Original Research

Sense of community belonging among immigrants: perspective of immigrant service providers

B. Salami [a,*], J. Salma [a], K. Hegadoren [a], S. Meherali [a], T. Kolawole [b], E. Diaz [c]

[a] Faculty of Nursing, University of Alberta, Level 3, Edmonton Clinic Health Academy 11405 87 Avenue, Edmonton, T6G 1C9 Alberta, Canada
[b] Institutional Nurse, Government of Nunavut, Alberta, Canada
[c] Department of Global Public Health and Primary Care, University of Bergen, Norway

ABSTRACT

Objectives: This study examined the barriers and facilitators to community belonging for immigrants in Alberta, Canada.

Study design: The study used a qualitative descriptive research design.

Methods: A total of 53 immigrant service providers in the province of Alberta participated in interviews and focus groups. The sample was purposively recruited through immigrant service organizations in the province. Interviews lasted approximately 45 min, whereas focus groups lasted approximately 1.5 h. The interviews were audio recorded, transcribed verbatim, and thematically analyzed with the aid of NVivo qualitative software.

Results: Participants discuss two forms of community belonging in this study: (a) belonging to an ethnocultural group; and (b) belonging within mainstream Canadian society. Barriers to mainstream community belonging for immigrants include employment barriers, language barriers, and discrimination. Recent immigrants often experience a sense of belonging to their ethnic group within the host country before feeling connected to others in their local geographic community. A major factor contributing to this trend is the lack of ethnocultural diversity in local community organizations in the areas where immigrants live. Immigrant service agencies and religious institutions compensate for this deficiency through creating avenues for social connection within and across ethnocultural groups and to mainstream Canadian society.

Conclusions: Local community organizations should address issues of ethnocultural diversity and discrimination to improve the mental health of immigrants by fostering community belonging. Supporting programs in immigrant service agencies and religious institutions to increase social participation and engagement would, also, help strengthen community belonging and improve immigrant mental health.

© 2018 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Introduction

According to the World Migration Report, there are around 232 million migrants internationally.[1] Immigrants tend to settle in high-income countries including United States, Canada, Australia, and the United Kingdom. There are around 6.8 million immigrants in Canada (20.6% of the population) with the Western province of Alberta seeing a notable increase in immigration from Asian, African, and South American countries.[2] International evidence indicates that migrants arrive healthy from their country of origin, a phenomenon called the healthy immigrant effect[3–5] but that the health of many subgroups deteriorates as time progresses in destination countries.[6,7] Social determinants of health interact in unique ways to influence immigrants' mental health,[8–10] with income, employment status, gender, and community belonging being central determinants of well-being. On migration to destination countries, immigrants rebuild fundamental aspects of their lives through finding employment, learning another language, and creating new connections in host communities.[11–13] Immigrants can experience significant mental health stressors with these competing demands for successful integration.

Social support networks, social inclusion, and community belonging, however, play a protective role in immigrants' mental well-being.[14–16] Hagerty et al.[17] defines belonging as 'the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment'. Attributes of sense of belonging include the experience of being valued, needed, and accepted as well as a person's perception that his or her characteristics articulate with, fit with, or complement the system or environment. Local community belonging measured in health studies focuses on the quantity and quality of supportive social connections, with positive social connections resulting in positive health influences.[18] A sense of community belonging decreases loneliness, improves self-worth, and fosters a feeling of emotional attachment to other people.[19] A sense of community belonging can be a proxy measure for access to different sources of social capital that result in increased access to health-promoting resources.[20]

In a previous analysis of data from the Canadian Health Measures Survey, which was based on a sample of around 12,000 immigrants in Canada, we found that community belonging had the strongest influence on self-reported mental health and diagnosis of mood disorder.[21] Individuals who reported a strong sense of community belonging were four times more likely to report having excellent, very good, or good self-perceived mental health than those reporting a weak sense of community belonging. In this qualitative descriptive study, we sought to follow-up on this finding and examine the perceptions of immigrant service providers on community belonging among immigrants in the Canadian province of Alberta. Immigrant service providers work in government-subsidized, non-profit, community organizations that cater to the integration needs of newcomers and recent immigrants. These service providers are at the forefront of supporting immigrants and their communities with integration and adaptation to life in Canada. Their knowledge bridges an understanding of diverse ethnocultural communities with a broader structural and organizational understanding of barriers and needs for service provision in these communities; their perspective provides a multifaceted and complex view of immigrants' community belonging in Alberta.

Methods

A qualitative descriptive design was chosen for this study as it allowed the researchers to remain close to the data and extract themes that reflected the perspectives of participants in the study.[22]

Recruitment

Participants were immigrant service providers who worked in non-profit, community-based, immigration settlement and integration service agencies in two urban Alberta settings. A list of these agencies were compiled and contacted for recruitment using purposive sampling by selecting information-rich cases.[23] Leveraging prior community contacts in the immigrant service sector, the researchers also used snowballing sampling to increase participation in the study and theoretical sampling to follow-up on emerging themes.

Data collection

Approval was obtained from the University of Alberta Research Ethics Board before commencement of the study. A total of 53 participants engaged in either individual interviews (six participants) or one of the six focus groups (47 participants). All interviews occurred at a convenient time for participants within their workplace. Individual interviews lasted for approximately 45 min and focus groups lasted for approximately 1.5 h. We used an open-ended, semistructured interview guide. Interview questions included the following: (a) 'What does community belonging mean to you?'; (b) 'What has been your experience and the experiences of your organization in promoting community belonging?'; and (c) 'What recommendations do you have for promoting community belonging?'

Data analysis

All interviews were audiorecorded and then transcribed verbatim. Thematic analysis involved all researchers engaging in repeated reading of texts to identify patterns and relationships between these patterns. Thematic analysis is a method for identifying, analyzing, and reporting repeated patterns of experiences and meaning across a data set. Data were facilitated using Nvivo 11 qualitative software. To improve analytical rigor, we provided participants with the preliminary results of our study for their review and verification and incorporated received feedback into the study analysis. We also completed reflexive memos to record our emerging awareness in the field and thoughts during data analysis. Any discrepancies in viewpoints during data

analysis were resolved through team discussions in an ongoing manner.

Results

A total of 53 immigrant service providers (6 men and 47 women) from nine immigrant serving agencies in Alberta participated in this study. Participants were mental health practitioners (six participants) or service providers working with a newcomer and recent immigrants on housing, language, employment, and other integration needs. Most participants were immigrants to Canada (n = 51) and shared ethnic, linguistic, and religious membership with their clients. A total of 47 women and six men participated in the study. The results that focused on community belonging are organized into three major themes: (a) locating communities of belonging as an immigrant; (b) intersecting barriers to mainstream community belonging; and (c) successful strategies to increasing community belonging.

Locating communities of belonging as an immigrant

Community belonging was discussed at the level of the same ethnocultural communities and local geographic communities. Participants were consistent in describing the typical pattern in which immigrant newcomers first develop a sense of community belonging, starting with the same ethnocultural communities in Canada, then developing a sense of belonging with other Canadians in their local geographic spaces.

> Participant 16: I think for geographic community belonging, the newcomers or the new immigrants need time. That is the first step, it's the ethnic community, and after that, geographic, and then after that, the third step, the Canadian society belonging.

Community belonging was defined by participants as a sense of inclusiveness, being valued by others, and concern for the well-being of others.

> Participant 38: Community is a structure that notices you as a human being in multiple aspect of your existence…community is a group of people that notices you when you are well and not well. It's a group of people that notices you as a human being who has got family, a job, and hobbies.

Community belonging over time grew to incorporate connections related to work and shared interests and hobbies beyond one's particular ethnocultural group. These forms of belonging facilitated access to a wider range of resources and fostered integration into Canadian society.

> Participant 4, FG 3: It is important to understand that the notion of community … it's not only geographic or ethnic. My husband for example he is a non-visible minority so he is from Austria … so he has joined working groups, sports groups, that's his community now here, that and Facebook…

The different ways of belonging and the related benefits for immigrants are outlined in the following focus group discussion, where the tensions between focusing on the same ethnocultural communities versus wider connections with mainstream Canadians are dwelled on by participants:

> Participant 9: I think there is a bit of a debate there, I think that most of the immigrant service sector they tend to think in terms of the ethno-cultural community…I personally think that we should be doing more in terms of other kinds of communities …you're an engineer, you can belong to the association … Or your hobbies, you're a writer or you're a painter, so you can belong to those communities …

> Participant 10: No, but I feel that why we tend to move them to their ethnicity in the beginning is they're new to the country, they have so many barriers, language and cultural barriers so when they are connected to their own community they can relate well to the people, they are more open and they are more confident in building connections and, yes, then gradually move them over to a different community.

> Participant 7: I agree with you but also it's not easy to get into your ethno-cultural society, it's not easy to build up new network even in our same language societies and it's, I think, it's healthy to start that way but it's not easy… I believe people who stay connected only to their society, never can be integrated fully and that leads to mental health situations.

Intersecting barriers to mainstream community belonging

Major challenges to develop community belonging beyond ones' ethnocultural community are language barriers, employment barriers, and discrimination. When recent immigrants live in neighborhoods or local geographic spaces with a low density of the same ethnocultural group, they struggle more with creating a sense of community belonging. It is only when all the supports are in place that recent immigrants are able to build a sense of belonging in Canada over time as noted by one of the participants.

> Participant 15: I think it (community belonging) will come naturally if all other supports are in place… I don't think it'll happen unless all other systems are in place.

Immigrant service providers also identify the lack of ethnocultural diversity in mainstream community organizations located within local geographic spaces where immigrants live and work. These community organizations offer socialization opportunities, recreation services, and social services to particular groups such as families, women, and elderly. Visible minority immigrants were especially vulnerable to experiences of exclusion and discrimination in these local settings, which hindered social participation and decreased their sense of belonging.

> Participant 13: I connected to our community league once, (but) there is nobody who is a visible minority…. It would be very lovely if people would feel a part of their geographic communities, but most geographic communities are not yet at a point where they are able to actually welcome immigrants…. They know how

to welcome Europeans, or Anglo-Saxons ...But how to welcome immigrants from Africa or from the Middle East or from Asia—that's the problem.

The lack of English language skills often contributes to isolation and, thus, impedes community belonging. This is particularly a factor when living in neighborhoods with predominately native-born residents and low ethnocultural diversity.

Participant 4: Ninety percent of it is [due to] language—without the language, they can't become part of the community, and they remain within their small ethnic community and they don't step out. So, they are afraid to step out, and the larger community often resents their lack of integration.

Language skills affect the ability of immigrants to find jobs and in turn, the ability to socialize and form connections in workplace settings. Also, when immigrants find employment in precarious or low-paying jobs, there is a ripple negative effect on community belonging. Finding and maintaining employment as a recent immigrant can deplete already limited personal resources and result in neglect of other aspects of life such as community engagement and participation.

Participant 5, FG 4: I saw lots of students struggling with their time, they have to work, they usually have the worst shift, right, so they work the whole night and next morning sleep the 2 h, come to the class, the English class exhausted, tired, don't even have time for themselves how could they have time to integrating to different kind of community.

Successful strategies to increase community belonging

Participants in this study emphasized the need for more programming that facilitates community belonging. Often for recent immigrant, immigrant service agencies are the first point of access to find avenues of community belonging with the same ethnocultural groups.

Participant 39: ...if they come through this building (immigrant serving agency) *they often use it as a community connection...like in the cafeteria especially people will still pop by here and just kind of you know say hi, eat, because it becomes a, a place that people, they're familiar with, they know people are there who can speak the same language. And so it becomes a place of comfort for a lot of families...*

The second initial point of access for recent immigrants is religious institutions which often share immigrants' linguistic and ethnic traditions. Religious communities, also, facilitate belonging across different ethnic and mainstream groups, supporting integration into mainstream society.

Participant 9: I like that some of my clients, either they come here [to an immigrant service provider] or they go to church. They find some help from church. They find some help from their beliefs, because some of my clients, before they come to Canada they

don't have any religion practice. But when they come here, especially when they have any, you know, very sad feelings... they go to church and then they create a sense of religious belonging.

Programs that participants describe as contributing to mainstream community belonging include recreation programs, parenting programs, and language programs which are often hosted in immigrant service agencies. Language programs help immigrants learn language skills for mainstream integration but, also, share experiences and connect with other immigrants.

Participant 1, FG 6: We have volunteer based programs that are community based so for example one of our programs is our cultural links program. It's a matching program that matches newcomers with established Canadians who are their contact in the community, we don't say friend but you know it is a friend in the community that they can go to practice their English, to talk about their kids and have their children play together... So we've been doing different training sessions with our volunteers including one about how to recognize signs and symptoms of mental health.

Recreation programs that help newcomers learn about Canadian winter and Canadian winter sports are particularly helpful in fostering a sense of community, especially since Alberta is characterized by its long and harsh winter months.

Participant 4, FG 6: ...The winter camping program has been quite successful and kind of bringing many of our refugee clients to participate and bring their whole families out and enjoy a winter experience that they've never participated in before... if more programs like that existed and more funding to support initiatives like that on a kind of ongoing basis would be better.

Discussion

The results of this study provide two important insights: (a) Immigrants seek belonging to multiple forms of community in Canada; and (b) a multiprong approach is needed to foster different avenues of community belonging. Participants described immigrants' struggle to develop a sense of connection to their local geographic communities during their early years in Canada. Forming new relationships with others who do not share similar ethnic and linguistic roots is often hindered by language barriers, employment barriers, the lack of ethnocultural diversity within local community organizations, and experiences of discrimination. Other researchers have identified discrimination as an impediment to developing a sense of community belonging in Canada.[24,25] Within Canada's multicultural context, the continuation of social exclusion and discrimination of ethnocultural minorities is an area of continued concern. Our findings suggest that mainstream organizations should take a proactive role in strengthening community belonging for immigrants and challenging discriminatory practices. The tendency of recent immigrants, especially, to rely on the same ethnocultural communities for support can be problematic as well when these communities are small and lack social and economic capital.[26]

The central role in mental health of community belonging and associated factors such as social inclusion, social support, and social participation is highlighted in the literature.[27—29] In Alberta, facilitators of overall community belonging include access to immigrant service agencies and participation in religious institutions. Our findings highlight the vital role of immigrant service agencies in fostering community belonging and building social capital through meeting practical and educative needs (such as parenting and language needs) while facilitating social connectedness within and across ethnocultural groups and with mainstream Canadians. Programming that targets community belonging should also be housed in religious institutions, including churches and mosques, with coordinated efforts from religious and community leaders.

One limitation of our study is that we interviewed immigrant service providers rather than interviewing immigrants themselves. Previous studies, however, have interviewed immigrants in Canada on community belonging,[24,26] but we found no study on community belonging from the perspective of immigrant service providers. Considering the strong relationship between community belonging and access to social capital that promotes well-being,[30] public health professionals and policy makers have a major role to play in building the capacity of formal and informal support channels, including religious institutions, community organizations, and immigrant service agencies, in strengthening community belonging. This will serve to improve the mental health of immigrants in destination countries.

Author statements

REFERENCES

1. International Organization for Migration. *World Migration Report 2015: migrants and cities: new partnerships to manage mobility. Geneva, Switzerland.* 2015. Available from: http://publications.iom.int/system/files/wmr2015_en.pdf.
2. Statistics Canada. *Immigration and ethnocultural diversity in Canada: national household Survey, 2011.* Ottawa, Canada: Ministry of Industry; 2013. Available from: http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.pdf.
3. Corlin L, Woodin M, Thanikachalam M, Lowe L, Brugge D. Evidence for the healthy immigrant effect in older Chinese immigrants: a cross-sectional study. *BMC Publ Health* 2014;**14**(603). https://doi.org/10.1186/1471-2458-14-603.
4. Kennedy S, Kidd MP, McDonald JT, Biddle N. The healthy immigrant effect: patterns and evidence from four countries. *J Int Migrat Integrat* 2016;**16**(2):317—32.
5. Kwak K. An evaluation of the healthy immigrant effect with adolescents in Canada: examination of gender and length of residence. *Soc Sci Med* 2016;**157**:87—95.
6. Kim I, Carrasco C, Muntaner C, McKenzie K, Noh S. Ethnicity and postmigration health trajectory in new immigrants to Canada. *Am J Public Health* 2013;**103**(4):96—104.
7. Beiser M, Hou F. Predictors of positive mental health among refugees: results from Canada's general social survey. *Transcult Psychiatr* 2017;**54**(5):675—95. https://doi.org/10.1177/1363461517724985.
8. Browne DT, Kumar A, Puente-Duran S, Georgiades K, Leckie G, Jenkins J. Emotional problems among recent immigrants and parenting status: findings from a national longitudinal study of immigrants in Canada. *PloS One* 2017;**12**(4). https://doi.org/10.1371/journal.pone.0175023.
9. Fortuna R, Alvarez K, Ramos Ortiz Z, Wang Y, Mozo Alegria X, Cook BL, et al. Mental health, migration stressors and suicidal ideation among Latino immigrants in Spain and the United States. *Eur Psychiatr* 2016;**36**:15—22. https://doi.org/10.1016/j.eurpsy.2016.03.001.
10. Gotsens M, Mulmusi D, Villarroel N, Vives-Cases C, Garcia-Subirats I, Hernando C, et al. Health inequity between immigrants and natives in Spain: the loss of healthy immigrant effect in times of economic crisis. *Eur J Publ Health* 2015;**25**(6):923—9. https://doi.org/10.1093/eurpub/ckv126.
11. Okeke-Ihejirika P, Salami B, Ahmad K. African immigrant women's experience in host societies: a scoping review. *J Gend Stud* 2016. https://doi.org/10.1080/09589236.2016.1229175. Epub.
12. Pitt RS, Sherman J, Macdonald ME. Low-income working immigrant families in Quebec: exploring their challenges to well-being. *Can J Public Health* 2016;**106**(8):e539—45.
13. Salami B, Hirani S, Meherali S, Amodu O, Chambers T. Parenting practices of African immigrants in destination countries: a qualitative research synthesis. *J Pediatr Nurs* 2017. https://doi.org/10.1016/j.pedn.2017.04.016. Epub.
14. Kitchen P, Williams AM, Gallina M. Sense of belonging to local community in small-to-medium sized Canadian urban areas: a comparison of immigrant and Canadian-born residents. *BMC Psychology* 2015;**3**(28). https://doi.org/10.1186/s40359-015-0085-0.

15. Georgiades K, Boyle MH, Fife KA. Emotional and behavioral problems among adolescent students: the role of immigrant, racial/ethnic congruence and belongingness in schools. *J Youth Adolesc* 2013;**42**(9):1473–92. https://doi.org/10.1007/s10964-012-9868-2.

16. Chadwick KA, Collins PA. Examining the relationship between social support availability, urban center size, and self-perceived mental health of recent immigrants to Canada: a mixed-methods analysis. *Soc Sci Med* 2015;**128**:220–30.

17. Hagerty BM, Lynch-Sauer J, Patusky KL, Bouwsema M, Collier P. Sense of belonging: a vital mental health concept. *Arch Psychiatr Nurs* 1992;**6**(3):172–7.

18. Painter CV. *Sense of Belonging: literature review*. 2013. Retrieved from: http://www.cic.gc.ca/english/resources/research/belonging.asp#sec07.

19. Krause C. Developing sense of coherence in educational contexts: making progress in promoting mental health in children. *Int Rev Psychiatr* 2011;**23**(6):525–32.

20. Carpiano RM, Hystad PW. "Sense of community belonging" in health surveys: what social capital is it measuring? *Health Place* 2011;**17**(2):606–17.

21. Salami B, Yaskina M, Hegadoren K, Diaz E, Meherali S, Rammohan A, Ben-Shlomo Y. Migration and social determinants of mental health: results from the Canadian Health Measures Survey. *Can J Public Health. Forthcoming* 2017;**108**(4):362–7.

22. Sandelowski M. Whatever happened to qualitative description? *Res Nurs Health* 2000;**23**(4):334–40. https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G.

23. Patton MQ. *Qualitative research and evaluation methods*. 3rd ed. Thousand Oaks, CA: Sage; 2002.

24. Caxaj CS, Gill NK. Belonging and mental wellbeing among a rural Indian-Canadian diaspora: navigating tensions.

25. Woodgate RL, Busolo DS. Above chaos, quest, and restitution: narrative experiences of African immigrant youth's settlement in Canada. *BMC Publ Health* 2018;**18**. 1-1.

26. Hynie M, Crooks VA, Barragan J. Immigrant and refugee social networks: determinants and consequences of social support among women newcomers to Canada. *Can J Nurs Res* 2011;**43**(4):26–46.

27. Rezazadeh MS, Hoover ML. Women's experiences of immigration to Canada. *Can Psychol* 2018;**59**(1):76–88.

28. Hilario CT, Oliffe JL, Wong JP, Browne AJ, Johnson JL. Migration and young people's mental health in Canada: a scoping review. *J Ment Health* 2015;**24**(6):414–22. https://doi.org/10.3109/09638237.2015.1078881.

29. Puyat JH. Is the influence of social support on mental health the same for immigrants and non-immigrants? *J Immigr Minority Health* 2013;**15**(3):598–605. https://doi.org/10.1007/s10903-012-9658-7.

30. Bankston CL. *Immigrant networks and social capital*. Cambridge, United Kingdom: Polity Press; 2014.