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The Double Disadvantage

A scoping review of labor market participation for people with disabilities from refugee backgrounds

Heidi Storeskar

Public Health Science

Foreword

The summer of 2021 has come and I am typing the last words of this master's thesis. My years of being a student at the Norwegian University of Life Sciences have been exciting, inspiring, and educational in many ways. I was inspired to write about people with refugee backgrounds in my semester of Occupational Science last year, and I am glad I did, the topic is both important and interesting. My previous work experience is with families with a refugee background and integration into society, and my present job is of managing a "day facility of work" for people with developmental disabilities. The focus of this thesis was slightly different than my work experience to get a new distance and view the topic with fresh eyes. I have enjoyed the work intensely and several times I found myself reading the already excluded articles to the end, just for my own interest.

This Master's degree in Public Health Science has broadened my horizons, both personally and professionally, and made me crave more knowledge. I would like to thank my husband foremost for his patience and support through these four years. Next, I thank my children for being interested and cheerful, with comments that gave me inspiration and drive to dive into the research and writing with renewed energy. I also thank my sisters and friends for feedback and faith in me. Thank you!

This would not have been possible without guidance from Johanne Longva at the University Library. Thank you for your patience and thorough explanations. Last, but not the least, I would like to give my two inspiring and experienced supervisors, Ruth Kjærsti Raanaas and Suzanne Huot, a special thanks for guidance, advice, patience and fruitful discussions.

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Abstract

Background: *The global situation of people fleeing are at historically record high numbers, leading to migration with implications for resettlement and engagement in daily occupations. Many people will experience disabilities temporary or permanently, as for people fleeing. Challenges, facilitators and barriers faced by refugees with disabilities in labor market participation are important to know. Both people with a refugee background and people having disabilities are minorities and faces discrimination in several situations. Further, refugees and persons with disabilities are exposed to particular forms of marginalization in health and wealth. My aim for this scoping review was to identify and synthesize current knowledge of labor market participation for people with disabilities from refugee backgrounds.*

Methods: *This scoping review was conducted using Arksey and O'Malley's (2005) framework for Scoping studies. Inclusion criteria were peer reviewed scientific articles or book chapters based on empirical findings published in English or a Scandinavian language from the year 2008, focusing on adults with a physical disability and a background as refugee (in OECD countries), related to work or labor market participation. Exclusion criteria consisted of demographic studies, theses and reports and those who acquired disability following the experience of forced migration.*

Results: *A total of 5460 studies was identified and 11 studies were included. Five themes were apparent after data extraction and the process of synthesis: individuality, stigma and discrimination, belonging and participation to society, intersectionality, and work and labor market participation.*

Conclusion: *This scoping review highlighted five themes from the summarized literature and indicates a holistic approach for further research to ensure including factors influencing each other. A person's own view in relation to labor market participation and facilitation towards work, alongside known barriers, are important to consider.*

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1 Introduction

Migration is a contemporary global issue. Never before have there been more people on the move. The United Nations estimates that there were nearly 80 million people forced to leave their homes by the end of 2019, and 26 million of those forced to flee were refugees (UN, 2019). There are several different reasons why people flee, such as war, prosecution, starvation, or violation of human rights (Bhopal, 2014). Refugees consist of all kinds of people, with some of them having disabilities.

The World Health Organization (WHO), estimates that 15% of the world's population is living with a disability (WHO, 2021). Disabilities can occur in anyone, through diseases or by accidents, and some are present from birth. People with a refugee background could be more at risk of injuries from traumas related to war and torture, and possibly of infectious diseases with a disabling outcome, depending on the origin and prevalence of vaccines and treatments. The challenges faced by being a double minority, having both a refugee background and a disability, are complex and very diverse (WHO, 2011).

The sustainability goals of the United Nations aim to promote health and wellbeing and increase equality by reducing poverty and taking action for affordable solutions for basic needs for everyone globally (Jain, 2018; UN, 2015). This is in line with public health strategies and underlines the many ways to increase health, wellbeing, and quality of life by strengthening opportunities for education and work, among other areas (WHO, 1986). The process of resettling demands adjustment and adaptation to a new life in a new country. Employment and integration into society could be important to avoid marginalization and to offer equal opportunities, such as factors related to health, among others, but this could also be challenging to and potentially be influenced by self-identity (Bhopal, 2014). Employment is one of the key factors of integration (Mestheneos & Ioannidi, 2002) and could help create meaning in daily life and a sense of belonging in the society.

Meaningful work and occupation are important to our health. The Declarations of Human Rights, Article 23, declares that all people have the right to work and to choose their employment (UN General Assembly, 1948). Diverse occupations could create meaningfulness in a daily life, which could be of great importance in challenging times of transitions and resettlement (Huot et al., 2016; Smith, 2015). Occupations can be described as

an activity one do or participate in, by this context the meaning occupation is mainly understood as work or participation towards work. The importance of work and being part of a workforce is well known and documented. Together with other determinants of health, such as housing and social security, work could have a large influence on people's lives (Naidoo & Wills, 2016). Being able to and having the opportunity to work or participate in the labor market has been shown to offer economic stability, increase self-sufficiency, and influence the sense of belonging and the mastering, development, and maintenance of vocational skills (Ager & Strang, 2008). The outcome of healthy labor and belonging to a workforce can provide several positive outcomes at many levels. The negative effects of being without work life can influence both mental and physical health (Hartley et al., 2017; Naidoo & Wills, 2016).

Having access to the labor market provides an opportunity to participate in the society, learn the local language, and get to know both the people and the local culture in the host country. The ability and access to participate in the community or society can offer a sense of belonging (Raanaas et al., 2019b). Naturally, communication and language are further key factors both in integration and labor market participation. Lack of, or limited, skills in a host country's dominant language are a common barrier to achieve employment (Beiser & Hou, 2014; Burkhalter, 2006). There are both facilitators and barriers related to work and labor market participation, some of them especially challenging and of importance to people with a refugee background and to those having a disability. The conditions influencing and affecting the possibilities for participation related to work could exist at a political, social, structural, and/or systematic level throughout the society as well as at an individual level (Naidoo & Wills, 2016).

There is limited knowledge and research on this particular topic of labor market participation among people with a refugee background having a disability. Achieving a more equal approach and occupational justice for all, including people with a minority background, demands more data and knowledge (Naidoo & Wills, 2016). Synthesizing studies conducted on related topics is one way to achieve more knowledge about this topic. With this scoping review I aim to shed light on the different aspects related to labor market participation, by showing the complexity and the intertwining of barriers and facilitators step by step.

2 Background

First, I will present information regarding the global challenge of people forced to flee their home and country. The definition of refugees and asylum seekers will be clarified by the adopting the description developed by the United Nations. Second, I will explain the diversity of disabilities, especially physical disabilities and which definitions will be used in this master's thesis. Third, the connection, importance, and relevance this has to public health will be explained. Next, the importance and influence that work and participation related to work could offer are presented. Fifth and finally, the aim and research question of this thesis are presented.

2.1 Refugees

The refugee situation today is a worldwide challenge. More people are living as refugees or migrants than ever before (UN, 2019). More than half the people forcibly displaced are between the ages of 18 and 59 years, slightly more men (27%) than women (25%). Those over the age of 60 years are equally distributed between genders with a total of 6%, but children and youth under 18 years of age account for 42% of the forcibly displaced people. Most of all refugees are fleeing Syria, Venezuela, Afghanistan, South Sudan, and Myanmar (UNHCR, 2021b). War, conflict, natural disasters, and threats to human rights are the main reasons people flee (Bhopal, 2014). Developing countries host 86% of the world's refugees and displaced people. Five countries, Turkey, Colombia, Pakistan, Uganda, and Germany, are hosting more than 1.2 million refugees each (UNHCR, 2021b).

A refugee is defined in Chapter 1, Article I, "Convention and Protocol relating to the status of Refugees" (UN General Assembly, 1951) as a person who is forced to flee their country because of persecution, violence, war, or threat to their human rights and who cannot return to their country. Refugees are a vulnerable group that are entitled to protection by the human rights of the UN (Bhopal, 2014; UN General Assembly, 1948). Details may differ between different countries, but often the process of a person's refugee status is predetermined upon arrival in the host country. Several studies often jointly include refugees, internally displaced people, asylum seekers, and immigrants, and this will be elaborated in this thesis. Due to the

limitation of this master's thesis in length and time I have decided to focus only on people with a refugee background.

An immigrant is a person born outside the country of settlement and with foreign parents. When discussing people forced to flee, it is important to remember that they are as different as the rest of us and that not all are refugees. Internally displaced people are forcibly displaced but do not cross any international borders, and their experiences are likely substantively different than those of others. An asylum seeker is a person who has applied for sanctuary and is awaiting the application to be processed (UNHCR, 2021a). The process of resettling starts by registration in a host country and applying for asylum or a legal way to stay. As a result of the high number of forcibly displaced people and the difficulties in proving and documenting their identity, many people experience a long waiting time in response to their application. If their asylum claim is granted, their status as refugees is recognized and they are legally permitted to remain within the country of resettlement. If their asylum is not granted, they have the opportunity to appeal their application or return to their home country. As an asylum seeker, one has few real options for occupations due to the process of awaiting the answer regarding residence, and this is often coherent with work permission (Hartley et al., 2017). The uncertainty in this process can influence people's health, physically and mentally (Laban et al., 2008). The state of transition could last for a long period for refugees, with many unknown variables, ambivalence, and constantly uncertainty for the future (Hartley et al., 2017).

There are several challenges to people resettling in a new country (Baranik et al., 2018; Dubus & LeBoeuf, 2019). With status as a refugee there are both new opportunities and responsibilities related to resettling, education, and work. Several countries offer an introduction course to learn the national language and about the society in the host country. Some of these offers could be contingent on welfare or social assistance needed to cover living expenses (Fernandes, 2015). These situations could require both adjustments and adaptation to the new life. A new language may be necessary to learn to be able to communicate with others, orient to the society, and enter the labor market. Securing adequate housing and access to basic needs such as food, health care, schools, and more could be demanding when navigating in a new culture and country (Baranik et al., 2018). Previous

research and literature show that language, culture, religion, and occupation are the most common challenges for refugees resettling in a new country (Bhopal, 2014).

Minority groups are more exposed to marginalization in health and labor market participation in addition to other fields (Bhopal, 2014; Helgesson et al., 2019b). Refugees are forced to flee and leave their home, family, and friends behind. They are more exposed to trauma due to war, conflict, and travel through a hostile environment in hopes for a safer and better future (UNHCR, 2021a). This could impact their health and socioeconomic status, which in turn could influence their future daily life. Refugees are a particularly vulnerable group and the number of refugees is growing globally. These are important reasons to develop more knowledge and support for these people to attain equal rights and to end marginalization

2.2 Disabilities among people with refugee background

Disabilities is an overarching term that can be categorized into physical, mental and developmental, and separate or combined. Physical disabilities include visual, hearing, and mobility impairment. This could be impaired vision, blindness, poor hearing, deafness, or loss or impairment of limbs and other disorders. Mental disability can include psychological or behavioral impairment that influences the daily functioning in a person's life.

Developmental disabilities or disorders are often present from birth or occur before adulthood, and could influence a person's development physically, intellectually, and/or emotionally. Some infectious or communicable diseases can result in chronic conditions of disabilities.

Often the definition of disabilities that is used is when the disability affects and complicates daily occupations and everyday life for a long period or permanently (Solarsh & Hofman, 2006). In this thesis I focus on physical disabilities, which includes visual, hearing, and mobility impairments. Limitations were made as the numerous different disabilities and the vast amount of research found made narrowing the focus necessary. Further, I chose to only focus on disabilities present before resettling in a new country, rather than acquired following migration.

The Convention on the Rights of Persons with Disabilities (CRPD) ensures equality in all human rights and fundamental freedom for all persons with disabilities (UN General

Assembly, 2007, p. 4). The International Classification for Function, Disability, and Health (ICF) defines the coherence between the environment and the person's health (WHO, 2013). Viewing the environment as part of the challenge of functioning related to health and disabilities is promoting universal design and improving an inclusive environment.

“ICF puts every person in a context: functioning and disability are results of the interaction between the health conditions of the person and their environment.”

(WHO, 2013, p. 4)

The “healthy immigrant effect” is a term often used when referring to refugees and immigrants and their health status, and historically, immigrants have been reported to possibly have better health than the average population. Several studies support these findings (Cabieses et al., 2010; Newbold & Simone, 2015). Previous assumptions of the “healthy immigrant effect” could be subject to different circumstances or the effect might have been changing gradually over time, more research in this field is needed (Helgesson et al., 2019a; Sheftel, 2017; Sheftel & Heiland, 2018). A study of Afghan refugees resettled in America points to indications that this might not be the case for the general refugee population any longer (Stempel & Alemi, 2020). Some suggestion as to why this could have changed could be due to the cruelty of war, torture, or the limited and dangerous conditions some people are exposed to now. Other reasons could be conditions in resettlement and associated factors (Stempel & Alemi, 2020). The “healthy immigrant effect” tends to decline following settlement (Omariba & Ng, 2015). Additionally, research shows that immigrants often have low-paying jobs and could be exposed to hazardous work (Bhopal, 2014; Brown, 2006; Brzoska & Razum, 2015).

The United Nations estimates that the prevalence of disability among people fleeing is 15% higher than that of the average population at (UNHCR, 2019). Causes of disabilities among people fleeing could be related to torture or war injuries in addition to disabilities from birth, infections, or those developed throughout life (Reilly, 2010). Low-income countries have a higher prevalence of communicable and infectious diseases, which could potentially lead to

disabilities (Fonkwo, 2008). Many countries have vaccines and treatment for several of these infectious or communicable diseases, but this is not available to all of the world's population.

Like other minorities, people with disabilities are more exposed to marginalization in several situations. Lack of understanding and knowledge of disabilities could be the reason for both stigma and discrimination and could further lead to exclusion of people with disabilities in several situations at a conscious or unconscious level (McConkey, 2015). Not all disabilities are visible, while other are very prominent, and many are dependent upon assistive technologies or assistance from other people. This could be challenging in several ways and is part of life for many people, temporarily or permanently. The perception of disabilities also differs in various cultures. The acceptance of having a disability by oneself (Bogart, 2014), friends and peers (Pijl & Frostad, 2010), family, and even the community and society, could be reliant on several factors (Park & Kim, 2021). Addressing the challenges in knowledge and universal environments could lead to a more inclusive environment for all (Barnes, 2011; McConkey, 2015).

2.3 Public health relevance of the study

Public health issues are everywhere around us and present at several levels from small cases encountered in daily life to national or global actions. Public health considers the general health of a population or group at a higher/national level. Working with public health could mean knowing the status of the relevant population and working towards strengthening and improving the general health in this population at several levels. The determinants of health, which are linked to socioeconomic status, such as housing, education, work and support, in addition to others, are well known as influencing people's health and wellbeing directly and indirectly, and are the basis of the work promoting public health (Naidoo & Wills, 2016). Social inequalities in health are one of the main issues public health is continuously facing (Siegrist & Marmot, 2004). The definition of health by the World Health Organization is: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1946).

The Ottawa Charter of 1986 focused on promoting health and enabling both individuals and the population by influencing public health at a systemic and political level beyond the health sector (WHO, 1986). Health promotion seeks to improve and strengthen people's health

through strengthening resources for health and quality of life in general and working for equality in health and wellbeing by influencing determinants of health in multiple ways (Naidoo & Wills, 2016). The subjective experience and perception of health and well-being is not necessarily linked to the absence of diseases or disabilities, but could be dependent upon coping, acceptance, pain management, and quality of everyday life (Freedman et al., 2012).

People with disabilities, those having a background as a refugee, and members of other minority groups are more exposed to inequalities in health and wealth (Bhopal, 2014; Smith-Khan & Crock, 2019). In the WHO's world report on disability, they emphasize that people with disabilities generally have poorer health, lower educational achievements, fewer economic opportunities, and higher rates of poverty than people without disabilities (WHO, 2011, p. xi). The social gradient of health shows differences in health and life expectancy related to socioeconomic status, which is found in all countries but to a highly variable degree (Marmot, 2015). The "Health Gap" refers to the enormous inequalities in health and differences in the level of health and life expectancy, not just between countries but also within countries, and sometimes in the same city (Marmot, 2017). A study in Chile investigated differences in health between Latino immigrants and those native-born. The result indicated a protective effect of being a Latino immigrant, but this was not significant after adjusting for socioeconomic status. The same study found that the prevalence of disabilities was lower among immigrants than the native-born, but that this changed for the immigrant population after 20 years in Chile (Cabieses et al., 2013). Accessing healthcare is also important for the outcome of health, the possibilities to participate in the society and the labor market. There are several barriers to accessing healthcare, at different levels from the system to the individual (Mirza et al., 2014).

All people are entitled to health as a human right, but as Burns noted, there are barriers and inequities depending upon their legal status, citizenship, and the host country, among other factors (El-Lahib & Wehbi, 2012; Gea-Sánchez et al., 2017), which discriminate against migrants with disabilities (Burns, 2017). Stigma and discrimination can both directly and indirectly influence and impact health, and in turn, influence the employment situation and the possibilities of labor market participation (Cote et al., 2020; Nkimheng et al., 2021). The consequences of marginalization can have enormous negative effects and work against the purpose of health promotion, affect labor market participation, and influence the resettling

process. Marginalized groups are more at risk of having lower socioeconomic status and poorer health (Naidoo & Wills, 2016).

Arfa et al. (2020) call being disabled and being an immigrant a “double minority challenge” in their research on immigrant parents and their children with disabilities (Arfa et al., 2020). People living with a disability might have additional challenges, and people with a minority background and a disability might face double the disadvantages (Kail et al., 2018).

2.4 Work and labor market participation

The importance of work as a health determinant is well documented (Marmot et al., 2012). Work can be of great importance for an individual, creating possibilities for self-sufficiency, a sense of belonging, and personal development; and can provide meaningfulness (Naidoo & Wills, 2016). Further, contributing to society and achieving acceptance, status, and value as a worker can influence a person’s self-perception, self-efficacy, and self-esteem.

The discipline of occupational science views humans as occupational beings, that is, as people who “do”. Occupation can be understood as encompassing daily activities. Occupations and activities are often viewed as meaningful, purposeful, and of importance and relevance to humans. Occupational science also investigates the relationship between occupation and health (Hocking, 2013). The evidence of occupational science and health promotion informs us that we need to consider this at every level of society and politics (Naidoo & Wills, 2016).

Meaningful occupations, including work, are important and can influence a person’s health and wellbeing (Kaae Kristensen et al., 2017; Raanaas et al., 2019a). Meaningful occupations and activities can be very diverse and individualized, including for example preparing meals, religious activities, being part of nature, volunteering, working, and much more. Meaningful occupations, which can entail being relied on and having the trust of others, can be beneficial to the self-worth and development of self-value. The health benefits can be of both a mental and physical, and both direct and indirect in nature (Naidoo & Wills, 2016).

Work and labor market participation can be an important factor in preventing poverty and marginalization (Fang & Gunderson, 2015). Participation related to work (e.g., occupations

related to labor market preparation) may potentially lead to paid work, such as job training and participation in programs preparing for work life. Participation related to work and the labor market has many aspects, and having the opportunity for paid employment or a secure job could be of great importance and meaning to the individual, but also to the society in the longer term (Naidoo & Wills, 2016). Work and labor market participation can be of significant value to integration and inclusion in the society (Jain, 2018). There are several ways in which gaining employment, working, learning, performing language training, or engaging in practice could be a way in to build a network (Greenberg et al., 2018).

Several occupations can contribute to labor market participation. Previous research reveals that language is a prominent factor in attaining employment or work (Beiser & Hou, 2014). Education is important both for accessing work and for integration. An Australian study highlights several barriers such as economy, housing, and more for people with a refugee or migrant background, and their opportunities for participation in education at a higher level (Hartley et al., 2019). Previous education and work experience from countries other than the host country could sometimes be experienced as less valued (Baranik et al., 2018). Previous work experience often needs to be documented, which could be difficult for people who have left their home and country, sometimes without their documents (Ager & Strang, 2008).

Minority groups, such as people with a refugee background or people with a disability, are more exposed to marginalization in the labor market (Burke & Lopez, 2009; Helgesson et al., 2019b). A study from Sweden conducted with deaf people about their position in the labor market shows that they are less likely to be participating in the labor market than others (Rydberg et al., 2010). In contrast to this, a study that compared working age U.S. born citizens and immigrants, both groups having disabilities, concluded that more immigrants with disabilities were working than those U.S. born with disabilities (Xiang et al., 2010).

There are a number of different issues, in addition to being a refugee and having a disability, that shape labor market participation. Gender is seen to be an intersecting factor in labor market marginalization (Fang & Gunderson, 2015; Huot et al., 2020). In some cultures, being a woman is viewed as having lower status, having less access to work, and being more exposed to discrimination and abuse (Bhopal, 2014). Due to this, gender could influence the experience of a person's disability and their treatment from others in some cultures, and the outcome of a potential situation related to work or labor force participation. Discrimination in

workplaces affects people differently; women report being more exposed to discrimination than men, and migrants report discrimination based upon nationality (Rafferty, 2020).

People's needs and rights to participate in a society is of great importance and work can be one of the most important ways of influencing one's socioeconomic status (Bhopal, 2014). This review focuses on experiences of employment preparation and participation for people with a refugee background who have a physical disability.

2.5 Research question and aim

This present study aims to provide a wider understanding of the importance of labor market participation among people with both a refugee background and disabilities. My main focus was exploring factors affecting participation in the labor market, both possible facilitators and barriers. I want to summarize the existing literature in the field of interest, and if present, reveal potential gaps of knowledge. The following research question is guiding the research:

What is known from existing literature about the labor market participation of people with a refugee background who have physical disabilities?

3 Method

A scoping literature review was a suitable method for addressing this question. The aim was to identify and systematically summarize existing literature of interest that could add to the literature and point out potential gaps of knowledge in the existing literature (Arksey & O'Malley, 2005; Peters et al., 2015).

A scoping review has a wider approach compared to other systematic reviews and could potentially offer a new analytic interpretation of the existing literature. This could be particularly useful for heterogeneous and interdisciplinary fields of interest and topics with a wide range, potentially including both qualitative and quantitative study designs. In a scoping review, the literature is systematically mapped and preferably presented visually. Unlike

other systematic reviews, when conducting a scoping review, it is not common nor necessary to assess the quality of the methodology (Peters et al., 2015).

In the following I will describe in detail the method for my scoping review. First, the phase of preparation leading up to the preliminary search, and second, the database search including the identification of the search results, followed by the process of screening and the final selection phase. Third, I will present the process of extraction and data synthesis. Fourth will be my ethical considerations and last my thoughts on my own reflexivity. A systematic and figurative view of this process is shown in Figure I according to the methodological guidelines (Peters et al., 2015).

3.1 The preliminary search

Based upon my research question I decided to use the terms *refugee*, *physical disability*, and *labor market participation* as the main concepts guiding the search strategy. Due to the limitations of this master's thesis in length and time I decided to focus only on people with a background as refugees. Further, I chose to focus only on those with physical disabilities, which in this thesis includes visual-, hearing-, and mobility impairments or disorders. When setting the context of this scoping review I was considering work and labor market participation in several ways. Since my focus was working-age adults, it was natural to set an age range between 18 and 67 years based upon the most common working ages. As education is key to employment preparation, I chose to include studies about both work and education in this phase of the preliminary search process.

Systematically working for a search string that would ensure a wide scope of potentially relevant articles included several test searches to get an understanding and an overview of some of the published research works and their choice and use of words, including checking their lists of keywords. The process of the preliminary search was conducted in consultation with a research librarian. For a thorough and wide scope, I chose to search through six electronic bibliographic databases; Medline, Embase, Psych Info, CINAHL, Web of Science, and Scopus. Different words, terms, and synonyms were run through all the six electronic databases used in this scoping review to discover other words used and preferred by each database. I tried using many forms of words related to education, but due to the wide topic and huge number of results, it was not possible to include the field of education within the

timeframe and scope of this master's thesis. In the following I only proceeded with words that resembled work and labor market participation.

Search words relevant to my research question and topic found in my test searches were discussed with both supervisors, then adjusted and further retested in each of the six different electronic databases. Several different search words related to topics of refugees, disabilities, participation, and work, both in singular and in plural form, were used. By doing this I was able to see the number of results in each database and see if any of the databases used this specific word or term, or if another word was preferred or advisable. For all the databases I chose to use the widest terms for inclusion of words to ensure capturing of all possible relevant literature. Example, through this process the function of "Explode" in the Ovid databases was used to ensure inclusion of relevant findings and to learn which words and terms should be used in the next step. This process demanded thoroughly and systematically going back and forward many times in each database, comparing and further testing to ensure the best possible inclusion of relevant words, terms, and synonyms.

When all the words were tested in each database, they were again discussed with my supervisors for approval before running the final search (see Table 1 and Table 2). The search string was a complete string encompassing all the six databases, but with necessary adjustments required by individual databases, such as the proximity factors and punctuation marks and endings needed. One example of the search string is presented in Table 2. For a complete view of the search strings in each of the six databases, see Appendix II. Writing the search string demanded precision and accuracy, ensuring a transparent and repeatable method that would result in a wide scope with potentially relevant findings (Arksey & O'Malley, 2005; Peters et al., 2015).

Table 1. Main concept and text words used in the database search.

Refugee	Physical Disability	Labor market participation/Work
Refugee* "Asylum seek*" migrant* immigrant* emigrant* immigration "Displaced People" "Displaced Person*" "Political Asylum" "Population Shifts" "Geographical Mobility"	Disab* (Mobility adj2 limitation*) (Visual* adj2 (impair* or disorder* or perception*)) (Vision adj2 (disorder* or low or acuity or subnormal)) Blindness Blind (Hearing adj2 (loss or disorder* or impair* or "hard of")) (walking adj2 difficult*) (Movement adj2 Disorder*) (physical* adj2 (disorder* or mobility* or impair* challenge*)) ((Auditory or speech) adj2 (disorder* or Perception*)) Deaf* Cochlea "Impaired Verbal Communication"	Occupation* Work "Career Mobility" Employment Involvement Engagement employee* career* vocation* Participat* profession* job* (Professional adj2 Development)

* Truncation using a * means there could be different endings to the word; for example, *disab** = *disability, disabilities, disabled*.

3.2 The database search

The search was designed to be wide and transparent, and documented in detail to ensure replicability due to the ethical standards of a scoping review (Arksey & O'Malley, 2005; Peters et al., 2015). In this next section I will present every step of the process, first presenting the result of the search in the six different databases, second explaining the screening process, and third presenting the selection of literature included.

The final search was performed in Medline, Embase, Psych Info, CINAHL, Web of Science, and Scopus. See Table 2 for the complete search strings in detail for the database of Embase, and Appendix II for all six databases.

Table 2. The search string with both Mesh terms and text words, presented with number of findings of the result in Embase.

Categories	MeSH terms	Text words	Results in Embase
Refugee	exp Refugee/ immigrant/ Migrant/	(Refugee* or "Asylum seek*" or migrant* or immigrant* or emigrant* or immigration or (Displaced adj2 (People or Person*)) or "Political Asylum" or "Population Shifts" or "Geographical Mobility").tw,kw.	77,026
Physical Disability	exp "Disabled person"/ exp Disability/ exp "Physical Disability"/	(Disab* or (Mobility adj2 limitation*) or (Visual* adj2 (impair* or disorder* or perception*)) or (Vision adj2 (disorder* or low or	1,216,505

	<p>exp "Physically Disabled Person"/</p> <p>exp "Visual Impairment"/</p> <p>exp "Visual Disorder"/</p> <p>exp "Low vision"/</p> <p>exp "Blindness"/</p> <p>exp "Visual acuity"/</p> <p>exp "Hearing Impairment"/</p> <p>exp "Hearing disorder"/</p>	<p>acuity or subnormal)) or Blindness or blind or (Hearing adj2 (loss or disorder* or impair* or "hard of")) or (walking adj2 difficult*) or (Movement adj2 Disorder*) or (physical* adj2 (disorder* or mobility* or impair* or challenge*)) or ((Auditory or speech) adj2 (disorder* or Perception*)) or Deaf* or Cochlea or "Impaired Verbal Communication").tw,kw.</p>	
Labor market participation/Work	<p>exp occupation/</p> <p>exp work/</p> <p>exp work engagement/</p> <p>exp employee/</p> <p>exp employment/</p> <p>exp career/</p> <p>exp career mobility/</p> <p>exp vocation/</p>	<p>(Occupation* or Work or "Career Mobility" or Employment or involvement or engagement or employee* or career* or vocation* or Participat* or profession* or job* or (Professional adj2 Development)).tw,kw.</p>	3,607,303
Search in Embase combined			740

3.2.1 Identification of the search result

The search was conducted on March 5, 2021 and resulted in 5,460 records altogether (see Table 3). All the records were transferred to Endnote.

Table 3. All six databases with number of records.

Database	Number of records
Medline	388
Embase	740
Psych Info	1,731
CINAHL	288
Web of Science	959
Scopus	1,354
Total	5,460

By using the “Find Duplicates” function in Endnote, the program located 1,513 duplicates. I manually screened all of those, and kept only one version of each, preferably one with an abstract. The excluded duplicates were removed and filed into a separate folder. The remaining 3,947 records were ready for the next step in the process.

At this point there was no limitation set to the years of publication in my database search. The situation and impact of war and natural crises globally influences the situation regarding refugees, and the definition and understanding of disabilities has also been changing over the last decades. Through discussions of the possible lack of relevance of research from several decades ago with both my supervisors, we decided upon the need for a time limitation. We agreed upon the year 2008 as a limit to the year of publication since this year was of worldwide importance regarding the global economic crisis. The studies without a publication date or year were included further and screened like any other study. Excluding all articles published before 2008 resulted in removing 965 studies, with 2,982 studies kept for further screening.

3.2.2 Screening

The process of screening requires the researcher to follow the prelisted inclusion and exclusion criteria to determine whether studies are to be included or excluded further (Peters et al., 2015). I started this process by making a detailed list of both inclusion and exclusion criteria relevant to my research question and discussed the list thoroughly with both supervisors. This list was my guideline throughout the process of screening.

Criteria for inclusion

- Written in English or Scandinavian language
- The participants are between the age of 18 and 67 years old
- The participants have a background as refugee
- The participants have a physical disability
- The study is related to work or labor market participation
- Refugees to OECD countries
- Published from 2008 and until March 2021
- Peer reviewed scientific articles or book chapters based on empirical findings

Criteria for exclusion

- Written in language other than English or Scandinavian
- Participants are younger than 18 or older than 67 years old
- Participants without a background as refugee
- Participants with a disability not regarded as physical (i.e., mental or intellectual)
- Not focusing on work or labor market participation
- Published before 2008
- Internally displaced people
- Those who acquired disability following experience of forced migration
- Theses and reports
- Demographic studies

By reading the title and abstract, I decided whether the studies were to be included further or excluded based upon the criteria. If the abstract did not inform a clear decision whether to include or exclude, or the studies did not have an abstract, I read the full text of the article in

the screening process. The excluded studies were mapped into different folders marked with categories depending upon the reason for exclusion.

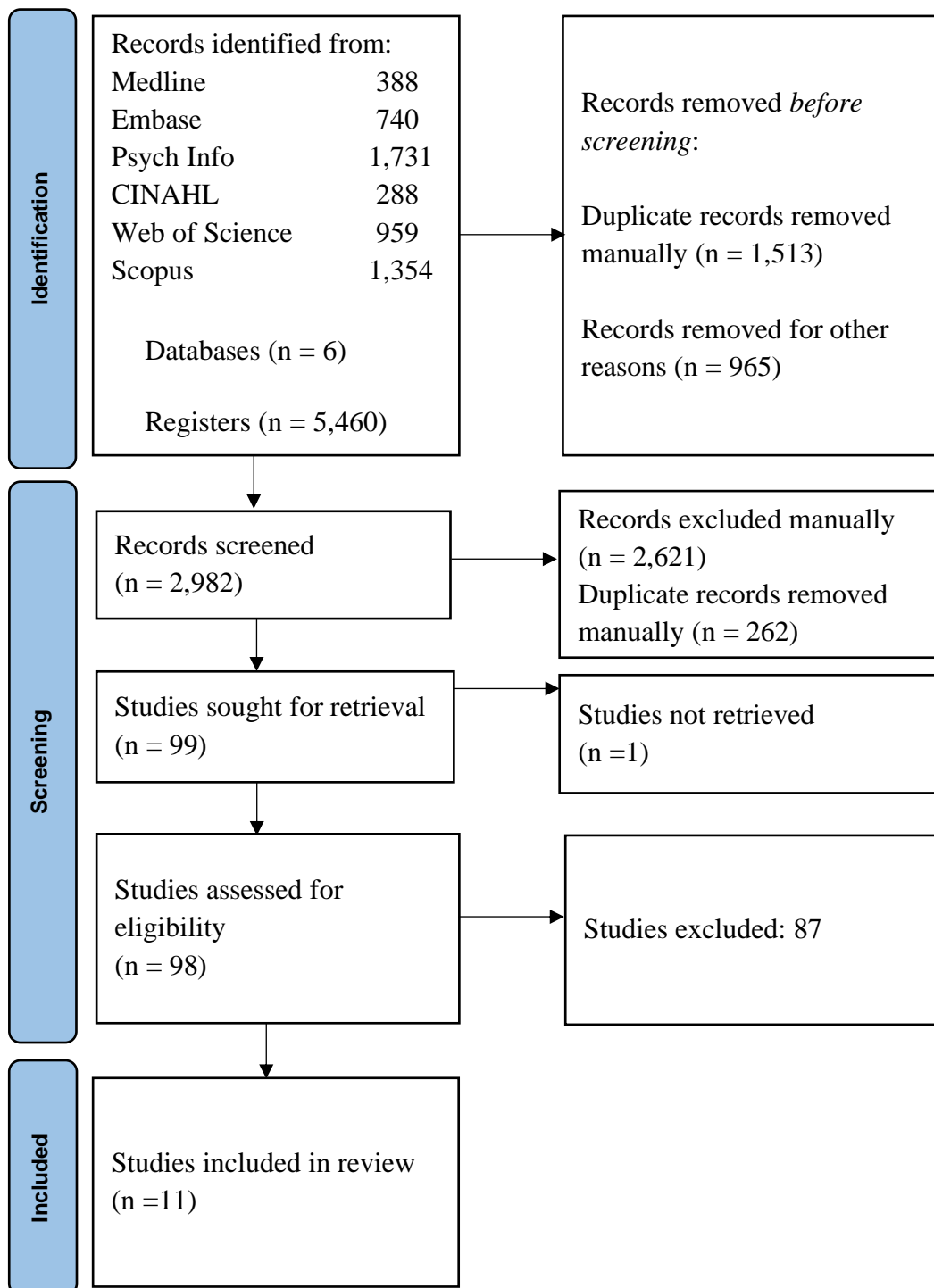
One of the most common reasons for exclusion was because the study did not relate to physical disabilities, but rather specific diagnoses such as HIV/AIDS, tuberculosis or cancer. Other reasons for exclusion were internally displaced persons, those not having a background as a refugee, those without a physical disability, other age groups outside the age range of 18–67 years, written in languages other than English or Scandinavian, or not focused on work or work-related participation, and one folder was for other the remaining studies not fitting the inclusion criteria. Due to the quantitative method and the statistical data, without descriptions or explanation to connections of facilitators and barriers to labor market participation, demographic studies were excluded.

The screening of the 2,982 articles was a thorough process conducted over several weeks. During the screening process 262 more duplicate were identified and removed. One article was excluded because it was impossible to obtain, neither from the electronic databases available nor from the University Library at NMBU or the University of British Columbia. The screening process led to an exclusion of additionally 2,621 studies, leaving 98 studies for the process of selection.

3.2.3 Selection

The selection process started with 98 studies from the process of screening, whose full text was read. I further discussed the possibilities to be even more specific regarding the criteria for inclusion and exclusion in detail with both supervisors. In the next step, we clarified that the disability needed to be present before resettling in a new country for the study to be included. Some of the studies had participants without clearly defined backgrounds as immigrants or as refugees, but by investigating the country of origin I found them relevant to include and that it was likely that several or most of the participants had a refugee background. With these additional inclusion and exclusion criteria the scope was limited to 27 studies. Out of these I chose to include six studies, leaving 21 studies up for further discussion. The 27 studies were sent to and discussed with both my supervisors, and with their feedback I excluded 16 more studies. In the end I included 11 studies for my scoping review (see Figure I for an overview of the entire process).

Figure I. PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only (Page et al., 2021).



3.3 Extraction and synthesis of data

According to the JBI Manual, a scoping review summarizes the findings by mapping and charting the data (Peters et al., 2020). The studies included were conducted using qualitative research methods. After reading the articles I started thoroughly charting and synthesizing the data according to the framework of Arksey and O'Malley (2005). I highlighted words and themes relevant to my research question in every article. This included material of significance to people with both a refugee background and disabilities and their participation in the labor market. To ensure I included all that was relevant, I read the articles twice. Doing this, a sense of the content was made clear to me. I then extracted every word and theme I had highlighted and wrote them down in separate notes and marked them with the number of the study they were extracted from.

All the extracted data on the written notes were gathered and mixed together, and I spread them all out randomly over a large table to get an overview of them all at once. In the next step, I organized the extracted data thematically according to the framework (Arksey & O'Malley, 2005), which resulted in five main themes: 1) Individuality, 2) Stigma and discrimination, 3) Belonging and participation to society, 4) Intersectionality, and 5) Work and labor market participation (see Appendix I for more details and photos of the extraction and synthesis table). In this process I wrote a list of themes and noticed that some of the words and themes could be related to each other. Through thorough consideration and discussions with supervisors, I eventually selected how to sort the themes. Some of the words and themes were similar to each other but also highlighted different aspects and sorted accordingly. The five themes are presented further under Chapter 4: Results.

3.4 Ethical considerations

A scoping review summarizes and re-analyzes previously published literature. I did not need to apply for ethical approval since this is a secondary study.

I have treated the literature respectfully, trying to bring forward a fair interpretation of the results and findings. When quoting participants of the different studies I kept the anonymous names used by the author to produce a transparent and traceable work.

To ensure I could provide a contribution to the field of science, I searched through different electronic bibliographic databases for similar topics of interest, without finding internationally summarized literature covering this specific topic. Ethical standards dictate one should not waste time or resources by repeating others' work (Malterud, 2017).

4 Results

In this chapter I will first present the data and relevant demographic information of the included literature, with a table presenting an overview of the included articles with detailed information. Secondly, the findings of the included literature are presented systematically according to five themes found through the thematic synthesis process described above.

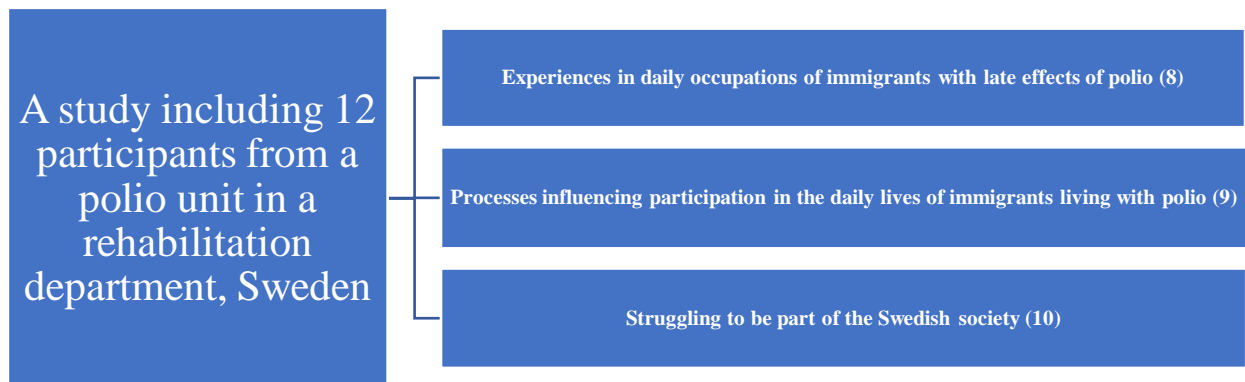
4.1 Data and demographic information

The 11 included articles have several similarities due to study location and study population, as displayed in Table 4. The included articles' years of publication are evenly spread throughout the period between 2009 and 2020. One study was conducted in Belgium, two in Canada, four in the USA, and four in Sweden. Three of the four included articles from the study conducted in the USA are based upon the same larger study, as displayed in Figure II. Three out of the four articles included from the Swedish study are based upon the same data material (see Figure III). All the articles that originated from the same research participant sample have different aims. The study populations are primarily represented by ethnicities from countries in Eastern Africa and the Middle East. Three articles include diversity in the study population, covering different continents (Hansen et al., 2017; Kinyanjui et al., 2017; Selander et al., 2020).

Figure II. A larger study in the USA is here represented by three different articles.



Figure III. Three articles conducted in Sweden based upon the same study population.



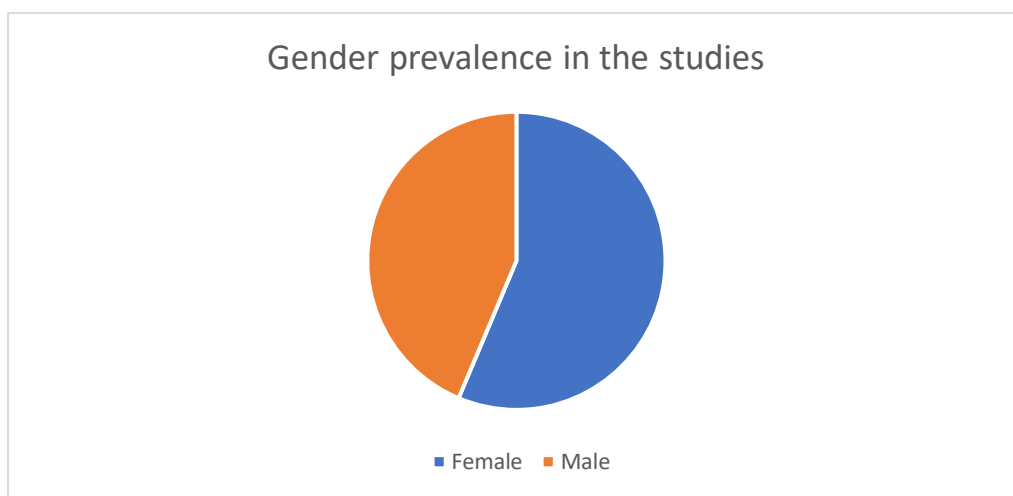
4.1.1 Age, gender, and number of participants

Participants in the included studies ranged from 19–70 years of age. There is some uncertainty about age due to several vague denominations such as “60+” and the unknown ages in the review, which is related to the inclusion and exclusion criteria of each individual study. The study by Selander et al. (2020) is slightly outside my inclusion criteria of age, with respondents to their questionnaire being 23–70 years of age. Due to the small proportion of high-end age respondents I chose to include this article. Since there was often not a specified age range in the study or ages of all participants given, mean age was impossible to calculate for the total of the participants included in this scoping review. The three studies from Sweden with the same study participants had a mean age of 36 years (Santos-Tavares & Thorén-Jönsson, 2013; Silva et al., 2017; Silva & Thorén-Jönsson, 2015). Out of 15 participants in the three related studies, based upon the same population, 10 were aged 45–65

years old (Mirza, 2012; Mirza & Hammel, 2011; Mirza & Heinemann, 2012). Selander et al. (2020) had a mean age of 47.8 from their 4 participants (Selander et al., 2020). The included literature review did not specify age, or age groups, of their included material (Kinyanjui et al., 2017).

The total number of participants in 10 of 11 studies included were 197 persons, 111 being female and 86 male. The number of participants ranged from 7–74 in the included studies. The article by Kinyanjui et al. (2017) did not specify a number of participants.

Figure IV. The prevalence of gender in the included studies.



Both genders were represented in 10 of the 11 articles, with a distribution between 56% female and 44% male participants (see Table 2). The female perspective *only* is shown in one of the 11 studies (Hansen et al., 2017). The study by Huot, Elliott, and Fells included the caregivers of the five participants. The genders of the caregivers were not mentioned in the article, but by information given by the primary author, two of the caregivers were male spouses and there was one female and one male caregiving parent among the participants (Huot et al., 2020).

4.1.2 Method, study design, and theoretical approach in the studies

All studies included used a qualitative approach, and one of the studies is a literature review (Kinyanjui et al., 2017). Six of the studies are based upon the method of grounded theory

(Mirza, 2012; Mirza & Hammel, 2011; Mirza & Heinemann, 2012; Santos-Tavares & Thorén-Jönsson, 2013; Silva et al., 2017; Silva & Thorén-Jönsson, 2015).

Different types of interviews with service providers and key experts were used in several of the studies. Some studies also used focus groups, participant observations, questionnaires, and social network surveys. Two of the studies are secondary analyses of interviews (with new aims) (Silva et al., 2017) or a review (Kinyanjui et al., 2017; Silva et al., 2017). In these included qualitative studies, the participants voiced their experiences and opinions, and their own words are included.

The included studies do not focus or rely on any theories in particular, but the study of Albrecht et al. (2009) includes theories of stigma, and Hansen et al. (2017) refers to feminist disability theory and uses theoretical work on blindness/visual impairment with an intersectional approach.

Table 4. Data and demographic information.

#	Author(s)	Aim	Method	Year	Location	Country of origin	Number of participants and gender (Female/Male)	Age range of participants
1	Albrecht, G. L., Devlieger, P. J., & Van Hove, G.	Disabled immigrants' experiences and consequences of marginalization (in Belgium)	Qualitative Interviews Focus groups Ethnographic work Official government statistics	2009	Belgium	Iran	26 11F/15M	28 - 65
2	Hansen, S., Wilton, R. D., & Newbold, K.	Life experiences of visually impaired women in Canada	Qualitative Interviews	2017	Canada	Diverse	7 7F	20 – 60+
3	Huot, S., Elliott, P., & Fells, L.	“...To understand the experiences of female refugees with physical disabilities in seeking,	Qualitative Interviews	2020	Canada	Iran, Syria & Lebanon	9 5F 4 caregivers (1F/3M)	Unknown

		preparing for, and obtaining employment” (p. 132)						
4	Kinyanjui, B., Umeasiegbu, V. I., & Bishop, M. L.	Challenges in the process of resettling for refugees with disabilities in America	Literature review	2017	USA	Diverse	Unknown	Unknown
5	Mirza, M.	“...How resettlement policies and practices influence disabled refugees’ access to occupational participation” (p. 12)	Global ethnography Narrative: interviews, focus group surveys	2012	USA	Cambodia & Somalia	15 10F/5M	19 - 63
6	Mirza, M. & Hammel, J.	“...Disabled refugees’ experiences of community and community participation” (p. 157)	Global ethnography Narrative: observations, interviews, focus group surveys	2011	USA	Cambodia & Somalia	15 10F/5M	19 - 63
7	Mirza, M. & Heinemann, A. W.	“To examine the adequacy of existing service systems in addressing the needs of	Qualitative study Narrative: observations,	2012	USA	Cambodia & Somalia	15 10F/5M	19 - 63

		refugees with disabilities resettled in the USA”. (p. 542)	interviews, focus group surveys					
8	Santos-Tavares, I. & Thorén-Jönsson, A.-L.	Experiences of daily occupations for immigrants with late effects of polio in Sweden	Qualitative study Interviews	2013	Sweden	Eastern Africa	12 7F/5M	20 - 42
9	Silva, I. S. T., Thorén-Jönsson, A. L., Sunnerhagen, K. S., & Dahlin-Ivanoff, S.	Participation in daily occupations, interacting conditions and lives of immigrants with late effects of polio in Sweden	Secondary analysis of interviews	2017	Sweden	Eastern Africa	12 7F/5M	20 - 42
10	Silva, I. S. T. & Thorén-Jönsson, A. L.	“To explore and describe strategies in daily occupations among immigrants with late effects of polio” (p. 450)	Qualitative study Interviews	2015	Sweden	Eastern Africa	12 7F/5M	20 - 42

11	H. Selander, F. Kjellgren & K. S. Sunnerhagen	“To investigate outdoor mobility of immigrants in Sweden who are living with the late effects of polio” (p. 3,203)	Questionnaire, patients’ characteristic	2020	Sweden	Diversity	74/ 36F/38M	23 - 70
							Total 197 111 females 86 males	19 to 70 years of age

4.2 Findings

Findings of the thematic synthesis of the literature resulted in five highlighted themes: 1) individuality, 2) stigma and discrimination, 3) belonging to and participation in society, 4) intersectionality, and 5) work and labor market participation. The five themes are systematically and independently presented, but are intertwined and connected to each other, and all of them represent facilitators and barriers for participation related to work.

4.2.1 Individuality

An emerging theme when reading these articles was *individuality*. Every single person has a unique background, a perception of the present, and thoughts of their future. They have different stories, challenges, and possibilities ahead. A more holistic view of the individual is needed and highlighted throughout most of the included literature. The history and context of the individual person needs to be considered along with the disability and reason for migration (Albrecht et al., 2009).

A person's self-identity and view of their own disability may differ from others' perspectives, and their disability may sometimes even be concealed or hidden to avoid attention due to the disability (Hansen et al., 2017). Viewed through a cultural lens, some may not acknowledge the disability they possess and could be reluctant to identify as a person with a disability based on possible negative factors such as shame or being a burden, amongst others (Kinyanjui et al., 2017).

The struggle to be included as part of the society and preparing the ground for one's existence is communicated along with strategies for gaining respect (Silva & Thorén-Jönsson, 2015). Kinyanjui et al. (2017) report the loss of cultural identity as an important factor for refugees with disabilities in adjusting to new situations. Loss of autonomy, self-determination, and control is seen in situations where service providers refer refugees with disabilities for disability welfare, without asking or consulting them about their personal abilities and wishes, vocational skills, or wishes for their future (Mirza, 2012). Some participants reported that isolation from family and or society led to a feeling of vulnerability (Albrecht et al., 2009).

“Soheila” from the study by Albrecht et al. (2009, p. 263) tells of the pain of not being included, nor understood:

Coming here was a shock for me. I had a good job in Iran. Here you lose your real personality, your social roles. Belgium thinks we came for the money. They don't know us. They don't understand our situation.

Being able to choose and engage in different daily occupations and contribute to society created meaningfulness (Silva et al., 2017). Religion had been a painful and destructive factor especially for the Iranian men, but also for some of the women in the study from Belgium, being both a reason for migrating and for rejection in a new society (Albrecht et al., 2009). Gender is mentioned as a factor influencing the daily challenges, along with the influence culture and religion can have on a person's identity, especially related to gender, where women often are facing more challenges and treated different than men (Albrecht et al., 2009; Selander et al., 2020).

Individual development was influenced by other people's perception and the participants' own perception of ability (Silva et al., 2017). “Normality” itself was a goal amongst the participants. Through normality, the participants wanted to manage and achieve their goals and participate in the same occupations as other people (Silva & Thorén-Jönsson, 2015). Conceptions of occupational-self influenced the participants' view of the future, with a wide range from hopelessness to confidence, also having an impact on their self-esteem and feeling of competence (Santos-Tavares & Thorén-Jönsson, 2013). Further, views of the future, depending upon the several factors listed above, are a reminder of individuality and the need for careful consideration before any generalization (Albrecht et al., 2009; Hansen et al., 2017; Santos-Tavares & Thorén-Jönsson, 2013).

*But for later, I still don't know, but I hope to serve [...] people with disability [...]
And later, working for my restaurant, or maybe start with the restaurant. Who knows?
I don't know about the future here. I don't know how it's going tomorrow or next year,
so it's a little bit difficult.*

(Participant 4) (Huot et al., 2020, p. 135)

Independence and having the ability to manage and thrive lead to feeling capable. Having value as a contributor or worker influences identity development and sense of self-worth (Silva et al., 2017). The feeling of self-determination and being able to choose is important for an individual's feeling of freedom and self-worth (Silva et al., 2017). Mobility is one of several factors for being and feeling independent and free, and absence of this can lead to isolation and dependency (Hansen et al., 2017). In terms of mobility or transportation, factors where the weather plays an important role influence the independence to participate in occupations and activities related to work or society. Meeting expectations of the society or other people was part of an enabling process towards independence (Hansen et al., 2017). Education and work are important factors influencing identity and level of satisfaction, but the relevance and acceptance of previous vocations were often experienced as a challenge and source of frustration when resettling in new countries (Huot et al., 2020). Being an individual with both a refugee background and a disability challenges service providers and others to see beyond the medical terms and view the individual more holistically (Mirza & Heinemann, 2012).

In the study of Selander et al. (2020), pain is often reported, with 72% of the participants reporting constant or frequent pain and 36% reporting feeling depressed. These findings are important in the view of the individual's quality of life and opportunities for participation in daily occupations, including work. The level of mobility and the degree of being independent of assistance from others is a factor that directly impacts the opportunities for employment (Selander et al., 2020). The participants in the study of Silva and Thorén-Jönsson (2015) had different strategies for self maintenance and for handling pain. Their strategies included a balance between physical capacity, exercise, and rest, compensating for their disability by ignoring and hiding their pain, disabilities, and/or differences (Silva & Thorén-Jönsson, 2015). By these strategies, their goals were to gain respect, social status as an active person, work, and belong to society. To achieve these goals, the participants mentioned personal characteristics necessary for the task: being persistent and stubborn, having courage, taking initiative, and a strong motivation. All of this demanded thoroughly planning and being able to face both expected and unexpected events to the extent of limiting spontaneity (Silva & Thorén-Jönsson, 2015). Experiencing and meeting other people with similar challenges can enlighten, engage, and expand the view of possibilities and alternatives regarding solutions and tools for available assistance (Mirza & Hammel, 2011). Individuality was shown to be

influenced by a number of factors. The importance of recognizing the whole person, in a holistic view, and not only by background or disability, could have an impact on the outcome of health and wellbeing in addition to other aspects.

4.2.2 Stigma and discrimination

Stigma is mentioned in several studies along with discrimination and lack of understanding (Albrecht et al., 2009; Hansen et al., 2017; Huot et al., 2020). Other people's perception and (lack of) understanding of disabilities, in addition to additional factors, may affect situations of physical capacity and activity. For example, by viewing mobility as a personal or an environmental factor, or being dependent upon others, as a barrier for several occupations, could potentially lead to a feeling of insufficiency (Hansen et al., 2017; Huot et al., 2020; Kinyanjui et al., 2017; Santos-Tavares & Thorén-Jönsson, 2013; Selander et al., 2020; Silva & Thorén-Jönsson, 2015).

Alienation and loneliness due to exclusion in social circumstances caused isolation, and lack of trust and disdain from others affected the participants negatively (Santos-Tavares & Thorén-Jönsson, 2013). Discrimination due to not having access to or not being informed of appropriate care and individual accommodations related to the disability created uncertainty due to reasons such as unawareness, capacity or resource issues, neglect, or inadequate service systems (Huot et al., 2020; Mirza & Hammel, 2011; Mirza & Heinemann, 2012).

On one hand, culture, religion, and spiritualism are mentioned as related to the understanding, reasoning, and coping of the disability and handling of the stigma (Hansen et al., 2017). On the other hand, Albrecht et al. (2009) addressed the stigmatization and discrimination due to other people's perception and prejudice of foreign culture and religion, which could further lead to isolation and depression.

In my country it is very hard because people ... from my country, not like people like me ... they think that they are not good to be alive.

(Parwana, Middle East/South Asia)

(Hansen et al., 2017, p. 1131)

Having a disability is in some cultures viewed negatively, with prejudice associated with not being capable of working, and being female is even more challenging for some due to both cultural and religious reasons (Hansen et al., 2017). Mogjan was told “go home ... women who wear veils are terrorists” at the market by another woman (Albrecht et al., 2009, p. 264). Wearing a veil is perceived differently by different populations, for example as a symbol of religion or as a repression of gender. Huot et al. (2020) argued that gender needs to be taken seriously to avoid further discrimination. Family and close relationships are also a source for discrimination for some where both psychological and physical abuse appears, gender being a factor of importance, especially in certain cultures (Hansen et al., 2017).

Sometimes I feel that I am nothing; with my handicap it gives me a lot of sadness. I feel that I'm worthless... I want to do something that [shows that I exist].

(Santos-Tavares & Thorén-Jönsson, 2013, p. 14)

Appearance and disability were reported as the reason for experiencing exclusion in the labor market (Silva et al., 2017; Silva & Thorén-Jönsson, 2015). Expected and perceived stigma was sometimes met by “covering,” concealing, or hiding what could give away a disability to avoid a negative situation of being stigmatized (Hansen et al., 2017; Silva & Thorén-Jönsson, 2015). Discrimination also appears in situations of access and transportation to education, work, and rehabilitation (Huot et al., 2020; Mirza & Heinemann, 2012). Jobs requiring things such as a driver’s license without them being relevant to the job systematically discriminate and exclude people (Hansen et al., 2017). Being categorized as “non employable” before a proper assessment is discrimination in a systemic way (Mirza, 2012).

The stigma and discrimination of the intersectionality of having both a refugee background and disability is often present when navigating through unfamiliar systems in a foreign landscape (Huot et al., 2020).

4.2.3 Belonging to and participation in society

Participation in a community and belonging to a social network is important to health and well-being in several ways (Santos-Tavares & Thorén-Jönsson, 2013; Silva et al., 2017). Having a rootedness in society and feeling a connection to both people and places is important for one’s sense of belonging (Santos-Tavares & Thorén-Jönsson, 2013; Silva et al.,

2017). The participants in the study of Mirza and Hammel (2011) viewed family as an important source of support. Contributing to others or the society can provide satisfaction, well-being, and a sense of belonging. Belonging is complex and needs to be a two-way arrangement, including recognition, acceptance, inclusion by others, and a desire and choice to participate voluntarily (Silva et al., 2017). Security, fellowship, and feelings of a private sphere are important outcomes of belonging (to a group), creating a rootedness and opportunities to participate in occupations (Santos-Tavares & Thorén-Jönsson, 2013). However, belonging can also lead to marginalization and a sense of vulnerability if inclusion is limited or without consent (Silva et al., 2017). Belonging also means having access to a common place for those included, where physical and emotional admission is of importance (Silva et al., 2017).

Availability and access to sources of social support, as services, inclusive spaces, and a welcoming community, promote the opportunity for participation and belonging (Hansen et al., 2017; Mirza & Hammel, 2011). Mobility could be viewed as a social factor, considering the accessibility of both the physical and social environment (Santos-Tavares & Thorén-Jönsson, 2013; Selander et al., 2020). Different disabilities challenge the surroundings in several ways, depending on the environment, to facilitate inclusive participation (Mirza & Heinemann, 2012). Having to navigate a new society is often experienced as confusing, and a guidance or a “map” of the society is wanted (Santos-Tavares & Thorén-Jönsson, 2013).

There is always this feeling of otherness ... I am not really accepted into this community. (Faiza, Middle East/South Asia)

(Hansen et al., 2017, p. 1132)

The social adjustment when resettling and experiencing the loss of support by family and community often cause marginalization and barriers to participate in the community (Albrecht et al., 2009; Kinyanjui et al., 2017; Mirza & Hammel, 2011). When the support from the family and community is stigmatizing, it influences the daily life of the people who are exposed to this marginalization and could cause a feeling of otherness and alienation (Hansen et al., 2017). Creating support networks and advocacy was different between the two groups, Cambodians and Somalis, in the study by Mirza and Hammel (2011). The Cambodians connected within their ethnicity, but the Somalis reached out beyond ethnicity,

depending on the need for connection with others, for example others with a similar disability (Mirza & Hammel, 2011).

Social and economic participation could be seen as interrelated (Hansen et al., 2017). However, reciprocity in social exchanges, when socializing within the same ethnicities, created barriers to integration (Albrecht et al., 2009). Some participated by contributing their social welfare to the common good of the family or household, not considering the direct personal or individual need or interest, but receiving assistance, help and/or respect as a contributor in return (Mirza & Hammel, 2011). Discrimination and experiences of stigma, for example the sense of receiving obliged help or feeling pity from others, could lead to isolation because the negative factors outweigh the positive in trying to engage and be part of the society (Albrecht et al., 2009; Mirza, 2012).

A gateway to inclusion in a community and in the society was learning and speaking the country's dominant language (Huot et al., 2020). Participating in and integrating into the society could lead to useful connections for work (Mirza, 2012). Occupational justice and the right to meaningful, equal, and free choice of daily occupations could be used to promote participation in society and work, influencing both the individual and the society positively (Mirza, 2012).

4.2.4 Intersectionality

Being a person with both a refugee background and a disability challenges both the person and the system in a resettlement situation (Huot et al., 2020; Mirza & Heinemann, 2012). Mirza and Heinemann (2012) reported gaps in mutual knowledge and a lack of coherence between resettlement agencies and disability services, and lack of cultural competence and sensitivity amongst service providers. A disconnect between disability and refugee service systems is described as a challenging and time-consuming landscape to navigate and understand, especially when the different services are organized as silos (Huot et al., 2020; Mirza & Heinemann, 2012). Lack of cohesion and information across services is complicating daily life for the people depending upon them (Huot et al., 2020). The context and circumstances of a disability or impairment are affecting the authorities' view, creating a sense of disbelief and being less understood as to having a background as a refugee (Albrecht et al., 2009). Participation is a complex process, regardless of background. The duality of

having a background as a refugee and a disability could increase the inequalities further (Santos-Tavares & Thorén-Jönsson, 2013).

I wear hijab and sit in a wheelchair. It reinforces the image of me as an odd person. I can feel that I stand out somehow... But I have friends that sit in a wheelchair that don't wear hijab and are Swedes. I feel more outcast than those—not an outcast, but I'm more different than them.

(Silva et al., 2017, p. 210)

Inadequate services for refugees in relation to their disabilities can lead to physical and social exclusion and isolation, preventing participation in daily occupations, education, rehabilitation, work, or the community in general (Mirza & Heinemann, 2012). The need for accessible housing required for particular disabilities can be more difficult to access for refugees who often experience financial insecurity, especially during the early stages of settlement. Huot et al. (2020) mention inaccessible and inadequate housing as an issue in resettlement. The differences experienced between people with a refugee background and people with both a refugee background and a disability are visible through their daily lives in living next to each other, even in the same family and house, because of the disparities related to their disability (Mirza, 2012). The intersectionality of both being a refugee with less cultural competence and facing a foreign language when resettling, and having a disability is causing isolation and preventing integration into society (Mirza & Heinemann, 2012).

Multiple stigmas lead to marginalization (Albrecht et al., 2009). The challenges and barriers are especially visible in the absence of adequate language skills (Mirza & Heinemann, 2012). As Silva et al. (2017) discuss, the participants need to conquer two obstacles: the barriers faced by being a foreigner, and second, the barrier of having a disability. Access to services as a refugee with a disability is reported as having more barriers than for those without disabilities, depending on context and circumstances (Kinyanjui et al., 2017).

4.2.5 Work and labor market participation

Work could be a gateway to facilitate integration into the community and offer economic self-sufficiency. Additionally, it could bring structure and meaningfulness to daily life, being part of a social context of contributing to the society. Being a worker or employee also grants

status (Albrecht et al., 2009; Santos-Tavares & Thorén-Jönsson, 2013; Silva et al., 2017). Self-sufficiency is a strong motivation both for the individual and the society, but a person with a refugee background and having a disability often experiences few options and possibilities to achieve this goal (Mirza, 2012). For some, the stability and safety of receiving (disability) welfare is seen as a regular income, instead of being dependent upon their health capacity (which can vary), as a relief, and for some is necessary (Mirza, 2012). Work is an important part of integration and viewed as a way to become socially accepted in Sweden (Santos-Tavares & Thorén-Jönsson, 2013).

The possibility for participation relies upon access and mobility among other factors. Almost 40% of the participants in the study of Selander et al. (2020) were reliant upon aids or other people's assistance for outdoor mobility. Mobility could be viewed as an environmental factor influencing the possibility to participate (Selander et al., 2020). Language as a barrier is of great significance, but also raises questions as to whether the setting and surroundings are accessible, available, and communicated to all as equals (Albrecht et al., 2009; Huot et al., 2020; Mirza & Heinemann, 2012). Knowledge and information are dependent upon language and affected by culture, amongst other factors in many settings (Kinyanjui et al., 2017). Factors influencing the participants' mastery of daily occupations, such as language, physical capability, the trust of others, and more, affected their ability to participate in the labor market and the development of their identity and value (Silva et al., 2017).

If I would have been able to speak English, I would not have waited for that 670 dollars, I would have, even if I am disabled I will work, I would go and speak the language and look for a job and work The lack of language is what has confined us to our apartments.

(Fatima)

(Mirza, 2012, p. 11)

Participation is a complex process and viewed in multiple ways. Findings of this scoping review reflects the intertwining of several factors. Silva et al. (2017) have made a "DNA" like figure to exemplify how various factors are intertwined, see Figure V, Participation process, a (Silva et al., 2017). Several of the studies have shown how this process and

intersecting factors influence the individual and the outcome of participation (Mirza, 2012; Silva et al., 2017). Access to services, integration, and interaction influence participation on many levels. Negatively, these can lead to unemployment, underemployment, and further poverty, amongst other consequences (Kinyanjui et al., 2017). Positively, being assured of adequate housing and medical assistance if needed can lead to confidence in the future, which positively affects employment (Santos-Tavares & Thorén-Jönsson, 2013). Competing against perceived normality and able-bodied people in the labor market, often led to a hiding of their disability and downplaying possible difficulties to achieve the same standard as others (Silva & Thorén-Jönsson, 2015). Navigating the labor market is difficult with English as a second language and barriers related to disabilities (Huot et al., 2020).

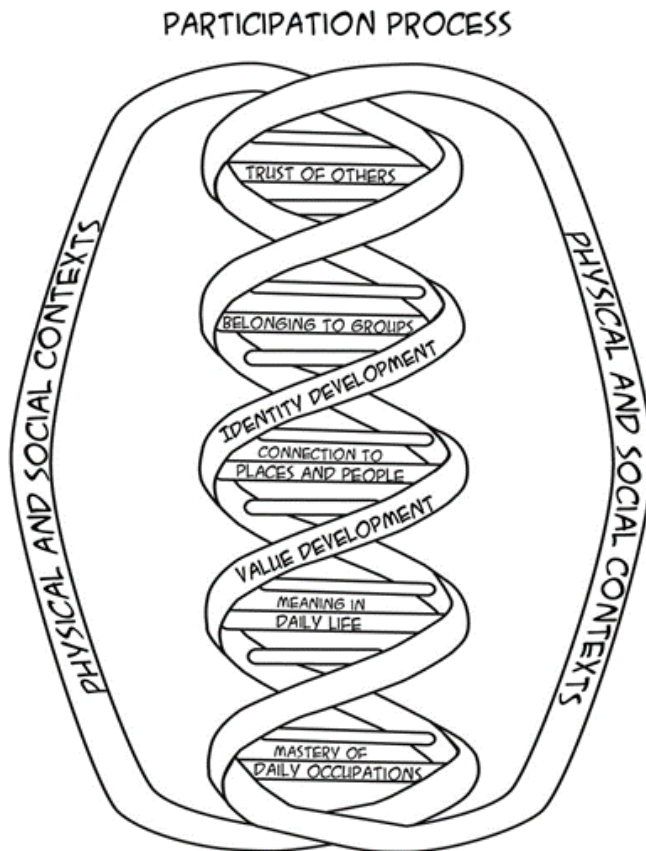
Every moment is a challenge and you are competing with so many others in the world and you feel kinda like you are so far back at the start line ...

(Faiza, Middle East/South Asia)

(Hansen et al., 2017, p. 1135)

Mirza investigated three different perspectives of occupations: the individual level focusing on the opportunities for participation, how the system level views not being employable, and the level of policy with an emphasis on employment self-sufficiency (Mirza, 2012). Several of the studies address the system of resettling and/or the system of disability-related needs regarding information, support, possibilities, alternatives, and knowledge (Hansen et al., 2017; Huot et al., 2020; Kinyanjui et al., 2017; Mirza, 2012; Mirza & Heinemann, 2012). The need for individual adjustment to vocational rehabilitation and options for academic advancement is a gap in many systems (Huot et al., 2020; Kinyanjui et al., 2017; Mirza & Heinemann, 2012; Santos-Tavares & Thorén-Jönsson, 2013). Many of the participants in several studies highlight the struggle for occupational participation and a sense of normality (Hansen et al., 2017; Santos-Tavares & Thorén-Jönsson, 2013; Silva & Thorén-Jönsson, 2015).

Figure V. Participation process (Silva et al., 2017, p. 207).



5 Discussion

The themes that are revealed through the analysis are interesting by themselves but challenging to assess separately since they are strongly connected and influenced by each other. Previous research has often studied several of these topics separately. I here discuss them separately first and then combined to show that they are complex and intertwined with the power of influencing other aspects of life as well, see Figure VI. The findings of this scoping review explore some of the numerous factors influencing employment participation as experienced by people with a refugee background and a disability. Relevant facilitators and barriers identified through this scoping review will be discussed with labor market participation. Last, the limitations of this study are discussed. The implications discussed below are a picture of the findings from this thesis. This does not exclude other factors that could be relevant and of importance.

5.1 Individuality

One of the central topics was individuality. Individual factors as one's personality, previous life experience, interests and more, influence how a person manages and copes with challenges met in life. How people are encountered and perceived by others plays an important role, such as the view of a person as an individual with unique qualities and not just a refugee (Proyer et al., 2021). Each and every one is coming with an individual background, which is important to consider related to the context, such as in situations of resettling. The need for (individual) adjustment and adaption to a new country, culture, and surroundings is demanding. Losing contact with one's culture could influence one's identity, thus an individualized approach taking one's culture into account is important (Kinyanjui et al., 2017). The need to consider individuality is apparent since neither people with a refugee background or those having a disability are a homogenous group of people (UN, 2019; WHO, 2021).

Being treated and viewed like anyone else is important for the feeling of equality. Being accepted and feeling normal is something many strive for (Silva & Thorén-Jönsson, 2015). In this context normality could be seen as the opposite of being viewed as different and left outside common areas. Individuality is influenced by a number of factors, such as stigma and discrimination in how these affect someone's personality. A finding in this scoping review tells of experiences of being excluded and less valued by their own family due to having a disability (Hansen et al., 2017). Religion is mentioned related to both coping and managing difficult situations and as a reason for discrimination (Albrecht et al., 2009). Discrimination and being stigmatized over time could potentially influence the person's life and opportunities ahead (Hansen et al., 2017).

The quality of life depends upon several factors, health being an important factor. Through my findings, participants tell of handling pain and managing barriers of mobility (Santos-Tavares & Thorén-Jönsson, 2013; Selander et al., 2020). Mobility offers freedom and independence, influencing the participation in daily occupations, such as the possibilities to access and participate in education or work. The level of self-ability and independence influences a person's life (and the individuality), to some planning in detail is necessary to manage daily occupations, such as work.

Independence, freedom, and feeling capable influence our self-worth (Silva et al., 2017) and self-efficacy, and further our development of self-value. Work could give a feeling of contribution to the society, development of value and empowerment, and being economically self-sufficient (Albrecht et al., 2009; Santos-Tavares & Thorén-Jönsson, 2013; Silva et al., 2017). At the same time, the situation of work and labor market participation could influence a person's identity, including their self-perception (Santos-Tavares & Thorén-Jönsson, 2013), and sense of belonging. All factors mentioned influences the persons view of their future, their hopes and possibilities ahead. Acknowledging these factors and including peoples own thoughts is an important facilitator for participation in both labor market and the society.

5.2 The impact of stigma and discrimination

Stigma and discrimination come in various forms and levels in different situations. The UN declares that we are all equal human beings with equal rights (UN General Assembly, 1948), yet human rights abuses continue to occur in countries around the world. The findings highlight the need to increase awareness of disabilities and inclusion systematically throughout the society and at a political level to prevent stigma, discrimination, and marginalization. Recent events globally underline the need to address racism, in a systemic way. Discrimination due to ethnicity, race or color of the skin is a violation of human rights (UN General Assembly, 1948).

Minorities, like people with a refugee background and those having a disability, are more exposed to marginalization in labor market participation (Helgesson et al., 2019b). Previous research show that immigrants experience more discrimination in workplaces than native-born employees (Beiser & Hou, 2014; Fang & Gunderson, 2015; Helgesson et al., 2019b; Sterud et al., 2018). These types of discrimination needs to be addressed at a systemic level, to achieve a more inclusive and universal society. Refugees with physical disabilities are affected by discrimination in a double sense, experiencing a double disadvantage (Arfa et al., 2020).

Discrimination and expressions of hatred from strangers in the street, for instance, due to clothing that to some represents religion, can influence the sense of belonging in society (Albrecht et al., 2009). In the study by Hansen et al. (2017), they speak of hiding or concealing their disability to avoid negative responses from others, which could be viewed as

a way of coping with stigma (Hansen et al., 2017; Silva & Thorén-Jönsson, 2015). Gender is a factor influencing the person's self-identity, and is influenced by culture, religion, and other people's treatment and perception, as mentioned in several of the included studies (Albrecht et al., 2009; Hansen et al., 2017; Huot et al., 2020; Selander et al., 2020), which could add to the already large burden of discrimination experienced by minorities. Stigma is one of many challenges for families facing both being an ethnic minority and having disabilities (Alsharaydeh et al., 2019). The consequences of stigma and discrimination can lead to alienation and isolation, and prevent participation in several occupations, such as employment, education and healthcare. Isolation as a result of social exclusion (Santos-Tavares & Thorén-Jönsson, 2013) or due to mobility issues (Hansen et al., 2017) is a discriminating factor regarding labor market participation. Coherence and collaboration throughout different services and organizations of interest could be useful both to the individual and at a system level, such as to people experiencing challenges of mobility.

All four studies from Sweden focuses on people with late effects of polio (Santos-Tavares & Thorén-Jönsson, 2013; Selander et al., 2020; Silva et al., 2017; Silva & Thorén-Jönsson, 2015). Late effects of polio is different from person to person, but often includes different disabilities, impairment of limb(s), fatigue and/or pain, in addition to other symptoms. Disabilities related to post-polio are often seen in older age groups in Western countries or in immigrants of different ages from exposed areas, such as Asia and Africa (Fonkwo, 2008). Lack of understanding of disabilities, and also some diseases, throughout the society, could be due to unfamiliarity and little knowledge of the topic, and in turn lead to stigma and discrimination. Several diseases, like polio and tuberculosis, is eradicated in many Western countries. Still, there are many people exposed to polio and several other diseases in certain parts of the world. Which implicates the need for knowledge of these diseases in the Western countries as well, to best provide healthcare and offer equal opportunities to all, independent of previous or present residence. Further, the continuing programs of vaccinations and spread of information is needed to prevent several of these diseases and its disabling complications.

The environment could be experienced as a cause of discrimination if people are excluded due to physical and environmental reasons. Surroundings are not always adjusted to a universal level and this leaves upon the participants with disabilities the responsibility of how to plan, manage, access, and take part in the society, which is critical for the opportunity to be

included and integrated (Barnes, 2011). Findings of this scoping review report on access to transport and being dependent on outdoor conditions, such as the weather, seasons, and accessibility barriers creates uncertainty (Selander et al., 2020). In some countries, especially in the Global North, the instability of the weather and the seasonal conditions could be unfamiliar to refugees and immigrants and be a barrier to mobility and participation in the society and in work specifically. The diversity and differences in disabilities demand the environment to be universal and inclusive for equal opportunities to all people including those with a refugee background. How we view the environment, the person interacting, the level of function, and the level of equality to all humans places the responsibility for equal access and availability on all at a systemic level and makes the society responsible to create an inclusive environment, both physical and social. This is important in the context of public health, working to minimize marginalization in the society at a systemic level. Addressing these challenges in multiple levels, like global organizations, government legislation and public services, encourage collaboration amongst these using knowledge, public information and resources at all levels can lead to a more inclusive environment with less stigma and discrimination in the future.

5.3 Belonging and participation

The findings from this scoping review highlights several factors mutually influencing each other, the sense of belonging is important to acknowledge, especially in situations of resettling to people with both refugee background and disabilities. The potential positive relation between belonging, and health and wellbeing is one of the important findings in two of the included studies (Santos-Tavares & Thorén-Jönsson, 2013; Silva et al., 2017). An inclusive environment has the potential to create a sense of belonging and connection to others. The sense of belonging is dependent upon several factors and could be influenced by stigma and discrimination, among other factors. Belonging to groups involuntarily, such as being placed there by others, can lead to negative outcomes such as marginalization (Silva et al., 2017).

Belonging can be a foundation on which people feel safe and limit marginalization. Some experience expectations to participate in the community after resettlement (Hansen et al., 2017), which could be different from their previous life experiences. The process of

resettlement is determined by several factors, where creating a connection to the place and people and having the safety and resources for a future life is desired. Participating in the society can create networks potentially leading to employment (Mirza, 2012). Activities and occupations found meaningful can help people experiencing life transitions (Raanaas et al., 2019b), highlighting the importance of the opportunity to participate in such occupations (Smith, 2015). Facilitating active participation in the society could improve several of these factors, including the sense of belonging. In the view of public health, it is important to facilitate participation in numerous areas of life at an inclusive and systemic level throughout the society.

5.4 Intersectionality

The intersectionality of several minoritized identities can lead to multiple stigmas (Albrecht et al., 2009). The intersection between having a refugee background and a disability, or the double disadvantage, of being a minority twice is challenging to the individual in several settings (Hansen et al., 2017; Mirza & Hammel, 2011; Mirza et al., 2014; Nkimbeng et al., 2021). Intersectionality is when multiple forms of discrimination are combined or overlap (Intersectionality, n.d.). Marginalized people, as refugees and those living with disabilities, face more challenges to labor market participation than others (Kail et al., 2018). People with a refugee background and a disability needs to be seen as a person, in a holistic way as a whole human being with skills, qualities, meanings and individual needs.

The findings report of a lack of cohesion between services, operating in silos (Huot et al., 2020; Mirza & Heinemann, 2012), which could create a gap and potentially lead to being 'put between two chairs'. The intersectionality experienced by people facing several challenges or multiple discriminations, could be demanding and tiring in time and resources. Coordinating several services requires a lot from both the service provider and the service recipient. The competence regarding rights and resources to people with disabilities is not necessary present at service providers to refugees, or the other way around (Mirza & Heinemann, 2012). Additionally, the cultural competency of service providers is important, and this expertise will be in constant need of change related to the global situation.

The process of resettling, and accessing rehabilitation, education, and/or vocation could benefit from an individualized approach, with Albrecht et al. (2009) underlining the need to

see the context and personal background as a whole. Having a background as a refugee and a disability can add to the burden of multiple disadvantages in several settings (Alsharaydeh et al., 2019; Arfa et al., 2020). To lower the burden of multiple disadvantages experienced by minorities, the coherence and collaboration between relevant services must improve (Huot et al., 2020; Mirza & Heinemann, 2012). The different challenges or barriers mentioned is possible to address at a systemic level, in line with public health.

5.5 Relevance to the labor market and work

There are several interesting findings that emphasize barriers and facilitators due to work or labor market participation. The findings highlight the need to view the individual holistically, to include different aspects of life, and to give people control over their lives and future.

There are several approaches to these challenges, by addressing the issue at a systemic level, focusing on the facilitators and barriers in different sectors and create arenas for these sectors to collaborate. Some needs are more important than others to address, such as acute health and medical issues, but people need a chance to participate and determine their future as well.

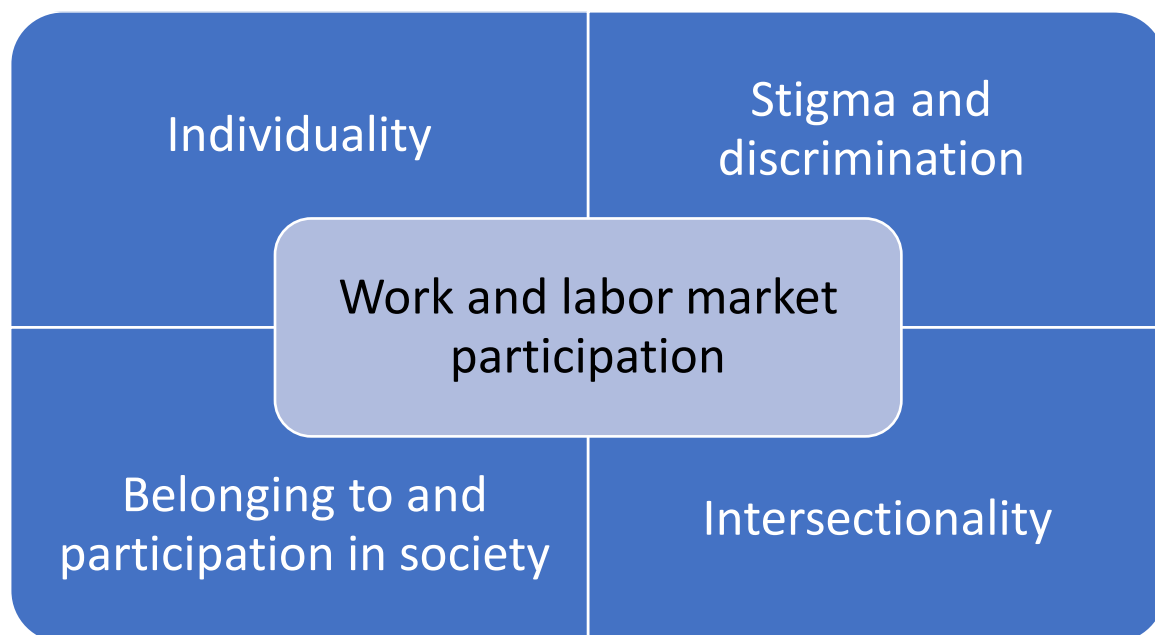
Improving one's fluency in the host country's dominant language is one of the important facilitators related to work (Huot et al., 2020). Language and work can be mutually dependent upon each other and be beneficial in both ways. The development and maintenance of personal skills and values can influence self-perception (Silva et al., 2017). The work environment can influence aspects of health, the sense of belonging, and networks. Having the opportunity to work can be critical to a human, foremost in economic self-sufficiency (Mirza, 2012), but also in creating opportunities and influence on the future.

The findings report a feeling of insufficiency or being less capable due to being dependent upon others in several of the studies (Hansen et al., 2017; Huot et al., 2020; Kinyanjui et al., 2017; Santos-Tavares & Thorén-Jönsson, 2013; Selander et al., 2020; Silva & Thorén-Jönsson, 2015), which is a barrier to labor market participation. There are several practical implications of entering the labor market for people with disabilities and a refugee background, and these challenges are explored on a daily basis both to themselves, service providers and public workers, amongst others. Barriers can be physical, psychological, social, or environmental, for example, language challenges or a physical disability influencing mobility. The interaction of these factors to the individual will be an important factor for the

outcome of managing and coping with a double disadvantage when engaging in work or labor market participation. Difficulties accessing transfer of diplomas and documented education along with the acceptance of previous experience are both a barrier and can influence one's self-perception or self-worth (Baranik et al., 2018). Being outside work was shown to contribute to loneliness, isolation, exclusion, and economic instability among other things.

The process of resettling and integrating into the labor market is dependent upon information and knowledge of how to access the opportunities of occupational alternatives. As shown through this scoping review, labor market participation is more difficult to access for marginalized groups, including refugees and people with disabilities (Albrecht et al., 2009; Bhopal, 2014; Hansen et al., 2017; Huot et al., 2020; Kinyanjui et al., 2017; Mirza, 2012; Santos-Tavares & Thorén-Jönsson, 2013; Selander et al., 2020; Silva & Thorén-Jönsson, 2015). Enabling people in self-sufficiency and enrolling new inhabitants in the labor market is beneficial to both the individual and the country of residence. When resettling in a new country, work is of great importance for integration, potentially offering financial stability and security and facilitate social inclusion (Mirza, 2012; Silva & Thorén-Jönsson, 2015). With more knowledge on the labor market inclusion and integration of people with both a refugee background and a disability, the situation could be improved, and the right to work and participate in work could be experienced more equally (Mirza & Heinemann, 2012).

Figure VI. The five themes presented, intertwined and connected to each other.



5.6 Limitations

Reflexivity

Previous work experience has introduced me to the experience of resettling, labor market participation and brought me into contact with the lived experiences of people with a refugee background in Norway. I worked with people of all ages from several countries of origin and facing different challenges. My interest in the topic of refugees grew over several years, and it is still of great importance to me, both in a personal and political sense, even though I no longer work with people with a refugee background. For the last two years I have been a manager at a public facility offering meaningful occupations and employment for people with development disorders. These work experience has often made me reflect on the injustice and social differences experienced by marginalized groups in the society. My previous work experience and interest is important to mention, in addition to make clear that as a researcher I bring my understanding of the topic with me, but I have tried my best not to let this influence my research or work in this scoping review. Trying to ensure this by documenting the choices made and keeping my work transparent to track my every decisions (Malterud, 2017).

Research and analyze

The wide approach of a scoping review has the potential to include different types of studies. The ability to include heterogeneous studies is a strength by this method, in addition to revealing gaps of knowledge of the included literature (Peters et al., 2020).

A scoping review is often conducted with more than one researcher, and it is recommended to involve at least two researchers (Arksey & O'Malley, 2005; Peters et al., 2015). Early on in this process, even before the start of the process of my master's thesis, this was discussed with both supervisors. To meet this challenge in the best way possible all steps were discussed with the supervisors, also the extraction and synthesis. The results of this process could have been different with more or other researchers.

Summarizing the findings with mapping and charting the data is in line with methodological guidelines (Peters et al., 2020). The wide scope of the charting, mapping, and thematic

synthesis according to the framework of a scoping review, sought to include all essential parts related to labor market participation for the target group (Arksey & O'Malley, 2005). The result could have been different if another person were to extract and synthesize data from this scoping review.

The search strategy

The search string was thoroughly processed and supervised by an experienced person at the University Library at the Norwegian University of Life Sciences. Still, if other words had been chosen, other decisions made, more or other researchers, the outcome could have been different. I have tried to make every choice and step in this process clear to the reader, by documenting thoroughly, trying to ensure transparency by following the methodological guidelines (Peters et al., 2020). The number of databases used and the selection of this was made in collaboration with both my supervisors and the librarian from the University Library based upon my research topic and the relevance of the different databases. The result could have been different if other, fewer, or more databases were used.

The timeframe of this master's thesis could not support thorough search through the references of each article included to reveal other potentially relevant studies, which would normally be considered best practice for a scoping review (Arksey & O'Malley, 2005; Peters et al., 2015). Searching grey literature would be considered optimal but was not possible due to the limitation of this master thesis. Only searching through published literature could lead to publication bias (Tricco et al., 2011).

The ideal would be to include the relevant literature discovered by my search in the six databases that were published after March the 5th, 2021 and until this thesis was written, but this was not possible to achieve because of the timeframe. However, this is possible for further work or publications, since I requested that future search results are being sent to me by email.

Inclusion of studies

Arksey and O'Malley (2005) advice upon being more than one researcher in the process of screening, selecting and including studies. To meet this challenge the best way possible in this master thesis, we concluded that when I reached the point of needing assistance and the

perspective of others, the supervisors would collaborate with me. They read and gave their feedback on the articles I was unsure about including as described in the Method section.

Many of the records identified through the search included studies with participants consisting of refugees, displaced people, immigrants, and migrants. Few studies focused only on refugees. This has implications for whether the included literature could have given different results if using another term for the inclusion of participants.

There was no investigation of a working age throughout the different parts of the world, but due to common perception of the age of working, I decided to include adults between 18 and 67 years of age. This was slightly altered during the process to include a relevant study with participants up to the age of 70 years (Selander et al., 2020). As there were several studies based upon the same study participants, this could have affected the outcome by having more data from the same people spread out in several studies. This should be remembered and considered before any generalization is made. The different purposes and research aims for each included study also show different perspectives and outcomes, which complement each other and give a wider understanding of the subject (see Table 4).

Reliability of findings

A scoping review normally does not assess the quality of the findings (Arksey & O'Malley, 2005), which is seen as a limitation to this method (Barnett-Page & Thomas, 2009). I have summarized and presented the findings by trying to view them objectively and letting them speak for themselves. Due to the nature of the different studies, there were not quotations in all of the studies, nor did all studies have quotations suitable for my research question. Therefore, not all studies are represented with quotations.

6 Conclusion and implications for future research

The topic of forced migration has a global impact and is a political matter of great importance and need that affects many countries. The high number of refugees globally continues to increase and there have never been so many forced to leave their homes before (UN, 2019;

UNHCR, 2021b). The socioeconomic differences between countries and areas worldwide are increasing (Marmot, 2015). Human rights are to protect and ensure equal opportunities related to health and work (amongst more) to all, but violations of these happens every day.

This scoping review shows the intertwining and complexity experienced by people with double disadvantages, in relation to the five themes arising from the findings. The need for a holistic approach for the individual is important to consider along with the intersectionality of having a refugee background and a disability. More knowledge and awareness of disabilities is needed in the society, by addressing this at a systemic level. Participation and belonging to the society is also connected and influenced to other factors mentioned here. Discrimination and stigma appears in several settings and also needs to be taken into consideration in every level throughout the society, to prevent further marginalization. Labor market participation is important as a factor of socioeconomic level, self-sufficiency and being financial independent, both to the individual and to the society. Entering of the labor market demands knowledge and access related to both systemic and individual factors and are more challenging to marginalized groups. There are several barriers and facilitators as mentioned, but they are more useful and informative viewed together. Hopefully more knowledge of the labor market participation to people with a refugee background and having a disability, and a more holistic approach will ease their way to participation and inclusion.

Several ways of gaining more or new knowledge and information would have been interesting to explore, focusing on the factors of facilitation and barriers of labor market participation. More in-depth knowledge, from several countries and cultures, is needed to provide a more inclusive approach when supporting resettlement for people with a refugee background having disabilities. Additionally, more research focusing on language and differences between countries with different national language could provide knowledge of an important facilitator/barrier of labor market participation.

The research on this topic would be exciting and interesting to see in comparison with education and how these interact. Differences in age, especially the youth and their potential, would be important to consider for future research.

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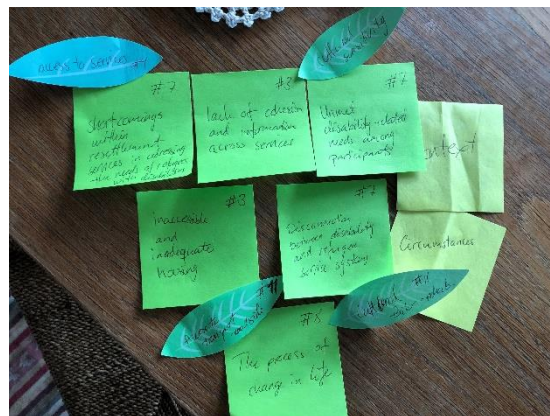
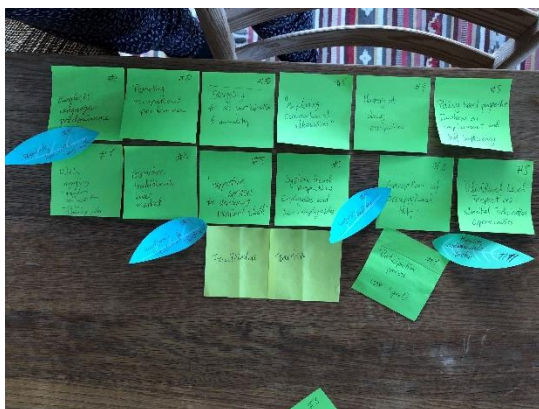
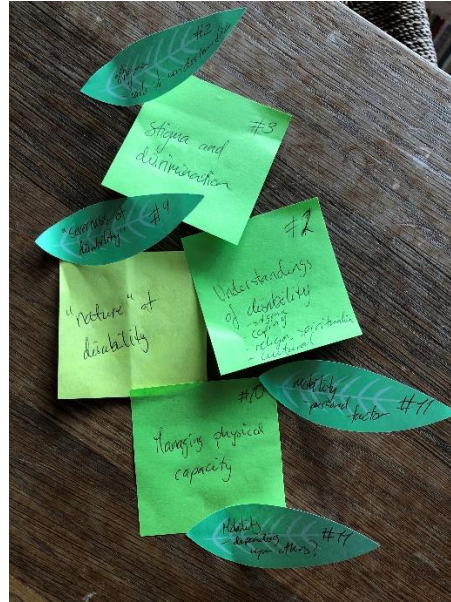
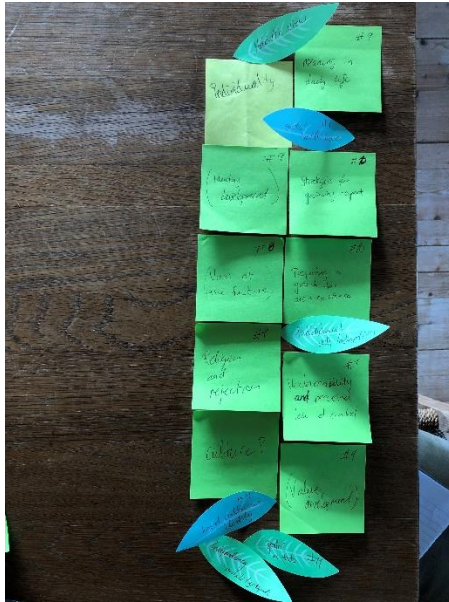
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APPENDIX I

Images of data extraction and thematic synthesis process.



APPENDIX II

Database: Medline

Date:05.03.21

Number of results: 388

Ovid MEDLINE(R) <1946 to February Week 4 2021>

#	Searches	Results
1	Refugees/	10,746
2	exp "Emigrants and Immigrants"/	13,106
3	"Transients and Migrants"/	12,127
4	"Emigration and Immigration"/	25,397
5	(Refugee* or "Asylum seek*" or migrant* or immigrant* or emigrant* or immigration or (Displaced adj2 (People or Person*)) or "Political Asylum" or "Population Shifts" or "Geographical Mobility").tw,kf.	52,914
6	or/1-5	73,450
7	"Disabled Persons"/	42,854
8	exp "Mobility Limitation"/	4,865
9	exp "Visually Impaired Persons"/	2,494
10	exp "Hearing Disorders"/	88,585
11	(Disab* or (Mobility adj2 limitation*) or (Visual* adj2 (impair* or disorder* or perception*)) or (Vision adj2 (disorder* or low or acuity or subnormal)) or Blindness or blind or (Hearing adj2 (loss or disorder* or impair* or "hard of")) or (walking adj2 difficult*) or (Movement adj2 Disorder*) or (physical* adj2 (disorder* or mobility* or impair* or challenge*)) or ((Auditory or speech) adj2 (disorder* or Perception*)) or Deaf* or Cochlea or "Impaired Verbal Communication").tw,kf.	534,599
12	or/7-11	582,747
13	exp Occupations/	34,788

14	exp Work/	65,162
15	exp Career Mobility/	11,652
16	exp Employment/	89,160
17	(Occupation* or Work or "Career Mobility" or Employment or involvement or engagement or employee* or career* or vocation* or Participat* or profession* or job* or (Professional adj2 Development)).tw,kf.	2,106,720
18	or/13-17	2,175,003
19	6 and 12 and 18	388

Database: Embase

Date:05.03.21

Number of results: 740

Embase <1974 to 2021 March 04>

#	Searches	Results
1	exp Refugee/	14,397
2	immigrant/	17,489
3	Migrant/	8,614
4	(Refugee* or "Asylum seek*" or migrant* or immigrant* or emigrant* or immigration or (Displaced adj2 (People or Person*)) or "Political Asylum" or "Population Shifts" or "Geographical Mobility").tw,kw.	70,354
5	or/1-4	77,026
6	exp "Disabled person"/	53,158
7	exp Disability/	164,641
8	exp "Physical Disability"/	22,614

9	exp "Physically Disabled Person"/	11,958
10	exp "Visual Impairment"/	101,379
11	exp "Visual Disorder"/	244,870
12	exp "Low vision"/	3,393
13	exp "Blindness"/	44,573
14	exp "Visual acuity"/	129,590
15	exp "Hearing Impairment"/	100,705
16	exp "Hearing disorder"/	135,429
17	(Disab* or (Mobility adj2 limitation*) or (Visual* adj2 (impair* or disorder* or perception*)) or (Vision adj2 (disorder* or low or acuity or subnormal)) or Blindness or blind or (Hearing adj2 (loss or disorder* or impair* or "hard of")) or (walking adj2 difficult*) or (Movement adj2 Disorder*) or (physical* adj2 (disorder* or mobility* or impair* or challenge*)) or ((Auditory or speech) adj2 (disorder* or Perception*)) or Deaf* or Cochlea or "Impaired Verbal Communication").tw,kw.	837,545
18	or/6-17	1,216,505
19	exp occupation/	347,973
20	exp work/	373,049
21	exp work engagement/	1,471
22	exp employee/	20,485
23	exp employment/	99,986
24	exp career/	25,632
25	exp career mobility/	10,538
26	exp vocation/	2,482
27	(Occupation* or Work or "Career Mobility" or Employment or involvement or engagement or employee* or career* or vocation* or	3,276,391

	Participat* or profession* or job* or (Professional adj2 Development)).tw,kw.	
28	or/19-27	3,607,303
29	5 and 18 and 28	740

Database: Psych Info

Date:05.03.21

Number of results: 1,731

APA Psych Info <1806 to February Week 4 2021>

#	Searches	Results
1	Refugees/	6,556
2	Immigration/	23,251
3	exp Human Migration/	14,667
4	Asylum Seeking/	666
5	Political Asylum/	42
6	(Refugee* or "Asylum seek*" or migrant* or immigrant* or emigrant* or immigration or (Displaced adj2 (People or Person*)) or "Political Asylum" or "Population Shifts" or "Geographical Mobility").tw.	49,230
7	or/1-6	53,652
8	exp Disabilities/	55,236
9	exp Multiple Disabilities/	1,940
10	exp Sensory Disabilities/	192
11	exp "Physical Disabilities (Attitudes Toward)"/	1,140
12	exp Physical Disorders/	591,311

13	exp "Disabled (Attitudes Toward)"/	8,207
14	exp "Physical Mobility"/	1,924
15	exp "Movement Disorders"/	32,918
16	exp "Vision Disorders"/	17,291
17	exp Blind/	5,463
18	exp "Visual Perception"/	109,906
19	exp Vision/	15,985
20	exp Partially Hearing Impaired/	3,621
21	exp Hearing Disorders/	20,706
22	exp Auditory Perception/	40,295
23	exp Deaf/	11,261
24	exp Speech Perception/	12,942
25	exp Cochlea/	2,052
26	(Disab* or (Mobility adj2 limitation*) or (Visual* adj2 (impair* or disorder* or perception*)) or (Vision adj2 (disorder* or low or acuity or subnormal)) or Blindness or blind or (Hearing adj2 (loss or disorder* or impair* or "hard of")) or (walking adj2 difficult*) or (Movement adj2 Disorder*) or (physical* adj2 (disorder* or mobility* or impair* or challenge*)) or ((Auditory or speech) adj2 (disorder* or Perception*)) or Deaf* or Cochlea or "Impaired Verbal Communication").tw.	259,766
27	or/8-26	912,862
28	exp Participation/	19,320
29	exp Occupations/	58,759
30	exp Involvement/	22,220
31	exp Job Involvement/	1,881
32	exp Personnel/	526,407

33	exp Employment/	27,774
34	exp Professional Development/	64,596
35	exp Employee Engagement/	2,909
36	(Occupation* or Work or "Career Mobility" or Employment or involvement or engagement or employee* or career* or vocation* or Participat* or profession* or job* or (Professional adj2 Development)).tw.	1,215,649
37	or/28-36	1,482,314
38	7 and 27 and 37	1,731

Database: Scopus

Date: 05.03.21

Number of results: 1,354

4	(TITLE-ABS-KEY (((refugee* OR "Asylum seek*" OR migrant* OR immigrant* OR emigrant* OR immigration OR (displaced W/1 (people OR person*)) OR "Political Asylum" OR "Population Shifts" OR "Geographical Mobility")))) AND (TITLE-ABS-KEY (((disab* OR (mobility W/1 limitation*) OR (visual* W/1 (impair* OR disorder* OR perception*)) OR (vision W/1 (disorder* OR low OR acuity OR subnormal)) OR blindness OR blind OR (hearing W/1 (loss OR disorder* OR impair* OR "hard of")) OR (walking W/1 difficult*) OR (movement W/1 disorder*) OR (physical* W/1 (disorder* OR mobility* OR impair* OR challenge*)) OR ((auditory OR speech) W/1 (disorder* OR perception*)) OR deaf* OR cochlea OR "Impaired Verbal Communication"))))) AND (TITLE-ABS-KEY (((occupation* OR work OR ("Career Mobility") OR employment OR involvement OR engagement OR employee* OR career* OR vocation* OR participat* OR profession* OR job* OR (professional W/1 development))))))	1,354 document results
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3	TITLE-ABS-KEY (((occupation* OR work OR ("Career Mobility") OR employment OR involvement OR engagement OR employee* OR career* OR vocation* OR participat* OR profession* OR job* OR (professional W/1 development))))	8,516,590 document results
2	TITLE-ABS-KEY (((disab* OR (mobility W/1 limitation*) OR (visual* W/1 (impair* OR disorder* OR perception*)) OR (vision W/1 (disorder* OR low OR acuity OR subnormal)) OR blindness OR blind OR (hearing W/1 (loss OR disorder* OR impair* OR "hard of")) OR (walking W/1 difficult*) OR (movement W/1 disorder*) OR (physical* W/1 (disorder* OR mobility* OR impair* OR challenge*)) OR ((auditory OR speech) W/1 (disorder* OR perception*)) OR deaf* OR cochlea OR "Impaired Verbal Communication"))))	1,396,105 document results
1	TITLE-ABS-KEY (((refugee* OR "Asylum seek*" OR migrant* OR immigrant* OR emigrant* OR immigration OR (displaced W/1 (people OR person*)) OR "Political Asylum" OR "Population Shifts" OR "Geographical Mobility")))	235,998 document results

Database: Web of Science

Date: 05.03.21

Number of results: 959

# 4	959	#3 AND #2 AND #1 <i>Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI</i> <i>Timespan=All years</i>
# 3	<u>6,275,530</u>	TOPIC: (((Occupation* or Work or ("Career Mobility") or Employment or involvement or engagement or employee* or career* or vocation* or Participat* or profession* or job* or (Professional NEAR/1 Development)))) <i>Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI</i> <i>Timespan=All years</i>
# 2	<u>985,727</u>	TOPIC: (((Disab* or (Mobility NEAR/1 limitation*) or (Visual* NEAR/1 (impair* or disorder* or perception*)) or (Vision NEAR/1 (disorder* or low or acuity or subnormal)) or Blindness or blind or (Hearing NEAR/1 (loss or disorder* or impair* or "hard of")) or (walking NEAR/1 difficult*) or (Movement NEAR/1 Disorder*) or (physical* NEAR/1 (disorder* or mobility* or impair* or challenge*)) or ((Auditory or speech) NEAR/1 (disorder* or Perception*)) or Deaf* or Cochlea or "Impaired Verbal Communication")))) <i>Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI</i> <i>Timespan=All years</i>
# 1	<u>178,817</u>	TOPIC: (((Refugee* or "Asylum seek*" or migrant* or immigrant* or emigrant* or immigration or (Displaced NEAR/1 (People or Person*)) or "Political Asylum" or "Population Shifts" or "Geographical Mobility")))) <i>Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI</i> <i>Timespan=All years</i>

Database: CINAHL

Date: 05.03.21

Number of results: 288

Friday, March 05, 2021 8:38:33 AM

#	Query	Limiters/Expanders	Results
S30	S27 AND S28 AND S29	Expanders—Apply equivalent subjects Search modes—Find all my search terms	288
S29	S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	Expanders—Apply equivalent subjects Search modes—Find all my search terms	853,840
S28	S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14	Expanders—Apply equivalent subjects Search modes—Find all my search terms	244,491
S27	S1 OR S2 OR S3 OR S4 OR S5 OR S6	Expanders—Apply equivalent subjects Search modes—Find all my search terms	34,297
S26	AB (Occupation* or Work or ("Career Mobility") or Employment or involvement or engagement or employee* or career* or vocation* or Participat* or profession* or	Expanders—Apply equivalent subjects Search modes—Find all my search terms	719,105

	job* or (Professional N1 Development))		
S25	TI (Occupation* or Work or ("Career Mobility") or Employment or involvement or engagement or employee* or career* or vocation* or Participat* or profession* or job* or (Professional N1 Development))	Expanders—Apply equivalent subjects Search modes—Find all my search terms	231,443
S24	MH Career	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S23	MH Work	Expanders—Apply equivalent subjects Search modes—Find all my search terms	6,675
S22	MH Jobs	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S21	MH Employment	Expanders—Apply equivalent subjects Search modes—Find all my search terms	22,419
S20	MH Employee	Expanders—Apply equivalent subjects	0

		Search modes—Find all my search terms	
S19	MH Professions	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S18	MH Involvement	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S17	MH Engagement	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S16	MH Participation	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S15	MH Occupations and Professions	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S14	AB (Disab* or (Mobility N1 limitation*) or (Visual* N1 (impair* or disorder* or perception*)) or (Vision N1 (disorder* or low or acuity or subnormal)) or Blindness or blind or (Hearing N1 (loss or	Expanders—Apply equivalent subjects Search modes—Find all my search terms	188,259

	disorder* or impair* or "hard of") or (walking N1 difficult*) or (Movement N1 Disorder*) or (physical* N1 (disorder* or mobility* or impair* or challenge*)) or ((Auditory or speech) N1 (disorder* or Perception*)) or Deaf* or Cochlea or "Impaired Verbal Communication")		
S13	TI (Disab* or (Mobility N1 limitation*) or (Visual* N1 (impair* or disorder* or perception*)) or (Vision N1 (disorder* or low or acuity or subnormal)) or Blindness or blind or (Hearing N1 (loss or disorder* or impair* or "hard of")) or (walking N1 difficult*) or (Movement N1 Disorder*) or (physical* N1 (disorder* or mobility* or impair* or challenge*)) or ((Auditory or speech) N1 (disorder* or Perception*)) or Deaf* or Cochlea or "Impaired Verbal Communication")	Expanders—Apply equivalent subjects Search modes—Find all my search terms	87,666
S12	MH Physical mobility	Expanders—Apply equivalent subjects Search modes—Find all my search terms	6,224

S11	MH Impairment	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S10	MH Handicap	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S9	MH Disabled	Expanders—Apply equivalent subjects Search modes—Find all my search terms	34,750
S8	MH Disabilities	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S7	MH Disability	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S6	AB (Refugee* or "Asylum seek*" or migrant* or immigrant* or emigrant* or immigration or (Displaced N1 (People or Person*)) or "Political Asylum" or "Population Shifts" or "Geographical Mobility")	Expanders—Apply equivalent subjects Search modes—Find all my search terms	21,923

S5	TI (Refugee* or "Asylum seek*" or migrant* or immigrant* or emigrant* or immigration or (Displaced N1 (People or Person*)) or "Political Asylum" or "Population Shifts" or "Geographical Mobility")	Expanders—Apply equivalent subjects Search modes—Find all my search terms	17,232
S4	MH Emigration and Immigration	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S3	MH Transients and Migrants	Expanders—Apply equivalent subjects Search modes—Find all my search terms	0
S2	MH Immigrants	Expanders—Apply equivalent subjects Search modes—Find all my search terms	15,139
S1	MH Refugees	Expanders—Apply equivalent subjects Search modes—Find all my search terms	7,598



Norges miljø- og biovitenskapelige universitet
Noregs miljø- og biovitenskapelige universitet
Norwegian University of Life Sciences

Postboks 5003
NO-1432 Ås
Norway