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EMPIRICAL RESEARCH MIXED METHODS

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Living in a multicultural context: Health and integration from the perspective of undocumented Mediterranean migrants, residents, and stakeholders in Italy. A qualitative-multimethod study

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Abstract

Aim: To catch a representative view of a multicultural population's needs.

Design: Qualitative study.

Methods: Semi-structured interviews were conducted from July 2022 to January 2023 with the project's stakeholders, migrants, and residents. Data analysis was performed using a multimethod textual analysis technique.

Findings: Territorial barriers, lack of social network, and specific professionals' training emerged as healthcare delivery obstacles. For migrants, language improvement emerged as a health priority. A deep relationship with migrants emerged as a deficiency for residents.

Conclusion: A welcoming project equipped with solid leadership and the right resources can be fundamental in mediating health promotion and integration. In this process, the involvement of the resident population is essential.

Implications for the Profession and/or Patient Care: Analysing the migrants' needs and the strengths and limitations of a reception system could help identify the challenges for professionals in delivering culturally competent care. In this context, the nurse's role becomes relevant, being responsible for taking charge and caring for the population and the link between professionals and the population.

What Problem Did the Study Address?The study addressed the problem of improving the overall health of migrants, refugees, and asylum seekers, mainly focusing on reception and integration into a new society process.

What Were the Main Findings?Worse health was identified with adaptation, integration, and family problems. Territorial barriers emerged, hindering good health.

Where and on Whom Will the Research Have An Impact?These research findings can be valuable for health professionals who want to improve the reception process and enhance a care model integrated with residents.

Patient or Public Contribution: No patient or public contribution.

Reporting Method: To describe the research report, we referred to the COREQ checklist (Tong et al., 2007).

KEYWORDS
asylum seekers, health, migrants, mixed methods, needs, nursing, qualitative, refugees

1 | INTRODUCTION

Over the years, millions of people, including undocumented migrants, refugees, and asylum seekers, have been forced to flee their country due to armed conflicts, economic imbalances, persecution, and human rights abuses (Iqbal et al., 2022). According to the 2022 mid-year trend report by the United Nations High Commissioner for Refugees (UNHCR), the number of displaced people worldwide exceeded 84 million (UNHCR, 2022). In the first 7 months of 2023, more than 117.600 landings, including more than 22.300 minors, fled from the Middle East, North Africa, Sub-Saharan Africa, and Central and South Asia (UNHCR, 2023). Italy, a strategic location on this migration route, reported approximately 139.280 undocumented migrants, refugees, and asylum seekers in the first 10 months of 2023 (Ministry of Interior, 2023).

Undocumented migrants, refugees, and asylum seekers flee natural disasters, wars, violence, and persecution, often undertaking overnight journeys on dangerous sea routes in ill-equipped boats (International Organization for Migration, 2022). In the new country, they are often traumatized, with few resources, and face more significant challenges to resettling into the host society than regular migrants (de Smalen et al., 2021). International literature documented various post-migration living problems (PLMP), including mental health problems; physical and psychological issues; and social, economic, and cultural challenges that significantly impact their health and wellbeing in the new country (Mattar & Gellatly, 2022). Consequently, migration affects the social determinants of health, and irregular migrants are a fragile population with poor physical and psychosocial health, requiring significant support from hosting countries (Iqbal et al., 2022).

Although multiculturalism brings an enriching, multicultural society with diverse identities, cultures, and values, it also poses a critical challenge to host societies regarding reception and inclusion to ensure the wellbeing and integration of migrants (International Organization for Migration, 2022). Addressing social determinants requires action on the part of the society and recognizing that health is not solely determined by medical care but broader social factors (Vega-Escaño et al., 2018).

1.1 | Background

The significant increase in migrant landings in Europe has highlighted severe gaps in the European reception and asylum system, posing considerable challenges for healthcare systems, social services, and professionals striving to meet the needs of migrants (Mancini et al., 2019).

Following the asylum system reform proposed by the European Parliament in 2020 (European Parliament, 2023), Italy has set up second-level reception centres in inland areas (i.e., sparsely populated small areas due to their distance from urban centres). Thanks to inclusive initiatives where stakeholders work intensively to address migrants' needs, inland areas have been restructured to welcome, train, and reintegrate migrants into society, resulting in increased cultural diversity and richness (Reception and Integration System, 2022).

An example is an Italian reception centre in Camini (RC), an inland area in the Calabria region of southern Italy. Through a 6-month reception project called "Jungi Mundu" (meaning "Join the world" in the local slang), many migrants, refugees, and asylum seekers receive welcome and essential support for healthcare, economic independence, and social integration. Health professionals, social workers, and administrators work daily to provide migrants, refugees, and asylum seekers with accommodation, vocational training, and language classes. The project's effectiveness lies in the experimentation with a self-managed housing approach to enhance the autonomy of project beneficiaries, demonstrating social commitment through inclusion programmes overseen by a multidisciplinary team of qualified experts and a material reception plan encompassing food, lodging, and a monthly stipend. Furthermore, this enables them to attain the same health objectives as residents, helped by cohabitation (Reception and Integration System, 2022). Nonetheless, significant challenges in care may arise due to territorial limitations and the high levels of multiculturalism stemming from diverse cultures that necessitate support and integration with residents.

Although several studies have focused on migrants in the last decade, very few studies have been conducted in such a multiethnic community. For instance, Driel and Verkuyten (2022) investigated everyday interactions between inhabitants of different ethnic backgrounds in Riace in Southern Italy, which has hosted and integrated refugees into the local community for over 20 years. While the health needs of migrants, refugees, and asylum seekers (Sundvall et al., 2020) in professionals' perspectives (Mancini et al., 2019) have been widely studied, there is a shortage of literature investigating the needs of a multicultural population by comparing the perspectives of stakeholders, migrants, and residents living in the same context. Given the significance of the problem, this represents a gap.

1.2 | The study

To improve migrants, refugees, and asylum seekers' good health, it is essential to involve the entire interested population to understand the reception and integration processes into a new society. Therefore, it is crucial to investigate the strengths and barriers for

stakeholders who care for the entire multicultural population, as well as the challenges faced by migrants in the resettlement process. It is essential to integrate the residents' perspective to understand how the integration processes within a community can impact the health status of migrants.

1.3 | Aim

For this reason, this study aimed to gather the experience of a multicultural population, composed of a project's stakeholders, migrants, refugees and asylum seekers, and residents, to investigate perceived health needs and aspects related to reception, integration, and support to obtain a comprehensive and representative view of all constituents involved.

2 | METHODS

2.1 | Study design

A qualitative study was conducted using semi-structured face-to-face interviews.

2.2 | Methodological framework

We used an innovative multimethod data analysis technique called automatic analysis of textual data (AATD) to analyse the semi-structured interviews. Based on the exploratory multidimensional data analysis (EMDA) framework by Fraire (2009), this approach provided a quantitative–statistical analysis of qualitative data using specialized software. An exploratory-descriptive approach guided data interpretation to understand better the participants' perspectives and the underlying dimensions of discourse and lexical corpora concerning the real world. We used the open-source software IRaMuTeQ 0.7 alpha 2 to analyse data. To describe the research report, we referred to the COREQ checklist (Tong et al., 2007).

This approach satisfies the study's objectives for multiple reasons. On the one hand, it allows us to compare the different populations' perspectives by studying their typical language. On the other hand, it lends rigour to the analysis and interpretation of findings due to the statistical analysis conducted on textual data, overcoming some of the limitations inherent in qualitative analysis (Figura et al., 2023). Therefore, it was chosen by the authors as the most suitable data analysis technique following the purpose of the study.

2.3 | Study setting and recruitment

According to the aim, three different components of the population were selected from lists provided by the cooperative and the municipal administration: stakeholders who work within the centre, migrants (beneficiaries of the hosting project), and residents. We used a purposive sampling approach to recruit a representative participants component.

Specifically, stakeholders were clustered by professional fields (health professionals, social workers, and administrative area members). Migrants were clustered by country of origin, gender, age range, and length of stay. Migrants who were at least 18 years old and had been enroled in the Camini's reception project for at least 3 months were selected, as the standard duration of participation in a reception project for each migrant is 6 months, and a shorter time would not have allowed for an informed experience. Finally, residents were clustered by sociodemographic characteristics (gender and age), selecting participants at least 18 years old. All three participant samples were enroled based on their willingness. Involvement in the study lasted until data saturation was reached. All researchers involved had expertise in multicultural contexts and were confident in qualitative research according to their professional backgrounds.

2.4 | Data collection

Data were collected from July 2022 to January 2023. After identifying potential study participants, we scheduled interview dates, times, and locations with project coordinators. Interviews were conducted in three phases (one for each sample) in a location agreed upon with participants and during their free time. Participants were interviewed through semi-structured individual interviews, audio-recorded, and stored on a digital device. Stakeholders were asked to speak about the expressed and unexpressed health needs of the multicultural population they assist, the strengths and barriers in meeting those needs, and the strengths and weaknesses of the reception project from their professional perspective. For migrants, the interviews were based on their migration experience, experience in the reception centre, related health needs, and their conception of health and illness. Residents were asked to speak about their experience with the reception, health needs, and conception of health and illness. All three groups were finally asked questions about their subjective experiences in the community, the experience of integration and relationships between culturally different population groups, and the meaning they attribute to migration, experienced personally and not. Finally, an open-ended question was asked: “Do you have anything else to tell me about your experience in the community?”. During the interviews, no one was present other than the researchers and cultural mediators for migrants. Interviews were conducted in the researchers' language (Italian), and cultural mediators intervened in cases where questions were not understood by migrants (Cuoco et al., 2022). Researchers maintained an empathetic attitude, expressing warmth and reassurance, to facilitate narrating participants' experiences. According to Corbin and Strauss (1998), interviews were conducted without interruption until saturation was reached, meaning until participants stated they had nothing more to

add or until no new information emerged. Data saturation, agreed upon by the researchers, was reached after 16 interviews with stakeholders, 19 interviews with migrants, and 15 interviews with autochthonous participants. In addition to the interviews, researchers used a brief questionnaire to collect participants' sociodemographic data, which was helpful for data analysis and a general description of the sample. The interviews lasted an average of 40 min each.

2.5 | Data analysis

Data analysis was conducted using Fraire (2009), which consists of seven phases (Figure S1). In the first phase, all interviews were transcribed separately into a Word document (.docx). Subsequently, they were transferred into a single document called the 'corpus' and checked for accuracy by the researchers. In the second phase, text pre-processing procedures were applied (Figura et al., 2023) following the IRaMuTeQ software protocols, and the corpus underwent *a priori* coding. This coding divided the corpus into shorter parts, referred to as 'texts,' based on the study's objectives. In our investigation, each text corresponded to an individual interview. To each text were associated metadata lines, i.e., descriptive information providing relevant information, useful for organizing and categorizing documents within a textual corpus and enabling more effective data search and analysis about the text. In our corpus, the metadata line contained sociodemographic variables associated with each interviewee (speaker, citizenship, gender, age, nationality, profession, etc.) (Table S1), which helped define the variables for conducting the analyses (Bolasco, 2021). Following the software's rules, once the Word file was prepared, it was saved in the standard UTF-8 (Unicode Transformation Format 8-bit code units) encoding format before commencing the analysis.

During phase 3, called 'a posteriori coding,' descriptive statistics were provided for the texts under examination, resulting in a lexical balance, and the reliability and content validity criteria for multidimensional statistical analysis were verified. The lexical balance included frequency tables of active forms, supplementary forms, and hapaxes (graphical forms appearing only once). Regarding the reliability criteria of the statistical analysis, according to Bolasco (2021), the corpus should contain at least 25,000 occurrences to ensure the reliability of the statistical analysis. Furthermore, the ratio between type (corpus vocabulary) and token (total occurrences contained in the corpus), called the 'type/token ratio', should be below 20%, and the percentage of hapax should not exceed 50% (Bolasco, 2021). Subsequently, in the fourth step, frequency matrices of active forms, supplementary forms, and hapaxes were generated, and researchers identified the lexical data table for multivariate statistics, known as 'x shapes' or text contingency table. Since the objective was text-to-text analysis, the chi-square (χ^2) measure of association between occurrences was chosen.

In the fifth step, measures for the statistical analysis were chosen. In the sixth step, multidimensional variable-driven statistics were applied. Statistical techniques provided factorial analysis (e.g., Principal Component Analysis and Correspondence Analysis) and classifier methods (e.g., Classificatory Hierarchical Dendrograms). Thanks to factorial analysis, extracting occurrences or classes of occurrences' proximity through their projection on a factorial plane allowed for the exploration of lexical profiles and latent semantic dimensions. Using clustering, an unsupervised process based on algorithms, it was possible to classify texts with similar vocabulary. The seventh step generated lexical and numerical output graphs (Figura et al., 2023).

2.6 | Ethical considerations

The university of Tor Vergata Ethics Committee approved this study on 7 July 2021 (protocol registration number 160.21). Ethical norms and guidelines for the research project were respected, and confidentiality was ensured. To protect privacy, all interviewees signed an informed consent form following the responsibilities provided by good clinical practice standards and in full compliance with the current regulations on personal data protection (World Medical Association, 2013). All participants consented to their data being used for research purposes.

3 | FINDINGS

3.1 | Sample description

Sixteen stakeholders (11 women and 5 men with an average age of 41 years), 19 migrants, and 15 residents (9 men and 6 women, with an average age of 63 years) were enroled in this study. The demographic characteristics of participants were reported, respectively, in Tables S2–S4.

3.2 | Corpus description

The corpus analysed using automatic textual data analysis included 50 texts, in line with the number of interviews. The lexical balance (Table 1) showed a lexically rich text (type/token ratio: 5%; 42.9% hapax on total forms; 107.467 occurrences). These indices met the reliability criteria for multidimensional statistical analysis.

TABLE 1 Lexical balance.

Abstract	
Number of texts	50
Number of occurrences (*N*)	107,467
Number of forms (*V*)	5499
Number of hapaxes	2360 (2.20% of occurrences—42.92% of forms)
Average number of occurrences per text	2149.34

3.3 | Multidimensional analysis

3.3.1 | Correspondence analysis

This analysis began with projecting the factorial plane of the samples under study (Figure 1). The data reading considers the position of the occurrences on a plane concerning factors, sections, and proximity. It resulted in three blocks, each associated with one of the interviewed samples. The stakeholder dimension was assigned to the blue block of occurrences called 'project mission'; the migrant dimension was associated with the red block of occurrences titled 'migrants' needs', while the resident dimension referred to the green block of occurrences called 'reception by residents'.

From the occurrences' arrangement on the factorial plane, themes that emerged from the stakeholder dimension were the management of economic and social interventions, healthcare interventions, and the relational aspect with different populations represented by occurrences such as 'to manage' (gestire), 'intervention' (intervento), 'economic' (economico), 'social' (sociale), 'to intervene' (intervenire), 'activity' (attività), 'healthcare' (sanitario), 'centre' (centre), 'reception' (accoglienza), 'relationship' (relazione), 'population' (popolazione), and 'different' (diverso). The reception of migrants was conceived as a proactive activity aimed at integration and social inclusion through interventions to establish a caring and supportive relationship in the social, healthcare, and economic aspects. Simultaneously, themes representing barriers to care and support

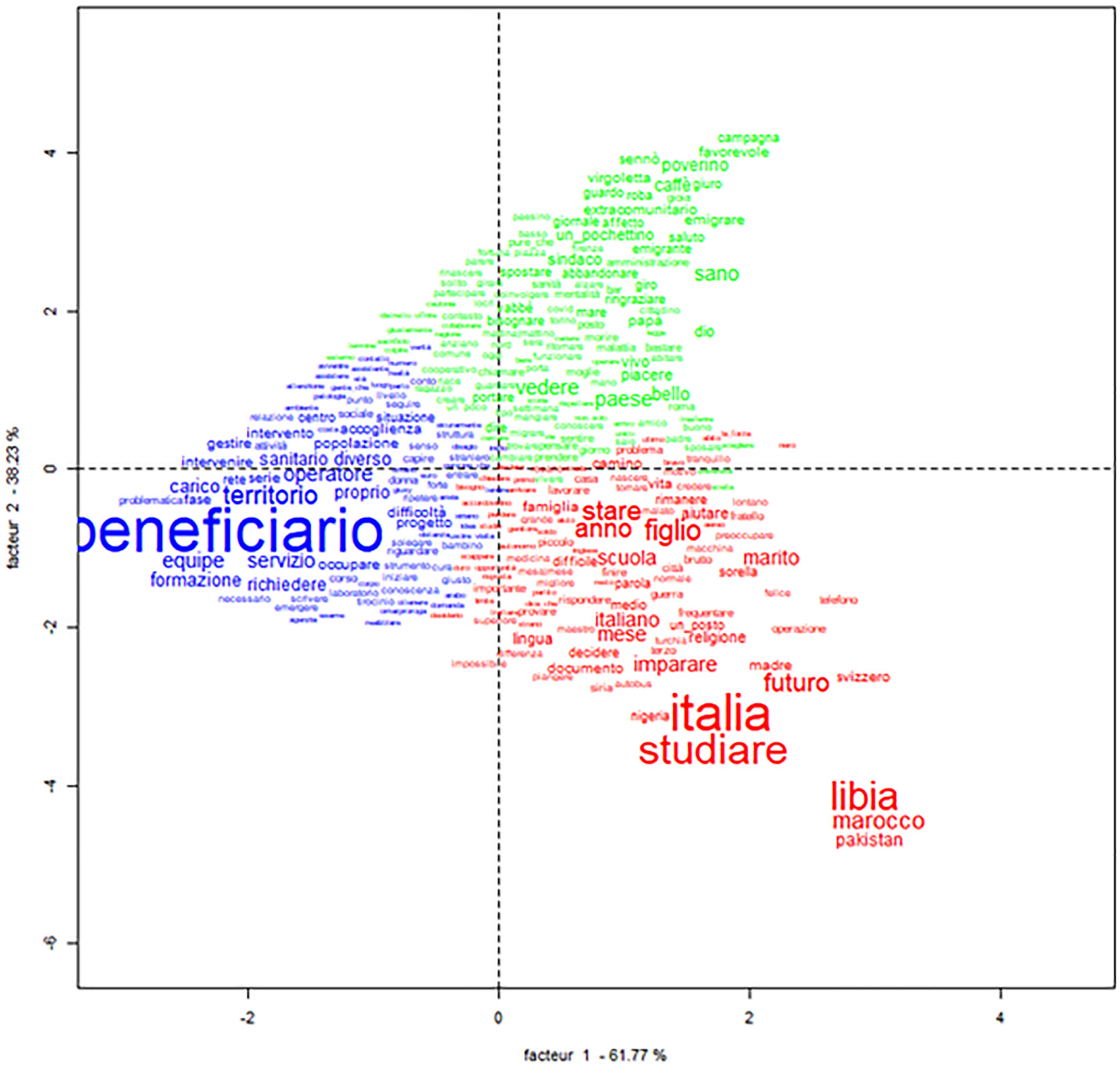

FIGURE 1 AC according to the variable "sample".

emerged with the occurrences 'team' (equipe), 'training' (formazione), 'necessary' (necessario), 'to request' (richiedere), 'service' (servizio), 'territory' (territorio), 'issue' (problematica), 'charge' (carico), 'network' (rete), 'course' (corso), 'laboratory' (laboratorio), 'internship' (tirocinio), 'tool' (stumenti), 'care' (cura), 'difficulty' (difficoltà), 'project' (progetto), 'to start' (iniziare), 'knowledge' (conoscenza), 'healthcare professional' (operatore sanitario), and 'to explain' (spiegare). These occurrences highlighted the need for specific training for the team, the difficulty in requesting necessary services for proper care from the territory, the need to create a network among professionals and services, and the lack of care and support tools that respect cultural peculiarities. Finally, challenges for stakeholders in establishing the helping relationship with some beneficiaries due to their high turnover emerged. Despite the significant stakeholders' efforts in establishing a helping relationship by adopting the principles of cultural humility (Foronda et al., 2016), younger people tend to move to larger places with more opportunities due to the territorial limitations and low attractiveness of the country, differently from families who tend to settle in the territory, instead.

From the migrant dimension, themes related to the need to learn the language of the host country to ensure social and economic integration emerged with the occurrences 'to study' (studiare), 'school' (scuola), 'Italian' (Italiano), 'to learn' (imparare), and 'language' (lingua). Another central theme was family, with which migrants often associated their state of health, clear with the occurrences' 'child' (figlio), 'little' (piccolo), 'family' (famiglia), 'husband' (marito), 'sister' (sorella), and 'mother' (madre). On the one hand, the pain for migrants who have left family members in their country of origin due to economic impossibilities, serious health problems, and the unwillingness of some members to leave their country, and on the other hand, the difficulty of adapting to the new culture and preserving traditions and customs without being influenced by the new customs, especially when having children attending school. Finally, with the occurrences 'war' (guerra), 'Libya' (Libia), 'to decide' (decider), 'to cry' (piangere), 'difficult' (difficile), and 'end' (fine), the pain associated with the trauma of migration emerged, as well as the need for access to healthcare. In contrast, occurrences such as 'normal' (normale), 'happy' (felice), 'religion' (religione), and 'operation' (operazione) expressed a clear desire for normality, social integration and access to healthcare, and the desire to feel accepted despite differences.

The residents' dimension was about the sociodemographic change in Camini due to the reception project, evident with the occurrences to see' (vedere), 'to bring' (portare), 'to know' (conoscere), 'country' (paese) 'beautiful' (bello), 'alive' (vivo), 'pleasure' (piacere), 'sea' (mare), 'bar' (bar), and 'movement' (movimento). Thanks to the reception project that welcomed not only families but also young migrants and children, Camini has experienced demographic and economic growth, the opening of schools, commercial venues, and activities. Residents considered it as a 're-born' of the country. However, occurrences such as 'unfortunate person' (poverino), 'coffee' (caffè), 'non-European' (extracomunitario), 'to involve' (coinvolgere), 'greeting' (saluto), and 'favourable' (favorevole) highlighted a lack of deep relationships. Although the presence of feelings such as respect, compassion, understanding, and closeness towards the migrants was likely linked to the residents' first-hand experience of migration, moments of proper integration seem limited to a few moments of the day, such as sporadic encounters in the central square and during coffee, as emphasized by the occurrence 'coffee' (caffè). Therefore, we can suppose reception by residents seems like a 'moral duty,' even though approached with enthusiasm and openness. The third theme, represented by occurrences such as 'reside' (abitare), 'to die' (morire), 'illness' (malattia), 'elderly' (anziano), and 'to function' (funzionare) underscores the structural deficiencies and difficulties related to healthcare due to a lack of resources, adequate facilities, and suitable means of transportation.

From the analysis, it was possible to extract two factors (Table S5) from which the latent content of the text can be derived. Factor 1 (the horizontal one), which accounts for almost 62% of the variance, is named the 'Reception project' and shows the opposite project's vision between the two main parties involved, stakeholders and migrants, on the two axes. On the left semi-axis, we find occurrences pronounced by stakeholders: 'to intervene' (intervenire), 'health' (salute), 'different' (diverso), 'operator' (operatore), 'social network' (rete sociale), 'to understand' (capire), 'foreigner' (straniero), 'charge' (carico), 'territory' (territorio), and 'problem' (problema). Despite the solid cooperative aptitude and the established leadership role in the area, the territorial reception system still lacks the implementation and support of interventions aimed at inclusion, growth, and healthy development of the multicultural community. From this, it can be deduced that the territory is probably not yet structurally and culturally ready to respond to the needs of a population that, by definition, presents difficulties and characteristics related to the social condition of migrants. On the right semi-axis, occurrences like 'home' (casa), 'believe' (credere), 'to be born' (nascere), 'life' (vita), 'Camini,' 'calm' (tranquillo), 'to return' (ritornare), and 'work' (lavoro) expressed by migrants manifested the hope of rebirth and wellbeing they cultivate upon their arrival in the project.

Factor 2 (the vertical one), which accounts for approximately 38% of the variance, is called the 'Migration phenomenon.' It sees, on the two axes, the perception of migrants' needs by residents and migrants themselves. The dynamism of change associated with migration and the need to adapt to new situations is evident on the upper semi-axis. Occurrences like 'luck' (fortuna), 'to tour' (girare), 'need' (bisogno), 'to bring' (portare), 'to change' (cambiare), 'to migrate' (migrare), 'to move' (spostare), and 'involve' (coinvolgere) indicated the idea of facing new challenges, opportunities, and contextual changes that characterize the migration experience. These occurrences reflected the dynamic and evolving aspect of migrants' lives and the need to adapt to new environments, situations, and roles during migration. The challenge of communication and integration during the migration process emerges on the below semi-axis. Occurrences such as 'important' (importante), 'language' (lingua), 'difference' (differenza), 'impossible' (impossibile), 'opportunity' (opportunità), 'need' (bisogno), 'to ask' (chiedere), and 'close' (vicino) highlighted the difficulties and barriers that migrants face in the linguistic and cultural context of the new country. These

occurrences indicated the need to overcome linguistic, cultural, and social differences to integrate into the new society. The participants also expressed a request for support, a willingness to learn the local language, the importance of interaction and proximity to the local community for better integration, and the opportunity to meet fundamental needs during the migration process.

3.4 | Cluster analysis

The cluster analysis (Figure 2) identified five classes, with a textual coverage of 96% (Table S6). Class 1, highlighted in red, was named 'the reception system.' It mainly included interventions implemented by stakeholders, indicated by occurrences such as 'service' (servizio), 'path' (percorso), 'social' (sociale), and 'work-related' (lavorativo). These activities provided social and occupational integration services, including language learning, skill assessment, and psychological and healthcare support. Class 2, in grey, was named 'the migration movement.' Occurrences such as 'life' (vita), 'to migrate' (migrare), 'to move' (spostare), 'land' (terra), 'war' (guerra), 'to seek' (cercare), and 'beautiful' (bello) reflected various aspects of migrants' migration experience. What emerged was the search for a new life in a different place, dealing with geographical movements and changes, facing the consequences of war, and finding beauty or opportunities in the new destination. In Class 3, 'welcoming and rebirth' was described in green. The occurrences 'city' (città), 'country' (paese), and 'beautiful' (bello) emphasized the aspect of the country's rebirth thanks to the welcoming of migrants. The occurrences 'to greet' (salutare), 'to integrate' (integrare), 'favourable' (favorevole), 'to meet' (incontrare), and 'religion' (religione) highlighted residents' positive view regarding the reception. Additionally, the 'occurrences' to 'emigrate' (emigrare) and 'Germany' (Germania) referred to the migration experience personally experienced by some residents who emigrated to Northern Europe after the Second World War. Cluster 4, in blue, is named 'primary needs.' These needs ranged from basic needs, expressed with the occurrences of 'home' (casa) and 'food' (cibo), to economic needs, represented by the occurrence of 'money' (soldo), and healthcare needs, expressed by 'medicine' (medicina), 'hospital' (ospedale), and 'doctor' (dottore). Finally, the terms 'Rosario' and 'Giusy,' respectively, were the names of the project manager and coordinator who were recognized as significant reference points for the entire community and demonstrated the importance of cooperative support. Cluster 5, in purple, is called 'linguistic integration.' It represented the needs of migrants from their perspective, prioritizing the need for linguistic integration, as indicated by occurrences such as 'Italian' (Italiano), 'to study' (studiare), and 'school' (scuola). Additionally, the theme of family emerges with occurrences like 'sister' (sorella), 'brother' (fratello), and 'child' (figlio).

3.5 | Principal component analysis

In principal component analysis (PCA), the five lexical worlds that emerged through exploratory cluster analysis were projected (Figure 3) to identify relationships between clusters. The graph shows three separate and independent clouds of occurrences. In quadrant 2 (upper left), clusters labelled 'the migration movement,' 'welcoming and rebirth,' and 'primary needs' are wholly overlapped. These clouds of occurrences approach the 'reception system' cloud, positioned between quadrants 1 (upper right) and 4

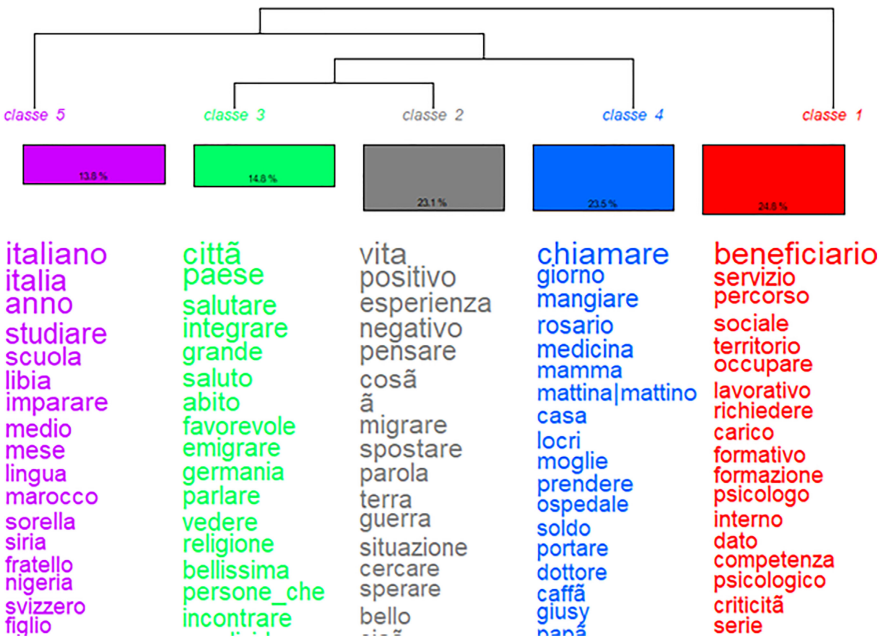

FIGURE 2 Discendent hierarchical classification.

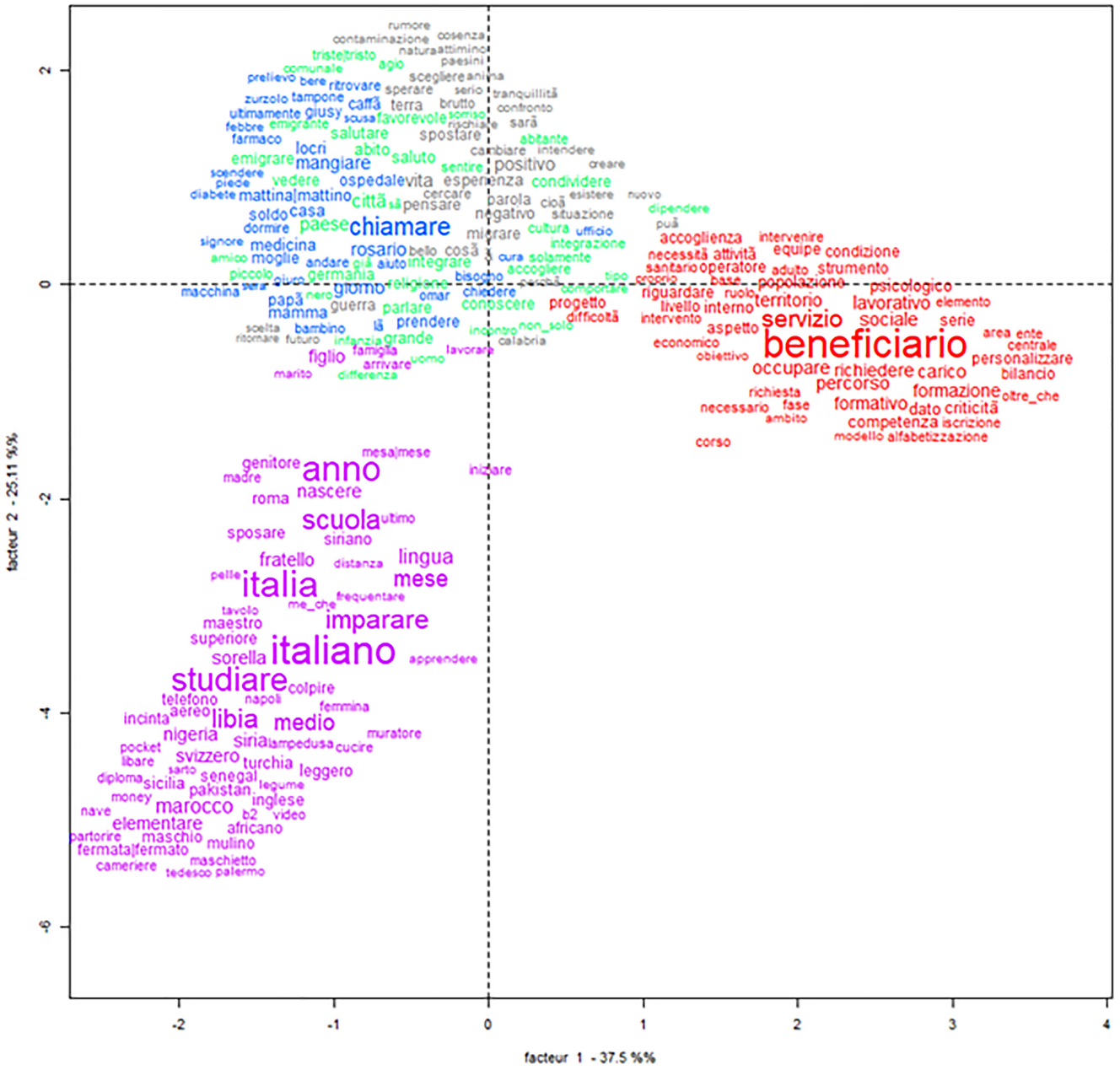

FIGURE 3 Principal component analysis.

(bottom right). From this proximity, the shared cultural background between stakeholders and residents emerges. Therefore, the first factor (var. 25.11%) was named 'the welcoming phenomenon.' On the left semi-axis, occurrences' 'money' (soldo), 'to sleep' (dormire), 'medicine' (medicina), 'wife' (moglie), 'dad' (papa), 'mom' (mamma), 'child' (figlio), and 'religion' (religione) identified areas of economic needs, basic needs, family challenges, and physical health needs of migrants identified by the other two samples. Conversely, on the right semi-axis, the occurrences 'project' (progetto), 'psychological' (psicologico), 'intervention' (intervento), 'work-related' (lavorativo), 'healthcare' (sanitario), and 'social' (sociale) highlighted the interventions implemented through cooperation, including the presence of crucial psychological support and personalized assistance from a social and occupational standpoint. Finally, the 'linguistic integration' cluster is positioned separately in quadrant 3 (bottom left). The second factor (var. 25.11%) is named 'the migration experience.' The occurrences 'experience' (esperienza), 'to migrate' (migrare), 'positive' (positivo), 'comparison' (confronto), and 'tranquillity' (tranquillità) on the upper semi-axes expressed the residents' perception of migration. On the bottom semi-axis, occurrences such as 'to star' (iniziare) and 'to work' (lavorare) show the priority for migrants and manifest the need for job occupation.

4 | DISCUSSION

This study aimed to gather the experience of stakeholders, migrants, and residents coexisting in a multicultural context. The study has

investigated perceived health needs and aspects related to reception, integration, and support in a hosting project where a multidisciplinary team implements daily interventions for migrants' wellbeing and their social and economic integration. The chosen setting allowed in-depth observation of integration processes, dynamics between populations, and modalities of responses to needs. Through multidimensional statistics, it was possible to compare themes from each sample and identify similarities and differences in health perceptions through lexical analysis.

The main findings from stakeholders concerned the project's strengths. The main stakeholders' mission was to tailor economic, social, and healthcare interventions and build a strong community relationship. According to Leininger (2002), cultures are characterized by different perceptions and health priorities. However, the literature agrees unanimously that post-migration problems significantly impact physical, mental, and social health and require urgent attention (Jannesari et al., 2020). Our findings showed that the cohesion among stakeholders and attention to cultural specificities represent the strengths, and stakeholders play a fundamental role in recognizing and responding to the needs of migrants through inclusion interventions and the growth of a healthy community. However, the healthcare system still presents shortcomings. In line with Mancini et al. (2019), the lack of specific training, bureaucratic barriers, and an inadequate territorial network emerged as the stakeholders' main challenges to assistance. Also, lack of specific training, territorial deficiencies, and high turnover of beneficiaries emerged as barriers to assistance and care. These problems are not unique to this context but are common in similar cases (Driel & Verkuyten, 2022; Thoennessen et al., 2021). The high turnover of beneficiaries in the project is primarily due to the short 6-month duration imposed by the Government, which poses challenges for migrants in terms of language acquisition and skill development. However, the project's core mission of providing housing and financial independence has facilitated successful integration, particularly for families with children. On the other hand, younger individuals often opt to relocate to larger cities, despite the cooperative having become vital references for both beneficiaries and residents thanks to the adoption of cultural humility, as revealed by our findings. Therefore, enhancing the area's appeal through investments in infrastructure and healthcare facilities could substantially reduce beneficiary turnover and stimulate population growth (Bottura & Mancini, 2018; Mancini et al., 2019).

From the migrants' perspective, resettlement in the new context emerged as the main challenge to good health. Acculturation, social integration, adaptation needs, and aspects related to family and the trauma of migration were mentioned as primary needs.

Acculturation and language integration are among the primary needs expressed by migrants in our study. The literature has documented how language problems, often exacerbated by a lack of personal resources necessary for language learning, result in an inability to carry out daily activities, difficulties in integration, and acculturation stress for the population involved (Choy et al., 2021). Kiselev et al. (2020) and van Loenen et al. (2018) agree that language difficulties inevitably lead to overall health alterations, decreased quality of life, and mental health issues, significantly impacting anxiety and depression. Consistent with Mancini and Rossi (2020), language learning is correlated with social and professional integration in our findings. According to the stakeholders interviewed in our study, the leading cause of migrants' poor acculturation is the short duration of projects. The literature confirms these findings, documenting that longer stays in the host society and better knowledge of the language significantly reduce the perception of discrimination and acculturation stress, improving health (Löfvander et al., 2014).

In line with Mangrio et al. (2021) and Mölsä et al. (2016), our findings confirm the importance of family in providing social support and influencing migrants' health. On the one hand, there are concerns for family members left behind in their country of origin. This element could cause mental health problems and loneliness in the new country (Mölsä et al., 2016). On the other hand, adaptation to the new community could be stressful and cause conflicts within the family due to the contamination of cultural traditions and religious beliefs. As Hun et al. (2022) maintain, migrants must renegotiate their identity to fit into the new context but also seek to preserve their identity during cultural assimilation. In this way, family support positively influences economic strain, social tension, the effort of competence, and discrimination, yielding promising results in terms of subjective wellbeing, mental health, quality of life, and social stress (Jesuthasan et al., 2018; Nissen et al., 2021).

The pain associated with the trauma of migration and the desire for a "normal" and better life emerged as central themes from our study, hence the need for social integration and feeling accepted despite differences. Literature unanimously recognizes migrants' post-migration mental health problems (i.e., post-traumatic stress disorder—PTSD, depression, and anxiety) due to pre-migration wars, political persecution, and the migration experience (Brance et al., 2023). From our findings, stakeholders attempt to address psychological needs as best as possible. However, managing psychiatric symptoms was challenging due to a lack of adequately trained staff and territorial support. In this sense, improving support for professionals regarding psychological assistance could be beneficial. However, according to Nissen et al. (2021), maintaining good mental health and adequate integration and perceiving migration as an opportunity for self-expression, a sense of belonging, and personal development promotes a positive adaptation process. In this sense, resilience is crucial for migrants in enhancing the wellbeing and facilitating a successful integration into new societies (Walther et al., 2021). To foster resilience, immigrants could have access to and draw upon religious beliefs, faith, hope, and community-oriented mindsets that bolster resilience and supportive social connections (Mwanri et al., 2022). Our findings showed good participants' resilience, promoted by cooperative and community support that enabled them to cope effectively with the challenges of resettlement despite the traumas they had to face.

Residents mainly referred to migrants' inclusion and integration into the community and the barriers to accessing healthcare due to a lack of structural and professional resources. The relationship between migrants and residents is another focal point of our findings. In general, residents reported reception as a positive experience. However, we could deduce a lack of deep relationships

between migrants and residents, which seemed to occur mainly during social moments of community life. According to Driel and Verkuyten (2022), friendship and interaction between people of different ethnic backgrounds is the crucial social glue of the community.

On the other hand, social inequality, group stereotypes, group-based friendships, and space division are common (Driel & Verkuyten, 2022). From our findings, we can hypothesize that integration occurred following the example of the cooperative. According to Kokab et al. (2020) and Sundvall et al. (2020), inclusion and integration are closely linked and broadly impact mental health and quality of life. Following Walther et al. (2021), feeling accepted and safe and overcoming social isolation through social networks and dedicated infrastructure promote good adaptation, integration, and wellbeing. Most studies agree that marginalization leads to a lack of identity and community sense of belonging (van der Zee & van Oudenhoven, 2022), resulting in depressive and anxious symptoms. Conversely, integration is associated with lower depressive symptoms and has a more significant positive effect (Jesuthasan et al., 2018). For this reason, further exploration of relationships could be necessary.

Concerning primary needs, differently from what is specified in the literature by Gewalt et al. (2019) and Kiselev et al. (2020), our findings did not report unmet primary needs such as the need for food and shelter. Maybe migrants felt basic needs were met by the cooperative and did not feel the necessity to mention them in their responses.

Given the magnitude of the problem, it is essential to investigate the reception and processes of integration of migrants into a new society involving the entire interested population. However, to obtain a global understanding of the phenomenon under study, it would be desirable for future research to expand the study to several Italian and European centres. Furthermore, it would be advisable to integrate qualitative data with quantitative measurements, thus allowing the generalization of results that can be applied to clinical practice. Integrating these data and including multiple centres in the study could lead to developing a care and management model that considers specific and contextual information. Therefore, future research exploring similar contexts in depth is recommended to strengthen the information network and establish a territorial care model for this population, effectively promoting social, linguistic, and economic integration and ensuring a response to health issues while maintaining their cultural identity.

Based on the findings of this study, from a clinical perspective, it would be desirable to adopt a transcultural approach to promote critical skills among all healthcare, educational, and social personnel. Promoting intervention programmes for professionals involving managers, administrators, and policymakers would improve health outcomes where desire, commitment, empathy, and dedication help address the severe lack of support and resources that affect the population's health status. In this context, the nursing profession deserves particular attention. Introducing adequately trained nurses would help deliver quality care in constructive collaboration with other professionals and create support networks to improve health outcomes and promote integration. In addition, as emerged from our findings, it would be desirable to investigate further the relationship between migrants and residents, given the influence of integration, social support, and quality of life on general health status widely underlined by the literature.

This study also has limitations. First, our study was conducted in a single European country. This characteristic could limit the generalization of the findings because, as highlighted in our study, context analysis is crucial in determining healthcare needs. It would be desirable to incorporate other similar contexts to understand better and adapt the care response from the perspective of implementing care models that can be applied elsewhere. Concerning data collection, interviews were conducted using the researchers' language (Italian). Thanks to cultural mediators for each ethnic group, this proved to be the most favourable method for data collection.

As for the sample, the significant age differences between migrants and residents emerged due to two crucial factors. On the one hand, migrants arriving in Europe are generally young because of their ability to cope with the arduous journey across the Mediterranean. On the other hand, residents are older because Camini is an inland area that has witnessed severe depopulation by young people over the years due to the territorial barriers typical of inland areas.

Moreover, we analysed stakeholders in a separate population based on their professional and societal roles, but they are still residents. This factor may lead to prejudice in some answers to interview questions. In addition, the stakeholders were asked some questions about their profession, which differed from those of the rest of the population, although other questions were the same for the whole sample. Finally, there was insufficient representation of the nursing profession, as only one nurse existed.

5 | CONCLUSION

The global discourse on migration has become highly contentious, yet it is imperative to recognize the humanity inherent in each migrant's pursuit of a better life.

Our research underscores the transformative impact of a well-organized reception project led by competent leadership, specifically addressing the health needs of the entire population. Engaging highly qualified stakeholders, characterized by unwavering dedication and a commitment to cultural humility, can significantly influence the health outcomes of the hosted population. This approach serves as a vital tool in mediating the promotion of integration and inclusion for migrants, mitigating the challenges typically encountered during resettlement in a new country. Notably, the active involvement of the resident population is indispensable and has the potential to shape health outcomes.

Moreover, the analysis of the stakeholder sample, representing residents in terms of culture and demographics, illuminates that cultural background is not determinative in fostering welcoming and inclusive societies. Rather, the key factors lie in the societal role played and the level of engagement in the care process and activities geared towards inclusion. This underscores the importance of

personal commitment in creating an inclusive society that acts as a bridge connecting populations, fostering improved reception, integration, and enhancing the migrants' sense of belonging.

These research findings can be valuable for healthcare professionals operating in reception centres who aspire to refine the reception process and enhance the care model for a multicultural population seamlessly integrated with residents. Consequently, the introduction of a territorial nurse equipped with specific cross-cultural nursing skills becomes imperative in aligning with this vision.

For future research endeavours, broadening the scope of the study to encompass more centres could aid in identifying and formulating a nursing care model applicable to similar settings. This is particularly relevant in the European context, given the significant magnitude of the migration phenomenon.

While acknowledging that there is still much work ahead to enhance relationships between diverse communities, this study serves as a promising starting point for initiating positive changes.

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CONFLICT OF INTEREST STATEMENT

The author declares no conflicts of interest.

PEER REVIEW

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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