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Transitioning into the Canadian Workplace: Challenges of Immigrants and its Effect on Mental Health

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Institutionalized racism exists in Canada and is reflected in current immigration policies, particularly policies surrounding procedures in attaining employment. Social and structural inequities sustained within this system serve the interests of some individuals through the marginalization of others. At present, research reveals that new immigrants face a number of challenges upon entering into the Canadian workplace, such as the loss of personal and occupational identity, language barriers, acculturation, discrimination, stigma, alienation, deskilling, social exclusion as well as competition and prejudice from native-born Canadians. As a result, immigrant workers are at significantly greater risk for a range of mental health disorders. Such indicators clearly demonstrate the need to draw on current knowledge and evidence to provide government leaders, health care providers, and policy makers the necessary resources to help immigrants successfully overcome cross-cultural barriers. This focused review aims to discuss and highlight challenges that immigrant workers experience upon settling in Canada, mental health concerns associated with these challenges and strategies shown to help ease the transitional process.

Key Words: Canada, immigrant, mental health, cultural transition, workforce, discrimination

Introduction

According to the 2006 Census, approximately one in five Canadians is born outside the country (McMullen, 2009). Immigrants in Canada are a diverse group of people with varied experiences, which depend largely on the individual and intersecting effects of shared characteristics such as ethnicity, gender, age, immigrant status, language skills, educational level and level of acculturation. Total visible minority immigrant groups comprise approximately 5 million (16.2%) of the population with Chinese and South Asians being the largest minority categories (Statistics Canada, 2009). Increased immigration has shown to be a vital contributor to the growth of Canada's labour force, with a contribution of approximately 71% between 1991 and 1996 (Statistics Canada, 2008). However, upon arrival, immigrant workers may experience one or more of the following barriers: difficulties in foreign credential recognition; adaptation to a different cultural and linguistic environment; dismissal of education and experience obtained abroad; increased experiences of discrimination and significantly lower initial earnings compared to Canadian-born residents (Statistics Canada, 2008; Harcourt, Lam, Harcourt, & Flynn, 2008; McMullen, 2009; Palameta, 2004). Recent reports by Canadian analysts specify that long-term immigrants with university degrees, at large, were working jobs with low educational requirements such as clerks, truck drivers, salespeople, cashiers and taxi drivers (Galarneau & Morissette, 2008; McMullen, 2009; Man, 2004; Oreopoulos, 2009) – a trend which has steadily increased since the early 1990s' (McMullen, 2009; Galarneau & Morissette, 2008).

In an active effort to recruit skilled immigrants, Canada has launched new initiatives such as the Skilled Worker Program (Man, 2004; Asanin Dean & Wilson, 2009). Of the 250,000 immigrants who arrive in Canada each year, the majority enter under this program as a need to fulfill employment shortages for positions such as business consultants, computer programmers, engineers and physicians (Asanin Dean & Wilson, 2009). Yet, increasing evidence demonstrates that many new

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arrivals are unable to secure full-time permanent positions in their field of training (Asanin Dean & Wilson, 2009; Man, 2004). As such, new immigrants are relocating under the pretense that they will maintain their previous position and stature – realization of their predicament upon arrival can cause strong feelings of loss and sadness, and can create an onset of increased stress, anxiety and other precursors to mental health issues (Ishiyama & Westwood, 1992). Given these trends, there is a need to highlight challenges that immigrants face upon entering into the Canadian workforce, associate these barriers with mental health concerns and establish current models and strategies shown to ease this transitional process for the purposes of launching new health policy initiatives. To thoroughly investigate these factors, a systematic search of scientific and grey literature was conducted followed by the summarization of key findings.

Our main objective is to provide a focused review of works that pertain to important and overlooked immigration issues that currently exist in Canada. These include, the challenges immigrants face upon entering into the Canadian workforce and the effect it has on their mental health.

Methods

A literature search of peer-reviewed journals was conducted by combining key terms: "immigrant;" "new worker;" "workplace;" "mental health;" "mental illness;" "stress;" "depression;" "discrimination;" "mental health services;" "de-skilling;" "institutionalized racism;" "racism;" "barrier;" "challenge;" and "Canada" in ISI Web of Knowledge, PsychInfo and PubMed databases between 1975 and 2010. The same terms were used to search for grey literature in Google Scholar, Canada Health and Statistics Canada. Main findings were compiled and summarized.

Results

Employment as a Social Determinant of Health

Employment is recognized worldwide as an important social determinant of health (World Health Organization, 2003; Marmot & Wilkinson, 2006; Raphael, 2004). Work provides income and self-identification whereas the lack of employment has been found to correlate with poor health (Raphael, 2004; Marmot & Wilkinson, 2006). Studies have shown that change to an individual's employment status has significant psychological health impacts (Murphy & Athanasou, 1999; Harnois & Bagriel, 2000; Stuart, 2006). Exclusion from the workforce not only creates material deprivation, isolation and marginalization, it also erodes self-confidence and is therefore a key risk factor for mental health problems (Stuart, 2006). Meaningful work fosters mental well-being as it is a source of social networking, social support, and self-esteem. It is a major contributor to social status, economic independence and recognition from others (Pottie, Ng, Spitzer, Mohammed, & Glazier, 2008). Unfortunately, for new immigrants, findings reveal that between 2-4 years after arrival, 54% are still looking for meaningful work (Schellenberg & Maheux, 2007). Research indicates that struggles in attaining meaningful employment can negatively impact the health of immigrant groups, thereby, widening the gap in overall well-being between immigrant and non-immigrant populations (Palameta, 2004).

Nevertheless, it should be kept in mind that due to current economic circumstances many Canadians – whether they are Canadian-born or not – are experiencing difficulties in securing employment (Reitz, 2007). For instance, according to Reitz (2007), the employment-seeking experiences of recent Canadian university graduates entering into the workforce for the first time are parallel to those of new immigrant populations.

Host Culture Perceptions

Some studies show that a proportion of Canadian-born employees have preconceived notions that ethnic minority workers are a viable threat to their jobs (Harcourt et al., 2008; Boekestijn, 1988). They believe that an increase in available bodies provide employers the option of choosing more cost-effective ways of sustaining their businesses (Harcourt et al., 2008). This can negatively impact host-immigrant relationships (Boekestijn, 1988).

Alongside the issue of wage, studies have established that new arrivals generally earn less than Canadian-born workers with the same amount of education and work experience (McMullen, 2009; Palameta, 2004). The discrepancy has been attributed to the contention that foreign expertise is less valued in Canada (McMullen, 2009). Such factors allude to the overarching theme of discrimination.

Deskilling and Other Discriminatory Practices

There is evidence to suggest that income discrimination and devaluation of foreign credentials exist in Canada and that it is often gender-based suggesting that inequities created by this process are not experienced equally within immigrant groups (Swidinsky & Swidinsky, 2002; Omidvar & Richmond, 2003; Fuller & Vosko, 2008; Palameta, 2004; Man, 2004). New immigrant women are continuously streamed into low-skill, low-wage positions in the service-sector as well as in the manufacturing industry (Omidvar & Richmond, 2003). This process is commonly referred to as deskilling. Deskilling is defined as the procedure in which foreign education and credentials are not recognized by the host country (Bauder, 2003, p. 701). It has been documented that, in general, non-European immigrants, typically, those that originate from South and Central Asia, the Middle East and Southern and Eastern Europe are exposed to this process (Bauder, 2003; Palameta, 2004; Thompson, 2000). Research indicates that the level of education of new immigrants entering Canada is steadily increasing, yet these populations are unable to reap the benefits of their skill set (Bauder, 2003).

Rigorous certification systems in Canada often favour individuals with Canadian education, training and work experience (Bauder, 2003). Place of education and training becomes a process of labour-market distinction (Collins, 1979). Foreign workers are discriminated against based on where they receive their education and training (Collins, 1979). For instance, in order to be re-accredited as a doctor in Canada, the Medical Council of Canada mandate immigrant doctors to pass a written exam as well as acquire an additional two to six years of Canadian training (Bauder, 2003). This number may vary depending on factors such as individual level of acculturation and the amount of social and cultural capital acquired.

Deskilling appears to be a major contributor to the underrepresentation of visible minority groups in the upper segments of the Canadian labour market. Many immigrants believe that the Canadian labour market systematically marginalizes or excludes visible minority workers as an active effort to preserve higher labour market segments for Canadian-born workers (Bauder, 2003; Basran & Zong, 1998). According to recent studies, 1 in 5 visible minority individuals have reported discrimination or unfair treatment, particularly in a work setting or when applying for a job (Palameta, 2004; Oreopoulos, 2009).

However, discriminatory acts are not only confined to employers. Union representatives also lobby for limits to immigration and are often reluctant to help ethno cultural groups obtain meaningful employment (Harcourt et al., 2008). An explanation for this might be that unions must aim to please the majority group, which often does not include minority immigrant populations (Harcourt et al., 2008). Another contributing factor may be that unions have limited resources to serve and comply to all employees, especially those with complex needs (Bertrone & Griffith, 1995).

All in all, discriminatory practices demonstrated throughout appear to pose significant stress to the Canadian labour force. Not only do these procedures create divisions between Canadian-born and immigrant labourers, they also hinder the Canadian economy through the wasting of human capital.

Acculturation and Language

Additional challenges that immigrants experience include acculturation and language. A simplified or condensed definition of acculturation is the extent in which an individual or group is willing to retain the old culture and adopt the new one (Berry, 1997). The process of acculturation can be quite challenging and may negatively impact the mental health of immigrant populations. For instance, the difficulties associated with adopting a new culture can prevent new immigrant workers from successfully integrating into the Canadian labour market, thereby creating increased stressors (Tiwari & Wang, 2008; Berry & Kim, 1988). Immigrants tend to be inexperienced with the Canadian labour market structure (Boyd & Schellenberg, 2007). New foreign workers are often short of social networks, lack language proficiency and do not possess Canadian work experience (Boyd & Schellenberg, 2007). More importantly, they seldom have the expected level of acculturation (Boekestijn, 1988).

Language is another barrier in the bridging of communication between immigrants and their Canadian-born counterparts. With respect to the labour market, having solid English and/or French is often linked to economic success in Canada. Evidence reveals that new immigrant workers that demonstrate greater capacity to communicate in English or French are far more likely to be employed in higher skilled jobs (Pottie et al., 2008). Conversely, those that lack such skills are more prone to working in low-wage jobs (Pottie et al., 2008). Clearly, language and acculturation are contributing upstream factors to the overall health of immigrants as these factors determine immigrants' successes of transitioning into the Canadian work culture.

Mental Health of Immigrant Populations

Studies have shown that upon arrival, immigrants have better health than most Canadians. This is known as the "Healthy Immigrant Effect" (Chen, Ng, & Wilkins, 1996; Dunn & Dyck, 2000;

Ali, 2002; MacDonald & Kennedy, 2004). Research indicates that new immigrants have reduced incidence of chronic conditions and have lower rates of disability, depression and alcohol dependence than their Canadian-born counterparts (Chen et al., 1996; Dunn & Dyck, 2000; Ali, 2002; MacDonald & Kennedy, 2004; Gold & DesMeules, 2004). Conversely, these numbers change for long-term arrivals as immigrant health has been shown to decline over time (Davis, Meldrum, Tippy, Weiss, & Williams, 1996; Chandrasena, Beddage & Fernando, 1991). For some individuals, such declines are at par or even below that of Canadians (Chen et al., 1996; Dunn & Dyck, 2000; Ali, 2002; MacDonald & Kennedy, 2004; Jolly, Pais, & Rihal, 1996). One can speculate from recent studies, that barriers highlighted throughout are suspect in attributing to the deterioration of immigrant health (O'Campo, Eaton, & Muntaner, 2004; Ahmad et al., 2005; Asanin Dean & Wilson, 2009).

Challenges such as deskilling and discrimination are responsible for the loss of occupational identity causing immigrants to experience feelings of shame, frustration, bitterness, constant strain, unhappiness and loss of sleep (Ishiyama & Westwood, 1992; Simich, Hayley, Khamisa Baya, 2006). Studies reveal that stress induced by unemployment has been shown to increase rates of depression, mental hospital admission, psychological distress and anxiety and attempted suicide (Hamilton, Hoffman, Broman, & Rauma, 1993; Bartley, 1994; Leana & Feldman, 1995; Dooley, Fielding, & Levi, 1996; Kraut & Walld, 2003; Chandrasena et al., 1991; Simich et al., 2006; Simich, 2006). Other contributing factors such as high expectations from the host country, poor adjustment to a new culture, social exclusion, lack of support systems and financial uncertainties further precipitate psychiatric disorders and suicidal ideations (Chandrasena et al., 1991). Consequently, non-status immigrants experience additional hardships due to lack of healthcare, poor living circumstances and extensive exploitation from employers (Simich, 2006). Non-status immigrants will often have worse health outcomes than people who hold immigrant status (Simich, 2006).

Overall, social and structural inequities appear to be principal precursors to the worsening of immigrant health. Systemic policies and practices, such as deskilling and methods of social exclusion delay the process of acculturation, which can affect the overall well-being of new immigrants through negative impacts on mental health. Consequently, poor psychological health fuels destructive emotions. Anger and frustration can resonate to family members resulting in disruptions of the family unit (Asanin Dean & Wilson, 2009). As demonstrated, this pathway can result in poor mental health outcomes. As such, efforts at the structural level are needed to rectify current circumstances.

Discussion

Improving Social Structure

Institutionalized barriers experienced by immigrant minorities need to be addressed by government officials and policy makers. New immigrants should not be responsible for addressing systematic issues such as devaluation of credentials, unequal opportunities and racism (Zong, 2004). Immigrants must overcome various other challenges such as language, familiarity of locale, familiarity of healthcare system – all of which are part of the acculturation process. Other factors, such as social exclusion, built evidently on a rather draconian system should be the least of their

worries. We tend to forget that throughout the last several decades, Canada, has advertised to and enticed skilled immigrants to resettle, portraying the notion that relocating will provide a better way of life. As such, necessary steps to improve our current institutional structure are long overdue.

To resolve these crucial issues, we need to rebuild a structure that emphasizes social inclusion rather than social exclusion. According to Omidvar and Richmond (2003), social inclusion is about "making sure that all children and adults are able to participate as valued, respected and contributing members of society (p. viii)." Therefore, as a community, we need to reinstate social inclusion as a normative concept by committing to and advocating for necessary structural changes (Omidvar & Richmond, 2003). Social inclusion is more than just removing barriers or risks to the individual (Omidvar & Richmond, 2003). It is about digging into the underlying causes of such obstacles. Fundamentally, this model requires the proactive gathering of people who are willing and devoted to investing their time to re-developing an entire culture and structure, which reinforces the inclusion of all individuals. It is about "validation and recognition of diversity" (Omidvar & Richmond, 2003, p. ix) and it is about the "recognition of commonality of lived experiences and shared aspirations among people" (Omidvar & Richmond, 2003, p. ix). To achieve this as a society, we need to make active efforts to break down the physical, social and economic barriers between immigrants and Canadian-born populations.

Improving Support in the Workplace and within Unions

The concept of social inclusion is an overarching theme and provides solid structural foundation for the improvement of immigrant health. Specifically, there needs to be greater support for immigrants when transitioning into the Canadian labour force. As well, Canadian employers must learn to be more culturally sensitive and understanding of the many cross-cultural challenges that immigrants may experience.

Lee and Westwood (1996) propose that new minority groups require security and comfort, positive self-evaluation and unconditional self-acceptance. Security and comfort confer to physical and psychological security, familiarity with new environments and increased social support. These factors are often neglected by organizational leaders, yet, all individuals, Canadian-born or not require this in a workplace. New minority workers are often devaluated and often feel rejected as a result of systematic discriminatory practices, hence, employers need to be sensitive to these issues by providing encouragement, recognition and by integrating new immigrant workers into the organizational culture.

When entering into a new cultural environment, immigrant groups experience a whole new set of rules and customs and this extends beyond work-life (Lee & Westwood, 1996). Employers, therefore, must learn to be more proactive in helping ease the transitioning process. Organizational leaders can do this by providing training programs focusing on readjustment and by consistently providing constructive feedback and support (Lee & Westwood, 1996).

Alternatively, unions also play a vital role in the workforce. Employees often rely on unions to help them access necessary resources. Unions act as mediators between the employers and the employees and typically speak on behalf of the workers. However, a detriment to unionization is that unions work on behalf of the majority. As such, minority groups are not fully represented.

Consequently, workplace concerns of immigrant minorities such as prejudice and/or inequalities are likely to be neglected or given lower priority than those representing the majority group (Bertrone & Griffith, 1995). Union representatives must take on a more social democratic role in an active attempt to serve the interest of all workers (Link, 2000). If this type of framework is implemented at the fundamental level, then perhaps more inclusive practices will be adopted at large.

Limitations

This review has several limitations. Firstly, since it is not a systematic review, the body of research collected is not comprehensive indicating that there is a risk of bias and confounding that may have affected the cumulative evidence. The literature search encompassed works that specifically addressed the challenges immigrants experience in the Canadian labour force and its impact on mental health. As such, the review could have been expanded to look deeper into workplace barriers and its effects on the general health of immigrant populations.

Secondly, it should be noted that constructs of mental health and illness are problematic, particularly with respect to immigrant populations since these terms can be defined in numerous ways (Cheung & Snowden, 1990; Li & Browne, 2000). For instance, how mental health and illness are measured and perceived in different culturescan be extremely complex and can create various challenges for immigrants such as barriers to accessing mental health services (Cheung & Snowden, 1990; Li & Browne, 2000). In essence, currently, there is not one definition everyone can agree on which can be applied to all ethnic backgrounds and cultures.

Lastly, for this review, caution needs to be exercised when drawing conclusions from the findings. Many of the studies included for discussion were explanatory in nature and often had small sample sizes. Hence, the results may provide a deeper understanding of particular issues addressed throughout this paper, however, they may not necessarily be representative of larger populations across Canada.

Key Messages

The trials and tribulations that immigrant minorities encounter outline a pathway toward declining health. Research indicates that factors associated with social and structural inequities and the processes of acculturation prolong integration. Active efforts from government and organizational leaders, health care providers and policy makers are required for the launch of new health policy initiatives to resolve current structural issues and aid in the successful transitioning of immigrant populations into Canadian culture.

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