

ARTICLE

Sense of place attitudes and quality of life outcomes among African residents in a multicultural Australian society

Victor Counted 

Western Sydney University

Correspondence

Email: v.counted@westernsydney.edu.au

A special thanks to Western Sydney University School of Social Science and Psychology for funding this research project.

Abstract

The study examines the association between sense of place (SOP) attitudes (e.g., place attachment, place identity, and place dependence) and health-related quality of life (HQOL) in a sample of 261 African residents in New South Wales (Australia). Participants completed measures of the Sense of Place Scale, the World Health Organization Quality of Life-BREF questionnaire, and demographic variables. Study findings are as follows: (a) levels of SOP and place attachment are positively associated with all outcomes of HQOL; (b) place identity is also positively related to HQOL in terms of better environmental health, psychological health, and physical health, but not statistically significant for social relationship and general QOL; (c) place dependence is statistically associated with outcomes of HQOL, except for general QOL which remained insignificant in both the unadjusted and adjusted models. Further ad hoc analyses suggest that African residents from Eastern Africa are more likely to develop the "aussie" place identity than those from Central Africa; and (e) African migrants who have been residents of Australia for more than 5 years, and those who are less educated are more likely to have a stronger SOP and to develop place attachment and behavioral place commitments compared with newly arrived and educated migrants, respectively. Study limitations and implications are carefully discussed.

1 | INTRODUCTION

A growing amount of literature shows that sense of place (SOP) attitudes are associated with quality of life (QOL) outcomes (e.g., Brehm, Eisenhauer, & Krannich, 2004; Joaquim, João, & Pereira, 2013; Randell, Kitchen, & Williams, 2008). However, much of the literature has focused on rural and urban residents (e.g., Gattino, De Piccoli, Fassio, & Rollero, 2013; Tartaglia, 2013; Rollero and Piccoli, 2010), individuals with severe mental illness (e.g., Marcheschi, Laike, Brunt, Hansson, & Johansson, 2015), university students (e.g., Scannell & Gifford, 2017), and older adults (Afshar, Foroughan,

Vedadhir, & Tabatabaei, 2017). Far less empirical research has been carried out to investigate cross-cultural aspects of SOP attitudes in relation to outcomes of QOL, especially among migrant populations in the West such as the African diasporas.

In light of the fairly large amount of literature demonstrating the role of place experiences in environmental psychology and human geography (Altman & Low, 1992; Jorgensen & Stedman, 2001, 2006; Manzo & Devine-Wright, 2013; Scannell & Gifford, 2010a, 2010b), the dearth of empirical research on associations with aspects of well-being and HQOL outcomes among African diaspora populations represents a considerable gap. This research-gap is seen in the understanding of SOP attitudes as cross-cultural and health-related support avenues for fulfilling needs for autonomy, identity formation, attachment, and community integration among minorities and migrant groups (Lewicka, 2008; Low & Altman, 1992).

The present study investigates these empirical gaps by drawing on recent conceptual insights from SOP attitude theory to examine the relationship between SOP attitudes and health-related quality of life (HQOL) outcomes in a sample of African residents in New South Wales (Australia). Building on Lalli's (1992) SOP theory, the present study shows that attitudes of SOP, in terms of place attachment (Altman & Low, 1992), place identity (Proshansky, Fabian, & Kaminoff, 1983), and place dependence (Stokols & Shumaker, 1981), are not only crucial for understanding the positive attributes and nature of place but also important human-environment experiences that are related to health-related quality of life (HQOL) among African migrants.

1.1 | SOP as a multidimensional concept

SOP is a multidimensional framework, grounded in attitude theory, that represents emotions (e.g., feelings), beliefs (e.g., perceptions), and behavioral patterns (e.g., intentions and commitments) that are connected to a particular geographic environment (Jorgensen & Stedman, 2001, 2006). This concept reveals the complex relationships between people-place bonds and characteristics of a place that are represented as cognitive, affective, and conative processes (Low & Altman, 1992; Proshansky, 1978; Proshansky et al., 1983; Stokols & Shumaker, 1981). Over the past couple of years, this multidisciplinary approach to *place* has accommodated several complex and ambiguous definitions, for instance, as *place attachment* (Low & Altman, 1992; Moore & Graefe, 1994), *place identity* (Proshansky et al., 1983), and in terms of *place dependence* (Stokols & Shumaker, 1981). Shamai (1991) and Jorgensen and Stedman (2001) describe these three place concepts under the umbrella term "sense of place," suggesting an understanding of place that involves emotional attachment, cognitive identity development, and conative dependency. These multidisciplinary conceptualizations aim at positioning place as a center of meaning making and fields of care that are constructed in terms of the physical environment, human activities, and through the sociopsychological effects of a particular place (Relph, 1997; Stedman, 2002).

In understanding SOP as a general attitude toward a geographic setting, Stedman and Jorgensen (2006) argue that attitude research conceptualizes human behaviors based on instrumental and consummatory values. The former examines behaviors that are driven by strong cognitive attitudes, whereas the consummatory aspects emphasize the emotional triggers of attitudes (e.g., Tesser, Martin, & Mendolia, 1995; Wilson et al., 1989). In other words, attitudes toward a significant object can be expressed based on cognition or as an affect-based demonstration.

This understanding of attitude theory also influences the way we view SOP attitudes in terms of human emotions, behaviors, and cognitions. Studies have shown the complex operations of emotional and cognitive response systems (e.g., Kempf, 1999; van der Pligt, Zeelenberg, van Dijk, de Vries, & Richard, 2008). These complex formulations in terms of affect-based and cognitive place attitudes are also associated with each other, depending on a number of confounding factors that are of importance in urban planning and management techniques when addressing issues related to the environment. According to Stedman and Jorgensen (2001), the multidimensional approach to SOP promotes a better understanding of place in dealing with complexities associated with place change and mobility. The concept of SOP, therefore, expresses three place-specific attitudes in terms of "emotions [place attachment], beliefs [place identity], and behavioral commitments [place dependence]" (Jorgensen & Stedman, 2006, p.317).

1.1.1 | Place attachment

Place attachment emphasizes the positive and meaningful attributes of emotional connection to place in fulfilling people's fundamental needs and improving well-being (Low & Altman, 1992; Scannell & Gifford, 2010a, b). Human geographer Relph (1976) positions this aspect of SOP as a universal connection that fulfils the felt need for security in adults and thus an integral part of people's lives. This conceptualization of adult 'felt security' aligns with Sroufe's (2005) treatment of adult attachment theory. Sroufe demonstrates how older children and adults have a much stronger cognitive capacity than infants, which enables them to develop surrogate attachments through imagined and visual connections with objects of attachment. I propose that *place* is one example. Unlike infants, who rely on the physical interaction with their caretakers to develop attachment bonds, adults depend upon the knowledge of the whereabouts of imaginary objects of attachment like geographic settings for their attachment satisfaction (Scannell & Gifford, 2014, 2016, 2017).

There are some overlaps between key aspects of place attachment and the basic principles of interpersonal attachment. According to Scannell and Gifford (2014), both place attachment and interpersonal attachment respectively involve maintaining physical or symbolic proximity to an important place or person, thus offering a sense of security and safety (e.g., Brown, Perkins, & Brown, 2003; Lewicka, 2010). While infants develop attachment proximity to their caregivers in interpersonal attachment processes through clinging toward them (Bowlby, 1969/1982; Ainsworth, 1967), physical proximity in place attachment may be experienced through purchasing a home in a particular city, displaying photos of an important place (Ryan & Ogilvie, 2001), visiting a particular place on a regular basis (Kelly & Hosking, 2008), visualizing an important place (Scannell & Gifford, 2017), or, in extreme situations, refusing to leave a place even when it is under threat (Donovan, Suryanto, & Utami, 2012; Billig, 2006).

The above-mentioned experiences facilitate affective processes that lead the individual to perceive a place as a haven of safety and a secure base from which to explore the world of danger (Brown et al., 2003; Lewicka, 2010). SOP in the (place) attachment domain stresses the importance of natural and physical characteristics of a place that draw people to such a setting. These may include, but are not limited to architecture, graffiti, spatial level, wildlife, buildings, and pathway layout (Counted, 2016; McAuliffe, 2012). This kind of attachment can be seen among tourists and visitors to a place who may be fascinated by its landscape and natural elements (Ramkissoon, Smith, & Kneebone, 2014). For instance, being drawn to the beautiful savannah of Africa, the Great Barrier Reef in Cairns northeastern Australia, or even to the ancient historical buildings and architecture of Europe. These examples present place as an important psychological locus of human interaction that facilitates desired psychological experiences in relation to the resources, settings, and character of a place (Stokols & Shumaker, 1981; Eisenhauer, Krannich, & Blahna, 2000).

However, although place attachment might generally have a positive impact, it could also be negative. Billig's (2006) treatment of PA and risk perception among Jewish settlers in Gaza region affected by hostilities show that place attachment can be associated with a sense of entitlement in troubled regions. Billig came to the conclusion that in spite of the hostilities in the Gaza region, Jewish settlers were found to have a strong attachment to the place, one related to their firm religious ideology of holding on to their Jewish lands, irrespective of the consequences. Other examples are the alt-right or neo-Nazi factions in the United States of America, most of whom have a strong attachment to their country, which is not healthy for society. This goes to show that attached individuals may constitute nuisance to society due to their heightened sense of community there, and to some extent this strong attachment may have a negative effect among those groups on the margins (e.g., migrants, Muslims, diasporas) who are attempting to hold onto their cultural identity. In addition, having a SOP attachment have been found to be associated with emotional distress regulation and severe mental illness, although the extent of this relationship is not quite clear (Korpela, 1989).

1.1.2 | Place identity

Place identity can be described as an aspect of self-identity, which develops over a period of time in a spatial setting (Proshansky et al., 1983). It may enhance self-esteem (Korpela, 1989) and increase one's sense of belonging in a particular place (Tuan, 1980). Jorgensen and Stedman (2001, 2006) saw place identity as the cognitive response or attitude to a place, and a form of self-identification with a place that emphasizes Seamon's (2012, 2014) *genius loci* in his place

phenomenology. *Genius loci* is the essence and distinctive atmosphere of a place or the *character* of place. Place identity simply suggests the unique atmosphere of a place in terms of how a setting influences individual character, leading to the development of identity of the place.

Scannell and Gifford (2010) also reason that place identity has a cognitive function in that it is related to how people personalize and embody the character and language of a place through cognitive processes. An example of this is when a migrant, after living in a foreign place for years, learns how to speak the language of the place or assimilates their accent, thus immersing him/herself into the *modus operandi* of the natives and embodying the identity and culture of the place.

Although developing place identity is a positive thing for individuals on the margins of the society (e.g., migrants, Muslims, diasporas), it is possible that this group of individuals may be forced to acculturate or belong in a migration context. This is highlighted in neighborhood sense of community literature (e.g., McMillan & Chavis, 1986; Nowell & Boyd, 2014) because it is possible that individuals without a SOP identity may fall between cracks of society or further pressed to the outside since they are forced to acculturate. A case in point is the Australian government that introduced new immigration measures such as proficiency in English skills (70% pass mark in the Pearson Tests of English), which is required of migrants of all backgrounds to be eligible for permanent residency and citizenship. The Australian Citizenship Minister warned that “new migrants living in ‘cultural bubbles’ need to improve their English skills” (Belot, 2018). Place identity can be an indication of negative SOP because of what it represents. Therefore, it is possible that place identity may represent a form of neo-colonialism and be negatively related to maintaining the cultural identity of a group in a space that represents the “oppressor.”

1.1.3 | Place dependence

Place dependence, as an aspect of SOP, portrays the functional process of the place experience. This dimension of SOP is embodied in the value of place, particularly the features and resources that a place represents, which supports specific desired needs and activities (Schreyer, Jacob, & White, 1981; Jorgensen & Stedman, 2001, 2006). This dimension focuses on the behavioral interactions that occur in a place, which are important to individuals and groups in that place (Scannell & Gifford, 2010a; Seamon, 2014; Counted, 2016). Jorgensen and Stedman conceptualized this aspect as the “perceived behavioral advantage” of a place in relation to other places (2001, p.238). This is also referred to as the *process dimension* (e.g., Scannell & Gifford, 2010b) and described as *people-in-place* (e.g., Seamon, 2014), which suggests that place dependence is an ongoing behavioral relationship with a special place that supports life goals and preferred activities.

Before a place identity is developed, the individual is likely to have experienced place dependence, wherein they become drawn to a place on the basis of activities, resources, or contacts in the setting that make up the world in which they involve themselves. An example of this is having to depend on a place because you earn your living there and depend on the salary you receive as an employee of an organization based in a particular place. Several studies support the multidimensionality of SOP (e.g., Jorgensen & Stedman, 2001, 2006), which are consistent with results found in studies in social psychology (e.g., Bagozzi, Tybout, Craig, & Sternthal, 1979; Breckler, 1984), demonstrating validity among components of attitude that are related to emotions, cognitions, and behaviors.

1.2 | SOP and QOL

Studies conducted by Kuller (2004) and Marcheschi et al. (2015) have shown that SOP affords a meaningful advantage that translates people–place experiences into set goals for negotiating QOL. This proposition is well documented in the human–environment interaction model (Kuller, 2004; Marcheschi et al., 2015). According to Marcheschi and colleagues, this model considers emotions as the outcome of both physical and symbolic interactions within the environment. These interactions are “experienced by the individual as positive or negative and can directly influence...perception, cognition, and behaviour” (Marcheschi et al., 2015, p. 147).

Several studies have linked these interactions in terms of positive and negative environmental effects to QOL outcomes (e.g., Marcheschi et al., 2015; Scannell & Gifford, 2016; Rollero & De Piccoli, 2010). According to Hornquist

(1982) QOL is the degree of one's needs satisfaction. It is a broad ranging concept "affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, and their relationship to salient features of their environment" (WHOQOL Group, 1995, p. 1404). It covers several aspects of life and individual needs that constitute aspects of life (e.g., psychological well-being, physical health, environmental quality, and social relationships) that contribute to one's overall experience (Skevington, Lotfy, & O'Connell, 2004; Walker, 2010; WHOQOL Group, 1998).

Several studies have reported on the relationship between dimensions of SOP and domains of QOL. For example, Prezza and Costantini (1998) reported that SOP is a predictor of social well-being, and Rollero and De Piccoli (2010) recorded correlations between measures of place attachment and social well-being, pointing to how life satisfaction is directly influenced by social integration and being a member of a community. Tartaglia (2013) found that the quality of social relations in a place promotes QOL in an urban environment. These findings are similar to that of Gattino et al. (2013), who reasoned that QOL is largely influenced by one's sense of community and not by their attachment to that community. Gattino and colleagues showed how QOL is better for people who live in small towns, compared with people who live in big cities, as a result of their sense of community in such places.

In asking respondents to visualize their own places of attachment in an experimental design, Scannell and Gifford (2017) saw most of their respondents pointing to significant places in their own lives that had much to do with priming their feelings of "belonging, memories, relaxation, positive emotions, activity support, comfort-security, personal growth, freedom, entertainment, connection to nature, practical benefits, privacy, and aesthetics" (p. 256). These categories of benefits suggest a range of place qualities that contribute to overall experience of well-being and QOL. Scannell and Gifford went further, showing how these affective and cognitive response systems are activated in order to enhance psychological needs satisfaction, suggesting that such supportive resources can take the form of emotional, informational, companionable, or tangible/intangible dimensions.

1.3 | SOP and other factors

A place may have a significant effect on people because of factors other than those listed above, and the reverse of SOP could trigger emotional distress in those who are dissatisfied with a place or have lost their attachment (Fullilove, 1996). This kind of negative place experience has been studied in disaster psychology (Brown & Perkins, 1992; Cox, & Perry, 2011; Aten, O'Grady, Milstein, Boan, & Schrubba, 2014), where the disruption of people's SOP, and forced displacement, demonstrate how fundamental geographic settings are to the human experience and in forging meaning in everyday life.

Brown and Perkins (1992) note that the loss of SOP through disasters, burglaries, or voluntary relocations can create a stressful period of disruption "followed by a post-disruption phase of coping with lost attachments and creative new ones" (p. 279). According to Ng (1998), this same experience can be seen in migration contexts where migrants learn to adapt to a new place, coping with an unfamiliar culture: the initial stages of place adaptation, leading to migrant's SOP. In addition, Kudryavtsev, Krasny, and Stedman (2012) found that urban environmental education was associated with SOP and place meaning but did not strengthen students' place attachment because of the tension associated with schooling and academic life in general (Kudryavtsev et al., 2012).

Women and men may also experience their SOP differently. For example, studies show that women are often drawn to the interpersonal qualities of place and may have a stronger SOP than men, who are frequently drawn to places that serve as sources of welcome solitude and privacy (De Wit, 2001). Giuliani, Ferrara, and Barabotti (2003) have also reported on the effects of SOP in regard to well-being, arguing that the lack of SOP, in terms of place mobility, may lead to dissatisfaction with place. The experience of place disruption, place adaptation, lack of *ownership* in a place, urban education, gender, migration factors, among other reasons, may be examples of common denominators weakening or strengthening the intensity of place bonds and SOP. These confounding factors may have significant effects on SOP and affect QOL outcomes.

Indeed, SOP is relevant to the study of QOL outcomes. Assessing QOL in relation to experiences of SOP can be an important research objective for three reasons. First, it points to the place experience of the residents with the

goal of promoting what Meyer and Own (2008) referred to as a “resident-centred care” and “home-like” environments (Bogatz, 2014). Second, determining the success or failure of urban planning and management strategies would require a careful evaluation of the residents’ QOL in relation to their SOP. Third, despite its importance, the way in which SOP, among the African diaspora, is related to QOL remains unclear.

Although several studies have provided empirical insights for our theoretical propositions, much of the empirical research have focused on specific contexts, for example, with Jewish settlers’ experience of Gaza (Billig, 2006; Billig, Kreitler, Zhadanovsky, & Alkalay, 2016), experience of individuals with mental illness in Sweden (Marcheschi et al., 2015), and Italian residents’ perception of QOL (Rollero & De Piccoli, 2010). In addition, other studies have examined rural West community attachment perceptions (Brehm et al., 2004), neighbourhood stability in Saskatoon in relation to perceptions of QOL (Randell et al., 2008), and tourists’ assessment of island destinations (Ramkissoon, 2016; Ramkissoon et al., 2014).

Taken together, we hypothesize that (H1) measures of SOP attitudes among African residents in New South Wales (Australia) will be positively associated with measures of QOL outcomes and (H2) the same measures of SOP attitudes will be statistically related to the sociodemographic background of respondents.

2 | METHOD

2.1 | Sample

Hypotheses are tested using cross-sectional data on a sample of 261 African residents of Australia who are active members of different religious and cultural African transnational communities in New South Wales. Transnational communities aim at promoting interaction that connects people and institutions across the borders of homelands and, consequently, around the globe (Vertovec, 2000). This kind of interconnectedness is applicable to migrant groups, especially within the African diaspora community in Australia and can take the form of religious and cultural transnationalism.

The sample comprised African residents who are originally from sub-Saharan Africa regions: eastern Africa (2.4%), western Africa (58.4%), southern Africa (38.88%), and central Africa (0.4%). Roughly half of the sample is female (54%), and the average age for the total sample is about 37 years. Of the sample, 81% are university graduates, whereas 19% had high school education or less. Of all the sample, 70% have been Australian residents for more than 5 years, whereas 30% are newly arrived migrants who have been residents of Australia for less than 5 years. Concerning relationship status, 62% of the sample are married, 32% are single, and the remaining 6% are either divorced, separated, or widowed.

Members of the African diaspora community in New South Wales were selected for this study, given the growing population of this community in this region. New South Wales hosts the second-to-the-largest population of Africans (37, 735) in Australia (after Victoria), according to the 2016 report by the Australian Bureau of Statistics. This number is likely to double within the next decades because of the effects of globalization. This study positions New South Wales as an important place of modernity in terms of understanding the main effects of SOP attitudes on HQOL outcomes among the African diaspora population in Australia.

2.2 | Procedure

Before data collection (November 2016 to May 2017), the study was approved by the Human Research Ethics Committee, Western Sydney University. A snowball sampling design was adopted for the collection of data from a sample of 261 respondents within African diaspora communities in New South Wales, Australia. This nonprobability sampling technique has been recommended (Southern et al., 2013; Renzaho, Bilal, & Marks, 2013) for studying migrant and hard-to-reach populations because it is based on recruiting respondents from existing community structures.

Respondents congregated for weekly religious meetings and cultural events targeted at enhancing community integration through cultural exhibitions and town hall meetings and encouraging the community through motivational talks and religious teachings. I toured around several African communities in New South Wales and participated in

TABLE 1 Basic descriptive statistics for main study variables [N = 261]

| Variable descriptors | α | M | SD | Minimum | Maximum |
|--|----------|-------|-------|---------|---------|
| <i>Dependent variables: Sense of place scales</i> | | | | | |
| Sense of place | .80 | 3.428 | 0.558 | 1 | 5 |
| Place attachment | .81 | 3.608 | 0.769 | 1 | 5 |
| Place identity | .67 | 3.382 | 0.764 | 1 | 5 |
| Place dependence | .72 | 3.435 | 0.757 | 1 | 5 |
| <i>Independent variables: Quality of life scales</i> | | | | | |
| Environmental health | .79 | 3.982 | 0.571 | 1 | 5 |
| Psychological health | .76 | 3.717 | 0.474 | 1 | 5 |
| Physical health | .77 | 3.774 | 0.693 | 1 | 5 |
| Social relationship quality | .71 | 4.030 | 0.773 | 1 | 5 |
| General quality of life | .63 | 4.864 | 0.480 | 1 | 5 |

Note. M = mean; SD = standard deviation.

the weekly events and meetings organized by respective community groups. In doing so, I also interacted with members of the local community and built a relationship with the leaders of these respective groups. After participating in their cultural and religious events, I informed the respective leaders about the study.

On consenting to participate, community leaders informed their group members about the study and a date was arranged for the data collection. On that day, I was invited to the meetings and given a few minutes to address the community and explain the objective of the study. The respondents were told that the study was looking at how their experiences in the Australian environment were related to their QOL. The respondents were then invited to complete the self-report questionnaires and over 450 showed interest in doing so by requesting a questionnaire. About 192 respondents completed the questionnaires on the spot and 67 returned theirs to me the following week. In addition, two of the questionnaires were mailed to my university address. In total, only 261 respondents returned their completed questionnaires, and the cross-sectional data were screened and entered into SPSS for preliminary analyses.

2.3 | Measures

2.3.1 | Dependent variables: QOL outcomes

QOL is assessed using the World Health Organization Quality of Life-BREF (WHOQOL Group, 1998). Mean average scores for variables are summarized in Table 1. Four outcomes of HQOL (physical health, psychological functioning, environmental health, and social relationship state) and general QOL were measured.

Physical health is the state of physical well-being that is determined based on the functionality of all internal and external body parts, tissues, and organs, which enable a person to be physically fit to perform their daily routines (Anokye, Trueman, Green, Pavey, & Taylor, 2012). This scale contains five items that include questions such as "Do you have enough energy for your everyday life?", "How well are you able to get around?", and "How satisfied are you with your sleep?"

Psychological functioning focuses on a person's ability to achieve their own goal of self-actualization in relation to their mental health, emotional well-being, and behavior (Limbos, Joyce, Chan, & Kesten, 2000). This domain includes five statements such as "To what extent do you feel your life to be meaningful?", "How well are you able to concentrate?" and "Are you able to accept your bodily appearance?"

Environmental health has much to do with how aspects of the natural and built environment may affect an individual's perceptions of QOL (Meyer & Owen, 2008). The environmental health scale contains eight items such as "How safe do you feel in your daily life?", "How healthy is your physical environment?", "Have you enough money to meet your needs?", and "How available to you is the information that you need in your day-to-day life?"

Social relationship state concerns the relationship connections and social ties that exist between people, in terms of quality of relationships, social integration, social networks, and social isolation, which are important factors influencing individual health and QOL (Umberson & Montez, 2010). This scale contains three items: "How satisfied are you with your personal relationships?", "How satisfied are you with your sex life?", and "How satisfied are you with the support you get from your friends?"

General QOL has much to do with satisfaction with key psychological, environmental, physical social life areas that enhance a general sense of well-being (Chibnall & Tait, 1990; Vandergriff, 1995). Two items are used to assess general QOL: "How would you rate your quality of life?" and "How satisfied are you with your health?"

Participants rated the items on a 5-point scale ranging from 1 (*not at all*) to 5 (*completely*). Higher scores in each of the outcomes suggest better QOL, whereas lower scores reflect poor QOL outcomes. Items demonstrated satisfactory Cronbach's reliability alpha levels: psychological health ($\alpha = .76$; mean $[M] = 3.72$, standard deviation $[SD] = 0.47$); environmental health ($\alpha = .79$; $M = 3.98$, $SD = 0.57$); physical health ($\alpha = .77$; $M = 3.77$, $SD = 0.69$); social relationships ($\alpha = .71$; $M = 4.03$, $SD = 0.77$); and general QOL ($\alpha = .63$; $M = 4.86$, $SD = 0.48$).

2.3.2 | Independent variables: SOP attitudes

SOP is measured as a multidimensional construct using the 16 items from the Sense of Place Scale (Jorgensen & Stedman, 2001), which taps on the three SOP attitudes discussed in our literature review. Each of the SOP domains (place attachment, place identity, and place dependence) contains four items. We summed items from the three domains to generate a fourth variable, which is the total score of SOP ($\alpha = .80$; $M = 3.43$, $SD = 0.56$). Previous studies by Jorgensen and Stedman (2006) show reliable Cronbach's alphas for all SOP subscales ($\alpha = .76$ to $.87$) for owners of properties toward their place of residence. Their studies suggest intercorrelations between the subscales. Nonetheless, all subscales of SOP in this study demonstrate satisfactory Cronbach's alpha reliability: place attachment ($\alpha = .81$; $M = 3.61$, $SD = 0.77$), place identity ($\alpha = .67$; $M = 3.38$, $SD = 0.76$), and place dependence ($\alpha = .72$; $M = 3.44$, $SD = 0.76$).

Specific items for these variables are as follows: place attachment ("I feel relaxed when I'm in Australia," "I feel happiest when I'm in Australia," "This place is my favourite place to be," and "I really miss Australia when I'm away for too long"); place identity ("Everything about Australia is a reflection of me," "I feel that I can really be myself in Australia," and "Australia reflects the type of person I am"); and place dependence ("Australia is the best place for doing the things that I enjoy most," "For doing the things that I enjoy most, no other place can compare to Australia," "Australia is not a good place to do the things I most like to do," and "As far as I am concerned, there are better places to be than in the Australia"). Two negatively worded items in the place dependence scale were reverse-coded based on the instructions of Jorgensen and Stedman (2001). Participants rated the items on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores indicating a strong SOP and lower scores suggesting a weak SOP.

2.3.3 | Sociodemographic factors

Variables were controlled for sociodemographic background factors in the regression models to help in understanding the association between SOP attitudes and QOL outcomes in the study sample ($N = 261$). Age ($M = 36.9$, $SD = 11.7$) was included as one of the study sociodemographic variables with range of 16 to 71 years. Other sociodemographic variables are as follows: gender (1 = male, 2 = female); relationship status (1 = single [or not in a relationship], 2 = married [or in a relationship], 3 = divorced, widowed, or separated); education background (1 = high school or less, 2 = tertiary [college or university] education); length of residence (1 = less than 5 years, 2 = more than 5 years); and region of origin/birth (1 = central Africa, 2 = eastern Africa, 3 = western Africa, 4 = southern Africa).

2.4 | Analytical strategy

The acceptable reliability coefficient was met for all study variables (see Table 1). Data were analyzed using SPSS (version 24). Table 1 presents descriptive statistics with a summary of the study data with the percentiles and variable means. Tables 2 and 3 present the results of univariate and multivariate analyses that were calculated to examine the

TABLE 2 Standardized estimates [95% confidence interval] for sense of place attitudes among African residents in New South Wales by sociodemographic background factors [N = 261]

| Variables | Sense of place | | Place attachment | | Place identity | | Place dependence | |
|----------------------------|----------------------|-----------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|-----------------------|
| | Model 1 [95% CI] | Model 2 [95% CI] | Model 1 [95% CI] | Model 2 [95% CI] | Model 1 [95% CI] | Model 2 [95% CI] | Model 1 [95% CI] | Model 2 [95% CI] |
| Age | .036 [-.004, .007] | .026 [-.005, .007] | .009 [-.007, .008] | -.025 [-.010, .007] | .017 [-.007, .009] | .027 [-.006, .010] | .039 [-.005, .010] | .007 [-.010, .011] |
| Education level | | | | | | | | |
| High school or less | Ref | Ref | Ref | Ref | Ref | Ref | Ref | Ref |
| Tertiary education | -.091 [-.579, .328] | -.135 [-.356, .017]** | -.187 [-.981, .267] | -.138 [-.496, .030]** | .134 [-.370, .877] | -.053 [-.334, .132] | -.089 [-.784, .449] | -.145 [-.508, .037]** |
| Gender | | | | | | | | |
| Female | Ref | Ref | Ref | Ref | Ref | Ref | Ref | Ref |
| Male | .511 [-.530, 1.671] | .113 [-.010, .263] | .457 [-.810, 2.219] | .123 [.002, .377]* | -.149 [-.174, 1.28] | .121 [-.008, 1.233]* | .816 [-.256, 2.729] | .065 [-.089, .285] |
| Relationship status | | | | | | | | |
| Divorced/widowed/separated | Ref | Ref | Ref | Ref | Ref | Ref | Ref | Ref |
| Single | .499 [-.045, 1.242] | .152 [-.099, .464] | .305 [-.387, 1.394] | .206 [-.047, .728] | .190 [-.573, 1.195] | .065 [-.276, .487] | .539 [.002, 1.750]* | .505 [-.054, 1.698] |
| Married | .546 [-.014, 1.263] | .186 [-.053, .479] | .278 [-.445, 1.320] | .162 [-.112, .622] | .284 [-.433, 1.320] | .167 [-.102, .623] | .573 [.021, 1.754]* | .533 [-.043, 1.696] |
| Length of residence | | | | | | | | |
| Less than 5 years | Ref | Ref | Ref | Ref | Ref | Ref | Ref | Ref |
| More than 5 years | .587 [.156, 1.256]** | .059 [-.075, .217] | .504 [.076, 1.597]** | .126 [.005, .413]* | .257 [-.335, 1.180] | -.082 [-.336, .066] | .557 [.161, 1.656]** | .080 [-.072, .332] |
| Region of Origin | | | | | | | | |
| Central Africa | Ref | Ref | Ref | Ref | Ref | Ref | Ref | Ref |
| Eastern Africa | .149 [-.004, 1.108]* | .137 [-.038, 1.058] | .067 [-.423, 1.113] | .055 [-.473, 1.038] | .163 [.065, 1.582]** | .159 [.059, 1.552]** | .452 [.012, 1.521]* | .093 [-.149, 1.089] |
| Western Africa | .178 [-.143, .542] | .141 [-.171, .487] | .022 [-.440, .506] | -.018 [-.483, .426] | .212 [-.142, .793] | .200 [-.140, .756] | .243 [-.095, .835] | .072 [-.082, .301] |
| Southern Africa | .112 [-.220, .477] | .072 [-.252, .418] | -.061 [-.577, .385] | -.105 [-.628, .296] | .100 [-.318, .634] | .089 [-.316, .597] | .170 [-.207, .739] | -.055 [-.281, .110] |

Note. CI = confidence interval; Ref = reference group; Model 1 = unadjusted estimates; Model 2 = adjusted estimates.

This table summarizes the results on the association between sociodemographic factors and sense of place attitudes (adjusted for length of stay, region of origin, and relationship status; models included control for sociodemographic variables with $p < .10$).

* $p < .10$. ** $p < .05$. *** $p < .001$.

TABLE 3 Standardized estimates [95% confidence interval] for scales of sense of place attitudes and quality of life outcomes, adjusted for sociodemographic variables [N = 261]

| Variables | Sense of place | | Place attachment | | Place identity | | Place dependence | |
|-------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| | Model 1 [95% CI] | Model 2 [95% CI] | Model 1 [95% CI] | Model 2 [95% CI] | Model 1 [95% CI] | Model 2 [95% CI] | Model 1 [95% CI] | Model 2 [95% CI] |
| Environmental health | .219 [.102, .346] ^{***} | .223 [.101, .335] ^{***} | .281 [.221, .537] ^{***} | .276 [.212, .531] ^{***} | .129 [.009, .334] ^{***} | .137 [.021, .345] ^{**} | .145 [.032, .353] ^{**} | .133 [.013, .341] ^{**} |
| Psychological health | .234 [.135, .414] ^{***} | .228 [.128, .408] ^{***} | .278 [.261, .642] ^{***} | .278 [.261, .641] ^{***} | .175 [.087, .476] ^{**} | .169 [.077, .466] ^{**} | .168 [.075, .460] ^{**} | .150 [.043, .437] ^{**} |
| Physical health | .313 [.159, .346] ^{***} | .306 [.151, .341] ^{***} | .353 [.264, .518] ^{***} | .348 [.258, .515] ^{***} | .190 [.076, .342] ^{***} | .184 [.069, .335] ^{***} | .226 [.117, .377] ^{***} | .203 [.088, .355] ^{***} |
| Social relationships | .173 [.038, .212] ^{**} | .179 [.042, .216] ^{***} | .196 [.076, .314] ^{***} | .193 [.072, .311] ^{***} | .062 [-.060, .182] | .070 [-.051, .190] | .169 [.048, .284] ^{**} | .161 [.034, .281] ^{**} |
| General quality of life | .158 [.043, .324] ^{**} | .148 [.031, .313] ^{**} | .157 [.057, .444] ^{**} | .152 [.050, .437] ^{**} | .100 [-.035, .352] | .093 [-.047, .340] | .117 [-.006, .377] | .100 [-.035, .350] |

Note. Model 1 = unadjusted estimates; Model 2 = adjusted estimates.

This table presents the results on the relationship between sense of place attitudes and health-related quality of life outcomes (adjusted for length of stay, region of origin, and relationship status; models included control for sociodemographic variables with $p < .10$).

[†] $p < .10$. ^{*} $p < .05$. ^{**} $p < .01$. ^{***} $p < .001$.

main effects of SOP attitudes on QOL outcomes, and all sociodemographic variables with a p -value $< .10$ were entered in the adjusted model examining the relationship between SOP attitudes and QOL outcomes. For each outcome, two models are presented: (a) the unadjusted model (Model 1) and (b) the adjusted model (Model 2). Significance was set at $p < 0.05$.

3 | RESULTS

Table 1 presents descriptive statistics for study variables. SOP attitudes were relatively strong in the cross-sectional data. Mean score of overall SOP was 3.428 ($SD = 0.558$), on scales that ranged from 1 to 5. Place attachment, as an aspect of SOP attitude, had the strongest mean level of 3.608 ($SD = 0.769$). For place identity and place dependence, the mean scores were 3.382 ($SD = 0.764$) and 3.435 ($SD = 0.757$), respectively. Mean averages were comparable for SOP attitudes, even though SOP was more strongly felt in terms of place attachment than for place identity and place dependence. General QOL had a strong mean of 4.864 on a 1 to 5 scale, suggesting that respondents had a very good QOL. This was followed by the social relationship state of the respondents, averaging on a mean of 4.030, compared to environmental health ($M = 3.982$, $SD = 0.571$), psychological health ($M = 3.717$, $SD = 0.474$), and physical health ($M = 3.774$, $SD = 0.693$), even though they demonstrated good mean scores.

Tables 2 and 3 show the results of the univariate and multivariable analyses. Based on the study hypotheses, it was expected that measures of SOP attitudes would relate to increased QOL outcomes because place identity, attachment, and dependency have been linked with better QOL in previous studies (e.g., Marcheschi et al., 2015; Scannell & Gifford, 2016; Tartaglia, 2013; Rollero & De Piccoli, 2010; Prezza & Costantini, 1998). The results shown in models 1 and 2 of Table 3 provide support for this hypothesis because all measures of SOP attitudes were significantly associated with outcomes of QOL. As expected, overall SOP is positively associated with better environmental health ($\beta = .219$, 95% confidence interval [CI] [.10, .35], $p < .001$), psychological health ($\beta = .234$, 95% CI [.14, .41], $p < .001$), physical health ($\beta = .313$, 95% CI [.16, .35], $p < .001$), social relationships state ($\beta = .173$, 95% CI [.04, .21], $p < .01$), and general QOL ($\beta = .158$, 95% CI [.04, .32], $p < .01$); these relationships were sustained even after controlling for sociodemographic variables (i.e., region of origin and length of residence).

Place attachment is positively associated with all HQOL outcomes, even after adjusting for length of residence (see Table 2). The physical health outcome had the strongest effect size ($\beta = .348$) compared with environmental health ($\beta = .276$), psychological health ($\beta = .278$), social relationships ($\beta = .193$), and general QOL ($\beta = .152$). Furthermore, study data show that place identity is also positively related to HQOL outcomes, except for social relationship quality and general QOL. These significant relationships were retained in the adjusted model controlling for gender and region of origin, with physical health having the strongest effect size coefficient ($\beta = .190$) compared with environmental health ($\beta = .129$) and psychological health ($\beta = .175$).

In addition, place dependence was also positively associated with HQOL outcomes such as environmental health ($\beta = .145$, 95% CI [.03, .35], $p < .01$), psychological health ($\beta = .168$, 95% CI [.08, .46], $p < .01$), physical health ($\beta = .229$, 95% CI [.12, .38], $p < .001$), and social relationship state (Model 1: $\beta = .169$, 95% CI [.05, .28], $p < .01$), even when adjusted for relationship status, length of residence, and region of origin. These results confirmed that SOP attitudes are positively related to HQOL outcomes among African residents in New South Wales.

The results reported in Table 3 suggest that our data are robust regardless of whether sociodemographic background factors are held constant. This also means that these sociodemographic factors do not contribute significantly to the relationships reported in Table 3, even though some of the factors may be linked to the SOP attitudes of respondents (shown in Table 2). However, compared with other outcomes, the effect sizes for SOP on HQOL outcomes are stronger for physical health with standardized β s ranging from 0.353 (place attachment) to 0.190 (place identity) compared with those of other outcomes: environmental health (0.281–0.129), psychological health (0.278–0.150), social relationships (.196–.161), and general QOL (.158–.148).

In addition, it was also predicted that the SOP attitudes of the participants will be related to several notable sociodemographic factors. Overall, SOP scores are significantly higher for African residents from East Africa ($\beta = 149$, 95% CI

[−.00, 1.11], $p < .05$) and for those who have been Australian residents for more than 5 years ($\beta = .587$, 95% CI [.16, 1.26], $p < .01$). These observed effects, however, plunged to nonsignificance in the adjusted model. Although no effects were found in Model 1 for education background, scores of SOP ($\beta = -.135$, 95% CI [−.50, −.03], $p < .01$), place attachment ($\beta = -.138$, 95% CI [−.50, −.03], $p < .01$), and place dependence ($\beta = -.145$, 95% CI [−.51, −.04], $p < .01$) became significantly lower among tertiary educated African residents (compared with uneducated migrants) in Model 2 after we adjusted for sociodemographic variables: length of residence (place attachment and SOP), region of origin (place dependence and SOP), and relationship status (place dependence). This may suggest that tertiary educated African residents are less likely to have SOP, be drawn to a place, or depend on a place compared with less educated African residents because of their length of residence, region of origin, and relationship status.

The effects of gender were positively associated with scores of place attachment ($\beta = .123$, 95% CI [.00, .38], $p < .05$) after controlling for educational background and length of residence. Gender was also statistically related to place identity ($\beta = .121$, 95% CI [−.01, 1.23], $p < .05$) in Model 2 after controlling for region of origin. Effects of relationships status were found among single ($\beta = .539$, 95% CI [.00, 1.75], $p < .05$) and married ($\beta = .573$, 95% CI [.02, 1.75], $p < .05$) African residents in relation to their place dependence attitude in Model 1 but were not retained in Model 2 (not significant at the $p < .05$ level). Scores of place attachment (Model 1: $\beta = .504$, 95% CI [.08, 1.60], $p < .01$) and place dependence (Model 1: $\beta = .557$, 95% CI [.16, 1.66], $p < .01$) were significantly related to length of residence of respondents who had been residents of Australia for more than 5 years. These results indicate that sociodemographic background factors may be significant determinants for explaining SOP attitudes among African migrants, as estimated in our second hypothesis.

4 | DISCUSSION

The study draws broadly on insights from SOP attitude theory, and uses a cross-sectional data on a sample of African residents within African diaspora communities in New South Wales, to investigate the main effects of SOP attitudes on HQOL outcomes. In particular, this study aimed to explore how attachment to, identity of, and dependence on a place are associated with outcomes of HQOL within a migrant's place context. These three place attitudes were conceptualized within the framework of SOP theory as domains relevant in people-place experiences (Counted, 2016; Jorgensen & Stedman, 2001, 2006). Attachment is an important theme for migrants because of their geographical separation from their home countries and loves ones through forced displacement, voluntary migration, or human rights violations. Thus, seeking a surrogate attachment with a significant object such as their new place of abode becomes a necessity for negotiating QOL.

Another important phenomenon in the migrant experience is dependency on activities and resources in their new abode which strengthens their attachment to the place. Dependence on a new place, strengthened by an attachment breakthrough also may foster place identity, wherein the migrant, once considered a "newcomer," begins to forge new identity based on the *character* and *life world* of their place of residence. Place identity is an aspect of cognitive development that may involve migrant's fluency with the language of the host community, cultural assimilation, and seeing the self tied to a place.

Place identity can be also an indicator of forced acculturation, in that migrants are compelled to embrace the culture and identity of a place, at the expenses of their own cultural identities, in order to be considered eligible for citizenship or permit residency. Although forced-acculturation is an oft-overlooked issue when discussing the SOP of migrant groups, it is common knowledge that when migrants depend on the opportunities and resources in a place, this initial interest may initiate an attachment affiliation to such a place. When repeated for a longer period of time this can shape migrants' place identity, regardless of other external influences such as forced-acculturation (Counted, 2016; Moore & Graefe, 1994). Overall, this study shows that African migrants, in relation to Australia, developed place attachment, dependence, and identity, although the interaction processes are not quite clear and out of scope with this study.

Nonetheless, there are a number of noteworthy findings that should be highlighted. First, stronger levels of SOP and place attachment were positively associated with all outcomes of HQOL in terms of better environmental health,

psychological health, physical health, social relationships, and general QOL among African residents in New South Wales, with place attachment and physical health having the strongest link. Second, place identity was positively related to environmental health, psychological health, and physical health but not statistically significant for social relationship state and general QOL. This might be suggestive that the place identity of the study group, if significant, might have been *forced* since it is not related to a quality life nor have a direct positive effect on the participants' social relationships.

Third, place dependence was statistically associated with environmental health, psychological health, and physical health but not for general QOL, which remained insignificant in both models 1 and 2. Fourth, further ad hoc analyses suggest that African residents from Eastern Africa were more likely to develop the aussie place identity, form an attachment to Australia as a place, and have behavioral commitments to Australia (place dependence) compared with those from Central Africa. Fifth, Africans who have been residents of Australia for over 5 years were more likely to have a stronger SOP, place attachment, and place dependence, compared with newly arrived migrants (less than 5 years). Last, when length of stay, region of origin, and relationship status were taken into account, African residents with university degrees were less likely to have SOP, place attachment, and behavioral commitments (place dependence) in Australia compared with those with a high school education or less.

For the most part, these findings are relevant for several reasons. First, our findings support previous studies reporting a link between SOP attitudes (i.e., place attachment, place identity, and place dependence) and outcomes of HQOL (Scannell & Gifford, 2016; Marcheschi et al., 2015; Gattino et al., 2013; Rollero & De Piccoli, 2010; Kuller, 2004; Brehm et al., 2004). These findings rearticulate the relevance of SOP attitude theory and underscore its importance for environmental management, human geography, and negotiating HQOL. This study is an original cross-cultural research that demonstrates how SOP attitudes in host communities among African diaspora communities (i.e., through place attachment bonds, cognitive development of place identity, and behavioral commitment to place) can promote HQOL.

Scannell and Gifford (2017) have provided empirical evidence that suggests how a place can transform HQOL based on 13 unique qualities: "memories, belonging, relaxation, positive emotions, activity support, comfort-security, personal growth, freedom, entertainment, connection to nature, practical benefits, privacy, and aesthetics" (p. 256). These place qualities, taking the form of place beliefs (identity), emotions (attachment), and behavioral commitments (dependency), do suggest the underlying benefit of SOP, which aims at satisfying psychological needs and negotiating HQOL outcomes.

In addition, such place qualities make Australia and an appreciation for the country, among the African diaspora communities there, to be conceptualized (a) as a social support mechanism that directly promotes HQOL despite the presence of stress (e.g., Lakey & Cohen, 2000); (b) as an object of attachment with affective advantages (e.g., Scannell & Gifford, 2014, 2016, 2017; Brown et al., 2003; Lewicka, 2010); and (c) as a target for proximity-seeking behavior, for which separation from may lead to declines in HQOL and emotional distress (e.g., Dovey, 1985; Fullilove, 1996; Cox, & Perry, 2011).

Furthermore, study findings underline the significance of sociodemographic background factors as important determinants of SOP attitudes. SOP was strongly felt among participants who have been residents of Australia for more than 5 years compared to newly arrived migrants. This might be due to several factors; for example, the accessibility to the Australian healthcare system, which is readily available to long-term residents with permanent residence status, compared with newly arrived temporary residents who may not have access to adequate healthcare.

Another factor could be work commitments and dependency on job opportunities in Australia as permanent long-term residents because the minimum wage in Australia is one of the highest in the world (Bray, 2013). It is also possible that the strong SOP felt by residents with more than 5 years residency may be due to family and business commitments compared with newly arrived temporary residents who may not have the needed resources to own their own businesses or immediately start a family in Australia. Kohlbacher, Reeger, and Schnell (2015) suggest such social ties as another important factor contributing to SOP among migrant groups.

Study findings also show that Eastern Africans are more likely to develop SOP attitudes, compared with other African groups. One possible explanation for this is the perceived need, among Eastern Africans, to belong in the

Australian space because of the lingering effects of economic and political instability in this region, especially in countries like South Sudan, Eritrea, Somalia, and Djibouti. At present, three of these countries (i.e., South Sudan, Eritrea, Somalia) are ranked as 3 of the 10 most war-torn countries in the world, according to a recent report by World Atlas (2017). One explanation is offered for Eastern Africans' (in New South Wales) strong desire for SOP: This effect could be attributed to their overriding place-based needs of attachment, belonging, and satisfaction (Di Masso, Dixon, & Hernandez, 2017) because most of them, some of whom may have migrated to Australia as refugees, have experienced a history of war, place violence, and instability.

Education background is another interesting factor related to SOP, with study results revealing low place attitudes among educated African migrants, compared with those with high school education or less. This finding corroborates similar findings on place attachment by Lewicka (2005, 2010). These studies reinforce the propensity of place dissatisfaction among educated people. In a report by the Canadian Education Statistics Council's Tourism and the Centre for Education Statistics Division (2013), education background was linked to decreased satisfaction in life, even with place. This decreased satisfaction was related to the increase in tuition fees, loneliness, isolation, and depression felt by educated migrants at both undergraduate and graduate levels. Another report (e.g., Hou & Frank, 2017) with migrant workers with university degrees also indicates similar results, showing that tertiary education was negatively associated with life satisfaction. Satisfaction theorists may explain this effect as an education–occupation mismatch (McClelland, 2010) because it points to the social and political disadvantages of educated migrants, which *frustrate* their expectations and, as a result, heighten their feelings of place dissatisfaction.

4.1 | Limitations

A number of limitations in this study are worth mentioning. First, the self-report approach adopted for the collection of data may have been influenced by self-management tactics and response bias. It is possible that the self-reports may not be reflective of the actual lived experiences of the study participants, who might have reported having a false SOP because of the pressure to acculturate and form place identity (forced acculturation).

Another limitation of this study is with the cross-sectional design employed for data collection, which makes it impossible to make firm claims about causality between study variables. The sampling technique might also pose a conflict because individuals with higher SOP could have potentially greater kinship with those in their community and thus are likely going to recruit more like-minded high-level participants rather than low-level participants, who may have been under-represented in the study. I also admit my own unconscious biases during interaction with participants and community leaders, which may have influenced the self-report data. Because I told the participants that the study was aimed at highlighting how their experiences in Australia were related to their QOL, this cue may have motivated the participants' ratings of their SOP experiences as well. I also admit that I did not consider the unique and rich cultural realities of each group and country by dividing their countries of origin into four regions, though this was done to perform a robust regression-based analysis.

Nonetheless, this study makes an original contribution to the understanding of SOP and QOL outcomes among African residents in New South Wales. Results from this study suggest that SOP attitudes are probably mediated or moderated by other unexplored factors that also have an impact on the HQOL of African migrants. Future research can expound on the attributes of these additional factors to strengthen research on the interaction of place and health among the African diaspora population in Australia. Although I feel that the study results are generally positive in terms of the idea of belongingness for those from African nations into Australian White-Anglo society, I sympathize with my readers who may have too many unanswered questions. It is worth unpacking in further studies the relationship that the Australian–African community has with the Australian society. In particular, examining the ways in which navigating belongingness in a multicultural society is not so easily achieved by migrants, and that acculturation may not be good in the face of losing sense of one's culture, identity, and attachment to home countries. Further studies on SOP and health outcomes in other African diaspora contexts, outside of New South Wales and Australia, are nonetheless warranted to corroborate findings.

4.2 | Conclusion

In summary, this study provides us with information about the consequences of SOP on HQOL outcomes, indicating that African residents experience place differently among themselves and may have different needs in terms of resources related to their expectations, levels of QOL, and SOP in Australia. These contributions, I believe, may provide the basis for developing an interdisciplinary area in African diaspora studies that examines the intersection of place and health as an important construct of inquiry. The results underscore the value of SOP attitude theory as it has been integrated into the study of HQOL outcomes, providing evidence for this account among a hard-to-reach migrant diaspora community in New South Wales (Australia). Embedding SOP initiatives into migrant integration programmes in Australia would be a step in the right direction, with regards to promoting a better social integration plan and health benefits for foreign residents.

ORCID

Victor Counted  <http://orcid.org/0000-0003-0944-3775>

REFERENCES

- Afshar, P. F., Foroughan, M., Vedadhir, A., & Tabatabaei, M. G. (2017). The effects of place attachment on social well-being in older adults. *Educational Gerontology, 43*(1), 45–51.
- Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore, MD: Johns Hopkins University Press.
- Altman, I., & Low, S. M. (1992). *Place attachment*. New York: Plenum.
- Anokye, N. K., Trueman, P., Green, C., Pavey, T. G., & Taylor, R. S. (2012). Physical activity and health related quality of life. *BMC Public Health, 12*, 624.
- Aten, J., O'Grady, K., Milstein, G., Boan, D., & Schrubba, A. (2014). Spiritually oriented disaster psychology. *Spirituality in Clinical Practice, 1*(1), 20–28.
- Australian Bureau of Statistics. (2016). Census of population and housing. Retrieved from <https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/Census?OpenDocument&ref=topBar>
- Bagozzi, R. P., Tybout, A. M., Craig, C. S., & Sternthal, B. (1979). The construct validity of the tripartite classification of attitudes. *Journal of Marketing Research, 16*, 88–95.
- Belot, H. (2018). New migrants living in 'cultural bubbles' need to improve their English skills, Government warns (ABC News article). Retrieved from <https://www.abc.net.au/news/2018-03-07/english-language-tests-need-to-be-tougher-government-warns/9522412>
- Billig, M. (2006). Is my home my castle? Place attachment, risk perception, and religious faith. *Environment and Behaviour, 38*(2), 248–265.
- Billig, M., Kreitler, S., Zadernovsky, A., & Alkalay, Y. (2016). The impact of place attachment and coping on the quality of life of Jewish and Druze children in Israel. *Journal of Psychological Sciences, 2*(1), 13–31.
- Boggatz, T. (2014). Quality of life in old age—A concept analysis. *International Journal of Older People Nursing, 11*, 55–69.
- Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Boyd, N. M., & Nowell, B. (2014). Psychological sense of community: A new construct for the field of management. *Journal of Management Inquiry, 23*(2), 107–122.
- Breckler, S. J. (1984). Empirical validation of affect, behavior, and cognition as distinct components of attitude. *Journal of Personality and Social Psychology, 47*, 1191–1205.
- Brehm, J. M., Eisenhauer, B. W., & Krannich, R. S. (2004). Dimensions of community attachment and their relationship to well-being in the amenity-rich rural West. *Rural Sociology, 69*(3), 405–429.
- Brown, B. B., & Perkins, D. D. (1992). Disruptions in place attachment. In I. Altman & S. Low (Eds.), *Place attachment* (pp. 279–304). New York: Plenum.
- Brown, B. B., Perkins, D. D., & Brown, G. (2003). Place attachment in a revitalizing neighborhood: Individual and block levels of analysis. *Journal of Environmental Psychology, 23*, 259–271.
- Chibnall, J. T., & Tait, R. C. (1990). The quality of life scale: A preliminary study with chronic pain patients. *Psychology and Health, 4*(4), 283–292.

- Counted, V. (2016). Making sense of place attachment: Towards a holistic understanding of people-place relationships and experiences. *Environment, Space, Place*, 8(1), 7–32.
- Cox, R. S., & Perry, K. M. E. (2011). Like a fish out of water: Reconsidering disaster recovery and the role of place and social capital in community disaster resilience. *American Journal of Community Psychology*, 48, 395–411.
- De Wit, C. W. (2001). Women's sense of place on the American high plains. *Great Plains Quarterly*, 21, 29–44.
- Di Masso, A., Dixon, J., & Hernández, B. (2017). Place attachment, sense of belonging and the micro-politics of place satisfaction. In G. Fleury-Bahi, E. Pol, & O. Navarro (Eds.), *Handbook of environmental psychology and quality of life research: International handbooks of quality-of-life*. Cham: Springer.
- Donovan, K., Suryanto, A., & Utami, P. (2012). Mapping cultural vulnerability in volcanic regions: The practical application of social volcanology at Mt Merapi, Indonesia. *Environmental Hazards*, 11, 303–323.
- Dovey, K. (1985). Home and homeless. In I. Altman & C. M. Werner (Eds.), *Home environments* (pp. 33–64). New York: Plenum.
- Eisenhauer, B. W., Krannich, R. S., & Blahna, D. J. (2000). Attachments to special places on public lands: An analysis of the activities, reason for attachments, and community connections. *Society and Natural Resources*, 13, 421–441.
- Fullilove, M. T. (1996). Psychiatric implications of displacement: Contributions from the psychology of place. *American Journal of Psychiatry*, 153, 1516–1523.
- Gattino, S., De Piccoli, N., Fassio, O., & Rollero, C. (2013). Quality of life and sense of community: A study on health and place of residence. *Journal of Community Psychology*, 41(7), 811–826.
- Giuliani, M., Ferrara, F., & Barabotti, S. (2003). *One attachment or more?* Ashland: Hogrefe & Huber.
- Hornquist, J. O. (1982). The concept of quality of life. *Scandinavian Journal of Social Medicine*, 10(2), 57–61.
- Hou, F., & Frank, K. (2017). "Over-education and life satisfaction among immigrant and non-immigrant workers in Canada," Analytical Studies Branch Research Paper Series (no. 393). Statistics Canada, Analytical Studies Branch.
- Joaquim, A. A. A., João, F. C. M., & Pereira, A. P. F. (2013). "Are you happy here?": The relationship between quality of life and place attachment." *Journal of Place Management and Development*, 6(2), 102–119.
- Jorgensen, B. S., & Stedman, R. C. (2001). Sense of place as an attitude: Lakeshore owners attitudes toward their properties. *Journal of Environmental Psychology*, 21, 233–248.
- Jorgensen, B. S., & Stedman, R. C. (2006). A comparative analysis of predictors of sense of place dimensions: Attachment to, dependence on, and identification with lakeshore properties. *Journal of Environmental Management*, 79, 316–327.
- Kelly, G., & Hosking, K. (2008). Nonpermanent residents, place attachment, and "sea change" communities. *Environment and Behavior*, 40(4), 575–594.
- Kempf, D. S. (1999). Attitude formation from product trial: Distinct roles of cognition and affect for hedonic and functional products. *Psychology and Marketing*, 16, 35–50.
- Kohlbacher, J., Reeger, U., & Schnell, P. (2015). Place attachment and social ties - migrants and natives in three urban settings in Vienna: Place attachment and social ties in Vienna. *Population, Space, and Place*, 21(5), 446–462.
- Korpela, K. M. (1989). Place-identity as a product of environmental self-regulation. *Journal of Environmental Psychology*, 9, 241–256.
- Kudryavtsev, A., Krasny, M. E., & Stedman, R. C. (2012). The impact of environmental education on sense of place among urban youth. *Ecosphere*, 3(4), 29.
- Küller, R. (2004). An emotional model of human-environment interaction. Paper presented at the IAPS 18. Evaluation in progress: Strategies for environmental research and implementation. Vienna: CD of Abstracts.
- Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention* (pp. 19–37). New York: Oxford University Press.
- Lalli, M. (1992). Urban-related identity: Theory, measurement and empirical findings. *Journal of Environmental Psychology*, 12, 285–303.
- Lewicka, M. (2005). Ways to make people active: Role of place attachment, cultural capital and neighborhood ties. *Journal of Environmental Psychology*, 4, 381–395.
- Lewicka, M. (2008). Place attachment, place identity, and place memory: Restoring the forgotten city past. *Journal of Environmental Psychology*, 28, 209–231.
- Lewicka, M. (2010). What makes neighbourhood different from home and city? Effects of place scale on place attachment. *Journal of Environmental Psychology*, 30, 35–51.
- Limbos, M. M., Joyce, D. P., Chan, C. K., & Kesten, S. (2000). Psychological functioning and quality of life in lung transplant candidates and recipients. *Chest Journal*, 118(2), 408–418.

- Low, S. M., & Altman, I. (1992). Place attachment: A conceptual inquiry. In I. Altman & S. M. Low (Eds.), *Place attachment* (pp. 1–12). New York and London: Plenum Press.
- Manzo, L. C., & Devine-Wright, P. (2013). *Place attachment: Advances in theory, methods and applications*. New York: Routledge.
- Marcheschi, E., Laike, T., Brunt, D., Hansson, L., & Johansson, M. (2015). Quality of life and place attachment among people with severe mental illness. *Journal of Environmental Psychology*, 41, 145–154.
- McAuliffe, C. (2012). Graffiti or street art?: Negotiating the moral geographies of the creative city. *Journal of Urban Affairs*, 34(2), 189–206.
- McClelland, S. I. (2010). Intimate justice: A critical analysis of sexual satisfaction. *Social and Personality Psychology Compass*, 4(9), 663–680.
- McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, 14(1), 6–23.
- Meyer, J., & Owen, T. (2008). Calling for an international dialogue on quality of life in care homes. *International Journal of Older People Nursing*, 3, 291–294.
- Moore, R. L., & Graefe, A. R. (1994). Attachments to recreation settings. *Leisure Sciences*, 16, 17–31.
- Ng, C. (1998). Canada as a new place: The immigrant's experience. *Journal of Environmental Psychology*, 18, 55–67.
- Prezza, M., & Costantini, S. (1998). Sense of community and life satisfaction: Investigation in three different territorial contexts. *Journal of Community and Applied Social Psychology*, 8(3), 181–194.
- Proshansky, H. M. (1978). The city and self-identity. *Environment & Behaviour*, 10, 147–169.
- Proshansky, H. M., Fabian, A. K., & Kaminoff, R. (1983). Place-identity: Physical world socialization of the self. *Journal of Environmental Psychology*, 3, 57–83.
- Ramkissoon, H. (2016). Place satisfaction, place attachment and quality of life: Development of a conceptual framework for island destinations. In P. Modica & M. Uysal (Eds.), *Sustainable island tourism: Seasonality, competitiveness and quality of life*. London: CABI.
- Ramkissoon, H., Smith, L. D. G., & Kneebone, S. (2014). Visitor satisfaction and place attachment in national parks. *Tourism Analysis*, 19, 287–300.
- Randell, J., Kitchen, P., & Williams, A. M. (2008). Mobility, perceptions of quality of life and neighbourhood stability in Saskatoon. *Social Indicators Research*, 85(1), 23–37.
- Relph, E. (1976). *Place and placelessness*. London: Pion.
- Relph, E. (1997). Sense of place. In S. Hanson (Ed.), *Ten geographical ideas that have changed the world* (pp. 205–226). New Brunswick, NJ: Rutgers University Press.
- Renzaho, A. M. N., Bilal, P., & Marks, G. C. (2013). Obesity, Type 2 diabetes and high blood pressure amongst recently arrived Sudanese Refugees in Queensland, Australia. *Journal of Immigrant Minority Health*, 16(1), 86–94.
- Rollero, C., & De Piccoli, N. (2010). Does place attachment affect social well-being? *European Review of Applied Psychology*, 60(4), 233–238.
- Ryan, M. M., & Ogilvie, M. (2001). Examining the effects of environmental interchangeability with overseas students: A cross cultural comparison. *Journal of Marketing and Logistics*, 13(3), 63–74.
- Scannell, L., & Gifford, R. (2010a). The relations between natural and civic place attachment and pro-environmental behavior. *Journal of Environmental Psychology*, 30, 289–297.
- Scannell, L., & Gifford, R. (2010b). Defining place attachment: A tripartite organizing framework. *Journal of Environmental Psychology*, 30, 1–10.
- Scannell, L., & Gifford, R. (2014). Comparing the theories of interpersonal and place attachment. In L. C. Manzo & P. Devine-Wright (Eds.), *Place attachment: Advances in theory, methods, and applications* (pp. 23–36). New York: Routledge.
- Scannell, L., & Gifford, R. (2016). The effects of place attachment on psychological need satisfaction. *Environment and Behavior*, 1–31.
- Scannell, L., & Gifford, R. (2017). The experienced psychological benefits of place attachment. *Journal of Environmental Psychology*, 51, 256–269.
- Schreyer, R. M., Jacob, G. R., & White, R. G. (1981). Environmental meaning as a determinant of spatial behavior in recreation. In J. W. Frazier & B. J. Epstein (Eds.), *Proceedings of applied geography conferences* (Vol. 4, pp. 294–300). Binghamton: Department of Geography, State University of New York.
- Seamon, D. (2014). Place attachment and phenomenology: The synergistic dynamism of place. In L. C. Manzo & P. Devine-Wright (Eds.), *Place attachment: Advances in theory, methods, and applications* (pp. 11–22). New York: Routledge.

- Shamai, S. (1991). Sense of place: An empirical measurement. *Geoforum*, 22, 347–358.
- Skevington, S. M., Lotfy, M., & O'Connell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: Psychometric properties and results of the international field trial. *A report from the WHOQOL-Group. Quality of Life Research*, 13, 299–310.
- Southern, D. A., Lewis, S., Maxwell, C. J., Dunn, J. R., Noseworthy, T. W., Corbett, G., ... Ghali, W. A. (2008). Sampling 'hard-to-reach' populations in health research: Yield from a study targeting Americans living in Canada. *BMC Medical Research Methodology*, 8, 57.
- Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development*, 7(4), 349–367.
- Stedman, R. (2002). Toward a social psychology of place: Predicting behavior from place-based cognitions, attitude, and identity. *Environment and Behavior*, 34, 561–581.
- Stokols, D., & Shumaker, S. A. (1981). People in places: A transactional view of settings. In J. Harvey (Ed.), *Cognition, social behaviour, and the environment*. New Jersey: Erlbaum.
- Tartaglia, S. (2012). Different predictors of quality of life in urban environments. *Social Indicators Research*, 113(3), 1045–1053.
- Tesser, A., Martin, L., & Mendolia, M. (1995). The impact of thought on attitude extremity and attitude-behavior consistency. In R. E. Petty & J. A. Krosnick (Eds.), *Attitude strength: Antecedents and consequences*. Mahwah, NJ: Lawrence Erlbaum.
- Tourism and the Centre for Education Statistics Division. (2013). *Education Indicators in Canada: An international perspective*. Canada: Canadian Education Statistics Council.
- Tuan, Y. F. (1980). Rootedness versus sense of place. *Landscape*, 24(1), 3–8.
- Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for health policy. *Journal of Health and Social Behaviour*, 51, S54–66.
- Vandergriff, D. V. (1995). An exploratory study comparing the quality of life of South Carolinians with mental retardation and spinal cord injury. *Rehabilitation Counseling Bulletin*, 39, 107–118.
- Van der Pligt, J., Zeelenberg, M., van Dijk, W. W., de Vries, N. K., & Richard, R. (1998). Affect, attitudes and decisions: Let's be more specific. *European Review of Social Psychology*, 8, 33–66.
- Vertovec, S. (2000). Religion and Diaspora. In *New approaches to the study of religion*, In P. Antes, A. W. Geertz, & R. Warne (Eds.), Berlin & New York: Verlag de Gruyter.
- Walker A. (2010) Ageing and quality of life in Europe. In C. Phillipson & D. Dannefer (Eds.), *The SAGE handbook of social gerontology* (pp. 573–586). London: SAGE.
- WHOQOL Group. (1995). The World Health Organization quality of life assessment (WHOQOL): Position paper from the World Health Organization. *Social Science and Medicine*, 41, 1403–1409.
- WHOQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, 28, 551–558.
- World Atlas. (2017). The world's most war-torn countries. Retrieved online 6/08/2017 at <https://www.worldatlas.com/articles/the-world-s-most-war-torn-countries.html>

How to cite this article: Counted V. Sense of place attitudes and quality of life outcomes among African residents in a multicultural Australian society. *J Community Psychol*. 2018;1–18. <https://doi.org/10.1002/jcop.22124>