

INTRODUCTION

- Global migration systems are continuing to change and evolve, and a clear understanding of the patterns and phenomenon will ensure informed and evidence-based healthcare planning and responses
- To ensure the immigration and healthcare systems are providing the most effective policies, support and care as possible, an understanding of the unique experiences of employed immigrants must be undertaken

OBJECTIVE

The purpose of this scoping review was to explore the current literature regarding the multidirectional relationships between immigration, health, and employment.

METHODOLOGY

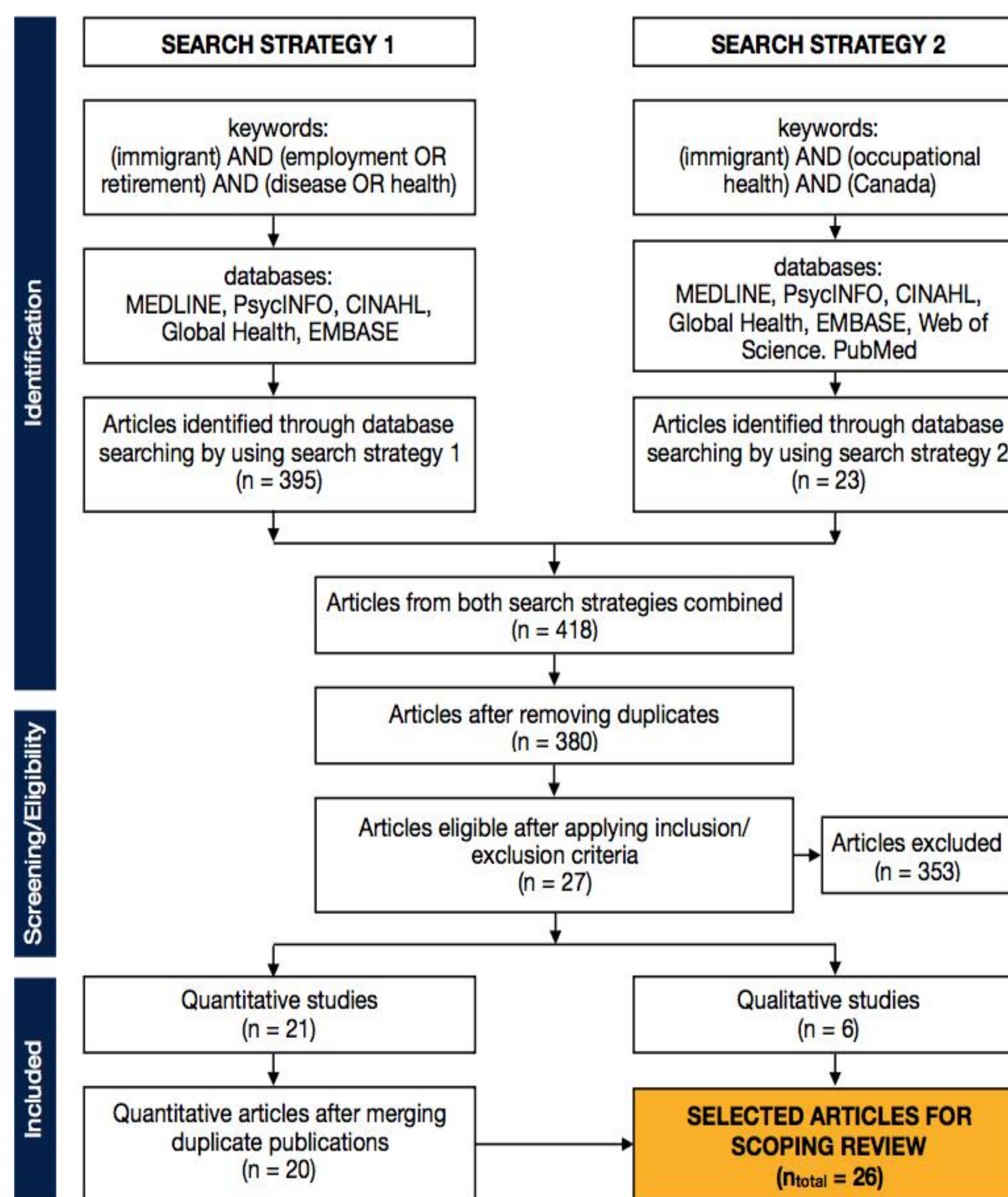
INCLUSION CRITERIA

1. Quantitative and qualitative studies with first-generation immigrants in their sample
2. Articles based on health data (using WHO definition¹)
3. Articles accessible in full text in English

EXCLUSION CRITERIA

Articles were excluded if they

1. Were not based on collection of data (e.g. historical articles, editorials, reports), dissertations, and on-going studies
2. Included working adolescents in their sample
3. Included over 50% non-first-generation immigrants, undocumented immigrants, refugees, expatriates and temporary migrant workers
4. Were focused on workplace safety and hazards
5. Were focused on immigrants facing difficulties with labour market participation without accounting for health outcomes
6. Conducted and/or reported statistical adjustment without subgroup analysis



RESULTS

THEME 1: HEALTH OUTCOMES DETERIORATE WITH INCREASED DURATION OF STAY IN HOST COUNTRY

- Longer duration of residence negatively impacted health outcomes of the working immigrant population^{2,4}
- One study found recent immigrants in the workforce had better health vs. non-immigrants³

THEME 2: SKILLED WORKERS EXPERIENCE POORER HEALTH COMPARED TO FAMILY SPONSORED IMMIGRANTS

- General mental health of immigrants who migrated as skilled workers was consistently poorer compared to those who migrated via family visa⁶
- Stressors (i.e. lack of income, loss of employment-related skills, loss of social status, and familial pressures) impact mental and physical health⁷
- Immigrants who reported poorer health conditions and psychological distress were less likely to have employment as their primary reason for immigration⁸

THEME 3: ECONOMIC CONTEXT CONTRIBUTES TO IMMIGRANT WORKERS' POOR HEALTH OUTCOMES

- External macro-level factors, such as the economy, influence migrant health^{25,21}
- Immigrants are vulnerable to poor health status during economic crises²⁵
- Financial crises negatively affects employment and working conditions, thus, affecting the living conditions and health status of immigrant workers²¹

RESULTS (cont.)

THEME 4: COMPLEX FINDINGS ON ASSOCIATION BETWEEN WORK CHARACTERISTICS AND HEALTH

- **Complex associations between occupational class and health**
 - Operationalized into manual/non-manual and blue-collar/white-collar
 - Type of work negatively affects immigrant workers' general health and well-being^{11,19,7,16,9,20}
 - Immigrants are typically engaged in lower-wage manual or unskilled work¹⁹
 - Immigrants who worked as professionals in their home country were employed in survival jobs in their new host country⁷
- **Employment status impacts on health, and the inverse relationship**
 - Operationalized into full- or part-time work, contract or temporary work, employment or unemployment
 - Immigrant unemployment was associated with negative health^{2,21}, and labour market participation can have negative effects on health status indicators²²
 - Inconsistencies in the research, suggesting no difference in association between employment status and health between immigrants and non-immigrants¹²³
 - Inverse relationship: the effects of health on employment in immigrant populations is noted (findings not statistically significant)^{26,3,27}
- **Employment outcomes unanimous impact on health**
 - Operationalized as outcomes relating to income or financial earnings, unanimous results within theme
 - Immigrant workers with low income earnings were associated with poor health^{2,24,7,13,20,21}
 - The role of material deprivation in this relationship was noted in the research²⁰⁻²¹
 - Health concerns extend to family members e.g. spouses and children⁷

THEME 5: POOR PSYCHOSOCIAL WORKING CONDITIONS LEAD TO DECLINES IN PHYSICAL AND MENTAL HEALTH

- **Lower job satisfaction leads to poorer health**⁸⁻¹²
- **Poor social support from employers and co-workers leads to poor overall well-being**¹³⁻¹⁴
- **Workplace discrimination negatively affects health**¹⁵⁻¹⁶
- **Inconsistent impact of job control on health**
 - Immigrant workers across different job sectors who had low control over their work schedule reported worse health outcomes and were less likely to engage in health-promoting behaviours¹⁷
 - Inconsistencies in the research, suggesting no association^{13, 14,18}

CONCLUSION

- This is the first attempt at providing a comprehensive overview of literature available regarding the multidirectional relationships between immigration, health, and employment
- The evidence from quantitative and qualitative studies revealed five key themes related to this triadic relationship
- Findings suggest that employers, policy makers, and healthcare providers should give careful consideration to the diverse challenges and stressors that immigrant workers face

RECOMMENDATIONS

- **Continued research into the identified issues of immigrant health, in relation to employment and the workplace**
- **Determine the differences in healthcare delivery and access that affects immigrant workers, and emphasize strategies in overcoming these challenges**
- **Solution-focused research determining how to overcome the difficulties of the immigrant experience**

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