from this study would emphasise the causal factors that

influence the issues South African immigrants may experience during their immigration journey. Identifying immediate or underlying factors that affect these issues can assist the health professional focus on crucial, changeable aspects in order to more effectively support immigrants. The guidelines aim to pay attention to those elements that can, most likely, be changed and for that reason, the focus was on factors that the immigrants themselves could change and control to some extent. These included both internal experiences and external factors that may affect internal experiences.

Health professionals should also be aware of contextual factors, as stated in Step 1, such as challenges and negative experiences related to the immigration process.

The relevant factors identified in Step 1 were broadly divided into four themes:

Theme 1: Knowledge of how contextual factors influence the migration journey. This theme included, for instance, the individual's background, culture, language, and motives for migration. It also took into account the unique background and attributes of both South Africa and England and included immigrants' awareness of cultural differences in their new country of settlement.

Theme 2: Sensitivity to the internal experiences and perceptions of South African immigrants. This theme included the emotions that influence 'settlement' in the new country; personal preferences (for example, social support, integration and a sense of belonging), and other demands or challenges to intrapersonal, interpersonal, financial, and employment levels. Therefore, the aim would be to encourage psychological adjustment by promoting and facilitating self-regulation and coping strategies.

Theme 3: Health professionals' self-reflection regarding their own stance on immigration, South Africans and South Africa, as well as the destination country (in this case, England). Health professionals must also consider their own perceptions and understanding of South African immigrants. The health professional would benefit from the knowledge that for some

immigrants, the immigration process may have been more difficult than anticipated, especially when considering the perceived similarities of the culture groups.

Theme 4: Promoting knowledge improvement by providing information. It will benefit the health professional to consider the ongoing and often complex nature of immigration when choosing relevant information for South African immigrants. The findings of Stephenson and Botha (see Chapters 2 and 3, this manuscript) imply that information and advice could benefit both potential and current South African immigrants at more than one point of their migration trajectory. This includes (a) information during the pre-migration phase (preparation phase); (b) information pertaining to practical issues in the new country (e.g., how to open a bank account, how the healthcare system works, where to access government policies such as visa requirements); (c) information about the immigration process itself; and (d) information related to where and how to access further support (e.g., social and employment support). It is clear that support by providing information and education about the immigration process is not just about providing practical guidance. It also has the potential to assist South African immigrants to understand their individual reactions to the often complex and isolating immigration experience.

Step 3: Identify how to Achieve and Deliver the Change. The third step was to determine how to accomplish the desired change by developing a theory and identifying change mechanisms (Wight et al., 2016). Change mechanisms were identified based on the challenges and demands identified in Step 2, and the researchers are mindful of the intended results or outcomes of each guideline.

Fraser and Galinsky (2010, p. 459) describe interventions as 'purposively implemented change strategies' and it is fitting that the third step by Wight et al. (2016) involves identifying change mechanisms to bring about the desired change. In the logic model framework described by Savaya and Waysman (2005) *outcomes* are the changes or

benefits in the target population of the programme, and examples of such outcomes include ‘changes in knowledge, perceptions, attitudes and behaviour’ (p. 87). Based on scientific literature on South African immigrants and current research findings, the researchers combined the person-centred approach and strength approach to compile guidelines. This combination appeared most relevant and beneficial to intervention guidelines aimed at health professionals providing support to South African immigrants. Therefore, it is strongly advised that the guidelines underscore the following core values of the two approaches:

- acknowledging the uniqueness of each individual’s immigration journey,
- promoting personal growth, well-being, and optimal functioning,
- acknowledging and building on strengths within the individual, such as self-efficacy, self-regulation and pro-active coping, as defined from a strength approach,
- recognising the value of the therapeutic relationship, and
- providing support within an empathetic and non-judgemental setting.

The health professional needs to be aware of and sensitive to unique contextual factors that may influence the immigrant’s immigration journey. A person-centred approach emphasising the client-therapist relationship, in which ‘the client experiences the therapist as someone who is accepting of the client’s subjective world, and who endeavours to understand the client’s experience and meaning system’ (Tudor, 2012, pp. 322–323) may contribute considerable value to the intervention guidelines.

Previous findings (Stephenson and Botha, see Chapters 2 & 3, this manuscript) indicated that South African immigrants would likely benefit from support and intervention guidelines that focus on their personal strengths; these include elements forming part of a positive psychology framework, such as self-regulation strategies. The aim of these guidelines is to expand personal resources and facilitate both coping and self-regulation efforts. It was therefore important to the study that the intervention guidelines not only focus

on addressing the challenges of immigration, but also emphasise the positive factors and strengths of individual from a strength perspective that will encourage proactive coping efforts and personal growth. They were to also facilitate a broadening of resources (see the 'broaden-and-build' theory, Fredrickson, 2013) by which immigrants can build on their continuing resources.

To help individuals identify their strengths, Magyar-Moe (2009) suggested that therapists can teach them to recount or reframe the narratives of their lives from a strength's perspective. This could be useful to South Africans who reflect on the different phases and 'turning points' of their immigration journey. Health Professionals such as psychologists and counsellors could supplement their current practices and therapeutic approaches with the guidelines since there appears to be an overlap in the practical application of the two approaches.

The four aspects identified in Step 2 were selected as the departure point for the exploration of the crucial change mechanisms since they showed the greatest scope for change. Each aspect was then applied according to a person-centred and a strengths approach.

The following change mechanisms were identified (see Appendix B for a more detailed description of the change mechanisms):

- Change mechanism 1: Endeavouring to understand the context of South African immigration and effectively reappraise the influence of contextual factors.
- Change mechanism 2: Encouraging psychological adjustment by effectively promoting and facilitating self-regulation and internal coping strategies.
- Change mechanism 3: Reflecting on the health professionals' own opinions and biases.
- Change mechanism 4: Promoting reading and reflection.

Step 4: Identified how to Deliver the Change Mechanism (Wight et al., 2016, p. 523).

Step 4 involved determining how best to implement and deliver the relevant change mechanisms (Wight et al., 2016). This included the clarification of conditions and resources necessary for delivering change. According to Fraser and Galinsky (2010), the internal logic of an intervention can be evaluated 'as the extent to which malleable risk factors are paired with change strategies of sufficient strength to produce positive outcomes' (p. 460).

At the completion of Step 4, all the information and elements were combined in an implementation framework to answer the questions listed below, such as where, who, and what exactly.

Where? In a counselling/therapeutic context that guarantees privacy, safety, and confidentiality such as specified by the professional organisation with which the health professional is registered. If the guidelines become part of online therapy, then professional therapy and counselling requirements, such as online confidentiality and privacy, should be adhered to.

By whom? Qualified health professionals who provide counselling and support to South African immigrants in England (or those planning to migrate to England) and who adhere to the inclusion criteria of this study. These criteria include being registered at professional bodies such as the Health Professions Council of South Africa (HPCSA) in South Africa, the Health and Care Professions Council (HCPC) in the United Kingdom, or other professional organisations for counsellors or psychotherapists, accredited by the Professional Standards Authority in the United Kingdom.

For whom? South African immigrants in England (or those planning to move to England).

When and how? The guidelines are not meant to be a final set of 'structured steps or activities', but rather flexible, useful guidelines. They are not intended to replace the standard

practices of psychotherapy or counselling, especially regarding mental health issues, but rather to serve as complementary guidelines in the support of South African immigrants in England. With this in mind, the guidelines could be combined with health professionals' current procedures, in a supplementary manner. Since the guidelines aim to be pro-active and facilitating, they should be implemented in an appropriate, adaptable way. Most of these guidelines could be tailored to an individual's specific immigration stage. However, when migration issues affecting the immigrant fall outside the scope of the health professional's practice and expertise, it is advised that they should be referred to another professional possessing the appropriate skills. These guidelines were specifically structured to ensure that they can be used during both face-to-face contact sessions and in online, supportive methods.

Table 3.7 contains a summary of the guidelines. See Appendix L and Appendix M for a detailed description of the guidelines in both rounds of the Delphi surveys.

Phase 2: The Delphi Method

The Delphi technique (Linstone & Turoff, 2002; Pezaro & Clyne, 2015) was applied to obtain expert feedback about the quality and relevance of the intervention guidelines. Rowe and Wright (2001) listed four characteristic features of a Delphi procedure, namely 'anonymity, iteration, controlled feedback of the panellists' judgements, and statistical aggregation of group members' responses' (p. 126). The use of the Delphi technique is flexible (Haggar, 2018), and researchers such as Pezaro and Clyne (2015) used modified versions of the Delphi design to allow experts to elaborate on their opinions. In this study, the Delphi was administered with an online web survey using QuestionPro (https:///questionpro.com), an online Software survey tool. This type of Delphi design could be categorised as an e-Delphi (see Hasson & Keeney, 2011). Online, modified versions of the Delphi technique (e-Delphi or online modified Delphi) are growing in popularity among

health researchers due to the time constraints of experts completing the questionnaires (Haggar, 2018).

Participants

Eligible participants for the Delphi survey were recruited via purposive sampling (Silverman, 2013) according to the inclusion criteria. This was followed by snowball sampling (Marshall & Rossman, 2011). Unambiguous inclusion criteria are critical when selecting Delphi panellists (Iqbal & Pipon-Young, 2009). With this in mind, the following inclusion criteria were stated in the research invitation and consent form (see wording in Appendix J and Appendix K):

- Participants (including health professionals involved in providing therapy or counselling) had to be professionally registered as a psychologist, psychotherapist, counsellor, or as a registered nurse or social worker who provided therapy or counselling,
- Participants had to originally be from either South Africa or England, while participants themselves did not have to be immigrants,
- Participants should have had practical experience of working with people from diverse cultures and backgrounds.

The researcher then compiled a list of professionals who met the inclusion criteria and emailed an invitation to the identified parties to be part of the Delphi panel (see the research invitation Appendix J). To expand and maximise the recruitment of panel members, participants were asked to forward the invitation to other relevant individuals (Iqbal & Pipon-Young, 2009). Next, interested individuals were encouraged to contact the researcher directly. This process resulted in eighteen potential panel members who indicated interest in joining the panel. All potential participants then received an email containing a password and a web-link to both the consent form and the online questionnaire. The questionnaire was

hosted on QuestionPro, an online software survey tool. Twelve professionals completed the first round of the Delphi process.

Since the Delphi technique requires continuous commitment from participants, a drop-out (attrition) rate of panel members often occurs between rounds (Belton et al., 2019; Hasson et al., 2000; Iqbal & Pipon-Young, 2009). This was anticipated by the researcher who kept regular contact with participants and sent them reminders to enhance and optimise the response rates in the Delphi rounds (see Belton et al., 2019; Iqbal & Pipon-Young, 2009; Hasson et al., 2000; Keeney et al., 2006). The second Delphi round saw the number of participants who completed the online questionnaire drop to ten. Nonetheless, the recommended number of Delphi panellists varies considerably in research (Francis et al., 2009; Linstone & Turoff, 2002) and both rounds of this study exceeded the minimum number of Delphi panel members suggested by literature (see Francis et al., 2009; Iqbal & Pipon-Young, 2009; Ogbeifun et al., 2016; Rowe & Wright, 2001).

The Delphi process

In this study, the Delphi process consisted of two rounds, and data collection was conducted in the period from the October 4, 2019 to December 16, 2019. Each round commenced with an information letter that stated the aim and content of that specific round, the estimated time investment, and a deadline for completion (see Appendix L and M). During the first round, the participants were invited to read a document presenting a brief explanation of how the 14 proposed guidelines were developed. Participants were then given the opportunity to read a document containing a more detailed description of the guidelines. Next, the panel members were invited to complete an online questionnaire in which they could respond to each individual guideline. This section of the questionnaire included an opportunity to rate their individual levels of agreement with the guidelines on a 5-point Likert Scale. Participants' levels of agreement covered aspects such as whether certain guidelines

should be included, revised, or left unchanged. Participants were also given the opportunity to elaborate and ruminate on their answers and add further comments and suggestions relevant to the guidelines (see Francis et al., 2009). This was done to ensure qualitative data that would supplement the quantitative data.

During the second round, the participants were given a revised list of guidelines. Each guideline was supplemented with an aggregate response of the consensus reached by all panel members in the first Delphi round (see Appendix M). Participants were asked to first read the revised version of the guideline document to determine the extent to which they agreed with the themes that had emerged from the data analysis, and to assess the accuracy and the relevance of the modified responses. As in the previous round, the participants were asked to rate each item on a Likert Scale and were afforded the opportunity to add comments or suggestions relating to each of the revised guidelines. Upon their completion of the questionnaire, they were given the chance to review and comment on the *ranking* of the guidelines, based on the *strongly agree* scores. Lastly, participants had the opportunity to prioritise the guidelines in order of the importance of each.

Data analysis

Typically, the Delphi process continues until consensus is reached (Igbal & Pipon-Young, 2009) and the researcher believes that either saturation levels have been met (Haggar, 2018) or stability in responses has been satisfactorily achieved (Rowe & Wright, 2001; Mubarak et al., 2019). There are no conclusive guidelines for establishing consensus in Delphi literature (Keeney et al., 2006; Pezaro & Clyne, 2015). Therefore, consensus could, for instance, be subject to the number of experts choosing the *agree* or *strongly agree* rating to a particular statement (Mubarak et al., 2019). The process used in this study involved a ‘guide of acceptability’ based on the inter-rater agreement score for each item in the

guideline. Consensus was pre-defined as the point at which at least 70% of the panellists rated the corresponding guidelines as *agreed* or *strongly agreed* on the 5-point Likert Scale.

The Delphi process would have been re-evaluated and repeated if the inter-rater agreement of 70% was not achieved for most of the intervention guidelines. The researcher followed the process of obtaining the percentage of absolute agreement to obtain inter-rater agreement, as described by Bajpai et al. (2015). This entailed calculating the number of times agreement was obtained on a rating, and then dividing it by the total number of ratings and, finally, multiplying the total by 100.

Thematic analysis (Braun & Clarke, 2006) was used to evaluate the open-text responses. The researcher incorporated findings into the refinement of the guidelines document (for the second Delphi round and for future recommendations) after having analysed the first round of the Delphi survey using inter-rater agreements and qualitative analysis (e.g., themes, suggestions, and recommended changes made by the panel).

Ethical Considerations

This study was approved by the Ethics Committee of the North-West University (NWU) (ethics approval number NWU-00365-16-A1) and conducted under the NWU's research protocol (see Appendix C). All participants received an informed-consent form relating to their voluntary participation in this research (Appendix K and M). Additionally, the high premise placed on confidentiality was explained, and it was stated that participants could withdraw from the study at any stage without having to provide a reason.

All participants had to complete a mandatory question before continuing with the password-protected, online questionnaire (see Appendix K). In this manner, potential panel participants were advised that their implied consent would be considered by completing the survey. Information about anonymity, feedback, and the dissemination of the results was described in the consent form. Participants had the choice to complete the questionnaire

anonymously. The consent form stated that their anonymity would be placed at risk since their details (such as email addresses or conversations) may contain certain identifying information.

To enhance the rigour of the Delphi technique and ensure confidence in the findings, findings were compared against other relevant evidence in published research (Hasson & Keeney, 2011). Recommendations about future research will be made to compare and test the study results. The theoretical basis of the questionnaire was developed by considering the retrieved scientific literature about South African immigrants and the researcher's previous studies (Stephenson and Botha, see chapter 2 & 3, this manuscript).

As suggested by Rowe and Wright (2001), panellists were experts with relevant field (domain) knowledge, and all participants' estimates carried equal weight and were equally and fairly aggregated to ensure the accuracy of the final forecast. Both researchers independently reviewed and analysed data as to minimise the possibility of bias. The entire process was transparent and potential biases were minimised by a continuous process of reflection. The main researcher was mindful to spend the necessary time, effort, and meticulousness when conducting the research and practiced self-reflexivity by continuously reflecting on her own personal values, predispositions, and biases regarding immigration. The researcher adhered to ethical procedures as related to the secure storage of hard and electronic copies of all data and recordings. Participants were informed that the results of the study would be used anonymously for a PhD degree thesis and would also be submitted for academic publication.

Results

As depicted in Table 3.1, all participants (n = 12) were registered with a professional organisation and, in Round 1, most (n = 10) had held (maintained) their professional

registration for over 10 years. The information in the table indicates their status as professionals in their field ('experts').

Table 3.1

Total Years of Professional Registration

Demographic question in Round 1: Total years of professional registration	1-10 year/s	11-20 years	21-30 years	31+ years
How long have you held (maintained) your professional registration as a psychologist, psychotherapist, or counsellor (or as health professional providing counselling)?	*n* = 2 (16.67%)	*n* = 6 (50%)	*n* = 4 (33.33%)	*n* = 0

Note. N = number of experts, % = percentage. Most participants held their professional registration for over 10 years.

As recommended by (Bajpai et al., 2015), the exact and adjacent agreement (in this case, *agree* and *strongly agree*) were used to obtain a more realistic measure of agreement. As depicted by Tables 3.2, 3.3 and 3.4, all the guidelines in both rounds had a rating scale of over 83% agreement and consensus was achieved for all 14. Since consensus was already reached for all guidelines in Round 1, the second round was used to validate the adjusted guidelines. Qualitative responses from Round 1 were incorporated in the refined guidelines for Round 2.

Table 3.2

Consensus among the Expert Panel in Round 1

Guidelines	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Combined: *Strongly agree* and *Agree*
Guideline 1	*n* = 9 (75%)	*n* = 2 (16.67%)	*n* = 1 (8.33%)	0	0	*n* = 11 (91.67%)
Guideline 2	*n* = 7 (58.33%)	*n* = 5 (41.67%)	0	0	0	*n* = 12 (100%)

Guidelines	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Combined: *Strongly agree* and *Agree*
Guideline 3	*n* = 7 (58.33%)	*n* = 5 (41.67%)	0	0	0	*n* = 12 (100%)
Guideline 4	*n* = 7 (58.33%)	*n* = 3 (25%)	*n* = 2 (16.67%)	0	0	*n* = 10 (83.33%)
Guideline 5	*n* = 10 (83.33%)	*n* = 2 (16.67%)	0	0	0	*n* = 12 (100%)
Guideline 6	*n* = 6 (50%)	*n* = 5 (41.67%)	0	*n* = 1 (8.33%)	0	*n* = 11 (91.67)
Guideline 7	*n* = 8 (66.67%)	*n* = 3 (25%)	0	*n* = 1 (8.33%)	0	*n* = 11 (91.67)
Guideline 8	*n* = 5 (41.67%)	*n* = 6 (50%)	*n* = 1 8.33	0	0	*n* = 11 (91.67)
Guideline 9	*n* = 8 (66.67%)	*n* = 4 (33.33%)	0	0	0	*n* = 12 (100%)
Guideline 10	*n* = 6 (50%)	*n* = 4 (33.33%)	*n* = 1 (8.33%)	*n* = 1 (8.33%)	0	*n* = 10 (83.33%)
Guideline 11	*n* = 6 (50%)	*n* = 6 (50%)	0	0	0	*n* = 12 (100%)
Guideline 12	*n* = 8 (66.6%)	*n* = 4 (33.33%)	0	0	0	*n* = 12 (100%)
Guideline 13	*n* = 7 (58.33%)	*n* = 3 (25%)	*n* = 2 (16.67%)	0	0	*n* = 10 (83.33%)
Guideline 14	*n* = 10 (83.33%)	*n* = 2 (16.67%)	0	0	0	*n* = 12 (100%)

Note. N = number of experts, A = *agree*, SA = *strongly agree*, % = percentage. All the guidelines had a rating scale of over 83% agreement and consensus was achieved for all fourteen guidelines in the first round of the Delphi survey.

Agreement levels improved in the second round and only Guidelines 7 and 10 failed to achieve 100% consensus. Interestingly, Guideline 7 was the only guideline that scored slightly lower in the second round than the first. During Round 2, participants could review the revised guidelines or revise the guidelines (e.g., changes, comments, or suggestions).

Table 3.3

Consensus among the Expert Panel in Round 2

Guidelines	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Combined: *Strongly agree* and *Agree*
Guideline 1	*n* = 8 (80%)	*n* = 2 (20%)	0	0	0	*n* = 10 (100%)
Guideline 2	*n* = 8 (80%)	*n* = 2 (20%)	0	0	0	*n* = 10 (100%)
Guideline 3	*n* = 10 (100%)	0	0	0	0	*n* = 10 (100%)
Guideline 4	*n* = 7 (70%)	*n* = 3 (30%)	0	0	0	*n* = 10 (100%)
Guideline 5	*n* =8 (80%)	*n* = 2 (20%)	0	0	0	*n* = 10 (100%)
Guideline 6	*n* = 9 (90%)	*n* = 1 (10%)	0	0	0	*n* = 10 (100%)
Guideline 7	*n* = 7 (70%)	*n* = 2 (20%)	*n* = 1 (10%)	0	0	*n* = 9 (90%)
Guideline 8	*n* = 8 (80%)	*n* = 2 (20%)	0	0	0	*n* = 10 (100%)
Guideline 9	*n* = 9 (90%)	*n* = 1 (10%)	0	0	0	*n* = 10 (100%)
Guideline 10	*n* = 5 (50%)	*n* = 4 (40%)	*n* = 1 (10%)	0	0	*n* = 9 (90%)
Guideline 11	*n* = 8 (80%)	*n* = 2 (20%)	0	0	0	*n* = 10 (100%)
Guideline 12	*n* = 8 (80%)	*n* = 2 (20%)	0	0	0	*n* = 10 (100%)
Guideline 13	*n* = 6 (60%)	*n* = 4 (40%)	0	0	0	*n* = 10 (100%)

Guidelines	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Combined: *Strongly agree* and *Agree*
Guideline 14	*n* = 8 (80%)	*n* = 2 (20%)	0	0	0	*n* = 10 (100%)

Note. N = number of experts, A = *agree*, SA = *strongly agree*, % = percentage. All the guidelines had a rating scale of over 90% agreement and consensus was achieved for all 14 guidelines in round 2 of the Delphi survey.

Table 3.4 shows the consensus among the expert panel in both Delphi rounds based on the sum (%) of the *agree* and *strongly agree* scores:

Table 3.4

Consensus among the Expert Panel in Both Delphi-rounds

Guideline	Round	Combined: *Strongly agree* and *Agree*	Consensus Reached?
Guideline 1	Round 1	91.67 %	YES
	Round 2	100%	
Guideline 2	Round 1	100%	YES
	Round 2	100%	
Guideline 3	Round 1	100%	YES
	Round 2	100%	
Guideline 4	Round 1	83.33%	YES
	Round 2	100%	
Guideline 5	Round 1	100%	YES
	Round 2	100%	
Guideline 6	Round 1	91.67%	YES
	Round 2	100%	
Guideline 7	Round 1	91.67%	YES
	Round 2	90%	
Guideline 8	Round 1	91.67%	YES
	Round 2	100%	
Guideline 9	Round 1	100%	YES
	Round 2	100%	

Guideline	Round	Combined: *Strongly agree* and *Agree*	Consensus Reached?
Guideline 10	Round 1	83.33%	YES
	Round 2	90%	
Guideline 11	Round 1	100%	YES
	Round 2	100%	
Guideline 12	Round 1	100%	YES
	Round 2	100%	
Guideline 13	Round 1	83.33%	YES
	Round 2	100%	
Guideline 14	Round 1	100%	YES
	Round 2	100%	

Note. Consensus was achieved for all 14 guidelines in both Delphi rounds.

Table 3.5 ranks the guidelines in order of importance of inclusion and relevance as evident from Round 1. The ranking is based on: first, calculating the average *strongly agree* scores; second, considering the combined *agree* scores, and; third, considering any qualitative input. In some instances, the scores were the same and were noted as such in the table below. In terms of the percentage of participants, 80% agreed with the ranking order of Table 3.5 and indicated that they would not want to change it. Only one participant offered an alternative rating, while another did not complete the question.

Table 3.5

Ranking Order of the Guidelines after Round 1

Guidelines	Ranking order in terms of perceived importance
Guidelines 5 & 14	1
Guideline 1	3
Guidelines 9 & 12	4
Guideline 7	6
Guideline 3	7
Guideline 2	8
Guidelines 4 & 13	9
Guideline 11	11
Guideline 6	12
Guideline 10	13
Guideline 8	14

Note. The guidelines are placed in order of importance of inclusion and relevance as evident from the participants' responses in Round 1.

The information in the Table 3.6 shows the additional questions in round 1 and the rating of each question.

Table 3.6

Additional Questions in Round 1

Question:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Prefer not to say
The use of the guidelines is understandable and sufficient.	*n* = 7 (58.33%)	*n* = 3 (25%)	*n* = 1 (8.33%)	*n* = 1 (8.33%)	0	0
The guidelines will help me to better support current South African immigrants in England.	*n* = 4 (33.33%)	*n* = 6 (50%)	0	*n* = 1 (8.33%)	0	*n* = 1 (8.33%)
The guidelines will help me in better supporting prospective South African immigrants planning to move to England.	*n* = 4 (33.33%)	*n* = 7 (58.33%)	0	*n* = 1 (8.33%)	0	0

Question:	YES	NO
Is there any feedback you would like to give with regard to further development of these guidelines? For instance, are there alternative guidelines that you would like to include in this list of guidelines?	*n* = 2 (16.67%)	*n* = 10 (83.33%)
Are there guidelines included that you do not think are representative of the kind of practice/interventions you would propose to implement with the target group? If so, which guideline/s? *Note :* One participant did not complete this answer while another commented that some of the guidelines are *'generic ones, which apply to all client groups'*	*n* = 1 (9.09%)	*n* = 10 (90.91%)
Based on your opinion as a health professional, do you think it could be beneficial for health professionals to include specialised training modules about support to immigrants (including cultural competency training) in their training programmes so as to be better prepared when working with immigrants?	*n* = 12 (100%)	*n* = 0

Note. N = number of experts, % = percentage. The majority (*n* = 10) indicated that the guidelines were understandable and sufficient. Ten participants reported that the guidelines would help them to better support current South African immigrants in England and 11 participants indicated that the guidelines would help them to better support prospective South

African immigrants planning to move to England. All the participants (*n* = 12) were positive about including specialised training modules for support to immigrants in their training programmes.

Fletcher and Marchildon (2014) highlighted the importance of participants' qualitative feedback in the Delphi method. The qualitative data of this current study indicated that the guidelines are not isolated components since the qualitative answers on the individual guidelines were often interwoven. The researchers used Braun and Clarke's (2006) definition of a theme as guidance '…something important about the data in relation to the research question, and represent some level of patterned response or meaning within the data set' (p. 78). After summarising the findings from Round 1, new themes and responses were identified that would contribute to the clarification and explanation of the existing guidelines.

No 'stand-alone' new themes emerged and, therefore, did not motivate adding extra guidelines to the second round. Instead, the researchers felt it would be more valuable to add recommendations and suggestions to the existing guidelines for the second Delphi round survey (see Appendix M). Besides recommendations about the content of the guidelines, there were also suggestions related to the wording of the guidelines. Since the intent of integrating the recommendations was to better explain the guidelines, final modifications also consisted of minor language and textual changes. There was less qualitative feedback in Round 2, and resonated agreement with the refined guidelines.

Qualitative responses from participants indicated the importance of a person-centred approach for example 'a non-judgemental curiosity would potentially overcome any gaps in understanding', '...important to know about each individual's circumstances and experiences...', and '…having a more in-depth understanding from where the individual comes from…'. Although participants were generally positive about the focus of the strength-based approach mentioned in Themes 9 and 10, a small number of participants (*n* =

2 in round 1 and *n* = 1 in round 2) recommended that the negative emotions and needs of an individual should be addressed before applying Guideline 10. The mention of acculturation strategies was interwoven in responses such as: 'It will, however, be almost more important to assist the South African immigrant to actually integrate and accept the host country's uniqueness, way of doing, etc., as soon as possible to ensure a sense of belonging and 'fit' to be established'.

A few participants noted issues that may require specialised intervention approaches and an understanding of the individual South African immigrant's context. For instance, two participants noted that South Africans may have experienced some trauma in South Africa '...many South Africans leave reluctantly, and/or with a history of trauma…'. Others noted the importance of dealing with losses; for instance, 'the process of mourning'. One participant mentioned the potential 'loss of identity', whilst another participant recommended that support should also be extended to South Africans considering a return to South Africa.

Several participants noted both the need and appreciation for this study's intervention guidelines. Statements such as '…future South African immigrants can benefit from a "softer landing" experience as a result…' were made. Some participants made recommendations about improving support to South African immigrants in England, specifically, such as the two following 'In my experience, immigrants have been totally unprepared for the reality of life in the UK, and the status, image and treatment of immigrants in the current political climate of the UK.'; 'A welcome package to the UK could include info about the IAPT service etc., and perhaps a buddy system to connect with South Africans who have been here for longer for guidance'. Various participants recommended that the support and information offered in the guidelines, should consider the needs according to the stage of the individual's immigration journey. For instance, one remarked that 'A welcome pack would be very useful. There could be several versions of it, tailored for immigrants at different life stages'. Another

participant noted the following about sharing information (the revised Guideline 12) '…the process of adjustment feels less emotionally exhausting and time consuming'.

Participants' qualitative answers regarding health professionals' biases and perceptions were summarised in the second Delphi round (Guideline 1). Upon reflecting on the revised wording of this guideline, one participant mentioned that the wording is appropriate as it may make health professionals aware of possible counter-transference. Another participant noted that '…health professionals might find that the strength of their own reactions surprises them, and they might find that they would benefit from taking this issue to supervision...' Suggestions were also made about the involvement of other professionals, including 'Thank you, valuable information. I do think it could be valuable to elaborate on a multi-disciplinary approach within these guidelines.'; 'However, I do think the health care professional should have a referral network where they can send the client for additional information gathering in this step if indicated'.

A few participants identified limitations to implementing the guidelines to their full extent. For instance, work and time commitment could prevent health professionals from acquiring general knowledge about culture-specific issues. During the second round, referring to the revised Theme 12, one participant emphasised the differences between South Africa and England and listed examples such as home sizes, sense of community, and the socialising preferences of work colleagues. Another noted that South African immigrants may find the public health system in England as being very different from the private health system they are accustomed to in South African, and added that some may prefer consulting a South African doctor or dentist.

Generally, participant responses were positive about the inclusion of specialised training modules aimed at offering support to immigrants in their training programmes so as to be better prepared when working with immigrants, which included cultural competency

training. For example, one participant reflected ‘In a highly mobile environment this aspect will become more applicable and necessary in future’, while another noted that ‘the cultural competency training could be general to the experience of migrants, as well as specific to any particular ethnic/cultural groups in the locality’.

Recommendations from both Rounds 1 and 2 could be used for future refinement and application of the intervention guidelines

Table 3.7

Guideline titles as specified in the final Delphi round

Guideline	Note: The underlined sections were added after the first round’s feedback
1	The health professional needs to reflect on her/his own biases, perception and stance on migration, South Africans as a people-group, South Africa, and/or the destination country.
2	It is important for health professionals working with South African immigrants to have knowledge of the specific context of this specific group of immigrants (e.g. pre-migration motives).
3	The health professionals need to acknowledge that the migration experience is unique for each individual based on their personal circumstances, contexts and stage of the migration journey itself.
4	Health professionals need to be sensitive to and knowledgeable about the cultural differences that set South Africans apart from the locals. In addition to support with cultural differences, health professionals also need to be able to support South African immigrants in cases of reported discrimination.
5	South African immigrants will most likely benefit from pre-migration preparation before emigrating and new arrivals may benefit from support regarding orientation to life in England.
6	In addition to providing psychological support as standard practice, health professionals need to be sensitive to the internal experiences and emotions of South African immigrants specifically related to migration. This also includes challenges and demands on an intrapersonal level.
7	Health professionals need to be aware of interpersonal demands and be sensitive to personal preferences regarding social support, integration and a sense of belonging of South African immigrants.
8	Health professionals need to be sensitive and alert to financial and employment demands and challenges of South African immigrants.

Guideline	Note: The underlined sections were added after the first round's feedback
9	Health professionals need to encourage psychological adjustment by promoting and facilitating pro-active coping strategies and self-regulation whilst taking into consideration that migration is an ongoing process with progressive phases.
10	Health professionals should focus on the individual's personal strengths as well as other positive factors such as the confirmatory qualities of 'being a South African immigrant' and positive attributes of England.
11	South African immigrants planning to move to England could benefit from information on general migration processes of South African immigrants in order to prepare them for the move.
12	Newly arrived South African immigrants in England could benefit from information on practical matters in their new country.
13	Current South African immigrants in England could benefit from general literature on immigration as well as information on the specific experiences of South African immigrants. This may help individuals find relevancy of their migration experiences and normalise their immigration journey.
14	Appropriate therapeutic support and/or referral need to be a priority when migration challenges affect the mental well-being of the South African immigrant.

Discussion

The guidelines developed in this study are categorised in three key clusters, namely preparations before applying the guidelines, pro-active strategies, and reactive strategies. This study used a two-round, modified, online Delphi method to assess the quality and relevance of each guideline. The findings indicated a strong consensus regarding the importance of inclusion and relevance of all the guidelines in both Rounds 1 and 2. Consensus levels were especially high in Round 2, with twelve guidelines achieving a 100% agreement level and two guidelines achieving a 90% agreement level.

The results highlight the significance of health professionals' awareness of their own feelings and experiences regarding immigration. It was, therefore, important to incorporate information related to these inherent factors in the proposed guidelines. According to Boysen (2009), the concept of bias seems central in research about multicultural competency. Participants' agreement with the first guideline and qualitative feedback seem to support

Boysen's (2009) emphasis on the existence of implicit bias among counsellors, and suggestion that counselling literature should report on both explicit and implicit forms of bias. Health professionals' self-awareness should include how their own perceptions, biases, and viewpoints may influence the support they give to South African immigrants. Such mindfulness can help them deliver support from a 'non-judgemental setting' (see Corey, 1991). This confirms the appeal by Winbush and Selby (2015) that professionals (e.g., counsellors and social workers) 'need knowledge of evidence-based practice, should use the strengths-based model, have non-discriminatory standards and cross-culturally competency' (p. 55). The empathetic understanding of this unique context is a predominant factor in the intervention guidelines to provide support to South African immigrants.

There was a 100% consensus in both rounds on Guideline 2 and 3. This finding was corroborated by Small's (2015) opinion that language may play a role when South African immigrants seek support, and several South Africans in Small's study (2015) noted their preference for South African psychologists and general practitioners. According to Sonn (1995), there is a need for psychologists and other social scientists to be made aware of the different levels of adaptation, and the various ways that individuals adapt to contexts. Guideline 3 suggests an individual approach is best with the awareness that migration is a unique and personal experience. This supports research by Yardley et al. (2015) which stated that developing interventions that focus on behaviour-change must be rooted in a sensitive awareness of the lives and viewpoints of individuals who will be applying the interventions. The findings also support the notion that it is important to empathetically understand the internal and personal frame of reference of the individual (Tudor, 2012). This empathetic stance also applies to Guideline 4, which deals with the need for health professionals' support in cases of discrimination or even perceived discrimination (Halvorsrud, 2014; Kwankam, 2010; Small, 2015; Wasserman, 2016).

In agreement with the literature, all participants agreed in both rounds that Theme 5 should be included and is relevant. This view is supported by literature such as the views of Trlin (2010) that argued that understanding of various aspects of relocation may lead to a more thorough understanding of the adjustment, adaptation, and settlement of South African immigrants. Regarding Guidelines 6 and 7, a high consensus affirmed the importance of support to South African immigrants regarding their internal experiences, emotions, and interpersonal demands. This affirmation is corroborated by Winbush and Selby (2015), who advised that guidelines and books related to coping with migration-related demands (e.g., grief, migratory stress, and culture shock) may help not only migrants, but also the practitioners working with them. Furthermore, findings suggested that another valuable source for health professionals to consider is previous literature describing the value of social connections for South African immigrants.

Various studies noted the importance of social engagement when planning support for South African immigrants. Sonn (1995), for example, advised that social support networks should be developed for immigrants, while Kwankam (2010) proposed the need for communication forums, like internet interfaces, to provide a network and information exchange on initiatives with others. From the qualitative responses during the first round, it was evident that the workloads of health professionals may not always allow them time to offer support related to employment. After adding more information to the guideline in Round 2, a 100 % consensus was achieved. In this regard, Wasserman (2016) referred to the importance of employment services that help South African immigrants in Australia with specific employment issues.

In terms of Guidelines 8 and 9, consensus was reached that correlates with Magyar-Moe's (2009) opinion that developing internal and external assets are being promoted by assisting individuals to realise they have the power to make important changes in their life.

These two guidelines seem to incorporate the strengths approach by promoting strategies such as self-regulation and pro-active coping. In this respect, earlier research (Aspinwall & Taylor, 1997) stated that in instances where stressful events cannot be avoided, those who engage in pro-active coping will usually experience better adjustment than those who do not. From the qualitative findings, it became clear that some health professionals are cautious about using the strengths approach in isolation, and advise that support working through negative emotions and experiences may sometimes take priority.

The final cluster consisted of two parts, namely (a) improving/promoting knowledge improvement by means of information provision, and (b) assessment and referral. All the guidelines in this cluster reached consensus and supported the literature. For example, several studies advocated the need for support in the form of information or education about the migration process, and many further emphasised the value of pre-migration preparation (Marchetti-Mercer, 2012, 2016; Small, 2015; Soontiens & van Tonder, 2014; Trlin, 2010; Winbush & Selby, 2015). It seems important for immigrants to be welcomed and orientated in a new country (Small, 2015; Wasserman, 2016) since this may help immigrants form social connections and receive support from the South African community (Small, 2015). Reception and orientation programmes based on social engagement could help South African immigrants connect with locals (members of the host country) (Wasserman, 2016). The results of Guideline 14 were consistent with those of Winbush and Selby (2015), who advised that guidelines and books on coping with migration-related demands (e.g. grief, migratory stress and culture shock) could help, not only migrants, but also the practitioners working with them. Qualitative findings supported most of the quantitative findings and participants also agreed that it may be beneficial for health professionals to include specialised training modules related to support of immigrants in their training programmes, including cultural competency training.

In their Delphi-study aiming to develop psychosocial guidelines following disaster, Bisson et al. (2010) concluded that a methodological approach based on achieving consensus about guideline development (such as the Delphi method) should by no means 'replace a genuinely evidence-based approach or restrict efforts to achieve this'(p. 72). Therefore, it is important to note that this study and its recommended guidelines are not intended to replace the therapeutic interventions deemed necessary by the health professional.

Limitations

This study has certain limitations that have to be considered before a final conclusion is reached. While the small sample size and the purposive sampling method imply that the study cannot claim representativeness of all health professionals, it should be noted that these limitations are inherent to the Delphi technique (see Hsu & Sandford, 2007; Pezaro & Clyne, 2015). The use and application of online questionnaires have certain limitations in research, such as partiality towards more technologically savvy individuals with computer access (see Wasserman, 2016). To avoid elements of ambiguity, a 5-point Likert Scale was used and in a conscious effort to minimise bias, both researchers interpreted the results. The qualitative research method, which is used to analyse open-ended questions, may also present with limits, and replication in different contexts may return different interpretations. It is also important to note that the psychological acculturation process *per se* appears to be influenced by individual differences (Berry, 2005) and emphasise that this study was explorative.

Conclusion and Recommendation

No consensus-based intervention guidelines for health professionals supporting South African immigrants during their immigration trajectory in England could be identified in scientific literature prior to this study. Therefore, the intention of this study was to address this specific research gap and compile intervention guidelines according to scientific literature and establish consensus among experts about the inclusion of each guideline. The

study implemented a step-by-step guideline-development approach (Wight, et al., 2016) to develop intervention guidelines and use a modified two-round Delphi method to achieve consensus. Change mechanisms were identified during the guideline-development phase. It is recommended that the guidelines are implemented from a combined, person-centred and strength approach. Qualitative feedback was used in Round 2 of the Delphi method to refine the guidelines and, in doing so, all guidelines achieved consensus. That is to say, they were all considered by participants to be relevant and could be included in the intervention guidelines.

This study aims to serve as a basis for future studies related to this subject. Furthermore, it is anticipated that it also serves as a first step to understanding the need for specific, immigration-related subjects in both the psychology and counselling curriculum. Future research should be done to:

- compare and potentially confirm findings of this hypothesised model. Future research should not be limited to the United Kingdom, but should also include other countries globally,
- evaluate the effectiveness of the intervention guidelines,
- focus on the cultural identity of South Africans and how it is influenced by migration; this is needed since cultural identity may be influenced by the migration process (Bhugra, 2004; Bhugra & Becker, 2005),
- compile guidelines for health professionals (e.g. counsellors and psychologists) for the use of online technology and web platforms when supporting South African immigrants remotely,
- compile a cultural competency training curriculum to enable health professionals to effectively render support to South African immigrants.

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Appendix B:

Change Mechanisms for the Development of Intervention Guidelines for Health Professionals Supporting South African Immigrants

Change Mechanism 1: Endeavouring to Understand the Context of South African Migration and Effectively Reappraising the Influence of Contextual Factors

Pre-migration factors appear to be unique to the South African context. It is therefore important that health professionals are aware of the unique context of South African immigrants because contextual factors such as the immigrant's background, culture, language, and migration motives may influence the immigrant's migration journey. It is also vital that the health professional be mindful of the unique historical background and features of both countries, namely South Africa and England.

A supportive, person-centred approach is recommended in which the South African immigrant can reflect on their own migration experience and resulting changes in a non-judgemental setting (see Corey, 1991). Therapeutic progress occurs when the client experiences both empathy and non-judgemental understanding (Tudor, 2012). From a strength perspective, Small (2015) reflected on how traits such as resilience, achievement-orientation, self-reliance, and a sense of self-efficacy preceding immigration have the potential to positively influence the immigration process. When following a strengths approach, the clients' ability to be resilient is recognised despite contextual challenges (Lyon, 2019). It is advisable that the health professional concentrate on the strengths and positive attributes of the individual and the positive attributes of South African immigrants in general, when supporting these immigrants.

In Small's study (2015), some South Africans noted their preference for South African psychologists and general practitioners. This may be because South African

professionals have an understanding of the South African context and their ability to speak their home language. Health professionals' empathetic understanding of the unique context may contribute to building rapport with the individual and in so doing, increase the client's sense of being understood. It is recommended that South African-based psychologists explore creative options such as online counselling techniques to provide online support to South Africans living abroad.

Change Mechanism 2: Encouraging Psychological Adjustment by Effectively Promoting and Facilitating Self-regulation and Internal Coping Strategies

This mechanism emphasises the importance of making an effort to understand the internal experiences and perceptions of South African immigrants in order to more effectively promote clients' internal self-regulation and positive coping strategies. Health practitioners must appreciate and recognise the factors influencing the manifestation of negative emotions in South African immigrants. Forgas (2013) argued that negative affect often has adaptive functions and benefits, depending on the circumstances. It therefore appears as if health professionals should, first, allow the expression of negative emotions, second, understand the role they play for the individual and, third, guide the clients towards a different appraisal of the negative emotion. Issues that affect the well-being of South African immigrants should be considered and dealt with in a professional, supportive, and sensitive way.

Duxfield (2013, p. 181) indicated that 'people may experience migration in different ways'; therefore, from a person-centred perspective the health professional (e.g. counsellor) should allow individuals to express their negative emotions, frustrations, and challenges without judgement. They should also aim to empathetically understand the internal and personal frame of reference of the individual (Tudor, 2012). South African immigrants' perceptions, personal preferences (for example regarding social support, integration, and a sense of belonging), and other demands and challenges (encompassing challenges on

intrapersonal, interpersonal, financial, and employment levels) may influence 'settlement' in their new country. Because of this, it will be beneficial for the health professional to endeavour to understand the internal experiences and perceptions of South African immigrants and effectively promote their clients' internal coping skills.

From a strengths perspective, the ability to adapt to discrepancies between intended goals and present behavioural outcomes is fundamental to self-regulation (Botha, 2014). This may mean that the immigrant should be guided towards determining new life goals after migration. Findings further indicated that, since migration is a personal journey, intervention guidelines focusing on developing self-efficacy could be beneficial in both preparing for migration and coping in the new country. The health professional may also find it beneficial to encourage individuals to explore the notion that they have the ability to cope with and manage current and future challenges. To support this notion, Bennett et al. (1997) hypothesised that the coping strategies chosen by the immigrant participants in their study, may have been influenced by the degree to which they perceived themselves to have control over the processes and problems associated with relocation to New Zealand.

Change Mechanism 3: The Health Professional's Capability to Reflect on Own Opinions and Biases

This change mechanism promotes the health professionals' self-reflectiveness about their own stance on migration, South Africans, South Africa, and England by considering their perception and understanding of South African immigrants in England. A person-centred approach in which the counsellor, by being self-congruent, models and invites congruency from the client would be beneficial since this will allow for a trusting relationship. Health professionals should be aware that, although migration is complex and potentially stressful, many South Africans can cope effectively and view their move as positive. Therefore, the goal should be to provide clients with the necessary information,

skills, support, and confidence to improve their decision-making, and enhance their feeling of control and agency, rather than focusing on pathology.

Health professionals should know how their own subjective experiences of immigration and their views influence their relationship with South African immigrants. They should, endeavour to develop a non-judgemental attitude when supporting South African immigrants. Furthermore, they may themselves benefit from the knowledge that the immigration process may have proved more difficult for some immigrants than what was initially expected (especially considering the perceived similarities of the culture groups). Therefore, such clients will, appreciate an empathetic and non-judgemental approach.

Change Mechanism 4: Promoting Reading and Reflection

Providing information and education about the migration process and life in a new country entails more than practical guidance or improving one's knowledge; it also has the potential to assist South African immigrants in understanding their reaction to the often complex and isolating migration experience. Such insight could help clients normalise their experiences after arrival (see Small, 2015). It may also assist them to prepare for the effects of immigration on a psychological level (van Coller, 2002), and could encourage them to tap into social support structures, forums, and social networks. Winbush and Selby (2015) stated that accessible information on the impact of culture-shock and coping with loss and grief associated with migration will benefit migrants. The same authors advised that guidelines and books on coping with migration-related demands (such as grief, migratory stress, and culture-shock) could help, not only South Africans that moved to a new country, but also the practitioners working with them.

The health professional should know the uncertainties and practical concerns associated with the migration process itself and provide information that may support or even alleviate anxieties and uncertainties. Small's study (2015) underscored the importance of

information and education about life in a new country and establishing a basic infrastructure. Research by Soontiens and van Tonder (2014) maintained that a basic induction, support, and education may quicken the assimilation process of the South Africans immigrant and may also alleviate anxieties and uncertainties around practical and policy issues in a country that operates differently to South Africa.

Providing immigrants with information in a supportive setting could promote a sense of self-efficacy, which considers the individual as the agent of change (see Bandura, 2001). In a practical sense, this may mean that when receiving necessary information, a process may be set in motion in which the immigrant learns to access further support themselves. It appears as if assistance with employment-related demands in a foreign country may also benefit South African immigrants (Small, 2015; van Tonder & Soontiens, 2013; Wasserman, 2016). This may be another area in which the health professionals would be able provide information and education in terms of aspects such as where to access employment assistance.

CHAPTER 5

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The study was motivated by the identified gap in literature on the immigration experiences of South African immigrants and how they cope with immigration, especially from a self-regulative perspective. Although a considerable number of South African-born people reside in the United Kingdom (Durnford-Slater, 2015; Office for National Statistics, 2015, 2019), most of the existing research seems to focus on South Africans moving to Australia or New Zealand. Very limited scientific literature exists about interventions specifically aimed at supporting South African immigrants during their migration journey. For that reason, one objective of this study was to compile intervention guidelines for health professionals supporting South African immigrants residing in England.

Self-regulation as a resource for adapting to challenging contexts (in this case, moving to a new country) is central to this study. Various approaches to self-regulation exist and, in this study, it was mainly conceptualised as the primary mechanism of psychological adaptation, including proactive and reactive coping efforts. Self-regulated behaviour, such as goal setting and attainment (Karoly, 1993, 2010), agency and self-efficacy beliefs (Bandura, 2001) were explored in this study. According to Bandura (2001) efficacy beliefs are the basis of human agency and can influence an individual`s choice of activities and environments. This is in line with the notion that self-efficacy, as a self-regulatory process, can contribute to behaviour change (Monninkhof et al., 2004). As a result of trying to proactively and/or reactively cope with changes brought on by acculturation, some long-term adaptations may be achieved (Berry, 2005).

The general aim of this study was to explore and evaluate the psychological adaptation and acculturation processes of South African immigrants in England, and to develop intervention guidelines for health professionals in this regard. In the next section, the three articles presented in Chapters 2, 3, and 4 are summarised and incorporated within the context of the larger study overall. The final section will present the limitations and recommendations.

Chapter 2: Manuscript 1

Chapter 2, as the starting point, aimed to explore the available scientific evidence on the experiences and challenges of South African immigrants regarding their acculturation experiences and psychological adaptation in their destination countries. The second aim was to explore the content, nature, effects, and limitations of current intervention models aimed at improving the well-being of South African immigrants. A rapid review was conducted and 25 articles that met the inclusion criteria were identified for the final inclusion in this study. Data was analysed from a qualitative thematic analysis approach. Seven themes related to aim 1 and two themes related to aim 2 were identified.

The main findings of Chapter 2 were:

- Pre-migration factors could have a negative effect on the acculturating individual (Pernice et al., 2000; Pernice et al., 2009; Small, 2015). Many South African immigrants found the administrative and practical aspects of moving (Small, 2015; Trlin, 2010) and leaving family and friends (Bennett et al., 1997; Duxfield, 2013; Wasserman, 2016) challenging.
- Numerous demands, stressors, and adjustments marked the immigration process for South Africans (Duxfield, 2013; Small, 2015; Trlin, 2010; van Tonder, 2013; van Tonder and Soontiens, 2013; Wasserman, 2016). In this respect, it seemed as if challenges and demands were experienced on both intra- and interpersonal levels and

often resulted in experiencing negative feelings. These immigration experiences included challenges related to:

  - employment (Bennett et al., 1997; Duxfield, 2013; Kwankam, 2010; Small, 2015; Soontiens & van Tonder, 2014; Trlin, 2010; 2012; van Tonder, 2013; van Tonder & Soontiens, 2013; Wasserman, 2016),
  - social interaction and support (Barkhuizen & Knoch, 2006; Bennett et al., 1997; Duxfield, 2013; Hicks, 2015; Philipp & Ho, 2010; Small, 2015; Trlin, 2010); language (Barkhuizen, 2006; Barkhuizen & Knoch, 2005; Barkhuizen & Knoch, 2006; Duxfield, 2013; Trlin, 2012), and
  - family conflict and/or relationship issues following migration (Duxfield, 2013; Philipp & Ho, 2010; Small, 2015). Some South African immigrants also reported negative experiences that could possibly be linked to cultural differences (Barkhuizen & Knoch, 2006; Bennet et al., 1997; Duxfield, 2013; Halvorsrud, 2014; Hicks, 2015; Small, 2015; van Tonder & Soontiens, 2013; Wasserman, 2016).

- Despite challenging experiences and demands, numerous South African immigrants were positive about their decision to immigrate and they seemed positive about their destination country. Many immigrants appeared to adjust to their changing situation by using positive strategies and drawing on personal strengths. From this perspective, South Africans reported various coping strategies and approaches that helped them settle and adjust in their new country (Bennnett et al., 1997; Duxfield, 2013; Kwankam, 2010; Philip & Ho, 2010; Rademeyer et al., 2009; Sonn, 1995; Small, 2015; Soontiens & van Tonder, 2014; Trlin, 2012).

Not surprisingly, from this review it became evident that immigration is a unique, ongoing, and individual process with many phases (Duxfield, 2013; Hicks, 2015; Small,

2015; van Tonder, 2013; van Tonder & Soontiens, 2013). It was apparent from this review that there is a paucity in research regarding intervention models aimed at improving South African immigrants` quality of life and subsequently also their well-being. More specifically, the lack of scientific evidence regarding the experiences of, and the support to South African immigrants in England informed the development of Manuscript 2 and subsequently also Manuscript 3. It also seems that the gap in acculturation research regarding South African immigrants from a positive psychology perspective could be addressed by focussing on acculturation and psychological preparation from a self-regulation perspective.

Chapter 3: Manuscript 2

Chapter 3 aimed to explore the self-regulation and coping strategies that a sample of South African immigrants in England applied to adapt psychologically to the acculturation-process. The theoretical point of departure for this study was the view that the migration experiences of South African immigrants, the associated stressors thereof, and the efforts to cope and settle in a new country, are dynamically related. To achieve the aim from this perspective, Interactive Qualitative Analysis (IQA) (Northcutt & McCoy, 2004) was applied as method to develop a conceptual, hypothetical model based on the cause-effect relations between the different components of immigration experiences and subsequent psychological adaptation. The study consisted of two phases in which a small discussion group identified themes that were combined with themes obtained from scientific literature (Chapter 2: Manuscript 1 of this study) to compile an online questionnaire. Ten themes were included in the online questionnaire, which was completed by eleven participants. A frequency analysis was conducted based on the account of the cause-effect relationship between the themes and a hypothetical model was developed.

The model suggests that the process of immigration starts with security and safety concerns and these concerns, together with positive pull factors of England, motivate

individuals to emigrate (to England). Two challenges then follow; first, cultural differences and difficulties, followed by job challenges, which result in homesickness, guilt and uncertainty. The experience of uncertainty seems to be a critical point from which different self-regulation possibilities emerge, each feeding back into how immigration is experienced. On one hand, uncertainty may increase efforts to better integrate, which increases a sense of belonging and settledness while, on the other hand, it may lead to increased social support (perhaps through seeking advice and support). The increase in social support may subsequently remind them of positive motives for the decision to immigrate or may feed back into their experience by increasing job satisfaction and a sense of belonging and settledness. A sense of belonging and settledness, in turn, contributes to the experience of homesickness and guilt.

The three distinctive feedback loops that emerged in this model, may indicate the fluidity of immigration and confirm the statement by Rademeyer et al. (2009) that adaptation to a new country is a continuous process over time. Essentially, this implies that the migration experience for South African immigrants is a dynamic, ongoing process of regulating one's behaviour amidst the uncertainties, challenges, and positive immigration experiences. It is important to emphasise that the model is only hypothetical and generalisations to other populations cannot be made. However, the model is a first step in explaining the subjective experience of South African immigrants during their experience in England in relation to their self-regulation.

Chapter 4: Manuscript 3

The aim of the third and final article was to develop scientifically-based intervention guidelines for health professionals for the psychological adaptation of South African immigrants in England. A stepwise development of intervention guidelines for health professionals aimed at facilitating and promoting self-regulation and coping strategies of

South African immigrants in England was followed. The guidelines were based on the findings of Manuscripts 1 and 2 of this study. The guidelines are intended to improve the quality life and well-being of South African immigrants in England. Some elements of these guidelines are also appropriate for South Africans planning to move to England.

A guideline development approach was followed according to the steps identified by Wight et al. (2016) while, at the same time, incorporating certain principles of the logic model framework (Gervais et al., 2015; Savaya & Waysman, 2005). Four change mechanisms were identified during the guideline development phase and the final guidelines were categorised into three key clusters, namely preparations before applying the guidelines, pro-active strategies, and finally reactive strategies. The guidelines were explained from a combined person-centred and strengths approach.

Qualitative feedback obtained from round one (the discussion group) was used to refine the guidelines for round two and all the guidelines achieved consensus in both rounds. By implication, this meant that all fourteen guidelines were considered relevant and could be included in the intervention guidelines. Qualitative findings supported most of the quantitative findings and health professionals agreed that it could be beneficial for health professionals to include specialised training modules about support to immigrants (including cultural competency training) in their training programmes. These guidelines are intended to provide specific information to health professionals who are supporting or intend to support South African immigrants in England. They are meant to be flexibly integrated into the health professional`s existing professional procedures and therapeutic or counselling practices.

Limitations of the Study

Since no study can claim complete flawlessness, several possible limitations were encountered in this study. While working on Manuscript 1, the researchers had to consider limitations of a rapid review and in this particular study, they were identified as follows (a)

languages other than English were excluded from the search; (b) relatively few studies (*n* = 25) were included; (c) although a thorough search strategy was applied, studies meeting the inclusion criteria may not have been noted; (d) very limited results emerged from the selected articles regarding intervention models aimed at improving South African immigrants` wellbeing. Consequently, any conclusions regarding 'evidence' had to be carefully and contextually drawn; furthermore, no specific comparative conclusions could be made regarding intervention models. However, this mere precaution serves to highlight the lack of available data in this respect.

In Manuscript 2, the main limitation was the relatively small sample size (especially the discussion group). Therefore, this study cannot claim representativeness of the general population of South African immigrants in England. Although a larger sample size for the discussion group would have been preferable, the small group allowed for an in-depth group discussion that lead to rich, conversational content. Additionally, the findings obtained from the online questionnaire responses validated the relevance of the themes that were initially included. Although using online questionnaires also has limitations (see Wasserman, 2016), it is important to emphasise that this study was explorative and, therefore, should be only seen as hypothetical.

Manuscript 3 was envisioned right from the outset as being explorative. Its aim was to provide a starting point for the development of intervention guidelines for health professionals supporting South African immigrants in England. As per Manuscript 2, the small sample size and the purposive sampling method means this study cannot claim representativeness of all health professionals. In addition, the use of online questionnaires may present certain limitations, as does the qualitative research method followed. This means that, for example, replication of this study in different contexts may return different and varied interpretations. However, it is important to note that the study strictly followed the

Delphi-process and a 5-point Likert scale was used to avoid potential ambiguity. Taking this into account, the researchers interpreted the results carefully to minimise bias and ensure accuracy.

A critical consideration is that immigration *per se* is an individual process (Berry, 2005), and experiences vary from person to person. Despite the few limitations identified, this study not only contributes to a more thorough understanding of South African immigrants, but also contains valuable feedback regarding intervention guidelines to support South African immigrants in England.

Integrated Conclusion

In conclusion, it is clear that immigration is a multi-faceted, dynamic and personal experience. This study indicates that immigration is experienced as both demanding and challenging, while also highlighting numerous positive immigration experiences that were evident. From a self-regulatory perspective, it seems as if many South Africans experience a discrepancy between important life goals and their current situation in their destination country, specifically as related the migration journey (e.g., experiencing 'feeling settled', and a sense of home). They may also feel uncertain about practical aspects of their move or even if they have made the right choice to migrate. However, many still appear motivated to achieve their life goals and many use positive strategies to draw on personal strengths to adjust more effectively to their new situation in their destination country.

Since immigration is a unique experience for each individual, coping efforts and psychological adaptation to acculturation are influenced by the individual`s context. In the context of this self-regulatory explanation, guidelines were developed to address the identified gap in existing intervention guidelines. These new guidelines are intended to help health professionals support South African immigrants in England from a self-regulative perspective. The guidelines were compiled to elicit a sense of agency within the individual

immigrant by promoting coping styles and self-regulation strategies. In light of the notion that immigration is a dynamic and personal process, guidelines such as these may promote a flexible approach to, and emphasise the consideration of each immigrant`s unique immigration context, personal experiences, and coping efforts.

Contribution of the Study

One of the main contributions made by this study includes an in-depth understanding of the immigration experience and psychological adaptations of South Africans from a self-regulatory perspective. The IQA-based hypothetical model sheds new light on the subjective experience of South African immigrants in England as it relates to self-regulation and how this relationship between various concepts may unfold over time. This study further highlights the importance of strategies and approaches from a strength-based model (e.g., self-regulation, coping, and resilience) to deal with the complexity of immigration and could inform health professionals supporting South Africans immigrants.

Manuscript 3 addressed a gap in literature and focused on how best to support South African immigrants in England by developing intervention guidelines. It provided vital information into whether the health professionals who were part of the Delphi-panel, deemed the intervention guidelines helpful and relevant. In summary, most of the panel members felt that the guidelines could help them to better support South African immigrants currently in England or prospective South African immigrants planning to move to England. The research conducted can hopefully assist not only health professionals, but also researchers and policy makers to better understand the experiences (both positive and negative), coping, and coping challenges of South African immigrants in England.

Since the research aimed to provide information about the unique immigration-processes and adjustment of South Africans to England, the study could potentially also contribute to improving the experiences and knowledge of other South African immigrants,

whether currently residing in England or planning to move to England. Providing such individuals with relevant information in a supportive setting may set in motion a process in which an immigrant may themselves access further support, promoting a sense of agency as described by Bandura (2001). This study identifies a need for health professionals to include specialised training modules about support to immigrants (including cultural competency training) in their training programmes to better prepare themselves for working with immigrants. In addition, it is foreseen that this study may serve as motivation for specific, immigration-related subjects to be added to existing psychology and counselling curriculums. This study aimed to provide a solid foundation for future research into the specific process of immigration as it relates to South Africans. It is hoped that this study will encourage more thorough research to address the existing gap in literature on the development of interventions specifically designed for South Africans immigrants.

Recommendations for Further Research

Further research is recommended to improve the understanding of some of the dynamics explored in this study. The hypothetical model developed during this study may inform future research, and its generalisability should be assessed and verified within other contexts. Further research is recommended to confirm the extent to which the hypothetical IQA-model could be replicated, for example, through in-depth interviews and researching larger samples. Evaluating the developed guidelines is recommended and further research is encouraged in the:

- development and evaluation of additional intervention guidelines for supporting South African immigrants (for instance, more specific self-regulation and pro-active coping strategies),
- cultural identity of South Africans and how this is influenced by the migration journey,

- compilation of guidelines for counsellors and psychologists regarding the use of online technology and web platforms when supporting South African immigrants remotely,
- role of social and support networks (such as internet networks, forums, and groups) in providing practical and emotional support to South African immigrants, and
- content of a cultural competence training curriculum for health professionals specifically aimed at supporting South African immigrants.

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APPENDICES

Appendix C: Ethics Approval Letter

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom,
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Institutional Research Ethics Regulatory Committee
Tel: +27 18 299 4849
Email : Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF STUDY

Based on approval by **Health Research Ethics Committee (HREC)** on **24/01/2017** after being reviewed at the meeting held on **16/11/2016**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby **approves** your study **with conditions** as indicated below. This implies that the NWU-IRERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective.

Study Leader/Supervisor: Prof KFH Botha
Student: E Stephenson

Ethics number: N W U - 0 0 3 6 5 - 1 6 - A 1
(Institution / Study Number / Year / Status)

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single study
Commencement date: 2017-01-24 **Risk:** Minimal

Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation up to a maximum period of three years.

Special conditions of the approval (if applicable):

- Due to the phased nature of the research, the applicants will have to amend the methodology to be used throughout the study by submitting amendment requests to the HREC for each of the following aspects as they are finalised i.e. a) the intervention procedure, b) the questions for the individual interviews, c) the questionnaire to be implemented and d) the specific questions for the in-depth interviews for stage 3. These amendment requests have to be approved by the HREC before being implemented in the study.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The study leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HREC:*
  - *annually (or as otherwise requested) on the monitoring of the study, and upon completion of the study*
  - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *Annually a number of studies may be randomly selected for an external audit.*
- *The approval applies strictly to the proposal as stipulated in the application form. Would any changes to the proposal be deemed necessary during the course of the study, the study leader must apply for approval of these amendments at the HREC, prior to implementation. Would there be deviated from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility the NWU-IRERC and HREC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the study;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the study are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the HREC or that information has been false or misrepresented,*
    - *the required amendments, annual (or otherwise stipulated) report and reporting of adverse events or incidents was not done in a timely manner and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*
- *HREC can be contacted for further information or any report templates via Ethics-HRECApply@nwu.ac.za or 018 299 1206.*

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the IRERC or HREC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA Du Plessis
Digitally signed by Prof LA Du Plessis
Date: 2017.02.10 09:28:28 +02'00'

Prof Linda du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

Appendix D:

Research Advertisement for the IQA Discussion Group

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

SOUTH AFRICANS, come and share your experience of LIVING IN ENGLAND!

Research Participants Required

South African immigrants living in England are invited to take part in a study to increase the understanding of the experiences of South African immigrants, and to develop a coping-skills programme specifically aimed at South Africans in England.

Individuals who meet the following criteria are invited to partake in the study:

(i) Adults that were born in South Africa and subsequently moved to England;
(ii) living in England for between 6 months and 20 years; and
(iii) the intention to stay in England on a long-term basis

For the purpose of confidentiality: **Please contact me directly** on my E-mail or telephone number even if you respond to this advertisement via a club, forum or webpage (e.g. do not respond via a chairperson or leave your details for partaking in the research on the website).

Individuals who are interested are welcome to contact me (Elanza Stephenson) for more information about this study at:

E-mail: elanzaphd@gmail.com

Mobile phone: 0787 9274 891

Appendix E:

Consent Form for the IQA Discussion Group

HREC Stamp

PARTICIPANT INFORMATION LEAFLET TO THE PARTICIPANTS OF THE RESEARCH STUDY ENTITLED: ***Acculturation and psychological adaptation*** **of** ***South African immigrants in England: a self-regulation perspective*****.**

AND

CONSENT FORM TO PARTICIPATE IN AN IQA-DISCUSSION GROUP, SEMI-STRUCTURED INDIVIDUAL INTERVIEWS AND POTENTIALLY THE INTERVENTION-PHASE AS PART OF ABOVE-MENTIONED STUDY.

Research Title: *Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective*

REFERENCE NUMBER: NWU-000365-16-S1

POSTGRADUATE STUDENT: Elizabeth (Elanza) Stephenson

ADDRESS: 34 Loders Close, Poole, BH17 9BF, United Kingdom.

CONTACT NUMBER: 07879274891 (UK number)

You are hereby invited to take part in a research project that forms part of the researcher`s Doctor of Philosophy (PhD) degree in Psychology at the Potchefstroom Campus of the North-West University. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free

to decline to participate. If you decline to participate, this will not affect you negatively in any way. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU) Potchefstroom** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

The aim of this study is to explore and evaluate the psychological adaptation of South African immigrants in the England during acculturation, and to develop and evaluate a program aimed at promoting their proactive coping- and self-regulation strategies.

In more general terms this means that this research will increase the understanding of the experiences, coping and coping challenges of South African immigrants in England, and will provide information of their unique immigration-processes and adjustment to England. As mentioned, the study will also aim to develop and evaluate a coping-skills development programme specifically aimed at South Africans in England.

The first phase (the IQA discussion group) will involve one discussion group session, completing a questionnaire individually and individual interviews. If the participant is also part of the second phase (the intervention-phase) it will be required of the participant to keep a journal in which he/she will note his/her experience for the duration of the skills development programme. In addition, individual interviews and the completion of a questionnaire will be performed with the participant immediately before, immediately after and three months after completion of the intervention. The discussion group session, discussions and interviews will be audio-recorded and conducted in private room/s.

The researcher will be trained in IQA facilitation group interviewing and the promoter, Professor Karel Botha is an experienced IQA researcher. In addition, the researcher will also be assisted during the data generation interviewing by Professor Botha. Information for phase 2 will be collected by the researcher who completed her Master's degree in Clinical Psychology and is registered as a clinical psychologist at the Health Professions Council of South Africa.

Why have you been invited to participate?

You have been invited to take part in this research because you are a South African immigrant living in the UK. You have also complied with the following inclusion criteria:

For phase 1 (the IQA discussion group sessions):

- adults that were born in South Africa and subsequently moved to England;
- living in England for between 6 months and 20 years ; and
- the intention to stay in England on a long-term basis.

The participant/s for phase 2 (the intervention phase) will be randomly selected out of the group of participants involved in phase 1 of this project and will have the same inclusion criteria as above-mentioned.

Only one participant from the same family will be included in the study in order to gain diversity in the sample and to ensure participants have the opportunity to give independent responses.

What will your responsibilities be?

You will be asked to attend an IQA discussion group session to identify factors relevant to participants` experience of their personal acculturation process and to identify the self-regulation strategies that is used by South African immigrants in England. As part of this IQA discussion group session you will be asked to individually think back to the time when you first decided to move to England, your actual move to England, and your emigration process up to now. You will be asked to write down your responses regarding the questions about your personal acculturation/emigration process. You will have the opportunity to reflect on your immigration journey, and identify and develop themes relating to the experiences of South African immigrants in England. The IQA-discussion group session will be facilitated by Prof. K. Botha and researcher. After the discussion groups, you will be asked to fill in a questionnaire individually and then have an individual interview. All the above activities will occur on the 6th day of July 2017. The researcher will schedule a meeting with you.

If you are part of the intervention-phase group you will be asked to keep a journal in which you will note their experience for the duration of the intervention. In addition, you will be asked to attend individual interviews and fill in a questionnaire immediately before, immediately after and three months after completion of the intervention. Interviews will be audio-recorded. The researcher will schedule the above-mentioned meetings with you at a time that is convenient for you. The intervention-phase will be a skills-development programme of approximately 7 sessions. Some of the sessions will be facilitated face-to-face by the researcher and some of the sessions will involve you completing modules on your own at home at your own pace. Each session (even those completed at home) will take around 30 minutes to complete.

Will you benefit from taking part in this research?

Although participants in phase 1 will not benefit directly, they will have the opportunity to share their experiences of immigration and to hear what coping strategies other immigrants use to improve their psychological adaptation. Participants in phase 2 will benefit directly as the proposed program aim to promote their proactive coping- and self-regulation skills.

The indirect benefit will be:

This research will provide more insight into the experiences, coping and coping challenges of South African immigrants in England. Taking part could improve the experience and knowledge for other patient's in the future as this research will help to identify the psychological adaptation of South African immigrants in the England during acculturation, and to develop and evaluate a program aimed at promoting their proactive coping- and self-regulation strategies.

Are there risks involved in your taking part in this research?

The study focuses on sharing your experience about your personal immigration/acculturation-process. You may feel less comfortable sharing this experience and coping challenges. Experiences during the intervention-phase will probably be positive only, as participants will be exposed to a context during which their coping skills will be facilitated. During both phases of this study, you have the right to only reveal the specifics about your immigration/acculturation-process that you feel comfortable sharing. Taking part in the study can in no way hurt you physically, and your personal details and information will be kept strictly confidential (secret) at all times.

The risks in this study are:

The risk of your identity being revealed will be prevented by doing interviews where no one else is around to ensure privacy, all your personal information will have a code, and only a few selected persons (not more than five) will have access to your information.

What will happen in the unlikely event of some harm/form of discomfort occurring as a direct result of your taking part in this research study?

Although the study will pose little risk or harm to individuals, debriefing and feedback sessions will be available where the process and outcomes of the study will be discussed with you. You will have the opportunity to receive a summary of the study`s results. You will be offered the chance to express any concerns or distress, which will not be recorded, on completion of the interviews. If you experience ongoing distress after interviews had been concluded, you will be advised to contact your general practitioner, a psychologist or a psychotherapist. Some local GP surgeries provide counselling, therapy

services or referral to local psychological therapies service (IAPT). In addition, the researcher will list support organisations on an information sheet available to you. A list of at least 2 independent psychologists or psychotherapists (not involved in the study) in England will be made available. The contact details (including Skype-details) of an independent South African based psychologist will be given to you.

Who will have access to your details?

Your information will be given a code and thus your personal particulars will not be used. The researcher will make sure that only a few people (researcher, supervisors, co-coder and translator) have access to your personal information. All information will be kept safe and locked at all times and people who have access to your information must sign a form of privacy in which they declare not to share or use any of your information for anything else than what you have signed for in this document. The findings of the researcher will be reported namelessly so that no one will know any of your details. Information will be kept safe and secure by keeping hard copies in locked cupboards and electronic information and recordings will be protected by a password. This study involves audio recordings of the interviews and IQA-discussion group. The audio-recordings will be stored securely and a copy of the recordings will be saved on a password protected flash-drive and kept in the safe of the COMPRES office of the North West University. As soon as your interview has been written down and saved on the password protected flash-drive, the original recordings will be deleted. Transcripts and quotes of your interviews that may be reproduced in this PhD degree thesis and resulting publications, will be anonymised. Pseudonyms will be used to report findings, and your name and other identifying information will thus not be revealed.

As the nature of discussion groups involve sharing information with other group members, only partial confidentiality and privacy can be ensured. The researchers will however take every precaution to maintain confidentiality of the data such as anonymising data in the dissemination of the study. Although there is a possibility that some of the other participants in the group may know each other, you will still be encourage to give yourself a pseudonym upon arrival that will be used during the group-process. You and your fellow participants will be encouraged to keep confidential what you hear during the meeting and to respect the privacy of their fellow participants. The process will be structured in such a way that you will in no way feel pressured to disclose personal information or sensitive issues, and you only share what you feel comfortable sharing within a group-situation.

What will happen with the information?

This is a once off collection and the information will be assessed by the researcher and supervisors, assisted by a co-coder who will also sign an agreement of confidentiality. After five years all your information will be destroyed.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the research and there are no costs involved for you. Participants during phase 1 (IQA) will receive a light lunch. Transport costs will be paid if you need to travel to the venue.

Is there anything else that you should know or do?

- Enquiries to the researcher: Elanza Stephenson at 078792 74 891 (UK), supervisor Prof Karel Botha at 0027 18 2991726.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 0027 18 299 1206; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- Participants will receive a copy of this information and consent form for your own records.

How will you know about the findings?

During the interview you will be able to indicate if you would like to receive feedback regarding the research or not. The researcher will contact you regarding the feedback.

Declaration by participant

By signing below, I ……..……. agree to take part in a research study entitled: *Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective***.** I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I understand that I will be included as a participant in the IQA discussion group sessions (phase 1), but not automatically in the intervention-phase (phase 2). I give my permission that the researcher can randomly select the participant/s for phase 2 (the intervention phase) out of the group of participants (myself included) involved in phase 1 of this project.
- I agree to the interviews and IQA discussion group being audio recorded.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) .....…..…….. on (date) ……...…….. 2016

....

Signature of participant **Signature of witness**

Declaration by the Researcher

I Elizabeth (Elanza) Stephenson declare that:

- I explained the information in this document to ……...
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I did not use an interpreter.

Signed at (place) .....…..…….. on (date) ……...…….. 2016

....

Signature of Researcher **Signature of witness**

Appendix F:

Research Advertisement for the IQA Online Questionnaire

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: http://www.nwu.ac.za

Psychology

Research Participants Required

South Africans, share your experience of living in England!

South African immigrants living in England are invited to take part in a study by completing an online questionnaire. This questionnaire will take approximately an hour to complete and will help compile guidelines and recommendations for health professionals regarding the immigration experiences of South African immigrants. Individuals who meet the following criteria are invited to partake in the study:

(i) Adults that were born in South Africa or spent most of their childhood in South Africa and subsequently moved to England;
(ii) living in England for more than 6 months; and
(iii) the intention to stay in England on a long-term basis

For the purpose of confidentiality: **Please contact me directly** on my E-mail or telephone number even if you respond to this advertisement via a club, forum or webpage (e.g. do not respond via a chairperson or leave your details for partaking in the research on the website). Please feel free to send this advertisement to any of your South African friends in England that may be interested in being part of this research.

Individuals who are interested are welcome to contact me (Elanza Stephenson) directly for more information about this study, to provide consent and a link to the questionnaire at:

E-mail: elanzaphd@gmail.com

Mobile phone: 0787 9274 891

Appendix G:

Consent Form for the IQA Online Questionnaire

HREC Stamp

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: http://www.nwu.ac.za

Psychology

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM TO COMPLETE AN ONLINE QUESTIONNAIRE

Research Title: *Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective*

REFERENCE NUMBER: NWU-00365-16-A1
POSTGRADUATE STUDENT: Elizabeth (Elanza) Stephenson
ADDRESS: 34 Loders Close, Poole, BH17 9BF, United Kingdom.
CONTACT NUMBER: 07879274891 (UK).

You are hereby invited to take part in a research project that forms part of the researcher`s Doctor of Philosophy (PhD) degree in Psychology at the Potchefstroom Campus of the North-West University. Before you decide, you need to understand why the research is being done and what it would involve for you. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. Feel free to inform the researcher via email (elanzaphd@gmail.com) or on her telephone number provided if you have any questions regarding any part of this project that you do not fully understand. Your participation is **entirely voluntary** and you are free to decline to participate. If you decline to participate, this will not affect you negatively in any way. You are also free to withdraw from

the study at any point, even if you do agree to take part. After reading through the information, you will have the option at the end to click to participate in my research.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU) Potchefstroom and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

The aim of this study is to explore and evaluate the psychological adaptation of South African immigrants in the England during acculturation, and to compile intervention-guidelines and recommendations for health professionals. In more general terms this means that this research will *increase the understanding of the experiences, coping and coping challenges of South African immigrants in England, and will provide information of their unique immigration-processes and adjustment to England.*

The first and second phases of stage 2 are already completed and involved a discussion group and individual interviews. During these phases, themes related to the experiences of South African immigrants in England were identified. In addition to literature, these themes were used to develop this online questionnaire. You are invited to be part of Stage 2, phase 3 which involves completing an online questionnaire via SurveyAnalytics / QuestionPro. Information will be collected by the researcher who is registered as a clinical psychologist at the Health Professions Council of South Africa. Data-analysis will be done in consultation with Professor Karel Botha.

Why have you been invited to participate?

You have been invited to take part in this research because you are a South African immigrant living in the UK. You have also complied with the following inclusion criteria:

- adults that were born in South Africa or spend most of their childhood in South Africa and subsequently moved to England;
- living in England for more than 6 months; and
- the intention to stay in England on a long-term basis.

What will your responsibilities be?

If you decide to participate you will complete an online questionnaire via Survey Analytics / QuestionPro. The questionnaire will take approximately an hour to complete.

- **IF YOU WANT TO TAKE PART IN THE STUDY**: To gain access to this questionnaire, you will have to give your voluntary consent by ticking the **YES** box below. Once you have ticked the Yes box, you will be redirected to a site that will request of you to enter a password. This is the password that was sent to you in the additional email. Once you have entered this password, you will be able to start answering the questionnaire. This is to ensure that access to your information remain restricted to you and the researcher. Access to the questionnaire will only be available for a short period (see Email). You will however receive an email from the researcher regularly to remind you to complete the questionnaire.

- **IF YOU DON'T WANT TO BE PART OF THE STUDY**: If you click on the **NO** box below, you will indicate that you do not wish to participate in the researcher study and therefore will not be granted access to the online questionnaire.

The online survey settings are set so that no identifying information (e.g. IP addresses) will be collected from respondents or their computers. Survey responses will therefore be anonymous. You will be asked to complete: (a) demographic questions; (b) your opinion about the themes; (c) questions measuring the perceived cause-and effect relationships between all the themes related to your experience as an immigrant; and (d) open-ended questions related to the coping and adjustment experiences of South African immigrants in England.

If after the questionnaire, you would like to clarify or elaborate on anything in the questionnaire, you have the option to contact the researcher via Email or on her mobile phone number. All the participants will have the option to fill in the questionnaire anonymously, but contacting the researcher will put their anonymity at risk as their email address or conversation may reflect certain identifying particulars or information.

Will you benefit from taking part in this research?

There will be no direct benefits to you as participant. The indirect benefit will be that this research will provide more insight into the experiences, coping and coping challenges of South African immigrants in England. This information will be used to provide intervention-guidelines and recommendations for health professionals regarding the immigration experiences of South African immigrants. Taking part could thus improve the experience and knowledge for other immigrants' in the future as this research will help to identify the psychological adaptation of South African immigrants in the England during acculturation.

Are there risks involved in your taking part in this research?

The study focuses on sharing your experience about your personal immigration/acculturation-process. Although taking part in this study can in no way hurt you physically, some risks may present.

The risks of completing the online-questionnaire in phase 3 of the study and the accompanied precautionary measures are outlined below:

Risks	Precautions
A. You may not understand the questions being asked or the manner in which the online questionnaire work.	A. You will be able to email the researcher any time during the research process to ask any questions or to raise any concerns. As soon as she receives your email, she will respond as soon as possible in order to clear up any misunderstandings. ***Please bear in mind that by emailing the researcher, your anonymity cannot guaranteed any longer.***
B. Depending on your answers, the online questionnaire can take approximately an hour to complete. It may be that you experience physical discomfort during this time.	B. You are encouraged and will be reminded to take regular breaks whilst completing the online questionnaire. This will be done to avoid experiencing any discomfort from sitting still too long. The online questionnaire will therefore provide you with the option of saving your data and logging on and off at your convenience.
C. The questionnaire focus on your immigration journey and you may experience emotional distress or discomfort during the answering of the online questionnaire.	C. Please see the next section as well. You have the right and are encouraged to only reveal the specifics about your immigration/acculturation-process that you feel comfortable sharing. You will be offered the chance to express any concerns or distress, which will not be recorded, after completing the questionnaire. Although the study will pose little risk or harm to individuals, research debriefing and feedback sessions will be available (upon request) where the process and outcomes of the study will be discussed with you.
D. Confidentiality	

D. Your personal details and information will be kept strictly confidential (secret) at all times. Online survey settings are set so that no identifying information will be collected from respondents or their computers (e.g. IP addresses). Survey responses will therefore be anonymous. *By emailing or phoning the researcher, anonymity can however not guaranteed any longer.*

If you are unsure regarding any part of this Information Consent Form or the questionnaire, you have the option to E-mail or phone the researcher at any time. Once the researcher has received your questions, she will contact you directly as soon as possible to make sure that your questions are answered in a sufficient manner. NOTE - ***Please bear in mind however that this might put your anonymity at risk***, as your email address or conversation may reflect some identifying particulars or information to the researcher.

What will happen in the unlikely event of some harm/form of discomfort occurring as a direct result of your taking part in this research study?

Although the study will pose little risk or harm to individuals, research debriefing and feedback sessions will be available (upon request) where the process and outcomes of the study will be discussed with you. If you experience ongoing distress after you completed the questionnaire, you will be advised to contact your general practitioner, a psychologist or a psychotherapist. Some local GP surgeries provide counselling, therapy services or referral to local psychological therapies service (IAPT). In addition, the researcher will list support organisations on an information sheet available to you with this questionnaire (see the attached document). A list of at least 2 independent psychologists or psychotherapists (not involved in the study) in England will be made available. The contact details (including Skype-details) of an independent South African based psychologist will be given to you.

Who will have access to your details?

Your information will be given a code and thus your personal particulars will not be used. The researcher will make sure that only a few people (researcher, promoter, co-coder and translator) have access to your personal information. All information will be kept safe and locked at all times and people who have access to your information must sign a form of privacy in which they declare not to share or use any of your information for anything else than what you have signed for in this document. The findings of the researcher will be reported namelessly so that no one will know any of your details. Information will be kept safe and secure by keeping hard copies in locked cupboards and electronic information and recordings will be protected by a password. Any names on E-mail addresses or other

personal information you choose to share with me via E-mail or telephonic conversation will not be linked to the questionnaires (as questionnaires will be completed anonymously). Transcripts and quotes of your answers that may be reproduced in this PhD degree thesis and resulting publications, will be anonymised. Pseudonyms will be used to report findings, and your name and other identifying information will thus not be revealed.

Only the researcher will have direct access to your online questionnaire. This is ensured by the password you will have to enter after giving your consent. The researcher, her promoter and an independent co-coder, will have access to the hard-copy responses. Your responses will however remain anonymous, meaning that no one will be able to trace the responses you gave on the online questionnaire back to you.

Further, after the study has been conducted the researcher will analyse all the data given by the different participants and construct a summary thereof in the form of a brochure. This summary will be sent to you, other individuals who exhibited an interest in the study and psychologists on the above-mentioned list of independent psychologists. After analysing and integrating the answers of participants, the data will be published in my PhD thesis and forthcoming academic articles and presentations. Therefore please take note that by giving your consent below, you agree that the responses that you gave may be shared (anonymously).

What will happen with the information?

This is a once off collection and the information will be assessed by the researcher and her promoter, assisted by a co-coder who will also sign an agreement of confidentiality. After five years all your information will be destroyed. Your online questionnaire will firstly be protected by your password. As soon as you are done completing the online questionnaire, your responses will be downloaded and stored on an encrypted file on the researcher password protected laptop. It will be stored in a safe at the researcher's residence, she therefore has exclusive access to it. Once all participants have completed their online questionnaires, the data contained in the questionnaires will also be deleted from the World Wide Web. After the study has been completed the downloaded information will be saved on a password encrypted USB drive and permanently deleted from the researcher's computer. The USB drive will be stored in the safe of the researcher. Your downloaded information will also be printed out in hard-copy format which will be stored in the same safe as the researcher's laptop. Your hard-copy questionnaire will also be destroyed after the study is completed.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the research and there are no costs involved for you.

Is there anything else that you should know or do?

- Enquiries to the researcher: Elanza Stephenson at 078792 74 891 (UK), promoter Prof Karel Botha at 0027 18 2991726.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 0027 18 299 1206; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.

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How will you know about the findings?

Once the study is completed, you will automatically be emailed a short, comprehensive summary, in the form of a brochure, of the results of the study. As the questionnaires will be filled in anonymously, the researcher will mail this summary to all the potential participants she sent the questionnaire to. Please Email researcher if you **do not wish** to receive this summary. Lastly, you are encouraged to phone the researcher if you have any questions regarding the results, bearing in mind that anonymity will then no longer apply.

Declaration by participant

By clicking on the Yes box below, I agree to take part in a research study titled ***Acculturation and psychological adaptation* of *South African immigrants in England: a self-regulation perspective***: I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I was given an opportunity to email or phone the researcher to clear up any misunderstandings or questions regarding the study or its procedures.
- I understand that taking part in this study is **voluntary** and that I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Your filling in this online questionnaire is implied consent.

☐ **YES** - I want to participate in this research study and I fully understand and agree with the terms and conditions outlined above. If your answer is yes, click the following link to start the survey: https://southafricanstudy.questionpro.com

☐ **NO** - I do not wish to participate in this study

Appendix H

The IQA Online Questionnaire

Survey: StephensonPhD

YES - I want to participate in this research study and I fully understand and agree with the terms and conditions outlined.

(If you do not wish to participate in this study, please select 'exit survey' at the top of the page.)

- Yes[2]

Thank you for agreeing to fill in this questionnaire that forms part of my PhD thesis named: *Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective.* Please remember to read the information and consent form of this research before filling in this questionnaire. All participants will have the opportunity to fill in the questionnaire anonymously and the answers of participants will be analysed and integrated. All data retrieved from the research project would be used anonymously in the publication of this PhD degree thesis and be submitted for publication in academic journals, papers or presentations.

Section A involves gathering biographic information about participants.

The information in section B originated from an IQA-group discussion with South African immigrants as well as from literature about studies involving South African immigrants. There are 10 themes. You will have the opportunity to reflect and comment on the themes if you wish

[2] *Note: The setting on the online version of this question was 'Force Response'*.

to do so. Feel free to agree or disagree or not comment at all. It is unlikely that all aspects will be applicable to all the participants in this study and you are welcome to state 'not relevant/applicable' where you feel appropriate. The themes are not an exhausted list of South African immigrants' experiences so feel free to add comments at the end of the section.

In section C of this questionnaire you will have the opportunity to indicate how you perceive the cause-and-effect relationships between all the themes.

In section D of this questionnaire you will have the opportunity to answer open-ended questions regarding the experiences and coping of South African immigrants in England.

When you are finished with the questionnaire, please select the 'done' button at the end of the questionnaire.

(If you exit without saving, it will be presumed that you do not wish you data to be used in the research. The researcher will then respectfully delete your data).

The answers you provide may be used to make recommendations for South Africans planning to move to England, or South African immigrants already in England. This information may be integrated in this study by writing intervention-guidelines for health professionals regarding the immigration experiences of South African immigrants. Participation in this study is totally voluntary, and you are free to only answer what you feel comfortable answering. You are also free to withdraw from this study at any stage. No personal identifiable information will be published. You are welcome to email or phone the researcher at any time during the research process to ask any questions or to raise any concerns. As soon as I receive your email, I will respond as soon as possible in order to clear up any misunderstandings and answer any questions. *Please bear in mind that by emailing the researcher, your anonymity cannot be guaranteed any longer.*

Thank you

Elizabeth (Elanza) Stephenson elanzaphd@gmail.com

STRICTLY CONFIDENTIAL

SECTION A : Biographical Questionnaire

It would be much appreciated if you could take some time to complete this questionnaire.

All information given will be treated as strictly confidential.

Please answer the questions below by selecting the appropriate box:

1. What is your gender?

- Female
- Male
- Other
- Prefer not to say

2. What is your age?

- 18-40
- 41-64
- 65+
- Prefer not to say

3. What type of citizenship do you have?

- South African
- British or Other
- Dual : South African/British
- Prefer not to say

4. What is your current work position?

- Studying
- Employment Full-time
- Employment Part-time

- Self-employed
- Not currently working
- Retired
- Other
- Prefer not to say

5. How long have you been in England?

- Less than 6 months
- More than 6 months, but less than 10 years
- Between 11 years and 20 years
- More than 20 years
- Prefer not to say

6. Were you born in South Africa?

- Yes, I was born in South Africa
- No, but as a South African citizen I spent most of my childhood in South Africa
- No, I was not born or raised in South Africa
- Prefer not to say

Please remember to save your work and take regular breaks whilst completing the online questionnaire.

SECTION B:

Please read through the following 10 themes and fill in the questions at the end of each of the themes

1. POSITIVE MOTIVES FOR IMMIGRATING TO ENGLAND

This theme relates to the positive motives (or so called 'pull'-factors) that caused immigrants to immigrate to another country because of the positive attribute of the new

country. These reasons and motives for immigrating could, for instance, be financial advancement, potential career prospects, and opportunities in the new country. Some participants may be excited with the prospect of exploring a new country. Immigrants may also consider the future of their children (e.g. more opportunities for children in England) and access to healthcare when they decide to immigrate. This theme is different from theme 3 which refers more to the so-called 'push' factors in South Africa itself.

Please answer the questions below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me
- Not relevant at all
- Not sure
- Prefer not to say

2. UNCERTAINTY

This theme about uncertainty is divided into two parts: a.) The process of immigration and b.) Practical concerns. This uncertainty may especially be evident during the initial stages of South Africans coming to England. The initial uncertainty regarding the immigration process is about: 'not knowing the system' and not understanding how things work in England. South African immigrants may, for instance, have questions about the medical system, (the NHS), or insurance in England. Other factors relating to immigration, such as passports and visas,may also contribute to feelings of uncertainty during the various stages of immigration and may lead to a certain amount of

nervousness. There may also be concerns about 'what might go wrong' and entering England for the first time on a South African passport and visa could potentially be quite nerve-racking for some. Practical concerns about factors such as accommodation and jobs may also be evident, as South African immigrants may not be sure 'what?,where?,and how?' things should be done.

Please answer the questions below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me
- Not Relevant
- Not sure
- Prefer not to say

3. <u>SECURITY AND SAFETY CONCERNS</u>

This theme relates to security and safety aspects. Factors concerning safety and security may not be the reason immigrants came to England, but once they have moved to England they may have a sense of safety that could either make them aware, for the first time, of the relative lack of safety in SA, or emphasise the safety concerns that they have had back in SA. Feeling safe and 'not looking over your shoulder'may be one of the positive aspects of living in England. Concerns about safety may influence immigrants' future intentions to move back to South Africa. Safety and security concerns may also apply to financial security as England may provide many South African immigrants with financial and/or career security that they potentially would not have in South Africa.

As indicated in literature about safety-related issues, the experience of crime and an uncertain future in South Africa could also be the reason and motive for immigrating (the so-called 'push' factors).

Please answer the question below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me
- Not relevant
- Not sure
- Prefer not to say

4. <u>EFFORTS TO SETTLE AND INTEGRATE IN ENGLAND</u>

<u>This theme has three parts: (a.) Making the most of your time, (b.) Looking for and experiencing a pleasant physical environment and (c.) Conscious efforts to integrate.</u>

(a.)'Making the most of your time' refers to the initial and ongoing excitement of being in a new country. It also refers to consciously planning trips and exploring England, the rest of the UK and Europe, (especially during winter-time). This, and a sense of adventure, could potentially help deal with initial uncertainty, counteract homesickness and help with initial settling in England.

(b.)'Looking for and experiencing a pleasant physical environment' relates to how a pleasant physical environment could potentially help immigrants settle. Having green space, (e.g. with parks and trees), and being in a nice area could possibly help South

African immigrants settle in England. Sometimes individuals may have to purposefully look for places where they can relax, (e.g. places with a view that does not cost anything).

(c.) Conscious integration can be described as 'trying to integrate in England' and may refer to e.g. finding meaningfulness for being in England, helping others, and keeping busy. Making new friends and/or having family in the England, may help South African immigrants settle. Literature suggests that different coping strategies during various stages/phases of immigration and psychological and/or behavioural changes, (e.g. adapting personal roles), and personal factors, (e.g. positive attitudes, religious beliefs, and commitment to the immigration-process), could help immigrants.

Please answer the question below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me
- Not relevant
- Not sure
- Prefer not to say

5. <u>A SENSE OF BELONGING AND SETTLEDNESS:</u>

This theme has two parts: (a.) A sense of belonging and (b) Settledness

(a.) A sense of belonging and finding common grounds with people from different nationalities and other South Africans could potentially help South African immigrants

settle in their new country and make up for the 'cost of immigration' (e.g. missing out on South African friends and lifestyle). Literature indicates that there may be differences in the immigration experiences of South African immigrant subgroups (e.g. gender, language, age, marital status and having dependents/children). Conscious participating and integrating to a new society, adapting and learning new social norms may help immigrants settle in a new country. For some interaction with other similar South Africans can help them cope better with the immigration process. Immigrants may also move around within England before settling.

(b.)'Settledness' refers to feeling settled and happy in England. Literature indicates that experiencing positive emotions associated with settlement in a new country are associated with positive psychological adjustment. Some South African immigrants may call England home, but even individuals that do not call England home may still feel settled in England. Feeling settled is potentially the result of conscious integration in England.

Theme 4 is different from theme 5 in the sense that theme 5 refers more to the process of finding friends and common grounds with people with the motive of finding a personal sense of belonging. It also differs in the sense that theme 4 relates to conscious and purposeful efforts to settle and theme 5 relates to the feeling of being settled.

Please answer the question below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me

- Not relevant
- Not sure
- Prefer not to say

6. HOMESICKNESS AND GUILT

This theme has two parts (a.) Homesickness: Missing South Africa and (b.) Guilt. They are closely connected and could potentially distract or prevent immigrants from being settled. South African immigrants may become aware of the nonfinancial 'cost' of immigrating such as being separated from family and some may feel the need to justify their reasons for moving. Homesickness could include factors such as missing the South African culture, weather, environment and lifestyle and may cause doubt about the decision to move to England. According to literature some immigrants may also experience feelings of loss such as loss of financial independence, careers, their South African identity, social networks and exposure to their home-language. Some immigrants may feel guilty about leaving South Africa, (e.g. feeling guilty about leaving aging parents). There may be immigrants that initially come to England saying it is for a short period, but sub-consciously have longer-term plans. According to literature some immigrants may experience negative emotions associated with moving to a new country that could potentially affect their well-being.

Please answer the question below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me

- Not relevant
- Not sure
- Prefer not to say

7. NEGATIVE EXPERIENCES BECAUSE OF CULTURAL DIFFERENCES:

Literature indicates that despite some similarities with the new culture, South Africans may feel different and feel that they are being treated differently (in a negative way), because of 'being South African'. The cultural differences with their new country-of-settlement may be unanticipated and immigrants may even find the language barrier or being different because of a South African accent, challenging.

Please answer the question below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me
- Not relevant
- Not sure
- Prefer not to say

8. EXPERIENCING SOCIAL SUPPORT

Literature indicates that South African immigrants may find support from other South Africans and a sense of connection with fellow South African immigrants are important factors in helping them settle in a new country. They may find that fellow countrymen have empathy for their situation and similar backgrounds make it easier to form

friendships. South African immigrants may join SA voluntary organisations,churches and clubs and often even familiar South African objects or food help immigrants create a sense of familiarity in a new country. South African support to newcomers can be helpful to South Africans arriving in a new country. As literature suggests alternative sources of support e.g. English friends, faith-organisations etc. may also help with integrating in the new society. They may also choose to stay in contact with family and friends in South Africa, (e.g. visits, Skype) and consider this contact an important source of support.

Please answer the question below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me
- Not relevant
- Not sure
- Prefer not to say

9. EXPERIENCING EMPLOYMENT ISSUES AND CHALLENGES

According to literature, employment seems to be an important factor for immigrants relocating to a new country. Initially immigrants potentially have to deal with various new situations such as the unknown nature of the workplace. As suggested in literature there might also be employment issues and challenges. New-comers especially might find that the work environment differs from work environments experienced in South Africa. They might not have people-networks for instance, or they might experience financial

adversity. Immigrants might even find that there is no recognition of their qualification or skills in the new country, resulting in de-skilling and a sense of loss of their professional identity. As a result

South African immigrants might have unrealistic expectations about career opportunities and might potentially struggle to find suitable careers or employment that match their careers in South Africa. In order to get initial work experience, additional qualifications or training may be required or some immigrants might accept employment that does not match their existing skill-sets.

This theme differs from theme 8 in the sense that it solely has to do with the immigrants` experiences of employment and the actual workplace environment in England.

Please answer the question below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me
- Not relevant
- Not sure
- Prefer not to say

10. SATISFACTION WITH EMPLOYMENT AND CAREER OPPORTUNITIES

This theme reflects the positive side of employment such as having career opportunities, satisfaction with employment and financial stability in England that may potentially help immigrants settle. Literature indicates that despite initial employment challenges, some immigrants were able to establish themselves in the workplace in similar or even

improved work positions to that in South Africa. Employment could potentially assist with the transition to the new environment and work colleagues may be a source of social support for some South African immigrants.

Please answer the question below by selecting the appropriate box:

Based on my own immigration experience, this theme is:

- Relevant
- Partly relevant
- Not relevant to me personally, but relevant to other South Africans known to me
- Not relevant
- Not sure
- Prefer not to say

Please comment on the following if you feel it is appropriate to do so:

If any of the themes covered have different or additional meanings to yourself than those described above, please comment on what the theme or themes means to you:

SECTION C:

This section refers to your own immigration experience only and will aim to identify how you perceive the cause-and-effect relationships between all the themes

CHOOSE ONE OPTION ONLY IN EACH CASE:

1. ACCORDING TO MY EXPERIENCE:

- Positive motives for immigrating to England **causes** Uncertainty
- Uncertainty **causes** Positive motives for immigrating to England
- Positive motives for immigrating to England **and** Uncertainty have no influence on each other
- Prefer not to say

2. ACCORDING TO MY EXPERIENCE

- Positive motives for immigrating to England **causes** Security and safety concerns
- Security and safety concerns **causes** Positive motives for immigrating to England
- Positive motives for immigrating to England **and** Security and safety concerns have no influence on each other
- Prefer not to say

3. ACCORDING TO MY EXPERIENCE

- Positive motives for immigrating to England **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **causes** Positive motives for immigrating to England
- Positive motives for immigrating to England **and** Efforts to settle and integrate in England have no influence on each other
- Prefer not to say

4. ACCORDING TO MY EXPERIENCE

- Positive motives for immigrating to England **causes** A sense of belonging and settledness
- A sense of belonging and settledness **causes** Positive motives for immigrating to England
- Positive motives for immigrating to England **and** A sense of belonging and settledness have no influence on each other
- Prefer not to say

5. ACCORDING TO MY EXPERIENCE

- Positive motives for immigrating to England **causes** Homesickness and guilt
- Homesickness and guilt **causes** Positive motives for immigrating to England
- Positive motives for immigrating to England **and** Homesickness and guilt have no influence on each other
- Prefer not to say

6. ACCORDING TO MY EXPERIENCE

- Positive motives for immigrating to England **causes** Negative experiences because of cultural differences
- Negative experiences because of cultural differences **causes** Positive motives for immigrating to England
- Positive motives for immigrating to England **and** Negative experiences because of cultural differences have no influence on each other
- Prefer not to say

7. ACCORDING TO MY EXPERIENCE

- Positive motives for immigrating to England **causes** Experiencing social support
- Experiencing social support **causes** Positive motives for immigrating to England

- Positive motives for immigrating to England **and** Experiencing social support have no influence on each other
- Prefer not to say

8. ACCORDING TO MY EXPERIENCE

- Positive motives for immigrating to England **causes** Experiencing employment issues and challenges
- Experiencing employment issues and challenges **causes** Positive motives for immigrating to England
- Positive motives for immigrating to England **and** Experiencing employment issues and challenges have no influence on each other
- Prefer not to say

9. ACCORDING TO MY EXPERIENCE

- Positive motives for immigrating to England **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** Positive motives for immigrating to England
- Positive motives for immigrating to England **and** Satisfaction with employment and career opportunities have no influence on each other
- Prefer not to say

10. ACCORDING TO MY EXPERIENCE

- Uncertainty **causes** Security and safety concerns
- Security and safety concerns **causes** Uncertainty
- Uncertainty **and** Security and safety concerns have no influence on each other
- Prefer not to say

11. ACCORDING TO MY EXPERIENCE

- Uncertainty **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **causes** Uncertainty
- Uncertainty **and** Efforts to settle and integrate in England have no influence on each other
- Prefer not to say

12. ACCORDING TO MY EXPERIENCE

- Uncertainty **causes** A sense of belonging and settledness
- A sense of belonging and settledness **causes** Uncertainty
- Uncertainty **and** A sense of belonging and settledness have no influence on each other
- Prefer not to say

13. ACCORDING TO MY EXPERIENCE

- Uncertainty **causes** Homesickness and guilt
- Homesickness and guilt **causes** Uncertainty
- Uncertainty **and** Homesickness and guilt have no influence on each other
- Prefer not to say

14. ACCORDING TO MY EXPERIENCE

- Uncertainty **causes** Negative experiences because of cultural differences
- Negative experiences because of cultural differences **causes** Uncertainty
- Uncertainty **and** Negative experiences because of cultural differences have no influence on each other
- Prefer not to say

15. ACCORDING TO MY EXPERIENCE

- Uncertainty **causes** Experiencing social support
- Experiencing social support **causes** Uncertainty

- Uncertainty **and** Experiencing social support have no influence on each other
- Prefer not to say

16. ACCORDING TO MY EXPERIENCE

- Uncertainty **causes** Experiencing employment issues and challenges
- Experiencing employment issues and challenges **causes** Uncertainty
- Uncertainty **and** Experiencing employment issues and challenges have no influence on each other
- Prefer not to say

17. ACCORDING TO MY EXPERIENCE

- Uncertainty **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** Uncertainty
- Uncertainty **and** Satisfaction with employment and career opportunities have no influence on each other
- Prefer not to say

18. ACCORDING TO MY EXPERIENCE

- Security and safety concerns **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **causes** Security and safety concerns
- Security and safety concerns **and** Efforts to settle and integrate in England have no influence on each other
- Prefer not to say

19. ACCORDING TO MY EXPERIENCE

- Security and safety concerns **causes** A sense of belonging and settledness
- A sense of belonging and settledness **causes** Security and safety concerns
- Security and safety concerns **and** A sense of belonging and settledness have no influence on each other

- Prefer not to say

20. ACCORDING TO MY EXPERIENCE

- Security and safety concerns **causes** Homesickness and guilt
- Homesickness and guilt **causes** Security and safety concerns
- Security and safety concerns **and** Homesickness and guilt have no influence on each other
- Prefer not to say

21. ACCORDING TO MY EXPERIENCE

- Security and safety concerns **causes** Negative experiences because of cultural differences
- Negative experiences because of cultural differences **causes** Security and safety concerns
- Security and safety concerns **and** Negative experiences because of cultural differences have no influence on each other
- Prefer not to say

22. ACCORDING TO MY EXPERIENCE

- Security and safety concerns **causes** Experiencing social support
- Experiencing social support **causes** Security and safety concerns
- Security and safety concerns **and** Experiencing social support have no influence on each other
- Prefer not to say

23. ACCORDING TO MY EXPERIENCE

- Security and safety concerns **causes** Experiencing employment issues and challenges
- Experiencing employment issues and challenges **causes** Security and safety concerns
- Security and safety concerns **and** Experiencing employment issues and challenges have

no influence on each other

- Prefer not to say

24. ACCORDING TO MY EXPERIENCE

- Security and safety concerns **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** Security and safety concerns
- Security and safety concerns **and** Satisfaction with employment and career opportunities have no influence on each other
- Prefer not to say

25. ACCORDING TO MY EXPERIENCE

- Efforts to settle and integrate in England **causes** A sense of belonging and settledness
- A sense of belonging and settledness **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **and** A sense of belonging and settledness have no influence on each other
- Prefer not to say

26. ACCORDING TO MY EXPERIENCE

- Efforts to settle and integrate in England **causes** Homesickness and guilt
- Homesickness and guilt **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **and** Homesickness and guilt have no influence on each other
- Prefer not to say

27. ACCORDING TO MY EXPERIENCE

- Efforts to settle and integrate in England **causes** Negative experiences because of cultural differences

- Negative experiences because of cultural differences **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **and** Negative experiences because of cultural differences have no influence on each other
- Prefer not to say

28. ACCORDING TO MY EXPERIENCE

- Efforts to settle and integrate in England **causes** Experiencing social support
- Experiencing social support **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **and** Experiencing social support have no influence on each other
- Prefer not to say

29. ACCORDING TO MY EXPERIENCE

- Efforts to settle and integrate in England **causes** Experiencing employment issues and challenges
- Experiencing employment issues and challenges **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **and** Experiencing employment issues and challenges have no influence on each other
- Prefer not to say

30. ACCORDING TO MY EXPERIENCE

- Efforts to settle and integrate in England **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** Efforts to settle and integrate in England
- Efforts to settle and integrate in England **and** Satisfaction with employment and career

opportunities have no influence on each

- other
- Prefer not to say

31. ACCORDING TO MY EXPERIENCE

- A sense of belonging and settledness **causes** Homesickness and guilt
- Homesickness and guilt **causes** A sense of belonging and settledness
- A sense of belonging and settledness **and** Homesickness and guilt have no influence on each other
- Prefer not to say

32. ACCORDING TO MY EXPERIENCE

- A sense of belonging and settledness **causes** Negative experiences because of cultural differences
- Negative experiences because of cultural differences **causes** A sense of belonging and settledness
- A sense of belonging and settledness **and** Negative experiences because of cultural differences have no influence on each other
- Prefer not to say

33. ACCORDING TO MY EXPERIENCE

- A sense of belonging and settledness **causes** Experiencing social support
- Experiencing social support **causes** A sense of belonging and settledness
- A sense of belonging and settledness **and** Experiencing social support have no influence on each other
- Prefer not to say

34. ACCORDING TO MY EXPERIENCE

- A sense of belonging and settledness **causes** Experiencing employment issues and

challenges

- Experiencing employment issues and challenges **causes** A sense of belonging and settledness
- A sense of belonging and settledness **and** Experiencing employment issues and challenges have no influence on each other
- Prefer not to say

35. ACCORDING TO MY EXPERIENCE

- A sense of belonging and settledness **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** A sense of belonging and settledness
- A sense of belonging and settledness **and** Satisfaction with employment and career opportunities have no influence on each other
- Prefer not to say

36. ACCORDING TO MY EXPERIENCE

- Homesickness and guilt **causes** Negative experiences because of cultural differences
- Negative experiences because of cultural differences **causes** Homesickness and guilt
- Homesickness and guilt **and** Negative experiences because of cultural differences have no influence on each other
- Prefer not to say

37. ACCORDING TO MY EXPERIENCE

- Homesickness and guilt **causes** Experiencing social support
- Experiencing social support **causes** Homesickness and guilt
- Homesickness and guilt **and** Experiencing social support have no influence on each other

- Prefer not to say

38. ACCORDING TO MY EXPERIENCE

- Homesickness and guilt **causes** Experiencing employment issues and challenges
- Experiencing employment issues and challenges **causes** Homesickness and guilt
- Homesickness and guilt **and** Experiencing employment issues and challenges have no influence on each other
- Prefer not to say

39. ACCORDING TO MY EXPERIENCE

- Homesickness and guilt **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** Homesickness and guilt
- Homesickness and guilt **and** Satisfaction with employment and career opportunities have no influence on each other
- Prefer not to say

40. ACCORDING TO MY EXPERIENCE

- Negative experiences because of cultural differences **causes** Experiencing social support
- Experiencing social support **causes** Negative experiences because of cultural differences
- Negative experiences because of cultural differences **and** Experiencing social support have no influence on each other
- Prefer not to say

41. ACCORDING TO MY EXPERIENCE

- Negative experiences because of cultural differences **causes** Experiencing employment issues and challenges
- Experiencing employment issues and challenges **causes** Negative experiences because

of cultural differences

- Negative experiences because of cultural differences **and** Experiencing employment issues and challenges have no influence on each other
- Prefer not to say

42. ACCORDING TO MY EXPERIENCE

- Negative experiences because of cultural differences **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** Negative experiences because of cultural differences
- Negative experiences because of cultural differences **and** Satisfaction with employment and career opportunities have no influence on each other
- Prefer not to say

43. ACCORDING TO MY EXPERIENCE

- Experiencing social support **causes** Experiencing employment issues and challenges
- Experiencing employment issues and challenges **causes** Experiencing social support
- Experiencing social support **and** Experiencing employment issues and challenges have no influence on each other
- Prefer not to say

44. ACCORDING TO MY EXPERIENCE

- Experiencing social support **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** Experiencing social support
- Experiencing social support **and** Satisfaction with employment and career opportunities have no influence on each other

- Prefer not to say

45. ACCORDING TO MY EXPERIENCE

- Experiencing employment issues and challenges **causes** Satisfaction with employment and career opportunities
- Satisfaction with employment and career opportunities **causes** Experiencing employment issues and challenges
- Experiencing employment issues and challenges **and** Satisfaction with employment and career opportunities have no influence on each other
- Prefer not to say

Please remember to save your work and take regular breaks whilst completing the online questionnaire.

SECTION D:

Please comment on the following if you feel appropriate to do so:

1. What do you think will help South Africans cope with the immigration process and their adjustment to living in England?

2. What advice will you give to other South Africans regarding immigration to England (including South Africans who may be considering a move to England and/or South Africans settling in England)?

3. Is there anything else you would like to add about (a.) your own experience as a South African immigrant in England or (b.) the experiences of South African immigrants in general?

As stated in the consent form:

· Please contact the researcher if you want to discuss anything in this questionnaire in person or to arrange a research debrief or feedback sessions,

· A list of support attached to the Email if you feel the need to contact any of them,

· Feedback about the research in general will be available and sent to all the potential participants` Email addresses.

Thank you for your time filling in this questionnaire.

(Please select box below when completely finished with the survey)

Appendix I:

Themes from the IQA group discussions and from the open-ended questions in the online questionnaire

The initial themes identified by the IQA discussion group	**Additional topics identified by individuals during or after the discussion group (not considered a theme by the group members, but still considered relevant in research about South African immigrants.):**
Theme 1: Uncertainty **Sub-themes** 1a. Process of immigration 1b. Practical concerns **Theme 2:** Security and safety concerns **Theme 3:** Sense of belonging **Theme 4:** Pleasant physical environment **Theme 5:** Homesickness **Sub-themes** 5a. Guilt 5b. Missing South Africa **Theme 6:** Conscious integration **Theme 7:** Making the most of your time **Theme 8**: Settled: *This statement reflects the notion that immigrants are now settled and happy and for some 'this is home'*	*A few other factors were identified that could potentially be of importance to other South Africans (even if it is not applicable to the group members themselves):* • The pre-emigration phase • Discrimination because of immigrant-status • Being identified by South African accent and feeling different because of being South African • The different types of South African immigrants in England • Motives for moving to England and long-term intention or short-term visa • The use of different coping mechanisms • Immigrants` sense of well-being • The 'cost' of immigration

Six qualitative themes from the IQA-questionnaire's open-ended questions:

Theme 1: Social interaction is important

Sub-themes

- Experiencing social support
- Efforts to integrate

Theme 2: Differences between cultures and countries is noted

Sub-themes

- Acknowledging differences and advice on how to deal with differences
- Being positive about South Africa and 'being South African'.
- Positive attributes of England as a country

Theme 3: The recommendation of positive coping strategies

Various positive coping strategies such as a pro-active approach, a positive attitude, being resilient, and the use of practical skills and strategies were recommended by many participants to assist with the immigration process.

Sub-themes

- A pro-active approach is recommended as a strategy: this sub-theme focuses specifically on 'conscious' internal practices and mentality about the migration process of 'making things work in England'
- A positive attitude and being resilient is recommended as a strategy
- The use of practical skills and strategies are recommended

Theme 4: There are challenges with regard to living in England

Theme 5: Preparation before migration is important

Theme 6: Settling into a new country

Some immigrants reflected on making a conscious effort to settle and others commented on the time it takes to settle. It seems that a sense of settledness in England is a process.

Appendix J:

Research Invitation for the Delphi Online Survey

NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT
YUNIBESITI YA BOKONE-BOPHIRIMA
Private Bag X1290, Potchefstroom
South Africa 2520
Tel: 018 299-1111/2222
Web: http://www.nwu.ac.za
Psychology

Invitation to participate in an online Delphi Study to achieve Consensus in the compilation of Intervention-guidelines and Recommendations

We invite you to participate in phase 3 of my PhD-study where the aim is to reach expert consensus on the compilation of intervention-guidelines and recommendations for health professionals regarding the immigration experiences of South African immigrants. Participation will involve the completion of two rounds of questionnaires, approximately 30 minutes each.

You have been invited to take part in this research because you are a psychologist, therapist of counsellor and fulfil the following inclusion criteria for panel members:

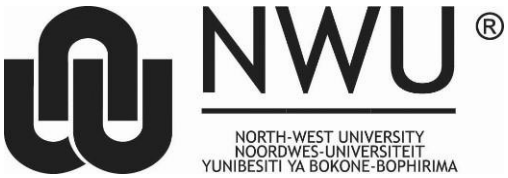
- Have professional registration to practice as a psychologist, psychotherapist or counsellor (including health professionals involved in providing therapy/counselling);
- Originally be from either South Africa and/ or England (Participants do not have to be immigrants themselves)
- Experience working with people from diverse cultures and backgrounds

A document summarizing research findings of South African immigrants` experience in England and in other parts of the world will be provided to all panel members.
For the purpose of confidentiality: **Please contact me directly** on my E-mail or telephone number even if you respond to this advertisement via a club, forum or webpage. Please feel free to send this advertisement to any of your colleagues (e.g. psychologist, therapist or counsellor) that may be interested in being part of this research. You have no obligation to take part in this study. Should you wish to take part in this research, please contact me (Elanza Stephenson) directly for more information about this study, to provide consent and a link to the questionnaire at: E-mail: elanzaphd@gmail.com or telephone number: (UK) 0787 9274 891.

Thank you,
Elanza Stephenson

Appendix K:

Consent Form for the Delphi Online Survey – Delphi Round 1 and Round 2



Health Research Ethics Committee Faculty of Health Sciences NORTH-WEST University (Potchefstroom Campus) 2019-02-06 HREC Stamp	Private Bag X1290, Potchefstroom, South Africa 2520 Tel: +2718 299-1111/2222 Fax: +2718 299-4910 Web: http://www.nwu.ac.za

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE STUDY: The development of intervention guidelines for health professionals aimed at promoting the self-regulation and coping strategies of South African immigrants in England — A Delphi study

REFERENCE NUMBER: NWU-000365-16-S1

RESEARCHERS: Elizabeth (Elanza) Stephenson[1], Karel Botha[2] & Annelize Bonthuys[2]

ADDRESS:
1 -34 Loders Close, Poole, BH17 9BF, United Kingdom.
2 - Department of Psychology, North-West University, Potchefstroom, South Africa

CONTACT NUMBERS: 1 - 07879274891 (UK) 2 - +27 18 299 1726 (SA)

You are hereby invited to take part in phase 3 of a research project that forms part of the researcher's Doctor of Philosophy (PhD) degree in Psychology at the Potchefstroom Campus of the North-West University, South Africa. She is also registered as a clinical psychologist at the Health Professions Council of South Africa. Data-analysis will be done in consultation with Professor Karel Botha (promoter) and Dr. Annelize Bonthuys (assistant-promoter).

Before you decide, you need to understand why the research is being done and what it would involve for you. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. Feel free to inform the researcher via email (elanzaphd@gmail.com) or telephone number if you have any questions regarding any part of this project that you do not fully understand. Your participation is entirely voluntary and you are free to decline to participate. If you decline to participate, this will not affect you negatively in any way. You are also free to withdraw from the study at any point, even if you do agree to take part.

After reading through the information, you will have the option at the end to dick YES to participate or choose NO if you decide not to participate in my research.

This study has been approved (Approval number NWU-000365-16-S1) by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU) in South Africa and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

The general aim of this study is to explore and evaluate the psychological adaptation of South African immigrants in the England during acculturation (phases 1 and 2), and to compile intervention- guidelines and recommendations for health professionals regarding the immigration experiences of South African immigrants (phase 3). The guidelines will focus on promoting South African immigrants' proactive coping- and self-regulation strategies and will be aimed at helping South Africans (considering immigration or those already living in England) settle in their new country.

Why have you been invited to participate?

You have been invited to take part in this research because you are a psychologist, therapist or counsellor (including health professionals involved in counselling). You have also complied with the following inclusion criteria:
The panel members will:

- Have professional registration either in South Africa or England to practice as a psychologist, psychotherapist or counsellor (including health professionals involved in providing therapy/counselling);
- Originally be from either South Africa or England. (Participants do not have to be immigrants themselves).
- Experience working with people from diverse cultures and backgrounds.

A document summarizing research findings of South African immigrants' experience in England and in other parts of the world will be provided to you following this consent form.

What will your responsibilities be?

You will take part in phase 3 of this research, in which there will be two rounds. If you decide to participate you will be asked, during round one, to read a summary in the document following this consent form about the research findings of phases 1 and 2 as well as a first draft of intervention guidelines compiled by the researcher. You will

then, still as part of round 1, be asked to complete an online questionnaire via QuestionPro and to refine the intervention guidelines where you think appropriate. A report of all the participants' responses will then be compiled for the second round. The process will be repeated and you will have the opportunity to clarify and prioritize the findings. The results of the study will be used to streamline the development of the above-mentioned guidelines and recommendations. You will be asked to indicate: (a.) non-personal / non-identifiable demographic information; (b.) your rating of a set of proposed intervention guidelines; and (c.) your ideas (open-ended) on how to improve / change the proposed intervention guidelines. Each round will take approximately 30 minutes to complete.

IF YOU WANT TO TAKE PART IN THE STUDY: To gain access to this questionnaire, you will have to give your voluntary consent by ticking the hyperlink provided with the **YES** box below. Once you have ticked the hyperlink at the Yes box, you will be redirected to the rest of the documents and questionnaire. Access to the questionnaire will however only be available for a set period of time. You will however receive an email from the researcher regularly to remind you to complete the questionnaire.

I**F YOU DON'T WANT TO BE PART OF THE STUDY**: If you click on the '**EXIT SURVEY**'-box, you will indicate that you do not wish to participate in the researcher study and therefore will not be granted access to the online questionnaire. Alternatively, you can just delete this Email without any further action.

If after the questionnaire, you would like to clarify or elaborate on anything in the questionnaire, you have the option to contact the researcher via Email or on her mobile phone number. All the participants will have the option to fill in the questionnaire anonymously, but PLEASE REMEMBER that by contacting the researcher, *anonymity can no longer be guaranteed*. All information will however be managed strictly confidential.

Will you benefit from taking part in this research?

There will be no direct benefits, but participants completing the online questionnaire will have the opportunity to take part in the development and fine-tuning of intervention guidelines for health professionals regarding the immigration experiences of South African immigrants. This could hopefully influence the way you work with immigrants in a positive way. In addition, you will also be provided a summary of the research after the study has been completed.

Are there any risks involved in your taking part in this research?

The study focuses on sharing your opinion about previous mentioned immigration research. In the process you may share information about your experience with immigrants or even your personal immigration/acculturation-process. Although taking part in this study can in no way hurt you physically, some risks may present. The risks and accompanied precautionary measures are outlined below:

Risks	Precautions
A. You may not understand the questions being asked or the manner in which the online questionnaire work	A. You will be able to email the researcher any time during the research process to ask any questions or to raise any concerns. As soon as she receives your email, she will respond as soon as possible in order to clear up any misunderstandings. **Please bear in mind that by emailing the researcher, your anonymity cannot be guaranteed any longer.**
B Confidentiality may be breached.	B. Even in cases where anonymity cannot be guaranteed (see A), your personal and demographic information will be kept strictly confidential at all times. Online survey settings are set so that no identifying information will be collected from respondents or their computers (e.g. IP addresses). As the questionnaires will be filled in anonymously (without identifying names or demographic

	information), the researcher will mail reminders; the information and the link to the second round; and Emails regarding feedback to all the potential participants she sent the questionnaire to. You can opt out of receiving the Emails by contacting the researcher.
C. Depending on your answers, the online questionnaire can take approximately a half hour to complete. The questionnaire will be short and not designed to be physically, emotionally or time-wise challenging.	C. You are encouraged and will be reminded to take regular breaks whilst completing the online questionnaire. This will be done to avoid experiencing any discomfort from sitting still too long. The online questionnaire will therefore provide you with the option of saving your data and logging on and off at your convenience. Participants are health professionals (registered psychologists and counsellors) who are invited to review and refine guidelines. Although you are not considered to be emotionally involved in the process under investigating, you still have the option to contact the researcher if you need any further assistance or information. Consent will be easy and only a small group will be recruited to ensure a simple process with clear communication. Participants may withdraw during any stage of the 2-round Delphi process.

Who will have access to the information?

Your information will be given a code and thus your personal particulars will not be used. Only the researcher will have direct access to your online questionnaire, while she and the two promoters will have access to hard-copies of the online questionnaire. As you will be part of a small group of participants, no transcriptions will be done by an external person. The findings, including direct quotes of your answers that may be reproduced in this PhD degree thesis and resulting

presentations and publications, will be reported anonymously. Please take note that by giving your consent below, you agree to this.

What will happen with the information?

This is a once off collection and the information will be assessed by the researcher and supervisors, assisted by a co-coder who will also sign an agreement of confidentiality. Your online questionnaire will be protected by your password - as soon as you are done completing it, your responses will be downloaded and stored on an encrypted file on the researcher password protected laptop. It will be stored in a safe at the researcher's residence; she therefore has exclusive access to it. Once all participants have completed their online questionnaires, the data contained in the questionnaires will also be deleted from the World Wide Web. After the study has been completed the downloaded information will be saved on a password encrypted USB drive and permanently deleted from the researcher's computer. The USB drive will be stored in the safe of the researcher. Your downloaded information will also be printed out in hard-copy format which will be stored in the same safe as the researcher's laptop. After five years all your information will be destroyed.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the research and there are no costs involved for you.

Is there anything else that you should know or do?

• Enquiries to the researcher: Elanza Stephenson at 078792 74 891 (UK), supervisor Prof Karel Botha at +27 18 2991726 (SA).
• You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at +27 18 299 1206; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.

How will you know about the findings?

Once the study is completed, you will automatically be emailed a short, comprehensive summary, in the form of a brochure, of the results of the study. As the questionnaires will be filled in anonymously, the researcher will mail this summary to all the potential participants she sent the questionnaire to. Please Email the researcher **if you do not wish** to receive this summary. Lastly, you are encouraged to phone the researcher if you have any questions regarding the results, bearing in mind that anonymity will then no longer apply.

Declaration by participant

By clicking on the Yes box below, I agree to take part in phase 3 of a research study titled **Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective**: I declare that:

• I have read this information and consent form and it is written in a language with which I am fluent and comfortable.

• I was given an opportunity to email or phone the researcher to clear up any misunderstandings or questions regarding the study or its procedures.

• I understand that taking part in this study is voluntary and that I have not been pressurised to take part.
• I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Your filling in this online questionnaire is implied consent. This means that you will be able to withdraw from the study at any stage, but by submitting the questionnaire you are agreeing to participate.

NO - I do not wish to participate in this study. 'If you do not wish to participate in this study, please select 'exit survey' at the top of the page. Please delete the Email regarding the questionnaire and no further action is required'.

❑ **YES** - I want to participate in this research study and I fully understand and agree with the terms and conditions outlined in the information consent form. Please click on the YES button if you wish to proceed with the questionnaire[3]

[3] *Note: The setting on the online version of this question was 'Force Response'.*

Appendix L:

The First Round of the Delphi Online Survey

Survey Name: GuidelinesDelphiRound1

There are **3 documents** included in this survey:

DOCUMENT 1 – Background on how these guidelines were developed

DOCUMENT 2 – The intervention guidelines [This is what you need to assess on the questionnaire]

DOCUMENT 3 - QUESTIONNAIRE to assess the quality and relevance of the guidelines

In the first document a brief summary will be provided to explain how guidelines were developed, what I did in each step and what the outcome of each step was. This will provide the context for the development of intervention guidelines and also provide health professionals with a brief overview of the experiences of South African immigrants.

In document 2 the intervention guidelines will be presented to you.

Document 3 is the questionnaire by means of which you are afforded the opportunity *of responding to each of the guidelines individually and* rate your level of agreement as to whether or not guidelines should be included in the intervention design.

Please read through the first two documents (especially the guidelines) carefully before you complete the questionnaire. This Delphi questionnaire round is the first of 2 questioning rounds.

DOCUMENT 1 (please read): Background information on how guidelines were developed:

This phase of my PhD consisted of following an intervention research design based on the first 4 steps, as suggested by Wight et al.[1], namely:

1. Defining and understanding the problem and its causes,
2. Clarifying which causal or contextual factors are malleable and hold the greatest scope for change,
3. Identifying how to achieve the change: the theory and change mechanisms; and
4. Identifying how to deliver the change mechanism.

For step 1 (defining and understanding the problem and its causes), I did a systematic review of the literature, and based on that I did an Interactive Qualitative Analysis (IQA). The results of these two studies form chapters 2 and 3 in my thesis, and will later be independently submitted for publication in accredited journals. A summary of the findings of these two articles follows:

The systematic review supports existing research on the demands and challenges South African immigrants face and that they will benefit from intervention guidelines to support them during their migration journey. Immigration is a complex process impacting the individual at various levels, and the migration experience appears to be unique for each individual based on their personal circumstances, contexts and stage of the migration journey itself. However, as certain challenges and demands may be distinctly related to the South African context, it seems advisable for health care professionals to have knowledge of the experiences of South African immigrants and the unique context of South African immigrants. The following specific results emerged from the review:

**Negative pre-migration factors* could potentially have an adverse effect on the individual[2, 3, 4], for example, many South African immigrants were *reluctant to leave South Africa*[2, 3, 4, 5, 6, 7]; for some the *administrative and practical aspects of moving*[4, 8] were challenging, and leaving family and friends were also reported to be difficult and/or challenging[5, 7, 9] .

*The *immigration process* for South Africans are often marked by various demands, challenges, stressors and adjustments[4, 5, 7, 8, 10, 11].

· Challenges are encountered at *both intra and interpersonal levels* and include for instance challenges related to employment[4, 5, 7, 8, 9, 10, 11, 12, 13, 14], social interaction and support[4, 5, 8, 9, 15, 16, 17]; language[5, 14, 15, 18, 19] and family conflict and/or relationship issues following migration ([5; 17; 4]).

· Many South African immigrants reflected on *cultural differences* and their South African heritage in their new destination countries. Cultural differences were occasionally unanticipated ([10; 11]) and some South African immigrants reported negative experiences that could possibly be linked to cultural differences.[4, 5, 7, 9, 11,14, 15, 16, 20]

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*As a result of these challenges and demands, a range of *negative feelings* such as feelings of loss related to migration[4, 5, 6, 7, 8, 9, 10, 11, 16, 17], feelings of 'unsettledness' in their new country-of-residence[4, 16]; homesickness and guilt are experienced.

*If not addressed correctly, negative experiences/feelings may impact on South African immigrants' wellbeing and even result in *low levels of mental health.* This correlates with general literature on migration.[2, 3, 21, 22, 23]

The Interactive Qualitative Analysis (IQA) enabled me to develop a hypothetical model of immigrants' experiences.

The model basically suggests that the process of immigration starts with security and safety concerns which, coupled with positive 'pull' factors, motivate one to emigrate (to England). This is usually followed by the experience of cultural and job

challenges, resulting in homesickness and guilt and uncertainty. The experience of uncertainty seems to be a critical point from which different self-regulation possibilities emerge; each feeding back into how immigration is experienced. Uncertainty may increase efforts to better integrate, for example seeking social support, which increases job satisfaction and a sense of belonging and of having settled down. It is however also interesting to note that a sense of belonging and of having settled down in turn contributes to the experience of homesickness and guilt. Essentially, the model indicates that for this group of participants, the migration experience is a dynamic, ongoing process of regulating one's behaviour amidst uncertainties, challenges and positives.

It is clear from both the review and IQA findings that there are various positive elements related to the immigration process of South African immigrants such as the opportunities and attributes of the destination country. It seems that South African immigrants use a repertoire of strategies and approaches to help them cope and settle in their new country and some South African immigrants reflected on positive attributes of South Africans and South Africa as a country.

Recommendations based on the systematic review and IQA:

The findings of both the review and IQA indicate that migration is an ongoing, dynamic individual process with many different phases[4, 5, 10, 11, 16], and adjustment and adaptation to the various aspects of the new culture and environment form part of a gradual process[4, 10, 24]. By implication this indicates that immigrants may need support during various phases of their migration journey to deal with different types of uncertainties and challenges. In her recommendation for a post-migration intervention programme aimed at South African immigrants in New Zealand, Small [4] includes aspects such as medical care, psychological care and spiritual care.

Note: A reference list will be made available after the questionnaire.

Document 2 (Please read): Guidelines for health professionals aimed at promoting self-regulation and coping strategies of South African immigrants in England.

Compiled by Elizabeth Stephenson

Index

Introduction:

These guidelines have been designed specifically for health professionals supporting and/or intending to support South African immigrants in England with regard to their immigration experiences and to them feeling a sense of being settled down in their new country. The guidelines contain sections that could prove to be helpful for health professionals supporting and/or intending to support prospective South African immigrants planning their move to England.

The guidelines are not meant to be a final set of 'structured steps or activities', but rather flexible guidelines. It will be advisable for South African based psychologists to explore creative options (such as online counselling techniques); therefore these guidelines were structured in such a manner that it could be implemented in a contact session or online. In both incidences, the counselling/therapeutic context should ensure privacy, safety and confidentiality. The guidelines are not intended to replace the standard practices of psychotherapy or counselling, especially with regard to mental health issues, but rather to provide complementary guidelines when supporting South African immigrants. The guidelines intentionally avoided stipulating components such as time planning, legal and ethical issues (e.g. informed consent) as the assumption is that registered health professionals will act in the best interest of the individual within their scope of practice.

Theoretical approaches:

Based on scientific literature on South African migrants and current research findings, it is recommended that the guidelines be implemented from a combined

person-centred and strength approach and that it underscores the following essential values:

*Acknowledging the uniqueness of each individual's immigration journey;
*Promoting personal growth, well-being and optimal functioning;
*Acknowledging and building on strengths within the individual as defined from a strength approach as self-efficacy, self-regulation and pro-active coping;
*Recognising the value of the therapeutic relationship; and
*Providing support within an empathetic and non-judgemental setting.

There seems to be an overlap in the practical application of the two approaches, and the guidelines could be integrated with your current practice and therapeutic approach in a supplementary manner.

The person-centred approach:

Due to the nature of migration, the emphasis needs to be placed on the individual's needs and wishes. It is advisable for the health professional to:
*Bear in mind that 'clients in a relationship with a facilitating therapist have the capacity to define and clarify their own goals' (Corey, [25] p 210).
*Endeavour to be authentic; show self-congruency and invite congruency from the individual;
*Incorporate the following principles: genuine care and non-judgemental acceptance; an empathetic understanding of the individual's subjective context and experiences; the allowance of expression of all emotions (both positive and negative) (see Corey, [25]).

The strengths approach:

Additionally, it is important to promote optimal functioning and focus on existing psychological strengths as portrayed in positive psychology literature. The aim of this approach should also be to facilitate a broadening of resources ('broaden and build' theory, [26]) by means of which immigrants can build on their continuing resources.

Developing a sense of self-efficacy could be beneficial to South African immigrants in preparing for migration and determining their choice of coping strategies in settling in their new country (see Bennett et al., [9]; Small, [4]). Self-efficacy refers to the person's confidence in his or her capability to execute particular behaviours [27]. Magyar-Moe ([28]) suggests that therapists can teach individuals to recount or reframe their life stories from a strengths perspective. This could be helpful for South Africans reflecting on the different phases and 'turning points' of their migration journey.

Please read through the guidelines and at the end of the guidelines a questionnaire will follow. You will then have the opportunity of responding to each of the guidelines individually.

GUIDELINES 1-14:

The critical success of these guidelines amounts to three overarching factors, namely preparations prior to applying the guidelines, pro-active strategies and finally reactive strategies. After each guideline, the researcher included a few suggestions regarding the practical application of the guidelines to assist the health professional in understanding the guideline better. This list of guidelines is by no means exhaustive.

CLUSTER 1 : Preparations prior to applying the guidelines

This cluster deals with the inherent factors of the health professional:

Guideline 1: **The health professional needs to reflect on her/his own biases, perception and stance on migration, South Africans as a people-group, South Africa, and/or the destination country.**

- Endeavour to have a non-judgemental and respectful attitude when supporting South African immigrants (even if you have to suspend your own view on South African immigration).
- Acknowledge that for some immigrants, the immigration process may have been more trying /'harder' than they had expected (especially considering the perceived similarities of the culture groups).

- Guard against assuming that all immigrants will find migration difficult or that it is a distressing event for everyone.

  <u>Guideline 2</u>: **It is important for health professionals working with South African immigrants to have knowledge of the specific context of this people-group (e.g. pre-migration motives).**

- Endeavour to understand the unique context of South Africa and the occurrence of South African migration in a non-judgemental manner.
- In collaboration with the South African immigrant, explore and reappraise the influence of contextual factors on their migration journey.

  <u>Guideline 3</u>: **The health professionals need to acknowledge that the migration experience is unique for each individual based on their personal circumstances, contexts and stage of the migration journey itself.**

- A supportive person-centred approach is highly advisable when the South African immigrant reflects on the migration experience and resulting changes due to migration.
- Acknowledgement of the unique circumstances, preferences, psychological strengths and resources of the individual immigrant may help health professionals to more specifically develop, plan and tailor relevant support services.

  <u>Guideline 4</u>: **Health professionals need to be sensitive to and knowledgeable about the cultural differences that set South Africans apart from the locals. They also need to be able to support South African immigrants in cases of reported discrimination.**

- Be sensitive to South African immigrants' interpretation of cultural differences in their new country of settlement. In a practical sense this may mean taking into account both the unique attributes of the countries (South Africa and England) and individual factors such as language and culture, when planning support.
- Understanding the cultural differences can help distinguish between 'misunderstandings because of cultural differences' and discrimination. This in turn may assist the health professional in providing the relevant support.
- Additional cultural competence training may improve knowledge, skills and even attitudes of health professionals towards South African immigrants.
- Some South African immigrants may prefer to see a South African health professional (see Small,[4]). South African based health professionals may need to become more knowledgeable about and/or competent in the requirements of online

therapy where they can provide online support to South African immigrants in England.

CLUSTER 2: PRO-ACTIVE STRATEGIES

As these guidelines aim to promote psychological adaptation, the focus of this cluster will be on self-regulatory strategies.

Guideline 5: **South African immigrants will most likely benefit from pre-migration preparation before emigrating and new arrivals may benefit from support regarding orientation to life in England.**

- Pre-migration preparation and/or support when first arriving in their new country can potentially combat uncertainty, assist with setting clear goals, help with adjustment and settling down in the new country, and encourage networking with appropriate services
- Be conscious of pre-migration factors and motives as it may not only influence South Africans' decision to leave South Africa, but may also affect their adjustment in their new country.

Guideline 6: Health professionals need to be sensitive to the internal experiences and emotions of South African immigrants. This also includes challenges and demands on an intrapersonal level.

- Allow the expression of all emotions (positive, negative and ambivalent emotions) that influence 'settlement' in their new country. Some immigrants may for instance be positive about their move, but uncertainty may still linger about their choices or about other aspects of their migration process.
- Promote an understanding of the role of emotions in challenging situations – emotions help an individual in regulating their own thoughts, decisions and behaviours. If necessary, facilitate an alternative appraisal of the emotions.
- Identify issues that could potentially affect the well-being of South African immigrants. This should be considered and dealt with in a professional, supportive and sensitive manner.

<u>Guideline 7</u>: Health professionals need to be aware of interpersonal demands and be sensitive to personal preferences regarding social support, integration and a sense of belonging of South African immigrants.

- If possible and where appropriate, guide the South African immigrant to identify and activate social support as a resource that could help with their coping in a new environment.
- Explore the benefits and practical application of acculturation strategies, especially 'integration' as a strategy.
- Provide a safe environment to express the immigrant's feelings regarding the effect of migration on those close to them. Acknowledge that for many South African immigrants, transnational interaction (contact with South Africa) is still very important.

<u>Guideline 8:</u> Health professionals need to be sensitive and alert to financial and employment demands and challenges of South African immigrants.

- Be knowledgeable about the effect of migration on employment-related issues of South African immigrants and provide support regarding the psychological impact of employment-related matters if necessary
- Provision of information about where to access employment assistance and services that help South African migrants with specific employment issues could support South African immigrants enter a foreign workplace and cope in that environment.
- The immigrant may also benefit from reading about the challenges, practical advice and positive experiences of other South African immigrants who transitioned from a South African to an English working environment.

<u>Guideline 9</u>: – Health professionals need to encourage psychological adjustment by promoting and facilitating pro-active coping strategies and self-regulation whilst taking into consideration that migration is an ongoing process with progressive phases.

- Acknowledge that constructs such as 'settlement' and a 'sense of home' are personal objectives and changeable as it is influence by the ongoing dynamics of migration.
- Encourage the individual to explore the notion that he/she has the ability to cope and to manage current and future challenges. Feltham ([29], p 235) describes positive

psychology as 'forward looking' that emphasizes the importance of learning coping skills and aiming to prevent future problems.

- In a supportive environment evaluate the discrepancies between intended migration and life goals (both before migration and after migration) and present behavioural outcomes. If necessary, support immigrants to re-appraise and determine realistic and meaningful new goals.
- Provide clients with support to improve their decision making and enhance a feeling of control and agency (this is particularly important when dealing with feelings of uncertainty).

<u>Guideline 10</u>: – Health Professionals should focus on the individual's personal strengths as well as other positive factors such as the confirmatory qualities of 'being a South African immigrant' and positive attributes of England.

- Identify personal strengths and explore the strengths depicted in literature about immigrants and in particular South African immigrants. This may include strengths such as resilience, flexibility, gratitude, altruism (e.g. helping other South Africans via online forums).

<u>CLUSTER 3: REACTIVE STRATEGIES</u>

The cluster will consist of 2 parts namely: (1) improving/promoting knowledge improvement by means of information provision and (2) assessment and referral.

<u>Knowledge improvement by means of information provision:</u>

Information provision could promote networking with other services or support. Providing individuals with information in a supportive setting could increase their sense of self-efficacy and control (see Lyon [30]).

<u>Guideline 11</u>: South African immigrants planning to move to England could benefit from information on general migration processes of South African immigrants in order to prepare them for the move.

- Providing information and advice about the migration process, life in their new country and support available to the prospective South African immigrants could prepare prospective South African immigrants for their move (see Small, [4])
- Due to the administrative nature of moving from one country to another, limit the paperwork for prospective South Africans planning to move to England to what is needed.

- Information about online forums to network and exchange information may be valuable for South Africans considering migration (see Kwankam ,[12]; Wasserman, [7])

<u>Guideline 12</u>: Newly arrived South African immigrants in England could benefit from information on practical matters in their new country.

- Be aware that the provision of information on practical and policy matters may alleviate anxieties and uncertainties (e.g. where to access government policies such as visa requirements and information on practicalities such as housing, how to open a bank account, how to access health care, policies regarding road safety etc.).
- Employment-related information and assistance could support South African immigrants' transition to a foreign workplace.
- Signposting to appropriate organisations, online websites and forums regarding social support may be beneficial.

<u>Guideline 13</u>: Current South African immigrants in England could benefit from general literature on immigration as well as information on the specific experiences of South African immigrants. This may help individuals find relevancy of their migration experiences and normalise their immigration journey.

- Support by providing information on education regarding the migration process holds the potential of assisting South African immigrants in understanding their reaction to the often complex and isolating migration experience.
  - Information on and understanding of the challenges and stressors associated with aspects of migration could help normalise the immigrants' experiences after arrival (see Small, [4]).

<u>Assessment and referral:</u>

<u>Guideline 14</u>: Appropriate therapeutic support and/or referral need to be a priority when migration challenges affect the mental well-being of the South African immigrant.

- Health Professionals need to have the appropriate professional qualifications and training to assess whether immigration demands affect the mental health and well-being of the South African immigrant in ways that lie beyond the intended scope of these guidelines. In such a case it is essential to provide the appropriate therapeutic support or referral.

- If the South African immigrant's needs fall beyond the health professional's scope of practice/expertise, a referral procedure to other health and medical professionals needs to be in place and honestly communicated to the South African immigrant.

Please remember to save your work and take regular breaks during this survey.

STRICTLY CONFIDENTIAL

DOCUMENT 3:

Delphi survey initial questionnaire: Achieving consensus on how intervention guidelines designed for Health professionals supporting South African immigrants in England should be developed.

Mrs Elizabeth Stephenson (PhD candidate), Prof Karel Botha (Promoter)
Department of Psychology, North-West University, Potchefstroom Campus

04/10/2019

Dear Colleague,

Thank you once again for your willingness to participate in the final part of our study.

You have been chosen to participate within this study as an expert panellist due to your relevant experience working with diverse cultures and backgrounds. Your expert opinion will greatly assist in the successful realisation of our ultimate goal, which is to develop intervention guidelines for Health Professionals *to support South African immigrants regarding immigration experiences and challenges in England. A few guidelines were also applicable to support for South Africans planning to move to England.*

This survey should take you approximately 30 minutes to complete. It will be much appreciated if you can complete this questionnaire before the end of October 2019 as this questionnaire round is the first of 2 questioning rounds.

Findings of this round will be collated and summarised and then a second questionnaire will be designed based upon this information. The second round of this Delphi will only commence after we have received all responses from all expert

panellists. Your responses will not be seen by other panellists and your individual responses will be treated as confidential. Any comments and findings that are published will be anonymised.

There are 21 questions in total, organized in the following categories: a demographic question and questions specifically related to the guidelines provided above. **Please select the 'done' button when you are finished.**

There are no right or wrong answers as it is your opinion that we are interested in. You may also like to expand on your answer in the text box below each question. **Please start when you are ready.**

Demographic question:

How long have you held (maintained) your professional registration as a psychologist, psychotherapist or counsellor (or health professional proving counselling)?

- 1-10 years
- 11-20 years
- 21-30 years
- 31 years and longer
- Prefer not to answer

The following guidelines have been suggested to be important in developing intervention guidelines designed for Health Professionals to support South African immigrants in England. A few guidelines were also applicable to support for South Africans planning to move to England.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of each of these guidelines:

SA =	Strongly agree that this guideline should be included and is relevant
A =	Agree that this guideline should be included and is relevant
N =	Neutral

D = Disagree that this guideline should be included and is relevant **SD** = Strongly disagree that this guideline should be included and is relevant

Guideline 1: The health professional needs to reflect on her/his own stance on migration, South Africans as a people-group, South Africa, and/or the destination country.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 2: It is important for health professionals working with South African immigrants to have knowledge of the specific context of this people-group (e.g. pre-migration motives).

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 3: The health professionals need to acknowledge that the migration experience is unique for each individual based on their personal circumstances, contexts and stage of the migration journey itself.

	SA	A	N	D	SD	Prefer not to

						say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 4: Health Professionals need to be sensitive to and knowledgeable about the cultural differences that set South Africans apart from the locals. They also need to be able to support South African immigrants in cases of reported discrimination.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 5: South African immigrants will likely benefit from pre-migration preparation before emigrating and new arrivals may benefit from support regarding orientation to life in England.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 6: Health professionals need to be sensitive to the internal experiences and emotions of South African immigrants. This also includes challenges and demands on an intrapersonal level.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 7: Health professionals need to be aware of interpersonal demands and be sensitive to personal preferences regarding social support, integration and a sense of belonging of South African immigrants.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 8: Health professionals need to be sensitive and alert to financial and employment demands and challenges of South African immigrants.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 9: Health professionals need to encourage psychological adjustment by promoting and facilitating pro-active coping strategies and self-regulation whilst taking into consideration that migration is an ongoing process with progressive phases.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 10: Health Professionals should focus on the individual's personal strengths as well as other positive factors such as the confirmatory qualities of 'being a South African immigrant' and positive attributes of England.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 11: South African immigrants planning to move to England could benefit from information on general migration processes of other South African immigrants in order to prepare them for the move.

	SA	A	N	D	SD	Prefer not to say

	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 12: Newly arrived South African immigrants in England could benefit from information on practical matters in their new country.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 13: Current South African immigrants in England could benefit from general literature on immigration as well as information on the specific experiences of South African immigrants. This may help individuals in finding the relevancy of their migration experiences and in normalising their immigration journey.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Guideline 14: Appropriate therapeutic support and/or referral need to be a priority when migration challenges affect the mental well-being of the South African immigrant.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

With the guidelines in mind, please complete the final questions on the next page.

With the guidelines in mind, we would like you to reflect on the following three statements and rate your level of agreement to each statement. You will be granted the opportunity of elaborating if you so wish:

SA = Strongly Agree

A = Agree

N = Neutral

D = Disagree

SD = Strongly Disagree

The use of the guidelines is understandable and sufficient.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of giving reason/s for your answer in the space below:

The guidelines will help me to better support current South African immigrants in England.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of giving reason/s for your answer in the space below:

The guidelines will help me in better supporting prospective South African immigrants planning to move to England.

	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of giving reason/s for your answer in the space below:

The final three questions will give you the opportunity to explain or elaborate on your answers and make further suggestions regarding the guidelines.

Is there any feedback you would like to give with regard to further development of these guidelines?

For instance, are there alternative guidelines that you would like to include in this list of guidelines?

- ❑ Yes
- ❑ No
- ❑ Prefer not to say

You have the option of giving reason/s for your answer in the space below:

Are there guidelines included that you do not think are representative of the kind of practice/interventions you would propose to implement with the target group?
If so, which guideline/s?

- ❑ Yes
- ❑ No
- ❑ Prefer not to say

You have the option of giving reason/s for your answer in the space below:

Based on your opinion as a health professional; do you think it could be beneficial for health professionals to include specialised training modules about support to immigrants (including cultural competency training) in their training programmes so as to be better prepared when working with immigrants?

- ❑ Yes
- ❑ No
- ❑ Prefer not to say

You have the option of giving reason/s for your answer in the space below:

If you feel that you have been affected by any of the questions within this study, please refer to the consent form regarding accessing support.

Please ensure that you enter the '**DONE**' button at the bottom of the document when you are finished with the survey (before you close the questionnaire). The research team will send you an Email within 2 to 3 weeks to invite you to rate and prioritise the final version of these guideline.

Thank you for taking the time to participate!

Kind regards
The research team

Note: The reference list will appear on the next page after you press 'done' or it can be send to you in a separate Email (upon request)

Note: The following message appeared on the next page:
Thank you for taking the time to participate!
Kind regards
The research team

Reference List: (Please contact the researcher if you need more information about any of the literature)

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Appendix M:

The Second Round of the Delphi Online Survey

Survey Name: GuidelinesDelphiFINALround

Welcome to the **final round of the research** study titled 'The Development of Intervention guidelines for Health Professionals aimed at promoting the self-regulation and coping strategies of South African immigrants in England — A Delphi study'

Thank you for completing the first round of this two-round Delphi study, and for your willingness to participate in the final round of our study. In this final round, we ask you to kindly help us by sharing your experiences and by reviewing and rating the *'revised'* guidelines.

You have already completed the consent form in the previous round, but as a reminder I have copied the document here again.

To gain access to the survey please enter the YES button at bottom of the page.

Health Research Ethics Committee Faculty of Health Sciences NORTH-WEST University (Potchefstroom Campus) 2019-02-06 HREC Stamp	Private Bag X1290, Potchefstroom, South Africa 2520 Tel: +2718 299-1111/2222 Fax: +2718 299-4910 Web: http://www.nwu.ac.za

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE STUDY: The development of intervention guidelines for health professionals aimed at promoting the self-regulation and coping strategies of South African immigrants in England — A Delphi study

REFERENCE NUMBER: NWU-000365-16-S1

RESEARCHERS: Elizabeth (Elanza) Stephenson[1], Karel Botha[2] & Annelize Bonthuys[2]

ADDRESS:
1 -34 Loders Close, Poole, BH17 9BF, United Kingdom.
2 - Department of Psychology, North-West University, Potchefstroom, South Africa

CONTACT NUMBERS: 1 - 07879274891 (UK) 2 - +27 18 299 1726 (SA)

You are hereby invited to take part in phase 3 of a research project that forms part of the researcher's Doctor of Philosophy (PhD) degree in Psychology at the Potchefstroom Campus of the North-West University, South Africa. She is also registered as a clinical psychologist at the Health Professions Council of South Africa. Data-analysis will be done in consultation with Professor Karel Botha (promoter) and dr. Annelize Bonthuys (assistant-promoter).

Before you decide, you need to understand why the research is being done and what it would involve for you. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. Feel free to inform the researcher via email (elanzaphd@gmail.com) or telephone number if you have any questions regarding any part of this project that you do not fully understand. Your participation is entirely voluntary and you are free to decline to participate. If you decline to participate, this will not affect you negatively in any way. You are also free to withdraw from the study at any point, even if you do agree to take part.

After reading through the information, you will have the option at the end to dick YES to participate or choose NO if you decide not to participate in my research.

This study has been approved (Approval number NWU-000365-16-S1) by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU) in South Africa and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

The general aim of this study is to explore and evaluate the psychological adaptation of South African immigrants in the England during acculturation (phases 1 and 2), and to compile intervention- guidelines and recommendations for health professionals regarding the immigration experiences of South African immigrants (phase 3). The guidelines will focus on promoting South African immigrants' proactive coping- and self-regulation strategies and will be aimed at helping South Africans (considering immigration or those already living in England) settle in their new country.

Why have you been invited to participate?

You have been invited to take part in this research because you are a psychologist, therapist or counsellor (including health professionals involved in counselling). You have also complied with the following inclusion criteria:
The panel members will:

- Have professional registration either in South Africa or England to practice as a psychologist, psychotherapist or counsellor (including health professionals involved in providing therapy/counselling);
- Originally be from either South Africa or England. (Participants do not have to be immigrants themselves).
- Experience working with people from diverse cultures and backgrounds.

A document summarizing research findings of South African immigrants' experience in England and in other parts of the world will be provided to you following this consent form.

What will your responsibilities be?

You will take part in phase 3 of this research, in which there will be two rounds. If you decide to participate you will be asked, during round one, to read a summary in the document following this consent form about the research findings of phases 1 and 2 as well as a first draft of intervention guidelines compiled by the researcher. You will then, still as part of round 1, be asked to complete an online questionnaire via QuestionPro and to refine the intervention guidelines where you think appropriate. A report of all the participants' responses will then be compiled for the second round. The process will be repeated and you will have the opportunity to clarify and prioritize the findings. The results of the study will be used to streamline the development of the above-mentioned guidelines and recommendations. You will be asked to indicate: (a.) non-personal / non-identifiable demographic information; (b.) your rating of a set of proposed intervention guidelines; and (c.) your ideas (open- ended) on how to improve / change the proposed intervention guidelines. Each round will take approximately 30 minutes to complete.

IF YOU WANT TO TAKE PART IN THE STUDY: To gain access to this questionnaire, you will have to give your voluntary consent by ticking the hyperlink provided with the **YES** box below. Once you have ticked the hyperlink at the Yes box, you will be redirected to the rest of the documents and questionnaire. Access to the questionnaire will however only be available for a set period of time. You will however receive an email from the researcher regularly to remind you to complete the questionnaire.

I**F YOU DON'T WANT TO BE PART OF THE STUDY**: If you click on the '**EXIT SURVEY**'-box, you will indicate that you do not wish to participate in the researcher study and therefore will not be granted access to the online questionnaire. Alternatively, you can just delete this Email without any further action.

If after the questionnaire, you would like to clarify or elaborate on anything in the questionnaire, you have the option to contact the researcher via Email or on her mobile phone number. All the participants will have the option to fill in the questionnaire anonymously, but PLEASE REMEMBER that by contacting the researcher, *anonymity can no longer be guaranteed*. All information will however be managed strictly confidential.

Will you benefit from taking part in this research?

There will be no direct benefits, but participants completing the online questionnaire will have the opportunity to take part in the development and fine-tuning of intervention guidelines for health professionals regarding the immigration experiences of South African immigrants. This could hopefully influence the way you work with immigrants in a positive way. In addition, you will also be provided a summary of the research after the study has been completed.

Are there any risks involved in your taking part in this research?

The study focuses on sharing your opinion about previous mentioned immigration research. In the process you may share information about your experience with immigrants or even your personal immigration/acculturation-process. Although taking part in this study can in no way hurt you physically, some risks may present. The risks and accompanied precautionary measures are outlined below:

Risks	Precautions
A. You may not understand the questions being asked or the manner in which the online questionnaire work	A. You will be able to email the researcher any time during the research process to ask any questions or to raise any concerns. As soon as she receives your email, she will respond as soon as possible in order to clear up any misunderstandings. **Please bear in mind that by emailing the researcher, your anonymity cannot be guaranteed any longer.**
B Confidentiality may be breached.	B. Even in cases where anonymity cannot be guaranteed (see A), your personal and demographic information will be kept strictly confidential at all times. Online survey settings are set so that no identifying information will be collected from respondents or their computers (e.g. IP addresses). As the

	questionnaires will be filled in anonymously (without identifying names or demographic information), the researcher will mail reminders; the information and the link to the second round; and Emails regarding feedback to all the potential participants she sent the questionnaire to. You can opt out of receiving the Emails by contacting the researcher.
C. Depending on your answers, the online questionnaire can take approximately a half hour to complete. The questionnaire will be short and not designed to be physically, emotionally or time-wise challenging.	C. You are encouraged and will be reminded to take regular breaks whilst completing the online questionnaire. This will be done to avoid experiencing any discomfort from sitting still too long. The online questionnaire will therefore provide you with the option of saving your data and logging on and off at your convenience. Participants are health professionals (registered psychologists and counsellors) who are invited to review and refine guidelines. Although you are not considered to be emotionally involved in the process under investigating, you still have the option to contact the researcher if you need any further assistance or information. Consent will be easy and only a small group will be recruited to ensure a simple process with clear communication. Participants may withdraw during any stage of the 2-round Delphi process.

Who will have access to the information?

Your information will be given a code and thus your personal particulars will not be used. Only the researcher will have direct access to your online questionnaire, while she and the two promoters will have access to hard-copies of the online questionnaire. As you will be part of a small group of participants, no transcriptions will be done by an external person. The findings, including direct quotes of your answers that may be reproduced in this PhD degree thesis and resulting presentations and publications, will be reported anonymously. Please take note that by giving your consent below, you agree to this.

What will happen with the information?

This is a once off collection and the information will be assessed by the researcher and supervisors, assisted by a co-coder who will also sign an agreement of confidentiality. Your online questionnaire will be protected by your password - as soon as you are done completing it, your responses will be downloaded and stored on an encrypted file on the researcher password protected laptop. It will be stored in a safe at the researcher's residence; she therefore has exclusive access to it. Once all participants have completed their online questionnaires, the data contained in the questionnaires will also be deleted from the World Wide Web. After the study has been completed the downloaded information will be saved on a password encrypted USB drive and permanently deleted from the researcher's computer. The USB drive will be stored in the safe of the researcher. Your downloaded information will also be printed out in hard-copy format which will be stored in the same safe as the researcher's laptop. After five years all your information will be destroyed.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the research and there are no costs involved for you.

Is there anything else that you should know or do?

• Enquiries to the researcher: Elanza Stephenson at 078792 74 891 (UK), supervisor Prof Karel Botha at +27 18 2991726 (SA).
• You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at +27 18 299 1206; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.

How will you know about the findings?

Once the study is completed, you will automatically be emailed a short, comprehensive summary, in the form of a brochure, of the results of the study. As the questionnaires will be filled in anonymously, the researcher will mail this summary to all the potential participants she sent the questionnaire to. Please Email the researcher **if you do not wish** to receive this summary. Lastly, you are encouraged to phone the researcher if you have any questions regarding the results, bearing in mind that anonymity will then no longer apply.

Declaration by participant

By clicking on the Yes box below, I agree to take part in phase 3 of a research study titled Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective: I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I was given an opportunity to email or phone the researcher to clear up any misunderstandings or questions regarding the study or its procedures.
- I understand that taking part in this study is voluntary and that I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
Your filling in this online questionnaire is implied consent. This means that you will be able to withdraw from the study at any stage, but by submitting the questionnaire you are agreeing to participate.

NO - I do not wish to participate in this study. 'If you do not wish to participate in this study, please select 'exit survey' at the top of the page. Please delete the Email regarding the questionnaire and no further action is required'

Please click on the YES button if you wish to proceed with the questionnaire.

❏ YES- I want to participate in this research study and I fully understand and agree with the terms and conditions outlined.

(If you do not wish to participate in this study, please select 'exit survey' at the top of the page.)

❏ YES[4]

[4] *The setting on the online version of this question was 'Force Response'*

Delphi survey final questionnaire: Achieving a consensus on how intervention guidelines designed for Health Professionals supporting South African immigrants in England should be developed.

Mrs Elizabeth Stephenson (PhD candidate), Prof Karel Botha (Promoter)
Department of Psychology, North-West University, Potchefstroom Campus

19/11/2019

Dear Colleague,

Thank you for recently assisting the first round of this PhD research with your opinions about the 14 guidelines designed specifically for health professionals supporting and/or intending to support South African immigrants in England. This is the **final round** of the research where modifications to the guidelines will be presented to you to review and rate.

You have been chosen to participate within this study as an expert panellist due to your relevant experience working with diverse cultures and backgrounds. Thank you once again for your willingness to participate and your expert opinion will greatly assist in the successful realisation of our ultimate goal, which is to develop intervention guidelines for health professionals to support South African immigrants regarding immigration experiences and challenges in England. A few guidelines were also applicable to support South Africans planning to move to England.

The process so far: *Round 1* asked panellists to rate their level of agreement as to the importance of inclusion and the relevance of each of the proposed 14 guidelines. Twelve completed surveys were received and this questionnaire was designed based upon the findings of these surveys. For a guideline to be included in the final version of the intervention guidelines and recommendations, at least 70% of the panellists had to rate the corresponding guidelines as ‘agreed’ or ‘strongly agreed’ on a 5 point Likert scale. Consensus was met in round 1 to include ALL the guidelines. After the researchers have summarised their findings, themes from panellists’ responses were identified and these themes were integrated with the

existing guidelines. Individuals' recommendations were also considered and, in many cases, incorporated into the existing guidelines as they may help explain the guidelines better, (even though the individual recommendation or statements were not necessarily part of a theme). The final modifications to the guidelines consisted of minor language and textual changes and notes were added to the description of the intervention guidelines itself in order to make it clearer.

What happens in this round: This **final round** will bring the survey to a conclusion and you will now be presented with a revised list of guidelines, where you will be asked to review the feedback from the initial round to determine whether or not you agree with themes that have emerged from data analysis. Please check the correctness and relevance of the modified responses related to your initial agreement about the guidelines and again rate each item on a Likert Scale. You will have the opportunity to add comments and/or suggestions regarding each of the 'revised' guidelines.

At the end of the guidelines, a table with the ranking of guidelines based on the 'strongly agree' scores will be presented. You will have the chance to review and comment on this ranking.

This survey should take you approximately 30 minutes to complete and it will be very much appreciated if you can complete this questionnaire before the 13th of December 2019. Your responses will not be seen by other panellists and your individual responses will be treated as confidential. Any comments and findings that are published will be anonymised. There are 15 questions in total. There are no right or wrong answers as it is your opinion that we are interested in.

At the end of the survey, please select the 'Done' button in order for the survey to register as completed.

Thank you again for your time and we look forward to receiving your insights.

Kind regards,

The Research Team

.

Note: You are encouraged to phone the researcher if you have any questions regarding the results, bearing in mind that anonymity will then no longer apply. If you feel that you have been affected by any of the questions within this study, please refer to the consent form regarding accessing support.

• Enquiries to the researcher: Elanza Stephenson at 078792 74 891 (UK), supervisor Prof Karel Botha at +27 18 2991726 (SA).

Please start when you are ready.

Please remember to save your work and take regular breaks during this survey.

Guidelines for health professionals aimed at promoting self-regulation and coping strategies of South African immigrants in England.

Introduction:

The following 14 guidelines have been suggested to be important in developing intervention guidelines designed for health professionals to support South African immigrants in England. A few guidelines were also applicable to support for South Africans planning to move to England. The critical success of these guidelines amounts to three overarching factors, namely preparations prior to applying the guidelines, pro-active strategies and finally reactive strategies. After each guideline, the researcher included a few suggestions regarding the practical application of the guidelines to assist the health professional in understanding the guideline better. The guidelines are not meant to be a final set of 'structured steps or activities', but rather flexible guidelines and this list of guidelines is by no means exhaustive. Limitations such as high workloads may make it difficult to acquire knowledge about all the general issues that affect South African immigrants and therefore a person-centered approach is recommended.

Please rate your level of agreement as to the importance of inclusion and the relevance of each of these guidelines as it is currently worded:

SA = Strongly agree that this guideline with the revisions should be included and is

relevant

A = Agree that this guideline with the revisions should be included and is relevant

N = Neutral

D = Disagree that this guideline with the revisions should be included and is relevant

SD = Strongly disagree that this guideline with the revisions should be included and is relevant

CLUSTER 1: Preparations prior to applying the guidelines

This cluster deals with the inherent factors of the health professional:

Note to the respondent : 92 % of respondents agreed that guideline 1 should be included.

Guideline 1: The health professional needs to reflect on her/his own biases, perception and stance on migration, South Africans as a people-group, South Africa, and/or the destination country

- Endeavour to have a non-judgemental and respectful attitude when supporting South African immigrants (even if you have to suspend your own view on South African immigration).
- Acknowledge that for some immigrants, the immigration process may have been more trying /'harder' than they had expected (especially considering the perceived similarities of the culture groups).
- Guard against assuming that all immigrants will find migration difficult or that it is a distressing event for everyone.
- Whilst working with South African immigrants, the health professional needs to be mindful of how his/her own migration experiences, (nationally and internationally), may impact themselves personally or impact the service they provide. The health professionals may, for instance, reflect on their personal feelings about the communities in which they live or may be immigrants/prospective immigrants themselves facing their own unique migration experiences and challenges.

On the scale, please rate your level of agreement as to the	SA	A	N	D	SD	Prefer not to

importance of inclusion and the relevance of this specific guideline as it is currently worded:						say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 100 % of respondents agreed that guideline 2 should be included.

Guideline 2: It is important for health professionals working with South African immigrants to have knowledge of the specific context of this specific group of immigrants (e.g. pre-migration motives).

- Endeavour to understand the unique context of South Africa and the occurrence of South African migration in a non-judgemental manner.
- In collaboration with the South African immigrant, explore and reappraise the influence of contextual factors on their migration journey.
- Realistically, the health professional may not know everything about the general context of migration, but a person-centred approach including a 'non-judgmental curiosity', could aid the health professional filling in any gaps of understanding about the individual's context.
- An in-depth understanding of the specific individual's circumstance, experiences and complex issues underpinning the migration process, such as their reasons for leaving South Africa and any experience of trauma and loss, will be helpful in providing support.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific	SA	A	N	D	SD	Prefer not to say

guideline as it is currently worded:						
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 100 % of respondents agreed that guideline 3 should be included.

Guideline 3: The health professionals need to acknowledge that the migration experience is unique for each individual based on their personal circumstances, contexts and stage of the migration journey itself.

- A supportive person-centred approach is highly advisable when the South African immigrant reflects on the migration experience and resulting changes due to migration.
- Acknowledgement of the unique circumstances, preferences, psychological strengths and resources of the individual immigrant may help health professionals to more specifically develop, plan and tailor relevant support services. There is no 'one-size fits all' approach as every individual is unique and individuals have different psychological and emotional experiences during their migration journeys.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 83 % of respondents agreed that guideline 4 should be included.

Guideline 4: Health professionals need to be sensitive to and knowledgeable about the cultural differences that set South Africans apart from the locals. In addition to support with cultural differences, health professionals also need to be able to support South African immigrants in cases of reported discrimination.

- Be sensitive to South African immigrants' interpretation of cultural differences in their new country of settlement. In a practical sense this may mean taking into account both the unique attributes of the countries (South Africa and England) and individual factors such as language and culture, when planning support.
- Understanding the cultural differences can help distinguish between 'misunderstandings because of cultural differences' and discrimination. This in turn may assist the health professional in providing the relevant support.
- Additional cultural competence training may improve knowledge, skills and even attitudes of health professionals towards South African immigrants.
- Some South African immigrants may prefer to see a South African health professional (see Small,[1]). South African based health professionals may need to become more knowledgeable about and/or competent in the requirements of online therapy where they can provide online support to South African immigrants in England.
- Work and time commitments could prevent health professionals from acquiring general information about all the cultural differences specific immigrant groups are facing. However, a person-centered approach and 'curious questioning' about the specific cultural differences, will lead to an understanding on how these issues may impact the individual the health professional is supporting. The following factors are also worth considering when working with South African immigrants: (a) the full

extent to which South African immigrants has been affected by the migration process may not always be apparent to the health professionals working with them and (b) distinctions between the respective cultures are also not always obvious e.g. South African immigrants speak the same language, (English), to the locals.

- Assisting South African immigrants in exploring strategies, such as integration, may be helpful and potentially improve a 'sense of belonging' and/or 'fitting in'.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

CLUSTER 2: PRO-ACTIVE STRATEGIES

As these guidelines aim to promote psychological adaptation, the focus of this cluster will be on self-regulatory strategies.

Note to respondent: In the last round of questions, 100 % of respondents agreed that guideline 5 should be included.

Guideline 5: South African immigrants will most likely benefit from pre-migration preparation before emigrating and new arrivals may benefit from support regarding orientation to life in England.

- Pre-migration preparation and/or support when first arriving in their new country can potentially combat uncertainty, assist with setting clear goals, help with adjustment

and settling down in the new country, and encourage networking with appropriate services.

- Be conscious of pre-migration factors and motives as it may not only influence South Africans' decision to leave South Africa, but may also affect their adjustment in their new country.
- Pre-migration preparation and support to new-comers, may for instance, include aspects regarding the psychological and emotional impact of being an immigrant, (in general), and more specifically being an immigrant in the UK, (taking into consideration the current political climate in the UK).

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 92 % of respondents agreed that guideline 6 should be included.

Guideline 6: In addition to providing psychological support as standard practice, health professionals need to be sensitive to the internal experiences and emotions of South African immigrants specifically related to migration. This also includes challenges and demands on an intrapersonal level.

- Allow the expression of all emotions (positive, negative and ambivalent emotions) that influence 'settlement' in their new country. Some immigrants may for instance be

positive about their move, but uncertainty may still linger about their choices or about other aspects of their migration process.

- Promote an understanding of the role of emotions in challenging situations – emotions help an individual in regulating their own thoughts, decisions and behaviours. If necessary, facilitate an alternative appraisal of the emotions.
- Identify issues specifically related to the immigrants' move from South Africa and consequent experiences as a South African immigrant in England that could potentially affect the well-being of South African immigrants. For instance, some South Africans may express feelings of grief, loss and uncertainty as a result of their move from South Africa. This should be considered and dealt with in a professional, supportive and sensitive manner. (As these guidelines were compiled with registered health professionals in mind, the assumption is that this type of approach will already be part of their scope of practice).

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 92 % of respondents agreed that guideline 7 should be included.

Guideline 7: Health professionals need to be aware of interpersonal demands and be sensitive to personal preferences regarding social support, integration and a sense of belonging of South African immigrants.

- If possible and where appropriate, guide the South African immigrant to identify and activate social support as a resource that could help with their coping in a new environment.
- Literature about South African immigrants shows that different social interaction and support preferences exist within the South African immigrant group and seem to depend on the preference of the individual. Many of South Africans are also part of voluntary groups and/or sport affiliations. A person-centered approach is encouraged to understand and explore these individual preferences.
- Explore the benefits and practical application of acculturation strategies, especially 'integration' as a strategy.
- Provide a safe environment to express the immigrant's feelings regarding the effect of migration on those close to them. Acknowledge that for many South African immigrants, transnational interaction (contact with South Africa) is still very important.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 92 % of respondents agreed that guideline 8 should be included.

Guideline 8: Health professionals need to be sensitive and alert to financial and employment demands and challenges of South African immigrants.

- Be knowledgeable about the effect of migration on employment-related issues of South African immigrants and provide support regarding the psychological impact of employment-related matters if necessary. It may not always be possible for health professionals to provide practical employment-related support, but they may still be able to assist with the psychological impact of financial and employment demands. South African immigrants may, for example, need support in dealing with loss experiences, (for instance the loss of employment or financial status and/or professional networks). Individuals may also need to adjust to a different work environment and conditions, such as being in a work role that is not aligned with their pre-migration work roles, (e.g. having to 'start at the bottom' in their new jobs/roles in England with the aspiration of 'working up' the employment ladder).
- Provision of information about where to access employment assistance and services that help South African migrants with specific employment issues could support South African immigrants enter a foreign workplace and cope in that environment.
- The immigrant may also benefit from reading about the challenges, practical advice and positive experiences of other South African immigrants who transitioned from a South African to an English working environment.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 100 % of respondents agreed that guideline 9 should be included.

<u>Guideline 9</u>: – Health professionals need to encourage psychological adjustment by promoting and facilitating pro-active coping strategies and self-regulation whilst taking into consideration that migration is an ongoing process with progressive phases.

- Acknowledge that constructs such as 'settlement' and a 'sense of home' are personal objectives and changeable as it is influence by the ongoing dynamics of migration.
- Encourage the individual to explore the notion that he/she has the ability to cope and to manage current and future challenges. Feltham ([2], p 235) describes positive psychology as 'forward looking',that emphasizes the importance of learning coping skills and aiming to prevent future problems.
- In a supportive environment evaluate the discrepancies between intended migration and life goals (both before migration and after migration) and present behavioural outcomes. If necessary, support immigrants to re-appraise and determine realistic and meaningful new goals. Provide clients with support to improve their decision making and enhance a feeling of control and agency (this is particularly important when dealing with feelings of uncertainty).
- <u>This guideline is important for all the phases of the immigration process in order to achieve a positive outcome for the individual. This include supporting immigrants when they consider returning to South Africa.</u>

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 83 % of respondents agreed that guideline 10 should be included.

<u>Guideline 10</u>: – Health professionals should focus on the individual's personal strengths as well as other positive factors such as the confirmatory qualities of 'being a South African immigrant' and positive attributes of England.

- Identify personal strengths and explore the strengths depicted in literature about immigrants and in particular South African immigrants. This may include strengths such as resilience, flexibility, gratitude, altruism (e.g. helping other South Africans via online forums).
- <u>Assisting South African immigrants to embrace the positive attributes of England may lead to positive acculturation outcomes, (e.g. integration).</u>
- <u>Although a strength-based approach is recommended for these guidelines, the health professional may find it necessary to prioritise and address any negative emotions affecting the well-being of the South African immigrant in a way that the professional considers to be appropriate and suitable (See guideline 14).</u>

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

CLUSTER 3: REACTIVE STRATEGIES

The cluster will consist of 2 parts namely: (1) improving/promoting knowledge improvement by means of information provision and (2) assessment and referral.

Knowledge improvement by means of information provision:

Information provision could promote networking with other services or support. Providing individuals with information in a supportive setting could increase their sense of self-efficacy and control (see Lyon [3]).

Note to respondent: In the last round of questions, 100 % of respondents agreed that guideline 11 should be included.

Guideline 11: South African immigrants planning to move to England could benefit from information on general migration processes of South African immigrants in order to prepare them for the move.

- Providing information and advice about the migration process, life in their new country and support available to the prospective South African immigrants could prepare prospective South African immigrants for their move (see Small, [1]).
- Due to the administrative nature of moving from one country to another, limit the paperwork for prospective South Africans planning to move to England to what is needed. Information about online forums to network and exchange information may be valuable for South Africans considering migration (see Kwankam ,[4]; Wasserman, [5]). As the health professional will most likely not be able to provide all the relevant information on migration-related matters, there may be a need for a referral network where the prospective immigrant could be directed to for additional information.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 100 % of respondents agreed that guideline 12 should be included.

Guideline 12: Newly arrived South African immigrants in England could benefit from information on practical matters in their new country.

- Be aware that the provision of information on practical and policy matters may alleviate anxieties and uncertainties (e.g. where to access government policies such as visa requirements and information on practicalities such as housing, how to open a bank account, how to access health care, policies regarding road safety etc.).
- Employment-related information and assistance could support South African immigrants' transition to a foreign workplace.
- Signposting to appropriate organisations, online websites and forums regarding social support may be beneficial. Support may especially be helpful to individuals feeling isolated, (e.g. individuals that moved to England without a support network and who experience a minimal sense of community where they currently live).

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 83 % of respondents agreed that guideline 13 should be included.

Guideline 13: Current South African immigrants in England could benefit from general literature on immigration as well as information on the specific experiences of South African immigrants. This may help individuals find relevancy of their migration experiences and normalise their immigration journey.

- Support by providing information on education regarding the migration process holds the potential of assisting South African immigrants in understanding their reaction to the often complex and isolating migration experience. Information on and understanding of the challenges and stressors associated with aspects of migration could help normalise the immigrants' experiences after arrival (see Small, [1]).
- This information should be tailored to the stages of the migration process and also the individual needs/situation of the South African immigrant, (for instance, some South Africans may find this type of information very helpful at the initial stages of adjustment, but may not need it later during their migration journey).
- This personalised approach is important, as there may be certain stages with unique challenges that immigrants are not prepared for, (for instance, challenges experienced when South Africans consider returning back to South Africa).
- The South African immigrant may also be encouraged to explore ***various*** sources of information, as some viewpoints from individuals on forums and social media may be highly subjective.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific guideline as it is currently worded:	SA	A	N	D	SD	Prefer not to say
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Note to respondent: In the last round of questions, 100 % of respondents agreed that guideline 14 should be included.

Assessment and referral:

Guideline 14: Appropriate therapeutic support and/or referral need to be a priority when migration challenges affect the mental well-being of the South African immigrant.

- Health professionals need to have the appropriate professional qualifications and training to assess whether immigration demands affect the mental health and well-being of the South African immigrant in ways that lie beyond the intended scope of these guidelines. In such a case it is essential to provide the appropriate therapeutic support themselves or refer to another health professional.
- If the South African immigrant's needs fall beyond the health professional's scope of practice/expertise, a referral procedure to other health and medical professionals needs to be in place and honestly communicated to the South African immigrant (for instance a multi-disciplinary approach may be helpful and referral to medical professionals such as psychiatrists, nurses or medical doctors may be needed).
- South African immigrants may need specialised support, (for instance the provision of trauma counselling for South Africans that left South Africa due to traumatic experiences.)
- In the United Kingdom, a welcome package with information about services such as the IAPT, (Improving Access to Psychological Therapies) may be helpful for newly arrived immigrants.

On the scale, please rate your level of agreement as to the importance of inclusion and the relevance of this specific	SA	A	N	D	SD	Prefer not to say

guideline as it is currently worded:						
	❑	❑	❑	❑	❑	❑

You have the option of expanding on why you chose this rating of priority. Are there any additional comments or changes you would like to recommend?

Ranking order of the Guidelines

Table 1 below ranks the guidelines in order of importance of inclusion and the relevance as evident from round 1. The ranking is based on firstly calculating the average 'strongly agree' scores, then considering the combined 'agree' scores and finally considering any qualitative input. In some cases the scores were exactly the same and it is noted as such in the table.

Table 1:

Ranking Order 1 is the most important guideline while 14 is the least important guideline.

GUIDELINES	RANKING ORDER
Guideline 5 & 14	1
Guideline 1	3
Guideline 9 & 12	4
Guideline 7	6
Guideline 3	7
Guideline 2	8
Guideline 4 & 13	9
Guideline 11	11
Guideline 6	12
Guideline 10	13
Guideline 8	14

Please choose <u>one</u> of the following options:

❑ A. I agree with the ranking order of table 1 and would not like to change it

❑ B. I would like to propose the following changes to the ranking order

If you chose option B, you are invited to rank the guidelines in their order of importance.

Guideline 1	1
Guideline 2	2
Guideline 3	3
Guideline 4	4
Guideline 5	5
Guideline 6	6
Guideline 7	7
Guideline 8	8
Guideline 9	9
Guideline 10	10
Guideline 11	11
Guideline 12	12
Guideline 13	13
Guideline 14	14

You have the option, *but are not expected* to give comments on this ranking order:

Please ensure that you enter the 'DONE' button at the bottom of the document when you are finished with the survey (before you close the questionnaire).

Thank you for taking the time to participate!

<u>Note: The reference list will appear on the next page after you press 'done' or it can be send to you in a separate Email (upon request).</u>

Thank you for taking the time to participate!

Kind regards

The research team

Reference List: (Please contact the researcher if you need more information about any of the literature)

1. C.S. Small. *South African immigrants in New Zealand: towards an Eco model of assessment and intervention,* Doctoral [dissertation]. UNISA; 2015.

2. C. Feltham. Contextual Psychology. In: C. Feltham & I. Horton (Eds). The SAGE Handbook of Counselling and Psychotherapy. SAGE; 2012.

3. R. Lyon. The nature and dynamics of coping with induced abortion in young adult women. PhD [dissertation]. Potchefstroom: North-West University; 2019.

4. F. Kwankam. The South African Scientific Diaspora in Switzerland. *Scientific Diasporas as development partners*. 2010; p. 411.

5. R.G. Wasserman. *Migration from South Africa to Australia*, Doctoral [dissertation]; 2016

Appendix N:

The South African Journal of Psychology: Guidelines for Authors

About the Journal

The South African Journal of Psychology considers submissions addressing South African, African or international issues, including:

1. Manuscripts reporting on research investigations.
2. Review articles focusing on significant issues in Psychology.

New submissions should not exceed 5500 words, including references, tables, figures, etc. Authors of manuscripts returned for revision and extension should consult the Editorial Office regarding amended length considerations.

All manuscripts should be written in English and include an abstract of not more than 250 words. The writing must be of a high grammatical standard, and follow the technical guidelines stipulated below. The publication guidelines of the American Psychological Association 6th edition (APA 6th) must be followed in the preparation of the manuscript. Manuscripts of poor technical or language quality will be returned without review.

Make your article discoverable

When writing up your paper, think about how you can make it discoverable. The title, keywords and abstract are key to ensuring readers find your article through search engines such as Google. For information and guidance on how best to title your article, write your abstract and select your keywords, have a look at this page on the Gateway: How to Help Readers Find Your Article Online.

Preparing your manuscript for submission

Formatting

Manuscripts should be submitted as a Word document only. Templates are available on the Manuscript Submission Guidelines page of our Author Gateway.

The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 12 point.

Journal Style

The South African Journal of Psychology conforms to the SAGE house style. Click here to review guidelines on SAGE UK House Style.

Research-based manuscripts should use the following format: The introductory/literature review section does not require a heading, thereafter the following headings /subheadings should be used:

Method (Participants; Instruments; Procedure; Ethical considerations; Data analysis (which includes the statistical techniques or computerized analytic programmes, if applicable); Results; Discussion; Conclusion; References.

The "Ethical considerations" section must include the name of the institution that granted the ethical approval for the study (if applicable).

Keywords and abstracts

Helping readers find your article online Authors should include (a) an Abstract of up to 250 words and (b) up to 6 alphabetised keywords The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting SAGE's Journal Author Gateway Guidelines on How to Help Readers Find Your Article Online.

Artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE's *Manuscript Submission Guidelines*.

Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from SAGE after receipt of your accepted article.

Reference style

South African Journal of Psychology adheres to the APA reference style. View the APA guidelines to ensure your manuscript conforms to this reference style.

English language editing services

Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit the journal's specifications should consider using SAGE Language Services. Visit SAGE Language Services on our Journal Author Gateway for further information.

Submitting your manuscript

The South African Journal of Psychology is hosted on SAGE Track, a web based online submission and peer review system powered by ScholarOne™ Manuscripts.

Visit http://mc.manuscriptcentral.com/sap to login and submit your article online.

IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past year it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit ScholarOne Online Help.

ORCID

As part of our commitment to ensuring an ethical, transparent and fair peer review process SAGE is a supporting member of ORCID, the Open Researcher and Contributor ID. ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher,

even those who share the same name, and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities, ensuring that their work is recognized.

The collection of ORCID iDs from corresponding authors is now part of the submission process of this journal. If you already have an ORCID iD you will be asked to associate that to your submission during the online submission process. We also strongly encourage all co-authors to link their ORCID ID to their accounts in our online peer review platforms. It takes seconds to do: click the link when prompted, sign into your ORCID account and our systems are automatically updated. Your ORCID iD will become part of your accepted publication's metadata, making your work attributable to you and only you. Your ORCID iD is published with your article so that fellow researchers reading your work can link to your ORCID profile and from there link to your other publications.

If you do not already have an ORCID iD please follow this link to create one or visit our ORCID homepage to learn more.

Information required for completing your submission

You will be asked to provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. These details must match what appears on your manuscript. At this stage please ensure you have included all the required statements and declarations and uploaded any additional supplementary files (including reporting guidelines where relevant).

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Please also ensure that you have obtained any necessary permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please see the Copyright and Permissions page on the SAGE Author Gateway.

Appendix O:

Declaration of Language Editing – Spell Check

SPELL CHECK
PROFESSIONAL LANGUAGE EDITING & TRANSLATION SERVICES
Tanya-Lee Stewart
Bachelor of Arts in English & Linguistics
spellcheck1977@gmail.com / +27 84 556 7745

EDITING CERTIFICATE

15 March 2020

To whom it may concern

DECLARATION OF LANGUAGE EDITING

Re: Acculturation and psychological adaptation of South African immigrants in England: a self-regulation perspective

This serves to confirm that I, Tanya-Lee Ruby Stewart, a SATI-registered language editor and translator, undertook the language editing of the above-mentioned document on behalf of Mrs Elizabeth Stephenson, NWU student number: 10734562, for the purpose of meeting the submission requirements of a PhD degree.

Changes and corrections were suggested by means of "track changes" and e-mails. However, implementation thereof was left up to the author.

Should you have any queries, please contact me through the email address and telephone number provided by the letterhead.

Yours sincerely

TR Stewart
Member: South African Translators' Institute SATI registration no: 1003470

Appendix P:

Declaration of Language Editing – The Communication Shop

THEcommunicationSHOP

EDITING DECLARATION

This document certifies that the dissertation listed below (including manuscript articles) was edited for proper use of English language, grammar, punctuation, spelling, typographical errors, and overall style. The same dissertation was edited for the correct use of APA referencing style (7th Edition).
Neither the research content nor the author's intentions were altered in any way during the editing process. The author was given the ability to accept or reject all suggestions and changes through Word track changes and comments.

The author is responsible for the final, correct presentation of the content, illustrative materials, tables, arrangement of parts, sentence structure, grammar, paragraphing, punctuation, spelling, typographical errors, quotations, bibliographical items, and all information contained within. The author is also responsible for the detection and correction of all instances of plagiarism.

Title

The Development of Intervention Guidelines for Health Professionals Aimed at Promoting the Self-regulation and Coping Strategies of South African Immigrants in England

Authors

Corresponding author: E. Stephenson

Co-authors: E. Stephenson & K.F.H. Botha

Date Edited

6 April 2020

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