WHAT FACTORS INFLUENCE THE WELLBEING OF MIGRANT WOMEN EMPLOYED IN AGED CARE IN NEW ZEALAND?

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Abstract

An extensive review of literature, news articles and reports highlighted the challenges, shortcomings and on-going issues within the aged care sector particularly around attraction and retention of workers. Wellbeing in particular has been shown to have an impact on the attraction and retention of workers. However, there was a lack of research that explored the wellbeing of the aged care workers (ACW) and what influences impact their wellbeing. This study aimed to gain further understanding into the realities of these women and what factors are most impactful on their wellbeing. This was done by undertaking a qualitative study interviewing 18 migrant women employed in aged care in New Zealand and posed the following question:

What factors influence the wellbeing of migrant women employed in aged care?

The participants have varied backgrounds, employment histories and time within the sector. However, there were several common key themes across participants which were found to influence participant wellbeing. These were: safety; a culture of caring; mental and physical health; self-determination; and rules/education. These themes were organised into the overarching wellbeing framework of 'Having, Doing, Loving, Being' (HDLB), by Helne (2021) and the creation of the study's methodology, findings and discussion were driven by the application of a migrant women centered lens (MWCL). This study has offered theoretical contributions by applying the relevant lens and wellbeing theory to ensure the most useful and accurate results.

In conclusion the study found that the participants' wellbeing was influenced positively and negatively by several factors that related to their occupation, gender, immigration status, organisational dynamics and their personal lives. Overall, the findings suggest that migrant women employed in aged care within New Zealand can live happy fulfilling lives that include increased safety and self-determination; however, there are several industry, societal and organisational issues that prove to be extremely difficult barriers to overcome. This study concludes with practical recommendations that were discussed by participants that would improve their wellbeing and experience as migrant women employed in aged care in New Zealand.

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List of Abbreviations

ACW	Aged care workers
ARC	New Zealand Aged Care Association
FMCW	Female migrant care workers
GDP	Gross domestic product
HDLB	Having, Doing, Loving, Being
HRC	Health Research Council of New Zealand
IELTS	International English Language Testing System
IQN	Internationally qualified nurses
MIQ	Managed isolation and quarantine
MSD	Ministry of Social Development
MWACW	Migrant women aged care workers
MWCL	Migrant women centered lens
OECD	Organisation for Economic Co-operation and Development
PERMA	Positive emotions, engagement, positive relationships, life meaning and achievement
RQ	Research question

1. Introduction

This thesis examines female migrants employed in aged care in New Zealand, with a focus on wellbeing. The key aim of the thesis is to further understand what aspects contribute to the wellbeing of female migrants.

Each person within our society will at some point become old and need assistance or may currently have loved ones who are elderly and need support. For many of the elderly, their families and loved ones do not have the time or capacity to care for them in their homes (Barrow, 2020). Others require continuous medical support. For these reasons elderly are increasingly engaging in formal care such as rest homes and retirement villages. Consequently, there is a need for people to work within these facilities (Baldassar et al., 2017). With the numbers of elderly rising, there is an ever-growing need for workers within this industry (Adebayo et al., 2020; Almedia, 2022; Badkar et al., 2009; Bahn, 2015; DeSouza, 2008; Elliott et al., 2017; Manch, 2021; Mowat & Haar, 2018; Ravenswood et al., 2021).

As it is difficult to attract and retain locals to the industry, a large proportion of workers within aged care are migrant women (Ravenswood & Douglas, 2017; Walker, 2010). Inability to retain locals is reportedly due to factors such as low wages, long hours, short staffing, difficult workloads and challenging work dynamics (Badkar et al., 2009; Baird et al., 2017; Brunton & Cook, 2018; Callister et al., 2009; Charlesworth & Heap, 2020; Cuban, 2013; Elliott et al., 2017; Garces-Ozanne & Carlos, 2022; Mowat & Haar, 2018; Ravenswood & Douglas, 2017; Ravenswood et al., 2021). These factors will need to be changed if the anticipated demand for aged care is to be met and if we want our elderly to receive quality care, it is also crucial to take care of those providing such care. Determining which of these factors act as challenges and which as supporting factors to the wellbeing of workers will assist in creating changes that can further retain workers by increasing support for their wellbeing, making changes and providing supporting factors that attract new workers. These changes are relevant for all members of society, as we may all end up needing this support.

There is an absence of research that considers the wellbeing, support mechanisms and challenges for female migrants employed in aged care. This poses the research question (RQ): *What factors are influencing the wellbeing of female migrant care workers (FMCW) in New Zealand?*

It is important to consider these individuals' wellbeing in the context of other life factors including employment, personal and societal factors. To overcome the industry barriers to attracting and retaining workers, further understanding of the experiences of these women must be obtained. By focusing on factors other than employment such as wellbeing, a wider picture of these workers' experience creates an understanding of their lives and different layers of their lives. This includes what aspects of their experience are positive and supports wellbeing and what factors cause stress or challenges which can inform relevant solutions that employers, governments, society and individuals can implement to retain and draw workers into this industry. This study contributes to understanding what factors act as support for worker wellbeing through qualitative methodology, specifically semi-structured interviews with female migrants employed in aged care in New Zealand. The study uses a holistic wellbeing model 'Having, Doing, Loving, Being' (HDLB) (Helne, 2021) and a migrant women lens of analysis to examine the reality of the research participants. Combining these approaches allows for the research participants to share their perceptions and insights while acknowledging how societal factors have influenced their holistic wellbeing.

1.1 Background and Context

In New Zealand, the most common aged care options are rest homes, dementia units, and hospital and psychogeriatric care (Callister et al., 2009). Varying factors such as patient health, patient behaviour, differing managerial styles and varying standards of practice between the types of care impact the employee experience and consequently wellbeing (Find a Rest Home, 2021). Hence, it is important to consider how the nature of aged care impacts the employee' experience. Gresham et al. (2021) state that dementia patients have been understood as clinically difficult to care for, due to behavioural differences. The resources and time required are much more intensive than standard rest homes, and dementia patients therefore are often not able to seek care at mainstream rest homes. This is relevant to consider because the increase in resources required will have a flow on effect on worker wellbeing within that section of the industry.

Migrant experience is influenced by a country's employment environment including policy, societal norms and worker rights (King-Dejardin, 2019). Hence, understanding the context is

crucial when studying migrant workers in the aged care sector. Formal and informal care can act as environmental factors that impact the wellbeing of MWACW. Formal care refers to care done within institutions and organisations, and informal care refers to those taking care of people within their personal lives. The nature of support, caring culture, histories of gendered employment, immigration policies and forms of social protection are different between formal and informal care (King-Dejardin, 2019). This study considers all these factors when attempting to understand how they interact to create female migrants experience in aged care in New Zealand.

Existing research on migrant workers in aged care focuses on the conditions, pay, nature of work and the role of management for care workers (Ngocha-Chaderopa & Boon, 2016; Mowat & Haar, 2018; Ravenswood & Douglas, 2017). A common theme within the existing literature is a lack of research that acknowledges all intersecting factors pertaining to migrant women, or aged care workers (ACW) when looking at their wellbeing. There is no existing research that focuses exclusively on investigating which of these intersecting factors have the most impact on their wellbeing through the perception of the individuals' experiences in a New Zealand context.

The intersecting factors of an individual's life are interrelated and have consequences on aspects of their lives such as happiness and wellbeing (Lim, 2018). This allows us to better interpret the multilayered identities that are associated within gender, race, class, and society. The concept of intersectionality originated as a method to analyse and rectify injustices experienced by women of colour (Lim, 2018). Treating their multiple identities as separate, fails to acknowledge how these intersecting identities create a vastly unique experience (Lim, 2018). This approach shifts the focus of understanding issues as similarities and differences to understanding how these interact. This begins to highlight the absence of research conducted specifically within New Zealand that focuses on the wellbeing of migrant women employed in aged care. As the health of people becomes a more prevalent issue and the population continues to age, it is vital to dedicate resources to further understand the wellbeing of those working within the aged care sector. This research therefore uses a migrant women centered lens (MWCL) as a theoretical tool to analyse the experiences of migrant women in aged care.

1.1.1 Demographics and the Need for Aged Care Workers

Fifteen percent of New Zealand's population is aged over 65, and this is expected to increase to 20%, meaning one million people by the year 2028 (Kyriakopoulos, 2021; StatsNZ – Tatauranga Aotearoa, 2022). Of this group of people, it is projected that approximately 15,000 will move into some form of care environment (Chapman et al., 2022). A recent aged care demand planning model concluded that New Zealand demand for elderly care facilities will exceed supply by 2026 (Heritage Lifecare, 2022). An estimated 48,000 people in New Zealand are employed in care work (McGregor, 2012; Chapman et al., 2022). As the industry trend of growth continues, the high workload for workers as a result of worker shortages and growing numbers of the elderly, are also set to increase (Badkar et al., 2009, Badkar & Manning, 2009; George et al., 2017; Kaine & Ravenswood, 2014; Kiata et al., 2005; McGregor, 2012; Ravenswood & Douglas, 2017; Ravenswood et al., 2014). Issues of understaffing and low wages are prevalent and have drawn attention of academics, politicians and media outlets (Longmore, 2020; New Zealand Nurses Organisation, 2021; Thornton, 2022). This raises the question of what other factors contribute to the poor attraction and retention of the aged care industry. In particular, what support these workers receive and how workers' wellbeing contributes to their experience in their role.

1.1.2 Factors that Contribute to Attraction and Retaining of Care Workers

Many factors contribute to the challenges of attracting and retaining care workers. The contributing factors of compassion fatigue, conditions of the industry, immigration difficulties and remuneration will be discussed.

First, a New Zealand study on the fatigue of caregivers discovered a theme of compassion fatigue (Harris, 2017). This fatigue was influenced by the significant amount of compassion expressed through caregivers work as well as to family members in need of care. A lack of managerial support, coping strategies and resources contributes to compassion fatigue (Harris, 2017). The Human Rights Commission in 2012 investigated the care work sector and proposed strategic improvements (McGregor, 2012). The study identified that migrant care workers should be provided with more resources before they reach New Zealand on ways to better understand the registration requirements and best practices within aged care (McGregor, 2012). Since then, there hasn't been any follow-up research to report on the

successful implementation of this. This is an issue when attempting to evaluate industry changes. However, the New Zealand Immigration (2022) website, 'New Zealand NOW' does have a publicly available guide and resources for migrants wanting to be employed in the aged care sector. It discusses how the aged care sector in New Zealand may differ from the aged care sectors in migrants home countries (New Zealand Immigration, n.d.). This initiative is useful but does highlight how a large report was conducted, with no publicly available follow-up data. In order to continue to attract and retain these workers, considering and examining their experiences is important.

Second, as discussed previously, a significant factor is immigration issues. A report by McGregor (2012) on behalf of the Human Rights Commission, notes there are many difficulties for these workers when renewing their work visas. In New Zealand 40% of caregivers and 39% of registered nurses are on visas (Chapman et al., 2022). This is a huge source of stress for these individuals. The report stated there was a perception that there were sufficient local health workers within the industry. This was contested at the time and was widely debated. So, despite a need for these workers, the misconstrued societal perceptions and immigration processes create further stressors for these individuals (McGregor, 2012). However, more recently the need for workers within this industry has been acknowledged (Gao et al., 2014). This has been exacerbated through COVID-19 and immigration policies have begun to reflect this. Due to a combination of border closures and the existing shortages within the industry, healthcare employers have needed healthcare workers. In November 2021, New Zealand Immigration announced that care workers and other critical health workers are now seen as scarce workers and will therefore be eligible for a one-off permanent residency visa. This visa will include their partners and dependents (New Zealand Immigration, n.d.).

The third factor is the remuneration of the industry. A recent change to the care industry that has aimed to improve remuneration is the newly introduced Equal Pay Amendment Act 2020 which addresses the undervalued pay in female dominated industries, such as care work, and aged care (Parker & Donnelly, 2020; MBIE, 2020). However, this Act does not address the potential additional challenges for migrant women such as uncertainty around immigration status and temporary employment conditions. For example, employers of migrants keep them on casual contracts despite their continuous full-time hours to avoid having to give them the employment benefits of full-time work, which in turn impacts their visa status (McGregor,

2012). The exploitation of women exists despite this Act addressing the discrepancies in pay between men and women. However, it does not address other factors such as legal, political and societal that impact the exploitation of women within the industry. Although the Act was helpful in increasing wages within the industry, there is a need for more protection of care workers' rights to improve the attraction and retention of these workers (Harris, 2017; Prentice et al., 2021). This research examines how the changes in the industry have affected workers wellbeing, as well as what factors support or discourage the wellbeing and care abilities of these women in a New Zealand context.

1.1.3 Dependency of the Sector on Migrant Women

Migrant carers are expected to provide care to others in a new and different cultural environment (McGregor, 2012). In New Zealand over 90% of ACW are female, showing an imbalance in gender within the industry (Callister et al., 2014). A report undertaken by McGregor (2012) on behalf of the New Zealand Human Rights Commission highlights the heavy reliance on migrant workers within the sector, with New Zealand having one of the largest proportions of migrant care workers out of all Organisation for Economic Co-operation and Development (OECD) member countries. This is supported by other literature (Callister et al., 2014; Walker et al., 2016). One manager stated that the aged care industry would collapse without migrant workers (McGregor, 2012). The need for migrant care workers in New Zealand has not changed over the past several decades (Ravenswood et al., 2021; Catherall, 2021) and is regularly discussed in the media (Catherall, 2021; Russell, 2020; Lee et al., 2020; RNZ, 2020). Economic Development Minister, Stuart Nash, highlighted this reliance particularly with immigration changes post COVID-19 and questioned how the migrant reliant sector will cope without migrants (Manch, 2021). This illustrates how vital these workers are and how important their role is to the New Zealand economy and community. This is an important issue that needs more exploration.

1.1.4 Reasons for Migrant Nurses Working in Aged Care

It is most commonly women who migrate to undertake care work as the industry is largely female dominated (Badkar et al., 2009). Nonetheless, there are several barriers for migrant

women working in aged care including financial constraints, the International English Language Testing System (IELTS), qualification recognition and the further financial constraints to obtain these. Aged Care Association chief executive Simon Wallace stated that over 50% of the nurses employed in aged care are on temporary visas (Catherall, 2021). A recent report done by the New Zealand Aged Care Association stated that 40% of all caregivers are migrants on visas, and 39% of registered nurses are also on visas (Chapman et al., 2022). These nurses can gain employment as aged care workers without getting their internationally accepted qualifications recognized and this allows them to support themselves and their families. Internationally trained nurses are 25% of newly registered nurses in New Zealand, with 55% of these having originated from the Philippines and 20% from India (Mowat & Haar, 2018). It is unclear how many of these nurses undertook care work while awaiting their registration. If overseas nurses do not complete their New Zealand registration their overseas nursing qualifications are not recognised in New Zealand and they therefore cannot work as a nurse. This describes a very common experience for many of these women. Hence, this research is focused on MWACW.

1.2 Key Concepts of the Study

1.2.1 Internationalisation of Care Work

The internationalisation of care work is the mobility and international movement of care workers (Law & Muir, 2006). Mobility can include physical movement, socioeconomical, career progression, or for leisure (Thompson, 2019). There are advantages and disadvantages of the increased mobility for care workers, such as a culture of migration, remittance, cultural fit issues and conditions from their home countries (McGregor, 2012). The Philippines provides a large portion of migrant ACW and has an engrained culture of migration created through their labour migration policies (Sevillano, 2017). Factors such as economic instability and corruption in home countries are contributors to this culture of migration (Sevillano, 2017). For Filipino nurses specifically, the poor working conditions within the Philippines act as one of the significant driving forces for migration (Thompson, 2019).

Additionally, there is a culture of nurses ‘volunteering’. Due to the large numbers of trained nurses and the culture of migration, there is a requirement for nurses to have at least one year of experience before migrating. These conditions give health employers undue power to

exploit health workers by making them work for free to gain initial experience despite being fully qualified. In some instances, employers even request payment from workers to gain this initial experience (Thompson, 2019). The difference and similarities between conditions that these health workers experience in their country of origin and migration may influence these women's wellbeing once they migrate (Johnsson et al., 2019). To further understand the environment in New Zealand, the changes within immigration policy and public acknowledgement will be briefly discussed within this thesis. This is relevant as they reflect societal perceptions and therefore policies towards the industry.

1.2.2 Wellbeing

Wellbeing is understood as psychological, physical and social health (Ngocha-Chaderopa & Boon, 2016). This includes aspects such as mental health, social connectedness and factors within the social and physical environment (U.S. Department of Health & Human Services, 2021). As migrant women are an essential part of society who undertake caring, it is vital their wellbeing is looked after as the level of care they can provide for themselves and others is impacted by their own wellbeing. Both external and internal factors have a huge impact on their wellbeing and the level of care they provide for the vulnerable and elderly.

Workers who are more engaged in their work when 'caring for oneself', feel valued and able to contribute and share their ideas and opinions (Prentice et al., 2021). It is not known if migrants are aware of the challenges when deciding to migrate and work within the sector. It has yet to be explored how the factors of this industry impact the individual's wellbeing, and how these factors interact with other facets of their lives. The wellbeing of migrant workers is impacted by several of the factors mentioned above. Factors of stress may include being separated from family and loved ones, navigating an unfamiliar environment both in and outside of work and the tasks of resettling in a new place (Bahn, 2015). Wellbeing is both an individual and a societal concern.

1.3 Research Objectives

The aim of this research is to understand what factors have a positive or negative impact on the holistic wellbeing of migrant women employed in aged care. These factors include individual, interpersonal and societal factors. For this reason, the RQ of this study is *What factors are influencing the wellbeing of FMCW in New Zealand?* It is important to explore what factors are impacted and driven by personal choices and what aspects are controlled by external structures. This will create a better understanding into how agency and structures such as policy interact to influence the lives of FMCW. It is also equally relevant to consider what structures, and political and social issues are driving particular factors.

In order to conduct ethical and relevant research the knowledge and information collected through this study was co-constructed between the researcher and migrant women who have been or are currently employed in aged care in New Zealand. It is important to undertake firsthand research which prioritises the voices and experiences of these research participants. This allowed for a deeper understanding of their experiences which differentiated internal and external factors on the wellbeing of individuals.

1.4 Overall Argument of Thesis

The argument of this thesis is that migrant women employed in aged care in New Zealand are critical to our society and more needs to be done to understand their experiences, in particular, what factors negatively or positively impact their wellbeing and what are the appropriate changes required to better support these women.

The researcher conducted semi-structured interviews, with 18 female migrant ACW in New Zealand. The interview questions related to the wellbeing of participants, their employment, migration experience and positive supporting factors within their lives so as to gain further insights into the issues discussed above. The research found that safety, a culture of caring, mental/physical health, regulations/education and self-determination were the most influential wellbeing factors for this group. The contributions of this research include practical recommendations based on participants answers and theoretical contributions by answering the RQ by applying a MWCL and a relevant wellbeing framework.

1.5 Thesis Outline

The thesis is structured as follows: chapter one will give a brief introduction to the study, its research objectives and background. This includes a justification for the research and its potential academic and theoretical contributions. Chapter two will explore the existing literature and outline existing themes. The literature explored discusses care work, wellbeing, migrant women within the labour market and the uniqueness of these intersecting identities. This allowed the research to be justified and research gaps to be identified and presented. Chapter three will describe the methods of the study, this includes the interview process, participant selection, reflexive notes and analysis. Chapter four will present the findings of the study including a discussion of the key findings, potential limitations, and the academic and theoretical implications of the study. Finally, chapter five concludes with a summary of the research and suggestions for future research.

2. Literature Review

In order to answer the RQ: *What factors are influencing the wellbeing of FMCW in New Zealand?,* a comprehensive literature review has been undertaken. A total of 106 sources were reviewed and used within this chapter. Due to the practical and holistic nature of the research, it was important to consider sources outside of academic books and articles, which included government policies and industry reports.

This literature review explores the topic of the wellbeing of migrant women employed in the aged care sector in general and specifically in New Zealand, because it is the context of this study. This literature review critically reviews the literature on the following topics: ACW, migrant women and wellbeing. This is organised into the sections of the internationalisation of care workers and nurses, New Zealand aged care research, undervalued nature of care and the discrimination of ACW, coping strategies of ACW, international research on the issues of the aged care industry, lack of intersectionality and a migrant lens for wellbeing. The existing literature addresses these topics in silos, and rarely examines the intersectionality between these topics. The three studies that are most similar to this study are the works of George et al. (2017), Jenkins and Huntington (2016), and Mowat and Haar (2018). George et al. (2017) is a New Zealand based study on valuing the health of support workers within the aged care sector. Jenkins and Huntington (2016) explored the experiences of internationally qualified

nurses (IQN) working in aged care in New Zealand. While Mowat and Haar (2018) discussed the sacrifices, benefits and surprises of IQN migrating to New Zealand from India and the Philippines.

The gaps of these studies will be explored in the New Zealand literature section. Other than these studies, other literature addresses these topics in fragments, therefore excluding how the separate factors such as aged care work and being a migrant interact to impact wellbeing.

As outlined in Chapter 1, section 1.2, over time, the aged care industry has become an increasingly unattractive sector, due to the poor wages, poor industry conditions, and societal undervaluing of the work, combined with the large workloads. Consequently, it requires immense attention and change to create an environment that attracts workers. This ongoing issue has seen minimal positive change (Charlesworth & Heap, 2020; Kussmaul et al., 2019; Ozame & Carlos, 2022; Shannon & McKenzie-Green, 2016; Kaine & Ravenswood, 2019). However, caregivers in aged care have seen a decrease in turnover from 27% recorded in 2017 to 23% in 2019, while registered nurse turnover within aged care has shown a decrease from 38% in 2017 to 33% in 2019. These slight decreases have not been identified as a direct result of any changes within the industry and remain concerningly high (Chapman et al., 2022). Changes have often been discussed by government, society and the media, including aspects such as planning, development, better conditions and retention strategies (Butcher et al., 2006; McGregor, 2012, Kiata et al., 2005; Ravenswood & Douglas, 2017; Badkar et al., 2009, Badkar & Manning, 2009; Ravenswood et al., 2014; Kaine & Ravenswood, 2014; George et al., 2017).

However, the industry is still facing issues that a quote from Caracciolo di Torella and Masselot (2020) summarises; the primary issue being the underappreciation of care and any work that involves care, “Not everything that can be counted counts, and not everything that counts can be counted” (Caracciolo di Torella and Masselot (2020, p. 3). The book ‘Caring responsibilities in European law and policy. Who cares?’ (Caracciolo di Torella and Masselot (2020) explores the idea of care in relation to four key concepts: ongoing responsibility; an actual or perceived absence of choice; physical, emotional, or financial costs; and an emotional connection (Caracciolo di Torella & Masselot, 2020). This was done based on the understanding that a care relationship consists of one party that is vulnerable. The key characteristics needed within the sector such as patience, dedication and love, reflect a

discourse that is not recognised with traditional methods of value allocation and is labelled as a biological gender response from women (Huang et al., 2012).

This trend of devaluation is reflected within the industry's pay, conditions and resource allocation. New Zealand can be categorised as having formal, often nonfamily care policies, which discourages informal care of the elderly (Baird et al., 2017). Baldasser et al. (2007) states that changes in demographics such as extended life spans, fewer children and an unattractive working environment illustrate that the industry needs radical changes. Nonetheless, these trends have not changed in recent years (King et al., 2013; Caracciolo di Torella & Masselot, 2020; King-Dajardin, 2019; Thompson, 2019; Montayre at al., 2018; Choi et al., 2019; Ravenswood & Douglas, 2017; Ravenswood et al., 2014; Brunton & Cook, 2018; Jenkins & Huntington, 2016; Burrow et al., 2017; George at al., 2017; Ngocha - Chaderopa & Boon, 2016). This is also supported by recent news articles that discuss staffing and industry issues (Steyl, 2022; Houlahan, 2022; Thompson, 2022; Cook, 2022; MacIntosh, 2022; Hendry-Tennent, 2022; NewstalkZB, 2022; Almedia, 2022). It is thus relevant to understand the devaluing of the industry and its impacts to address this for future necessity. As Ravenswood et al. (2014) stated, unfortunately due to care work being a gendered phenomenon, this perpetuates the narrative and reality of devaluing of the industry.

2.1 Internationalisation of Care Workers and Nurses

The internationalisation of nurses and care workers refers to the employees who leave their country of origin and engage in care work in a different country. Through the internationalisation of nurses, greater cross-cultural understandings have developed as a result. From continuous generations of nurses migrating globally, the knowledge and cultural understanding between countries has benefited and has significantly helped fill the care labour gap (Walsh & O'Shea, 2009; Hussein et al., 2011; Shutes, 2011; Walsh & Shutes, 2013). This has been helpful in fostering better standards within workplaces across countries and raising awareness of the need for cross-cultural competencies (Parker & McMillan, 2007; Thompson, 2019; Montayre et al., 2018). There is a large body of research that explores the issues and challenges IQN experience when engaging in internationalisation (Law & Muir, 2006; Henderson et al., 2016; Wihlborg, 2004; Kaine & Ravenswood, 2014; Thompson &

Walton-Roberts, 2019; Green & Whitsed, 2015; Zanjani et al., 2018; Stephens & Hennefer, 2013).

Parker and McMillan (2007) examined the factors that lead to internationalisation of nurses and concluded that education and support is needed to better prepare health workers for challenges in the sector. This process impacts the local and international environment, through knowledge sharing and either the loss or gain of health workers. This is supported by Thompson (2019) who stated once these workers migrate the expectations and reality of their new life may not always match. In the case of the Philippines, despite being a significant supplier of international nurses, there are still differences in practices (Thompson, 2019). For example, Montayre et al. (2018) discussed that aspects such as work processes, expected roles and levels of autonomy were reported to affect their experiences.

Additionally, Thompson (2019), Parker and McMillan (2007), and Cuban (2013) discuss how this culture of migration has over time, come with increased status and a ‘hero’ identity in their country of origin. Actions such as regular remittances, returning home and investing in businesses, property and improvements to infrastructure result in a lessening reliance on aid (Thompson, 2019; Parker & McMillan, 2007). This is supported by several sources (see Aiken et al., 2004; Awases et al., 2004; Nowak & Preston, 2001; Mowat & Haar, 2018; King-Dejardin, 2019; Teguihanon & Cuaton, 2020). Returning as a hero and achieving the Filipino dream of property ownership has been identified as a common goal for migrant workers (Thompson, 2019; Cuban, 2013. However, this does not mean that the conditions of these workers in their new country of work should not be of concern. This includes policy around language testing, qualification recognition and cultural differences.

McGregor (2012) stated that despite migrant nurses passing the English test required, they do not necessarily have knowledge of cultural differences. Policy is often dismissive of the integration barriers present, creating a cultural fit gap that impacts the worker and those receiving care (Cuban, 2013; Law & Muir, 2006, Montayre et al., 2018, Choi et al., 2019; Hardcastle, 2018; Philip et al., 2015; Parker & McMillan, 2007). Law and Muir (2006) define the cultural fit gap as the nuances and differences between culture that is present at work. Montayre et al. (2018) argued that acknowledging these cultural work-related tensions is essential to understand what support can be offered to better adjust workers for this cultural fit. The cultural fit of an employee is an important contributor to their experience at work. Therefore, when employers and countries benefit from these workers, it is important to

consider how they can create a positive environment for their wellbeing. In 2017, there were 3000 nurses from the Philippines employed within New Zealand and approximately half of these were employed within the aged care sector (Choi et al., 2019). Choi et al. (2019) concluded that IQN are impacted by the lack of the resources and time provided to gain cultural readiness. Additionally, these existing supports are not offered by all employers as some may not understand the importance of cultural integration. Research urges managers, leaders, educators and mentors to be aware of this issue and offer more long-term support (Hardcastle, 2018; Philip et al., 2015; Parker & McMillan, 2007). Ho et al. (2003) specifically stated that cultural changes with workplace behaviours need active support to be successful. This highlights why external support such as extra resources and training is beneficial to bridge the cultural gap within the industry and for the individuals within it. Reciprocal relationships of support between employers and employees have shown an increase in positive cultural changes in comparison to placing the responsibility solely on individuals (Pernice et al., 2009). This further draws attention to how other factors such as managers and support systems impact the ease or difficulty of settlement within the workplace.

The literature discussed a key barrier to addressing the issue of cultural fit, which is the unwillingness to break the norms and adapt business practices to create mutual understanding in this diverse workforce (Brunton & Cook, 2018; Montayre et al., 2018; Butcher et al., 2006). The mandatory application of diverse cultural and workplace adaptations has been suggested by Butcher et al. (2006) to improve mutual understanding. As discussed within the literature, workplace support would be useful in creating a supportive network and would help minimise the issues of internationalisation within the sector (Law & Muir, 2006; Henderson et al., 2016; Wihlborg, 2004; Kain, 2015; Thompson & Walton-Roberts, 2019; Green & Whitsed, 2015; Zanjani et al., 2018; Stephens & Hennefer, 2013). Migrant women often experience challenges creating supportive networks in a new country in comparison with other groups, due to the nature of their domestic lifestyles and lack of social supports (Ho et al., 2003). This highlights how caregivers are expected to provide care to others even when care is not being offered to support them to achieve this within a new cultural environment.

2.2 New Zealand Research

This section will discuss the research conducted with and on New Zealand ACW. There are only a very small number of studies that focus on the wellbeing of female migrant ACW in New Zealand. Three studies have been found that incorporate three or more of these factors (migrant, women, aged care workers, wellbeing or New Zealand), therefore other New Zealand studies will be used to support key influential studies (Mowat & Haar, 2018; Jenkins & Huntington, 2016; George et al., 2017).

The oldest study reviewed was Callister et al. (2009), which explored the growing reliance of migrant care workers using demographic analysis. This study introduced the projected increase in the ageing population, the reliance on migrant care workers and investigated how going forward New Zealand will supply ACW. The study concluded that more resources must be dedicated to attracting locals to the sector, however, this will not fill the labour gap; continuing the need for migrant workers into the future (Callister et al. (2009). The current need for these migrant workers is supported by numerous other studies (see Ravenswood et al., 2021; Kaine & Ravenswood, 2014; Ravenswood & Douglas, 2017; Charlesworth & Heap, 2020; Kussmaul et al., 2019; Ozame & Carlos, 2022; Shannon & McKenzie-Green, 2016; Ravenswood, 2019; Jenkins & Huntington, 2016; Mowat & Harr, 2018; Brunton & Cook, 2018; Choi et al., 2019).

A 2016 report of 1500 ACW stated that most workers felt dissatisfied with their pay and job security despite the sector's clear need for them (Ravenswood & Douglas, 2017). Due to the reliance on migrant workers, Callister et al. (2009) suggests that the immigration laws should be adapted to attract migrant workers to the sector by increasing training, allowing ACW to bring their dependents and consider if these migrants will be temporary or permanent workers. Kaine and Ravenswood (2014) built on this by exploring a trans-national comparative case study, which suggested that social change towards the sector and the labour gap could be improved by further regulations to the work conditions within the industry. More recent studies are still discussing these same issues (see Charlesworth & Heap, 2020; Kussmaul et al., 2019; Ozame & Carlos, 2022; Shannon & McKenzie-Green, 2016; Ravenswood, 2019). This introduces the context that New Zealand ACW and aged care residents are engaging in, which will be explored in more depth.

Studies tend to focus on the challenges migrant nurses face, which is a useful insight into creating an understanding of their experience migrating and working in New Zealand (Mowat & Haar, 2018; Jenkins & Huntington, 2016). George et al. (2017) incorporated most of the

key factors and investigating the positive and negative factors on health of support workers within aged care. The study using semi-structured interviews identified four key themes: love of the job; negative impacts of stress; the positive impacts of support; and the physicality of the role and its impacts.

Another key study from Jenkins and Huntington (2016) conducted a qualitative study of six internationally qualified Filipino and Indian nurses exploring their working experience as registered nurses. This study concluded that the IQN identified three challenging aspects when migrating and working within aged care. Firstly, the physical aspects, separation from family and climate adjustments. This is also supported by international research (see Ye & Chen, 2020; Barry & Chorley, 2010; Kalipeni et al., 2012; Kingma, 2007; Konno, 2006; Li et al., 2014; Prescott & Nichter, 2014). Secondly, the differences in social and cultural dynamics such as social networks were highlighted as a huge coping tool to these participants. The social and cultural challenges are supported by Brunton and Cook (2018), Mowat and Haar (2018), and Westrate (2013) and is further supported by international research by Konno (2006), Hendrickson et al. (2011), and Hotta and Ting-Toomey (2013). Thirdly, the workplace and industry challenges, such as waiting to get their qualifications recognised, the IELTS test, and the financial/psychological resources required to get these. These factors were also identified by Mowat and Haar (2018), Walker, (2010), Zurn and Dumont (2008). Burrow et al. (2017), supported this by stating that New Zealand policies and contractual obligations around roles within the aged care sector make the industry especially challenging for its workers.

A report by Jenkins and Huntington (2016) suggested that future research investigate how these nurses are supported, as these findings and further understanding will assist in further workplace development and research. This is a useful study as it was conducted within New Zealand, on migrant nurses following qualitative methods. However, it is difficult to generalise the results due to the small sample size and all participants being from the same aged care facility. Additionally, the focus of the study excludes other care workers such as caregivers, village assistants and other roles with aged care. It is important to note, the experiences of registered nurses will differ from other roles. Hence the need to expand to other roles within the industry. Another study by Walker (2010) focused on migrant nurses explored the hardships of migrating.

Walker (2010) of 175 migrant registered nurses conducted in New Zealand focusing on the hardships and hurdles within their experience concluded that while many were registered with the Nursing Council and able to work as registered nurses, many others had failed to gain registration and were working as caregivers in aged care institutions. Difficulties with English language proficiency tests, recognition of prior qualifications, perceived racism and poor experiences with overseas agencies caused hardship and distress for some. Given the importance to the New Zealand workforce of overseas-trained nurses, this research highlighted that more advice regarding recruitment agents, information about nursing in New Zealand and the Nursing Council requirements for registration should be made available to nurses prior to their migration. These three prominent New Zealand studies highlight the reported hurdles for IQN once migrating and the key issues which were identified from their samples.

It is important to note the positive implications within employee experience including the overall industry, workplace, communities and personal lives of these individuals. Mowat and Haar (2018) conducted a study within New Zealand on the sacrifices, benefits and surprises migrant nurses felt on arrival, which revealed that an increase in wages, status and opportunities were the biggest benefits on migrating. These positive changes are supported by international literature (see Nowak & Preston, 2001; Awases et al., 2004; Teguihanon & Cuaton, 2020). It is relevant to also acknowledge the conflicting literature that discusses how nurses that migrate and do not qualify or have the means to undertake nurse registration who often become care givers may not be experiencing these same positives (Mowat & Haar, 2018; Walker, 2010; Jenkins & Huntington, 2016; McGregor, 2012; North, 2007; Woodbridge & Bland, 2010; Zurn & Dumont, 2008; Burrow et al., 2017). Another common highlight identified by participants was the friendly nature of people and the environmental beauty in New Zealand (Mowat & Haar, 2018).

The literature has identified negative and positive experiences within their samples and that these factors are related to gender, occupation, and race. Choi et al. (2019) explored the impact of power dynamics and culture on IQN when settling into a new country and organisation. Highlighting how impactful these different understandings of power dynamics impact employees at work. This introduced the idea that social identities such as race, occupation and perceived self-worth are impacted by the power dynamic between migrant nurses and other groups (Choi et al., 2019). The experience of migration comes with its own

challenges and opportunities. There is potential for a better quality of life, however, a large contributor to that is getting employed. A longitudinal study on the mental health and employment of immigrants in New Zealand reported poor mental health for the first two years after migrating regardless of employment status (Pernice et al., 2009). Following this two-year period there was an increase in employment prospects and as a result, a slight improvement in mental health (Pernice et al., 2009). This is concerning as Asian migrants who enter the country have good health initially in comparison to other groups in New Zealand (Wong, 2015). Underemployment was identified as a mental health risk as it was correlated with perceived or real status loss (Ngocha-Chaderopa & Boon, 2016; Ho et al., 2003). Unemployment heightens the risk of depression, poor adjustment, financial strains and loss of self-worth (Ho et al., 2003) and these factors can lead to migrants accepting poorer working conditions to 'just have' employment. This further exemplifies the complex power dynamic at play and one of many causes that contribute to these women working in less-than-ideal conditions. When policy and organisations do not value the perspectives and experiences of these care workers at work, it can be incredibly disempowering.

Disempowerment can be felt when the perspective of a group is not taken into consideration. This can be seen through studies that prioritise the perspectives of managers over the care workers and using this data to make decisions for care workers. A study conducted of aged care facility managers in Dunedin stated race-based abuse from residents and family members is a factor that created challenges to providing quality care (Ngocha-Chaderopa & Boon, 2016). This places managers at the center of this complex issue, not the employees, which undermines the women's autonomy, perspective and self-determination. Ngocha-

Chaderopa and Boon (2016) drew conclusions in relation to quality of the care provided and the impacts on wellbeing. The study did note that wellbeing was an important factor that contributed to the quality of service provided. Many managers reportedly felt constrained when attempting to minimise racist behaviour from clients, with only some feeling confident to address the issue due to the sensitivity of the topic and poor training of how to deal with this situation. Harris et al. (2006) built on this by exploring the relationship between racism and health in New Zealand, describing its negative wellbeing factors as harmful. In contrast, there have also been instances where residents are mindful of the difficult situations migrants are in, such as loneliness, and offer an element of extra kindness within the sector to show support (Willis et al., 2018). This is an example that highlights the positive connectedness

that can occur within the industry. However, it also showcases why this research must be conducted with migrant care workers to accurately understand their perspective.

Gender, occupation and race interact with the environment and context that they are in. There are two bodies of literature that conflict on whether moving to a more resourceful country improves wellbeing. Literature suggests that migrants moving to countries with improved access to technology, infrastructure and belongings do not necessarily experience improved wellbeing. This is due to poor adaptation (Stillman et al., 2015). It is then not uncommon that mental health is affected by an individual's state of physical health. This is an interesting challenge as healthcare in New Zealand is heavily reliant on foreign trained practitioners (McGregor, 2012). This introduces the process of assimilation and disruption when these individuals migrate and are hoping to begin a life here. Assimilation and disruption are both processes which can be difficult and have an extensive impact on a person's wellbeing.

2.3 Undervalued Nature of Care, Discrimination and its Impacts on Aged Care Workers in New Zealand

Discrimination is the unjust treatment of people for example, because of race and sex. This can often lead to a lack of understanding, acknowledgement or presence of diverse lenses within a society about the discriminated group (Cambridge Dictionary, n.d.). As a result, policies, perspectives, media and actions often unconsciously support indirect and unconscious racism. Industries and societies with diverse workforces would benefit from improving their understanding of this lens (Briones, 2009) and would potentially result in support structures and knowledge that are better suited, more useful and also inclusive of these migrant women (Briones, 2009).

The presence of this discrimination in the industry is supported in literature (see Kiata & Kerse, 2004; King et al., 2013, Montayre et al., 2018, Nichols et al., 2015). Discrimination from colleagues, managers, residents and residents' family members have negative impacts on the migrant women and the quality of care provided (Ngocha-Chaderopa & Boon, 2016). Migrant care workers also have reported hostility from their local co-workers. The same study noted a case of insubordination and bullying despite the migrant care worker being their senior (McGregor, 2012).

A New Zealand study on multiple forms of discrimination concluded that discrimination based on race resulted in it being more likely for workers to experience several forms of discrimination, including gender, socio-economic status and occupation (Cormack et al., 2018). Cormack et al. (2018) stated that is important for migrant female care workers in particular, as they are susceptible to discrimination on three of their identities: gender; race; and cultural factors. Ravenswood et al. (2021) added to this argument through a recent report of over 2000 ACW, stating that over 23% did not feel safe at work. These factors influence societal understandings of how they interact and are treated by others. As a result, migrant ACW in New Zealand can have decreased opportunities for employment progression, which further supports the need for a different lens to change this. A comparative study by Choi et al. (2019) between domestic and foreign nurses suggested that the changes and nuances within power dynamics proved a significant contributor to this. This poses the question of how the institutions expect the submissive player within these relationships to question complicated cultural power dynamics while already facing the challenges of potential racial and gendered discrimination.

McGregor (2012) reported that the healthcare unions were asked to comment on migrant care workers and their visa status impacting this. The impacts of this power dynamic are highlighted when work permits are utilised as a threat to negotiate pay, work conditions and rosters (McGregor, 2012). An anonymous migrant nurse stated that those on work visas are made to work the undesirable weekend and night shifts that Pākeha do not want (McGregor, 2012). This is an example of how discrimination and the power dynamic is used to exploit migrant workers. If these workers disagree with these conditions, they face losing their visas (McGregor, 2012). Sang and Calvard (2019) support this by stating that when migrants from white passing Western societies migrate, they often experience the fortunate advantage of passing as an undetectable migrant and having less cultural adaptation issues. When skilled migrant women move to New Zealand and experience difficulties within their profession due to racism or qualification recognition, they often participate in care work (Sang & Calvard, 2019; Shutes, 2011). This acknowledges how the differences in gender, race and cultural identity impact employment discrimination. This can have impacts on the self-determination of those experiencing this.

Self-determination and self-efficacy are consistently impacted by issues of a dominant lens of a country, undervalued industries and discrimination. Self-efficacy is the belief of oneself

that they can execute and succeed in a chosen action. These themes are linked by a feedback loop to further decrease self-determination through aspects such as self-worth. Self-worth can act as a motivator to demand more within employment and life. This can perpetuate a narrative that aims to keep care workers undervalued. ACW remuneration and conditions remain low and difficult despite demand surpassing supply, with the expectation that this relationship will remain and grow (Huang et al., 2012). The impacts of self-determination and ACW are explored in Lock et al. (2018) and Shrestha et al. (2021a). Shrestha et al. (2021b) undertook a systematic literature review to give a brief overview of the factors impacting self-efficacy of ACW. The study concluded that job related intrinsic factors and extrinsic factors impacted how they cared for others. However, the study noted that despite the culturally diverse range of ACW, culturally diverse understandings of self-efficacy were not considered and the topic needed to be considered from the perspective of ACW to improve understanding. Self-determination is hugely influential on autonomy and consequently how much autonomy an individual has and uses within their lives. It is interesting to consider how autonomous these individuals feel and how that has changed through their lives. There is a lack of literature that discusses how these factors impact the wellbeing of ACW and how this impacts what ACW can do; this has been identified as a gap within the literature and will therefore be explored within the findings section.

2.4 Coping Strategies

It is important to also consider the personal contribution and positive experiences of these workers in relation to their wellbeing. van der Ham et al. (2014) conducted a mixed methods study of Filipino female care workers to identify positive impacts on their mental health and key resilience factors. The key coping strategies identified were religion, crying, resting/sleeping, talking to loved ones and gaining strength through family connections. Similar findings are seen in Ladrido-Ignacio et al. (2017). These strategies are impacted by environmental and personal stress. When asked to discuss their positive experience with employers a third of respondents did not have any; while those who noted feelings of family at work, strong relationships and material gifts experienced a sense of joy and higher levels of wellbeing. Those who had no social support either personally or at work noted much lower levels of wellbeing.

Low et al. (2022) concluded through regression analysis that support, confidence and coping skills must be further addressed within the age care industry to prevent issues of burnout. This is supported by Ho et al. (2003) and is relevant to consider as migrant women have been identified as experiencing social isolation because of removing their typical support networks when mirgating. This is supported by Snook (2015) who investigated the need for love within the aged care sector. van der Ham et al. (2014) explored the relationship between internal resilience and environmental factors, stating that care workers often became accustomed to poor treatment and working conditions and they tend to accept this as 'normal' (van der Ham et al., 2014). The study had mixed results on whether the women felt that they had good wellbeing overall (van der Ham et al., 2014). It is apparent that the women themselves have a disposition of resilience and strength. However, this shows a large contributor of these coping skills come from within the individuals and that the reality of wellbeing is quite different from the perceptions. Furthermore, it suggests that it isn't necessary for the industry itself to prioritise the wellbeing of these employees, as they rely on the fact that they will manage by themselves. This emphasises that migrant wellbeing at work is seen as an individualised issue rather than a societal priority. Gaining further understanding of what factors these people draw on for support will allow for a better understanding of their wellbeing. The lack of research on what supports this group has been discussed in the gap analysis. These factors are also reflected within the findings and will be discussed in the findings chapter.

2.5 International Research

The undervaluing of care work, poor industry conditions and concerns for the sector is an issue present in many OCED countries (Teguihanon & Cuaton, 2020; Ferrant et al., 2014). These previously cited international studies have explored how this has been discussed. The undervaluing of care work and as a result the migrant women who work within this industry will be discussed to contextualise the wellbeing of this group. Aged care work is impacted by the presence and understanding of gendered, and racialised work. The issues of low pay, mistreatment in the workforce, employee conditions and care, and intensive work have been placed upon migrant women by the societal beliefs and structures which are reflected in policy (Huang et al., 2012; Kussmaul et al., 2019; Charlesworth & Heap, 2020; Shannon & McKenzie-Green, 2016). Huang et al. (2012), discuss how this is a deeper issue, exploring why such work is put on women and how society justifies the choice to do so.

Cuban (2013) suggested that migrant workers are 'happy' to partake in low skilled work to improve their English and gain greater opportunities. However, this is contested by Mowat and Haar (2018), Elliott et al. (2017) and Ravenswood (2017) who all discussed these workers desire for better conditions and described the qualification barriers as restrictive. This is supported by other research stating that workers, both local and migrants, are wanting better working conditions (Gao et al., 2014; McGregor, 2012; Ravenswood et al., 2014; Bahn, 2015). Gao et al. (2014), through a study of aged care nurses concluded that high turnover in the industry is directly impacted by job control, managerial support and team support. Additionally, the implementation of further coping resources and lower job demands had a positive relationship with improved psychological health such as mental health, emotions and social ability (Gao et al., 2014).

Migrant workers care for OCED countries' vulnerable and in many cases leave their own potentially vulnerable family who are left to cope with significant changes to their own care in their absence (Teguihanon & Cuaton, 2020). Huang et al. (2012) states that there are reported experiences wherein the workers will develop a care relationship with the elderly they care for, which is reminiscent of a primary caregiver relationship. The literature discusses that women within the healthcare industry will often leave their family behind and migrate internationally for employment. This is due to a combination of factors but notably the growing demand for international care workers due to the families of the elderly either being unable or unwilling to provide physical and mental care for their loved ones. These factors should be considered and reflected in their level of respect, treatment and compensation.

So as migrant workers care for our vulnerable, their own vulnerable family members are left to be coping with changes to the care they receive with their primary caregiver absent (Huang et al., 2012; Baldassar et al., 2017). Baldassar et al. (2017) explored that while this dynamic plays out for families, the workers are developing care relationships with the elderly they care for and it has often been described as becoming a more daughter-like relationship. This is done at the expense of their own families in some cases. It has been stated that the effects of this on overseas Filipino workers must be further understood (Ladrido-Ignacio et al., 2017). This is relevant because as discussed previously, Filipino workers comprise a large portion of migrant care workers in New Zealand (Manch, 2021).

Literature has explored that despite these workers moving away and caring for others, they are still caring for their own families from afar. Aiken et al. (2004), Awases et al. (2004), Nowak and Preston (2001), Mowat and Haar (2018), King-Dejardin (2019) and Teguihanon and Cuaton, 2020 all discussed how it is common that remittance, i.e. financial support, is sent back home to their loved ones, which emphasises another level of support these individuals provide to others. The care these workers share is clear and the conditions that they expect when migrating are impacted by multiple external factors including the conditions they come from.

Ladrido-Ignacio et al. (2017) explored how the National Mental Health Program created in the Philippines post revolution in 1986, has attempted to implement change within mental health, and the absence of mental health law in the country to little success. This provides further understanding as to why this portion of health workers may not be accustomed to expecting their government to provide conditions legally that address mental health within employment; while still providing and giving care in both informal and formal settings.

2.6 Lack of Intersectionality and a Migrant Lens for Wellbeing

This section will explore literature that highlights how existing conditions and structures fail to apply and acknowledge the impacts of intersectionality and a MWCL within this topic. A migrant women centered approach is a lens that places migrants at the centre of choices. This can be done by asking migrants what they need and valuing their perceptions. The absence or presence of this lens in decision making can be influential and speaks to the importance of the underlying societal, and cultural norms of decision making and its impacts (McGregor, 2012; Montayre et al., 2018; Cuban, 2013). This has impacted the understanding of wellbeing and led to some inaccurate conclusions within the topic. These concepts are important in creating the appropriate lens to understand this topic. The literature that supports this point will be explored to argue the need for a MWCL within this topic.

Erel (2007) argues that when research is conducted on migrant women in a Western setting, the preconceived biases and perceptions of migrant women often construct inaccurate knowledge. Also arguing that by placing migrant women perceptions of self and society at the center of research the knowledge constructed can be transformative and empowering. It states that this lens shift can create changes to women's job prospects, opportunities and

cultural connections. This study acts as a prominent example of why this lens shift is needed. There has been a growing body of literature that explores agency, and exploitation of women migrating (see Krummel, 2012; Briones, 2009; Erel, 2007; Lindio-McGovern & Wallimann, 2009; Schrover & Yeo, 2010; Rydzik & Anitha, 2019). This is relevant to consider when arguing the need for a MWCL.

The literature analyses how the dominant lens within a society is reflective of the race, political interests, gender biases, culture, religion and other characteristics that are prominent within society. These combine to create the main societal understanding of a topic and therefore the lens that issues, solutions and actions are viewed through (Krummel, 2012; Briones, 2009, Erel, 2007; Lindio-McGovern & Wallimann, 2009; Schrover & Yeo, 2010, Rydzik & Anitha, 2019). Employment is an example of this and migrant women have been shown to have lower employment rates than their counterparts, due to aspects such as language barriers and the non-acceptance of international training and qualifications (McGregor, 2012) This has yet to be explored in relation to the wellbeing of migrant women ACW. However, the literature focusing on migrant women, globalisation, agency and the impacts of external power dynamics/structures highlights its relevance to the topic of this research.

The lack of a MWCL also highlights the power imbalance between migrants and their host country. Literature has mentioned how the host country holds more power, and therefore, the chosen lens aligns with their interests (McGregor, 2012; Thompson, 2019; Choi et al., 2019; Ravenswood, 2011, 2017; Krummel, 2012; Briones, 2009; Erel, 2007; Lindio-McGovern & Wallimann, 2009; Schrover & Yeo, 2010; Rydzik & Anitha, 2020; Ravenwsood & Harris, 2016). Choi et al's (2019) study of migrant nurses found that the power dynamics within the sector can have one of three outcomes for workplace relationships: being perceived as an outsider; working in a collaborative space; or a hybrid of the two; highlighting that there is in fact an impact within the aged care sector. Ravenswood (2011) argues that within the aged care industry this is dependent on the leaders and educators to educate the interest group.

Interestingly, Briones (2009), when discussing women migrating for employment state that the process within this power imbalance can be both agency enhancing and constraining. These power relationships are affected by the societal perceptions of industry. As stated previously, factors such as employee participation, employee wellbeing, the politics and economics within the country and industry are shaped by power dynamics. This reinforces

the importance and consequences of including or excluding a MWCL. The literature supports that by having this documented through policy further solidifies a societal narrative that dismisses and curtails migrant viewpoints (Krummel, 2012; Briones, 2009; Erel, 2007; Lindio-McGovern & Wallimann, 2009, Schrover & Yeo, 2010; Rydzik & Anitha, 2020; Ravenswood, 2017).

Sang and Calvard (2019) discuss how the absence of person-led decisions directly impacts and creates a complex sense of self. This is supported within literature that discuss how the power dynamic mentioned can be dismissive of the experiences of FMCW as they do not hold the power to change these larger scale ideas such as societal perspectives and consequently the lens which creates policy (Ravenswood, 2017; Briones, 2009; Lindio-McGovern & Wallimann, 2009). Hence, the current exploration of agency and exploitation of migrant women workers and further pointing towards a need for a lens that notes and formalises their perspectives (Briones, 2009; Lindio-McGovern & Wallimann 2009).

Literature discusses how this has had a direct effect on the livelihood of these women, through policy, employment and societal acceptance (Krummel, 2012; Briones, 2009; Erel, 2007; Lindio-McGovern & Wallimann, 2009, Schrover & Yeo, 2010, Rydzik & Anitha, 2020). This has yet to be linked to wellbeing, however, it is known that these factors impact wellbeing as discussed by Strestha (2021a) and Strestha (2021b). A MWCL in this context would encompass how all their identities and experiences impact their wellbeing. Kanengoni et al. (2018) argues that the factors at destination of arrival such as discrimination, cultural adjustments, separation from loved ones and exploitation and unchangeable aspects such as gender, age, genetic factors and socio-economic factors may have more immense impacts on wellbeing.

Kanengoni et al. (2018) also argue that wellbeing can be improved if factors within the control of the host country such as policies and support are made through laws. This is supported by Ho et al. (2003), who state the health of migrants worsens due to the intersectionality of numerous factors which restricts their access to health services and support. These factors include knowledge of the system, lack of financial resources, and language and cultural barriers. It is important to explore which factors are attributed to the individual and which are a result of structures out of their control. The combination of vulnerabilities tends to create a uniquely different set of experiences and challenges. Hence the need for a lens that better aligns with the values of the group.

Following a MWCL, strategies would need to be decided by migrant care workers, *for* migrant care workers. A MWCL can only be understood and implemented if those who are in power apply these changes. The undervalued industry has seen changes to the perceived value of care work (McGregor, 2012). An example of this is the Barlett case, which discussed the unequal pay received in the aged care sector in comparison with equal skill requirements within a male dominated industry (Vavrus & Bartlett, 2023). However, this change was only possible because of services, such as unions, being utilised (Baird et al., 2017). This and other recent changes in the care industry, such as paid parental leave, flexible work arrangements and family tax credits are a result of societal demands (Baird et al., 2017). This illustrates how social perceptions, and therefore demands, can impact government support. Unfortunately, the self-efficacy and situations of many migrant aged care employees make it difficult for them to advocate for these changes (McGregor, 2012).

Literature supports the need for intersectionality to be acknowledged when creating supports, and for a migrant centered lens to act as a key consideration to aid this process (see Krummel, 2012; Briones, 2009; Erel, 2007; Lindio-McGovern & Wallimann, 2009, Schrover & Yeo, 2010; Rydzik & Anitha, 2020). It is important to humanise the research and consider the reality for the individuals experiencing the impacts of this lens, when considering supports offered in the aged care sector. The workers are often trained as qualified nurses but end up taking positions in the aged care sector as care assistants due to barriers to getting their qualifications recognised in New Zealand (Badkar et al., 2009). These women have studied and worked hard to become nurses, and moved to gain more opportunities for themselves or their families and overcoming these systemic barriers is out of their control to a degree. On further examination, it has been argued that the government has the power to address these issues to mutually benefit both parties. For example, the training of nurses from the Philippines does differ from that of New Zealand (Walker, 2010). But, as explained by Zurn and Dumont (2008), a stronger relationship with countries training these migrant health workers such as the Philippines would minimise the need for cultural and workplace re-training. Furthermore, taking this lens would mean that in times of crisis and nurse shortage such as COVID-19, the migrant health care workers could provide the best way to bridge this gap if those in power held this lens. This section has discussed and analysed the impacts that the absence of a migrant centered lens has on work and wellbeing, as well as how these external factors contribute to the lives of these migrant women.

2.7 Theoretical Background/Research Methodology Review

The theoretical underpinnings of this research draw on the works of Helne (2021) who argues that wellbeing in recent years has been constructed through a capitalist lens, which has come at an extremely high cost (Helne, 2021). Wellbeing is linked to the sustainable transformation needed today to face crises such as climate change, the Covid-19 pandemic and future anthropocentric issues. The author maintains that when wellbeing is done holistically and sustainably the discourse around wellbeing will no longer be tied to economic biases. The theory used to discuss wellbeing by Helne (2021), the HDLB framework, is a relational, sustainable and holistic approach to wellbeing and is discussed in relation to a hedonic or eudemonic wellbeing and how it interacts with these constructions of wellbeing.

Helne (2021) further argues that gross domestic product (GDP) has historically been used to measure wellbeing, and this has a direct correlation into the discourse surrounding wellbeing, and its capitalist means of measurement. Wellbeing is explained as a subjective experience that cannot be simplified down to objective measurements. This framework aids the implementation of a migrant centered lens and the presence of intersectionality because wellbeing is seen to go beyond objective measures of wellbeing to how the person experiences them. In the case of a migrant centered lens this means: what the person has; what their being is; what love is present; and what they do. These elements should be considered by them for them, not by what others decide is present for them. Additionally, this process draws out the intersectional factors within their lives, as when the individuals are allowed to explain their thoughts, experiences and wellbeing through their own lens these factors emerge organically, rather than viewing each aspect of wellbeing in its silo.

Helne (2021) contends that in order for wellbeing to be done correctly it must encompass the full experience of individuals and their environments. The physical, mental, immaterial and material considerations relevant to wellbeing exist in an interdependent relationship and consequently cannot be compartmentalised, contrary to the dominant individualistic discourse that is often present in capitalist societies. Helne (2021) further argues that the anxiety the world feels towards wellbeing is humans having an intrinsic acknowledgement on how the capitalist world is endangering both the people and the planet by failing to prioritise sustainable need fulfillment.

The HDLB approach segments wellbeing needs into four categories. The ecosystems need for Having, refers to the existential meaning of having; possessing the ability to have, keep, take care of, and use certain things that are necessary to survival. Wellbeing would therefore encompass a person having enough of what they need. Doing relates to the meaningful activities that an individual partakes in that aligns with their values and allows them to access their intrinsic motivations. Loving within this theory encompasses loving humans and non-human aspects such as the environment and speaks to a relational model that includes past and future love for people and the world. Love is to be understood in a much wider sense than the typical discourse surrounding love. The element of Being is the physical and mental health of a human. This includes aspects such as spirituality, authenticity, relations to the world, presence, and freedom.

The model aims to highlight the importance of doing, loving and being and its consequences on wellbeing. It acts as a counterargument to the theories that argue that with higher materialistic having's, that wellbeing should increase as a result. It aims to justify why economic growth is not a substitute for these other wellbeing factors. The dominant understanding of wellbeing is often narrow and compartmentalised, in turn creating a false self and false understanding of wellbeing. However, in the context of policy, organisations, and international law, it is in their best interest to compartmentalise people in order to alleviate the responsibility that these people have to take care of their workers, societies or organisations. This power imbalance combined with the price of wellbeing and the dominant discourse surrounding wellbeing, is a contributing factor to the how capitalist societies have maintained and will continue to negatively impact the wellbeing of people, showing how capitalism is intentionally constructing wellbeing to benefit their systems.

This theory is relevant to consider when researching migrant women employed in aged care as it creates the background for potential reasons and understandings of the current climate. These combined perspectives will allow the researcher to make sense of the data, suggest recommendations and highlight how the researcher creates understanding with participants. Previous research and their use of theoretical backgrounds were reviewed. The relevant theoretical frameworks which were considered were human capital theory, acculturation theory, and feminist theory (George et al., 2017; Bahn, 2015; Choi et al., 2019; Ravenswood, 2017). Each of these theories were useful in examining care workers and allowed for deeper

understanding of the topic through their chosen theoretical lens, however, these approaches highlight the need to break this siloed approach.

Comparatively, two of the most useful studies within this literature review, Mowat and Haar (2018), and Jenkins and Huntington (2016), had no discussed theoretical background despite being academic articles. Other influential and useful articles reviewed were Callister et al. (2009) and Callister et al. (2014) whose studies took a more practical, quantitative approach, but also had no theoretical background. The lack of theoretical background further highlights the need of this research and the application of theory. Additionally, for that theoretical background to be consistent with the values and knowledge of its participants. The MWCL and the HDLB are needed within this body of literature to offer a unique and new theoretical background to analyse this topic and combine the siloed information to create a deeper more accurate understanding of the topic.

2.8 Gaps in Research

As seen within the literature review there is a limited body of knowledge that addresses the wellbeing of migrant women employed in aged care in New Zealand. Studies tended to focus on nurses within aged care, and aspects such as productivity, labour shortages and other work-related topics. Therefore, highlighting the absence and therefore a need for research that builds on these conclusions and explores how these elements impact wellbeing.

Jenkins and Huntington (2016) stated that further research with larger sample sizes must be done to understand the experiences of IQN in aged care within New Zealand. George et al. (2017) did the most similar study to this research titled, “Valuing the health of the support worker in the aged care sector”. However, the study did not focus exclusively on women, but nonetheless did by coincidence get only women. All participants bar one was of European descent and therefore cannot be generalised to migrant women; despite this the study is useful to build on and to the knowledge of the researcher is the first study to combine all these topics in New Zealand. This perspective is reinforced by Ngocha-Chaderopa and Boon (2016) and Van der Ham (2014), who stated that further research must be done to understand migrant care worker’s wellbeing from the perspectives of the care workers themselves. Both authors state by doing so this empowers the individuals and emphasises their capabilities within research and practical outcomes.

This research contributes to the theoretical bodies of knowledge by applying the HDLB model to the wellbeing of women ACW in New Zealand as this wellbeing theory has yet to be applied to this topic. Additionally, by taking on a MWCL this research is the first to address this topic while using this to underpin the literature. In addition, the small amount of research done within New Zealand on female migrant health has generally been conducted according to Western ideologies of health (Kanengoni et al., 2018). Research approaches applied to examine migrant health that are not culturally appropriate create results that may not be completely accurate or relevant. Hence, there is a need for culturally relevant knowledge to be applied. For a vulnerable population this causes challenges as they may not have the resources to correct this disparity (Callister et al., 2014). Applying culturally relevant methodology has an impact on the research design itself and increases the usefulness of the findings (Kanengoni et al., 2018). Additionally, Adebayo et al. (2020) discussed how the wellbeing of migrant care workers should be further explored as it is both a human right and an obligation of policy makers and aged care organisations. This gap is supported by Ravenswood et al. (2021) and Garces-Ozaane and Carlos (2022), who both further stress the importance of understanding these issues to provide safe conditions within the industry and prioritising the mental health and wellbeing of this group.

The existing body of knowledge, specifically in New Zealand, shows a clear gap in the practical understandings of this topic in relation to how conditions and policies impact the wellbeing of this group. The experience and understanding of their wellbeing through their perspective is incredibly valuable to policy makers when trying to provide, change and alter support within the industry. This is especially relevant when trying to retain and attract workers to the industry. This was mentioned within the recommendations for future research by Ngocha-Chaderopa and Boon (2016) who stated how their research made conclusions about the migrant care workers based on studying the managers of the facilities. This signals how the knowledge created from this study did not place the migrant women at the center of their knowledge creation.

Furthermore, the limited research on female migrant ACW wellbeing in New Zealand illustrates how despite implementing a small amount of settlement strategies, the progress and success of these on the wellbeing of these women has not been investigated (Horner & Ameratunga, 2012). This highlights a need to further investigate how the women are feeling, both within the industry and about their lives in general in New Zealand. Additionally, the

lack of research in New Zealand which focuses on the wellbeing of FMCW highlights the gap within the research. The existing research also showcased how the methods and focus of existing research fails to place the participants at the center of the research when deciding how to conduct, analyse and create the research. Therefore, the unique contributions of this study include the use of MWCL, the HDLB, and applying this to MWCW in New Zealand.

2.9 Chapter Summary

People "make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past" (Marx, 1996, p. 38). This quote illustrates the relationship between the agency of individuals and the structures they operate within. This literature review has explored the significance of migrant women and care work within New Zealand. Themes within existing literature were discussed, including the lack of a migrant centered lens, the undervaluation of care work and discrimination towards migrant women.

3. Methodology

This chapter presents the methods used to answer the RQ. This study focuses on the experiences of migrant women employed in aged care in New Zealand. A qualitative approach is the most appropriate way to construct meaningful self-representations of migrant women's experiences. Vargas-Silva (2012) states that the success of research on minority migrant groups relies on three aspects: the preparation done prior to the research; the application of appropriate techniques; and the proper analysis of the data. This is true for this study and the implications of this have been seen when constructing meaning from the interviewees. These factors are relevant as they shape the relationship between the researcher and the participants (Berger, 2015), which has a direct impact on the quality and richness of the data collected (Vargas-Silva, 2012). Taking this information into account, and inspiration from a study done on the managers of migrant care workers in New Zealand, this research examines how this type of employment impacts wellbeing and the quality of care provided (Ngocha-Chaderopa & Boon, 2016). The exploratory nature of this research aligns with qualitative methodology. This chapter discusses the research objective, qualitative research

design, the methods used, the epistemology and ontology, the justification of chosen methods, data collection methods, how the data was analysed as well as the challenges during the research.

3.1 Justification of Qualitative Method and Interpretivist Research Paradigm

As this research aims to understand what factors affect migrant women employed in aged care in a New Zealand context, considering the factors that contribute or constrain their wellbeing experiences was a key focus. As stated within the literature review, a migrant centered lens will allow for more reliable and accurate data (Erel, 2007).

The perceptions of the world and the knowledge and reality of it are related to the social constructions, social perceptions and history of a concept (Flick et al., 2004). Within non-Western societies knowledge, learning and understanding, is often based on storytelling, meaning creation and shared learning (Erel, 2007). Qualitative methods of research are consistent with this because they seek to understand complex relationships and gain rich contextual meaning behind the phenomenon (Queirós et al., 2017; Morse & Field, 1996). Qualitative methods also allow for participants to provide more in-depth answers in relation to questions such as their thoughts on the internationalisation of carers, support, cultural issues, employment and wellbeing (Castleberry & Nolen, 2018). Cederberg (2014) notes that these methods are also useful in understanding the power dynamic and discourses surrounding the migrant experience. Qualitative research also supports the inductive, interpretivist stance which relies on the richness of qualitative data to guide the creation of reality and the conclusions of the research.

The theoretical and practical implications realised through the study are more likely to have a useful impact on the group if the empirical findings and analysis methods are consistent with their values and beliefs (Erel, 2007). Therefore, the data collected is only relevant within the context of the correlating meanings and interpretations of reality (Mullhall, 2003). Aygören and Wilińska (2013) point out that relying on the reality of migrant women within research, moves beyond the victimhood discourse that is often present within literature and seeks to understand the differences in responses and meaning creation of these women. This research takes inspiration from this and aims to recognise the differing responses to a range of physical and social factors. The themes that emerge will be analysed with the understanding

of prior literature analysis. This has been discussed as a useful supportive method as it allows for the researcher to make partial inferences based on the combination of this information (Vaismoradi & Snelgrove, 2019). Castleberry and Nolen (2018) argue that the analysis process is often not fully explained to the readers, in turn affecting reliability and therefore suggest that the steps of compiling, disassembling, reassembling, interpreting and coding must be used.

The use of quantitative methods would be inconsistent with the migrant centered lens as it dismisses the importance of storytelling and makes assumptions of their experiences (Queirós et al., 2017) and would limit the understanding that can be drawn from the data. In essence, life stories are an important lens which combines the subjectivity of experiences and the impacts of outside factors (Erel, 2007; Jung, 2014). Cultural studies use qualitative methods, as it is advantageous in understanding the connections between societies and cultures because it can allow for theories and implications to be developed as a response to social phenomenon within specific contexts (Flick, 2004). It is also useful when analysing power relationships and is particularly relevant when researching a vulnerable group (Flick, 2004).

Qualitative methods are also useful for their reflexive and context dependent meaning creation. Additionally, as the study is exploratory, the use of qualitative methods allows for unknown themes and ideas to emerge from the participants responses (Flick, 2004). The use of open-ended questions gives structure to the interview process but also supports uncovering the multiple realities present (Queirós et al., 2017). This aids in the sensemaking process for the topic and allows for the meanings of the phenomenon to be better understood and interpreted (Ngocha-Chaderopa & Boon, 2016). Cederberg (2014) also maintains that these stories and realities are interconnected with the social context and stories of others. As a result, these methods and multiple participant experiences provided information that may support or challenge existing literature and other participant answers.

This study is conducted based on subjectivist ontology. Reality will be seen as context dependent, therefore allowing reality to be constructed based on the 18 interviews. The epistemological position is inductive interpretivist as the knowledge used will be based on the perspectives of participants (Ngocha-Chaderopa & Boon, 2016; Erel, 2007; Queirós et al., 2017). These assumptions allow for a richer understanding of the experiences and care given by the participants and the care they in turn received to be analysed in depth. While further exploring how the relationships between intersecting issues interact. Table 8.1A (see

appendices) presents the ontological and epistemological stances as well as methodology used.

This study assumes that there is no single reality but multiple realities which co-exist. Reality is dependent on both the empirical materials and findings given by participants and the researchers' interpretations of this data (Dearnley, 2005). Consequently, factors such as gender, ethnicity, social background and history influence how reality is constructed (Erel, 2007; Merry et al., 2011). It is for this reason that the researcher has a role in the data interpretation and cannot be separated from the study (Ngocha-Chaderopa & Boon, 2016). The interpretations of the migrant women, their experiences in employment as woman, and their perceptions on wellbeing will also have an impact on the researchers' interpretations.

These assumptions were chosen as reality that is relative and gives opportunity for multiple methods of interpretation. The study reflects this by accepting all data and perceptions of reality from participants as their true reality (Erel, 2007). Erel (2007) discusses this by addressing the migrant women themselves, and therefore allows for the relationship between societal discourse and those impacted by these constructions to be critically analysed. Taking this into account, the researcher expects there to be discrepancies between participants and their perceptions of reality. The migrant women who collaborated in the study to create shared knowledge are likely to have different interpretations and experiences. Interpretivism states that social constructs and interpretations of knowledge are what construct reality. The researcher is cautious to generalise the experience of these migrant women. However, using these assumptions and these varied experiences, the researcher hopes to explore common themes between participants.

Constructs such as 'wellbeing' were explored with participants. The definition of these constructs may vary and have an impact on the data. The complexity of this and the answers of the participants offered interesting insights (Goertz & Mahoney, 2012). For this reason, the questions that were asked and topics that were probed, separated wellbeing into physical, mental and spiritual wellbeing, in addition to incorporating the influence of Helne (2021) and the HDLB framework.

3.2 Background of the Researcher and Wellbeing Strategies

Salzman (2002) argues that because the researcher has been a part of the interview process, her position is crucial in understanding how the research is interpreted, and this acts as a tool of further understanding for the reader. Relationship building is aligned with the migrant centered lens that this research follows, hence the relevance of sharing the position of the researchers (Vargas-Silva, 2012). Due to this, the researcher will give some background to the personal significance to them of this topic. The researcher is a young woman with migrant parents of Cambodia, Thai and Egyptian background. The researcher was born in New Zealand but has viewed the challenges that her migrant parents have faced in employment within New Zealand. Her mother works at a low paying retail job. It is clear to the researcher that her mother experiences workplace discrimination and is treated unfairly on the basis of her being a migrant woman. It has upset the researcher when viewing the impacts this exploitation can have and how this discrimination impacts her mother's overall wellbeing.

In addition, the researcher has taken a strong interest in holistic wellbeing and the impacts this has on vulnerable groups. The passion for this research emerges from the researchers' own subjectivity. Based on the ideas of Vargas-Silva (2012), this insider position will have positive effects on the rapport between the researcher and the participants. This common culture and experience may assist in creating necessary trust within the interview (Vargas-Silva, 2012). As stated by Easterby-Smith and Malina (1999) an individual researcher cannot be an insider in multiple cultures. However, the commonalities between Asian countries does give the researcher somewhat of an insider perspective. This in no way minimises the differences amongst Asian cultures, but does however, highlight the initial interest and passion that has drawn out the RQ (Moustakas, 1990). The researcher mitigated any potential biases during the research process, including supervisory review, critical reflexivity and creating neutral questions in order to avoid influencing interviewee answers (Wadams & Park, 2018).

Since the research focuses on the wellbeing of the participants, the researcher will aim to employ positive wellbeing strategies and document her wellbeing over the process of the research. Positive wellbeing strategies included setting aside time for regular movement, acupuncture, adopting mindful moments throughout the research process and prioritising the researcher's own wellbeing. An example of this is delaying the thesis deadline in order to maintain a higher quality of wellbeing for the researcher. This was documented through

notes, which are shown within the HDLB model (please refer to appendix 8.2). This included making changes to the researcher's own lifestyle to ensure wellbeing was prioritised. This same model was used throughout the data collection and analysis process. Watt (2007) states that learning to reflect on your own behaviour improves the quality of qualitative research. This focus on the researcher's wellbeing hopes to guide the researcher on what aspects of their wellbeing impact their perceptions on the topic (Watt, 2007). Recording this may also allow for links to be seen between the researcher's wellbeing and the process of the research (Watt, 2007).

The connection between wellbeing and the quality of learning and research has been explored in existing literature. Tamannaeifar and Motaghedifarod (2014) notes that subjective self-assessed wellbeing among students has an impact on their creativity and self-efficacy. The students' perceptions of their wellbeing and quality of life were said to be related to their emotions, behaviours, physical and mental health, education and skills development, social competence, positive social relationships and their ability to cope. This highlights the importance that the wellbeing of the researcher may have on the research. To elaborate on this Matthewman et al. (2018) state that a wellbeing enhancing model of positive emotions, engagement, positive relationships, life meaning, and achievement (PERMA), when applied to business school undergraduates, saw students developing new learning and cognitive tools.

Subsequently, these factors reinforced the importance of monitoring the researcher's wellbeing as these can improve the quality of the research (Matthewman et al., 2018). Berger (2015) argues that a researcher's social position such as sex, gender, race, immigration status and personal experience have huge impacts on research. However, there is a lack of research which specifically identifies researcher wellbeing as a contributing factor. Nonetheless, wellbeing is a factor within individual experiences that is hugely influential on the research process. In addition, reflexivity is used within research to monitor and enhance the validity of research, as the researcher is intimately involved in the process and findings of the research (Berger, 2015; Finlay, 2002). This then lends itself to validate how researcher wellbeing impacts the research reflexivity, mood, mental, emotional, and physical capacity of reflecting during research.

3.3 Motivations of the Researcher

The researcher is passionate about the issue of wellbeing alongside migrant employment within New Zealand and is hoping to gain further understanding on the topic. The researcher does not, however, expect that this position will be a disadvantage or impact the research negatively, but instead acts as a vantage point in gaining genuine insights from participants. Additionally, as stated by Helegeland (2005), when marginalised groups are given the opportunity to share their experiences it has positive impacts for themselves and their representation. This is another key motivator for conducting the research. The researcher believes that by giving participants the opportunity to share their stories, they would feel further validation and gain a sense of connectedness with others in their positions.

3.4 Methods

An initial three participants were identified and approached to share their knowledge through personal and various migrant community connections. Creating connections and drawing on existing networks, known as the snowball effect, were then used in order to source the remaining participants. Therefore, the interviewees had some direct or indirect personal connection to the researcher. An information sheet and contact details of the researcher were given to the known contact in hopes of receiving participants. Participants included those who are currently or have previously worked within aged care in New Zealand.

3.4.1 Interviews

A total of 18 interviews were conducted in Christchurch, through either face-to-face meetings (13), or via video chat (5). The interviews lasted between 25-75 minutes. The total number of minutes for the interviews was 843 (14.05 hours). All interviews were conducted in English and took place between September and November 2021. A set of interview questions was developed based on the existing literature and primary focus question (Polkinghorne & Arnold, 2014). Each interview was transcribed by the researcher, and the relevant parts of the transcript were highlighted in order to find common themes (Polkinghorne & Arnold, 2014). The transcription process included aspects of non-verbal communication such as pauses, speed, emphasis, tone and hesitations. Where these were relevant, they were noted during the transcription process and added to the richness of the data. When interpreting and creating

meaning from qualitative data to best understand the interviewees' intended message, looking further than just what is verbally said is vital (Bailey, 2008; Vargas-Silva, 2012). It also contributes to communication which shapes the meaning of the responses. This was used to create Table 8.1b (see appendices). Each interviewee was also assigned a number to retain anonymity. The use of semi-structured interviews and storytelling were combined as this allowed for rich exploratory data to be collected. This also allowed participants to be asked the same questions, while also having freedom to express additional information (Dearnley, 2005). The use of open-ended questions created an environment conducive to the exploratory, inductive nature of the research method. This type of interview reflects a social constructionist approach as it acknowledges both the knower and the known (McIntosh & Morse, 2015).

In addition, the researcher can probe participants based on their responses. McIntosh and Morse (2015) refer to semi-structured interviews as exemplifying empathetic interviewing, and state that this is particularly useful in critical feminist research. Suggesting that both the researcher and the interviewee create meaning from shared knowledge towards change. However, the use of semi-structured interview questions was used as a loose structure, as the storytelling of the participants was found to be more useful. The questions were used as a guide and were adapted over time as some questions were found to be more relevant than others. The interview questions (see appendix 8.5), were adapted based on a wide range of varying factors. For example, how open the participant was, their level of English, and times when participants would 'lean into' more questions than others. The ability to modify or exclude questions was primarily based on how the researcher perceived the participants level of 'buy in' towards the question.

Furthermore, semi-structured interviews allow for conversations with a purpose to be conducted and is a very useful tool in creating sense and meaning from the participants' realities. The flexibility of this method of data collection allowed the researcher to direct the conversation towards topics of interest, while also creating a free environment to offer other relevant information (Dearnley, 2005). This method is vital in understanding how migrant women perceive the support they have available, the structural and personal aspects that contribute to their wellbeing and employment relationship (Erel, 2007).

Returning transcripts of the interviews to participants also adds to the validity of methods and allows participants to be confident with their answers following a period of reflection

(Dearnley, 2005). Transcripts were therefore returned to participants by email eight weeks after the interview took place. See Appendices for the details of the interview procedure and questions.

3.4.2 Storytelling

Storytelling is useful as it aids in unpacking contextual factors and the complexities that are presented (Liu et al., 2012). Notably, storytelling has been used to study East-Asian participants in varying Western contexts, as this allows for deeper meaning to be made of an individual's personal experience and self-perceptions within a different context (Iseke, 2013; Wang, 2015). This combination of methods is inspired by Iseke-Barnes (2009), who used storytelling while interviewing indigenous participants. However, the study incorporated the use of semi-structured questions by having a list of probe questions to give participants direction of what topics to discuss. During the interviews this meant that the researcher was able to give participants a chance to share what they viewed as most important in relation to the research topic, while also having questions prepared if participants implied or communicated that they wanted direction on what information to offer.

Storytelling is significant as it interacts and intersects with a wider understanding of gendered experiences. Furthermore, feminist narratives and the emotional elements shown within storytelling are useful in communicating to the audience and the position of the teller. This includes positions such as the heroine, the triumphant, the wounded or the marginalised (Llmonen, 2020). Therefore, this can allow audiences to connect with this new knowledge on a human level through the emotions described and understood through this method. A study by Simonds and Christopher (2013), explored adapting Western research methods to Indigenous ways of knowing. The study discussed how decolonising research is a process and researchers should therefore pay close attention throughout to the theories and methods used to ensure they are appropriate. Storytelling is included as a culturally and contextually appropriate method of knowledge creation (Johnson & Christensen, 2012).

3.4.3 Reflective Field Notes

Field notes give insight into the people and processes at play within a phenomenon (Queirós et al., 2017) and can be useful when searching for greater understanding of the structural and organisation features of a workplace, the behaviour of the women, and act as a reflective diary of aspects observed, that may influence the researcher's perspective and observations (Mullhall, 2003). This is presented as an appropriate method when wanting to understand the behaviour of people and the experiences of individuals and groups (Queirós et al., 2017). It can be acknowledged that the stance of the researcher may play a role in what is noted; however, this is consistent with the chosen methodological assumptions (Symon & Cassell, 2012). It has been argued that there is an improvement in the quality of insights from researchers when they take an active role in reflection (Easterby-Smith & Malina, 1999). As stated by Finlay (2002), feminist versions of reflexivity have arisen as a tool to reframe and rebalance the power imbalances between participants and researchers. These ideas will influence the researcher to discover unconscious bias, influences and interests throughout the study. This aims to create a co-construction of knowledge which is transparent, and keeps those involved accountable (Finlay, 2002). This is useful as the relationship between participants is impacted by this awareness. The dynamic between interviewer and interviewee is greatly impacted by age, culture, sex, environment, ethnicity, power difference and knowledge imbalances and because of this, the use of reflective notes attempts to uncover and acknowledge these factors (Merry et al., 2011).

The use of reflective field notes encouraged the researcher to question, make sense and improve the validity of the theme development. It is understood as a method that minimises exploitation and maintains ethical relationships (Berger, 2015), while further developing the researcher's interpretation of the data (Vaismoradi & Snelgrove, 2019). Furthermore, Symon and Cassell (2012) state that the inclusion of reflexivity considers the complex nuances within the research process and how over time the epistemology and the ontology of the researcher may develop and change over the course of the research. This is relevant as a subjectivist view incorporates the perceptions of the researcher, therefore any changes in the researcher's knowledge of the topic should be noted (Symon & Cassell, 2012). Maintaining notes of the researcher's feelings, emotions, interactions and shifts in perspectives were essential for transparency of the process when analysing the data.

During the interview process the researcher kept reflective notes about her experiences conducting the study. A portion of the notes discuss the process of gaining participants, for example:

> *I did expect to dedicate time to relationship building. Through having a connection, I was able to meet participants where they felt comfortable. I have spent time at children's birthday parties, dinners and coffees. This really helped build trust and meet the interviewees.*

Another reflection spoke of the researcher's frustrating moments:

> *I began getting to worry that I would not be able to get all the interviews done in time as a couple times participants would reschedule two or three times. For reasons such as the weather looked too bad, or their work schedules changed.*

These notes highlighted the unique context of conducting a study within a Western environment with migrants from a wide range of locations. In contrast, the notes also highlighted the fulfilling aspects of the research, as shown through the following note:

> *Today at the interview following the final questions a participant said to me "I have never shared these things with anyone, so it feels good to share this with someone". I felt so touched that I gave her the chance to share her story and that she found comfort in sharing that with me.*

These notes gave useful insights into both how the researcher felt during the process and understanding the researchers' position or potential bias. This will be explored further within the chapter.

3.4.4 Triangulation of Methods

This research has used methodological triangulation in order to increase the validity, confidence and depth of understanding of the available data (Cormack et al., 2018). It has been used in prior studies such as Burr (1998) to gain an increased level of comprehensive understanding of a topic. These methods are semi-structured interviews, storytelling and reflective field notes. The advantages of triangulation include improving confidence in the

validity and reliability of the findings. While also providing a more well-rounded view of the topic, due to an increase in quantity and type of data (Carter et al., 2014; Guion et al., 2011).

3.5 Nuances of Conducting Research on Minority Groups in a Western Setting

The data collection for this research was done in the unique setting whereby the interviewees are a minority group in New Zealand and originate from a range of ethnic backgrounds. All participants originated from non-Western countries and have migrated to New Zealand. The interviewees have therefore been exposed to both their culture of origin and the New Zealand culture. A study by Collie et al. (2010), focused on creating culturally grounded research within migrant and former refugee communities within New Zealand. The study concluded that knowledge creation is more effective when grounded in the participants' own group goals and cultural contexts, despite these goals being unclear initially. Considering this research, it is necessary to consider how nuances such as these differing approaches and combination of influences have impacted the research.

As this research has not been done on one specific migrant community, but several, there were many cultural norms, preferences, and potential nuances to be considered. The identity of the participants depended on their length of time in a Western setting, level of incorporation and other factors that impact their internal identities. Within research this is further complicated by the researcher's position. Pernice (1994) pointed out that researchers often misinterpret actions of immigrants or refugees through their own lens of cultural understanding using the example of perceptions of time. In a Western society time dictates actions and schedules whereas in other cultures other perceptions and understandings of time are common. The researcher has both an insider and outsider position, as such when issues that involved time emerged, the researcher had mixed feelings. An excerpt from the researcher's diary highlights the complexities and unspoken nuances of conducting research in this setting:

> *I have found it difficult as a researcher the past week trying to arrange time with participants. On one hand I am used to these cultural nuances such as making last minute plan changes, not committing to a certain time until a couple hours prior. I understand that this is a cultural norm and also impacted by the nature of their employment. I understand this and was prepared for this. My family and friends have*

displayed this behaviour often. On the other hand, as a researcher and personally growing up in a Western environment although I am used to these differences it does impact my research timeline, and I can't help but occasionally feeling frustrated despite being grateful for their participation.

3.6 Culturally Appropriate Qualitative Research Methods

Cultural nuances can frequently be forgotten within the research process (Collie et al., 2010). However, as identified by Cassim et al. (2020) in a study of Sri Lankan immigrants in New Zealand, the migrant experience has a complicated, fluid reality where agency, cultural identity and settlement phases interact. Within this experience are the historical and cultural factors which impact their experience. This is a relevant factor as often historical and cultural differences create issues in methodological approaches between researchers and those being researched (Pernice, 1994). For example, refugees and immigrants originating from war torn, or violent countries may hold distrust towards Western researchers in fear that speaking out on issues about the government or employers may result in negative impacts such as threats to personal safety or livelihood. Pernice (1994) states that this fear may discourage immigrants from partaking in research, or the level of honesty given.

Therefore, in order to overcome these issues culturally appropriate methods were chosen when gaining access, building relationships, acquiring data and analysing the collected information. This included gift giving, gaining access through personal connections, place of interview, and the use of qualitative methods such as storytelling. Collie et al. (2010) discuss the importance of conducting research 'with' minority groups rather than 'on' them. This is framed as having more impact when attempting to create social change, as those experiencing these realities influence research outcomes more effectively, sustainably and accurately. These factors heavily impacted the choices discussed above, as for methods to be culturally appropriate, they had to allow candidates to work collaboratively with the researcher to shape their narrative.

3.6.1 Gift Giving

Gift giving is an important part of many Eastern cultures. Asian cultures specifically construct gift giving as a sign of reciprocity, which builds relationships (Chan, 2017; D'Souza et al., 2003). Western culture can frame this relationship building interaction as bribery. However, it has been explored through extensive literature how non-Western cultures frame gift giving as a social exchange (Chan, 2017; D'Souza et al., 2003). The absence of a gift in a research scenario may even be considered as being unappreciative of research participants. To contextualise this in Asian relationship building, including gift giving is often done before business, in order to show respect and nurture this business relationship (D'Souza et al., 2003). Additionally, the act of gift giving is appropriate with taking a migrant focus to the research as it acknowledges the potential cultural customs of the participants (Chan, 2017). Therefore, the participants received a small gift on arrival at the interview in order to show appreciation for their time. I specified that the gift is a sign of appreciation. This gesture was received well and allowed for participants to materialise the appreciation from the researcher. An example of this appreciation is shown by an interviewee's communication following the interview

> *Thank you very much, much appreciated. Love it.*

Gifts can be intangible and tangible. The physical gift was given, following this the researcher built on this relationship by sharing the importance and personal nature of the topic with participants (Vargas-Silva, 2012). This can be framed as an intangible gift. Sharing this knowledge assisted in relationship building and aimed to further show the participant respect and create a space of trust. This gesture created an environment which for most interactions showed clear signs of vulnerability and emotion from participants when sharing their stories. This reinforced the importance of gift giving within this study.

3.6.2 Gaining Access Through Personal Connections

Gaining access through personal connections has been used as it is consistent with culturally appropriate methods of data collection for this research. As identified by Pernice (1994) immigrants are often skeptical of participating in research due to a distrust in those collecting data, differences in etiquette when approaching groups and personality traits of the researcher

creating issues within cross cultural research. Additionally, migrant women have historically been exploited during research and may be hesitant to partake (Erel, 2007). The benefit of gaining access through personal connections is the ability to overcome these issues of distrust and a mismatch in norms.

Participants who may have been apprehensive to partake in research showed how a personal connection changed their mind. For example, a participant stated:

> *I'm not a chatty person. That's why when you said to meet, I said oh to meet? I thought I might ask you to forward me any questions but then I thought oh okay, you know once in a while it's okay because I don't talk to strangers often*.

This participant was a family member of a friend, and her statement shows that she was initially reluctant despite there being a connection. When asked what made her change her mind, she discussed how she was doing her nephew a favour, wanted to help the study and remembered what studying was like. This connection contributed to the participants' willingness to participate in the study even though she was unsure of strangers. Another candidate confirmed this by discussing how Asian people are more comfortable discussing things with other Asians as they are unsure what they can share with outsiders. This highlights the importance of these connections in gaining access.

Another key point is that as a researcher having an insider perspective can help understanding cultural nuances. For example, a candidate discussed how surprised she was when she went to her neighbours and had been chatting for a few hours. She was offered a cup of coffee, but when she declined the host did not offer it again. The participant stated that this would never happen in her home country, as a host is supposed to insist and offer again. Cultural nuances such as this are difficult for outsiders to grasp. This is an example of how small interactions can have large impacts on connections. Therefore, this highlighted how the use of personal connections and initial interactions can either disrupt or create flow when attempting to build a connection with migrant candidates.

3.6.3 Place of Interviews

The interviews were conducted where the interviewee felt most comfortable, and included public settings, their homes or community spaces. Although the Ethics Committee advise researchers to conduct interviews in locations such as universities or libraries, the researcher chose to diversify from this recommendation. This is due to the unique research environment of interviewing migrants within a Western country. It was at the forefront of the researchers' mind to prioritise the interviewees comfort and feelings of safety to minimise potential power dynamics. For example, an interviewee may feel intimidated coming to a university, which would therefore have an impact on their answers, wellbeing and in many cases their willingness to take part in the interview. Many participants were of Asian background and within their cultural backgrounds having a mutual connection to come to their home for a coffee and a chat is socially acceptable and quite common. Whereas, expecting participants to travel to the interviewer is considered in some cases rude and unlikely to build rapport and trust. Conducting interviews in these environments meant the participants were more likely to share their genuine experiences as they felt safe and at ease (Elwood & Martin, 2000). The interview location has shown benefits such as a level of increased access to participants and creating a high level of comfort and trust with participants (Berger, 2015). The use of location and personal connections were combined to create a research environment where migrants felt the safest and were therefore more open to discussing personal topics.

It is important when researching the wellbeing of minority groups to act in line with their cultural and societal norms. Conducting interviews where employers may be present impacts data as the power dynamics between employers and employees may cause filtered answers. This is especially relevant when asking migrant employees questions regarding employer impacts on their wellbeing. Gaining access to healthcare locations can also be a complicated process. Healthcare sites may be chosen based on accessibility which may also skew data. Gatekeeping is a common issue when researching healthcare. In addition, gaining access usually means gaining permission from those higher within the hierarchy of the organisation. This may filter the type of participants, locations and information that is made accessible.

3.7 Challenges of Researcher Bias and Reflexivity on the Research

Reflexivity refers to the researcher's awareness of their role and influence on their research. This is beneficial in qualitative research as it transparently presents how the researcher and their prior understandings reflect the researcher's own reality (Symon & Cassell, 2012). Salzman (2002) states that it allows for better research to be conducted. While Symon and Cassell (2012) frame the process as having two components: interpretative; and reflective. The interpretive aspect draws attention to the framing of reality being influenced by researcher assumptions. Whereas the reflective aspect asks the researcher to reflect inwardly on their cultural, intellectual and ideological understandings and how these impact the interpretations (Symon & Cassell, 2012). As the research is based on a subjectivist position, this is typical as it frames the interpretations of reality to be reality itself. The independence of reality is dismissed; therefore, reflexivity is positioned as a tool which encompasses all pre-understandings of the researcher to better make sense of data. Salzman (2002) discusses how the position of the researcher being communicated to the audience allows the audience to better engage with the viewpoint that the findings were constructed on. Therefore, the researcher aimed to monitor potential researcher bias and the impacts of this by evaluating three questions during the research process:

- *What is the researcher's motivation for this research?*
- *What are the assumptions the researcher has?*
- *What are the researcher's connections to the research, and what impact is this having?*

Extractions from the reflexive journal of the researcher showcase the results from reflecting on these questions. This particular reflection was taken during the middle of the interviewing period:

> *Through talking to these women I am even more inspired to share their insights and experiences. These women have shown how layered and unique their experiences are. They have experienced hardships and show strength. They also show such happiness and pride within different aspects of their lives and by connecting with them on a personal level I am validated in the importance of this study.*

Keeping a research diary of thoughts and feelings of the research process has been shown to be extremely useful (Symon & Cassell, 2012). Watt (2007) notes the use of a diary is beneficial for creating strong links between new learning and existing knowledge, alongside

engaging in discussion of the empirical results with supervisors in order to reflect on potential bias. Additionally, the nature of qualitative research is intimate in nature and can become all-consuming for the researcher. Since wellbeing is a central focus of the research, the researcher also discussed and reflected on her own wellbeing in the research diary. This is important to reflect on how the research topic and wellbeing of the researcher may interact.

3.8 Ethical Considerations

Ethical approval was requested from the University of Canterbury Human Ethics Committee. Details such as age, gender and nationality are significant to the integrity of the research and must be collected and stored securely, while also omitting any identifiable personal information. However, names, specific place of work and location within New Zealand were not necessary. Therefore, the participants were given a number identification, which was used to protect their identity during the analysis of the data. This was important for participants' privacy, confidentiality and protection. All data collected was securely stored and kept confidential and only kept for the duration of the agreed timeframe of five years. Participants were able to withdraw from the research at any time, including any information previously provided. Transcripts of the interviews were transcribed accurately and available for participants to review. The ethics approval, participant consent form, participant information sheet and the Ngai Tahu Consultation Form are included in Appendix 8.8.

Another potential ethical consideration was the use of personal connections to recruit research participants. This was acknowledged as a potential barrier to gaining approval from the ethics committee. However, the researcher believed that due to the sensitivity of the topic and the vulnerabilities of the group, a personal connection was needed to gain access to participants and to ensure honest answers (Queirós et al., 2017). Additionally, it is because of the researcher's personal relationships that this research has taken place. The ethical and political persuasion of the researcher is what has allowed the study to be done ethically and allowed for the use of reflexivity to appropriately interrelate the experiences of the participants with existing research. Measures such as reflexivity, and supervisory discussions were taken to minimise the potential ramifications such as confirmation bias from participants and to strengthen the integrity of the data collected (Nickerson, 1998). However, it is important to consider that when undertaking research that coincides with a migrant

centered lens, personal connections and storytelling have been a proven means of knowledge distribution in pre-colonised societies (Queirós et al., 2017). In additon, while Watt (2007) discusses the concerns of validity of research when utilising personal connections, the author explores how this became an asset to the research contingent. Nonetheless, the researcher was aware that this position can both limit and privilege the researcher.

3.9 Analysis

Drawing on Erel (2007), the contextualisation of migrant women's research will be relevant to balance the perceptions of understanding the power of these women and understanding the inequalities they face. It is often framed in literature that these women are victims, however, the external factors and complications of this are often ignored (Erel, 2007; Gluck & Patai, 1991). These external factors such as immigration legislation have an immense impact on the inclusion of migrant women into society. The agency and self-representation of the women is vital to the analysis process as the power these women have within decision making is key to understanding their experiences (Erel, 2007). Current studies often place the country of origin and the roles of family in the foreground of their analysis and disregard the agency of these women (Erel, 2007, 2016; Jung, 2014; Pernice, 1994; Rydzik & Anitha, 2019; Shrestha et al., 2021a; Shrestha et al., 2021b). These factors will be considered during the analysis process. A thematic analysis aims to be exploratory and uses open ended questions in order to incorporate flexibility and agile learning when interpreting participant responses. It is important to have transparency in the analysis process to ensure validity and reliability (Castleberry & Nolen, 2018).

Step one: I created the interview questions and completed the interviews. The application of Polkinghorne and Arnold's (2014) approach to analysis of qualitative interview data was used. The set of questions were influenced by the critical theory that underpins this research.

Step two: I transcribed the data, noting all visual and audible data as these all contribute to accurate analysis (Bailey, 2008). Bailey (2008) argues that the transcribing process in the analysis phase is an interpretive focus. Castleberry and Nolen (2018) state that self-transcribing allows the researcher to immerse themselves in the data and acts as a method of analysis in itself. I likewise found this process created an intimate understanding of the responses and fostered further meaning creation through the transcription process.

Step three: I highlighted every aspect of interest (Polkinghorne & Arnold, 2014). Vaismoradi and Snelgrove, (2019) mention that a researcher's ability to analyse data is dependent on their level of immersion with the data. This step therefore assisted in further immersing myself in the data and highlighted both the explicit and implicit areas of importance based on the researcher's perceptions (Vaismoradi & Snelgrove, 2019). Initial possible meanings of data began emerging within this step. I also reflected on potential bias throughout the process of analysis (Vaismoradi & Snelgrove, 2019).

Step four: I paraphrased the data (Vargas-Silva, 2012). Questions such as *What are the explicit and implicit causes of this response?,* were used when unpacking the raw data. Each researcher has various strengths and weaknesses. This is where I decided 'if' methods such as idea maps for paraphrasing may be useful.

Step five: I coded and combined the themes based on key words and the related themes. Castleberry and Nolen (2018) refer to this action as disassembling. This step involves separating the data based on the created meanings. This changes the raw data into data that can be easily used to categorise similarities, differences and connecting ideas. This is often when the meaning emerges from the data (Castleberry & Nolen, 2018). Salzman (2002) claims that during coding the differences based on the epistemology of a subject may be challenging as participants may not all have the same understanding of the words and concepts they use. Shared meaning and definitions make coding easier. Therefore, the researcher defines some key words in the context of the interview to attempt to create shared definitions and allow for easier coding (Salzman, 2002). I coded raw data by reading each transcript and identifying key words and themes within them. Some of the examples of the codes were; safety; workplace culture; management; and industry issues. The codes then led me to identifying key themes.

Step six: I coded the outlying data. This was done on paper initially and then transferred to the computer onto a word table and grouped into separate word documents. The outlying data drew on 'relationship code', which analyses the links that this data may have with the other themes (Vaismoradi & Snelgrove, 2019).

Step seven: I analysed each theme collection and searched for patterns and commonalities (Polkinghorne & Arnold, 2014). Aspects such as the quality of the theme, what are the boundaries of this theme, is there enough meaningful data to label this a theme, and is the

data cohesive or diverse, were used to analyse the coded data and collected themes (Castleberry & Nolen, 2018). Additionally, I considered whether themes were useful or relevant if the theme communicates an important aspect relating to the RQ. Within qualitative research the theme does not necessarily have to appear in high quantities, however, this was something that I did take into account. Vaismoradi and Snelgrove (2019) suggest that at this point the themes may be related to existing knowledge and literature.

3.10 Chapter Summary

To conclude, this chapter has described the research objectives, methodology and methods. The justification for these choices were discussed. Additionally, an explanation of the data collection and analysis process were outlined. The following chapter will present the findings and discussion of the research.

4. Findings

This thesis aimed to answer the RQ: *What factors are influencing the wellbeing of migrant women employed in aged care in New Zealand?* I used semi-structured interviews and storytelling of 18 migrant women aged care workers (MWACW) employed in New Zealand. The findings section is based on the HDLB framework and presents what aspects within the topic of the research are relevant to each theme. The framework discusses a relational approach to wellbeing that focuses on sustainable wellbeing. This chapter presents the findings for the following: Having, specifically the safety of participants; Doing and the role that regulations play, as well as the impacts of self-determination; Loving, and the culture of caring; and Being, and its mental and physical implications. This is all combined to create a holistic understanding of the wellbeing of these women and specifically the factors that support or hinder their wellbeing.

4.1 Having

4.1.1 Safety

In terms of physical safety, several respondents felt an increase in safety once moving to New Zealand because of low rates of crime and corruption within New Zealand's political and environmental landscapes. These respondents had either grown up or worked in countries with higher levels of crime and corruption than New Zealand, and hence felt safer since moving here. Participant 9 described her work experience in Saudi Arabia as unsafe because she often heard the bombings and violence from Yemen. Another participant discussed her fears of returning to her home country due to a change in religious faith, stating that she would be physically harmed if the government knew of this change. Due to these factors, New Zealand has provided an environment which comparatively feels safer in terms of these violent and unsettling conditions. This perception was built by many comparative aspects which the participants discussed, including the presence of war, danger, safety to travel alone, and the ability to change/avoid laws through bribes or violence.

In terms of safety at work, participants who worked at a retirement village found few direct threats to their physical health other than fatigue, tiredness and repetitive strain. However, those who worked in the dementia units with residents labeled as 'D6' (this refers to hospital care that requires intensive nursing, due to the level of mental or physical illness) or above discussed experiences with violent residents (Chumko et al., 2019). These included verbal abuse and physical injuries. This aligns with the statement by Ravenswood et al. (2021) that safety within the industry is something ACW lack. This was highlighted by Participant 9 who stated:

> *I had lots of bruises before, a lot of bruises. Because yeah if one resident is agitated you must call someone else but then they are agitated and they will hit you. They can be very aggressive, and sometimes even if they are small, quite small, they drag you, hit you, everything you will experience.*

This was further supported by participant 12:

> *We are very afraid to go in, we always two staff go in his room because he is always trying to stab.*

The level of danger regarding residents was more prominent from participants working within dementia care, compared to a standard rest home. In order to have employees care for at-risk elderly, it is vital to review their safety in the workplace.

The theme of safety emerged in several interviews in varying forms. Having safety is a desirable and necessary aspect of survival for the participants. Safety within the findings encompassed many definitions including the level of felt safety within a country relating to how safe individuals feel in an environment or situation, the ability for participants to feel safe in exhibiting their religious and personal views, as well as actual safety including levels of crime, corruption and mental/physical safety. Felt safety is often discussed when relating to those who have experienced trauma or complex situations where safety is in question (Maynard & Purvis, 2013).

Psychological safety supports people feeling safe to be creative, innovate, communicate, share knowledge and voice their feelings (Strohminger et al., 2017). The theme of safety contributes to answering the RQ as it identified which aspects of having or not having safety acted as support or barriers to wellbeing for participants. The findings indicate that overall participants felt physically safer in New Zealand, depending on their country of origin and previous country of work. However, it was clearly noted that participants often felt physically and mentally unsafe at work, this is in line with work by Ravenswood et al. (2021). However, it disagreed with work by George et al. (2017) who stated that strong physical safety at work was a theme for all participants. My findings found that there was a mix of participants who felt either safe or unsafe at work.

Another key finding is the significant link between visa safety and its impact on participants' wellbeing. The findings suggest that further transparency within visa processing creates a 'safer', more stable environment for participants, in addition to better regulations and safety expectations within the industry. These factors were found to be two of the most prominent causes of participant stress and negative wellbeing. The uncertainty and inability to plan their lives due to visa restrictions and the lack of felt safety at work is a topic that needs further exploration in relation to this employee group's wellbeing. By creating a visa process with increased transparency, alongside increased work safety measures, the employees could then feel safe in planning their future and making life-changing choices due to having the needed information. As discussed in the findings, this includes the future of their children, locations of living, and when they can expect their partners and loved ones to arrive.

4.1.2 Visas and Residency Contributing to Safety

Another consistent finding supported by all participants is the difficulties surrounding the visa process and especially the stresses surrounding gaining residency. For many participants residency is something that would have a domino effect on many other aspects of their lives such as implications for their family, their children's education, what country they will live, how stable they feel, their stress levels and others. The visa process for all participants has been described as stressful, frustrating, or tough. Waiting for a visa means participants can't plan their next steps in life.

Notably, during the period of data collection for this study, a new one-off pathway to residency was announced (New Zealand Immigration, 2021). This gave a one-off pathway to residency for certain groups including healthcare workers, and meant that participants who were not residents had a likely chance of being able to apply and gain residency in New Zealand. This announcement changed the perception and answers of many of the participants as a large proportion of those interviewed are/were waiting for residency. Those participants who had gained residency previously, or who had attempted to apply before the announcement, reflected on the difficult process that they had been through.

Almost all participants spoke of uneasiness and feelings of unsafety in regard to their visa status and the instability of their lives due to their visa conditions and residency acceptance. If they do not receive this the individual and their families will potentially have to move countries, schools and jobs (McGregor, 2012). This experience can be very unsettling and stressful, especially for those with young families. These visas include work visa's, post study work visa's, a partnership visa or other temporary visa types. The emotions surrounding this instability caused a lot of stress and uncertainty for the participants and their families. Participant 5 explained her perspectives on awaiting her residency visa:

> *It's a lot of stress for now. We keep on waiting for the announcement. For the final guidelines, until we read it on the website. Then we know we will be safe; we will be at peace when we know it's black and white.*

This highlights the feelings of instability, and how safety and peace are reliant on knowing their visa and residency guidelines alongside the stress and uneasiness that waiting on a

residency visa means for these people. The safety that this residency visa would provide means that these individuals and their families can settle here, be comfortable in laying roots and prepare for a life here. Feelings of being unsettled surrounding this process could be reviewed and improved with further transparency to give migrants a clearer timeline.

Aspects of the visa process which caused participant stress included payment, health checks, police checks, awaiting verdict and most discussed, the IELTS. This is a test which had to be taken for residency status and still must be taken for a nursing qualification to be recognised. Nurses must score a 7 out of 9 or above in each of the bands, being listening, reading, writing and speaking. When asked about the visa process, Participant 10 stated:

> *It is terrible, because we have submitted our documents. So, it is the waiting thing that is killing me. We don't have a certain idea, if we know we won't get a visa for a year okay, then I can plan for the future. We don't know what's happening, so I can't do anything*.

This exemplifies how the high levels of uncertainty and the lack of transparency with visa processing impacts important life decisions for these individuals. Another participant shared her concerns about her children as her husband had given up on passing the IELTS test after several failed attempts. Once the announcement came through, she was overjoyed for her husband and her young dependent children. However, she still faced concerns as her oldest child at 21 cannot be counted as dependent anymore and risks having to return to the Philippines alone if she cannot afford her visa costs.

This subtheme contributes to answering the RQ as it provides further insights into how objective and felt safety contributes to the wellbeing of participants. This highlights how the participants previous life experiences, host country and previous safety impacts their perceptions of safety in New Zealand, alongside regulations and policies which create feelings of dis-ease and an element of unsafety. Despite this not being an objective danger, it is an intense feeling of unsafety that impacts the mental wellbeing of participants. This is a reality of migration; however, the process can be improved to provide further transparency, and the ability for participants to have feelings of safety and settlement. This is supported by Callister et al. (2009), who urged for immigration policies to reflect the service these workers are doing and for policy to better accommodate workers bringing dependents. Accountability should be placed on policy creators that support and create the systems that cause this stress.

It is interesting to see that the perception of danger and objective danger can cause very similar sensations of stress within participants. These factors hugely impact wellbeing of female migrant ACW employed in New Zealand. The following suggestions are made based on these findings as a result of the themes of ‘Having’ and ‘Safety’. The results of the findings suggest that the following recommendations would further minimise barriers to one’s wellbeing and support protective factors:

- Further transparency within visa processing;
- Clear residency pathway;
- Industry regulations and training for physical and mental safety at work;
- Settlement services which educate migrants on what safety regulations exist and should be expected.

These results are aligned with work by the Health Research Council of New Zealand (HRC) and the New Zealand Aged Care Association (ARC). These reports state that this is a huge source of stress for ACW. My research builds on this by discussing how this stress impacts and interacts with other elements of their wellbeing. Such as why this is stressful for participants, families, friends, futures, and feelings of safety and stability. The findings of this research align with the work of Ravenswood et al. (2021) in a study of 2100 ACW, that 24% felt unsafe at work. Ravenswood et al. (2017) discusses the physical and verbal abuse experienced while working in aged care. These results align with the theme of lack of physical safety at work. The sources discuss this in relation to employee retention and turnover intentions.

My research builds on this by discussing how and why this lack of safety impacts wellbeing and why/how these impacts overall wellbeing of the participants. Ravenswood and Douglas (2017) stated that one third of IQN experiences physical violence, and two thirds experience verbal abuse. Additionally, highlighting that woman are more likely to experience this abuse within the sector than men. This aligns with the research as it reflects these dangers within the industry that participants felt, such as verbal and physical violence at work. Additionally, Ravenswood and Douglas (2017) stated that a common industry issue is that this abuse is tolerated and expected within the industry, despite this being true, there are inadequate supports and resources for participants to engage in. Ravenswood and Douglas (2017) state that this abuse has a negative impact on physical health and the tolerance for this impacts workers desire to report injuries and therefore reporting these impacts. Suggesting that further

training and support would contribute to better policies and therefore support from management and industry to combat the issues of safety within the industry. This was supported and discussed within my findings.

The data contributes a clearer understanding of the existing literature on how the safety of participants impacts wellbeing. By encompassing this theme within relevant safety factors such as physical safety, felt safety and building on existing data on visa stresses, it has filled a gap within the research that previously lacked a wider understanding of how safety contributes to overall wellbeing within this group. This is a significant implication to consider when aiming to create future supportive factors of wellbeing for this group as the processes and policies surrounding visa's is largely controlled by policy makers.

Participants/MWACW due to the existing power dynamic, levels of resources, level of perceived self-determination and self-efficacy to create change on such a large scale may not feel safe to advocate for this change while in their position. Therefore, it is the responsibility of policy makers, allies and New Zealand society to advocate for change in this space. Additionally, when examining the intersecting protections and barriers to positive wellbeing for these individuals it may not be within their emotional/time/physical restraints to advocate for further transparency and change within the visa process. As they are preoccupied trying to navigate the system and follow the existing procedure to secure safety and security for their family. Therefore, changing the system may not even be a consideration at that point and time. Additionally, this work is important as other research is disproportionally focused on the safety and abuse of the clients and lacks research on the employees (Ravenswood, 2017; Dreyfus et al., 2018).

4.2 Doing

Doing includes the meaningful activities people take part in that align with their values and support their intrinsic motivations. This theme explores the most prominent subthemes of regulation and education, and self-determination in relation to how these factors support or hinder the wellbeing of participants. This was done to understand what factors and activities participants have engaged in or cannot engage in that impact their wellbeing. There were many interesting subthemes that were identified, however, for the purpose of this thesis only the two most prominent from this section will be explored.

4.2.1 Regulations and Education

Participant 7 highlighted how these frustrations were exacerbated during the pandemic, with the country experiencing a shortage of nurses:

> *They say they are short on healthcare staffing; it would be nice instead of you know if instead of the overseas people to get registered here if they could lessen the amount and the exams and things. If the government really needed nurses and all that if they could help out, all the people mainly who are working as caregivers were nurses back home. It's not going to be a really easy one, but meet in the middle, what can we do to practice here? I would want to help.*

Lack of government support to caregivers was a common theme among other participants. This echoes feelings of being frustrated that they are not being allowed to work to their full potential, having their work responsibilities and skills constrained due to an English test, and not having their existing qualifications and nursing experience recognised. Many have shared that they understand having some sort of quality testing, however, they believe that the English tests and level of retraining should be lessened especially in a time of healthcare shortages and limited immigration. This was also seen in participants who were interviewed within this research whose previous roles from their country of origin included other industries such as accounting and physiotherapy.

The findings illustrate that regulations that exist to accept or deny international qualifications, the cost of retraining, upskilling and accessing education within New Zealand as migrants on varying citizenship status are important factors for migrant care workers. Within 'doing', this includes being able to achieve goals such as owning a home, maintaining personal and loved one's health, or completing education or work-related goals. Consistent among all the participants was feelings of frustration because of the barriers to furthering their education here or getting their international qualifications recognised. These barriers include financial constraints such as the higher cost of education for those on a visa, the time required to study, passing the IELTS (a required pre-requisite for international students), and managing responsibilities of education and home life. Additional barriers include the cost to register and verify their qualifications, and depending on their country of origin, finding out if their qualification is even recognised in New Zealand. This has been discussed previously by

Mowat and Haar (2018) and Elliott et al. (2017) who noted that migrants find these barriers restrictive. Nonetheless, this information does not align with the work by Cuban (2013), who stated that migrants are happy to partake in lower skilled care work.

A quote from participant 14 which conveys this is when asked her perspective on nurses migrating to New Zealand and the regulations surrounding their education and qualifications being recognised:

> *We don't see the use of the English test, we know what to do. We have done nursing for four years we know the injections, dressings, the labours everything. I don't know why.*

This showcases how the participant feels frustrated and does not believe that the standards such as the English test have an adequate purpose. Multiple participants voiced how frustrating they found this, sharing how they felt this does more harm than good to the health industry. It is a disservice to the struggling health system to not consider how to solve these staffing issues from within New Zealand during times of limited migration such as the COVID-19 pandemic. Particularly as the health sector has been suffering from nursing shortages in general, which has been further perpetuated by the loss of migration during COVID-19. This has resulted in hospitals, nurses and patients feeling the loss and stress of this. Staff have been further stressed with the demands of COVID-19 on the healthcare system as there are even fewer resources and people available for other struggling industries such as aged care (New Zealand Nurses Organisation, 2021).

This subtheme discusses one of the most discussed issues from participants, which acts as a barrier to them being able to engage in meaningful work development, value aligned activities, or educational goals. Additionally, it showcases why government and those in power, must be made aware of these barriers and how they are affecting those experiencing them. In the case of recognising international nursing qualifications, this is particularly topical as local news often discusses the lack of nurses in New Zealand. These women are qualified nurses, who find deep intrinsic motivation and meaning through their work but are unable to practice and engage with these activities because of regulations. Another key consideration is creating understanding of these women, as the first quote of this subtheme shows, there is confusion and frustration around these barriers. Further examination and understanding for both those applying for international qualification recognition and those

granting them is needed, including detailing the differences in nursing skills and how this gap could be bridged through less demanding means.

The theme of regulations and education contributes to answering the RQ as it identifies the flow on impacts that barriers to getting qualifications recognised create. This includes impacts on wellbeing, quality of life and career paths. It was clear that this was an issue that presented a lot of practical problems for participants which led to negative emotions. The following suggestions are made based on these findings as a result of the themes of 'Doing' and 'Regulations and Education'. The results of the findings suggest that the following recommendations would further minimise barriers to one's wellbeing and support protective factors:

- Further acceptance of overseas qualifications;
- Revisit existing policies regarding regulations and education;
- Consider a structure that allows IQN to work in aged care to get their nursing qualification recognised.

These results build on the New Zealand study of 175 migrant registered nurses by Walker (2010), which focused on the hardships and hurdles within their experience. The study reflected a similar experience that many IQN failed to gain their registrations and were working as caregivers in the aged care industry. Hurdles discussed were the English language tests, getting their overseas qualifications recognised and racism. Mowat and Haar (2018) echoed this perspective. Nonetheless, the research by Mowat and Haar (2018) differs as it focuses on the overseas nurses who are currently working within aged care and do not have their nursing qualifications recognised. While Mowat and Haar (2018) offer recommendations based on these surveys, they do not go into detail on how these 'hardships and hurdles' impact wellbeing. Therefore, my research aligns with some aspects but also fills a gap by extending this and exploring the impact these have on wellbeing. This theme also mimics the Jenkins and Huntington (2016) study which states that there is in fact a professional transition for IQN, during pre-post registration at work. Most significantly the social and cultural differences that make their experiences challenging.

It also disputes Cuban (2013) who stated that migrants are happy to undertake this low skilled work. It is important to note again that the results of my study do not align with this perspective. This is a significant implication to consider when aiming to create future

supportive factors of wellbeing for this group as this theme impacts the wellbeing of care workers, those residents in aged care and the countries shortage of healthcare workers overall. This theme is a structural issue that impacts a wide range of individuals.

Additionally, the current climate of healthcare worker shortages should be reviewed to address industry issues and subsequently its impact on care workers, their residents and the loved ones of both groups. Workers who experience issues with getting their overseas qualifications recognised feel discouraged and undervalued, and it prevents them from accessing opportunities that can further improve their wellbeing. It overlooks the skills and education that these women already have and decides that their existing skills are not of value except to solve an industry gap in aged care. The money and process is seen as a huge barrier to participants and leaves them with negative feelings towards policy surrounding this. It would be useful to consider how IQN can get these qualifications recognised while working through standards in aged care. This would allow for a solution to the aged care industry shortage, career pathways and development, and perhaps minimise the frustrations of these women.

4.2.2 Self-determination

This subtheme includes codes such as autonomy, empowerment/disempowerment, self-efficacy and to what extent are participants engaging in activities that align with their values. This is a hugely prominent theme as it shares how power and felt freedom impact an individual's physical and mental wellbeing. Higher feelings of self-efficacy and autonomy can act as a motivator for demanding change and creating better conditions for one's own life (Huang et al., 2012). Having autonomy over your choices and actions is hugely empowering and has positive impacts on one's self worth and consequently health (Shrestha et al., 2021).

In terms of autonomy at work for Filipino nurses, Montayre et al. (2017) note that decision making at work and subsequently the power dynamics differ between countries. For this reason, it is the responsibility of the host country to create an environment where participants feel empowered and know what systems/supports they can access to create change in situations of injustice or frustration (McGregor, 2012; Thompson, 2019). This aligns with work by Choi et al. (2019), who discuss how and why race, occupation and perceived self-worth are impacted or can impact power dynamics and systems for migrant workers. This has

been documented to impact self-efficacy and in turn career progression, internalised self-beliefs and perceptions of how their sense of self can relate to the world (Eweje & Brunton, 2010; Sang & Calvard, 2019).

Another interesting topic that arose was when and why participants feel empowered or disempowered and how this impacts what they do. Participants who discussed feelings of empowerment and confidence shared how this gave them an increased feeling of control and power within their lives. Those who engaged in activities that aligned with their personal values and regularly engaged with those activities seemed to feel happier and more in control. Those who did not often engage with value aligned activities or could not due to lack of resources, such as money, time, and policies, were left feeling powerless, and experienced a loss of autonomy and self-determination. Almost all participants described coping mechanisms which were solitary or if their families were with them, seeking support from them, including religion, hobbies, loved ones, internal coping skills, exercise, gardening and various relaxation tasks such as travelling and spending time in nature. These coping mechanisms aligned with work by Low et al. (2022).

It was clear that participants were very self-reliant in terms of coping mechanisms during times of stress, anger or frustration. This was interesting as the majority of participants were not seeking support from external parties or sources, as many of their support systems were a result of their individual resources within themselves or through activities with their loved ones. Participants did not place blame or expectations on policy makers, government, or organisations to engage with, or improve their wellbeing. They discussed specific issues that they had challenges with but did not discuss how their overall wellbeing is the responsibility of anyone other than themselves, despite so many external factors having an impact. Participants felt great power over their happiness, in most situations, excluding separation from family, regulation challenges and industry issues.

Furthermore, a large proportion of the women spoke on their felt autonomy, empowerment and self-efficacy in their lives once migrating. They felt increased independence, the power to change their own lives and knew that they had the skills and abilities to create this change. Participant 5 shared what empowers her at work. She discussed how within her senior role, she has an impact by advocating for other migrant workers to share their opinions, stay strong and to also share their opinions. When asked, *Do you feel when you speak up to employers*

that you are empowered that change will happen?, she describes her relationships with empowerment, and autonomy at work and as a woman:

> *I think so, yeah. Because you need to speak up, I feel empowered whenever we are in a discussion, and they are asking my thoughts about it. Because they are seeking my thoughts or opinions or ideas.*

Tell me about your experience as a woman, how has it impacted your experience?

> *Yes, yes. I feel I am more confident. As an empowered woman I feel beautiful every day, yeah cause an empowered woman does not falter easily and stands up for what she believes in.*

This showcases how this participant believes and feels her actions will get a result. This participant works at an organisation who has taken actions and suggestions on board such as flexible working arrangements for mothers. This highlights how the participant perceives herself, the autonomy she has, how she communicates what she believes in and feels and how the feeling of being heard empowers her. Other participants did not have such positive, experiences. This showcases how workplace actions can influence how participants feel and as a result what they feel they can achieve within an environment. Comparatively, other participants have voiced feelings of disempowerment after migrating, within their workplace or overall, in their lives. A participant who discussed this at work is Participant 2. When asked, *They're not very supportive then?,* replied:

> *No, no, that's why people at our company are resigning, people come and go. Because we don't have a voice at work, because everyone is fed up of no action so we say what is the point of telling anyone, there's no point. But if the residents complain then an hour action. Because that's where the money comes from.*

Additionally, Participant 10 commented:

> *We have to beg management to give us a full-time contract, despite us working full-time, being there whenever they call us, at whatever time, we are there. They make us walk behind them, we are not asking for something we don't do. But we are working full-time each week so I am just asking for this, even after all we do we have to beg.*

> *As long as we don't have this contract when we work over the part-time hours they say they are just giving it to us, not that we deserve it. As if they are doing us a favour. That company doesn't exist without us, they always make sure that they remain the boss.*

> *At the moment I was getting 23.30 I wanted 23.50 to apply for a different visa. That's 20 cents an hour, which is nothing I have been working there for two years, I work full-time, I have my qualifications. I asked if I could have this so I could get a different visa and get my husband here, my manager tried her best but management said no. I even told them, you don't have to actually give it to me, just give it to me on paper.*

I then asked, *How does that impact your self value*?

> *God yes, I was like why am I even doing this. This is the only way to see my husband, save my relationship, my marriage. So, this all depends on the 20 cents, my whole marriage relies on this 20 cents. I told them my story I explained to them why I needed this.*

Her employers denied her request for the 20 cent per hour pay increase. This shows the power that employers have and how their actions impact what the participants are able to do and access. This participant was indentured to this organisation due to visa requirements and needed this contract change to create change within her personal life. Family and love is an important value and activity for this participant and not being able to be with her partner due to work constraints is a difficult reality. In addition to impacting how the participant acts and feels it shows the reasons why participants remain in certain roles, perhaps taking a more passive approach to confrontation with management and employers. This highlights how what this participant does heavily effects her husband's life, her interpersonal wellbeing and her mental health. This disempowerment at work and a lack of action was a common theme with a large proportion of participants.

However, not all participants felt disempowered in life overall despite these challenges at work. A large portion of these participants were exasperated with work related issues, however, some were able to find empowerment through other avenues. Nonetheless, it is important to recognise how employers can create follow on impacts for participants, especially those on visas. Other participants have discussed a loss of autonomy. This may be due to having to rely on their partners, not knowing how to navigate services such as the Ministry of Social Development (MSD), or not being able to speak English as well as their

native language. These issues have caused other participants to experience a negative shift in self-determination and autonomy.

These experiences are important to consider when addressing the RQ as they highlight how internal strength, supports, and external challenges interact and impact what the individual can do. In addition to how they can engage in activities and feelings that are self-determining, empowering and overall, positively impact wellbeing. Those who experience barriers to enacting self-determination showed a negative impact on their mental health. It is hugely influential on wellbeing if a person is able to dictate what they do in their life, and when external or internal aspects get in the way participants feel powerless, and in turn frustrated. Feeling like you are not in control of your life, can reinforce perceptions of helplessness and negatively impact mental health. The lack of external support may explain why participants choose to take control of their situations through internal coping mechanisms. Wellbeing is greatly impacted by how participants feel and what they do. When feeling self-determining, participants may be more likely to seek larger scale change and take action to gain more autonomy and control where possible. The theme of self-determination then contributes to answering the RQ as it identified what key factors interact to contribute to the participants self-determination, and its influential impact on wellbeing. Self-determination encompasses many relevant aspects in terms of wellbeing for this group, including:

- Create conditions that support autonomy that consider the discrepancies and vulnerabilities these participants face based on class, race and occupational barriers;
- Change the narrative within society that care work is undervalued, unskilled work to change systemic oppression and improve self-determination.

These results are consistent with existing literature by Prentice et al. (2021) who stated that ACW are more engaged and satisfied at work when they can practice self-care, feel valued, and can actively contribute their thoughts and ideas in their lives. This is consistent with my findings, as those who reported elevated levels of these feelings were much happier and had better wellbeing than those who felt an absence of this in their lives. Ravenswood et al. (2014) discussed how employee participation, productivity and most notably wellbeing in aged care is impacted and shaped by power dynamics in the workplace and the wider political

and economic environment. The study details that the analysis is done with a feminist epistemology that explores the role of gender and power. Hence its relevance to my study.

Ravenswood et al. (2014) also discussed how traditional understandings of power exclude gender and in the case of ACW further perpetuates the undervalued work of the sector. Hence, limiting employee participation, employee power and consequently overlooking wellbeing of employees in favour of organisational outcomes. My study builds on this by encompassing these themes and other relevant codes to the theme of self-determination and how these overall impact wellbeing within the sector. Additionally, building on these results by taking a focus on migrant ACW, adds further complexity to this power dynamic discussed by Ravenswood et al. (2014).

The data contributes a clearer understanding of what factors impact the self-determination of this group, and how this impacts their wellbeing and what this group can do. Additionally, the existing research does not examine how self-determination and its absence or presence interacts with other aspects of the participants' lives; and consequently, its larger implications on wellbeing. This is a significant implication to consider when aiming to create future supportive factors of wellbeing for this group as well as the barriers to wellbeing and what participants can do. Considering how policy, communities and organisations can create opportunities to build and support self-determination is important going forward. Self-determination impacts what participants can access, what they do, and how they feel about it. This consequently impacts wellbeing. Factors such as power dynamics, power to make decisions, ability to feel empowered and make changes, are factors that can be changed, taught and built. By building on these factors, participants are more likely to experience positive feelings such as pride, feeling valued and empowered which consequently positively impacts wellbeing and allows participants to engage in and do a wider range of things.

4.3 Love

In this context, love refers to a wider understanding of love. The HDLB framework refers to loving as including love with humans and animals, and encompasses all aspects of nature. This includes past, current and future generations. Taking care of the people, places and nature from past generations, for future generations. It is a holistic and unifying definition of love within wellbeing in order to have a more sustainable understanding of what love means

(Helne, 2021). Love is heavily influential on peoples’ wellbeing (Määttä & Määttä, 2019). This aligns with work by Singh and Dhingra (2014), that found a significant relationship between love and wellbeing having followed a similar definition of love, encompassing romantic love, platonic love, love for interpersonal relationships or ideas such as religion. There were several sub themes identified under the theme of love. However, for the purposes of this thesis, the most discussed sub theme and the related ideas will be explored in detail. For the theme of love this is the culture of caring. Firstly, the impact of family and cultural values of caring. Secondly, how they see the residents as their family. Finally, the impact of family and loved ones on their wellbeing.

4.3.1 A Culture of Caring

This theme was very prominent throughout for 17 of the 18 participants and a culture of caring was present in a variety of ways within their personal and working lives. There is nonetheless societal discourse that does not see the importance of love, within work and value allocation (Huang et al., 2012). However, this theme shows the relevance and importance of love within wellbeing. Several themes were identified as seen in Appendix 8.6, however, the three most prominent subthemes of this culture of caring: family or cultural values of caring; how seeing residents as family allows them to show love at work; and the impact family and loved ones had on their wellbeing; will be explored in more detail.

4.3.2 Family and Cultural Values of Caring

Seventeen out of the 18 participants voiced either a family, cultural or personal value/s for caring. Of these the most prominent source was culture, as this influenced the family and personal values of the participants. This underlying value impacts their actions, lifestyle and drives their choices. It was a large contributor to why or why not the participants found joy in their day-to-day activities. The participants who had a background of family or cultural value of caring found joy, intrinsic rewards and happiness by giving this care. This was highlighted by Participant 4 with the following exchange during her interview: *You are very generous?:*

> *Oh well you know it can't always be big, but every little bit counts. We can't just be here working, having lots of food when some of your family back home is hungry. I was there as well, before the blessings came so I can understand so we share a bit.*

So, is caring quite an important value to you?:

> *It's just a culture. Part of the culture, we grew up like that too. So we you know, can't just drop that culture because I live here that's a no. It's already in your heart, some people cannot understand. How can you eat and live when one of yoru nieces is in the hospital struggling?*

This exchange illustrates how this participant actions her values and how these cultural values of caring have been passed through the family to create actions that show this. The participant often sent remittance home to loved ones, looked after her children, cared for residents at work and gave her love to so many people in both professional and personal roles. This aligns with literature that discusses the role of remittance for migrants (King-Dejardin, 2019; Thompson, 2019; Parker & McMillan, 2007). Participant 4 discussed how this culture of caring underpinned all her actions and what drove these caring acts. She found joy in being able to help those she loves and feel the love of these people in return. This supports work by Singh and Dhingra (2014) that states how love influences an individual by creating more happiness, strength, support and positive feelings. Regardless of the mental or physical health of the person, the connection, joy and actions that love brought to the participants lives were framed as a positive protective factor to their overall wellbeing.

In addition, the value of caring is not only exclusive to people who these participants know, as highlighted by Participant 6 who stated:

> *I am always happy to help anyone in any way whether I know them or not. I can cook for them, drop them off with my night dress on and drop them anywhere. I don't expect anything in return. If you expect something in return, there's no point in doing it.*

The cultural value of caring was identified by 17 of the 18 participants, and throughout the findings was supported through evidence. This culture of caring showed positive impacts on the wellbeing of individuals which aligns with research by Singh and Dhingra (2014) who discussed the positive feelings that are felt because of these values and associated actions. This was heavily presented within my research. Participants reflected on their lives, actions,

and values; those who engaged within caring discussed how this made them feel happy, strong and valued. Actions which align with this culture of care have been discussed (King-Dejardin, 2019; Thompson, 2019; Parker & McMillan, 2007).

Nonetheless, participants also discussed the taxing aspects of this culture of caring. These tiresome aspects were discussed in relation to tasks involved in caring rather than the care itself. For example, barriers to caring for their children successfully, industry barriers at work, and financial barriers that limit the amount of remittance they can give. A portion of these concerns were discussed in a New Zealand study by Cormack et al. (2018) on caregivers, discussed a theme of compassion fatigue. This was due to the extreme amounts of care exerted throughout their working and personal lives, in combination with a lack of workplace support and supportive resources to combat this. This culture of caring, especially in their working lives, is what stopped them from leaving the industry despite the challenges of compassion fatigues. This is also reflected in research by Gao et al. (2014) who discussed how those who intended to stay in the profession all found deep shared meaning within their work and this dismissed and countered many industry issues. However, my research disagreed with the conclusion that care workers internal meaning and pride in their work counteracted the poor remuneration and industry challenges. The culture of caring was discussed as a huge contributor to why workers stayed; however, it did not eliminate or counteract their desire for better remuneration and conditions.

4.3.3 Seeing the Residents as Their Family

This is consistent with the theme of love, as it encompasses loving and caring for the elderly residents. Taking care of those who have lived their lives and are now vulnerable and need that extra care. Seeing these residents as their family shows a clear connection to love. The participants voiced a variety of reasons why they are involved in the industry, some of these include positive aspects such as passion, or negative aspects such as financial pressures. However, despite how or why they are involved with care work, they all discussed empathy, connection, or love towards the residents. The results of this research slightly differ with the work of George et al. (2017) that included love of the job as a key theme; although love of the job was present for some participants, others aligned more so with the caring profession generally instead of their specific job. A large proportion of these participants described their

relationship with the residents as a family like dynamic, parents, or grandparents was often how these participants viewed their residents (Baldassar et al., 2017; Huang et al., 2012). The care and relationships that they develop with residents are based on a relationship of love and genuine connection and has a positive impact on those they are caring for. This supports and aligns with work by Snook (2015) that discussed how and why love is critical in healthcare. Stating that love within the industry is shown through action, awareness and connection and when this love is not present, the care and health of those being cared for suffers (Snook, 2015). This is demonstrated by this quote from Participant 9:

> *You must reorientate them, sometimes they want to go home, sometimes you have to give comfort to them, hug and kiss them too like a grandparent. Because they (wails) ahhh want to go home I miss my family, and uh I say you are my family we are one family here this is your home. We need to reassure them that they are safe and welcome them.*

Another quote that highlights this value of caring and how it is seen through the work of these participants is from Participant 2:

> *I love talking to them because you know old people most of them don't talk to their families. All of them, well not all, but most of them are left behind in the aged care so they are always having low mood and are lonely. So, if you they love to talk to anyone you know their personal experiences or family things, that's what I love. I don't know I'm so passionate about caring because my mum and my grandmother before she died and that man who raised us.*

This shows how Participant 2 has been influenced in her career choice by generations of women who have worked in the care industry. She discussed further how within the Philippines this is very common. Having passion and value alignment with her work means that she takes extreme pride and care within her work. Many participants discussed their pride and desire for quality care when doing their jobs, and in essence, they prioritise caring well. In addition, both of these quotes demonstrate how the daily actions of the participant within a work environment reflect this genuine love and care they provide and give at work. They support these residents through their physical and emotional pains. These same thoughts were echoed by a large proportion of the other participants. The participants highlighted how much of themselves that they must give to care for these patients. They go

above and beyond, to create a sense of comfort, care and love when these people are at their most vulnerable. The act of giving physical care such as hugs and emotional care such as reassuring them and letting them know they are cared for is a large part of the role for many. This supports work by Cormack et al. (2018), who discussed the likelihood of compassion fatigue for these workers. The scenarios described by the participants are a prime example of why and how these workers give so much compassion and emotional energy within their roles. The love they give while at work is invaluable to those who are vulnerable.

As stated by Huang et al. (2012), and Baldassar et al. (2017) migrant caregivers have often left their own vulnerable family members to take care of others and create a primary caregiver relationship through their employment. This was heavily discussed within my research and was a consistent theme with most participants. This gives a deeper understanding as to why care workers want to deliver such quality care and are frustrated when industry conditions prevent them from doing so. The love they have for their residents, in addition to their values, and culture of caring create an intrinsic desire to do their jobs well. Therefore, creating further understanding as to why negative emotions surrounding industry conditions can often be amplified. These emotions are supported by Ravenswood and Harris (2016) who noted how care workers discuss feelings of love, happiness and empathy when discussing their role, and my research was consistent with this. However, in contrast, the authors also shared how grief, anger and frustration was also mentioned, which my research also highlighted.

This shows the complexity of emotions that care workers feel towards their roles, residents and the industry. There are many conflicting feelings felt at once. This frustration was related to a lack of resources, unrealistic demands and consequently not being able to provide the care that they want too. This was shown through my research, as the participants had developed deep connections with residents, took pride in their work and wanted to deliver quality care. Frustrations were shown when organisational procedures acted as barriers to providing this care. This adds an extra layer that care workers must manage, i.e. the expectations of the residents and employers, and themselves. Ravenswood and Harris (2016) describes this experience as a structural issue which has impacts on an organisational and personal level and again was consistent with my research. My research also discussed that despite care workers caring for residents so extremely, they felt that time constraints and aggressive patient behaviour can impact the level of quality care that can be provided. This

aligns with research by Oppert et al. (2018) who stated that time and behaviour of patients are a barrier to delivering person centered care.

4.3.4 Family and Other Loved Ones Impact on Wellbeing

This theme can be understood as the love felt by friends, family, co-workers, residents and any other love felt from another person. This can act as a supportive or restrictive factor in terms of wellbeing. This was the top factor discussed within the overarching theme of love, and all of the participants discussed how family impacts their wellbeing. Hence, this has been mentioned within several of the other factors within the sub themes of love. For those who had migrated with their families, children, or partners they discussed how influential this is on their wellbeing. The positive impact of having their loved ones close, gave them purpose, connection, and love, and the majority of participants placed family as one of their most important values. In contrast those who were separated from their families and loves ones, shared how this has a direct negative impact on their wellbeing. This aligns and supports work from Ye and Chen (2020), who discussed how migrant care workers greatly benefit from social interactions, in particular family and friends due to the loss of support they experience when migrating. Additionally, this research strongly reflects the work by Jenkins and Huntington (2016), who stated that migrant care workers wellbeing is greatly impacted by their separation from their families.

The love from family is hugely influential on wellbeing, and for those that are mothers this was even more prominent and will therefore be discussed in brief. The supportive factors from family are clear. An interesting theme which arose was how families who migrated may feel closer together and more connected as they are isolated from their other social circles and extended family. Participant 2 shared this through this statement when asked about how she feels love:

> *The important thing is family, my friends are not important anymore. I can say here as they are all grown up we are more intact here rather than in the Philippines. They have their own circle of influence, my son is there, at my brothers, my daughter is at my sisters. Here we are all stuck together.*

This shows how migrating can result in positive factors for families and an increase in felt love for those who migrated together. Another aspect that was mentioned by participants 5, 16 and 7 who had parents or other family overseas, was the supportive factor of technology. Participant 16 discussed how when she first came to New Zealand she had to use phone cards to call her parents. Now the presence of facetime has greatly improved her experience. In contrast those who were separated from their loved ones shared the negative influence of this. This is shown through a quote from Participant 17, who has been separated from her partner for almost three years. She discussed how she tries to pick up a lot of shifts to keep her mind busy:

> *At home there is nothing to do, only getting stressed out.*

Participant 13 shared:

> *When you don't see your loved one next to you, you feel very lonely. Oh yes when I am stressed there's no one to hug or share your problems.*

It also has an impact on the children of these participants as highlighted by Participant 13:

> *Oh yes, because when I was coming he was three and now he's almost five. I am hoping border will open or I'll go crazy.*

The constraints of visa requirements, managed isolation and quarantine (MIQ) spaces and COVID-19 were key factors preventing participants from being able to feel the love present in their lives. This lack of attention to and understanding of the wellbeing impacts of this separation supports the societal discourse that ignores the needs of these women and is an example of the power imbalance these women experience as discussed by several sources (see McGregor, 2012; Thompson, 2019; Ravenswood, 2011; Walker, 2010); drawing attention to the need for a migrant centered lens within decision making to advocate for what this group needs (Callister et al., 2009). Another factor to consider is how participants responded to this separation. Participant 13 discussed how she retreated from making new friends due to feeling sad and isolated due to being apart from her family. When asked if she has been intentionally isolating from making close friends she responded:

> *Yes, maybe because I don't have my family here and I don't want to be involved with anyone at the moment. I am not going out much, I am being very reserved and conservative.*

This highlights the further impacts that changes to felt love can have. The participant has further retreated and isolated. Other participants who were experiencing this barrier also responded similarly. These insights are interesting to consider when analysing the wellbeing of this group, as every participant shared the immense impact that family has on their life and wellbeing. When considering supportive factors or barriers to wellbeing for this group, family is the most discussed factor. When thinking about how to improve wellbeing, reuniting mothers to their children or women with their husbands would have the most powerful impact on their wellbeing. These quotes highlight the pain and distress that results from being separated from their loved ones. For these women who describe themselves as strong and hardworking, they voiced how they can manage stress at work, financial challenges and much more, but the separation from their loved ones perpetuated feelings of loneliness and powerlessness. For the participants that have their families, it is relevant to consider how this positive wellbeing factor could be enhanced or promoted within work arrangements and society. For example, Participant 5 discussed how her work has flexible work arrangements to tailor for the working mothers, to allow them to balance work and motherly duties that support her being a mum.

4.3.5 The Impact of Family and Other Loved Ones

This subtheme discusses the influential nature of the presence and quality of relationships with family and loved ones on the wellbeing of participants. Participants expressed feeling closer to their immediate family once migrating. However, others who are separated shared the intense pain this separation has on their wellbeing. Being deprived of the love they feel from their loved ones, especially their partners and young children, had a direct impact on the wellbeing of participants. A New Zealand study of six Indian or Filipino registered nurses in aged care, using semi-structured interviews and a focus group, concluded three key challenges when migrating and entering aged care (Jenkins and Huntington, 2016): firstly, the difficulties within social transitions, secondly, the use of social networks as a key coping strategy; lastly how the separation from family and culture presents a key challenge.

My study mirrors these findings regarding the social challenges associated with the transition. However, the coping strategies utilised showed a different trend. Those who had their families present, or those who had migrated and had an existing community in their city discussed these social strategies contributing to their wellbeing. However, this research does not explore other coping strategies used by participants. Additionally, my research explored how those who did not have these social strategies coped. Furthermore, Jenkins and Huntington (2016), concluded by stating that their research raised questions about how migrant nurses are supported. My research builds on this, by investigating the challenges as discussed by Jenkins and Huntington (2016), but also the protective factors. Additionally, the small sample size of six for this study meant that the results were difficult to generalise. My research expanded on this by utilising a larger sample.

The overarching theme of a culture of caring contributes to answering the RQ as it highlights a shared culture and value between participants. This had useful insights in showing where and how, and also the impact that love had in their lives. It presents a 'why' behind the actions, decisions and feelings of participants, this in turn impacts their wellbeing. Actions, situations and experiences that align with these left participants feeling valued, respected and overall with a better feeling of wellbeing. Whereas experiences that contradicted this core value left participants feeling frustrated, angry, sad, or depressed. The overarching theme of a culture of caring was interweaved through many answers from participants. It was clear that this was a theme that could not be overlooked and builds on existing literature by further highlighting the positives of this culture of caring. However, it also explores the negative impacts that this culture has on the wellbeing of participants. The results of the findings suggest that the following recommendations would further minimise barriers to wellbeing and support protective factors:

- Creating policy, allocating resources and training that are in line with these values of providing quality care;
- Societal and larger scale government policy that provides adequate resourcing that allows for caregivers to care for the clients and themselves at a high level;
- Offering workplace policies, e.g., remuneration and flexibility that allows for quality time, resources and space for enacting the value of care for loved ones.

These results contribute to the existing body of knowledge and build on existing literature. This will be discussed in relation to each subtheme and is presented below. All themes within

the culture of caring show how valuable and rewarding ACW work is, but also that it can take a toll on workers wellbeing. This societal devaluing of women's work supports literature by Huang et al. (2012), Federici (2018), Ravenswood et al. (2021), King-Dejardin (2019), Nguyen (2021), Ravenswood and Harris (2016), Briones (2009) and Lindio-McGovern and Wallimann (2009). These subthemes illustrate how despite the value their work gives to others; how little others support them.

This data contributes a clearer understanding of what, how and the extent that a culture of caring impacts love and wellbeing. The findings show how crucial love and this culture of caring are in maintaining or creating barriers to wellbeing. It also gave further insights into how the devaluing of women's work impacts their wellbeing. This is a significant implication to consider when aiming to create future supportive factors of wellbeing for this group and highlights how policy and organisations can best support care workers to maintain or improve their wellbeing.

4.4 Being

Being, encompasses physical and mental wellbeing, presence in the world, authenticity, freedom, autonomy and relation to the world (Helne, 2021). Similarly, to the other sections, the theme of Being had several subthemes, all with interesting contributions however for the purpose of this thesis, only the most consistent sub themes will be discussed, which for the theme of Being are, mental and physical health.

4.4.1 Mental Health

The participants showed a mix of those who felt positive and negative changes to their mental health and depending on their situations differing fluctuations in their mental health due to both internal and external factors. This aligns with work by van der Ham et al. (2014) and Ladrido-Ignacio et al. (2017) that echoed the interaction between internal and external factors impacting wellbeing.

4.4.1.1 Positive Aspects

Participants who stated having improved mental health after migrating and the changes that came with this shared a wide variety of reasons as to why this is. For some this was due to their change in lifestyle, their new role as a caregiver, improved safety or freedom in New Zealand, or being reunited with partners who had moved here.

Participant 6 discussed how having employment where people are relying on your love and care gives you purpose and support, improving her own mental wellbeing. When asked whether her mental, physical, and spiritual health has improved since migrating she stated:

> *Better for me it's better. One thing is I when I came here, I didn't know anyone as a migrant worker. When I came there, I knew there's always somebody there waiting for me. If not for them no one is waiting for me here, my family is not there, my sons, I talk with there's nobody I can tell about my things, if I didn't get sleep, because when I go there are some residents who ask how is your son, how did you sleep. Like therapy for me. You know since I don't have anybody, like I have friends but not much friends.*

This highlights how through the role of being a caregiver and giving her love to the residents, she receives that love and connection in return, which also has a positive impact on her own mental health. The ability to share her thoughts, feel needed and having someone to talk to can be a hugely supportive factor when a participant first migrates and has not fully formed many supportive relationships and does not have family here. It gives her a support system and this is a relevant factor to considering wellbeing. This is supportive of the work by Ho et al. (2003) that discusses how social isolation or connectedness has huge impacts on mental health.

Another aspect that was discussed by seven participants, was how the freedoms that they have in New Zealand have positively impacted their mental wellbeing. For example Participant 18 stated:

> *It's much more different than what I could have become back home. I am independent, even if I got married in the future, I have a partner but when I talk to him or his friends they have a perspective on me that I can make my own choices in life. This is something I admire that I am here. Even back home especially I'm India*n *you have to rely on your parents so much.*

This is relevant to consider when examining wellbeing as it impacts how much power the individuals feel they have over their situation on a wider policy level. This autonomy, empowerment and being in the world impacts wellbeing especially in a different country. This change in ability to make her own choices, supports feelings of self-efficacy and strength. This reinforces literature by Eweje and Brunton (2010), who discuss how self-efficacy supports autonomy and self-worth as factors contributing to wellbeing.

4.4.1.2 Negative Aspects

The two most discussed factors that took a toll on mental health were separation from loved ones, and toxic workplaces including the impacts of bullying, which both take a toll on the employee's wellbeing, satisfaction, productivity and organisational outcomes. In contrast, a healthy company culture can help support a positive mental, physical and emotional environment for workers. These factors are influenced by several aspects including the organisational culture (Rajalakshmi & Gomathi, 2016). In other cases, a change in mental health could not be explained by one exact factor, but more so the changes overall. As separation from loved ones was discussed in the Love section, the other factors will be explored with regard to their impacts on mental wellbeing.

Participants discussed factors post migration which had negative impacts on their mental wellbeing. Participant 18 stated that:

> *When I was back in India, I didn't know problems like eating disorders actually even existed, well I had heard about depression, but I had never experienced it. It is hard it is very different when you are going through it but again you cannot mix your personal and work life.*

I then asked: *But I suppose that takes a lot of strength to separate the two? You are a whole person; all these things impact how you feel?*

> *Oh yes, you know many of the nights I cry myself to sleep. For things I don't know. Now my whole system has changed. My heart has actually softened I can't take too much pain now ha ha. So yes, it does impact at the end of the day I am the only who has to go through it, I can share it with people but the pain is mine. Sharing helps but the pain is still there. I was young I was 22 when I came here, being from a country like*

India, I was with my parents I was just always safe and pampered that was a culture thing. We don't go to work when we are 18, I didn't know much about life, I didn't have to worry about things life power and a mortgage. But this is life.

This highlights how this participant became more knowledgeable on mental health issues once migrating. This is a positive, however, experiencing these things are difficult and scary, especially for those who are uneducated on the supports and protective factors. This is a participant whose change in mental health was not put down to just one aspect, but an unknown combination of factors. As the quote continues, the participants draws attention to how her move to New Zealand introduced many new challenges to her, such as managing money and life skills. These can be extremely challenging when migrating, especially at this young age, all whilst experiencing depression for the first time. This communicates a theme of mental health challenges amongst new external issues such as being separated from loved ones. Another participant who echoed this, shared how upon moving she also experienced depression, the changes of being separated from her family, being dependent on her husband and losing all her home supports were large contributors to this. The separation from family members was discussed by all mothers with children and husbands in other countries, emphasising the intense negative impact on their mental health.

Another prevalent theme was the impacts of toxic workplaces and workplace bullying on the wellbeing of participants. This included aspects of bullying from management or co-workers and an overall unsupportive environment. This was discussed by approximately half of the participants who shared how it has impacted their mental wellbeing. Some showing clear signs of sadness such as crying or a change in body language. A quote from Participant 10 shared the nature of these types of environments:

I kept it to myself for a very long time, you know as a migrant the first thing you think is oh god I don't want to be in any trouble. I just want to work and go home, I was having that same mindset and I kept it to myself for a very long time, but I got to the point where I just couldn't keep it to myself. If I don't talk no one can do it for me. So I actually went to the management and talked about it. I did what I could and what I should. So I am peaceful about that and the management never made me work with that person again. It took so much courage and I was sure that I don't have the right or permission for some reason I thought I shouldn't be doing that and I kept it to myself for months, I went through this for months. I couldn't take it. I thought I should either

say something to management or leave the job. I couldn't afford to leave the job so I had no options.

These environments were mentioned by several participants and this particular quote shows the complex internal conversation that participants go through when experiencing bullying. The fear of causing trouble, gaining the courage to talk to management or the bully, being stuck in this role due to visa requirements and analysing the power dynamics present. This was a common thought process by those who were bullied, and all participants who discussed being bullied found it difficult to seek support. Bullying or toxic work environments have a direct impact on mental health. A quote from Participant 7 shared how this experience has influenced her sense of self and mental wellbeing:

It is, it is, it's so bad, I didn't thought that I was gonna experience it first hand, it's so bad, it's like you can't sleep and it makes you question your worth as a person (starts crying).

The emotions of this quote and the words '*it makes you question your worth as a person'*, strongly suggest that the experiences at work have taken a deep toll on this participants perception of herself. This quote also communicates how toxic workplaces can have a direct impact on an individuals' wellbeing. The participant shared how this unfair treatment completely changed how she was feeling about her life and her own self-worth. Treatment at work, is a key contributor to wellbeing for most. But this is heightened when your role is based on giving care and your employers do not care about you. After moving to a healthy and far more supportive workplace she discussed feeling much happier and these negative feelings being resolved. This showcases that the change of employer and workplace culture had a direct link to a positive change in wellbeing for the participant.

In addition, these quotes highlight the most prominent factors that impacted the mental health of participants. The positive impacts of family, connection and autonomy are useful when analysing the supportive factors for this group's wellbeing, as these are solutions that should be given increased resourcing and attention, to continue growing these supportive factors. Comparatively, the negative impacts of family separation, settlement period and toxic workplaces require more attention within the industry based on this data. The connection between these aspects and poor mental wellbeing are clear and has briefly showed the complexity to issues such as bullying. The theme of mental health contributes to answering

the RQ as it identified the most influential factors impacting the mental health of migrant women employed in aged care in New Zealand. As well as how mental health contributes to how participants 'be' in the world, how they relate, how they feel, and what they are mentally healthy enough to be in. Furthermore, this highlights which factors require more resources and improvement and those that are currently strong.

Positive aspects included better quality of life, fulfillment through work, improved physical safety, independence, freedom and being reunited with family. The findings discussed the positive impacts of having vulnerable people relying on you and how felt freedom impacts wellbeing. The positive impacts on mental health because of these work connections were predominantly protective wellbeing factors when migrating. Especially for those having little to no social support and connections when initially migrating. The participants presented this as a sort of therapy and way of creating deeper relationships in an unknown environment. The increased freedom migrating gave was stated to build self-esteem and independence for participants, especially those who were younger or came from a restrictive societal or political background.

Negative aspects discussed were separation from loved ones, toxic workplaces and the impacts of bullying which was often racially motivated. These factors weighed heavily on those who experienced it, some participants discussed referencing negative impacts on self-worth, depression and other mental health issues. The impacts of bullying and toxic work environments have previously been explored in literature (Badkar et al., 2009; Brunton & Cook, 2018; Charleswoth & Heap, 2020; Choi et al., 2019; Garces-Ozanne & Carlos, 2022; McGregor, 2012; Ravenswood et al., 2021). However, the discussion has focused on how this impacts work productivity and has yet to be discussed in relation to holistic wellness. The complexity of these issues was explored in the findings and it was clear that negative health implications were present. However, more interestingly it introduced how cultural differences, fear of creating workplace issues and the impact that this would have on long-term goals such as gaining residency and the livelihood of their children were discussed. The following practical recommendations are based on the findings for the section of 'Being' and 'Mental Health':

- Creating mental health wellbeing plans that are individualised through each organisation and enforced through policy;

- Creating change that encourages reuniting of loved ones, time and resources to engage in self-care;
- Industry initiatives to improve workplace culture, industry conditions and experiences of bullying; specifically training managers on anti-bullying/positive culture environment.

As stated within the literature review, there are mixed results on the happiness and perceived wellbeing of participants. With some studies stating that there are prominent levels of wellbeing (see van der Ham et al., 2014) whereas others disagree (see Ladrido-Ignacio et al., 2017). My research is similar to the existing knowledge that concluded mixed results. Some participants have higher levels of wellbeing and others report struggling with their wellbeing, particularly mental health. This suggests that further research should be done with a larger sample size to further explore these results.

This reflects comparable results to King (2012) who discussed positive feelings contributing to their mental health such as love, empathy and happiness. While other care workers discussed negative feelings such as grief, frustration, anxiety and anger. These feelings were discussed in relation to their experience at work; such as the lack of resources, work demands and the constraints of providing the quality care they wanted. King (2012) describes this dynamic as a structural issue which has personal and organisational impacts. My results build on this by discussing this experience and exploring these emotions, while building on the fuller picture of participants mental health and wellbeing.

Cormack et al. (2018) using quantitative methods, discussed that Asian, Pacific and Māori ethnic groups in New Zealand were more likely to experience discrimination. This was associated with poorer mental health, increased life dissatisfaction and overall, more barriers to positive wellbeing factors. My study had mixed results in relation to racism. Those who experience racism particularly at the workplace echoed the results of Cormack et al. (2018), and shared how hugely it negatively impacted mental health, life satisfaction and wellbeing.

As discussed throughout the research many care workers in New Zealand are Filipino, and their cultural-political context does not have existing policies surrounding mental health that are enforced. This highlights why perhaps so many participants did not feel they had the standing to demand workplace changes despite work having direct negative impacts on their wellbeing. This same thought process can be applied to the impacts of bullying in the

workplace. As discussed within the findings section, participants experienced a complex internal monologue due to their intersecting identities as a migrant woman working in aged care. These identities combined often caused even the most empowered women to experience negative impacts on their mental health and struggle to address workplace bullying. These findings support literature that discusses the immense impact that social connectedness or social isolation can have on mental health (Ho et al., 2003). This highlights the need to place effort into building networks for these workers, drawing attention to the necessity for social connectedness and creating policies that support workers being reunited with loved ones. In essence, companies often neglect the importance that a 'full-time' contract can make to the workers ability to bring her children or partners to New Zealand because of their visa conditions and employers should therefore have contracts that reflect the work that these workers are doing.

The data contributes a clearer understanding of what influences the mental health of migrant women employed in aged care within New Zealand. The results were novel as they highlighted consistent impacts and clear implications, while also highlighting the variety of experiences and how the intersecting identities of these women impact their experience. This further underscores the need for a migrant centered lens, especially for these females. The metal health impacts and the actions they take to aid or change these are impacted by many complex intersecting identities. When this is not considered, organisational managers, policies and societal influences do not fully understand these complexities and have structures that reflect this. This addresses a gap within the literature that had not yet existed with New Zealand regarding this group. It gives policy makers, organisations and society a deeper understanding of the drivers, values and impacts that prominent factors have on the mental health of these ACW. This is a significant implication to consider when aiming to create future supportive factors of wellbeing for this group as creating an image of how these participants themselves view their mental health allows for the wider society, policy and organisations to see their experience through their eyes. In essence, it gives a personal voice to this community and humanises the women doing this work, as well as a deeper understanding of why and how they perceive their intersecting identities and in turn how their experiences impact their mental health. It is a novel contribution to the existing literature in New Zealand.

4.4.2 Physical Health

This encompasses illness, eating, physical pain, sleep and other physical factors. A minority proportion of participants shared that they felt little to no physical impacts of their work. One participant stated a positive change to physical wellbeing whereas the majority of those interviewed shared physical changes related to either work, migrating or their experiences during childbirth. These include postpartum depression, and physical pains which have been exacerbated while at work. Through activities at work, or in their personal lives they experience many negative physical factors. Participants described aspects such as pain from hoisting and other daily tasks at work, exhaustion, lack of sleep, over or under eating, lack of time to exercise, weight gain or loss and overall changes in energy. By having love and pride in their roles they are committed to providing quality care and through this they are often working themselves to exhaustion. In addition, many of the participants discussed back pains from hoisting. This aligns with research done on New Zealand migrant caregivers that stated how the physical aspects of the role was one of the biggest challenges (Jenkins & Huntington, 2016). These physical changes acted in a loop to interact with the other physical and mental elements of being, as highlighted by the following exchange with Participant 7:

> *I mean I love them, but it can be full on like especially in the afternoon the sun downing. They can be really aggressive and so agitated.*

How do you deal with them?

> *I have just gotten used to it, you just give them time, especially if they are violent because you can't really unless you want to get punched. So, you just move them and as long as there say you can get away. That's why I need to be by myself and live on my own, because the job is quite full on, you talk pretty much the whole eight hours. By the time you're home you are pretty much exhausted. My shift is 10.00 am to 6.30, and I don't really want to go out after.*

This shows how the nature of residents and the physical stress has contributed to the participants choice to live alone. For some this may not be possible, but does highlight how aspects of a participants physical health play a role in decision making and mental wellbeing. The feelings of exhaustion and tiredness was a very common sentiment amongst participants. The exhaustion that participants experience often impacted other decisions, such as seeing friends, exercising, eating choices and other factors which impact wellbeing. This has flow

on effects to other parts of the individuals lives such as their relationships, ability to care for themselves, their families and their overall quality of life. All participants who worked night shifts, discussed the negative impacts of difficult sleep schedules, sleep deprivation, dangers of driving home after a shift and the detriment of this to their mental wellbeing. A quote by Participant 4, further explored the details of these physical changes when asked: *How has work impacted your physical health?*

> *Working at night is very tiring. On top of that working at the hospital is very tiring. Most of the residents need help, so we lift and sometimes they fight. And sometimes they are heavy. We have all the machines but sometimes they don't work. I mean working at night it is easier but staying awake all night is hard. Sometimes you close your eyes and the bell rings, you close your eyes but your mind is awake. So just that. Working nights is very hard, even if the day has hard tasks. When my little one can walk to school by herself I will take the day shift.*

This insight is useful, as it details what aspects of the role are causing these physical impacts. Day shift participants have shared how the daily tasks, speed and workload required cause physical exhaustion. These thoughts are echoed by night shift workers, in addition to a lack of sleep or disjointed sleep and how this has negatively impacted their ability to maintain their peak physical health. These insights and the subtheme of physical wellbeing is relevant to answering the RQ as it is clear that there are physical implications for the participants as a result of engaging in their work. It highlights the reality for the participants in terms of physical wellbeing and the flow on effects this has on other parts of their lives. A clear example is how disrupted sleep impacts those working night shifts. This is a consequence of their work that cannot be avoided when working at night. However, the industry should be considering this and making policies that support the wellbeing of these workers in light of the negative impact of these industry hazards to wellbeing.

The subtheme of physical health further contributes to answering the RQ as it identifies the most significant factors impacting wellbeing for participants and what implications these have on their physical wellbeing. As the majority of participants experienced a negative physical impact on their body, this is clearly something that requires attention. Despite this not being a new contribution to the literature, the application of this within the HDLB framework is a novel addition to the body of knowledge. It presents how these physical

implications affect other parts of participants' lives, and how this impacts how participants can 'be' in the world because of these impacts. What is needed therefore, is:

- Further interventions to support the physical challenges of the industry, and;
- Increased resources to achieve these interventions.

These results are what is expected from this group and reflects existing literature. This proportion of research further solidified the existing assumption that industry and the nature of the work negatively impacts the physical health of participants. Nandan et al. (2022) discussed through regression analysis the impact of work-home conflict and patient aggression on burnout. Concluding that factors of verbal and physical aggression at work predict exhaustion, work life conflicts predict cynicism and levels of professional cynicism were predicted by the number of children a care worker had; this was also partly reflected within my research.

A literature review undertaken by Caponecchia et al. (2020) of over 800 articles on the interventions needed to prevent the relationship between care work and muscoskelton issues, discusses the psychosocial factors, physical strains and limited resourcing that impacts the muscoskelton injuries within ACW. My research also discussed the negative physical impacts of the industry, and the pains experienced and the participants echoed the conclusions of the literature review by Caponecchia et al. (2020), that there is a need for interventions to limit the physical impact of these issues.

This is also supported by Jonsdottir et al. (2010), a Swedish study on the positive impacts of leisurely physical activity on the mental health of care workers. This further aligns with work by Gao et al. (2014), McGregor (2012), Ravenswood et al. (2014) and Bahn (2015) who all note that migrant care workers want better working conditions. However, this conflicts with the work by George et al. (2017) who stated a key theme was physicality of the job, which meant it improved the fitness of participants and supported weight loss. Nonetheless, these results of physical body complaints were aligned with my results and these physical impacts are significant to consider when answering the RQ as it is a key consideration to the HDLB theory and a strong theme within the findings. The physical health of a person impacts their everyday life, what they can or cannot do and how they achieve wellbeing. When considered with the other themes, aspects such as the culture of caring, love for residents and industry issues contribute to the changes in physical health seen by participants.

4.5 Chapter Summary

This chapter has discussed the results of the research and how they aid in answering the RQ: *What factors are influencing the wellbeing of FMCW in New Zealand?* The themes of having: safety and visa security; loving: a culture of caring; being: mental health and physical health; and doing: regulations and education, as well as self-determination were discussed. The participant quotes and data were used to highlight the importance of these factors in relation to the RQ. Additionally, literature was used to support the findings and also discussed in relation to why results differed between some studies.

5. Discussion

This section presents a summary of the key findings and how they answer the RQ, explores how these findings prove or disprove existing literature or contribute to the existing body of knowledge, and state why it is significant. Finally, the section outlines the practical implications, recommendations for future research, the limitations of the research and a brief conclusion

5.1 Theoretical Contributions

5.1.1 Interpretation and Implications of the Having, Doing, Loving, Being framework

The application of the HDLB framework to the wellbeing of migrant women employed in aged care in New Zealand is a new and novel contribution to the existing literature. The HDLB theory has not previously been applied to this industry, or to migrant women. The framework, as discussed within the literature review aims to reveal the price of wellbeing in the modern age and review its issues (Helne, 2021). It offers a sustainable and relational approach to creating wellbeing in our current society. This research offers an alternative discourse and narrative to what a good life looks like, this outlook is more in line with a MWCL as it considers things other than the standard objective measures of wellbeing and instead places the person at the center of their wellbeing.

As outlined within the literature review, this theory discusses the boom of wellbeing literature and reflects 'the economy of wellbeing', and why governments and organisations are now declaring wellbeing a priority (Adebayo et al., 2020; Bahn, 2015; George et al., 2017; Helne, 2021; Horner & Ameratunga, 2012; Larson et al., 2015; Ravenswood, 2011; Snook, 2015). In fact, numerous OECD countries have released statements that show their commitment to wellbeing is in fact driven by the desire to have more sustainable economic growth instead of uplifting the populations wellbeing for the sake of wellbeing and happiness (Helne, 2021). Wellbeing is described as 'not the end goal', but 'the means to the end', being economic prosperity (Helne, 2021). It is no surprise that this perspective aligns with migrants who in many cases originate from developing or third world countries, where wellbeing and happiness is often the end goal.

Helne (2021) even goes so far as to state that in these OECD countries, positive wellbeing is influential as it means people are working and paying their taxes. This diminishes the importance, complexities and different understandings of wellbeing that HDLB takes into account. The HDLB framework states that wellbeing is holistic by nature and cannot be compartmentalised into objectifiable measures of wellbeing. It is on a personal level, the mental, physical, material and immaterial aspects interacting and creating impacts on that individual's experience. This research expands on this by applying this and further exploring the application of the framework on MWACW.

An interesting contribution of the findings and the HDLB framework are the new insights into the relationship between structure, agency and holistic wellbeing for migrant women in aged care. As discussed earlier, the power dynamics within the industry have been explored by many studies (see Choi et al., 2019; McGregor, 2012; Thompson, 2019; Ravenswood, 2011; Krummel, 2012; Briones, 2009; Erel, 2007; Lindio-McGovern & Wallimann, 2009; Schrover & Yeo, 2010; Rydzik & Anitha, 2019). The results of this study align with the previous work. However, these results extend existing contributions by exploring wellbeing and having the themes reflect the impacts of structure and agency. The most similar study was conducted by George et al. (2017) who focused on wellbeing of migrant workers at work. However, it did not apply a wellbeing theory and lacked a holistic understanding of wellbeing and its impact on migrant workers personal lives. Therefore, this research contributes to the existing knowledge by applying a more inclusive, holistic theory of wellbeing to a topic that has not yet been researched through this lens. It supports the idea

that a migrant centered lens within research must be supported by appropriate theories and ways of collecting, understanding and interpreting information.

The subtheme of self-determination is a novel contribution to the body of knowledge on the wellbeing of migrant workers. The existing research discusses self-efficacy only in relation to workplace productivity and workplace achievement (Elliott et al., 2017; Shrestha et al., 2021a; Shrestha et al., 2021b; Prentice et al., 2021). However, understanding self-determination and how it impacts the wellbeing of this group and how the women feel about this has yet to be explored within the literature. By using the HDLB framework the women themselves expressed through their own perceptions how their self-determination impacted wellbeing and how this interacted with other wellbeing factors. By applying the HDLB framework to this topic it has introduced an interesting and novel contribution of researching self-determination, wellbeing and MWACW. The linking of these topics has never been done before, and therefore offers a unique contribution to the literature. This is important as the framework placed participants at the centre of the study, and asked MWACW how they perceived their wellbeing. This provides a new and interesting way to analyse self-determination as it is now highlighted as a key factor that impacts MWACW. Self-determination was shown to improve the mental health, ability to pursue actions and do more, and gave power to the participants. When participants felt like their voice had power, they were more likely to act on issues and feel confident in both their personal and professional life.

Another novel contribution of this study is the emergence of the safety subtheme within 'Having'. This theme has not been discussed extensively within the reviewed literature. The only statement regarding safety and MWACW was discussed by Ravenswood et al. (2021), who briefly discussed safety at work. My study proves that this is a complex dynamic that appeared from the data when participants were asked what they felt they have, or lacked, in New Zealand within their current lives. This is particularly interesting as the complexity of safety arises when this issue is discussed holistically in relation to wellbeing. Ravenswood et al. (2021) discusses safety in the context of work, however, through the data in this research, it suggests that safety within participants lives is impacted differently by factors such as country of origin, work environment, personal lives and so on. The findings of this study show a fuller picture of how safety or unsafety is present in participant lives, and how these contributed to their wellbeing.

This research discussed safety for MWACW in relation to: safety within a country including violence and corruption; workplace safety; and visa and residency contributions to safety. As mentioned in the Findings (chapter 4), safety has been shown to be a supportive factor for wellbeing by encouraging open communication, creativity and overall freedom (Strohminger et al., 2017). In addition, this research explored several novel conclusions by expanding on Ravenswood et al. (2021) by exploring safety outside of work, including safety within New Zealand, at different aged care facilities and how safety impacts freedom of choice and overall wellbeing.

5.1.2 Interpretation and Implications of the Migrant Women Centered Lens

The MWCL being applied to migrant women working in aged care in New Zealand and their wellbeing, is a novel and interesting contribution of the study. This lens is important especially for this group as it creates a way of thinking and analysing what is appropriate and relevant to this group. The application of this lens gives the women power and a voice within the research. To the knowledge of the researcher there is no existing research on MWACW that applies this lens within New Zealand or internationally. This very much needed cultural and gendered perspective is necessary within aged care research as the industry is predominately female and has a large portion of migrant workers.

Furthermore, the work of Briones (2009) discusses the importance of agency within migrant women. However, this study builds on this and contributes to this topic by specifically applying this lens and focusing on the change of power and voice that the lens has provided in practice. Therefore, a large contribution of this study is what has arisen from the application of a MWCL. The most similar study to this work is from George et al. (2017), which again had no specific lens or criteria to focus on migrant women. George et al. (2017) stated that all participants were European aside one Māori particpant. The sample consisted mostly of workers who had lived in New Zealand their whole lives and the rest for 37 + years. The author acknowledges this ethnic sample to be a limitation of the studies generalisability. Therefore, as the research did not take a specific lens or approach towards migrants or women, the method of sampling, thinking and analysis differs from the results of this study, despite some similarities.

George et al. (2017) concluded that love of the job commonly overrode negative factors such as stress. This was partially seen in my research through 'a culture of caring' however, it was not seen to dismiss the stress of participants within their lives entirely. This shows how different results will emerge when you consider the entire life of a person, not just their work. Due to the application and consideration of a MWCL and a difference in sample group, the implications and conclusions of this research differ to that of George et al. (2017). Through the application of a MWCL the themes, conclusions and practical recommendations are more relevant to the group as they discuss aspects such as visa impacts on health, discrimination based on gender or ethnicity, separation from loved ones, empowerment and disempowerment within their working and personal lives and how these factors impact wellbeing. This is an important point of difference between these two studies and exemplifies why this research is needed. Essentially, studies without the lens should not be generalised to migrant women working within aged care in New Zealand, because context is very important and cannot simply be generalised.

This MWCL extends previous theoretical research within literature by its practical application which has been discussed by several authors (see Erel, 2009, and Briones, 2009). As stated by Briones (2009, p. 2) "The main hypothesis is that agency requires capability to successfully mediate victimization; agency in itself is insufficient. In practical terms, this means that while protecting rights doesn't guarantee livelihoods, protecting livelihoods creates the opportunity or capability for securing rights". Briones (2009) argues for a holistic approach to agency, labeling this the capable agency approach for a MWCL. This research therefore extends the work of Briones (2009) by applying a MWCL in practice.

This research discussed with the MWACW themselves where they thought their agency was being exercised, and how this worked in combination with structures that aided or hindered their wellbeing. For example, whether the participants felt empowered to create changes within their workplace or personal life by exercising their agency. These structures include but are not limited to the visa process, constraints of the aged care industry, societal expectations and treatment of women. This allowed for a deeper understanding of where MWACW thought they had been able to share their perspectives and been heard, and identified what sort of change and where they believed change was needed within these structures. This understanding was done within the context of how these women perceived their wellbeing.

The MWCL can be understood as empowering to those it is applied to, as it places the individuals experience and their feelings as the determinant of wellbeing, moving away from prescribed wellbeing indicators. This approach also combines many interrelated aspects to create a holistic understanding, independent of objectifiable understandings of wellbeing that may not be appropriate or relevant to a person's identity. By applying the MWCL, this research has aimed to fill the gap within the literature that focuses on MWACW that does not prioritise their perspectives and opinions within research, practical recommendations and theoretical contributions. Furthermore, this research contributes to the body of literature around the MWCL by applying it to this research method, analysis and recommendations. As discussed by Briones (2009), a MWCL is a powerful tool in redistributing power and creating greater understanding and support for migrant women. By reframing the lens that problems are looked at, it also gives the power and voice back to the women themselves. Having a voice is very important when creating understanding, critiquing and solving issues. The existing lens has tended to align with the dominant discourse that is presented about migrant women from those outside of this group. Without the voice of these women being uplifted, heard, seen and understood, change is unlikely. Therefore, this tool enables this change and encourages the perspective of MWACW to be heard.

5.1.3 Overall Safety and its Contributions to Wellbeing for Migrant Women Aged Care Workers

A novel contribution of this research is how the felt safety within the country impacts the overall wellbeing of the participants. There has yet to be, in my knowledge, research that discusses how the felt safety of participants in a new country impacts their wellbeing. Having this safety is a huge contribution to the wellbeing of participants. Felt safety was discussed by participants to change their outlook on life, their willingness to engage in activities, and their ability to relax or rest. This is important as felt safety can motivate or hinder individuals throughout their lives, in turn impacting factors such as mental or physical health which directly impacts wellbeing (DeSouza, 2008). Those who engaged in the care industry overseas experienced this lack of safety at the workplace everywhere, which highlights this is an industry issue globally. Nonetheless, the safety of a country has not been explored in relation to its impact on the wellbeing of this group. Despite feeling unsafe at work, a large portion of participants discussed feeling safer physically in New Zealand. However, this became more complicated for those who also experienced visa instability. Ravenswood et al.

(2021) discuss a lack of felt safety for MACW at work, however, there has yet to be research that discusses how their overall safety impacts the wellbeing of MWACW.

The findings of this study apply a MWCL and a HDLB framework, but more importantly the practical applications and suggestions made from this echo this complex felt safety experience. Therefore, this research contributes to the body of literature discussing the wellbeing and safety of migrant ACW by expanding on this work by building in wellbeing theory and focusing specifically on wellbeing (Mowat & Haar, 2018; George et al., 2017; Ravenswood et al., 2021). This contribution would also be useful when examining retention, engagement and attraction to the industry, specifically in New Zealand. New Zealand is a unique environment, where our country has high felt safety, however, the visa, industry and retention/attraction issues are huge unsettling factors for ACW. Prioritising a clear pathway to residency to ease feelings of instability and uneasiness, continued resources and support for safety within work and creating an understanding that safety for ACW extends beyond just work or personal issues and recognises a holistic and wider sense of safety within their lives.

5.1.4 Power Dynamics for Migrant Women Aged Care Workers in New Zealand and its Impacts on Mental Health and Wellbeing

The subthemes of toxic workplaces and power dynamics appeared within the results of the overarching themes of mental health and a culture of caring. These discussions highlighted the power dynamics present within the workplace and personal lives of these women. This extends and builds on research that discusses the power dynamics present within the industry (see Badkar & Manning, 2009; Choi et al, 2019; Ravenswood & Harris, 2016; Montayre et al, 2018; Ravenswood, 2017; Walker, 2010, Ravenswood & Douglas, 2017). Due to the wellbeing focus of this study, this research builds on this by discussing how power dynamics at work impacts wellbeing. Additionally, literature does allude to power dynamics through topics such as bullying and toxic workplaces, but while acknowledging there are negative impacts on workers this is not necessarily then further investigated within the research (Badkar et al., 2009; Callister et al., 2009; Cassim et al., 2020; Charlesworth & Heap, 2020; Choi et al., 2019; Cuban, 2013; Elliott et al., 2017; Kaine & Ravenswood, 2014). Therefore, an interesting contribution of this study is identifying how power dynamics are complicated

and when examining this at work, the results often differ from the overall power of these women and how this power relationship within their lives impacts their wellbeing. Ravenswood and Douglas (2017) stated that these women and their roles both give and take away power from them. The findings of this research support this. Therefore, this research contributes to a deeper understanding of how these prevalent power dynamics impact wellbeing and offers practical solutions to combat this within the industry.

5.1.5 Self-determination and its Impacts on Wellbeing for Migrant Women Aged Care Workers

Self-determination was seen through the subtheme 'Doing'. This subtheme encompassed how participants felt, why this was, and what they did or did not do because of this and how these factors impacted participant wellbeing. For participants who felt empowered and consequently showed higher levels of wellbeing, factors discussed included flexibility to choose when they work, time and choice to spend with their families, autonomy and respect at work, and having their voices heard. These are factors that can be implemented within the industry and documented within policy to change the industry overall.

Those who discussed feeling disempowered discussed poor wellbeing, which was also reflected by those who felt extremely disempowered or bullied at work. They discussed the heavy burden this had on their mental wellbeing and overall quality of life. Previous research has not discussed the impact of empowerment and wellbeing for MWACW in New Zealand. Although some existing research by Lock et al. (2018) and Shrestha et al. (2021a) discuss migrant workers issues, they do not discuss how this impacts the wellbeing of ACW. Therefore, this research contributes to creating a clearer picture for policy makers on the factors that influence empowerment for MWACW and its impacts on wellbeing. This is useful for future decisions within the sector to attract and retain workers.

5.2 Practical Contributions of Research

The practical contributions and recommendations of this research have been discussed. Table 8.6 Themes and Practical Recommendations (refer to appendices) showcases each theme and

corresponding subtheme and what the practical recommendations of this are. As outlined within the findings and discussion, some of these results are supported by literature and others are more novel contributions which have been explored in more detail.

By applying the HDLB framework, any practical improvements for the wellbeing of this group such as organisational or policy changes will be more relevant, appropriate and have greater value to the individuals. The findings of this research can help to address industry wide issues of staffing shortages, an unattractive industry, recruitment and retention, and employee wellbeing within the sector. Due to the diverse workforce, by applying a more holistic appropriate understanding of wellbeing, the practical applications have a better chance of being adopted and impactful when creating change. The discussion has shown how these findings have disproved, aligned with or built on existing literature on the topic. It has also applied the HDLB theory throughout the analysis, findings and discussion to offer a novel contribution to the existing theory.

This has future implications for MWACW and the relevant decision makers by having this deeper person-centered understanding of their wellbeing, obstacles and opportunities, policy and organisations can offer more appropriate and useful strategies, training and opportunities for self-determination to be actioned and enacted to support positive wellbeing. As self-determination appeared as a key subtheme influencing what these women do, and consequently their wellbeing, it highlights an overarching theme that can empower and change the industry. By using this to influence how workplaces train workers, how they engage in problem solving, conflict resolution and wider support from their communities and industry groups.

5.3 Chapter Summary

The results and discussion chapters have outlined how the results of this research have answered the RQ: *What factors are influencing the wellbeing of FMCW in New Zealand?* Literature that supports or disagrees with conclusions have also been discussed. Additionally, this chapter has explored the theoretical contributions of the study, the novel conclusions and the practical recommendations based on the results.

6. Conclusions

This chapter concludes this research by summarising the key findings in relation to the RQ, through re-stating the main contributions, discussing the limitations of the study and finally presenting suggestions for future research.

This research has endeavored to answer the RQ: *What factors are influencing the wellbeing of MWACW in New Zealand*? Interviews were conducted on Eighteen migrant women employed in aged care within New Zealand participated in semi-structured interviews and used storytelling to share their perspective on their wellbeing and what factors impact it. The construction of the research was influenced and underpinned by a MWCL, and applied the HDLB framework to the analysis of the results. The findings indicated that by applying a MWCL and the HDLB framework results reinforced a portion of existing knowledge within the literature and provided interesting novel contributions. The findings have extended our understanding of the wellbeing of migrant women employed in aged care in New Zealand through cultural and gendered relevant theory. The RQ has been answered by determining that for this sample of MACW the most prominent influential factors impacting their wellbeing are safety, a culture of caring, physical and mental wellbeing, regulations/education and self-determination.

Furthermore, this study has contributed to the literature both theoretically and practically through this exploratory study and its conclusions. This research addressed the gap within the literature of research conducted within New Zealand on the wellbeing of migrant women working within aged care. Other studies had not yet combined all these factors, instead focusing on portions of this topic such as retention of ACW (see Brunton & Cook, 2018; Low et al, 2022; Mowat & Haar, 2018; Ngocha-Chaderopa & Boon, 2016; Ravenswood, 2017; Ravenswood et al., 2021; Shrestha et al., 2021; Thompson, 2022; Woodbridge & Bland, 2010).

This research has also contributed to understanding the research problem by using relevant theoretical perspectives such as a MWCL and methodological choices to gain understanding of the wellbeing influences on MWACW. These identified wellbeing influences contribute to the aged care sector recruitment, retention and attraction issues. A deeper understanding of the narrative and perspectives of this group can further assist policy and practical changes to better serve and solve these industry issues. This is significant because the aged care industry

is and will continue to face recruitment and retention issues that are exasperated by the aging population. In order to better understand the issues within the sector and its impact on its workforce examining MWACW has given personal insights into how the industry issues impact wellbeing and what these women believe will improve industry issues personally and industry wide in the future.

The literature used to understand this topic highlighted a gap in migrant women centered theoretical understandings and relevant application of wellbeing theory on this group of workers in New Zealand. This study has contributed to addressing those gaps by combining the use of a MWCL and a relevant wellbeing theory (HDLB). As stated within the literature review, there were minimal studies that explored the wellbeing of ACW and none that had used a HDLB framework or a MWCL. By applying these within the research all methodological, analysis and understandings of this research have either confirmed, challenged or offered unique contributions to the research that better align with how this group creates knowledge and perceives their experience. In relation to existing theory within the topic, this study has contributed a novel application of a MWCL to this group.

This research is useful in contributing to the practical recommendations within the field as shown in Table 8.6 (refer to page 133 for details). The practical recommendations suggested come directly from the research and the analysis of participants' personal experiences and suggestions for change. This is valuable for the industry and organisations as it highlights what employees within the sector believe would create positive impacts for their wellbeing, organisational satisfaction, recruitment and retention.

6.1 Limitations

The generalisability of this research is impacted by the time constraints of this project. The findings of this study had to be condensed and many interesting and useful results were excluded in the interest of completing the project on time. However, this does not take away from the legitimacy and validity of the findings that were included. The findings that were discussed were prominent themes that helped further create an understanding of the barriers and supportive factors which contributed to the wellbeing of these migrant women employed in aged care in New Zealand.

It is also beyond the scope of this study to suggest that this can be applied to all migrant women employed in aged care, as the study further amplified the diverse experiences of this group. Further research must be done to create a better understanding of when and how certain factors are supportive or detrimental to wellbeing.

Another limitation to this study is the application of the HDLB theory in an industry which has never been examined through this lens. This contributed to the value of the research but also acted as a factor that created challenges.

In addition to the lack of research done in New Zealand that focused on the wellbeing of migrant women employed in aged care, the challenges from the lack of existing research meant that there were in fact a large number of unanswered questions in relation to the wellbeing of the group. These cannot all be explored within the constraints of one thesis.

6.2 Recommendations for Further Research

Several recommendations for future research are suggested as a result of the knowledge and experiences shared by the participants as migrant women working in aged care in New Zealand.

1. A longitudinal study would further build on the results found in this research by tracking the wellbeing of participants over time through regular check-ins and while changes are made within the industry or an organisation.

2. A study that utilises this research structure on a larger sample size would increase the accuracy and generalisability of these results which would be useful within the literature.

3. Another interesting future study would be to focus on the impacts of increasing self-determination of MWACW within the workplace and explore how this changed the wellbeing and employee experience of participants.

4. Research that further explored how the suggested practical application and results of these through a case study would be useful to further evaluate the success, downfalls and practicality of these.

5. Another interesting avenue for future research would be a comparative case study between migrant men and women applying the HDLB framework. This is yet to be explored in research and would give an interesting insight into the differences or similarities between the male and female migrant care worker experience in New Zealand.

7. References

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8. Appendices

Table 8.1A Interpretivist Research Paradigm and Justifications for Choosing Qualitative Research Approach

	Assumptions and Overview
Pragmatic assumption	Inductive: The data is what creates reality. Social constructivism: Reality is socially constructed.
Ontology: Nature of reality	Subjectivist: Reality is dependent on context. The perceptions of reality are based on the interviews, observations, and field notes. The reality for these migrant women is based on the combined understanding of the research methodologies.
Epistemology: Nature of knowledge	Interpretivist: Understanding is constructed based of the perspectives and knowledge of participants.
Methodology	Qualitative: Gaining knowledge from migrants on how they feel their wellbeing is impacted through their work, gender, and ethnic identities.
Role of the researcher	The conclusions and understanding of the issues will be based on both the answers of participants and my interpretations of reality.

Adapted from Gephart (2004), and Guba and Lincoln (1994).

Table 8.1B Participant Interviews: Number, Time and Place

Participant #	Total time of interview	Place of interview
P1	44 minutes	Home
P2	41 minutes	Home
P3	67 minutes	Home
P4	59 minutes	Home
P5	46 minutes	Video call
P6	52 minutes	Video call
P7	44 minutes	Home
P8	29 minutes	Home
P9	59 minutes	Home
P10	75 minutes	Video call
P11	26 minutes	Video call
P12	60 minutes	Home
P13	35 minutes	Video call
P14	71 minutes	Home
P15	27 minutes	Coffee shop
P16	34 minutes	Coffee shop
P17	30 minutes	Coffee shop
P18	44 minutes	Coffee shop
Total	**843 minutes**	
Average	**46.8 minutes**	

Table 8.2: Researchers Wellbeing Based on HDLB framework

Research Process	Having	Doing	Loving	Being
Research proposal	- Was in lockdown for the initial stages of this period. - Had a safe home - Discontinued certain aspects of the researchers' hobbies to adjust to the decision to not work	- Decided not to work my part time job and be a casual tutor in order to focus on my studies. - Was able to align actions with the researcher's value of prioritizing health	- Did enjoy and found happiness in slowing down during lockdown and being able to isolate with loved ones - Did miss the freedoms of the outside - Loved the freedom to see other friends post lockdown.	- Did find the process stressful as it was the first time I learnt about a lot of the concepts - Had some anxiety and mental health challenges at this point - Saw some changes and decreases in physical activity and overall health
Access to participants	- Difficulties due to COVID and being able to accurately estimate how many participants would be gained.	- Started thinking and planning the research process more clearly	- Falling out with some potential connections to getting participants - Supportive friends and family to help me through.	- Nervous about getting participants
Ethics approval	- Found the ethics process frustrating as some aspects conflicted with the cultural norms and processes attempted to be implemented	- Began a new job due to financial stress.	- Loved meeting people at the new role, as the role allowed me to meet other migrants navigating the work environment	- Felt a loss of spare time once commencing a new job - Very happy to get the approval and begin data collection
Data collection	- Had help from supervisors on the process of data collection	- Took time for walks and to be out in nature - During the transcription process went on holidays and took the work with me - Had more time to focus solely on data collection as other classes ended	- Drew on the connections made with participants - Focused on creating time to spend with loved ones while doing this process - Had good connections with participants	- As more people came forward for data collection some stress subsided. - Positive impacts on mental health through these positive connections.

Research Process	Having	Doing	Loving	Being
Analysis	- Had difficulty presenting the ideas clearly within the analysis	- Reached out for support to get through the analysis process from friends and family to maintain wellbeing - Finished job	- Mid analysis and discussion process left for 2 weeks overseas for a family holiday - Really felt connection and joy from seeing the results come together	- Felt a lot of stress and anxiety to finish this thesis on time, which took a big toll on the researcher's mental health - Received extra help from a manager that eased some of that anxiety
Write up	- Had more money, and less time - Had more time to rest once quitting my job.	- Began working a new full-time job - Quit my full-time job	- Invested more time into creating memories with loved ones - Had a very close loved one in hospital for an extended period of the write up.	- Began going to therapy - Began a regular consistent physical exercise routine - Experienced mental health changes

Table 8.3 Participant Information

No.	Gender	Age or age bracket	Ethnicity	Country of origin	Part of NZ they are living	Position	Years in care work	Years in NZ
P1	Female	30-35	Iranian	Iran	Christchurch	Home Assistant	2	3
P2	Female	40-45	Filipino	Philippines	Christchurch	Caregiver	4	4
P3	Female	40-50	Somalian	Somalia	Christchurch	Kitchen/ Home assistant	2	17
P4	Female	30-40	Filipino	Philippines	Christchurch	Caregiver	6	6
P5	Female	47	Filipino	Philippines	Hawkes Bay	Caregiver	5	7
P6	Female	35-45	Sri lanka	Sri Lanka	Invercargill	Caregiver	1	4

P7	Female	28-32	Filipino	Philippines	Christchurch	Caregiver	11	11
P8	Female	65	Filipino	Philippines	Christchurch	Caregiver	15	15
P9	Female	25-35	Indian	India	Christchurch	Caregiver	3	5
P10	Female	20-25	Indian	India	Invercargill	Caregiver	2	2.5
P11	Female	35-45	Sri Lanka	Sri Lanka	Invercargill	Caregiver	3	5
P12	Female	25-30	Indian	India	Christchurch	Caregiver	2.5	4
P13	Female	40-50	Indian	India	Invercargill	Caregiver	1	2
P14	Female	25-35	Indian	India	Christchurch	Caregiver	3	3
P15	Female	35-40	Filipino	Philippines	Christchurch	Caregiver	4	4
P16	Female	30-35	Filipino	Philippines	Christchurch	Caregiver	12	13
P17	Female	20-25	Indian	India	Christchurch	Caregiver	2	2.5
P18	Female	25	Indian	India	Christchurch	Caregiver	3	8

Table 8.4 Unique Context Notes from Researcher Journal

Unique context	Quotes from researcher's field notes
	Over the interview process I have had so many interactions with participants where I have spent time getting to know them outside of the standard research process. For example, after having trouble reaching a participant, she invited me to come to her daughter's birthday and interview some of her colleagues during the party. I had dinner with participants, been invited to parties and exchanged numbers to stay in contact.
	I have found it difficult as a researcher the past week trying to arrange a time with participants. On one hand I am used to these cultural nuances such as making last minute plan changes, not committing to a certain time until a couple hours prior. I understand that this is a cultural norm and also impacted by the nature of their employment. I understand this and was prepared for this. My family and friends have displayed this behavior often. On the other hand, as a researcher and personally growing up in a Western environment although I am used to these differences it does impact my research timeline, and I can't help but occasionally feeling frustrated despite being grateful for their participation.
Ethical approval regarding location	It was difficult as a researcher getting ethical approval and having difficulty getting approval of location for interviews within this context. In a Western setting safety within ethical approval wants interviews to be conducted on campuses and libraries where these participants do not feel the most comfortable. Such a large portion of participants wanted these interviews at their homes where they felt safe, could speak their minds freely and hold the power of having this discussion in their space. From my cultural background I understood the importance of this, the hospitality element is huge and for many participants offering the researching food or beverage was a huge part of the process. Due to my cultural background this is a part of the process I did and enjoyed hugely. Despite being in a Western environment I interviewed migrants and conducted research in a way that made them comfortable and was culturally relevant to them was so valued and important within this process
Gift giving	Another interesting context difference was the approach to gift giving. It was interesting that this was something that aligned with many Southeast Asian cultural norms of gift giving and the Māori tradition of a Koha. I found this interesting in the environment of New Zealand as this may differ in other Western settings depending on the presence, acknowledgement and traditions of the indigenous people of the country where research is conducted.

8.5 Interview Procedure

The interviews lasted between 30-70 minutes and were conducted between September and November 2021. Due to the nature of the interviews, the questions were based around the themes of care work, wellbeing, gender impacts and migrant experiences in New Zealand. However, considering the importance of storytelling, the participants' responses also assisted in guiding the questions. The topics contained the following information:

1. Wellbeing pre-dating aged care employment: Existing physical and mental health background, the meaning of wellbeing, coping strategies.
2. Gendered work: Working environment, management and peers, within the industry.
3. Challenges within their employment experiences: Difficulties within work processes or interpersonal relationships
4. Supporting contributions to positive experiences: Supports accessed, including community, organisational, personal, or interpersonal support and resources.
5. How the themes above impact their wellbeing: Whether these aspects have had changes to their wellbeing.

The themes and the related questions were decided following the exploration of existing literature on migrant wellbeing, care work, gendered issues and the New Zealand environment in which this research takes place. The questions were based around this existing set of questions and were inspired from existing literature specifically the work of Federici (2018) and Helne (2021):

1. How do you think being a woman has impacted your experience with work? Has it made it harder, easier or the same in comparison to men?
2. How has your mental/physical/spiritual health changed over your life? Do you believe that this has any relationship to your gender, work or country you were living in?
3. Do you feel you are happy and satisfied internally with your life? Do you feel a lot of love in your life?
4. Are there any aspects that you feel an employer, the government, you or your social circles could be doing better to support you reaching your happiest, healthiest self?
5. What current supports do you have they help you stay happy and healthy? Do you have everything you need? These could be anything or anyone.
6. What are the most important values to you and what activities do you do that show this?
7. Tell me about your workplace culture?
8. Are you in touch with any community groups?

Table 8.6 Themes and Practical Recommendations

Theme	Subtheme A	Practical Recommendations	Subtheme B	Practical Recommendations
Having	Safety	- Industry regulations and training for physical and mental safety at work - Settlement services which educate migrants on what safety regulations exist and should be expected	Visa safety	- Further transparency within visa processing - Clear residency pathway
Doing	Regulations and education	- Further acceptance of overseas qualifications - Revisit existing policies regarding regulations and education - Consider a structure that allows IQN to work in aged care to get their nursing qualification recognised	Self-determination	- Create conditions that support autonomy that consider the discrepancies and vulnerabilities these participants face based on class, race, and occupational barriers. - Change the narrative within society that care work is undervalued, unskilled work to change the systemic oppression and improve self-determination -
Loving	A culture of caring	- Creating policy, allocating resources and training that are in line with these values of providing quality care - Societal and larger scale government policy that provides adequate resourcing that allows for caregivers to care for the clients and themselves at a high level - Offering workplace policies, e.g., remuneration and flexibility that allows for quality time, resources and space for enacting the value of care for loved ones	N/A	N/A
Being	Mental health	- Creating mental health wellbeing plans that are individualised through each organization and enforced through policy	Physical health	- Further interventions to support the physical challenges of the industry - Increased resources to achieve these interventions

Theme	Subtheme A	Practical Recommendations	Subtheme B	Practical Recommendations
		- Creating change that encourages reuniting of loved ones, time, and resources to engage in self care - Industry initiatives to improve workplace culture, industry conditions, and experiences of bullying; specifically training managers on anti-bullying/positive culture environment		

8.7 Human Ethics Form

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2021/123

13 September 2021

Sarah Alwan
College of Business and Law
UNIVERSITY OF CANTERBURY

Dear Sarah

The Human Ethics Committee advises that your research proposal "A Qualitative Investigation on the Experiences of Migrant Women Employed in Aged Care Within New Zealand" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 9th September 2021.

Best wishes for your project.

Yours sincerely

Dr Dean Sutherland
Chair
University of Canterbury Human Ethics Committee

8.8 Ngai Tahu Consultation and Engagement Group Letter

Ngāi Tahu Consultation and Engagement Group

3 August 2021

Tēnā koe Sarah

Re: A Qualitative Investigation on the Experiences of Female Migrants Employed in Aged Care Within New Zealand

This letter is on behalf of the Ngāi Tahu Consultation and Engagement Group (NTCEG). The NTCEG considered your proposal and acknowledge it is a worthwhile and interesting project and you are clear about how you ought to take participants' (cultural) needs into account if and when applicable.

Given the scope of your project, no issues have been identified and further consultation with Māori is not required.

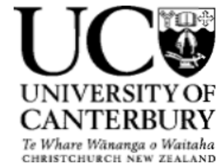
Thank you for engaging with the Māori consultation process. This will strengthen your research proposal, support the University's Strategy for Māori Development, and increase the likelihood of success with external engagement. It will also increase the likelihood that the outcomes of your research will be of benefit to Māori communities. We wish you all the best with your current project and look forward to hearing about future research plans.

The Ngāi Tahu Consultation and Engagement Group would appreciate a summary of your findings on completion of the current project. Please feel free to contact me if you have any questions.

Ngā mihi
Kerin Houston (on behalf of the NTCEG)

Research & Innovation | Te Rōpū Rangahau
University of Canterbury | Te Whare Wānanga o Waitaha
Private Bag 4800, Christchurch | Ōtautahi
ethicsmaoriconsultation@canterbury.ac.nz

8.9Participant Consent Form



School of Business and Law
Phone: 03-369 3888
Email: sal193@uclive.ac.nz
22/07/21
HREC Ref:

Understanding the wellbeing of migrant women care workers in New Zealand

Consent Form for participants

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary and I may withdraw at any time without consequences. Withdrawal of participation will also include the withdrawal of any information I have provided should this remain possible.
- ☐ I understand that any information or opinions I provide will be kept confidential to the researcher and the supervisors. I understand that any published or reported results will not identify me or my organization.
- ☐ I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form. I understand the data will be destroyed five years after completing this project.
- ☐ I understand the risks associated with taking part and how they will be managed.
- ☐ I agree to being audio recorded. I understand how this recording will be stored and used
- ☐ I understand that I can contact the researcher Sarah Alwan sal193@uclive.ac.nz or supervisor Anna Earl anna.earl@canterbury.ac.nz for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Research Ethics Committee, Private Bag 4800, Christchurch human-ethics@canterbury.ac.nz.
- ☐ I would like a summary of the results of the project.
- ☐ By signing below, I agree to participate in this research project.

Name:__________________________Signed:__________________________Date:_______________

Email address *(for report of findings, if applicable)*:____

Please sign this form and hand to the researcher.

8.10Particpant Information Sheet

School of Business and Law
Phone: 03-369 3888
Email: sal193@uclive.ac.nz
22/07/21
HREC Ref:

Understanding the wellbeing of migrant women care workers in New Zealand
Information Sheet for participants

Kia Ora,

You are invited to participate in a research study on migrant women and their wellbeing while being employed in aged care in New Zealand. This study is being conducted by Sarah Alwan from the University of Canterbury I Te Whare Wānanga o Waitaha (UC). Supervisors for the Master of Commerce are Anna Earl and Matt Scobie. The study is being carried out as a requirement for a Master of Commerce.

What is the purpose of this research?
This research aims to determine what factors impact wellbeing for migrant women employed in aged care. I am interested in finding out about the challenges and opportunities that the participants have experienced while employed in aged care. The information from this study will help to gain further understanding on the current situation for migrant women and potential changes that may impact their wellbeing.

Why have you received this invitation?
You are invited to participate in this research because you have responded to a request for participants. You also have experience and expert knowledge on the topic. Your participation is voluntary (your choice). If you decide not to participate, there are no consequences. Your decision will not affect your relationship with me, the University of Canterbury, or any member of the research team.

What is involved in participating?
If you choose to take part in this research, you will participate in an interview. This interview will take place face-to-face or online via Zoom. I will contact you to arrange a suitable time and location. The interview will involve me introducing myself, answering any questions you have, and confirming your consent to participate. Then, I will begin the interview and will ask you questions about work, wellbeing and being a migrant woman in New Zealand. The questions will involve the participants describing their reality of the themes. It is estimated the interview will take around 45-60 minutes.

Will the interview be recorded?
With your permission, the interview will be audio-recorded using a portable recorder or using Zoom's audio-recording feature. The recording will be used to create a written transcript of the interview, which I will analyse as part of the research. If you choose to review a copy of the interview transcript, I will provide this to you within four weeks of the final interview. I will ask you to provide any amendments or additions via email within eight weeks.

Are there any benefits from taking part in this research?
A potential benefit is that participants will develop further understanding of the experiences of migrant

women employed in aged care in New Zealand.

Are there any risks involved in this research?
Some questions or topics discussed may involve sensitive information about wellbeing. This may cause some participants to become upset or distressed. If you become upset or distressed you will be offered time to consider if you wish to continue or withdraw from the study. I will also suggest you consider contacting the support agencies listed below:

Support Agency	**Contact Information**
Shakti	*0800 742584*
Women's Refuge	*0800 733 843*

What if you change your mind during or after the study?
You are free to withdraw from this research at any time. To do this, please let me know either during the interview or after the interview has finished. I will remove any information you have provided up to that point from the data set if it is still possible. Once data analysis has commenced on 15th of September, removal of your data may not be possible.

What will happen to the information you provide?
I will transfer the audio recording to a password-protected file on the University of Canterbury computer network and then delete this from the recording device as soon as practical. All data will be confidential. To ensure your identity is not known to anyone outside the research team, we will keep your signed consent form in a file separate from your interview transcript. All names of the participants will be assigned a pseudonym to ensure confidentiality, whenever it appears in the transcript and anywhere else. We will store the file that links your real name and your pseudonym individually on a password-protected, secure device. All study data will be stored in password-protected files on the University of Canterbury's computer network or stored in lockable cabinets in lockable offices. All data will be destroyed five years after completion of the study/publication of study findings. I will be responsible for making sure that only members of the research team use your data for the purposes mentioned in this information sheet.

Will the results of the study be published?
The results of this research will be published in a Master's thesis. This thesis will be available to the general public through the University of Canterbury library. Results may be published in peer-reviewed, academic journals. Results will also be presented during conferences or seminars to wider professional and academic communities. You will not be identifiable in any publication. A summary of results will be sent to all participants who request a copy.

Who can you contact if you have any questions or concerns?
If you have any questions about the research, please contact: Sarah Alwan: email sal193@uclive.ac.nz; and Anna Earl: anna.earl@canterbury.ac.nz ; for student projects, questions should go to the researcher and concerns to the supervisor.

This study has been reviewed and approved by the University of Canterbury Human Research Ethics Committee (HREC). If you have a complaint about this research, please contact the Chair of the HREC at human-ethics@canterbury.ac.nz).

What happens next?
Please review the consent form. If you would like to participate, please sign, scan/take a photo of, and return the consent form to *[email, or by hand, or by post – include relevant address information].*