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Perceived Discrimination and Well-Being in Romanian Immigrants: The Role of Social Support

Itziar Fernández · Prado Silván-Ferrero · Fernando Molero · Elena Gaviria · Cristina García-Ael

Abstract   In this study, carried out with Romanian immigrants (N = 202), the aim was to test the extent to which discrimination in the workplace, health and legal contexts is linked to an important aspect of psychological well-being: self-acceptance. The results showed that immigrants had a relatively low level of perceived discrimination and good scores in self-acceptance, except for those who were unemployed. In addition, we examined the role of seeking social support in the relationship between perceived personal discrimination and self-acceptance. The structural equations analysis provided evidence that the postulated models fit the data well. Thus, it was confirmed that the higher the perceived personal discrimination, the lower the self-acceptance. The data also indicated that seeking social support mediates between perceived discrimination and psychological well-being. These findings demonstrate the protective effect of social support for the mental health of immigrants.

Keywords   Perceived personal discrimination · Self-acceptance · Social support · Romanian immigrants

1 Introduction

Over the last two decades Spain has received a large influx of immigrants. According to its National Institute of Statistics (INE 2012), the proportion of immigrants has increased to the extent that they now account for 12.1 % of the country's total population: 5.6 million people. Moreover, news of these figures has sparked widespread debate in the Spanish media. Indeed, according to data from the *Centro de Investigaciones Sociológicas* (CIS; Centre for Sociological Research), since 2002 immigration has been one of the problems causing most concern among Spanish people (Moreno and Bruquetas 2011).

I. Fernández (✉) · P. Silván-Ferrero · F. Molero · E. Gaviria · C. García-Ael
Departamento de Psicología Social y de las Organizaciones, Facultad de Psicología, Universidad Nacional de Educación a Distancia (UNED), Juan del Rosal, No 10, 28040 Madrid, Spain
e-mail: ifernandez@psi.uned.es

Although attitudes towards immigrants are generally favourable, there is a growing sector of the Spanish population that thinks the number of immigrants is excessive, and that immigrants are competing with Spaniards for jobs and welfare benefits in the areas of health, education (school places), housing and social assistance (Cea D'Ancona and Vallés 2009; Pajares 2008). As regards social welfare in general, immigrants are "net contributors", since their levels of youth and activity are superior to those of the host society. Currently, <1 % of immigrants are receiving benefits in Spain, while they represent 10 % of contributors to the Social Security system (Moreno and Bruquetas 2011).

As far as the kinds of jobs immigrants do are concerned, they are low-level, generally in sectors such as agriculture, construction and domestic service (Moya and Puertas 2008)—jobs that in recent years Spaniards have been reluctant to take (Cachón 2009).

Moreover, the current economic crisis in Spain cannot be linked to the influx of immigrants. And certainly, it is clear that immigration does not generate unemployment. In this regard, recent data from the European Office of Statistics (Eurostat 2012) reveal that the United Kingdom has the third largest immigrant population (4,020,800) in the European Union (EU), after Germany (7,185,900) and Spain (5,651,000). However, whilst Germany's unemployment rate is 5.6 %, in the UK it is 8.5 %, giving the lie to claims of a relationship between unemployment figures and numbers of immigrants. Results in a similar line have been obtained in studies carried out in the United States (see Dovidio and Gaertner 2010).

The growing perception of competition for resources (Esses et al. 2001), added to the dismantling of the welfare state, have not helped the integration of immigrants in the host society. In this regard, Díez Nicolás and Ramírez Lafita (2001), and Martínez et al. (2010) note that the negative beliefs or unfavourable attitudes held by part of the host population in relation to immigrants, or the fact that the former may show discrimination toward the latter, can affect their process of integration in their new socio-economic reality and bring about problems of social exclusion. Such attitudes, in addition to hindering (or indeed preventing) the full incorporation of immigrants into the community, can lead to individual problems, such as depression, anxiety and emotional distress, and even to inter-group conflicts, which in turn bring about prejudice and negative attitudes, as well as discrimination in access to services.

Although there are aspects of relations with the host society that are common to all groups of immigrants, there are also some features specific to each particular group. These aspects are related not only to the current legislation, which varies according to the immigrants' country or region of origin, but also to the degree of cultural and linguistic proximity to the host society. As far as the relevant legislation is concerned, it is worthy of mention that the requirements for obtaining Spanish nationality or for the right to reunite one's family are different—and harsher—for North African immigrants than for those from Latin America or from Romania, which is a member of the European Union. In this regard, the studies by Navas et al. (2004) and by Navas and Rojas (2010) on the acculturation process among immigrants in the Spanish region of Andalusia, reveal the existence of diverse acculturation strategies for different socio-economic contexts (workplace; social and family relations), which in turn differ from one group of immigrants to another.

In general, it can be said that the majority of studies on immigrants have concentrated on their process of acculturation and on the differences and similarities between different groups of immigrants. Therefore, it is necessary to carry out specific studies for each group of immigrants. In the present work we shall focus on the situation of Romanians.

Of the grand total of immigrants in Spain, Romanians are the largest group, numbering 895,970, according to the latest census figures (INE 2012). Romania joined the EU in

2007, making it easier for Romanian immigrants to take advantage of social benefits than other groups of immigrants, such as Moroccans in Spain or France, or Turks in Germany. Among such benefits are free circulation throughout the territories of the European Union and the right to study, apply for grants and subsidies, and receive welfare and pensions in the same conditions as other Europeans, since one of the basic principles of the EU is the full integration of its citizens and equality of treatment. However, since August 2011 restrictions have been placed on Romanians for working in Spain. This measure was imposed in the context of the economic crisis, given the high unemployment rate (24 %) in this country (INE 2012).

Despite the fact that the present study was carried out prior to the above-mentioned moratorium, it permits us to observe, how Romanians do not feel as though they are fully-fledged European citizens, given that the situation of exclusion they experience extends beyond the work context to other spheres of social life, including the area of healthcare. The perspective we shall take refers to Romanians' thoughts and feelings about their situation. Previous studies (see Díez Nicolás 2005) suggest that the immigrant population in Spain, in general, perceives no discriminatory treatment in a range of everyday situations. Thus, it was found that 80 % of the immigrants reported suffering no discrimination in educational institutions, while more than 70 % said they had never been unfairly or badly treated in the healthcare context, and the same percentage had never felt discriminated against by public organisms. Over 60 % confirmed that they had not felt discrimination on public transport, in leisure contexts, in shops, in their neighbourhood, or when renting accommodation. It was in the work context where most discriminatory treatment was perceived, with only 49 % stating that they had never felt discriminated against.

Moreover, such discrimination is greater in the case of women, according to the study by Bradatan and Sandu (2012), which revealed the existence of different job markets for North African immigrants according to gender, as well as better pay for Romanian men doing similar jobs to those of their female compatriots. Finally, it should be borne in mind that the findings presented here were obtained before the economic recession hit with its full force, so that levels of discrimination today may actually be higher.

We propose to analyze the effect of perceived discrimination on well-being, since, despite the long tradition of studies on well-being in general, there has been no systematic research attention focused on the potential relation between well-being and the perception of discrimination. It seems as if social and political initiatives by the host society were seen as simply promoting integration in the different types of context, but what is really overlooked is the importance of well-being, a basic dimension in social integration (Morales 2002, 2003). There are, indeed, many studies showing that the perception of discrimination has negative consequences for the physical and mental health of people belonging to rejected groups. Thus, the meta-analysis by Pascoe and Smart Richman (2009), including the results of 110 samples relating perceived discrimination with health, yielded a global effect size of $r = -.20$, with a confidence interval (CI) of 95 %, in the range from $-.24$ to $-.16$.

Studies that deal with the health of immigrants (Basabe et al. 2009) have analyzed well-being indicators associated with feelings of sadness, loneliness and frustration, which translate into emotional distress. We shall consider a core aspect of psychological well-being, self-acceptance, which means acknowledging that one is worthy of respect, and capable of feeling good with oneself despite certain limitations (Ryff 1989). Self-acceptance is especially relevant when studying discrimination and its consequences. There are studies conducted with people belonging to stigmatized groups (e.g., Herek et al. 2009; Tsutsumi and Izutsu 2010) showing that perceived discrimination leads, in many

occasions, to the internalization of the stigma (individual's personal acceptance of stigma in her or his own value system and self-concept) that is significantly associated with more depression, lower self-esteem and lower social support (Visser et al. 2008). For this reason, we consider that it is really important to explore the variables related to self-acceptance in order to prevent the harmful consequences of the internalization of stigma.

Finally, given the importance of social support, we shall attempt to confirm whether this variable has a mediating effect that contributes to reducing the negative effects of perceived discrimination on self-acceptance. Previous research by Basabe et al. (2004) has revealed that social support has a cushioning effect on the negative consequences of acculturative stress. In this same line, Noh and Kaspar (2003) found that people who employed the coping strategy characterized by seeking social support after discriminatory experiences showed less depression.

For their part, Cristini et al. (2011), in a study with immigrant adolescents, reported that social support was associated with increased life satisfaction and low levels of depressive symptoms. In general, social support is especially critical in the acculturation process because it provides immigrants with a frame of reference for appraising their new social reality, which increases their sensation of predictability, stability and control in relation to this new context; furthermore, it improves their access to formal resources and helps them to satisfy their needs (Martínez et al. 2010). Therefore, it is necessary to maintain stable relationships and to have friends one can trust. Indeed, social isolation, loneliness and loss of social support are significantly related to the risk of suffering illness (Díaz et al. 2006). For the aforementioned reasons, we expected that the affective aspects of social support would contribute to reduce the negative effect of perceived personal discrimination on self-acceptance.

The present study has three general objectives. First of all, to learn about perceived discrimination among Romanian immigrants in the work, health and legal contexts. Second, to analyze the relation between perceived discrimination and well-being. And finally, to explore the extent to which seeking social support is associated with the reduction of the negative effects of discrimination on well-being.

2 Method

2.1 Sample

Participants were 202 Romanian immigrants with a mean age of 36.15 years ($SD = 11.75$), 50 % of whom were male. Educational level was distributed as follows: Primary/Middle School (5.6 %), Vocational Secondary (28.7 %), Secondary (46.7 %) and University (17.9 %). Mean time since their arrival in Spain was 6.66 years ($SD = 3.20$), with a range of 1–25 years. A total of 18.2 % were unemployed, and of the 82.8 % who were in work, 17.6 % were self-employed. Those not self-employed were working in domestic service (58.8 %), construction (25.9 %) and the hotel/restaurant/bar industry (15.3 %).

These data were compared with the census of Romanian immigrants in Spain (INE 2012) in order to verify that our sample was representative. The z test found non-significant differences on three of the four educational levels: Primary/Middle School (34 % $z = 4.1$, $p < .001$), Vocational Secondary (20 %; $z = 1.48$, $p > .05$), Secondary 37 %; ($z = 1.88$, $p > .05$), and University (9 %; $z = 1.42$, $p > .05$). Moreover, the similarity between participants' demographics and Romanians' census also remained in professional activity:

construction (28 %; $z = .35$, $p > .05$), hotel/restaurant/bar industry (22 %; $z = 1.04$; $p > .05$), and domestic service (50 %; $z = 1.95$, $p > .05$).

2.2 Procedure

The study was carried out over the first 10 months of 2010. Through the Federation of Romanian Associations in Spain (FEDROM), two Romanian social workers were taken on to administer the questionnaires to immigrants who came to the offices of the Federation. Average time for filling out the instruments was 35 min, and anonymity of the responses was guaranteed.

2.3 Measures

2.3.1 Perceived Personal Discrimination

This variable is included in a multidimensional scale designed to analyze the discrimination perceived by different groups stigmatized by the majority population (for a description of the instrument, see Molero et al. 2013). Given the objectives proposed, in the present study we shall focus on perceived personal discrimination in three relevant contexts: work, health and legal. Participants used five response options (from 1 "*totally disagree*" to 5 "*totally agree*") to indicate the extent to which they perceived discrimination in each of these contexts. Cronbach's alpha (.81) indicated satisfactory reliability. The lowest mean was for discrimination in the health context ($M = 1.92$, $SD = 0.76$), the means for discrimination in the legal ($M = 2.46$, $SD = 0.89$) and work contexts ($M = 2.5$, $SD = 0.99$) being practically the same.

2.3.2 Self-Acceptance

This was assessed by means of a four-item subscale that forms part of the Psychological Well-Being Questionnaire (Ryff and Keyes 1995). We selected four items out of the original self-acceptance subscale (20-item) because they showed good psychometric properties according to the reduced version of Díaz et al. (2006). The items being as follows: "When I look at the story of my life, I am pleased with how things have turned out" ($M = 3.77$, $SD = 0.90$), "In general, I feel confident and positive about myself" ($M = 3.76$, $SD = 0.74$), "I like most parts of my personality" ($M = 3.99$, $SD = 0.69$) and "When I compare myself to friends and acquaintances, it makes me feel good about who I am" ($M = 3.84$, $SD = 0.69$). For this study we applied the Spanish version adapted by Díaz et al. (2006). Response options ranged from 1 "*totally disagree*" to 5 "*totally agree*", where the higher the score, the greater the well-being. Cronbach's alpha was .74. It should be mentioned that throughout this work, when we refer to the concepts of well-being and self-acceptance, we are talking about the same issue.

2.3.3 Seeking Social Support

This indicator was measured through the application of two items from Brief COPE Inventory (Carver 1997). This scale is composed of fourteen subscales, with two items each, that assess several coping strategies. We selected the subscale related to support: "I try to get emotional support from friends and relatives" ($M = 3.3$, $SD = 0.85$) and "I get

sympathy and understanding from someone" ($M = 3.22$, $SD = 0.84$). The range was from 1 "*not at all*" to 5 "*a great deal*". Reliability was adequate (Cronbach's alpha = .73). We used the Spanish version adapted by Crespo and Cruzado (1997).

2.3.4 Sociodemographic Data

Information was collated on gender, age, occupation (in country of origin and in host country), time since arrival in Spain, religious beliefs and political ideology. In the case of the last two categories there was a range of variation of ten points. The mean in both cases was situated around the mode, that is, with moderate religious beliefs (where 1 is *not at all religious* and 10 *very religious*, $M = 4.56$; $SD = 1.52$) and an ideological position that is neither right nor left (from $1 = extreme\ left$ to $10 = extreme\ right$, $M = 5.28$; $SD = 2.34$). As regards occupation in Romania, there is a very similar pattern to that found in the host country, with construction in first place, followed by domestic service and hotel/restaurant/bar work (see above for the percentages for Spain). The only notable difference was that a small proportion (7.5 %) worked in agriculture in their country of origin.

3 Results

As regards the first objective, the data were analyzed by means of descriptive statistics. The scores indicate that the immigrants perceive little discrimination from the host society, since the results are situated below the theoretical mean. However, the highest value ($M = 2.5$, $SD = 0.99$) refers to perceived discrimination in the workplace because of being Romanian. Given that previous studies (see Bradatan and Sandu 2012) have revealed the existence of greater discrimination against women immigrants—that is, a double stigmatization (woman and immigrant)—we carried out an analysis of variance (ANOVA) for the three contexts of personal discrimination (work, health and legal), and for the total measure of perceived discrimination, using sex as an independent variable. The results showed that there were no significant differences by sex for the variables under study ($Fs > .05$).

Moreover, since there are other sociodemographic indicators that may be influencing discrimination, we carried out Pearson correlations between the variables referring to perceived discrimination and those related to age, time spent living in Spain, religious beliefs, political ideology and one's work situation both in the country of origin and the host society. The only two statistically significant associations are, on the one hand, that between religious beliefs and discrimination, $r (178) = -.17$; $p < .05$, and on the other, that between political ideology and discrimination, $r (189) = .19$; $p < .01$.

With regard to the results on seeking social support and well-being, the scores are above the theoretical means. In all cases, as can be seen in Table 1, the values are higher than 3. Therefore, these people have adaptive coping strategies referring to social networks, as well as a self-acceptance that makes them feel good in Spain. Even so, we might ask ourselves whether social support and well-being are equally satisfactory for the whole sample. Thus, we carried out an ANOVA taking work situation as criterion variable. The results show significant differences, $F (1, 163) = 4.31$; $p < .05$, $\eta_p^2 = .03$, with unemployed immigrants scoring lower in seeking social support ($M = 3.14$; $SD = 0.62$) than those who were in work ($M = 3.42$; $SD = 0.67$); the former also scored lower in self-acceptance [$M_{(Unemployed)} = 3.56$; $SD = 0.82$ vs. $M_{(Employed)} = 3.93$; $SD = 0.51$, $F (1, 163) = 9.66$; $p < .01$, $\eta_p^2 = .06$].

Table 1 Descriptive statistics and partial correlations matrix

Variables	M	DT	1	2	3	4	5	6	7	8	9	10	11
1. Work context	2.50	.99	1										
2. Health context	1.92	.76	.54***	1									
3. Legal context	2.46	.89	.58***	.48***	1									
4. Perceived personal discrimination	2.29	.73	.87***	.78***	.83***	1							
5. Coping1	3.30	.85	−.20**	−.25***	−.07	−.20**	1						
6. Coping2	3.22	.84	−.15†	−.26***	.00	−.16*	.59***	1					
7. Seeking social support	3.26	.75	−.20**	−.29***	−.04	−.20**	.89***	.89***	1				
8. Well-being 1	3.77	.90	−.25***	−.24***	−.14†	−.25***	.22**	.25***	.27***	1			
9. Well-being 2	3.76	.74	−.15†	−.06	−.05	−.11	.17*	.15†	.18*	.43***	1		
10. Well-being 3	3.93	.69	−.28***	−.19*	−.12	−.24***	.24***	.32***	.31***	.56***	.48***	1	
11. Well-being 4	3.84	.69	−.04	−.11	.04	−.04	.25***	.29***	.30***	.32***	.35***	.48***	1
12. Self-acceptance	3.83	.58	−.24***	−.20**	−.10	−.22**	.29***	.33***	.35***	.79***	.74***	.82***	.69***

Range of variation from 1 to 5

Control variables: sex, age, educational level, time of residence in Spain, political ideology, religious beliefs and work situation in country of origin and host country

M means, SD standard deviations, partial correlations

*** $p < .001$; ** $p < .01$; * $p < .05$, † $.07$

As far as the analyses of the relations between perceived discrimination, social support and self-acceptance are concerned, and given that there are covariables (for a description of these, see the information on the sample and the sociodemographic data, above), we carried out partial correlations. The results indicated significant relations between discrimination and self-acceptance. Thus, the higher the perceived discrimination in the work ($r = -.24$; $p < .001$) and health ($r = -.20$; $p < .01$) contexts, the lower the well-being. But this predictive power of discrimination over mental health can increase if we include seeking social support in the equation. Thus, as shown in the analysis of correlations, the more social support the person obtains, the less personal discrimination they perceive, and the more self-acceptance they feel (see Table 1).

3.1 Model of Mediation of the Social Support Variable

To check the mediation hypothesis, we turned to the comparison of structural equations models. This was carried out using the AMOS (version 19) statistics program, with which we tested a direct effects model and a model of effects mediated by social support.

The mediation effect will be confirmed in the following cases: (a) the mediation model explains a greater percentage of variance of the results than the direct model, (b) there is a statistically significant relation between perceived discrimination and social support, (c) there is a significant relation between social support and self-acceptance, and (d) the significant relation between perceived discrimination and self-acceptance (in the direct model) is greatly reduced (partial mediation) or disappears in the mediation model (full mediation).

Mediation analysis was done in accordance with the following steps: The first step was to show that the criterion—self-acceptance—could be predicted by the independent variable (perceived discrimination). For this purpose, we constrained all indirect paths in the model to 0 (see Fig. 1). Secondly, we tried to determine whether the effects of perceived discrimination were greatly reduced (partial mediation) or vanished completely (full mediation) when the mediator (social support) was included. In this model, we allowed all parameters to vary (see Fig. 2).

Scores on each one of the variables (work, health and legal contexts) were used as observable indicators of the latent variable perceived personal discrimination. The maximum likelihood procedure was employed.

In order to analyze goodness of fit we applied the Chi squared statistic, whose non-significant values ($p > .05$) indicate that the proposed model fits the data. However, since this index is highly sensitive to sample size and to deviations from normality in the data (Barrett 2007), it was necessary to take into account the Comparative Fit Index (CFI); values of above .90 in this index indicate an adequate fit of the model (Hu and Bentler 1999). Likewise, we used the root mean square error of approximation (RMSEA), which is a measure of discrepancy of the model per degree of freedom. When this index yields a value of .05 or lower, the model is considered to present very good fit; values of up to .08 indicate a reasonable fit; and values of over .10 indicate poor fit (Hu and Bentler 1999). In addition to these indicators we used critical ratios (CR), with the aim of rating the significance of the specific relations.

In either model the value of X^2 is non-significant. Likewise, the remaining indicators suggest good fit [Direct model, X^2 (27) = 73.44; $p = .31$; CFI = .91; RMSEA = .07, Mediation model, X^2 (24) = 28.44; $p = .24$; CFI = .99; RMSEA = .03]. In Figs. 1 and 2 it can be seen that the percentage of explained variance in the mediation model is greater ($R^2 = .29$) than in the direct model ($R^2 = .12$). Moreover, it can be observed in the
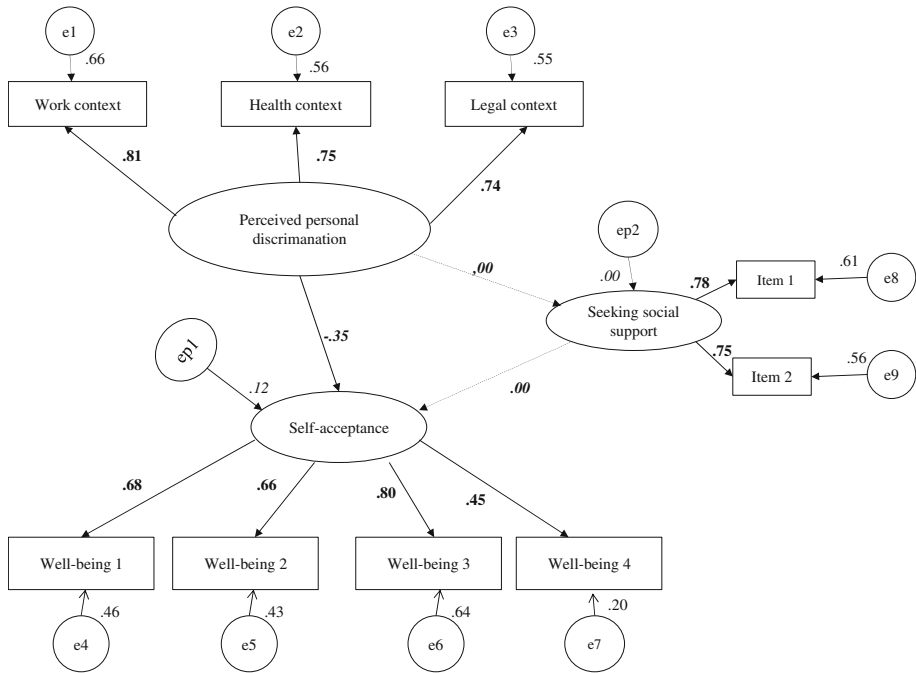
Fig. 1 Direct model. Note: the standardized regression weights are indicated in *bold and italics*. The *dotted line* shows a non-significant regression weight. The percentage of explained variance is indicated in *italics* above the variables

mediated model that the relations between perceived discrimination and social support ($\beta = -.41$) and between social support and self-acceptance ($\beta = .44$) are significant. Furthermore, $\Delta\chi^2$ difference test between the two models showed that the increase in model fit when the mediator was included was significant, $\Delta\chi^2 (3) = 45$, $p < .001$.

The significance of the standardized regression weights reveals that the relation between perceived discrimination and self-acceptance in the direct model, $\beta = -.35$, $CR = -3.37$, $p = .001$, has a higher and more significant value than in the mediated model, $\beta = -17$, $CR = -1.74$, $p = .08$, where the CR is non-significant, indicating that seeking social support mediates between the two constructs.

As an additional test, we constrained to 0 the direct path from perceived discrimination to self-acceptance [$X^2 (24) = 30.63$; $p = .16$; CFI $= .99$; RMSEA $= .03$]. The change in the model fit was non-significant $\Delta\chi^2 (1) = 2.19$, $p = .14$. These results allow us to conclude that the relationship between perceived personal discrimination and self-acceptance is fully mediated by seeking social support.

Finally, with the aim of verifying that the postulated model applies to Romanian immigrants only, we performed a comparison with two other groups: Latin American (mainly Ecuadorians) and Moroccan.[1] Before comparing the groups, it was important to be

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[1] Although the target sample in this paper is Romanian immigrants, the participants in our research were members of three immigrant collectives: Romanians, Latin Americans, and Moroccans. All participants filled out the same questionnaire. In order to access the target population, we contacted the people in charge of the associations that represented the collectives involved in this comparison. The total sample was made up of 604 participants, 52.3 % were men and 47.7 % were women. Their age ranged between 18 and 66 years ($M = 36.21$; $SD = 9.99$). Latin Americans ($N = 199$; $M = 37.5$ years; 41.3 % women), and
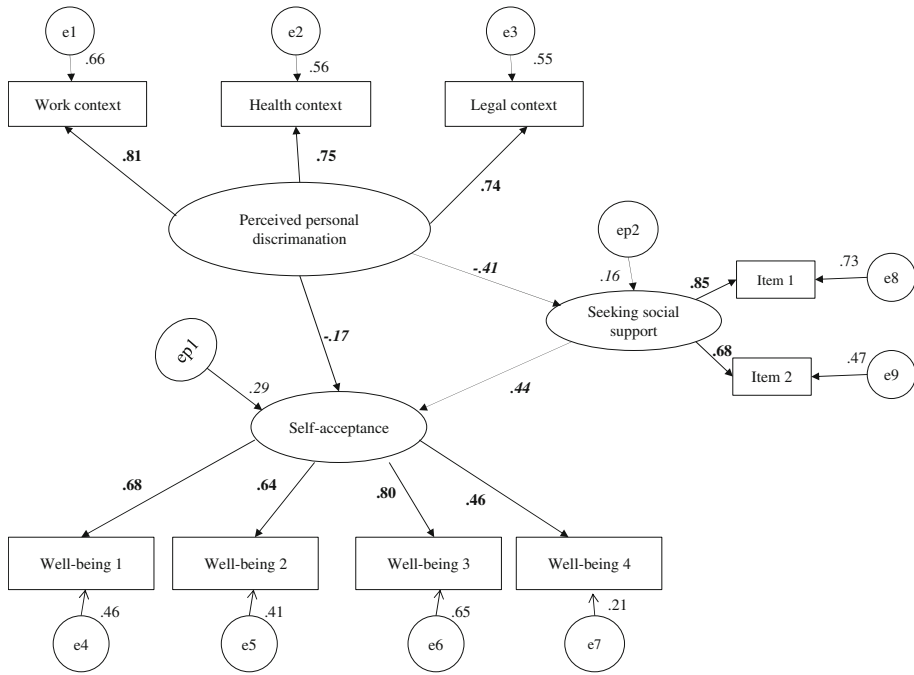
Fig. 2 Mediation model. Note: the standardized regression weights are indicated in *bold and italics*, and the percentage of explained variance is indicated in *italics* above the variable

sure that the hypothetical structure provides good fit for all three groups. We proceeded to test the model of Romanian immigrants (see Figs. 1, 2) with these groups. The results for Latin American immigrants' model showed poor fit indexes [Direct model, X^2 (27) = 49.75; p = .005; CFI = .93; RMSEA = .08: Mediation model, X^2 (24) = 44.35; p = .002; CFI = .95; RMSEA = .07; $\Delta\chi2$ (3) = 5.40, p = .14]. The Moroccan immigrants' model also showed poor fit indexes [Direct model, X^2 (27) = 55.63; p = .004; CFI = .89; RMSEA = .08: Mediation model, X^2 (24) = 49.34; p = .000; CFI = .90; RMSEA = .09; $\Delta\chi^2$ (3) = 6.29, p = .10]. In both groups of immigrants delta Chi square was non-significant. Mediated model with the whole sample (N = 604) also showed poor fit indexes [X^2 (24) = 52.60; p = .004; CFI = .87; RMSEA = .07].

Thus, these results allow us to verify that the proposed model does not work in the same way for the three groups of immigrants, although all of them score similarly in perceived personal discrimination, $F_{(2, 603)}$ = 1.25; *ns*. One of the possible causes that makes the Romanian immigrants' model especially unique may be that this group makes use of the coping strategy characterized by seeking social support in order to improve self-acceptance.

Footnote 1 continued

Moroccans (N = 203; M = 34.95 years; 52 % women). Educational level was distributed as follows: Primary/Middle School (Latin Americans 19.6 %, and Moroccans 42.1 %), Vocational Secondary (Latin Americans 41.8 %, and Moroccans 26.4 %), Secondary (Latin Americans 18 %, and 18.3 % Moroccans), and University (Latin Americans 20.6 %, and Moroccans 13.2 %). As for the mean time since their arrival in Spain, it was as follows: $M_{\text{Latin Americans}}$ = 7.64 years (SD = 3.51), and $M_{\text{Moroccans}}$ = 9.65 years (SD = 5.80). Finally, 24.9 % Latin Americans, and 20.3 % Moroccans were unemployed. These data allow us to make comparisons among the different groups.

4 Discussion

This study set out to explore the question of perceived discrimination among Romanian immigrants in Spain. Specifically, we analyzed how they feel they are treated by the host society in three important areas: work, health and legal. However, other areas (e.g., mass media) and features specific of each context (e.g., discrimination in remuneration or in employment promotion) should be examined in future studies.

In general, Romanians do not perceive discriminatory treatment, though the highest scores for such treatment are found in the workplace context. This result is obtained with a sample involving a high percentage of unemployed people (18.2 %), and although the analysis of correlations revealed no association between the two variables, the perception of discrimination may be different right now, since our data were collected before the Spanish government imposed work restrictions on Romanian immigrants. In this line, Tshitshi (2012) reports that in the last 3 years of economic recession the perception and experience of discrimination has increased among immigrants in the European Union.

As regards gender differences, although there are empirical antecedents about the double stigma of woman and immigrant, our data do not corroborate such findings. A possible explanation is that we did not take into account the income levels of men and women, as Bradatan and Sandu (2012) did in their study –a variable that plays a crucial role not only in perceived discrimination among immigrants, but also in relation to the exclusion, xenophobia and negative attitudes shown by Spanish citizens. In this line, Díez Nicolás (2005) suggests that discrimination is linked to classism, and that it is neither race, nationality, religion, nor culture that lies behind the discriminatory and intolerant behaviour of certain social groups, but rather differences of social class and income.

However, relations were found between political ideology and discrimination. Thus, the further to the right on the political spectrum the immigrant's ideology, the more discrimination in the health context he or she perceives. Moreover, the more religious the immigrant, the less discrimination in the legal context he or she perceives. Therefore, such sociodemographic data should be taken into account in campaigns aimed at promoting integration, since perceptions of discrimination among immigrants may vary according to their religious beliefs and political ideology.

As regards social support and well-being, the results showed adaptive responses to a harsh and complex reality. In general, Romanian immigrants possess strategies for seeking social support that mean they can deal with the acculturation process in adaptive fashion. However, those who find themselves in situations of unemployment are those with the lowest scores in both indicators. We should not overlook the fact that these people have left their country of origin in search of work, and that living in situations of joblessness or sporadic employment, as Cristini et al. (2011) point out, makes them more likely to experience psychological distress.

The relations between perceived personal discrimination and well-being are in line with what was expected. The results confirm, as in the meta-analysis by Pascoe and Smart Richman (2009), a negative relation between the two constructs. In sum, perceived discrimination is a relevant detrimental factor to take into account for self-acceptance (an important component of psychological well-being) among Romanian immigrants, and more specifically for discrimination in the workplace. Although this is not the central aim of this study, research with several stigmatized groups (e.g., Herek et al. 2009; Tsutsumi and Izutsu 2010) has shown that perceived discrimination usually leads to the internalization of stigma, which is very detrimental for the psychological health of stigmatized people. Future research should explore to what extent immigrants in general, and

Romanian immigrants specifically, internalize and justify the rejection of society, as well as the consequences of this internalization. In our opinion, one possible intervention strategy that may contribute to prevent the internalization of stigma is to enhance self-acceptance.

The most encouraging result was that coping strategies characterized by seeking social support may play an important protective role between perceived discrimination and well-being. These findings have implications for the design of preventive interventions for immigrants, since they highlight the importance of social support. However, and as Cristini et al. (2011) point out, this is a protective factor that is not always easy to achieve, given that discrimination gives rise to barriers, such as feelings of rejection and everyday unfair treatment, which hinder the establishment of social networks between immigrants and the host society. Hence the importance of associationism (Gaviria et al. 2012), since it promotes social relations among immigrants that guarantee the availability of this coping strategy. Making people aware of the importance of social support, and of the availability of associations which can provide it, would be a key element in an intervention program.

An important limitation of the present study concerns the data-collection process. In this regard, it is important that in future research our results can be replicated with immigrants contacted not only through the FEDROM, and that the measures are not based exclusively on self-reports. Moreover, the causal directions need to be determined by longitudinal and experimental studies. In this vein, Maxwell, Cole, and Mitchell (2011) point out that testing mediation using cross-sectional data may generate bias. Nevertheless, our findings do highlight the importance of two factors to take into account in relation to the well-being of Romanian immigrants, namely: the consequences of the discrimination immigrants perceive from the host population for their ability to feel good about themselves, and the crucial role of seeking social support for reducing the negative effects of perceived personal discrimination.

Finally, it is important to consider the cultural values in which immigrants have been socialized, as these may explain why the results obtained for Romanians are not equivalent to those for the other groups studied (Moroccan and Ecuadorian). In this sense, if we consider Hofstede's cultural dimension of masculinity-femininity, Romania has a score that characterizes it as the most feminine culture of the three (Hofstede et al. 2010). Feminine cultures stress cooperation and social support (Hofstede 1998), which would probably reinforce the use of the coping strategy characterized by seeking social support. However, future studies should conduct cross-cultural comparisons with representative samples of different cultural contexts and other cultural indicators.

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