Social Support, Acculturation, and Optimism: Understanding Positive Health Practices in Asian American College Students

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What is This?
Examining the factors related to health-promoting behaviors in specific racial/ethnic groups is an important area of study given that immigrants constitute an increasingly substantial subset of the U.S. population. In particular, Asian Americans, referring to individuals in the United States who can trace their ancestry to one or more countries in Asia, are one of the fastest growing ethnic/racial minority in the United States, representing 4.2% of the total U.S. population, with an annual growth rate of 5.2%. The U.S. Census Bureau projects the Asian American population to grow to 37.6 million by 2050, estimating that it will constitute 9.3% of the U.S. population (Asian American Health Initiative, 2005). In addition, research on immigrant adolescents suggests overall differences across racial/ethnic groups in health-promoting behaviors such as bicycle helmet and seat belt use, physical activity, and eating healthy foods (Grunbaum et al., 2004). For example, in a study of immigrant adolescent participation in preventive health behaviors, Asian adolescents were less likely than Whites to use bicycle helmets, seat belts, and sunscreen, and fewer Asians than Whites followed physical activity guidelines (Allen et al., 2007).

Many health-promoting behaviors, such as diet and exercise, emerge during the ages of 18 to 21 years, referred to as late adolescence and/or young adulthood and a critical time with regard to health and illness. However, it is also during this period that important health risk behaviors such as smoking and alcohol use, poor eating habits and physical inactivity, and unsafe sexual practices begin to develop (Chassin, Presson, Rose, & Sherman, 1996; Chen & Kandel, 1995; Williams, Holmbeck, & Greenley, 2002).

Furthermore, individuals between 18 and 21 years old have the autonomy to either engage in behaviors that lead to health risks or develop a healthy lifestyle (Millestein, Peterson, & Nightingale, 1993). By targeting behaviors in areas such as smoking and alcohol use, nutrition, physical activity, and

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sexual behavior in this age-group, particularly among Asian Americans, the risks of the major sources of mortality and morbidity during that time and later in life can be significantly reduced (U.S. Department of Health and Human Services, 2001).

In the literature, social support has been identified as one of the factors related to the performance of positive health practices. Empirical support has been found for a strong relationship between social support and positive health practices in different populations (Ayres, 2008; Cannella, 2006; Mahon, Yarcheski, & Yarcheski, 2004). Although there is strong empirical support for an association between social support and positive health practices, the identification of mediator variables would provide a better understanding of the mechanism that accounts for this association (Baron & Kenny, 1986). Two possible mediators between social support and positive health practices that emerged from a review of the literature are optimism and acculturation.

There is a lack of studies that have examined factors that may contribute to the performance of general positive health practices among Asian Americans in late adolescence and young adulthood. Furthermore, there are no studies to date that examine potential mediators that may help explain the relationships between these factors and positive health practices. Studies that have been conducted in this population have primarily focused on mental health and risky health behaviors, such as smoking, alcohol use, and sexual activity. Thus, research that increases our knowledge of Asian Americans’ health-promoting behaviors, including those factors related to positive health practices, has the potential to reduce the risks of disease in this age-group, improve their health and longevity, and eliminate the health disparities among this ethnic/racial group.

Therefore, the purpose of this study was to examine the relationships between social support and positive health practices in Asian Americans aged 18 to 21 years and to test the two variables—optimism and acculturation—that may theoretically mediate this relationship, in an effort to better understand the performance of positive health practices in this racial/ethnic group. More specifically, this study tested theoretical relationships postulated in the literature between the dependent variable, positive health practices, and the independent variables (a) social support (b) optimism, and (c) acculturation.

**Mediation Models**

Positive health practices are defined as behaviors performed by individuals regardless of health status to protect, promote, or maintain health (Harris & Guten, 1979). Social support, as defined in this study, was based on Weiss’s (1974) classic work on social support. This definition consists of six categories of relational provisions: attachment, social integration, opportunity for nurturance, reassurance of worth, a sense of reliance, and obtaining guidance and information in stressful situations. Theorists have proposed that social support influences positive health practices by providing guidance and information in socially supportive relationships, such as how to take care of oneself and prevent disease (Mechanic & Cleary, 1980). Langlie (1977) and S. Cohen (1988) have suggested that the performance of specific health behaviors, such as seat belt use, exercise and nutrition, medical checkups, dental care, immunizations, and miscellaneous screening exams, can be influenced by social support by providing information about positive health practices and by establishing norms that encourage healthy behaviors.

In the literature, social support and positive health practices in adolescents (Ayres, 2008; Mahon et al., 2004) have consistently demonstrated a strong to moderately strong positive relationship, providing credibility to the work of Langlie (1977) and S. Cohen (1988), which suggested a relationship between the two variables. Therefore, it was theoretically hypothesized that social support is positively related to positive health practices in Asian Americans aged 18 to 21 years.

**Optimism as Mediator**

According to Scheier and Carver (1987), optimism refers to a person’s tendency to be motivated by a belief that desired outcomes are easily attainable and is defined as “a generalized expectancy for favorable outcomes” (p. 174). Other theorists (Peterson & Bossio, 1991; Taylor, 1989) have proposed that social support contributes positively to optimism. Taylor (1989) suggested that the encouragement, hope, and support provided by social networks promote optimism. Support from others during times of stress can also improve the situation, promoting a sense of control through advice, resources, and feelings of acceptance. Peterson and Bossio (1991) suggested that optimism is influenced by social support through the relational provision of emotional support and satisfying relationships. Previous research has demonstrated a low to moderate relationship between social support and optimism in adolescents (Ayres, 2008; Ayres, Atkins, & Mahat, 2010). It was therefore theoretically hypothesized that social support is positively related to optimism in Asian Americans aged 18 to 21 years (see Figure 1).

Optimism has also been studied as one of the variables contributing to the performance of positive health practices. In the work of Scheier and Carver (1992), optimism, or the belief that good things will happen throughout one’s lifetime, is theorized to affect individuals’ actions, including their health behaviors. Optimists are more likely to follow treatments and change behaviors that might improve their health and to engage in behaviors that help them adapt to situations. Since positive health practices are considered to be adaptive, optimists have a greater tendency to perform them (Ayres, 2008; Scheier & Carver, 1992). Previous research has demonstrated a low positive correlation between...
optimism and the performance of positive health practices in adolescents (Ayres, 2008; Yarcheski, Mahon, & Yarcheski, 2004). It was therefore theoretically hypothesized that optimism is positively related to positive health practices in Asian Americans aged 18 to 21 years (see Figure 1).

Based on the theoretical and empirical linkages between social support and positive health practices, social support and optimism, and optimism and positive health practices, it was hypothesized that optimism mediates the relationship between social support and positive health practices in Asian Americans aged 18 to 21 years and thus help explain this relationship.

**Acculturation as Mediator**

Another possible mediating variable in the relationship between social support and the performance of positive health practices is acculturation, which is defined as the process of change that occur when two different cultures interact continuously (Suinn, Ahuna, & Khoo, 1992). Acculturation is a learning process by which one group asserts its influence over another and what happens is likely to be difficult, reactive, and conflictual, affecting one’s physical as well as psychological functioning (Berry, 1980). Acculturation may be conceptualized as unidimensional or multidimensional. Unidimensional refers to the process of acculturation that takes a single direction from the original culture, and multidimensional refers to maintaining one’s own culture while taking on the culture of the host country. This indicates that immigrants have the potential to have two or more cultural orientations (Berry, 2003).

There are several acculturation styles, such as assimilation, whereby a host culture absorbs the immigrant culture; integration, which values the immigrant culture while interacting with the host culture; and multiculturalism, whereby both cultures exist side by side (Berry, 2003). Exposure to another culture can lead an individual to (a) resist change in his or her own values and behavioral competencies, (b) adopt the host culture’s values and behavioral skills and styles as a replacement for the parent culture’s values/behaviors, or (c) acquire the host culture’s values/behaviors while at the same time retaining the parent culture’s values/behaviors. In the latter case, the individual relies on the situation to determine which values/behaviors are in effect at different times (Suinn et al., 1992).

There are several factors that affect the acculturation process. For example, the acculturation strategies adopted by immigrants depend on the attitude of the host country toward the immigrants. Acceptance of immigrants by the host country fosters the integration of new arrivals, whereas rejection of immigrants may result in marginalization of new arrivals (Berry, 2003). Another factor that influences the acculturation process is social support (Bluhgra, 2003; Yeh, 2003). For many immigrants, the process of migration causes loss of the familiar support network of family and friends (Yeh, Kim, Pituc, & Atkins, 2008). It is a difficult and lengthy process for immigrants, including children, to develop new social networks to replace those they have lost (Moon, 2008; Thomas & Choi, 2006). Social networks are important especially for immigrant adolescents as they often cope with difficulties by seeking social support (Yeh et al., 2008; Yeh, Inman, Kim, & Okubo, 2006). These individuals are more comfortable sharing their problems with family members or friends because of their cultural emphasis on interdependence and shared experiences (Inman & Yeh, 2006; Thomas & Choi, 2006; Yeh, Ching, Okubo, & Luthar, 2007). Therefore, based on the review of previous research, it was hypothesized that social support is positively related to acculturation in Asian Americans aged 18 to 21 years (see Figure 2).

There is empirical support for the proposed relationship between acculturation and positive health practices. Significant differences in selected health-promoting behaviors were found depending on acculturation levels (Bond, Jones, Cason, Campbell, & Hall, 2002). Afable-Munsuz and Brindis (2006) concluded that acculturation is associated with increased condom use and beliefs and norms related to healthy outcomes. According to Sohn and Harada (2005), some acculturation variables significantly predicted preventive practices. For example, researchers have found a correlation between acculturation and the performance of breast self-examinations (Coe et al., 1994). Another study showed that Korean immigrant women who were moderately
acculturated, as opposed to those who were low acculturated, tended to believe that oral contraceptive use would lead to positive outcomes and evaluated positively the act of using it (Lee, 2007). Therefore, it was hypothesized that acculturation is positively related to positive health practices in Asian Americans aged 18 to 21 years (see Figure 2).

Based on the theoretical and empirical linkages between social support and positive health practices, social support and acculturation, and acculturation and positive health practices, it was also hypothesized that acculturation mediates the relationship between social support and positive health practices in Asian Americans aged 18 to 21 years and thus helps explain this relationship.

In summary, the following seven hypotheses were constructed based on theory and previous research. Among Asian Americans between the ages of 18 and 21 years: (1) there is a significant positive relationship between positive health practices and social support; (2) there is a significant positive relationship between social support and optimism; (3) there is a significant positive relationship between optimism and positive health practices; (4) when optimism is controlled for statistically, the relationship between social support and positive health practices will diminish and will not be statistically significant; (5) there is a significant positive relationship between social support and acculturation; (6) there is a significant positive relationship between acculturation and positive health practices; and (7) when acculturation is controlled for statistically, the relationship between social support and positive health practices will diminish and will not be statistically significant. Examining these relationships would provide a better understanding of the factors that assist Asian Americans aged 18 to 21 years to engage in positive health practices.

Methods

Design

A correlational research design was used. For the study, two mediational models were constructed based on theory and previous research. The purpose of testing these models was to identify potential mediators that may help explain the relationships between social support and positive health practices in Asian Americans aged 18 to 21 years.

Sample

A nonprobability, convenience sample consisted of Asian American college students between the ages of 18 and 21 years who attended an Asian student convention held at an urban university. In determining the appropriate sample size, a small to medium effect was chosen based on the previously reported theoretical and empirical literature, with respect to the relationships investigated in the present study. Using an alpha of .05 and power of .80 ($\beta = .20$), a small to medium effect size of $r = .20$ was anticipated. Therefore, a sample of at least 194 subjects was required for testing the mediation models using multiple regression analysis (J. Cohen, 1988).

Procedure

Following approval of the university’s institutional review board and approval of the delegation planning committee of the East Coast Asian Student Union convention, individuals who met the delimitations of the study were approached during this convention to discuss the purpose of the study and potential participation. Completed survey questionnaires provided to the researchers on the day of data collection indicated subjects’ voluntary participation in the study ($n = 178$). Delimitations of the study included individuals who self-identify as Asian, between the ages of 18 and 21 years, with the ability to speak and write in English, and who attended the Asian student convention on the day of data collection. Data from 15 students were subsequently eliminated because of response biases. The final sample consisted of 163 Asian Americans between the ages of 18 and 21 years. Data collection included Asian college students responding to a demographic data sheet and the four study instruments discussed below.

Instruments

The Personal Lifestyle Questionnaire (PLQ) is a 24-item self-administered instrument used to measure the positive health practices of individuals (Brown, Muhlenkamp, Fox, & Osborn, 1983). The PLQ consists of six subscales: exercise, less substance use, nutrition, relaxation, safety, and general health promotion. Since one health promotion item on the PLQ was relevant only to females (“Do a monthly self breast exam”), the following item was added for males: “Do a monthly testicular self-exam (males only).” Each subject responded to a total of 22 items on the PLQ. The PLQ is a 4-point, summated rating scale with a total range of possible scores from 22 to 88; higher scores reflect the practice of more positive health behaviors. Validity has been established for the PLQ (Brown et al., 1983). Studies using this instrument also demonstrated appropriate coefficient alphas as a measure of reliability. In addition, the findings of those studies have been consistent with the theoretical literature (Ayres, 2008). In the present sample, the coefficient alpha was .72.

Developed by Brandt and Weinert (1981), the Personal Resource Questionnaire (PRQ85-Part 2) is a 25-item instrument that measures relational provisions in Weiss’s (1974) definition of social support, with subscales representing intimacy, social integration, nurturance, worth, and assistance. This self-administered instrument has a 7-point Likert-type scale, with possible scores ranging from 25 to 175; higher scores indicate higher perceived social support. Validity has been established for the PRQ85-Part 2 (Brandt & Weinert, 1981). Studies using this instrument also demonstrated...
appropriate coefficient alphas as a measure of reliability. In addition, the findings of those studies have been consistent with the theoretical literature (Ayres, 2008; Ayres et al., 2010). In the present sample, the coefficient alpha was .86.

Conceptualized by Scheier and Carver (1987), the Life Orientation Test (LOT) is a 12-item (including 4 filler items), self-report instrument that assesses dispositional optimism, defined as generalized outcome expectancies. The 5-point Likert-type scale has a range of scores from 0 to 32; higher scores indicate higher levels of optimism. Validity has been established for the LOT (Scheier & Carver, 1987). In addition, studies using this instrument demonstrated appropriate coefficient alphas as a measure of reliability. Findings of those studies have been consistent with the theoretical literature (Ayres, 2008; Ayres et al., 2010). In the present sample, the coefficient alpha was .80.

To measure acculturation, the 21-item Suinn–Lew Asian Self Identity Acculturation (SL-ASIA) was used (Suinn et al., 1992). For a final score, a summated score across the answers for all the 21 items was divided by 21. Possible scores for all the 21 items range from 1.00 to 5.00; higher scores indicate higher levels of acculturation. Validity has been established for the SL-ASIA (Suinn et al., 1992). Studies using this instrument also demonstrated appropriate coefficient alphas as a measure of reliability. In addition, the findings of those studies have been consistent with the theoretical literature. In the present sample, the coefficient alpha was .86.

Mediation Models

A series of three regression equations, as specified in the work of Baron and Kenny (1986), were performed to test each mediation model. The first equation regressed the mediator variable (either optimism or acculturation) on the independent variable (social support). The second equation regressed the dependent variable (positive health practices) on the independent variable. The third equation regressed the dependent variable on the independent variable and the mediator variable.

According to Baron and Kenny (1986), the following conditions must be met for mediation: (1) The independent variable must affect the mediator variable in the predicted direction in the first equation, (2) the independent variable must affect the dependent variable in the predicted direction in the second equation, and (3) the mediator must affect the dependent variable in the predicted direction in the third equation. If these conditions are met, the effect of the independent variable on the dependent variable must be less in the third equation than in the second equation.

Results

A convenience sample of 163 Asian American college students completed the survey questionnaires on the day of data collection. Study participants consisted of 71 males and 92 females whose ages ranged from 18 to 21 years. Approximately 52% were Chinese, 15% were Korean, and 12% were Filipino; the remaining were Vietnamese (9%), Japanese (7%), and Taiwanese (5%). The majority of participants (60.7%) reported that they were born in the United States, whereas about 39.3% reported that they were foreign born. About 85% of the participants grew up in the United States, and 14.5% did not. The number of years the participants who were foreign born were living in the United States ranged from 2 to 20, with a median of 14 years. When asked if their cultural identity is of value and should be retained, approximately 90% responded “yes” and 10% responded “no.” When asked if they wished to seek positive relations with the larger, dominant society, 92% of the participants responded “yes” and 8% responded “no.” Less than 7% (6.2%) reported the presence of one or more medical conditions that limited/restricted their physical activity.

Descriptive statistics for the study variables, social support, positive health practices, optimism, and acculturation, are presented in Table 1. Pearson correlations were used to test the hypothesized relationships (see Table 2).

Positive correlations were found between social support and reported performance of positive health practices ($r = .44$, $p = .01$), between social support and optimism ($r = .59$, $p = .01$), and between optimism and positive health practices ($r = .40$, $p = .01$). There was no significant correlation found between social support and acculturation; however, there was a positive correlation found between acculturation and positive health practices ($r = .17$, $p = .05$).

Mediating Effect of Optimism

The results of testing the mediational model for optimism revealed that, in the first equation, social support was positively related to optimism in the predicted direction, $F_1(1, 161) = 86.413$, $p < .001$, explaining 34.9% of the variance in optimism. In the second equation, social support positively influenced positive health practices, $F_2(1, 161) = 37.667$, $p < .001$, explaining 18.9% of the variance in positive health practices.
practices. In the third equation, optimism was positively related to positive health practices, $t = 2.569, p < .05$, explaining 4.9% of the variance in positive health practices. Furthermore, in this third equation, which included both social support and optimism, social support added 9.2% of the variance in positive health practices, beyond the 4.9% contributed by optimism. With optimism present, the proportion of variance in positive health practices accounted for by social support was changed from 4.9% to 9.2%, and the standardized regression coefficient (Beta) increased from .22 to .30. Although social support still had a statistically significant influence on positive health practices in the third equation ($t = 3.518, p = .001$), the loss of 14% of the explained variance in positive health practices by social support can be attributed to the mediation effect of optimism.

**Mediating Effect of Acculturation**

The results of testing the second mediational model revealed in the first equation that social support was not related to acculturation in the predicted direction. In the second equation, social support was positively related to positive health practices, $F(1, 202) = 37.67, p < .001$, explaining 18.9% of the variance in positive health practices. In the third equation, acculturation had a statistically significant relationship with positive health practices in the predicted direction ($t = 2.039, p < .05$) and explained 2% of the variance in positive health practices. However, since social support did not affect acculturation in the predicted direction in the first equation, mediation testing could not be completed. These results indicate that acculturation, by virtue of not satisfying one of the conditions to be met for testing mediation, is not a mediator in the relationship between social support and positive health practices in Asian Americans aged 18 to 21 years.

**Discussion**

Hypothesis 1 stated that social support is positively related to positive health practices. This hypothesis, and the underlying theory, was supported and consistent with the findings of other researchers who have examined this relationship (Ayres, 2008; Mahon et al., 2004). The findings of this study demonstrated a moderate positive relationship between social support and positive health practices in a sample of Asian Americans. This finding extends the theory regarding the relationship between social support and positive health practices to a defined population of Asian Americans aged 18 to 21 years. Additionally, the strength of this relationship met the criterion for studying variables that might mediate the relationship (Baron & Kenny, 1986).

Hypothesis 2 stated that there is a positive relationship between social support and optimism. This hypothesis, and the underlying theory, was also supported. However, the positive relationship found in this study between social support and optimism in Asian Americans aged 18 to 21 years is lower than that reported in a previous study that examined this relationship (Ayres, 2008). Furthermore, Hypothesis 3, which stated that there is a positive relationship between optimism and positive health practices, and the underlying theory, was also supported. However, the moderately strong positive relationship found in this study is higher than in previous research (McNicholas, 2001) examining this relationship. Thus, this research extends knowledge regarding the relationship between social support and optimism and the relationship between optimism and positive health practices to a sample of Asian Americans aged 18 to 21 years.

Hypothesis 4 stated that when optimism is controlled for statistically, the relationship between social support and positive health practices will diminish and will not be statistically significant. This hypothesis was supported. When using a series of regression equations, social support did affect optimism and positive health practices in the predicted direction and optimism did affect positive health practices in the predicted direction. Additionally, optimism acted as a mediator in the third equation because the basic relationship between social support and positive health practices was diminished.

Hypothesis 5 stated that there is a positive relationship between social support and acculturation. This hypothesis, and the underlying theory, was not supported. This inconsistency may have been due to sample demographics and their effect on the measurement of acculturation. The majority of participants (60.7 %) reported that they were born in the United States, whereas about 39.3 % reported that they were foreign born. About 85% of the participants grew up in the United States, and 14.5% did not. It may be that the individuals who were born and/or grew up in the United States had high levels of acculturation to begin with and therefore social support did not have any significant effect. Additionally, the majority of participants reported that their cultural identity was valuable and that they wished to seek positive relationships with the larger, dominant society. Therefore, it may very well be that social support did not affect acculturation given that these individuals did not experience an acculturative process or already possessed high acculturative levels, as evidenced by the aforementioned factors. Hypothesis 6 stated that there is a positive relationship between acculturation and positive health practices. This hypothesis, and the underlying theory, was supported and is consistent with

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**Table 2. Correlation Matrix Among Study Variables (N = 163)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Social Support</th>
<th>Optimism</th>
<th>Acculturation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive health</td>
<td>.435††</td>
<td>.402††</td>
<td>.169†</td>
</tr>
<tr>
<td>practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support</td>
<td>—</td>
<td>.591††</td>
<td>.042</td>
</tr>
</tbody>
</table>

†$p < .05$, one-tailed. ††$p < .01$, one-tailed.
findings from previous studies (Afable-Munsuz & Brindis, 2006; Sohn & Harada, 2005)

Hypothesis 7 stated that when acculturation is controlled for statistically, the relationship between social support and positive health practices will diminish and will not be statistically significant. This hypothesis was not tested. When using a series of regression equations, social support did not affect acculturation in the predicted direction, although acculturation did affect positive health practices in the predicted direction. There was no significant relationship in the predicted direction (r = .04, p > .05) between social support and acculturation, a condition that needed to be met for mediation to occur. The lack of a significant relationship between social support and acculturation was not comparable with findings from previous studies that examined this relationship in adults (Lim, Yi, & Zebrack, 2008). However, the present finding extends knowledge regarding the relationship between social support and acculturation to a defined population of Asian Americans aged 18 to 21 years.

**Implications for Nursing Practice and Research**

The findings of this study contribute to the body of knowledge regarding the influence of health practices that promote the adoption and maintenance of healthy behaviors in Asian Americans. In the present study, social support, optimism, and acculturation contributed to positive health practices in Asian Americans aged 18 to 21 years. When individuals experience a high level of perceived social support, optimism has greater internal psychological significance. The subjective, generalized expectation of positive experiences and outcomes throughout one’s life may increase the extent to which adolescents incorporate positive health behaviors into their lifestyle. Additionally, psychological changes that occur in individuals who are exposed to another culture can have an effect on the value they place on health and their engagement in positive health practices.

Knowledge of these relationships can help nurses better understand the mechanism through which positive health practices are influenced in this population. Many behaviors associated with adult morbidity and mortality are initiated during the adolescent and young-adult years. Therefore, it is important for these individuals to have knowledge of and engage in positive health practices; these health practices need to become incorporated into their lifestyles. Nurses need to assess their health practices, particularly those behaviors that are associated with high morbidity and mortality in their adult years, such as smoking, poor diet, and lack of exercise. These behaviors, when initiated during adolescence and young adulthood, are more difficult to change in middle and later adulthood. Furthermore, nurses need to be cognizant of the influence social support, optimism, and acculturation has on the health practice behaviors in Asian Americans aged 18 to 21 years, and they should include things such as the assessment of the individual’s social support systems and the provision of information on maintaining and improving the quality of relationships that promote healthy behaviors. Nurses need to assess their level of optimism and their level of acculturation through the use of standardized instruments, such as the SL-ASIA and the LOT, when planning culturally sensitive interventions designed to encourage and promote positive health behaviors.

The theoretical and empirical findings of this study provide a direction for future research as well. Since acculturation could not be tested as a mediator to the relationship between social support and positive health practices in Asian Americans between the ages of 18 and 21 years, further studies need to be conducted to identify and test other mediators in order to better understand the relationship between these two variables. In addition, future studies should test these relationships in samples of racial/ethnic groups, with special attention placed on generational status and acculturation and their effect on positive health practices.

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