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Master in Psychology of Intercultural Relations

Supervisor:
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Resumo

A presente investigação examinou os efeitos da pandemia na perceção de discriminação e na satisfação com a vida em pessoas pertencentes a grupos minoritários pertencentes à população portuguesa. Para além disso, analisou-se o papel moderador da identidade étnica na relação entre identificação étnica com um grupo minoritário e a perceção de discriminação. Assim, previu-se que uma maior identidade étnica iria amortecer a perceção de discriminação. Também se comparou as variáveis em estudo e o nível de "preocupação com a pandemia" entre os grupos étnicos minoritário e maioritário. Este estudo transversal e correlacional, realizado através de um questionário online, contou com um total de 231 participantes, sendo 142 do grupo de maioria étnica e 89 do grupo de minoria étnica. As medidas Everyday Discrimination Scale (no contexto da pandemia), Satisfaction with Life Scale, e uma versão adaptação da Multigroup Ethnic Identity Measure foram utilizadas no questionário para analisar as variáveis em estudo. Os resultados mostraram que a relação entre a identificação étnica com uma minoria e a satisfação é mediada pela perceção de discriminação. Também mostraram que pessoas do grupo de minorias étnicas que tinham uma alta identidade étnica mostraram uma baixa perceção de discriminação, servindo a esta variável como um fator de proteção. Na comparação das variáveis entre os dois grupos étnicos, apenas a perceção de discriminação apresentou diferenças. Em traços gerais, estes resultados são coerentes com investigação anterior.

Palavras-chave:

COVID-19, discriminação percebida, satisfação com a vida, identidade étnica, minorias étnicas, processos de grupo e interpessoais

Abstract

The present investigation examined the effects of the pandemic on perceived discrimination and satisfaction with life among people from ethnic minorities within the Portuguese population. Furthermore, we analyzed the moderating role of ethnic identity in the relationship between ethnic identification with an ethnic minority and perceived discrimination. Thus, it was predicted that higher levels of ethnic identity would diminish perceived discrimination. We also compared the study variables and the level of "concern regarding the COVID-19 pandemic" among the ethnic minority and majority groups. This transversal and correlational study, carried out through an online questionnaire, counted with a total of 231 respondents, 142 participants on ethnic majority group and 89 participants on the ethnic minority group. The measures Everyday Discrimination Scale (in the COVID-19 context), Satisfaction with Life Scale, and an adaptation version of the Multigroup Ethnic Identity Measure, were used in the questionnaire to analyze the study's variables. Results showed that the relationship between ethnic identification, with an ethnic minority, and satisfaction with life is mediated by perceived discrimination. They also showed that people from the ethnic minority group with high ethnic identity presented lower perceived discrimination, serving this variable as a protective factor. When comparing the study variables among the two ethnic groups, only perceived discrimination presented a difference. These findings are consistent with previous research.

Keywords:

COVID-19, perceived discrimination, satisfaction with life, ethnic identity, ethnic minority, group and interpersonal processes

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CHAPTER 1

Introduction

The year 2020 was greatly marked by a pandemic virus outbreak, that still impacts us over a year later. The novel coronavirus disease (SARS-CoV-2), the most recently discovered coronavirus, also known as COVID-19, is an infectious disease that had its origin point in Wuhan, a province in China (World Health Organization, 2020). Because of its exponential and global growth and spread – over two hundred and sixty million people have been infected and more than five million and two hundred thousand have died (World Health Organization, 2021a) –, the world we live in has been experiencing many changes and facing important challenges. In January of 2020, the World Health Organization (WHO) determined that COVID-19 was a public health emergency that needed immediate attention, and in March the WHO designed the outbreak officially as a pandemic. This occurrence of events has led to the hard decision, made by most affected countries, to go under a time of "lockdown" (some more than once) in an attempt to control and mitigate the outbreak, affecting almost every country's sector of economic activities – e.g., education, tourism, entertainment, public services, etc.; Witteveen, 2020).

Mass communication has been following every second of the virus progression and transmitting it to the public daily. It is impossible to access the news or social media without being presented with some COVID-19 related information, whether it's updates concerning our country's, or other countries, numbers, policies, strategies, or vaccination rates. It became quite impossible for us to ignore or forget what we are facing.

If on the one hand, the world has come together to face and fight this deadly virus, as we all had to adapt to the new circumstances and follow certain measures, on the other hand, the pandemic has shown how easily people have come against certain communities. Studies around the world have shown how certain groups have been facing some type of discrimination during this time – e.g., health workers (Corpuz, 2021), quarantined individuals (Brooks et al, 2020), or even certain ethnic groups (e.g., Bhanot et al., 2021; Devakumar & Shannon, 2020) – and how that has had an impact on their well-being.

For this study, we focus on the discrimination perpetrated against ethnic minority groups, in the COVID-19 context, as it has become a common occurrence in several western countries (e.g., Aldridge et al., 2020; Coste, 2020; Ruiz et al., 2020) – where this type of occurrences

was already an issue before the pandemic. As this topic is still little explored in Portugal, in this specific context, it is important to understand how this disease has affected the most vulnerable groups, in comparison to the majority population. We also seek to understand what implications it has brought to the population's well-being, specifically on how this kind of treatment has affected one's satisfaction with life.

CHAPTER 2

Literature Review

2.1. Perceived Discrimination

Discrimination is conceptualized as the unjustifiable and negative behavior towards a group and its members, or a set of emotions of negative reference (Vala et al., 1999). It can arise or be based on a negative prejudice (i.e., unjustifiable negative attitudes towards a group) grounded in stereotypes (i.e., beliefs regarding personal, and often negative, characteristics that mark a group, even if over-generalized, imprecise, and resistant to change; Al Ramiah et al., 2010; Vala et al., 1999), but not necessarily. In this sequence, the concept of ethnic discrimination is viewed as the differential treatment, based on ethnicity, i.e., when a member of a group is treated less favorably than an equally situated member of another ethnic group and suffers adverse or negative consequences, or based on inadequately justified factor other than ethnicity, that disadvantages an ethnic group and its members over another (Contrada et al., 2000; National Research Council of the National Academies, 2004). People from ethnic minority groups are more likely to experience discrimination compared with members from the majority group, especially regarding their ethnicity (Ha et al., 2020)

Two types of discrimination can be distinguished: perceived or subjective discrimination, and objective or measurable discrimination (Paradies, 2006). Perceived discrimination is defined as the perception that one's been treated differently or unfairly because of that individual's membership. It entails the rejection or exclusion of the targeted group and its members in a way that represents a threat to psychological well-being (Wirth & Williams, 2009). Because perceived discrimination represents an important psychological reality (Litam, 2020), it can impact one's well-being negatively, especially members of disadvantaged groups, like ethnic minority group members (Demirtas-Madran, 2020).

The COVID-19 pandemic has brought a lot of challenges to ethnic minority groups, as they are affected, not only by the virus itself, but also the pandemic-related new policies, the social inequalities (Devakumar & Shannon, 2020; Litam, 2020), and, consequently, by the way they are viewed and treated by others. Ethnic minority groups have a greater risk of contracting COVID-19, and they also have an increased probability of contracting other health conditions (e.g., cardiovascular disease, diabetes), which will impact the risk of hospitalization if they contract the virus; also, many individuals belonging to ethnic minority groups live with poor

living conditions and have precarious forms of work that can affect their safety measures against COVID-19 (Devakumar & Shannon, 2020). This type of inequalities helps to sustain the association that these minority groups face regarding the virus, and that can help to substantiate the increased experience of discrimination and/or perceived discrimination they are currently facing, in comparison to the majority (Cheng & Conca-Cheng, 2020; Ha et al., 2020; Liu et al., 2020). Sadly, this is not a new experience, as this type of occurrence has been happening throughout history - for example, the typhus and cholera epidemics were connected to Russian Jewish immigrants, and the bubonic plague was associated with the Chinese community. In all these circumstances, infectious disease epidemics were at the base of stigmatization and discrimination against ethnic minority groups (Bruns et al., 2020), and this occurs especially against groups of people of non-European descent (White, 2020), that most times were already being mistreated and excluded at a social level.

In Portugal, the Comissão para a Igualdade e Contra a Discriminação Racial (CICDR, in English Commission for Equality and Against Racial Discrimination), has reported in 2020 a 50% rise in complaints about discriminatory practices, in comparison to the previous year (Comissão para a Igualdade e Contra a Discriminação Racial, 2020). These discriminatory complaints were of racial and ethnic origin, skin color, nationality, ancestry, and territory of origin nature. According to the data, this rise has been a tendency in the last seven years, but the numbers are not representatives due to the low report rates. The use of the expressions "the Chinese virus" or "go back to your land", or stalking afro-descendants and Roma people in supermarkets, are a few examples of the complaints made during this pandemic. Amnesty International has also reported the persistence of discriminatory and racist episodes and an increase in "hate speech" against Roma communities and people of African descent since the arrival of the virus (Amnistia International Portugal, 2021).

2.2. Ethnic Identity

Defining ethnicity can be quite complex, as there is no universally accepted definition of the term, however, it's often used to refer to a group of individuals that share a distinct culture, historical identity, or national/regional identity from other groups (Carter, 1995). According to Phinney (1996), the concept of ethnicity entails different psychological aspects: (a) the cultural values, attitudes, and behaviors that distinguish one ethnic group from the others; (b) the meaning that the individuals of one ethnic group attribute to their membership of that same group; and (c) the experiences associated with the group's status (e.g., discrimination).

Ethnicity cannot be selected by the individual, but rather it is determined at birth or given by others based on the ethnic background (Phinney and Ong, 2007). The term itself is often confused with the concept of ethnic identity.

Ethnic identity refers to the quality of an individual's affiliation with their ethnic group (Phinney, 2003). It is seen as a complex and multidimensional construct as it embraces various aspects: (a) self-identification, (b) feelings of belongingness and commitment to a group, and (c) sense of shared values, attitudes towards one's ethnic group (Phinney et al., 2001).

Ethnic identity is seen as a dynamic construct because it is in the context of different cultures that the formation of one's ethnic identity emerges, as it changes at one person's development stages of life (Phinney, 2003). It implies an active construction of the person in which there is an individual movement towards an even greater conscious identification with their cultural values, behaviors, and traditions (Chávez & Guido-DiBrito, 1999).

Drawing from Social Identity Theory (Tajfel, 1981), ethnic identity can be conceptualized as an aspect of social identity, in which the identity develops from the sense of belonging to the group itself and the affective component accompanying that sense of group membership. The sense of belonging to a group is important for the individual's well-being, contributing to self-concept and the self-esteem of its members (Phinney, 1992). Here, the sense of belonging to the group translates into positive attitudes and feeling towards the group, and the individual as a member of that group. Within the scope of this theory, it has been suggested that participating in two different cultures may hinder the formation of the identity of members of ethnic groups, due to conflicts in attitudes, values, and behavior, between the group itself and the majority.

Focusing on Erikson's identity formation theory (1968), one's identity development is attained through a process of exploration and commitment to important domains of identity, that usually occurs during the adolescence stage (Yoon, 2011). It is only through this process that a person can resolve the role of a particular component identity (e.g., religious, political) within their social self (Umaña-Taylor et al., 2004). While social identity theory centers on the affective components of identity and its impact on outcomes, Erikson's identity formation theory focuses on the process of identity development (Umaña-Taylor et al., 2004).

Phinney et al. (1994) contemplated the idea that when we are part of an ethnic group that faces discrimination and rejection, we tend to reaffirm and strengthen our group identity in a way to preserve our self-respect (Utsey et al., 2002). Thus, ethnic identity may present to be a protective factor as endorsing a strong ethnic identity can be an important psychological resource that helps ethnic minorities mitigate the effects of racial discrimination, as they

respond with resilience when it occurs (Phinney, 2003). People that endorse a strong ethnic identity tend to feel more connected to their ethnic communities, which helps to maintain a sense of positive well-being and greater life satisfaction (Smith & Silva, 2011), and demonstrate resilience to life changes and stressors (Chae & Foley, 2010). Investigation on this topic suggests that members of ethnic minority groups generally tend to attribute greater importance to their ethnicity, which reflects on their higher levels of ethnic identity, that in turn is positively associated with their self-esteem (Goodstein & Ponterotto, 1997) and with individual's strategies for coping with discrimination (Phinney & Chavira, 1995).

Litam and Oh's (2020) research showed the importance of ethnic identity by analyzing its moderating effect on the link between experiences of COVID-19 racial discrimination and depression on Chinese Americans; and the effect that this type of discrimination has on life satisfaction, via depression, when the participants have higher levels of ethnic identity and/or coping strategy. The study showed the role of ethnic identity as a buffer when facing COVID-19 related racial discrimination, as endorsing a strong ethnic identity reduces the negative effect that virus-related racial discrimination has on depression and life satisfaction.

2.3. Satisfaction with Life

Subjective well-being (SWB) has been structured within two components of well-being: the emotional or affective aspect and the cognitive or judgmental aspect (Diener, 1984). While the emotional aspect consists of independent positive affective and negative affective components (Diener & Emmons, 1984), the cognitive aspect is conceptualized as life satisfaction (Andrew & Withey, 1976, in Pavot & Diener, 1993).

Life satisfaction stems from a judgment process made by the individual, i.e., a global evaluation of one's life, where the person standardizes what they perceive as appropriate for themselves and compare their living conditions to that standard (Diener et al., 1985). This way, if a person is unhappy in one particular life's domain, their overall life satisfaction can be significantly affected, even if they are relatively happy in all the other domains (Veenhoven, 1984). Moods and circumstances (e.g., a pandemic) are also variables that will have an impact on a person's assessment of life satisfaction (Dymecka, et al., 2021).

Without question, people with ethnic minority backgrounds are one of the groups whose overall well-being is the most severely impacted. Studies show that when facing racial discrimination, people from ethnic minority groups report higher levels of depression (in African Americans and Latinxs, Chou et al., 2012; in Pacific islanders, Allen et al., 2017; in

Indigenous women, Benoit et al., 2016, in Asian Americans, Gee et al., 2007), higher levels of anxiety (Wei et al., 2010), lower self-esteem (Liang & Fassinger, 2008), lower social connectedness (Wei et al., 2012), what leads to a decreased life satisfaction (Choi et al., 2016; Lee & Ahn, 2011; Tummala-narra et al., 2018). Likewise, perceived discrimination has been reported to negatively affect life satisfaction (Koomen & Frankel, 1992). The same happens when facing a disaster, as this occurrence leads to the levels of one's life satisfaction going down, due to the situation's outcomes (i.e., loss of lives, impact on public health, socioeconomic impact., etc.; Pathak & Joshi, 2021), and the stress that comes with it (Gori et al., 2020).

The COVID-19 pandemic, that the world is currently facing, has had a toll on the populations' well-being as we had to change most aspects of our lives – e.g., wear masks, social distancing, staying home, etc. – which affected almost all domains of our lives. Studies have shown how the virus-related stigma has negatively impacted people's well-being and satisfaction with life (Ramaci et al., 2020), especially when facing COVID-19-related racial discrimination for ethnic minorities (e.g., Cheah et al., 2020; Choi et al., 2020; Litam & Oh, 2020). When examining the relationship in experiences of racial discrimination (in the COVID-19 context), depression, and life satisfaction, Litam and Oh's (2021) study showed how much racial discrimination negatively predicts levels of satisfaction with life among Asian Americans.

2.4. Present Study

Portugal doesn't have official statistics regarding the country's population ethnic origins, but data concerning the country's migration flux shows that immigration rates have been increasing. Between 2018 and 2020 there has been a rise of more than 35% of foreign citizens residing in Portugal (Serviço de Estrangeiros e Fronteiras, 2020). Additionally, several reports show the existence of ethnic-racial discrimination against certain ethnic groups, especially Roma communities and people of African descent (Amnistia Internacional Portugal, 2021). Data points to education, housing, justice, and employment as the areas where asymmetries based on ethnic-racial discrimination are more visible (European Union Agency for Fundamental Rights, 2018, 2019).

Research has shown us how much people from ethnic minority backgrounds have been impacted by the COVID-19 pandemic (e.g., Kantamneni, 2020; Litam, 2020; Miconi, et al., 2021). People from ethnic minorities have reported having been subjected to all kinds of

stigmatization and discrimination (from observing people being uncomfortable around them, to being yelled slurs at, to being exposed to threats or even being physically attacked), and how that has affected their psychological well-being (e.g., Litam, 2020; Plenty et al., 2021; Smith et al., 2020). Considering the lack of data, and how much the pandemic itself has affected Portugal, where over one million people have been infected and more than eighteen thousand and four hundred have been killed (World Health Organization, 2021b), we seek to investigate this topic within the Portuguese context and add to the existent research.

Thus, the present study aims to assess the differences among majority and minority ethnic groups in the Portuguese population, regarding their experiences with discrimination and how that affected their well-being, since the beginning of the COVID-19 pandemic.

That said, the study's first hypothesis (H1) postulates that ethnic majority and minority groups will present significant differences regarding perceived discrimination, ethnic identity, and satisfaction with life. Here, the ethnic minority group is predicted to have higher levels of perceived discrimination than the majority group (H1a), as well as higher levels of ethnic identity (H1b). In contrary, it is expected for the ethnic majority group to have higher satisfaction with life in comparison to the ethnic minority group (H1c).

It is also expected that the participants' level of "concern regarding the COVID-19 pandemic" will be different regarding their ethnic identification - i.e., ethnic majority and ethnic minority – with the ethnic minority group showing a higher level of concern (H2).

Finally, it is hypothesized a moderated mediation effect (Figure 2), where the relationship between ethnic identification and satisfaction with life is mediated by perceived discrimination, in the COVID-19 context, and the variable ethnic identity has a moderating role on the relationship between ethnic identification and perceived discrimination. High ethnic identity will buffer the association between ethnic identification, with a minority, and perceived discrimination (H3).

Figure 2.

Conceptual Moderated Mediation Model
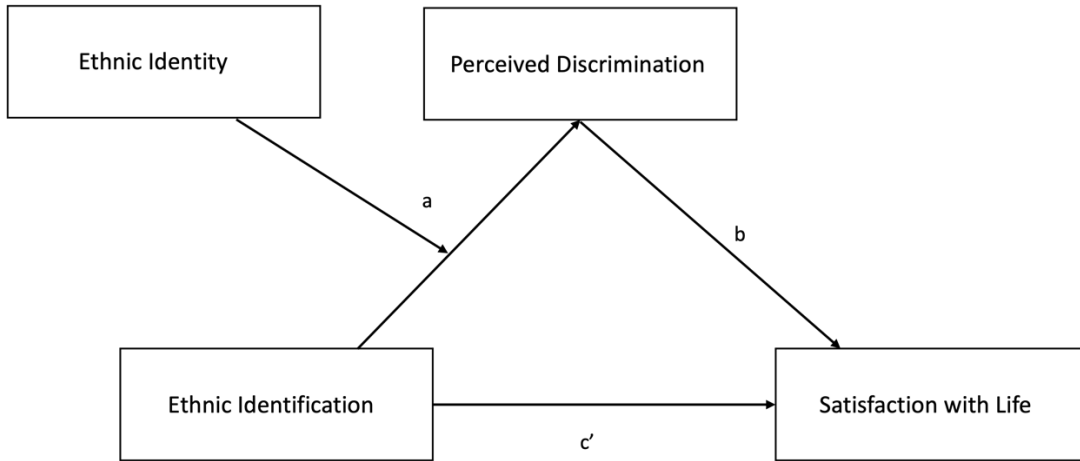
CHAPTER 3
Method

3.1. Sampling and Procedure

The method of recruitment used in this study was a convenience sample, following a snowball procedure, and the data collection was carried online. There were some selection criteria for the participants to be able to be part of the study, as all the participants had to reside in Portugal and have at least 18 years. Because the questionnaire was developed in Portuguese, the participants also needed to know the language to be able to understand and answer the questions. It was disseminated through social networks and email by sharing the link of the online questionnaire, placed on the Qualtrics platform, and some brief information concerning the purpose of the study, as well as its criteria and duration.

When opening the questionnaire (Appendix A), the participants were presented with an informed consent - which indicated some brief information, response duration, its voluntary nature, anonymity, and confidentiality - where they had to select whether they agree or disagree with participating. After agreeing to participate, they were asked to answer questions of sociodemographic nature. Some questions concerning the COVID-19 pandemic situation were also solicited. Finally, the participants were presented with three blocks of questions, the first about everyday situations, the second to one's life satisfaction, and the last one concerning ethnic identification. After completing, a debriefing message was shown with the researcher's contact information and thanking the participants for their collaboration in the study. The participation in the study was voluntary, and the anonymity and confidentiality of all the information were guaranteed. The data was collected between March and October of 2021.

It is important to disclose that the present study was approved by ISCTE-IUL's Ethics Committee (Appendix B).

3.2. Design

The current study is quantitative with a transversal and correlational design. The variable ethnic identification was assessed through some sociodemographic questions. To address discrimination and subjective well-being outcomes, the variables perceived discrimination and satisfaction with life were used, respectively. Additionally, the variable ethnic identity was

used as a protective mechanism outcome. The mentioned variables were measured through the online questionnaire, using standardized psychometric instruments.

3.3. Participants

The present study consists of the participation of 231 individuals, from which 76.2% identify as females ($n = 176$), 22.9% as males ($n = 53$), and 2 participants identify with a different gender. They presented a mean age of $M = 37.89$ years (SD = 11.92), with a minimum age of 18 years and a maximum age of 76 years. Regarding the participants' educational qualifications, 56.3% responded to having a Higher Education degree ($n = 130$) and 30.7% a Secondary Education level ($n = 71$). In terms of their professional situation, 68.4% of the respondents are working ($n = 158$), 11.3% are working students ($n = 26$), and 10% are students ($n = 23$). All the participants were required to be living in Portugal.

Analyzing the nationalities, 81% of the sample is Portuguese ($n = 187$), with the rest being of several nationalities, and 68.8% selected Portugal as the country of birth (Table 3). From the sample, 61.5% of the participants were part of the ethnic majority group ($n = 142$), and only 38.5% were part of the ethnic minority group ($n = 89$). However, the composition of the ethnic minority group includes 8 participants that are part of a dominant and more powerful group (e.g., Sweden, Germany).

Because some respondents didn't meet the criteria needed for the selection process, 6 participants were excluded from the sample.

Table 3.

Participants' Nationality and Country of Birth

	Nationality	Country of Birth
	N (%)	*N (%)*
Portuguese /Portugal	187 (81.0)	159 (68.8)
Brazilian /Brazil	5 (2.2)	18 (7.8)
Danish /Denmark	1 (0.4)	1 (0.4)
Cape Verdean /Cape Verde	5 (2.2)	5 (2.2)
Romanian /Romania	5 (2.2)	9 (3.9)

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Russian /Russia	1 (0.4)	1 (0.4)
Italian /Italy	2 (0.9)	2 (0.9)
French /France	4 (1.7)	4 (1.7)
Angolan /Angola	2 (.9)	3 (1.3)
Chinese /China	10 (4.3)	10 (4.3)
Indian /India	4 (1.7)	4 (1.7)
Guinean /Guinea Bissau	4 (1.7)	5 (2.2)
Mozambican /Mozambique	1 (0.4)	6 (2.6)
German /Germany	-	1 (0.4)
Ukrainian /Ukraine	-	1 (0.4)
Swedish /Sweden	-	1 (0.4)
Swish /Switzerland	-	1 (0.4)
Total	231 (100.0)	231 (100.0)

3.4. Measures

3.4.1. Sociodemographic questions

Sociodemographic information was collected through some questions regarding the participants' gender, age, educational qualifications, professional situation, nationality, country of origin, parents, and grandparents' country of origin, and if the participant is currently residing in Portugal. Additionally, due to the context, the participants were asked about their level of concern regarding the COVID-19 pandemic.

3.4.2. Ethnic Identification

To assess the participants ethnic identification a list of several ethnicities (see Appendix A) was presented to which the participants had to select the one, or ones, they identify with – e.g., Portuguese, Brazilian, Romanian, etc. This was an adaptation of the measure previously used in some studies within the Portuguese context (Almeida, 2008; Costa, 2012), that was adapted from the Ethnic Identity Scale (Umaña-Taylor et al., 2004).

3.4.3. Perceived Discrimination

To measure the sample's experience of COVID-19 related discrimination, the adapted version of the 9-item Everyday Discrimination Scale (EDS; Williams et al., 1997), by Litam and Oh (2020) for the COVID-19 pandemic, was used and translated to Portuguese for the present study. The EDS, whose questions were based on the results from Essed (1991)'s qualitative research on discrimination, was developed in a study of racial discrimination in Detroit (U.S.A) with African Americans, and which presented a good internal consistency reliability (Cronbach α = .88; Williams et al., 1997). The adaptation to the COVID-19 context (Litam & Oh, 2020) was the addition of "Since COVID-19 outbreak" in the beginning of each item, and the reliability for the scales total score was α = .97 for a Chinese immigrants and Chinese Americans' sample. The reliability of the present study showed to be very good (α = .92).

Some of the questions asked were, for example, "Since COVID-19 outbreak, you are treated with less courtesy than other people are?", "Since COVID-19 outbreak, people act as if they think you are dishonest?", or "Since COVID-19 outbreak, you are called names or insulted?". The response scale was adapted to the present study, being that the items were rated on a 5-point Likert scale (*1 = never, 5 = always*), differently than the original scale where the items were rated on a 6-point Likert scale (*0 = never, 5 = almost everyday*). The scale had a frequency-based scoring, with the sum of the items' responses, where a high score reflects a high value of the variable (ranging from a minimum of 9 to a maximum of 45).

A follow-up question was asked only if the participants selected, for at least one item, the response options *3* (= *sometimes*), *4* (= *often*), or *5* (= *always*), concerning what principal motive the participants thought was related to the item(s)' experience(s).

3.4.4. Ethnic Identity

For the ethnic identity variable, a 14-item scale was used to measure it. The scale used in this study was a combination of the 12-item Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) adapted version by Roberts and colleagues (1999), in which two items were removed from the original measure, with two items from the Ethnic Identity Scale (EIS; Umaña-Taylor, et al., 2004) – being that one of them was slightly modify. Roberts et al. (1999) divided the scale's items within two interrelated components of ethnic identity – a developmental and cognitive dimension designed as ethnic identity search (items 2, 3, 6, 10, e 12 in the present study), and an affective dimension designed affirmation, belonging, and commitment (items 4, 7, 8, 9, 11, 13, e 14 in the present study). MEIM (Phinney, 1992) was designed as a general

measure that could assess ethnic identity across various ethnic groups (Phinney and Ong, 2007) and has been used in several studies where it presented, consistently, good reliability across a broad range of ethnic groups and ages. Phinney (1992) reported an internal consistency of α = .81, Roberts at al. (1999) of α = .85, and Kazarian and Boyadjian (2008) of α = .88. Regarding the two items (items 1 and 5 in the present study) added from Umanã-Taylor et al.'s (2004) measure, they were both part of the affective component and showed an internal consistency of α = .65 and α = .81, respectively. For this study, the internal consistency for the ethnic identity search dimension and for the affirmation, belonging, and commitment dimension showed a Cronbach alpha of .62 and .89, respectively. Due to the low internal reliability of the ethnic identity search dimension, its items were not included in the rest of the study. That said, only the affirmation, belonging, and commitment dimension was used in the analysis.

Some of questions asked from the MEIM were "I have a clear sense of my ethnic background and what it means for me." and "I feel a strong attachment towards my own ethnic group.", and the two items added from the EIS were "I wish I were of a different ethnicity.", an item that was reverted both in the original and in the present studies, and "My feelings about my ethnicity are mostly positive." – this last one was changed from the original where instead was "mostly negative". The scale's items were rated on a 5-point Likert scale (*1 = strongly disagree, 5 = strongly agree*) in the current study, and in a 4-point Likert scale (*1 = strongly disagree, 4 = strongly agree*) in the original. The scale's scoring is the mean of the items scores for each dimension, where a higher value represents a higher ethnic, with a range score of 1 to 5. All items were translated and adapted to the current study.

3.4.5. Satisfaction with Life

An adapted and validated version of the 5-item Satisfaction with Life Scale (SWLS; Diener et al., 1985) for the Portuguese population, developed by Simões (1992), was used to measure global beliefs of one's life satisfaction. Because the items have a global foundation, the respondents will tend to weight the domains of their lives according to their own values and allow a global judgment on life satisfaction (Pavot & Diener, 1993).

The 5-items were rated on a 5-point Likert scale ranging from 1 = *strongly disagree* to *5 = strongly agree*, as used in the adapted version made by Simões (1992), opposingly to the 7-point Likert scale, used in the original scale. The score was a sum of the items' responses, where a low value represents a low satisfaction with life and a higher value represents a high satisfaction with life (ranging from a minimum of 5, to a maximum of 25). An example of the asked items is "In most ways my life is close to my ideal." or "So far I have gotten the important

things I want in life.". While the reliability of Diener and colleagues' (1985) SWLS total score was found to be good ($\alpha = .87$), Simões (1992)'s validation showed an acceptable reliability ($\alpha = .77$). In the current study, the scale shows a good internal consistency ($\alpha = .84$).

The scale has presented good psychometric proprieties, in terms of its factorial structure and internal consistency, in several countries (Reppold, et al., 2019). Studies have showed that regardless the culture, people assign similar meanings to the scale's items, what makes cross-cultural studies suitable (Emerson et al., 2017).

3.5. Statistical Analyses

The statistical analysis of the present study's data was conducted by using the IBM SPSS Statistics software Version 28 (IBM Corp., 2021). Before the analysis, the data was checked for missing values and duplicates, where 6 participants were excluded since they didn't meet the selection criteria. The missing values of the study variables were treated with listwise deletion.

After reversing an item from one of the scales, an internal consistency analysis of the variables' scales was held by calculating their Cronbach's Alpha. Then, the composite variables were calculated for each scale.

The variable of ethnic identification was assembled and coded into two levels to determine if the participant was part of the majority or the minority group (0 – Ethnic majority and 1 – Ethnic minority). Here, the participants that identify their ethnicity as being Portuguese were assumed to be the ethnic majority group, while the participants that selected a different ethnicity than Portuguese were assumed to be the ethnic minority group.

A descriptive analysis was performed for the sociodemographic data, including mean, standard deviation, maximum, minimum, kurtosis and skewness values, separately for the ethnic majority and the minority groups. Finally, the Pearson's bivariate correlation was conducted between the variables.

Independent Sample t-tests were calculated in order to analyze possible differences in the variables perceived discrimination, satisfaction with life and ethnic identity regarding the two ethnic groups (i.e., ethnic majority and ethnic minority group) of the variable ethnic identification. To analyze if the level of "concern regarding the COVID-19 pandemic" would differ among the ethnic identification variable, an Independent Sample t-test was also computed.

To examine the association between the study's variables, the PROCESS macro software Version 4 for SPSS (Hayes, 2021) was used to run a moderated mediation analysis (Hayes, 2018). To conduct the analysis, the moderated mediation model (Model 7) was used to test the conditional indirect effect of the moderating variable (i.e., ethnic identity) on the relationship between ethnic identification (i.e., predictor variable) and satisfaction with life (i.e., outcome variable) via the mediator (i.e., perceived discrimination). Age, gender, and academic qualifications were used as covariables for the analysis. The significance of these effects was estimated by means of 5,000 bootstraps samples. Variables were centered for moderation analysis.

CHAPTER 4

Results

4.1. Descriptive Analysis

Information regarding the sociodemographic data can be found on Table 4.1 including means and standard deviations.

Table 4.1

Sociodemographic Variables by Ethnic Identification Group

Baseline characteristics	Ethnic Identification											
	Ethnic Majority Group		Ethnic Minority Group		Total							
	N (%)	M (SD)	N (%)	M (SD)	N (%)	M (SD)	χ^2	df	p	t	df	p
Gender	-	-	-	-	-	-	10.43	2	.005	-	-	-
Female	117 (82.39)	-	59 (66.29)	-	176 (76.19)	-	-	-	-	-	-	-
Male	23 (16.20)	-	30 (33.71)	-	53 (22.94)	-	-	-	-	-	-	-
Other	2 (1.41)	-	0 (0.00)	-	2 (0.87)	-	-	-	-	-	-	-
Age	-	38.87 (11.70)	-	36.33 (12.16)	-	37.89 (11.92)	-	-	-	1.63	228	.105
Academic Qualifications	-	-		-	-	-	8.66	4	.070	-	-	-
1st cycle of basic education	1 (0.70)	-	3 (3.41)	-	4 (1.74)	-	-	-	-	-	-	-
2nd cycle of basic education	2 (1.41)	-	2 (2.27)	-	4 (1.74)	-	-	-	-	-	-	-
3rd cycle of basic education	9 (6.34)	-	12 (13.64)	-	21 (9.13)	-	-	-	-	-	-	-
Highschool	41 (28.87	-	30 (34.09)	-	71 (30.87)	-	-	-	-	-	-	-
Higher or Polytechnic Education	89 (62.68)	-	41 (46.59)	-	130 (56.52)	-	-	-	-	-	-	-
Professional situation	-	-	-	-	-	-	7.73	6	.258	-	-	-
Student	11 (7.75)	-	12 (13.48)	-	23 (9.95)	-	-	-	-	-	-	-
Worker/Student	16 (11.27)	-	10 (11.24)	-	26 (11.25)	-	-	-	-	-	-	-

Worker	103 (72.53)	-	56 (62.92)	-	159 (68.83)	-	-	-	-	-	-	-
Unemployed	11 (7.75)	-	8 (8.99)	-	19 (8.23)	-	-	-	-	-	-	-
Retired	1 (0.70)	-	1 (1.12)	-	2 (0.87)	-	-	-	-	-	-	-
Domestic	0 (0.00)	-	2 (2.25)	-	2 (0.87)	-	-	-	-	-	-	-
Nationality	-	-	-	-	-	-	62.97	1	<.001	-	-	-
Portuguese	138 (97.18)	-	49 (55.06)	-	187 (80.95)	-	-	-	-	-	-	-
Other	4 (2.82)	-	40 (44.94)	-	44 (19.05)	-	-	-	-	-	-	-
Country of Birth	-	-	-	-	-	-	68.04	1	<.001	-	-	-
Portugal	126 (88.73)	-	33 (37.08)	-	159 (68.83)	-	-	-	-	-	-	-
Other	16 (11.27)	-	56 (62.92)	-	72 (31.17)	-	-	-	-	-	-	-

Descriptive analysis of the study's variables, for the ethnic majority group and the ethnic minority group, can be found on Table 4.2. Here, the participants that are part of the ethnic minority group scored significantly higher on the Everyday Discrimination Scale ($M = 17.01$, $SD = 7.75$), in comparison to the ethnic majority group ($M = 13.41$, $SD = 4.33$). The other study variables didn't show the same results, as both ethnic groups showed similar means. Regarding the variables' kurtosis values, only the scale of the variable perceived discrimination, for the ethnic majority group, presented a more tapered distribution function curve with a higher peak than the normal distribution – i.e., leptokurtic ($\beta^2=.76$). For the scale's ethnic minority group, as well the other scales' ethnic groups, all have a platykurtic distribution function curve, presenting a flatter distribution function than the normal distribution ($\beta^2<0$). Focusing on the skewness, the scale measuring perceived discrimination shows that the distribution for both ethnic groups is positively skewed; for satisfaction with life the distribution is negatively skewed for both ethnic groups; and finally, for the variable ethnic identity, the scale presents a positively skewed distribution for the ethnic majority group and a negatively skewed distribution for the ethnic minority group.

Table 4.2

Descriptive Statistics of the Study Variables by Ethnic Identification Group

Variables	Ethnic Identification														
	Ethnic Majority Group					Ethnic Minority Group					Total				
	M (*SD*)	*Min*	Max	Kurtosis	Skew	*M* (*SD*)	Min	Max	Kurtosis	Skew	*M* (*SD*)	Min	Max	Kurtosis	Skew
Perceived Discrimination[a]	13.41 (4.33)	9.00	29.00	.76	1.02	17.01 (7.75)	9.00	36.00	-.66	.78	14.71 (6.04)	9.00	36.00	1.20	1.30
Ethnic Identity[b]	3.70 (.60)	2.33	5.00	-.50	.23	3.66 (.75)	1.78	5.00	-.26	-.31	3.68 (.66)	1.78	5.00	-.23	-.06
Satisfaction with Life[c]	16.99 (4.50)	5.00	25.00	-.29	-.41	17.05 (4.63)	5.00	25.00	-.24	-.40	17.01 (4.53)	5.00	25.00	-.29	-.40

[a]The scale of this variable varies between a minimum score of 9 and a maximum score of 45.

[b]The scale of this variable varies between a minimum score of 1 and a maximum score of 5.

[c]The scale of this variable varies between a minimum score of 5 and a maximum score of 25.

The Person's correlation analysis between the variables can be found on Table 4.3 including each study's variables means and standard deviations.

Table 4.3

Descriptive Statistics and Correlations for Study Variables

	M (*SD*)	1	2	3
1. Perceived Discrimination[a]	14.71 (6.04)	-	-	-
2. Ethnic Identity[b]	3.68 (.66)	-.14*	-	-
3. Satisfaction with Life[c]	17.01 (4.53)	-.30**	.22**	-
4. Ethnic Identification[d]	-	.29**	-.03	.01

*p<.05. **p<.01

[a] *N* = 222

[b] *N* =206

[c] *N* = 221

[d] *N* = 231

4.2. Differences of the study variables regarding the ethnic identification group (H1)

The first hypothesis predicted a significant difference of the study variables perceived discrimination, ethnic identity and satisfaction with life between ethnic majority group and ethnic minority groups; with the minority having higher perceived discrimination and ethnic identity, and lower satisfaction with life, than the ethnic majority group.

The perceived discrimination variable has 142 participants for the ethnic majority group with a mean of 13.41 (*SD* = 4.33), and 80 participants for the ethnic minority group with a mean of 17.01 (*SD* = 7.75). An Independent Sample t-test revealed significant difference in the perceived discrimination, $t(107) = -3.84$, $p < .001$ 95% CI [-5.47, -1.74], between majority and minority groups. As expected, minorities reported more perceived discrimination than majorities.

Focusing on the variable ethnic identity, it has 133 participants in the ethnic majority group, with a mean of 3.70 (SD = 0.60), and 73 participants in the ethnic minority group, with a mean of 3.66 (*SD* = 0.75). The Independent Sample t-test didn't reveal significant differences between both groups concerning the present variable $t(204) = .39$, $p = .695$, 95% CI [-1.51, .23]. Finally, the variable satisfaction with life, with a mean of 16.99 (*SD* = 4.50) for the ethnic majority group (*N* = 142) and a mean of 17.05 (*SD* = 4.63) for the ethnic minority group (*N* = 79), didn't significantly differed between groups, $t(219) = -.09$, $p = .464$, 95% CI [-1.31, 1.20].

This way, the hypothesis was only supported for the variable COVID-19 related perceived discrimination (H1a), being that for the other two variables (H1b and H1c) there were no significant difference across the ethnic groups.

4.3. Differences on the level of "concern regarding the COVID-19 pandemic" in terms of the ethnic identification group (H2)

The second hypothesis predicted that the level of "concern regarding the COVID-19 pandemic" would differ between the minority and the majority group, with the minority group presenting more concern. When asked about their level of "concern regarding the COVID-19 pandemic", on a response Likert scale ranging from *1* (= *not worried at all*) to *10* (= *very worried*), the participants presented a mean response of 7.36 (*SD* = 2.15), having the ethnic majority group reveled a slightly higher mean value than the ethnic minority group (*M* = 7.70, *SD* = 2.09; *M* = 6.80, *SD* = 2.14, respectively).

The results of the independent sample t-test indicated a significant difference between groups, $t(207) = 3.11$, $p = .002$, 95% CI [.33, 1.46]. However, contrary to what was expected, the majority expressed more concern than the minority group.

4.4. Moderated mediation model of ethnic identification on satisfaction with life (H3)

In order to test H3, a moderated mediation analysis was performed using PROCESS macro (model 7) in SPSS, to assess the direct and indirect effects of ethnic identification on satisfaction with life through perceived discrimination and moderated by ethnic identity, within the COVID-19 context (see Figure 4.1). Due to missing data, the software only conducted the analysis of 206 participants and automatically deleted 25 out of the total sample of the study.

Figure 4.1

Moderated Mediation Model
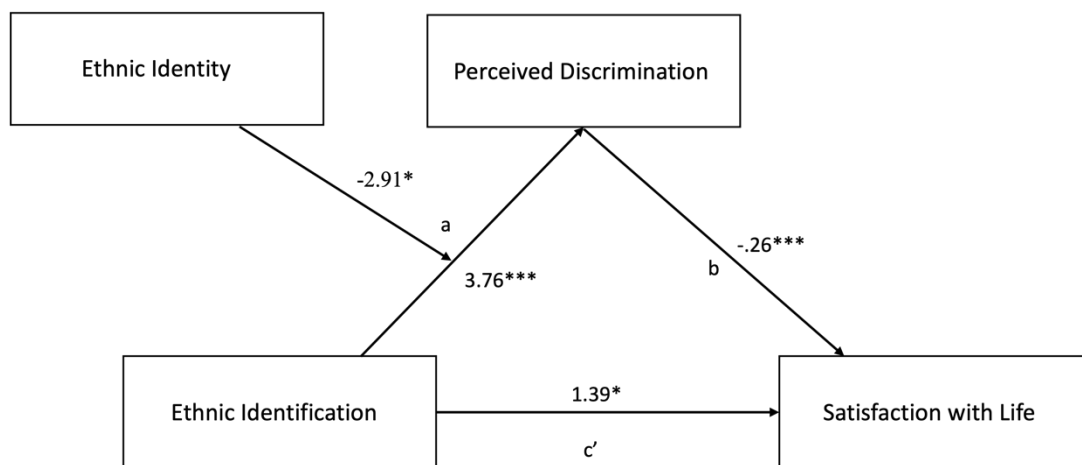
* *p<.05*
*** *p<.001*

The results show a significant effect of the predictor variable (ethnic identification) on the criteria variable (satisfaction with life), i.e., c'-path, B = 1.39, *p* = .042, 95% CI [.05, 2.73]. Ethnic identification also presented a significant effect on the variable perceived discrimination (i.e., the mediator), B = 3.76, *p* < .001, 95% CI [2.04, 5.48], that in turn showed a significant effect on satisfaction with life, B = -.26, *p* < .001, 95% CI [-.37, -.16] (b-path).

Focusing on the moderating effect that ethnic identity has on the effect of ethnic identification on perceived discrimination (a-path), the model is found significant ($F = 5.66$, *p* < .001), being that it explains 15% of the variation of perceived discrimination ($R^2 = .15$). As mentioned, there is a significant main effect of ethnic identification on perceived discrimination, but there is no direct effect of ethnic identity on perceived discrimination (*B* = -.82, *p* = .196). However, the interaction between ethnic identification and ethnic identity is significant, *B* = -2.91, *p* = .02, 95% CI [-5.35, -.47], indicating a significant moderation effect.

This interaction shows that, for the ethnic minority group, higher levels of ethnic identity reduce perceived discrimination, supporting H3. There is no effect of ethnic identity for the ethnic majority group (see Figure 4.2). None the covariables showed to have an effect – i.e., age (B = -.04, *p* = .272), gender (B = -.80, *p* = .374), and academic qualifications (B = -.28, *p* = .603).

Figure 4.2

Moderating effect of ethnic identity in the relation between ethnic identification and perceived
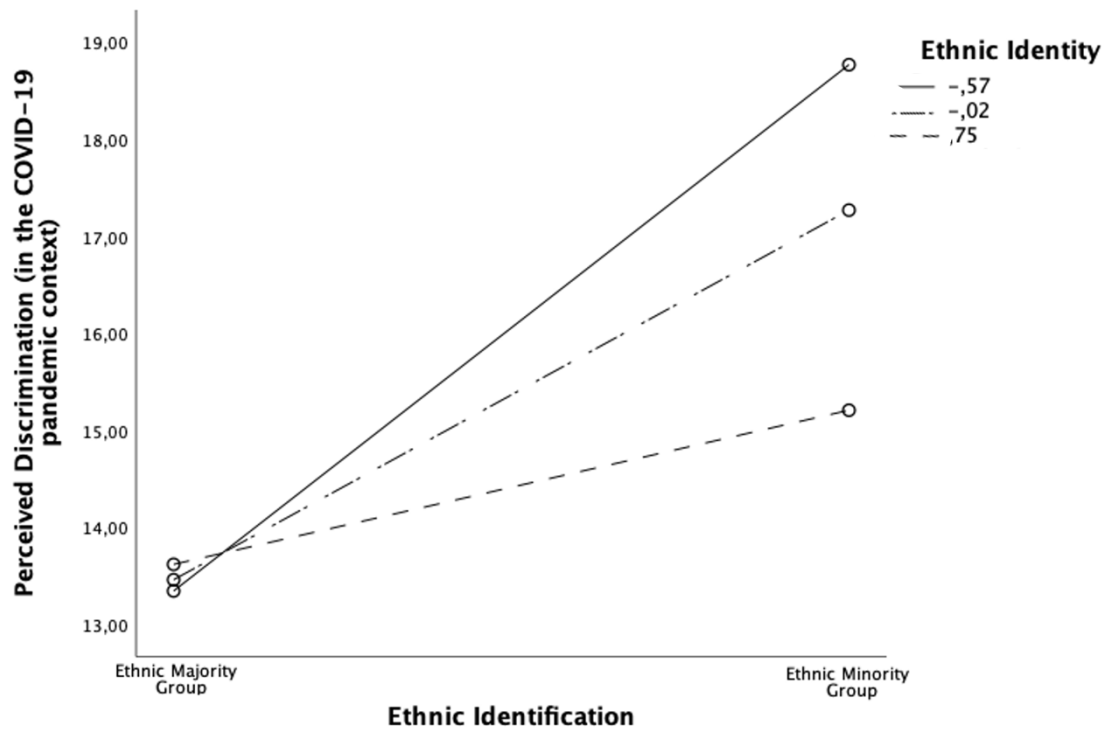
discrimination

The results also show us that when the moderator is low there is a significant relationship between the predictor variable, i.e., ethnic identification, and the mediator, i.e., perceived discrimination, B = 5.43, *p* < .001, 95% CI [3.25, 7.60]. The same continues when the moderator has an intermediate value, B = 3.81, *p* < .001, 95% CI [2.09, 5.53]. However, when the moderator is high, the relation between ethnic identification and perceived discrimination is no longer significant, B = 1.59, *p* = 221, 95% CI [-0.96, 4.14].

CHAPTER 5

Conclusion

5.1. Discussion

The COVID-19 pandemic has been, without question, one of the biggest challenges faced worldwide in the last century. It has impacted us in every single aspect of our lives, from the way we work to the way we interact with others, ultimately this virus has changed our everyday routines for almost two years now. Despite the scientific advances made and the creation of several vaccines to fight the virus, we are still afar from the goal of defeating this virus and mitigating the negative effects it has brough upon us, making us even question if it is possible to experience life as it was before the outbreak ensued. Not only has this pandemic affected our communities directly, considering how many people it has killed and infected, but it also has been aggravation some aspects that were already an issue.

Since COVID-19 emerged, there has been reported an increase of inequality, exclusion, and discrimination, mainly amongst members of social groups that are in the most vulnerable conditions (United Nations Human Rights Office of the High Commissioner, 2020), and that, in most cases, were already stigmatized and discriminated against way before the pandemic situation untangled. Ethnic minorities are one of the most affected groups that have been facing this kind of treatment since the beginning of the pandemic (Litam, 2020; Miconi, et al., 2021; Kantamneni, 2020). This occurrence has not only impacted the way ethnic minorities are treated but has also negatively affected their well-being (Demirtas-Madran, 2020).

Although there has been a significant arise in research on how ethnic minorities have been affected by this pandemic - in several western countries, but mainly in the United States of America (e.g., Cheah et al., 2020; Choi et al., 2020; Ha, et al., 2020; Kantamneni, 2020; Lin & Liu, 2021; Ruiz et al., 2020) - there is not much literature on the topic within the Portuguese context. That said, the present study focused on the impact that COVID-19 has on ethnic minorities in the Portuguese population, comparing to the ethnic majority, in terms of how they perceive to be discriminated against and how that affects their well-being, specifically their overall satisfaction with life. We also analyzed the role that ethnic identity has on that relation, questioning if it can work as a protective element when perceiving discrimination.

This study included a sample with participants from several ethnic minority groups, having congregated all the ethnic minority participants within one single group. This happened due to

the lack of participants that were part of one specific ethnic group. Likewise, for this study a comparison between the ethnic majority group and the ethnic minority group among the Portuguese population was analyzed, while most studies conducted on the COVID-19 context have only focused on ethnic minority groups (e.g., Choi et al., 2016; Litam & Oh, 2020).

Our first hypothesis postulated that there would be differences relatively to the participants' responses on perceived discrimination, ethnic identity, and satisfaction with life, among the ethnic identification groups, with the ethnic minority group showing higher levels of perceived discrimination and ethnic minority, and lower satisfaction with life, when comparing to the ethnic majority group. Studies have showed how ethnic minorities have been reporting higher rates of discrimination (Cheng & Conca-Cheng, 2020; Ha et al., 2020; Liu at al., 2020) and, consequently, lower rates of satisfaction with life when facing that kind of treatment (Lee & Ann, 2011; Choi et al., 2016; Tummala-narra et al., 2018), in comparison to the majority group. It has also show that, because ethnic minorities are usually more discriminated or stigmatized, they tend to develop stronger ethnic identity feelings in order to protect themselves of future negative treatments (Phinney, 2003; Phinney & Chavira, 1995), and therefore maintain a positive well-being (Smith & Silva, 2011).

In line with research, the current study found differences between ethnic minority group and the ethnic majority group for perceived discrimination, within the COVID-19 context. The ethnic minority group reported a significantly higher perceived discrimination, in comparison to the ethnic majority group. Opposingly, the other two variables (i.e., ethnic identity and satisfaction with life) didn't present the same results, as there were no significant differences between the two ethnic groups. That said, the H1 was only partially supported. The results for the variables ethnic identity and satisfaction with life don't follow what previous research has been presenting.

Ethnic identity has been mostly associated and studied among ethnic minorities, and usually related to negative types of treatment towards these groups (e.g., Goodstein & Ponterotto, 1997; Phinney & Chavira, 1995). According to Smith (1991), the development of ethnic identity, in ethnic minorities, involves a primary sense of rejection towards the ethnic group, being that it interchanges from an initial stage of unawareness and lack of differentiation to a stage of ethnic awareness, self-identification and differentiation. For the ethnic majority, the development of their ethnic identity is constantly positively validated and reinforced by the membership group and the society. The author also states that everyone goes through certain stages of ethnic identity development, irrespective of the ethnic status – being that this status will affect the person's movement towards their ethnic identity formation.

Phinney (1992) has stated that individuals from ethnic minorities tend to have a more positive ethnic identity than the majority, being it more salient in their self-concept formation. When comparing ethnic minorities and the majority, research has showed people from ethnic minorities having a higher and more positive ethnic identity than individuals from the ethnic majority group (St. Loius & Liem, 2005; Xu, et al., 2014).

One possible justification for the contrast of our results with previous research could come from confusing the terms ethnicity and nationality and, consequently, ethnic identity with national identity; therefore, the majority group reporting higher levels than it was expected (Molina et al., 2015). The pandemic itself could also have impacted these effects, as dealing with such a lifechanging situation could have increased the way people feel towards their groups.

Focusing on satisfaction with life, the literature has shown us how a person's life satisfaction can be impacted when one particular domain of their lives is challenged (Veenhoven, 1984). Despite the fact that all population is facing this pandemic, that affects several domains of one's life (Dymecka, et al., 2021), ethnic minorities also have to deal with negative treatment. Therefore, and following the studies that show how ethnic minorities' life satisfaction has been negatively impacted because of the discrimination they face, we expected this ethnic group to have report a significantly lower level of satisfaction with life than the ethnic majority. One possibility for these finding is that for the sample of the ethnic minority group not being representative, and so not showing the results expected.

These results come to enlightens the importance of having more research on both ethnic groups.

Similarly, the second hypothesis also tried to understand if there was a difference of the responses on the level of "concern regarding the COVID-19 pandemic" in both ethnic identification groups. Focusing on what research has showed, COVID-19 has been having a greater negative impact on ethnic minorities. Not only they have to deal with being stigmatized or discriminated against, but they also have a higher risk of contracting the virus and developing the COVID-19 disease – due to having other underlying health issues and having poorer living and work conditions (Devakumar & Shannon, 2020). Because of this, it was predicted that there would be a difference on the level of "concern regarding COVID-19" of the ethnic groups, hypothesizing that the ethnic minority group would report higher levels of concern. The results showed that there was a significant difference among the responses of the two ethnic groups, with the majority group reporting a higher concern with the pandemic. Thus, the H2 was only partially supported, because as though there were significant differences among the groups, in

the end the ethnic majority group was the one with higher level of "concern regarding the COVID-19" despite our predictions. These finding don't follow what research has been showing. For example, when exploring the parents' concern about the reopening of schools, ethnic minority parents reported more concern with the mitigation measures, safety and the possible contraction of COVID-19 than the ethnic majority (Gilbert et al., 2020). Alike, Lin and Liu's (2021) research, that focused on older population, found ethnic minorities to express significantly higher concern of the COVID-19 pandemic, due to having more stressors when dealing with the virus – exposure risks or preexisting health conditions.

One aspect that could justify our results are in line with Zhou and Guo's (2021) research. Taking into account that people from the ethnic majority population have, usually, a higher socioeconomic status when comparing to ethnic minorities, they are expected to have more access to resources that can help them cope with the pandemic situation we are currently facing, as well as its related stressors. However, individuals with higher socioeconomic status are also, usually, be more informed about the severity of the situation and therefore show more concern.

Another possible reason lies within risk perception. As people from ethnic minorities have usually a low socioeconomic status, most couldn't afford stop working during the confinement what put them in a situation with higher risk of contracting the virus with less safety measures (Devakumar & Shannon, 2020). According to Slovic (1999), risk is socially constructed, and its assessment is essentially subjective. Each person will see risk differently, and consequently will find the best solution according to the meaning they give to that risk. The same could happened in the present situation, where, because they need to work, they end up lower their preoccupation towards the virus in a way that help them continue their jobs more easily, without being concerned all the time.

Since the beginning of the pandemic, Portugal has reported an increase of experiences of discrimination towards ethnic minorities (CICDR, 2021). Perceived discrimination is known to be a factor that threatens a person's well-being (Wirth & Williams, 2009), in particular if they are a member of a disadvantaged group, like an ethnic minority (Demirtas-Madran, 2020). Ethnic minorities that face discriminatory treatments are shown to present a decrease of life satisfaction (Lee & Ann, 2011; Choi et al., 2016; Tummala-narra et al., 2018).

Previous research has also investigated how ethnic minorities, that often face discrimination or other forms of negative treatment, tend to endure a stronger ethnic identity in a way to be more resilient in those situations (Chae & Foley, 2010; Phinney, 2003) by diminish its effects and help to maintain a positive well-being and grander satisfaction with life (Smith & Silva, 2011). These findings were also found on the pandemic context, where endorsing a

strong ethnic identity indicated to have a buffer effect on ethnic minorities that experience COVID-19-related discrimination – participants with strong ethnic identity presented less negative effect of discrimination on depression and satisfaction with life (Litam & On, 2020).

That way, we investigated a moderated mediation effect, where we hypothesized that the variable perceived discrimination, in the COVID-19 context, would mediate the relationship between ethnic identification and satisfaction with life, and the relationship between ethnic identification and perceived discrimination would be moderated by ethnic identity. We predicted that when the ethnic minority showed higher ethnic identity, they would present lower perceived discrimination. Our finding showed that there is a significant association between ethnic identification with a minority and satisfaction with life. There is also a positive and significant effect of ethnic identification with perceived discrimination, meaning that the more a person identifies with a minority group, more COVID-19-related discrimination they will perceive. In turn, perceived discrimination has a negative and significant association with satisfaction with life – i.e., when the participant reports more perceived discrimination, they will have lower satisfaction with life.

The results also revealed a moderating effect of ethnic identity in the association between ethnic identification and perceived discrimination. More specifically, ethnic identity was a buffer for ethnic minority groups, where higher level of ethnic identity was associated to less perceived discrimination.

These findings go accordingly with other research works, where ethnic minorities that face COVID-19-related discrimination report also lower levels of satisfaction with life (Litam & Oh, 2020, 2021). Previous research has also investigated how ethnic minorities, that often face discrimination or other forms of negative treatment, tend to endure a stronger ethnic identity in a way to be more resilient in those situations (Chae & Foley, 2010; Phinney, 2003) by diminish its effects and help to maintain a positive well-being and grander satisfaction with life (Smith & Silva, 2011). These were also found on the pandemic context, where endorsing a strong ethnic identity indicated to have a buffer effect on ethnic minorities that experience COVID-19-related discrimination – participants with strong ethnic identity presented less negative effect of discrimination on depression and satisfaction with life (Litam & Oh, 2020).

In line with past literature, our study has also demonstrated that ethnic identity has a protective effect for ethnic minority groups, while dealing with discrimination (Phinney & Chavira, 1995), even in the COVID-19 context.

In general, our finding indicate that ethnic minorities have been more impacted during the COVID-19, in terms of how they have been perceiving more discrimination than the majority

of the population. This can sustain the idea that ethnic minorities are being negatively associated to the virus itself (Cheng & Conca-Cheng, 2020; Ha et al., 2020; Liu at al., 2020).

Ethnic identity showed to have a protective effect, as people from ethnic minorities that endured a stronger ethnic identity showed to have reported less perceived discrimination and consequently more satisfaction with life, what could be used as a strategy for future interventions.

5.2. Limitations and Future Research

The present research encountered a few methodological issues that could have impacted the study's results, and, consequently, its validity.

For instance, we encounter some difficulties with the data collection, as it was a challenge to acquire an equal sample of participants from ethnic minorities to the sample of the ethnic majority group. For that reason, the collection of the data took more time than expected, being that it started in March and was only completed in October. This caused the participants to have responded to the questionnaire in different stages of the pandemic, with some having responded during the mandatory confinement and others while the COVID-19-related measures were less restricted. Hence, this could have affected the participants' responses, as they could have given different responses if they participated during a different stage of the pandemic.

In spite of the enlarged time for collecting the data, the ethnic minority group continued to not have an equal sample size to the ethnic majority group. This could also have impacted our results. Moreover, it would be important to further study the topic with a bigger sample size and with equal ethnic groups, to see if the results can be replicated. The same would be essential with a sample that is gender-equal, as the present study has a female population significantly larger than the male population.

Focusing on the results of the participants level of "concern regarding the COVID-19 pandemic" and being that it didn't support our prediction of the ethnic minority group having more concern than the ethnic majority group, it would be important for future research to investigate it further using a more comprehensive measure. Because this study only used one question to measure the participants' concern of the situation, it would be important to use different indicators in order to better understand where exactly lie the differences between the ethnic groups in regards of their level of concern.

Some other limitations to be considered are related to the participants' ethnic identification and their definition of the concept of ethnicity.

First, considering that the understanding of ethnicity can be widely argued, as there is not a universally accepted definition of the concept, it was not controlled what each participant considered ethnicity to be. Therefore, different participants can have different designations of the term, as some can view it as, for example, an extent of their nationality while other may see it as a combination of cultural, historical, and national identity (Carter, 1995). Thus, what a participant appoints as being their identification of ethnicity, can be different from what was anticipated and defined on the present research.

Second, this study only considered if the participant was part of the ethnic majority or the ethnic minority group. Accordingly, it was not analyzed the participants' self-identification to more than one ethnicity. The participants were able to select more than one ethnicity, but in the case that one of the ethnicities chosen was other than the majority, the participant was automatically put in the ethnic minority group. It would be interesting for future research to consider this factor and study the differences between people that only have one ethnicity and people that identify with more than one, to see if the results would differentiate from the ones of the current research. Furthermore, considering that for this study all ethnic minorities were clustered in one single group, due to the small sample size, we further recommend future investigation to analyze these study's effects within specific ethnic minority groups. It is important to mention that because some participants of the ethnic minority group were part of a more dominant and powerful group, the way they answered to the questionnaires could have differentiate from the rest of the group, and therefore have impacted the expected results.

Because most research about this topic is conducted in the United States of America context and it is focused mostly on Asian-Americans, it is important to see if same effects can be seen in different ethnic minority groups and in different contexts to add to literature. It becomes imperative to further analyze the implications that the COVID-19 pandemic has brought to ethnic minorities in a European setting.

Lastly, because the study was conducted in Portugal and within the Portuguese population, the questionnaire was presented in Portuguese. However, the level of understanding the participants had on the Portuguese language was not controlled.

5.3. Conclusion

On the whole, this research examined, within the COVID-19 pandemic context, the experience of perceived discrimination and how it affects one's satisfaction with life, specifically for ethnic minorities (comparing to the majority). It also studied the role of ethnic identity in the

relation. The study obtained support for its mains objectives, reveling a mediating effect of perceived discrimination on the relationship between ethnic identification and satisfaction with life, and additionally a moderated mediation effect, with ethnic identity having a role as moderator.

Our goal was to add to the existing research and fill the gap of this thematic within the Portuguese setting and among its ethnic minorities. Despite the limitations encountered, we consider the present research to have contributed with insight regarding how the COVID-19 pandemic has impacted ethnic minorities in the country and how it has affected their well-being, while serving as a base for future investigation among the Portuguese population. As seen in the present research, and in previous studies (e.g., Chae & Foley, 2010; Litam & Oh), ethnic identity serves as a buffer that significantly mitigates the perception of discrimination reported by ethnic minorities, helping them maintain a more positive satisfaction with life. This is a factor that should be considered when developing future interventive strategies.

As the virus it's still active and there is no ending in sight to this pandemic, it becomes crucial to better understand the impact this has been having on ethnic minorities, in order to develop strategies that help easing the negative effects it has on ethnic minorities and help them improve their well-being.

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Appendix A

CIS◉IUL
CENTRO DE INVESTIGAÇÃO
E INTERVENÇÃO SOCIAL
Instituto Universitário de Lisboa

Impacto da COVID-19 no quotidiano

O presente estudo surge no âmbito de um projeto de investigação a decorrer no **ISCTE – Instituto Universitário de Lisboa**. O estudo tem por objetivo perceber o impacto que a pandemia da COVID-19 tem no modo como percecionamos a vida.

O estudo é realizado por Sarah Costa (sarca@iscte-iul.pt), com a orientação da Professora Cristina Camilo (cristina_camilo@iscte-iul.com), que poderá contactar caso pretenda esclarecer uma dúvida ou partilhar algum comentário.

A sua participação no estudo, que será muito valorizada pois irá contribuir para o avanço do conhecimento neste domínio da ciência, consiste em responder a algumas questões, com uma duração aproximada de 15 minutos. Não existem riscos significativos expectáveis associados à participação no estudo.

A participação no estudo é estritamente voluntária: pode escolher livremente participar ou não participar. Se tiver escolhido participar, pode interromper a participação em qualquer momento sem ter de prestar qualquer justificação. Para além de voluntária, a participação é também anónima e confidencial. Os dados obtidos destinam-se apenas a tratamento estatístico e nenhuma resposta será analisada ou reportada individualmente. Em nenhum momento do estudo precisa de se identificar.

Declaro ter mais de 18 anos e de ter compreendido os objetivos de quanto me foi proposto e explicado pela equipa de investigação, assim como ter-me sido dada oportunidade de fazer todas as perguntas sobre o presente estudo, pelo que aceito nele participar.

○ Aceito participar no estudo

○ Não aceito participar no estudo

Para efeitos de tratamento estatístico, agradecemos que nos dê as seguintes informações:

Com que género se identifica:

○ Feminino

○ Masculino

○ Outro

Idade:

[   ]

Hablitações literárias:

○ 1° ciclo do ensino básico não concluído

○ 1° ciclo do ensino básico

○ 2° ciclo do ensino básico

○ 3° ciclo do ensino básico

○ Ensino Secundário

○ Ensino Superior ou Politécnico

Situação profissional:

○ Estudante

○ Trabalhador/a - Estudante

○ Trabalhador/a

○ Desempregado/a

○ Reformado/a

○ Doméstico/a

○ Outro

Vive atualmente em Portugal?

○ Sim

○ Não

Nacionalidade:

○ Portuguesa

○ Outra

[ ]

País onde nasceu:

○ Portugal

○ Outro

[ ]

País onde a sua mãe nasceu:

○ Portugal

○ Outro

[ ]

País onde o seu pai nasceu:

○ Portugal

○ Outro

[ ]

País onde a sua avó materna nasceu:

○ Portugal

○ Outro

[ ]

País onde o seu avô materno nasceu:

○ Portugal

○ Outro

[ ]

País onde a sua avó paterna nasceu:

○ Portugal

○ Outro

[ ]

País onde o seu avô paterno nasceu:

○ Portugal

○ Outro

[ ]

Tendo em conta a situação de pandemia da COVID-19 em que Portugal se encontra, responda às seguintes questões.

Das seguintes afirmações, indique quais se referem à sua situação face à COVID-19 (assinale as opções que se apliquem):

☐ Sou um/a profissional de saúde, de segurança, de transportes, ou de alimentação

☐ Pertenço a um grupo de risco (doenças crónicas, mais de 70 anos)

☐ Já fiz o teste e estou/estive infetado

☐ Já fiz o teste e não estou infetado

☐ Penso estar infetado, mas ainda não fiz o teste

☐ Conheço pessoas que estão/estiveram infetadas

☐ Estou atualmente em confinamento

☐ Estou atualmente em quarentena (isolamento profilático)

☐ Estou atualmente em isolamento

☐ Conheço pessoas que estão atualmente em isolamento

Durante este período de pandemia da COVID-19 já contactou a linha Saúde 24?

○ Não

○ Sim, por minha causa

○ Sim, por causa de outra pessoa

No caso de estar a trabalhar, indique em que regime de trabalho se encontra:

○ Regime presencial

○ Regime de teletrabalho

○ Regime híbrido (presencial e teletrabalho)

Neste momento... (selecione a opção que se aplica):

○ Saio à rua normalmente, como antes da pandemia

○ Estou principalmente em casa, mas por vezes saio

○ Nunca saio de casa

Se está principalmente em casa, em que situações sai (assinale as opções que se apliquem):

☐ Para ir ao local de trabalho

☐ Para encontrar amigos

☐ Para ir comprar bens essenciais (por exemplo, supermercado, farmácia, etc.)

☐ Para ajudar pessoas que necessitam da minha ajuda para fazer compras (por exemplo, supermercado, farmácia, etc.)

☐ Para fazer exercício

☐ Para levar crianças à escola

☐ Para passear animais de estimação

☐ Outra

Até que ponto está preocupado/a com a pandemia da COVID-19:

1 (Nada preocupado/a)	2	3	4	5	6	7	8	9	10 (Muitíssimo preocupado/a)
○	○	○	○	○	○	○	○	○	○

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Por favor, responda às seguintes questões, selecionando a opção de resposta que melhor reflete a sua situação.

Na sua vida quotidiana, com que frequência as seguintes situações acontecem?

	1 - Nunca	2 - Raramente	3 - Algumas vezes	4 - Muitas vezes	5 - Sempre
Desde que a COVID-19 surgiu, é tratado/a com menos simpatia do que as outras pessoas?	○	○	○	○	○
Desde que a COVID-19 surgiu, é tratado/a com menos respeito do que as outras pessoas?	○	○	○	○	○
Desde que a COVID-19 surgiu, em serviços de saúde, lojas, restaurantes ou noutros serviços é menos bem atendido/a do que as outras pessoas?	○	○	○	○	○
Desde que a COVID-19 surgiu, as pessoas agem como se pensassem que não é inteligente?	○	○	○	○	○
Desde que o COVID-19 surgiu, as pessoas agem como se tivessem medo de si?	○	○	○	○	○
Desde que o COVID-19 surgiu, as pessoas agem como se pensassem que é desonesto/a?	○	○	○	○	○
Desde que o COVID-19 surgiu, as pessoas agem como se fossem melhores do que si?	○	○	○	○	○
Desde que o COVID-19 surgiu, chamam-lhe nomes ou insultam-no/a?	○	○	○	○	○
Desde que o COVID-19 surgiu, é ameaçado/a ou provocado/a?	○	○	○	○	○

Caso tenha selecionado "Algumas vezes", "Muitas vezes", ou "Sempre", em pelo menos uma das questões, por favor, responda à seguinte pergunta.

Qual pensa ser o principal motivo para estes acontecimentos (selecione a opção que se aplica)?

○ Idade

○ Nacionalidade

○ Etnia

○ Nível económico

○ Peso

○ Outro

[   ]

Por favor, leia as seguintes afirmações e selecione a resposta que melhor reflete a sua situação.

	1 - Discordo muito	2 - Discordo um pouco	3 - Não concordo, nem discordo	4 - Concordo um pouco	5 - Concordo muito
A minha vida parece-me, em quase tudo, com o que eu desejaria que fosse.	○	○	○	○	○
As minhas condições de vida são muito boas.	○	○	○	○	○
Estou satisfeito/a com a minha vida.	○	○	○	○	○
Até agora, tenho conseguido as coisas importantes da vida, que eu desejaria.	○	○	○	○	○
Se eu pudesse recomeçar a minha vida, não mudaria quase nada.	○	○	○	○	○

Entre as várias etnias abaixo descritas, escolha aquela (ou aquelas) a que considera pertencer.

- ☐ Africana
- ☐ Alemã
- ☐ Angolana
- ☐ Asiática
- ☐ Brasileira
- ☐ Cabo-verdiana
- ☐ Chinesa
- ☐ Espanhola
- ☐ Guineense
- ☐ Hispânica
- ☐ Indiana
- ☐ Inglesa
- ☐ Japonesa
- ☐ Latina
- ☐ Luso-africana
- ☐ Luso-americana
- ☐ Luso-angolana
- ☐ Luso-brasileira
- ☐ Luso-caboverdiana
- ☐ Luso-espanhola
- ☐ Luso-francesa

- ☐ Luso-guineense
- ☐ Luso-indiana
- ☐ Luso-moçambicana
- ☐ Luso-paquistanesa
- ☐ Luso-romena
- ☐ Luso-santomense
- ☐ Luso-timorense
- ☐ Moçambicana
- ☐ Moldava
- ☐ Muçulmana
- ☐ Paquistanesa
- ☐ Portuguesa
- ☐ Romena
- ☐ Russa
- ☐ São-tomense
- ☐ Senegalesa
- ☐ Timorense
- ☐ Ucraniana
- ☐ Venezuelana
- ☐ Outra _____

Considerando a sua resposta à questão anterior, por favor, leia as seguintes afirmações e selecione a resposta que melhor reflete a sua opinião.

	1 - Discordo muito	2 - Discordo	3 - Nem concordo, nem discordo	4 - Concordo	5 - Concordo muito
Os meus sentimentos face ao meu grupo étnico são maioritariamente positivos.	○	○	○	○	○
Eu passei algum tempo a tentar descobrir mais coisas sobre o meu grupo étnico, tais como a sua história, tradições e costumes.	○	○	○	○	○
Eu pertenço a organizações ou grupos sociais que incluem, maioritariamente, membros do meu grupo étnico.	○	○	○	○	○
Tenho uma noção clara da minha herança cultural e étnica e do que isso significa para mim.	○	○	○	○	○
Gostava de pertencer a um grupo étnico diferente.	○	○	○	○	○
Penso de que forma a pertença ao meu grupo étnico poderá afetar a minha vida.	○	○	○	○	○
Sinto-me contente por pertencer ao meu grupo étnico.	○	○	○	○	○
Eu tenho uma forte sensação de pertença ao meu grupo étnico.	○	○	○	○	○
Eu compreendo muito bem o que a pertença ao meu grupo étnico representa para mim.	○	○	○	○	○
Eu por vezes falo com outras pessoas de forma a aprender mais sobre o meu grupo étnico.	○	○	○	○	○
Tenho muito orgulho em pertencer ao meu grupo étnico.	○	○	○	○	○
Experimentei coisas que refletem a minha etnia, tal como a comida típica, a música e os filmes.	○	○	○	○	○
Eu sinto uma ligação forte com o meu grupo étnico.	○	○	○	○	○
Sinto-me bem relativamente à minha herança cultural e étnica.	○	○	○	○	○

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Muito obrigado por ter participado neste estudo. Conforme adiantado no início da sua participação, o estudo incide sobre o impacto que a pandemia tem no modo como percecionamos a vida, e pretende analisar e perceber de que forma a satisfação com a vida pode ser influenciada pela perceção de estigma associado à situação atual da COVID-19. Deste modo, também, procura-se entender se a identificação com minorias étnicas representa uma influência nesta relação.

Reforçamos os dados de contacto que pode utilizar caso deseje colocar uma dúvida, partilhar algum comentário, ou assinalar a sua intenção de receber informação sobre os principais resultados e conclusões do estudo: sarca@iscte-iul.pt (Sarah Costa).

Mais uma vez, obrigado pela sua participação.

Appendix B

iscte INSTITUTO UNIVERSITÁRIO DE LISBOA

COMISSÃO DE ÉTICA
PARECER[Final] 04/2021

Projeto "*Perceção de estigma e satisfação com a vida no contexto do CO-VID-19*"

O projeto "*Perceção de estigma e satisfação com a vida no contexto do COVID-19*", submetido pela investigadora Sarah Costa, foi apreciado pela Comissão de Ética (CE) na reunião de 18 de dezembro de 2020.

A apreciação do projeto suscitou, porém, algumas reservas plasmadas no Parecer [Intercalar] 131/2020, em relação às quais a investigadora veio agora prestar esclarecimentos adicionais, que a Comissão de Ética entende satisfazerem os requisitos éticos exigíveis.

Em suma, assegurados que se encontram a natureza voluntária da participação, a anonimização dos participantes e a confidencialidade dos dados coligidos, entende a Comissão de Ética emitir parecer favorável à realização da investigação, permitindo, desde já, o início dos trabalhos, sem prejuízo da ratificação deste parecer na próxima reunião.

Relator: Vítor Basto Fernandes

Lisboa, 13 de janeiro de 2021

O Presidente da Comissão, *Professor Doutor Sven Waldzus*

O Relator, *Professor Doutor Vítor Basto Fernandes*