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The Lived Experience of Syrian Refugees in Canada: A Phenomenological Study

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Abstract

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Keywords

immigrants, phenomenology, refugees, social determinants of health, Syrian newcomers

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Health care providers in Canada are expected to take care of people from a variety of cultural backgrounds, and it is difficult for health care providers to deeply understand the lived experiences of some individuals to provide them with culturally sensitive care. Syrian refugees comprise one such group of newcomers to Canada. This phenomenological study aimed to uncover the meaning of the lived experiences of Syrian refugees using Giorgi's (2009) method. Seven participants' descriptions were viewed through the lens of the social determinants of health model. Seven essences of the general structural description or the meaning Syrian refugees gave to their experiences of living in Canada were synthesized. Syrian refugees live paradoxical experiences that are both rewarding and less rewarding when viewed through the lens of the social determinants of health (social support, environment, culture, education, health services, employment, and income). These experiences have influenced their health in both positive and negative ways. This study highlights the need for more culturally sensitive health care interventions and assistance for Syrian refugees/newcomers in Canada. As a next step, an action research study involving Syrian refugees as co-researchers may help address the social determinant of health risks in this population.

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Introduction

The United Nations High Commission for Refugees [UNHCR] announced in 2014 that the world had witnessed the highest number of refugees and internally displaced people ever since World War II (cited in Graham, 2015, para. 1). In 2019, there were about 79.5 million people around the world who were forced to flee from their homes; among them are

nearly 26 million refugees (UNHCR, 2020). About 68% of global refugees came from Syria, Venezuela, South Sudan, and Myanmar, where Syrian refugees formed about 6.6 million of the total number of refugees (UNHCR, 2020).

According to the literature (UNHCR, 2020), the civil war in Syria that began in March 2011 created a complicated humanitarian disaster. There are at least 4.8 million Syrian refugees. The number of Syrians displaced internally is estimated at 6.2 million. The events in Syria have left 13.1 million people in need of medical and health care. As many as 13.5 million Syrians need protection/support, and as many as 12.1 million Syrians are struggling to access clean water and sanitation. The education of children has been disrupted. Across the region, an estimated 5.7 million Syrian children and 2.7 million Syrian young people need to return to education. According to the literature, in 2016, about 2.48 million people were food insecure, while more than 1.5 million persons needed shelter and household goods (United Nations Office for Coordination of Humanitarian Affairs [OCHA], 2016). Further, most Syrians were living in poverty (4 out of 5); their life expectancy had decreased by more than 20 years, and most Syrians lost their livelihoods because of the economic collapse by 40% (OCHA, 2016). This environment made life intolerable and forced millions of Syrians to flee their country as refugees seeking healthy and safe places where they would be able to live peacefully with their children and families.

According to UNHCR (1951), article 1(A, 2) of the 1951 convention, and amended by the 1967 protocol, “refugee” is defined as:

A person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (p. 14)

Canada has a long history and bright heritage of hosting and protecting refugees from around the world. In November 2015, the Federal Government of Canada -as a member of the international community- made a decision to resettle 25,000 Syrian refugees in order to protect them, providing a safe environment and saving their lives by offering them permanent residence as a long-term solution (Government of Canada, n.d., “Tradition of Humanitarian Action”). There were 29,413 Syrian refugees who arrived in Canada between November 2015 and July 2016 through different refugee programs adopted by Canadian authorities (e.g., Government-Assisted Refugee Program, Blended Visa-Office Referred Refugee Program, Privately Sponsored Refugee program; Government of Canada, n.d., “Welcome Refugees/Key Figures”). Over 1,000 government-assisted Syrian refugees arrived in New Brunswick in 2016, 320 were settled in Moncton (McHardie, 2016). To help Syrian refugees establish themselves in Canada, the Government of Canada, as well as other partners, supported them financially (i.e., for housing, food, and medical coverage) until they became self-sufficient. An in-depth discussion of the Syrian refugee programs in Canada is beyond the scope of this paper; more information about these programs can be found in the Government of Canada, (n.d., “The Refugee System in Canada”) website.

Integrating Syrian refugees into Canadian culture is not without difficulty. The five challenges facing Syrian refugees in Canada reported by The Canadian Press (2015, December 11) were:

- 1) Syrian refugees need time to know and understand Canadian culture. Although they were informed about life in Canada and attended educational sessions about Canadian culture before they arrived, real-life experiences are different from generalizations covered in theoretical sessions.
- 2) Canadians also need time to learn about the background and experiences of newcomers. Due to the language barrier, the Government of Canada had only basic information and statistics about the newcomers.
- 3) Syrian refugees face challenges finding proper places to live when arriving in Canada.
- 4) Another urgent priority is finding suitable employment for the head of the household. However, finding a job in Canada is never easy for newcomers because eligibility for the labour market requires patience, time, and familiarity with Canadian work standards.
- 5) Another source of anxiety is finding a family physician because few clinics are willing to take on new patients, especially Syrian newcomers, with complicated health issues.

Hansen, Maidment, and Ahmad (2016) conducted research on the health status of 26,000 Syrian refugees who arrived in Canada between November 2015 and February 2016. Based on the results of the Immigration Medical Examination (IME), performed before departure, there was no evidence of communicable diseases or public health risks among Syrian refugees. However, the risk of developing chronic diseases or mental health problems remains. The authors found that the refugees were hesitant to report chronic health issues for fear of being rejected by Canada for admission to the country.

Some individuals have experienced or witnessed extreme events, causing emotional and psychological suffering affecting not only themselves but also their families. It is possible that they may not have reported their personal or family distress, or that the stressors may only gradually have come to light sometime after the settlement process was complete (Ontario Ministry of Health and Long Term Care, n.d., para. 11). Results of IME indicated only two refugees (0.01%) of all medically examined Syrian refugees were referred to public health services for follow up for signs of latent tuberculosis. Quarantine Officers assessed 274 refugees with signs and symptoms of infectious diseases, but only ten refugees (0.04%) required hospital referral. As well, 54 (0.22%) refugees needed urgent medical care for different known health issues (Hansen et al., 2016). Chronic health conditions requiring medical attention and follow up had a higher incidence among Syrian refugees than in the Canadian population. Health problems found in Syrian refugee children included cancers, developmental disorders, neurological disorders, intellectual disabilities, and malnutrition.

As long-term residents, Syrian newcomers are supported with full medical care coverage. Syrian refugees in Canada need to access primary health care and other health care specialists (such as maternity, pediatrics, women's health and reproductive services, psychosocial support, counselling and mental health services), pharmaceutical medications, immunization and communicable disease prevention, chronic disease management (i.e., cardiac, respiratory, diabetes), and acute care/hospital services (Ontario Ministry of Health & Long Term Care, n.d.). In all of these health settings, nurses play a significant role hand in hand with other health team members to prevent diseases and promote health amongst Syrian refugees. However, without a deep understanding of the meaning of their lived experiences as

refugees or newcomers in Canada, it will be difficult for nurses and other health care team members to know and provide culturally sensitive care that meets their personal, physical, social, psychological, spiritual, and financial needs. Although Canada has had successful experiences in dealing with refugees from around the world, conducting a qualitative research study to help this ethnic group become integrated and thrive in Canada is still greatly needed.

In summary, there is a scarcity in knowledge about the Syrian refugees/Syrian newcomers in Canada, very little information could be found in the literature about them, and most of this knowledge came from the newspaper or governmental reports. Very few studies could be found about this group of refugees. Lack of the current research-based knowledge maybe because the Syrians are still new in Canada, and health and social organizations have been given priority recently to resettle and provide them with the basic life support they need. Stein (1986) concluded that studying refugees is a complicated field that must be studied and understood from different perspectives. We concur with Stein that studying Syrian refugees or Syrian newcomers in Canada is considered complicated because their situation needs to be investigated from different perspectives by an interdisciplinary team. It was almost 40 years ago when Stein (1986) invited researchers to study refugees' general and mental health, employment and life adjustment, language barriers, accommodation and social relationship patterns, acculturation and identity issues, stressors, and stress management, with special attention given to refugee women and children, policies, programs, and agencies that provide them with assistance and services.

The first two authors volunteered as culture mentors and language interpreters between Syrian refugees and health care providers. They witnessed many situations where the lack of knowledge by health care providers about the cultural background of those vulnerable people led to damage between the relationship of trust and the health care plan. Robertshaw, Dhesei, and Jones (2017) concluded providing health care to refugees is influenced by five interrelated factors: the trusting relationship between healthcare providers and refugees, cultural understanding of refugees, communication, health and social conditions that were presented by refugees, and time constraints that hinder health care providers from providing high-quality health care to refugees. Because the Syrian refugees' situation in Canada (specifically Moncton, NB), is a multidimensional one and it is thought that understanding their experiences is needed to provide them with proper culturally sensitive interventions and care, the authors of this paper decided to conduct this research study using a qualitative descriptive phenomenological method (Giorgi, 2009) using the population health/social determinants of health model (Mikkonen & Raphael, 2010) as the lens for viewing their experiences. This will be an initial step to understanding and describing the meaning of Syrian refugees' experiences in Canada prior to beginning a second step of conducting future research projects to explore and enhance understanding of the Syrian newcomers' health needs.

For the purpose of this study, the participants (Syrian refugees or Syrian newcomers) were defined as Syrians who have fled Syria because their lives, safety, or freedom have been threatened by internal conflict/civil war and massive violation of human rights and whose status has been classified formally as "refugee" in the host countries like Canada. However, because these persons are now in the process of becoming Canadian citizens and, in an effort to diminish the stigma associated with the term "refugees," we utilized the term "Syrian newcomers" interchangeably with Syrian refugees for this paper. The purpose of this qualitative phenomenological study is to uncover the meaning of the lived experiences of Syrian Newcomers in Moncton, New Brunswick, Canada. The research question guiding this research was: What is the meaning of the lived experience of Syrian Newcomers in Moncton, NB, Canada?

The descriptive phenomenological method has been used in different human/social sciences to study different phenomena using a particular disciplinary lens or focus. Therefore,

the current study employed a model that is utilized by nurses, that is, the Social Determinants of Health Model (Mikkonen & Raphael, 2010) from within the population health/social determinants of health model to view Syrian Newcomers' lived experiences in Moncton, NB, Canada. Understanding their experiences from the lens of this model helped the authors to understand the participants' experiences in a way that was meaningful and useful for the nursing profession and other health science disciplines.

Social Determinants of Health Model

Many Canadians are unaware that there are factors other than medical treatments and lifestyle practices that shape their health. Mikkonen and Raphael (2010) called these factors "social determinants of health" (SDH), which include the following determinants: Income and Income Distribution, Education, Unemployment and Job Security, Employment and Working Conditions, Early Childhood Development, Food Insecurity, Housing, Social Exclusion, Social Safety Network, Health Services, Aboriginal Status, Gender, Race, and Disability. Mikkonen and Raphael (2010) emphasized that "each of these social determinants of health has been shown to have strong effects upon the health of Canadians" (p. 9). The effects of social determinants are stronger than those associated with "diet, physical activity, tobacco, and excessive alcohol use" (Mikkonen & Raphael, 2010, p. 9). Choosing the social determinant of health model as a lens helps nurses, health care providers, and others who work closely with Syrian refugees and resettlement staff to understand the meaning of the lived experiences of Syrian newcomers.

Context of the Study

The authors have personal, academic, and ethical commitments to the settlement experiences of refugees. Dr. Khaldoun Aldiabat and Dr. Enam Alsayheen have personally experienced relocating from an Arabic-speaking country to Canada. They are interested in understanding how they can use their Arabic and English fluency to assist Syrian refugees through a program of phenomenological and participatory action research. Dr. Catherine Aquino-Russell, a nursing professor, has extensive experience and interest in multicultural studies. She has experiences living while being immersed in a different culture, has acted as a cultural mentor, and comes from a multicultural family. Dr. Michael Clinton has the personal experience of relocating from an English-speaking country to an Arabic speaking country. His personal experiences include those of a being newcomer to Canada, the challenges of navigating the immigration process, and the problems of accessing primary health care. Dr. Roger Russell is the Dean of Professional Programs at Crandall University in Moncton, NB. In his role as Dean, he has met with multiple newcomers and assisted them by diminishing the barriers so they had the opportunity to attain their Canadian university degrees. As well, he has had experiences living and working in a different culture (Indonesia). His PhD research involved a phenomenological study of the lived experiences of expatriates who were living and working while being immersed in another culture.

Methodology

The authors used a qualitative descriptive phenomenological method developed by Giorgi (1970, 1985, 2009) as a research design to uncover and describe the lived experiences of Syrian refugees/newcomers in Moncton, NB, Canada. This method is the best choice when little is known about a phenomenon, for it assists in describing and enhancing the understanding of the meaning of the phenomenon as described by those who have lived the experience

(Giorgi, 1997). Phenomenology as a research method and philosophy that is rooted in a philosophical tradition developed by Husserl and Heidegger which aims to uncover the meaning of lived experience (Loiselle et al., 2011; Russell & Aquino-Russell, 2011, Russell, 2004) by requesting that participants describe their experiences. Through the analysis-synthesis of their words, the essence (or meaning) of this phenomenon (Loiselle et al., 2011) surfaced. Descriptive phenomenologists are interested in discovering and describing persons' experiences as lived through their senses (e.g., hearing, seeing, feeling, remembering, and acting) as well as interaction with their context (Loiselle et al., 2011). Russell and Aquino-Russell (2011) explained every person has varied experiences with the same phenomenon because of perceptions, meanings, and contexts. In other words, descriptive phenomenology was developed to describe "the way in which the phenomenon is experienced within the context in which the experience takes place" (Giorgi & Giorgi 2003, p. 27).

Sample and Sampling Procedure

The sample for this study was a purposeful snowball sampling of Syrian newcomers who resided in the Greater Moncton Area of New Brunswick. Syrian newcomers were eligible to participate in this study if they: were citizens of Syria, were officially classified as refugees and granted permanent residency status in Canada, had been living in Canada (Moncton, NB) for six months or more, were able to speak, write, and read Arabic or English, and were more than 18 years of age.

Sample Size, Participant Recruitment Process, and Data Collection

Giorgi's studies have employed anywhere from 2 to 23 participants, with an average of 8 participants (Russell, 2007; Russell & Aquino-Russell, 2011). The sample size for this study consisted of seven participants, six men, and one woman. Data were collected after ethical approval for the study was obtained from two ethical review committees at the University of New Brunswick, Canada, and Research Ethical approval from American University, Lebanon. This study took place in the Moncton Area, New Brunswick, Canada. Potential study participants were connected with the Multicultural Association of Greater Moncton Area (MAGMA) as a community agency, which works to resettle them. Only one participant was recruited to participate in this study primarily from MAGMA through active recruiting measures; therefore, we decided to engage in snowball sampling in order to gain the other six participants. Each participant nominated another potential participant until we reached 7 participants who agreed to participate in this study.

The time and location of interviews were mutually agreed upon by the interviewers and participants. When arranging interviews, the interviewers ensured safety, privacy, and comfort in order to reduce the anxiety of the participants. Data collection took place between June and September 2017. Data analysis-synthesis proceeded at the end of the data collection period. Participants were asked to respond to the following interrogatory statement: Please describe a situation or experience that best depicts what it is like for you to be a Syrian refugee/newcomer here in Moncton, New Brunswick, Canada.

Interviews

At the beginning of each interview, the consent form was presented and discussed with each participant and subsequently signed by participants. This was the first time the participants had ever participated in qualitative research with recorded interviews, so they were a little bit uncertain about the process. Therefore, to confirm again what was written in the consent form

and to make participants feel comfortable, the interviewers reassured participants verbally again of their voluntary participation, their right to respond to the interrogatory statement as they wished, that they could stop the interview at any time or withdraw from the study without penalty, and that confidentiality of what they said was assured. All interviews were open-ended and digitally recorded. Given the choice of Arabic or English, all participants chose to be interviewed in Arabic. Each interview required approximately 40-60 minutes. Arabic cultural beliefs and practices were taken into consideration during the process of the data collection (e.g., the interviewer's gender was the same as that of the participant). At the end of each interview, the interviewers asked the participants if they had anything else, they would like to include, and/or if they had any questions. It was the responsibility of the first and the second authors (fluent in Arabic and English) to transcribe the interviews and translate the verbatim transcripts into English.

Participants chose a pseudonym to be used instead of their names. Identifiable information about the participants was stored separately from the data in a locked filing cabinet in the personal office of the principal investigator. Only the principal investigator had access to the list of participants.

Data Analysis-Synthesis

The descriptive phenomenological method involves five major steps to analyze/synthesize data as described by Giorgi (1975), Giorgi and Giorgi (2003), Giorgi (2009) and substantively illustrated more by Aquino-Russell (2003), Duffy and Aquino-Russell (2007) and Russell and Aquino-Russell (2011). The researchers followed the following five steps to analyze the collected data:

1. **Contemplative dwelling with the descriptions.**
During this step, transcripts for each participant were read over and over to gain the overall sense of the description.
2. **Identifying meaning units (MUs).**
We examined the raw data descriptions for meaning units. Meaning units are defined as the passage of text expressing the meaning in the participant's own words.
3. **Identifying focal meanings (FMs).**
In this step, the researchers used their own disciplinary language to abstract the (MUs) to a higher level of discourse. In this case, we used the population health/social determinants of health model (Mikkonen & Raphael, 2010) as a lens to describe the participant's meaning of the experience or essences.
4. **Synthesizing the situated structural descriptions (SSD).**
Giorgi (1985) insisted that the SSD grasps the meaning from the perspective of the participant (as cited in Duffy & Aquino-Russell, 2007). We synthesized the FMs for each participant's specific situation to become the situated structural descriptions for each participant.
5. **Synthesizing a general structural description (GSD).**
In this last step, we synthesized the general structural description or meaning of the lived experiences for Syrian refugees/newcomers living in Moncton, NB Canada (the phenomenon under study) from the SSDs of all

participants into the meaning of the experience (or essences) that is more general than specific.

Trustworthiness

Four different terms to describe operational techniques that facilitate the trustworthiness for this study were used by the authors during data collection and analysis: credibility, transferability, dependability, and confirmability (Denzin & Lincoln, 1994; Guba & Lincoln, 1994; Lincoln & Guba, 1985). To ensure credibility, the researchers of this project collaborated throughout all the research steps. They kept ongoing discussions, consultations, brainstorming, and feedback from each other to achieve this activity. Reflexivity (Carpenter, 2007; Creswell, 2013) by the researchers during data collection and analysis-synthesis to identify any prior knowledge, experience, and beliefs about Syrian refugees or experiences of other refugees around the world was kept during overall data collection and analysis. According to Lincoln and Guba (1985, 2000), there is no dependability without credibility. Therefore, to ensure dependability, the researchers ensured credibility with the data descriptions that were collected and through the analysis-synthesis process. Confirmability was achieved when the researchers documented in detail the research process, such as data description collection and analysis-synthesis methods. Transferability means that the study findings have meaning to others in similar situations (Speziale & Carpenter, 2007). The researchers described, in the discussion section, how the general structural description has meaning to others in a similar situation, as has been seen in previous studies (Duffy & Aquino-Russell, 2007).

Protection of Human Rights

A range of steps was conducted to ensure the protection of human rights for the participants of this study, who were Syrian refugees/newcomers and who are a vulnerable group in Canada. First, the researchers worked closely with the Ethical Review Committee in the Faculty of Nursing and the Research Ethics Boards at the University of New Brunswick and American University, Beirut, to ensure the study was conducted ethically in a way that protected the rights and interests of the participants. The researchers treated the participants with respect, equitability, and cultural humility. The consent forms were explained to the participants in their chosen language and signed by the participants.

Confidentiality of information was ensured; the researchers protected the participants' identities as the participants chose their own pseudonyms to be used in all papers and electronic documents.

All data (hard copies, soft copies, and audio digital files) were secured in a locked filing cabinet in a private office at the Faculty of Nursing, Moncton, which was accessible only by the principal investigator. All computerized research information was stored in specially created research files accessible only by the project researchers.

The sample for this study consisted of seven participants, six males and one female; their average age was 43 years (range 33-54). All participants reported their religion was Islam. Two participants had bachelor's degrees, one finished high school, one finished middle school, one finished elementary school, one finished grade four, and one was illiterate. Five participants were unemployed, one was a homemaker, and one was a taxi driver. Those who had no job reported the reasons for their unemployment were: "language barrier," "no jobs within my expertise," "low wage jobs," and "need to learn how to cope in this place [Canada]." Regarding their previous jobs in Syria, two participants were in professional jobs, four in vocational occupations, and one was a homemaker. The average monthly income of the

participants was \$3,000 CAD, sourced from the provincial or federal government, private sponsors, or from work. Participants reported that their current income was higher than in Syria but lacked purchasing power because the cost of living in Canada is much higher than in Syria. Participants reported that on average, seven persons were living in their household with the average age of children being 10 years. The average food cost per month was \$1,100, the average rent for housing was \$1,000 (ranging from \$477-\$1,300), and they paid on average \$500 for bills/month. All participants were living in rental homes (two of them were living in governmental assisted housing). The pseudonyms that were selected by the participants were: Adam, Darweesh, Jack, Mohammed, Sameer, Sana Basha, and Suleiman. In the following paragraphs, seven general structural descriptions that resulted from the data analysis-synthesis will be presented, including samples/excerpts from the meaning units (own words) of participants.

Results

General Structural Description (GSD)

Seven essences of the general structural description emerged from the analysis-synthesis of the descriptions as viewed from the lens of the population health/social determinants of health model (Mikkonen & Raphael, 2010). These are considered the meaning of the experience of Syrian newcomers living in New Brunswick. These essences include specifics of the social determinants (which are bolded).

- 1) We need your **social support** because others need ours.
- 2) We are living in a rewarding yet challenging **environment**.
- 3) We appreciate the Canadian **culture** but from our own cultural perspectives.
- 4) We find the Canadian **educational** system is the best for our children but not for us.
- 5) We have ambivalent feelings towards Canadian **health services**.
- 6) We may choose the easier solution when the process of attaining **employment** is complicated.
- 7) We are living on the edge of poverty with low **income** and high cost of living in Canada.

The following are the (essences of the GSD with supporting direct quotations from the participants. By presenting these, we demonstrate how the analysis-synthesis brought participants' words up to a higher level of discourse-to the language of science (using the population health/social determinants of health model). Please see Appendix A (Table 1) for data analysis/synthesis examples from participants.

GSD1: We Need Your Social Support Because Others Need Ours

Syrian newcomers appreciate the social support they have received from the Canadian governments (provincial and federal), community, multicultural associations, and settlement programs. This social support facilitated their settlement in Canada and helped them to manage various new-life challenges and struggles. From their cultural perspective, social support forms a great value for them. Research participants understood social support was an essential determinant of health to prevent loneliness and protect them from psychological disorders. They also understood the social environment in Canada was different from the one they left in Syria. They felt it was challenging to integrate themselves into Canadian society and make

Canadian friends because of the language barrier and Canadians' individualism. Therefore, the research participants joined a Syrian newcomers' group to support each other. They also described providing their children with the best social support during their stay in Canada. While others have tried to create social relationships with their neighbours by sharing their culture, beliefs, and experiences with them. Syrian newcomers lacked social support from their families back home and in other countries. They feel stressed because they cannot support their families in Syria or bring their family members to Canada. The extended family is the primary and most valued source of social support for people in countries with collective cultures (such as Syria). The absence of extended family members was a foremost deficiency experienced by Syrian newcomers in Canada. Examples of participants' words (note: self-selected pseudonyms are being used), which support the above essence in the GSD, include:

Adam: We got very good help, and we were kindly welcomed to Canada as our new home. MAGMA was taking care of everything for all newcomers. I am really thankful for them as they made things easier for us. I am also thankful to everyone is still helping me to tackle everyday life challenges in Canada...I miss the rest of my family in Syria. I always think about them. Therefore, I set 45 minutes of my time every day to call my mother, sisters, and daughter... I can't live without calling them every day. They always tell me that they want to come and live with me. Unfortunately, the process is not easy. If they live with me or near me, I will be happy, and it will reduce the stress in my life.

Participants believed social support was not only vital for their well-being while living in Canada but also essential for their kids' future.

Jack: My children's future is the primary reason for me to live in Canada. I think they are going to have a bright future in Canada. I will support my children and encourage them to finish college or university education. I will be supporting them until they can make their own decision about their future.

GSD2: We are Living in a Rewarding yet Challenging Environment

Syrian newcomers enjoyed the beautiful, healthy, and safe physical environment in Canada. Although the Canadian system and environment were totally new to them, they believed that the Canadian physical environment would provide a potentially bright future for their children and the entire family. The Canadian cold weather was very challenging for the Syrian newcomers, and it affected their health. Unfortunately, some newcomers were accommodated in low-income residential areas within unhealthy social and physical neighbourhood environments. Some Syrian newcomers experienced racism, verbal abuse, and theft while living in these disadvantaged neighbourhoods. Therefore, they worried about the personal safety of family members and their children's future. Two examples from participants' descriptions, which support the above essence in the GSD, include:

Jack: Moncton is a very beautiful city with a significant location in NB. I have been living in Moncton for 18 months. I noticed that Moncton is growing very fast, with several buildings and centers being built and added to the city. Therefore, I see my future and my family's future here in Moncton."

In contrast to Jack, **Sanaa Basha** said:

Although I know that these accommodations [governmental assisted houses] are for people with low income and the rent for them is not expensive, we were shocked with the neighbourhood. Most of our neighbours are not friendly people. We see so many drunken people and people who use drugs around the neighbourhood. We have never been in this situation in our life. My kids and I have never seen these kinds of people.

These descriptions depict the rewarding yet challenging environment in which the Syrian newcomers reside within the Canadian context.

GSD3: We Appreciate the Canadian Culture but from Our Own Cultural Perspectives

Many Syrian newcomers enjoyed living in Canada. Although the liberty within the organized system in Canada caused them to continue struggling in order to understand the Canadian culture and to integrate themselves into Canadian society. They continued to compare their own culture with Canadian culture. They were also concerned about their children's cultural identity. Some of them understood that lack of English communication skills, an insufficient number of friends, and limited interaction with Canadians prevented them from understanding the Canadian culture. Some tried to acculturate by taking from the Canadian culture what fits with their cultural values. Others wanted to share their culture and experiences with their neighbours. While some sought more knowledge and information about the Canadian way of life through workshops within the community. Samples of participants' words which support this essence of the GSD include:

Suleiman: The freedom here in Canada, causes anxiety to me. I like freedom with limits like expressing your opinion freely, freedom of choice for study, job, and marriage...I like the freedom that does not conflict with my culture.

Sanaa Basha expressed the challenges she faced regarding the Canadian culture by saying: "the most challenging things for me here in Canada are the language and culture. Canadian culture is entirely different from our culture. I still can't understand Canadian culture very well. I can't make Canadian friends."

The above descriptions depict the perceived differences between the Syrian and Canadian cultures.

GSD4: We Find the Canadian Educational System is the Best for Our Children but Not for Us

For Syrian newcomers, accessing the education system was undemanding, and they were thrilled with the education programs in NB because their children were receiving a Western education and learning two official languages in Canada. Their children quickly integrated with peers at school and surpassed their Canadian classmates in academic achievement. Syrian newcomers valued education and looked forward to supporting their children to complete higher education in colleges or universities. Adult Syrian newcomers were struggling to learn the English language due to their age, being illiterate in Arabic, and given the nature of current English as second language programs in Canada. They sought more knowledge and education about the Canadian system, culture, weather, higher education programs, labour market, community health resources, different strategies to learning English,

and communication skills to manage their everyday life challenges. The following are descriptions from participants which relate to this essence of the GSD:

Jack: I am very happy with the education system in Moncton. My children's education is very important to me. My kids are receiving an excellent education. They are learning both languages, English and French. My youngest child received an award for being at the top of her class. I was very happy and proud of my child.

However, **Mohammed** struggled to learn English and said:

One of the challenges that I face here is learning the English language, I found it difficult for one in my age (I am 52 years old) to learn this language...these programs are designed for persons who have good basic knowledge of English but not for illiterate persons or persons who have no prior knowledge of English.

These above descriptions depict the paradox that participants feel about Canadian education for their children and English language training for themselves.

GSD5: We have Ambivalent Feelings Towards Canadian Health Services

Syrian newcomers were satisfied with universal health services where people are served equally and in a dignified manner. They also appreciated the ethical and professional behaviour of healthcare professionals. They appreciated support from the multicultural association and settlement programs for facilitating access to health services in NB and providing interpreters. However, they felt distressed and anxious due to long waiting times in emergency rooms and for seeing a specialist. They were also stressed with not being able to access non-insured health services such as dental-care and pharma-care because they could not afford it. The following words depict this essence of the GSD:

Mohammad: Although I am satisfied with the health services, I am disappointed regarding the long waiting time. Last month I took my wife to the emergency because she had pain, I waited 10 hours to see the physician.

This description illuminated the ambivalence that participants perceived concerning health care services in New Brunswick, Canada.

GSD6: We May Choose the Easier Solution When the Process of Attaining Employment is Complicated

Many Syrian newcomers faced challenges in finding employment for various reasons, including caution about foreign education, hard/lengthy processes to accredit their qualifications, and lack of work experience in Canada. Employer attitudes to overseas qualifications and work experience could be another obstacle. Some Syrian newcomers refused to seek employment and preferred receiving governmental assistance because they found Canadian work conditions difficult. Long working hours, low wages, and high taxes were disincentives for integration into the Canadian labour market. Others, however, are looking forward to finishing their English as a second language classes so that they could start looking

for employment and integrating themselves into Canadian society. The following words from participants express this essence from the GSD:

Sanaa Basha: Many Syrian refugees that started working got upset with the very low income, long working hours, and high taxes. They find it very tiring to work for very long hours with a very low income that does not cover the living expenses, so they quit and rely on government assistance.

For example, **Sameer** indicated:

One of the sponsors found a job for me to distribute newspapers to homes for two hours daily from 5:00 -7:00 am after I began that work, I was informed that the provincial financial assistance would be stopped because I found a job. I quitted this job because it does not make sense to leave the provincial aid (\$1,200 CAD) to work for only \$350 CAD.

These descriptions illustrate the challenges Syrians have experienced related to finding employment in Moncton, NB.

GSD7: We are Living on the Edge of Poverty with Low Income and High Cost of Living in Canada

Syrian newcomers immigrated to Canada for a better life. However, they found the reality of life in Canada was very challenging because their incomes were low compared with the high cost of living. They were anxious because their low income did not meet their family's needs. Some depended on the child-tax benefits to cover other living expenses. Having a large family was a significant challenge because suitable housing was too expensive to rent. Living in governmental assisted residences was an undesirable solution because these residences were located in unsafe neighbourhoods/environments. Parents with large families could not both work because they could not afford daycare for their children. The following participants' words represent this essence of the GSD:

Darwish: Work wages here very little, it does not make sense to earn \$10 CAD/hour while I need \$300 CAD/ week to buy groceries and buy other home stuff. Even with the full-time job, I cannot pay my rent and bills based on \$10 CAD/hour. Neither work salary nor the governmental financial assistance can meet my family's needs...The cost of living (rent, internet, car insurance, food, power... etc.) here in Canada is very high. It makes me stressed out because the expenditures exceed the income. \$1,200 CAD/month is a very insufficient governmental assistance to cover all our needs as a family. I am not optimistic about my future in Canada, I cannot imagine myself to live here for a long time... my expectations about life in Canada were different than the reality. It is difficult to make money in Canada to cover my family requirements and needs.

Discussion

The aim of this study was to understand the Syrian newcomers' lived experiences in Moncton, NB, Canada from the lens of the social determinants of health model. In addition to the demographic data that were collected from the participants, the analysis-synthesis of the qualitative data revealed seven essences related to social support, environment, culture,

education, health services, employment, and income. As compared with their home country, Syrian newcomers lived different experiences in New Brunswick, Canada, which had a positive and negative impact on their entire family's physical, mental, and psychosocial health and wellbeing. The findings of this study add new knowledge about Syrian newcomers' experiences from the "social determinants of health" perspective. Social determinants of health result in paradoxical health experiences for Syrians living in New Brunswick. By comparing the results of this study, we found many of the findings are similar to results of other studies in the literature that investigated newcomers', expatriates', and immigrants' experiences in different countries (Osland, 2000; Russell, 2006, 2007; Russell & Aquino-Russell, 2011, 2013; Russell & Dickie, 2007). However, some findings were unique and added valuable understanding about the Syrian newcomers' experiences in Canada that will be discussed from Arabic/Islamic cultural perspectives.

In general, the Syrian newcomers in Canada faced similar challenges and obstacles to other immigrants in Canada. For example, Ontario Council of Agencies Serving Immigrants [OCASI] (2012) conducted a "Making Ontario Home Study." They found the following were the most prevalent challenges faced by immigrants in the province of Ontario: finding employment, limited English language skills, social isolation, finding housing, getting involved in social activities, lack of family/social support networks, lack of required/adequate employment skills, and not being accepted by other residents. Similar to our results in this study and to the OCASI's study results, Dow (2011) conducted a literature review to develop a guide for mental health practitioners about the immigrants' stressors. Dow found that the most stressors and obstacles of immigrants to the USA were related to:

Unemployment and discrimination in the labour market, financial and status change, splitting and scattering of households, lacking knowledge of the host language, difficult family dynamics, the attitudes of the receiving community, racism and stereotyping, and acculturation. In addition, the immigrants who generally look more favourably upon migrating to other countries may arrive in the United States with high, unrealistic expectations of the opportunities available to them and their families concerning housing, employment, finances, and access to health services. (p. 212)

The results of this study revealed the Syrian newcomers needed time to become adjusted to the Canadian culture and to become accustomed to understanding the art of living in Canada. The meanings the participants gave to their experiences clearly indicate they were in the stage of adjustment and acculturation associated with "culture shock" first described by Oberg (1960). According to Stein (1986), the refugees' experiences in the resettlement country was formed and influenced throughout different stages. These stages started from perception of a threat, deciding to flee, the period of extreme danger and flight, reaching safety, camp behaviour, repatriation, settlement or resettlement, the early and late stages of resettlement adjustment and acculturation, and finally, residual stages and changes in behaviour caused by the experience. Culture shock is considered a normal process for all immigrants and refugees to experience as they become adjusted to their new life and surroundings (Stein, 1986). "The very act of living and working in a foreign culture can cause massive stress...a normal stress reaction under conditions of uncertainty, information overload and loss of control" (Mendenhall et al., 2002, p. 159).

Some participants in this study might be considered to be in the first stage of the culture shock where they described having great expectations about their new life in Canada; however, other participants could have been considered to be experiencing the second stage of culture shock, where they faced many real challenges related to their income, housing, employment,

health services, education, and language, social support, and environment (Immigrant Services Association of Nova Scotia [ISANS], n.d.). Stein (1986) explained that refugees and immigrants in Western countries may show aggressiveness toward the resettlement organizations, especially after they lost their “rose-colored expectations” that they had when they arrived in the host country (para. 76). Putting it in other words, the honeymoon is over, and reality has set in (Lee, 2005, Russell, 2006, 2007). They become demanding of resources, uncertain of what behaviours are acceptable or not acceptable in Western countries. They become restless and aimless while they are looking for new opportunities to succeed in the new host country. Syrian newcomers described that they were frustrated, anxious, and uncertain especially related to their low income, difficulty learning the language, harsh Canadian weather, unemployment, and slow health services. Moreover, Stein (1986) discussed how the tough experience of living in Refugee Camps influenced the stability and mental status of traumatized and persecuted refugees who have lost their homeland and beloved ones. For example, Syrian newcomers in this study voiced feeling emotional, anxious, fearful of what the future would bring, frustrated, helpless, and incompetent because they could not find employment.

In addition to culture shock within a Western country, Syrian newcomers who originated from Arabic-Islamic cultures faced frustrating and challenging experiences with their children, who tended to acculturate faster than they did. These parents experienced frustration when pondering their children/youth, violating the norms of their original culture. That is, the Syrian parents expected their children to accept and live the Canadian cultural norms without violating their original ones; however, they were still anxious regarding this issue, and they wanted to monitor their children, so they did not go astray. Stein (1986) indicated feelings of disappointment are not uncommon among the refugees because their children violate (from parents’ perspectives) the norms of their home culture by following the new cultural norms. For example, drinking alcohol, having sex before marriage, and eating pork meat are some of the cultural norms that are not acceptable norms in the Arabic-Islamic culture and certainly made the Syrian newcomers anxious.

The following is a brief discussion of the demographic data that enhanced understanding of the Syrian newcomers’ lived experiences in Moncton, NB, Canada. As written above, Syrian newcomers preferred living in independent houses rather than living in apartments for the following reasons. First, they had large families (an average 7 people per household). Second, they became anxious because they did not want to make noise that might disturb their close neighbours when their kids played or when they hosted many guests. Note, hosting many guests was considered a vital component of their culture and was also a way for them to attain and maintain social support. Privacy and freedom were very important issues for Syrian families; therefore, separate houses provided them with the required privacy they sought. Many of them were used to living in large houses in Syria with other members of their extended families (such as their parents, sisters, aunts). They lived here in Canada with hopes that those members might soon join them. These were the reasons for their desire to continue living in individual homes. Many of them came from small towns where living in apartments was not part of their culture. Some did not want to be wrongly judged by others if they raised their children in different ways than Canadians raise theirs. They felt anxious that the Canadian government could remove their children because of this issue. Although renting separate houses was more expensive than renting apartments, they still preferred separate houses.

Syrian families, similar to other Arabic families, chose to have more children for the following reasons: They believed that children are the beautification of life as mentioned in the Holy Quran, “Wealth and Children are [but] the adornment of the worldly life” (*The Noble Quran*, Surah Al-Kahf 18:46). Having more children gives a higher social status to the Arabic family. Parents in the Arabic/Islamic culture believe that having more children will help and

support them when they are aged. Women in Syria receive unconditional familial support from their sisters/sisters-in-law, mothers/mothers-in-law and even neighbours in helping and raising their children. Therefore, raising children in this type of supportive social system is more tolerable than doing it alone in an individualistic society (Hofstede, 2000).

The average monthly cost of food for a Syrian family of seven (two parents and five children) in New Brunswick was \$1,300 CAD. That meant that 45% of their income was spent on purchasing food. With teenagers (average age 17), the consumption of more food was necessary for their growth and development. Syrian newcomers purchase ethnic and Halal food, which is normally more expensive; however, Syrian families in Canada also process their own foods in their homes, which saves money. For example, they made yogurt and cheese out of milk, hummus, and falafel out of chickpeas, bread and pastries out of flour. In summary, as a consequence of their disrupted lives, relocation to Canada, cultural and familial isolation, living with low income, and few prospects of employment, adult Syrian newcomers continued to adjust to their cultural context. Without social support and services directed at helping them to cope with their experiences, Syrian newcomers will continue to struggle to improve their lives in Canada. The good news is their children are adapting at a faster pace.

In conclusion, when viewing the lived experiences of Syrian newcomers through the lens of the population health/social determinants of health model, paradoxical experiences surface. Syrian newcomers faced various challenges with unemployment, low income, harsh weather, unsafe environments, long waiting times for health services, diminished social support, and challenging encounters within the education system for themselves and their children. It is suggested that various governmental and non-governmental organizations need to collaborate to support the effective integration of Syrian newcomers into Canadian society. Early employment is essential for stable employment history and, ultimately, higher earnings. To enhance social inclusion and language proficiency, newcomers need to be integrated into their communities through work integration programs, workshops, and volunteer opportunities. Social support is an important factor in accelerating the integration process. Health care providers should take into consideration the findings of this study in order to provide health care that focuses on cultural humility within their culturally sensitive care for the Syrian newcomers.

Limitations

The sample size was reasonable for Giorgi's phenomenological descriptive method. Through a rigorous process of analysis-synthesis, we were able to uncover the meaning of Syrian newcomers' lived experiences in Moncton, NB, Canada. There are some limitations to this study. First, the sample size of this study consisted of six males and one female. Finding participants, in general, and female participants, in particular, was a challenge for different cultural reasons. (1) The Arabic society is a male dominant one where men have more freedom to make final decisions regarding different issues such as participating or allowing their dependent women to participate in research studies. (2) Contacting and interacting with strangers (researchers) is the responsibility of Arabic men who play a significant role in protecting their dependents (women and children). (3) Although a female interviewer was available to conduct interviews with female participants, the study topic was not gender-specific (i.e., the lived experience of Syrian women newcomers) to encourage women to participate. (4) Many potential participants perceived that the researchers of this project were representatives of the Canadian government or other non-governmental organizations [NGOs], who were conducting a social study in order to provide them with immediate tangible support (such as money, household equipment, or furniture). They received the same tangible support from different governmental agencies and NGOs when they were refugees in Lebanon, Jordan,

and Turkey; however, withdrawing from the study took place after they understood that it was a research study completed by university professors. Stien (1986) clarified that living in refugee camps gives the refugees a sense of dependency and demanding of resources. (5) Syrian newcomers were new to the Canadian system, and they did not want themselves or their wives to release information that might disadvantage their status in Canada or even in Syria; therefore, some potential participants were hesitant to participate in digitally recorded interviews, while others simply declined participation.

Second, the age group of participants were of the ages between 33-54 years who had young children in their families. Therefore, the findings of this study would not be applicable to those who are older than 54 years or younger than 33 years, although there may be aspects of the findings that resonate with others. Finally, this study was conducted one to two years after the Syrian newcomers arrived in NB when participants would be considered to be in the first and second stages of adjustment (i.e., culture shock) as indicated by their experiences. The experiences they shared could have been influenced by the emotional and psychological contexts of the culture shock period.

Implications

Findings from this study have clinical and organizational implications for health care providers and settlement community agencies because it provides a deep understanding about Syrian newcomers' experiences in Moncton, NB, Canada from a population health/social determinant of health perspective, demonstrating that the challenges they faced influenced their health and quality of life. These findings may be helpful to guide health care providers in conducting comprehensive health assessments of individuals. As well, findings suggested that health care professionals will demonstrate cultural humility (Yeager & Bauer, 2013) when coming to understand the experiences of Syrian newcomers in Canada, taking into consideration their cultural background and unique current and past experiences, which relate to the challenges that they face in Canada. Comprehensive health assessments will help in identifying and detecting early signs and symptoms of diseases related to the social determinants of health. Understanding Syrian newcomers' experiences form a unique opportunity for collaboration between health care providers, settlement community agencies, as well as other community agencies and resources in seeking and finding solutions for the challenges facing Syrian newcomers. The solutions will aim to prevent the development of diseases and to accelerate their integration within Canadian society. It is hoped that the findings of this study have relevance for other Syrian newcomers who live in similar circumstances within other Canadian provinces and countries. These findings could be used as a reference for those who are interested in conducting studies with other new immigrants and for developing innovative theoretical frameworks about immigration. New Brunswick will continue to seek and accept immigrants in an effort to balance its demographics.

Further nursing and health educators in NB may also incorporate the results of this study into their nursing/health curricula in order to assist students in understanding the meaning of the lived experiences of Syrian newcomers from the perspective of those who have actually lived it. This understanding is crucial for nursing/health students in order to enhance their critical thinking skills and to develop useful health promotion strategies and programs for Syrian newcomers in NB. Advanced practice nurses [APNs] in different health settings are in a unique position to utilize the results of this study in developing strategies to promote Syrian newcomers' health, effectively taking into consideration the social determinants of health that have shaped their experiences in NB. Policies from health administrators in NB will help APNs to perform this role efficiently.

Recommendations

Although this study revealed many aspects of the Syrian newcomers' experiences, more qualitative studies are still needed for deeper and more comprehensive understanding. For example, each challenge reported in this study could provide a starting point for separate studies in order to enhance understanding of the lived experiences of Syrian newcomers. Different stages of the resettlement and adjustment processes are worthy of being explored through research as well. Selecting participants from different age groups and conducting gender-specific studies to enhance understanding of how the experiences of participants from different ages and genders are recommended. Action research studies involving Syrian newcomers as co-researchers are recommended for future research. Finally, the lived experiences of health care providers and settlement staff who work with Syrian newcomers are also recommended for investigation.

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Appendix A

Table 1

Meaning Units (MU) from Darweesh	Focal Meanings (FM) from Darweesh	Situated Structural Descriptions (SSD) from Darweesh	General Descriptions from all Participants
<p>Work wages here very little, it does not make sense to pay 10 CAD/hour while I need 300 CAD/ week to make grocery and buy other home stuff. Even with the full-time job, I cannot pay my rent and bills based on 10 CAD/hour. Neither work salary nor the governmental financial assistance can meet my family needs. Therefore, I decided not to work because the salary is low, I kept the governmental assistance as the only income for me. I understand that to work in Canada, you need to learn the language. I decided to work in forests to cut the wood because this job does not need any language to perform it, when I asked in MAGMA about how to apply for this job, I got surprised that the employer asked for Canadians who have at least secondary school certificate, so I was not eligible for that job.</p>	<p>FM7 Darwish-English language illiteracy, low education levels, and the low jobs' salary hindered Darwish from working in the Canadian labour market. Low-income employment and governmental assistance cannot meet Darwish's family needs and living expenses [low income]. Darwish is convinced that there is no difference in income that comes from a full-time job with a low salary and that one comes from the provincial financial assistance. Therefore, he kept the provincial financial assistance as his only income.</p> <p>FM10 Darwish- Darwish is upset because he thinks that finding employment within his knowledge and skills is not possible because his skills and expertise are not valued in</p>	<p>SSD6: Darweesh is disappointed upset because he thinks that finding employment within his knowledge and skills is not possible because his skills and expertise are not valued in Canada. Darweesh also believes that English language illiteracy, low education levels, and the low jobs' salary prevent him from working in the Canadian labour market.</p>	<p>GSD6: We May choose the easier solution when the process of attaining employment is complicated (please see the description under this GSD in the results section)</p>

<p>MU10 Darwish: It is very disappointing that we cannot work within our field of expertise. [For example, a friend of mine who is a [professional], he could not find a job within his field, the only job he could find is a road work.</p>	<p>Canada.</p>		
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Note. Examples of Meaning Units (MU), Focal Units (FU), and Situated Structural Description (SSD) from one participant (Darweesh) and General Structural Descriptions from all participants (GSD)

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