

# **Stress Among Korean Immigrant Parents of Children With Diagnosed Needs Amid the COVID-19 Pandemic**

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## **Abstract**

This study examines difficulties amid the COVID-19 pandemic in raising children and meeting their educational needs among Korean immigrant parents of children with disabilities, giftedness, and/or limited English proficiency living in the U.S. The Ordinary Least Squares (OLS) regression analysis examined the associations between the 48 participants' perceived difficulties meeting their children's educational needs, parental stress, and parents' resilience and social support. Additionally, basic interpretive qualitative analysis was conducted for the 18 survey participants who provided data via an open-ended survey response. Results determined that participant difficulties in assisting with their children's educational needs were associated with increased parental stress. Participants also described lack of resources and support, language and communication barriers, internal family conflicts, and developmental concerns about the child. Implications for practice and future research are discussed.

Key Words: Coronavirus disease, COVID-19, pandemic, Korean, immigrant, disability, giftedness, limited English proficiency, children, education, resilience, social support, parental stress

## Introduction

Since December 2019, the Coronavirus disease 19 (COVID-19) has significantly threatened global society, economics, and public health—including mental health. Several studies report parental and psychological distress amid the COVID-19 pandemic in various countries. For example, in Canada, research indicated that parents of children aged birth through eight years were at risk for mental health problems, including anxiety and depression, amid the pandemic (Cameron et al., 2020). Another study in Spain found that parenting children under 16 years old and parents' increased psychological distress amid the pandemic were positively associated (Gomez-Salgado et al., 2020). Further, parents of children between two and 14 years old in Italy reported increased difficulties and stress associated with quarantine during the pandemic (Spinelli et al., 2020).

### Response to COVID-19 in U.S. School Systems

In response to COVID-19, the United States (U.S.) implemented several exercises informed by the Centers for Disease Control and Prevention (CDC) to mitigate the spread of COVID-19, including mandated use of face covers/masks and hand sanitizer in public and the observation of social distancing, or individuals maintaining a minimum of six feet from others (CDC, 2021). Many U.S. cities also called for shelter-in-place or shutdown orders, including closing public and private schools. As a result, schools across the nation adopted fully online or hybrid instruction to minimize face-to-face interactions during the pandemic, with no or little preparation for educators, families, or students (Schaeffer, 2020). As rates of COVID-19 cases continued to ebb and flow, schools continued to adopt and adapt various educational options for students, including partial or full in-person instruction and hybrid or fully remote instruction, depending orders placed by the states, school districts, and/or local public health authorities (Education Week, 2020).

The inconsistency in instructional models and other ramifications of the pandemic (e.g., job loss, lack of childcare, family illness) placed a strain on parents of school-aged children as they attempted to support their children, navigate school systems, and provide academic support (Brown et al., 2020). Moreover, immigrant families living in the U.S. encountered additional strains due to language differences in communicating with schools (Lazarin, 2020). Further, families and educators of children with special needs (e.g., disabilities, emerging bilingual, gifted) struggled to meet student educational needs during the abrupt shift to online instruction as a result of COVID-19 (Schaeffer, 2020), resulting in exacerbated parental stress (NAGC, 2020), including stress among Korean immigrants.

### **Korean Immigrants in the U.S.**

Korean Americans comprise the fifth largest Asian American subgroup in the U.S. (U.S. Census Bureau, 2018), consisting of approximately two million foreign-born and U.S.-born Korean Americans (O'Connor & Batalova, 2019). Many Korean immigrants began to move to the U.S. looking for better education, employment, and life opportunities in the latter part of the 20th century (Boston Korean Diaspora Project, n.d.; O'Connor & Batalova, 2019). Therefore, most Korean immigrants who recently immigrated to the U.S. are likely to have higher income and educational levels compared to other immigrant groups and other U.S. citizens (O'Connor & Batalova, 2019). Further, Korean immigrant parents, along with other Asian Americans, are likely to have higher educational expectations for their children compared to other ethnic groups (Shin, 2004). English proficiency of Korean immigrants, however, is likely to be lower than other immigrant groups (O'Connor & Batalova, 2019).

Like many immigrant families, Korean immigrants experience parenting challenges while adjusting to a new culture in the host country where language barriers and social isolation frequently occur (Fung & Lau, 2010; Jambunathan et al., 2000). Unsurprisingly, these parents experience linguistic and cultural gaps when they meet their children's teachers (Lee et al., 2018), gaps that are exacerbated in the case of children with special needs. For example, immigrant parents of children with disabilities often state that cultural and linguistic differences result in difficulties navigating appropriate educational or medical services, building effective relationships with professionals, and making individualized education program (IEP) meetings meaningful (Khanlou et al., 2015; Park & Turnbull, 2001). Immigrant parents of children with giftedness also report lacking educational resources and information due to limited English proficiency (Harris et al., 2009; Wiles, 2014). However, little is known about the experiences of Korean immigrant parents who have school-aged children with special needs.

Further, family resilience (e.g., the ability to cope with adversity, trauma, and stress) is an important factor in immigrant parents' ability to effectively serve in caregiving roles, seek help when needed, and maintain a positive mental health (Chang & Ng, 2002; Ornelas et al., 2009; Zechella & Raval, 2016). Given reported barriers and stressors, parent resilience is particularly important for immigrant families when navigating American educational systems, especially when their children have special needs such as disabilities (Su, 2008). Despite the importance of resilience, again, little is known about resilience strategies of Korean American immigrant parents, outside of the importance of social support in relieving parental stress and promoting acculturation in

the host country (Levitt et al., 2005; Liu et al., 2020). That said, this line of research does not offer robust descriptions of the experiences of Korean American immigrants who have school-aged children with special needs.

To our knowledge, research focusing on the impact of COVID-19 on immigrant families of school-aged children with special needs, including those living in the U.S., has yet to be published. This research is critical, given the stressful circumstances immigrant parents often experience as their children progress through school systems (e.g., language barriers, meeting educational needs; Lee et al., 2018). Moreover, investigating the experiences of Korean immigrants raising children with special needs (i.e., disabilities, giftedness, English language learners) is important given that Koreans are one of the fastest growing immigrant groups in the U.S., but also one of the most understudied populations, particularly Korean immigrants who have children with special needs.

To respond to this perceived gap in the research, this study examined Korean immigrant parents' stress in raising school-aged children with disabilities, giftedness, and/or limited English proficiency. Research questions included: (1) What are the rates of parents who experienced difficulties meeting their children's education needs in general, who experienced language barriers when trying to meet their children's educational needs, and who experienced difficulties using online learning tools when trying to meet their children's educational needs, amid the COVID-19 pandemic?; (2) Is there an association between experiencing difficulties meeting children's educational needs and parental stress amid the COVID-19 pandemic?; (3) Do parents' resilience level and social support have direct effects in parental stress amid the COVID-19 pandemic?; and (4) What are COVID-19 pandemic-related parenting difficulties?

## Methods

### Procedures

U.S. Korean immigrants were recruited to take an online survey between May 2020 and June 2020 to explore their COVID-19-related well-being outcomes. The research team engaged in convenience and snowball sampling by posting invitations describing the nature of the study, targeting foreign-born and U.S.-born Korean immigrant respondents on popular online communities for Korean immigrants in the U.S. (e.g., missyusa.com). The team also distributed invitations by email via various Korean organizations (e.g., religious organizations with which the researchers were familiar), asking individuals to further distribute the survey to other Korean immigrants. The researchers then used the following criteria to engage in purposive selection of participants for this study: participants needed to (a) reside in the U.S. regardless of their visa

or citizenship status, (b) have or be of Korean descent, (c) be over the age of 18, and (d) be the parent of a school-age child or children with disabilities, giftedness, and/or limited English proficiency (referred to collectively as children with special needs in this article). A total of 48 participants were selected using these criteria. The sample characteristics and participant demographics of this study are provided below. Data were treated and analyzed anonymously to protect participant confidentiality.

## Participants

### *Quantitative Sample*

Table 1 presents the sample characteristics of the final sample of participants ( $N = 48$ ). The mean age was 41.43 (range: 30–55, Std. Dev: 5.56); 64% were female, and 35.4% were male. Regarding educational background, 8.3% had at least high school diploma, 27.1% had some level of college education, 37.5% had bachelor's degree, and 42.8% had graduate degree. Regarding current employment status, 35.4% were employed full-time, 14.6% were employed part-time, and 50.0% were not in the labor force. In terms of household income, 12.5% of the sample earned below \$34,999, 12.5% earned \$34,999–\$49,999, 47.9% earned \$50,000–\$99,999, and 27.1% earned above \$100,000 per year. In terms of parental stress, the mean score of the sample was 47.65 (Std. Dev: 11.96).

### *Qualitative Sample*

Several ( $N = 18$ ) survey participants also provided written responses on the survey regarding additional difficulties experienced raising and educating their child with special needs during COVID-19. Table 2 displays disaggregated demographic information for these participants. Participant age among this sample ranged from 32–52 years, and 11 of the 18 reported their gender as female. All but one participant reported some degree of college attendance (some college–graduate school) and employment ranged from student ( $n = 1$ ), to part-time employment/freelance work ( $n = 3$ ), full-time employment ( $n = 5$ ), and homemaker ( $n = 8$ ). One participant also reported a leave of absence from work. The length of time living in the U.S. ranged from 1 to 27 years (mean of 11.3 years), and current areas of residence reflected nine U.S. states. Household income ranged from less than \$10,000/year to more than \$100,000 a year, with the majority of participants ( $n = 5$ ) reporting an average household income of \$50,000–\$74,999.

Table 1. Characteristics of the Study Sample

Variables	All sample (N = 48)	Variables	All sample (N = 48)
<b>Dependent Variable</b>		<b>Sociodemographic Variables</b>	
<i>Parental Stress</i> (range: 18–90)		<i>Age (years)</i>	
Mean: 47.65	Std. Dev: 11.96	Min: 30	Mean: 41.43
<b>Independent Variable</b>		Max: 55	Std. Dev: 5.56
<i>Difficulty Child Education</i>		<i>Education</i>	
Yes	84.8%	High school diploma or less	8.3%
No	15.2%	Some level of college education	27.1%
<i>Lang Barrier Child Edu</i>		Bachelor’s degree	27.1%
Yes	71.7%	Graduate degree	37.5%
No	28.3%	<i>Employment Status</i>	
<i>Tech Diff Child Edu</i>		Employed full-time	35.4%
Yes	41.3%	Employed part-time	14.6%
No	58.7%	Out of labor force	50.0%
<b>Coping Variables</b>		<i>Household Income</i>	
<i>Resilience (range: 0–40)</i>		< \$34,999	12.5%
Mean: 23.71	Std. Dev: 6.26	\$35,000–\$49,999	12.5%
<i>Social Support</i> (range: 3–15)		\$50,000–\$99,999	47.9%
Mean: 12	Std. Dev: 2.07	>= \$100,000	27.1%
<b>Years in U.S.</b>		<i>Sex</i>	
Min: 1	Mean: 13.28	Male	35.4%
Max: 40	Std. Dev: 8.15	Female	64.6%

Notes. Lang Barrier Child Edu = Language Barriers Assisting in Child’s Education;  
Tech Diff Child Edu = Technical Difficulties Assisting in Child’s Education

Table 2. Demographic Information for Open-Ended Question Respondents

Participant	Age	Sex	State	Years in U.S.	Educational Attainment	Employment	Family Annual Income	# of Children With Needs	Child(ren) Age in Years	Child(ren)'s Needs
1	40	M	MA	16	Some college	Part-time	\$50,000–\$74,999	1	10	ADHD, LD, & ESL
2	38	F	VA	13	College	Homemaker	\$50,000–\$74,999	2	11 & 9	Giftedness
3	N/R	F	CA	10	College	Homemaker	\$75,000–\$99,999	2	6 & 4	ELL
4	32	M	NJ	1	Grad school	Full-time	\$50,000–\$74,999	2	6 & 4	ELL
5	43	M	CA	5	Grad school	Leave of absence	\$50,000–\$74,999	2	12 & 9	ELL
6	37	F	IL	7	Grad school	Part-time	\$75,000–\$99,999	1	4	ELL
7	34	F	TN	14	Some college	Homemaker	\$50,000–\$74,999	3	11, 7, & 4	ELL (1 <sup>st</sup> , 2 <sup>nd</sup> ) & Speech delays (3 <sup>rd</sup> )
8	39	M	VA	27	Some college	Full-time	\$75,000–\$99,999	2	11 & 7	ELL
9	36	M	CA	2	Grad school	Student	\$35,000–\$49,999	1	7	ELL
10	42	F	CA	6	Comm col	Full-time	\$15,000–\$24,999	2	8 & 5	ELL
11	44	M	PA	8	Grad school	Full-time	\$75,000–\$99,999	1	10	Giftedness
12	39	F	FL	13	College	Homemaker	>\$100,000	1	8	Giftedness
13	37	F	FL	7	College	Homemaker	<\$10,000	1	6	Physical disability
14	41	F	NJ	16	College	Freelancer	>\$100,000	1	9	ADD, LD, & apraxia
15	49	F	CA	19	High school	Homemaker	\$15,000–\$24,999	1	10	ADHD
16	52	F	CA	22	Some college	Homemaker	\$35,000–\$49,999	2	19 & 14	ADHD (1 <sup>st</sup> ) & ADD (2 <sup>nd</sup> )
17	30	F	OH	4	College	Homemaker	\$15,000–\$24,999	1	2	Developmental delay & ASD
18	49	M	CA	14	Community college	Full-time	\$35,000–\$49,999	1	12	Developmental delay & ASD

Participants' number of children with special needs ranged from 1 to 3 within single family units, with the majority of participants (56%) reporting having only one child with a special need. Reported ages of children with special needs ranged from 2 to 19 years. Child diagnoses ranged, with four participants indicating that their child had more than one diagnosis (see Table 2). However, the most frequently reported diagnoses were (a) English Language Learner (ELL;  $n = 10$ ), (b) Attention Deficit Hyperactivity Disorder (ADHD;  $n = 3$ ), and (c) Giftedness ( $n = 3$ ).

### **Measurements**

Parental stress, resilience, and social support were measured by existing scales (see following sections). For the items without existing scales (e.g., difficulty in meeting children's educational needs amid COVID-19 pandemic), the research team developed questions in English and Korean. All items in the survey were cross-checked and back-translated by bilingual researchers reiteratively, and external bilingual reviewers also confirmed the cultural competency and linguistic accuracy of the questions included in the survey.

#### *Sociodemographic Factors*

Respondents' age and gender were included in the analyses as control variables. See Table 1 for further information.

#### *Parental Stress*

Parental stress level was measured by the 18-item Parental Stress Scale (PSS; Berry & Jones, 1995). The PSS Cronbach's alpha reliability is 0.83, and test-retest reliability of the scale is 0.81. Respondents to the scale indicate their feelings about and perception of their parenting experiences based on the relationship with their child(ren), for example, "Caring for my child(ren) sometimes takes more time and energy than I have to give"; "I enjoy spending time with my child(ren)." Participants indicate how much they agree or disagree with each statement using the 5-point Likert-type scale, from 1 being strongly disagree to 5 being strongly agree. A possible total score (18–90) was treated as a continuous variable.

#### *Difficulties in Meeting Children's Educational Needs Amid a Pandemic*

There were three researcher team-developed items in the survey that measured participants' perceptions of their difficulties/challenges amid the COVID-19 pandemic in trying to meet their children's educational needs. These yes/no questions included: (1) "Due to the COVID-19 pandemic, I am struggling to meet the needs of my child(ren)'s education and activities;" (2) "I am experiencing a language barrier in helping with my children's schoolwork and activities during the COVID-19;" and (3) "I am experiencing difficulties



in helping with my children's schoolwork and activities using online instructional tools." All three items were used as dichotomous variables.

### *Resilience*

The Connor-Davidson Resilience Scale–10 (CD-RISC–10; Campbell-Sills & Stein, 2007) was used to measure participants' level of resilience. The scale is composed of 10 items on a 5-point Likert scale (0 = not true at all to 4 = true nearly all the time) and has high reliability (Cronbach's alpha of 0.85). CD-RISC–10 has been used in various linguistic and cultural contexts assessing individuals' level of resilience. Examples of items included from the scale are "I can deal with whatever comes my way" and "I am not easily discouraged by failure." A total score (range from 0–40) was used as a continuous variable for data analysis.

### *Social Support*

Participants' perceived social support was measured by the Social Interaction Scale (Schuster et al., 1990). Three items were selected from the scale to specifically measure the perceived level of emotional support an individual receives from their family, friends, or relatives, especially when in a difficult situation. The three items included: (1) "I have friends, family, or others whom I can open up and rely on;" (2) "I have friends, family, or others who will provide support if I have a serious problem;" and (3) "I am in close contact with my friends, family, or others." Participants responded via a 5-point Likert scale (1 = very dissatisfied to 5 = very satisfied). A possible total score of from 3–15 was used as a continuous variable.

### *Open-Ended Question for Qualitative Measurement*

In addition to quantitative questions, the survey also included the following open-ended question: "Please note any additional difficulties you have experienced in raising and educating your child because of the COVID-19 pandemic." The team used basic interpretive analysis (Merriam & Tisdell, 2016) to analyze this open-ended response.

## **Quantitative Data Analysis**

SPSS 26.0 was used for data analyses. In order to handle missing values, list-wise deletion was used if the remaining cases were large enough. Next, data were cleaned for analysis purposes. Authors performed descriptive statistical analyses to establish the distribution of all study variables and to answer the first research question. Ordinary Least Squares (OLS) regressions were conducted to answer the second and third research questions about the associations between difficulties meeting children's educational needs amid the COVID-19 pandemic and parental stress, resilience, and social support.

## Qualitative Data Analysis

The first, second, and fourth author first collaborated to translate participant responses from Korean to English by back translation processes (Brislin, 1970). The first author is a Korean immigrant special education researcher in U.S., fluent in both English and Korean. The second author is a Korean Canadian, fluent in English and Korean, and a faculty member in social work in the U.S. The fourth author is a U.S. Korean immigrant social work scholar, and fluent in English and Korean. During this time, they discussed any disagreements related to translation (e.g., screen time vs. time for playing video games), as well as instances when a direct translation from Korean to English would not accurately represent participant intent. For example, the direct translation of 편식 to English is “unbalanced diet,” but the team agreed that participants intended what would be referred to as “a picky eating habit” when they used it.

Once data were translated, the first and third author (a White, English-speaking, female, American researcher with interest in partnerships between educators and families with members who have disabilities) independently reviewed participant data and conducted an initial thematic analysis of the data by reviewing each written statement and assigning it a descriptive label (e.g., parents indicated their children’s skill regression). The authors then discussed the labels they assigned to the data, including questioning similarities and differences in labels (e.g., concerns related to skill regression) before agreeing on finalized interpretations of the data (e.g., agreement that the labels accurately represented participant intent).

## Results

### Meeting Children’s Educational Needs Amid COVID-19

Table 1 presents descriptive statistics related to the first research question about the level of parental stress for Korean immigrant parents of children with special needs. Among the 48 participants, 84.8% reported that they were experiencing difficulty trying to meet their children’s educational needs amid the COVID-19 pandemic, while 15.2% reported that they did not experience difficulties. Of the sample, 72% experienced language barriers when trying to meet their children’s educational needs amid the pandemic, and 28.3% did not. Further, 41% of the sample reported that they were experiencing difficulties in trying to use online learning tools while trying to meet their children’s educational needs, and 58.7% of reported the opposite.

**Meeting Children’s Educational Needs and Parental Stress**

Results from the OLS regression is presented in Table 3. Regression analyses were conducted to examine the associations between difficulty trying to meet children’s needs amid the COVID-19 pandemic and the participants’ parental stress level. In the first model, the given associations were tested while controlling for participants’ sociodemographic factors. In the second model, participants’ two types of coping mechanisms were added into the model.

Table 3. Ordinary Least Square (OLS) Regression Model on Parental Stress

	B	S.E	95% CI
<b>First Model</b>			
Diff Child Education Needs	.505****	(4.540)	[6.893, 25.275]
<b>Sociodemographic Factors</b>			
Age	.221	(.307)	[-.149, 1.093]
Sex	.223	(3.373)	[-1.389, 12.269]
<b>Second Model</b>			
Diff Child Education Needs	.437***	(4.321)	[5.145, 22.673]
<b>Sociodemographic Factors</b>			
Age	.246*	(.291)	[-.066, 1.114]
Sex	.150	(3.203)	[-2.818, 10.175]
<b>Coping Factors</b>			
Social Support	.168	(.827)	[-.725, 2.629]
Resilience	-.417***	(.295)	[-1.421, -.226]

Notes. Categories in parentheses are reference groups.

\* $p \leq .1$ . \*\* $p \leq .05$ . \*\*\* $p \leq .01$ . \*\*\*\* $p \leq .001$ .

In the first model, a significant association was found between participants’ difficulties in trying to meet their children’s education needs and their parental stress ( $B = .505, p \leq .001; 95\% \text{ CI } [6.893, 25.275]$ ). Age and sex were not significant control variables in this model. In the second model, effects of social support and resilience were examined. Again, in this model, perceived difficulties to meet their children’s educational needs constituted a significant variable affecting participants’ level of parental stress ( $B = .437, p \leq .01; 95\% \text{ CI } [5.145, 22.673]$ ). For sociodemographic factors, age was significantly associated with parental stress ( $B = .246, p \leq .1; 95\% \text{ CI } [-.066, 1.114]$ ), with older participants reporting higher parental stress level. Last, among the coping factors, resilience was significantly associated with participants’ level of parental stress ( $B = -.417, p \leq .01; 95\% \text{ CI } [-1.421, -.226]$ ); participants’ with higher

levels of resilience showed statistically significant lower levels of parental stress. In summation, the association between perceived difficulties in trying to meet their children's educational needs amid the COVID-19 pandemic and parental stress was significant in both models.

### **Parent Stressors**

Participants who completed the opened-ended question provided four primary factors resulting in enhanced levels of stress: (a) lack of resources and support, (b) communication barriers, (c) internal family distress and conflict, and (d) concerns related to child development and skills.

#### *Lack of Resources and Support*

Many participants felt “very satisfied with the face-to-face” education programming and instruction prior to “everything shifting to online instruction with little preparation for the school,” noting that they “see that the school works really hard to provide good quality education.” However, participants reported that the “very sudden” nature of school closures left them feeling unable to “educate [children] effectively at home.” This was especially true among participants who were “fairly new” to U.S. schools or special service programs. In general, participants noted that they were “not confident” in meeting their children's needs “due to a lack of knowledge and resources.”

In addition, participants reported a “need for teacher help,” as well as support from “various therapies” which were “deferred” or moved to “telehealth” due to COVID-19. A lack of support exacerbated participant concerns related to their children's behavior, disability “symptoms,” and “physical, emotional, and social development.” However, participants did not feel “confident” “openly communicating regarding [their] child's education and development in Korean” with school staff and/or did “not want to bother” school professionals because the teachers “struggle with online instruction as well.”

Further, a lack of resources and support resulted in participants feeling overwhelmed and discontentedly allowing their children “to watch YouTube videos” and “too many games” because they could not “care for my child while working part-time”: “I know it's not good for him to have that much screen time, but I do not know what else I can do.” Other participants felt burdened teaching their children with special needs while also maintaining other roles: “Since the beginning of online instruction, I get a lot of stress and am always running out of time because I have to work full time and help my children's education at the same time.” Further, participants with family members who were emerging English speakers especially felt stressed in fulfilling multiple roles during online schooling: “Helping my child's online education is sole-

ly my responsibility as my wife speaks little English. I am extremely busy and tired because of my own graduate school work as well as assisting my child's online education simultaneously." This left participants feeling exhausted, as they were unable to "take time for [themselves]" because they were "stuck with my children's educational needs all day long...I am so tired and exhausted, experiencing psychological distress."

### *Communication Barriers*

Participants noted numerous ways in which communication breakdowns between themselves and educators resulted in stress and diminished student outcomes. In particular, participants who were "not fluent in English" or who had "very little information about child education in the U.S." felt stressed and uncomfortable supporting their children. Participants also felt "hesitant to contact teachers because of limited English," which exacerbated parental stress. Further, several participants noted that they did not have "close friends or families in the States" to help clarify information provided in English, leaving them unsure "where and how to start...to get some help from teachers and professionals." One participant also described the toll that negative communication with her child's teachers took on her and her family:

When I communicate with teachers regarding my child's remote instruction during the COVID-19 pandemic, I feel unwelcomed and am not treated as an equal partner for my child's education. I have many questions regarding my child's education, but I am hesitant to contact teachers because of such negative experiences as well as my lack of English proficiency...I do not have sufficient information because of a lack of effective communication with the teachers. I feel discouraged and so sorry for my child.

### *Internal Family Distress and Conflict*

Participant stress "about meeting child needs" resulted in "family conflicts, probably because every member of my family is stressed out." One participant described feeling as though she was "fighting a war...becoming easily angry and impatient" with her children due to transitioning to caring for "three wild children all day long" during the pandemic. In general, participants reported feeling "very tired physically and get easily angry with my family" when trying to take on the responsibilities of work, parenting, and remote learning. Participants described "fighting," "shouting," and "screaming" at their children due to this stress, resulting in their children "losing interest in studying" and becoming "unwilling to learn through online instruction." These "conflicts and arguments" resulted in family relationships "get[ting] worse and worse."

*Concerns Related to Child Development and Skills*

Participants noted numerous interrelated concerns related to their children's development amid the pandemic. Academically, participants reported that their children "suffered" from the move to online instruction (e.g., "The virtual speech therapy seems to be more difficult for my youngest to concentrate on, compared to the face-to-face session."). Participants observed their children "quickly lose concentration," become "less motivated," and "perform poorly in their learning because of the distance learning format, I think." One participant noted: "I think there is little learning effectiveness in online instruction as compared with face-to-face....My impression is that my child's school has lacked a systematic curriculum and support for online instruction since the beginning of the COVID-19 outbreak." Similarly, another participant shared their dissatisfaction and skepticism of the effectiveness of virtual instruction:

After switching to online instruction, the length of class sessions becomes shorter. My impression is that class is finished quickly without many learning opportunities for my children. I was satisfied with the face-to-face curriculum, including the ELL program before the COVID-19 pandemic, but I doubt that the virtual program is really effective for the education of my children who may need additional support because of their low English proficiency.

Concerns related to physical activity, primarily such as "seriously lack[ing] exercise" revolved around excessive "screen time" and participants "avoid[ing] going outside" due to COVID-19. This was especially problematic among participants with children with diagnoses such as ADHD who required physical movement to do well in school and self-regulate (e.g., "I am still worried that his ADHD worsens because of a lack of exercise and irregular life patterns during the COVID-19 pandemic.").

Emotional concerns also emerged as a primary theme across participants (e.g., "I try to comfort my oldest child, because he is too nervous about the COVID-19 pandemic;" "My child stays at home because of the COVID-19 pandemic and spends most of his time on the Internet and playing online games. So, I am worried about his eyesight and other developmental delays physically, emotionally, and socially."). Other participants shared similar sentiments, with their children's fear and anxiety increasing with lifestyle changes during the pandemic: "As he hardly sees other people than our own family during the pandemic, he has been terrified of strangers." Another participant noted, "My children are frustrated and depressed as they had to stop learning musical instruments and doing outdoor activities, which they very much like to do, due to the COVID-19 pandemic."

Finally, participants also held concerns related to regression of behavior and language/social skills amid online learning (e.g., “As he stays with our family all day long, he has become more stubborn and is not likely to listen to the parents.”). Participants also felt “worried” that their children’s “English language skills have decreased since school shifted to remote instruction,” and relatedly, their children’s “social skills decreased because of the lack of face-to-face peer interaction during the pandemic.” Although this theme emerged across participants of children with varying diagnoses (e.g., English language learners, physical disabilities, autism, giftedness), participants with children who receive English language services noted particular concern “about whether my child will get along with his peers when he returns to brick-and-mortar school because of his poor English skills.”

## Discussion

This study examined difficulties and associated parental stress of U.S. Korean immigrant parents of children with disabilities, giftedness, and/or limited English proficiency when trying to meet their children’s educational needs amid the COVID-19 pandemic. In addition, this study investigated the relationship between resilience/social support and parental stress. Finally, this study explored the pandemic-related parenting difficulties of the parents through an open-ended survey question. Approximately 85% of participants reported experiencing difficulty educating their children during COVID-19. Additionally, the association between perceived difficulties with trying to meet their children’s educational needs and parental stress was significant. In other words, study participants experienced difficulties with their children’s educational needs, and it had a significant impact, increasing their parental stress.

The results of this study are commensurate with research on parental difficulties and stress during COVID-19 among parents raising children with special needs (Alhuzimi, 2021; Bentenuto et al., 2021; Sahithya et al., 2020; Ueda et al., 2021) For example, Sahithya and colleagues (2020) found that parents of children with developmental disorders in India had significantly higher parental stress compared to parents without such children during the pandemic. Similarly, Alhuzimi (2021) noted that the pandemic negatively impacted parental stress and emotional well-being of parents of children with autism in Saudi Arabia. Additionally, home confinement due to the pandemic increased parental stress of parents of children with neurodevelopmental disorders in Italy and Japan (Bentenuto et al., 2021; Ueda et al., 2021).

The current study also found a significant association between Korean immigrant parents’ level of resilience and their parental stress. Specifically, when the

participants had lower levels of resilience, they experienced significantly higher parental stress. According to the Connor-Davidson Resilience Scale (CD-RISC) manual, which analyzed research studies that used the CD-RISC-10 measurement, the participants' resilience level in the current study was lower than that of general populations. Instead, the resilience levels of these participants were compatible with those of individuals who experienced trauma such as wars, earthquakes, and hurricanes (Davidson, 2018). In other words, participants in the current study indicated lowered resilience level in the presence of the unexpected and unprecedented COVID-19 pandemic. As a result, they were likely to experience increased parental stress during the pandemic.

Notably, 72% of participants in the quantitative analysis reported language barriers when trying to meet their children's educational needs. In the qualitative analysis, participants indicated language barriers were critical and challenging in communicating with educators and supporting their children's educational needs. Language barriers and being "recent" immigrants were the most commonly discussed barriers to receiving adequate support and resources from teachers, schools, and communities which exacerbated the parental stress of the participants. The results are compatible with previous studies in regard to immigrant parents' language and communication struggles in supporting their children's educational needs, including challenges to productive IEP meetings (Khanlou et al., 2015; Park & Turnbull, 2001). Effective communication and collaboration between school staff and parents are considerably limited without appropriate cultural and linguistic support (Cheatham et al., 2012).

Participants also addressed concerns about their children's development and regression in various skills because their children could neither receive adequate support/services nor have meaningful social interactions with others during the pandemic. These results are consistent with previous studies on children with autism or neurodevelopmental disorders and their parents' stress amid the pandemic. Alhuzimi (2021) indicated that frequent and useful ASD support decreased parental stress, while a child's severe behavioral issues increased parental stress during the pandemic. Similarly, Bentenuto and colleagues (2021) stated that the decreased therapies and rehabilitation sessions of children with neurodevelopmental disorders increased their externalizing behaviors, which increased parental stress.

### **Implications**

The results of this study have several implications. First, providing needed support and intervention programs for immigrant parents of children with diagnosed needs are critical in order to increase parents' resilience level and decrease parental stress in preparation for a challenging time, such as the COVID-19



pandemic. Community service providers, immigrant communities, and/or local schools could provide effective programs that reflect needs specific to differing immigrant groups. Examples of intervention foci include effectively locating parental resources (Su, 2008), improving English language skills (Ornelas et al., 2009), and resolving family conflicts in consideration of the ethnic and cultural diversity of immigrant families. Schools can take a particularly important role in supporting these families' language barriers by providing them educational resources in their native language or with translator/interpreter services and by implementing effective partnership strategies with bilingual families who prefer using English (Cheatham & Lim-Mullins, 2018).

Second, the effective use of telehealth programs, virtual counseling sessions, and online learning tools should be introduced and implemented for immigrant parents of children with special needs, focusing on the area of needs of the families. As earlier studies on telehealth services amid COVID-19 showed positive effects on patients (Layfield et al., 2020; Matheson et al., 2020), effective telehealth and virtual counseling programs are expected to relieve parental stress during the pandemic particularly when their children have physical/mental health concerns and skill regressions. For the child's education, schools should actively inform immigrant parents of the U.S. school systems and online learning tools in their preferable language, as effective online instruction requires a considerable amount of parental involvement and parent-teacher collaboration (Smith et al., 2016).

In addition, this study adds to a paucity of literature on the influence of COVID-19 on the stress of families of children with special needs, as well as contributes to literature examining the experiences of U.S. Korean immigrant populations of school-age children. Future studies can investigate educational challenges and parental stress of other ethnic and cultural immigrant families of children with diagnosed needs. For example, the internal family conflict may differ from other populations (Gilbert, 2004). Also, studies on how varied socioeconomic status (SES) and immigrant status (e.g., voluntary/involuntary and documented/undocumented immigrant status) of immigrant populations affect educational challenges and parental stress would give rich information about diverse needs of different immigrant groups in the U.S. and enable school staff to provide support based on the specific needs of the populations.

### **Limitations**

There are several limitations in the current study. First, the study sample does not represent all Korean immigrant parents of children with special needs. The online survey format used in the study may not be accessible to some Korean immigrants who cannot afford to or are unfamiliar with Internet access.

Therefore, the participants in this study were likely to have higher SES. Second, the small sample size limited the usage of various statistical analyses that require a bigger sample size. Future studies can recruit a bigger sample which will allow conducting more advanced statistics while controlling for more sociodemographic factors such as respondents' SES. Third, this study used data collected at the earlier stage of the COVID-19 pandemic and cannot provide insight into the long-term effects of parental stress. Finally, some of the variables of this study indicated insignificant results because the valid and reliable measurements for parental stress during devastating and unprecedented times are limited. Nonetheless, this study gives some insights to understand parental stress of U.S. Korean immigrant parents of children with special needs when they support their children's education needs amid the COVID-19 pandemic.

## Conclusion

This study investigated difficulties amid COVID-19 in raising children and meeting their educational needs among Korean immigrant parents of children with disabilities, giftedness, and/or limited English proficiency living in the U.S. Study participants experienced increased parental stress when meeting their children's educational needs, and the level of resilience of the parents was also associated with parental stress. Additionally, participants frequently faced language/communication barriers and child development concerns when trying to assist their children's educational needs. The results of this study indicate the importance of providing resilience intervention programs and virtual health and education support programs for immigrant families. The current study contributes to the growing number of studies on parental experiences of parents of children with special needs during COVID-19 by examining U.S. Korean immigrant parents' stress in supporting the education of their children with diagnosed needs.

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