

UNIVERSIDADE DE LISBOA
FACULDADE DE PSICOLOGIA



Programa de Doutoramento em Migrações

**DETERMINANTES DA SAÚDE MENTAL E QUALIDADE DE VIDA
EM IMIGRANTES QUALIFICADOS: IMPACTO DAS REDES,
RELAÇÕES E CAPITAL SOCIAL**

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Orientadoras: Prof.^a Doutora Magda Sofia Valadas Dominguez Roberto

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Em memória da minha avó Agostinha.

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Resumo

Vivemos num mundo de migrações, com mais pessoas a se deslocarem para outros países para melhorarem a sua qualidade de vida. Os estudos revelam um paradoxo, onde alguns indicam que são os imigrantes que têm melhor saúde mental que os não-migrantes, e outros indicam o oposto, referindo que esta diferença se esbate ao longo do tempo. Contudo, o processo migratório é disruptivo, modificando as redes sociais, restringindo o acesso a recursos (capital social) e apoio social, ficando os imigrantes em maior risco de sobrequalificação no trabalho, e mais expostos aos impactos negativos na saúde mental. O *Network Episode Model* (NEM) pode ser a base a partir da qual é possível conceitualizar as interconexões entre estes determinantes, essenciais para a compreensão da saúde mental dos imigrantes.

Todavia, existem limitações na operacionalização do capital social e na perceção de sobrequalificação. Ademais, a literatura sobrepõe o capital social, as redes sociais e o apoio social; e, atendendo à multidimensionalidade do capital social (homofilia vs. heterofilia; *bonding* vs. *bridging*; buracos estruturais; *position generator*), é crucial a utilização de uma metodologia das redes sociais (abordagem geral; e específica de saúde), que explore o seu impacto ao nível da saúde mental. Adicionalmente, a exploração das redes e da sobrequalificação e satisfação no trabalho dos imigrantes são cruciais, por se relacionarem com a saúde mental, e por os estudos na área serem escassos. A promoção das redes sociais dos imigrantes é determinante para a proteção da sua saúde mental, e intervenções participatórias como o *Digital Storytelling* (DST), de cariz digital, parecem ser estratégias eficazes a este nível, e potenciadoras de *soft skills*, que são competências essenciais para a integração no mercado de trabalho. Atendendo à flutuação dos determinantes sociais ao longo do processo migratório, exploraram-se estes determinantes, considerando também o tempo de residência dos imigrantes.

Assim, este projeto é constituído por 3 momentos que integram 6 estudos. Nos 4 estudos iniciais exploraram-se os determinantes sociais da saúde mental, incluindo imigrantes da Comunidade de Países de Língua Portuguesa (CPLP), sobretudo imigrantes brasileiros, o grupo mais representativo em Portugal e suscetível a sofrimento psicológico e à sobrequalificação no trabalho, e um outro grupo de não-migrantes. No estudo 5 realizou-se uma revisão sistemática sobre métodos digitais direcionada maioritariamente para imigrantes adultos (e.g., imigrantes, refugiados, requerentes de asilo) de 1ª e 2ª geração. No estudo 6, focado no DST, incluímos um grupo de imigrantes brasileiros, e outro de imigrantes venezuelanos (grupo em grande crescimento, que enfrenta desafios sociais adicionais).

No 1º momento desenvolveram-se estudos psicométricos. O *estudo 1* tinha como objetivo validar para o contexto português as características psicométricas da *Personal Social Capital Scale 16* (PSCS-16; $N=280$). A estrutura fatorial confirmatória foi adequada e os resultados revelaram uma boa consistência interna, obtendo-se validade convergente e discriminante; encontrou-se, ainda, uma associação positiva entre estatuto de imigrantes e qualificação com o capital social *bridging*. O *estudo 2* tinha como objetivos: (1) validar as características psicométricas do Questionário de Sobrequalificação Cognitiva Percebida (QSCP; $N=142$); e (2) aprofundar a análise da validade de construto através de dados qualitativos, explorando a relação entre sobrequalificação e variáveis associadas ao trabalho (e.g., satisfação no trabalho; [$n_{\text{imigrantes brasileiros}} = 17$; $n_{\text{não-migrantes}} = 10$]). Os resultados revelaram uma estrutura unifatorial adequada, com boa consistência interna e validade convergente e discriminante; e os dados qualitativos permitiram propor um modelo teórico, sugerindo que a relação entre sobrequalificação percebida e satisfação no trabalho parece ser moderada pelo carácter (in)voluntário da sobrequalificação, identificação com o país de acolhimento e o tempo de residência neste. Ambos os estudos psicométricos apresentaram robustez psicométrica, contribuindo para acumulação de resultados sobre a operacionalização

dos construtos, e reforçando a necessidade de estudos qualitativos que explorem as suas implicações.

No 2º momento, aplicou-se a metodologia das redes. O *estudo 3*, tinha como objetivos: (1) avaliar como o capital social muda das redes percebidas gerais para redes de saúde específicas dos imigrantes da CPLP ($n=18$) e não-migrantes ($n=53$); e (2) avaliar as flutuações das redes e capital social dos imigrantes de acordo com o tempo de residência no país de acolhimento. Os resultados revelaram que as redes gerais incorporaram mais laços fracos e heterofílicos com não-migrantes (capital social *bridging*) e as de saúde laços fortes e homofílicos com imigrantes (capital social *bonding*); e que aqueles que viviam há mais de cinco anos tinham mais laços *bridging*, redes mais eficientes e capital social geral.

Posteriormente o *estudo 4* tinha como objetivo investigar as mudanças percebidas pelos imigrantes da CPLP ($n=18$) e não-migrantes ($n=53$) antes e durante a pandemia das suas redes específicas de saúde, saúde mental, apoio social e capital social. Os resultados revelaram que os imigrantes da CPLP reduziram a sua saúde mental, com mais mudanças nas suas redes de saúde, perderam apoio social, laços fracos e heterofílicos com os não-migrantes, a eficiência e capital social geral, enquanto nos não-migrantes as mudanças nas redes percebidas foram poucas. Os estudos do 2º momento mostraram que os imigrantes beneficiam de laços fracos e heterofílicos com os não-migrantes, de redes com capital social *bridging*, tendo redes mais eficientes, com recursos não redundantes e mais buracos estruturais, e acesso a mais capital social geral. Também beneficiam de redes maiores (mais apoio social), reforçando a relevância de intervenções que promovam redes heterogéneas, com o intuito de proteger a sua saúde mental.

No 3º momento, realizou-se, inicialmente, no *estudo 5*, uma revisão sistemática ($N=13$), que tinha como objetivos: (1) explorar os métodos digitais existentes que promovem o bem-estar entre grupos de imigrantes; e (2) identificar as forças e fraquezas destes métodos

na sua aplicabilidade e sugerir direções para o seu uso. Os resultados sugeriram que os *M-integration* promovem a saúde mental e a resiliência individual (recorrendo à teoria cognitivo comportamental na promoção de estratégias de *coping*) dos imigrantes, enquanto os métodos participativos promovem a qualidade de vida e a resiliência social dos refugiados. No *estudo 6*, realizou-se um *workshop* de DST sobre as suas trajetórias de trabalho e empregabilidade com imigrantes brasileiros ($n = 3$) e imigrantes venezuelanos ($n = 4$) que tinha como objetivo desenvolver e testar a adequabilidade da estratégia de DST na promoção dos determinantes sociais, e no debate sobre trabalho digno e desenvolvimento de *soft skills*. Os resultados sugerem que o DST é uma ferramenta relevante no contexto da empregabilidade nas migrações, promove o debate sobre trabalho digno e desenvolve *soft skills*. Ambos os estudos deste último momento reforçam que não existe uma intervenção adequada para todos os grupos de imigrantes, ilustrando a necessidade de intervenções flexíveis para a promoção dos determinantes sociais, que potenciem e valorizem os imigrantes na sua integração.

Globalmente, estes estudos ampliam o conhecimento sobre os determinantes sociais da saúde em migrações. Os estudos psicométricos contribuem para a obtenção de resultados cumulativos sobre o capital social e sobrequalificação nas migrações; e os que incidiram na aplicação da metodologia das redes, reforçam a importância de se considerarem as várias abordagens de capital social, para se chegar a um maior consenso sobre o impacto na saúde mental dos imigrantes; de intervenções que promovam redes heterogêneas em diferentes momentos do processo migratório, nomeadamente redes com laços fracos heterofílicos (capital social *bridging*), pois aumentam a eficiência da informação e os buracos estruturais, e mais laços em vantagem social (capital social geral); e que sejam constituídas por mais laços e apoio social, contribuindo na globalidade para proteger a sua saúde mental. A implementação do DST emerge como uma abordagem promissora e flexível na promoção das

redes sociais, capital social, apoio emocional e bem-estar que ao promover o desenvolvimento de *soft skills*, preserva a identidade dos imigrantes, dando-lhes voz.

Palavras-chave: imigrantes, capital social, redes sociais, saúde mental, sobrequalificação.

Abstract

We live in a world of migration, with more people moving to other countries to improve their quality of life. Studies reveal a paradox, where some indicate that immigrants have better mental health than non-migrants, and others suggest the opposite, stating that this difference fades over time. However, the migration process is disruptive, modifying social networks and constraining access to resources (social capital) and social support, leaving immigrants at greater risk of overqualification at work and more exposed to negative impacts on mental health. The Network Episode Model (NEM) can be the basis from which it is possible to conceptualise the interconnections between these determinants, which is essential for understanding the mental health of immigrants.

However, there are limitations in operationalising social capital and the perception of overqualification. Furthermore, the literature overlaps social capital, social networks and social support; and, given the multidimensionality of social capital (homophily vs. heterophily; bonding vs. bridging; structural holes; position generator), it is crucial to use a social network methodology (general and health-specific approach), which explores its impact on mental health. Additionally, exploring networks and immigrants' overqualification and job satisfaction are crucial, as they relate to mental health, and because studies in the area are scarce. Promoting immigrants' social networks is critical in protecting their mental health, and participatory interventions, such as Digital Storytelling (DST) of a digital nature, seem to be effective strategies at this level and enhance soft skills, which are essential skills for integration into the labour market. Given the fluctuation of social determinants throughout the migration process, these determinants were explored, and immigrants' length of residence was considered.

Thus, this project consists of 3 moments that integrate 6 studies. In the 4 initial studies, the social determinants of mental health were explored, including immigrants from

the Community of Portuguese Language Countries (CPLC), especially Brazilian immigrants, the most representative group in Portugal and susceptible to psychological suffering and overqualification at work, and another group of non-migrants. In study 5, a systematic review was carried out on digital methods aimed mainly at adult immigrants (e.g., immigrants, refugees, asylum seekers) of the 1st and 2nd generation. In study 6, focused on DST, we included a group of Brazilian immigrants and another group of Venezuelan immigrants (a rapidly growing group that faces additional social challenges).

In the 1st moment psychometric studies were developed. *Study 1* aimed to validate the psychometric characteristics of the Personal Social Capital Scale 16 (PSCS-16; $N=280$) for the Portuguese context. The confirmatory factorial structure was adequate, and the results revealed good internal consistency, obtaining convergent and discriminant validity; a positive association was also found between immigrant status and qualification with bridging social capital. *Study 2* aimed to: (1) validate the psychometric characteristics of the Perceived Cognitive Overqualification Questionnaire (PCOQ; $N=142$) and (2) deepen the analysis of construct validity through qualitative data, exploring the relationship between overqualification and variables associated with work (e.g., job satisfaction; [$n_{\text{Brazilian immigrants}} = 17$; $n_{\text{non-migrants}} = 10$]). The results revealed an adequate single-factor structure, with good internal consistency and convergent and discriminant validity, and qualitative data allowed us to propose a theoretical model, suggesting that the relationship between perceived overqualification and job satisfaction appears to be moderated by the (in)voluntary nature of overqualification, identification with the host country and length of residence there. Both psychometric studies presented psychometric robustness, contributing to the accumulation of results on the operationalisation of the constructs and reinforcing the need for qualitative studies that explore their implications.

In the 2nd moment, the network methodology was applied. *Study 3* had the following objectives: (1) evaluate how social capital changes from general perceived networks to specific health networks of CPLC immigrants ($n=18$) and non-migrants ($n=53$); and (2) evaluate fluctuations in immigrants' networks and social capital according to the length of residence in the host country. The results revealed that the general networks incorporated weaker and heterophilic ties with non-migrants (bridging social capital), the health networks incorporated strong and homophilic ties with immigrants (bonding social capital); and those who had lived for more than five years had more bridging ties, more efficient networks and general social capital. Then, *study 4* aimed to investigate the perceived changes of CPLC immigrants ($n=18$) and non-migrants ($n=53$) before and during the pandemic in their specific health networks, mental health, social support and social capital. The results revealed that CPLC immigrants reduced their mental health, with more changes in their health networks, losses of social support, weak and heterophilic ties with non-migrants, efficiency and general social capital, while in non-migrants the changes in the perceived networks were few. The 2nd moment studies showed that immigrants benefit from weaker and heterophilic ties with non-migrants, from networks with bridging social capital, having more efficient networks, with non-redundant resources and more structural holes, and access to more general social capital. They also benefit from larger networks (more social support), reinforcing the relevance of interventions that promote heterogeneous networks, with the aim of protecting their mental health.

In the 3rd moment, we initially carried out, in *study 5*, a systematic review ($N = 13$), which had the following objectives: (1) explore existing digital methods that promote well-being among immigrant groups; and (2) identify the strengths and weaknesses of these methods in their applicability and suggest directions for its use. The results suggested that *M-integration* promotes the mental health and individual resilience (using cognitive behavioral

theory in promoting coping strategies) of immigrants, while participatory methods promote the quality of life and social resilience of refugees. In *study 6*, a DST *workshop* was held about their work trajectories and employability with Brazilian immigrants ($n = 3$) and Venezuelan immigrants ($n = 4$) which aimed to develop and test the suitability of the DST strategy in promoting social determinants, and on the debate about decent work and the development of soft skills. The results suggest that the DST is a relevant tool in the context of employability in migrations, promotes debate on decent work and develops soft skills. Both studies of this last moment reinforce that there is no adequate intervention for all immigrant groups, illustrating the need for flexible interventions to promote social determinants, which enhance and value immigrants in their integration.

Overall, these studies expand knowledge about the social determinants of health in migrations. Psychometric studies contribute to obtaining cumulative results on social capital and overqualification in migrations; and those who focused on the application of the network methodology, reinforce the importance of considering the several approaches of social capital, to reach a greater consensus on the impact on the mental health of immigrants; of interventions that promote heterogeneous networks at different moments of the migration process, namely networks with heterophilic weaker ties (bridging social capital), as they increase efficient information and structural holes, and more ties in social advantage (general social capital); and are constituted by more ties and social support, contributing overall to protecting their mental health. The implementation of DST appears as a promising and flexible approach in promoting social networks, social capital, emotional support and well-being that, by promoting the development of soft skills, preserves the identity of immigrants, giving them a voice.

Keywords: immigrants, social capital, social networks, mental health, overqualification.

Índice Geral

Índice de Tabelas	xxvii
Índice de Figuras	xxviii
Lista de Abreviaturas	xxx

PARTE I: Determinantes Sociais da Saúde Mental dos Imigrantes

Introdução.....	2
Capítulo 1 – Enquadramento Teórico e Abordagem Metodológica.....	8
1. A Importância dos Determinantes Sociais da Saúde em Migrações.....	8
1.1 Capital Social, Redes Sociais e Apoio Social.....	9
1.2 Sobrequalificação e Satisfação no Trabalho.....	13
2. Abordagens Participativas na Promoção dos Determinantes Sociais da Saúde.....	15
3. Síntese.....	16
4. Abordagem Metodológica.....	18
4.1 Estratégia de Investigação.....	18
4.2 Paradigma da Investigação.....	21
4.3 Apresentação Integrada dos Estudos.....	22
4.4 Procedimento Éticos.....	27

PARTE II: Estudos de Adaptação de Instrumentos de Medida

Capítulo 2. Validation of the Personal Social Capital Scale-16 in Portugal: Preliminary data on Portuguese and Immigrants.....	30
Introduction.....	30
Social Capital: The Lack of Consensus and the Importance of Overcoming it.....	30

Social Capital Definitions.....	31
Migrant Population.....	33
Social Capital Assessment.....	34
Measurements Qualities of the PSCS.....	35
Validating the PSCS in the Portuguese Context.....	36
Method.....	37
Participants.....	37
Procedure.....	39
Measures.....	40
Data Analysis.....	41
Results.....	42
PSCS Descriptive Statistics and Factorial Structure.....	42
Convergent, Discriminant Validity and Reliability.....	44
Additional Correlational Analysis.....	45
Discussion.....	45
Limitations and Directions for Future Research.....	48
Capítulo 3. Adaptação do Questionário de Sobrequalificação Cognitiva Percebida	
(QSCP) para a Língua Portuguesa: Uma Abordagem Mista para Avaliar a Validade de	
Construto no Contexto das Migrações.....	50
Introdução.....	50
Sobrequalificação Objetiva e Percebida.....	51
Consequências Negativas e Positivas da Sobrequalificação.....	53
Sobrequalificação Percebida no Contexto das Migrações.....	54
Objetivos.....	56
Estudo 1.....	57

Método.....	57
Participantes.....	57
Procedimento.....	57
Instrumentos.....	58
Análise de Dados.....	59
Resultados.....	60
Estatística Descritiva e Correlacional.....	60
Estrutura Fatorial, Consistência Interna e Validade.....	61
Estudo 2.....	63
Método.....	63
Participantes.....	63
Procedimento.....	64
Instrumentos.....	65
Análise de Dados.....	65
Resultados.....	66
Definição da Percepção de Sobrequalificação.....	67
Relação entre Sobrequalificação e Satisfação no Trabalho: O Papel da Vontade Pessoal, Identificação com o País de Acolhimento, Expectativa de Mudar de Emprego e Tempo de Residência.....	68
Sobrequalificação, Satisfação no Trabalho e Justiça Organizacional.....	70
Discussão.....	70
Limitações e Orientações para Estudos Futuros.....	73

**Parte III: Estudos Relativos à Análise das Redes Sociais, Gerais e Específicas, de
Migrantes e Não-migrantes em Portugal**

Capítulo 4. Ego Network Analysis of Social Capital, General and Health-Related

Networks Between Migrants and Non-Migrants in Portugal.....	76
Introduction.....	76
Social Capital and Social Networks.....	78
General and Specific Networks.....	79
Migrations: Interconnecting Social Capital, Social Networks and Health.....	80
Research Context: Aims and Hypotheses.....	82
Method.....	85
Participants.....	85
Procedures and Data Collection.....	86
Measures.....	87
Statistical Analyses.....	89
Results.....	89
CPLC Immigrants and Non-migrants General and Specific Networks Structure.....	90
CPLC Immigrants General and Specific Networks Structure across Time Lived in Portugal.....	95
Discussion.....	98
CPLC Immigrants and Non-Migrants General and Specific-Health Networks.....	99
CPLC Immigrants General and Specific-Health Networks: Considering Length of Time in Portugal.....	101
Conclusion, Limitations and Future Research.....	102

Capítulo 5. Disentangling Perceptions of Social Support and Social Capital as Social Determinants of Mental Health: COVID-19 Personal Networks of Immigrants and Non-migrants in Portugal.....	105
Introduction.....	105
Social Networks and Mental Health.....	106
Social Support, Social Capital and Mental Health.....	108
Migrations: Social networks, Social Support, Social Capital and Mental Health...	111
Migration in Portugal: Health Challenges and the Burden of the COVID-19.....	112
Aims and Hypotheses.....	113
General Method.....	115
Data Collection and Procedures.....	115
Measures.....	116
Data Analysis.....	116
Study 1.....	119
Method.....	119
Participants and Networks Characteristics.....	119
Results.....	121
CPLC Immigrants Health Networks: Perceived Mental Health, Networks Overlap and Perceived Availability of Social Support (Network Size).....	121
Explaining Changes in Networks Composition of CPLC Immigrants: Health Networks Efficiency, Homophily and Social Capital.....	122
Study 2.....	124
Method.....	124
Participants.....	124
Results.....	125

Non-Migrants Perceived Mental Health: Exploring Ego-Health Networks	
Overlap and Perceived Availability of Social Support (Network Size).....	125
Explaining Changes in Networks Composition of Non-migrants: Health	
Networks Efficiency, Homophily and Social Capital.....	127
Discussion.....	128
Limitations and Future Studies.....	131
Conclusions and Implications for Practice.....	132

**PARTE IV: Estudos de Revisão de Literatura e de Análise de Estratégias de Intervenção
com Recurso a Abordagens Participativas Ancoradas em Métodos Digitais em
Migrações na Promoção do Bem-estar**

Capítulo 6. Digital Methods in the Promotion of Well-Being in Immigrants: A	
Systematic Review.....	135
Introduction.....	135
Methods.....	139
Eligibility Criteria and Search Strategy.....	139
Quality Analysis.....	142
Results.....	142
Descriptive Synthesis of the Selected Studies.....	142
Primary Outcomes: Mental Health and Quality of Life.....	148
Secondary Outcomes: Stigma, Integration and Connection.....	150
Study Quality.....	151
Discussion.....	153
Limitations.....	155

New Contribution to the Literature: Strengths and Weaknesses of Digital	
Methods.....	156
Capítulo 7. Employability Narratives in Digital Storytelling: Do Overqualified Brazilian and Venezuelan Immigrants in Portugal tell the same Story?.....	158
Introduction.....	158
Overqualification and The Importance of Soft Skills in Migrations.....	159
Digital Storytelling as a Participatory Approach to Portrait Employability in	
Migrations.....	161
Method.....	163
Study Overview: Aims, Research Questions and Design.....	163
Participants and Recruitment.....	164
Procedure.....	165
Data Analysis.....	169
Results and Discussion.....	170
Significant Objects.....	173
Career Trajectories through the Lens of Immigrants' Digital Stories.....	174
Focus Group: Reflecting on the Stories Heard and the Approach Used.....	181
Conclusions.....	192
Limitations and Implications.....	196

PARTE V: Conclusões Sobre os Determinantes Sociais da Qualidade de Vida no

Contexto das Migrações

Capítulo 8. Considerações Finais.....	199
1. Objetivos Gerais e Específicos dos Estudos.....	199
2. Resultados Principais, Contextualização, Implicações e Relevância.....	200

3. Limitações e Direções Futuras.....	213
4. Conclusões.....	217
REFERÊNCIAS.....	219
APÊNDICES.....	265

Índice de Tabelas

Table 1 <i>Sociodemographic characteristics of the sample (N = 280)</i>	38
Table 2 <i>Descriptive statistics for the PSCS components (N = 280)</i>	43
Table 3 <i>Standardized factor loadings and variances for the two first order oblique latent factors solution</i>	44
Quadro 4 <i>Médias, Desvios-Padrão, Correlações de Pearson e Valores Absolutos de Assimetria e de Curtose para os Itens do Instrumento QSCP (N=142)</i>	61
Table 5 <i>Study Goals, Research Questions and Hypotheses</i>	84
Table 6 <i>Egos Sociodemographic Characteristics (N = 71)</i>	85
Table 7 <i>Main Results: Empirical Highlights</i>	90
Table 8 <i>General and Health Networks Alters Characteristics for CPLC Immigrants (n = 18) and Non-Migrants (n = 53)</i>	90
Table 9 <i>General and Health Networks Characteristics according to the Time spent by CPLC Immigrants in Portugal (n = 18)</i>	96
Tabela 10 <i>Measures used to operationalize health networks and perceived mental health</i>	117
Tabela 11 <i>Sociodemographic Characteristic of CPLC egos and health networks before and during the pandemic (N = 18)</i>	119
Table 12 <i>Sociodemographic characteristics of Portuguese egos and health networks before and during the pandemic (N = 53)</i>	124
Table 13 <i>Report of General Characteristics of the 14 Studies Included</i>	143
Table 14 <i>Synthesis of the Digital Storytelling Workshop: Presented Objects, Constructed Narratives and Achieved Reflections</i>	171

Índice de Figuras

Figura 1 <i>Pesos Fatoriais Estandarizados e Variâncias da Estrutura Unidimensional da Sobrequalificação Percebida</i>	63
Figura 2 <i>Proposta Teórica da Relação entre Sobrequalificação Percebida e Satisfação Profissional no Contexto das Migrações</i>	67
Figure 3 <i>General and Health Networks Age, School Attainment and Gender Homophily between CPLC Immigrants and Non-Migrants</i>	92
Figure 4 <i>General and Health Networks Migrant Status Homophily between CPLC Immigrants and Non-Migrants</i>	93
Figure 5 <i>General and Health Networks Composition and Frequency of Contact between CPLC Immigrants and Non-Migrants</i>	94
Figure 6 <i>General and Health Networks Social Capital between CPLC Immigrants and Non-Migrants</i>	95
Figure 7 <i>General and Health Networks Degree and Structural Holes among CPLC Immigrants</i>	97
Figure 8 <i>Example of General and Health Egocentric Networks with Low Efficiency from a CPLC Immigrant living in Portugal for less than 2 Years</i>	98
Figure 9 <i>Example of General and Health Egocentric Networks with High Efficiency from a CPLC Immigrant living in Portugal for more than 5 Years</i>	98
Figure 10 <i>CPLC immigrants' perceived mental health before and during the pandemic COVID-19</i>	121
Figure 11 <i>CPLC immigrants' health network's overlap and perceived size slopes on perceived mental health during COVID-19</i>	122
Figure 12 <i>CPLC immigrants reported health networks: Efficiency, homophily and social capital</i>	123

Figure 13 <i>Non-migrants' perceived mental health before and during the pandemic COVID-19.....</i>	126
Figure 14 <i>Non-migrants' health network's overlap and perceived size slopes on perceived mental health during COVID-19.....</i>	127
Figure 15 <i>Non-migrants' health network's efficiency, homophily and social capital.....</i>	128
Figure 16 <i>PRISMA diagram displaying data collection process.....</i>	141
Figure 17 <i>Study Quality Evaluation with QuADS criteria.....</i>	152

Lista de Abreviaturas

- AVE - Average variance extracted
- BIC - Bayesian information criteria
- CFA - Confirmatory Factor Analysis
- CFI - Comparative fit index
- CI - Confidence Interval
- CPLC – Community of Portuguese Language Countries
- CPLP – Comunidade dos Países de Língua Portuguesa
- DST - Digital Storytelling
- ICTs - Information and Communication Technologies
- PALOP – Países Africanos de Língua Oficial Portuguesa
- PCOS – Perceived Cognitive Overqualification Scale
- PSCS-16 – Personal Social Capital Scale 16
- QSCP - Questionário de Sobrequalificação Cognitiva Percebida
- RMSEA - Root Mean Square Error of Approximation
- SEF – Serviço de Estrangeiros e Fronteiras
- SRMR - Standardized root mean square residual
- TLI - Tucker-Lewis Index

*“Our story is one of migration.
Mediterranean migrations in half-toppled rafts,
winged migrations in first-class seats,
forced migrations in overcrowded ships,
scholarly migrations to enslaved-built universities,
postmarital migrations that spirit daughters away from their daddies,
and chain migrations that bring distant families together,
while tipping the population against invaders
who fear what it means to finally become the invaded.
Our story is one of finding home.”*

Walé Oyéjidé, *After Migration: The Once and Future Kings*,
In N. Shukla & C. Suleyman (Eds.), *The Good Immigrant USA*

PARTE I:
Determinantes Sociais da Saúde dos Imigrantes

Introdução

A migração é um processo dinâmico e complexo que implica a adaptação a novos contextos e normas culturais, assim como a reconstrução das redes sociais dos migrantes. Apesar da especificidade da experiência migratória junto de cada migrante, as transformações que implica têm ramificações nos seus níveis de saúde devido ao papel desencadeado pela ação de vários determinantes sociais (Alegría et al., 2017). O atual projeto de investigação procura explorar o papel dos determinantes sociais da saúde mental neste contexto, nomeadamente os determinantes constituintes da resiliência social dos imigrantes (capital social, redes sociais, apoio social, sobrequalificação e satisfação no trabalho), ao mesmo tempo que analisa, também, a aplicabilidade da metodologia participativa de *digital storytelling* (DST) enquanto estratégia promotora de tais determinantes junto da comunidade migrante. Para este efeito, realizaram-se seis estudos empíricos ao longo do atual projeto.

As migrações são contemporâneas da humanidade. Cada vez mais as pessoas mudam de país com o intuito de melhorar a sua qualidade de vida. Nas migrações os termos “migrante” e “imigrante” são frequentemente usados indistintamente no debate público, contudo, de acordo com o Observatório das Migrações da Universidade de Oxford, o termo "migrante" refere-se a alguém que nasceu no exterior, tem cidadania estrangeira ou se mudou para um novo país com a intenção de permanecer temporariamente ou a longo prazo. Por outro lado, "imigrante" é um termo mais específico, referindo-se àqueles que têm a intenção de se estabelecer permanentemente no novo país (Anderson & Blinder, 2019). Neste sentido, o conceito de “migrante” é mais amplo, englobando o de “imigrante”, e ao longo deste trabalho serão ambos utilizados mediante o foco estar num contexto genérico de migração ou específico.

Os estudos em migrações têm revelado resultados contraditórios e inconclusivos sobre a saúde dos imigrantes quando comparados com os não-migrantes, indicando que os recém-

Introdução

chegados têm melhor saúde, apesar da tendência para a inversão desta diferença ao longo do tempo (Gamper & Kupfer, 2022). O processo migratório e de aculturação está frequentemente associado a inúmeros stressores (e.g., quebra de laços e redes; desemprego), mesmo quando o motivo para a migração não envolve experiências traumáticas (como é o caso da migração forçada) impactando a saúde mental, e contribuindo para o desenvolvimento de doenças mentais (e.g., transtornos psicóticos; esquizofrenia) e físicas (e.g., doenças cardíacas; pressão arterial; Gamper & Kupfer, 2022). Nomeadamente, entre imigrantes com pior saúde mental (e.g., depressão), verifica-se mais comorbidade somática (e.g., doenças neurológicas; Lolk et al., 2016), salientando-se a relevância de mais estudos direcionados para a saúde mental em migrações. De facto, as disrupções sociais que constroem a experiência migratória atuam ao nível dos constituintes da resiliência social dos migrantes, atingindo os seus determinantes de saúde mental e de bem-estar como o capital social (conjunto de recursos que circulam nas redes sociais), as redes sociais e o apoio social (Alegria et al., 2017), expondo este grupo a maior vulnerabilidade de problemas de saúde mental, apesar dos estudos que exploram a relação entre estes fatores serem escassos (De Jesus et al., 2023).

Paralelamente, as dificuldades em conceptualizar e operacionalizar construtos relevantes no âmbito destes determinantes (e.g., capital social, sobrequalificação), torna crucial a validação de instrumentos psicometricamente robustos (Chen et al., 2008; Fine & Nevo, 2008; Wang et al., 2014). Um exemplo disso acontece com o construto de capital social, cuja utilização permanece, por vezes, associada a outros conceitos, nomeadamente como sinónimo de apoio social ou de redes sociais, o que contribui para resultados inconsistentes. Essa lacuna na literatura revela, por exemplo, a importância de se aplicar uma metodologia de redes sociais que explore, em simultâneo, a estrutura das redes e de diferentes formas de capital social (e.g., homofilia vs. heterofilia [tendência para os indivíduos se

Introdução

associarem com outros que são similares em determinadas características (e.g., idade; nível de escolaridade; estatuto de imigrante), desenvolvendo laços fortes, vs. tendência para se associarem a outros dissimilares em determinadas características, desenvolvendo laços fracos; Lee et al., 2016]; *bonding* vs. *bridging* [redes formadas em grupos homogéneos, e tipicamente constituídas por laços fortes, que promovem a confiança e a reciprocidade, vs. redes formadas em grupos heterogéneos, de diferentes origens e círculos sociais, constituídas por laços fracos que facilitam o acesso a recursos diversos, oportunidades entre diferentes grupos, cooperação e inovação; Putnam, 2000]; buracos estruturais [lacunas entre as inter-relações dos laços da rede, tendo acesso a informação diversificada, constituindo redes mais eficientes; Burt, 2000]; *position generator* [redes com laços fracos que estão em vantagem social (melhores empregos e salários; Meanley et al., 2020)], permitindo explorar e diferenciar o papel destes determinantes na saúde, no contexto das migrações (Gamper & Kupfer, 2022; Reis et al., 2022).

Também, ao nível da sobrequalificação os instrumentos que avaliam este construto, além de escassos, apresentam diversas inconsistências concetuais (Johnson et al., 2022) que requerem a necessidade de análise das suas propriedades psicométricas (Fine & Nevo, 2008). Este elemento é particularmente relevante pois a população migrante tende a ficar em maior risco de sobrequalificação, sendo este risco maior em imigrantes qualificados (Valenta & Brbohlav, 2018). De facto, estes imigrantes enfrentam desafios adicionais no momento de encontrar um emprego (e.g., reconhecimento dos seus certificados), o que aumenta a probabilidade de desempenharem trabalhos desajustados às suas qualificações, em comparação com os não-migrantes (Khalil et al., 2022), e de revelarem maior insatisfação profissional, o que impacta negativamente a saúde mental e bem-estar (Pivovarova & Powers, 2022).

Por conseguinte, é essencial desenvolver estratégias em migrações que visem promover a ação protetora dos determinantes sociais da saúde. A literatura tem indicado que as metodologias participativas, nomeadamente intervenções com recurso a métodos digitais como o DST, têm o potencial de beneficiar os participantes e outras pessoas da comunidade, construindo autoconfiança e solidariedade comunitária, contribuindo positivamente para a opinião da comunidade, e das pessoas envolvidas na prestação de serviços de saúde, e, assim, facilitando a promoção do bem-estar e saúde mental (McDonough & Colucci, 2019). Contudo, estudos sobre os métodos digitais que visem a promoção dos determinantes sociais da saúde em migrações são, mais uma vez, escassos, sendo a sua necessidade uma lacuna da investigação, se atendermos a como as recentes mudanças demográficas colocam desafios às ecologias sociais de cada país, e a quem a elas se adapta.

Em Portugal, o número de imigrantes tem aumentado ao longo do tempo, sendo atualmente considerado o segundo país de cidadania mais favorável na União Europeia (UE), em termos das taxas de naturalização (Alarcão et al., 2023). O atual projeto de investigação incidiu nos imigrantes da Comunidade dos Países de Língua Portuguesa (CPLP), incluindo sobretudo imigrantes brasileiros que constituem o maior grupo de imigrantes em Portugal (Serviço de Estrangeiros e Fronteiras [SEF], 2021), sobre o qual existe evidência empírica de apresentarem mais sofrimento psicológico do que os imigrantes Africanos (Fonseca et al., 2009; Godinho et al., 2008), e uma amostra de não-migrantes, com o intuito de explorar as diferenças entre ambos os grupos, ao nível dos determinantes sociais e o seu papel na saúde. Para além disso, desenvolveu-se um *workshop* de DST, focado na construção de histórias digitais sobre trajetórias de empregabilidade, para analisar o DST enquanto possível estratégia de promoção de determinantes sociais da saúde, junto de dois grupos de imigrantes com desafios de sobrequalificação distintos. Especificamente, além do grupo de imigrantes brasileiros, incluiu-se um grupo de imigrantes venezuelanos que enfrentam desafios

adicionais em Portugal (e.g., não beneficiando da língua em comum, nem de acordos bilaterais que o primeiro grupo beneficia; Oliveira & Fonseca, 2013).

A presente investigação seguiu o paradigma pós-positivista/interpretativista (Cohen & Crabtree, 2006), pois procurou-se valorizar e dar voz aos grupos de imigrantes, recorrendo a uma abordagem mista, ao uso de metodologias quantitativas e qualitativas, e participativas de investigação-ação como o *workshop* de DST, que permitiram aumentar a reflexividade e conhecimento sobre os determinantes sociais da saúde dos imigrantes, o que é fundamental para abordar questões relacionadas com as migrações de forma mais eficaz, contribuindo para o desenvolvimento de implicações teóricas e para a prática.

Assim, em termos de estrutura, o projeto de investigação organiza-se em cinco partes constituídas por oito capítulos. Na Parte I, para além da atual introdução, apresenta-se o enquadramento teórico, onde se explora a importância da resiliência social através dos seus elementos constituintes, os determinantes sociais da saúde em migrações, nomeadamente, o capital social, as redes sociais, o apoio social, a sobrequalificação e a satisfação no trabalho, apontando ainda as lacunas teóricas e metodológicas que se têm verificado na literatura, e finalizando com uma síntese que salienta a pertinência da presente investigação. Depois segue-se a abordagem metodológica que apresenta a estratégia e o paradigma de investigação adotados, seguidos da apresentação integrada dos estudos e dos procedimentos éticos aplicados. Nas Partes II e III apresentam-se quatro estudos empíricos que consistiram na análise dos determinantes sociais da saúde mental em imigrantes da CPLP e não-migrantes, e que contribuem para explorar as lacunas teóricas e metodológicas identificadas na literatura, antecedendo a fase de investigação dos métodos digitais e da realização do *workshop* de DST sobre as trajetórias de empregabilidade dos imigrantes. Especificamente, na Parte II, devido às lacunas conceituais e de operacionalização do capital social e da sobrequalificação, validaram-se, para o contexto português, duas escalas que avaliam estes construtos (capítulos

Introdução

2 e 3, respetivamente), com resultados preliminares que orientaram os estudos que se seguiram; e, na Parte III, desenvolveram-se dois estudos onde se explorou o papel dos determinantes sociais da saúde, atendendo à multidimensionalidade do capital social, previamente identificada, analisando-se diferentes componentes do capital social (e.g., homofilia/heterofilia; *bonding/bridging*; buracos estruturais; *position generator*) e outros elementos constituintes das redes sociais (e.g., redes gerais e redes específicas). Considerou-se, também, o papel do tempo de residência dos imigrantes nas oscilações apresentadas nos determinantes sociais, em particular quando as redes sociais também se encontraram sujeitas a dificuldades acrescidas (e.g. pandemia COVID-19; capítulos 4 e 5, respetivamente). Os contributos empíricos recolhidos nos estudos quantitativos iniciais foram integrados e explorados, na Parte IV, que começa por rever de forma sistemática o papel dos métodos digitais na promoção de bem-estar em migrantes, ilustrando, em seguida, através do desenvolvimento do *workshop* de DST, as vantagens e as desvantagens de aplicabilidade desta estratégia enquanto promotora dos determinantes sociais da saúde em migrações (capítulos 6 e 7, respetivamente). Finalmente, na Parte V, apresenta-se a síntese integrada dos resultados dos seis estudos realizados, os seus contributos e implicações para a investigação e prática, as principais limitações e propostas para estudos futuros, finalizando com as principais conclusões.

CAPÍTULO 1

ENQUADRAMENTO TEÓRICO E ABORDAGEM METODOLÓGICA

1. A Importância dos Determinantes Sociais da Saúde nas Migrações

Cada vez mais vivemos num mundo de migrações, com o número de pessoas que se deslocam para outros países a aumentar ao longo dos últimos anos. Em meados de 2020, quase 281 milhões de indivíduos eram considerados migrantes internacionais, à procura de melhor qualidade de vida (McAuliffe & Triandafyllidou, 2021; Herold et al., 2023). Os estudos têm revelado um paradoxo epidemiológico, “*immigrant health paradox*”, indicando que os imigrantes reportam um melhor estado de saúde que os não-migrantes quando chegam ao país de acolhimento (e.g., imigrantes são mais jovens que os não-migrantes), apesar dessa diferença se esbater ao longo do tempo (Gamper & Kupfer, 2022). Todavia, atendendo ao carácter disruptivo do processo migratório, os imigrantes enfrentam desafios adicionais, nomeadamente isolamento devido à quebra de laços sociais e das redes de apoio, empregos precários, dificuldade no acesso aos cuidados de saúde e no processo de legalização, que impactam negativamente a sua saúde (Gamper & Kupfer, 2022; Huggard et al., 2023). Ademais, uma revisão preliminar (*scoping*) da literatura revelou que, devido à pandemia COVID-19, estes desafios acentuaram-se ainda mais nos últimos anos entre os grupos de imigrantes com diferentes *backgrounds* que tiveram como destino a Europa, com redução no acesso aos sistemas de saúde, mais dificuldades ao nível da habitação, em encontrarem emprego, resultando em níveis mais altos de ansiedade e depressão, em comparação com a população não-migrante (Alarcão et al., 2022).

Devido ao paradoxo identificado, uma abordagem centrada nos determinantes sociais da saúde é crucial em migrações, porque contribui para elucidar as mudanças ao nível de saúde mental dos imigrantes, nomeadamente através dos constituintes da resiliência social

(e.g., capital social, redes sociais e apoio social), dado que são estes determinantes sociais os que são mais afetados nos imigrantes, sofrendo mais disrupções nas suas redes de apoio, contribuindo para níveis mais baixos de bem-estar e saúde mental (Guruge et al., 2015; Hombrados-Mendieta, 2019). Devido à relevância das redes sociais no contexto das migrações e ao facto do estudo preliminar do papel da resiliência social dos migrantes sugerir que elevados níveis de resiliência social estão associados a melhores níveis de saúde mental (Alegria et al., 2017), torna-se crucial operacionalizar os processos de influência das redes sociais neste contexto através de um quadro teórico que explore conceptualmente o papel destes determinantes sociais (Pescosolido & Levy, 2002). Por exemplo, o *Network Episode Model* (NEM), desenvolvido por Pescosolido (1992) reforça a relevância das redes sociais ao nível da saúde, sugerindo que a estrutura das redes sociais impacta os comportamentos ao nível da saúde dos indivíduos, explorando os benefícios e desvantagens das redes formais (e.g., profissionais de saúde) ou informais (e.g., amigos, família), cruciais na tomada de decisões em saúde (Brooks et al., 2022; Perry & Pescosolido, 2015), sendo assim um modelo crucial para explorar o papel destes determinantes sociais nas migrações.

1.1 Capital Social, Redes Sociais e Apoio Social

De acordo com Massey e colaboradores (1998), as redes dos migrantes constituem uma forma de capital social, a que podem recorrer para aceder a recursos (Boyd, 1989; Faist, 1997; Gong et al., 2022; Herz, 2015; Lu et al., 2013) que fornecem uma variedade de apoios no país de destino, nomeadamente na procura de emprego, no apoio material, na disseminação de informação, no acesso a serviços, entre outros, reduzindo os custos e riscos da migração (Gong et al., 2022; Herz, 2015; Tilly & Brown, 1967). A multidimensionalidade do capital social tem gerado inúmeras conceptualizações (De Silva et al., 2005; Ehsan et al., 2019) que dificultam a sua operacionalização e requerem o desenvolvimento de instrumentos

psicometricamente robustos (Chen et al., 2008; Wang et al., 2014). Contudo, apesar das divergências conceituais, é consensual que o capital social remete para um conjunto de recursos que podem ser acedidos através das redes dos indivíduos (Lin et al., 2001), sendo, por isso, essencial na proteção da saúde dos imigrantes e contribuindo para reduzir as desigualdades no acesso à saúde entre grupos sociais (Gamper & Kupfer, 2022).

Para além do capital social, as redes sociais e o apoio social também contribuem para explicar as diferenças encontradas nos migrantes ao nível da saúde (Klärner et al., 2022). Porém, alguma literatura tem considerado os construtos de capital social, redes sociais e apoio social como sinónimos (Klärner et al., 2022; Reis et al., 2022; Vonneilich, 2022), dificultando a obtenção de resultados mais esclarecedores na área. É possível diferenciar os conceitos na medida em que as redes sociais representam as conexões estabelecidas entre os indivíduos, e estas envolvem o conjunto de recursos aos quais cada indivíduo na sua rede pode aceder (capital social; Klärner et al., 2022). Os estudos também sugerem que esse conjunto de recursos (capital social) é mais abrangente do que o apoio social, e que este último se refere ao processo de troca de bens e serviços entre indivíduos, que cada indivíduo percebe ter disponível na sua rede, podendo desempenhar diversas funções: um papel emocional (e.g., motivação), instrumental (e.g., financeiramente) e informativo (e.g., conselhos; Klärner et al., 2022); e que no âmbito das redes sociais, pode ser operacionalizado, por exemplo, através do número de laços que cada indivíduo tem na sua rede, ainda que os resultados sobre a dimensão da rede no acesso ao apoio social sejam contraditórios (Klärner & von der Lippe, 2022; Vonneilich, 2022). Ademais, a maior parte destes elementos tende a ser analisado individualmente, incorporando as redes sociais apenas enquanto metáfora, e não explorando a sua estrutura e principais componentes, o que dificulta a análise conjunta destes determinantes sociais na saúde dos migrantes (Gamper & Kupfer, 2022).

De facto, de acordo com Gamper (2022), a análise dos determinantes sociais da saúde no contexto das redes sociais beneficia da aplicação de uma abordagem que explore a sua estrutura através das redes egocêntricas nas quais é possível recolher a rede de um ego e capturar os seus laços (*alters*) e respetivas ligações entre os laços (*alter-alter*). A abordagem egocêntrica tem incidido sobretudo nas redes sociais gerais, capturando os laços com quem os egos falam sobre assuntos relevantes, no geral (Perry & Pescosolido, 2010). Contudo, cada pessoa tende a falar com pessoas específicas sobre determinados assuntos, nomeadamente sobre assuntos de saúde, ativando determinados laços, em diferentes momentos, para obter um recurso específico (e.g., facilitar o acesso aos serviços de saúde; partilha de informação sobre saúde e opções de tratamento; Perry & Pescosolido, 2015). No entanto, poucos estudos têm desenvolvido uma abordagem direcionada para redes sociais específicas, nomeadamente no âmbito da saúde (Perry & Pescosolido, 2015), e em migrações, tal literatura é ainda mais escassa. A literatura já indicou diferenças entre redes gerais e específicas de saúde, nomeadamente que a rede de saúde contém laços fortes e são constituídas por menos laços, sobretudo por confidentes de saúde, nomeadamente laços familiares e profissionais de saúde (Wellman, 2000), enquanto as redes gerais são constituídas por laços mais fracos e de amizade (Perry & Pescosolido, 2010), não existindo tanta exigência por parte dos laços, uma vez que nas redes de saúde os laços fortes e familiares são motivados e obrigados a responder a pedidos de ajuda durante uma crise de saúde mental, mesmo quando os seus esforços não são correspondidos (Wellman, 2000; Perry & Pescosolido, 2015). Ademais, nas migrações os estudos sugerem uma mudança das redes ao longo do tempo: enquanto que numa fase inicial as redes são constituídas sobretudo por laços fortes e por outros *alters* similares (redes homofílicas; Bashi, 2007; Bauer et al., 2009), ao longo do tempo estas tendem a integrar laços fracos e dissimilares (redes heterofílicas; Facchini et al., 2014), pelo que considerar a

especificidade do tempo é crucial por permitir explorar que tipo de laços e que características das redes são mais benéficas ao longo do processo migratório (Gamper, & Kupfer, 2022).

Através da análise dos tipos de laços que se formam e da homofilia/heterofilia, é possível informar uma outra abordagem de capital social, nomeadamente a proposta desenvolvida por Putnam (2000). No contexto das migrações, a sua abordagem tem sido a mais usada, indicando que laços fortes (i.e., coétnicos; similares) formam redes onde circula o capital social *bonding*, e que os laços fracos (i.e., interétnicos; dissimilares) formam redes onde circula o capital social *bridging* (Ryan et al., 2022), apresentando ganhos sociais, enquanto o primeiro promove a reciprocidade, fomenta a confiança e solidariedade entre os laços da rede, o segundo conecta indivíduos de diferentes *backgrounds* e grupos sociais, tendo acesso a recursos externos, a um maior o fluxo de informação diversificada e de oportunidades, com o uso dos laços fracos permitindo ganhar vantagens para progredirem nas suas vidas (Häuberer, 2011; Putnam, 2000). Também a ideia dos laços fortes e fracos está presente na abordagem dos buracos estruturais de Burt (2000), na qual o capital social emerge das redes sociais sempre que ocorrem lacunas entre as inter-relações dos *alters*, fornecendo informações diversificada e benefícios ao ego. Redes com mais laços fracos e menos interconectados geram mais capital social, tendo mais buracos estruturais e informação não-redundante, resultando em redes mais eficientes (Burt, 2000). Além disso, uma outra abordagem adotada para avaliar o capital social é o *position generator* (Lin & Dumin, 1986), permitindo detetar através das conexões e redes do ego aqueles que estão em vantagem social (e.g., melhores empregos e salários), trazendo acesso a diversos recursos e benefícios para o ego (e.g., suporte económico) que contribuem para a mobilidade social (Meanley et al., 2020). Para além das redes egocêntricas permitirem avaliar os vários tipos de capital social referidos, permitem também registar visualmente a rede e o seu funcionamento, sendo possível destacar o tipo de rede ideal para o acesso a determinados recursos (Gamper, 2022).

Nas migrações, os estudos têm explorado o papel da “migração e saúde” e das “migrações e redes sociais”, mas estudos que explorem as três vertentes “migrantes, redes sociais e saúde” são raros, e geralmente consideram apenas um grupo, exclusivamente de imigrantes, sem um grupo de comparação, tornando-se difícil averiguar o papel dos determinantes sociais na saúde dos imigrantes (Gamper & Kupfer, 2022).

1.2 Sobrequalificação e Satisfação no Trabalho

Para além dos determinantes sociais acima referidos, também o emprego funciona como tal, impactando a saúde dos migrantes. De fato, a inserção no mercado de trabalho proporciona barreiras adicionais aos imigrantes (e.g., reconhecimento de suas qualificações e experiência profissional, barreiras linguísticas, capital social reduzido e discriminação), conduzindo a empregos mais precários e sobrequalificação percebida e/ou objetiva, aumentando a probabilidade dos mesmos desempenharem funções para as quais possuem mais qualificações e experiência do que aquela que é requerida (Aycan & Berry, 1996; Chen et al., 2010; Khalil et al., 2022). Diversas controvérsias têm surgido sobre a sobrequalificação. Primeiro, esta pode ser analisada através de uma perspectiva subjetiva que se refere à autoavaliação que os trabalhadores efetuam sobre as competências que consideram que possuem e níveis educacionais requeridos para a função que exercem; ou através de uma perspectiva objetiva, que corresponde ao desajustamento entre as competências reais dos trabalhadores e as competências requeridas para o trabalho que exercem (Kracke & Klug, 2021). Acresce que os estudos têm utilizado diferentes termos aquando do estudo da sobrequalificação (e.g., subemprego e sobreeducação), dificultando a sua operacionalização (Johnson et al., 2002); e os instrumentos que operacionalizam a sobrequalificação são raros e com limitações psicométricas (Fine & Nevo, 2008; Yu & Ye, 2009). Em conjunto, estes elementos limitam a investigação no âmbito da sobrequalificação, nomeadamente em

migrações. Clarificar teórica e metodologicamente a sobrequalificação em migrações é essencial, na medida em que quando os imigrantes conseguem empregos que correspondem às suas qualificações experienciam mais satisfação profissional, aumentam a sua produtividade, recebem salários mais elevados e desfrutam de melhor saúde mental e bem-estar (Pivovarova & Powers, 2022). Inversamente, quando tal não ocorre, o impacto no bem-estar é negativo (Chen et al., 2010; Erdogan & Bauer, 2021; Khalil et al., 2022).

A relação entre determinantes sociais da saúde, nomeadamente entre sobrequalificação e redes sociais, é também ilustrada através das trajetórias de trabalho dos imigrantes, e consequentes recursos que apresentam, na medida em que será nas suas redes sociais que vão encontrar recomendações para potenciais empregadores e informações sobre oportunidades de trabalho (Pivovarova & Powers, 2022; Tuominen et al., 2023; Van Wolleghem et al., 2022), sendo particularmente relevantes para a integração em empregos de estatuto mais elevado (Pivovarova & Powers, 2022; Ryan et al., 2022). No geral, as redes sociais e o capital social contribuem para encontrarem empregos adequados, contudo os estudos têm apresentado resultados mistos e não indicam uma direção clara (Kracke & Klug, 2021), sobretudo no que diz respeito ao impacto das redes com laços fortes (Gërkhani & Kosyakova, 2022), indicando que estes laços e redes coétnicas têm efeitos positivos no aumento de oportunidades de emprego (e.g., Sanders et al., 2002; Gërkhani & Kosyakova, 2022) e na qualidade do emprego (e.g., Dustmann et al., 2016; Gërkhani & Kosyakova, 2022), enquanto outros estudos indicam que a informação que circula sobre o mercado de trabalho não é diversificada e é de má qualidade, e, apesar de contribuir para uma rápida inserção no mercado de trabalho, nos anos iniciais, resulta na inserção em empregos de baixa qualidade, circunscrevendo-se a nichos étnicos (Ayala et al., 2020; Colic-Peisker & Tilbury, 2006). De acordo com Pivovarova & Powers (2022), numa fase inicial, como as redes sociais dos imigrantes estão em construção, tendem a ter menor capital social, aumentando a sua

probabilidade de sobrequalificação objetiva em comparação com imigrantes que residem há mais tempo, com redes sociais mais estáveis e maior potencial para acumulação de capital social. Porém, a literatura é contraditória neste âmbito, sendo possível também identificar estudos em que a sobrequalificação é mais prevalente nos imigrantes recém-chegados (Chiswick & Miller, 2009), e outros que sugerem que a superação da sobrequalificação pode ser limitada, pois os imigrantes ajustam-se aos trabalhos para os quais foram inicialmente contratados (Valenta & Brbohlav, 2018). Relativamente aos laços fracos, parece existir uma direção mais clara, nomeadamente que os laços com os não-migrantes contribuem para o acesso a informação mais diversa, aumentando as oportunidades dos imigrantes, contribuindo assim para uma integração mais adequada no mercado de trabalho (Ryan et al., 2022).

2. Abordagens Participativas na Promoção dos Determinantes Sociais da Saúde

Atendendo a que as redes sociais são protetoras da saúde mental, e fundamentais para os imigrantes encontrarem empregos adequados às suas qualificações e competências, torna-se crucial que se desenvolvam intervenções na comunidade flexíveis que promovam os determinantes sociais da saúde. No contexto das migrações, os métodos digitais têm mostrado que podem ter um papel importante na promoção do bem-estar, nomeadamente através das abordagens participativas e visuais como o DST (McDonough & Colucci, 2019). O DST consiste na criação de narrativas digitais, com a duração máxima de 5 minutos, baseadas em imagens e sons (Lambert, 2010), nas quais os participantes atribuem significados às suas experiências migratórias. É um método participativo que é realizado através de um *workshop* de aproximadamente três dias (Fiddian-Green et al., 2019).

Estudos que incidiram na aplicação do DST em migrações, verificaram que esta abordagem permite aos imigrantes discutirem os desafios enfrentados ao longo do processo migratório, incentivando reflexões que contribuem para a promoção de seu bem-estar e

inclusão social (Svoen et al., 2021). As intervenções centradas em DST promovem a expansão das conexões sociais, facilitando as trajetórias dos imigrantes e contribuindo para o bem-estar destas comunidades (Heck & Tsai, 2022). Como o DST é uma prática criativa contribui para a construção da resiliência, facilitando a integração na comunidade, onde a recordação de experiências significativas proporciona ainda uma abordagem terapêutica às experiências (Heck & Tsai, 2022). Além disso, o DST tem um “efeito humanizador”, combatendo o estigma, fortalecendo os relacionamentos e a compreensão, e transformando as perspectivas de diferentes *stakeholders*, ao mesmo tempo que promove o envolvimento e a partilha de poder entre estes (Lambert et al., 2023).

No contexto da empregabilidade, o DST tem, ainda, o potencial de desenvolver competências tecnológicas e interpessoais (*soft skills*), como a comunicação, a criatividade e a colaboração (Sava & Malita, 2010), que são competências altamente valorizadas no mercado de trabalho do século XXI. Nomeadamente no contexto das migrações, um dos principais desafios que os migrantes enfrentam é a barreira linguística, tendo mais dificuldades ao nível das *soft skills* (Dall’amico & Verona, 2015), pelo que o DST pode promover competências que preparam os imigrantes no momento de procura de emprego, tendo também o potencial de reduzir o desemprego (Malita, 2010a) e a sobrequalificação. Assim, o DST poderá contribuir para a promoção da construção das redes sociais e resiliência social dos imigrantes, e para o desenvolvimento das *soft skills* e inserção no mercado de trabalho, facilitando as suas trajetórias de migração. Contudo, estudos nas migrações sobre os métodos digitais e que apliquem metodologias participativas como o DST são raros.

3. Síntese

Neste capítulo, ilustrou-se a importância dos determinantes sociais na proteção da saúde dos imigrantes e para reduzir as desigualdades no acesso à saúde entre grupos sociais.

Apesar de o “*immigrant health paradox*” ter sido reportado na literatura, devido ao caráter disruptivo da migração, os imigrantes enfrentam diversas adversidades, nomeadamente redes sociais instáveis, e com menos recursos, maior probabilidade de aceitarem empregos precários e em risco de sobrequalificação, o que afeta a sua saúde mental e bem-estar. Assim, é essencial compreender e explorar o funcionamento dos determinantes sociais da saúde para que se promovam estratégias direcionadas para estes constituintes. Com base no NEM, é possível explorar as interconexões destes determinantes, e explorar o seu impacto ao nível da saúde mental dos imigrantes.

Contudo, lacunas conceituais e psicométricas foram encontradas ao nível de construtos como o capital social e a sobrequalificação, dificultando a análise da literatura, sendo escassos (ou a requerer análise psicométrica adicional) os instrumentos que os operacionalizam. Paralelamente, o capital social, as redes sociais e o apoio social têm sido utilizados na literatura, por vezes, como sinónimos, dificultando a análise do seu contributo individual e das respetivas inter-relações entre estes determinantes, na saúde dos migrantes. A distinção entre construtos pode ser potenciada por uma abordagem das redes sociais, nomeadamente com o recurso às redes sociais egocêntricas que permitirá a análise multidimensional dos construtos através do foco nos tipos de rede, na sua estrutura, funcionamento e oscilações em diferentes momentos de tempo de residência. A abordagem das redes sociais permitirá, ainda, explorar a relação com a sobrequalificação, outro determinante social da saúde dos migrantes, cujas relações documentadas na literatura são escassas, permitindo revelar que recursos (capital social) nas redes sociais são ativados no decorrer das trajetórias de empregabilidade.

A promoção dos determinantes sociais da saúde, no âmbito de uma abordagem das redes sociais, pode assentar em intervenções centradas na comunidade, nomeadamente com abordagens participatórias como o DST, de cariz digital, cruciais na promoção das redes

sociais, do debate sobre assuntos gerais e específicos relevantes em migrações, e potenciadoras de *soft skills* relevantes no contexto da empregabilidade, contribuindo dessa forma para uma integração cultural mais bem sucedida no país de acolhimento.

Nomeadamente, abordagens mais fluídas com vista à integração cultural (que não forcem os imigrantes a adotar a identidade e hábitos locais) foi positivamente relacionada com o bem-estar subjetivo (Wang & Giovanis, 2023). Atendendo a que cada grupo de imigrantes tem uma dinâmica própria, intervenções que permitam obter informação sobre o funcionamento dos seus determinantes sociais, permitem fornecer pistas sobre intervenções mais adaptadas e dirigidas a cada grupo, não forçando a sua integração e preservando a sua identidade, contribuindo assim para sociedades mais diversas e prósperas.

4. Abordagem Metodológica

4.1. Estratégia de Investigação

O principal objetivo da presente investigação consistiu em analisar os determinantes sociais da saúde mental de imigrantes qualificados em Portugal, recorrendo a uma abordagem mista que permitisse explorar e integrar de forma quantitativa e qualitativa tais determinantes.

Em Portugal, o número de imigrantes tem aumentado (Alarcão et al., 2023). Um estudo realizado com imigrantes da CPLP (imigrantes brasileiros e cabo-verdianos) identificou que o sofrimento psicológico e a depressão estão negativamente associados ao: (i) tempo de residência em Portugal; (ii) acesso aos cuidados de saúde; (iii) níveis de resiliência; e (iv) apoio social ou familiar. Contudo, os estudos sobre estas variáveis ainda são escassos (Alarcão et al., 2023). A presente investigação procura colmatar estas lacunas, incidindo nos imigrantes da CPLP qualificados (com formação universitária ou profissionais/técnicos especializados), com especial foco nos imigrantes brasileiros, por serem o grupo migrante com maior prevalência em Portugal, que têm vindo a aumentar ao longo dos últimos anos

(SEF, 2021) e que apresenta uma vaga migratória qualificada, que procura a via académica como oportunidade de migração (Neto et al., 2023). Além disso, este grupo de imigrantes apresenta pior saúde, quando comparado com imigrantes africanos (Fonseca et al., 2009; Godinho et al., 2008), enfrentando diversos desafios, como a sobrequalificação em contexto laboral (Oliveira & Fonseca, 2013). Com base na literatura referente aos determinantes sociais, e atendendo a que os estudos em migrações beneficiam de grupos de comparação para analisar diferenças entre esses determinantes (Gamper, & Kupfer, 2022), incluiu-se, também, um grupo de não-migrantes.

Com base nas lacunas teóricas e metodológicas identificadas na literatura sobre o capital social e sobrequalificação, começou-se por validar, para o contexto português, uma escala que avalia o capital social (*Personal Social Capital Scale-16*; PSCS-16; Chen et al., 2008) e outra focada na sobrequalificação (Questionário de Sobrequalificação Cognitiva Percebida; QSCP; Fine & Nevo, 2008), com o intuito de contribuir para a robustez conceitual dos construtos, assegurando a qualidade psicométrica dos instrumentos (estudo 1 e 2 respetivamente). Adicionalmente, no estudo 2, e para complementar a análise da validade de construto da sobrequalificação, recorreu-se a uma abordagem qualitativa (entrevistas semiestruturadas) que visou clarificar o conceito (e.g., sobrequalificação involuntária) e as suas interligações com outros determinantes sociais da saúde (e.g., satisfação no trabalho).

Posteriormente, recorrendo à abordagem das redes sociais através das redes egocêntricas, analisaram-se diferentes tipos de redes (rede social geral, onde se fala sobre assuntos importantes das suas vidas vs. rede social específica, onde se fala sobre assuntos de saúde), averiguando a sua estabilidade através da análise da sobreposição entre estas redes e explorando a multidimensionalidade das abordagens de capital social (e.g., homofilia/heterofilia; *bonding/bridging*; buracos estruturais; *position generator*). Explorou-se, ainda, se estes elementos variam em função do tempo de residência dos imigrantes (<2

anos; entre 2-5 anos; >5 anos), e comparou-se estes dados com os resultados obtidos para os não-migrantes (estudo 3). Atendendo a que nos últimos anos os desafios enfrentados pelos imigrantes aumentaram devido à pandemia COVID-19, comprometendo a sua saúde mental (Alarcão et al., 2022), realizou-se, ainda, um estudo com o intuito de averiguar o papel percebido da pandemia ao nível das redes específicas de saúde e na saúde mental, e de distinguir entre capital social e apoio social, usando uma metodologia de redes sociais; neste estudo incluiu-se, também, um grupo de não-migrantes (estudo 4).

Posteriormente, devido à escassez de estudos sobre DST em migrações, desenvolveu-se uma revisão sistemática sobre métodos digitais na promoção do bem-estar junto de imigrantes, com o intuito de perceber como estes métodos podem ser utilizados na promoção de determinantes sociais da saúde, revelando as suas vantagens e desvantagens (estudo 5). Em seguida, analisou-se em que medida a DST pode ser aplicada enquanto estratégia participatória para promover os determinantes sociais da saúde mental dos imigrantes na comunidade, realizando um *workshop* de DST que focou as trajetórias de empregabilidade dos imigrantes (estudo 6). Neste estudo incluímos um grupo adicional de imigrantes venezuelanos, um grupo que também tem vindo a crescer nos últimos anos em Portugal (devido à existência de laços familiares em Portugal; Padilla & López, 2021), enfrentando desafios adicionais, nomeadamente a barreira linguística que impacta nas suas trajetórias de migração, contrariamente aos imigrantes brasileiros que beneficiam da língua em comum (Oliveira & Fonseca, 2013). Através de um *focus group*, explorou-se a perceção dos imigrantes sobre as suas trajetórias de empregabilidade, analisando-se as narrativas construídas e as características que consideram ser valorizadas pelos empregadores portugueses, procurando encontrar padrões em função do tempo de residência dos imigrantes. Além disso, estudos sobre a sobrequalificação beneficiam, para além de estudos quantitativos (e.g., sobrequalificação subjetiva), de estudos qualitativos que permitam explorar outras

configurações da sobrequalificação (e.g., sobrequalificação objetiva; sobrequalificação voluntária), pelo que no seguimento do estudo 2, continuou-se neste último estudo, a explorar este construto produzindo mais conhecimento sobre o impacto da sobrequalificação na satisfação no trabalho e saúde mental nas migrações.

4.2. Paradigma da Investigação

Este projeto de investigação enquadra-se substancialmente no paradigma de investigação pós-positivista/interpretativista (Cohen & Crabtree, 2006), não reconhecendo a existência de uma realidade única ou verdade objetiva, passível de ser conhecida, mas apenas suscetível de ser apreendida de um modo imperfeito (Lincoln & Guba, 1985). O objetivo principal é dar voz aos participantes, ou seja, permitir que eles expressem as suas perspetivas e experiências, reconhecendo a importância de considerar o que as pessoas vivenciam nos seus contextos específicos e como elas atribuem significado a essas experiências (Cohen & Crabtree, 2006). Neste sentido, o projeto de investigação assentou numa metodologia mista, em que os dados quantitativos (e.g., estudos psicométricos; metodologia das redes) são apoiados com dados qualitativos (e.g., entrevistas; *focus group*), com o intuito de compreender as perspetivas dos imigrantes e permitir uma maior compreensão e reflexividade sobre os determinantes sociais dos grupos em análise. Nomeadamente, os estudos 1, 3 e 4, de cariz quantitativo, sobre as redes sociais, capital social e apoio social, e o estudo 2, misto, sobre a sobrequalificação, fornecem informações sobre os determinantes sociais que foram posteriormente exploradas no estudo 6, através das narrativas do *workshop* de DST (desenho qualitativo), precisamente por ser uma estratégia flexível que permite dar voz aos imigrantes, e que assenta numa abordagem participativa de investigação-ação, permitindo aos participantes ter um papel ativo no processo de investigação, e contribuindo para mudanças positivas do seu contexto (Fine et al., 2003). De maneira a aumentar a

reflexividade sobre os determinantes sociais, a análise foi feita inicialmente por dois codificadores de maneira independente, assumindo uma orientação *bottom up* e triangulação dos avaliadores (Miles & Huberman, 1994). Os dados deste estudo permitiram complementar os resultados do estudo 2, obtendo-se conhecimento adicional sobre a sobrequalificação, como o impacto da sobrequalificação voluntária e do tempo de residência na satisfação no trabalho, ampliando-se e desenvolvendo-se, também, o conhecimento sobre a relevância das redes sociais, mobilização de capital social e apoio social nas suas trajetórias de empregabilidade. Através dos diversos estudos quantitativos e qualitativos, a consequente reflexividade e integração dos seus resultados permitiu chegar a um melhor conhecimento dos determinantes sociais dos imigrantes.

4.3. Apresentação Integrada dos Estudos

Para explorar os determinantes sociais da saúde mental dos imigrantes a residirem em Portugal realizaram-se seis estudos. Num primeiro momento, validaram-se dois instrumentos para o contexto português direcionados para a operacionalização do capital social (a *Personal Social Capital Scale 16* (PSCS-16; Chen et al., 2008; Wang et al., 2014; adaptado por Nascimento et al., 2021a; estudo 1) e da sobrequalificação (Questionário de Sobrequalificação Cognitiva Percebida (QSCP; Fine & Nevo, 2008; adaptado por Nascimento et al., 2022; estudo 2) No estudo 1, recorreu-se à análise fatorial confirmatória (AFC) para testar a estrutura fatorial do instrumento ($N = 280$), analisando-se também a validade convergente e discriminante da escala, assim como a sua consistência interna. Realizaram-se análises adicionais para explorar padrões relacionais entre as dimensões da PSCS-16 variáveis sociodemográficas (e.g., nível de educação, estatuto de imigrante). No estudo 2, a validação do QSCP, assentou numa abordagem mista, começando pela testagem fatorial da estrutura da escala em estudo através da AFC ($N_{\text{imigrantes CPLP}} = 142$), com análise

das validades convergente e discriminante e consistência interna. Em sequência, complementar à análise da validade de construto, desenvolveu-se um segundo estudo de cariz qualitativo com recurso a entrevistas semiestruturadas com uma amostra adicional de imigrantes brasileiros e não-migrantes ($n_{\text{imigrantes brasileiros}} = 17$; $n_{\text{não-migrantes}} = 10$) para explorar o construto de sobrequalificação e de que forma este se relaciona com o determinante social de satisfação no trabalho. A amostra recolhida foi determinada por saturação teórica e recorreu-se ao procedimento analítico da *Grounded Theory* (Charmaz, 2006).

Os resultados do estudo 1 evidenciaram um modelo de primeira ordem representando dois fatores oblíquos (*bonding/bridging*). Alcançou-se a validade convergente e discriminante, e uma boa consistência interna. Encontrou-se também uma associação positiva entre o nível educacional, e também do estatuto de imigrante, com o capital social *bridging*. Já no estudo 2, a estrutura que melhor representou os itens foi a unidimensional e obteve-se uma boa consistência interna, assim como validade convergente e discriminante. A vertente qualitativa revelou que os imigrantes apresentam mais satisfação no trabalho quando estão em sobrequalificação voluntária percebida, se identificam com o país de acolhimento e residem nele há mais de 10 anos. Ambos os estudos contribuem para a obtenção de resultados cumulativos sobre estes construtos, cruciais para se expandir o seu conhecimento psicométrico e, assim, contribuir para potenciar o estudo do seu papel na saúde mental dos imigrantes. O estudo 2 contribuiu ainda com a proposta de um modelo teórico que apresentou diversos moderadores (e.g., sobrequalificação in/voluntária; identidade nacional; tempo de residência) que podem ajudar a explicar o motivo pelo qual a sobrequalificação nem sempre se associa negativamente com a satisfação no trabalho, sugerindo ainda a relevância de estudos qualitativos futuros que explorem outras novas configurações da sobrequalificação.

No segundo momento, apesar de o estudo psicométrico da PSCS-16 contribuir com resultados preliminares sobre o capital social e para a obtenção de resultados cumulativos nas

migrações, dado que este construto é multidimensional, procedeu-se a dois novos estudos que incidiram na aplicação da metodologia das redes egocêntricas, por permitirem explorar as diversas configurações de capital social identificadas na literatura. Ambos os estudos foram quantitativos e transversais e as variáveis das redes foram obtidas através do E-NET software (Borgatti, 2006). No estudo 3, explorámos as diferenças de capital social ao nível das redes gerais e redes específicas de saúde percebidas, entre imigrantes da CPLP ($n = 18$) e não migrantes ($n = 53$), e as diferenças ao nível da estrutura e capital social destas redes, de acordo com o tempo de residência dos imigrantes. No estudo 4 analisámos, inicialmente, as mudanças percebidas, antes e durante pandemia COVID-19, referentes às redes específicas de saúde, apoio social, capital social e saúde mental dos imigrantes da CPLP ($N=18$) e, posteriormente, as mesmas características de redes, mas direcionadas para um grupo de não-migrantes ($N=53$).

Os resultados do estudo 3 revelaram que os imigrantes ativam diferentes laços entre as suas redes gerais (laços *bridging* com não-migrantes) e as suas redes específicas de saúde (laços *bonding* com imigrantes). Já as redes dos não-migrantes eram ambas constituídas por laços com não-migrantes. Verificou-se, também, que as redes dos imigrantes eram menos eficientes e tinham menos capital social geral (menos laços em vantagem social), do que as redes dos não-migrantes. Quando considerado o tempo de residência dos imigrantes, aqueles que viviam em Portugal há mais de cinco anos tinham mais capital social geral, redes mais eficientes e mais laços *bridging* (redes mais heterofílicas, integrando não-migrantes), do que aqueles que viviam no país há menos de dois anos, que tinham mais laços *bonding* (redes mais homofílicas, integrando mais imigrantes). No estudo 4, os resultados indicaram que os imigrantes viram as suas redes de saúde percebidas serem transformadas durante a pandemia, reduzindo o apoio social, eficiência e capital social geral, conduzindo a níveis mais baixos de saúde mental percebida; enquanto os não-migrantes perceberam poucas mudanças nas suas

redes, não comprometendo a sua eficiência e capital social geral. Ambos os estudos, através da combinação da metodologia de redes e vários posicionamentos teóricos de capital social, contribuíram para identificar a estrutura das redes mais relevante e benéfica, nomeadamente que os laços fracos heterofílicos com os não-migrantes, formam redes heterogéneas onde circula o capital social *bridging*, o que se traduz em redes mais eficientes, existindo acesso a recursos não-redundantes e mais buracos estruturais, assim como mais laços com outros em vantagem social (mais capital social geral), reforçando a relevância de intervenções futuras que promovam redes heterogéneas. Também contribuíram para diferenciar o impacto individual das redes sociais, capital social e apoio social, e identificar que é através da combinação de redes heterogéneas, e de redes com um maior número de laços e mais apoio social (com um maior acesso aos diversos tipos de apoio: emocional, instrumental e informativo), que se constituem redes mais protetoras da sua saúde mental.

No terceiro momento, começámos por realizar uma revisão sistemática (estudo 6; $N = 13$) com o intuito de explorar os métodos digitais existentes na promoção de bem-estar nos imigrantes, compreender os pontos fortes e fracos destes métodos e destacar novas direções para otimizar o seu uso. Os resultados da revisão sistemática revelaram que os métodos digitais são uma ferramenta útil para a promoção de bem-estar nos imigrantes. Os métodos *M-integration* (e.g., apps de autoajuda) focam-se na promoção da saúde mental e na resiliência individual dos imigrantes e tendem a ser desenvolvidos, na sua maioria, com base na teoria cognitivo comportamental, ao passo que os métodos participativos (e.g., *DST*) focam-se maioritariamente na qualidade de vida dos refugiados, contribuindo essencialmente para a resiliência social. Estas diretrizes contribuem para o delineamento de intervenções com os métodos digitais mais adaptadas e dirigidas a cada grupo de imigrantes. Este estudo revelou que não existe uma abordagem universal que se adegue a todos os grupos de

imigrantes, sugerindo também a importância de abordagens flexíveis que permitam explorar as dinâmicas e determinantes sociais de cada grupo de imigrantes, como o DST.

No último estudo (estudo 7), atendendo a que os imigrantes ficam em trabalhos para os quais estão em sobrequalificação, impactando a sua satisfação no trabalho e saúde mental, realizou-se um *workshop* de DST sobre as suas trajetórias de trabalho e empregabilidade, com imigrantes brasileiros ($n = 3$) e imigrantes venezuelanos ($n = 4$), para se compreender se esta seria uma estratégia viável na promoção dos determinantes sociais, de debate sobre empregabilidade e trabalho digno nos imigrantes e com potencial para desenvolver *soft skills*. Esta intervenção permitiu explorar como é que os migrantes percecionam as suas trajetórias de empregabilidade em Portugal, e que características consideram que os empregadores portugueses mais valorizam e desvalorizam entre os trabalhadores migrantes. Utilizou-se um desenho qualitativo descritivo, ancorado no DST enquanto método participativo. O *workshop* de DST: "*Histórias Digitais nas Migrações*" realizou-se durante 3 dias (2h em cada dia). Ao longo do *workshop* falou-se sobre os objetos que os imigrantes consideravam relevantes nas suas trajetórias de trabalho, procedendo-se com o desenvolvimento das histórias digitais e a sua divulgação para o grupo, seguido de um *focus group* para explorar as ideias sobre a empregabilidade e as trajetórias de trabalho, e sobre as eventuais experiências de sobrequalificação nos imigrantes. Após o *workshop* realizou-se uma análise temática de acordo com o racional proposto por Braun e Clarke (2006), sobre os objetos significativos, as histórias digitais e o *focus group*.

Os resultados revelaram que ambos os grupos enfrentam dificuldades na validação dos seus certificados, mas expressaram também oportunidades de crescimento nas suas carreiras, e que, embora os empregadores portugueses sejam percebidos como valorizando a sua determinação em trabalhar, também revelam desvalorização do seu trabalho, contribuindo para que fiquem em empregos precários e em sobrequalificação. O *workshop* de DST revelou

o seu papel na promoção do debate, partilha de informação sobre trabalho digno e o desenvolvimento de *soft skills*, valorizadas no mercado de trabalho. Evidenciou, assim, como no estudo 2, que a sobrequalificação (objetiva) nem sempre tem um impacto negativo na satisfação no trabalho, e como nos estudos 1, 3, e 4, a relevância das redes, na mobilização de capital social e apoio social para a inserção no mercado de trabalho, e sugere, tal como o estudo 5 (revisão sistemática), que o DST é mais eficaz na promoção de bem-estar de imigrantes de culturas coletivistas.

4.4 Procedimentos Éticos

Este projeto de investigação foi desenvolvido em conformidade com os princípios éticos estabelecidos na *World Medical Association's Declaration of Helsinki* (WMA, 2013), que abrangem valores fundamentais, como a preservação da vida, saúde, dignidade, integridade, direito à autodeterminação, privacidade e confidencialidade das informações pessoais dos participantes, assegurando o respeito e a proteção da sua saúde e direitos ao longo da investigação. Foi, também, submetido à Comissão de Ética e Deontologia da Faculdade de Psicologia da Universidade de Lisboa, onde se obteve aprovação (Ata nº 3, 24 de novembro de 2020). Além disso, nos estudos 1 e 2 foi obtida aprovação dos autores originais da PSCS-16 e do QSCP para se realizar a adaptação destes instrumentos para Portugal.

Para todos os estudos realizados exclusivamente online (estudos 1, 2, 3 e 4), o consentimento informado foi obtido por parte de todos os participantes através da plataforma *Qualtrics*. No estudo do *workshop* do DST (estudo 6) este consentimento foi recolhido em papel. O consentimento informado destes estudos incluiu informações detalhadas sobre: i) os objetivos e procedimentos dos estudos, ii) a garantia da confidencialidade e do anonimato dos dados, e iii) informação de que poderiam desistir do estudo a qualquer momento. No estudo

do DST, os participantes tinham ainda informação sobre os seus direitos de autor relativamente às histórias digitais. Relativamente à revisão sistemática sobre o papel dos métodos digitais na promoção do bem-estar em imigrantes (estudo 5), efetuou-se previamente o registo do seu protocolo no Prospero (Nascimento et al., 2021b).

PARTE II:

Estudos de Adaptação de Instrumentos de Medida

CAPÍTULO 2

VALIDATION OF THE PERSONAL SOCIAL CAPITAL SCALE-16 IN PORTUGAL: PRELIMINARY DATA ON PORTUGUESE AND IMMIGRANTS ¹

Introduction

Social Capital: The Lack of Consensus and the Importance of Overcoming it

Throughout the years, we have been faced with the necessity of comprehending how social connections and ties contribute to a diversity of social and health conditions (Archuleta & Miller, 2011), with social capital becoming a relevant concept to explain the relation between social interactions and mental health, due to the increasing acknowledgement of this construct as a social determinant of health (Ehsan & De Silva, 2015; Lecerof et al., 2016; Yang et al., 2018).

However, social capital has been a topic of abundant debates, revealing disagreement between different researchers. In fact, despite many investigations about the implications of this construct in different areas, there is an absence of agreement about its definitions and dimensions (Agampodi et al., 2015). Consequently, different concepts of social capital have been used to examine its relation to health, without reaching a definite conclusion (Álvarez & Romaní, 2017; Villalonga-Olives & Kawachi, 2015). Additionally, several investigators have relied on inadequate procedures of social capital, which has extended the discrepancies among empirical evidence and social capital theory (Archuleta & Miller, 2011).

¹ Nascimento, P., Roberto, M. S., & Santos, A. S. (2021a). Validation of the Personal Social Capital Scale-16 in Portugal: preliminary data on Portuguese and immigrants. *Health Promotion International*, 36(6), 1705–1715. <https://doi.org/10.1093/heapro/daab022>

Despite the conceptual and the methodological issues, social capital is perceived as a construct contributing to health inequalities among populations, and has been acknowledged by social researchers, policymakers and global institutions (De Silva et al., 2005; Henderson & Whiteford, 2003). Thus, the rapid growth of social capital and the recognition of its importance emphasizes the requirement for psychometrically sound instruments, in order to guarantee the proper operationalization of the construct, particularly at the individual level (Chen et al., 2008; De Silva et al., 2005; Wang et al., 2014).

Social Capital definitions

The concept of social capital was initially mentioned by Bourdieu, one of the pioneers of social capital (Álvarez & Romaní, 2017). For Bourdieu (1986), social networks are the core of social capital, and individuals' exchanges within those networks are defined by norms and values, allowing them to share resources and support. From Coleman's (1990) perspective, social capital evolves to a structural definition interconnecting individuals and communities. As for Putnam (1993), social capital is extended to comprise additional collectivistic elements, such as trust, reciprocity or community cooperation. At the first glance, these definitions may look different, yet they are interconnected because social capital is 'the presence of more or less structuralized networks between people or groups of people [...] that facilitate certain actions for different actors within the structures' (Álvarez & Romaní, 2017, 'Preface'; Morgan, 2011).

After decades of discussion about the definition of social capital, an agreement has been reached: social capital should be measured based on a person's network, by taking into account its reliability, size and resources (Chen et al., 2008; De Silva et al., 2005; Van Der Gaag & Webber, 2010; Wang et al., 2014).

From the perspective of Kaiser et al. (2015), social capital encompasses the bonding element related to how people interact, how they participate within a group, and how cohesive the group is, as well as how those elements exist in an interconnection with larger social structures, namely the bridging dimension. Social capital has been considered an important buffer against social stress that arises from negative interpersonal relationships. Thus, social capital can be interpreted based on the individual's social network, more specifically the bonding, bridging and the linking dimensions. Social capital can be differentiated as vertical and horizontal social capital, which include the bonding and bridging social capital dimensions (Archuleta & Miller, 2011).

Putnam (2000) elaborated on bonding and bridging social capital: The first, addresses networks specificities and social ties (e.g., similarity, norms, loyalty; Whitley & McKenzie, 2005) while in the second the focus is not on the network itself, but on the weak ties established with other groups, the increasing opportunities to expand resources, and the interconnections (Poortinga, 2006; Whitley & McKenzie, 2005;). A specific type of this dimension is linking social capital, representing social ties vertically, addressing power relationships (Poortinga, 2006).

Some authors remarked on the importance of continuing to conduct studies on social capital, especially at the horizontal level (bonding and bridging), because of the lack of studies on vertical trust (Lecerof et al., 2016). The need to conduct studies on social capital remains relevant due to its links to psychological mechanisms that impact mental well-being; specifically, its study in the context of migration is crucial, because social capital may be lost due to disrupted social networks during the course of migration, contributing to issues in mental health. With network disruptions, migrant social capital will change and operate as a significant determinant of the postmigration quality of life and well-being. By directing their focus to migrant networks in the host country, and on how social capital is mobilized, policy-

makers will be able to design strategies to prevent migrant psychological distress (Johnson et al., 2017).

Migrant population

Bridging social capital is helpful to immigrants because it offers access to resources in the host country and specific information about labour market chances. It also connects people to valuable resources (Flap & Völker, 2004), and that is why it is so important to evaluate the social capital in migration. Following Putnam's (2000), it will be possible to evaluate the dynamics of migrant networks (bonding) and especially how resources are mobilized from their networks to other social structures (bridging).

In addition to that, social capital is particularly important in the context of migration as it exerts a major influence on maintaining good migrant mental health (Abubakar et al., 2018) by providing social ties, social integration (Teodorescu et al., 2012) and social support (Carswell et al., 2011; Lecerof et al., 2016). Social capital has also been considered a protective factor against social stress (Kaiser et al., 2015).

Many migrant studies have been conducted that corroborate that social capital has a major influence on mental health (Kawachi et al., 2008; Lecerof et al., 2016) and that the absence of it leads to bad mental health (De Silva et al., 2005; Lecerof et al., 2016). For instance, Uphoff et al. (2013) revealed that socioeconomic inequalities in health are associated with low social capital. Moreover, a Swedish research explicated the role of social capital in mental health in immigrants, by examining mental health inequalities between immigrants and the local population (Johnson et al., 2017). When it comes to Portugal, few studies focus on assessing the social capital of immigrants; however, a study by Padilla (2006) revealed that the growth of the social capital of Brazilian immigrants in Portugal mainly depends on the contacts they already have.

Furthermore, the level of education also plays an important role when it comes to social capital. People tend to have more social capital when they have higher human capital (education and training). Social and human capital are interrelated because social capital helps in obtaining human capital; education contributes to an increase in social capital (Tokas, 2016). As mentioned by Oliver and O'Reilly (2010), migrants with a higher education level could use their cultural capital to differentiate themselves from other migrants and local citizens. The fact that qualified migrants have more linguistic abilities is key to making new connections and creating weak ties (bridging ties) with people outside their close or linguistic circle (Ryan, 2011; Temple, 2010).

Social capital assessment

Social capital measurement is a complex and difficult procedure, since it is a multidimensional concept supported by a longstanding sociological discourse (Agampodi et al., 2015). While many tactics are used, there is no unanimously valid standard instrument to evaluate social capital. Furthermore, the operationalization of social capital dimensions is a challenge (Krishna, 2001). The suitable level at which social capital should be evaluated is still ambiguous, suggesting its ability to address phenomena at the individual (attitudinal and psychological), micro (social networks of individuals), meso (communities) and macro (nations, regions) levels (Agampodi et al., 2015). Some studies indicate that personal level social capital variables help to identify differences in health, compared with those evaluated at an ecological level (Agampodi et al., 2015; De Silva et al., 2005). Nevertheless, in order to measure social capital at different levels, multilevel modelling should be applied (Islam et al., 2006); this can help comprehend social capital at both individual and ecological levels, and understand the relation between health and social capital (Agampodi et al., 2015; Kawachi et al., 2008).

In addition to that, the number of social capital measures has grown over time (Mitchell & Bossert, 2007), but the psychometric studies of most of these measures lack robust evidence (Archuleta & Miller, 2011; Macinko & Starfield, 2001).

Social capital by addressing social networks is also an interesting way to evaluate social inclusion, which is particularly relevant within the study of migration. However, to fully assess this social determinant of health, the psychometric properties of social capital instruments should be properly evaluated and adapted to different contexts, owing to migration heterogeneity. For instance, one of the most used instruments to measure social capital is the A-SCAT (Harpham et al., 2002), which is a shorter version of the lengthy social capital assessment tool SCAT (Krishna & Shrader, 2000) and the base of the Personal Social Capital Scale (PSCS; Chen et al., 2008). The PSCS addresses social capital at the individual level to better inform how this construct is interconnected with health; demonstrates adequate psychometric properties; and focuses on the social network behaviour of individuals (De Silva et al., 2005). However, unlike the A-SCAT, the PSCS disentangles the concept of social capital and what it does (Chen et al., 2008). Also, Wang and collaborators (2014), after validating shorter versions of the PSCS in the Chinese context, concluded that additional psychometric validation is required, particularly within different cultural settings.

Measurements qualities of the PSCS

The PSCS is a self-report instrument that quantitatively assesses social factors related to health and behaviour (Chen et al., 2008). It is a tool validated in the United States and China with recognized reliability and validity, but the initial version (42 items) is very extensive and hence unsuitable for large-scale survey research (Wang et al., 2014). To overcome this issue, Wang et al. (2014) developed a shorter version, the PSCS-16, in order to fulfil the requirement for short instruments for large-scale studies on social capital and health.

This instrument was first measured in China using a sample of residents and rural-to-urban migrants ($N = 259$). A .90 Cronbach's alpha coefficient was obtained. The PSCS-16 was correlated with the original PSCS ($r = .95$; $p < .001$), with constructs adjusting to a two-factor first-order model, including bonding capital and bridging capital scales; in addition, the scale helped expressively differentiate the social capital of the migrant subsample as compared with the two non-migrant subsamples, with the urban migrants reporting a lower social capital than the rural and urban residents (Wang et al., 2014).

Then Archuleta and Miller (2011), through a sample of college students in the United States, validated the English version of this instrument. They obtained exceptional item response scores, reliability and validity. The English version of this instrument focused on people of Mexican descent ($N = 322$) and the validation showed good reliability scores ($\alpha_{\text{global}} = .85$, $\alpha_{\text{bonding}} = .83$; $\alpha_{\text{bridging}} = .85$). Furthermore, a well-fitting model was obtained through a confirmatory factor analysis (CFA; Archuleta & Miller, 2011).

Validating the PSCS in the Portuguese context

As a social determinant of health, the study of social capital in the context of migration is relevant, because social capital in migrant populations is usually disrupted owing to the changes that take place during migration, such as changes in their support networks, making them highly vulnerable to social, psychological and health problems (Yang et al., 2018). Therefore, and since social capital is directly related to mental health, it can be convenient to use the PSCS-16 scale in Portugal to better understand this relationship. When it comes to Portugal, to our knowledge, there is no evidence of a validated instrument capable of measuring social capital. Given the fact that Portugal is a country not only of emigration but also of immigration (Góis & Marques, 2018), and because social capital impacts migrant mental health (Johnson et al., 2017), it is important to have a validated measure that allows us

to accurately measure social capital. This study focuses on the native Portuguese and immigrant population (those who are from countries that speak Portuguese) that live in Portugal.

The following goals were pursued: (i) examine the factorial structure of the PSCS-16 by comparing a unidimensional model with a two-factor first-order one; (ii) evaluate the internal consistency of the scale; (iii) assess convergent and discriminant validity of the PSCS-16; and (iv) explore associations of the PSCS-16 with demographic characteristics of our sample. Due to the aforementioned psychometric studies using the PSCS we expect the following results: (i) the two-factor first-order structure will better adjust to the data; (ii) good internal reliability; and (iii) evidence of both convergent and discriminant validity obtained by analyzing the measurement model, but also by associations between social capital dimensions and health-related quality-of-life indicators (both immigrant and native social capital being associated with better emotional disclosure for convergent validity; and non-existent associations for both groups between social capital and sexual health for discriminant validity). Finally, it is expected that an overall positive association between education level and social capital will be observed, and the presence of an immigrant status will be associated with higher levels of bridging social capital.

Method

Participants

The sample comprised 280 participants. The following inclusion criteria were defined: (i) being a Portuguese native, (ii) being an immigrant from a country with official language Portuguese and (iii) being at least 18 years of age. As shown in Table 1, the participants were mostly Portuguese natives and females, and had diverse levels of education: ~39% of the participants had already completed their high school education.

Table 1*Sociodemographic characteristics of the sample (N=280)*

		<i>n</i>	<i>%</i>	
Participants	Portuguese Natives	211	75.4	
	Immigrants from Portuguese-speaking countries	69	24.6	
Gender	Female	201	71.8	
	Male	77	27.5	
	Other	2	.7	
Education Level	Primary School (First cycle)	2	.7	
	Second or third Cycle	5	1.8	
	professional training course (level 2)	1	.4	
	High School	111	39.6	
	Professional training course (level 2 or 3)	15	5.4	
	Bachelor's degree	72	25.7	
	Master's degree	64	22.9	
	Doctoral degree	10	3.6	
	Marital Status	Single	165	58.9
		Cohabitation	29	10.4
Married		69	24.6	
widower		1	.4	
Divorced		16	5.7	
Current employment situation	Employed	124	44.3	
	Student	121	43.2	
	Unemployed	16	5.7	
	Inactive	7	2.5	
	Retired	12	4.3	
Residence area	Rural	42	15.0	
	Suburban	60	21.4	
	Urban	178	63.6	

Procedure

This study was approved by the Ethics Committee of the Faculty of Psychology of Lisbon University and followed the ethical code defined by the American Psychological Association (APA) (2002; 2010). Authorization was requested from the authors of the original version of the PSCS to validate the scale in a Portuguese context, which was granted. Regarding the adequate translation into Portuguese, the International Test Commission recommendations (Muñiz et al., 2013) were followed. To minimize discrepancies between the Portuguese interpretation and the original version of the PSCS, appropriate attention was paid to the semantic equivalence (Schmidt & Bullinger, 2003); in addition, the Translate, Adjudicate, Pretest and Document (TRAPD) method was also followed. Initially, the instrument was translated by the authors and another researcher outside the team, after which a fluent English speaker considered the two versions to identify possible problems with the translation, and helped the authors reach a consensual translated version. This version was then tested with a small convenience sample to identify difficulties in answering any of the questions. Their feedback was then taken onboard to compile a final, more accurate, translation of the PSCS-16 (Willis et al., 2010).

For data collection, a convenience sampling strategy was used. The data collection was carried out through the Qualtrics Surveys platform (version 1.2020; Qualtrics, 2005) between January and April 2020. The snowball technique was also used through the authors' professional and informal contacts. The participants had access to the informed consent to learn about the study's aims and procedures. Detailed information was provided, and confidentiality and anonymity of their responses were granted. Responses to the questionnaire took an average of 10 min.

Measures

Socio-demographic questionnaire

To collect the socio-demographic information from the Portuguese natives and immigrants from Portuguese-speaking countries, we used a self-report questionnaire to retrieve data on age, gender, educational level, marital status, employment status and residence area.

Personal Social Capital Scale-16

The PSCS (Chen et al., 2008), as a self-report instrument, assesses the social capital of individuals. It consists of 16 items, where items 1–8 assess bonding social capital, and items 9–16 assess bridging social capital. The PSCS-16 consists of two Likert-type response scales that vary between 1 and 5. The response scale that assesses the size of the participants' networks also varies between '*much below average*' and '*much above average*'. The response scale that assesses the participants' perception of the number of members in their networks varies between '*none*' and '*all*'. After item aggregation, the bonding social capital scale is made up of 8 items (e.g. *How do you measure the number of people in your network: your friends; your fellow citizens*); and, the bridging social capital scale is also made up of 8 items (e.g. *If you consider all the groups and organizations referred to, how many have the following assets and/or resources: vast network of contacts; high level of social influence*). For a better description of the items, see Appendix 1 (English and Portuguese versions).

Health-related quality-of-life proxy indicators

Two items were used as proxies to evaluate the perceived quality of life. One item was sexual health (WHOQOL Group, 1994; Portuguese version by Vaz Serra et al., 2006; *How satisfied are you with your sex life?*) with answers being given in a 5-type Likert scale

(1 being 'very dissatisfied' to 5 being 'very satisfied'). The other item was emotional disclosure (Kring et al., 1994, Portuguese version by Dinis et al. (2011); *I keep my feelings to myself*). After reverse coding, answers ranged in a 5-type Likert scale (1 being 'always true' to 5 being 'never true').

Data analyses

To examine which factorial structural solution best fitted the data, a CFA was used. Following Wang et al. (2014), the PSCS-16 items were grouped into eight parcels for measurement modelling, with 4 parcels assessing bonding capital and another 4 parcels measuring bridging capital. Each parcel included 2 items. Then, data were screened for normality using cut-off values for skewness $|\leq 3|$ and kurtosis $|\leq 7|$ (Finney & DiStefano, 2013), outliers and missing values. Two factorial models were tested and compared: a unidimensional structure, with all items loading into a single factor (Model 1), followed by a two-factor first-order oblique model (Model 2) representing the theoretical PSCS structure, with the 4 parcels loading separately into bonding and bridging social capital.

Model adequacy and acceptable adjustment was based on the following fit indices (and cut-off values): the Satorra–Bentler (S–B) chi square; the Bayesian information criteria (BIC); the comparative fit index value (CFI $> .90$) and the Tucker–Lewis index (TLI $> .90$) (Bentler, 1990; Bentler & Dudgeon, 1996); the standardized root mean square residual (SRMR) and the root mean square error of approximation (RMSEA), with 90% confidence interval (both $< .08$) (Arbuckle, 2009). When a comparison between the models was performed, the best factorial solution was the one with lower BIC values (Byrne, 2010), and lower values in the S–B χ^2 likelihood ratio (Satorra & Bentler, 2001) when using Δ S-B χ^2 .

Additional analyses were performed to the best factorial structure to examine convergent and discriminant validity as well as reliability. First, the measurement model was

evaluated by assessing the average variance extracted (AVE) to check for convergent validity (AVE equal to or >0.50 were considered); whenever AVE values were <0.50 , composite reliability should surpass 0.70 (Fornell & Larcker, 1981). Evidence of discriminant validity occurred when dimension AVE values surpassed construct squared correlations (Fornell & Larcker, 1981). Next, the pattern of correlations between social capital dimensions and quality-of-life proxies was examined to complement the evidence for construct validity. Convergent validity occurred when significant associations with conceptual meaning were found; discriminant validity occurred when significant associations were absent. The split-half reliability using equal-length Spearman–Brown coefficient was computed. Internal consistency was assessed using the omega hierarchical (ω_H ; Green & Yang, 2009). Evidence of adequate reliability occurred when omega values were $>.70$ (Marôco, 2014).

Finally, correlation coefficients were used to explore associations between the PSCS dimensions and item components and socio-demographic variables. SPSS (v. 26, IBM Corp., Armonk, New York, USA) and R (R Core Team, 2020) software were used to perform the statistical analyses. In terms of R, lavaan (Rosseel, 2012) was used for CFA and semTools (Jorgensen et al., 2018) for estimating AVE values and internal consistency coefficients.

Results

PSCS descriptive statistics and factorial structure

Table 2 provides a summary of the descriptive statistics for the 8 item parcels to be included in the measurement model. Absolute values of skewness and kurtosis revealed reasonable normal distribution of the data. The percentage of outliers was 7.5% (6.1% in BOC 1, 0.36% in BOC 3 and the remaining 1% in BRC 1). Due to its small percentage, and adequate skewness and kurtosis values, outliers were kept in the analysis. There were no

missing values. Despite these reasonable distributional results, a maximum likelihood estimator with robust standard errors (MLM) was used.

Table 2

Descriptive statistics for the PSCS components (N = 280)

Items	<i>M</i> (<i>SD</i>) [min-max]	Skewness	Kurtosis
BOC 1	3.13(.75) [1-5]	2.48	2.12
BOC 2	3.05(.75) [1-5]	0.74	0.44
BOC 3	3.30(.74) [1-5]	1.72	0.91
BOC 4	3.08(.75) [1-5]	1.34	1.26
BRC 1	2.74(.84) [1-5]	1.08	0.42
BRC 2	2.89(.70) [1-5]	2.30	0.54
BRC 3	2.47(.71) [1-4]	0.78	1.19
BRC 4	2.35(.72) [1-4]	1.06	1.07

Note. Mean (*M*), standard deviation (*SD*), and absolute values for skewness and kurtosis. BOC items correspond to bonding social capital, and BRC to bridging social capital. Items represent the following components: network size (1), trustworthiness (2), resources (3) and reciprocity (4).

The best fit was obtained for Model 2 (S-B χ^2 (16) = 56.016, $p < .001$; CFI = .92, TLI = .87, BIC = 4547.6, SRMR = .06, RMSEA = .10, 90% CI [.07, .13]), which represents the PSCS structure with two-factor first-order latent structure. Model 1, depicting the unidimensional structure, did not provide the adequate fit indices (S-B χ^2 (17) = 94.217, $p < .001$, CFI = .85, TLI = .75, BIC = 4591.9, SRMR = .08, RMSEA = .14, 90% CI [.11, .17]). The model comparison revealed significant scaled chi-square differences (Δ S-B χ^2 (1) = 21.785, $p < .001$), with all Model 2 factor loadings reaching significance ($p < .001$) and being greater than .50, except for parcel BOC 1. Table 3 depicts the Model 2 measurement model.

Table 3

Standardized factor loadings and variances for the two first order oblique latent factors solution

Items	Bonding Social Capital	Bridging Social Capital
BOC 1	.42 (.82)	
BOC 2	.61 (.63)	
BOC 3	.56 (.69)	
BOC 4	.80 (.36)	
BRC 1		.57 (.68)
BRC 2		.80 (.35)
BRC 3		.78 (.40)
BRC 4		.71 (.50)

Note. Items corresponding variances in parentheses.

Convergent, discriminant validity and reliability

The AVE values were acceptable for bridging social capital (.50) and low for bonding social capital (.39). For bonding social capital, even though the AVE values reflected >50% of the variance—due to error—as the omega hierarchical coefficient was above the required cut-off value, convergent validity evidence of the construct was considered acceptable (Fornell & Larcker, 1981). For discriminant validity, the AVE values for bonding and social capital were greater than the squared correlation between the factors ($r^2 = .31$), suggesting adequate evidence for this validity. In terms of associations, for convergent validity significant correlations were found between social capital and emotional expression (Immigrants: $r_{S \text{ Bonding}} = -.34, p = .014$; $r_{S \text{ Bridging}} = -.28, p = .046$; Natives: $r_{S \text{ Bonding}} = .14, p = .049$; $r_{S \text{ Bridging}} = .19, p = .006$), while non-existent associations occurred between social capital and sexual health, suggesting discriminant validity (Immigrants: $r_{S \text{ Bonding}} = .13, p = .357$; $r_{S \text{ Bridging}} = -.02, p = .918$; Natives: $r_{S \text{ Bonding}} = -.04, p = .536$; $r_{S \text{ Bridging}} = .01, p = .844$).

Internal consistency was good (ω_H (Bonding) = .71; (ω_H (Bridging) = .84). The equal-length Spearman–Brown split-half coefficient was adequate (r_S Bonding = .63; r_S Bridging = .68).

Additional correlational analyses

There was an overall small positive association between the education level and bridging social capital ($r_S = .14, p = .018$). In addition, participants with an immigrant status showed higher levels of bridging social capital ($r_{pb} = .20, p = .001$), and were specifically associated with the following bridging social capital components: network size ($r_{pb} = .14, p = .023$), trustworthiness ($r_{pb} = .20, p = .001$) and resources ($r_{pb} = .16, p = .006$).

Discussion

Social capital is related to health, in developed and developing countries, and is a crucial construct in predicting the health of the populations (Palmer & Xu, 2013). In specific, social capital is a relevant construct to migration and health, since their decision to migrate is related to the social capital that they have, based on their household and network ties. Migrant networks can help them with getting access to health services, assist them with getting a job, and have the potential to have a positive influence on their mental health (Palmer & Xu, 2013). Given these facts, there is a requirement for a valid psychometric tool that measures the social capital, which is currently lacking (Archuleta & Miller, 2011; Macinko & Starfield, 2001). The present study validates in the Portuguese context, the PSCS-16 instrument that assesses the social capital of Portuguese natives and immigrants living in Portugal (from countries that also speak Portuguese).

Our results indicate the PSCS seems to be a valid assessment tool to evaluate social capital, which is in accordance with the work of Wang et al. (2014). As hypothesized, and corroborating previous studies on PSCS (Archuleta & Miller, 2011; Chen et al., 2008; Wang

et al., 2014), the results revealed an oblique two-factor first-order model with an acceptable fit, with suitable item grouping and split-up in bonding and bridging social capital. Even though a wide variety of instruments have been developed to evaluate social capital, the length of these instruments revealed they are not adequate to evaluate personal possessed social capital in large-scale survey investigations (Wang et al., 2014). The current study also illustrated that the PSCS-16 is a short and suitable instrument for large-scale studies, disentangling social capital dimensions with good reliability scores. This idea seems to be consistent with the work of Putnam (2000) and Coleman (1988), making the distinction between bonding ‘ties to people who are like me in some way’; and bridging ‘ties to people who are unlike me in some important way’ (Putnam, 2000, p.23; Ryan, 2011).

By analyzing the factorial measurement model, evidence of a convergent validity was achieved, with adequate AVE values. As for discriminant validity, both AVE values surpassed the squared correlation between bonding and bridging. This evidence was also supported by the results of the association patterns. Specifically, for immigrants, a negative association between social capital and emotion disclosure was found, suggesting this group generally does not keep their emotions to themselves. Because migrants need to bridge cultural boundaries to form new relationships (Utz & Muscanell, 2015), emotional disclosure may occur more often, contributing to social integration and well-being (Slatcher & Pennebaker, 2007). However, unexpectedly, the opposite was found true for natives. Yet, because native networks may be mostly determined by significant strong ties, social exchanges may be more prone to ambivalence, which can be detrimental to emotional disclosure and well-being (Holt-Lunstad & Uchino, 2019). Furthermore, because native social embeddedness is more well established when compared with that of migrants (Arpino & de Valk, 2018), emotional disclosure breadth may decrease, because it is more relevant when ties are being initiated (Greene et al., 2006). As for discriminant validity, both groups

showed non-significant associations between social capital and sexual health, despite the literature considering sexual health highly important to the quality of life (Flynn et al., 2016).

Moreover, previous results showed that participants with a higher education level are positively related with bridging social capital. This kind of social capital allows the entrance of resources that do not exist in the network and also offers better acceptance to strangers, tolerates further individuality inside the group and boosts connections with other persons (Andreas, 2018; Granovetter, 1973; Putnam, 2000). People with a higher education have better communication skills (Ryan, 2011), which allows them to communicate with more people and establish more relationships with people outside their network. As Völker et al. (2008) indicate, qualified immigrants have less homogeneous networks (fewer bonding networks). This can be especially important for the immigrant population, because qualified immigrants have more abilities (i.e. language skills), which allow them to communicate with everybody clearly, a vital element/factor in networking with people outside one's direct ethnic or linguistic group (Temple, 2010). Furthermore, the immigrants with a higher cultural capital may distance themselves from other migrants and natives with lower education because they see them as 'lower class' (Oliver & O'Reilly, 2010; Ryan, 2011).

Accordingly, present results indicated that being an immigrant living in Portugal meant better levels of bridging social capital. Bridging connections tend to be correlated with social movement and positive social capital integration (Nannestad et al., 2008; Ryan, 2011); it helps connect people across different, diverse groups, thus being more inclusive (Putnam, 2000), which is why having more bridging social capital is beneficial for the migrant population. Most of the employers of migrants are natives, which makes it more important for the migrants to build new ties with the natives. In addition, most of the natives are more qualified and have better jobs, which is why they may be more informed and able to indicate better jobs to the migrant population (Lancee, 2012). The bridging or weak ties that migrants

make are valuable and fundamental for them, because the information that runs through these bridges has a significant effect on the social life of these people and their communities (Granovetter, 1973; Ryan, 2011), as well as on their potential job opportunities (Flap & Völker, 2004). Moreover, migrant groups that are culturally similar to the native groups may have more inter-ethnic contacts than groups that are culturally more distant (Völker et al., 2008), which may explain why the migrants who live in Portugal and speak Portuguese are rated as having higher bridging social capital; since they speak the same language, it allows them to expand their circles to include the Portuguese natives. On the opposite end, the results indicated that the Portuguese natives revealed lower levels of bridging social capital when compared with immigrants, which is in accordance with the work of Völker et al. (2008). These authors indicate that the networks of native people are usually more homogeneous, meaning bonding social capital in their networks tends to be higher when it comes to ethnicity as compared with the networks of immigrants, ‘because the chance to interact with a person from the majority group are highest for everybody’ (p.330).

Limitations and directions for future research

One limitation that we can point out is the cross-sectional design of the study, providing us a glimpse of a single temporal moment. Moreover, the sample was collected through a convenience strategy. Although we incorporated different groups (Portuguese natives and immigrants from Portuguese-speaking countries), these groups were not comparable in size. The fact that the dimension of the sample is small and unbalanced prevents us from comparing the factorial structure and testing its invariance. Future studies should incorporate groups equivalent in size and complement our cross-sectional validation with a longitudinal one, which will also allow the administration of test-retest reliability. Also, by testing invariance over time, we would obtain information not only about whether

the factorial model would hold across groups but also about whether the social capital scores would be equivalent across time points. Regarding model adequacy, the SRMR value was below the cut-off value of .08, but the RMSEA indicator was not. This may happen whenever the factorial models have small degrees of freedom, falsely suggesting lack of fit (Kenny et al., 2015). Thus, testing the current solution with larger sample sizes will also provide more insights regarding model adjustment and AVE values.

Future investigations should reinforce the preliminary psychometric validation of the findings of this study, by including other measures to examine convergent and discriminant validities, and explore correlates of social capital, particularly how multifaceted network configurations may be more prone to emotional disclosure and how both elements impact the quality of life.

It can be thus concluded that the preliminary validation of the PSCS-16 for the Portuguese context adds to the social capital literature by reinforcing its psychometric evidence in the context of migration.

CAPÍTULO 3

ADAPTAÇÃO DO QUESTIONÁRIO DE SOBREQUALIFICAÇÃO COGNITIVA PERCEBIDA (QSCP) PARA A LÍNGUA PORTUGUESA: UMA ABORDAGEM MISTA PARA AVALIAR A VALIDADE DE CONSTRUTO NO CONTEXTO DAS MIGRAÇÕES ²

Introdução

A ausência de oportunidades de emprego tem contribuído para a existência de cada vez mais trabalhadores que realizam funções e tarefas para as quais são sobrequalificados, ou seja, para as quais têm mais experiência e qualificações do que é exigido (Liu & Wang, 2012). Paralelamente, tem sido reportado que a sobrequalificação impacta a saúde e o bem-estar destes indivíduos (Crollard et al., 2012). Além disso, os estudos indicam que os imigrantes estão em maior risco de sobrequalificação, visto que enfrentam diversos desafios (e.g., reconhecimento das suas qualificações, barreiras linguísticas), apesar dos estudos sobre a sobrequalificação no contexto das migrações serem ainda escassos (Leschke & Weiss, 2020). Acresce a isto que, a literatura sobre sobrequalificação revela falta de convergência concetual, assim como uma diversidade de operacionalizações do conceito (Johnson et al., 2002), evidenciando a necessidade de mais estudos que revelem convergências sobre este construto.

²Nascimento, P., Roberto, M. S., & Santos, A. S. (2022). Adaptação do Questionário de Sobrequalificação Cognitiva Percebida (QSCP) para a Língua Portuguesa: Uma Abordagem Mista para Avaliar a Validade de Construto no Contexto das Migrações. *Revista Iberoamericana de Diagnóstico y Evaluación – e Avaliação Psicológica*, 64(3), 17-32. <https://doi.org/10.21865/RIDEP64.3.02>

A presente investigação incorpora dois estudos. No estudo 1 pretendemos validar para o contexto português uma escala que avalia a sobrequalificação percebida: Questionário de Sobrequalificação Cognitiva Percebida (QSCP); no estudo 2, através de uma abordagem qualitativa, pretende-se complementar a análise da validade de construto, percebendo de que forma os imigrantes e não-migrantes percebem a sobrequalificação em Portugal, a relacionam com a satisfação no trabalho e a diferenciam da percepção de justiça.

Sobrequalificação Objetiva e Percebida

Como referido anteriormente, a definição de sobrequalificação tem recorrido a diferentes termos (e.g., subemprego, subutilização e ausência de oportunidades de crescimento), o que tem contribuído para a falta de clarificação concetual e de mensuração do construto (Johnson et al., 2002).

Para Liu e Wang (2012), um colaborador é sobrequalificado quando tem qualificações e experiência que ultrapassam o requerido para um determinado trabalho, ou seja, quando existe uma incompatibilidade entre as qualificações de um colaborador e aquelas exigidas por um trabalho específico (Larsen et al., 2018).

Ademais, a sobrequalificação pode ser avaliada de uma perspetiva objetiva ou subjetiva. A primeira, relaciona-se com as capacidades e o nível educacional dos colaboradores, ambos excedendo o que é requerido para o trabalho. Já a segunda remete para as percepções que os trabalhadores têm de que possuem mais capacidades para o trabalho que desempenham ou que existem poucas oportunidades para usar as suas competências no trabalho (Hsing-Ming et al., 2016; Maltarich et al., 2011). Na presente investigação, a sobrequalificação será avaliada de forma subjetiva.

De acordo com Liu e Wang (2012), na avaliação da sobrequalificação percebida, os colaboradores julgam a justiça no seu trabalho, entendida aqui como a existência de

oportunidades adequadas para desempenharem a sua função. Porém, esta sobrequalificação percebida distingue-se de outras perceções de justiça, nomeadamente das perceções distributivas (justiça na distribuição das recompensas), procedimentais (justiça face aos processos de tomada de decisão) e interpessoais (justiça na forma como os trabalhadores são tratados pelos seus superiores).

No que concerne à sua avaliação, a sobrequalificação foi inicialmente analisada por Khan e Morrow (1991). Estes autores propuseram uma estrutura de dois fatores, “incompatibilidade percebida” e “estagnação percebida”, operacionalizando as mesmas através de 8 itens (4 por cada dimensão). Posteriormente, Johnson e Johnson (1996) desenvolveram o índice de sobrequalificação percebida, mantendo esta estrutura de dois fatores, mas aumentando o número de itens para 10. No entanto, nenhum destes autores realizou uma análise fatorial da estrutura proposta. Em 2008, Fine e Nevo construíram o Questionário de Sobrequalificação Cognitiva Percebida (QSCP), inspirado no trabalho anterior já referido. O QSCP (9 itens) manteve a mesma estrutura de dois fatores, focando-os na sua componente cognitiva: a “incompatibilidade cognitiva” e a “estagnação cognitiva”. No entanto, apesar de fornecerem evidências psicométricas sobre o QSCP com base na análise fatorial, Fine e Nevo (2008) não testaram a dimensionalidade do QSCP, recorrendo a análise fatorial confirmatória.

No estudo original do QSCP, Fine e Nevo (2008) recolheram uma amostra de 156 participantes. Os resultados revelaram semelhanças entre esta medida e as medidas tradicionais de sobrequalificação e apresentaram uma correlação negativa significativa com a satisfação no trabalho. Em 2019, Yu e Ye recolheram dados usando o QSCP junto de 195 alunos de cinco universidades nas províncias de Guangdong e Shandong na China. Os resultados ilustraram uma relação entre a sobrequalificação percebida e o sucesso na carreira. Contudo, tal como sucedeu no estudo de Fine e Nevo (2008), apesar da evidência fatorial da

existência de duas dimensões subjacentes à sobrequalificação percebida, os dados foram analisados recorrendo a um score geral de sobrequalificação.

Consequências Negativas e Positivas da Sobrequalificação

A maioria dos estudos sobre a sobrequalificação estão associados a resultados negativos devido à ausência de uma abordagem teórica que explore o seu papel e impacto (Feldman, 1996; Fernandes, 2016). Contudo, a teoria de ajustamento pessoa-ambiente (French et al., 1982) parece contribuir para a análise da sobrequalificação além das suas repercussões negativas (Luksyte et al., 2011). De acordo com Newland (2017), esta abordagem pode servir como um enquadramento teórico para desenvolver hipóteses sobre os resultados da sobrequalificação percebida, através da análise das suas dimensões: a) ajustamento entre as oportunidades da pessoa e as ofertas do ambiente; e b) ajustamento entre as competências das pessoas e as exigências do ambiente (Kristof-Brown et al., 2005; Newland, 2017). A primeira dimensão relaciona-se com a sobrequalificação por nem sempre existir uma correspondência entre as qualificações, competências, capacidades das pessoas e os requisitos de trabalho, o que pode gerar consequências negativas (Newland, 2017). Por outro lado, o ajustamento entre competências e exigências, relaciona-se com a satisfação no trabalho (Kristof-Brown et al., 2005; Newland, 2017) e pode contribuir para sustentar teoricamente a ligação entre a sobrequalificação percebida e resultados positivos (Luksyte et al., 2011; Newland, 2017).

De facto, a sobrequalificação tem sido geralmente considerada um emprego involuntário (Feldman, 1996; Newland, 2017). E, conseqüentemente, enfatiza o facto de os trabalhadores poderem sentir-se prejudicados ao perceberem que o seu potencial e as suas capacidades não são totalmente utilizadas. Tal afeta negativamente as suas atitudes, o que contribui para níveis mais baixos de satisfação no trabalho (Edwards & Cooper, 1990;

Erdogan et al., 2011a; Hsing-Ming et al., 2016). O ajustamento entre competências e exigências (Kristof-Brown et al., 2005) pode ser vital para explicar este resultado, pois o desajuste percebido nesta dimensão pelos funcionários pode contribuir para mais insatisfação no trabalho, devido a sentimentos negativos e desilusão (Luksyte et al., 2011; Newland, 2017).

Contudo, estudos mais recentes têm abordado os resultados positivos da sobrequalificação percebida. Há evidência de colaboradores que optam por desempenhar uma função para a qual estão em sobrequalificação (Newland, 2017). De acordo com Skowronski (2019), estes profissionais geralmente têm níveis mais elevados de satisfação com o trabalho e com a vida em comparação com os colegas de trabalho que estão involuntariamente em sobrequalificação. Isso pode ocorrer porque os colaboradores que são voluntariamente sobrequalificados relatam um melhor equilíbrio entre a vida familiar e profissional, o que poderá amenizar os aspetos negativos tradicionalmente associados à sobrequalificação percebida (Erdogan et al., 2011a; Skowronski, 2019).

Assim, o construto da sobrequalificação percebida é complexo e multifacetado (Quintini, 2011). Apesar de existirem mais estudos que documentam o seu impacto negativo, estes são ainda escassos e inconclusivos, salientando a necessidade de aprofundar a literatura (Dar & Rahman, 2020), para chegar a um consenso ao nível da sua operacionalização e avaliação.

Sobrequalificação Percebida no Contexto das Migrações

Os estudos sobre a sobrequalificação percebida no contexto das migrações continuam a ser escassos, apesar de sugerirem que os imigrantes apresentam níveis mais elevados de sobrequalificação percebida do que a população não-migrante (Larsen et al., 2018; Wassermann et al., 2017). Este resultado pode dever-se às diversas barreiras e desafios que os

migrantes enfrentam no país de acolhimento (e.g., falta de reconhecimento das suas habilitações literárias e experiência profissional; Leschke & Weiss, 2020).

De acordo com Crollard e colaboradores (2012), os imigrantes sobrequalificados estão em maior risco de desenvolver problemas de saúde, de experienciarem stress, ansiedade e depressão, e de autoavaliarem a sua saúde como pior, quando comparados com trabalhadores que desempenham uma função adequada às suas qualificações. Neste sentido, estudos sobre este tema podem fornecer informação relevante para a integração dos imigrantes, podendo ser utilizada como um proxy para avaliar os seus processos de adaptação, mas também a sua saúde mental e o bem-estar (Wassermann et al., 2017).

Além disso, Wassermann e colaboradores (2017) verificaram que os imigrantes com baixos níveis de identificação com o país de acolhimento, por se sentirem menos ligados ao contexto de acolhimento, parecem ser menos afetados pelas consequências negativas da sobrequalificação, dada a sua intenção de mudar de trabalho e de transitar para outro país.

Relativamente a Portugal, os imigrantes brasileiros são a comunidade estrangeira mais representativa em Portugal, que tem vindo a aumentar ao longo dos anos, e um dos grupos de imigrantes com qualificações mais elevadas (Esteves, et al., 2017; Valente et al., 2016), ficando em risco de sobrequalificação no trabalho (Oliveira & Fonseca, 2013). Além disso, os imigrantes brasileiros são mais vulneráveis à marginalização no trabalho, visto que preferem ficar em condições laborais mais instáveis, pois consideram que fatores como a qualidade de vida são mais relevantes do que o fator trabalho (Pereira & Esteves, 2017). Ademais, imigrantes que não pertencem à União Europeia enfrentam desafios adicionais, nomeadamente no reconhecimento das suas qualificações pelo mercado de trabalho (Marques & Góis, 2008), ficando em maior risco de sobrequalificação, o que salienta a necessidade de se realizar, em particular, estudos sobre os imigrantes brasileiros em Portugal.

Objetivos

A presente investigação incorpora dois estudos, o estudo 1 visa adaptar e validar o QSCP (Fine & Nevo, 2008) para o contexto português; o estudo 2, de cariz qualitativo, explora a validade de construto da sobrequalificação percebida, analisando de que forma se relaciona com a satisfação no trabalho e a perceção de justiça.

Especificamente, no estudo 1 pretendemos: 1) clarificar qual a estrutura fatorial que melhor representa o QSCP, comparando uma estrutura unidimensional com uma estrutura com dois fatores de primeira ordem (a incompatibilidade cognitiva e a estagnação cognitiva); 2) avaliar a consistência interna do QSCP; e 3) explorar as validades convergente e discriminante. Com base na nossa revisão da literatura, hipotetizamos que o QSCP se relacione com a satisfação no trabalho (validade convergente) e não apresente uma associação com as perceções de justiça organizacional (validade discriminante). Devido aos resultados inconclusivos ao nível da estrutura fatorial, apenas se formularam hipóteses para o terceiro objetivo do estudo 1.

No estudo 2 pretendemos complementar a análise da validade de construto, recorrendo a uma metodologia qualitativa que permita: 1) analisar de que forma imigrantes brasileiros em Portugal e não-migrantes percebem a sobrequalificação; 2) perceber se a relacionam com a satisfação profissional; e 3) se a diferenciam da perceção de justiça. Em particular, pretendeu-se avaliar de que forma a relação entre sobrequalificação percebida e a satisfação profissional ocorre, sobrepondo a esta relação o carácter voluntário da sobrequalificação, a identificação com o país de acolhimento, a expectativa de permanência no emprego e o tempo de residência em Portugal.

Estudo 1

Método

Participantes

A amostra é composta por 142 participantes. Os critérios de inclusão foram: a) os participantes deviam ser oriundos da Comunidade de Países de Língua Portuguesa; e b) ter pelo menos 18 anos de idade. A maioria dos participantes é do género feminino (70.4%) e as suas idades variaram entre 21 e 71 anos ($M=38.41$; $DP=11.76$). Cerca de 87% dos participantes encontravam-se empregados, tendo na sua maioria pelo menos a licenciatura (77.4%).

Procedimento

Foi seguido o código de ética da *American Psychological Association* (APA), tendo o estudo sido aprovado pelo Comité de Ética da Faculdade de Psicologia da Universidade de Lisboa. A autorização para a validação do QSCP foi solicitada e concedida pelos autores da versão original (Fine & Nevo, 2008). Para garantir os pré-requisitos de tradução, seguimos a *International Test Commission* (Muñiz et al., 2013). Uma versão da escala foi traduzida por um membro da equipa de investigação que tinha formação em psicologia e a segunda versão foi traduzida por um especialista em Humanidades. As versões foram comparadas e consideradas semelhantes (Schmidt & Bullinger, 2003). A amostra recolhida é de conveniência, apoiada na técnica da bola de neve. Os dados foram recolhidos online, através da plataforma Qualtrics Surveys (v. 1.2020) entre março e junho de 2020. Antes de iniciarem o questionário, os participantes tiveram acesso ao consentimento informado, no qual se apresentaram os objetivos do estudo. O sigilo e o anonimato das respostas foram garantidos. Em média, as respostas ao questionário duraram 10 minutos.

Instrumentos

Questionário sociodemográfico

Recolheu-se informações sobre a idade dos participantes, o género, o nível de escolaridade, e se estavam empregados.

Questionário de Sobrequalificação Cognitiva Percebida (QSCP; Fine & Nevo, 2008)

Este é um instrumento de autorrelato que mede a sobrequalificação percebida. É composto por 9 itens, e as respostas são dadas numa escala Likert de 5 pontos variando entre (1) “*discordo totalmente*” e (5) “*concordo totalmente*”. O QSCP contém duas subescalas: a incompatibilidade cognitiva (4 itens, e.g., “Sou mais inteligente do que a maioria das pessoas que fazem o meu trabalho”), e a estagnação cognitiva (5 itens, e.g., “Sou capaz de fazer o meu trabalho sem pensar muito”). A consistência interna apresentada no estudo original foi de .86 (Fine & Nevo, 2008) e de .75 no estudo de Yu e Ye (2019). Apesar da estrutura fatorial ter revelado duas dimensões, estes autores apenas apresentam os valores de consistência interna para um fator geral.

Escala de Satisfação Organizacional

Foi desenvolvida por Lima e colaboradores (1994), e avalia a satisfação no trabalho dos colaboradores em relação a aspetos específicos do trabalho (e.g., “Em relação às perspetivas de promoção, eu diria que estou...”) e à satisfação geral no trabalho (e.g., “Considerando todos aspetos do meu trabalho e da minha vida nesta empresa, diria que estou...”). É composta por 8 itens, medidos numa escala Likert de 7 pontos, variando de (1) “*extremamente insatisfeito*” a (7) “*extremamente satisfeito*”. O alfa de *Cronbach* da escala foi de .90.

Percepção de Justiça Organizacional

Rego (2001) desenvolveu este instrumento para avaliar as percepções de justiça dos colaboradores em relação à sua organização. O instrumento é constituído por várias dimensões de justiça, mas com base nos objetivos do estudo, foram utilizadas duas subescalas: justiça interpessoal (3 itens, e.g., “Os meus superiores mostram um interesse genuíno em ser justos comigo”) e justiça processual (3 itens, e.g., “Os critérios usados para as promoções são justos”). Foi utilizada uma escala de Likert de 6 pontos, sendo 1 correspondente a “*discordo totalmente*” e 6 a “*concordo totalmente*”. A consistência interna foi muito boa: $\alpha_{\text{Interpessoal}}=.92$; $\alpha_{\text{Procedural}}=.92$.

Análise de dados

Primeiro, efetuou-se uma análise descritiva dos itens, analisando-se a sua matriz de correlações através do coeficiente de correlação de Pearson (r). Os desvios face à distribuição normal foram avaliados através de gráficos $Q-Q$ e dos valores absolutos de assimetria e de curtose. De acordo com West e colaboradores (1995), desvios acentuados face a esta distribuição ocorrem quando os valores absolutos de assimetria forem superiores a 2 e os de curtose superiores a 7. Em seguida, recorrendo à análise fatorial confirmatória (AFC) estimaram-se dois modelos fatoriais: a) uma estrutura unidimensional, que integra os 8 itens do instrumento QSCP num único fator que representa a sobrequalificação percebida; e b) uma solução com dois fatores de primeira ordem, com os itens a serem divididos pelas dimensões incompatibilidade cognitiva e estagnação cognitiva; propostas pelos autores. Para cada modelo, além da análise dos pesos fatoriais, da significância associada e do teste do qui-quadrado (χ^2), avaliámos o seu ajustamento, recorrendo aos seguintes índices: o *comparative fit index* (CFI), o *Tucker-Lewis index* (TLI), o *root mean square error of approximation* (RMSEA), com intervalo de confiança (IC) de 90%, o *standardized root mean square error*

(SRMR) e o *Bayesian information criteria* (BIC; Kass & Raftery, 1995; Schwarz, 1978). De acordo com a literatura, os modelos fatoriais com melhor ajustamento aos dados devem ter valores de CFI e de TLI iguais ou superiores a 0.90 (Bentler, 1990; Bentler & Dudgeon, 1996), valores de RMSEA e de SRMR inferiores a 0.08 (Arbuckle, 2009; Browne & Cudeck, 1993; Hu & Bentler, 1999), e o menor valor de BIC (Kass & Raftery, 1995). Para comparar os dois modelos estimados, além destes indicadores, avaliámos a diferença entre os valores do qui-quadrado (Kline, 2011).

Após a AFC, analisou-se a consistência interna, estimando o coeficiente ómega (ω ; Revelle & Zinbarg, 2009) e o *greatest lower bound* (glb; Sijtsma, 2009), seguindo as recomendações de Peters (2018). Valores de consistência interna iguais ou superiores a .70 foram considerados adequados (Nunnally & Bernstein, 1994). Finalmente, as validades convergente e discriminante foram estimadas recorrendo ao coeficiente de correlação de Pearson. De acordo com Cohen (1988), valores de r entre 0.10 e 0.30 correspondem a associações fracas, entre 0.30 e 0.50 associações moderadas, e superiores a 0.50 ilustram associações fortes. As análises descritivas e correlacionais foram efetuadas recorrendo ao software IBM SPSS (v.26, SPSS Inc., Chicago, IL). Para estimar os modelos fatoriais e avaliar a sua consistência interna recorreremos aos pacotes R (R Core Team, 2020), lavaan (Rosseel, 2012), semPlot (Epskamp, 2019), psych (Revelle, 2020) e userfriendlyscience (Peters, 2018).

Resultados

Estatística Descritiva e Correlacional

No Quadro 4 encontram-se os resultados descritivos e correlacionais. Os valores absolutos de assimetria e de curtose foram inferiores a 2 e 7, respetivamente, sugerindo uma distribuição dos dados aproximadamente normal. As associações entre os itens foram

positivas, oscilando entre uma magnitude fraca a forte. O item 8 apresentou um padrão oposto, obtendo os valores de r mais fracos.

Quadro 4

Médias, Desvios-Padrão, Correlações de Pearson e Valores Absolutos de Assimetria e de Curtose para os Itens do Instrumento QSCP (N = 142)

Itens	1	2	3	4	5	6	7	8	$M(DP)$ [min-max]	Assimetria	Curtose
1.Incom. cogn. It1									2.69(1.09) [1-5]	0.11	0.63
2.Incom. cogn. It2	.52**	-							2.81(1.15) [1-5]	0.10	0.72
3.Incom. cogn. It3	.40**	.66**	-						2.74(1.08) [1-5]	0.26	0.50
4.Incom. cogn. It4	.26**	.39**	.36**	-					2.91(1.09) [1-5]	0.08	0.76
5.Est. cogn. It5 (i)	-.01	.16	.28**	.21*	-				2.23(1.06) [1-5]	0.85	0.10
6.Est. cogn. It6	.28**	.35**	.40**	.24**	.07	-			3.73(.90) [1-5]	0.81	0.74
7.Est. cogn. It7	.17*	.47**	.35**	.30**	.28**	.23**	-		2.25(1.30) [1-5]	0.79	0.59
8.Est. cogn. It8 (i)	.02	.14	.09	.10	.30**	-.17*	.08		2.65(1.21) [1-5]	0.34	0.97
9.Est. cogn. It9	.21*	.46**	.53**	.39**	.30**	.18*	.34**	.26**	2.49(1.19) [1-5]	0.53	0.79

Nota. Média (M), Desvio Padrão (DP). Item 1 ao 4 - Incompatibilidade Cognitiva, item 5 ao 9 - Estagnação Cognitiva. Item invertido (i).

Estrutura Fatorial, Consistência Interna e Validade

O modelo com dois fatores latentes de primeira ordem, ilustrativo da estrutura proposta por Fine e Nevo (2008) não apresentou um ajustamento adequado ($\chi^2(26) = 66.56$, $p < .001$, CFI=0.87, TLI=0.82, RMSEA=0.11, IC 90% RMSEA= [0.07, 0.14], SRMR=0.08, BIC=3710). O ajustamento para a estrutura unidimensional também não se revelou adequado ($\chi^2(27) = 67.52$, $p < .001$, CFI=0.87, TLI=0.82, RMSEA=0.10, IC 90% RMSEA= [0.07, 0.13], SRMR=0.08, BIC=3706). Os modelos foram equivalentes ($\chi^2_{Dif}(1) = 0.97$, $p = .325$). Através da análise do modelo de medida, verificou-se que o item 8 não obteve um peso fatorial relevante e significativo, elemento consistente com o padrão de associação previamente

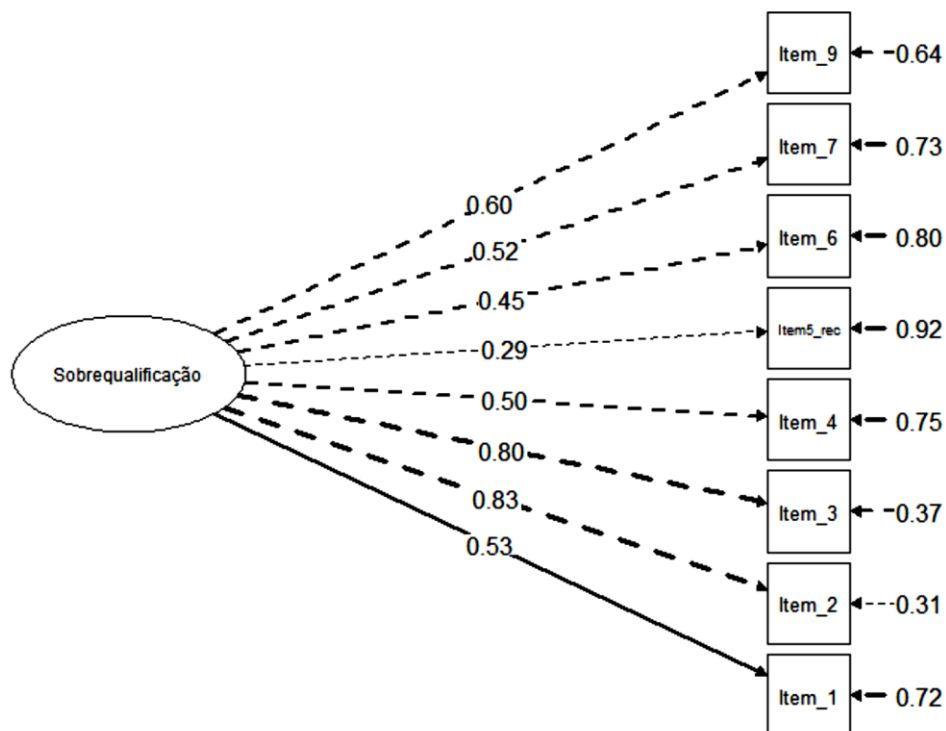
identificado. Ambos os modelos foram, assim, re-especificados sem este item. O ajustamento quer da solução fatorial de primeira ordem ($\chi^2(19) = 41.52, p = .002, CFI = 0.92, TLI = 0.88, RMSEA = 0.09, IC\ 90\% RMSEA = [0.05, 0.13], SRMR = 0.06, BIC = 3248$), quer da solução fatorial unidimensional ($\chi^2(20) = 41.92, p = .003, CFI = 0.92, TLI = 0.89, RMSEA = 0.09, IC\ 90\% RMSEA = [0.05, 0.13], SRMR = 0.06, BIC = 3243$) foi adequado. Contudo, a comparação do qui-quadrado entre ambos os modelos, revelou que as estruturas permaneciam equivalentes ($\chi^2_{Dif}(1) = 0.40, p = .529$). Efetuámos diagnósticos complementares para averiguar a dimensionalidade dos itens pela análise do valor do BIC e da consistência interna dos fatores.

A solução unifatorial apresentou um menor valor de BIC. Também, a consistência interna da solução unifatorial ($\omega = 0.85 [0.75, 0.85], glb = 0.83$) foi melhor do que a estimada para a estrutura de primeira ordem (incompatibilidade cognitiva: $\omega = 0.69 [0.55, 0.74], glb = 0.68$; estagnação cognitiva: $\omega = 0.60 [0.47, 0.70], glb = 0.59$). Após estes diagnósticos complementares, concluiu-se que os itens de sobrequalificação percebida medem, em particular, um construto latente genérico (Figura 1), ainda que não tenham uma estrutura totalmente unidimensional (Peters, 2018).

As correlações de Pearson ilustraram uma associação negativa e significativa entre o score total do QSCP e a satisfação laboral ($r = -0.26, p = .002$), fornecendo evidência para a validade convergente. Em relação à validade discriminante, as associações encontradas com as dimensões de perceção de justiça não foram significativas ($r_{interpessoal} = -0.09, p = .331; r_{procedimental} = -0.16, p = .079$).

Figura 1

Pesos Fatoriais Estandarizados e Variâncias da Estrutura Unidimensional da Sobrequalificação Percebida



Nota. À exceção do item 5 ($p=.003$), o valor- p associado aos pesos fatoriais dos restantes itens foi $<.001$.

Estudo 2

Método

Participantes

Após análise das comunidades estrangeiras a residirem em Portugal oriundas de países com língua oficial portuguesa, selecionou-se a comunidade com maior representatividade. Definiram-se os seguintes critérios de inclusão: a) ser imigrante brasileiro em Portugal há menos de 2 anos, entre 2 e 10 anos e há mais de 10 anos, ou ser não-migrante,

b) ter pelo menos 18 anos, c) ser qualificado (com pelo menos licenciatura). A amostra foi composta por 27 participantes (imigrantes brasileiros, $n=17$; não-migrantes, $n=10$).

Os imigrantes apresentaram idades entre 27 e 62 anos ($M=42.53$, $DP=9.97$), sendo sete do género masculino (41.2%) e dez do feminino (58.8%). Os não-migrantes tinham idades entre os 22 e 33 anos ($M=26.90$, $DP=3.21$). Três são do género masculino (30%) e sete do feminino (70%). Os participantes responderam ao instrumento QSCP e, em média, os imigrantes apresentaram uma perceção de sobrequalificação mais elevada ($M=3.13$, $DP=0.50$) do que os não-migrantes ($M=2.86$, $DP=0.67$).

Procedimento

O estudo foi aprovado pelo Comité de Ética da Faculdade de Psicologia da Universidade de Lisboa tendo-se seguido o código de ética da *American Psychological Association* (APA). Para explorar o conceito de perceção de sobrequalificação, e identificar a sua relação com satisfação no trabalho e a justiça organizacional, aplicou-se uma metodologia qualitativa. Através desta abordagem, ancorada na *Grounded Theory* (GT) foi possível analisar os dados fornecendo explicações teóricas que permitem reconhecer os diferentes padrões de relações entre as variáveis acima descritas (Birks & Mills, 2011). Assim, atribui-se particular importância à forma como a expectativa de permanência no emprego atual, a identificação com a identidade nacional no país de acolhimento e o tempo de residência contribuem para diferentes padrões relacionais. A amostra de conveniência foi recolhida (e.g., redes sociais, contactos pessoais) através da estratégia de bola de neve até se alcançar o princípio de saturação teórica (Charmaz, 2006).

O estudo decorreu entre janeiro e fevereiro de 2021. Devido à pandemia COVID-19, as entrevistas foram efetuadas através da plataforma Zoom. Antes de se iniciar a entrevista, os participantes leram e assinaram o consentimento informado que descrevia a natureza do

estudo e da sua participação. As entrevistas tiveram uma duração média de 1 hora. Para facilitar o processo de transcrição das entrevistas, fez-se a gravação digital de áudio e vídeo. Através do software Qualtrics Surveys (versão 1.2020), os participantes responderam, também, ao questionário sociodemográfico, que incluía os itens do QSCP.

Instrumentos

Partindo dos objetivos do estudo, a entrevista estava organizada em cinco secções: sobrequalificação (e.g., *“Em que aspetos o seu trabalho é adequado com as suas qualificações e experiência?”*; *“Pensando no seu trabalho em geral, acha que poderia ‘dar mais’ do que dá? Que aspetos acha que poderia ‘dar mais’ de si enquanto colaborador?”*); satisfação profissional (e.g., *“Que aspetos do seu trabalho lhe proporcionam satisfação?”*); justiça organizacional (e.g., *“Quão satisfeito está com seus superiores?”*); expectativa de permanência no emprego atual (e.g., *“Quanto tempo espera ficar nesta situação profissional, na sua ocupação atual?”*); e identificação com a identidade nacional no país de acolhimento (e.g., *“Pretende ficar em Portugal?”*).

Análise de dados

A abordagem de análise dos dados recolhidos assentou nos princípios construtivistas da GT propostos por Charmaz (2006). Segundo esta autora, a investigação em curso assenta, antes da recolha de dados, num conjunto de conhecimentos teóricos que enquadram as questões de investigação, reconhecendo-se o papel do investigador na construção da teoria. Desta forma, o processo de codificação assumiu uma orientação *bottom-up*. Primeiro, partiu-se de uma codificação descritiva a refletir as características sociodemográficas dos participantes (e.g., imigrante vs. não-migrante; se imigrante, tempo de residência em Portugal). Em seguida, com base nas cinco secções da entrevista, efetuou-se uma codificação

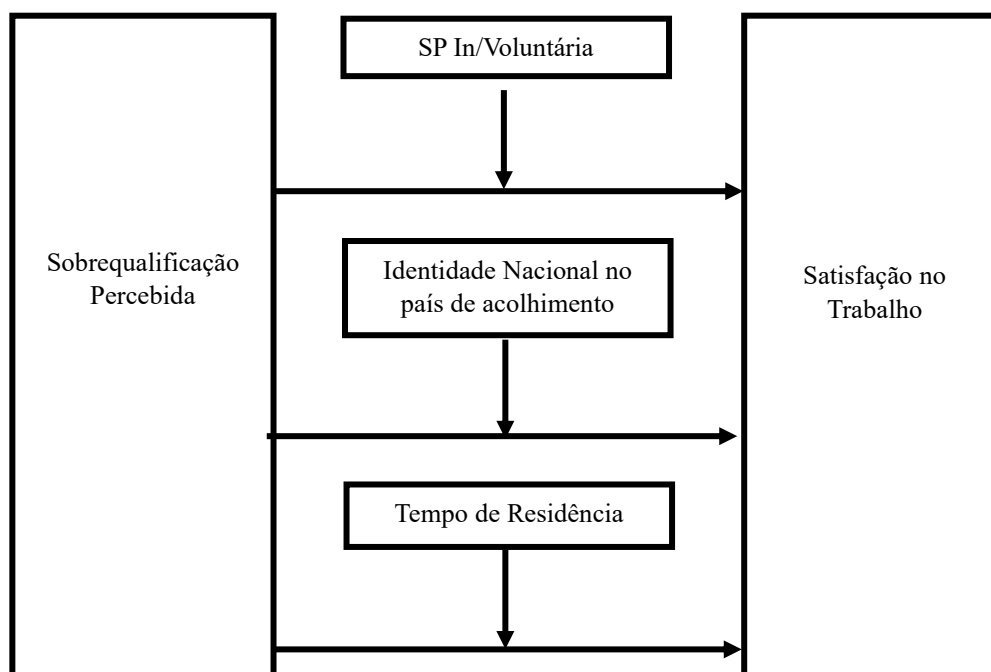
por tópico que organizou a informação recolhida em cinco grandes temas (e.g., definição de sobrequalificação). Finalmente, efetuou-se uma codificação aberta, decorrente da comparação dos dados, que permitiu expandir as categorias iniciais, resultando em camadas de codificação (Charmaz, 2006; Richards, 2009); (e.g., tipo de sobrequalificação percebida [voluntária vs. involuntária] e satisfação profissional). A codificação dos dados foi efetuada pelo primeiro autor, em diálogo com a segunda e terceira autoras. Para apoiar a análise de dados utilizou-se o software QSR NVIVO (versão: 12.6.1).

Resultados

Nesta secção, apresentamos as principais categorias identificadas e as suas inter-relações, efetuando comparações entre grupos (imigrantes vs. não-migrantes) e intra-grupo (imigrantes em função do tempo de residência em Portugal), sempre que existem padrões consistentes de semelhança ou de diferença. Para cada participante foi construído o seguinte código: a) uma letra que permite a sua identificação, sem revelar a sua identidade, seguida de um número que corresponde à sua idade; e b) a letra I (imigrante) ou NM (não-migrante); no caso, dos participantes imigrantes, à letra I seguiu-se um número que remete para o tempo de residência em Portugal (<2 anos, 2-10 anos e >10 anos. Um exemplo de código seria participante L40; I>10 (participante L que tem 40 anos, imigrante residente em Portugal há mais de 10 anos). A Figura 2 ilustra a relação entre os conceitos em análise, nomeadamente os padrões decorrentes da sobreposição entre categorias.

Figura 2

Proposta Teórica da Relação entre Sobrequalificação Percebida e Satisfação Profissional no Contexto das Migrações



Nota: Moderadores: SP In/Voluntária; Identidade Nacional no país de acolhimento; Tempo de residência.

Definição da Percepção de Sobrequalificação

A percepção de se estar a desempenhar uma função pouco exigente, para a qual se sente que se tem mais qualificações do que aquelas que estão a ser utilizadas foi uma tendência marcante entre os participantes imigrantes. Especificamente, metade dos participantes imigrantes consideraram que estão em sobrequalificação, apontando como principais razões terem mais qualificações, experiência e capacidades para o trabalho que se encontram a desempenhar: *“Acho que tenho mais qualificação para o trabalho que estou a desempenhar, acho que poderia dar muito mais, é um trabalho pouco exigente (...)”* (L40; I > 10). Contudo, esta percepção não foi partilhada pela restante metade dos imigrantes em Portugal que consideraram que estão num trabalho adequado – *“(…) Gosto do que faço porque*

sei que vou fazer diferença, (...) eu gosto do que estou a fazer, gosto de estar no doutoramento, (...)” (J30; I2-10). Entre os não-migrantes, apenas uma participante indicou que se sentia em sobrequalificação, desejando estar mais envolvida em tarefas próximas da sua área de formação: *“Eu acho que poderia dar muito mais de mim e estar mais envolvida no papel de informação que é justamente a minha área, ser mais pró-ativa no meu trabalho, que neste momento é muito chato”* (P29; NM).

Relação entre Sobrequalificação e Satisfação no Trabalho: O Papel da Vontade Pessoal, Identificação com o País de Acolhimento, Expetativa de Mudar de Emprego e Tempo de Residência

Um dos temas relacionados com a sobrequalificação é a satisfação no trabalho. A maioria dos imigrantes em sobrequalificação mostrou-se insatisfeito: *“Não estou feliz porque não trabalho como arquiteto, estou apenas ajudando minha esposa. Não é satisfatório”* (L53; I2-10). Contudo, o salário foi apontado como o principal fator de insatisfação profissional, quer entre imigrantes *“(...) o que menos me dá satisfação é o fato de não ‘ganhar’ muito bem”* (E50; I2-10), quer entre não-migrantes *“Deviam aumentar os salários dos portugueses, penso que melhoraria a vida do país, a economia”* (R29; NM). Alguns participantes identificaram, ainda, causas de insatisfação profissional relacionadas com a pandemia COVID-19, nomeadamente quando as suas funções estavam dependentes das relações interpessoais: *“(...) agora durante a pandemia não tenho o contato humano com os meus pacientes”* (M50; I>10).

A tendência de uma maior insatisfação profissional entre os participantes sobrequalificados alterou-se quando os imigrantes entrevistados reportaram estar em sobrequalificação por vontade própria. Para estes participantes é possível estar em funções para as quais se tem mais qualificações e retirar benefícios dessa posição, nomeadamente

para obterem experiência profissional: “(...) *eu teria ficado de qualquer maneira (...) teria entrado pela experiência e pelo currículo*” (M27; I2-10). Esta relação foi, também, identificada entre a única participante não migrante que se encontra em sobrequalificação voluntária, por estar a desempenhar um trabalho mais próximo da sua área de formação e por acreditar que poderia ser uma forma de evolução profissional - “(...) *Foi porque eu realmente queria, porque acho que apesar de tudo posso vir a evoluir dentro desta empresa*”, V29; NM). Outro fator apresentado ilustrou a sobrequalificação enquanto oportunidade para trabalhar e viver em Portugal: “*No Brasil era professor de cursos técnicos em construção e depois tive a oportunidade de entrar no mestrado em Portugal como bolseiro, aproveitei e vim para cá*” (J30; I2-10).

A forma como a sobrequalificação se relaciona com a satisfação profissional também pareceu alterar-se em função da identificação dos participantes com a identidade do país de acolhimento. A maior parte dos imigrantes manifestou a sua intenção de permanecer em Portugal, pois têm planos definidos, nomeadamente a nível profissional “(...) *ficar em Portugal. Estou no primeiro ano do meu doutoramento. Para mim o plano é Portugal!*” (J40; I2-10). De facto, todos os imigrantes que vivem há mais de 10 anos no país manifestaram a sua intenção de permanecer em Portugal, por se encontrarem a fazer um trabalho que corresponde às suas competências, tendo mais satisfação profissional - “(...) *Para já ficar em Portugal, estou muito satisfeita com o meu trabalho e acho que este país ainda tem muito para nos oferecer*” (E29; I>10). Em oposição, a maioria dos imigrantes que se encontram no país há menos de 10 anos têm uma intenção de abandonar Portugal e maior insatisfação com o trabalho - “(...) *O mercado de trabalho é muito reduzido e o salário é muito baixo (...) estamos a considerar outro país que ofereça outras condições de trabalho*” (L53; 2-10).

Também se procurou analisar a expectativa de mudar de trabalho, com a maioria dos imigrantes brasileiros a manifestar estar numa posição transitória - “*Este trabalho é*

passageiro, assim espero” (M27; I2-10). A maioria dos participantes que reportaram estar num trabalho passageiro, têm um trabalho adequado às suas qualificações e demonstraram maior satisfação no trabalho, “(...) *O trabalho que eu faço sei que faz a diferença e ajuda muita gente. Isso dá-me muita satisfação (...), mas é um trabalho passageiro, (...) até a duração máxima da bolsa*” (L42; I2-10). Em oposição, todos os não-migrantes, com a exceção de uma participante, estavam a realizar um trabalho adequado às suas qualificações e expressaram que não tinham intenção de mudar de emprego, e que estavam satisfeitos com o seu trabalho - “*Eu gosto do que faço e não mudaria de emprego*” (R28; NM).

Sobrequalificação, Satisfação no Trabalho e Justiça Organizacional

Apesar da sobrequalificação remeter para a perceção que os participantes têm da forma como as suas competências estão ajustadas à função que desempenham, parece não existir evidência de relação com a perceção de justiça organizacional. Entre os imigrantes, independentemente de se encontrarem, ou não, em sobrequalificação, nenhum participante expressou uma baixa perceção de justiça organizacional. No sentido inverso, os participantes não-migrantes revelaram insatisfação profissional relacionando-a com a relação que têm com as suas chefias: “*Eu quero ter poder de decisão, (...) que a minha opinião seja tida em consideração*” (V29; NM). Estes participantes referem que têm poucas oportunidades para demonstrar os seus conhecimentos e baixa autonomia: “*Estou mais insatisfeita é com a autonomia, não tenho autonomia na minha gestão do tempo*” (L26; NM).

Discussão

A sobrequalificação percebida tem sido concetualizada (Erdogan et al., 2011b) e medida de diversas formas (Quintini, 2011), o que salienta a necessidade de se desenvolverem instrumentos válidos para a sua avaliação. No âmbito das migrações, as

evidências empíricas decorrentes da sobrequalificação são ainda menores, mantendo-se por clarificar se a relação entre sobrequalificação e satisfação profissional é apenas negativa, ou se existem fatores que podem alterar esse padrão. Apostou-se numa metodologia mista para avaliar a estrutura fatorial do QSCP e ampliar o conhecimento sobre a sua validade de construto, explorando as suas relações com a satisfação profissional e a justiça organizacional.

Os resultados quantitativos da análise fatorial confirmatória são promissores, revelando-se adequados. Apesar da multidimensionalidade dos itens, a estrutura que melhor os representa revelou-se unidimensional, contrariamente ao proposto por Fine e Nevo (2008). Contudo, apesar dos autores indicarem que os itens se reportam à incompatibilidade e à estagnação cognitivas, a forma como avaliam a sobrequalificação assenta num fator geral dominante. Este elemento é consistente com os elevados níveis de consistência interna obtidos para o fator geral e os baixos níveis de consistência interna para os dois fatores de primeira ordem. Os resultados ilustram, ainda, que o item 8 não mede adequadamente o construto, como evidencia o seu peso fatorial reduzido e não significativo. Este resultado é consistente com o trabalho de Fine e Nevo (2008) e de Yu e Ye (2019), onde os resultados fatoriais se revelaram inadequados aquando da inclusão deste indicador. De facto, o item 8 pode não representar a estagnação cognitiva por refletir quão aborrecida ou rotineira é a função desempenhada, quando os restantes itens que descrevem esta dimensão focam a perceção que as pessoas têm da forma como as suas competências são utilizadas na função.

Ao nível da validade convergente, verificou-se uma correlação negativa entre a perceção de sobrequalificação e a satisfação no trabalho, corroborando os resultados de estudos anteriores (Erdogan & Bauer, 2009; Fine & Nevo, 2008; Hsing-Ming et al., 2016; Liu & Wang, 2012). Considerando a teoria de ajustamento da pessoa ao ambiente, quando os funcionários identificam um desajuste ao nível das oportunidades e das ofertas, aqueles em

sobrequalificação percebida estarão mais sujeitos à frustração (Erdogan et al., 2011a), o que pode potencialmente gerar mais sentimentos negativos (Yu & Ye, 2019) e maior insatisfação no trabalho. Contudo, a relação entre estes conceitos pode assumir padrões distintos, como se verificou pela análise qualitativa dos dados. Os imigrantes brasileiros em Portugal, que se encontram em sobrequalificação involuntária, expressam insatisfação profissional, mas os imigrantes que se encontram em sobrequalificação voluntária, aceitam o desajuste entre as suas competências e a exigência da função, enquanto forma de aprender e de evoluir na carreira, ou enquanto possibilidade de viver em Portugal, apresentando-se mais satisfeitos. De facto, Wassermann e colaboradores (2017), revelaram que os imigrantes em situação de sobrequalificação involuntária, por terem empregos que não proporcionam oportunidades para progredir na carreira, tendem a apresentar níveis mais elevados de insatisfação no trabalho. Inversamente, Rus e colaboradores (2011) revelaram que um dos elementos a considerar nos estudos sobre sobrequalificação é o carácter voluntário/involuntário, na predisposição dos colaboradores, como uma atitude aprendida e socialmente modificável. Alguns colaboradores poderão estar predispostos para realizar um trabalho para o qual poderão estar voluntariamente sobrequalificados, contrariando estudos anteriores que associam sobretudo a sobrequalificação ao carácter involuntário.

Adicionalmente, a identidade com o país de acolhimento e o tempo de residência dos imigrantes em Portugal parecem ser fatores que intervêm também no padrão relacional entre sobrequalificação percebida e satisfação com o trabalho. Corroborando Oliveira e Fonseca (2013), os imigrantes que residem há menos tempo em Portugal, têm uma maior perceção de sobrequalificação, sentindo-se mais insatisfeitos. Esta evidência pode dever-se ao facto de estes imigrantes estarem a construir as suas redes sociais, e receberem pouca informação relevante sobre oportunidades de emprego, limitando as suas chances de encontrar um emprego ajustado às suas qualificações (Kracke & Klug, 2021). Os resultados também

sugerem que estes imigrantes se identificam menos com o país de acolhimento, expressando uma maior vontade de sair de Portugal, o que pode ser resultado de as redes dos imigrantes brasileiros em Portugal, não serem redes apoiantes, predominando a desconfiança e a competição (Padilla, 2006).

Quando analisamos a expectativa de mudar de emprego, a maioria dos imigrantes que disseram estar num trabalho passageiro, são sobretudo imigrantes altamente qualificados, estudantes de doutoramento em Portugal, com um tempo limitado para terminarem os seus estudos. Atendendo a que estavam a realizar um trabalho adequado às suas qualificações, expressaram mais satisfação no trabalho.

Ao nível da validade discriminante, os resultados ilustraram relações negativas e não significativas com a justiça organizacional, nomeadamente a justiça interpessoal e processual. De facto, a análise qualitativa dos dados ilustrou uma maior proximidade entre insatisfação profissional e perceção de justiça, em particular entre os participantes não-migrantes que se sentem mais insatisfeitos no trabalho por estarem descontentes com as suas chefias. De acordo com Liu e Lang (2012), apesar da sobrequalificação remeter para um sentido de justiça relacionado com as oportunidades profissionais e competências, diferencia-se das dimensões da justiça organizacional que refletem perceções relacionadas com sistemas de recompensas, poder e tomada de decisão das chefias.

Limitações e Orientações para Estudos Futuros

A experiência migratória é dinâmica, logo estudos com desenho transversal podem não refletir as oscilações que os participantes sentem, uma vez que as perceções de sobrequalificação provavelmente mudam ao longo tempo e em diferentes momentos da carreira (Liu & Wang, 2012). Além disso, devido à multidimensionalidade dos itens, recomenda-se a testagem futura de modelos bifatoriais que, em simultâneo, testem estruturas

unifatoriais e de primeira ordem. Dada a dimensão da amostra não foi possível efetuar esta análise. Também, a literatura sobre a sobrequalificação tende a dirigir-se a amostras que integram estudantes universitários e licenciados (Liu & Wang, 2012). É importante aumentar os estudos com outras comunidades onde a prevalência da sobrequalificação está documentada (e.g., comunidade LGBTQIA+; Wilson et al., 2020). Ademais, estudos futuros devem explorar a relação entre sobrequalificação e satisfação profissional que permitam perceber em que circunstâncias esta relação pode ser positiva (e.g., sobrequalificação voluntária), nomeadamente no âmbito das migrações, o que poderá facilitar o desenho de intervenções que ampliem a compreensão das necessidades dos imigrantes, promotoras de bem-estar (Wassermann & Hoppe, 2019).

Tal qual Hernández e colaboradores (2009) referem, os estudos qualitativos são essenciais para se perceber a dinâmica da experiência migratória, ajudando a planear a construção de instrumentos ou até de modelos empíricos. Neste caso, o trabalho apresentado permite não só analisar a sobrequalificação dos imigrantes em Portugal com origem nos fluxos migratórios oriundos da Comunidade dos Países de Língua Portuguesa, à luz de um instrumento breve e válido; como, pelos dados qualitativos, permite mapear a complexidade da relação entre a sobrequalificação percebida e a satisfação profissional, ao propor um modelo explicativo desta relação no contexto das migrações. Este modelo integra diversos moderadores e, estudos futuros devem testar e quantificar estas relações para uma melhor compreensão da sobrequalificação percebida no âmbito das migrações.

PARTE III:

Estudos Relativos à Análise das Redes Sociais, Gerais e Específicas, de Migrantes e Não-Migrantes em Portugal

CAPÍTULO 4

EGO NETWORK ANALYSIS OF SOCIAL CAPITAL, GENERAL AND HEALTH-RELATED NETWORKS BETWEEN MIGRANTS AND NON-MIGRANTS IN PORTUGAL ³

Introduction

Migration is a dominant feature of human activity (Scott & Scott, 1989). Apart from a variety of reasons initiating transnational movements, the migratory experience is perpetuated across time and space: those who migrate will be involved in disrupted and reconstructed "sets of interpersonal ties that connect migrants, former migrants, and non-migrants in origin and destination areas through ties of kinship, friendship, and shared community of origin" (Massey et al., 1993, p. 448). Transnational movements can be perceived as social spaces, combining social and symbolic ties, positions in networks, and organizations: by encompassing more than physical features, social capital emerges as the resources inherent in social and symbolic ties (Faist, 1998). The concept of transnational social movements puts migrants at the centre of the social space, as nodes develop formal, informal, vertical, and horizontal ties with alters, in a specific time; being migration a process that considers multiple contexts (Levitt & Schiller, 2004; Lubbers et al., 2020).

In the field of migrations, the following recurring fundamental premise applies: migrants benefit from resources to attain goals by mobilising the former through social and symbolic ties, which are actively built (Völker, 2020). The social capital migrants mobilise from their networks may help them in several ways (e.g., finding a job, health, and well-

³ Nascimento, P., Roberto, M. S., & Santos, A. S. (in press). Ego network analysis of social capital, general and health-related networks between migrants and non-migrants in Portugal. M. C. Pellicano, & G. Ince-Beqo (Eds.), *Migration and health in the pandemic context*.

being; Adedeji, 2019; Kindler et al., 2015). However, the literature on social capital and social networks remains segmented, suggesting multiple patterns and effects (Völker, 2020), and a deeper characterization of migrant's social interactions is required (Munshi, 2020). To realize how social capital is mobilised, a better understanding of migrants' social networks dynamics is also needed, one that incorporates specificity and time.

That said, evidence indicates human migration continues to increase and is accompanied by a growing burden of disease disproportionately affecting migrant groups (Bempong et al., 2019; Mladovsky, 2007). Because social networks are central determinants of migration (Munshi, 2020), an analysis of the network component may contribute to bringing together literature on social capital as a social determinant of migrants' health. In this study, we rely on the need to reconcile the social network approach and migrations to understand better how social capital resources are mobilised among the Community of Portuguese Language Countries (CPLC) immigrants (with the largest communities being from Brazil, Cape Verde, Angola, and Bissau-Guinea), and non-migrants living in Portugal. We aim to contribute to this body of research by exploring different types of personal networks (general and health-specific networks), paying attention to their composition, and understand how those differences allow migrants to access social capital. We additionally extend these aims by looking at how the length of time spent by migrants at the destination shapes their networks and social capital to capture whether migrants' ties are rearranged according to time.

In the literature review, we begin by addressing the roots of social capital and how this concept is framed on social networks, followed by existing literature on general and specific networks. Finally, we funnel the attention to the interconnections between social capital, social networks and health in the field of migrations.

Social Capital and Social Networks

Theoretical insights on social capital may be translated by an evolving yet diverse literature; however, the premise that social capital reflects investments in social relations with expected returns is consistent across different scholars and states the network theory of social capital (Lin, 2001). That said, social capital is captured through social relations and works as a social asset due to the individuals' network connections (Lin, 2001), leading them to access resources (e.g., jobs, promotions, mental health; Hyypä, 2010). Social capital can also depict an inward and outward perspective: when bonds connect similar people, bonding social capital occurs, but when networks tie different individuals, bridging social capital remains (Putnam, 2000; Putnam & Goss, 2002). While the former promotes reciprocity, solidarity, and strong ties, the latter connects individuals to external resources, expands the network flow of information, and uses weak ties to help people get ahead (Häuberer, 2011; Putnam, 2000).

Despite the agreement on a social capital metaphor embedded in social structures, where advantages occur for better-connected individuals, defining what exactly a “better” connection means remains a challenge (Burt, 2000). The hypothesis of structural holes as social capital, where better connections require brokerage opportunities, was advanced by Burt (1992; 2000). Specifically, whenever social structures present holes, nonredundant sources of information emerge, creating advantages for individuals whose relationships span the holes. Redundant information is provided by cohesive and equivalent ties, while brokerage occurs when networks are rich in structural holes, strengthening the information flow and providing nonredundant benefits (e.g., creativity, higher performance; Burt, 2000).

The ego network analysis approach has mainly addressed social capital and interpersonal ties because these networks and their structural qualities can impact individuals' behaviours, attitudes, and social outcomes (Perry et al., 2020). However, several authors have

remarked on the importance of collecting nonoverlapping networks (Marsden, 2005; Perry & Pescosolido, 2010) by moving beyond the traditional general networks perspective. By doing so, specific network functions will access additional ties egos may have, allowing better monitoring of how social capital is mobilised (Perry et al., 2018).

General and Specific Networks

Knoke (1990) discussed the role of activated ties in the social network theory, representing the contacts egos use whenever they face a specific problem to amplify the impact of microenvironments embedded in networks and disentangle ties relevant to egos rely on for specific issues. According to Pescosolido (2007), research on egonets should promote the ability to understand how individuals choose ties from their list of potential alters and what circumstances contribute to activating all ties, or just some ties but not the others. The discussion around general matters and specific networks highlights the lack of empirical evidence on the use of both approaches and the need to change the focus of the research to the match between problems and accessible ties (Perry & Pescosolido, 2010). Individuals have different resources available through distinct interpersonal ties, meaning that embedded social capital depends on each alter's social and relational characteristics because specific people provide relevant resources to certain purposes at different moments (e.g., Perry & Pescosolido, 2010; Wellman & Frank, 2001).

Health is an example of a domain in which the potential of specific networks can be determinant. For instance, Helliwell and Putnam (2004) considered that individuals with supportive networks tend to experience more subjective well-being and less sadness. The pathway by which social capital affects individual health has already been documented by the literature (e.g., Berkman, 1984); however, consistent empirical evidence is still lacking (Hyypä, 2010). By addressing the selective activation of ties (e.g., health-specific networks),

we can overcome the limitation of using a general network activation because ties will start matching specific resources.

The literature already pointed to some differences between general and specific-health networks worth noting. For instance, health discussion networks may have strong ties, but fewer alters because individuals tend to discuss their health problems, particularly with health confidants (Wellman, 2000). Moreover, family members and health professionals play a relevant role as health confidants (Wellman, 2000), leading to health networks composition characterised by less friendship and older ties (Perry & Pescosolido, 2010).

The differentiation between general and specific-health networks can provide a twofold contribution. First, by disentangling network resources, the association between social capital and health outcomes may be clarified. Second, although personal networks define individuals, their value is prominent on migrations, as disruption and reconstruction of networks systematically characterise migrant's experiences. Thus, a better understanding of which ties are more relevant during the migratory process is required.

Migrations: Interconnecting Social Capital, Social Networks and Health

Despite the importance of researching the relations between migrations, social capital, and social networks, literature remains segmented, bringing it challenging to capture convergences of patterns and effects (Völker, 2020). For instance, the literature on migrations from Latin America to the United States revealed that social capital differs across communities (e.g., urban vs. rural; Garip, 2012) and that both strong and weak ties promote and sustain international migration (Massey & Aysa-Lastra 2011). However, while some research suggests that co-ethnic communities attract migrants (Goodwin-White, 2007), other results reinforce the role of family ties as facilitators of mobility with co-ethnic communities in the host places perceived as interfering (Sue et al., 2019).

Literature diversity on social capital and social networks also depicts migration movements for destinations in Europe. Lubbers et al. (2010) discovered that personal networks of Argentinean immigrants in Spain were stable but with considerable variation: closest ties occurred with alters living in Argentina; contact frequency was higher with Spaniards, but fellow migrants had a central role in their networks. In contrast, Kim (2014) found that the Koreans living in Uzbekistan, who had networks with more structural holes, were more likely to anticipate access to social capital. Also, Roggeveen and Van Meeteren (2013), who studied Brazilian immigrants residing in Amsterdam, discovered the relevance of weak ties instead of co-ethnic communities. A similar pattern was found by Padilla (2006), illustrating that Brazilian immigrants in Portugal had strong transnational ties, but weak ties played a role in their access to social capital. In contrast, other research suggests that networks with the closure property are more relevant for immigrant communities, facilitating transactions, trust, and cooperation through shared norms and values (Levanon, 2011; Sanders et al., 2002). Nevertheless, Kindler et al. (2019), when addressing the Ukrainian migrants in Poland, suggested that better knowledge arises if attention is paid to how migrants' ties change over time due to their needs and circumstances.

Empirical inconsistencies remain when the look turns to the interconnections between social capital, social networks, and health. For instance, Lecerof et al. (2016) discussed an absent effect of social capital on health, probably because recently settled migrants generally have weak social networks and take time to build up social capital. However, the varied role of ties strength continues to contribute to literature discrepancies. While Zhu et al. (2019) found that strong ties provide support and health benefits, others (Lecerof et al., 2016; Uslaner & Conley, 2003) revealed those ties could also increase the association with the in-group, promoting social withdrawing and restricting the migrants' networks. Overall,

research is still advancing in this regard, but a closer look at intra-networks characteristics and how they develop is essential to overcome significant gaps.

Research Context: Aims and Hypotheses

According to Bilecen et al. (2018), the relevance of social networks in migrations is essential, but studies relying on this approach are scarce and mainly adopt a qualitative approach. Portugal is considered a country of immigration, and according to the annual report of immigration in 2020, 662.095 legal immigrants were living in Portugal (Oliveira, 2021). The largest communities of immigrants are from CPLC countries, due to language proximity. Brazilian immigrants constitute the largest immigrant community in Portugal, with a total of 183.933 immigrants, representing a total of 27.8% of the immigrant community living in Portugal. When it comes to the Portuguese-speaking African Countries (PALOP)¹, a total of 36.609 immigrants were from Cape Verde (5.5%), 24.449 immigrants were from Angola (3.7%) and 19.700 immigrants were from Bissau-Guinea (Oliveira, 2021). Yet, significant gaps in the literature remain regarding these communities' social capital, social networks, and health.

To our knowledge, there are no studies that specifically focus on the approach of social networks among CPLC immigrants in Portugal. Our study was carried out during the COVID-19 pandemic, where both immigrants and non-migrants social networks changed, but conducting the study during this timeframe informed us of the impact that disruptive events have on both immigrants and non-migrants social networks and how they mobilize and activate the resources in their networks during this critical period. Thus, we aim to take a social network approach to clarify the segmented literature on social capital by analysing how

¹ PALOP: Angola, Cape Verde, Equatorial Guinea, Guinea-Bissau, Mozambique, São Tomé and Príncipe.

CPLC immigrants mobilise resources and explore whether social networks and activated ties change according to these immigrants time in the country. Besides that, because most research on social networks focuses on general networks, which can impair social capital and health associations, we will bring this discussion to the field of migrations and compare the ties activated for the former with the ties captured by the specific-health networks. By doing so, we intend to bring light to the diverse literature connecting social capital and health. Table 5 illustrates the study research questions and hypotheses.

Table 5

Study Goals, Research Questions and Hypotheses

Mains Goals	Research Questions	Hypotheses
<p>1. To understand how CPLC immigrants networks differ from non-migrants networks (general and health-specific).</p>	<p>a.2 What are the differences in general and health-specific networks regarding their composition and structure between CPLC immigrants and non-migrants? b.2 Are there any social capital changes between general and health-specific networks between CPLC immigrants and non-migrants? c.2 What are the differences in efficiency, constraint, and ties strength between CPLC immigrants and non-migrants networks?</p>	<p>a.2.1 CPLC immigrants and non-migrants networks have a higher degree on general networks. b.2.1 CPLC immigrants have less social capital on both networks than non-migrants.</p>
<p>2. To explore CPLC immigrants networks (general and health-specific) according to immigrant's length of time in Portugal.</p>	<p>a.3 What are the differences in general and health-specific networks regarding their composition and structure between CPLC immigrants according to the length of time in Portugal? b.3 Are there any social capital changes between general and health-specific networks between CPLC immigrants according to the length of time in Portugal? c.3 What are the differences in social networks structural holes (density, efficiency, constraint) and ties strength between CPCL immigrants considering their length of time in Portugal?</p>	<p>a.3.1 CPLC immigrants living in Portugal for more than five years have general and specific networks with a higher degree. a.3.2 CPLC immigrants living in Portugal for more than five years have more non-migrants in their networks (migrant status heterophily). b.3.1 CPLC immigrants living in Portugal for more than five years have more social capital.</p>

Method

Participants

The sample comprised 71 participants (egos). The following inclusion criteria were defined: i) being a CPLC immigrant living in Portugal, ii) being a non-migrant living in Portugal, iii) having more than 18 years of age. As indicated in Table 6, both groups had more ego females, high educational attainment, and the majority lived in urban areas. Urban areas are usually the residence area where most immigrants live since they perceive more job opportunities and fast insertion in the labour market, contributing to more robust social networks helping in their integration (Oliveira, 2021). The CPLC immigrant group was skewed towards Brazilian citizens, with other two immigrants from a Portuguese-speaking African Country (PALOP). A snowball strategy was used, divulging the survey through the author's professional and informal contacts to all immigrants from CPLC countries and to non-migrants.

Table 6

Egos Sociodemographic Characteristics (N = 71)

	Egos (N = 71)		CPLC Immigrant Egos (n = 18)		
	Immigrants (n = 18)	Non-migrants (n = 53)	<2 years (n = 6)	2-5 years (n = 8)	>5 years (n = 4)
	n (%)	n (%)	n (%)	n (%)	n (%)
Gender					
Male	2(11.1)	13(24.5)	1(16.7)	1(12.5)	-
Female	16(88.9)	40(75.5)	5(83.3)	7(87.5)	4(100)
Other	-	-	-	-	-
Age					
<= 25	7(38.9)	34(64.2)	4(66.7)	2(25)	1(25)
26-35	6(33.3)	14(26.4)	1(16.7)	4(50)	1(25)

CAPÍTULO 4: Ego Network Analysis of Migrants and Non-migrants

36-50	3(16.7)	4(7.5)	1(16.7)	1(12.5)	1(25)
>50	2(11.1)	1(1.9)	-	1(12.5)	1(25)
Marital Status					
Single	9(50)	43(81.1)	4(66.7)	3(37.5)	2(50)
Cohabitation	1(5.6)	5(9.4)	-	1(12.5)	-
Married	8(44.4)	5(9.3)	2(33.3)	4(50)	2(50)
Widower	-	-	-	-	-
Divorced/ Separated	-	-	-	-	-
Education					
Basic	1(5.6)	-	-	1(12.5)	-
Secondary	7(38.9)	23(43.4)	4(66.7)	1(12.5)	2(50)
Higher	10(55.6)	30(56.6)	2(33.3)	6(75)	2(50)
Professional Status					
Employed	5(27.8)	15(28.3)	1(16.7)	1(12.5)	3(75)
Student	9(50)	36(67.9)	4(66.7)	4(50)	1(25)
Unemployed	3(16.7)	2(3.8)	1(16.7)	2(25)	-
Inactive	-	-	-	-	-
Retired	1(5.6)	-	-	1(12.5)	-
Residence Area					
Urban	15(83.3)	33(62.3)	5(83.3)	7(87.5)	3(75)
Suburban	2(11.1)	15(28.3)	1(16.7)	1(12.5)	-
Rural	1(5.6)	5(9.4)	-	-	1(25)
CPLC Immigrant					
Brazil	16(88.9)	-	6(100.0)	7(87.5)	3(75.0)
PALOP	2(11.1)	-	-	1(12.5)	1(25.0)

Procedures and Data Collection

This study was approved by the Ethics Committee of the Faculty of Psychology of Lisbon University and was conducted following the ethical code of the American Psychological Association (APA) (2002; 2010). A convenience sampling strategy was used, with data being collected through the Qualtrics Surveys platform (version 1.2020; Qualtrics, 2005) between July–December 2020. The participants had access to the informed consent to learn about the study’s aims and procedures. Detailed information was provided, and the confidentiality and anonymity of their responses were granted. Because data were collected online, we only considered responses coming from unique IP addresses. We also analysed completion time and progress as quality strategies, with only responses with 100% completion progress being included in the analysis (Aust et al., 2013). The information

regarding the networks (e.g., alters) was collected using text entry boxes. By doing so, we aimed to facilitate the detection of random answers, spam, or the use of autofill software (Dewitt et al., 2018). No compensation was offered to the participants. The questionnaires took an average of 20 minutes to finish.

Measures

Socio-demographic Questionnaire

A self-report questionnaire was used to collect information on the egos' gender, age, marital status, educational attainment, professional status. The questionnaire also collected information about whether egos were CPLC immigrants or non-migrants living in Portugal, and if so, for how long (less than two years, two to five years, more than five years).

Egocentric Network Questionnaire

Name Generators

The egocentric network data was collected using the name generator strategy (Marsden, 2005), with alter names activated for two networks. Specifically, we asked participants to think of the people they recently discussed important matters for the general network. We also asked participants to think of the people they recently discussed health problems with for the specific-health network. Then, participants had to write the name or the first letters of the names of the activated alters (up to 10 alters). The order of the networks was randomized to account for order effects.

Alters' Attributes

The egos provided alters' attributes for each network through the name interpreter (Marsden, 2005). The following information was collected: alters' age, gender, occupation,

educational attainment (primary, secondary, higher), migrant status (CPLC immigrant vs. non-migrant residing in Portugal), relationship type, tie-closeness (five-point Likert scale ranging from 1 “*not close*” to 5 “*extremely close*”) and face-to-face contact frequency (five-point Likert scale ranging from 1 “*never*” to 5 “*daily*”). Additionally, the egos determined alter-alter relationships by answering the following question for both networks: “Think for example about the relationship between (Name 1) and (Name 2) that you elicited before. Would you say that they know each other?” Three answers were possible: *yes*, *no*, and *don’t know*.

Position Generators

Social capital was measured through the position generator instrument; a commonly used social capital instrument, by measuring the alters’ status composition (Lin et al., 2001; Schulz et al., 2017). The egos provided for each alter, for both networks, their professional occupation and salary. We ranked the occupations from low-status and low-salary (e.g., housekeeper) to high-status and higher salary (e.g., engineers) and converted the ranking on a five-point Likert scale ranging from 1 “*Extremely low social capital*” to 5 “*Extremely high social capital*.” Thus, the higher the status, the higher the social capital of ego. By collecting this data from alters, we were able to extract the levels of social capital that egos had access to through their social networks. This instrument allows to capture ties that have social advantages (e.g., higher education, better jobs and salaries) and that may contribute to egos social mobility, by providing resources (e.g., expertise, economic resources) and be a source of social support in stressful times or when their health is compromised (Meanley et al., 2020).

Statistical Analyses

First, we performed descriptive statistics to characterise the egos and the alters. Next, we computed personal network variables using the E-NET software (Borgatti, 2006) to assess the structure of the egos networks. The egos' position in the networks was evaluated using degree centrality (Borgatti et al., 2013). At the same time, the structural holes measures were computed to characterise the pattern of ties among egos' networks (Burt, 1992; Borgatti et al., 2013). Specifically, we collected networks efficiency and constraint. The structural holes measures were in the range of 0 to 1 and are related to each other: networks tend to be more efficient when lower constraints exist.

We assessed the extent of the egos being like their alters on the following categorical attributes: age, educational attainment, and migrant status. In terms of the ego-alter similarity, we computed the EI index (Krackhardt & Stern, 1988) as an inverse measure of homophily. This measure ranges from -1 (complete homogeneity) to 1 (complete heterogeneity). Visual representations of the networks were extracted from the E-NET software. The additional graphs to display descriptive data were computed using ggplot2 (Wickham, 2016) designed for the R environment (R Core Team, 2020).

Results

Descriptive results considering each research question are presented in this section. We summarized the main empirical highlights in Table 7.

Table 7

Main Results: Empirical Highlights

Main results	
CPLC immigrants and non-migrants general and specific networks' structure	<ul style="list-style-type: none"> -Both groups general networks have higher degree and comprised more non-migrants. -CPCL immigrants specific-health networks comprised more migrants. -CPCL immigrants had a higher degree on general and specific-health networks than non-migrants. -CPLC immigrants both networks were less efficient. -CPLC immigrants had less social capital on both networks.
CPLC immigrants general and specific networks structure across time living in Portugal	<ul style="list-style-type: none"> -Networks of CPCL immigrants living in Portugal for more than five years comprised fewer family ties. -CPCL immigrants living in Portugal for more than five years had less constrained, and more efficient networks, with more social capital embedded and more bridging ties (non-migrants) as alters.

CPLC Immigrants and Non-migrants General and Specific Networks Structure

Descriptive data on the networks of CPLC immigrants and non-migrants are reported in Table 8.

Table 8

General and Health Networks Alters Characteristics for CPLC Immigrants (n = 18) and Non-Migrants (n = 53)

	General Network		Health-Specific Network	
	Immigrants	Non-migrants	Immigrants	Non-migrants
Composition (n; %)				
Gender				
Male	25; 33.3	69; 31.1	18; 33.3	51; 29.5
Female	50; 66.7	151; 68.0	36; 66.7	122; 70.5
Other	-	1; 0.5	-	-
Age (n; %)				
≤ 25	21; 28.0	88; 39.6	8; 14.8	43; 24.9
26-35	19; 25.3	48; 21.6	28; 51.9	72; 41.6
36-50	18; 24.0	34; 15.3	-	-
>50	16; 21.3	51; 23.0	18; 33.3	54; 31.2
Education (n; %)				
Basic	1; 1.3	25; 11.3	1; 1.9	24; 13.9
Secondary	26; 34.7	90; 40.5	15; 27.8	60; 34.7

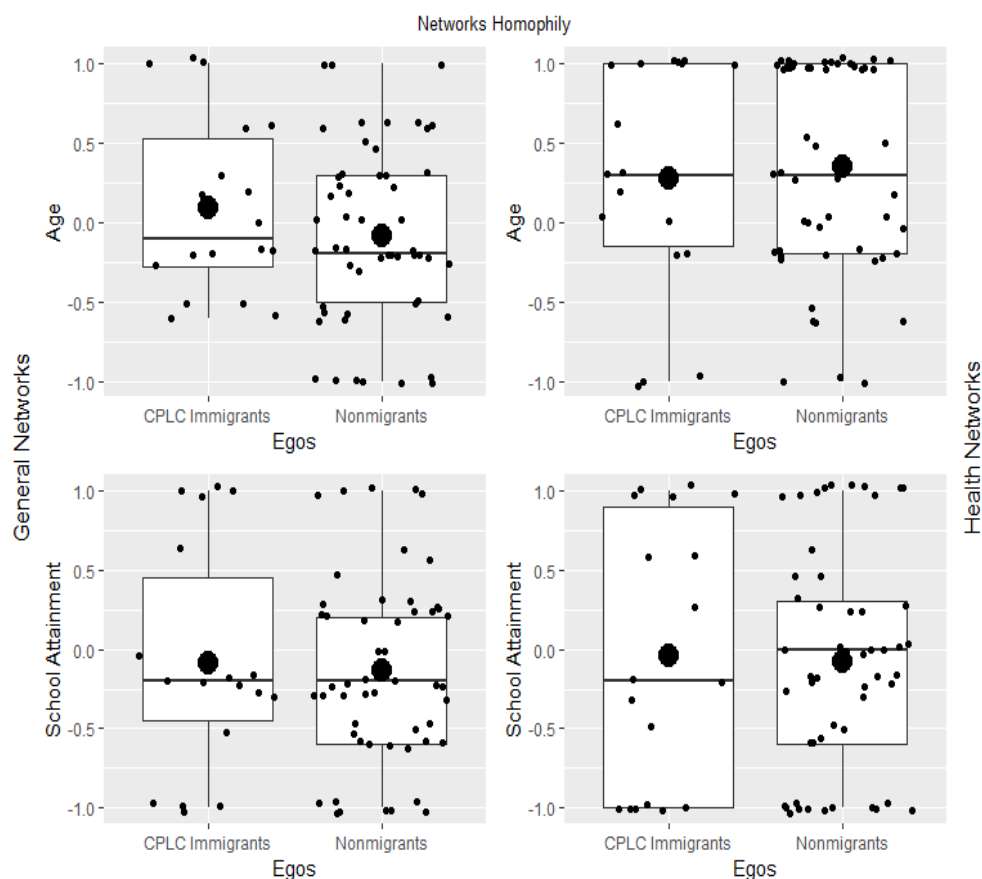
CAPÍTULO 4: Ego Network Analysis of Migrants and Non-migrants

Higher	48; 64.0	107; 48.2	36; 66.7	87; 50.3
Migrant (<i>n</i> ; %)				
Yes	30; 40.0	7; 3.2	26; 48.1	2; 1.2
No	45; 60.0	210; 94.6	27; 50.0	168; 97.1
Relationship Type (<i>n</i> ; %)				
Family Members	38; 50.6	101; 45.5	37; 68.6	99; 57.2
Friends	28; 37.3	110; 49.5	13; 24.1	59; 34.1
Co-workers	4; 5.3	4; 1.8	2; 3.7	3; 1.7
Neighbours	-	1; 0.5	-	1; 0.6
Other (e.g., healthcare)	5; 6.7	6; 2.7	2; 3.7	11; 6.4
Structure (<i>M</i> ± <i>SD</i>)				
Degree	4.50±0.73	4.21±1.07	4.00±1.04	3.59±1.28
Efficiency	0.49±0.22	0.51±0.22	0.49±0.23	0.54±0.24
Constraint	0.62±0.14	0.66±0.18	0.69±0.22	0.74±0.26
Similarity (<i>M</i> ± <i>SD</i>)				
Gender	-0.15±0.54	-0.17±0.59	-0.04±0.78	-0.17±0.63
Age	0.09±0.55	-0.09±0.56	0.28±0.74	0.35±0.65
Education	-0.08±0.72	-0.14±0.58	-0.04±0.85	-0.07±0.69
Migrant	0.17±0.69	-0.89±0.40	-0.03±0.83	-0.95±0.17
Strength (<i>M</i> ± <i>SD</i>)				
Closeness	4.24±0.90	4.32±0.74	4.37±0.73	4.24±0.90
Contact Frequency	3.03±1.63	3.65±1.26	3.52±1.68	4.00±1.29
Social Capital (<i>M</i> ± <i>SD</i>)	2.60±1.35	2.78±1.22	2.67±1.30	2.94±1.34

CPLC immigrants networks had more qualified alters, while non-migrants alter educational attainment was diverse. However, networks remained similar on this attribute. Regarding age, for CPLC immigrants, age homophily occurred for the health-specific network, while the opposite was verified for general networks (Figure 3).

Figure 3

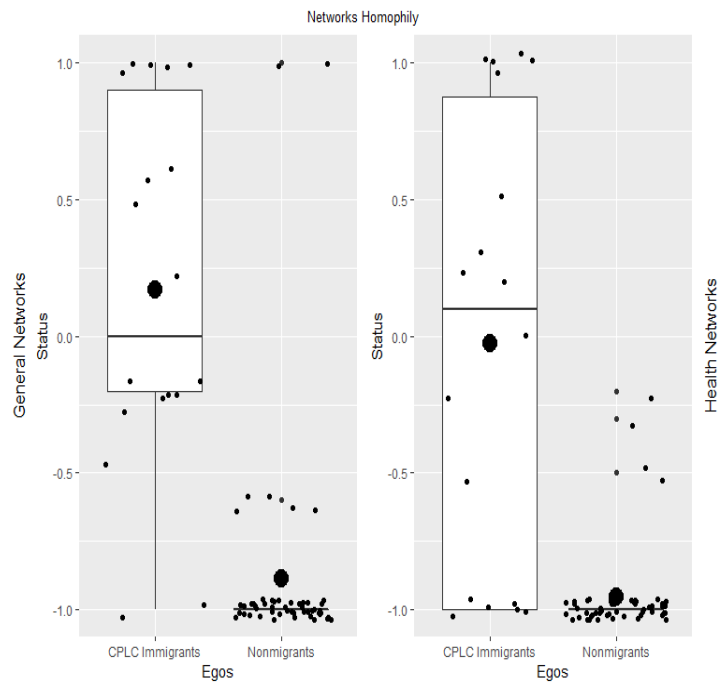
General and Health Networks Age, School Attainment and Gender Homophily between CPLC Immigrants and Non-Migrants



Also, both groups general networks had more non-migrants as alters; but, this trend changed for CPLC immigrant's health networks which, despite dispersion, were reshaped to comprise more migrants (Figure 4). The networks composition pattern was similar: while family alters increased from general to health networks, the relevance of friends followed the opposite direction, particularly for CPLC immigrants. The contact frequency revealed a positive trend for general networks, increasing from never to daily for non-migrants. For CPLC immigrants, a curvilinear trend was depicted, with the contact frequency occurring mostly never or daily.

Figure 4

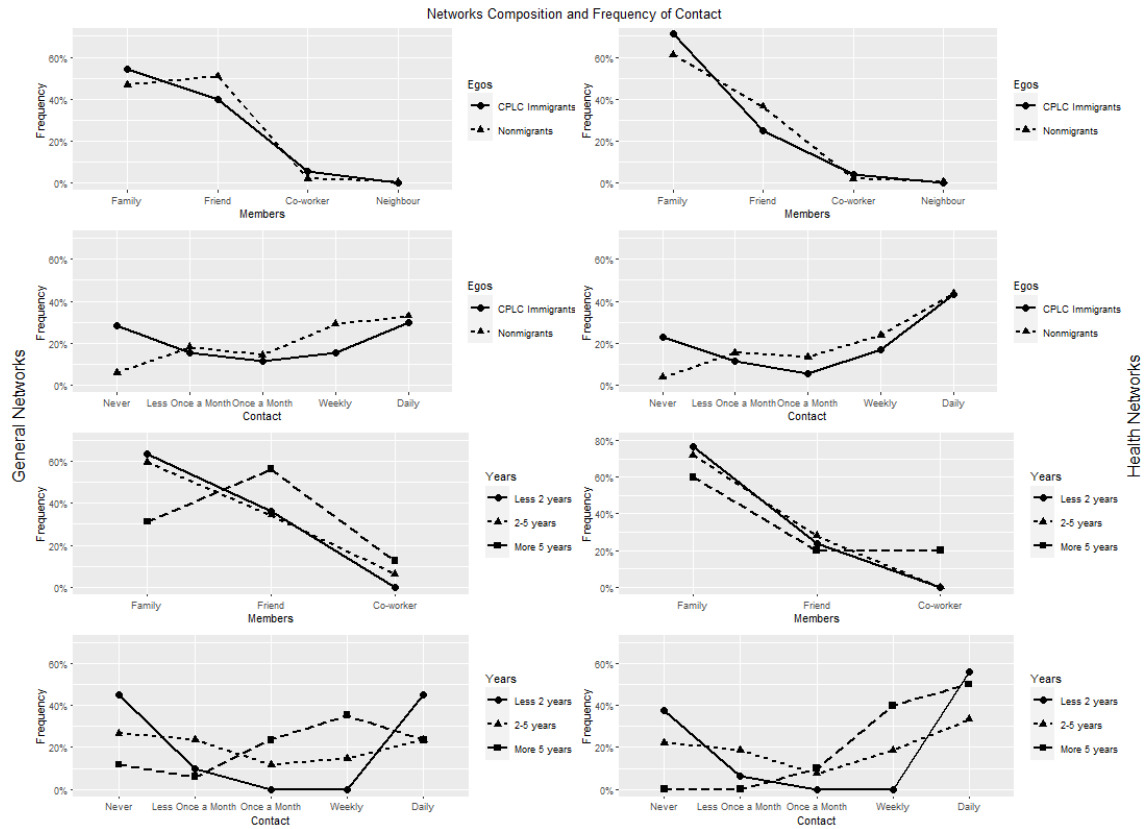
General and Health Networks Migrant Status Homophily between CPLC Immigrants and Non-Migrants



A similar result was found for health networks, but with a percentual decrease among those who never contacted alters and increased weekly and daily contacts (Figure 5)

Figure 5

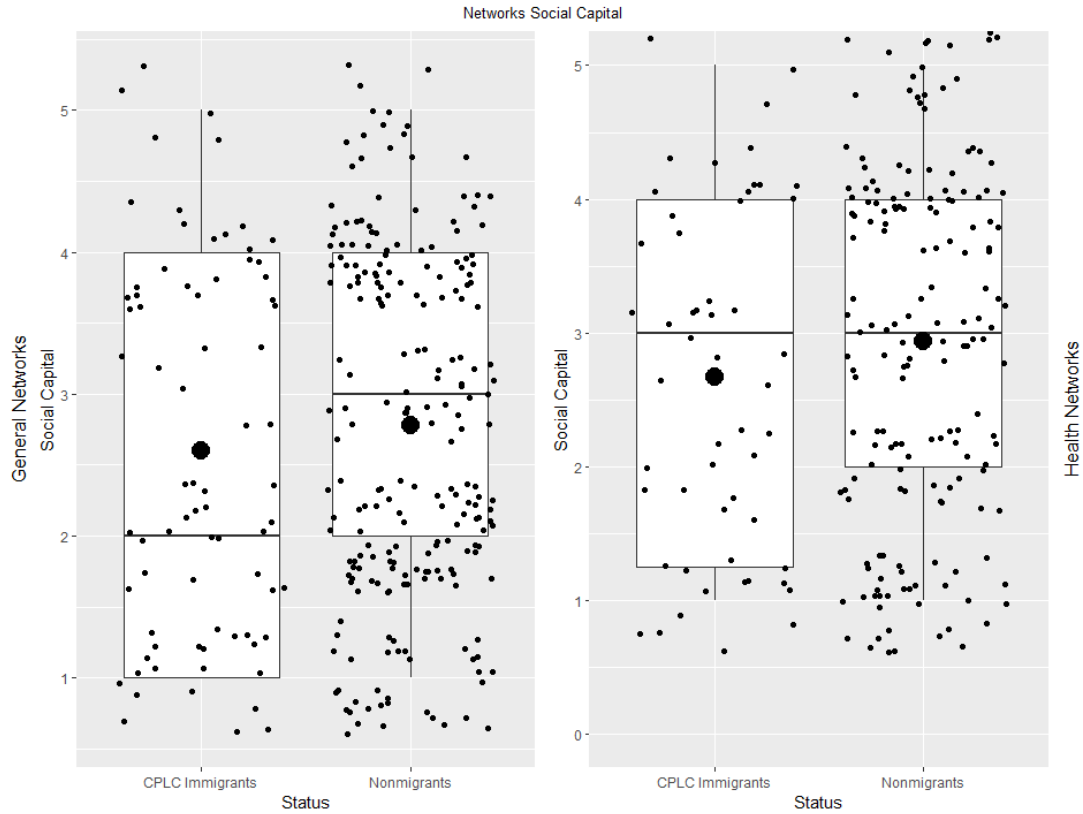
General and Health Networks Composition and Frequency of Contact between CPLC Immigrants and Non-Migrants



General and health networks of CPLC immigrants had a higher degree than non-migrant networks: overall, the constraints increased, but the CPLC networks were less efficient than the non-migrants. Also, CPLC immigrants had less social capital on both networks (Figure 6).

Figure 6

General and Health Networks Social Capital between CPLC Immigrants and Non-Migrants



CPLC Immigrants General and Specific Networks Structure across Time Lived in Portugal

Table 9 presents the results depicted for CPLC immigrants. Regarding age, the networks were heterophilic, except for general networks of those living in Portugal for less than five years. Both networks were also homophilic regarding educational attainment but only for CPLC egos living in Portugal for two to five years. CPLC immigrants living in Portugal for more than five years had more non-migrant alters in their networks. In the opposite direction, the health networks of CPLC egos living in Portugal for less than five years had more migrant alters. Family ties were higher for those living in Portugal for less than five years but decreased for egos living in the country for more than five years, particularly for general networks.

Table 9

General and Health Networks Characteristics according to the Time spent by CPLC

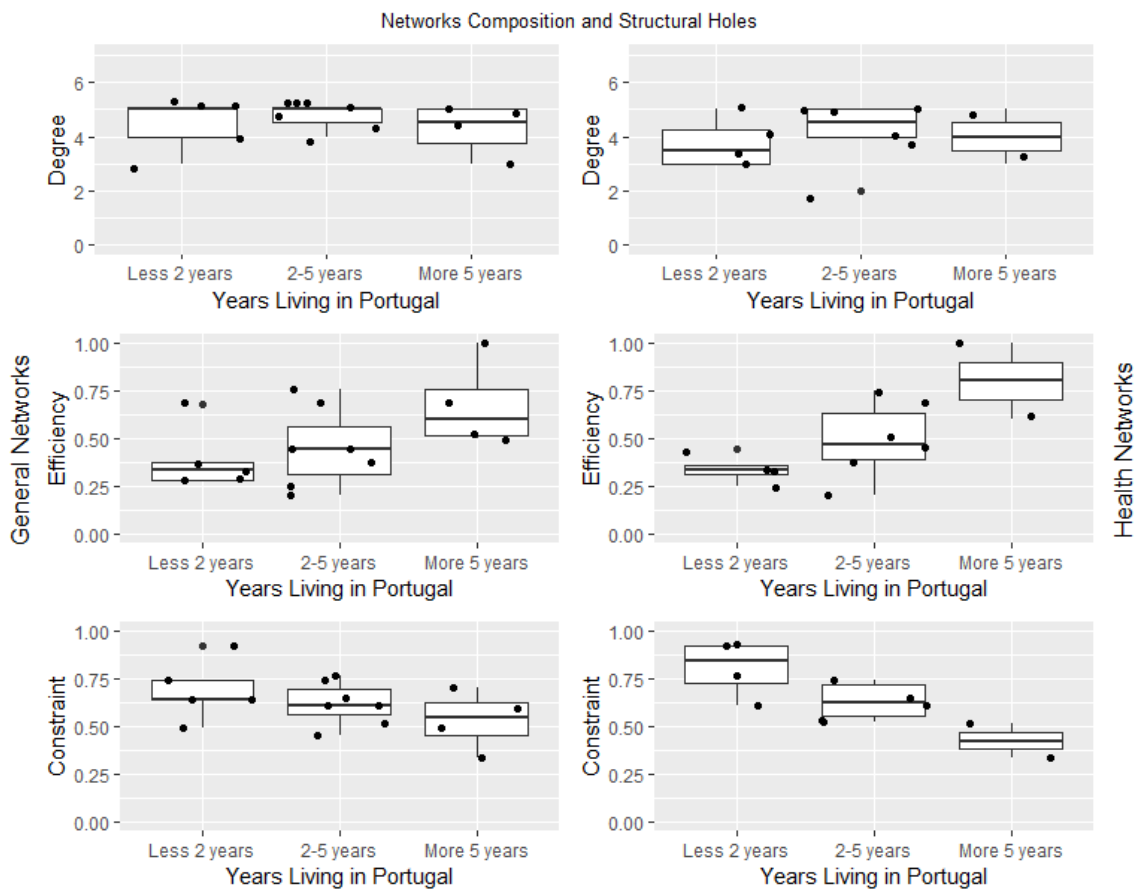
Immigrants in Portugal (n = 18)

	General Network			Health-Specific Network		
	< 2 years	2-5 years	> 5 years	< 2 years	2-5 years	> 5 years
Composition (n; %)						
Gender						
Male	9; 39.1	10; 28.6	6; 35.3	7; 41.2	8; 29.6	3; 30.0
Female	14; 60.9	25; 71.4	11; 64.7	10; 58.8	19; 70.4	7; 70.0
Other	-	-	-			
Age (n; %)						
<= 25	12; 52.2	5; 14.3	4; 23.5	5; 29.4	1; 3.7	2; 20.0
26-35	2; 8.7	12; 34.3	5; 29.4	9; 52.9	14; 51.9	5; 50.0
36-50	8; 34.8	5; 14.3	5; 29.4	-	-	-
>50	1; 4.3	13; 37.1	2; 11.8	3; 17.6	12; 44.4	3; 30.0
Education (n; %)						
Basic	-	1; 2.9	-	-	1; 3.7	-
Secondary	13; 56.5	7; 20.0	6; 35.3	8; 47.1	5; 18.5	2; 20.0
Higher	10; 43.5	27; 77.1	11; 64.7	9; 52.9	19; 70.4	8; 80.0
Migrant (n; %)						
Yes	10; 43.5	16; 45.7	4; 23.5	8; 47.1	15; 55.6	3; 30.0
No	13; 56.5	19; 54.3	13; 76.5	9; 52.9	11; 40.7	7; 70.0
Relationship Type (n; %)						
Family	13; 60.8	19; 54.3	5; 29.4	13; 76.5	18; 66.6	6; 60.0
Friends	8; 34.8	11; 31.4	9; 52.9	4; 23.5	7; 25.9	2; 20.0
Co-workers	-	2; 5.7	2; 11.8	-	-	2; 20.0
Neighbours	-	-	-	-	-	-
Other (e.g., healthcare)	1; 4.3	3; 8.6	1; 5.9	-	2; 7.4	-
Structure (M±SD)						
Degree	4.40±0.89	4.71±0.49	4.25±0.96	3.75±0.96	4.17±1.17	4.00±1.41
Efficiency	0.39±0.17	0.45±0.21	0.68±0.23	0.34±0.08	0.49±0.20	0.80±0.28
Constraint	0.69±0.16	0.62±0.11	0.53±0.16	0.81±0.15	0.70±0.23	0.42±0.13
Similarity (M±SD)						
Gender	0.03±0.65	-0.24±0.53	-0.25±0.40	0.23±0.66	-0.11±0.81	-0.30±0.95
Age	-0.03±0.60	0.26±0.56	-0.08±0.51	0.23±0.76	0.30±0.73	0.30±0.95
Education	0.05±0.79	-0.29±0.76	0.13±0.60	0.02±0.91	-0.14±0.89	0.08±0.90
Migrant	0.18±0.81	-0.04±0.63	0.58±0.57	-0.03±0.93	-0.19±0.76	0.30±0.95
Strength (M±SD)						
Closeness	4.52±0.67	4.20±0.83	3.94±1.20	4.47±0.80	4.37±0.69	4.20±0.79
Contact Frequency	2.90±1.97	2.85±1.56	3.53±1.28	3.47±2.04	3.22±1.63	4.40±0.70
Social Capital (M±SD)	2.26±1.10	2.77±1.52	2.77±1.52	2.65±1.32	2.56±1.34	3.00±1.25

The curvilinear trend for contact frequency was explained by the CPLC egos living in Portugal for less than two years. Among the egos living in Portugal for at least five years, the contact frequency was higher and more pronounced among the health networks (Figure 5). The structural holes analysis revealed that the networks efficiency increased with the duration of residency: egos living in Portugal for more than five years had less constrained and more efficient networks (Figure 7).

Figure 7

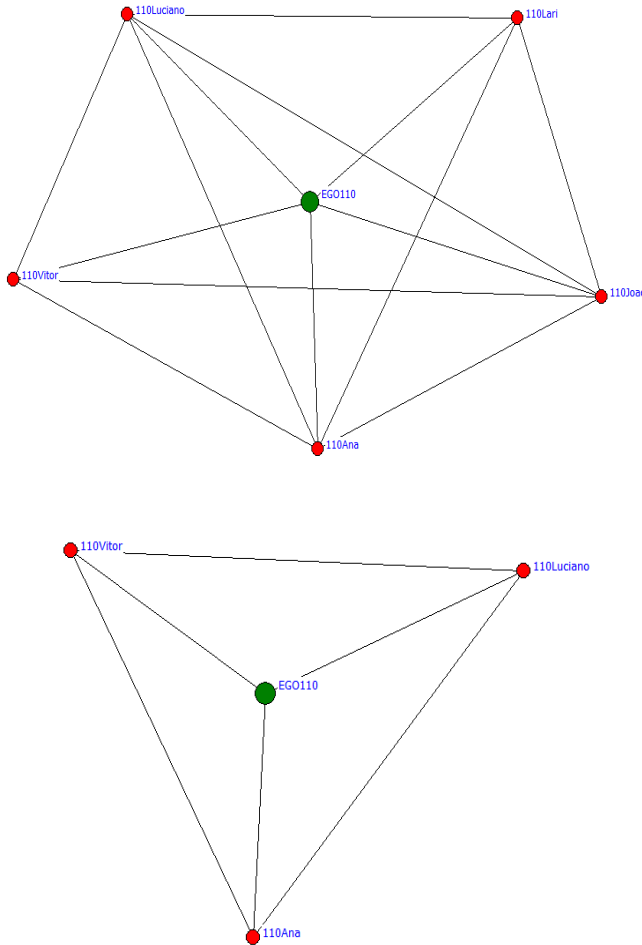
General and Health Networks Degree and Structural Holes among CPLC Immigrants



Social capital showed a tendency to be higher among this group. Figures 8 and 9 provides an example of high and low-constrained networks, respectively.

Figure 8

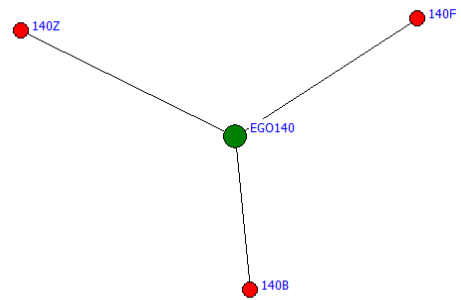
Example of General and Health Egocentric Networks with Low Efficiency from a CPLC Immigrant living in Portugal for less than 2 Years



Note. Top image (general network).

Figure 9

Example of General and Health Egocentric Networks with High Efficiency from a CPLC Immigrant living in Portugal for more than 5 Years



Note. Ego140 presented the same structure for both

Discussion

Theoretical and empirical segmentation describes the entanglement between social capital, social networks, and health. This entanglement becomes even more salient in the field of migrations, where despite the recognised role of social networks, the application of this

approach is scarce. We intended to contribute to this literature by exploring the interconnections between these concepts and expanding the insufficient knowledge regarding Portugal migration flows by funnelling the attention to CPLC immigrants residing in the country. We started by analysing whether CPLC immigrants and non-migrants' general and specific-health networks capture different ties and how similar are their network structures, to understand better whether egos activate different ties according to the network specificity. Then, by looking at immigrants length of time in Portugal, we inspected how their networks changed and whether time played a role in different social capital levels. In this section, the results are discussed accordingly.

CPLC Immigrants and Non-Migrants General and Specific-Health Networks

CPLC ego networks had a higher degree, and most alters were non-migrants, particularly those recalled for general networks. As for health networks, an inverse pattern occurred: the networks degree decreased, and alter migrants were recalled. For non-migrants, ties were mainly built with non-migrants. Thus, for CPLC immigrants, the role of bonding ties seems to be more relevant among health networks, while non-migrant ties act as bridging ties in general networks linking egos to resources.

The reason for CPLC immigrants recalling more non-migrant alters and having more degree among general networks may be explained by the role these ties play. The heterogeneity of the ties can broaden the immigrants opportunities and give them access to relevant information that can be advantageous for multiple needs (e.g., job-seeking; Seibel & van Tubergen, 2013). Because the study sample is skewed to Brazilian egos, our finding resembles the conclusion provided by Roggeveen and Van Meeteren's (2013) qualitative work, highlighting Brazilian immigrants living in Amsterdam are mostly connected with Dutch individuals to mobilise resources better.

However, despite general networks of CPLC immigrants having more bridging alters, their social capital was lower than non-migrants. Non-migrants had more social capital, which increased from general to health networks. However, the same did not happen to CPLC egos, where social capital values remained low and quite similar across networks. Our results depicted a curvilinear contact frequency trend, illustrating that migrants' networks take time to build. This lack of sustained social embeddedness, when compared to non-migrants, can explain CPLC immigrants lower social capital values, as suggested by Arpino and de Valk (2018).

In addition, because non-migrants activated more health professionals' confidants in their networks, which did not happen among CPLC egos, the former seems to mobilise better resources to generate social capital among health networks. Linhas et al. (2019) revealed that about one-third of sampled immigrants do not have an assigned general practitioner in Portugal, suggesting that immigrants have difficulties accessing healthcare resources. The same challenges have also been reported elsewhere (e.g., Raphael, 2014), illustrating inequalities and higher dependency immigrants have on bonding ties. These ties, particularly transnational, may not always be available for the egos as presented by the contact frequency curvilinear trend.

Compared to non-migrants, CPLC immigrants networks were also less efficient. Even though CPLC immigrants presented networks with higher degree and had more access to bridging ties, particularly among general networks, their networks were less efficient. It appears that non-migrants do not need higher degree networks to mobilise resources, particularly among health networks, even when redundancy and network constraint is high due to bonding ties. Because of the relationship between networks efficiency and constraint, it would be expected that non-migrants, with higher network constraints, presented a decrease in the efficiency of their networks. In the opposite direction, CPLC immigrants with less

constrained networks would present more network efficiency. Perhaps, redundancy does not harm all well-established social networks, as those non-migrants have, but impairs the networks still evolving when trying to access more capital and novel resources. In the next section, a closer look at the role of time in networks structures and social capital can reinforce the knowledge on this topic.

CPLC Immigrants General and Specific-Health Networks: Considering Length of Time in Portugal

When network specificity was explored considering time, disentanglement between social capital and the functioning of social networks emerged. CLPC immigrants living in Portugal for more than five years had both networks embedded with non-migrants, particularly among general networks, illustrating the role of bridging ties. However, the same does not hold for those living in Portugal for two to five years, who had more migrants in their general and health networks, and for those living for less than two years, who had more migrants in their health networks. If the health networks result seems interpretable because access to healthcare and specialized healthcare confidants requires surpassing cultural and social barriers (Ledoux et al., 2018), which may only decrease with time, the results for general networks appear inconsistent. CPLC migrants change from general networks comprising more non-migrant bridging ties to slightly starting to incorporate more migrants and returned to having more non-migrants as bridging ties. Facchini et al. (2014) found a similar U-shape pattern in Germany, where higher probabilities of acquiring non-migrant ties polarized at the extremes. Immigrants who recently arrived at the destination country and those who lived there for longer had higher probabilities of connecting to non-migrants. Variables such as getting into work and having children were positively associated with that probability. However, as this study result shows, despite both groups having more access to

bridging non-migrant ties, only those staying at the destination for longer translate those ties into more social capital.

Structural holes revealed a positive trend intersecting those who live in the country for longer and network efficiency and a negative one between time and network constraints, contributing to increases in social capital. Those who live in Portugal for more than five years have more efficient and less constrained networks and can mobilise general and health resources without increasing their networks degree. Also, ties' strength decreased with the length of time in Portugal. At the same time, the contact frequency increased, suggesting the change from networks with more transnational ties, at the arrival, lacking face-to-face interaction, to more local ties and cultural assimilation patterns among those who live in Portugal for longer.

Conclusion, Limitations and Future Research

By adopting a social network approach, this study tackles a limitation on the migration literature and an empirical void in the research regarding CPLC immigrants in Portugal. Our study adds to the literature by illustrating the role of bridging ties instead of bonding because whenever networks have more tie strength, their efficiency and social capital decrease. Without considering time and neglecting how egos activate different ties according to their needs, social capital contributions as a social determinant of health may remain sparse in migrations.

Besides that, this study results go beyond the data usually extracted by qualitative approaches by providing quantitative details on how social networks function. Results reveal different ties are activated for distinct networks, highlighting the need to address health-specific networks, instead of general, when linking social capital, a social determinant of migrants' health, and health outcomes. The present study also discusses the role of bonding

and bridging ties in accessing social capital and how bonding ties limit networks efficiency, emphasizing the role of bridging ties in social capital. However, network efficiency is only clarified when time at the destination country enters the equation. Thus, by considering time as a relevant variable, the knowledge regarding networks structure expands, contributing to disentangle how social capital is mobilised at different moments in immigrants lives. These variables and their interconnections should continue to be explored while looking at migrants' networks. Also, interventions should consider the need to be designed by taking into account the role of social networks to boost the resources migrants need at different times.

The current study also presents several limitations. First, the sampling strategy was non-probabilistic and imbalanced regarding egos gender, immigrant status, and immigrants years spent in Portugal. Collecting social network data is time-consuming and exhausting to the participants, contributing to a reduced number of participants that completed the survey. The study was also conducted during COVID-19, and health networks may have faced additional disruptions than general networks, facing more interpersonal and institutional disruptions. Consequently, egos may have generated fewer health practitioners' alters. Thus, it is not our intention to generalize the results for the population. Also, a broad understanding of social networks requires analysing different immigrant trajectories and comparing distinct CPLC immigrant groups to check if different network patterns emerge.

Further, because the data were cross-sectional, networks were static depictions of relations CPLC immigrants have, which may change and be better understood with a longitudinal design. Finally, data collection occurred during the COVID-19 pandemic, which changed social interactions. Because disruptive events can modify social networks (Perry & Pescosolido, 2012), we do not know how the pandemic impacted the perceptions of the ego on their networks.

Due to the complexity of social interactions, much more work is required to understand what drives migrant choices to develop, sustain and change bonding and bridging ties. However, the clarification of social capital, particularly as a social determinant of health in migrations, requires a network perspective, addressing the specificity of ties activation and the years migrants spent in the destination country.

CAPÍTULO 5

DISENTANGLING PERCEPTIONS OF SOCIAL SUPPORT AND SOCIAL CAPITAL AS SOCIAL DETERMINANTS OF MENTAL HEALTH: COVID-19 PERSONAL NETWORKS OF IMMIGRANTS AND NON-MIGRANTS IN PORTUGAL ⁴

Introduction

Migration is a disruptive experience in which individuals face many challenges and constantly rebuild their social networks. Migrants must adjust to unknown and sometimes adverse circumstances in the host country. They also have to adapt to a new culture and cope with several distresses, potentially impacting their mental health (Meng & Xue, 2020). According to Perry and Pescosolido (2012), disruptive events can play an additional role in modifying the structures and functions of social networks. They can compromise the social determinants of health embedded in them, such as social support and social capital, and generating exposure to health problems. However, the patchwork quilt of concepts operating as social determinants of health presents diverse construct operationalization routes, contributing to the contrasting findings about their predictive role on health and well-being (Lee et al., 2016; Thoits, 2011). Although the literature continues to explore the role of these social determinants, few studies have analyzed how migrants' social network structure and functions evolve during their migratory trajectories, particularly when the outbreak of COVID-19 amplified additional challenges.

⁴ Nascimento, P., Roberto, M. S., & Santos, A. S. (2023a). Disentangling perceptions of social support and social capital as social determinants of mental health: COVID-19 personal networks of immigrants and non-migrants in Portugal. *Psicologia*, 1-17.
<https://doi.org/10.17575/psicologia.1900>

This paper incorporates 2 studies. In study 1, our primary goal was to analyze how the immigrants from the Community of Portuguese Language Countries (CPLC) living in Portugal perceived their mental health before and during the pandemic. Specifically, we tried to understand how social networks overlap and how mental health and social support perceptions changed during that timeframe. We also researched into whether changes in health networks were explained by structural network features, such as social ties, network efficiency, and social capital. Then, in study 2, we took a similar approach by exploring the same variables before and during the pandemic, but with a sample of Portuguese citizens (non-migrants). Conducting another study with a sample of non-migrants allowed us to verify if a different network pattern happened between CPLC immigrants and non-migrants.

We start by clarifying the literature on social networks and highlight the importance of distinguishing different types of networks (specific-health networks) and their relationship with mental health. Afterwards, we look at social support and social capital as social determinants of health embedded in social networks to conceptually disentangle both constructs and evidence their repercussions on mental health, funneling the literature to the migration context.

Social Networks and Mental Health

The literature states that social networks and interpersonal relationships play a role in psychological well-being, but it remains unclear how these networks are conceptualized and the resources embedded and mobilized (Lee et al., 2016). According to Morina et al. (2021), rapid narrative review of the links between social connection and health, the lack of social connection is associated with poorer mental health (e.g., depression, social anxiety, dementia, late-life suicidal ideation), as well as physical health (e.g., chronic symptomatology, frailty, coronary heart disease, early mortality), in different populations and contexts. Because the

COVID-19 pandemic's primary measures included physical distance to contain the virus and decreased social connections, revealing links with poorer mental health (Morina et al., 2021), there remains the relevance of exploring how individuals' social networks changed and their relation to mental health outcomes during that time frame.

One perspective on social networks depicts Burt's structural holes theory and Granovetter's assumptions on strong (e.g., close ties, like family) and weak ties (e.g., coworkers; Burt, 2000). Following these premises, social networks with interpersonal gaps (structural holes) have weaker ties and are embedded with flows of non-redundant information, leading to more efficient networks (Burt, 2000). Network efficiency and information acquisition are essential for decision-making, mainly when the literature states that individuals' behaviors, attitudes, and mental health are shaped by network resources (Lee et al., 2016; Perry & Pescosolido, 2010). Network analysis offers the potential to gain insight into the network structure (e.g., homophily), its size (e.g., degree), and composition (e.g., the type of relationship the ego has with alters) to understand better social connections (Jiang & Carroll, 2009) and psychological processes.

The egocentric network approach has been used to study interpersonal ties and the structural features of social networks, where the (ego) reports about the members (alters) comprising their networks and their interrelationships (Perry et al., 2020). Most studies on this approach focus on general networks that only capture the relationships egos maintain with alters with whom they talk about relevant yet broad matters, leading to the depiction of networks embedded with overall resources (Perry & Pescosolido, 2010). According to Perry and Pescosolido (2010), individuals interact with specific people according to their needs at different moments of their lives and see their attitudes shaped by them, activating close ties and health discussants (e.g., specialists; Wellman, 2000) when health needs are urgent. To

better understand the particularities of such a network, a specific-health network approach is crucial (Perry & Pescosolido, 2010).

Stability also characterizes social networks because all networks have a core, long-lasting connectedness within, increasing the likelihood of overlapping alters between different types of networks (e.g., general vs health-specific). However, disruptive events can increase the chance of tie-breaking, provoking changes in the network structures and functions, blocking access to new information and decreasing the number and quality of the embedded network resources (Perry & Pescosolido, 2012). The combination of multiple disruptive events can play an even more significant role among those who already have unstable social networks: immigrants are continuously rebuilding their social networks in the host country (Arpino & de Valk, 2018), where they face several stressful events related to their migratory status. When combined with the social impositions from the COVID-19 outbreak, these may make their networks less prone to stability and overlap, undermining their well-being and mental health. Social networks comprise relationships between alters and egos and interrelationships between alters, allowing egos to access and mobilize social determinants of health, such as social support and social capital. The following section will call attention to the link between social support and social capital, while trying to differentiate them and their association with mental health.

Social Support, Social Capital and Mental Health

Social support is a multidimensional construct referring to the functions and characteristics of social relationships (Lourel et al., 2013). The operational aspect of social support is related to its functions (e.g., emotional, instrumental, informational and esteem transactions), while its structural facet encompasses social integration and social networks based on the network size as a proxy of the perceived support individuals have in their

environment (Brissette et al., 2000). Recently, social support negative interactions have also been emerging, stating its role as a source of psychological stress (Thoits, 2011) able to promote adverse health outcomes (Platt et al., 2014).

Among social capital scholars, this concept has also started to be operationalized as direct transduction into social networks. Putnam (2000) began to describe social capital as bonding (individuals linked with strong, similar ties) and bridging social capital (individuals linked with weak, dissimilar ties). Moreover, the idea of strong and weak ties also plays a role in the structural holes approach proposed by Burt (2000), in which social capital emerges from social networks whenever gaps occur between alters' interrelationships providing non-overlapping information and benefits to the ego. It can be argued that social networks that are less interconnected will generate more social capital because those networks have less cohesive ties, more structural holes and more non-redundant, efficient information. Further, following Lin and colleagues (2001) perspective, social capital refers to the resources that egos have in their social networks, which can be accessed or mobilized in purposive actions through different relationships established in their networks, allowing egos to overcome barriers and acquire advantages. As social capital is embedded in social networks, using a position generator to collect ego connections to detect ties that are in social advantage is essential to inform interventions aiming to reduce health disparities (Meanley et al., 2020).

Social connections are crucial for individuals' health, but the literature points to several underlying definitions making it challenging to understand which social connection elements are significant for individuals. For instance, social support and social capital are variables applied to measure social relationships. However, most of the time, many use them as the same construct, overlapping each other (Richardson et al., 2022). According to Richardson et al. (2022), social capital is a broader concept comprising a more extensive set of social connection characteristics, such as perception of connectedness and social support.

Because this misconception makes it challenging to assess the impact of each indicator as a social determinant of health, the two constructs should be assessed separately. Despite being important determinants rooted in social networks that help individuals face adversities, social support is a component of social capital (Liu & Yeo, 2021).

For instance, when addressing the role strong and weak ties play when social support is provided, Kindler and Wójcikowska-Baniak (2019) showed that the former gives more emotional support, while the latter is responsible for instrumental support. However, Small (2017) illustrated that confiding with strong ties can generate losses in emotional support and well-being due to the probability of hurtful interactions, suggesting that weak-tie confidants are easier to approach and generate empathy. Indeed, the debate around strong and weak ties is not novel. In 2001, Kawachi and Berkman (2001) determined that weak ties can contribute to a sense of belonging and social identity, which is associated with better psychological well-being, while Mair and Thivierge-Rikard (2010) stated that strong ties were associated with the latter.

Another facet contributing to the strong and weak ties controversy is the similarity between the ego and its network alters. While relationships with others who are similar (homophily) may contribute to a greater sense of connectedness, boosting the perception of the network support due to the sense of belonging; the relationships with alters who are different (heterophily) allow accessing novel, diverse, and important information (Lee et al., 2016). As Majeed and Ajaz (2018) reinforced by anchoring on norms, social ties (particularly strong, homophilic ties) are not always beneficial to individuals, contributing to positive associations with unhealthy behaviors (e.g., smoking). Nevertheless, the impact of networks' homophily/heterophily ties on quality of life is still unclear (Lee et al., 2016).

Individuals' benefits from their networks go beyond the ties established with the network alters. To Platt et al. (2014), the number of alters individuals have in their networks

is a proxy of their perceived social support, predicting their mental health and assuming a more prominent role than the perceptions of strong social support. However, network sizes change over time according to egos' needs and contexts, leading to differences in social support mobilization (Sweet et al., 2018). For instance, well-being can even be found when people have sparse networks with few social contacts (e.g., diverse and active networks with large numbers of alters can be stressful to maintain). In contrast, networks with a high level of offered support (e.g., family and stable) may elicit conflicts more easily (Sweet et al., 2018). As such, the overall role of the social network size still needs to be clarified. The mixed results highlighted in this section may not only be due to the multidimensionality of social support and social capital. This can also lead to contradictions, because few studies have consistently explored the role of these variables on mental health in social networks, keeping separate operationalizations for each construct. In the current study, we intend to capitalize on that differentiation.

Migrations: Social networks, Social Support, Social Capital and Mental Health

As highlighted in previous sections, social support and social capital are determinants of health embedded in social networks, which are crucial elements in migrations. The literature on social support has shown social support to be a buffer against mood and anxiety disorders. For instance, Puyat (2013) revealed the protective effect of high levels of social support among long-term immigrants in Canada (> 10 years) and the adverse effects of low social support on recent immigrants (< 10 years), in mood and anxiety disorders. The literature has also suggested that migrants' strong ties may lead to social withdrawal through the association with the ingroup, restricting their networks and compromising their health (Lecerof et al., 2016). Despite this suggesting the benefits of having networks with more structural holes, the opposite effect has also been documented (e.g., Johnson et al., 2017).

Migration in Portugal: Health Challenges and the Burden of the COVID-19

As a member state of the CPLC, Portugal plays a part in the migratory trajectories of this community's citizens (e.g., immigrants from Brazil and Portuguese-speaking African Countries – PALOP), due to cultural proximity and shared language: a fundamental feature in migrations (Sin et al., 2021). Most immigrants living in Portugal are from the CPLC community, with Brazilian immigrants currently being the most representative group (Posch & Cabecinhas, 2020). According to the study by Godinho et al. (2008) on African and Brazilian immigrant's mental health, Brazilians are more prone to mental health problems, especially Brazilian women, which can be explained by the literature revealing higher levels of prejudice and discrimination towards them in Portugal, contributing to undermining their well-being (França & Oliveira, 2021). With the outbreak of COVID-19, Posch and Cabecinhas' (2020) qualitative research on the mental health of Brazilian immigrants showed that the pandemic amplified the number of challenges these immigrants had to face (e.g., unemployment) and intensified their feelings of loneliness. As Brazil became an epicenter of the pandemic, xenophobia and social exclusion increased towards Brazilian immigrants in Portugal, changing their social networks by increasing their contacts with people from their origin country to cope with this disruptive event (Posch & Cabecinhas, 2020). In addition, a study conducted in Lisbon during the pandemic with immigrants coming from CPLC (70.6%), Middle Eastern and Asian countries (29.5%) revealed the worsening of their financial situation, particularly among undocumented immigrants (9.3%), with 20% also reporting a decrease in their health condition. This was higher among women, immigrants older than 45 years, with lower levels of education and lower incomes (Gama et al., 2022). The confinement and physical distance due to COVID-19 increased the mental health problems of both Portuguese (36%) and Brazilian (52%) citizens, despite few studies focusing on the topic during this critical period (Gil et al., 2022). Furthermore, understanding

the impact of mental health care on the Portuguese population is still limited, and data are scarce, especially those exploring the social determinants of health, such as their social networks and social capital. To our knowledge, this is the first study in Portugal to map immigrants' perceptions of their complex social health context (social networks), working as social determinants of health (e.g., social capital, social support) and how those determinants interact.

Summing up, previous literature has emphasized that the implications of social support and social capital as social determinants of health are contradictory. The literature also states these determinants are embedded in social networks, which requires a social network's approach as a source of information to operationalize these social determinants and their role in explaining mental health, through a specific-health network approach. Several studies suggest contradictory findings because the social determinants of health are multidimensional and because migrants' social networks suffer natural fluctuations during their trajectories in the host country (Kindler & Wójcikowska-Baniak, 2019). Those fluctuations per se will require an analysis of the impacts of network change, since significant resources related to their health are embedded in their networks. Furthermore, disruptive events, like COVID-19, can also prompt such network changes, resulting in additional modifications in the network's structure and functions, in further transformations of those social determinants, and in increases of the potential losses migrants suffer in their health and well-being.

Aims and Hypotheses

This research incorporates two studies. Study 1 measured the perceived mental health of CPLC immigrants before and during COVID-19 and associated those outcomes with network changes that might have occurred during the same time frame. We did this by

evaluating network overlap and exploring network size as a source of perceived available social support. We also approached social network changes by focusing on the differences in social ties' patterns, network efficiency and social capital. Then, in study 2, we took the same approach by exploring the same variables before and during COVID-19 on a sample of Portuguese citizens (non-migrants). Immigrants are a population sub-group facing challenges that non-migrants do not have to. Thus, disrupting their social networks is expected to add challenges to their lives that may compromise their mental health. By conducting study 2 with a sample of Portuguese citizens (non-migrants), we checked whether the network pattern identified for CPLC immigrants was similar for non-migrants or if specificities could be identified for each group, allowing us to understand better the social determinants of health and their role in mental health perceptions.

In study 1, we expected CPLC migrants to have unstable networks (a decrease in overlap), reduced their perceived social support (smaller health-specific networks), and decreased their perceived mental health levels during the COVID-19 pandemic. Since we focused on a health-specific network approach, which is more prone to collecting strong ties, we hypothesized that CPLC immigrants would have more family alters. We also anticipated that before the pandemic, CPLC immigrant's health-specific networks should be status heterophilic (more non-migrants ties), switching to status homophilic (more migrants and/or transnational ties) during the pandemic. These changes in network composition would lead to a decrease in social capital (mostly with bridging social capital being lost), with consequently less efficient networks during the pandemic.

In study 2, we expected Portuguese non-migrants to reduce their perceived social support levels (reduce the number of ties) and their perceived mental health levels during the COVID-19 pandemic. Due to health networks gathering mainly strong family ties, we expected non-migrant ties to be constituted mainly by family alters. Since non-migrants have

more stable networks than immigrants, we expected that their health networks would remain status homophilic (containing mainly non-migrant ties) during COVID-19, preserving their social capital levels and the efficiency of their social networks.

General Method

Data Collection and Procedures

Study 1 and study 2 were conducted online through the Qualtrics Surveys platform (version 1.2020), using a convenience sampling strategy, with the study link shared online through social media. First, the participants (egos) had access to informed consent, through which they learned about the study's aims and procedures, being informed that the confidentiality and anonymity of their responses were guaranteed. In both studies, we collected from each participant two egocentric health networks: one referring to the network that egos perceived before the pandemic and the other addressing the network that egos perceived they had during the pandemic. Participants answered the socio-demographic questionnaire and then the egocentric network survey, eliciting the alter names and attributes. We randomized the order of networks to avoid order effects. Data collection for study 1 and study 2 occurred between July and November 2020. Specifically, in study 1, the first ego responded on July 30th and the last on November 6th. In study 2, the first ego responded on July 25th and the last on November 11th. Questionnaires took an average of 20 minutes to finish. The Ethics Committee of the Faculty of Psychology of Lisbon University approved study 1 and study 2. We followed the ethical code of the American Psychological Association (APA).

Measures

We used a self-report socio-demographic questionnaire to gather information from participants (egos). In study 1, we collected data on egos' gender (Female, Male, Other), age (in years), educational attainment (primary, secondary and college degree), immigrants' country of origin (Brazil, PALOPs-Africa's Portuguese-speaking countries), immigrants' length of time in Portugal (< 2 years, ≥ 2 years). In study 2, we collected data on egos' gender (Female, Male, Other), age (in years), and educational attainment (primary, secondary and college degree). Both studies used the Mental Health Inventory-5 (MHI-5) and the Egocentric Network Questionnaire (Health Networks: size, composition, social capital and overlap; please see Table 10).

Data Analysis

We started by extracting network efficiency scores and homophily EI indexes using the E-NET software (Borgatti, 2006). Following this, we computed descriptive statistics (mean (*M*), standard deviation (*SD*), median (*Me*), and interquartile range (*IQR*)) to characterize the study variables. Associations between variables were estimated using Kendall's tau *b* (*TB*) correlation coefficient ($TB < 0.30$ small correlation; $TB > 0.5$ large correlation), which is a non-parametric procedure used whenever sample sizes are small, complemented with bootstrapping for standard errors (1000 samples) and 95% bias-corrected confidence intervals (CI). The exploratory data analysis (descriptive and correlation statistics using data visualization (boxplots and scatterplots) was performed using SPSS (v. 27, SPSS Inc., Chicago, IL) and R environment (graphical representations).

Table 10

Measures used to Operationalize Health Networks and Perceived Mental Health

Measure	Description
Perceived Mental-Health	We used the Portuguese version of Mental Health Inventory-5 (MHI-5; Veit & Ware, 1983, as cited in Ribeiro, 2001), a self-report instrument that measures psychological well-being and has 5 items (e.g., “How much of the time during the past month have you been a very nervous person?”), measured on a 6-point Likert scale (1- “ <i>all of the time</i> ” to 6 - “ <i>none of the time</i> ”). Higher values suggest better levels of perceived mental health. Two items were inverted (19 and 34), and the instrument score was calculated by summing the scale items, ranging from 0 (the worst imaginable mental health) to 25 (the best imaginable mental health). The internal reliability of the Portuguese MHI-5 was good ($\alpha=0.80$; Ribeiro, 2001). The scale reliability was also good in the current studies (Study 1: $\alpha_{\text{Before Pandemic}} = 0.87$; $\alpha_{\text{During Pandemic}} = 0.95$; Study 2: $\alpha_{\text{Before Pandemic}} = 0.86$; $\alpha_{\text{During Pandemic}} = 0.91$).
Health Networks Description	The Name generator strategy (Marsden, 2005) was used to collect alters names for both health networks, before the COVID-19 pandemic (“Think of the people with whom you are used to discussing health problems before the COVID-19 pandemic. Start by writing the name or the first letters of the names of those people”) and during the COVID-19 pandemic (“Think of the people with whom you recently discussed your health problems. Start by writing the name or the first letters of the names of those people”). For each network, egos could elicit up to 10 alters.
1. <i>Perceived Availability of Social Support</i>	The number of elicited alters (network size) egos considered available to provide support generated for each health network ego (before and during COVID-19).
Health Networks Composition	The Name interpreter strategy (Marsden, 2005) was used to collect alters attributes. After eliciting alters names, participants were asked about their characteristics, such as their migrant status (CPLC immigrant or non-migrant residing in Portugal) and their relationship with the ego. Additionally, egos also determined alter-alter relationships by answering the following question for both networks: “Think, for example, about the relationship between (Name 1) and (Name 2) that you elicited before. Would you say that they know each other?” Three answers were possible: yes, no, and don’t know.
1. <i>Network Efficiency</i>	Efficiency, as a structure holes measure, characterizes patterns of ties redundancy elicited by egos (Burt, 2000). The measure range from 0 (greater contact redundancy and lower efficiency) to 1 (greater contact non-redundancy and higher efficiency).
2. <i>Network Homophily</i>	Homophily measures the similar features between egos and alters. We collected similarity regarding status homophily (whether elicited alters were CPLC immigrants or non-migrants) for each ego and both health networks. The EI index ranging from -1 to 1 was used to measure homophily. Negative values suggest network homophily (alters similar to the ego on immigrant status attribute), and positive values network heterophily (alters dissimilar to the ego on immigrant status attribute).
3. <i>Relationship Type</i>	Participants were also asked to indicate their relationship with the elicited alters (Family, Friend, Co-worker, Neighbor, Other).

CAPÍTULO 5: Disentangling Social Determinants of Mental Health

Network Social Capital

We used the position generator strategy, developed by Lin and Dumin (1986, as cited in Schulz et al., 2017), to ask respondents about alters professional occupations. Afterwards, following Schulz (2017), occupations were categorized as low status (e.g., housekeeper) to high status (e.g., physician) on a 5-point Likert scale (1- “Extremely low social capital” to 5- “Extremely high social capital”). Higher status indicated higher social capital of egos.

Network Overlap

Networks overlap measure alters similarity between both networks (alters that remained in the egos health networks before and during the pandemic). This measure ranged from 0 to 1, with values closer to 0 suggesting network non-overlap and values closer to 1 referring to network overlap. The following formula was used to calculate the networks overlap:

$$Overlap = \frac{Number\ of\ repeated\ alters}{\sqrt{Number\ of\ alters\ before}} \times Number\ of\ alters\ during$$

Study 1

Method

Participants and Networks Characteristics

The sample comprised 18 participants (egos). The following inclusion criteria were defined: i) being a CPLC immigrant living in Portugal, ii) being more than 18 years of age. On average, CPLC immigrants, during the pandemic, rated their mental health as worse, particularly those living in the country for less time (less than 2 years). Besides that, they had more ego females and high educational attainment. Also, CPLC immigrants' health networks were composed mainly of family alters before and during the COVID-19 pandemic. The CPLC immigrants were skewed regarding Brazilian immigrants (please see Table 11).

Table 11

Sociodemographic Characteristic of CPLC Egos and Health Networks Before and During the Pandemic (N = 18)

CAPÍTULO 5: Disentangling Social Determinants of Mental Health

	<i>n</i> (%)	<i>M</i> (<i>SD</i>)	<i>Me</i> (<i>IQR</i>)
CPLC Egos			
Age	-	32.89(13.96)	26.50(22.2)
Gender			
Female	16(88.9)	-	-
Male	2(11.1)		
School Attainment	-	-	3(1)
CPLC Country of Origin			
Brazil	16(88.9)	-	-
PALOP	2(11.1)	-	-
Living in Portugal (< 2 years)	6(33.3)	-	-
Living in Portugal (≥ 2 years)	12(66.7)	-	-
Perceptions Regarding the Time Before COVID-19 (perception of past)			
Perceived Mental Health	-	18.33(5.63)	19.5(9.25)
Living in Portugal (< 2 years)	-	16.33(5.72)	18.50(10.25)
Living in Portugal (≥ 2 years)	-	19.33(5.55)	20(10)
Perceived Availability of Social Support	-	3(1.50)	3(2.5)
Network Composition			
Family	32(59.2)	-	-
Friend	16(29.6)	-	-
Co-Worker	2(3.7)	-	-
Neighbor	-	-	-
Other (e.g., healthcare)	4(7.4)	-	-
Migrant status			
Immigrant	17(31.5)	-	-
Non-migrant	37(68.5)	-	-
Social Capital	-	2.99(1.03)	3.00(2.00)
Perceptions Regarding Time During COVID-19 (perception of present)			
Perceived Mental Health	-	16.72(5.96)	16(9.5)
Living in Portugal (< 2 years)	-	15.00(6.73)	13.50(10.75)
Living in Portugal (≥ 2 years)	-	17.58(5.60)	17.00(11.50)
Perceived Availability of Social Support	-	3(1.68)	3(4)
Network Composition			
Family	37(68.6)	-	-
Friend	13(24.1)	-	-
Co-Worker	2(3.7)	-	-
Neighbor	-	-	-
Other (e.g., healthcare)	2(3.7)	-	-
Migrant status			
Immigrant	26(49.1)	-	-
Non-migrant	27(50.9)	-	-
Social Capital	-	2.57(1.03)	2.73(1.15)
Health Networks Overlap	-	0.71(.30)	0.78(.50)

Note.

Note. School attainment is an ordinal variable with a median of 3 illustrating college degree.

Results

CPLC Immigrants Health Networks: Perceived Mental Health, Networks Overlap and Perceived Availability of Social Support (Network Size)

On average, immigrants’ levels of perceived mental health before and during the pandemic decreased during the pandemic ($M_{Before} = 18.33$, $SD_{Before} = 5.63$, 95% CI [15.5, 21.1]; $M_{During} = 16.72$, $SD_{During} = 5.96$, 95% CI [13.8, 19.7]; Figure 10), revealing a network prone to changing alters ($M = 0.71$, $SD = 0.30$, 95% CI = 0.57, 0.85). The network's overlap role on perceived mental health during the pandemic for CPLC immigrants revealed a small tendency for an increasing slope ($T_B = 0.02$, 95% CI [-0.31, 0.35]; Figure 11A), which was steeper for perceived availability of social support on perceived mental health, revealing a moderate association ($T_B = 0.38$, 95% CI [0.06, 0.63]); Figure 11B).

Figure 10

CPLC Immigrants Perceived Mental Health Before and During the Pandemic COVID-19

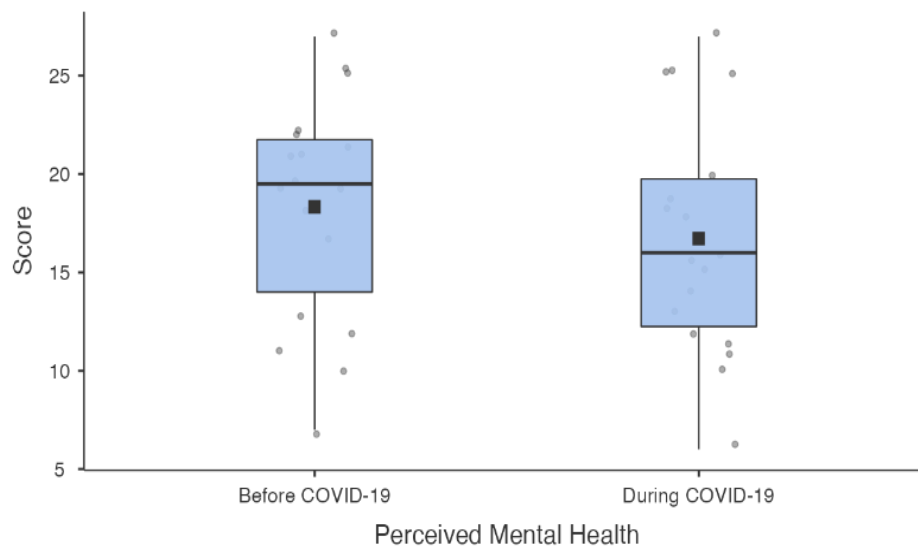
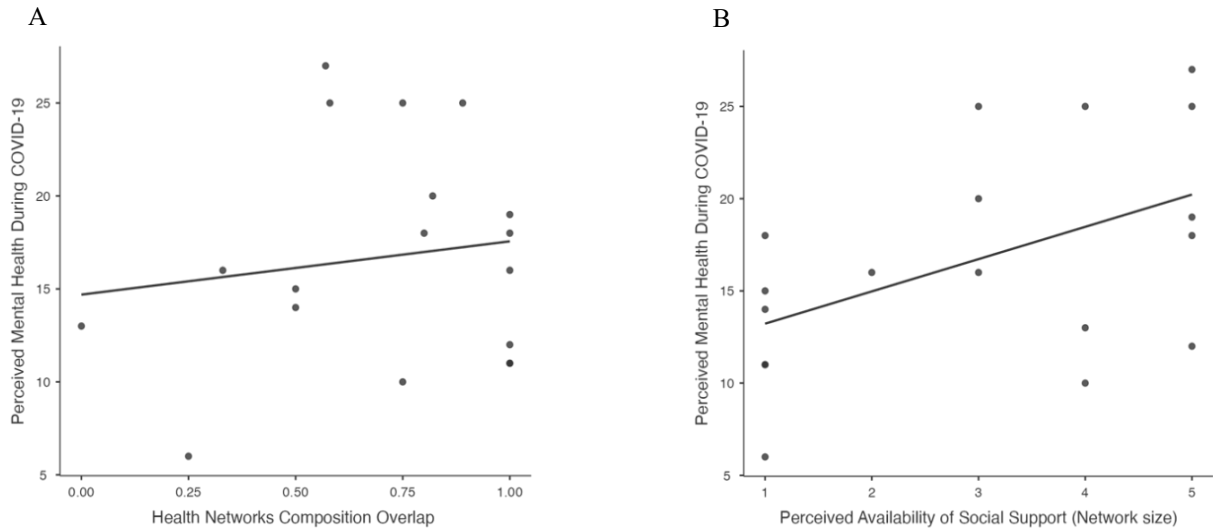


Figure 11

CPLC Immigrants Health Networks Overlap and Perceived Size Slopes on Perceived Mental Health During COVID-19



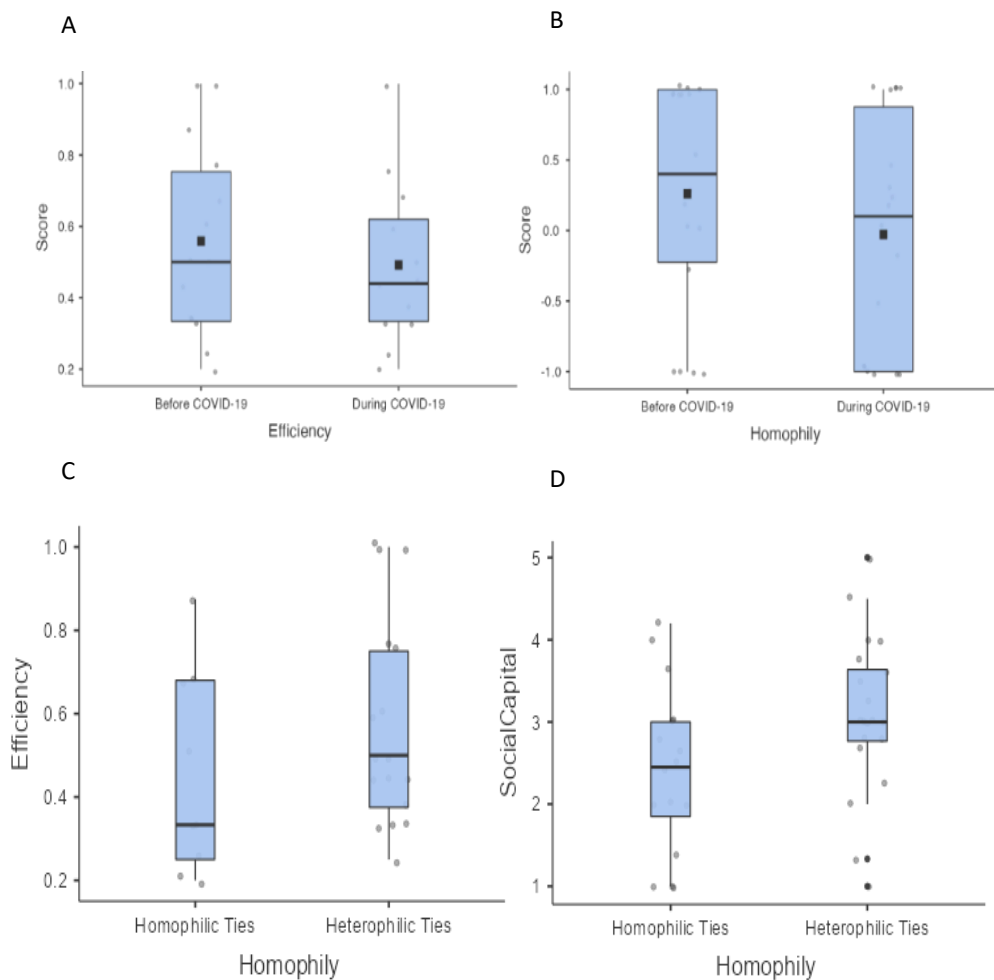
Explaining Changes in Networks Composition of CPLC Immigrants: Health Networks Efficiency, Homophily and Social Capital

When analyzing the efficiency of the networks before and during the pandemic, CPLC immigrants started losing network efficiency during the pandemic ($M_{Before} = 0.56$, $SD_{Before} = 0.27$, 95% CI [0.36, 0.62]; $M_{During} = 0.49$, $SD_{During} = 0.23$, 95% CI [0.36, 0.55]; Figure 12A). Additional network analysis revealed that, before the pandemic, the composition of the networks reported by CPLC immigrants had a majority of non-migrants as alters (Figure 12C), but during the pandemic, CPLC immigrants reported networks started having a majority of migrants, increasing their homophily ($M_{Before} = 0.26$, $SD_{Before} = 0.81$, 95% CI [0.04, 0.85]; $M_{During} = -0.03$, $SD_{During} = 0.83$, 95% CI [-0.36, 0.44]), changing from heterophilic networks to homophilic networks during the pandemic (Figure 12B). Further, a positive and strong association between network efficiency during the pandemic and status

homophily was found ($T_B = 0.50$, 95% CI [0.09, 0.76]), with network efficiency being positively associated with heterophilic ties (Figure 12C). This association, and the importance of weak ties (heterophilic ties), were also sustained by the relationship between social capital and status heterophily with a positive and moderate association between both variables ($T_B = 0.37$, 95% CI [0.04, 0.63]; Figure 12D).

Figure 12

CPLC Immigrants Reported Health Networks: Efficiency, Homophily and Social Capital



Study 2

Method

Participants

The sample comprised 53 participants (egos). The following inclusion criteria were defined: i) being a Portuguese native living in Portugal, ii) having more than 18 years of age. On average, Portuguese citizens (non-migrants) perceived lower levels of mental health. Besides that, the sample had more ego females and high educational attainment. Also, participants' health networks were composed mainly of family alters before and during the COVID-19 pandemic. Regarding social capital, participants perceived higher levels of social capital during the pandemic (please see Table 12).

Table 12

Sociodemographic Characteristic of Portuguese Egos and Health Networks Before and During the Pandemic (N = 53)

CAPÍTULO 5: Disentangling Social Determinants of Mental Health

	<i>n</i> (%)	<i>M</i> (<i>SD</i>)	<i>Me</i> (<i>IQR</i>)
Egos			
Age	-	24.79(7.62)	22(9.50)
Gender			
Female	40(75.5)	-	-
Male	13(24.5)	-	-
School Attainment	-	-	3(1)
Perceptions Regarding the Time Before COVID-19 (perception of past)			
Perceived Mental Health	-	19.83(4.22)	20(5.5)
Perceived Availability of Social Support	-	3.28(1.31)	3.99(2)
Network Composition			
Family	105(60.4)	-	-
Friend	56(32.2)	-	-
Co-Worker	1(0.6)	-	-
Neighbor	3(1.7)	-	-
Other (e.g., healthcare)	9(5.2)	-	-
Migrant status			
Immigrant	4(2.3)	-	-
Non-migrant	167(97.7)	-	-
Social Capital	-	3.06(.85)	3.00(1.21)
Perceptions Regarding Time During COVID-19 (perception of present)			
Perceived Mental Health	-	19.30(4.67)	20(7.5)
Perceived Availability of Social Support	-	3.26(1.46)	3(3)
Network Composition (n, %)			
Family	99(57.2)	-	-
Friend	59(34.1)	-	-
Co-Worker	3(1.7)	-	-
Neighbor	1(0.6)	-	-
Other (e.g., healthcare)	11(6.4)	-	-
Migrant status (n, %)			
Immigrant	2(1.2)	-	-
Non-migrant	168(98.8)	-	-
Social Capital	-	3.10(.92)	3.00(1.31)
Health Networks Overlap	-	0.86(.25)	1(.20)

Note. School attainment is an ordinal variable with a median of 3 illustrating college degree.

Results

Non-Migrants Perceived Mental Health: Exploring Ego-Health Networks Overlap and Perceived Availability of Social Support (Network Size)

On average, non-migrants slightly decreased their mental health during the pandemic ($M_{Before} = 19.8$, $SD_{Before} = 4.22$, 95% CI [18.7, 21.0]; $M_{During} = 19.3$, $SD_{During} = 4.67$, 95% CI [18.0, 20.6]; Figure 13). The ego-health networks overlap slightly decreased but remained close to 1 ($M = 0.86$, $SD = 0.24$, 95% CI [0.79, 0.92]), suggesting our sample of non-migrants activated networks with similar alters they had before the pandemic, and even during a disruptive event, they were able to maintain their social networks, revealing stable networks. Yet, the role of the network overlap on perceived mental health during the pandemic revealed a horizontal slope ($T_B = 0.01$, 95% CI [-0.17, 0.20]; Figure 14A). Also, the association between the perceived availability of social support (network size) and perceived mental health during the COVID-19 was negative and small for non-migrants ($T_B = -0.10$, 95% CI [-0.28, 0.08]), revealing a decreasing slope (Figure 14B).

Figure 13

Non-Migrants Perceived Mental Health Before and During the Pandemic COVID-19

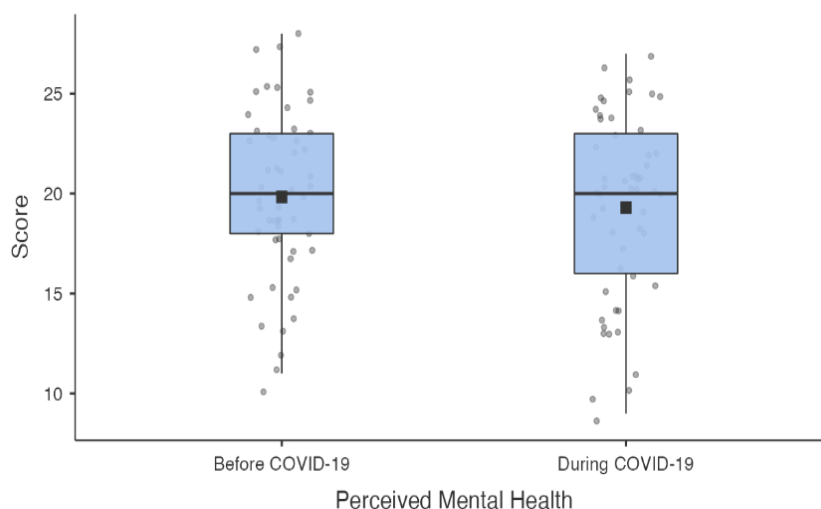
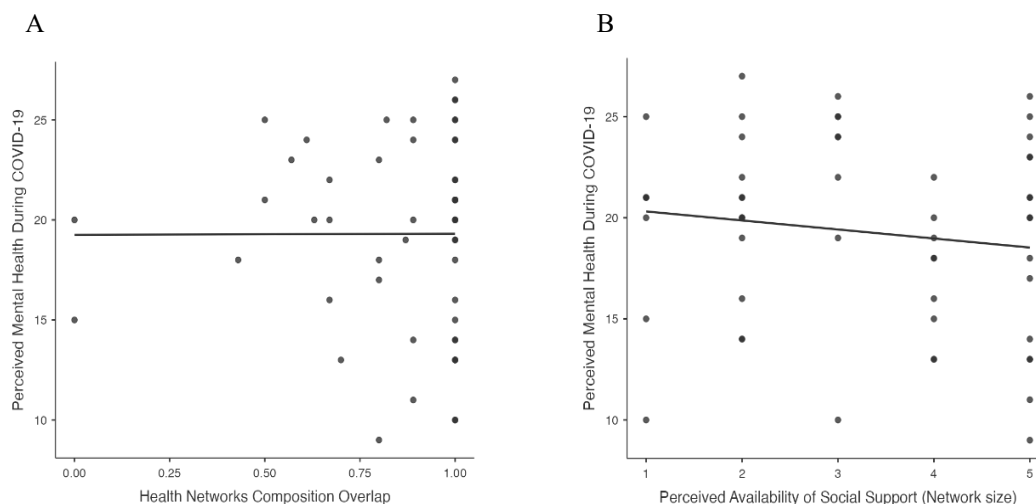


Figure 14

Non-Migrants Health Networks Overlap and Perceived Size Slopes on Perceived Mental Health During COVID-19



Explaining Changes in Networks Composition of Non-migrants: Health Networks Efficiency, Homophily and Social Capital

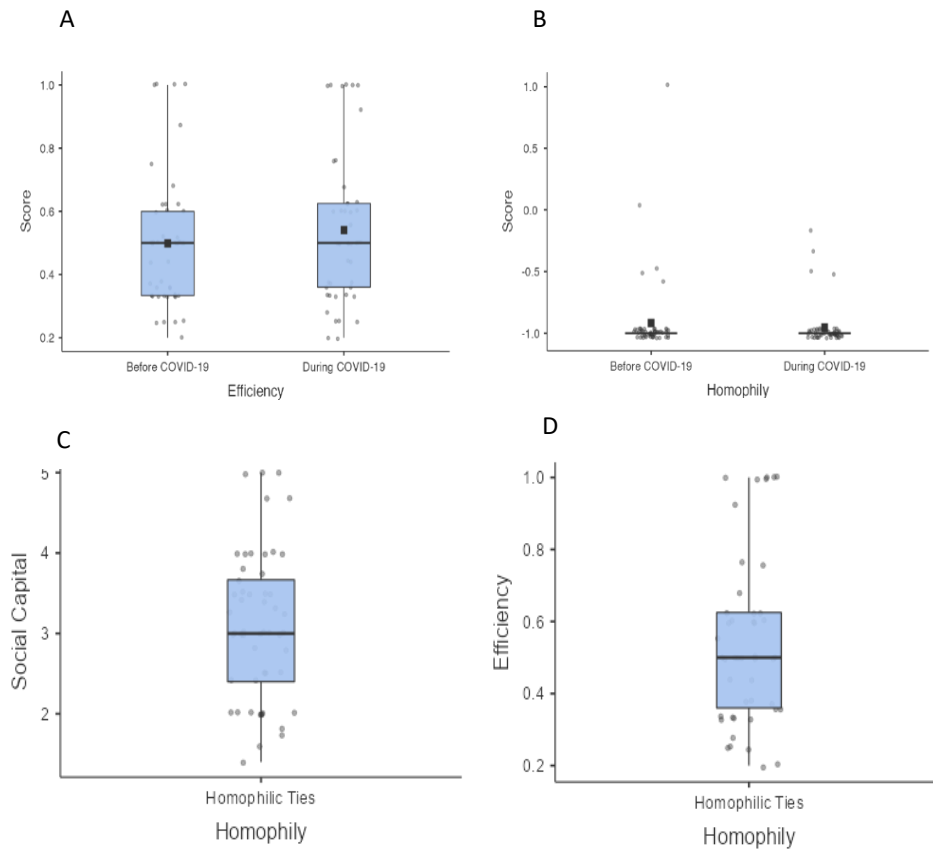
When analyzing the efficiency of the networks before and during the pandemic, data suggests that non-migrants slightly increased the efficiency of their health networks during the pandemic ($M_{\text{Before}} = 0.50$, $SD_{\text{Before}} = 0.21$, 95% CI [0.44, 0.56]; $M_{\text{During}} = 0.54$, $SD_{\text{During}} = 0.24$, 95% CI [0.47, 0.61]; Figure 15A). Regarding networks homophily, non-migrant networks were homophilic before the pandemic, with the majority having non-migrant alters and during the pandemic, their homophilic status was reinforced (shown in Figure 15B; $M_{\text{Homophily Before}} = -0.92$, $SD_{\text{Homophily Before}} = 0.32$, 95% CI [-0.98, -0.79]; $M_{\text{Homophily During}} = -0.95$, $SD_{\text{Homophily During}} = 0.17$, 95% CI [-0.99, -0.89])

Further, the association between network efficiency during the pandemic and status homophily was positive and small for non-migrants ($T_B = 0.20$, 95% CI [-0.00, 0.38]; Figure 15C). Non-migrants' network efficiency was not associated with heterophilic ties, as their ties remained homophilic (with more non-migrants) during the pandemic. The relevance of weak

ties and the relationship between social capital and status heterophily was positive and small for non-migrants ($T_B = 0.17$, 95% $CI [-0.01, 0.34]$; Figure 15D).

Figure 15

Non-Migrants Health Networks Efficiency, Homophily and Social Capital



Discussion

Research on social networks, social support and social capital has demonstrated these constructs' importance in explaining health. During the migratory process, social networks suffer modifications in their structure, which can be enhanced by disruptive events, such as COVID-19, accentuating the challenges migrants have to face. Our research included two studies. Study 1 aimed to analyze how CPLC immigrants perceived their mental health before and during the pandemic and to what extent COVID-19 has changed those perceptions, their

networks and the perceived availability of social support, by implementing an ego network analysis. We also aimed to analyze the changes in their social networks during the pandemic regarding network overlap, composition, efficiency, homophily and social capital testing; and which associations occurred between these variables. In study 2, we explored the same variables before and during the pandemic but with a sample of Portuguese citizens (non-migrants). With these two studies, we could explore if CPLC immigrants had a different pattern than a sample of Portuguese citizens regarding their social determinants of health.

We started by looking at the levels of perceived mental health before and during the COVID-19 pandemic. When we look at the descriptive results of studies 1 and 2, the levels of perceived mental health before the pandemic were similar between CPLC immigrants and non-migrants. However, when confronted with the disruptive event during COVID-19, the perceived mental health of both groups decreased but was more pronounced for CPLC immigrants. The pandemic may have accentuated modifications to the network's structure (Perry & Pescosolido, 2012) because migrant networks are constantly rebuilt at the destination (Arpino & de Valk, 2018), decreasing access to embedded resources and compromising migrants' health.

Indeed, perceived social support, accessed through the network size, was more significant for CPLC immigrants, who saw the size of their network decreasing during the pandemic. A positive association between the network size and perceived mental health was found for CPLC immigrants during the outbreak. The perception of greater availability of network resources amplifies the possibility of interacting with significant alters who are essential for the egos' resilience, information acquisition and decision-making on health (Lee et al., 2016; Perry & Pescosolido, 2010). This element may be even more salient when facing challenges, just like the pandemic, when access to social ties was constrained. Thus, changes in immigrants' network composition may have inhibited the functional aspects of their

perceived social support, constraining their mental health. Before the pandemic, the CPLC immigrant networks were status heterophilic, comprised more non-migrants, and had weak ties that allowed them to expand their resources associated with network efficiency. During the pandemic, their networks changed and became more homophilic, losing non-migrant ties and integrating stronger ties. With more unstable networks, CPLC immigrants lost ties during the pandemic that were able to provide functional elements and different types of social support and social capital, changing the flux of embedded resources in their networks. The pattern of CPLC network changes during COVID-19 moved from heterophily to homophily with increased bonding that decreased egos' bridging social capital and increased network redundancy. Such changes in egos' networks may have contributed to increasing their dependence on non-easily available virtual social support (transnational ties) and constraining their mental health. Just like Posch and Cabecinhas (2020) found, when studying the impact of the pandemic on Brazilian immigrants, during the outbreak, these immigrants increased their contact with family members that remained in Brazil. By limiting their relationships to transnational ties, these immigrants restricted the resources that could be mobilized from their networks and the perceived assistance they could have benefited from, concomitantly increasing their insecurity levels (Posch & Cabecinhas, 2020).

Non-migrants perceived mental health also decreased during the pandemic, but their mean levels remained better than those presented by CPLC immigrants. The outbreak changed social interactions, and the perceived mental health of non-migrants may have decreased due to social isolation and increased depression (Passos et al., 2020). However, non-migrants did not face additional network disruptive challenges like immigrants, counting on stable networks from which they could mobilize the resources needed to solve the health requirements that the outbreak presented. Non-migrant networks remained homophilic, with more non-migrant alters. Contrary to CPLC immigrants, non-migrant networks increased

their efficiency during the pandemic, despite having redundant information, suggesting their networks were well structured for specific needs despite being populated by strong ties. We might speculate that information redundancy might be beneficial in some contexts, such as health crises for non-migrants when communication and access to healthcare facilities and services are challenging. However, it can undermine immigrants' network efficiency when their networks become filled with redundancy, arising from increasingly strong ties and decreasingly weak ones. For CPLC immigrants, bridging social capital seems crucial for overcoming barriers. Finally, it was also seen that there was a slight decrease in non-migrants' levels of perceived mental health generated by more extensive networks. Apart from generating redundancy, extensive networks are demanding and crowded with strong ties. Extending the network can, therefore, contribute to maladaptive responses (Sweet et al., 2018). This result may suggest perceived social support as a source of psychological distress in light of extensive networks. Having an efficient network that serves ego necessities, allowing it to mobilize social capital, can also play a pernicious role in ego health.

Limitations and Future Studies

This study has some limitations that should be addressed in future research. The sample size in both studies was small and non-probabilistic. In study 1, since immigrants are a subgroup of the population, it was harder to collect data from CPLC immigrants when compared to non-migrants, generating an unbalanced sample size between studies. In addition, the sample size may have been compromised by the burden generated by personal network surveys, which are more time-consuming and cognitively demanding when compared to conventional surveys (McCarty et al., 2019). In that sense, results should be interpreted cautiously and within the scope of the study sample. Despite being used to assess health-specific networks, the egocentric network's approach is based on individuals'

perceptions, and egos may have mentioned alters according to their relationships and interests (Jiang & Carroll, 2009). Our sample in study 1 also included mainly young female immigrants and was skewed towards Brazilian immigrants. Thus, the results should not be generalized to all CPLC immigrants living in Portugal. Additionally, study 2 included mainly young Portuguese females (non-migrants). Moreover, the study 1 and study 2 data collection happened between July and November 2020, encompassing different stages of the COVID-19 pandemic, and different results may have been obtained at each stage of the pandemic.

Furthermore, social networks are dynamic and unpredictable events dominate the migratory experience; thus, a longitudinal approach could enhance knowledge on this subject. Moreover, future research should address the composition of networks and the types of social capital that can be accessed, continuing to enhance the role of strong and weak ties on health, in the migration context. Studies combining social capital and the functional aspects of social support are also necessary to depict which alters in egos networks provide emotional, instrumental, and informational support. Even though Kindler and Wójcikowska-Baniak (2019) presented the association between emotional and instrumental support with weak and strong ties, studies on the relationship between informational social support and the structural holes' theory are still needed. Finally, future social network studies should address cultural differences when exploring the social determinants of immigrant health.

Conclusions and Implications for Practice

The present study aims to clarify how disruptive events combined (migration trajectory and COVID-19) to change individuals' perceived social networks before and during the outbreak. Using an ego-network approach, we analyzed CPLC immigrants' and non-migrants' health-specific social networks to measure how their perceived social determinants of health, social support and social capital changed and related to perceived mental health.

The pandemic amplified the challenges immigrants faced during their migratory trajectory, generating even more instability in their networks and impairing their perceived social support. By reducing the bridging social capital embedded in CPLC immigrant networks, these changes decreased the network's efficiency and undermined immigrants' mental health perceptions. During the outbreak of COVID-19, several measures were implemented to decrease the deleterious effect of the pandemic on migrants. In Portugal, migrants with irregular status were temporarily allowed full access to the health care system. Nevertheless, more than having admission to the health care system may be needed to effectively access this system because measures per se were not accompanied by the mobilization of the social determinants of health embedded in networks. As this preliminary study evidences, even minor network changes can contribute to significant differences in how CPLC immigrants perceive their mental health. Interventions regarding the management of disruptive crises, promoting informal support systems to assess immigrants' needs, and making resources available, should be designed at the community level (e.g., community groups meeting periodically), bridging the community with health services. By doing so, immigrant networks will expand with new ties and be able to activate social capital according to their needs.

PARTE IV:

**Estudos de Revisão de Literatura e de Análise de Estratégias de Intervenção com
Recurso a Abordagens Participativas Ancoradas em Métodos Digitais em Migrações na
Promoção do Bem-estar**

CAPÍTULO 6

DIGITAL METHODS IN THE PROMOTION OF WELL-BEING IN IMMIGRANTS: A SYSTEMATIC REVIEW ⁵

Introduction

Globally, the migratory phenomenon has been steadily increasing for decades, with a total of 272 million international migrants by 2020 - a number that is expected to keep rising in the following years. Many immigrants migrate from developing countries to high-income countries and large economies, looking for a better life. Most international immigrants were born in India, Mexico and Russia, while the country that has received more immigrants since the 1970s has been the United States of America (USA; World Migration Report, 2022). The decision to migrate may be either imposed by specific events (namely war or natural catastrophes), motivated by the desire to reconnect with friends and family, or expectations of better employment opportunities, more social and political benefits and financial stability (Helms & Leblang, 2019).

Previous studies on immigrants mental health reported the "immigrant health paradox"(better health outcomes for those who recently arrived compared to non-migrants due to better conditions in the host country). But such levels of mental health seem to decrease over time (Kim et al., 2018). Yet, the migratory process is a disruptive experience, and migrants are constantly building their social networks, having more unstable social ties than non-migrants, and being more susceptible to mental health problems and lower well-being (du Plooy et al., 2020).

⁵Nascimento, P., Roberto, M. S., Poole-da-Costa, M. C., Lemos, M., & Santos, A. S. (2023b). Digital Methods in the Promotion of Well-Being in Immigrants: A Systematic Review. *Journal of Immigrant and Minority Health*, 25, 906–915. <https://doi.org/10.1007/s10903-023-01450-z>

Literature also suggests that administrative, cultural and language barriers, added to individual factors (e.g., low health literacy), put migrants and refugees in unstable employment and social conditions (Rivera et al., 2008) and at increased risk of developing somatic and mental health disorders, including substance abuse, depression and anxiety (Bas-Sarmiento et al., 2017; Fischer et al., 2021). Also, immigrant children (first or second-generation immigrants) face challenges such as social stigma, isolation and general adaptation problems, with severe impacts on quality of life, sense of belonging, well-being and capability to achieve academic success (Quinlan et al., 2016). Although previous research indicates that cognitive behavioral therapies (CBT) are effective in treating depression and potentiate individuals' mental health, few studies focus on their efficacy in ethnic minorities (Ünlü Ince et al., 2013).

Interventions that have been used to improve the well-being of immigrants or mitigate repercussions of the migratory experience include community-based interventions, mental health support, peer-based support, cultural brokering and digital and social media (Ornert, 2020). In the age of Information and Communication Technologies (ICTs), the higher availability of devices that allow access to the internet (computers, tablets and smartphones) provided new opportunities for those interventions to expand into the digital level. Although recent studies suggest that mental health interventions in the non-migrant population that make use of digital methods are not significantly better than traditional interventions (Garrido et al., 2019), immigrants face additional challenges, like disruptions in their social networks (Alegría et al., 2017; Lin et al., 2019), and therefore could benefit from more engaging and tailored interventions to identify and strengthen social support systems by listening to others and build solidarity, which can have a positive effect on their mental health (Fiddian-Green et al., 2019).

Digital interventions using images, sounds, and videos can be roughly divided into two categories: Mobile Integration Applications (M-Integration) and participatory/creative approaches. M-Integration includes user-friendly low-cost applications supported by mobile devices (e.g., telemedicine, smartwatches with health apps) or ICTs. The applications can be accessed several times and easily be culturally adapted and displayed in multiple languages, allowing migrants to share and gather information and maintain a social connection to their local communities. M-integration has the potential to decrease loneliness and social isolation and improve social capital, with positive health outcomes (Salma et al., 2021; Yiengprugsawan et al., 2018). This category includes m-Health: websites, text-message interventions and online medical appointments that help overcome resource limitations on health education to promote treatment adherence and lifestyle modifications that improve the health and well-being of its users (Thirumurthy & Lester, 2012). Still, it is essential to remember that these methods require a certain level of education, literacy, and economic power to own a device, such as a computer or a smartphone (Drydakis, 2021).

In participatory approaches, through the use of several devices, including ICTs, individuals are called to engage in the whole process, which provides a clear insight into their understanding through immersive participant observation and interviews, promoting active learning, empowerment and community debate in health planning and change. This approach has the advantage of allowing the participation of individuals with different levels of skills and literacy, producing archivable materials that remain available to a broader public, and providing a full context to the event/condition that can be useful in policy-making and planning (Gubrium & Harper, 2016).

Such an example is digital storytelling, in which participants are encouraged to create (using images, voice and/or text) and share coherent stories of their lives with others involved in the study (members of the same community), their feelings and impressions. When applied

to immigrants, this method can work as a guide, helping them make sense of their past and improving self-efficacy, both of which positively impact well-being (DiFulvio et al., 2016; Fiddian-Green et al., 2019). On the downside, participants use several materials (e.g., photos and music) to give identity to their narratives. Also, when those materials are gathered, the context can only be recovered if primary data is recorded, allowing multiple forms of evidence to be collected to document participants' perspectives (Gubrium & Harper, 2016). This approach also requires strong participant motivation in developing digital skills, which is both time and money-consuming (Gubrium & Harper, 2016).

Despite all the advances of the digital era and the development of digital methods, there is still a lack of research on their applicability in promoting well-being among groups subjected to vulnerable conditions, such as migrants. Research on digital methods highlights immigrants' tendency to use this type of method and to express high satisfaction through digital health tools (Liem et al., 2021). Digital methods facilitate access to the mental health system, reducing potential barriers (e.g., adapting to their language) and diminishing prejudice about mental health (Biegler et al., 2016). Furthermore, these methods allow immigrants to keep their contacts and the social support crucial to their well-being and mental health (Liem et al., 2021). Thus, well-being (e.g., mental health [depression, anxiety] and quality of life) were the primary outcomes considered in the current review. Risk factors acting as stressors and/or buffers to immigrants' well-being (stigma, integration and connection) and related to social determinants of their mental health (Hombrados-Mendieta et al., 2019) were considered secondary outcomes of the current review. Thus, this systematic literature review aims to understand the literature's strengths and gaps using digital methods to improve immigrants' well-being and highlight new courses of action to optimize the use of the ICTs in this group.

Methods

This systematic review, approved by the Ethics Committee of the Faculty of Psychology of Lisbon University, followed the ethical code defined by the American Psychological Association (APA, 2002; 2010) and Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Prisma) guidelines (Page et al., 2016). See Appendix 2.

Eligibility Criteria and Search Strategy

Mixed methods studies using digital methods to promote well-being (mental health [e.g., depression, anxiety] and quality of life) were included. Peer-reviewed articles (with indexed abstracts) published in scientific journals or gray literature (to reduce publication bias) and PROSPERO registrations were considered. No date limitations were applied to overcome database date inconsistencies and avoid exclusion due to that criterion. Also, language limitation was not used, and abstracts were reviewed in English, Portuguese, Spanish and French due to the fluency of the research team in these languages. Participants were first-generation immigrants (immigrants born in a different country) or second-generation immigrants (born in the host country of immigrant parents). Interventions with an active control group (subjected to an alternative intervention) or a passive/absent control group were considered.

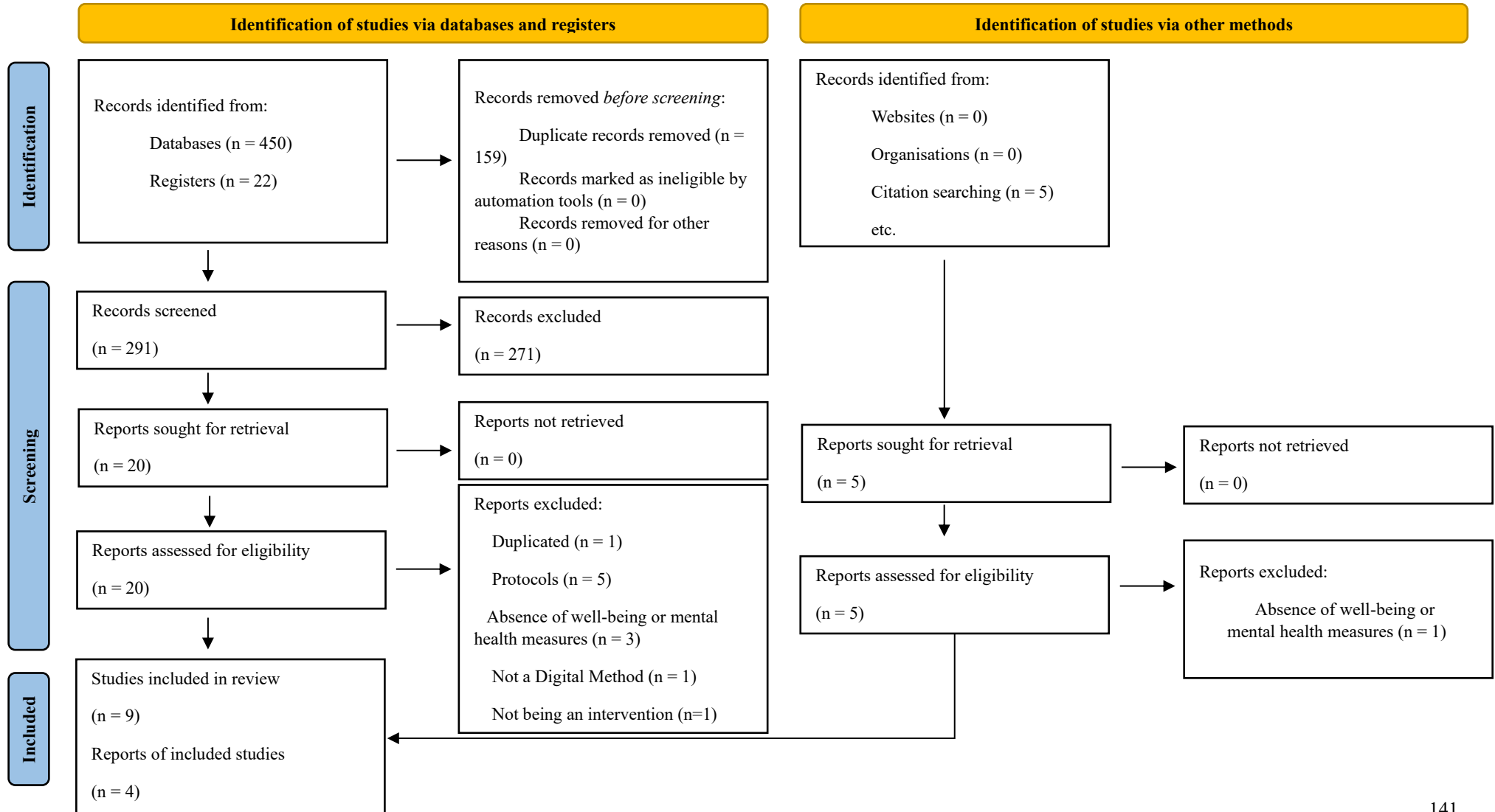
Terms related to “digital methods”, “well-being”, and “immigrants” were used to search articles and gray literature in five scientific database repositories and interfaces: EBSCOhost, b-ON, Scopus, SciELO and ProQuest, allowing us to access the majority of scientific journals and published literature on the topic. The exact terms were used to search PROSPERO registrations. Reference lists of systematic reviews, meta-analyses, and other relevant studies on the subject were checked to see if studies meeting the inclusion criteria

were missing and should be included. The supplementary online material details on the databases searched, and terms applied.

Articles obtained from different search outputs were imported to Rayyan QCRI software (Ouzzani et al., 2016) for duplicate detection, removal, and codification. The initial search yielded 276 articles, 15 thesis/dissertations and 22 registers after duplicate elimination (Figure 16). Two registers were identified, but only one was kept because the other was the register of the current study. Additionally, four studies were included after hand-searching reference lists. Next, abstracts were screened based on inclusion criteria according to Prisma guidelines. A full-text review following PICO criteria was done whenever the abstract information was insufficient to inform if a specific study fulfilled the inclusion criteria. Abstract screening led to the elimination of one thesis because the content duplicated one article published, and the source subjected to peer review was kept. Two independent reviewers performed codification, and a third reviewer solved disagreements, describing each study in a spreadsheet (e.g., methods, sample, theory, outcomes, including measures of well-being, such as mental health, anxiety, depression, quality of life). The agreement between the two main reviewers was moderate ($k = 0.58$). Eight studies were excluded for not meeting the inclusion criteria (e.g., protocols, absent results, lacking measures of well-being or mental health), another for not including a digital method (term foto was retrieved by the database as synonym for photo), and other for not being an intervention study. Therefore, 13 studies were considered eligible for the current review.

Figure 16

PRISMA diagram displaying data collection process



Quality Analysis

Study quality was assessed using the Quality Assessment with Diverse Studies (QuADS) tool (Harrison et al., 2021) for quantitative, qualitative and mixed methods studies. Inter-rater reliability ($k = 0.66$), face and content validity support using QuADS in systematic reviews with mixed or multi-methods health services research (Harrison et al., 2021) such as this study. QuADS tool is composed of 13 items to assess methodological evidence quality and establish limitations in the quality of reporting studies. Two independent reviewers evaluated each item on a four-point Likert scale according to QuADS criteria. Scores were obtained, and discrepancies were discussed and resolved between the reviewers after all studies had been appraised. Results were analyzed narratively, and no bias cutoff was applied as suggested by Quality Assessment for Diverse Studies (QuADS): User Guide v1.0 (Harrison et al., 2021). IBM SPSS Statistics for Windows, version 26 (IBM Corp., Armonk, N.Y., USA) was used for graphic representation of the quality assessment of included studies.

Results

Descriptive Synthesis of the Selected Studies

The 13 studies (García et al., 2019; Jang et al., 2014; Kayrouz et al., 2020; Kiropoulos et al., 2011; Lenette & Boddy, 2013; Lindegaard, et al., 2019; Nickerson et al., 2020; Röhr et al. 2021; Schweitzer et al., 2021; Svoen et al., 2021; Tessitore, 2022; Ünlü Ince et al., 2013; Yeung et al., 2016) analyzed were published between 2011 and 2021. The total sample comprised approximately 8181 participants. However, two studies (Schweitzer et al., 2021; Svoen et al., 2021) did not report the exact number of participants, compromising the ability to retrieve the overall N used despite presenting all other relevant data for the current review (Table 13).

Table 13*Report of General Characteristics of the 14 Studies Included*

Papers, Publication Date, and Geographic Area	Design	N, Gender and Age	Target	Participants Nationality	Intervention Theoretical Framework	Digital Method (Digital Approach)
Kiropoulos et al., 2011, Australia	RCT	<i>N</i> =202, IG (<i>n</i> =110), CG (<i>n</i> =92) 144 women, 58 men, 48-88	Immigrants	Greek and Italian	Non-Applicable ^(a)	Web-based modules/course (*)
Lindegaard et al., 2019, Sweden	RCT	<i>N</i> =50, 23 women, 27 men, 19- 55	Immigrants	Kurdish	CBT ^(a)	Video (*)
Nickerson, et al., 2020, Australia	RCT	<i>N</i> =103, IG-TYS (<i>n</i> =54), CG- WLC (<i>n</i> =49), 103 Men, 18-65	Refugees	Different nationalities	CBT ^(a)	Web-based modules/course (*)
Röhr, et al., 2021, Germany	RCT	<i>N</i> =133, IG (<i>n</i> =65), CG (<i>n</i> =68), 51 women, 82 men, 18-65	Refugees	Syrian	CBT ^(a)	Self-help App (*)

CAPÍTULO 6: Digital Methods and Well-being

Unlu Ince, et al., 2013, The Netherlands	RCT	<i>N</i> =96, IG (<i>n</i> =49), CG (<i>n</i> =47), 62 women, 34 men, <i>M</i> _{age} =35.2, <i>SD</i> _{age} =9.3	Immigrants	Turkish	CBT ^(a)	Telecounseling or online therapy (*)
Yeung, et al., 2016, USA	RCT	<i>N</i> =190, IG-T-CSCT: 97, CG-TAU: 93, 119 women, 71 men, 18-65	Immigrants	Chinese	CBT ^(a)	Telecounseling or online therapy (*)
Jang et al., 2013, USA	Single group prepost design without control group	<i>N</i> =14, 8 women, 6 men, 68-98	Immigrants	Korean	CBT ^(b)	Telecounseling or online therapy (*)
Kayrouz, et al., 2020, Australia	Retrospective uncontrolled observational cohort	<i>N</i> =6782, <i>N</i> _{migrants} =1631, <i>N</i> _{non-migrants} =5151, Migrants (1163 Women, 468 men), Non-migrants (3786 women, 1365 men), 18-65	Immigrants, Refugees and non-migrants	Different nationalities	CBT ^(a)	Web-based modules/course (*)
Garcia, et al., 2019, Spain	Quasi-experimental	<i>N</i> =71, IG (<i>n</i> =44), CG (<i>n</i> =27), 71 Women, 19-65	Immigrants	Different nationalities	CBT ^(a)	Mobile phone messages (*)

CAPÍTULO 6: Digital Methods and Well-being

Tessitore, 2021, Italy	Quasi-experimental	<i>N</i> =36, IG (<i>n</i> =18), CG (<i>n</i> =18), 36 men, IG (<i>Mage</i> =28.33, <i>SDage</i> =7.67), CG (<i>Mage</i> =26.61, <i>SDage</i> =6.98)	Asylum Seekers	Nigerian	Meaning-making processes ^(b)	Photographs or photovoice (**)
Schweitzer, et al., 2021, Australia	Narrative workshops	<i>n</i> =31 children, parents/family, school staff members, Gender not reported, 11-18	Immigrants	Different nationalities	Co-constructivist paradigm ^(b)	Digital storytelling (**)
Svoen, et al., 2021, USA	Qualitative and literature approach	<i>i)Planning: n</i> =101 participants (18 focus group), <i>ii)Production: limited number of migrants,</i> <i>iii)Evaluation: n</i> =300 migrants; <i>n</i> =50 educators; <i>n</i> =19 participants (workshop), Gender/Age not reported	Immigrants and refugees	Different nationalities	Non-Applicable ^(b)	Digital storytelling (**)
Lenette, et al., 2013, Australia	Visual ethnography	<i>N</i> =3, 3 women, Lates-30s, 40s, Mid-50s	Refugees	2 from Sudan, 1 from Burundi	Non-Applicable ^(b)	Photographs or photovoice (**)

Note: IG-Intervention Group, CG-Control Group; CBT- Cognitive behavioral therapy; Scope of Intervention (^aTreatment, ^bPrevention); Digital Approach (**M*-integration, **Participatory).

The studies were conducted in Europe ($n=5$, 38.46%; García et al., 2019; Lindegaard et al., 2019; Röhr et al., 2021; Tessitore, 2022; Ünlü Ince et al., 2013), Australia ($n=5$, 38.46%; Kayrouz et al., 2020; Kiropoulos et al., Lenette & Boddy, 2013; 2011; Nickerson et al., 2020; Schweitzer et al., 2021) and the USA ($n=3$, 23.08%; Jang et al., 2014; Svoen et al., 2021; Yeung et al., 2016). The population target was mainly adults ($n=11$, 84.62%, all except Schweitzer et al., 2021; Svoen et al., 2021). Most studies focused only on immigrants that were not refugees ($n=7$, 53.84%; García et al., 2019; Jang et al., 2014; Kiropoulos et al., 2011; Lindegaard, et al., 2019; Schweitzer et al., 2021; Ünlü Ince et al., 2013; Yeung et al., 2016) and considered both females and males ($n=7$, 53.84%; Jang et al., 2014; Kayrouz et al., 2020; Kiropoulos et al., 2011; Lindegaard, et al., 2019; Nickerson et al., 2020; Röhr et al., 2021; Yeung et al., 2016). However, two studies (15.38%, García et al., 2019; Svoen et al., 2021) had only women as participants. Regarding nationalities, many studies ($n=5$, 38.46%, García et al., 2019; Kayrouz et al., 2020; Nickerson et al., 2020; Schweitzer et al., 2021; Svoen et al., 2021) had participants either of diverse or not specified ethnicities (e.g., immigrants with Arabic backgrounds).

Regarding the theoretical intervention background, the majority of the studies had in their core the CBT model, all from M-integration approaches ($n=8$, 61.54%; García et al., 2019; Jang et al., 2014; Kayrouz et al., 2020; Lindegaard, et al., 2019; Nickerson et al., 2020; Röhr et al. 2021; Ünlü Ince et al., 2013; Yeung et al., 2016;), one study (7.69%; Tessitore, 2022) the meaning-making processes, another study (7.69%; Schweitzer et al., 2021) the co-constructivist paradigm, and three studies (23.08%; Kiropoulos et al., 2011; Lenette & Boddy, 2013; Svoen et al., 2021) didn't report any theoretical background. Concerning the scope of intervention, eight studies (61.54%; García et al., 2019; Kayrouz et al., 2020; Kiropoulos et al., 2011; Lindegaard, et al., 2019; Nickerson et al., 2020; Röhr et al. 2021;

Ünlü Ince et al., 2013; Yeung et al., 2016;) focused on treating mental health, all from M-integration approaches. In comparison, five studies (38.46%; Jang et al., 2014; Lenette & Boddy, 2013; Schweitzer et al., 2021; Svoen et al., 2021; Tessitore, 2022) focused on the prevention and promotion of well-being and quality of life, all from participatory methods, except (Jang et al., 2014).

Most studies used M-integration methods ($n=9$, 69.23%; García et al., 2019; Jang et al., 2014; Kayrouz et al., 2020; Kiropoulos et al., 2011; Lindegaard, et al., 2019; Nickerson et al., 2020; Röhr et al. 2021; Ünlü Ince et al., 2013; Yeung et al., 2016;), and the majority focused on immigrants (all except Nickerson et al., 2020; Röhr et al. 2021, that addressed only refugees). Regarding the participatory methods, four studies (30.77%; Lenette & Boddy, 2013; Schweitzer et al., 2021; Svoen et al., 2021; Tessitore, 2022) used these methods, mainly in refugees and asylum seekers (all except Schweitzer et al., 2021, which was conducted only in immigrants). The digital techniques more often used consisted of web based-modules/courses ($n=3$, 23.08%; Kayrouz et al., 2020; Kiropoulos et al., 2011; Nickerson et al., 2020) and telecounseling or online therapy ($n=3$, 23.08%; Jang et al., 2014; Ünlü Ince et al., 2013; Yeung et al., 2016). However, other methods such as self-help apps (Röhr et al. 2021), digital storytelling (Schweitzer et al., 2021; Svoen et al., 2021), photographs or photovoice (Lenette & Boddy, 2013; Tessitore, 2022), mobile phone messages (García et al., 2019) and video (Lindegaard, et al., 2019) were also used.

Regarding the methodological features, most studies' designs were RCTs, Randomized Controlled Trials ($n=6$, 46.15%; Kiropoulos et al., 2011; Lindegaard, et al., 2019; Nickerson et al., 2020; Röhr et al. 2021; Ünlü Ince et al., 2013; Yeung et al., 2016). Intervention length varied from less than 2 hours to 6 months, with 4 weeks being the more frequent time frame ($n=4$, 30.77%; Jang et al., 2014; Kayrouz et al., 2020; Nickerson et al., 2020; Röhr et al. 2021;). Five studies (38.46%; García et al., 2019; Kiropoulos et al., 2011;

Röhr et al. 2021; Tessitore, 2022; Yeung et al., 2016) had a non-equivalent control group, which performed: (a) usual treatment and/or exposure to a discussion about family communication and intergenerational relationships (Yeung et al., 2016); (b) psychoeducational reading material (Röhr et al. 2021); (c) non-image-mediated narrative interview (Tessitore, 2022); (d) face-to-face therapy sessions without text messages (García et al., 2019); and (e) a depression interview (Kiropoulos et al., 2011). Moreover, 6 studies (46.15%; Jang et al., 2014; Kiropoulos et al., 2011; Lindegaard, et al., 2019; Nickerson et al., 2020; Röhr et al. 2021; Ünlü Ince et al., 2013;) had a post-test design with follow-up. See Appendix 2, Table A.2.2, for more information about the study's methodological features.

Primary Outcomes: Mental Health and Quality of Life

The nine studies (69.23%; García et al., 2019; Jang et al., 2014; Kayrouz et al., 2020; Kiropoulos et al., 2011; Lindegaard, et al., 2019; Nickerson et al., 2020; Röhr et al. 2021; Ünlü Ince et al., 2013; Yeung et al., 2016;) that used M-integration approaches had as primary outcomes mental health (e.g., depression, anxiety) mainly in immigrants, and the four (30.77%; Lenette & Boddy, 2013; Schweitzer et al., 2021; Svoen et al., 2021; Tessitore, 2022;) studies that used the participatory approaches sought to promote the quality of life, especially in refugees. See Appendix 2, Table A.2.2, to check each study's primary outcomes and key findings.

M-integration methods allowed to enhance immigrants' general mental health by improving immigrants' mood (García et al., 2019) and depressive symptoms (García et al., 2019; Jang et al., 2014; Lindegaard, et al., 2019; Ünlü Ince et al., 2013; Yeung et al., 2016;), showing signs of recovery (Ünlü Ince et al., 2013) and remission (Yeung et al., 2016) more often, with positive changes maintained at follow-up (Jang et al., 2014; Lindegaard, et al., 2019). Studies reporting improvements used the following digital methods text messages

(García et al., 2019), telecounseling (Jang et al., 2014), internet-based treatment (Lindegaard, et al., 2019), internet-based, culturally sensitive, problem-solving therapy (Ünlü Ince et al., 2013), and telepsychiatry-based culturally sensitive collaborative treatment (Yeung et al., 2016). However, some studies did not find significant differences between the control and intervention groups. For instance, following the online well-being course, MindSpot, Kayrouz et al. (2020) did not find a decrease in immigrants' depression and anxiety, nor signs of symptom reduction and remission. Similar results were obtained by Kiropoulos et al. (2011), with immigrants' depression levels remaining unchanged after being given access to Internet-based multilingual depression-specific information resources. Recently, Röhr et al. (2021) found out that despite a slight reduction in post-traumatic stress among Syrian refugees, the Self-Help App did not provide evidence of any substantial reduction of mild to moderate symptomatology, nor was it cost-effective.

Schweitzer et al. (2021) conducted three digital storytelling workshops (one per group) for school staff members, Milpera students, parents, and family members. Digital storytelling showed improvements for immigrants and refugees, children and adults, in topics such as adaptation to the foreign country environment, building socially supportive relationships, fostering school connectedness, social adjustment, and a sense of well-being (Schweitzer et al., 2021). Erasmus+ ReGap project (Reducing the Educational Gap for Migrants and Refugees) was another application of digital storytelling with immigrants and refugees (Svoen et al., 2021), addressing topics that included experiences, challenges, and health issues. Participants identified wholly or partly with the stories presented, both from a past and a future perspective, and various meta-reflections were triggered by it. The resource to digital storytelling allowed immigrants and refugees to experience social inclusion and a sense of well-being (Svoen et al., 2021). Beyond digital storytelling, Lenette and Boddy (2013) used photovoice and photo-elicitation with female refugees. These visual methods

allowed reflection on their concept of resilience's nuanced meanings and the share of significant unexplored aspects of their lives. The following discussion also improved their sense of achievement, pride, accomplishment, health, well-being, and ownership. However, digital storytelling could become uncomfortable or a burden for some refugee women towards their daily responsibilities, underlining that these methods may sometimes be inappropriate. More recently, Tessitore (2022) compared the outcomes of a photographic interview [Asylum Seekers Photographic Interview (ASPI)] versus a non-image-mediated narrative interview on asylum seekers. The intervention group interviewed with ASPI revealed statistically significant higher values of word count, internal states (emotions and/or cognitions), coherence of chronology, theme, and all other narrative meaning-making dimensions (Tessitore, 2022).

Secondary Outcomes: Stigma, Integration and Connection

Some studies also explored secondary data on the mental health and quality of life of migrants regarding their perceived stigma ($n=3$, 60%; Kiropoulos et al., 2011; Nickerson et al., 2020; Röhr et al. 2021), integration ($n=1$, 20%; García et al., 2019) and social connection ($n=1$, 20%; Schweitzer et al., 2021). See Table 2 in the supplementary online material for more information about the secondary outcomes.

M-integration methods revealed contradictory outcomes related to stigma: using internet-based multilingual depression-specific information resources. Kiropoulos et al. (2011) did not find significant differences in perceived stigma among control and intervention groups. Nickerson et al. (2020) verified smaller increases in self-stigma for seeking help in the intervention group from post-treatment to follow-up compared to the control group. The Self-Help App (Röhr et al. 2021) led to significantly lower values of self-stigma in the intervention group than in the control group. In terms of integration, M-

integration methods helped increase immigrants' integration levels by using text messages to a mobile phone, which allowed a higher connection with the social environment (García et al., 2019).

Concerning participatory methods, these contributed to promoting connection with schools through digital storytelling (Schweitzer et al., 2021).

Study Quality

All studies included were appraised using QuADS criteria (Harrison et al., 2021), with scores varying between 0 (minimum) and 3 (maximum). According to the results, studies included in this review showed moderate quality (Figure 17).

On items related to the theoretical framework (items 1 and 2), most studies (53.85%) scored 3 on item 1, with authors specifically identifying the use of a theoretical framework. These studies were all from M-integration methods explicitly exposing a CBT as a theoretical framework, while 23.08% of the studies scored 0, not identifying any theoretical framework. Unlike most M-integration studies, the participatory methods scored 0 or 1, not specifying any or poorly describing a theoretical framework. Also, 53.85% of the studies scored 3 on item 2, revealing the effort of authors to present a statement of their research aims.

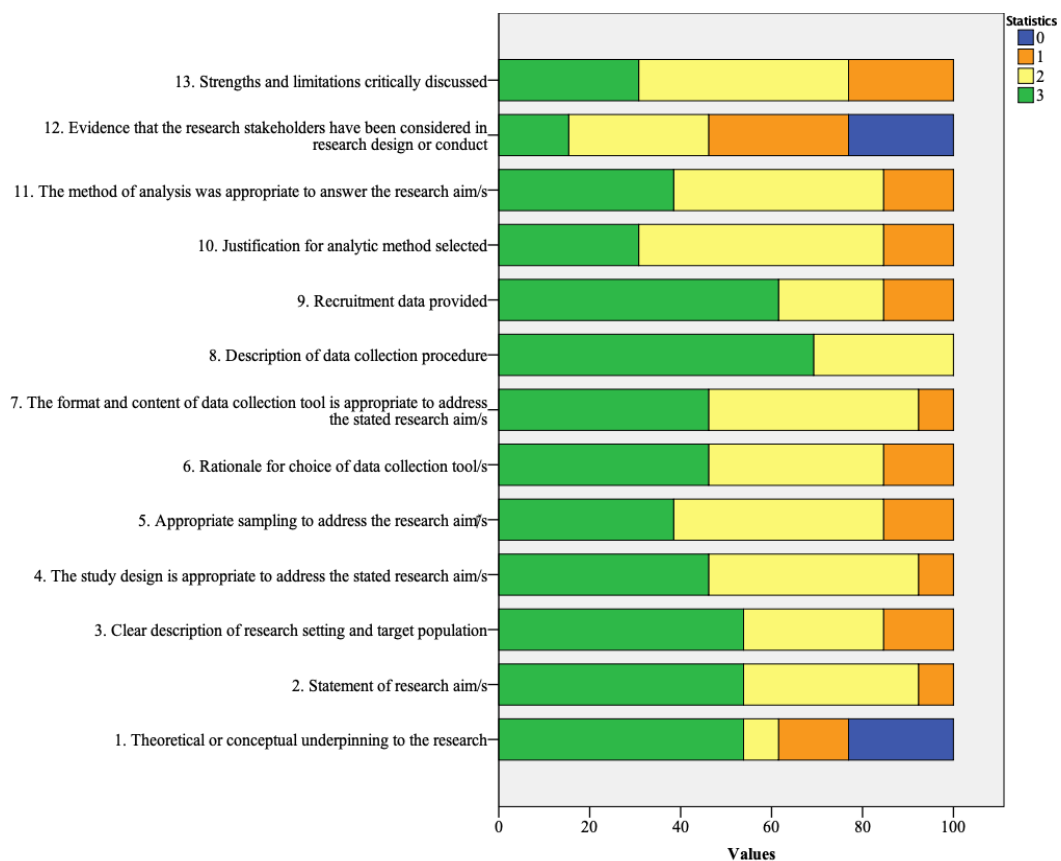
Items regarding study methods (items 3 to 12), items 8 and 9 were the ones that scored higher of all items. On item 8, 69.23% of the studies obtained a score of 3 and did not present scores below 2, demonstrating an effort of the authors to provide a detailed description of the data collection procedure. On item 9, 61.54% of the studies scored 3 on the recruitment data provided. All M-integration studies with RCTs design scored 3 on items 6 and 9, while studies with other designs scored less on these items. Item 12 was the only item in this section in which some studies scored 0, where 23.08% of the studies did not mention resorting to stakeholders for research design establishment or conduct. Research with

minority and vulnerable populations, such as immigrants and refugees, requires consideration and feedback from specialists to ensure that important aspects are not left out.

In the discussion (Item 13), most studies (46.15%) were evaluated with a score of 2, with the majority of participatory methods scoring 1 in this item and poorly discussing the strengths and limitations of their studies. A more profound discussion of strengths and weaknesses is required to fully understand the impact of digital methods in promoting the well-being of immigrants, mainly from participatory methods. Overall, Röhr et al. (2021) were appraised with higher scores.

Figure 17

Study Quality Evaluation with QuADS criteria



Discussion

This systematic review explores and summarizes the diversity of digital methods currently available to promote quality of life and mental health in the migrant population by analyzing the available literature on the topic (published or registered until early 2022). Studies included fall into *M*-Integration and Participatory approaches, and quantitative and qualitative studies were included to represent both areas of intervention.

Results suggest that *M*-integration methods positively impacted treating mental health problems in immigrants, with most studies adopting the CBT theories framework to improve individuals' daily behaviour and produce rich data to help with the treatment and promotion of well-being (García et al., 2019). However, contradictory findings were found. According to Rothe et al. (2020), *M*-integration methods rarely consider cultural aspects crucial for the interventions with immigrants (e.g., religion, ethnic background), which, in some cases, may have contributed to explaining the lack of improvement in their well-being and mental health. Regarding the participatory methods, the studies need a theoretical behavioural change framework to conduct a tailored intervention to promote mental health and quality of life. For instance, participatory methods focused on promoting well-being and quality of life, mainly in refugees. However, these studies failed to verify if this type of intervention caused any change in refugees' behavior, improving their well-being. Most studies using participatory approaches have qualitative designs, not presenting criteria to evaluate what constitutes behavior change, posing a problem on the actual benefits of the interventions to promote quality of life and well-being in migrations. Qualitative studies using participatory approaches can benefit from behavior change theories, just like literature on behavior change implementation, primarily quantitative, can benefit from the insights provided by qualitative studies (Dugdale et al., 2017).

Furthermore, *M*-integration methods focus on individual resilience (developing coping strategies to face mental health problems). In contrast, participatory approaches are more collaborative, contemplating the group process instead of the individual, and more efficient in promoting well-being and quality of life when individuals can sense more social identification with others (Schweitzer et al., 2021; Svoen et al., 2021). Also, *M*-integration and participatory approaches have different scopes. The former is designed for individualized use, the latter for community engagement. These elements may appeal differently to other groups of immigrants according to their cultural backgrounds having more individualistic or collectivist features (Hofstede-insights, 2017; Rothe et al., 2020). These results highlight that *M*-integration and participatory methods, and the study designs using them on this topic, both have strengths and weaknesses, as highlighted. To maximize the strengths, mixed method designs incorporating specificities of both approaches will provide better, integrated plans for intervention in this field.

Moreover, it remained impossible to compare results from adults and children within the immigrant population, as all but one of the included studies had made a clear distinction between results in children and adult immigrants. Despite the inconsistency in the literature about the effects of the migratory experience in children and adolescents, including the “immigrant health paradox” (Kim et al., 2018), interventions tailored to this subgroup are of extreme importance, as the challenges of being an immigrant of either first or second-generation may affect their sense of belonging, well-being and capability of achieving academic success (Quinlan et al., 2016). A deeper understanding of the impact of migration on the well-being of migrant children is needed - a highly complex and diverse concept (Kim et al., 2018) - including aspects such as social stigma, isolation and general adaptation.

Although the literature suggests digital methods do not differ from traditional interventions in improving mental health, digital methods seem to promote immigrants' well-

being and quality of life. This appears to be accountable to better communication (leading to less isolation), more sharing and gathering relevant information (decreasing the anxiety associated with the whole migratory experience), and the possibility to share and give a new, more integrated meaning to one's own life story. However, the heterogeneity of studies included does not permit distinguishing which category of digital methods works better for immigrants or refugees.

Limitations

This systematic review brings to light some issues that still need to be addressed. Nonetheless, it is essential to mention some limitations, mainly related to the number, quality, heterogeneity and type of studies included. Due to the current unavailability of literature on the topic, a reduced number of studies was analyzed, with an evident lack of studies that specified and compared different subgroups within the migrant population (i.e., children, asylum-seekers, women, and adults). Study heterogeneity, in terms of the target population, methodology applied, digital interventions tested, and study design (since qualitative and quantitative studies were included), made it hard to directly compare results between studies.

Besides, studies were primarily conducted in high-income countries with large economies since most immigrants came from developing countries. Studies conducted in countries with lower economies may have presented different results. Moreover, the studies reviewed were in four languages, and some data could not be fully collected since some results were not fully reported.

Also, since there is no commonly agreed definition of well-being in the literature, the present review considered it an umbrella concept, including a combination of psychological, affective, social, cultural, and even practical dimensions.

New Contribution to the Literature: Strengths and Weaknesses of Digital Methods

The exponential global increase in migrants and refugees, which is expected to keep rising, is accountable for global and individual changes. The migratory experience, and all its associated risk factors, make individuals extremely vulnerable to living in conditions of poor well-being and developing mental health issues. Being aware of this, it is crucial to detect, evaluate and attempt to act on promoting the well-being of the migrant population by ensuring a better integration of these individuals in the host country, as well as supporting their perception of their journey. This systematic review demonstrated that, despite contradictory evidence, digital methods are valuable tools for the promotion of the quality of life and mental health of the migrant population.

Along with an ever-better understanding of this population, it is also essential to understand the applicability and efficacy of digital interventions, aiming to tailor the best method to respond to specific needs. This systematic review offers a solid theoretical foundation for future, more efficient interventions. Digital methods are helpful for migrants because ICTs facilitate information sharing and give immigrants a smooth way to cope with mental health (DiFulvio et al., 2016). However, a one-size-fits-all solution does not work for migrants with different ICTs literacies and needs. *M*-integration methods are more suitable to solve a specific problem (e.g., depression, anxiety) and in developing individual resilience, and may operate better in immigrants from individualistic cultures. Through these methods, immigrants that face financial problems don't need to encounter health professionals and can overcome barriers by optimizing costs and flexibility but require more culturally adapted solutions. The participatory methods are more prone to developing social resilience while focusing on the individual inside their community. However, these methods should consider health behavior theories to conduct more tailored interventions with immigrants and understand their efficacy in changing immigrants' behavior.

Each immigrant has a different trajectory and goes through several changes while adapting to the host country. Due to the several and yet other potentialities of M-integration and participatory methods, both digital approaches might be considered and applied in different moments of their migration process.

CAPÍTULO 7

EMPLOYABILITY NARRATIVES IN DIGITAL STORYTELLING: DO OVERQUALIFIED BRAZILIAN AND VENEZUELAN IMMIGRANTS IN PORTUGAL TELL THE SAME STORY? ⁶

Introduction

People leave a country and choose to move to certain countries for many reasons (e.g., socio-political, environmental, demographic, and economic factors; European Parliament, 2020), leading to a worldwide migrant workforce of 164 million (International Labour Organization, 2018). Despite being highly qualified, one in three employed migrants in the Organization for Economic Cooperation and Development [OECD] area work in low-skilled jobs compared to non-migrants (OECD, 2018). Thus, the expectation of decent work underlying the opportunity offered by migration is set aside when migrants deal with high levels of precariousness, putting their overall health and well-being at risk (Gray et al., 2020).

In 2021, Portugal experienced its sixth consecutive year of growth in its foreign resident population, with a 5.6% increase compared to 2020. Additionally, the number of asylum requests in 2021 saw a significant rise, with a 53.4% increase compared to the previous year, totalling 1,537 requests (SEF, 2021). However, immigrants' overqualification in the Portuguese labour market remains an issue, revealing skilled migrants' challenges when entering the country (Oliveira & Fonseca, 2013).

⁶ Nascimento, P., Roberto, M. S., Lemos, M., Poole-da-Costa, M. C., & Santos, A. S. (2024).

Employability Narratives in Digital Storytelling: Do Overqualified Brazilian and Venezuelan Immigrants in Portugal tell the same Story? *Qualitative Research in Psychology*, 21(1), 140-174. <https://doi.org/10.1080/14780887.2023.2293078>

Because job markets require evolving skills that accommodate technology, communication, collaboration, critical thinking, creativity and content knowledge (soft skills; Sava & Malita, 2010), the complexities of the work environments in the 21st century also add to the challenges migrants face daily at their destination, requiring innovative tools such as digital storytelling (DST). However, despite its promising contributions to migrants' well-being (Nascimento et al., 2023b), few studies explore DST's role in the labor market in migrations.

By hearing the voices of semi and skilled Brazilian and Venezuelan immigrants in Portugal who are at risk of overqualification (by doing jobs that demand lower experience and qualifications; Farashah et al., 2022), who share cultural proximity with Portugal, even though the latter group face additional challenges such as language barriers (a determinant of maladaptive migration), we aim to explore the potential of DST as a participatory approach to promote debate on employability and decent work in migrations among qualified immigrants while studying its ability to potentiate soft skills.

Overqualification and The Importance of Soft Skills in Migrations

Even though migration has increased in the 21st century and contributes to global economic and social development, 40% of migrant workers are employed in vulnerable or precarious conditions, with overqualification among them (Mallett, 2018). But several terms have been used related to overqualification (e.g., underemployment, skill underutilisation, deskilling), with all having in common the following trait: it happens to happen when an employee has experience, education or skills surpassing requirements for a specific job (Johnson, et al., 2002). Moreover, when an objective and/or subjective mismatch occurs between the adjustment of employees' abilities and their preparation for the job demands, overqualification is prompted (Maltarich, et al., 2011), and migrants in high-income countries

are more likely to be unemployed and overqualified than the non-migrant population (Mallett, 2018), particularly skilled migrants (Farashah et al., 2022). Whether by erosion of employment standards due to labor flexibility (Mallett, 2018) or to migratory constraints such as discrimination, lack of qualification recognition at the destination, language barriers and reduced social networks (low social capital; Larsen, et al., 2018), the experience of overqualification increases migrants depression and lowers their life satisfaction (Wassermann & Hoppe, 2019), increases migrants' job dissatisfaction (Wasserman, et al., 2017) as well as their turnover (Tharenou & Kulik, 2020). In fact, because migrants' networks drastically change due to their migratory trajectories, they have less social capital than non-migrants, hindering their employability, career-related information and social mobility because of the access to the collection of resources embedded in their social networks decreases (Farashah et al., 2022).

Similarly, in Portugal, skilled migrants who face more challenges and are forced to overqualification and brain waste have qualifications that are either not being used in the labor market (or are not recognized) or remain in the process of recognition (Oliveira & Fonseca, 2013). On the contrary, skilled migrants that can use their skills in the labor market regardless of their qualification status are only in danger of the brain drain effect and do not face the same deleterious challenges as the former group (Oliveira & Fonseca, 2013). However, because migrants come from countries subjected to several bilateral agreements and policies, adding to distinct migrant skilled typologies, each with specific challenges (Oliveira & Fonseca, 2013), there remains the need to produce up-to-date literature on this topic to keep up with migration flows to Portugal.

However, when considering the strategies to surpass overqualification, approaches should consider going beyond traditional employability policies by addressing the importance of strengthening immigrants' soft skills and improving interpersonal and communication

abilities among immigrants, including their capacity for effective communication, self-presentation, networking, self-confidence, and navigating intercultural dynamics. These soft skills are of great significance for immigrants as they aid in their integration into the host country, are also highly prized by employers and enhance their overall well-being (Goldring & Guidoum, 2013). Despite being relevant for both migrants and non-migrants, the importance of soft skills, by being culturally specific and directly affected by migration-related language barriers, is particularly pertinent for the former because, in the transit countries and final destination, even more pronounced in refugees, as they usually face more language barriers, leading migrants to primarily rely on their hard skills (learned skills to tackle specific jobs) when searching for jobs, hindering their soft skills (Dall'Amico & Verona, 2015), highly valued by employers (Succi & Canovi, 2020). Thus, beating overqualification also requires supporting soft skill training that simultaneously boosts adaptive responses in the destination countries, a field where DST can play a relevant role.

Digital Storytelling as a Participatory Approach to Portrait Employability in Migrations

Like traditional storytelling, DST anchors on narratives by invoking emotions and/or communicating specific messages to audiences, but the latter has a different medium by combining storytellers' narratives with digital content (images, sounds, videos), allowing them to produce a media outcome of 3 to 5 minutes that responds to relevant questions of choice (Malita, 2010b). In DST, storytellers, by being more than readers and writers, turning into directors, artists, programmers, screenwriters and designers (Kajder, 2004), accommodate learning goals that help them develop and integrate multiple literacies required as a norm in the 21st century (Malita, 2010c). However, according to Miller (1984), DST can also be a genre where the produced content represents a form of social action serving cultural

patterns that explore the perspectives of those who speak and write, helping community members understand their contexts and giving them clues on how to act together.

As previously stated, migrants' career capital seems to be depleted and devalued when they move to other countries, generating feelings of insecurity, health problems, financial matters, and social exclusion (Cohen et al., 2011). Apart from immigrant human capital not being transferable across labor markets, their qualifications are perceived by local employers at the destination as dissimilar and insufficient, significantly reducing their chances of having jobs requiring interpersonal communication skills and informal human capital (Farashah et al., 2022). In this context, DST can generate transformative learning in migrants as both a pedagogical tool and a genre for social action. Media projects generated from DST can help storytellers develop combined literacy skills while engaging in a collaborative, reflective practice process (Hessler & Lambert, 2017). Digital storytelling fosters supportiveness, mutual respect, intercultural inquiry, and teamwork, which are essential to mastering the storywork process, leading to critical reflection and media outcomes arising from self-discipline, self-awareness and multimodal composition (Hessler & Lambert, 2017).

Despite being scarce, most literature on DST in migrations addresses migrants' well-being, revealing benefits to improving quality of life outcomes but also disadvantages due to their potential to elicit uncomfortable or triggering situations requiring the provision of psychological support (Nascimento et al., 2023b) with only some participatory interventions addressing soft skills to overcome the overqualification of immigrants (e.g., REALISE project, Goldring & Guidoum, 2013). Even though narrative skills are being identified as fundamental and indispensable for employees in any organization (Robson et al., 2021), few studies use the potential of DST, maintaining this topic as an under-researched area in migrations in the field of employability.

Method

Study Overview: Aims, Research Questions and Design

How do migrants perceive their employability trajectories in Portugal, and what features do they think Portuguese employers value and devalue the most among migrant workers? Due to literature scarcity, the best starting point is to explore and understand migrants' points of view on their professional careers and explore whether the time at the destination country played a role in their career evolution (Farashah et al., 2021). However, because Oliveira and Fonseca (2013) suggested a typology of skilled immigrants in Portugal by considering their difficulties in recognition of qualifications or getting academic/professional equivalences while being able to use their skills in the labor market, we expanded on former research questions to accommodate how cultural proximity plays a role in migrants' perceptions of employability, and if those perceptions changed according to language barriers.

In addition, we also wanted to examine whether migrants perceive DST as a useful participatory approach to sharing relevant information on employability and prompt the embedded 21st century soft skills. Also, because narratives represent individual and group identities (Hakanurmi, 2017), we expanded this premise to analyse whether narratives presented specificities attributed to social group identities.

We used a qualitative descriptive research design to comprehensively summarise the topic (Sandelowski, 2000), anchoring on DST as a participatory approach and research method (Lindvig, 2017). We conducted a DST workshop, "*Digital Storytelling in Migrations*", and a focus group discussion to combine insights on immigrants' employability and career trajectories while encouraging conversation about their experience as migrants in Portugal. Our approach was participatory and dialogue-oriented to gain understanding and be able to interpret the storytellers' world, allowing voices to be heard instead of storytellers

being observed by the facilitators to overcome the instrumentalistic error (Lindvig, 2017).

The workshop is situated more specifically in participatory action research (PAR) as a form of qualitative research that empowers participants to take an active role in the research process and make positive changes in their lives or communities. It encourages participants to become active agents in the research process, to reflect on their experiences critically, and to take ownership of the research and its outcomes (Fine et al., 2003), which is rooted in DST.

We collected the qualitative data by presenting migrants' narratives and presentations (e.g., significant objects), their digital stories, and the focus group discussion. We also collected sociodemographic data about age, gender, nationality, level of education, and migrants' length of time in Portugal.

This study was approved by the Faculty of Psychology Ethics Committee (University of Lisbon) and followed the code of ethics of the American Psychological Association (APA, 2002; 2010).

Participants and Recruitment

Participants were selected based on the literature review and study goals. As such, migrants in the study should have a semi-skilled (qualifications above the secondary school) or skilled profile (at least a bachelor's degree). Regarding the countries of origin for migrants, participants should be 18 years old and belong to one of the following migrant groups: Brazilian and Venezuelan. We chose these groups because the former is the most representative migrant group in Portugal, coming from the Community of Portuguese-speaking Countries (CPLP) countries (common language), benefitting from cooperation agreements between educational/professional institutions that facilitate the recognition of qualifications. In contrast, we included second and third generations of Venezuelan immigrants as well as intergenerational Venezuelan partners who are returning immigrants of

Portuguese emigrants in Venezuela who, despite benefiting from shared ancestry migratory and cultural links and thus promoting the increase of Venezuelan migratory fluxes to Portugal (Isturiz, 2020), still have language and equivalence barriers. Finally, because migratory trajectories and underlying challenges evolve, migrants should have recent (2 or fewer years in the country) or long-term residences (more than 2 years to 10 years, and more than 10 years). Participants were collected using purposeful sampling complemented with a snowball technique. Participants were recruited from a pool of Brazilian and Venezuelan immigrants sampled for a larger mixed-methods longitudinal diary study on mental health developed by the research team. These participants needed to be available to participate in a 3-day workshop, with those who were not available to participate in the workshop divulging the study to other Brazilian and Venezuelan immigrants who met the inclusion criteria.

In total, 7 immigrants ($n_{BR} = 3$; $n_{VN} = 4$) participated in the study, except for the focus group ($n_{BR} = 2$; $n_{VN} = 4$), in which one Brazilian immigrant failed to join for personal reasons. The Brazilian immigrants were between 32 and 51 years old ($M = 44.33$, $SD = 10.69$), all females and qualified, living on average, in Portugal for 5.67 years ($SD = 4.73$). The Venezuelan immigrants were aged between 20 and 27 years ($M = 25.25$, $SD = 3.50$); 2 were females (50%), 2 were males (50%), 2 were qualified (50%), and the other 2 were semi-skilled (50%), living in Portugal for 7.25 years ($SD = 3.30$). All Venezuelan participants knew Portuguese at least at an intermediate level.

Procedure

The workshop was held in Portuguese and took place at the Faculty of Psychology in Lisbon for 3 days in April 2022. Each session took approximately 2 hours. Two of the authors (facilitators) developed a presentation to ensure participants received all relevant

information, dynamized the workshop and helped immigrants (storytellers) edit their stories. The workshop assumed a hybrid configuration (in person and via Zoom).

Pre-Workshop Day

The workshop facilitators contacted the participants and booked a Zoom meeting to explain the workshop goals and help immigrants feel relaxed and secure. Facilitators explained how the 3 workshop sessions would be structured and which materials would be necessary (e.g., install free video editor software such as iMovie or Shotcut on computers, bring an object perceived as relevant for the migrant employability path).

Ethical Procedures

To help collect the qualitative data, the facilitators informed participants the workshop would be recorded, with audio and video files being destroyed after the data transcriptions were made. Following, informed consent was sent via email presenting participants' rights, the detailed purpose of the study, the workshop structure and content, the benefits and risks associated with digital stories and data confidentiality. Storytellers had the opportunity to ask questions before signing the consent form. Written informed consent was obtained from all storytellers, who were also informed about the stories' copyright and intellectual property rights. In the end, storytellers filled out a sociodemographic questionnaire. There was no financial incentive for workshop participation.

1st Day of Workshop - Significant Object Presentation and Theoretical Contextualization

On the first day, conducted in person and via Zoom, we used creative exercises to encourage story sharing and unite participants in the group process (De Vecchi et al., 2017).

We asked storytellers to present their significant objects and encouraged them to explain how they related to their employability trajectories. In this exercise, we intended to help participants get to know each other while setting the story circle environment by providing clues on the stories to be made (educational approach), alleviate their anxieties about writing and narrating stories, and encourage the sharing of stories within the group (De Vecchi et al., 2017). Next, the facilitators made a short presentation about DST, explaining how storytellers could create a digital story, craft the narrative, and choose and combine the audio-visual elements. The presentation was followed brainstorming about which characteristics make a good digital story. Storytellers crafted their storyboards independently during this first day but were helped by the facilitators whenever needed. After finishing the first draft of their scripts, facilitators started the "story circle". In this story circle, storytellers could present their initial scripts, reflect on them and get feedback from the group. It was also an opportunity for facilitators to clarify additional doubts storytellers could have. As independent learning tasks, storytellers had to reflect on incorporating the feedback collected on the story circle into their script and think and select images to be combined into audio-visual elements for their stories. Also, storytellers who felt comfortable with technology could try to record voiceovers. They would use the editing of those elements on the next workshop day.

2nd Day of Workshop - Video and Audio Editing

The second workshop day was a Zoom session dedicated to audio-visual elements. Facilitators started by asking participants whether scripts were finished after the feedback from the previous session and if storytellers attempted to record the audio of their stories. Help was provided to storytellers who needed support finishing this element. Afterwards, the facilitators gave a group introduction to explain and exemplify video editing using different

software. Time was given to storytellers to edit their digital narratives and incorporate the additional audio-visual elements selected. Support was provided by facilitators whenever requested. By the end of day 2, one week was given to storytellers to explore their creativity and add finishing touches and final changes, if wanted, to their digital stories.

3rd Day of Workshop - Premier of Digital Stories and Focus Group

The workshop ended with a Zoom session. The final day started with the “story screening” circle, where storytellers shared their digital stories about their employability trajectories in Portugal and received feedback from the group. Following this circle, the facilitators started a 1-hour focus group discussion developed on qualitative descriptive research, aligning with this approach, as it seeks to remain close to the participants' experiences, making it a good fit for focus group data analysis. As such, the focus group semi-structured guide consisted of 3 main blocks of questions developed to obtain a more broad range of information about the topic: one about the professional experiences storytellers had as immigrants in Portugal (e.g., *"What characteristics do you think Portuguese employers are looking for in immigrants who are looking for a job in Portugal?"*); another about the contributions storytellers consider DST can have as a self-reflection tool (e.g., *"What were the reasons for choosing colored or black and white photos?"*); and, the third block about DST as a community outreach strategy in migrations (e.g., *"To what extent are digital stories more informative when compared to other traditional methods immigrants have access to during their professional journeys upon arrival in Portugal?"*). Questions were made alternately by the two facilitators, who encouraged storytellers to share their voices and be part of the discussion through the different blocks.

Data Analysis

Qualitative data provided by the significant objects exercise, the digital story (script, visual and audio content) and the focus group discussion were transcribed by the research team and, through the word-based content, a reflexive thematic analysis (Braun & Clarke, 2006; 2019) was conducted, in which the “the researcher’s reflective and thoughtful engagement with their data and their reflexive and thoughtful engagement with the analytic process” (Braun & Clarke, 2019, p. 594). The research team read the transcripts, and two independent raters (psychology students working on the research project) implemented a preliminary coding scheme. After the trial coding was checked and evaluated, both raters performed the primary coding independently on all transcripts to enhance the reflexivity, assuming a bottom-up orientation and triangulation of raters (Miles & Huberman, 1994). We used a reflective approach by including a third independent rater to discuss and decode coding disagreements. That approach was not to find unanimous agreement but to foster collaboration and reflection among raters to obtain a richer understanding of the data by valuing diverse perspectives and interpretations (Braun & Clarke, 2013; Byrne, 2021).

The coding process followed the steps suggested by Braun and Clarke (2006): 1) after the data familiarization (through re-reading); 2) we proceeded with the initial code generation, organizing data into meaningful groups (e.g., as gender, age, nationality, time of residency in Portugal, marital status, type of residency, professional situation, job and academic qualifications, coded transcripts); 3) then, we generated the initial themes (i.e., identified the meaning of and relationships between initial codes), 4) followed by theme reviews (i.e., re-working and refining codes and themes); 5) in addition, we adjusted the names of the themes to ensure they accurately represented and described the content; 6) finally, we compiled the results, presenting the main themes and our interpretations.

The categories were obtained to establish the category trees and the node relationships. The spread of the final coding scheme across cases was performed with crosstabs considering immigrants' nationality and time of residency as first and second demographic attributes, respectively, to reflect the two main inclusion criteria of the recruited sample. The QSR NVivo 1.6.1 software for Windows was used to facilitate the analysis.

Results and Discussion

In the following subsections, we present the results of the hierarchical system for the thematic analysis resulting from the three primary data sources: significant objects, digital stories and focus group. In the findings, we report the themes identified and the categories and subcategories (if any) aggregated to them. To improve the comprehensiveness of the analysis, we supplement the findings by including visual depictions of the hierarchical coding scheme stating the frequency of the recorded units. Whenever the frequency of the recorded units allows, descriptive comparisons between immigrants' nationality and time of residency are highlighted. To illustrate the coding scheme, we use quotations displaying the registered units (that represented the themes and patterns we identified and captured the core of what participants were expressing and served to illustrate the main points and insights) accompanied by the identification of the storytellers, ensuring the data's confidentiality. To maintain confidentiality, each storyteller received a code with the following information: the first letter of the name, followed by the age of the storyteller, the nationality abbreviation and years living in Portugal (e.g., E*32; BR4 refers to a storyteller E* who is 32 years old, Brazilian, living in Portugal for 4 years). Table 14 summarizes the DST workshop and provides insight into the objects storytellers chose, the narratives crafted, and the reflections retrieved from the story circles implemented.

Table 14

Synthesis of the Digital Storytelling Workshop: Presented Objects, Constructed Narratives and Achieved Reflections

Participant, Occupation	Object	Narrative Synthesis	What Can We Learn with the Narrative
E*32; BR4 Occupation: Masters Student (at arrival), PhD Candidate (currently)	Photograph with a backpack and a notebook (represent the trips, opportunity to meet new places/people, the academic process and learning experience)	E* immigrated to Portugal with her husband. She did her master’s degree in Portugal through an unpaid scholarship, which allowed her to pay her tuition fees as a Portuguese citizen. She worked in a restaurant, facing several challenges (bullying, but her Portuguese colleagues defended her). However, after a long time, she managed to get her certificates validated, but due to low pay decided to continue in the restaurant. She is currently doing a PhD on a paid scholarship.	There are agreements in which Brazilian immigrants may come to Portugal to do a master’s degree and pay tuition as Portuguese natives; also, there are scholarships in Portugal for immigrants who want a PhD with a scholarship. Academia is an option for those who want to immigrate to Portugal.
A*50; BR2 Occupation: DJ (at arrival), DJ/ Artistic Producer/ Masters Student (currently)	Headphones (represent the job and hobby)	A* emigrated from Brazil with a plan, saved money and contacted others to help her throughout this process. She initially migrated to Germany because she dreamed of working and studying in Europe. However, due to the pandemic and uncertainty, she relocated to Portugal because she already had acquaintances, spoke the same language, and liked the country. During her journey in Portugal and the pandemic, she managed to work as a DJ and is currently enrolled in a Portuguese university where she is doing a master’s degree.	The narrative enhances the importance of having a good plan before migrating and the role of a support network when choosing the destination country. The determining role national identity with the host country plays in the decision to stay at the destination.
R*51; BR11 Occupation: Psychologist (at arrival), PhD Candidate/ Psychologist (currently)	Professional Certificate (represents her academic achievements and the opportunity to pursue new challenges in Portugal as a PhD student)	R* described her migration as a process that caused her fear but a strong desire to discover new cultures. She had the opportunity to work as a therapist and do a PhD in Portugal. One of the difficulties she faced was the language. She also describes the importance of being receptive to new experiences to adapt to the host country. She mentioned the extent friends have in overcoming difficulties, particularly regarding work.	This narrative demonstrates the role that networks, mostly ties with friends, have in overcoming adversities during the migratory process and their role in the employment search. The story also emphasizes the importance of being open to new experiences for adaptation in Portugal to be smoother.
M*27; VN5 Occupation: Call center employee (at arrival), Call center team coordinator (currently)	Letter by a coworker (represent the support by the coworker)	M* immigrated to Portugal 5 years ago, leaving his family and friends behind. During his five years in Portugal, he grew up professionally in a call center company, where he is currently a team coordinator. One of the significant challenges he faced was the language. In the process, he was diagnosed with multiple sclerosis and mentioned the importance of this diagnosis being made in Portugal and not in Venezuela, allowing him to access the treatments he needed.	This digital story shows that the health system in Portugal is available and open to help immigrants who decide to immigrate to Portugal as a universal system. The narrative highlights the importance of socialization at the workplace to smooth the entrance to the job while keeping his expectations about professional development.

CAPÍTULO 7: Digital Storytelling on Immigrants Employability Trajectories

<p>K*27; VN12 Occupation: Store assistant (at arrival), insurance call center employee (currently)</p>	<p>Company card (the first object received by the company represents the career evolution)</p>	<p>K* immigrated to Portugal when she was 17 years old and mentioned that the first difficulty she faced was linguistics and family pressure about what she wanted for her future. She had to deal with bureaucracy in college, and her accent affected her academic career. During this journey, she started working in a call center for the Spanish market, where she felt valued because she spoke the same language. Then she moved to another call center company, where she was poorly paid and worked a lot. She eventually dropped out of college, and in the process, she switched to an insurance call center company and currently has her team.</p>	<p>In this case, the family members' networks did not benefit this immigrant. The immigration process to Portugal involves a lot of bureaucracy. Nevertheless, the narrative highlights immigrants have the opportunity to work and develop their careers despite challenges.</p>
<p>C*27; VN5 Occupation: unemployed (at arrival), call center employee (currently)</p>	<p>Pen (used to sign the first employment contract)</p>	<p>C* immigrated to Portugal because her father was sick with cancer, and there were no medicines in Venezuela. In Portugal, she found the medical assistance and access to the medication she needed. She went to work for a call center company, which opened many doors for her and taught her a lot. One of the obstacles she faced in Portugal was the language, and she had difficulties communicating. She mentioned that it was a process that caused her a lot of fear but that it is a risk worth taking.</p>	<p>The narrative pinpoints the possibility of accessing the Portuguese universal health system, which was not available in Venezuela, constraining their health and well-being. The story also addresses the fear of language barriers but the gains of overcoming them.</p>
<p>N*20; VN7 Occupation: High school student (at arrival), call center employee (currently)</p>	<p>Notebook (contains the information about the learning process)</p>	<p>N* immigrated to Portugal at 14 and left his family and friends behind. He started school, encountered a significant language barrier, and finished high school. He couldn't go to college because he didn't have a high school diploma and started working to contribute to the expenses and was able to help his family in Venezuela. His first job was as an assistant to assemble security systems, but he had little free time. Then he went to work for a call center, where he was happier because he had expectations of growth in this company.</p>	<p>This narrative comes from a semi-skilled immigrant and enhances the importance of instrumental support the employability opportunities in Portugal are giving him to help his family members in Venezuela (transnational networks). The narrative also highlights how professional growth expectations exist for immigrants beyond academic training when importance is given to on-the-job training.</p>

What Do Narratives Share

1. Employability perceptions show opportunities for development and growth for skilled and semi-skilled storytellers despite barriers identified throughout their trajectories.
2. Employability perceptions reveal job opportunities in Portugal, with a tendency for Brazilian storytellers to pursue paths in higher education and Venezuelan storytellers presenting more diverse careers.
3. The language was a barrier difficult to overcome for Venezuelan storytellers.
4. Storytellers edited the narratives to motivate the audience, with storytellers wanting to show their struggles and barriers and the gains of the migratory journey.

Significant Objects

We identified 19 record units to describe significant objects, with four main themes being identified by Brazilian storytellers: job evolution, hobbies, job opportunities, and social support, while Venezuelan storytellers only identified three: job evolution, job opportunities, and social support (See Appendix 3, Table A.3.1).

Job Evolution and Job Opportunities

Job evolution refers to significant objects that allow storytellers to remember their professional journeys and achievements but also illustrate job opportunities by playing a part at the beginning of a new job or a turning point in their career:

*"(...) It also demonstrates my growth both individually and at work; looking at this today is like, wow! I achieved a lot here (...) I managed to evolve here in Portugal (...) I hope to look at it again in 10 years and be able to be somewhere else." (K*27; VN12);*

*"(...) Without this certificate, I wouldn't have the possibility of being here, and this certificate has always been with me" (R*51; BR11).*

Social Support

Social support included the assistance storytellers received when arriving in Portugal, which Venezuelan storytellers differentiated between *emotional* and *instrumental support*. The former consisted of manifestations of care and compassion, and the latter referred to assistance to meet tangible needs at the workplace, both aligned with the definitions of the functional facets of social support (Lourel et al., 2013).

*"She in the letter told me to stop being so correct, to relax, and it was she who helped me a lot, with something completely different from what I was used to." (M*27; VN5).*

*"This colleague was the person who taught me what to do at work when I arrived, everything related to the bureaucratic part of the company." (M*27; VN5).*

Hobbies

Brazilian storytellers only mentioned hobbies to indicate jobs that overlap with their leisure activities:

*"I work as a DJ, it's a hobby too, and I work with music, with music production (...)" (A*50; BR2).*

Most objects selected by Brazilian storytellers (e.g., headphones, backpacks and academic certificates) represent an extension of their lives, connect with their identity and are linked to their interests and hobbies. On the other hand, Venezuelan storytellers rely on objects that merge their identities with the community (e.g., company card, co-worker's letter, notebook to register helpful notes the context provides, pen to sign more contracts with others). This distinction may arise from differences in cultural values. Even though storytellers' groups are from Latin American cultures, usually linked to collectivist values, emphasizing group affiliation and bonding (Podrug et al., 2014), literature states the need to revise this interdependence self-construal among those cultures (Krys et al., 2022). Thus, while those values can be depicted by the Venezuelan relevance given to social support, a relevant resource to promote adaptation to challenging situations, embedded in social networks and linked to social capital (Farashah et al., 2021), Brazil may be shifting towards individualism with higher values on personal autonomy and self-sufficiency (Podrug et al., 2014).

Career Trajectories through the Lens of Immigrants' Digital Stories

A total of 129 record units were identified by analysing the digital stories developed

by storytellers about their employability trajectories in Portugal (See Appendix 3, Table A.3.2), with 4 themes pinpointed: immigration elements, immigrant attributes, Portugal attributes, and the turning point in the story.

Immigration Elements

Storytellers referred to the following main elements: *difficulties in the migration trajectory, job opportunities and career evolution, social support, the reasons for immigration, the meaning of immigration, and immigration preparation.*

Difficulties in the Migration Trajectory. Storytellers revealed that *personal issues* were relevant in constraining their adaptation, just like *language barriers*, particularly among Venezuelan storytellers. *Contextual elements* also enhanced the specificities arising in some moments but not in others during their trajectories, just like the pandemic, as well as the role of *bureaucratic processes* in life-changing elements such as recognition of qualification certificates.

"It's been 5 years since I left the land where I was born, Venezuela. Leaving my sister and my nephews... I miss them, I ask life to allow me to be together again." (C*27; VN5).

*"As soon as I arrived, I started studying in the 9th year of high school, and I found a giant barrier, a giant language barrier because I only spoke Spanish (...)." (N*20; VN7).*

*"The terror of the pandemic has begun! Rush to supermarkets, food shortages, local violence and the mixture of feelings of frustration, insecurity, doubt and fear; what to do?" (A*50; BR2).*

*"(...) I entered the process of validating my professional certificate as a physical therapist, and it was a long process, but it worked" (E*32; BR4).*

Venezuelan storytellers described more difficulties, particularly at *language* and *personal levels*, when compared to Brazilian. Additionally, Brazilian storytellers living in Portugal for 2 or fewer years and Venezuelan storytellers residing in Portugal for more than 2 years to 10 years struggled more in their migratory trajectories, as reported by the participant Brazilian living less than 2 years (A*50; BR2), describing challenges associated with the pandemic, but still managing to proceed their academic goals and a Venezuelan living between 2-10 years (N*20; VN7), facing the language barrier.

“When I arrived, I was practically confined for 6 months (...). Even amid the pandemic, I managed to work with music and events (...). I signed up for a master's degree at ISCTE, and here I am today.” (A*50; BR2).

“(...) I face an enormous barrier, a linguistic barrier, I only spoke Spanish, didn't speak English or Portuguese (...) During my insertion in the Portuguese community, I went through a lot. I had to learn to deal with comments about my speech from colleagues, teachers, family, etc.” (N*20; VN7).

These results may reflect the type of immigration of these two groups. Story narratives revealed that Brazilian storytellers immigrated to gain personal growth and proceed to graduate studies, which literature has already identified can be facilitated by bilateral agreements (Oliveira & Fonseca, 2013). On the opposite side, Venezuelan storytellers were forced to migrate because of Venezuela's economic and political instability, leading to more personal difficulties related to their migratory trajectories. Also, a lack of language proficiency has been identified in the literature as one major constraint in employability in migrations, slowing adaptation (Farashah et al., 2021). Despite cultural affinities, Venezuelan storytellers do not share the same language, which can contribute to their tendency to present more difficulties and still have more negative perceptions even when living in Portugal for longer than Brazilian storytellers. However, Venezuelan

storytellers also focus on how their ability to master other languages can be an additional asset when working in companies that operate in markets in the origin country, which is aligned with literature on cultural capital (Cooke et al., 2013).

Job Opportunities and Career Evolution. Storytellers' careers in Portugal ranged from pursuing advanced studies at the university or progressing from overqualified to more matched qualified jobs, despite negative aspects in the employability trajectories.

*"So I applied for a master's degree in gerontology at the same university as my husband and got a scholarship. A scholarship that was not reimbursed, but that allowed me to pay the same as a Portuguese citizen and not the 5500 euros per year for foreigners." (E*32; BR4).*

*"I am currently the coordinator of this same company, of a fantastic team from different Venezuelan, Portuguese, Brazilian and Colombian cultures." (M*27; VN5).*

*"But not everything was pretty; this job was a tiring one, as I was rarely at home and had no free time to be with my family." (N*20; VN7).*

Social Support. This support was essential for storytellers and included assistance and socialization in Portugal, with emotional and instrumental support differentiations. Like for significant objects, emotional support addressed manifestations of care and compassion, in this case from close ties such as friends and family, while instrumental support focused on assistance from other types of ties to meet tangible needs, such as lawyers and health care professionals. Social support manifests as an example of social networks' role in migrations, promoting adaptation and social integration in new contexts. It also depicts the perception storytellers have of the resources available in those networks and their access to social capital to access information and better mobilization (Nascimento et al., 2021). Through strong and

weak ties, social capital helps immigrants access information, guiding them in the new culture and influencing their career decisions (Farashah et al., 2021).

"New friends bring us the possibility to laugh about the difficulties and also transform the big lemons into delicious and fresh lemonade." (R*51; BR11).

"(...) with the advice of a great lawyer, I quickly established myself in the country." (A*50; BR2).

Reasons for Immigration, Meaning of the Immigration and Immigration

Preparation. Storytellers illustrate the aspects that led to migration, such as their life dreams, their partner's professional path, and health issues. Brazilian storytellers were the only group mentioning the meaning of the immigration category, addressing how this group of storytellers perceived migration as more than outward movements where people are looking for dreams and opportunities by encompassing internal changes. The least mentioned category was immigration preparation, focusing on planning the migration trajectory and making contacts. Brazilian storytellers embraced migration as an extension of their identity and dreams, an opportunity to grow and increase their skills, working on planning their mobility trajectory. However, Venezuelan storytellers were forced to migrate and react to the crisis in their country of origin. Health emergencies also precipitated their mobility because they needed to provide proper health care to family members. For them, migration was more a reaction to a problem to be solved.

*"(...) looking for a dream, living, studying and working in Europe (...)." (A*50; BR2);*

"Migration is more than moving from one place to another. It's moving internally." (R*51; BR11).

"I planned, saved money and made working contacts to produce events and festivals." (A*50; BR2).

Immigrant Attributes

Two categories were generated when reflecting on how their journey and career path evolved: *resilience* and *personal evolution*. *Resilience* depicted the strength storytellers have to face adversities. *Personal evolution* focused on the capacity storytellers have to learn and grow during that process.

*"It was 5 years of effort, dedication and perseverance where the word Don't give up! It became my slogan... being an immigrant is not easy, but it is not impossible either." (M*27; VN5).*

*"The joy of being able to see my various transformations in the process made me look at myself as a great dream maker (...)" (R*51; BR11).*

The migratory experience can be stressful due to the uncertainty provoked by the disruptions in the environment of the migrant (Ciaramella et al., 2021), with storytellers' employability trajectories revealing that facet and perceiving their resilience as a way to cope. Differences in migratory trajectories are highlighted, with resilience being stated mostly by Venezuelan storytellers, while personal evolution showed more in Brazilian narratives. Comparisons between storyteller groups revealed *personal evolution* was more quoted by Brazilian storytellers living in Portugal for more than 10 years and by Venezuelan storytellers residing in Portugal for more than 2 years to 10 years. Because Venezuelan storytellers also identified more difficulties in their trajectories, valuing social support by having a higher perception of strains, Venezuelan storytellers may perceive themselves as more resilient, benefiting social support as a strategy to cope with stress (Ciaramella et al., 2021). In addition, the challenges Venezuelan storytellers faced in their origin country may have also contributed to turning this characteristic more salient because traumatic experiences precipitated their decision to migrate. In contrast, Brazilian storytellers expanded their dreams and focused on developing their skills and qualifications. Even though uncertainty

occurred within this group, requiring coping strategies, the reported difficulties were less accentuated, easing the adaptation process.

Portugal's Attributes

Immigrants identified *negative* and *positive aspects of the* destination country. The positive dimensions enhanced Portugal's weather, culture, food, and healthcare.

The *negative* parts were related to bullying and difficulties storytellers suffered during their adaptation process in the country.

*"During my insertion in the Portuguese community, I went through a lot. I had to learn to deal with comments about my speech from colleagues, teachers, family, etc." (K*27; VN12).*

*"Portugal opened its doors to me; I got to know its culture, its people and its food. I understood that it was the right place." (M*27; VN5).*

Employability trajectories had positive and negative elements, just like the migratory experience in Portugal. For both groups, immigrants with more than 2 years to 10 years of residency in Portugal stated more positive than negative aspects. The fact that immigrants present more positive aspects with long-term residency in the country may suggest a positive transition to adaptation in the long run (Tharenou & Kulik, 2020), consistent with the idea of storytellers evolving employability trajectories. Discriminatory behavior and negative attitudes toward immigrants are also documented in the literature, including Portugal (Oliveira & Fonseca, 2013).

Turning Point in the Story

Storytellers referred to life events or internal shifts felt in their professional journey and/or migratory trajectory changing their career, suggesting the importance of dealing with

the unexpected and rearranging expectations, which is essential when searching for career opportunities (Tharenou & Kulik, 2020).

*"So I applied for a master's degree in gerontology at the same university as my husband and got a scholarship." (E*32; BR4).*

Focus Group: Reflecting on the Stories Heard and the Approach Used

A total of 145 record units were identified through thematic analysis of the focus group transcription with 2 main themes generated: DST and employability trajectories (See Appendix 3, Figure A.3.3 and Figure A.3.4).

DST

The *DST* theme referred to developing a digital story and its relevance as a participatory outreach strategy compared to other information sources used by storytellers during their migratory trajectories. This theme encompassed the following categories: *functions of DST, other media used as a source of information on migration, DST development process, and DST structure importance.*

Functions of DST. Storytellers grouped the DST functions on employability into the following subcategories: *role on mental health and well-being, informative on different migratory subjects, DST and official documentation.*

Starting with *DST's role in mental health and well-being*, storytellers argued that the role could be at the *storyteller level* (the individual) and the *community level* (the group the storyteller represents). At the *storyteller level*, the subcategories were grouped into *building digital stories* as a process allowing *gratitude, memories, motivation, reflexivity, and expression of resilience* and *viewing the digital story*, allowing *identification* and the

perception of resilience. Also, some storytellers reflected on *building vs viewing the digital story*. Storytellers identified DST as a tool used to make a story with an emotional value addressing individual experiences that can arouse memories and feelings. But also as media content used to be watched by an audience, promoting reflection and discovery. This consideration also shows how the storyteller actively switches roles from the one who crafts the narrative to the audience who listens to the story and intervenes in providing meaning, co-crafting the stories of others.

*"It wasn't as good as seeing other people's stories. I think I already know my story; I think I already know what I went through. (...) I think it was fun to see other perspectives. I don't think it was bad to build the story; that's not what I said; in fact, it was even a lot of fun to create the story and then put the photos and everything and see the end and say, "oh how cute!" but I liked it better see other people's stories. I don't know... It varies greatly from person to person" (E*32; BR4).*

Comparing both categories, storytellers enjoyed creating the digital story, but Venezuelan storytellers felt DST had a more prominent role in well-being outcomes when making the story. In contrast, Brazilian storytellers revealed feeling more engaged with viewing the stories instead. Literature states that self-reflection through photographs and video can have therapeutic implications, increasing the perception of positive outcomes (David, 2017). The perceived role of DST on mental health and well-being may have improved because Venezuelan storytellers had already revealed in their narratives the importance of resilience and social support, which play a role in mental health (Martos-Méndez et al., 2022). This aligns with the idea that DST promotes a sense of community and the findings of McDonough and Colucci (2019), with DST facilitating immigrants' community and service-based conversations about diversity. This process is also considered empowering and safe, demonstrating DST's suitability as a valuable tool for researching

mental health within vulnerable groups (McDonough & Colucci, 2019). The perceived relevance of DST on quality-of-life outcomes in migrations is aligned with the literature (Nascimento et al., 2023b).

At the *community level*, storytellers considered digital stories to be *encouraging*, *motivational*, and a manifestation of *resilience* for the community by representing immigrants' *life experiences*, *opening horizons* and providing a *sense of belonging*. Those who watch the story can feel *secure*, with *emotional support* being provided. Storytellers identified DST as a multilevel approach with gains at the individual level and able to promote broader conversations and social action at the community level. DST is recognised as a collaborative approach, facilitating overall learning, communication and positive engagement.

"Encouraging in the sense that... for example, if people are afraid or unmotivated with fear of coming, and when they see the stories they may think no... they can see other people's difficulties and see that it worked out very well for many people." (E*32; BR4).

*"(...) a little bit of our history here in Portugal, of what we've been doing, of the achievements we've achieved (...)." (N*20; VN7).*

*"(...) She never thought about coming to Portugal and ended up here, to Portugal, when you ask someone else, to Portugal? (...)" (M*27; VN5).*

*"(...) I think there are people who like to have this community spirit, and there are people who don't (...) I think it can be encouraging in some way; people look at the videos, and when they see that person made it, I think it's good (...)" (E*32; BR4).*

*"(...) I feel that when people see these digital stories, they feel safer and more confident (...)." (M*27; VN5).*

"I think it helps emotionally and also helps to get an idea of what it's like to come here, doesn't it? In other words, it's not all pink; this is the idea I have (...), but you'll always

have a better quality of life, which is basically what most immigrants come to search for."

(K*27; VN12).

However, storytellers addressed the negative side of DST, revealing stories could be pieces of *illusion* and *unrepresentative* of the migratory trajectories because each experience is unique, depicting only some of their difficulties and opportunities. In migrations, because of the migratory trajectory uncertainty, the storyteller may feel the strains need to be simplified to account for the story's short length, leaving behind a web of undocumented intricacies the community members will not perceive, contributing to misleading them. In fact, literature on DST debates its disadvantages (Nascimento et al., 2023b) because DST invokes emotional content and personal experiences; thus, its application requires an appropriate ethical framework (Hassler & Lambert, 2017).

"Yes, the stories went way over the top in that sense." (K*27; VN12).

"(...) of course, it can happen that a person who has done the same process says that this is a hoax, because (...) everyone has a different experience, and I feel that it is very contained." (M*27; VN5).

Despite the disadvantages, storytellers revealed the potential of DST on employability in migrations and beyond. Brazilian storytellers underlined that DST could be more *informative* about employability to plan the migratory trajectory as a strategy in the early stages of migration, supporting their focus on personal growth and skills development. Venezuelan storytellers considered DST relevant in all areas and migratory stages (e.g., education and health), contributing to their communication challenges, which impair their socialization at different levels, channelling DST as a reliable and collaborative community-based information source. According to Hassler and Lambert (2017), DST is informative and can be applied in several contexts offering numerous possibilities such as the ones highlighted by storytellers.

CAPÍTULO 7: Digital Storytelling on Immigrants Employability Trajectories

*“I think that mainly regarding work, because it is a common topic in all stories - that everyone looked for a job and got one, that it was hard and they changed jobs – it is good that it shows that opportunities are here to those who search for and chase them, right?” (A*50; BR2).*

*“That’s it! Also, regarding education, it shows us there are opportunities and that it is possible to study here in Portugal. I believe by watching the videos, they will realize that studying in Portugal is also a possibility.” (N*20; VN7).*

*“(…) we are thankful to him because he does these kinds of informative videos about treatments, about new treatments, let’s say this is his approach to it... this digital method, just like we did now, in my opinion, it is genius, my experience is that this kind of experience with digital information is way better than having it written on a paper...” (M*27; VN5).*

*“Then, in the second phase, you arrive here and “oh my god!”: things are not exactly how you might have imagined, and you face some challenges like job searching, that can be hard in the beginning but eventually gets better” (E*32; BR4).*

*“I feel like, in general, for everything and every moment and every day. Because when you come from your country and try to adapt, it is very important to have a lot of information.” (M*27; VN5).*

*“You also need information on other topics, even to open a bank account... a doctor’s recommendation (...).” (M*27; VN5).*

DST as Outreach Approach. When DST was compared to official documents immigrants have access to when arriving in Portugal, two categories emerged: *different from official documents* and *complementary to official documents*, revealing DST as a strategy that can be used to supplement the traditional ones.

*"but at the same time, they don't teach you anything about bureaucracy, about what you're going to have to go through here, etc.; I think they are very different things." (A*50; BR2).*

"But I also think that it could be the combination of the two things, that is, the person looks

CAPÍTULO 7: Digital Storytelling on Immigrants Employability Trajectories

*at that document and sees that there are possibilities and rights that immigrants also have and, together with the information from the videos, it could be another incentive.” (E*32; BR4).*

Nevertheless, storytellers revealed most information during the early stages of migration comes from *social media*, with *Facebook* and *WhatsApp* being credited, mainly because storytellers acknowledged their *lack of familiarity with official Portuguese documents* by resorting to other user-friendly sources. Literature states social media is highly relevant in migrations during the migratory trajectory and shapes communication between migrants and their ties (Ihejirika & Krtalic, 2021). If reliable, social media can also play an even more relevant role when language barriers and increased official information flows occur (e.g., COVID-19; Brønholt et al., 2021). Because digital stories can be presented on social media platforms, their informative role can be disseminated to larger audiences.

*“Yes, in my case, it was Facebook and its groups, where you can see what other immigrants are suggesting. It was to those groups I resorted to obtaining information.” (C*27; VN5).*

*“In my case, WhatsApp groups were the most helpful when I arrived, and those groups have been the most helpful to this very day.” (A*50; BR2).*

*“No, what is that?” (A*50; BR2).*

DST Development Process. The process was divided into storytellers' *choices of sounds and photos*. Among the reasons storytellers have presented to use specific background sounds in their narrative are the categories to *convey a message* and *express feelings*. For storytellers, sounds made *the narrative special*, creating *envelopment*.

*“Because I thought it conveyed the message I wanted my story to be telling, it was sad, it was beautiful, it was peaceful, it conveys overcoming, resilience, I think it adapted to my story.” (M*27; VN5).*

CAPÍTULO 7: Digital Storytelling on Immigrants Employability Trajectories

*"And also, sometimes the person stops narrating (...) and only the photo remains, and with the sound, there is not that silence; there is always something; it is better with the background sound, it always conveys some emotion and feeling." (E*32; BR4).*

*"I used that sound because I thought it gives a more special touch to the story (...)" (N*20; VN7).*

*"(...) you understand better, depending on the clear sound, you will not talk about overcoming, and you will choose a different sound from the story; I think it conveys the idea that the person is inside the story, is more involved with the story." (M*27; VN5).*

For the selection of *photos*, storytellers reflected on choosing the color images and the significance of the selected photos, with both elements being determinants to *make the story personal* and unique.

*"Yes, I liked the videos that had our photos more than (...) mainly with photos of flowers, and I think it's very impersonal. And I liked seeing other people's pictures better because that way we can see the story, see the people, see that it's that person who's telling that story." (E*32; BR4).*

*"(...) there are things that we don't forget, and I feel that these photos that I chose and that are there represent that moment, whether good or bad, and I knew it was going to follow with the story I was telling." (M*27; VN5).*

DST Structure Importance. The role storytellers considered each story had, despite being short by, having a beginning, middle, and end to help other immigrants at a *motivational level*.

"I think... I think the same way... as a motivator in terms of motivation. The person looks at the story and sees okay, that the person went there, that she had a journey with a beginning, middle and end and that she is there, that everything went well, that she does

*not regret that she likes to be where she is, that things went well despite the ups and downs, I think in the same sense as the previous one.” (E*32; BR11).*

Storytellers acknowledged how DST engaged them in a process that combined different skills and a purposeful selection of media content to assemble a video illustrating a narrative with a plot with sequential parts. Storytellers revealed that DST offered a focus on the message and a purpose when finding music and choosing images to create a cohesive digital story to provide them and others with a sense of responsibility. As such, as recognised by storytellers, it can be argued that as a pedagogical tool, DST operates on multiple literacies and soft skills are required by the demanding labor markets (Succi & Canovi, 2020).

Employability Trajectories

The second central theme, employability trajectories, encompassed *perceptions of Portuguese employers and the migratory process*.

Perceptions of Portuguese Employers. Two categories emerged: *appreciation of immigrants and barriers and devaluation of immigrants*. Storytellers indicated that Portuguese employers appreciated immigrants due to their *availability and willingness to work*, considering immigrants put a lot of *effort into their work*. Storytellers also revealed appreciation comes from the skills employers think immigrants have (e.g., *handling people and speaking different languages*). Another element storytellers revealed was the *recognition of their qualifications*, that some employers might not create barriers to certificate recognition. The literature states newcomers arriving in destination countries looking for jobs tend to be proactive due to their needs (Tharenou & Kulik, 2020), re-establishing their professional identity, adapting to new

communication styles and getting additional training and skills (Farashah et al., 2022). The need to re-establish professional identities to better adjust to local labor markets and adapt to the destination country may contribute to justifying employers' perceptions.

*"(...) they highly value this good will and disposition (...)." (E*32; BR4).*

*"(...) they do everything to work with immigrants who are very hardworking and need to work (...)" (N*20; VN7).*

*"(...) but they feel that the work that immigrants will have, perhaps the effort will be greater or the same as that of the Portuguese." (M*27; VN5).*

*"(...) that's how I think she looked at the experience I had and knew that with that I could deal with people" (E*32; BR4).*

*"(...) the employer liked that I spoke other languages, so what? It was good for her" (E*32; BR4).*

*"Sure! I also think it depends a bit on the work; some jobs require more specific skills than others, but some companies don't care about that. And it also depends on a little luck." (N*20; VN7)*

*"They value your daily performance more. At least where I work, I brought my university certificates that are not validated in Portugal, because it is a very bureaucratic process, and they accepted me without any problem." (M*27; VN5).*

Nevertheless, appreciation revealed a negative side when storytellers considered employers think immigrants' work is *low-cost* and that immigrants are hired because they *do not contest*. Also, on the negative side, storytellers considered that Portuguese employers *prefer Portuguese employees* (particularly when immigrants and Portuguese candidates are applying for the same jobs and have the same qualifications). Excessive hours of work, low-qualification jobs, low salaries, and role deviation also reflect this devaluation of immigrants. Somehow, storytellers stated appreciation could be disguised by negative aspects, with group

comparison showing most *barriers and devaluation of immigrants* emerged from Brazilian storytellers:

*"(...) it is good because it is cheap and because they can exploit them, they exploit them, they pay little (...)." (A*50; BR2);*

*"I didn't complain, but of course inside I hated it (...)" (E*32; BR4).*

*"And then I think that concerning professional experience even as a physical therapist... (...) I have my doubts if employers don't prefer Portuguese people there..." (E*32; BR4).*

*"I think they prefer the Portuguese; there is lots of xenophobia (...)" (A*50; BR2).*

*"Yes, my job was scheduled for me to come in at 8 am and leave at midnight, and how many times do I leave at 1 am?!" (E*32; BR4).*

*"I think they want to pay a very, extremely low salary. Wanting you to work more than normal hours (...)" (A*50; BR2).*

*"Where I worked, at the restaurant, there was a diversion of duties every day (...) we did the cleaning and everything. This is common here in Portugal!" (E*32; BR4).*

According to the literature, immigrants wanting to improve their lives at their destination and searching for better work and wages find themselves battling for jobs on the lowest rungs of the market, feeling more insecure (Mallett, 2018). These searches, sometimes accompanied by personal challenges as reported by storytellers, can contribute to accepting lower than 'decent work', an element clarified in this category and addressed in literature revealing the precariousness associated with immigrant work and the frequency of facing discrimination the more skilled they are (Farashah et al., 2022). Regarding group results, the Brazilian storytellers are all women, which can have contributed to this finding compared to Venezuelans. According to dos Santos (2013), Brazilians report high levels of discrimination in Portugal compared to other groups in light of Luso-tropicalism, particularly Brazilian women who are associated with derogatory terms suffering from subtle and overt prejudice.

For the two storytellers, there were *no barriers* because positive socialization had a significant role in his employment trajectory, highlighted by the significant object chosen (the co-worker letter). Accordingly, Tharenou and Kulik (2020) review suggested that newcomers who have had the opportunity to be embodied into an organization successfully would more easily transition from accommodation to adaptation, feeling more satisfied and exhibiting higher motivation and commitment.

"I have not had any bad experiences, and I am grateful for that because since I arrived in Portugal, this was my first job, and I have never felt discriminated against anywhere, in any aspect, especially in the company. I grew up in the company... and I don't have any negatives, just positive things." (M*27; VN5).

Migratory Process. Regarding employability in Portugal, the category underlines *negative* and *positive aspects*. The *negative* side of employability in Portugal reflects *rejection* and the *overall burden of working* there. However, the *positive aspects* intersect *employability and expectations* at different life levels. Most quotes about the migratory process were from Venezuelan storytellers, with this group focusing on more positive than negative aspects, enhancing the intersection between employability and expectations. Indeed, adapting, understanding, accepting, and adjusting to new environments facilitates transition conditions to better work and prevents disidentification and long-term unemployment (Farashah et al., 2022):

"But I sent many, really many many CVs, and nobody reached out. (...) And then, when I had an opportunity, the payment was very low. But I never had a negative reply. I would send my CV, or I would go there in person, and they would say, "Yeah, okay", but then nothing [laughs]." (E*32; BR4).

CAPÍTULO 7: Digital Storytelling on Immigrants Employability Trajectories

*"They don't value it; one thing I noticed is they don't value the curriculum; I have 5 faculties, I speak 5 languages, and I know the whole world, and they don't value it; the fact of being overqualified is not relevant to them (...) I think it is very complicated to work here in Portugal, from my point of view." (A*50; BR2).*

*"(...) And as I tell you, life offers you friends who are like family and she is like family (...) many people tell me, "you have no heart!" and I say to them, "No!", "I don't have the heart for not wanting to go and miss Venezuela?" I say, "No! It was a cycle that ended, and I feel good in Portugal; I raised my family here in Portugal, and I don't have that need and want to return to Venezuela (...) "Oh, do you ever want to go to Venezuela?" Yes, like any other country as a tourist, but Portugal is now my new home." (M*27; VN5).*

Conclusions

The present study showed the challenges underlying the employability trajectories of Brazilian and Venezuelan immigrants in Portugal using DST as a participatory approach and method. We aimed to contribute to an under-researched area by exploring the perceptions of immigrants at risk of overqualification while understanding if DST can be a participatory outreach approach in migrations to promote debate and facilitate social action on decent work. While presenting the study findings, we discussed several results, whose main conclusions are summarized in the current section according to our research questions. We end by reflecting on the study's limitations and contributions to practice.

How do immigrants perceive their employability trajectories in Portugal?

Brazilian and Venezuelan employability trajectories face several barriers, with resilience being a determinant in their lives. Among the challenges presented, immigrants reveal that validating their professional certificates is lengthy and bureaucratic, demanding

their professional aspirations. However, employment opportunities in Portugal allow them to progress in their careers over time, although sometimes they have to adjust their expectations and reorganize their goals. Also, the role of social capital, through the adaptive role of social networks and socialization, able to provide social support are essential to ensure mobilization and success, with immigrants recognizing the gains that Portugal has brought them beyond their professional trajectories, namely, with access to a universal health system.

What do immigrants think Portuguese employers value and devalue the most among immigrant workers?

Brazilian and Venezuelan immigrants consider that Portuguese employers value their determination and willingness to work, assessing them as committed and hardworking professionals and evaluating their skills in their daily performance. Because of that, some Portuguese employers allow them to use their skills even when their certificates are still not officially validated in the country, contributing to better adaptation instead of feeling overqualified while waiting for the end of the bureaucratic process (Oliveira & Fonseca, 2013). However, on the negative side, immigrant state employers in Portugal have also devalued them in their professional trajectories by subjecting them to precarious work, low salaries, rejection and discrimination.

How does cultural proximity due to shared language affect immigrants' perceptions of employability?

Despite the cultural proximity from the Portuguese-descendant wave of Venezuelan immigration, the absence of a shared language reveals additional barriers for these immigrants that Brazilian immigrants did not experience, revealing communication's role as a migration facilitator. The lack of this common ground showed language as a stressor for

Venezuelan immigrants, not interfering in the adaptation of Brazilian immigrants. However, the fact that Venezuelan immigrants know another language can be seen as a competitive advantage in a work context when employers want to integrate markets that share the same language as the immigrants' country of origin.

Language barriers also play a role in how both groups perceive DST. While Brazilian immigrants consider DST informative at an early stage of immigration in employability, Venezuelan immigrants value these stories for different areas and periods of their trajectories, allowing them to expand their social networks and share reliable and comprehensive information.

Do immigrants perceive DST as a useful participatory approach to facilitate sharing relevant information on employability to promote debate and social action in migrations?

Due to their emotional content, digital stories allow storytellers to experience a diversity of memories and reflections anchored in their experiences, facilitating their understanding and ensuring they can convey the correct message to the audience. Immigrants reveal that DST has a multilevel role by impacting the individual who tells the story and the community who listens to the story, with both levels acting continuously in collaboration in co-creating the narratives. Also, immigrants say that the storyteller has two roles at the individual level: the one who builds the content and the audience simultaneously. At the community level, immigrants considered DST can play a positive role by being encouraging and a source of emotional support, allowing other immigrants by social identification to realize that they can also be successful in their professional trajectories despite challenges. However, immigrants suggest DST can also be harmful due to simplifying immigrants' complex life stories, making them fear that the information they passed on to the community could have been more realistic, given the length of the story, leaving relevant details behind.

Nonetheless, immigrants consider that DST has an informative potential that can complement traditional sources of information for immigrants and can be disseminated on the social media that immigrants use the most for informal information sharing.

Can DST in employability prompt the embedded 21st-century soft skills required for labor markets?

Immigrants consider DST allows the same skills to be worked in this area that the DST traditionally works in other topics, enhancing skills in communication, reflexivity and collaboration essential to the globalized labor market. DST has pedagogical potential in employability in migration to build tools enhancing the skills and curriculum of skilled immigrants beyond its use as a participatory approach to push the debate on decent work.

Is there any homogeneity in employability narratives of immigrants according to their immigrant nationality?

Employability trajectories diverge between Brazilian and Venezuelan immigrants. For the former, migration is an opportunity to extend their skills at a higher level, namely at the master's and doctoral levels. While Venezuelan immigrants are working in other sectors, not searching for academic opportunities. This element aligns with the motives these groups express for their migration. Brazilian immigrants have come to the country to desire personal growth and career development. In contrast, Venezuelan immigrants reveal forced mobility, resulting from the humanitarian situation experienced in their country of origin. Both groups of immigrants focused on the importance of social networks and social support in their migratory and employability trajectories; however, the relevance of these elements was more prominent for Venezuelan immigrants, exposing their greater cultural tendency towards collectivist values.

Immigrants perceive Portuguese employers differently. Brazilian immigrants present an opposing view, which did not happen for Venezuelan immigrants, revealing the social stigma associated with Brazilian women in Portugal, mainly when all Brazilian immigrants participating in the study were female.

Regarding the role of DST, Venezuelan immigrants considered DST relevant in promoting mental health and well-being, while Brazilian immigrants considered digital stories more playful. In light of the self-reflective potential of DST, it is understandable why Venezuelan immigrants think more about the role of DST in quality of life. For Venezuelan immigrants, social support and resilience are critical concepts in their narratives and perceptions, which do not occur so often for Brazilian immigrants. Also, Venezuelan immigrants greatly appreciate their role in DST as storytellers. In contrast, Brazilian immigrants consider they prefer their role as audience members. This element is also related to the aforementioned greater independence of Brazilian immigrants, where, as an audience, they receive relevant information but are not directly involved in the construction of data to be shared with the community, decreasing their interdependence ties.

Limitations and Implications

The study presents limitations that should be considered when reading the results. The sample was small, and the sociodemographic characteristics of the immigrants were unbalanced, with most digital stories being developed by females. Due to the study inclusion criteria, the sample comprised highly educated participants. Thus, samples with different education levels may provide different results, like samples containing immigrants with technological illiteracy and disability. On the other hand, the results do not reflect employers' perspectives. Future studies should include different perspectives, extending to other

immigrant groups to better understand trajectories and contribute to the debate on decent work and overqualification.

DST could be a relevant approach in the context of employability in migration to promote discussion and sharing of information about decent work, allowing immigrants to develop soft skills pertinent to today's job markets. However, its use may require different applications depending on the immigrant groups and their promptness to be involved in community activities. Future studies should continue to explore the conditions of its differentiated applicability, how DST can contribute to extending social capital and which specific employability strategies (e.g., digital stories in ePortfolios and personal branding) can be applied. DST can serve as a method to address overqualification among immigrants and help them secure jobs that align better with their skills and qualifications. For example, creating digital stories about their expertise and experiences allows them to enrich their digital portfolios and resumes. This, in turn, makes it easier for potential employers to assess their competencies and qualifications, ultimately promoting the recognition of immigrant skills and easing their entry into the labor market. In any case, whatever the necessary adjustment in the content and form of implementation of the DST approach, the role of narrative combined with the digital seems to be an inevitable way to ensure the voice and visibility of skilled immigrants who, in their everyday challenges, contribute to global economic and social development.

PARTE V:
Conclusões Sobre os Determinantes Sociais da Qualidade de Vida no
Contexto das Migrações

CAPÍTULO 8

CONSIDERAÇÕES FINAIS

1. Objetivos Gerais e Específicos dos Estudos

A presente investigação procurou contribuir para a análise dos determinantes sociais da saúde (capital social, redes sociais, apoio social, e sobrequalificação) em imigrantes da CPLP (incluindo sobretudo imigrantes brasileiros) e não-migrantes em Portugal. Além disso, analisou-se o potencial do DST enquanto abordagem participativa para promover os determinantes sociais da saúde em migrações, comparando as narrativas digitais de empregabilidade de imigrantes brasileiros e venezuelanos. Este projeto de investigação desenvolveu-se ao longo de 3 momentos, incluindo 6 estudos empíricos, que são apresentados em detalhe nas partes II, III e IV.

Especificamente, no 1º momento, atendendo às divergências na literatura referentes à conceptualização e operacionalização do capital social e da sobrequalificação, e consequentes limitações psicométricas dos instrumentos existentes, validaram-se para o contexto português a PSCS-16 que avalia o capital social (Capítulo 2), e o QSCP que avalia a perceção de sobrequalificação (Capítulo 3). No 2º momento, atendendo a que o capital social é um construto multidimensional, e existe sobreposição do mesmo com outros construtos como redes sociais e apoio social, utilizou-se a metodologia das redes que permitiu explorar diferenciadamente cada construto. Inicialmente, exploramos as mudanças ao nível do capital social entre as redes gerais e específicas de saúde percebidas, e também avaliámos as flutuações de capital social e mudanças nas redes de acordo com o tempo de residência dos imigrantes (Capítulo 4). De seguida, devido ao contexto pandémico, avaliámos as mudanças percebidas antes e durante a pandemia COVID-19, das redes específicas de saúde, saúde mental, apoio social e capital social (Capítulo 5). Finalmente, no 3º momento, realizou-se

primeiramente uma revisão sistemática sobre os métodos digitais aplicados ao bem-estar dos imigrantes, para identificar as forças e fraquezas destes métodos e propor novas direções para otimizar o seu uso (Capítulo 6) e, posteriormente, com o intuito de avaliar o seu papel na promoção dos determinantes sociais e atendendo, também, à maior predisposição para a sobrequalificação nos imigrantes com implicações na satisfação de trabalho e saúde mental, desenvolvemos um *workshop* de DST sobre as suas histórias de empregabilidade, para explorar o seu papel enquanto ferramenta para promover o debate sobre estas questões entre os imigrantes e potenciar *soft skills* valorizadas no mercado de trabalho. Na próxima secção, são apresentados integradamente os principais resultados obtidos nos diversos estudos, destacando os seus contributos e as implicações práticas para a investigação.

2. Resultados Principais, Contextualização, Implicações e Relevância

No 1º momento, no estudo 1 (Capítulo 2) de validação da PSCS-16 para o contexto português, os resultados foram encorajadores, indicando que o instrumento utilizado é eficaz na operacionalização do capital social em migrações. Os resultados sugeriram um modelo de primeira ordem representando dois fatores oblíquos, que reforçaram o uso das duas subescalas em estudo e diferenciação de capital social em capital *bonding* e capital *bridging*. Além disso, como a maioria dos instrumentos que medem o capital social são de longa dimensão e com fragilidades psicométricas (Wang et al., 2014), este estudo demonstrou a eficácia da PSCS-16 enquanto ferramenta curta na operacionalização do capital social que pode ser utilizada em estudos de larga escala em migrações. Também a análise fatorial evidenciou a validade convergente, tendo sido encontrado uma associação negativa entre capital social e abertura emocional, sugerindo que os imigrantes da CPLP não guardam as suas emoções, o que é fundamental para os imigrantes, uma vez que a abertura emocional

contribui para a superação de barreiras culturais e desenvolvimento de novos laços (Utz & Muscanell, 2015), cruciais para a sua integração em novos contextos. Um padrão oposto ocorreu entre os não-migrantes, que na literatura apresentam redes mais estruturadas, e não atribuindo tanta relevância aos laços *bridging* na construção de redes para adaptação aos contextos (Arpino & de Valk, 2018). Isto poderá contribuir para que o capital social não interfira com necessidade de maior abertura emocional, mas sim o oposto. Relativamente à validade discriminante em ambos os grupos, como expetável, não foi encontrada associação com a saúde sexual, apesar deste último fator ser, também, um construto crucial para a qualidade de vida (Flynn et al., 2016) evidenciado, assim, que são determinantes sociais diferentes. Além disso, os resultados preliminares permitiram identificar uma associação positiva entre o nível educacional e o estatuto de imigrante com o capital social *bridging*, sugerindo que aqueles com níveis educacionais mais elevados têm mais acesso ao capital social *bridging*, pois geralmente têm mais competências ao nível da comunicação (Ryan, 2011), permitindo aumentar as conexões com outros (Putnam, 2000). De acordo com Putnam (2000), este tipo de capital social permite o acesso a diferentes grupos facilitando a inclusão e permitindo o acesso e mobilização de recursos mais diversos, benéfico para os imigrantes que estão a integrar-se num novo contexto.

Posteriormente, no estudo 2 (Capítulo 3) de validação do QSCP para Portugal, realizámos um estudo misto, explorando inicialmente a sua estrutura fatorial, e posteriormente, na sua vertente qualitativa, outras configurações da sobrequalificação (e.g., sobrequalificação voluntária), assim como a sua relação com a satisfação no trabalho, outro determinante social da saúde mental. Os resultados da AFC permitiram identificar que, apesar da multidimensionalidade dos itens, a estrutura que melhor os representa é unidimensional, obtendo-se níveis elevados de consistência interna, em comparação com os resultados obtidos para a estrutura fatorial com dois fatores de 1ª ordem, como ocorrido em outros estudos onde,

contudo, não tinha sido aplicada AFC (Fine & Nevo, 2008; Yu & Ye, 2019). A validade convergente foi verificada pela associação negativa entre a percepção de sobrequalificação e a satisfação no trabalho. Os resultados qualitativos permitiram aprofundar esta ligação entre percepção de sobrequalificação e satisfação no trabalho, ao se identificar um padrão oposto, quando os imigrantes se encontram em sobrequalificação voluntária, pois nesse contexto revelaram satisfação profissional, percebendo-a como uma oportunidade de progressão na carreira, que impacta positivamente a sua satisfação no trabalho. Para além desta variável, a identidade com o país (querer ou não abandonar o país de acolhimento) e o tempo de residência parecem intervir na relação entre sobrequalificação e satisfação com o trabalho, atendendo a que os resultados sugeriram que aqueles que viviam há menos tempo em Portugal expressavam mais vontade de abandonar o país e apresentavam maior insatisfação profissional. Assim, um dos grandes contributos deste estudo passou pela apresentação do modelo teórico que parece ser crucial para se compreender a relação entre a sobrequalificação e a satisfação no trabalho, com a identificação de variáveis moderadoras como o carácter in/voluntário da sobrequalificação, a identidade com o país de acolhimento e o tempo de residência neste. Relativamente à validade discriminante, como expectável, não se verificou uma relação significativa com a justiça organizacional, e, apesar de os estudos anteriores terem considerado a possibilidade de sobreposição entre estes conceitos (Liu & Wang, 2012), os resultados deste estudo reforçam que são construtos distintos e que estudos futuros devem considerar operacionalizar a sobrequalificação e justiça organizacional de formas distintas.

Ambos os estudos psicométricos de validação das escalas PSCS-16 e do QSCP contribuíram com resultados preliminares relevantes que informam sobre a validade de construto e consistência interna do capital social e da percepção de sobrequalificação. Ambos os estudos fornecem evidência psicométrica robusta na operacionalização destes determinantes sociais da saúde em migrações, contribuindo assim para a obtenção de

resultados cumulativos sobre estes determinantes e para ampliar o conhecimento do seu papel na saúde dos imigrantes, nomeadamente num contexto onde as redes sofrem mais disrupções e são mais afetados pela sobrequalificação com consequências na saúde mental.

Especificamente, o estudo 1 revelou a relevância do capital social *bridging*, de laços fracos e redes heterogéneas, fatores que são facilitadores das trajetórias de migração, sugerindo a importância e necessidade de intervenções que promovam estas redes, enquanto o estudo 2, contribuiu, ainda, para a exploração de outras configurações do conceito de sobrequalificação (e.g., sobrequalificação in/voluntária), revelando que esta nem sempre tem um impacto negativo na satisfação no trabalho, sugerindo a importância de ampliar a pesquisa neste âmbito com estudos qualitativos, além de quantitativos, e promovendo um modelo teórico, com uma proposta para estudos futuros que possam estudar os moderadores identificados na relação entre a sobrequalificação e satisfação no trabalho, e consequentemente, contribuir para expandir a literatura a este nível, no âmbito da saúde mental e bem-estar dos imigrantes. Contribuiu, ainda, para indicar que, nas migrações, a sobrequalificação não deve ser avaliada através da justiça organizacional, diferenciando estes construtos, e reforçou a necessidade e relevância de estudos mistos que explorem a sobrequalificação, pois é através da combinação destes estudos que se consegue olhar para outras vertentes da sobrequalificação e compreender o seu impacto em migrações.

No 2º momento, atendendo à multidimensionalidade do capital social e à necessidade de o distinguir de outros construtos (redes sociais e apoio social), os estudos incidiram na aplicação da metodologia das redes para explorar os diversos construtos e distinguir os seus contributos. No estudo 3 (Capítulo 4), onde se considerou uma abordagem de redes gerais e de saúde percebidas, os resultados indicaram que as redes dos imigrantes apresentavam um maior *degree* (maior número de laços) e eram constituídas maioritariamente por laços fracos e heterofílicos com os não-migrantes (capital social *bridging*), sobretudo as redes gerais,

enquanto as redes de saúde eram maioritariamente constituídas por laços fortes e homofílicos com os imigrantes (capital social *bonding*). Os laços *bridging* com os não-migrantes e heterogeneidade das redes gerais são benéficos, pois permitem que os imigrantes acedam a recursos diversos (e.g., oportunidades de emprego; Seibel & van Tubergen, 2013), enquanto os laços *bonding* aparentam ser mais relevantes quando o assunto se refere à saúde e situações de emergência. Mesmo com um maior número de laços *bridging* e *degree* nas redes gerais, os imigrantes da CPLP revelaram ter acesso a menos recursos não-redundantes e menos capital social geral (menos laços com elevado estatuto social), enquanto os não-migrantes tinham acesso a mais capital social geral em ambas as redes, sendo que o número de laços em vantagem social foi ainda maior nas suas redes de saúde. Os resultados evidenciaram que a frequência de contacto não é tão regular nas redes dos imigrantes da CPLP, sugerindo que as suas redes são mais instáveis e demoram tempo a evoluir, e no que concerne às redes de saúde, verificou-se ausência de laços formais com profissionais de saúde, o que pode ser resultado de estes não terem médico de família (Linhas et al., 2019), contribuindo para a mobilização de menos capital social geral nestas redes. Ao analisarem-se os buracos estruturais, notou-se que, apesar de terem redes com maior *degree* e mais laços *bridging* (principalmente nas redes gerais), as suas redes continuaram a ser menos eficientes que as dos não-migrantes, verificando-se que o último grupo não necessita de redes com elevado *degree* para mobilizar recursos, sobretudo em redes de saúde onde o constrangimento é elevado, revelando redes mais estruturadas que permitem o acesso aos recursos necessários. Além disso, quando se exploraram estes elementos considerando o tempo de residência, verificou-se que os imigrantes que viviam há mais tempo no país de acolhimento (>5 anos) tinham redes com mais laços fracos e heterofílicos com não-migrantes (capital social *bridging*), mais eficientes e menos constrangidas, tendo acesso a mais capital social geral, permitindo o acesso a recursos não-redundantes, mesmo quando o número de laços reduzia,

evidenciando também a relevância do tempo de residência no reforço dos laços *bridging* e no aumento da eficiência das redes, e respetiva compreensão da mobilização de capital social em migrações.

Posteriormente, no estudo 4 (Capítulo 5), explorámos o impacto de duplos eventos disruptivos (trajetória de migração e COVID-19) ao averiguar a perceção antes e durante a pandemia na saúde mental, analisando-se redes específicas de saúde percebidas, apoio social e capital social. Verificou-se que os níveis percebidos de saúde mental reduziram mais acentuadamente nos imigrantes da CPLP, acompanhado por mais mudanças nas suas redes de saúde percebidas, nomeadamente uma redução do número de laços sociais (apoio social percebido). Foi também encontrada uma associação positiva entre o número de laços e perceção de saúde mental durante o tempo de pandemia, pelo que a redução do número de laços e de acesso a menos diversidade de apoio social contribuíram para níveis mais baixos de saúde mental nos imigrantes da CPLP. Durante a pandemia, as suas redes percebidas de saúde mudaram também ao nível da constituição dos laços, de redes heterofilicas para homofilicas, perdendo laços com os não-migrantes (capital social *bridging*), que contribuíam anteriormente para redes mais eficientes e expansão de capital social geral, passando assim a ter durante a pandemia o acesso a recursos menos diversos de apoio social e capital social. Em contrapartida, entre os não-migrantes os seus níveis percebidos de saúde mental tiveram uma menor redução, com menos mudanças nas suas redes, apoio social e capital social, e mesmo com redes mais constrangidas estas eram mais eficientes, revelando ter redes mais estruturadas que contribuíram para a proteção da sua saúde mental numa situação de crise.

Ambos os estudos do 2º momento contribuíram para reforçar a importância da metodologia das redes para se testar e explorar os determinantes sociais de maneira diferenciada, considerando posicionamentos teóricos distintos de capital social, pois é através desta combinação que se ampliam as conclusões sobre de que forma as configurações de

redes contribuem para a melhor mobilização e acesso a recursos diversos, nomeadamente verificou-se o benefício/relevância dos laços heterofílicos e fracos com os não-migrantes, na configuração de redes heterogêneas que permitem a mobilização de capital social *bridging*, aumentando a eficiência da informação das redes, tendo acesso a recursos não-redundantes e mais buracos estruturais nas suas redes, e mais laços com *alters* em vantagem social (capital social geral), que potenciam a mobilidade social e integração no país de acolhimento e a sua qualidade de vida. Nomeadamente no estudo 3, o tempo de residência também revelou ser uma variável crucial para identificar esta relação e impacto entre estes construtos, na mobilização de capital social em função do tempo, nomeadamente no modo como os laços *bridging* (redes heterofílicas, integrando não-migrantes) são benéficos ao longo do tempo, aumentando a eficiência das redes e o acesso a recursos mais diversificados, facilitando assim as trajetórias de migração. O estudo 4 permitiu identificar também o contributo individual das redes sociais, capital social e apoio social, nomeadamente revelando que é através da combinação de laços heterofílicos com os não-migrantes (capital social *bridging*), e de mais apoio social (maior número de laços), que se contribui para a proteção da saúde mental dos imigrantes da CPLP. Assim, redes heterogêneas, laços fracos e redes com um maior número de laços, permitem aceder a uma maior variedade de apoio social (emocional, instrumental e informativo), sendo, contudo, necessários estudos futuros que explorem que tipo de laços (fortes/fracos) fornecem determinado tipo de apoio. O estudo 4 contribuiu, ainda, para reforçar a importância de intervenções em situações de crise que promovam as redes informais dos imigrantes (e.g., reuniões com grupos comunitários), pois laços com outras pessoas da comunidade poderão ser cruciais no acesso ao sistema de saúde nestes períodos, nomeadamente em momentos em que existem estrangimentos das suas redes sociais.

No 3º momento, atendendo a que os estudos das fases anteriores sugerem a importância da resiliência social, nomeadamente das redes heterogêneas para os imigrantes,

por permitirem o acesso a recursos diversos (estudos 1, 3, e 4), prosseguiu-se com o desenvolvimento de um *workshop* de DST para explorar se esta abordagem era viável na promoção da resiliência social em imigrantes brasileiros e venezuelanos em risco de sobrequalificação, incidindo nas suas histórias de empregabilidade e na utilização de uma metodologia qualitativa, que é importante para se explorar diferentes configurações de sobrequalificação (estudo 2). Estudos que utilizam estas abordagens participativas e digitais em contextos migratórios são escassos. Assim, conduzimos inicialmente uma revisão sistemática (estudo 5; Capítulo 6). Os resultados revelaram que os métodos digitais são ferramentas úteis na promoção de bem-estar dos imigrantes. Através desta revisão, foi possível perceber quais são os métodos digitais aplicados em migrações e a sua eficácia. Verificou-se que não existe uma abordagem em concreto adequada a todos os grupos de imigrantes, pois cada grupo tem necessidades e competências específicas, e esta revisão fornece um *input* teórico que permite o desenvolvimento de intervenções mais direcionadas às necessidades dos diversos grupos de imigrantes. Este estudo identificou que estes métodos se dividem em duas grandes categorias: os *M-integration* (e.g., apps) e os métodos participativos (e.g., DST). Contudo, verificou-se que os *M-integration* têm sido mais aplicados nos imigrantes (usando a Terapia Cognitivo Comportamental, no desenvolvimento de estratégias de *coping* para proteção da saúde mental e para a promoção da resiliência individual), enquanto os métodos participativos têm sido aplicados sobretudo em grupos de refugiados (para aumentar a qualidade de vida e a promoção da resiliência social). Identificou-se também que os *M-integration* deveriam considerar mais aspetos culturais (e.g., religião) para melhorar a sua eficiência, enquanto os métodos participativos devem considerar modelos teóricos (e.g., cognitivo comportamental) e métodos quantitativos para avaliar a sua eficácia na mudança de comportamentos e na promoção de bem-estar e saúde mental.

Posteriormente, realizou-se o *workshop* de DST (estudo 6; Capítulo 7). Os resultados sugeriram que os imigrantes enfrentam vários desafios na validação dos seus certificados; e a relevância das redes de apoio para o sucesso profissional foi também referida. Apesar de os empregadores valorizarem a sua determinação e vontade de trabalhar, muitos relataram que lhes são atribuídos trabalhos mais precários e que os colocam em sobrequalificação, com baixos salários e sujeitos a situações de discriminação. Ademais, o DST permitiu explorar o desenvolvimento de *soft skills* (i.e., comunicação, criatividade), competências valorizadas no mercado de trabalho, e também promoveu o debate sobre o trabalho adequado. A análise qualitativa revelou ainda que os imigrantes venezuelanos relataram mais dificuldades ao nível da língua, e verificou-se que estavam em sobrequalificação objetiva (mesmo aqueles que já viviam há mais tempo em Portugal). Contudo, os imigrantes venezuelanos expressaram que estavam satisfeitos com o seu trabalho, sobretudo quando trabalhavam com outros venezuelanos. Este resultado vai ao encontro dos resultados preliminares do estudo 2, onde se concluiu que a sobrequalificação nem sempre impacta negativamente a satisfação profissional dos trabalhadores imigrantes, e reforça a relevância de estudos mistos para se compreender o conceito de sobrequalificação e a sua relação com a satisfação no trabalho. Além disso, para além dos estudos 1, 3 e 4 reforçarem o papel das redes e capital social, nomeadamente da relevância da mobilização de recursos diversos, o *workshop* de DST também reforçou a relevância das redes e capital social como determinantes cruciais para a mobilização e integração bem-sucedida nas suas trajetórias de empregabilidade. Nomeadamente, ampliou os resultados dos estudos anteriores, explorando o apoio social, para além do número de laços, identificando o tipo de apoio social que as redes fornecem, especificamente salientando o apoio emocional recebido numa fase mais inicial da migração, através de demonstrações de cuidado e compaixão, provenientes de laços fortes como amigos e familiares; enquanto o apoio instrumental se centrou na assistência de laços mais fracos para atender a necessidades

tangíveis, como advogados e profissionais de saúde, desempenhando um papel crucial nas suas trajetórias de trabalho. Contudo, o recurso às redes, capital social e o apoio social foi mais proeminente nos imigrantes venezuelanos, revelando tendências mais coletivistas, que, contrariamente aos imigrantes brasileiros, consideraram ter um impacto mais positivo na sua saúde mental. Neste sentido, o estudo da revisão sistemática (estudo 5) e do *workshop* do DST (estudo 6) parecem sugerir que os métodos participativos como o DST podem ser mais adequados para grupos de imigrantes de culturas mais coletivistas ao nível da promoção de bem-estar.

São várias as implicações para a investigação e prática destes resultados. Em primeiro lugar, a presente investigação produziu conhecimento e fortaleceu o quadro teórico do NEM, que tem sido pouco estudado empiricamente, especialmente em migrações. Este modelo impulsionou a atual investigação para a exploração das redes e impacto na saúde, que se revelaram cruciais para elucidar as diferenças que existem ao nível destes determinantes entre imigrantes e não-migrantes, sendo assim um modelo crucial a se considerar em estudos nas migrações, com o intuito de se reduzir as diferenças que os imigrantes enfrentam ao nível de capital social e saúde mental. Além disso, os estudos psicométricos do 1º momento de validação da PSCS-16, estudo 1, e do QSCQ, estudo 2, permitiram obter resultados cumulativos sobre estes determinantes sociais, obtendo-se novo conhecimento sobre o impacto destes determinantes sociais na saúde mental dos imigrantes e fornecendo pistas para o desenvolvimento de intervenções mais específicas e adaptadas às necessidades dos imigrantes. Além disso, o estudo 2 propõe um modelo teórico e da necessidade da investigação nas migrações incidir em estudos mistos para se compreender o impacto da sobrequalificação, porque esta nem sempre tem um impacto negativo, nomeadamente a sobrequalificação voluntária (e.g., expectativa de crescimento) pode impactar positivamente a satisfação no trabalho, elemento corroborado também pelo estudo 6 do *workshop* de DST,

onde se verificou que mesmo em imigrantes venezuelanos objetivamente em sobrequalificação, expressaram satisfação profissional, reforçando que os estudos em migrações não devem considerar esta relação tão linearmente, mas ter em conta outras possíveis variáveis moderadoras (caráter in/voluntário da sobrequalificação; identidade nacional; tempo de residência) que ajudem a esclarecer esta relação, assim como a necessidade de estudos mistos, pois só assim é possível chegar a um maior consenso a este nível, conciliando, ainda, quer a sobrequalificação objetiva, como a subjetiva.

Os estudos 3 e 4, reforçaram que a investigação em migrações deve considerar uma abordagem específica de redes de saúde, na medida em que, apesar da tendência para a estabilidade das redes, são ativados diferentes laços entre as redes de saúde (laços *bonding*) e as gerais (laços *bridging*). Assim, é possível explorar mais especificamente como estes laços específicos funcionam enquanto pontes para o sistema de saúde, que tipo de apoio forneceram em emergências, contribuindo para resultados mais concretos sobre o impacto das redes e capital social na saúde mental. Além disso, estes estudos evidenciam como é importante, em migrações, aplicar-se a metodologia das redes, pois só assim é possível explorar-se os diversos posicionamentos teóricos de capital social, permitindo identificar a estrutura que parece ser mais relevante/beneficiar os imigrantes. Existem imigrantes que poderão estar mais predispostos para desenvolver um tipo de rede e capital social e o estudo destes construtos permitem identificar as redes que mais contribuem para a proteção da sua saúde mental e propor intervenções mais dirigidas e adaptadas às necessidades dos grupos de imigrantes. Por exemplo, nos imigrantes brasileiros qualificados (que constituem a maioria da nossa amostra), os nossos resultados vão ao encontro do estudo de Roggeveen e Van Meeteren (2013) realizado em Amesterdão, em que estes imigrantes procuram relacionar-se sobretudo com a população não-migrante, ou outros com as mesmas qualificações e que têm vantagem social, para terem acesso a recursos mais diversos e a mais oportunidades de

emprego, chegando-se assim a resultados mais sólidos sobre a dinâmica dos imigrantes brasileiros. Neste caso, existe uma tendência para beneficiarem de redes heterogêneas, sugerindo assim a importância de intervenções que promovam este tipo de rede. Também a representação visual das redes (estudo 3) revelou ser um contributo do estudo dos determinantes sociais da saúde dos imigrantes, ao simplificar a análise das relações complexas e a estrutura das redes que os imigrantes estabelecem, nomeadamente o seu funcionamento, permitindo visualmente identificar a eficiência da rede e os seus buracos estruturais. A metodologia de redes também evidencia como as redes sociais, capital social e apoio social, são diferentes, nomeadamente que é através da combinação do apoio social/*degree*/número de laços, e do capital social *bridging*, que contribuem para o aumento da eficiência das redes e acesso a recursos diversos, permitindo o acesso a diversos recursos e tipos de apoio social. Estudos qualitativos também são relevantes para se explorar estes determinantes sociais, em particular para se perceber o tipo de apoio social (e.g., emocional, instrumental, informativo) fornecido por laços fracos e heterofílicos (redes que mobilizam capital social *bridging*), e laços fortes e homofílicos (mobilizando capital social *bonding*) contribuindo para elucidar o seu impacto ao nível da saúde mental.

O estudo 5 da revisão sistemática estimula o planeamento de nova investigação, identificando as forças e fraquezas destes métodos e a necessidade de intervenções mais adaptadas e específicas, de que não existe uma intervenção universal eficaz para a promoção de bem-estar de todos os grupos de imigrantes, e da necessidade de um planeamento mais rigoroso na aplicação destes métodos nas migrações. A revisão sistemática apresenta um conjunto de indicações, nomeadamente da necessidade de se explorar a cultura dos imigrantes (e.g., cultura coletivista vs. individualista), as dinâmicas dos grupos de imigrantes e as suas trajetórias de migração (e.g., migração forçada vs. voluntária), o que contribui para intervenções mais dirigidas e para a seleção do método mais adequado, potenciando o uso

dos métodos digitais enquanto estratégias na promoção da saúde mental e bem-estar nas migrações. Também reforça que, ao nível do planeamento da investigação, os métodos participativos incluem metodologias quantitativas ao longo de diversos momentos (e.g., pré intervenção e pós-intervenção), para se compreender o seu impacto ao nível do bem-estar dos migrantes.

Relativamente ao estudo do *workshop* de DST, ao permitir o desenvolvimento de *soft skills*, que são tão importantes para a integração dos imigrantes, salienta que esta metodologia pode ser ainda mais eficiente em grupos de imigrantes que enfrentam mais desafios ao nível da língua, como é o caso dos imigrantes venezuelanos e também dos imigrantes refugiados. As histórias contadas por outro semelhante, e que fala a mesma língua, podem ser extremamente informativas e facilitar as suas trajetórias de migração. Além disso, ambos os grupos de imigrantes enfrentam diversas dificuldades ao nível da validação dos seus certificados, o que conduz a empregos mais precários, salientando a necessidade de políticas de integração que agilizem este processo de validação (e.g., reavaliação dos certificados; ou formação que complemente as suas competências), para combater a sobrequalificação. Ademais, este estudo mostrou que os imigrantes enfrentam preconceito em Portugal, o que acaba por dificultar a reconstrução das suas redes sociais, capital social e inclusão. Neste sentido, e atendendo aos benefícios das redes heterogêneas identificadas ao longo dos estudos, a divulgação das histórias digitais às comunidades locais, através dos media e de sites dedicados às suas histórias, podem contribuir para a educação sobre as comunidades migratórias, promovendo a sensibilização e aceitação em Portugal e potenciando assim as redes entre imigrantes e não-imigrantes, com impacto positivo na coesão social e na saúde mental. Ao mesmo tempo, sendo histórias autobiográficas, podem combater as narrativas falsas que circulam sobre as comunidades migratórias, reforçando a relevância da aplicação do DST nas migrações para combater a xenofobia.

Contudo, ao nível da estrutura do *workshop* de DST, para os imigrantes, o rever das suas trajetórias de migração pode também causar emoções negativas, pelo que o processo deve ser acompanhado por apoio psicológico, para uma melhor compreensão dessas emoções, contribuindo assim para melhorar o bem-estar e dar significado às suas narrativas. Além disso, e atendendo à flutuação dos determinantes sociais ao longo do tempo, os *workshops* de DST não devem ser realizados apenas numa fase inicial da migração, mas em diversos momentos do processo migratório. É também importante que o DST seja uma experiência colaborativa, por permitir uma maior flexibilidade na adaptação dos imigrantes. Por exemplo, ao incidir em histórias sobre as suas trajetórias de saúde, o DST pode incluir as narrativas de profissionais de saúde, contribuindo para sensibilizar ambas as partes e promover uma melhor adaptação. Por último, é fundamental que os *workshops* de DST criem um ambiente que promova a reflexividade dos participantes sobre as suas próprias histórias digitais e que se explore o impacto que a partilha das suas histórias teve nos outros, fomentando uma melhor compreensão do seu impacto e eficácia em migrações.

3. Limitações e Direções Futuras

A presente investigação apresenta um conjunto de limitações que foram discutidas ao longo dos estudos empíricos. Neste sentido, podemos destacar algumas limitações que foram transversais a todos os estudos, nomeadamente o facto dos estudos apresentarem amostras não-probabilísticas e de conveniência, pelo que os resultados não representam, na generalidade, toda a população dos grupos que participaram nestes estudos. As amostras foram de pequena dimensão e desequilibradas entre os grupos alvo (e.g., entre imigrantes da CPLP e não-migrantes [resultado de os imigrantes fazerem parte de um grupo minoritário]; e entre o número de imigrantes da CPLP [sendo constituída sobretudo por imigrantes brasileiros, que é o maior grupo de imigrantes em Portugal]); ao nível do género e idade dos

participantes (maioritariamente mulheres jovens); e também ao nível do tempo de residência, pelo que estes aspetos devem ser tidos em consideração na leitura dos resultados. Em específico, estas limitações na amostra impossibilitaram nos estudos 1 e 2 a comparação da estrutura fatorial e a testagem da sua invariância. Em estudos futuros será fundamental que as amostras sejam maiores e mais equilibradas, nomeadamente entre grupos de imigrantes e não-migrantes, entre imigrantes da CPLP, assim como em outras variáveis sociodemográficas (e.g., género), para que seja possível ter uma visão mais abrangente sobre os resultados destas comunidades; e que também se realizem estudos longitudinais, que permitam análises adicionais com os dados das escalas validadas (e.g., teste-reteste e estabilidade temporal), e nos restantes estudos compreender a evolução dos determinantes sociais ao longo do tempo, sendo crucial em migrações, num contexto em que as redes sociais, capital social, apoio social e sobrequalificação dos imigrantes, estão em constante evolução e mudança. Ainda relativamente à amostra, no estudo da revisão sistemática, foi necessário alargar o *scope* de investigação de saúde mental para bem-estar (conceito mais abrangente e que incorpora a saúde mental), tendo sido incluídos, ainda assim, um número reduzido de estudos sobre a temática em análise. Verificou-se heterogeneidade nos estudos que foram incluídos nomeadamente ao nível da amostra (e.g., imigrantes, refugiados), da metodologia (e.g., qualitativos e quantitativos), dos métodos digitais utilizados nos *M-integration* e participativos, dificultando a comparação dos resultados entre os estudos incluídos. Contudo, os resultados revelaram-se promissores, salientando que estes métodos pareceram ser eficazes na promoção do bem-estar dos imigrantes, e a necessidade de estudos futuros mais adaptados a cada grupo de imigrantes, e atendendo à multiplicidade de trajetórias dos imigrantes, que considerem e apliquem estes métodos em diferentes momentos do processo migratório.

Ademais, apesar de no estudo 2 ter sido proposto um modelo teórico sobre a relação entre a sobrequalificação e a satisfação no trabalho, não nos foi possível testar este modelo.

CAPÍTULO 8: Considerações Finais

Estudos futuros devem testar as relações propostas no modelo de moderação apresentado, e, atendendo à multidimensionalidade da sobrequalificação, para além de estudos quantitativos que quantifiquem as relações identificadas, é necessário também que estes sejam acompanhados por estudos qualitativos que explorem os diversos elementos desta relação, já que estes permitem compreender outras configurações da sobrequalificação que nem sempre resulta em consequências negativas para os trabalhadores migrantes e, já que nem todos os instrumentos, em termos quantitativos, permitem captar tais elementos. Por exemplo, em determinadas circunstâncias, esta relação pode ser positiva (e.g., sobrequalificação voluntária) em migrações, e um aumento do conhecimento do impacto deste construto poderá facilitar o desenho de intervenções que ampliem a compreensão das necessidades dos imigrantes, promovendo assim o bem-estar (Wassermann & Hoppe, 2019).

Além disso, a situação pandémica poderá ter afetado os resultados dos estudos do 2º momento, que incidiram na metodologia das redes, uma vez que a recolha dos dados foi realizada em diferentes momentos da pandemia, e, atendendo a que esse foi um evento disruptivo que forçosamente modificou as redes, pode ter tido influência na recolha dos laços/*alters* que os egos mencionaram, naquele período em específico. Nomeadamente ao nível das redes de saúde, atendendo a que o acesso à saúde foi comprometido, poderá ter contribuído para uma menor ativação de laços com profissionais de saúde. Também, o estudo 3 reforçou a relevância da utilização de diversas tipologias de capital social combinadas com o tempo de residência, pelo que estudos futuros devem continuar a explorar estas variáveis e as suas associações, para esclarecer como o capital social é mobilizado em diferentes momentos das trajetórias migratórias. Tanto o estudo 3 como o estudo 4 salientam a necessidade de estudos que explorem os determinantes sociais com base numa metodologia de redes, abordando a especificidade da ativação dos laços, que explorem a composição das redes e os tipos de capital social que podem ser acedidos, continuando a realçar o papel dos

laços fortes e fracos na saúde, no contexto da migração. Os estudos também ainda são escassos e pouco claros sobre a relação entre o apoio informativo e a teoria dos buracos estruturais (e.g., nomeadamente sobre o facto de redes constrangidas também poderem ser eficientes na divulgação de informação), pelo que estudos futuros devem continuar a explorar esta relação. É também importante que os estudos sobre as redes sociais considerem as diferenças culturais ao investigar os determinantes sociais da saúde dos imigrantes, para melhor atender às necessidades dos imigrantes.

Relativamente ao *workshop* de DST, não foi possível incluir as histórias sobre as perspetivas dos empregadores portugueses, nomeadamente sobre as competências e qualificações que esperam dos imigrantes. Seria benéfico que as abordagens sobre o DST tivessem ambas as perspetivas, uma vez que os empregadores portugueses ficam a saber das qualidades e competências dos imigrantes que migram para Portugal, mas também os imigrantes ficariam a saber das competências que são exigidas e valorizadas pelos empregadores portugueses. É através da exposição de ambas as perspetivas que se pode chegar a um maior consenso e a um maior ajuste entre empregadores portugueses e migrantes, permitindo assim que seja feita uma integração mais fluída, não descartando as competências dos imigrantes, mas valorizando-as, potenciando as empresas em que se inserem e ao mesmo tempo beneficiando de maior bem-estar, devido aos benefícios já identificados de uma integração mais fluída no bem-estar dos imigrantes (Wang & Giovanis, 2023). Para além disso, estudos futuros devem explorar como o DST pode contribuir para expandir as redes sociais e capital social, e também averiguar a eficácia da utilização das histórias digitais em e-portefólios para a melhor inserção em empregos que sejam mais adequados às suas competências.

4. Conclusões

O processo de adaptação ao país de acolhimento é marcado por adversidades como a disrupção das redes, do capital social e do apoio social, assim como a inserção em empregos mais precários e de sobrequalificação, ficando em maior risco de problemas de saúde mental. O objetivo geral incidiu na investigação dos determinantes sociais da saúde (capital social, redes sociais, apoio social, e sobrequalificação) e na aplicação de uma metodologia participativa, de um *workshop* de DST sobre as trajetórias de empregabilidade dos imigrantes, com o intuito de verificar a sua viabilidade na promoção dos determinantes sociais em migrações. Especificamente, procurou-se através de contributos psicométricos (validação de duas escalas que avaliam os determinantes sociais), metodológicos (aplicação de metodologia das redes; estudos mistos), teóricos (aplicação do *Network Episode Model* nas migrações no estudo dos determinantes sociais da saúde; exploração da multidimensionalidade e diversas abordagens de capital social; revisão sistemática dos métodos digitais) e práticos, através de uma metodologia participativa (*workshop* de DST), ter uma maior compreensão dos determinantes sociais da saúde dos imigrantes.

No geral, os estudos psicométricos iniciais revelaram robustez psicométrica, com duas escalas, uma que avalia o capital social (PSCS-16) e outra a sobrequalificação percebida (QSCP) que permitem obter resultados cumulativos do impacto destes construtos na sua operacionalização em migrações. Além disso, através da metodologia das redes, e ao adotar diversos posicionamentos teóricos de capital social, os resultados gerais revelam que os imigrantes da CPLP (sobretudo imigrantes brasileiros) têm redes com menos capital social que os não-migrantes, com acesso a menos recursos, e que estes beneficiam de laços heterofílicos e fracos com os não-migrantes, formando redes heterogêneas onde circula o capital social *bridging*, com redes em que a informação é mais eficiente e não-redundante, tendo mais buracos estruturais e mais laços com outros em vantagem social (capital social

geral). Também, redes com um maior número de laços e uma maior diversidade de apoio social protegem a sua saúde mental. As combinações destes diferentes elementos aumentam as oportunidades dos imigrantes, facilitando assim as suas trajetórias de migração, reforçando a necessidade de intervenções no contexto das redes sociais que promovam este tipo de redes, não apenas na fase inicial, mas em diversos momentos do processo migratório, com o intuito de proteger o seu bem-estar e saúde mental. O *workshop* de DST permitiu desvendar a influência das redes sociais, capital social e apoio social nas trajetórias dos imigrantes brasileiros e venezuelanos, e revelou ser uma estratégia que promove *soft skills*, que são úteis nas migrações, um contexto onde a língua é geralmente uma barreira. Também como verificado na revisão sistemática, evidenciou que não existe uma abordagem específica adequada a todos os grupos de imigrantes, e revelou a necessidade de as intervenções serem adaptadas e flexíveis a cada grupo de imigrantes.

Considera-se que este trabalho, juntamente com os seus resultados específicos, desempenha um papel importante e orientador para explorar e promover os determinantes sociais da saúde em migrações, contribuindo para a literatura no âmbito da qualidade de vida, bem-estar e saúde mental dos imigrantes.

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APÊNDICES

APÊNDICE 1

Versão Inglesa e Portuguesa da *Personal Social Capital Scale-16*

Tabela A.1.1

Versão Inglesa da Personal Social Capital Scale-16

How do you rate the number of people in each of the following categories?					
	A lot	More than average	Average	Less than average	A few
1. How do you rate the number of your friends?					
2. How do you rate the number of your country fellows/old classmates?					
Among the people in each of the following categories, how many can you trust?					
	All	Most	Some	Few	None
3. Among your coworkers/fellows, how many you can trust?					
4. Among your relatives, how many you can trust?					
How many people possess the following assets/resources?					
	All	Most	Some	Few	None
5. Among all your relatives, neighbors, friends, co-workers, and classmates, how many have broad connections with others?					
6. Among all your family members, relatives, neighbors, friends, co-workers, and old classmates, how many are with a professional job?					
Among people in each of the following categories, how many will definitely help you upon your request?					
	All	Most	Some	Few	None
7. How many of your coworkers/fellows will definitely help you upon your request?					
8. How many of your friends will definitely help you upon your request?					
How do you rate the number of the following two types of groups/organizations in your community?					

	A lot	More than average	Average	Less than average	A few
9. How do you rate the number of cultural, recreational and leisure groups/organizations in your community?					
10. How do you rate the number of governmental, political, economic and social groups/organizations in your community?					
When all groups and organizations in the two categories are considered, how many possess the following assets/resources?					
	All	Most	Some	Few	None
11. How many of these groups and organizations possess broad social connections?					
12. How many of these groups and organizations possess great social influence?					
Among each of the two types of groups and organizations, how many represent your rights and interests?					
	All	Most	Some	Few	None
13. How many of the cultural, recreational and leisure groups/organizations represent your interests?					
14. How many of the governmental, political, economic and social groups/organizations represent your interests?					
Among each of the two types of groups and organizations, how many will help you upon your request?					
	All	Most	Some	Few	None
15. How many of the governmental, political, economic and social groups/organizations will help you upon your request?					
16. How many of the cultural, recreational and leisure groups/organizations will help you upon your request?					

Tabela A.1.2*Versão Portuguesa da Personal Social Capital Scale-16*

Como avalia o número de pessoas que tem na sua rede para cada uma das seguintes categorias:					
	Muito abaixo da média	Um pouco abaixo da média	Mediano	Um pouco acima da média	Muito acima da Média
1.Os seus amigos					
2.Os seus concidadãos (pessoas da mesma nacionalidade)					
Em quantas pessoas das seguintes categorias pode confiar:					
	Nenhuma	Poucas	Algumas	Muitas	Todas
3.Os seus colegas de trabalho					
4.Os seus parentes					
Considere todas as seguintes pessoas (membros da sua família, parentes, pessoas no bairro, amigos, colegas de trabalho e concidadãos). Quantas destas pessoas detêm os seguintes bens ou recursos:					
	Nenhuma	Poucas	Algumas	Muitas	Todas
5. Quantos têm várias conexões com outras pessoas					
6. Emprego na área das suas formações académicas					
Se pedir apoio, quantas pessoas das seguintes categorias o/a vão ajudar?					
	Nenhuma	Poucas	Algumas	Muitas	Todas
7. Os seus colegas de trabalho					
8. Os seus amigos					
Como avalia o número dos seguintes grupos/ organizações presentes na sua comunidade?					
	Muito abaixo da média	Um pouco abaixo da média	Mediano	Um pouco acima da média	Muito acima da Média
9.Grupos/ organizações culturais, recreativas e de tempos livres (grupos religiosos, associações de concidadãos, grupos de antigos alunos, grupos desportivos, grupos de trabalhos manuais, etc.)					
10.Grupos/ organizações governamentais, políticas e sociais (partidos políticos, grupos de mulheres, associação de moradores, sindicatos, associações cooperativas, grupos de voluntariado, etc)					

Se considerar todos os grupos e organizações referidas, quantas detêm os seguintes bens e ou recursos?					
	Nenhuma	Poucas	Algumas	Muitas	Todas
11. Vasta rede de contactos					
12. Elevado nível de influência social					
Entre os grupos/ organizações referidas, quantas representam os seus direitos e interesses?					
	Nenhuma	Poucas	Algumas	Muitas	Todas
13. Grupos/ organizações culturais, recreativas e de tempos livres (grupos religiosos, associações de concidadãos, grupos de antigos alunos, grupos desportivos, grupos de trabalhos manuais, etc.)					
14. Grupos/ organizações governamentais, políticas e sociais (partidos políticos, grupos de mulheres, associação de moradores, sindicatos, associações cooperativas, grupos de voluntariado, etc)					
Entre os grupos/ organizações referidas, quantas lhe vão ajudar, caso peça ajuda?					
	Nenhuma	Poucas	Algumas	Muitas	Todas
15. Grupos/ organizações governamentais, políticas e sociais (partidos políticos, grupos de mulheres, associação de moradores, sindicatos, associações cooperativas, grupos de voluntariado, etc)					
16. Grupos/ organizações culturais, recreativas e de tempos livres (grupos religiosos, associações de concidadãos, grupos de antigos alunos, grupos desportivos, grupos de trabalhos manuais, etc.)					

APÊNDICE 2

Expanded methodological procedures, Supplementary results, and References for the reviewed interventions

The following supplementary online material includes: detail on the methodological procedures implemented in the study (i.e., information on accessed databases, selected descriptors, initial search results and data collection process, eligibility criteria, and variables included in the coding process concerning both quality in controlling bias of the selected records and specific characteristics/results); the complete reference list regarding the final data set of selected studies; the initial results (i.e., a synthesis of the information collected from the final data set of selected studies), and the funnel plots which help inform on possible publication bias.

1. Expanded Methodological Procedures

1.1 Databases Accessed

1.1.1 EBSCOhost web which provides access to the following research databases for Academic Libraries on Psychology; Diversity, Equity and Inclusion; and Sociology & Social Work: Abstracts in Social Gerontology; African American Historical Serials Collection (Archives); Africa-Wide Information; AgeLine; American Bibliography of Slavic, East European, and Eurasian Studies (ABSEES); APA PsycArticles; APA PsycBooks; APA PsycExtra; APA PsycInfo; APA PsycTests; APA PsycTherapy; Arab World Research Source: Al Masdar; Arte Público Hispanic Historical Collection: Series 1 (Archives); Arte Público Hispanic Historical Collection: Series 2 (Archives); Bibliography of Asian Studies; Bibliography of Native North Americans; Caribbean Search; Central & Eastern European Academic Source (CEEAS); Child Development & Adolescent Studies; Ebony Magazine Archive (Archives); EBSCO eBooks Psychology Subscription Collection; Ethnic Diversity Source; Family & Society Studies Worldwide; Family Studies Abstracts; Health and Psychosocial Instruments (HaPI); Hispanic American Periodicals Index; Humanities & Social Sciences Index Retrospective: 1907-1984 (Archives); Index Islamicus; Index to Jewish Periodicals; Jewish Studies Source; LGBTQ+

Source; Mental Measurements Yearbook; Mental Measurements Yearbook with Tests in Print; Mental Measurements Yearbook with Tests in Print Internacional; Peace Research Abstracts; PEP Archive; Psychology & Behavioral Sciences Collection; PSYINDEX: Literature and Tests; Race Relations Abstracts; Research Starters – Sociology; Social Sciences Full Text; Social Sciences Index Retrospective: 1907-1983 (Archives); Social Work Abstracts; Social Work Reference Center; Social Work Reference Center; SocINDEX with Full Text; The Belt and Road Initiative Reference Source; Urban Studies Abstracts; Violence & Abuse Abstracts; Women's Studies International (for further information: <https://www.ebsco.com/academic-libraries/subjects/psychology>; <https://www.ebsco.com/academic-libraries/subjects/diversity-equity-and-inclusion>; <https://www.ebsco.com/academic-libraries/subjects/sociology-social-work>).

1.1.2 b-ON which provides access to the following research databases for scientific and technological research institutions and higher education institutions:

Academic Search Complete; American Chemical Society; American Institute of Physics; Annual Reviews; Association for Computing Machinery; Association for Computing Machinery; Business Source Complete; Coimbra University Press; Current Contents (ISI); Elsevier; Essencial Science Indicators (ISI); ERIC; IEEE; Institute of Physics; Journal Citation Reports (ISI); LISTA; MEDLINE; Nature; Royal Society of Chemistry; Sage; Society for Industrial and Applied Mathematics; Springer; Taylor & Francis; Web of Science; Wiley; Zentralblatt (for further information: <https://www.b-on.pt/colecoes/#tabela1>)

1.1.3 Scopus which is the largest abstract and citation peer-reviewed literature citation and indexing database, including scientific journals, books, conferences, with around 70 million indexed documents (for further information:

https://service.elsevier.com/app/answers/detail/a_id/15534/supporthub/scopus/#tips).

1.1.4 SciELO which is a cooperative decentralized database addressing the electronic publication of scientific journals, with an emphasis on those

produced by Ibero-American countries (for further information:
<https://scielo.org/en>)

The platforms and databases were selected to enable both the representation of global publications (i.e., from the northern and southern hemispheres), and includes the most representative databases for Psychology and Migration publications; Diversity, Equity and Inclusion and Sociology & Social Work (e.g., APA PsycInfo, ERIC, MEDLINE, Scopus and SciELO,).

For the grey literature the following databases were accessed

1.1.5 EBSCOhost web

1.1.6 b-ON

1.1.7 ProQuest which is a collection of many databases that provide access to thousands of journals, magazines, newspapers, dissertations, and other publications. ProQuest databases include the following, as well as many others: Coronavirus Research Database; Ebook Central; and Publicly Available Content Database (for further information:
<https://www.proquest.com/databases>).

For systematic reviews registration search was accessed

1.1.8 PROSPERO which is an international database of prospectively registered systematic reviews in health and social care, welfare, public health, education, crime, justice, and international development, where there is a health-related outcome (for further information: <https://www.crd.york.ac.uk/prospero/>)

1.2 Detailed Eligibility Criteria

Records were considered eligible for this study whenever:

1. Studies crossing digital methods intervention and well-being in the migration field were found.

Studies that didn't include both of these constructs were excluded.

2. Studies must have qualitative or quantitative measures of mental health, well-being or quality of life.

Studies required at least one qualitative or quantitative measure of well-being (e.g., mental health, quality of life, or any other measure of mental health) of the impact of digital methods intervention, to be included. Systematic/scoping reviews and protocols were excluded.

3. The participants/sample of the studies should be constituted by immigrant of all ages. Children, adolescents, and adults who were born in a foreign country and are currently living in the host country (first generation immigrant), as well as those who were born in the host country but have immigrant parents (second generation immigrant) were considered eligible. Studies that included non immigrants were excluded.

4. Interventions with or without a control group were included. Interventions with an active control group (which receives an alternative intervention) and a passive group (that receives no intervention) will be included, as well as interventions without a control group. Interventions will be coded through these types of groups for the analysis of the results.

5. The full-text of the report was available and published in Psychology and Migration peer-review journals with indexed abstract. Besides that, grey literature (e.g., Open access Theses and Dissertations) were eligible for the present study.

To minimize the possible bias associated on data, studies had to be published in peer-review journals to be considered eligible. Besides that, other studies (e.g., theses and dissertations) with topics with the research constructs, digital methods and well-being in immigrants, were also considered to complement the research.

2. Initial search results

Table A.2.1

Search results by databases and descriptors

Descriptors combination used:

a) for EBSCO and b-ON: AB (“digital method*” OR “digital asset*” OR “digital approach” OR “digital storytelling” OR “digital stor*” OR “digital narrative*” OR

“digital dialogue*” OR “video stor*” OR “micro movie*” OR “brief movie*” OR
 “personal narrative*” OR “video recording” OR “videotape recording” OR “digital
 intervention*” OR “digital program*” OR “digital ethnography” OR “digital media”
 OR “digital health” OR “ehealth” OR “e-health” OR “digital mental health” OR
 “eMental Health” OR “e-Mental Health” OR “mhealth” OR “m-health” OR
 “mtherapy” OR “m-therapy” OR “online therapy” OR “online intervention” OR
 “etherapy” OR “e-therapy” OR “internet intervention” OR “computer-assisted
 therapy” OR “website intervention” OR “web-based treatment”) AND AB
 (“migration” OR “international migration” OR “migrant*” OR “immigrant*” OR
 “post-migration” OR “foreigner*” OR “alien*” OR “refugee*” OR “fugitive*” OR
 “foreign-born” OR “asylum seek” OR “displaced person” OR “forced migrant*”)

AND AB (“mental health” OR “psychological health” OR “psychological wellbeing”
 OR “psychological well-being” OR “mental wellbeing” OR “mental well-being” OR
 “emotional health” OR “emotional stability” OR “mental illness*” OR “depression”
 OR “anxiety” OR “psychopathology” OR “distress” OR “mental disorder*” OR “self-
 esteem” OR “self-perception” OR “wellbeing” OR “wellbeing” OR “quality of life”
 OR “life satisfaction” OR “welfare” OR “happiness”)

b) for SCOPUS: TITLE-ABS-KEY ((“digital method*”) OR (“digital asset*”) OR
 (“digital approach”) OR (“digital storytelling”) OR (“digital stor*”) OR (“digital
 narrative*”) OR (“digital dialogue*”) OR (“video stor*”) OR (“micro movie*”) OR
 (“brief movie*”) OR (“personal narrative*”) OR (“video recording”) OR (“videotape
 recording”) OR (“digital intervention*”) OR (“digital program*”) OR (“digital
 ethnography”) OR (“digital media”) OR (“digital health”) OR (“ehealth”) OR (“e-
 health”) OR (“digital mental health”) OR (“eMental Health”) OR (“e-Mental Health”)
 OR (“mhealth”) OR (“m-health”) OR (“mtherapy”) OR (“m-therapy”) OR (“online
 therapy”) OR (“online intervention”) OR (“etherapy”) OR (“e-therapy”) OR
 (“internet intervention”) OR (“computer-assisted therapy”) OR (“website
 intervention”) OR (“web-based treatment”)) AND TITLE-ABS-KEY ((“migration”)
 OR (“international migration”) OR (“migrant*”) OR (“immigrant*”) OR (“post-
 migration”) OR (“foreigner*”) OR (“alien*”) OR (“refugee*”) OR (“fugitive*”) OR
 (“foreign-born”) OR (“asylum seek”) OR (“displaced person”) OR (“forced
 migrant*”)) AND TITLE-ABS-KEY ((“mental health”) OR (“psychological

health”) OR (“psychological wellbeing”) OR (“psychological well-being”) OR (“mental wellbeing”) OR (“mental well-being”) OR (“emotional health”) OR (“emotional stability”) OR (“mental illness*”) OR (“depression”) OR (“anxiety”) OR (“psychopathology”) OR (“distress”) OR (“mental disorder*”) OR (“self-esteem”) OR (“self-perception”) OR (“wellbeing”) OR (“well-being”) OR (“quality of life”) OR (“life satisfaction”) OR (“welfare”) OR (“happiness”)

c) for SciELO: ab: ((“digital method*”) OR (“digital asset*”) OR (“digital approach”) OR (“digital storytelling”) OR (“digital stor*”) OR (“digital narrative*”) OR (“digital dialogue*”) OR (“video stor*”) OR (“micro movie*”) OR (“brief movie*”) OR (“personal narrative*”) OR (“video recording”) OR (“videotape recording”) OR (“digital intervention*”) OR (“digital program*”) OR (“digital ethnography”) OR (“digital media”) OR (“digital health”) OR (“ehealth”) OR (“e-health”) OR (“digital mental health”) OR (“eMental Health”) OR (“e-Mental Health”) OR (“mhealth”) OR (“m-health”) OR (“mtherapy”) OR (“m-therapy”) OR (“online therapy”) OR (“online intervention”) OR (“etherapy”) OR (“e-therapy”) OR (“internet intervention”) OR (“computer-assisted therapy”) OR (“website intervention”) OR (“web-based treatment”)) AND ab: ((“migration”) OR (“international migration”) OR (“migrant*”) OR (“immigrant*”) OR (“post-migration”) OR (“foreigner*”) OR (“alien*”) OR (“refugee*”) OR (“fugitive*”) OR (“foreign-born”) OR (“asylum seek”) OR (“displaced person”) OR (“forced migrant*”)) AND ab: ((“mental health”) OR (“psychological health”) OR (“psychological wellbeing”) OR (“psychological well-being”) OR (“mental wellbeing”) OR (“mental well-being”) OR (“emotional health”) OR (“emotional stability”) OR (“mental illness*”) OR (“depression”) OR (“anxiety”) OR (“psychopathology”) OR (“distress”) OR (“mental disorder*”) OR (“self-esteem”) OR (“self-perception”) OR (“wellbeing”) OR (“well-being”) OR (“quality of life”) OR (“life satisfaction”) OR (“welfare”) OR (“happiness”)

Descriptors combination used in the grey literature:

d) for EBSCO and b-ON: AB (“digital method*”) OR “digital asset*”) OR “digital approach”) OR “digital storytelling”) OR “digital stor*”) OR “digital narrative*”) OR “digital dialogue*”) OR “video stor*”) OR “micro movie*”) OR “brief movie*”) OR

“personal narrative*” OR “video recording” OR “videotape recording” OR “digital intervention*” OR “digital program*” OR “digital ethnography” OR “digital media” OR “digital health” OR “ehealth” OR “e-health” OR “digital mental health” OR “eMental Health” OR “e-Mental Health” OR “mhealth” OR “m-health” OR “mtherapy” OR “m-therapy” OR “online therapy” OR “online intervention” OR “etherapy” OR “e-therapy” OR “internet intervention” OR “computer-assisted therapy” OR “website intervention” OR “web-based treatment”) AND AB (“migration” OR “international migration” OR “migrant*” OR “immigrant*” OR “post-migration” OR “foreigner*” OR “alien*” OR “refugee*” OR “fugitive*” OR “foreign-born” OR “asylum seek” OR “displaced person” OR “forced migrant*”) AND AB (“mental health” OR “psychological health” OR “psychological wellbeing” OR “psychological well-being” OR “mental wellbeing” OR “mental well-being” OR “emotional health” OR “emotional stability” OR “mental illness*” OR “depression” OR “anxiety” OR “psychopathology” OR “distress” OR “mental disorder*” OR “self-esteem” OR “self-perception” OR “wellbeing” OR “wellbeing” OR “quality of life” OR “life satisfaction” OR “welfare” OR “happiness”)

e) for ProQuest: AB (digital method* OR digital asset* OR digital approach OR digital storytelling OR digital stor* OR digital narrative* OR digital dialogue* OR video stor* OR micro movie* OR brief movie* OR personal narrative* OR video recording OR videotape recording OR digital intervention* OR digital program* OR digital ethnography OR digital media OR digital health OR ehealth OR e-health OR digital mental health OR eMental Health OR e-Mental Health OR mhealth OR m-health OR mtherapy OR m-therapy OR online therapy OR online intervention OR etherapy OR e-therapy OR internet intervention OR computer-assisted therapy OR website intervention OR web-based treatment) AND AB (migration OR international migration OR migrant* OR immigrant* OR post-migration OR foreigner* OR alien* OR refugee* OR fugitive* OR foreign-born OR asylum seek OR displaced person OR forced migrant*) AND AB (mental health OR psychological health OR psychological wellbeing OR psychological well-being OR mental wellbeing OR mental well-being OR emotional health OR emotional stability OR mental illness* OR depression OR anxiety OR psychopathology OR distress OR mental disorder*)

OR self-esteem OR self-perception OR wellbeing OR wellbeing OR quality of life
OR life satisfaction OR welfare OR happiness)

Descriptors combination used in systematic reviews registration:

f) for PROSPERO: (digital method* OR digital asset* OR digital approach OR digital storytelling OR digital stor* OR digital narrative* OR digital dialogue* OR video stor* OR micro movie* OR brief movie* OR personal narrative* OR video recording OR videotape recording OR digital intervention* OR digital program* OR digital ethnography OR digital media OR digital health OR ehealth OR e-health OR digital mental health OR eMental Health OR e-Mental Health OR mhealth OR m-health OR mtherapy OR m-therapy OR online therapy OR online intervention OR etherapy OR e-therapy OR internet intervention OR computer-assisted therapy OR website intervention OR web-based treatment) AND (migration OR international migration OR migrant* OR immigrant* OR post-migration OR foreigner* OR alien* OR refugee* OR fugitive* OR foreign-born OR asylum seek OR displaced person OR forced migrant*) AND (mental health OR psychological health OR psychological wellbeing OR psychological well-being OR mental wellbeing OR mental well-being OR emotional health OR emotional stability OR mental illness* OR depression OR anxiety OR psychopathology OR distress OR mental disorder* OR self-esteem OR self-perception OR wellbeing OR wellbeing OR quality of life OR life satisfaction OR welfare OR happiness)

Database	Number of hits
EBSCOhost web	110
b-ON	94
Scopus	145
SciELO	96
ProQuest	5
PROSPERO	22
Total:	472

Table A.2.2

Methodological features and Key Findings of the 14 studies Included

Papers, Publication Date, and Geographic Area	Duration of Intervention	Type of Control Group	Primary Outcomes	Secondary Outcomes	Post-test: time of assessment and effect size	Follow Up: time of assessment and effect size	Key Findings
Kiropoulos et al., 2011, Australia	1 session (1 to 1.5 hour intervention)	Non-equivalent control group (Depression interview)	<i>Mental Health</i> -Depression Literacy (D-Lit scale) -Depressive Symptoms (Beck Depression Inventory–II)	<i>Stigma</i> -Depression Stigma (Depression Stigma Scale)	<i>Post assessment</i> Depression literacy: 2.25 Personal stigma: -0.88 Perceived stigma: 0.11 Level of depression: -0.11	<i>1 week</i> Depression literacy: 2.16 Personal stigma: -0.60 Perceived stigma: 0.33 Level of depression: -0.26	-Depression literacy (MIDonline intervention group showed a substantial increase in depression literacy scores compared to control group) -Personal Stigma (MIDonline showed lower post intervention personal stigma scores than control group) -Significant differences between intervention group and control group for depression literacy and personal stigma scores, but not for perceived stigma or level of depression scores
Lindegard et al., 2019, Sweden	8 weeks	Wait list condition	<i>Mental Health</i> -Depressive Symptoms (Beck Depression Inventory–II) -Anxious symptomatology (Beck Anxiety Inventory (BAI)) -General Anxiety Disorder (GAD-7) -Degree of depression (PHQ-9)	NA	<i>Posttreatment</i> Depressive symptoms: 1.27	<i>11 months</i> Depressive symptoms: 1.27	-Increased knowledge and understanding of mental health problems -Satisfaction with the treatment format, namely the flexibility to engage with treatment whenever they want

Nickerson, et al., 2020, Australia	4 weeks	Wait list condition	<i>Mental Health</i> -Primary Care PTSD Screen for DSM-5	<i>Stigma</i> -Self-Stigma for Depression scale -Self-Stigma of Seeking Help Scale	<i>Post-intervention</i> Self-stigma for PTSD: -0.03 Self-stigma for help-seeking: 0.16 Help-seeking intentions: 0.14 PTSD symptoms: 0.07	<i>1 month</i> Self-stigma for PTSD: -0.17 Self-stigma for help-seeking: -0.42 Help-seeking intentions: -0.27 PTSD symptoms: 0.07	- No significant effects for self-stigma (PTSD) - Significant interaction time × condition in self-stigma, for help-seeking. WLC condition showed significant greater increases in self-stigma for help-seeking, from post-to follow-up assessments - Significant interaction time × condition for help-seeking intentions. Participants in the TYS condition showed greater decreases in help-seeking intentions from post to follow-up assessments
Röhr, et al., 2021, Germany	4 weeks	Non-equivalent control group (Psychoeducational reading material)	<i>Mental Health</i> -Posttraumatic Diagnostic Scale for DSM-5 (PDS-5)	<i>Stigma</i> -Self-Stigma of Mental Illness Scale–Short Form (SSMIS-SF)	<i>4 weeks</i> PDS-5: 0.102	<i>4 months</i> PDS-5: 0.556	- No significant differences in PTSD symptoms between the IG and CG after 4 weeks and after 4 months - No significant differences for secondary outcomes between the IG and CG after 4 weeks and after 4 months, except for self-stigma. After 4 weeks and after 4 months, the IG showed significantly lower values in self-stigma than the CG
Unlu Ince, et al., 2013, The Netherlands	6 weeks	Wait list condition	<i>Mental Health</i> -Depression Severity (Center for Epidemiological Studies Depression, CES-D) -Anxiety (Hospital Anxiety and Depression Scale, HADS)	NA	<i>6 weeks</i> Depression: 0.72 Anxiety: 0.45 Somatization: 0.32 Quality of life: 0.46	<i>4 months</i> Depression: 0.94 Anxiety: 0.69 Somatization: 0.51 Quality of life: 0.61	- No difference between the experimental and control group at posttest for the primary outcome assessed with the CES-D (depression severity) - No difference between the experimental and control group for improvement or clinically change in CES-D
Yeung, et al., 2016, USA	6 months	Non-equivalent control group (Usual treatment and/or Exposure to	<i>Mental Health and Quality of Life</i>	NA	<i>Post-intervention</i> HDRS ₁₇ F4,95 = 4.59, p = .002	NA	-Hamilton Depression Rating Scale (HDRS ₁₇): the odds of achieving response and remission were significantly greater for the T-CSCT group compared to the control group

		a discussion of family communication and intergenerational relationships)	-Hamilton Depression Rating Scale (HDRS); -Clinical Global Impressions-Severity of Illness (CGI-S) and Improvement (CGI-I); -Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q)		CGI-S $F_{4,95} = 4.22, p = .003$ CGI-I $F_{4,95} = 2.95, p = .02$ T-CSCT group: Greater improvement in depressive symptoms compared to patients in the CG (response rate: 45% vs 17%, $\chi^2=16.6, p < .001$; remission rate: 32% vs 10%, $\chi^2= 13.5, p < .001$)		- T-CSCT group had significant greater improvement over time in HDRS ₁₇ scores -T-CSCT was effective in improving treatment outcomes of Chinese immigrants with MDD
Jang et al., 2013, USA	4 weeks	NA	<i>Mental Health</i> -Satisfaction with counseling services (Client Satisfaction Questionnaire - CSQ) -Depressive symptom severity (Patient Health Questionnaire 9 - PHQ-9)	NA	3 days Depressive symptoms: $t = 13.1, p < .001$ ($M = 8.50, SD = 2.27$)	3 months Depressive symptoms: $t = -2.46, p < .05$ ($M = 9.25, SD = 2.00$)	-Depressive symptom severity was reduced on immediate completion of the program: The observed benefit did not sustain at a statistically significant level after 3 months -The participants' depressive symptom scores at the 3-month follow-up remained significantly lower than those at the pre-test
Kayrouz, et al., 2020, Australia	Not reported	NA	<i>Mental Health</i> -Depression: Patient Health Questionnaire-9 Item (PHQ-9) -Anxiety: Generalized Anxiety Disorder Scale – 7 Item (GAD-7)	NA	NA	NA	-Internet-delivered cognitive behaviour therapy (iCBT) was effective for people from a range of cultural backgrounds - Baseline symptom severity, and rates of symptom reduction and remission following online treatment were similar across groups -Significant reduction in anxiety and depression in migrants of both English speaking and non-English

							speaking backgrounds, with outcomes similar to those obtained by Australian-born patients
García, et al., 2019, Spain	4 weeks	Non-equivalent control group (Face-to-face therapy session without text messages)	<i>Mental Health</i> -Personal Health Questionnaire (PHQ9);	<i>Integration</i> Questionnaire on Text Messages (FQTM)	<i>Post-intervention</i> Depressive symptoms: evolved from 9.4 (<i>DS</i> = 6.4 to a 5.0 (<i>DS</i> = 4.8), with a significant difference ($t(44) = 2.01, p = 7.80$).	NA	-Most women said: Text messages made them feel more connected with their social environment; agreed or strongly agreed with the statement that the messages had improved their mood; and would like to continue receiving these messages with a frequency and intensity of 4 or more messages per day -General assessment of text messages was highly positive. Satisfaction levels were lower than the feeling of greater connection with the social environment -In the end of therapy, PHQ9 scores were better for the intervention group than the control group -Older women responded less to what they would improve and least liked
Tessitore, 2021, Italy	Not reported	Non-equivalent control group (Non-image-mediated narrative interview)	<i>Quality of Life</i> -Narrative Measures: word count; Internal States; Coherence; Reflective Insight	NA	<i>Post-intervention</i> Significant differences of narrative indexes in the intervention group: in the Word Count, Internal States, and Coherence categories, $F(8, 25) = 5.902, p = .000$	NA	-The only source of significant differences on narrative indexes was the intervention versus control group variable -Word Count, Internal States, and the coherence dimensions of Chronology and Theme were significantly higher in the intervention group compared to the control one -Higher values for the intervention group in the ASPI, in all narrative meaning-making dimensions, except in the coherence dimension of Context and in the Reflective insight dimension, that resulted nonsignificant -Higher levels in “psychological arousal” by the control group compared to the intervention group
	1 day	NA	<i>Quality of Life</i>	<i>Connection</i>	NA	NA	

Schweitzer, et al., 2021, Australia			-Textual Analysis approach	-Digital Storytelling on narratives of belonging				<p>- Three key themes emerged: promoting students' acculturation by helping students adapt to the new environment; fostering socially supportive relationships; and fostering students' sense of school connectedness</p> <p>- Digital stories explored themes in a sensitive manner not accessible through more traditional approaches. The dynamic and visual nature of the storytelling workshops was both therapeutic and responsive to participants' needs</p>
Svoen, et al., 2021, USA	Not reported	NA	<i>Quality of Life</i> -Focus Group on social belonging and well-being	NA	NA	NA	NA	<p>- Participants measured social inclusion and wellbeing offered by the digital resources according to a limited number of constructs: identifying with a common destiny, existential safety and loneliness, physical expressions of the weather and cultural relationships in the host country (coldness vs. warmth) and how all of this is wrapped in the importance of language skills. The index of measurement was less connected with the motives for leaving the homeland or the pull factors of the host country. It was more to do with those softer, more social (network), cultural and existential measures</p>
Lenette, et al., 2013, Australia	Not reported	NA	<i>Quality of Life</i> -The participants in this study evaluated how far they had come by exploring complex circumstances using visual ethnographic means	NA	NA	NA	NA	<p>-Four key themes were revealed through the visual ethnographic aspect: (i) a sense of achievement, pride and accomplishment; (ii) a sense of health and well-being; (iii) a sense of ownership; and (iv) a sense of burden</p> <p>-The use of visual methods yielded greater reflexivity and nuanced meanings to the women's concepts of resilience</p> <p>-Through the creation of digital stories, women shared significant aspects of their lives previously unexplored</p>

APÊNDICE 3

Figure A.3.1

Hierarchical Tree of Categories Identified from Thematic Analysis of Significant Objects

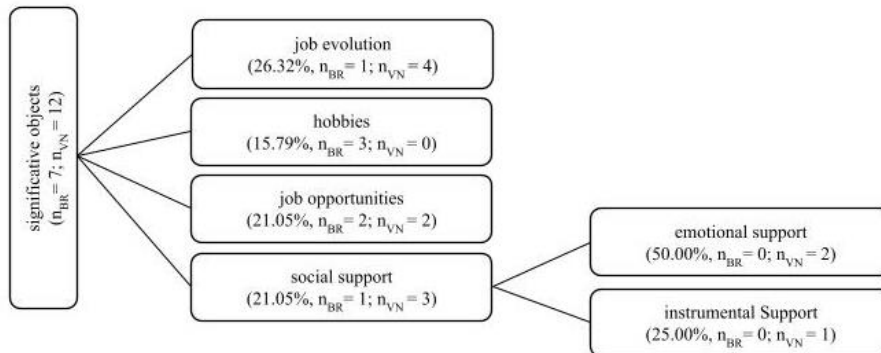


Figure A.3.2

Hierarchical Tree of Categories Identified from Thematic Analysis of Digital Stories

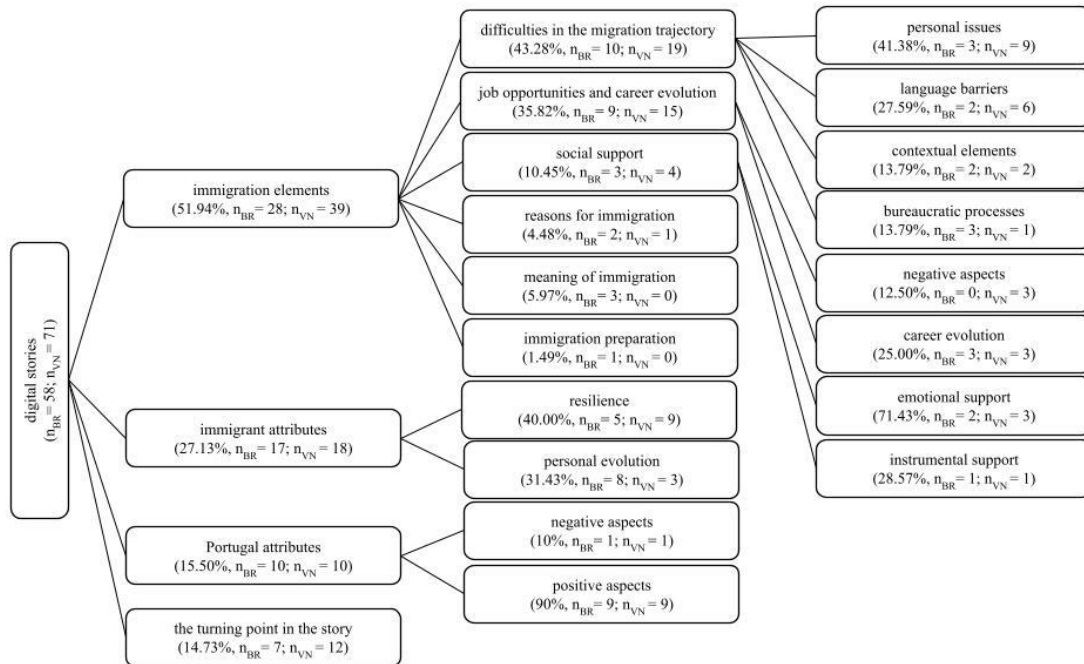


Figure A.3.3

Hierarchical Tree of Categories Identified from Thematic Analysis of Focus Group (Theme DST)

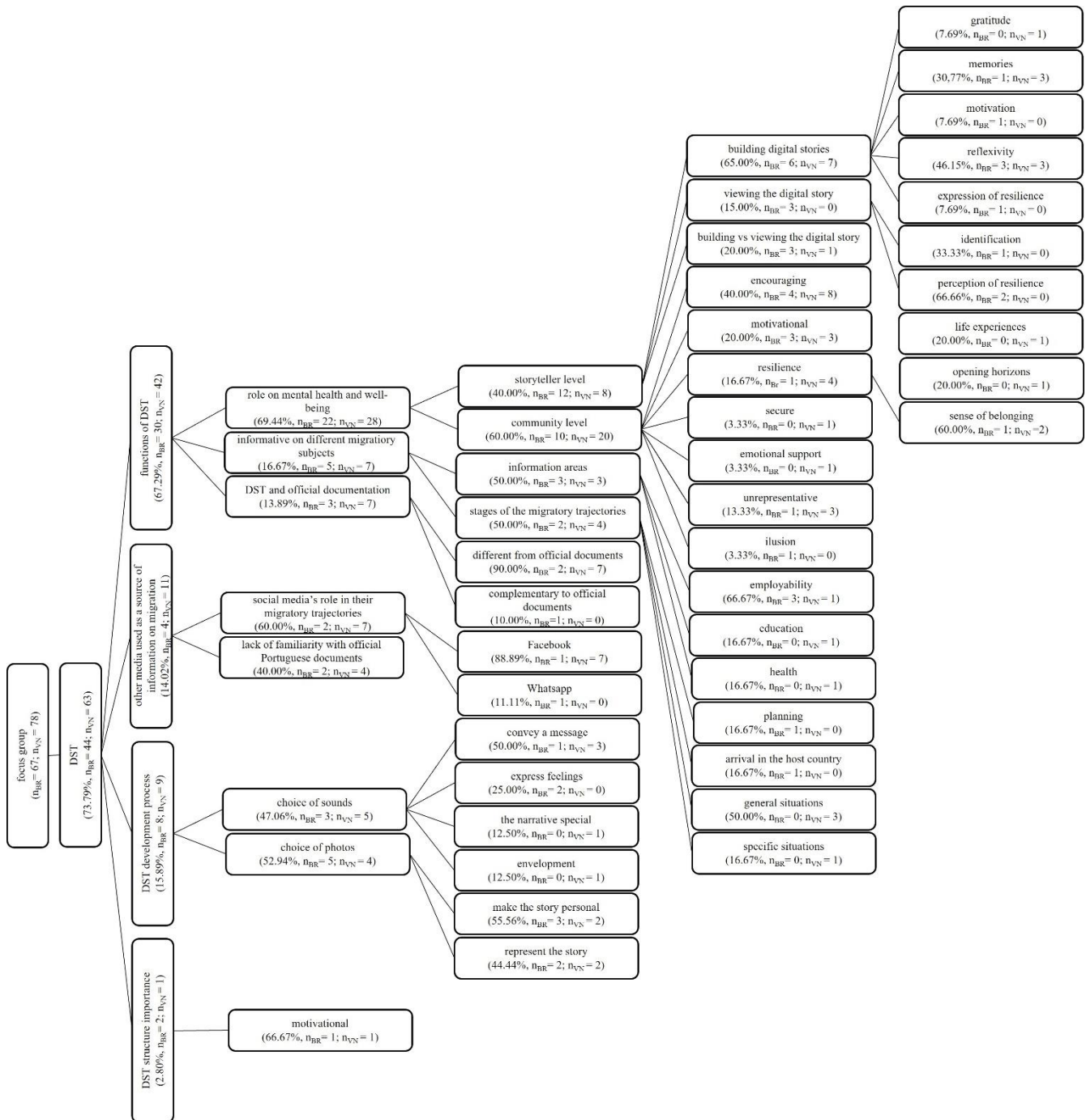


Figure A.3.4

Hierarchical Tree of Categories Identified from Thematic Analysis of Focus Group (Theme Employability Trajectories)

