EXPLORING THE WORKPLACE EXPERIENCES OF NIGERIAN FEMALE MIGRANT CARE WORKERS: AN EXAMINATION OF THE INTERSECTIONAL FACTORS INVOLVING ETHNICITY, RACE, GENDER, AND MIGRATION STATUS

A thesis submitted in partial fulfilment for the requirements of the University of Salford for the Degree of Doctor of Philosophy

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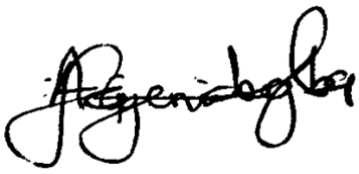
DECLARATION

I certify that the work is that of the author alone and has not been previously submitted, in part or in whole, to qualify for any other academic award part to another University for the award of any other degree.

The content of the thesis is a product of work which has been carried out since the official commencement date of the approved research programme, and any published or unpublished materials used in this thesis are duly referenced.

Signature --------3  ----------

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ABSTRACT

This research examined the workplace experiences of Nigerian female migrant care workers in English care sector, with a particular focus on the complex interplay of ethnicity, race, gender, and migration status. By employing qualitative research methods, including semi-structured interviews, this research captured in an interview the diverse stories and perspectives of twenty Nigerian women who have migrated to the UK and are employed in the English care sector.

This research reveals that these women, motivated by a combination of structural and individual factors, have undergone significant shifts in their social status and occupational mobility due to migration. However, their decision to enter the care sector is fraught with challenges stemming from migration policies, labour market dynamics, and care sector policies. Additionally, the participants face adverse working conditions, which include experiences of racism, discrimination, and physical abuse in their workplaces.

This research highlights a critical gap in the existing literature concerning the motivations and experiences of Nigerian female migrants working in the English care sector. By adopting an intersectionality lens, it explains how the confluence of factors, such as migration identity, race, ethnicity, and gender, collectively contributes to negative employment outcomes and unfavourable workplace experiences for female migrate workers.

This research employed intersectionality theory as a framework to investigate the motivations driving female migrant care workers to enter the UK and engage in the English care sector. It further analysed their working conditions and examined instances of discrimination. Finally, leveraging the knowledge gained from the application of

intersectionality theory, the study formulated recommendations for policy enhancements and practical improvements in the sector.

Ultimately, the study contributes to a deeper understanding of the complex dynamics shaping the lives of Nigerian female migrant care workers, providing valuable insights for policy reform, workplace improvement, and broader discussions on labour migration and social justice.

This study highlights the complex and intersecting nature of discrimination experienced by individuals in the workplace, resulting from the emergence of factors such as migration status, race, ethnicity, and gender. The findings emphasize the need for nuanced interventions and policies that address these multifaceted dimensions of discrimination, fostering more inclusive and equitable work environments for all individuals, irrespective of their diverse identities.

CHAPTER 1:
INTRODUCTION

1.0 Introduction

This chapter discusses the background and significance of the research. It states the aim, the research questions, and the literature gap. It also discusses the research contribution. The chapter concludes by outlining the structure of the thesis.

1.1 Background to the Research

Migration may be temporary, permanent, or circular and includes migrants returning to their homes (Fleury, 2016). The most appropriate description of a migrant based on the United Nation (UN) recommendation is the long-term international migrant, defined as someone who changes their country of usual residence for at least a year so that the country of destination effectively becomes the country of usual residence (Migration Statistics Quarterly Report of 2016). According to Rienzo (2015), migrants can be defined in at least three different ways: by place of birth (i.e., foreign-born), by nationality (i.e., foreign citizens), and by the length of stay in the United Kingdom (UK); the foreign-born definition is the most widely used in UK debates and analyses. Steele and Hunt (2008) described migrant workers as 'individuals who arrive in the host country to find jobs.' They distinguished migrant workers in terms of their temporary nature of movement and further clarified that migrant workers cover a wide group of people. The clarification includes foreign nationals who do not need a work visa, work permit holders, individuals on special workers' schemes such as the Seasonal Agricultural Workers Scheme (SAWS), individuals on the Highly Skilled Migrants Programme

(HSMP), businesspeople, financiers and investors, individuals on working holiday visas, and individuals on other special visas, e.g., au pairs.

The increase in research on migrant-worker can be attributed to the influence of globalization, as it has spurred an increased interest in understanding the dynamics of global labour migration. In correspondence with globalisation trends, a vast amount of research on the various sectors that rely heavily on migrant workers is expected in literature searches. Recent research on migrant employment in the UK has shown that industries such as hospitality, care work, domestic services, and cleaning are highly populated by migrant workers (Kofman et al, 2020). This type of work is often associated with poor working conditions such as long and antisocial working hours, low pay, bullying, and harassment (Ruhs & Anderson, 2010). Other works of literature have also stated that migrant workers receive less training and have fewer advancement opportunities when compared to indigenous workers (Doyle & Timonen, 2019; Gordolan & Lalani, 2009).

Moreover, migrant workers are valued as workers but are not encouraged or facilitated to move beyond low pay and low-status jobs. The congregation of migrant workers in these low-paying and unregulated sections of the labour market exposes them to segregation from indigenous workers (Thornley et al., 2010). It makes them vulnerable to considerable exploitation and abuse, with unpredictable job status and lack of union representation and protection (Alberti et al., 2013).

Despite the robust work on migrant workers in other migrant-workforce dependent industries; food, hospitality, and construction industries (Anderson & Rogaly, 2005; Holgate, 2005; Scott, 2012; Wright & Pollert, 2006), very few studies have examined the migrant workers in the English care sector. This study is based on Nigerian female migrant care

workers in England due to the access the researcher has to migrants working in the English care sector. Migrant workers comprise a growing proportion of the social care workforce in England (Cangiano et al., 2009; Skills for Care, 2021). This reliance on migrant labour is evident in providing care for older people across western welfare states (Anderson, 2000; Williams & Gavanas, 2008). The research on migrant carers is still in its infancy, and previous studies that examined the experiences of externally sourced carers through the lens of single nationalities have focused on Filipinos (Parreñas, 2000), Zimbabweans (McGregor, 2007) and Multi-nationals (Yeoh & Huang, 2000; Doyle &Timonen, 2009). There is a dearth of literature pertaining to Nigerian female migrant care workers, as previous research on Nigerian healthcare professionals has predominantly centred on medical doctors and nurses, excluding this specific demographic. (Aboderin, 2006; Healy & Oikelome, 2007; Edeh et al., 2021) or subcategorized Nigerians under African or Black Asian minority ethnic (BAME) migrants (Mamadi et al., 2009; Showers, 2015; Flahaux & De Haas, 2016). Despite Nigeria being ranked number three in the non-British adult social care workforce (Skills for Care, 2021) and contributing a significant percentage of workers to the English care sector. Therefore, it is crucial to understand the Nigerian migrants' motivation to work in the care sector and explore their unique identity and experiences at work. This study also focuses on women because of the gender imbalance in the care workforce. According to the social care workforce demographics of 2021, the gender distribution was 82% female and 18% male in the adult care sector (Skills for Care, 2021)

This study draws on the findings of semi-structured interviews carried out with twenty Nigerian female migrant care workers working across different care settings to explore their workplace experiences. Workplace experiences in the care sector differ concerning

race/ethnicity and gender (Mattingly & Blanchi, 2003). Previous studies identified that people from different minority ethnic groups, particularly those with visible social markers, are likely to experience different overt and covert racism and discrimination in the workplace (Doyle & Timonen, 2009; Holgate, 2005; Stevens et al., 2012). In addition, even though female workers may share some everyday experiences, it is essential to note that group unity does not automatically mean group uniformity (Hancock, 2007). This study argues that migrant women are more likely to encounter double jeopardies in the labour market as they experience racial challenges and time-sensitive domestic constraints.

Further study is required to understand how migrant status affects women's experiences at work. The theory of intersectionality provides a helpful lens to understand how membership in different social identity categories, e.g., gender and ethnicity, may affect career outcomes (Özbilgin et al., 2011). Since Intersectionality recognises that people possess multiple and layered identities, determined by their history, geographical locations, and social relations. These identities may be based on race, class, ethnicity, nationality, gender, sexuality, caste, religion and migration status (Collins, 2015). Hence, Intersectionality is an appropriate theoretical lens to examine the experiences of Nigerian female migrant care workers.

This study argues that migration status, nationality, race, and gender shape the entry of Nigerian females into care work, their work conditions, and experiences at work.

1.2 Migrant Workers in the English Care Sector

Migrant workers have been employed to solve the labour and skill shortage challenges due to the increased demand from an ageing population and vacancies in care work (Anderson, 2007). In England, the number of migrant workers in the adult social care sector has been

estimated to be 16-20% and as high as 40 % in London and other major cities (Hussein, 2011). The current 2020/2021 data shows that about 84% (1.2 million jobs) of the adult social care workforce identify as British, 7% (113,000 jobs) identify as European Union (EU) nationals, and 9% (137,000 jobs) as non-EU nationals (Skills for Care, 2021). This data indicates a higher reliance on non-EU nationals than EU nationals in the English adult care sector. The number of EU migrant workers in the care sector had previously been higher due to the accession of new member states from Eastern Europe in 2004 and 2007 and due to the 2008 immigration reform that introduced restrictions on the direct recruitment of non-EEA workers to low-skilled occupations (Turnpenny & Hussein 2011). However, in 2016, the UK voted to leave the EU and, as part of the Brexit process, regained control of its borders and ended free movement and the preferential treatment of EU migrants. The complete separation of the UK from the EU in 2020 inspired a new immigration system in 2021 that ended rights to free movement for EU workers and implemented a points-based immigration system for everyone moving to the UK for work (Home Office, 2020). While no evidence suggests that the existing non-British workforce left the UK at increased rates after the government imposed the new immigration rules. March 2021 showed a decrease in the number of people arriving in the UK to take up adult social jobs (1.8% of new starters in January-April 2021 compared to 5.2% during the same period in 2019). However, this decrease is due to the COVID-19 pandemic travel restrictions (Skills for 2021).

Theobald (2017) outlined some characteristics of migrant care workers in the UK. The characteristics include a high concentration in lower-paid and less specific care work, more overtime hours worked, rostered for less-favourable shifts compared with 'English' care workers, and taking on extra tasks (such as cleaning) during staff shortages. Hussein et al.

(2011) explored managers' views on migrant workers' attributes in the adult care sector. The first attribute reported by managers was 'hard-working' and willingness to accept shift work or jobs in unpopular settings compared to local staff. This attribute was linked to the subjection of migrant workers to immigration rules and visa restrictions, which made the migrants work harder, even at lesser pay, to keep their immigrant status and avoid repaying recruitment/placing agencies. The second reported attribute of the migrant care workers was a respectful attitude towards older people and other service users. This attribute was linked to the migrant's native cultures, which placed value on respect for older generations. The third attribute was that migrant workers are more qualified in healthcare knowledge and delivery than individuals recruited locally. The reason was that migrants who were health professionals in their home countries had difficulties gaining employment in equivalent careers after migrating to the UK. However, social care work served as an entry point into the health sector due to the high vacancies.

Among all these attributes, Hussein et al. (2011) argued that the major reason why the English care sector recruit migrants is their willingness to do jobs that are unattractive to the local population. One of the limitations of their research is that the study failed to delineate which migrant workers possessed these attributes in terms of nationality, ethnicity, and gender.

The following section will discuss the Nigerian migrants in the UK as limited literature exists on this group of people.

1.3 Nigerian Migration into the UK

This section briefly introduces Nigerian emigration and the visa routes into the UK. Nigerians constitute a large percentage of the African immigrant population in the UK (Arthur, 2000;

Gordon, 2003; Obiakor & Afolayan, 2007). According to the Office for National Statistics of 2021, about 312,000 Nigerians live in the UK.

The Nigerian migration dates back to four simultaneous slave trades in Africa between 1400 and 1900, the largest being the transatlantic, in which 12 million enslaved people were exported from the west, west central, and eastern Africa to the European colonies in the Americas beginning in the 15th century (Mberu & Pongou, 2010).In the mid-19th century, Britain's arrival in Nigeria led to a large-scale migration as the British needed a large labour force for mines, plantations, and public administration. After the Independence in 1960, Nigerian elites moved mainly to the United Kingdom due to the legacy of colonial ties, for educational pursuit, and in a few cases, for administrative matters. It was expected that the Nigerian students would return with valuable skills needed for nation-building. Indeed, most Nigerians educated abroad in the 1960s and 1970s willingly came home after completing their education to assured plum jobs in the civil service or the economy's burgeoning oil and private sectors (Mberu & Pongou, 2010).

In the late 1970s and 1980, there was an increase in the number of Nigerians that left the country due to local political tensions that stagnated the economy. The poor economy made the migrants abroad stay for more extended periods after graduating, and some never returned. In addition to the poor economy, Nigerian-based professionals left because of the austerity measures of the Structural Adjustment Program, which the government agreed to as a loan from the International Monetary Fund in the mid-1980s (Adepoju, 2000). Because the program included devaluing the national currency, wages for professionals became lower, and working conditions worsened.

The UK is attractive to highly skilled workers (Hernandez-Coss et al. 2006). The need to expand the UK National Health Service has created opportunities that poorly paid and unmotivated professional health workers found irresistible. UK universities have also embarked on recruitment drives targeting young Nigerian students. There are six main routes of entry to the UK for Nigerian migrant workers, which are (i) family, (ii) skilled work, (iii) temporary work, (iv) study, (v) visit, and (vi) being a dependent, joining or accompanying family members (Office of National Statistics, 2016). Of these routes, studying ranks highest as a route of Nigerian emigration. Women are increasingly dominating the labour migration from Nigeria. Nigerian female nurses and doctors have been recruited to work in the United Kingdom, the United States (USA), and Saudi Arabia (Adepoju, 2000). Other authors that have studied Nigerian female migrants in professional occupations include Reynolds (2006), Aboderin (2007), Iheduru-Anderson and M. Wahi (2018), and Ogbemudia (2021).

1.4 Research Aim

The aim of this study is to explore and critically understand the workplace experiences of Nigerian female migrant care workers employed in the English care sector, with a specific focus on understanding the impact of intersecting factors such as ethnicity, race, gender, and migration status.

1.5 Research Objectives

1. To collect primary data from Nigerian female migrant care workers in the United Kingdom via a qualitative method that explores the motivations that lead Nigerian female migrants to choose employment in the English care sector.

2.To analyse the structural and individual factors that influence the decision-making process of Nigerian female migrant care workers in pursuing careers in the care sector.

3. To explore the role of intersectionality, encompassing migration identity, race, ethnicity, and gender, in shaping the work experiences of Nigerian female migrant care workers.

4.To improve our understanding of the broader implications of the intersectionality of ethnicity, race, gender, and migration status within the context of labour migration and social justice.

5. To analyse the data and contribute to the literature on migrant workers' work experiences and the employment relationship.

6. To make recommendations to HR policies and practices that will reduce the barriers and challenges the Migrants women face at work and their wellbeing.

7. To call for the acknowledgment and awareness of policymakers, care and service practitioners, and academics on the heterogeneity of migrant care workers.

1.6 Research Questions

1. What are the pull and push factors motivating migration to the UK?

2. What are the motivations that drive Nigerian female migrants to seek employment in the English care sector?

3.What are the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector.

4. How do the intersectional identities of Nigerian female migrant care workers, including their ethnicity, race, gender, and migration status, influence their work experiences and the challenges they face in the English care sector?

To achieve the aim, this study adopted the concept of the push-pull factor, with the intent of identifying the pull factors or favourable conditions in the English care sector and the push factors or unfavourable conditions that encourage or motivate migration. This research employs Everett Lee's (1996) thinking that emphasises personal factors such as a person's education, family ties, and other factors that may encourage migration. This theory applies to Nigerian female migration because it recognises that the decision to migrate is never completely rational.

This study also applied an intersectionality framework to explore how social categorizations such as class, ethnicity, nationality, gender, and migrant identity intersect to create a unique set of work-related barriers for Nigerian female migrants in the UK care sector. This research adopted an intersectionality framework to examine the workplace experiences of Nigerian female migrant care workers by examining how the intersection of their identities influences their experiences in the English care sector. Furthermore, the Intersectionality framework enhances analytical complexity. Also, it offers theoretical explanations of how heterogeneous members of specific groups (women) might experience the workplace differently depending on their ethnicity, sexual orientation, class, and other social locations. Applying intersectionality sensitivity to differences mentioned above will enhance insight into social justice and inequality issues in organisations and other institutions, thus maximising the chance of social change (Atewologun,2018). Although there is inequality in the workplace and organisations, intersectionality has not been fully utilised in work and organisation studies in

exploring structures of discrimination and systems of power and inequality (Rodriguez et al., 2016).

1.7 Literature Gap

This section identifies the gap in the literatures for this research. There has been minimal focus on the factors that foster positive well-being outcomes of migrant care workers, and how the migrant agency is mediated by immigration status (e.g., those with full right to work and those without, EU nationals, and non-EU nationals), race, class, and gender in UK literature (Schwiter et al., 2018; Hamilton et al., 2019). While much literature exists on migration, very little are gender-sensitive (Pfeiffer et al., 2007), and the theoretical significance of gendered migration has not received recognition.

Despite the increase in women's migration, very little literature has explored the motivation for women's migration. There is also a dearth of literature on the motivations of migrant care workers in England and, by extension, the Nigerian female migrant. Most studies have focused on black and minority nurses or African nurses in general, albeit a few others assessed migrant care workers in the United States.

There is a plethora of literature on the topic of intersectionality, and its application to discussions on inequality. Despite its application to various disciplines, intersectionality has not been fully utilised in work and employment relation studies, in exploring the structures of discrimination and systems of power and inequality (Rodriguez et al., 2016).

Although intersectionality has been utilised to analyse workers' migration experience in European contexts (e.g., Bastia, 2014; Lutz et al., 2011), its application is limited to migrant African women working in the English care sector. While there is a growing body of literature

on intersectionality, there is a gap in applying this framework to the experiences of female migrant care workers, especially those from Nigeria. The intersection of ethnicity, race, gender, and migration status in shaping their workplace experiences is an underexplored area.

1.8 Significance of the Study

This study addresses the knowledge gap in existing literature by focusing on the workplace experiences of Nigerian female migrant care workers in the English care sector within the framework of intersectionality. This group of people have received limited attention in previous research therefore, this study will make a valuable addition to work employment, diversity and equality literatures. Furthermore, this research study increases the voices of a marginalized group (Nigerian female migrant care workers). The participants had the platform to share their experiences and challenges, promoting diversity and inclusion in research and policymaking. The experiences of Nigerian female care workers in different employment settings in the UK care sector is an under-researched area. Much literature has focused on the work experiences of migrants employed in private households (Cox, 1999; Lutz, 2008; Weicht, 2010). Little literature has focused on the presence of migrant care workers' informal care services, despite the high number of migrant carers employed in residential and home care organisations (Cangiano et al., 2009; Lorenzo et al., 2007; McGregor, 2007; Timonen and Doyle, 2007; Van Der Geest et al., 2004). This research is significant because it shed light on issues of discrimination, racism, and mistreatment faced by Nigerian female migrant care workers, the study contributes to discussions about social justice and equity in the workplace.

Brexit and the COVID-19 pandemic have impacted the labour market, international migration, and social care sector significantly. The care sector is under pressure as the vacancies and staff turnover rates have increased, and more people need social care, necessitating the care sector to rely on migrant workers to help reduce the pressure. This research is timely and significant to help employers, HR managers, and policymakers to understand migrant needs, improve work conditions, and create more supportive and inclusive environments for migrant care workers. This will help to attract new migrants and retain the staff already in the care sector.

The findings and recommendations from this study will inform the policies and practices in areas related to labour migration, healthcare, and social justice. By understanding the challenges and experiences of this group of people, policy makers can develop more inclusive and equitable policies.

1.9 Research Methodology

Interpretative phenomenological analysis was adopted for a detailed examination of the work experiences of Nigerian female care workers, the meaning of work experience to participants, and how participants make sense of their work experience. Qualitative research was also selected to allow the researcher to capture in-depth details of the experiences of the study participants. Semi-structured interviews were conducted with twenty female migrants who work in different areas of the English care sector including hospitals, nursing homes, care homes, and domiciliary (client home) care. This rationale for adopting a broad sample of care workers was to comprehensively examine and understand the experiences of female migrants engaged in diverse care settings, each characterized by its unique dynamics and demands. However, it's important to note that each of these care settings can be quite

different from one another. For example, working in a hospital is different from working in someone's home. To deal with these differences, The researcher made sure to ask questions that could apply to all of them. This helped to understand the common experiences and challenges they faced as female migrant care workers, regardless of where they worked. All interviews were conducted in English and lasted between 40 to 60 minutes. Interviews were recorded using an audio recorder; however, when participants raised concerns over using the tape recorder, the researcher took notes instead. Thematic analysis was adopted to identify, analyse, and interpret the pattern of meaning within data. This thematic analysis approach was adopted because it helps identify patterns within and across data relating to participants' lived experiences, views, perspectives, behaviour, and practices.

1.10 Contributions to Knowledge

This thesis has made contributions to intersectionality research in numerous ways, in part thanks to its interdisciplinary approach, informed by a feminist intersectionality theory that incorporate organisational studies, migration studies, human geography studies, gender studies and cultural studies theory, which allowed an in-depth intersectionality sensitivity to the interpretive analysis of participants' experiences through the lens of different frameworks, shaping the entire migrant journey, from the decision by a group of Nigerian middle-class females to migrate to becoming employed in the low paid lower class care sector in England. Intersectionality exposed the complexities of the experiences of the women who were subjugated to more than one axis of workplace inequalities and oppression revealing the process of emplacement as social care worker controlled by inequalities of structural context, regimes, and intersectionality, with two original contributions of the thesis being the

emergence of middle-classness of the women migrants and their positioning as part of transnational families as such axis of difference.

The main contribution of this research is by addressing the significant gap in the literature on the motivations of female migrants from developing countries to developed countries, specifically from Nigeria to the UK. There is a lack of empirical research on the motives for the migration of Nigerian female migrant care workers. Most literature on migration motivations focuses on European care migrants (Hussein et al., 2013; Ryan and Coughlan, 2009; Hager, 2021). This study contributes to the migration literature, a unique insight into the migratory motivation of care workers who had no prior medical or nursing training and their experiences working across different social care settings in England. Another contribution of the study is that it adds to the literature on gender studies and migration. This study applied intersectionality sensitivity to interpret why female migrants without restricted work visas when migrating to the UK and with British citizenships still work in the care sector.

This study has contributed to migration studies and theory and specifically Bryceson's (2019) research which found under globalisation and inevitable result of migration an historical phenomenon of social organisation of transnational families has emerged marking the development of 'familyhood' relations as cutting across national borders and evolving as an institutional form of human interdependence for migrants serving material and emotional needs, in the twenty-first century's globalising world. This study argues for a possibility of adopting Bryceson's (2019) concept of transnational families to the study of transnational women migrant labour choices and the impacts of the growth and expansion of migrant women labour on the national and local organisations, women workers, and society in general in the UK.

In addition a significant contribution to human geography and migration studies this study reveals most of the participants are from the socio-economic middle-class; are well educated and were working in middle-income jobs before migrating to the UK, suggesting the socio-economic class of Nigerian women plays a significant factor in the motivation to migrate to the UK with the expectation that they will be able to transfer their middle-class status across international borders and secure middle-class jobs and middle-class social group connections in the host country. Recent literature by Scott (2019) argues that migration researchers in the past tended focused on social extremes: polarising the groups into either highly skilled elites, or low-wage workers with less attention given to ordinary middle-class movers from reviews. However, this study has contributed to literature on middle-class labour by arguing that the research has revealed the migrant journey the decision by the Nigerian middle-class female to migrate to becoming employed in the low paid lower class care sector in England.

1.11 Contributions to Practice

This research suggests that there is a need for employers and human resource managers to respond to the specific needs of migrants. Specifically, for those migrants working in care homes, nursing homes, and domiciliary care attention is necessary to protect and improve their working conditions and enhance their skills to provide quality care.

This study suggests that the employment policies need to address and improve the poor working conditions in the social care sector through training and regulations to attract more British workers to the social care sector.

This research shows that migrants lack a voice at work as they are not members of any trade unions. The trade unions must locate and organise the migrants in the private care sector to

increase the union density rate in the UK. Migrants need some representation, but they are unaware of the options available and how to access union membership, even though most have flexible or zero-hour contracts.

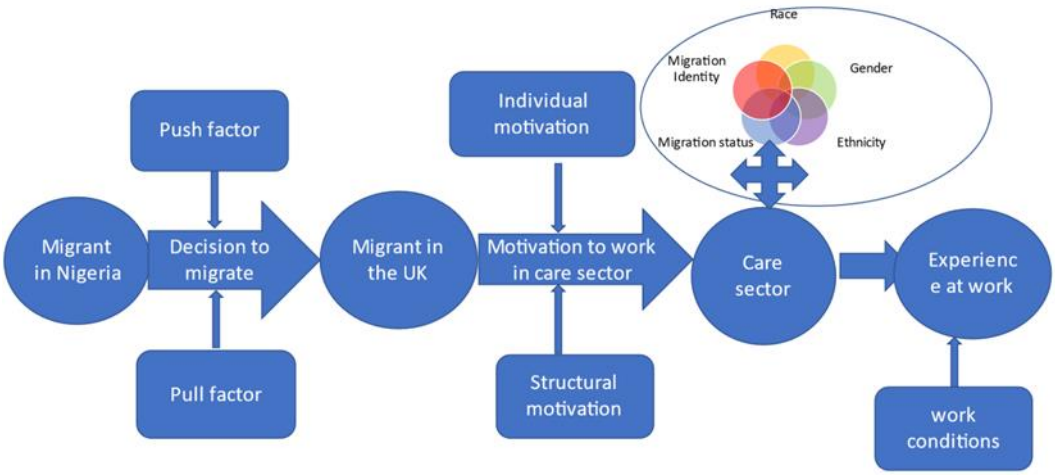
The major contribution of this research to practice is the potential to inform policy changes, improve workplace practices, raise awareness, empower migrant care workers, inspire further research, and promote social justice and equity within the care sector and other sectors.

1.12 Structure of the Thesis

Chapter one gives a brief introduction of the research investigation by providing insights into the background of the research, aims, and objectives of the Research and research question. It further gives an overview of the methodology, literature gap, and the significance of the study and identifies the contributions of this research.

Chapter two discusses the works of literature, and it is in three sections. The first section relates to economic migration, which accounts for a considerable proportion of resources in the UK healthcare sector. The second section describes the UK health care sector, which is the setting for this research. The third relates to applying intersectionality to workplace experience. The third relates to applying intersectionality to workplace experience. This research adopted the theoretical framework emerging from literature review shown in Figure 2.2 below to be a means of illustrating the research study factors and their linkages to explore and understand the participants experiences.

Figure 2.2: Theoretical Framework of Factors Influencing Nigerian Women's Experiences of Migration and English Care Work Sector Working Conditions Shaping of Multiple Intersecting Identities



The push and pull theory explain the factors influencing migration decisions, while intersectionality theory helps the researcher to understand how multiple intersecting identities shape individuals' experiences and outcomes in various contexts. Both theories are valuable in understanding complex social phenomena.

Chapter three discusses the research methodology adopted in this study. The research philosophy, approach, strategy, data collection methods, and analysis method are discussed. Ethical issues were also considered, and strategies to ensure validity and reliability throughout the study.

Chapter four presents the primary findings from the empirical investigation carried out among the Nigerian female migrant care workers. The findings are produced from various sources of evidence, all of which aim to answer the research questions, research aim, and objectives. The themes discussed are in line with the research question.

Chapter five discusses the interpretation of findings and answers to the research questions.

Chapter six concludes the research by revisiting the aims and objectives and discussing the contribution to knowledge, the limitation of the study, and recommendations for policy, practice, and future research.

1.13 Conclusion

Chapter 1 gave insight into the justification of this research by discussing the significance of the study, the methodological approach, and the significant gaps in the literature. It also identifies the aim, objectives, research questions, and contributions of the research. The following chapter will critically review the literature on migrant workers and the English care sector.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The global economy continues to rely heavily on migrant workers with an increasing demand for migrant labour with a reliance on foreign healthcare workers similarly in high-income countries, including the UK. Studies since 2010 have shown an increase in economic migration accounting for a considerable proportion of resources in the UK healthcare sector with a growth in workers in the care sector coming from non-EEA countries (Hussein, 2011).

Data from the Care Quality Commission (CQC) (2016) estimated that non-British workers made up 7% of the adult social care workforce in 2015/16, an equivalent of around 90,000 jobs. Skills for Care research in 2021 also reported that 84% of the adult social care workforce are British, 7% (113,000 jobs) were EU nationality, and 9% (137,000 jobs) were non-EU nationality suggesting that, on average, the adult social care sector has a greater reliance on non-EU rather than EU workers and that black ethnicity (African or BAME) migrants makes up 12% of the adult social care workforce and 3% of the total population (Skills for Care, 2021). Also, and significant for this study the social care workforce demographics of 2021, reported the gender distribution was 82% female and 18% male in the adult care sector (Skills for Care, 2021).

The first section of the chapter relates to economic migration, which accounts for a considerable proportion of resources in the UK healthcare sector. This first section explores the meaning of migration and proceeds to investigate some of the reasons for the growth of

women migrants from non-European countries. The decision to migrate to another country can be categorised into economic and non-economic. However, other factors encourage migrants to relocate to another country, and these factors are divided into three categories: demand-pull, supply-push, and networks/other (Martin & Zurcher, 2008). However, this section also focused on the migration motivations using the pull and push theory (Lee, 1996) with the intent of identifying the pull factors or favourable conditions in the UK care sector and the push factors or unfavourable conditions that encourage or motivate migration.

The second section discusses the UK and English social care sector and the social care workforce and proceeds to explore some motivations of migrant workers working in the care sector. This is followed by an extended critical discussion examining the English care sector, which is the contextual setting for this research. This section further examines how the role of the state in the UK has shaped the experiences of migrant women care workers given the significant role, migrant care workers play in providing social care,

The final section discusses the application of an intersectionality framework as a critical analytical framework underpinning this study.

2.2 Exploring the Meaning of Migration and Migration Activity

This first section explores the meaning of migration and gendered migration. It also explores why individuals work in the UK and the English healthcare sector. International migration involves the movement of people across an international border.

> It is a population movement, encompassing any kind of movement of people, whatever its length, composition, and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification (IOM, 2011).

Migration is the territorial movement of people, and it can either be temporary or permanent (Lillie et al., 2014). Migrant workers are individuals who arrive in the host country intending to find a job (Rienzo, 2016).

Migration activity is a permanent feature of an economy and a sensitive political issue, as governments seek to balance the need of the labour market with social equity, often in the face of popular resistance. Migration tends to increase during a recession when there is a general fear of competition for jobs, downward pressure on wage rates, demands on social welfare, and the threats to cultural identity become more prominent (Bimrose & McNair 2011). Castles and Miller (2010) argue that migration is not a single homogenous phenomenon, and people migrate for various reasons, including marriage, retirement, lifestyle, education, and the more documented and dominant economic reasons. Within the latter, economic migration embraces a vast continuum. While much literature exists on migration, very little is gender-sensitive (Pfeiffer et al., 2007), and the theoretical significance of gendered migration has not received recognition. Traditional migration studies have concentrated mostly on male migrants (Adepoju, 2004; Morokvašić, 2014) until the past decade, wherein studies now highlight the increasing role played by female migrants (Lutz, 2010; Killian, 2012; Wojczewsk, 2015; Fleury, 2016). One explanation for the increased focus on women is that there appear to be far greater numbers of women migrants than ever before (Giusta & Kambhampati, 2006; WHO, 2017). Recent statistics shows that from mid-year 2000 to 2020, the increase in the estimated stock of female international migrants in Africa (69 per cent) was slightly higher than the increase in male migrants (68 per cent) (UN DESA, 2020). It is essential to know that gender dynamics influence the experiences of migrants throughout all stages of migration, impacting the trajectories, rates, and levels of

migration and the flows of remittances and their usage (Jenna et al., 2018). Kofman (2012) stated that migrant women are considered unskilled and, as a result, receive less scholarly attention than skilled migrant men. Even skilled migrant women are disproportionately affected by deskilling processes, which depreciate their cultural and social capital (Dumont et al., 2007). Migrant women's skills and qualifications are overwhelmingly under-valued in receiving countries, meaning they are often overqualified for their jobs and work in sectors outside their fields of expertise with low entry thresholds (Kofman, 2012) e.g., the care sector.

There are gaps in migration works of literature that need to be addressed. The first gap identified is in the production and collection of inclusive sex and gender-disaggregated data. The second gap is in data on the intersectional experiences of women and people with diverse gender identities, inconsistencies in types, and frequencies of measurements. The third gap is the lack of capacity in the national statistical office and data systems and challenges concerning transparency, accountability, and ethics in migration data (Hennebry et al., 2021). This study intentions are to contribute to addressing the gap in the intersectionality experiences of Nigerian women. It is crucial to address the gap in the literature as, without data on other intersectional factors, the realities and complexities of inequalities and the intersectional experiences of migration are invisible. As a result, the experiences of migrants with disabilities, diverse sexual orientations, sex characteristics, indigenous peoples, and those marginalized in other ways will remain obscured and ignored. Furthermore, the lack of data on gender and intersectional factors also undermines efforts to combat stigma and stereotypes, xenophobia, and discrimination against migrants based on their SOGIESC (sexual

orientation, gender identity, gender expression, and sex characteristics), in combination with other characteristics such as indigenous identity, ethnicity, disability, age or religion.

The following section will discuss literature on women's migration and motivation for migrating to the UK.

2.3 Gendered Migration: The Growth of Women Migrants

Gender is a force shaping human life, yet it has been regularly side-lined in research on international migration (Pessar & Mahler, 2003; Donato et al., 2006, Lutz, 2010; Hennebry & Petrozziello, 2019). This study argues that gender is a significant factor in shaping every stage of the migration experience, from the decision to migrate, transiting across borders, to working or settling in the destination country (Jenna et al., 2018; Hennebry et al., 2021). Even though gender relates to both men and women, this paper focuses on women as there is an increase in the number of women migrating globally (Dhar, 2012). Despite the increasing numbers of mobile women, migrants are still portrayed as genderless (Duda-Mikulin, 2020). International Labour Organization (ILO) (2021) estimated the number of migrant male workers to be 99 million, and female migrant workers are about 70 million globally. The number of women migrant workers increased remarkably from 66.6 million in 2013 to 68.1 million in 2017 and finally to 70 million in 2019. However, the increase has been faster in the case of men, with the result that globally men continue to be overrepresented among international migrants and migrant workers. It is essential to know that women migrants represent more than half of the migrant population in the UK. Vargas-Silva and Rienzo (2020) stated that 52% percent of the migrant population in the UK are women and girls. Even though the increase in women's migration, very little literature has explored the motivation for women's migration. Women's migration motivation may be due to gender-based

inequalities and discrimination in their countries of origin, or they might migrate to escape forced marriage (Lam & Hoang, 2010; IOM, 2012; Erulkar et al., 2006). Like forced marriage, other forms of discrimination motivate women to relocate, such as female genitalia mutilation (FGM), child marriage, gender stigmas, and gender-based violence (Ferrant & Tuccio, 2015).

Migration can impact women's lives positively or negatively; it can empower them by allowing them to access employment and education, improve gender equality and norms, and strengthen agency—the ability to make independent decisions to achieve desired outcomes. It can also impact them negatively by exacerbating vulnerabilities, including abuse and trafficking, mainly when women migrants are low-skilled. Understanding gender and migration can result in better programs and policies that enhance the benefits and decrease the costs for female migrants (Fleury, 2016). Reliable and accurate data and in-depth gender analysis in migration studies are needed to achieve this understanding.

As stated earlier, gender dynamics influence the experiences of migrants throughout all stages of migration, impacting the trajectories, rates, and levels of migration, as well as the flows of remittances and their usage (Jenna et al., 2018). However, a dearth of literature explores women's motivation to migrate. Understanding gendered migration is essential as more women move as independent or single migrants rather than as the wives, mothers, or daughters of male migrants (Oishi, 2002; Pedraza, 1991; Duda-Mikulin, 2018).

2.3.1 Migrant Women’s Working Lives

The labour market experiences vary differently for migrant workers, and the variation is due to the reason for migration, length of stay in the UK, gender, and country of birth (Fernández-

Reino & Rienzo, 2020). Almost a decade ago, little was known about the social, economic, and cultural conditions shaping the experiences, expectations, and barriers facing these migrants, most especially the women (Van den Bergh & Du Plessis, 2012). A growing number of studies have demonstrated that ethnic minority women in western societies tend to face distinctive barriers in the workplace (Hwang & Beauregard, 2021). Compared to non-migrant women, most migrant women experience lower wages, higher unemployment, and a greater likelihood of working in jobs with some form of labour and employment law violation than other workers. Regarding getting a job, women migrant workers' employment rates have remained lower and their UK-born counterparts' unemployment rates higher. However, the difference between the two groups has become smaller over time, it is also important to state that migrant workers' experiences also vary according to the migrant's nationality (Powell, 2018; Hwang and Beauregard,2021).

East Asian migrants perform relatively well in the UK labour market regarding higher education levels, lower unemployment rates, and higher professional status relative to other ethnic minority groups (Archer & Francis, 2007; Owen et al., 2015; Powell, 2018). However, they have been subject to ethnic and gender discrimination regarding recruitment and selection, pay level, and promotion (Cooke et al., 2013; Izuhara & Shibata, 2001; Pang, 2003). This view is supported by Hwang and Beauregard's (2021) findings on 43 female migrant workers from China, Japan, and Korea living in the UK. The study revealed that the participants' work experiences were marked by multiple disadvantages and challenges that were often perceived (by the participants and others) as products of individual traits or deficiencies associated with their status as ethnic minority women and migrants. Furthermore, their perceived lack of language competency was a legitimate reason or was

utilised as an excuse for excluding them from selection and promotion processes. The researchers also highlighted some benefits enjoyed by some migrant workers, particularly the Japanese women but not the Chinese or Korean women; this shows how the country-of-origin impacts lived experiences. The Japanese women felt that the social norms in Japan had served to discourage their career aspirations mostly by suppressing their perceived ability to make choices based on their interests and creative self-expression. While this research revealed why the participants were disadvantaged at work, the study still treated the participants as a homogeneous group (East Asians), ignoring that their migration history and social-cultural background could affect their work experiences.

A similar finding was found in a qualitative study conducted on forty-two women from four countries in West Africa: Nigeria, Ghana, Sierra Leone, and Liberia in the USA (Showers, 2015). The study revealed how African nurses experienced racism and discrimination in hospitals, nursing homes, and other institutional healthcare settings. In a few cases, the participants experienced individual acts of racism from the patients, patients' family members, and supervisors. An automatic assumption was made on patients and others that the participants occupied the lowest rungs of the nursing hierarchy. In addition to the individual racism, the participants also experienced structural discrimination in their workplace setting as a result of their ethnicity, which led to further discrimination for them; an example of this is the fact that the participants were primarily working in nursing homes rather than in hospitals, and in less desirable specialities within hospitals, and to be grossly under-represented in managerial positions as a result of the obstacles they face to professional upward mobility. While this study focused on West African women, including Nigerian women, their study cannot be generalised as it was conducted in the USA, not the UK. They focused on privileged migrants'

workings as highly skilled workers. There is a need to place emphasis on migrant women who possess skills but find themselves working in lower-paying sectors in positions that do not fully utilize their qualifications (Showers, 2015).

Migrant women are a super-exploited workforce and are engaged in low-wage and low-skilled jobs because their status as non-citizens deprive them of any legal rights that citizens enjoy (Miles et al., 2019). Even though women from ethnic minority groups increasingly access higher education, they continue to struggle in the labour market (Tariq & Syed, 2018). The findings on Chinese migrant women in Canada revealed how the participants' lived experiences were drastically transformed after they immigrated to Canada (Man, 2004). The lack of Canadian experience restricted the professional accreditation process and the lack of recognition of the participants' Chinese credentials and work experience, resulting in a disadvantage for these women. As a result, these highly educated, skilled immigrant professionals became deskilled workers or unemployed. Those employed worked in low status, low paid, and part-time jobs, which they had to take up to meet their immediate requirements (Man, 2004). While the study revealed the Chinese women's experience in the Canadian labour market, it cannot be generalised to the UK because both countries have different migration policies that might hinder or aid the participants' experiences at work.

In a qualitative study involving 32 professional Nigerian women living in the UK (Ogbemudia, 2020), the researcher described participants' experience as "triply disadvantaged' because of the challenges they generally faced in dealing with the social, political, and economic issues that women from the host society combated while also facing challenges related to ethnicity. Irrespective of Nigerian women's migration status, the participants were faced with the discriminatory concepts embedded in migration policies, public discourse, social attitudes

towards immigrants, the undervaluation of immigrant educational qualification/work experiences, and the intersection of race class, and gender. As a result of these challenges, many participants had no alternative jobs to the available jobs at the "bottom" of the labour market. The participants who could gain access to highly skilled professional jobs subsequently encountered a ceiling made of concrete and not merely the 'glass ceiling.

All these studies have revealed the challenges faced by these women when entering the labour market. However, the studies have not identified how the workplace or sector of the labour market shapes the women's experience. Having focused on the working experience in the labour market, it is crucial to understand the migration history in terms of their motivation to relocate from their country of origin to the destination country. The following sections will focus on the migration motivations using the pull and push theory.

2.4 Exploring Motivations for Migration: Migration Level Theories

Migration theories can be grouped into the levels the theories focus on including the Micro-level theories, Macro-level, and Meso level. Micro-level theories focus on individual migration decisions and factors influencing individual migration decisions, analysing how potential migrants weigh up the various costs and benefits of migrating (Hagen-Zanker, 2008; Stalker, 2001; Boswell, 2002). Macro-level theories look at aggregate migration trends and emphasise the structural, objective conditions which act as push and pull factors for migration (Padarath & Chamberlain, 2003). The meso-level is in-between the micro and macro levels, that is, the household or community level, and it explains the causes and perpetuation of migration (Hagen-Zanker, 2008). This study focuses on micro-level theories which focus on the Nigerian women migration.

Table 2.1 Overview of The Theories Along the Level Dimensions

Micro-level	**Macro-level**	**Meso-level**
Migration cause: Individual values/ desires/ expectancies e.g. improving survival, wealth etc.	Migration cause/ perpetuation: Macro-level opportunity structure e.g. economic structure (income and employment opportunities differentials)	Migration cause/ perpetuation: Collectives/ social networks e.g. social ties
Main theories: - Lee's push/ pull factors - Neoclassical micro-migration theory - Behavioural models - Theory of social systems	Main theories: - Social capital theory - Institutional theory - Network theory - Cumulative causation - New Economics of Labour Migration	- Neoclassical macro-migration theory - Migration as a system - Dual labour market theory - World systems theory - Mobility Transition

Source: Hagen-Zanker, (2008: p. 5)

The decision to migrate to another country can be categorised into economic and non-economic. However, other factors aid migrants to relocate to another country, and these factors are divided into three categories: demand-pull, supply-push, and networks/other (Martin & Zurcher, 2008).

Table 2.2 Factors That Encourage Migration by Type of Migrant

Type of Migrant	**Demand-Pull**	**Supply-Push**	**Network/Other**
Economic	Labour Recruitment	Unemployment or underemployment issues such as low wages	Job and wage information flow
Non- Economic	Family Unification (husbands and wives join spouses, children join parents)	Fleeing war and/or civil unrest	Communications; transportation; assistance organisations; desire for new experience

Source: Martin, P. & G. Zurcher (2008: p. 4).

2.5 Migration Theory of Pull and Push Factors: A Framework for Examining Motivations and Decision Making for Migration

Ravenstein's (1889) Law of Migration Theory is arguably the most seminal work on migration theory. He used census data from England and Wales to develop the law of migration. He concluded that migration was governed by a "push-pull process," implying that one or more unfavourable conditions push people out of their home nation, with favourable conditions in the opposite direction pulling people into destination countries. His argument was premised on the notion that the primary cause for migration was better external economic opportunities. Stephen Boerne criticised Ravenstein's theory; he stated that his law of migration was not formulated in such a categorical order that it can be examined.

Furthermore, Lee (1966) said that there are other factors Ravenstein did not mention. Lee then proposed a new analytical framework for migration. He identified other models that have been developed mainly by geographers and demographers to provide a clear explanation for the push and pull theory of human migration.

Lee (1966) built on Ravenstein's theory and was the first to formulate migration in a push-pull framework on an individual level, by emphasising a more significant influence of internal (push) factors. He argued that every act of migration involves an origin, a destination, an intervening set of obstacles, and personal factors. In every geographical area, some factors attract individuals from their countries of origin and help encourage them to stay in the destination country, while other factors tend to repel them. Similarly, Mejia et al. (1979) argued that migration results from the interplay of various forces at both ends of the migratory axis. These forces could be political, social, economic, legal, historical, cultural, or educational. They classified the forces as "push" and "pull" factors.

The push and pull theory is considered an attractive model because it incorporates factors that influence how the migrant perceives the factors and their decision-making. Therefore, the push and pull theory is relevant to this study because it utilises labour as a factor for migration. However, this theory has been criticised for not addressing a person's propensity to migrate, especially the migrant's aspirations (De Haas, 2016). Nevertheless, the pull and push theory will help this study identify unique differences and similarities among the Nigerian female migrants in this study and thus their reasons for migrating, which is the main aim of this study.

Several empirical studies have explored the motivation of migrants to the UK. Most of the studies tend to focus on EU migrants (Hussein et al., 2013; Marshal, 2019; Hager, 2021), and only a few have focused on the motivation of Nigerian female migrants into the UK. The studies on Nigerian women migration are sparse, and the few that exist focus on internal migration within Nigerian cities (Makinwa- Adebusoye, 1994; Iliya et al., 2012; Adepoju, 2015; Akintola et al., 2015). Furthermore, other literature on Nigerian women has focused on the trafficking of Nigerian women for prostitution (Unigwe, 2008; Degani & Ghanem, 2019). The following paragraph will review studies on migrants' motivation to migrate to the UK.

Hussein et al. (2012) examined individual motivations and decision-making processes while accounting for macro factors, precisely the ease of labour mobility within the EEA versus a more elaborate process when migrating to work in social care in the UK from outside the EEA. A mixed-method study was conducted in six diverse areas in England; they collected and analysed qualitative and quantitative data from 96 participants, including migrant workers, UK-born workers, employers, policy stakeholders, and people using social care services and carers. Their analysis indicated differences in stated motivations to migrate to the UK among

different groups of migrants, particularly among those from Commonwealth countries, from the European Economic Area (EEA), and migrants from other parts of the globe. Their findings showed that migrant workers are heterogeneous, as the motivation to move to the UK varied by the country of birth of the participants. Table 2.3 below displays a summary of responses from the participants main motivation for migrating to the UK.

Table 2.3: Migrants' Main Motivations to Move to The UK According to Birth Country Region

Commonwealth	**Philippines**	**EEA**	**Other countries**
Positive views of UK	Financial	Passion for language	Passion for Language
Builds on previous work	Builds on previous work	Following spouse	Following spouse
Broaden horizon	Positive view UK	Financial	Positive views of UK
Steppingstone	Brining family	Gain qualification	Gain qualification

Source: Hussein et al. (2012)

Hussein et al. (2012) is a compelling study that highlighted the heterogeneity of migrant workers. However, the description of the participants was vague as there are about 54 commonwealth countries spanning Africa, Asia, the Americas, Europe, and the Pacific. Commonwealth countries are inherently diverse in size and economic power. Hence the motivations for migration among the participants from the commonwealth will be broadly diverse, owing to the individual characteristics of the originating countries. Despite more female participants than males in the study, the differences in migration motivation between both genders were not discussed. This study argues that additional factors aid women's migration that should be considered in the analysis of female migrants. These factors are household decisions, gendered societal norms in origin and destination countries, labour market conditions, education and skill levels, and crises. (Asis, 2003; Crush & Williams, 2005; Ghib, 2018; O'Neil et al., 2012)

Aboderin (2007) studied the perspectives and context of Nigerian-trained nurses working in the UK and their relationship to globalisation. The exploratory qualitative study was conducted in two phases. In phase 1, a purposive sample of 25 Nigerian trained nurses was recruited from an independent nursing home provider in the UK. Phase 2 was conducted in Ibadan, Nigeria, with a sample of Nigerian nurses and nurse tutors (N = 5) and returnee migrant nurses (N = 2) identified by gatekeepers in the community. All study participants were female. Aboderin (2007) confirmed that economic and professional reasons are important reasons people migrate. The findings revealed a hierarchy in the importance of motives, in which the strong motivation for migration was economic gain, and professional advancement was an added incentive. The participants migrated intending to return home and viewed migration as a way to provide a better life for themselves and their children. The push factors for the Nigerian nurses were declining work and diminishing professional and social standing. The pull factor was regaining professional and public respect and working in advanced clinical settings to gain the resources needed to attain the material standard and prospects for self and children. The study's focus on Nigerian nurses is relevant for single-country sample studies. It revealed the impact of nurses' socio-economic, cultural, and professional contexts from the same country of origin. However, the study only represents nurses and cannot be generalised beyond nurses. The participants represent a privileged group of migrant workers who already had job offers in the UK before migrating and had no work restrictions.

Healy and Oikelome (2007) highlighted the pull and push factors and conducted multidisciplinary approach research to enhance the understanding of Nigerian doctors working in the UK and USA. The study found that the pull factors were better pay and work conditions than they experienced in Nigeria. Interestingly, information from their

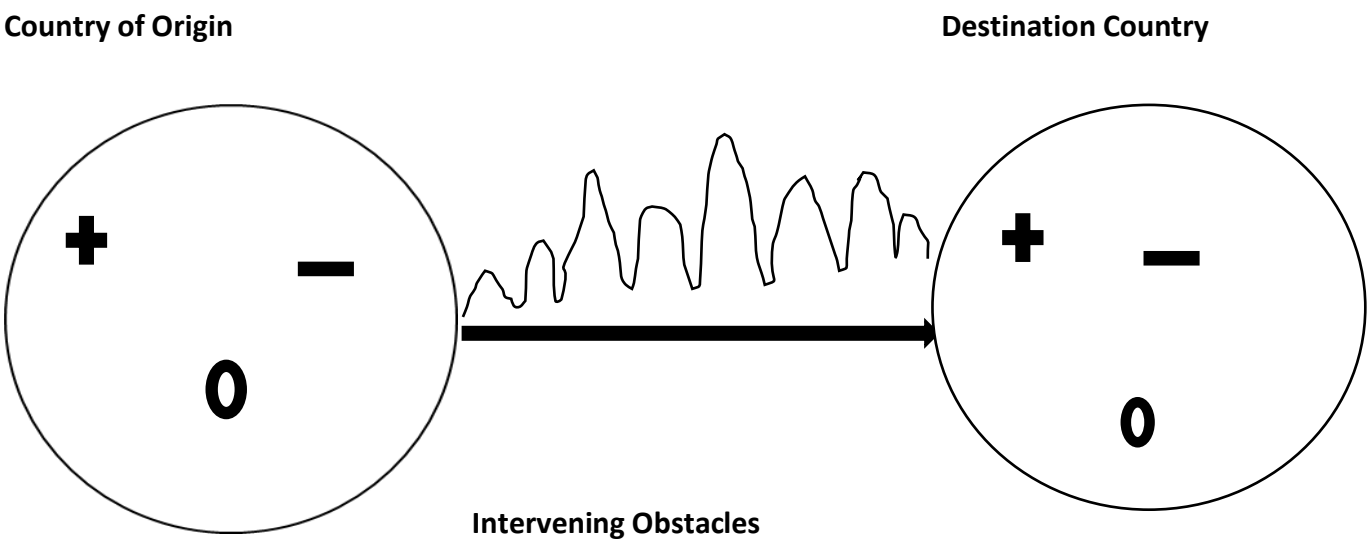
occupational counterparts helped these individuals understand just how disadvantaged they were in their home nation. Although both above studies were conducted on Nigerian citizens, the participants were nurses and doctors, skilled workers in the health sector, and occupy a privileged status among migrant workers. In addition, the studies were not gender-sensitive.

Sultana and Fatima (2017) conducted a study on Bangladesh women. The study aimed to estimate the magnitude and trends of female migration for employment from Bangladesh to other parts of the world. The researchers based the study analysis on the annual time series data for 2000 to 2012. The study revealed that in Bangladesh, social and cultural norms restrict female mobility, and the decision to migrate for work purposes heavily depends on the experience of female migrants. This indicates that the push factor in Bangladesh is the social and cultural norms, while the pull factor is the experience of the female migrants in the country of destination. This study lacks empirical evidence, and its findings cannot be generalised to summarise the experiences of female migrants globally. It is essential to understand that each destination country has a distinct character and pull factors that cannot be generalised.

Kim (2010) explored South Korean women's pre-migration life stories and memories and focused on the participants' decision to migrate. The study used an exploratory qualitative research design and collected data through multiple individual interviews (two to three times per person). They targeted participant-observation (three Korean-owned beauty salons and a Christian church). The main purpose of migrating to the UK was for education, professional training, and career development, and the women migrated independently, not as trailing spouses. The researcher argued that the specific social contexts in which women are located must be carefully considered when referring to gendered desire as a key factor in migration.

The findings revealed that gender discrimination and social authoritarianism, the western image of freedom, and the competitive and authoritarian atmosphere in their schools motivated the young Korean women to migrate. However, given the middle-class socio-economic status of these participants from a relatively wealthy country, the study findings cannot be generalised to fit all female migrants. It is compelling to discover if their expectation before migration was met after migration, especially regarding gender discrimination.

Figure 2.1 Push and Pull factors.



Source: Lee (1966)

Lee's (1966) diagram in Figure 2.1 above illustrates the push and pull factors. Many factors hold people within the area or attract people to it at every location, while other factors tend to repel them. These are shown in the diagram as + and - signs. There are others, shown as O's, to which people are essentially indifferent. Some of these factors affect most people in much the same way, while others affect different people differently. The decision to migrate involves a vital pull factor to destination countries and a vital push factor from the country of origin.

The section above has discussed and reviewed the works of literature on the motivations for women to migrate to destination countries. The following section will discuss the English social care sector as the study locus since migrant women represent a high proportion of the social care workforce, predominantly filling the lower-skilled, lower-paid, and gendered roles. Migrant women have been regarded as invisible in the care sector. It is vital to explore the unique experiences of this category of migrants, not just the migrant higher-skilled doctors and nurses.

2.6 The English Social Care Sector

This section explores the extant literature around care that refers to the provisioning of long-term care for people who need assistance with essential activities of daily living, including personal care and domestic chores (Walsh & O'Shea, 2010). Care services are provided to people with a disability, illness, or old age (Turnpenny & Hussein, 2021). The social care sector in England is vital as it contributes significant revenue to the economy, estimated at £50.3 billion per annum as of 2021. The sector also creates significant job opportunities. In 2015, the number of jobs in adult social care in England was estimated to be 1.55 million, increasing 1% and 12,500 jobs from 2014. There are 19,300 organisations spread across 40,100 care-providing locations that provide or organize adult social care in England (Skills for Care, 2016). In 2021, the number of jobs increased to 1.65 million in adult social care, with employers contributing £41.2 billion to the English economy. Thorlby et al. (2018) stated that more employees work in social care across the UK than in the NHS. The researcher stated that social care represents 6% of the UK employment; however, the services and support delivered in social care are not well known. The social care sector also collaborates with other sectors such as health, housing, and welfare. (Age UK, 2019).

The size of the social workforce is expected to continue to increase because of an ageing population coupled with more sweeping social changes (Yeandle et al., 2017). Hussein et al. (2017) expanded on this. They argued that the social workforce increases results from population ageing, high female employment, and the more remarkable survival of people with long-term health conditions and disabilities. Their research also argued that a reduced birth rate and prolonged participation in education explained the increase in demand for labour in the social care sector, as women will be away from home and unable to provide unpaid care for their relatives.

Although the size of the social care workforce is increasing, Hussein et al. (2016) argued that vacancy and turnover rates have been persistently high, and the data extracted in 2018 by Skills for Care estimated that 8% of roles in adult social care are vacant.

Ravalier et al. (2018) stated that the turnover rate for 2016–2017 was estimated to be 28%. An increase in the workforce needed, coupled with a high vacancy and high turnover rate, led to the supply of labour not being equal to the demand, which has led to an unmet care need in the adult care sector. Age UK (2019) reported an increase in the unmet care needs among those who need care. The research also stated that in 2016, one in eight people struggled without all the help needed to carry out activities of daily living (ADL), such as getting out of bed, going to the toilet, or getting dressed. In 2018, the number increased to one in seven older people (Age UK, 2018). The researchers have also argued that the demand for social care services in England is growing exponentially, yet recruitment and retention are long-term endemic problems (Age UK, 2019). This finding is supported by The Health Foundation (2021) reports, which show that 120,000 new requests for support were made between 2015/16 and 2019/20, while there has been a reduction of about 3000 in the total number of people

receiving publicly funded long-term care. Councils have not had enough funding to keep pace with growing demand. This implies that more people are not getting the care they need and rely on family and friends or are going without care entirely.

Three overlapping sectors deliver the service structure in English social care with different responsibilities. The first sector is the local authority, which directly provides some services, while some are contracted externally. They are responsible for maintaining a functioning social care market in their local areas. The second sector is private or third sector providers; they provide most care services, whether publicly or privately funded. The third sector is the NHS; they are responsible for some aspects of nursing in residential care and the provision of continuing Health care (Age UK, 2019). There has been a decrease in the workforce since 2012/2013 from local authority jobs to private-sector jobs. Bayliss and Gideon (2020) argued that local authority provision had shrunk dramatically because of government reforms.

The service provided by the workforce can either be residential care which includes care homes and nursing homes, or domiciliary care which is the care and support provided in client homes (Turnpenny & Hussein, 2021). The number of people using domiciliary care has increased, as shown in the table below.

Table 2.4: Numbers of Care Homes and Domiciliary Care Agencies In England

	April 2014	**April 2019**
Residential Homes	12,665	11,333
Nursing Homes	4,699	4,413
Domiciliary Care Agencies	7,728	9,528

Source: Bayliss and Gideon 2020

In 2015 more than 350,000 older people in England used domiciliary home care services, 257,000 of whom had their care paid for by their local authority. Between 2012 and 2019, bed numbers in England fell by 7,104 (1.5%) while the number of homes declined by 2,083 (11.7%) as providers of care homes increased in size (Bayliss & Gideon, 2020).

While most social care services are publicly funded and purchased by local authorities via competitive tendering, it is estimated that approximately 35–40% of service users self-fund their care by sourcing services from an open market (Hall et al., 2020). Most social care is funded privately from the income and assets of individual service users (Glendinning, 2012; Mayhew et al., 2017).

Cangiano & Shutes (2010) argue that the sector has undergone significant changes related to funding due to privatisation and contracting out of services. The private and third sector now provides public-funded care services to care users. Furthermore, the increase in demand for care has coincided with budgetary pressures, which have resulted in the limiting of publicly funded provision, with evidence of older people's need for care not being met. Age UK (2019) expanded on the sources of funds for social care and stated that social care is funded through general and regional taxation and payments from users. The past eight years of austerity reductions in central government funding to local authorities have led to a 3% decrease in spending by local councils on social care since 2010 (or 9% per person). As a result of these cuts by the government, fewer people are now accessing publicly funded care. These cuts have also increased the pressure on councils to limit the kind of care. The result is an increase in informal care, as more people must pay for their care privately, rely on informal care from family and friends, or manage without the help they need.

Other impacts of the cuts in government funding are an increase in the vacancy rate and a high turnover rate; in 2016/2017, there was a 6.6% vacancy rate for the adult social care sector. The vacancy and turnover rate increase results from low pay and career structure, despite introducing the national living wage in 2015. There is also pressure on the A&E unit due to an increase in A&E services by people aged 65 and over (Thorbly et al., 2018).

The English adult care sector has faced significant funding pressures due to a growing and ageing population, increasingly complex care needs, reductions in government funding to local authorities, and increases in care costs (Age UK,2019). The current structure of social care provision inevitably promotes inequality, while transparency and accountability are lacking. Furthermore, the care system is increasingly moulded to suit the priorities of investors rather than social care needs. (Bayliss & Gideon, 2020).

2.7 Regulation and Policy in The English Care Sector

The English care sector policy has focused on improving the care standards. A set of national minimum standards of care delivery established by the Care Standards Act of 2000 was replaced by standards specified in the Health and Social Care Act of 2008. The new standards made provisions for measurements and audits by the Care Quality Commission (CQC), also established by the 2008 Act (Atkinson & Lucas, 2013). Social care services in the UK are delivered within a framework and assessed by three national bodies. The first body is the Department of Health and Social Care. This body is responsible for social care policy. Through the Care Act of 2014, the Department of Health and Social Care sets a standard assessment criterion that informs the minimum level of care local authorities must provide. They also guide councils on how to assess the needs of their residents. The second body is the Care Quality Commission (CQC). Its responsibility is to regulate and assess the standards and

quality of social care services. The last body is the Competition and Markets Authority (CMA). This body assesses how the social care market works and tries to ensure it functions for users, providers, and the broader economy (Age UK, 2019). It is essential to know that Skills for Care (2017) argued that most of the 1.58 million jobs that make up the social care workforce in England are not professionally regulated. The job mainly involves the provision of frontline direct care.

2.8 Characteristics of the Social Care Workforce

This section will discuss the characteristics of the care workers as they constitute a large number in the English care workforce. Green et al. (2017) argued that most of the employees in adult social care work as carers, support workers, or senior carers in direct care roles. In addition, many of these roles are considered low-skilled jobs because of the level of formal qualification associated with the care work. Care workers have received much less research focus when compared to professional staff (Hussein, 2011), which generally encompasses nurses and occasionally social workers.

The social care sector is a labour-intensive sector as it relies heavily on the human inputs of workers in the provision of care through hands-on support, provision of personal care, and practical and emotional support (Lopez, 2006). The Health Foundation (2021) argued that the skills of the social care workforce are not adequately recognised or rewarded. The research shows that only half of the staff directly providing care have a social care qualification, and progression at the job is not pursued due to the minimal pay difference between care workers and senior care workers (The Health Foundation, 2021). The salary indifference suggests that the care sector does not encourage career development among its employees.

Hussein (2011) highlighted an increase in workers from non-EEA countries working in the care sector. According to the Care Quality Commission (CQC, 2016), non-British workers were estimated to make up 7% of the adult social care workforce in 2015/16, an equivalent of around 90,000 jobs. A more recent and detailed report from Skills for Care in 2021 gives a clearer picture of the workforce demographic. Their research showed that 84% of the adult social care workforce are British, 7% (113,000 jobs) were EU nationality, and 9% (137,000 jobs) were non-EU nationality. This suggests that, on average, the adult social care sector has a greater reliance on non-EU rather than EU workers.

In terms of ethnicity, it is compelling to know that BAME communities are over-represented in the adult care sector. As 21% of the adult care workforce are Black, Asians, and minority ethnicities, more diverse than 14% of BAME representation of the total population in England in 2020/21. The research also stated that black ethnicity makes up 12% of the adult social care workforce and 3% of the total population (Skills for Care, 2021). The representation of minority ethnic workers at the management level is lower than in the broader social care workforce, with 14% of registered managers and 17% of senior managers having a BAME background (The Health Foundation, 2018).

The adult social care workforce has also been characterised as having a gender imbalance (Cangiano & Shutes, 2010). Hussein et al. (2016) explained the gender imbalance by reporting that the social care workforce is predominantly female, with around 83 percent overall. The number is slightly higher, up to 85 to 90 percent, for workers in the frontline care jobs. Meanwhile, men accounted for up to a quarter of the workforce in certain areas, notably day-care, support roles, and management. The gender imbalance in the adult care workforce persists today, as recent reports indicate that the adult social care workforce continues to be

made up of around 82% female workers. In comparison, male workers continue to be the minority at 18% (Skill for Care, 2021). It is important to note that minority men in the social care workforce are significantly over-represented in managerial and supervisory roles, with better wages and job conditions (Hussein & Manthorpe, 2014). On the other hand, women were less likely to be in managerial roles.

Low pay is typical in the English adult sector (Low Pay Commission, 2005; Nisbet, 2017). Bayliss and Gideon (2020) argue that over 60 per cent of care workers in England are paid less than the real living wage, which is significantly worse for those working in the private sector. Their report on the privatisation and financialisation of social care in the UK showed that when care workers challenge poor pay levels, employers see the act as evidence of an individual's unsuitability for the job (Baylis & Gideon, 2020). The data from a recent survey in 2021 on full-time care workers showed that participants benefited most from the introduction of the mandatory National Living Wage (NLW) in 2016, and the care workers working in the independent sector have seen their pay increase at a higher rate than previous years (Skills for care, 2021). Before the NLW, pay rates increased by an average of 13 pence per hour (1.9%) each year (September 2012 to March 2016), and since the introduction of the NLW, the hourly rate increased by an average of 35 pence (4.4%) annually (March 2016 to March 2021). Since the introduction of NLW, a higher proportion (21%) of care workers were paid at the minimum hourly rate (£8.72), compared to around 16% paid at the minimum rate before it was introduced. As of 2021, the care worker independent sector's mean hourly pay was £9.29 (Skills for care, 2021).

Several care workers are still paid below the New Minimum Wage (NMW). Her Majesty’s Revenue and Customs (HMRC) data from 2013 revealed growing concerns around non-

compliance and highlighted inappropriate deductions from pay and payment of care workers for items deemed to be business expenses. These deductions have made care workers be paid below NMW. There are more issues identified as causing the underpayment of the national minimum wage to care workers; unpaid training time, unpaid travelling time between appointments, hourly pay rate below NMW rate, incorrect use of apprentice rates, failure to pay workers for all working time, and a lack of awareness of the accommodation offset rules and their effect on NMW pay calculations (HMRC, 2013). Hussein (2017) explained why low pay in the adult care sector is a norm. The first reason was that poor wages were a direct component of the nature of care work. Another reason was the value placed on care work by the society; care work is regarded as a dirty job, and it requires low or no qualification to be a carer. The last reason was a result of the cut in government funding, which made the employers reduce staff costs, thereby impacting the frontline care workers' pay.

The care sector has high labour demand, yet the sector has been privatised, which involves funding cuts that have resulted in poor pay for workers and high turnover and vacancies.

The following section will explain how migrant workers have been used to plug staffing gaps and why migrant workers work in this sector despite the low pay sector and stressful workload.

2.9 Motivation of Migrant Workers for Working in The Care Sector

Many theories aim to explain motivations in terms of the values placed on particular objectives by individuals (Deci et al., 1999; Breen & Lindsay, 2002; Hussein et al., 2010). Understanding the motivation for migration is crucial and necessary to adopt the perspectives of the migrating individual while also considering the macro or more comprehensive variables

that may affect their behaviour. As previously noted, one of the main features of the English care sector is the gender imbalance in the workforce, which is 82% female (Hussein et al., 2010). It is vital to examine the migration motivations for this group, with women at the centre of the theory.

There is a dearth of literature on the motivations of migrant care workers in England and, by extension, the Nigerian female migrant. Most studies focus on black and minority nurses or African nurses, and quite a few focus on USA migrant workers. In a study conducted in Ireland by Ryan and Coughlan (2009), the motivations for migrant care workers and health workers mainly were personal, professional, or economic. The study also highlighted the importance of facilitating factors such as established contacts in the destination country and organisational support. However, in a qualitative study conducted among African care workers in the United States (Covington-Ward, 2016), passion for work was one of the most common motivations for working in the care sector. This meant different things to different people. Some participants loved their job and were passionate about them.

In contrast, other participants explained that the passion for care work was a form of communal reciprocity since this passion was linked to their family members who were also in care work. Some participants confirmed that their passion for care resulted from past experiences in caring for vulnerable family members. The study also revealed that the participants were motivated based on the perception of African migrants being concentrated in the healthcare sector. The quest for quick money, achieved by working long hours, was another motivation for working in the care sector. Finally, the study findings also revealed that the ease of accessibility of care jobs by African migrant workers was another motivating factor. Care jobs are perceived as the most accessible jobs in terms of quick recruitment. For

many migrants, a care job was not their choice of a job. However, the limitations in the job market and devaluation of the education attained from foreign universities restricted their options. Due to the amount of health and medical exposure gathered, care jobs are also viewed as stepladders to securing more prestigious and higher-paid jobs such as nursing. (Covington-Ward, 2016). The participants in the Covington-Ward study were males and females from different African countries, working in a variety of settings (nursing homes, rehabilitation facilities, and patients' homes) that shaped their responses in different ways. However, the study did not explore the intersection of their social identity, country of origin, immigration status, work setting, gender, and length of time living in the United States, which could shape their experience. The study was also conducted in the United States and not the UK. In contrast, this study will only focus on female migrants and build on the Covington-Ward study exploring how ethnicity, race, gender, and migration status shape migrant care workers' experience.

McGregor (2007) interviewed 32 black Zimbabwean carers (20 women and 12 men). The researcher found that the participants had not done care jobs before migration and did not envisage doing work that they did not consider to be a 'proper job,' that was 'dirty,' 'low,' 'cheap,' and 'shameful.' Motivation for doing care was because of the availability of care work and the clustering of Zimbabwean social networks around the industry. The report mainly focused on migrant care workers with limited work hours, asylum seekers, and overstayed visitors, implying that the participants could not legally work in the UK and would do any job to stay and survive. The research failed to recognise that working in care was not a choice the participants with no work permit could make but instead was a necessity as they had to survive. It is compelling to understand the motivation for working in care for migrants with

no work restrictions. Shutes (2012) expanded on the migrants' choice in entering the care sector. The researcher interviewed forty-nine female and seven male UK care workers from Zimbabwe, the Philippines, India, Poland, and other Southeast Asian and Eastern European countries who worked across different care settings and held different immigration statuses. The research aim was to explore the influence of immigration controls on workers' experiences. The study findings revealed that the reasons for migrants working in long-term care were partly shaped by restricted rights to work in the UK. The study stated that participants without work visas were mainly confined to jobs in long-term care, where the demand for care workers was such that residential care homes and home care agencies were willing to overlook restrictions on their right to work. Therefore, they argued that entering care work was defined not as a 'choice' but rather as a 'need,' being a source of work and income for those with restricted access to the labour market and welfare provision. The study findings also revealed that the terms and conditions of legal access to the labour market likewise shaped entry to care work and types of work. For example, in the mid-2000s, there were restrictions on recruitment to the National Health Service in the UK, making entry to the public sector, including nursing occupations, more limited for non-EEA workers (Shutes, 2011). Although a compelling discourse, it was not clear from the study why migrants with work permit still work in the care sector. Furthermore, the recent changes to nurse recruitment policies make this area of study more appealing.

Hussein et al. (2013) conducted a mixed-method study that shows differences in stated motivations to work in the care sector among different groups of migrants. They interviewed 96 migrant workers (professionally qualified and non-qualified in social care and social work), males and females. Their findings revealed differences in the motivation for working in the

care sector, and it varied by migrants' migration status or countries of origin. Non-EEA migrants mainly stated altruistic motivations, or a wish to help others, combined with ease of getting care jobs and the potential for advancement as their motivation for working in the care sector. Some non-EEA migrants who accompanied other family members to the UK said that care work provided flexibility and more satisfying experiences than other jobs in the UK. The EEA migrants, particularly those without relevant qualifications, stated that their motivation to work in the care sector enhanced their English language skills and gained experience in the sector before applying to university.

Furthermore, the EEA migrants also stated that their motivation to work in care was because care offered better working conditions and higher job satisfaction levels than their previous jobs in the UK. The study showed variations between EEA and non-EEA migrant motivation to work in the care sector but did not address motivations concerning gender. The motivations for Nigerian female migrant workers working with different migration statuses have not been explored. There is a need to understand this unique group as they represent many migrant workers in the English care sector.

2.10 Work Experiences of Migrant Workers in The English Adult Care Sector

As stated earlier, there are three primary care service providers in England: local authorities, the private sector, and the NHS. Out of the three care providers, migrants are more likely to be employed within the private sector. Migrants are also significantly more likely to work within social care services providing care to adults/older people with dementia or people with physical disabilities or impairments. Furthermore, less likely when services are offered to older people and adults with learning disabilities, sensory disabilities, or mental health needs (Hussein, 2011). Baylis and Gideon's (2020) report shows that in England, most migrant care

workers, 78 per cent, are employed in the private care sector, and 7 per cent of jobs are in local authorities. The researchers argued that there are better conditions and opportunities for staff employed in the NHS and local authorities than those provided in the private sector. In a comparative study on Italy, the UK, and the Netherlands conducted by van Hooren (2012), he found that migrant workers are active in very different settings. They all work more hours than their British colleagues and frequently work night shifts.

Gordon and Lalani (2009) identified what shapes migrant care workers' experiences within the social care system. They argued that the term 'migrant care worker' does not exist explicitly in current policy or health and safety law or as immigration status. Despite the numbers of migrants providing care for older people in private households and the tangible and visible roles, migrants play within the social care sector. McGregor (2007) argued that if effort and contributions made by migrant care workers are adequately recognised, the issue around the critical value of immigration would be highlighted. This awareness may lead to improvements in the protection of rights for this group and create avenues for irregular migrants to regularise their work status. The researcher also argued that work in private households is exempt from employment law protecting protected groups such as care and domestic work. Since migrant workers dominate care work in private households, they may be subject to a disproportionate level of discriminatory behaviour from their employers. In addition, employers in private households are not subject to regulatory checks performed by the CQC.

Although the Health and Safety Commission provides guidelines for the safety of migrant workers, care workers in institutional settings, and health workers in general, there are no similar guidelines that protect paid care workers who work in private households and are not

hired by agencies. Gordolan and Lalani (2009) also argued that there are restrictions that ban migrant care workers from attending training courses such as the National Vocational Qualification levels 1 – 3, which provide standardised and certified training in care. Crucially, these courses leading to certification are only funded for British citizens, those with permanent residence, or those who have been in England for more than three years. Low-paid migrant workers have to self-fund and often struggle to develop this skill. The consequent lack of training may affect career progression and pose a risk to the care users. Williams (2010) argued that the experiences of female migrant care workers are not only affected by the sector they work. However, the migrant women from the poorer countries are used to meet the demand of labour shortage and are exploited. These workers often find themselves vulnerable as migrants who lack citizenship status, are devalued as workers in the isolating privatized economy of household labour, subject as women to intimate, personalized, and emotionally exacting care work, and as 'other' nationals, entering environments ladened with histories of racialized subordination. These women stand at the intersection of care work exploitation, gender, ethnic and migrant oppression in the context of a globalising world (Williams, 2010). Nevertheless, the fact that the migrants are from developing countries does not necessarily mean the migrants are poor; in fact, some migrants are already British citizens and yet still work in the care sector and experience exploitation.

The following section will discuss the working conditions in which the migrants work in the care sector.

2.11 Working Conditions of Migrant Workers in The UK Care Sector

This section will discuss the working conditions. The literature identified four themes: low pay, unfavourable working conditions, job stress, and racism.

2.11.1 Evidence of Low Pay and Wages Differences in the UK Care Sector

The UK care sector has been characterised by low pay, resulting from the underfunding of the social care system. This underfunding of social care is reflected in the low wages of care workers, particularly those working in the private sector. It also shapes the demand for migrants and leads to pay inequality between migrant workers and native workers. According to Cangiano and Shutes (2010), migrant care workers are over-represented among the lowest-paid jobs. There is also evidence that migrant workers earn less than British care workers, depending on the care sector in which they work (Hussein, 2011). In a study conducted on low-paid workers by Netto et al. (2015), they found that compared to men, more women (54 per cent) earn less than £15,000 per annum, despite being on permanent employment contracts. However, it is not clear if the female migrants earned less because of their gender or migrant identity, or both.

2.11.2 Unfavourable Working Hours/ No Breaks/ Long Hours in the UK Care Sector

The staff shortages prevalent in the UK care sector, especially in residential and nursing homes, expose migrant workers to working long hours. Care home managers rely on migrant workers to work full-time, overtime, and less favourable shifts than UK-born workers in addressing staffing gaps. According to the Labour Force Survey data, over 30 per cent of migrant care workers work more than 40 hours a week, compared with 18 per cent of UK born care workers. A higher percentage of migrant care workers (74 per cent) also do shift work compared with UK born care workers (60 per cent) (Cangiano et al., 2009). Migrants working for domiciliary agencies report a lack of security in their working hours, which changes from day to day. Those employed directly by older people or the families of older people referred to a lack of agreement on their working hours and are expected to work on

days off if needed (Cangiano & Shutes, 2010). Shutes (2012) argued that even the overtime hours were not paid and care users occasionally forget or refuse to pay weekly wages. In a study conducted in the UK, more than 50 per cent of migrant care workers reported that they could not take breaks or leave the house during their shifts (Gordolan & Lalani, 2009; Kalayan, 2014). In a study conducted among white care workers, the participants did not report working long hours and unsuitable hours; however, they mentioned they were not paid overtime for working evenings, weekends, or statutory holidays, describing being on a "flat rate" contract (Woolham et al., 2019)

2.11.3 Experiences of Job Stress Among Migrant Care Workers

A study conducted among Zimbabwean care workers identified that the participants considered their work frustrating, stressful, and exploitative (McGregor, 2007). As a result of staff shortages, some of the regulations were bypassed, such as lifting residents on their own due to the shortage of available staff to assist them. The participants also disclosed that they also took up the nurses' responsibilities to give medication to residents because nurses were preoccupied and did not have adequate time to read or write notes on residents in care plans or to carry out staff handovers to agency workers. This is also similar to the findings on female migrant nursing assistants in the US. Participants reported that heavy workloads, staff shortages, high physical demands, and personal physical care for the residents were the least desirable aspects of their work (Ryosho, 2011). While all care workers may be subject to these high demands, black nursing assistants perceived heavier workloads than their white counterparts because of their unequal work assignments (Ryosho, 2011). There is a need to understand why the migrant care workers might be experiencing work related stress as the findings on white care workers by Woolham et al. (2019) emphasised how much the

participants enjoyed their work and had job satisfaction because they had opportunities to provide flexible, consistent care and from close working relationships with their employers, offering them more control and enabled greater independence.

2.11.4 Perceived Racism and Discrimination Among Migrant Care Workers

Racism and discrimination are experienced by migrant care workers in various forms, for example, through racist comments from colleagues, and residents refusing to receive services from workers of visibly different ethnicity (McGregor, 2007; Cangiano et al., 2009), or the under-representation of migrants in managerial and professional positions (Kofman et al., 2009). The reasons for the under representations of migrant care workers in managerial positions have not been fully explored. Migrant care workers may face additional discrimination due to language difficulties or cultural misunderstandings; these can vary relative to their countries of birth (Cangiano et al., 2009; Doyle & Timonen, 2009). Female migrant care workers often face racism and discrimination at work from colleagues, residents, and managers or supervisors. In a study conducted among migrant care workers in England, Stevens et al.'s (2012) findings revealed that over two-thirds of the migrant workers in the research sites (68 out of 96) reported racist behaviour and attitudes from employers, colleagues, and service users. The study failed to explore the impact of gender on experiences of racism. Likupe and Archibong (2013), whose study focused on black African nurses who experienced racism, found that virtually all participants had experienced racism and prejudice from residents, usually verbal abuse such as name-callings and racial slurs. The study also noted that they had been subject to discriminatory behaviours from the residents. Some women also reported abuse from their white colleagues and being ridiculed and looked down on because of their diction. The ethnicities of the participants in the study were not disclosed.

Racism from employers has been found to start from the recruitment stage. Employers use racial and national stereotypes in recruiting migrant care workers to work in private homes (Anderson & Rogaly 2005; Doyle & Timonen 2009). One important thing to note is that different ethnic groups often experience different levels of discrimination at their workplace. Stevens et al. (2012) stated that black Africans gave more account to racism and highlighted 'colour' as a factor than other migrant care workers. In his work, Creese (2011) explained the 'erasure of linguistic capital,' stating that even though African immigrants speak English fluently, they report accent discrimination, where people refuse to 'hear' their foreign accents in professional contexts. Thus, this study seeks to understand the work experience of Nigerian female migrant care workers in the English care sector. The most obvious difference is between migrant care workers from white and black ethnic groups. The latter tend to experience the most direct racism, particularly from people using care services (Holgate, 2005; Cangiano et al., 2009).

Racism and discrimination from employers are typically manifested in conditions of service, work allocation, and progression opportunities (McGregor, 2007; Cangiano et al., 2009; Kofman et al., 2009). Stevens et al.'s (2012) findings in mixed-method research revealed the indicators of discrimination and racism; visible social markers such as dress code, skin colour, and English accent/proficiency being used to classify workers. Migrant care workers were found to encounter various types of discrimination, with challenges related to language, cultural misunderstandings, and immigration status uncertainty intersecting with instances of racism and general bullying. Byrne (2006) reported on racialised identity. He argued that migrant care workers, especially those working in direct care positions, face the additional vulnerability of working in low status, low paid, and predominantly non-unionized

occupations, which increases the likelihood of being discriminated against and having little redress, hence an increased reliance on the positive attitudes of employers (Holgate et al., 2006).

Stevens et al. (2012) identified two conceptual frameworks to understand the racism experienced at work by migrant care workers. The first is at the individual level; they proposed that migrant workers' experiences of racism were influenced by intermediate factors, such as time in the UK, level of skills, and issues relating to the connection between birth countries and the UK. Furthermore, other personal factors such as age or gender and motivation to work in the sector. It was ultimately proposed that these factors influenced future plans, career progression, and workplace dynamics. The second level is the broader level; they proposed that experiences of racism were an outcome of drivers for recruitment into the English care sector, particularly the need to meet shortages in the workforce and the consequent recruitment and induction processes. Other outcomes were also proposed concerning the stability of the workforce and quality of service. They concluded that discrimination was mainly influenced by time spent in the UK and skills, particularly in terms of language proficiency. However, the role of visible social markers such as skin colour appeared to underpin much of the racism experienced, either directly acknowledged or through adverse treatment not openly connected with such characteristics (Stevens et al., 2012).

Showers (2015), in her study, did not only report the racism faced by women migrants, but the research also discussed the strategies to combat racism and discrimination in the workplace. The participants in the study highlighted their intelligence, caring personalities, and professional orientation to work. They were hopeful that displaying these qualities to

their patients and showing their intelligence and sophisticated clinical skills would change some of the stereotypical preconceptions that the patients held about them. Another strategy was to lodge formal complaints or report individual acts to supervisors, but this was the least common strategy. This study was conducted in the US on Nigerian nurses; therefore, their experience cannot be generalised to the UK.

2.11.5 Differences in Employment Rights and Benefits Experienced by Migrant Workers

Many care workers seem unaware of their workers' rights and even their job requirements. Green and Ayalon (2018) found that a high percentage of Israeli migrant workers did not get written contracts, which led to not knowing all their working rights. Davidov (2006) also explained that limited knowledge about migrant rights is due to language and cultural barriers, which creates fertile ground for violations by employers. This is especially true for part-time jobs, whereas the rights themselves and their scope (e.g., number of vacation days) are not precise and are derived (dependent on) from the workload. However, this finding depends on what part of the care sector in which the migrants work. For example, Davidov (2006) found that among the migrant live-in care workers, 58% of carers did not receive any vacation days besides the weekly day off. About 30% further reported not getting weekly day-off regularly. 79% of carers did not get paid sick days, and about 15% did not receive a contract that stated their working conditions, workers' rights, and financial compensation. The research compared the migrant workers to native workers and found that migrant home care workers were more vulnerable to violations of the provision of paid sick days and vacation days. Live-in migrant home care workers were twice more likely to report emotional abuse when compared with live-out local home care workers. One important thing to note is that

these high rates of workers' rights violations were found, even though the migrant care workers were legally employed.

It can be expected that the working conditions of those who are illegally employed would be much worse (Green & Ayalon, 2018). In a study conducted by McGregor (2007), illegal migrants who are not authorised to work were exploited by unscrupulous agencies. They reported that migrant care workers were responsible for their insurance, though many did not know this. None had taken out insurance; most also had no benefits such as sick pay and compassionate leave. The migrants also had to pay for costs of training or qualifications that were expensive; this training was not transferable between different agencies. Some agencies did not cover travel time for the domiciliary workers, and carers spent long periods of wasted time moving between clients. Migrant care workers, especially domiciliary carers, feel that the excessive household tasks fall beyond their original job descriptions. There is no clear understanding with their employers where their jobs began and where they ended (Gordolan & Lalani, 2009).

2.11.6 Differences in Provision of Migrant Workers Workplace and External Work-Related Support services

Workplace social support can be grouped as either instrumental or emotional support. Instrumental support involves offering tangible assistance, such as materials and resources necessary for a job, guidance or knowledge needed to complete a task or actual physical aid. Emotional support involves the acts of caring, such as showing concern, respect, and trust, or listening sympathetically (Fenlason & Beehr 1994; Littrell & Billingsley, 1994). Support can be provided either by supervisors or colleagues (Shimazu & Odahara, 2004). The support from either supervisors or colleagues may have different effects on employees (Chou & Roberts, 2008).

Migrant care workers are neglected in workplace support services specifically tailored to their needs. Although several carer organisations offer support and services to unpaid carers, paid migrant care workers are not included in their client group, despite sharing many similar problems with unpaid carers (Gordolan & Lalani, 2009). Research by Stevens et al. (2012) found that almost equal numbers of migrant workers reported that managers had not supported them in dealing with racism from service users, and migrant care workers were expected to cope with racist behaviour and other mistreatments without support. Accounts of support offered to address problems encountered with other staff were even less common. They argued that support from managers is an essential factor in mediating the outcome of experiences of racism.

Furthermore, in a study conducted among migrant care workers in Ireland (Doyle & Timonen, 2009), it was reported that there were no formal support mechanisms or complaint channels to assist the migrant care workers who experienced racial discrimination in the workplace. Instead, they were required to resolve the situation themselves, which generally entailed either confronting the perpetrator directly or downplaying the events significance and trying to forget the incident (Doyle & Timonen, 2009). The study by Netto et al. (2015) reported the importance of having support from managers, which was linked to career progression; their research showed that supportive line managers alerted individuals to developmental opportunities. Steven et al. (2012) also identified the importance of migrant workers having support from their managers; the findings showed how support from managers was an important factor in mediating the outcome of experiences of racism.

In addition to limited support within the workplace, there is evidence of no support outside the workplace. A qualitative study on migrant workers in the social care sector showed that

only a few care workers were aware of possible professional or legal support and advice from organisations such as the British Association of Social Workers or Citizens' Advice (Hussein, 2011).

Training and career development: as the above section showed, supportive line managers, are essential for enabling progression. So too is training. It appears that migrant workers are not only segregated into low-paid jobs but also have little likelihood of progressing out of them. Migrant care workers are required to complete intensive and costly (privately paid) training courses at the outset or work unpaid on a voluntary basis to get experience. They receive training only when they have worked for several months for their employer (Doyle & Timonen, 2009).

Furthermore, Gordolan and Lalani (2009) found that only 30 per cent of their participants had participated in some form of eldercare training. Lee (1999) reported that the migrant workers who received less training had fewer advancement opportunities when compared to native workers. Furthermore, migrant workers were valued as workers but were not encouraged to move beyond low pay and low-status jobs. The following section will discuss how the government policies and laws may have an impact on work experiences of the migrant care workers.

2.12: The Role of The State in Shaping Work Experiences of Migrant Women Care Workers

Whilst it is evident that state policies, laws and decisions have seriously affected the working conditions, the role of the state has not been explored. This study argues that the role of the state as an employer, funder, and regulator of the care industry is seminal in shaping the

organisation of paid care. Even more so when social policies enacted at the state level create and alter the structure of care employment (Anderson, 2007).

The significant change in the care sector, which is the privatisation of local authority residential and home care services, has worsened conditions of employment in parts of the labour market, making care jobs unattractive. Since privatisation, underfunding of social care and related workforce shortages have shaped employment conditions for migrant care workers, including their hours of work. Migrant workers employed in residential and nursing homes referred to their managers over reliance of them working longer hours (by working full-time and overtime) and to work less favourable shifts for low-status and poorly paid work compared with the UK born workers to address staffing gaps (McGregor, 2007). The labour shortage is not limited to skilled workers alone; the public debate over staff shortages in health and social care has been dominated by controversy over the recruitment of skilled health professionals and has overlooked migrants working in unskilled care jobs (Buchan, 2003; Buchan et al., 2005; Hardshill & Macdonald, 2000; Raghuram & Kofman, 2002).

Migration policies are now stricter. In 2004, A8 nationals were allowed to enter the UK and seek employment. Significant numbers took up jobs in the care sector, with 580 registering as care assistants until March 2009. In contrast, the 2007 EU enlargement to include Bulgaria and Romania led to highly restricted access to the UK labour market. Until January 2020, there was no migration route for non-EU migrants to work in social care; even senior care workers formerly under the work permit system were removed from the occupation shortage list (O'Shea & Walsh, 2010). Thus, this channel significantly reduces opportunities for non-EU migrants to take up social care work in the UK. Subsequently, employer demand for migrant

labour is set within highly restricted opportunities for the direct recruitment of care workers outside the EU.

The combination of acute labour shortages and restrictions of migration policy has produced a situation where informal recruitment practices in the care industry have flourished, providing opportunities for newly arrived migrants, and allowing for their exploitation (McGregor, 2007). Changing immigration regulations have created tensions and contradictions which have not halted the growth of informal cultures of work, as intended, but have created situations thereby lying about the experience, forged documents, and false identities are perceived by many as the norm in securing jobs. As such unscrupulous employers can profit from the vulnerability of others (Castles, 2004). Furthermore, this has also impacted the quality of care rendered. It was seen as a constraint on the development and continuity of care between care workers and the older service users. How does the state act in shaping and restructuring the care sector amidst the challenges it faces? Demand for care has increased, there is a labour shortage, and attempts to reduce migration. Anderson (2007) argued that the state also plays a role in constructing categories of workers who might be available to do this work, not least through immigration legislation. The question then arises: To what extent does immigration status facilitate labour supply by creating a marginalised group without access to the formal labour market?

Given the significant role, migrant care workers play in providing social care, the subjects of migration and care work overlap, but this intersection is rarely highlighted. From the experiences of migrant working lives and their work conditions, it is evident that migrant women are highly disadvantaged at work and consequently experience inequality at work. It is crucial to explore and evaluate their experiences of inequality at work using the

intersectionality theory. The following section will focus on Intersectionality as the intersectionality framework is essential because of its strength in capturing multiple, diverse categories of advantages and disadvantages to explain the experiences of Nigerian female migrants, using gender, race, and class, in a single framework. Instead of the separate essentialist notion, Intersectionality will help understand how oppression and privilege are complex and interconnected.

2.13 Intersectionality as an Analytical Framework

Intersectionality theory can be used as an analytical framework to explain how social categorisations such as class, ethnicity, nationality, gender, and migrant identity intersect to create a unique set of work-related barriers for Nigerian female migrants in the English care sector, which this research seeks to explore. The section begins by exploring the concept of Intersectionality and its history, discusses the significance of applying an intersectionality lens to this study, and then discusses Intersectionality in work and employment relations.

There are ongoing debates on the concept of Intersectionality. Scholars have questioned if it is a paradigm (Bilge, 2010; Hancock, 2007), a theory of marginalised subjectivity or generalised identity (Nash, 2008), a methodological approach (McCall, 2005; Yuval-Davis, 2006), a simultaneous process (Holvino, 2010), matrix (Dhamoon, 2011), analytical process (Winker & Degele, 2011) or a heuristic tool (Anthias, 2013).

Considering Intersectionality as a theory has been widely considered a feminist sociological approach to the operation of individuals, groups, and societies that consider multiple sources of individual identity (Adib & Guerrier, 2003). This contradicts Bowleg (2012), who argued that Intersectionality is not the kind of theory most social scientists are familiar with. It

possesses no core elements or variables to be operationalised and empirically tested. Rather, Intersectionality should be regarded as a theoretical framework or perspective, denoting Intersectionality as more of an analytical framework or paradigm than a traditional testable theory.

Intersectionality is a paradigm that is broadly used as a cohesive set of theoretical concepts, methods of analysis, and belief systems (Hulko, 2009). While there is no clear definition of intersectionality theory, this study will define Intersectionality in terms of how it is relevant to this research. This study adopts the definition of Intersectionality by Warner (2008), who defined *Intersectionality* as the interaction of the social identities, race, gender, and class, to form qualitatively different meanings and experiences. This study will use Intersectionality as a "lens" or "perspective" to encompass approaches at a relatively narrower microscope of examining social identity multiplicity in a manner that is neither additive nor reductive (Hulko, 2009).

2.13.1 The Concept of Intersectionality: Review of History and Development

The concept of Intersectionality is rooted in the racialised experiences of ethnic minority women in the US. Early criticisms of the artificial separation of gender and ethnicity in women's lives can be found in the Black and Latina feminist movements of the 1970s and early 1980s, which argued that (mainstream) feminism had advanced the cause of white women while silencing the voices of minority women (Atewologun, 2018). The intersectionality concept was introduced by Kimberlé Crenshaw in 1989 when she explored the discrimination and oppression experienced by Black women in the USA (Nielsen, 2013; Walby et al., 2012). She aimed to draw attention to how African American women were

treated within the law, which needed to be interpreted, analysed, and understood through the dual lenses of gender and race discrimination.

Before Intersectionality was introduced, attention had been drawn to the fact that multiple axes of inequality (race, ethnicity, caste, class, gender) could only be considered in separate analytical spaces. Furthermore, it was precisely at the point where multiple oppressions intersected that greater analytic focus was needed by other critical researchers (Spelman, 1982, 1988). Crenshaw's work is the basis for this research, as her work fits with the research subjects who are the less privileged. Furthermore, her work was an explicit Black feminist critique of how a focus on the experiences of the 'otherwise privileged' within groups differentiated by gender and race led to the misunderstanding and marginalisation of Black women's experiences. Crenshaw termed it the phenomenon of Intersectionality and set out its foundational proposition. The theory first focused on one intersection of race and gender ('single-axis framework'). However, this was rejected as Intersectionality is more than one single axis, as often embraced by feminist and anti-racist scholars who fail to analyse how race and gender interact to shape the multiple dimensions of Black women's experiences (Crenshaw, 1991: p. 1244).

The basis of Intersectionality is that people possess multiple and layered identities, determined by their history, geographical locations, and social relations. These identities may be based on race, class, ethnicity, nationality, gender, sexuality, caste, religion, and migration status. These aspects of identity are not 'unitary, mutually exclusive entities, but rather reciprocally constructing phenomena' (Collins, 2015). Each aspect is linked to the others to create the whole person and his/her experience (McCall, 2005; Valentine, 2007). The effects

of multiple identities are not additive or cumulative; instead, they produce substantially distinct experiences.

Although there is a plethora of literature on Intersectionality, with it being applied to various disciplines, Intersectionality has not been fully used in work and employment relations studies to explore structures of discrimination and systems of power and inequality (Rodriguez et al., 2016). This is a curious situation since the workplace is a critical site for reproducing intersectional inequalities (Acker, 2006, 2012). Intersectionality enables the researchers and readers to be aware of complexities associated with differences in social identity that enable the examination of how gender, race, ethnicity, class, and other identities such as migrant status may be influenced by societal power differentials, creating multiple complex disadvantages for people of difference (Ressia et al., 2017). Mooney (2016) argued that conveying the separate and cumulative effects of being 'different' in more than one dimension across diverse employment settings is crucial. For example, intersectional analysis helps in examining how gender, race, and class intersect with one another, producing different experiences for women from different races and classes (Chow et al., 2011; Shields, 2008). As such the following section will discuss the approaches to Intersectionality.

2.13.2 Approaches to Intersectionality

There are different approaches to Intersectionality that can be used in a research study. McCall (2005) listed three approaches: intra-categorical, anti-categorical, and inter-categorical. The intra-categorical approach is to 'focus on particular social groups at neglected points of intersection' to reveal the complexity of lived experience within such groups. The inspiration for this approach was from Crenshaw's work to examine the small groups that had not been previously analysed. However, it has the disadvantage of displacing the focus from

the larger social processes and structures that might be causing the inequalities. The second approach is the anti-categorical approach, which is based on a methodology that deconstructs analytical categories. This approach considers the stabilisation of categories problematic in essentialising and rectifying the social relations that the analyst may be seeking to change. It prioritises fluidity over the stability of categories. This is problematic in that it makes practical analysis difficult. The third approach is the inter-categorical approach; this provisionally adopts existing analytical categories to document relationships of inequality among social groups and changing configurations of inequality among multiple and conflicting dimensions. Out of the three approaches, McCall recommends the inter-categorical because of its power in engaging with the larger structures that generate inequalities (McCall, 2005). However, Walby (2007) argued that Intersectionality is a relatively new term to describe an old question in the theorisation of the relationship between different forms of social inequality. She further stated that there are at least five approaches to the analysis of Intersectionality; the first approach is the criticism of false over-generalisations. She gave an example that there are divisions within the category of a woman by class, ethnicity and whether they are from the North or South of the world (Mohanty, 1991).

The second approach to multiple inequalities is reductionism to a single primary axis of social inequality, while the third approach is micro-reductionism. This position grew from a rejection of the conceptualisation of social relations in terms of systems. The fourth approach rejects categories altogether (anti-categorical complexity in McCall's [2005] analysis). This was because analytic categories were seen as never adequate representations of the lived world but as potentially pernicious in their potential for false sedimentation of the categories in practice; hence, a focus on the difference was preferred to that of identity. The fifth and final

approach is a strategy that may be described as segregation reductionist, in which each strand is identified with and reduced to a single and separate base. Rather than rejecting categories, the analytic strategy is to build up a better analysis of each set of social inequalities as part of analysing their intersection (Walby, 2007).

In contrast, Özbilgin (2011) stated that intersectional studies could be divided into etic and emic approaches to conceptualising differences at work. Etic approaches to interactional analysis start with a pre-established number of categories of difference (ex-ante) and explore Intersectionality among them when exploring diversity at work. However, emic approaches to intersectional analyses start with the specific context of investigation and identify several salient categories of difference (ex-post), which lead to privilege and disadvantage, by focusing on power relations in that setting. The etic approach to Intersectionality has been the dominant approach in the intersectional exploration of diversity at work.

Rodriguez et al. (2016) argued that there are two approaches to studying Intersectionality. The first approach focuses on subjectivities and explores intersections to highlight the texture and consequences of inequalities experienced by individuals and groups given their social membership. In contrast, the second approach embeds subjectivities within systemic dynamics of power and explores intersections to highlight these dynamics and make them visible and available for analysis. Many researchers have adopted the first approach to study Intersectionality in work and organisation including Browne and Misra, (2003), who adopted this approach to explore Intersectionality in diverse occupations, roles, sectors, work settings, and contexts; Munro (2001) studied the experiences of gender, race, and class of African American women (Bell & Nkomo, 2001; Combs, 2003; Mitra, 2003; Parker, 2003; Love et al., 2015); women's narratives of hotel work (Abdil & Guerrier, 2003); religion, gender, and

ethnicity in women's entrepreneurial work (Essers & Benschop, 2009); gender, disability, and age in an automotive factory (Zanoni, 2011); experiences of female academic migrants (Mählck, 2013; Johansson & Śliwa, 2014; Śliwa & Johansson, 2014; Wells et al., 2015), exclusion and subordination in elite amateur sport management (Ryan & Martin, 2013); gender, sexuality, and occupation of male cabin crew (Simpson, 2014), age, gender and sexuality in organisational life (Riach et al., 2014), gender and ethnicity in the medical profession (Keshet et al., 2015), gender, class, residence status and employment opportunities of female migrants (Näre, 2013;Wang, 2015), gender, maternity, and class (O'Hagan, 2015), and multiple identities of LGBT expatriates (Paisley & Tayar, 2015). Although Intersectionality has been used to analyse workers' migration experience in European contexts (e.g., Bastia, 2014; Lutz et al., 2011), its application is limited to migrant African women working in the English care sector.

With different approaches to Intersectionality, this researcher agrees with McBride et al. (2015), who argued that researchers should be 'intersectionality sensitive,' not solely to differences between groups but also those between individual group members. In response to the challenge raised by McBride et al. (2015) to be Intersectionality sensitive this research adopted intersectionality sensitivity on the micro-level and macro-level and considers the social identity of the participants, employment policies, care policies, and the extent to which they impact the participants' lived and work experiences. Gender, race, ethnicity, and migration status were not considered static or essential to avoid essentialism (Crenshaw, 1991: p. 1244). Instead, they were critically examined. Intersectionality sensitivity was applied to the research methodology by selecting a purposive sample and inclusion of the people of multiple marginalised groups to provide new insight into the experience of the neglected

groups of workers. Furthermore, during the interview, the researcher adopted intersectionality sensitivity to probe and understand why they tolerated racism and discrimination at work because of their gender, race, ethnicity, or migrant status. This study takes the nimble approach, which implies a smart and agile application of intersectional theory while remaining true to its core principles.

Mooney (2016) stated four methodological questions that enable nimble intersectional researchers to make their assumptions transparent and sound. The four questions are: Is it an intersectional study? What is the intersectional framing that fits the context of the research? Should the study be based on individual identity or organisational and societal processes? What are the meanings attached to categories of difference?

This research responded to Mooney's (2016) methodological question to conduct a transparent and sound study. This study is an intersectionality study because the research aims to understand the lived work experience of Nigerian women migrant care workers (the less privileged) by revealing their differences. This is similar to what Hancock (2017) described as an intersectionality study; he argued that a study is regarded as an intersectionality study if more than one category of difference is studied to reveal the difference. A study is also an intersectional study when dominant/privileged individuals are not positioned at the centre of the research.

The second question on intersectional framing also fits the context of this research. To answer this, the researcher reviewed literature, empirical and critical, that detailed how work is organised across the care sector. Migration theory is used to understand the motivation to migrate to the UK and the decision to work in the care sector with precarious working conditions.

The third question is whether the study is based on individual identity or organisational and societal processes. The motivation of this study is to understand the lived experience of migrant care workers at the intersection of their social categories of difference and its impact on their work. This study took a multi-level approach that considers social structures, including organisations and institutions, which are the macro and meso levels, and processes of identity construction which is the micro-level, and cultural symbols, which are the level of representation (Winker et al.,2011). The following section will discuss how Intersectionality has been applied to work and employment relations.

2.13.3 Review of Intersectionality in Work and Employment Relations

As stated previously, there is limited application of Intersectionality to work and employment relations, and this could be because of its complex nature as Intersectionality is rapidly being developed and problematic, which makes it difficult for researchers to engage with the core principle of its concept (McBride et al., 2015). The previous studies on work and employment relations have argued against generalisations based on the male norm. They have ensured that most research on workers categorises and compares male and female experiences (Holgate et al., 2006). This study argues that to avoid generalisation, the inter-group differences within women categories also need to be explored, not just comparing the male versus female experience.

Intersectionality has been applied to various aspects of work and employment relations. This study will review works of literature that have applied Intersectionality to low pay workers, women migrant workers, and African migrant workers. Adib and Guerrier (2003) conducted a study on four women who were hotel management students at a London university and were working in the hotel industry. Through the narratives of hotel workers, the researchers

found empirical examples of how the crossovers of gender with race, ethnicity, and class are articulated at the hotel. The researchers argued that the complexity and ambiguity of the participant experience would be lost if the focus is mainly on gender when researching women's construction of their identities at work. Their study revealed the complex ways individuals make sense of themselves in the world of work, making the theorisation of gender-related to other categories such as race, ethnicity, and class, which in practice coexist. Furthermore, the study illustrated the complex nature of how a person is positioned according to work context and the changing and relational character of the articulation of identity at work. However, while this study reveals some compelling insights into the barriers facing these participants, there are considerable limitations, such as the small number of the participants who were all students, which limits the generalisability of the results. Although the researchers explored how gendered identities intersect with other categories through the participants' narratives, they did not address the effects of Intersectionality on the participant's work experience, health, or career progression. This research will build on Adib and Guerrier (2003) by exploring other aspects of identity, such as nationality, race, ethnicity, and migration, and how these impinge on women's construction of their experience in care work.

Rodriguez and Scurry (2019) conducted a compelling study focusing on gender and foreignness. Their study is very relevant to exploring how gender intersects with foreignness, as this study also focuses on female migrant workers. Their study was on skilled female migrants. They revealed how the participants lacked career progression because gender and foreignness shaped their participation, interaction, visibility, opportunities, and recognition at work. They explored how social categories of difference intersect to shape skilled migrant

women's experiences in Qatar. They argued that skilled migrant women have a particular status as 'foreign women,' which they consider as unique to the structural and subjective features of the women's experience. Their narrative indicated how the participants struggled for legitimacy at work and perceived themselves as outsiders. They discovered tensions between foreign women and Qatari men in the dynamics of social governance that prioritise male identities. The researchers also found that the intersection of gender and foreignness led to the marginalisation and exclusion of skilled migrant women in work and social spaces. However, the researchers only focused on two social categories (gender and foreignness), leaving out the influence other social categories such as ethnicity, age, and class could have on the women's experiences. The research did not address the coping mechanisms of the skilled migrants and how the migrants dealt with the situation.

Sang, Al-Dajani, and Özbilgin's (2013) study did not only focus on gender and the participant's experience at work but discussed how migrants overcome the challenges they face at work. The study focused on participants' career progression in a characteristically masculinised institution. The researchers analysed the participants' strategies for overcoming barriers and challenges in their careers. The findings revealed that the Intersectionality of two forms of otherness, being female and migrant, had more explanatory power than the Intersectionality of disadvantage. The main motivation for migrating to the UK was to pursue their careers, and the second reason was personal. All participants in the study reported feeling at home in the UK, not as strangers. The participants' careers had rapid progression by subscribing to the masculine career model, stating an example of a professor who worked throughout her pregnancy, even during labour. A few of the participants reported discrimination cases either on the grounds of migrant status or gender. However, the participants' multiple forms of

difference and otherness did not hinder their success. Though the study has some compelling findings, the research was conducted predominantly on white female migrants, who do not represent the experience of the African migrant. The participants were also privileged as academics occupy a position of relative privilege within Western countries. The job has very flexible working practices, which are different from other sectors, and the sector pay is reasonable enough to have access to financial resources. Lastly, the sample size in the Sang et al. (2013) study was small.

One might expect similar findings from the research conducted on participants of the same social class or skill level. However, Rodriguez and Surry's (2019) and Sang et al. (2013) study on skilled migrants showed how heterogeneous people's experiences could be. Their findings could be from the organisations or sectors used as case studies; the study by Rodriguez and Surry (2019) was conducted on migrants working in the oil and gas-based industry, while Sang et al. (2013) conducted their study on migrants working in business schools.

In an intersectionality study conducted by Netto et al. (2020), their research explored how structural factors interacted with multiple aspects of individuals' identity, such as gender, migrant identity, low-paid worker status, ethnicity, nationality, and age to influence the participant's work identity. The researchers described structural factors as constraints or enablement. Drawing on Tatli's (2011) work, they defined this factor as being located at the micro-level (individual), meso-level (organisation or household), or macro-level (national). Three forms of Intersectionality were explored: The first is intersections within different levels (micro, meso, and macro) of constraints and enablement at home and workplace; the second are intersections between the constraints and enablement in both spheres; the third is intersections between enabling and constraining structural factors and migrants' agency (the

progression-oriented identity work) in the workplace. The findings reveal that the participants' jobs did not match their qualifications. The results also indicate that despite the participants originating from different countries, micro-level structuring processes interact with the participants' migrant status. The finding also reveals the importance of the role of a manager in the migrant's career advancement by providing the migrants with informal homes. The findings also reveal that the intersection of gender, language, and age can hinder progression-oriented identity work. The most recurring theme in the participant narrative was the saliency of ethnic identity, nationality, or skin colour in undermining potential enablement, such as the recognition of competence or capability within the workplace. The limitation of the study was the failure to investigate similarities and differences between female and male migrants in different structural contexts to account for heterogeneity in terms of progression from low-paid work. It is compelling to examine whether skin colour plays a role in the experiences and opportunities of the migrant group.

2.14 Conclusion

Research on Nigerian female migrant health care workers has predominantly focused on medical doctors and nurses, excluding care workers (Aboderin, 2006; Healy & Oikelome, 2007; Edeh et al., 2021) or subcategorized Nigerians under African or Black Asian minority ethnic (BAME) migrants (Mamadi et al., 2009; Showers, 2015; Flahaux & De Haas, 2016). There is also a dearth of literature on the motivations of migrant care workers in England and, by extension, the Nigerian female migrant. Nevertheless, Nigeria being ranked number three in the non-British adult social care workforce (Skills for Care, 2021) and contributing a significant percentage of workers to the English care sector it is crucial to explore and understand the factors influencing Nigerian female migrants to migrate, their motivations to

work in the English care sector and their unique identity and experiences at work. On the latter critique this chapter therefore has become the supporting argument for this research study.

Understanding the concept of gendered migration is essential as more women move as independent or single migrants rather than wives, mothers, or daughters of male (Oishi, 2002: Pedraza, 1991: Duda-Mikulin, 2018). Although these studies revealed the challenges faced by migrant women when entering the labour market, the studies have not identified how the workplace or sector of the labour market shapes the women's experience.

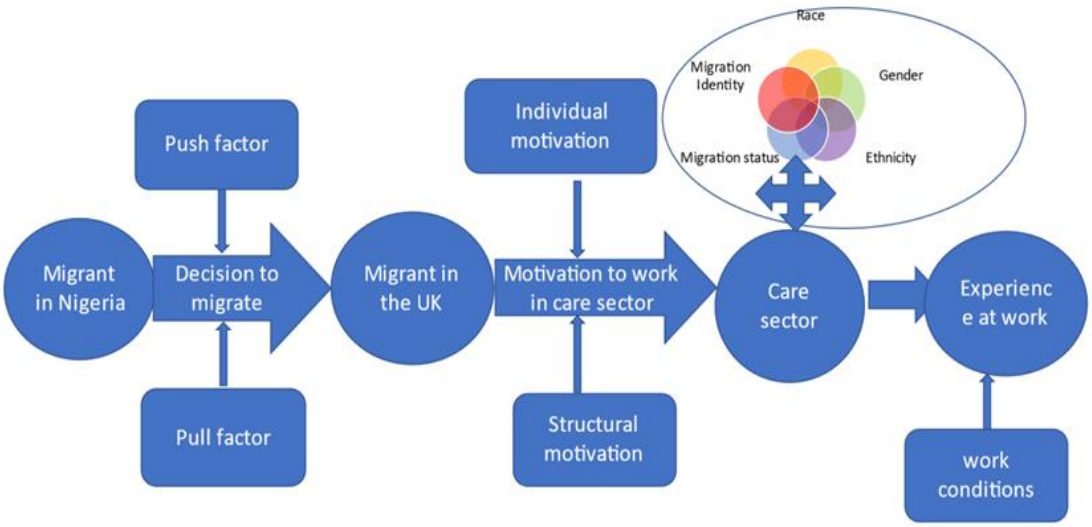
Having focused on the working experience in the labour market, it is crucial to understand the migrant's history in terms of their motivation to relocate from their country of origin to the destination country. Lee's (1996) thinking emphasises personal factors such as a person's education, family ties, and other factors that may encourage migration. Therefore, the push and pull theory is relevant to this study because it utilises labour as a factor for migration.

Migrant women's skills and qualifications are overwhelmingly under-valued in receiving countries, meaning they are frequently overqualified for their jobs and work in sectors outside their fields of expertise with low entry thresholds (Kofman, 2012) including the care sector. Studies since early 2000 on migrant employment in the UK has shown that industries such as hospitality, care work, domestic services, and cleaning are highly populated by migrant workers (Kofman et al, 2020) experiencing poor working conditions for example long and antisocial working hours, low pay, bullying, and harassment (Ruhs & Anderson, 2010). Compared to indigenous workers these migrant workers receive less training and have fewer advancement opportunities when compared to indigenous workers (Doyle & Timonen, 2019; Gordolan & Lalani, 2009). Using intersectionality as a 'lens' the subjects of migration and care

work overlap, but this intersection is rarely highlighted. From the literature reviewed regarding experiences of migrant women's working lives and their work conditions, it is evident that migrant women are highly disadvantaged and experience inequality at work.

This research adopted intersectionality sensitivity and critically reviewed the available literature on the micro-level and macro-level including social identity of the participants, employment policies, care policies, and the extent to which they impact the participants' lived and work experiences. This research has critically reviewed the available literature on migrant workers in the English care sector but there remains a gap. The factors that shape these experiences have not been fully explored, especially among the Nigerian female migrant care workers who are heavily concentrated in the English care sector. It is essential to understand their unique experience to improve staff retention in the English care sector. As such a theoretical framework was adopted consisting of factors derived from the critical literature review in Figure 2.2 below illustrating the research study factors and their linkages.

Figure 2.2: Theoretical Framework of Factors Influencing Nigerian Women's Experiences of Migration and English Care Work Sector Working Conditions Shaping of Multiple Intersecting Identities



Intersectionality as a critical framework will enable the researcher to conduct an empirical exploration of how social categorizations such as class, ethnicity, nationality, gender, and migrant identity intersect to create a unique set of work-related barriers for Nigerian female migrants in the English care sector. This is important since Intersectionality recognises that people possess multiple and layered identities, determined by their history, geographical locations, and social relations and will fulfil the aim of this study to critically understand the workplace experiences of Nigerian female migrant care workers employed in the English care sector, with a specific focus on understanding the impact of intersecting factors such as ethnicity, race, gender, and migration status.

Intersectionality as a critical framework will enable the researcher to conduct an empirical exploration of how social categorizations such as class, ethnicity, nationality, gender, and migrant identity intersect to create a unique set of work-related barriers for Nigerian female migrants in the English care sector. This is important since Intersectionality recognises that people possess multiple and layered identities, determined by their history, geographical locations, and social relations. These identities may be based on race, class, ethnicity, nationality, gender, sexuality, caste, religion, and migration status (Collins, 2015). Hence the next chapter presents the research methodology.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The critical review of the literature has highlighted a gap in the existing literature concerning the motivations and experiences of Nigerian female migrants working in the English care sector adopting an intersectionality lens to explore and explain how the confluence of factors, such as migration identity, race, ethnicity, and gender, collectively contributes to negative employment outcomes and unfavourable workplace experiences for female migrate workers as such an outline of the research aim, objectives and research questions are appropriate.

The Research Aim:

The research aim is to explore and critically understand the workplace experiences of Nigerian female migrant care workers employed in the English care sector, with a specific focus on understanding the impact of intersecting factors such as ethnicity, race, gender, and migration status.

The Research Objectives are:

1. To collect primary data from Nigerian female migrant care workers in the United Kingdom via a qualitative method that explores the motivations that lead Nigerian female migrants to choose employment in the English care sector.

2.To analyse the structural and individual factors that influence the decision-making process of Nigerian female migrant care workers in pursuing careers in the care sector.

3. To explore the role of intersectionality, encompassing migration identity, race, ethnicity, and gender, in shaping the work experiences of Nigerian female migrant care workers.

4.To improve our understanding of the broader implications of the intersectionality of ethnicity, race, gender, and migration status within the context of labour migration and social justice.

5. To analyse the data and contribute to the literature on migrant workers' work experiences and the employment relationship.

6. To make recommendations to HR policies and practices that will reduce the barriers and challenges the Migrants women face at work and their wellbeing.

7. To call for the acknowledgment and awareness of policymakers, care and service practitioners, and academics on the heterogeneity of migrant care workers.

The Research Questions are:

1. What are the pull and push factors motivating migration to the UK?

2. What are the motivations that drive Nigerian female migrants to seek employment in the English care sector?

3. What are the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector, and how are these experiences shaped by their intersectional identities?

4. What are the specific workplace conditions and challenges encountered by Nigerian female migrant care workers in these different care settings, including issues related to employment, discrimination, and work environment?

5. How do the intersectional identities of Nigerian female migrant care workers, including their ethnicity, race, gender, and migration status, influence their work experiences and the challenges they face in the English care sector?

These research questions encompass a comprehensive exploration of the experiences of Nigerian female migrant care workers, their motivations, workplace challenges, and the influence of their intersecting identities.

This chapter discusses in detail the methodological choice and the research design process of the study. The first section includes a critical review and discussion of research philosophy and assumptions. It goes on to identify and justify the reliance of the choice of adopted philosophical stance to guide the methodological choice. More, specifically, it explains why exploratory research approach is considered appropriate for this research study.

This is followed by a discussion of the research approach, methodological choice, research strategy, techniques, and procedure used to explore the work experiences of Nigerian female care workers working in England. Therefore, the chapter has set out the procedures for the qualitative approach to collect, analyse data, and report findings. In addition, there is an explanation of the approaches implemented to enhance the validity and reliability of the study. Finally, the chapter defines procedural issues of the research and considerations of ethical issues.

3.2 Research Philosophy and Assumptions

Research philosophy has been referred to in various ways by a range of scholars. Guba (1990) referred to it as 'world views', meaning "a basic set of beliefs that guide action, Lincoln, Lynham and Guba (2011) and Mertens (2010) called it a paradigm and Neuman (2009)

referred to research philosophy as epistemologies. It is also a general philosophical orientation about the world and the research nature that a researcher brings to a study (Creswell, 2014). It is a system of beliefs and assumptions about the development of knowledge. In simpler terms, it means developing knowledge in a specific field. However, this is not only limited to creating new theory; research philosophy involves answering a particular problem in a specific organisation (Saunders et al., 2016).

Research philosophies are influenced by the researcher's discipline, orientation, the student supervisor/advisor's inclinations, and past research experiences. These factors determine what type of research approach the researcher will adopt in their study (Creswell, 2014). Easterby-Smith et al. (2004) also argued that understanding philosophical issues is critical as they help to clarify the research design to be selected. Benton and Craib (2001) argued that research philosophy provides 'foundations' for the research done by particular scientific specialists. Easterby-Smith et al. (2002) emphasise the need for researchers to associate the research philosophy and choice of research method as research philosophy allows researchers to have a more informed decision about the research approach, decide which strategies are appropriate to be adopted, and consider the constraints of the adopted methods.

At every stage of research, a researcher will often make assumptions. These assumptions include (i) assumption about human knowledge, which is the epistemological (related to the philosophical study of how we know things). assumption, (ii) assumptions about the realities been encountered in one's research, which is the ontological (related to philosophical study of being in general, or of what applies impartially to everything that is real) assumption, and (iii) the extent and ways their values influence their research process, the axiological (relating

to the study of the nature, types, and criteria of values and of value judgments particularly in ethics) assumption. It is important to know that these assumptions shape how the researcher understands the research questions, the methodology, and the interpretation of their findings (Crotty, 1998).

Choosing the strategies and methods to be adopted in research is a complex process. There are numerous choices to select from, and there are slight variations between each one. Different authors use various terms and categories to describe the research philosophy or tradition, as they are not mutually exclusive. There is no definitive way to categorise them, and definitions often overlap. (List, 2005; Miles & Huberman, 1994; Patton, 2002). There is a lack of clarity in the various groupings of research philosophy. Creswell (2016) referred to it as 'the philosophical word view', and he listed four philosophical worldviews which are: post-positivist, constructionist, transformative, and pragmatic. Saunders et al. (2016) cited five major philosophies in business and management: positivism, critical realism, interpretivism, postmodernism, and pragmatism. Crotty (1998) proposed '5 perspectives', Schwandt (1994) proposed '3 epistemological stances', Denzin and Lincoln (2000) proposed '7 paradigms/theories', and Patton (2002) proposed '16 theoretical traditions' (Noordin & Masrek, 2016), all pertaining to research philosophy.

This research adopted Heidegger's Interpretive Phenomenology as the researcher agrees with the Heidegger's argument that interpretation is not a choice but an integral aspect of research. Interpretivism considers differences such as cultures, circumstances, as well as times leading to development of different individual and subjective social realities and interpretation of the human experience is the focus of this study.

3.2.1 Interpretivism: Explanation and Discussion

This philosophy emerged as a critique of positivism by focusing on the subjective perspective (Saunders et al., 2016). Crotty (1998) stated it was developed to understand and explain human and social reality; the interpretivist approach 'looks for culturally derived and historically situated interpretations of the social lifeworld. Husserl promoted the concept of lifeworld in his challenge to positivism and argued for a more wide-ranging theory of knowledge of "the phenomenology of the experiences of thinking and knowing" (Moran, 2020).

Interpretivist studies advocate that humans are different from physical phenomena because they create meaning (Saunders et al., 2016). The approach focuses on examining personal lived experience, the meaning of experience to participants, and how participants make sense of that experience. Different authors refer to it by other names; Robson (2002) referred to it as a relativist, naturalistic or constructivist approach, and Creswell (2014) combined it with constructivism or social constructivism.

Interpretivism aims to understand subjective experiences, and this includes thinking, feelings, and actions related to what is being studied in their natural context and enlightening people's everyday life experiences (Taylor, 2006). It has three primary theoretical underpinnings: phenomenology, hermeneutics, and idiography (Smith, 2010). Saunders et al. (2016) referred to this as different strands of interpretivism, and in practice, they have a slightly different emphasis on how to do things. They also included symbolic interactionism as part of the theoretical underpinnings. The phenomenologist studies existence and focuses on the participant's lived experience, while the hermeneuticist focuses on studying cultural artefacts

such as texts, symbols, stories, and images. Symbolic interactionists see meaning as something that emerges out of interactions between people and so focus on the observation and analysis of social interaction such as conversation, meetings, and teamwork, while the aim of the idiographic approach is an in-depth focus on the particular and commitment to detailed finely textured analysis (Smith, 2004).

The goal of phenomenological enquiry is to describe a lived experience fully. It stresses that only those who have experienced phenomena can communicate them to the outside world (Todres & Holloway, 2004), and answer questions of meaning in understanding and experience from those who have experienced it. Table 3.1 below shows the assumption of the Interpretivist Paradigm.

Table 3.1 Assumptions of Interpretivist Paradigm

	Interpretivist Paradigm
Nature of reality	Socially constructed, multiple realities exist
Goal of research	Understanding the phenomenon, little or weak prediction
Focus of interest	What is specific, unique, or deviant
Knowledge generated	Meaning is relative (time, context, culture, and value bound)
Research participant/research relationship	Interactive, cooperative, participative
Desired information	What some people think and do, what kind of problems they are confronted with, and how they deal with them

An interpretive phenomenological approach is appropriate to answer the research questions and the aim of this study, as phenomenology is the philosophical movement concerned with lived experiences (Smith, 2010). Furthermore, the interpretative phenomenological analysis focuses on the detailed examination of personal lived experience, the meaning of experience to participants, and how participants make sense of that experience. This philosophical stance is also selected because it will allow the researcher to balance the convergence and divergence with the sample and not just present both shared themes but also point to how these themes play out for individuals (Smith, 2011). Table 3.2 below demonstrates how the interpretative approach is applied to this research.

Table 3.2 Applying interpretative approach to this research work

Component	Description
Aim of the research	Explore and have a deeper understanding of the work experiences of Nigerian female migrant care workers in the English care sector and their working relationships with the actors within their workplace
Ontology (nature of reality)	Reality is constructed based on Nigerian women migrants' interaction with their service users, colleagues and mangers at workplace in the UK care sector. The socially constructed reality is resulting from the work experience based on Nigerian migrant care workers' knowledge, views, interpretations of their experiences working in the care sector as a migrant workers. Multiple realities exist, that is, the reality is relative to the interviewee.
Epistemology (what is known)	Nigerian women working in the care sector were active in the research process and were able to socially construct knowledge of their work experience based on their first-hand experience. The Nigerian migrant women working in the care sector and the researcher were co-producers of knowledge, based on their active and participative interaction during the research process.

	The work experience of Nigerian women was understood and recounted through mental processes influenced by the social context of being a migrant in the UK.
Methodology (methods used to find out knowledge generated	Data was collected through semi-structured interviews with Nigerian migrant women working in the care sector Reflexive account of the researcher on the research process Research interpretation is influenced by the theoretical perspective of the researcher.

Table 3.2. above shows the process of adopting the interpretivist paradigm of social inquiry by accepting the subjectivist nature of knowledge, the relativist nature of reality, and by using the naturalist method (i.e., semi-structured interview) (Denzin & Lincoln, 2008) in exploring how Nigerian female migrant describes her work experience in the English care sector. In context, a combination of individual characteristics could affect how women socially constructed and recounted their experiences. Individual culture and traditions influence their understanding of an experience (Gill,2014). The following section will discuss the research approach.

3.3 Identifying and Justifying the Research Approach for this Study

The research approach is used to identify the best way of understanding the nature of the problem and conducting a research study. There are three research approaches; deductive, inductive, and abductive approaches (Saunders et al., 2016). This section addresses the decisions that the researcher must make in choosing the research approach that allows them to answer their research questions, how the literature is used, how intent is focussed, how data are collected, how data are analysed, and how data are validated.

In deductive theory, the researcher starts with a theory that is mostly developed while reading academic literature and then designs a research strategy to test the theory (Saunders et al., 2016). Deductive analyses are set to test whether data are consistent with prior assumptions, theories, or hypotheses identified or constructed by an investigator (Thomas, 2006). Based on what is known about a particular domain and theoretical considerations concerning that domain, the researcher deduces a hypothesis that must be rigorously tested and subjected to empirical scrutiny (Bryman & Bell, 2003). Saunders et al. (2016) explained the characteristics of deductive theory. The first characteristic is the search to explain the causal relationship between concepts and variables. The second characteristic is that the research uses a highly structured methodology to facilitate replication while ensuring reliability is very important. The third characteristic is that the concepts need to be operationalised to allow a fact to be measured quantitatively. The fourth is reductionism, and the last characteristic is generalisation.

In the inductive approach, the researcher often starts with an area of study and allows the theory to emerge from the data (Strauss & Corbin, 1998). Saunders et al. (2016) expanded on this and stated that the researcher starts by collecting data to explore a phenomenon and generate or build a theory that is often expressed in a conceptual framework. The primary purpose of the inductive approach is to allow research findings to emerge from the frequent, dominant, or significant themes inherent in raw data without the restraints imposed by structured methodologies (Thomas, 2006).

The inductive approach allows the researcher to understand how humans interpret their social world, and it is also a less structured approach that is useful in explaining the social

world. Since the inductive approach focuses on the context in which events occur, a small subject sample is more appropriate than a large sample size (Saunders et al., 2016).

The abductive approach begins with a surprising fact being observed (Ketokivi & Mantere, 2010), and this startling fact is the conclusion rather than a premise. The researcher starts by collecting data to explore a phenomenon, identify themes and explain patterns, and generate a new or modify an existing theory that is tested through collecting additional data. (Saunders et al. 2016). The researcher moves back and forth from data to theory/ theory to data, more like combining deduction and induction (Suddaby, 2006). Figure 3.2 below includes a summary illustration of the three different approaches to theory development – deductive, inductive and abductive; from reason to research (Saunders, 2009: p. 145).

Table 3.3 Deductive, inductive and abductive approaches to research: from reason to research

	Deductive	**Inductive**	**Abductive**
Logic	In a deductive inference, When the premises are true The conclusion must be also true	In an inductive inference, known premises are used to generate untested conclusions	In an abductive inference, known premises are used to generate testable Conclusions
Generalisability	Generalising from the general to the specific	Generalising from the specific to the general	Generalising from the interactions between the specific and the general
Use of data	Data collection is used to evaluate proposition or hypotheses related to an existing theory	Data collection is used to explore a phenomenon, identify themes and patterns and create a conceptual framework	Data collection is used to explore a phenomenon, identify themes and patterns, locate these in a conceptual framework and test this through Subsequent data collection and so forth

Theory	Theory falsification or verification	Theory generation and building	Theory generation or modification; incorporating existing theory where appropriate, to build new theory or modify existing theory

Source: Saunders et al. (2009{ p. 145)

3.3.1 Justification for adopting Inductive approach

This study adopted the inductive approach as this study does not aim to test a hypothesis. This study selected the inductive approach to enable the researcher to explore and understand how the Nigerian females working in the English care sector create meaning in their work experience. In the inductive approach, the researcher often starts with an area of study and allows the theory to emerge from the data (Strauss and Corbin, 1998) from the frequent, dominant, or significant themes inherent in the raw data, without the restraints imposed by structured methodologies (Thomas, 2006).

The researcher used an inductive approach in data analysis as several writers (Potter & Wetherall, 2002; Leiblich, 1998; Ezzy, 2002; Pope, Ziebland & Mays, 2000; Silverman, 2000) have deemed this most appropriate for understanding meanings and context of the participants‘ behaviour, and for exploring their complex experiences, attitudes, values, perceptions, and observations about their work. During the first phase of data analysis, an inductive emic approach was applied to provide a systematic and rigorous framework for data analysis beginning with individual cases from incidents in the data, developing progressively more abstract. The following section will discuss the methodological choice.

3.4 Methodological Choice

Quantitative research employs experimental methods and quantitative measures to test critically hypothetical generalisations (Hoepfl, 1997). It focuses on comprehensive theory testing rather than theory generation. (Siti & Mohamad 2016). It has an objective, quantitative, and statically valid orientation because it employs quantitative measures (Golafshani, 2003). It entails a deductive approach to the relationship between theory and research, in which the accent is placed on the testing of theories (Bryman & Bell, 2003). The main objective of quantitative research is to draw generalisations that allow researchers to predict and explain a phenomenon, and the hypotheses are tested in a cause-effect relationship (Siti & Mohamad, 2016).

Qualitative research is defined by Holloway (1997) as a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world, they live in. Woods and Trexler (1999) also referred to qualitative research as an attempt to capture an in-depth understanding of the world being investigated. The term qualitative research is also used synonymously for research associated with the interpretivist paradigms. Qualitative research is concerned with meaning: how an individual makes sense of the world, how an event is experienced, and what meaning is attributed to phenomena. Researchers are mainly preoccupied with the quality of experience rather than causal relationships.

Furthermore, qualitative research aims to provide a richly descriptive account of the phenomenon being investigated. Qualitative researchers often collect data in a naturalistic setting, and at the analysis process stage, both participants' and researchers' interpretation of phenomena is considered and is a useful tool to use when confronted with a difficult

process or event that the quantitative cannot study. Furthermore, it is only through this qualitative approach that an in-depth scenario can be obtained since it is often associated with the interpretive paradigms, the selected research philosophy for this study.

Saunders et al. (2016) listed the characteristics of qualitative research; it studies participants' meaning and the relationship between them, using a variety of data collection techniques and analytical procedures to develop a conceptual framework and theoretical contribution. Its second characteristic is that the data collection is non-standardised, allowing the altering and emerging of questions and procedures during the research process that is both naturalistic and interactive.

A discussion on the differences between quantitative and qualitative research has been undertaken drawn upon research literatures with differences in characteristics of these two displayed in Table 3.4 Below. Table 3.4 shows the set of characteristics of each approach, which lead to a different nature of data collection, analysis and findings.

Table 3.4 Difference between the Qualitative and Quantitative Research Approach

Quantitative	Qualitative
It is based on positivist paradigm, where basic belief is that the world is external and objective while the observer is independent.	It is based on the interpretivist paradigm, where beliefs are socially constructed and subjective while the observer is considered. as part of what is observed
Researchers focus on facts and search for causality and fundamental laws	Researchers focus on meanings and try. to interpret what is happening.
It seeks to describe the general characteristics of a population, and to disregard detail	Seeks to provide conclusions with explanations to particulars of every case
One reality – focus is concise and narrow	Multiple realities – focus is complex. and broad
Formulate hypotheses and test them.	Develop ideas through induction from Data

Uses instruments, such as questionnaires scales, tests and surveys with structured questions	Uses instruments such as interviews, observations as well as documents and open ended less structured question
Might draw a large and representative. sample from the population of interest, measure the behaviour of and characteristics. of that sample and attempt to construct Generalisations.	Sample size is not a concern; seek informal rich sample

Source: Noordin and Masrek (2016)

For example, in terms of data collection in quantitative method the instruments are in the form of scales, tests, surveys, and questionnaires whereas for qualitative method, data are collected using interviews, open ended less structured questions, observations and documents. However, which approach a researcher should follow in conducting research are determined by the aims and objectives and research questions.

3.4.1 Justification for Adopting Qualitative Research

Qualitative research has been selected because it allows the researcher to capture in-depth and rich detail of the experiences of Nigerian migrant care workers. Since the focus of this research is to understand the work experience of Nigerian migrant care workers and since qualitative data mainly focuses on people's lived experiences; both foci are considered to be fundamentally well suited for locating the meaning people place on the events, processes, and structures of their lives: their perceptions, assumptions, prejudgement, presuppositions and for connecting these meaning to the social world around them (Van Manen, 1977). It is not the intention of the researcher to predict; in fact, there is no interest in making broad claims. What matters for the researcher is to determine the features surrounding the social phenomenon to understand it and not control or manipulate it.

3.5 Sampling: Justification for Adopting Purposive Sampling and Snowball Method

The Nigerian female migrant care workers were selected as the sample for this research. The migrant workers comprise a growing proportion of the social care workforce in the UK (Cangiano et al. 2009). This reliance on migrant labour is evident in the provision of care for older people across western welfare states (e.g., Anderson 2000; Williams & Gavanas, 2008). The research on migrant carers is still in its infancy. Previous researchers that examined the experiences of externally sourced carers through the lens of a single nationality include Parren˜as (2000); the experiences of Filipino carers in Italy and the United States, and McGregor (2007); the experiences of Zimbabwean care workers in the United Kingdom. Yeoh and Huang (2000) conducted multinational studies on Filipino, Indonesian and Sri Lankan carers in Singapore, while Doyle and Timonen (2009) conducted a multicultural study on Africa, South Asian and Europeans carers in Ireland.

The rationale for focusing on Nigerian female migrant care worker is due to the scarcity of research specifically addressing the experiences of Nigerian female migrant care workers in the UK, especially within the context of intersectionality. Most studies on migrant care workers tend to be more generalized and lack a specific focus on this demographic. Most research that exists on Nigerian migrants are on doctors and nurses.

It is important to know that Nigerian migrants constitute a significant percentage of workers in the UK Adult care sector. Nigeria is listed as number four in the top ten nationalities of the non-British adult social care workforce. (Skills for care, 2021). Therefore, it is important to explore the unique identity, lived and work experiences of this particular team of workers in

the adult care sector. This study also focuses on women because there is a gender imbalance in the care workforce. According to the report on the overview of adult social care workforce demographics 2020/2021, the adult social care workforce was 82% female and 18% male, which shows a larger percentage of women working in the adult care sector. This study targeted Nigerian female migrants working in the domiciliary, residential, nursing, and hospital care sector in England. The researcher recruited participants using a purposive sample and a snowball technique.

3.5.1 Purposive Sampling

Silverman (2014) has commented that there is little reason in attempting random or probability sampling with qualitative research studies. The people, settings, or text we choose to include in qualitative studies will be chosen purposively, often because they represent typical cases or extreme cases or a range of cases to achieve as much variation as is possible. Therefore, those such as Patton (2002) and Silverman (2013) have replaced the words random or probability sampling with the words purposively. This substitution is careful, deliberate, and central to this discussion. Patton (2002) has commented, "…purposeful sampling is one of the core distinguishing elements of qualitative inquiry." (p. 272). As such, qualitative researchers have to disconnect with the positivist idea that randomness and representativeness are universally important to all sampling strategies and engage with a new way of thinking about sampling in their qualitative projects and the role it plays (Guetterman, 2015).

Patton (2002) argues that "The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one

can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term purposeful sampling. Studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations." (p. 273). Likewise, Guetterman (2015) states that the qualitative researcher's focus is to "…explain, describe, and interpret…" thus "…sampling is not a matter of representative opinions, but a matter of information richness." (p. 3). Patton and Guetterman are replacing empirical generalizations with insights, in-depth understanding, and information richness because the central goals of inquiry are different.

Emmel (2013) states, "…cases are chosen because they contribute to creatively solving the puzzle under investigation and present as convincing a case as can be mustered with the resources to hand." (p. 141). The underlying rationale in qualitative sampling depends on the type of research, the purpose of the research, the aims and questions being asked. (Silverman, 2013). Yin (2011) reminds us that purposive sampling refers to strategies "…in which the researcher exercises his or her judgement about who will provide the best perspective on the phenomenon of interest, and then intentionally invites those specific perspectives into the study." (p. 538). Yin (2011) adds, "the goal or purpose for selecting the specific study units is to have those that will yield the most relevant and plentiful data, given the topic of study" and the selection includes the broadest range of perspectives possible (p. 88).

This is based on the researcher's judgement to select cases that will enable the research to best answer the research questions and meet the objectives set (Saunders et al., 2016). Furthermore, the cases in purposive sampling are carefully considered, and only those participants who can most benefit from the study are recruited. The topic should be something that matters to the participants, who are selected purposely precisely because they can offer a valuable perspective on the topic at hand (Yin, 2011). This means that samples

in Interpretive phenomenological analysis are usually reasonably homogeneous; participants tend to have a good understanding of the topic at hand. Typically, this understanding is experiential. Interpretive phenomenological analysis is not usually used to study people's attitudes to issues that are of no direct relevance to their lives (Silverman, 2014).

3.5.2 Snowballing Method: Influence on Access and Selection of Sample

One main challenge of qualitative research is selecting the samples, determining the sufficient sample size, and explaining the sampling procedure. The Snowball sampling technique is used where participants are difficult to locate or hard to reach (Sargeant & Faugier, 1997). In addition, there is a wealth of related sampling terms and concepts, such as chain, referral, link-tracing, respondent-driven and purposive sampling (Patton, 1990). Therefore, snowball sampling is a convenience sampling method applied when it is difficult to access subjects with the target characteristics. In this method, the existing study subjects recruit future subjects among their acquaintances and sampling continues until data saturation (Denzin & Lincoln, 2005). This snowball sampling method is efficient and cost effective to access people who would otherwise be very difficult to find (Abrams, 2010).

A sampling procedure may be defined as snowball sampling when the researcher accesses informants through contact information that is provided by other informants. This process is, by necessity, repetitive: informants refer the researcher to other informants, who are contacted by the researcher and then refer her or him to yet other informants. Hence this has an evolving ‘snowball’ effect, which is captured in a metaphor that touches on the central quality of this sampling procedure which is its accumulative dimension (Denzin & Lincoln, 2005). Snowball sampling is arguably the most widely employed method of sampling in

qualitative research in various disciplines across the social sciences (Silverman, 2014). It is sometimes used as the main vehicle through which informants are accessed, or as an auxiliary plan, which assists researchers in enriching sampling clusters, and accessing new participants and social groups when other contact avenues have dried up (Emmel, 2013).

The snowball method provided the researcher with the opportunity to communicate better with the samples, as they are acquaintances of the first sample, and the first sample is linked to the researcher. This type of recruitment networking was particularly useful for finding people who are not willing to reveal themselves (Bonisteel, et al., 2021). Although some may argue that snowball sampling may be less reliant on a reference sample, it is still a suitable method to find unattainable groups and populations (Robson & McCurtan, 2016). For example, when the research is aimed at a group of Nigerian female migrant social care workers the first group of samples did lead to other samples; thus, the study sample did grow like a rolling snowball. Generally, snowball sampling is a gradual process, and time influences the selection of samples. Sampling usually continues until data saturation (Cresswell, 2012. Although, convenience sampling is referred to by some commentators as the weakest method of sampling the risk of bias is low when the population is homogeneous in terms of the target characteristic under question, whereas in nonhomogeneous populations, this method of sampling has a higher risk of error (Denzin & Lincoln, 2005).

In numerous studies snowball sampling is often employed as a particularly effective tool when trying to obtain information on and access to hidden populations (Bonisteel, et al., 2021). In all these studies, however, snowball sampling is employed instrumentally, as a safety net or a fall-back alternative, when other means of obtaining information are not feasible (Bonisteel, et al., 2021). Yet snowball sampling is a particularly informative procedure, which deserves to

be employed on its own right and merit, and not as a default option (Denzin & Lincoln, 2005). When employed in the study of social systems and networks, this sampling method delivers a unique type of knowledge (Sargeant & Faugier, 1997).

3.6 Study Population and Sample: Process of Recruitment and Access

The rationale for choosing Nigerian female migrants working across the diverse English care sector is to enable the research to have a more comprehensive understanding of the experiences of Nigerian female migrant care workers within the English care sector settings. As each setting presents unique challenges, dynamics, and working conditions, and studying a diverse range of settings ensures that a broader spectrum of experiences is captured.

The second rationale for focusing on the diverse English care sector is to avoid a one-size-fits-all perspective. As a diverse sample represents the realities of Nigerian female migrant care workers more accurately. It acknowledges that this group is not monolithic and that their experiences can vary significantly based on the specific care setting in which they are employed.

The third rationale for focusing on the diverse English care sector is the fact that various types of care settings have distinct contextual factors that can influence the experiences of care workers. For example, the work environment in a hospital differs from that in a nursing home or domiciliary care. By exploring these differences, the research can provide context-specific insights.

3.6.1 Influence on Access and Recruitment: Difficulties encountered while recruiting participants to the study.

Preparing a detailed recruitment plan can be challenging because it is predicated on the reactions of others; yet preparation for recruitment is essential. Being familiar with the population under study is also important in understanding the cultural, social, political, and economic factors underpinning the migrant worker status and also ascertaining access to the population of Nigerian women care workers for the empirical research phase. However, despite the considerable number of Nigerian women migrant care workers in England and ever-present presence in everyday life of English towns and cities, drawing a systematic sample from this population involves considerable challenges which require discussion.

Many of the residential care workers approached were reluctant to speak fearful of recriminations but with reassurance of confidentiality and anonymity they provided some details of why they refused to participate in the research study. Lack of support at work from management and co-workers although crucial is not always offered, where the migrant care workers experienced having to tolerate racism, exploitation and working long hours (Hussein et al., 2012). Many of these Nigerian women migrant care workers as part of the global care chain from Nigeria, have had to leave their families behind finding themselves lacking the benefit of their familial supportive networks in the UK to help them relieve the stressful workload which was supported by the findings of Hussein et al., (2011). stated due to the restrictive migration policies, these women also reported strain from family expectations and managing their own caring arrangements can put further pressure on the women, also

increasing their vulnerability to exploitation or limiting their opportunities for career advancement.

Some highlighted that Nigerian migrant women care workers were vulnerable to isolation, emotional challenges, gendered risks of abuse, and unfair treatment. Shutes (2012) found that these experiences are created by the structural combination of personalisation and care work organisation. Some of the women also fear if they participate in research, they will face unfair treatment and risk losing their permanent work and income status due to not threat of irregular employment practices operating in the social care sector.

Another small and hidden Nigerian women migrant group who were approached were live-in care workers which although small is a significant segment of the home care market in the UK. The researcher advised the women that their reasons for non-participation would be treated with strict confidentiality and their identity would remain anonymous. The women who declined to participate disclosed their main reasons for not participating in the study was a fear of repercussions as they had been recruited directly from abroad but declined to provide details. Bolton, and Townson (2018) research supports these anecdotal claims arguing that there has been a rapid spread of introductory agencies and disruptive technologies and “uber-style” technology platforms that connect people who use services directly to those who provide them. They highlight the implications for worker and user rights and liability of disruptive technologies arguing these are insecure and precarious employment practices faced by migrant workers. Ravalier et al., (2019) also state that nearly half of the home care workforce in England are on a zero-hour contract, which is highest rate within the social care sector. These migrant women home care workers on zero-hour contracts experience additional stress.

Those women approached who also worked in the domiciliary or home care sector represent nearly half of social care jobs and workforce. The Nigerian migrant women care workers who declined to participate stated that they had little time to dedicate to the interviews and had concerns that their employers would dismiss them. In addition, the Nigerian migrant women care workers felt that their distinct features create additional stress on them because of limited opportunities for a career progression. Denton et al. (2002) supports these claims as over half of the domiciliary care workforce in England have no care related qualifications which is higher than any other social care sector. The Nigerian migrant women also feel isolated as they provide care in the clients' homes, and often work alone and thus have less organisational, peer support and access to union representation than those working in residential settings which has also been reported by Denton et al. (2002).

Plans to gain access to hospital care workers HR and Trade Union representatives to participate in the research study were implemented during the COVID-19 pandemic demanding flexible strategies including snowball sampling, approaching pro-migrant care organisations and community-based local information services. The strategies were qualitatively appraised around feasibility during lockdown periods; speed of recruitment; geographical coverage; sample diversity; ethical considerations; and time factors. Engaging participants in the research study including Nigerian women migrant workers in hospitals and domiciliary care sectors and in particular Care Home HR and Trade Unions samples during the pandemic proved difficult and required constantly adapting recruitment strategies and relying on attempts to promote alternative strategies that were only Internet-based. Other recruitment barriers were related to the characteristics of potential participants such as fear of being exposed or stigmatized, challenges in understanding the study's purpose, cultural

beliefs about and mistrust of research, low literacy and communication skills, and limited access to the Internet and the perception that the research would not benefit the individual or community. In addition, people often had limited time, and lack of childcare.

The literature relating to recruitment difficulties in qualitative research (Bonisteel et al., 2021), are limited. Barriers to participate in research have received some attention in the literature, but such accounts of barriers are largely anecdotal and from the perspective of the researcher (Sargeant & Faugier, 1997). There appears to be a scarcity of literature on why individuals do not volunteer for research, from their own viewpoint.

3.6.2 Population and Participant Sample: Exclusion and Inclusion criteria

Establishing inclusion and exclusion criteria for study participants is a standard, required practice when designing research procedures. Inclusion criteria are defined as the key features of the target population that the researcher will use to answer their research questions. Inclusion and exclusion criteria determine members of the target population can or cannot participate in a research study and together are known as eligibility criteria and verifying them is critical when selecting study participants. The inclusion criteria were Nigerian female migrants working in the English care sector. It was necessary that Nigerian women care workers had migrated to England and were not born in England. Those Nigerian care workers working in the childcare sector were not included in the study, and men care workers were also not included in the study.

The researcher initially planned to conduct 40 interviews with care workers working across the English care sector and 10 interviews with the trade union representatives, but the plans were altered as the researchers faced some major challenges which impacted the sample size

to 20 care workers. The major challenge faced was the difficulty in accessing this group of workers who worked long shifts and odd hours and the little time they had was to rest and spend with their families (Sargeant & Faugier, 1997; Bonisteel, et al., 2021). Another major challenge was that the data were collected during the COVID period, and the country was on lockdown and people were less interested in doing an interview and this also made access to the trade union representatives difficult which massively affected the sample size.

The question remains: how many you need in the sample within the realm of qualitative methodologies. Some scholars have provided a number, or at least have given a range, for guidance. For example, the popular textbook author, Creswell (2012) offers numerical ranges of 20-30 for grounded theory but only 1-2 for narrative analysis (Guetterman, 2015: 4). Jan Morse, long serving editor of Qualitative Health Research, recommended 30–50 for ethnography or grounded theory but a few as 6 to "understand the essence of an experience." (Guetterman, 2015: 4). However, qualitative studies often use a small sample size, and the qualitative sample size is determined by the scope of the study, the nature of the topic, the amount of useful information obtained from the participants, the use of shadowed data, and the qualitative method and research design used (Morse, 2000). Saunders et al. (2016) suggested that for a general study, the researcher should expect between 5-30 interviews. The researcher conducted 20 interviews and stopped since the saturation point had been reached. The summary of the characteristics of the participants are shown in Table 3.5 below.

Table 3.5: Summary of the characteristics of participants

Participant Code	Marital Status	Level of Qualification	Years of experience	Migration Year	Contract	Care sector	Job title/ position	Audio/note

1	Single with 3 children	Low/ O-level	7	2009	Permanent	Domiciliary	Senior Health Care Assistant	Audio
2	Married with 2 children	Low/ A-Level	2	2016	Permanent	Domiciliary	Health Care Assistant	Audio
3	Married with 3 children	High/ BSc	7	2006	Agency staff	Domiciliary Nursing and Care home	Health Care Assistant	Audio
4	Married with 1 child	Low/ Diploma	6	2006	Permanent	Care Home	Health care assistant	Audio
5	Married with 1 child	High/ BSc & Masters	4	2014	Permanent	Care Home	Senior Health Care Assistant	Audo
6	Married with 2 children	Low/ A-Level	8	2007	Permanent/Bank staff	NHS and Care Home	Health Care Assistant	Audio
7	Married with 2 children	High/BSc & Masters	6	2010	Permanent	NHS	Nursing Health Care Assistant	Audio
8	Single	Low/ Diploma	5	2009	Permanent	NHS	Clinical Health Assistant	Audio
9	Married with 2 children	High/ BSc	1 year	2004	permanent	Care Home	Health Care Assistant	Audio
10	Married with 3 children	Low/ O-Level	3	2008	Agency	Nursing Home	Health Care Assistant	Audio
11	Married with 2 children	High/ BSc & Master	6	1996	NHS professional	Hospital	Health Care Assistant	Audio
12	Married with 4 children	Low/ Diploma	10	2007	Agency staff	Care Home domiciliary	Health Care Assistant	Note
13	Married	High/ BSc & Masters	2	2006	Agency staff	Domiciliary	Health Care Assistant	Note
14	single	High B.Sc.	1	2008	NHS professional	Hospital	Health Care Assistant	Audio
15	Married with 3 children	High/ BSc	3	2	permanent	Care Home	Health Care Assistant	Audio
16	Married with 4 children	Low/ OND	8	2007	Permanent / NHS professional	Care Home and Hospital	Health Care Assistant	Note
17	Single	High BSc	3	2008	NHS professional	Hospital	Health Care Assistant	Audio
18	Married with 2 children	High/ BSc & Master	3	2015	Agency staff	Care Home	Health Care Assistant	Audio
19	Married with 2 children	High/BSc	5	2014	permanent	Care Home	Health Care Assistant	Audio
20	Single	High BSc & Masters	4	2017	Agency staff	Care Home	Health Care Assistant	Audio

Table Abbreviations: BSc, Bachelor of Science; Master, Postgraduate Degree; O-Level, Ordinary Level; A-Level, Advanced Level; OND, Ordinary National Diploma=A-Levels. (https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels).

Based on the critical review of the research literature in this study, the researcher adopted the snowball sampling technique and recruitment plan because participants were scattered throughout England. Also, the researcher knew only a few Nigerian care workers, of whom it was asked to suggest other potential participants from their colleagues at work, family members, and friends. The researcher was deliberate and thoughtful in the selection of research participants, and only the participants that possessed specific characteristics or attributes that align with the research objectives and questions were interviewed.

3.7 Qualitative Data Collection Technique and Data Analysis

Qualitative research studies are designed to provide the researcher with the means of understanding a phenomenon by observing or interacting with the participants of the study (Denzin & Lincoln, 2008). Therefore, qualitative researchers are interested in exploring and/or explaining phenomenon as they occur in the natural setting. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2008; Robson, 2016; Yin, 2011). One of the greatest strengths of qualitative methods is that they have the potential to generate rich descriptions of the participants' thought processes and tend to focus on reasons "why" a phenomenon has occurred (Creswell, 2003).

It is important to decide which method is appropriate for data collection for the study. It enables the researcher to gather relevant and sufficient data to answer the research questions, and the choice of data collection method is often determined by the research questions, how much the researcher knows about the study setting, and finally, the amount

of time and money available to conduct the research (Lapan et al., 2011). Researchers have grouped the research data collection under primary data or secondary data. The common primary data collection methods are interviews, questionnaires, direct observation, and focus groups.

3.7.1 Interviews as a Qualitative Data Collection Method

Interviews involve the researcher asking a purposeful question and carefully listening to the answer to be able to explore these further. The aim is to gather valid and reliable data that are relevant to research questions and objectives. It also helps the researcher to refine their ideas where one has not yet fully formulated a research question and objectives (Saunders et al., 2016). Furthermore, it provides rich data on the subject matter of study, and it can either be between two people - an interviewer and one participant - or a couple of participants or an interviewer and a group of people (Sandelowski, 2002).

Saunders et al. (2016) made a compelling distinction on how subjective and objective perspectives inform opposing views about the nature of reality, and this can apply to approaches to interviewing. The objective approach views the interview as a method to collect data from interviewees who are treated as a witness to a reality that exists independently of them. However, this approach seeks responses rather than trying to understand the views and culture of interviewees as social actors who interact with, create, and interpret their social world. A subjective approach rather sees interview data as being socially constructed and the role of the researcher in the process of constructing meaning, and the need for reflexivity, to reflect on and evaluate his or her approach to interviewing.

There are different types of interviews, structured interviews, semi-structured and unstructured or in-depth interviews. Structured interviews are used to collect quantifiable data and can be referred to as quantitative research interviews (Saunders et al., 2016). The researcher here asks closed questions and has a list of questions that can be answered with a straightforward 'yes' or 'No' answer or responding to a scale of 'Agree' to Strongly disagree. It is a rigid process, and the researcher cannot deviate from the set of questions prepared (King and Horrocks, 2010).

A semi-structured interview is often referred to as a qualitative research interview. Here the researcher is flexible and has a list of themes and some key questions to be covered. The questions asked may vary from one interview session to another. This type of interview also allows the researcher to prompt the participant for better clarity (Saunders et al., 2016).

The unstructured interview is informal, and it is used to explore in-depth a general area in which the researcher is interested. There is no predetermined list of questions to ask, and the participant is given the opportunity to talk freely about events, behaviour, and beliefs in relation to the topic area (Saunders et al., 2016).

As common with quantitative analyses, there are various forms of interview design that can be developed to obtain thick, rich data utilizing a qualitative investigational perspective (Creswell, 2007). As discussed above these include the three fundamental types of research interviews: structured, semi-structured and unstructured. In this study, interview questions are designed to be semi-structured as they will allow the study to be benefited from both structured and unstructured approach for data collection. The structured nature provides key questions that help to define the areas to be explored, hence, ensuring cross-case comparability (Robson, & Curtan 2016). On the other front, the unstructured approach allows

the researcher and/ or the interviewee to diverge constructively in order to pursue an idea in more detail (Gill et. al., 2008).

3.7.2 Justification for Using Semi-Structured Interviews

Qualitative research has been selected because it allows the researcher to undertake in-depth semi-structured interviews to capture in-depth and rich detail of the experiences of Nigerian migrant care workers. Therefore, by collecting interview data from the participants, the qualitative approach and data collected is likely to provide a better comprehensive picture of the experiences of Nigerian female migrant care workers, their motivations, workplace challenges, and the influence of their intersecting identities than previous studies.

Semi-structured interviews were conducted because they likewise allowed both the researcher and participant to engage in a dialogue in real-time. The semi-structured interview style was also adopted because it gives enough space and flexibility for original and unexpected issues to arise, which the researcher may investigate in more detail with further questions (Pietkiewicz & Smith 2014). Furthermore, since the study adopted the interpretivist phenomenological philosophical approach, which requires an intensive qualitative analysis of detailed personal accounts derived from participants, the most commonly employed method and appropriate data collection is semi-structured interviewing (Smith, 2011). In the following section there will be a specific discussion of the design of the interview questions that will yield useable data and how those questions were presented in the interview guide.

3.7.3 Semi Structured Interview Questions and Guide

As semi-structured in-depth interviews are commonly used in qualitative research this method typically consists of a dialogue between researcher and participant, which needs to

be guided by a flexible interview protocol and supplemented by follow-up questions, probes and comments (Robson & McCartan 2016). Having conducted the literature review and identified the main themes it was considered important to break down the research into questions that will have meaning for the participant and that they can engage with.

As such, the questions should be designed to be fairly informal and jargon free so they can't be easily answered with a yes or no, and non-leading so that respondents are pushed down a certain interpretation. Semi-structured interview guides consist of more that one question to get a response, and then move on to the next topic. Therefore, the interview guide was designed to provide some structure for the participant, so they are not expected, or encouraged, to detail their life story. However, it is important to probe more about specific issues or conditions which allows for a flexible approach comes in, when an interviewee reveals something that is relevant to the research study using prompt words which might reduce this.

However, the process of designing the interview questions for the interview guide was time consuming. The early process of constructing the interview guide began with a brainstorming stage whereby the researcher listed the topics and then multiple questions that came to mind when thinking about the research questions which are outlined in Appendix 1. Once the list was developed the researcher began to pare it down by cutting questions which seemed redundant and grouped similar questions and topics together.

The study research questions and the main themes emerging from the literature review were used to guide the topics covered in the interviews and answer the research questions. Table 3.6 below shows the Research Questions and Interview Questions designed for the interview guide and data collection.

Table 3. : Table of Research Questions and Interview Questions

Research Questions	Interview Questions
1. What are the pull and push factors motivating migration to the UK?	**Personal Information** i) What is your nationality? ii) How long have you been in the UK? iii) Who is your employer, and where do you work? iv) What is your employment type? (Permanent, Contract, or zero-hours)? ***** v) What is your age bracket? vi) Are you married or single? **2. Motivation for Migrating to the UK** i) Tell me about your migration journey? ii). Did you migrate with your family? iii) How long have you been in the UK? iv) What was your previous job before migrating to the UK? v) Why did you select the UK among other countries?
2. What are the motivations that drive Nigerian female migrants to seek employment in the English care sector?	**3. Motivations to Work in the Care Sector** i) Did you plan to work in the care sector before migrating? ii) Was the care job the first job you got as a migrant? iii) How did you get your first job? iv) How did you get into a career as a care worker? v) Did you have other choices apart from care work? vi) Why did you choose to work in the care sector? vii) How did you get the first job (referral, agencies, or direct recruitment? viii) What challenges did you face when you first started the job as a carer? How did you handle it?
3. What are the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector, and how are these experiences shaped by their intersectional identities?	**4. Work Roles and Responsibilities** Tell me about what a typical working day is like for you (probe for expectations, i.e. number of calls per day; reporting back to the office if a homeworker; journey times between calls; surveillance and supervision) i). What do you enjoy about your work? ii) hat don't you like about your work? iii) What is your employment relationship like with your employer? – Are there any issues you currently have/have had? iv) What training have you had in your role? – Who organised this? How effective was it for the role you do? Ever asked for training and not been granted it? v) How do you resolve any issues that you have with your employer? vi) Do you ever feel that being a woman from (background) impacts your working life? IF YES, In what ways – discrimination? vii) Do you feel that your age has any impact on your experiences at work? IF YES, In what ways
4. What are the specific workplace conditions and challenges encountered by Nigerian female migrant care workers in these different care settings, including issues related to employment, discrimination, and work environment?	**5. Workplace Conditions** i) Were you trained by your organisation or self-trained? ii) Is your training specific or generic training? iii) How often do you get training? iv) Do you have access to the right information to aid your work? v) Do you feel your workload/target and objectives are achievable or suitable? Vill it be because of your gender/ ethnicity or migrants that you have more workload? vi) How many hours do you work, and do you get breaks at work? vii) Have you got a development plan? viii) Is the development plan set by the manager or you? Ix) Is there any opportunity available to you to progress in your career? x) How is your appraisal done, or how is your performance measured? **6. Support in the role** i) To what extent do you have a say/voice at work? ii) Who do you turn to for support in relation to any issues you experience? If any person/body provided support and how useful is this? iii) Are you a member of a trade union? **IF YES**: How well represented do you feel you are by the union? What could be improved?) What particular benefits (if any) do you get from being a member? **IF NO:** What do you know about the Trade Union's role and function? iv) How do you get access to information on the pension scheme, NVQS, etc.? v) Have you ever, or would you ever, consider joining a union? Yes/No - why?

The questions in the interview guide (See Appendix 2) were also constructed in such a way that they would work well for the proposed method of thematic analysis to be used for analysing qualitative data, which usually comprises thick descriptive data. In addition, thematic analysis will be used to identify and interpret patterns or themes in a data set, which is argued often leads to new insights and understanding (Thomas, 2006).

Before the interviews were arranged the researcher tested the timing of interview guide and questions. This was carried out with a few student colleagues and a friend. No revisions were made. Although it is acknowledged that you will not have exactly the same amount of time for each interview as respondents differ in how fast they talk and move off the topic it was considered important that the questions included would obtain the detail that was needed.

3.7.4 Conducting the Interview: Location, Time and Interview Process

Conducting qualitative interviews afford the researcher an opportunity to explore, in an in-depth manner, matters that are unique to the experiences of the participants/interviewees, allowing and sharing insights into how different phenomena of interest are experienced and perceived. Considering the relationship between participants and researchers and the emphasis on the exploration of human phenomena, interviews have traditionally been a data-collection method linked with qualitative research and the naturalistic paradigm (Creswell, 2016; Denzin & Lincoln, (2000) which require ethical consideration throughout the fieldwork process (Cooper & Schindler, 2008; Saunders et al., 2009). The researcher applied for ethical approval (See Appendix 3) from the University of Salford before embarking on fieldwork data collection stage.

The researcher had approached care home agencies, but interview requests were turned down, so the researcher used personal contact and referrals from personal contact of colleagues who work in the same industry. Although the researcher used personal contacts, an ethical process and procedure were followed. Recruitment to the study was a time-consuming process that stretched from identifying potentially eligible care workers, through selection using the eligibility procedure inclusion/exclusion criteria, making face to face contact with the participants, providing them with information in the form of the information sheet (See Appendix 5) and obtaining their informed consent (See Appendix 6). The researcher gave each participant an information sheet covering issues of voluntary participation, anonymity, and confidentiality to ensure that all information provided would be treated with maximum confidentiality. Participants were also made aware that they were free to withdraw from the study at any time without giving a reason. The length of time and complexity of the procedure meant the researcher was able to fully engage with the care workers who had the opportunity to consider participation and develop a rapport.

The researcher conducted the interviews in Manchester, London, and Birmingham, which are three major cities that have a significant percentage of Nigerians working in them. All interviews were arranged and conducted at a time agreed for the convenience of the participants and occurred between December 2017 to September 2019. The interviews were conducted in the participant's homes, and whilst the researcher acknowledges they might have had less control over the environment, familiarity also helped the participants to relax, resulting in a more productive interview (Gill et al., 2008).

At the beginning of the interview, the researcher-continued to have a rapport by not being too formal (Walker, 2011) whilst at the same time, the researcher also acted professionally.

The interview context ensured privacy and minimum interruption (Dicicco-Bloom & Crabtree, 2006). All interviews were conducted in the English language and lasted between 40 to 60 minutes. Interviews were recorded using an audio recorder. However, when participants raised concerns over the use of the tape recorder, the researcher took notes instead. Three of the participants including Participant 12, Participant 13 and Participant 16 had previously raised concerns and declined to consent to having the interview (their voice) recorded (see Figure 3.5, p.120). In consultation the three women being recruited disclosed a nervousness over their voices being recorded therefore it was agreed that audio recorders would not be used to 'capture their responses', and that the interviewer would make manually recording their responses, thus ensuring that trust was maintained, their wishes respected, and to reassure them of confidentiality and anonymity. It was important to follow the research experience of Sargeant & Faugier, (1997) with 'hard to reach' sample groups taking due care and attention to ensure the researcher treated the women's consent to participate in interviews as a process, whereby before the start of the interview the researcher repeated the terms of their consent form and agreed with each participant about how the interview would be conducted including the recording process. Sargeant & Faugier, (1997) suggest that there should be a choice of method of recording interviews, with the most appropriate approach being used considering the contextual factors which influence data collection, as would apply to any choice in the application of qualitative methods. Robson & McCartan (2016) suggest that the assumption that information from any interview, whatever method of data collection is used, is 'accurate' can ignore the fact that interviewees may provide inaccurate information to protect their privacy or they may tell you what they think you want to hear, what is important is all researchers interviewing participants , whether they use an

audio recorder or take notes, require good documentation skills. Manual note taking of the interviewee responses was possible in this research study as the researcher had developed good documentation skills as an undergraduate and postgraduate student.

The interview session started with ice breaker questions like, 'Can you tell me about yourself? What country did you migrate from? What does your job entail as a care worker?' The researcher also asked the participants for examples to describe their work experiences (Wimpenny & Gass, 2000). To avoid influencing the participant's answers, the researcher framed the questions to be broad and open-ended so they could talk for longer periods (Baker et al., 1992). The researcher encouraged the participants to share their experiences, feelings, and emotions freely; if they did not understand the question, the researcher explained what the question meant and probed further when necessary to understand the participant's words. The interview ended by asking the participant if any important aspects of the job had been missed, and they were willing to share.

Before conducting all the interviews consideration is given to analysis of data collected. This is because the nature of the research questions, conducting the interviews and how you go about the analysis will determine the depth, quality, and richness of the achieved interviews. Hence, the following section will discuss the process the researcher took to analyse the data collected.

3.8 Data Analysis

Miles and Huberman (1994) argued that qualitative data analysis consists of three concurrent flows of activity which are data reduction, data display, and conclusion drawing and verification. Spiggle (2004) listed seven operations used in various stages of data analysis,

which are categorization, abstraction, comparison, dimensionalization, integration, iteration, and refutation. Categorization, abstraction, comparison, and integration are the fundamental, basic analytical operations, and they help researchers in constructing and explaining a coherent conceptual framework or explanation. While dimensionalization helps in abstracting and comparing, stimulating the development of concepts.

To analyse the data, the researcher became familiar with data by stepping into the participant's shoes with the aim of making sense of their work experiences and, at the same time, documenting the researcher's sense-making (Pietkiewicz & Smith, 2014).

Thematic analysis was adopted to identify, analyse and interpret the pattern of meaning within data, and it was adopted because it is useful in identifying patterns within and across data in relating to participants' lived experiences, views, perspectives, behaviour, and practices.

'Experiential' research seeks to understand what participants think, feel, and do, which is the focus of this study (Braun & Clarke, 2006). The researcher started analysing data collection by noticing and looking for patterns and meaning of issues of potential interest in the data. The researcher listened to the audio recording a few times before transcribing, and after transcribing, the researcher then read the transcript severally to get familiar with the data and also recall the atmosphere of the interview and the setting in which it was conducted. This process provided new insight into the data, and the researcher made notes about her observations and reflections about the interview experience. After reflection and familiarising with the data, the researcher transformed the notes into emerging themes; at this stage, the researcher was aiming to formulate a concise phrase at a slightly higher level of abstraction. The researcher then proceeded to compile themes from the transcript and then looked for

connections and clusters; at this stage, themes that didn't fit well with the emerging structure, as well as themes that had weak evidence were dropped, and a new list comprising of some superordinate themes and sub-themes emerged (Pietkiewicz & Smith, 2014). The endpoint analysis is the reporting of the content and the meaning of themes in the data (Braun & Clarke, 2006). The analysis steps taken are summarised in Table 3.6 below..

Table 3.7: Data Analysis Process

Phase	Description of the process
Familiarising yourself with the data	Transcribing data (if necessary) when working with recorded interviews, television programmes or speeches. Also, reading and re-reading the data, noting down initial ideas.
Generating initial codes	Coding interesting features in a systematic fashion across the entire data set, collating data relevant to each code.
Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (level 2), generating a thematic 'map' of analysis.
Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, to generate clear definitions and names for each theme.
Producing the report	The final opportunity for analysis of selected extracts, relating back the analysis to the research questions and literature, producing a scholarly report of the analysis.

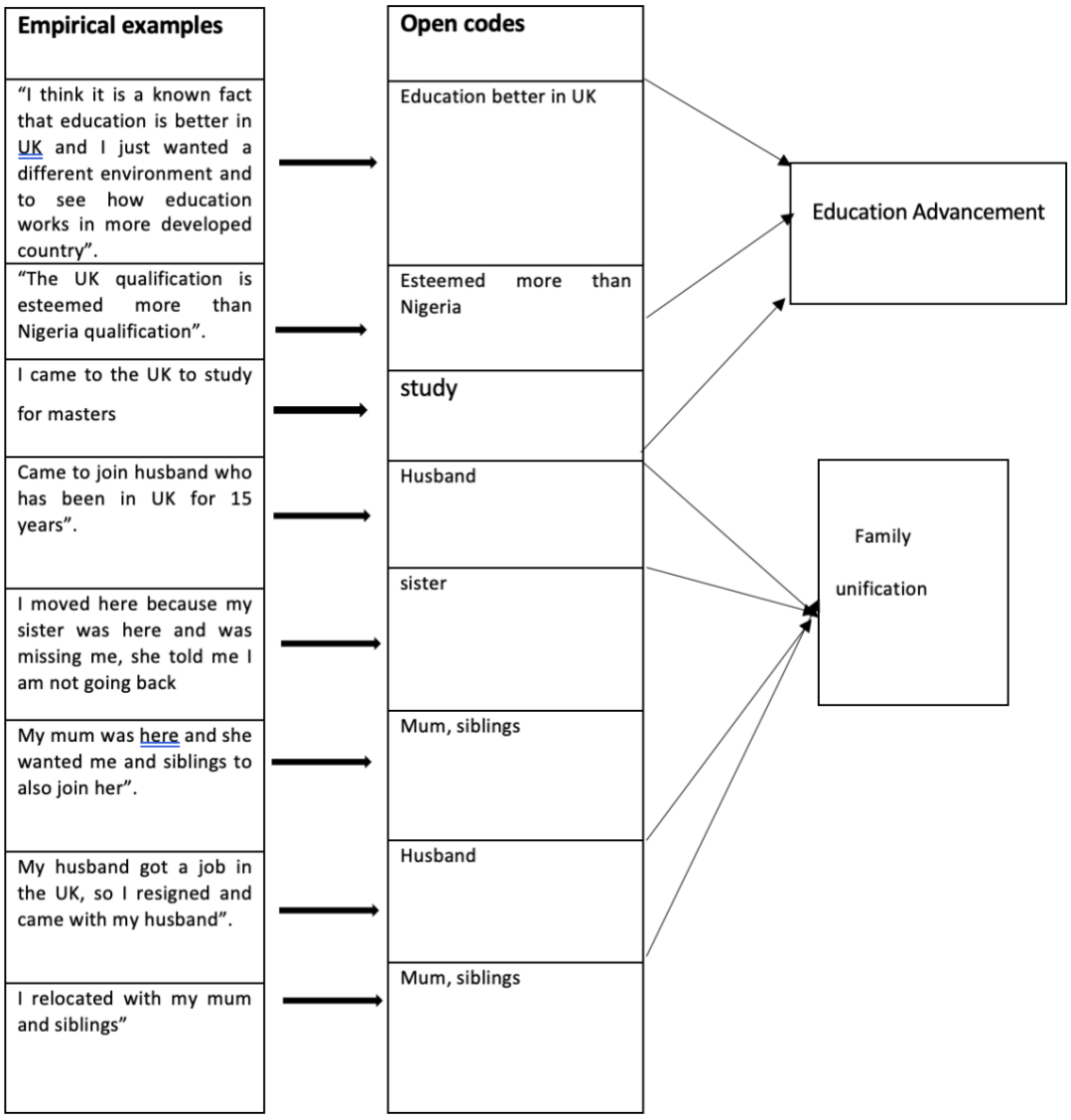
Source: Braun and Clarke (2006)

3.8.1 Theme Building

A computer-based software called NVivo was used at the early stage to organise the data, and the main data analysis was done manually. The researcher's system crashed during data analysis which led to the loss of data; however, this process allowed the researcher to be familiar with each participant interview without losing its meaning. The data process starts by scrutinising data, often referred to as the initial stage of identifying themes (Bryman 2012:576). The researcher first inductively generated themes related to the migrant motivation to migrate to the UK and work in the care sector. Then the themes related to work

condition was generated. Then the interview transcripts were carefully read again, and data were re-analysed using an "intersectional sensibility." Some weak themes were removed, and data coded to create a new list of themes and sub-themes, which addressed the impact of the intersectionality of inequalities on the participants' experiences at work.

Figure 3.1 Examples of Theme Building



3.9 Ethical Considerations

Ethics refers to the standard of behaviour that guides the researcher's conduct concerning the rights of those who become the subject of the study or are affected by it. The broader

social norm of behaviour influences the appropriateness of the researcher's conduct (Saunders et al., 2016). Some writers (Cooper & Schindler, 2008; Saunders et al., 2009) refer to ethics as the norms or standards of behaviour that guide the researcher's moral choices and how they behave and relate with others. The philosophical foundation of research ethics argues that a researcher's conduct may be open to competing and conflicting ethical positions, and there are two dominant conflicting ethical positions: the deontological view and the teleological view. The former is based on following the rules to guide the researcher's conduct, and acting outside these rules cannot be justified, while the latter argues that deciding whether an act of conduct is justified or not should be determined by its consequence and not by a set of predetermined rules.

The code of ethics, which contains a list of principles outlining the nature of ethical research and a statement of ethical standards to accompany these principles, is intended to guide the research conduct that has been developed to overcome the ethical dilemmas. The ethical issue is of the challenges that are faced by the researcher while searching for rich data in qualitative study according to Silverman (2016). Silverman (2016) further discussed three closely linked traditional issues in research ethics and they are; (i) Codes and Consent- This means the right of the subject to know that they are being researched and also the right to be informed about the nature of the research as well as the right to withdraw from the research at any time. (ii) Confidentiality- This means the researcher must protect each participant's identity, place, and location in the research. (iii) Trust is the relationship between the participant and the researcher. Trust is regarded as the key to good field relations, which constantly unfolds throughout the research process.

Ethical issues must be carefully considered throughout the research. Researchers should remain sensitive to the positive and negative impact of the study on those whom the researcher approaches for help, those who provide access and cooperation, and those affected by the result (Saunders et al., 2009). Every institution and university has ethical guides or codes of conduct by which the researchers must abide. The researcher has been consistent with the basic ethical principles and sought and received approval from the University of Salford as this study involves human subjects. The ethical approval (Appendix 3) was granted from the college support office before the research proceeded for fieldwork. The procedure of seeking participant's approval to take part in the study those who who engaged in the study received a copy of the ethical approval form (Appendix 3). the participant invitation letter (Appendix 4), information sheet (Appendix 5) and completed the consent form (Appendix 6).

The researcher provided the ethical approval form to gain the participant's trust, and throughout the process, the researcher kept reassuring the participant that any information rendered would be kept confidential and anonymous. Furthermore, the researcher provided an information sheet containing the details of the research. Each participant received a sheet before the start of the interview, and a consent form was given to each participant to sign; as proof that they had given their consent to be part of the study. Participants were also assured that they were free to withdraw participation at any time with or without reason.

3.10 Methodological Rigour in the Qualitative Research Process

Yardley (2000) suggested four main dimensions that studies that adopt qualitative research can be assessed on, and they are (i) sensitivity to context, (ii) commitment and rigour, (iii)

transparency and coherence (iv) impact and importance. The researcher adopted these dimensions to achieve reliability and validity in the research.

Sensitivity to context is important and the researcher was sensitive to the relevant theoretical literature, the socio-cultural context of the study, and the participants involved in the study. Furthermore, the researcher was sensitive to the context during engagement with research participants with sensitivity to their individual experiences and understanding of their predicament, and while analysing the data collected, the researcher was very careful and paid attention to the details in analysing data. Sensitivity in getting a useful verbatim extract from the participants' material to support the argument being made was achieved by giving participants a voice in the project and allowing them to read and check the interpretations being made. While writing the report, the researcher took extra care to offer interpretations as possible readings grounded in the data and contextualising the report in the relevant existing literature.

3.10.1 Commitment and Rigour Throughout the Research Process

Commitment is demonstrated throughout the research process: selecting the sample, which might require perseverance in accessing potential participants, through a commitment to engaging with participants with sensitivity and respect and commitment to attending to detailed and meticulous analysis. Rigour involves being thorough throughout the study. For example, in terms of the appropriateness of the sample to the question at hand, the quality of the interview, and the completeness of the analysis (Smith et al., 2009). However, there is an argument by Van Manen (1990), Smith (1993), Denzin and Lincoln (2000a), and Arminio and Hultgren (2002) on the concept of rigour, arguing that by its nature, it is an empirical,

analytical term and therefore does not fit into an interpretive approach. This argument was refuted by Aroni et al. (1999), who suggested that concern about the demonstration of rigour is due to a struggle for legitimacy in a discipline dominated historically by the positivist paradigm; the representation of reality legitimises the research and demonstrates the researcher's integrity (Slevin & Sines 2000).

3.10.2 Transparency and Coherence

Transparency refers to being clear in describing the stages in the research process. The researcher will provide specific details of the process of selecting participants, constructing the interview schedule, the conduct of the interview, and the stages in the analysis. Coherence is described as the "fit" between the research question, the philosophical strategy adopted, and the method of investigation and analysis undertaken (Yardley, 2000). The researcher attended carefully and closely to participants' experiential claims and did not forget the manifesting of the interpretative activity of interpretative Phenomenological Analysis at the same time (Shinebourne, 2011).

3.10.3 Goodness

Goodness is one application of rigour suggested by Smith (1993), Denzin and Lincoln (2000a), and Arminio and Hultgren (2002). They presented goodness as a means of locating situatedness, trustworthiness, and authenticity. This move towards goodness allows interpretive researchers to shift away from the shadow of empirical, analytical expectations (Arminio & Hultgren 2002). Goodness is not seen as a separate construct but as an integral and embedded component of the research process (Mishler 1990).

Arminio and Hultgren (2002) recommend that there should be at least six elements in an interpretive study through which goodness is shown: Foundation (epistemology and theory) – which provides the philosophical stance and gives context to and informs the study, Approach (methodology) – specific grounding of the study's logic and criteria Collection of data (method) – explicitness about data collection and management, representation of voice (researcher and participant as multicultural subjects) – researchers reflect on their relationship with participants and the phenomena under exploration, The art of meaning-making (interpretation and presentation) – the process of presenting new insights through the data and chosen methodology, Implication for professional practice (recommendations).

These six elements of the research process that are embedded throughout a research study are central to the communication of the study and should be explicit in the written report (Arminio & Hultgren, 2002)

3.11 Impact and Importance

Yardley (2000) argued that one of the decisive criteria by which any research must be judged is the research impact and importance. She also argued that 'there are many varieties of usefulness, and the ultimate value of a piece of research can only be assessed in relation to the objectives of the analysis, the applications it was intended for, and the community for whom the findings were deemed relevant (Shinebourne, 2011).

3.12 Conclusions

This chapter has discussed the research aims and objectives. It has also justified the study's philosophical stance, research paradigm, research design, and data collection methods.

Furthermore, the sampling technique, sample size, and justification of the research context were also discussed.

Intersectionality sensitivity was applied to the research methodology by selecting a purposive sample and inclusion of the people of multiple marginalised groups to provide new insight into the experience of the neglected groups of workers. Furthermore, during the interview, the researcher adopted intersectionality sensitivity to probe and understand why they tolerated racism and discrimination at work because of their gender, race, ethnicity, or migrant status. Finally, the chapter include a discussion of the data analysis process and ethical considerations.

The following chapter presents the findings of this research following the data collection process and analysis.

CHAPTER 4

FINDINGS

4.1 Introduction

This chapter presents the findings from the empirical investigation phase of this research study.

The aim of the research study is to explore and critically understand the workplace experiences of Nigerian female migrant care workers employed in the English care sector, with a specific focus on understanding the impact of intersecting factors such as ethnicity, race, gender, and migration status. The following research questions (RQ) which guided this research are:

1. What are the pull and push factors motivating migration to the UK?

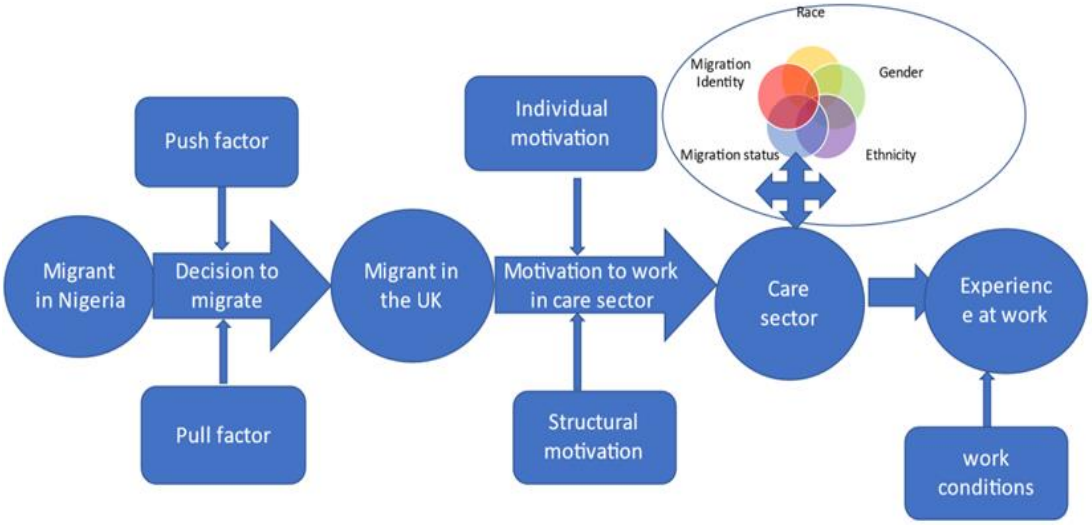
2. What are the motivations that drive Nigerian female migrants to seek employment in the English care sector?

3.What are the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector.

4. How do the intersectional identities of Nigerian female migrant care workers, including their ethnicity, race, gender, and migration status, influence their work experiences and the challenges they face in the English care sector?

Using the intersectionality sensitive approach the critical literature review allowed the researcher to develop Table 2.2 below as a theoretical framework and a guide to the concepts identified and discussion of the theories about the relationship between these variables.

Figure 2.2: Theoretical Framework of Factors Influencing Nigerian Women's Experiences of Migration and English Care Work Sector Working Conditions Shaping of Multiple Intersecting Identities



This approach also informed the design and direction of the primary empirical research conducted.

The main source of data collected was by using face-to-face semi-structured interviews conducted with twenty Nigerian female migrants working across English care sectors (hospital, nursing home, care home, and domiciliary).During the interview, different definitions, ideologies, and understanding of the work experiences of Nigerian female migrant care workers were found, and the researcher was able to understand their positive and negative work experiences in the English care sector.

Using an interpretive framework the data collected were analysed using thematic analysis completed manually and electronically (NVivo Software) ensuring that analysis of narratives and text against the context was carefully considered and inclusion of the viewpoints of the participants. Themes were generated as they emerged during the initial phase of data

collection and throughout the data analysis process. From this process four specific themes in total and many sub-themes emerged from the data analysis as listed below in Table 4.1.

Table 4.1: Summary of Themes and Sub-themes

Theme Number	RESEARCH QUESTION	EMERGING THEMES	EMERGING SUB-THEMES
1	**RQ. 1. What are the pull and push factors motivating migration to the UK?**	**PUSH AND PULL FACTORS: MOTIVATIONS DRIVING THE NIGERIAN WOMEN TO MIGRATE TO UK.**	• Economic Reasons • Family unification • Academic Advancement
2	**RQ. 2, What are the motivations that drive Nigerian female migrants to seek employment in the English care sector?**	**RATIONALE FOR WORKING IN THE CARE WORK SECTOR**	• Unrecognised Nigeria Certificates to Work in Professions of Choice • Passionate About Their Jobs in Care Work • Social Network Support from Family and Friends • Stepping-Stone into a Nursing Job • Easy Access to High Social Care Vacancies • Enables Commitments of Providing Support for Vulnerable Family Members • Flexibility Working in Care Work
3A	**RQ. 3. What are the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector.**	**NATURE OF CARE WORK SECTOR SETTINGS: NIGERIAN WOMEN MIGRANTS CHOICES OF CARE**	• Domiciliary Care • Care Homes • Hospital Setting • Provision of Training for Migrant Care Workers Across Different Care Settings
3B	**RQ. 3. What are the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector.**	**FACTORS SHAPING CARE WORKERS EXPERIENCES OF DAILY WORK ACTIVITIES:**	• Service Users Needs • Support from Service Users Family • Employers' Orientation Towards Care Worker Task Allocation • Employment Contracts: Job Arrangement and Task Allocations • Shift Patterns and Task Allocation • Number of Staff Available Impacts on Workload Allocation
4	**RQ. 4. How do the intersectional identities of Nigerian female migrant care workers, including their ethnicity, race, gender, and migration status, influence their work experiences and the challenges they face in the English care sector?**	**SHAPING INTERSECTIONAL IDENTITIES EXPERIENCE AND CHALLENGES OF CARE WORK**	• Exploitation Factors and Adverse Working Conditions • Forms of Workplace Harassment • Perceptions of Lack of a Voice at Work. • Complaint Handling • Coping Mechanisms

Following the introduction the main findings section is divided into the four sections dedicated to each main theme and sub-themes generated from the data. To effectively support this study and suitably represent the data and participants the findings are presented using the research question (RQ) as the heading and a heading indicating the relevant main theme shown as shown in Table 4.1 above. The findings section is constructed to present the findings which answer the research questions, while also providing context and thick description of the experiences of Nigerian female migrant care workers employed in the English care sector and the impact of intersecting factors such as ethnicity, race, gender, and migration status.

The first section includes the finding of the pull and push factors mainly focused on the motivations of the Nigerian migrant women to move to the United Kingdom. The second section includes the findings from thematic analysis of the accounts which addresses the migrant workers' motivations to work in the care sector in England.

The third section presents detailed comprehensive findings of the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector. During thematic analysis, due to the all-encompassing nature of the data, two sub-themes were created which addressed the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector. The first sub-theme places a spotlight on the nature of work in the various care sector settings (hospital, domiciliary, nursing and care homes) and the participants experiences of the organisational system responses towards migrant and ethnic minority workers. The second sub-theme focuses on local level and the factors shaping the care workers experiences of daily work activities.

The fourth section includes findings appearing form the thematic analysis of the work experiences and challenges faced by the Nigerian female care workers and how those experiences of segregation, exploitation and harassment are shaped by their intersectional identities.

4.2 RQ 1: What are the pull and push factors motivating migration to the UK?

THEME 1: Push Factors: Motivations Driving the Nigerian Women to Migrate to UK.

The theme push and pull factor is used to answer the research question 1 on the factor that motivates migration to the UK. The motivation to move to the United Kingdom was mainly influenced by the state of the Nigerian economy, which is the push factor; it has been characterised as unemployment, poverty, corruption, and poor security. Three themes emerged among the participants' responses: Economic reasons, Academic advancement, and Family reunification.

4.2.1. Sub-theme: Economic Reasons

Nigeria's economy is characterised by a high unemployment rate, insecurity, environmental degradation, lack of enabling social infrastructure, political repression, and extreme poverty (Akinrinade & Ogen, 2011). The Nigerian migrations have been portrayed by the media, political and academic works of literature as desperate people fleeing chronic poverty, repression, and violence and trying to enter the elusive Eldorado of the developed world.

In sharing her experience of her reason for migrating to the UK Participant 1 said:

> I *came to the UK as a visitor and thought I might as well stay. Things were hard and tough; no food and things were bad back home. When I came here, I noticed there were no such problems, but if I went back I would still face the same problem. So I decided to stay and to seek asylum* (Participant 1).

Participant 10 stated that she came "…just to survive…"

4.2.2. Sub-theme: Family unification

The participants had various reasons for coming to or relocating in the United Kingdom. Some arrived to reunite with family members already residing in the UK, while others relocated alongside their families. Some came with the aim of providing their children with better opportunities and a brighter future in the United Kingdom. The summary findings relating to Family Reunification are presented are presented in the 4.1 table below.

Table 4.2 Different Family Reunification and Relocation

Participant Code	Family Members
Participant 2	*"Came to join my husband who has been in the UK for 15 years".*
Participant 3	*"I moved here because my sister was here and was missing me, she told me I am not going back"*
Participant 4	"*My mum was here and she wanted me and siblings to also join her".*
Participant 15	*"I came to join my mother and sister"*
Participant 16	*" I came here with children for a better opportunity which I discover when I visited for summer holidays"*
Participant 14	*"I relocated with my mum and siblings"*

4.2.3 Sub-theme: Academic Advancement

Another reason for migrating to the United Kingdom was to get a better-quality education. A few of the participants came to study for an undergraduate degree, while most of the participants came to study for a postgraduate degree (Master Level). For instance:

Participant 11 said:

> *I think it is a known fact that education is better in the United Kingdom and I just wanted a different environment and to see how education works in a more developed country* (Participant 11).

Participant 5 said*:*

> *I came to the UK to do my masters because The UK qualification is esteemed more than Nigeria qualification* (Participant 5).

Participant 7 also stated:

> *I have been told that the UK has a strong community of Nigerian students that makes you feel at home* (Participant 7).

Participant 14 provided more details stating*:*

> *The UK admission process is quick, fast and easy compared to going to America where you have to write a graduate management admission test and test of English. Canada admission also takes almost a year* (Participant 14).
>
> *I came to the UK to study because it is easier to settled in the UK as i have family members already in the UK* (Participant 14).
>
> Participant 6 stated she migrated to the UK was:
>
> *To get a better job opportunity, you have the opportunity to work while studying. Furthermore, it takes only 3 years to study in the UK while it takes 4 years to study in Nigeria* (Participant 6).

The quality of education in Nigeria is still at a developing stage because it is mainly provided by the Federal government and partly by private providers. One of the major problems of the Nigerian Education system is the severe underfunding of the public universities, which the federal government is responsible for the allocation of funds. Despite the increase in the number of students yearly, the educational budget does not increase to meet the demand of the students. The underfunding of Nigerian public universities has left the universities in a deteriorating condition. Nigeria's institutions and lecture halls are severely overcrowded. The ratio of students to teachers has skyrocketed. Lab facilities, libraries, dorms, and other

university facilities are often described as being in a state of decay. This has increased student protests and strikes. Corruption is also rising as lecturers exploit students by selling course material and sexually harassing female students as a trade-in for grades. The failure of Nigeria's educational system to meet the booming demand of students, poor quality of Nigerian universities, and increased violence have led to student protests and strikes have increased the number of students leaving Nigeria to study Abroad (WES, 2017).

At the time of the interview, the respondents had completed their studies, and it should be noted that their postgraduate degrees were not in social care. Most of the participants who came to the United Kingdom with a high school leaving certificate have since studied nursing because they now have acquired care job experience.

The United Kingdom is one of the preferred destinations for Nigerians. This is attributed to the fact that Nigeria was a former British colony. Both countries speak the same language (English is the official language of Nigeria). It is a short distance to travel from Nigeria to the United Kingdom. It is a preferred holiday destination for Nigerians.

Only two participants mentioned economic reasons as the motivation for relocating to the UK. In comparison, twelve participants stated family reasons as the motive for migration, and six participants stated education reasons as their motive for migration. The findings revealed that most participants selected the UK because they have family already residing in the UK, which they considered an essential factor before the migration journey.

This study reveals that most of the participants are middle-class; the findings reveal that most are educated and were working in middle-income jobs before migrating to the UK

The push factors for the participants are the Nigerian Economy and the poor educational quality. The pull factor is having a settled family in the UK, the good educational system, the short distance between the UK and Nigeria. The pull factor is the most important factor for the participants.

In summary, while economic factors influenced some participants, the presence of family members in the UK and the desire for quality education were predominant motivators. This reveals a dynamic interplay of push and pull factors, emphasizing the importance of established family networks and educational opportunities as the key drivers for the participants. The next section will discuss the theme which is the rationale for care work.

4.3 RQ 2: What are the motivations that drive Nigerian female migrants to seek employment in the English care sector?

Theme 2: Rationale for Working in the Care Work Sector

The theme of "Rationale for Care" serves as the response to the second research question, which explores the motivations driving Nigerian female migrants to seek employment in the English care sector. Recent studies on migrant **employment** in the UK have highlighted the prevalence of migrant workers in the care sector, characterized by challenging working conditions, including long and irregular hours, low wages, and instances of workplace harassment (Ruhs & Anderson, 2010).

It's noteworthy that all participants in this study are literate, with a significant percentage holding undergraduate degrees. However, it's important to mention that 33% of the participants lack university education, as indicated in Table 3.5 in Chapter Three, which outlines the educational qualifications of the participants.

With this context in mind, the research aimed to delve into the reasons why Nigerian female migrants, both those with work restrictions and those without, chose to engage in low-skilled jobs with extended hours and modest compensation within the care sector. When participants were asked about their motivations for working in the care sector, several themes emerged, shedding light on their decisions. The themes that emerged were unrecognised certificates; passion for care jobs; family working in care; steppingstone to nursing; high availability of care jobs; support for vulnerable family members and flexibility. Together, these themes provide a comprehensive view of the diverse and intricate reasons that drive Nigerian female migrants to work in the English care sector, shedding light on the complexity of their decisions.

4.3.1. Sub-theme: Unrecognised Nigeria Certificates to Work in Professions of Choice

Even though Nigeria was colonised by the British and their official language is English, some Nigerian certificates are not recognised in the UK. Further training is required to work in the United Kingdom. Particularly in the health care sector, doctors and nurses must take occupational qualification exams to practice in the UK.

For instance, Participant 3, a qualified teacher in Nigeria, now works in care because her Nigerian certificate was not recognised. She would have needed to retrain as a teacher, which comes with an expense she cannot afford, so she decided to change to care. She would have struggled to train as a teacher because she came to the UK as a visitor and then decided to stay, which means she has no right to stay and no access to public funds. This participant

narrative shows how migration status intersects with her nationality and limits her job options to care. Participant 3 stated that:

> *Care is the only option available, not that I really wanted to do, but because the certificate I have is not accepted here and I can't afford the school fees to retrain so I just had to do it* (Participant 3).

Participant one's first job was in care and she worked in care because she couldn't get any other job. She said:

> *Care was the first job I got, I tried looking for other jobs, but the only job I could get that required not much work experience was care. I even tried to work in retail jobs but I didn't get any, I was told I was not qualified although I had done retail courses back in Africa. I got my first job through the internet and it was in domiciliary care. I didn't have the intention of becoming a carer but that was what was available, I even tried applying for cleaning jobs but didn't get any offers* (Participant 1).

From this narrative, the participant's motivation to work in care was out of frustration that her qualifications were not recognised

Participant 5 who was a nurse in Nigeria and has a UK master's degree in public health also stated that it was difficult getting another job stating:

> *Well, there is a lot to it, because with my degree in public health I have tried to look for jobs but most of them (employers) are always asking for the NMC PIN which is a Nursing pin and that has hindered me for a while but now I have just passed the exams and I have started the process to getting the PIN. I have submitted my credential to the council and I'm just waiting for feedback. I was told it could take up to three months to get the feedback* (Participant 5).

This participant had the right to work and the proper qualification to work. However, the intersectionality of her migrant identity and government policies led to downward occupational mobility from being a Nurse in Nigeria with a UK master's in public health to a care worker.

It is a considerably stressful and challenging journey for migrants to secure their first jobs. One of the primary reasons is the lack of work experience in the UK, and most employers require this before they can start a job. In addition, employers also want a reference from previous employers, which they do not have as a new migrant. This makes it so difficult for new migrants to secure their perfect job.

4.3.2. Sub-theme: Passionate About Their Jobs in Care Work

It is no surprise that almost all the participants were passionate about their job, and their passion made them go the extra mile in delivering care. The participant's passion could be because in the Nigerian culture women are expected shoulder responsibility for caring for their family while men are the family's breadwinners**.** There is also an argument that these expectations pivot on gendered notions of women as natural caregivers with unending capacities for overwork and personal sacrifice, and where such skills are assumed to be innate and commonplace rather than acquired and sophisticated (Baines et al., 1998; Findlay et al., 2009; Seymour, 2009; Virkki, 2008). Another explanation could be that the social care sector in Nigeria is underdeveloped. Hence, family members tend to care for their elderly ones, which is unpaid care work, and it is done out of love. Therefore, this could be where they developed their passion for caring for older people. A large percentage of the participants mentioned taking care of their grandparents.

Participant 4 also said she has passion for care work stating:

> *I love looking after people and I love taking care of people, not only my family but anybody. I have a passion for people. I said to myself `I can do it and I just applied for it* (Participant 4).

Likewise, Participants 3 and 10 also said:

> *To be sincere, I can't say I don't love the job. I love the job because I have passion for the job. I took care of my grandmother for 5 year* (Participant 3).
>
> *That's my passion. I love assisting and caring for people. It is not difficult for me to be in that kind of job* (Participant 10).

I wanted a career that I was passionate about (Participant 11).

Participant 4 also stated her passion about care:

> *I Love what I do, the main thing is that I have to put a smile on their faces, laugh with them, even if they slap you or treat you badly. I see them as people who don't know what they are doing* (Participant).

4.3.3. Sub-theme: Social Network Support from Family and Friends

Another reason the participants work in care is because the strong connections they have with family members are care workers who have recommended the job to them or even assisted them in getting their first job by referrals. Social networks often negatively or positively impact the job opportunity available for new migrants. The reason is that family and friends will only advise based on their personal experiences, knowledge and understanding. None of the participants came to the UK through the job visa route, which meant they did not have a job prior to coming to the UK. All the participants have family members already settled in the UK, and their family members have supported and informed them about care work.

Participant 3 said:

> *…It was because my husband was in care, so he introduced me to care* (Participant 3).

Participant 4 noted that:

> *…while I was in London, I worked in Bupa homes. My mum helped me apply for the job, she was the manager at that home, so I started working in the same home with my mum* (Participant 4)..

Participant 8 was also influenced by her mother stating:

> *I got interested probably because my mum was a nurse, so that kind of motivated me, and the thought of looking after people, the thought of caring for people no matter the age, although I don't think I can handle children, but I do like caring for people and it makes you feel like you achieved something at the end of the day, so that's what got me into care in the first place. I just wanted to know more about the job, that's why I got it as a part time job* (Participant 8).

Participant 6 mentioned speaking to a friend to decide about working in care stating:

> *I spoke to people in the college I attended, I also went online, I had a lot of people telling me of health care and most of the courses were related to health; so I understood lot of jobs exist and when I spoke to people I was advised that I wouldn't go far with accounting job* (Participant 6).

From the participant's response, it was obvious how much support the participant's received was from their family and friends which shapes how they got the care job which is through informal means and referrals.

The following subsection discusses how care work serves as a stepping stone to Nursing.

4.3.4. Sub-theme: Stepping-Stone into a Nursing Job

As stated above, none of the participants migrated to the UK via the work visa route which implies that they had to look for jobs when they arrived. As migrants, certain jobs required certification before one can be employed in the UK, while some jobs require taking exams, for example doctors and nurses. Care work has equipped 64% of the participants with transferable skills which has helped them qualify to study nursing at university. At the time of the interview, 48% of the participants were studying and 16% were processing their admission into the university to study Nursing. It is important to note that the participants did not decide to use care as a steppingstone when searching for a job in the care sector. Care work had created an opportunity to study nursing.

One of the participants stated her experience of non-successful admission process into the university to study Nursing, she was rejected because she had no care work experience stating:

> *I tried to make enquiries about becoming a nurse initially when I migrated to the UK and all the schools rejected me because I didn't have any care background or experience at all relating to care. I think my experience then was just caring for family member which was not enough to get me any admission at all at the school* (Participant 11).

Participant 10 who wanted to do midwifery also stated that she:

> *…was thinking of going into midwifery but now I am still working in care". Similarly, participant 6 said "I work as a care worker and I am also studying to become a nurse* (Participant 10).

One participant had to work in care while taking exams to become a Nurse. Migrant nurses need to apply to Nursing and Midwifery Council and then take the exam which does take time; if one is financially limited, getting a job to help foot utilities is crucial before acquiring the licence to practice in the United Kingdom.

Participant 5 is a Nigerian qualified Nurse and she said:

> *I felt that is the only thing in line with my profession, as I was told I couldn't work as a nurse here unless I get my PIN but I could be a senior carer, so I thought that was fine. But I choose nursing in the first place because I love the profession and I just want to stay in that line. I have in fact had a master's degree in public health because I still want something related to health and just want to be around the health sector* (Participant 5).

Although this participant holds a master's degree in public health from a UK university, she could not get a job with her Master's degree; the only job available for her, while she acquires Nursing certification is care work. It is essential to know that this participant is a UK resident with no work restrictions.

The findings show that care work has employed participants awaiting their Nursing accreditation, although it is downward occupational mobility from their chosen professional work. However, care work experience has also helped some participants to gain admission into nursing programs, especially those without no previous health qualifications, as their work experience in care work was an added advantage to securing nursing admission.

4.3.5 Sub-theme: Easy Access to High Social Care Vacancies

Another reason stated for working in care is the high availability of care work when compared to other types of jobs. This is a result of an increase in the number of people who need care and the nature of the job (low pay, dirty, and long hours), which is not attractive to the British. Care work is less desirable because it is a low-paying job with challenging work conditions, leading to high vacancies and staff turnover (Simonazzi, 2009). Due to low wages and unfavourable working conditions, chronic difficulties in the recruitment and retention of care workers over the past decade have led to the increasing employment of migrant care workers among contracted providers of residential and home care services (Cangiano & Shutes, 2010).

Participant one's first job was in care, and she worked in care because she couldn't get any other job. She said:

> *Care was the first job I got, I tried looking for other jobs, but the only job I could get that required not much work experience was care. I even tried to work in retails jobs, but I didn't get any, I was told I was not qualified although I had done retail courses back in Africa. I got my first job through the internet, and it was in domiciliary care. I didn't have the intention of becoming a carer but that was what was available, I even tried applying for cleaning jobs but didn't get any offers* (Participant 1).

The participant 2 referred to her Africa qualification not being recognised

Participant 5 who was a nurse in Nigeria and in despite having a UK Masters degree in Public Health also stated that it was difficult getting another job stating:

> *Well, there is a lot to it, because with my degree in public health I have tried to look for jobs but most of them (employers) are always asking for the NMC PIN which is a Nursing pin and that has hindered me for a while but now I have just passed the exams and I have started the process to getting the PIN. I have submitted my credential to the council and I'm just waiting for feedback. I was told it could take up to three months to get the feedback* (Participant 5).

It is quite stressful and a difficult journey for migrants to secure their first job. One of the major reasons is the lack of work experience in the United Kingdom and most employers require this before they can start a job. In addition, employers also want a reference from previous employers which they don't have as a new migrant. This makes it so difficult for new migrants to secure their perfect job.

As Participant 6 said:

> *I did a lot of research and I found that there are more health care jobs in the country and that is the job I know I could easily get any time. I spoke to people (if I could remember well) in the college I attended and also went online, I had lot of people telling me of health care and most of the courses were related to health; so I understood lot of jobs exist and when I spoke to people I was advised that I wouldn't go far with accounting job* (Participant 6).

Another participant needed work quickly stating:

> *When I got here, I needed money to fend for myself and the easiest work I could find was a care support worker and I was working in the community as a domiciliary care worker* (Participant7).

Since care work is a low skilled job and no qualification examination or licence is required to start the job, this makes it easier for migrants to work in the social care sector.

4.3.6 Sub-theme: Enables Commitments of Providing Support for Vulnerable Family Members

Another reason why some participants went into care was to provide professional support to their loved ones who are vulnerable and to understand their situation and conditions better.

Participant 9 explained that care work would give her a broader perspective as to how to care for her own family and stated:

> *When you live with people that are vulnerable, because my parents are here and I can tell you vividly they are of age and vulnerable and they have less ability to do things for themselves and by themselves, they need help. I have a friend that has kids with autism and I kind of see how in our culture we don't understand the condition, not until moving to England, then I understood what is happening to them and also with people who have learning disability. It just broadened my horizon and threw in to see what I can offer for help* (Participant 8).

This narrative also shows how much value is placed on family obligations that it impacts the type of job the participant wants to do.

4.3.7 Sub-theme: Flexibility Working in Care Work

Flexibility is another critical factor for the participants; they felt a care job offers flexibility since it is not restricted to 9 to 5 hours of work. They can easily combine their roles as mothers and workers as care workers. They have the flexibility to do morning or night shifts, especially the married participants, who would not need to pay for childcare support at night when their husbands are around. One of the participants gave an example of how she does the night shift to do the school runs in the morning and sleep during the day, while her husband, who also does care, works in the day, and she goes to work when her husband is back from work. It is essential to state that childcare was a

significant issue for migrants. They have few family members in the UK, and childcare is costly and almost not affordable for the migrants.

For single mothers, care work also gives them flexibility, especially for those working as domiciliary carers who have the flexibility to start their shift after morning school runs and take a break during the afternoon school runs and can do their last shift when their kids are in bed. While flexibility means different things to all the participants, most participants explained their flexibility in terms of childcare.

For example, participant 1 stated:

> *It is very flexible, because I have time to drop and pick my kids at school and cook them and also to spend time doing their homework, and the reason I am doing domiciliary care* (Participant 1).

Participant 9 explained how flexibility in her job helps her to balance her role as a mother and care worker stating that:

> *They offer night shifts in the health sector because you have to balance your home by being there for your kids. If your partner has a 9 to 5 job and your kids are still young, you want somebody to be around with them when one is not around, the partner would be available now for their age to put them on the right track before you get back from work. You are certain that they are on the right track and you can categorically say you know what they are doing at a particular time, not that you just leave them in the hands of people because you want to chase money. You have to balance your job and family* (Participant 9).

Participant 11, who is an agency worker, also stated that she does agency care work because of flexibility it gives in terms of going on holiday for a long period of time stating:

> *Care jobs are flexible with agency; I tell them when I am available and when I am travelling. When I get back, I still have my job. I love travelling and I travel a lot* (Participant 11).

The majority of the participants stated that flexibility was the key motivation for working in care, passion for care, and influence of the family. Although care job offer different forms of flexibility to different participants.

This section has discussed the motivations for the participants to work in the care sector, the participants in this research study had no work restrictions on their visa and some were already British individuals. The narrative showed how Nigerian identity, migration status, gender, and employment policies shape the decision to work in the care sector. The following section will discuss the nature of care work.

The theme of "Rationale for Care" delves into the motivations behind Nigerian female migrants' decision to seek employment in the English care sector. It explores their reasons for choosing low-skilled jobs with long hours and modest pay in the care field. Key motivations include having unrecognized qualifications, a genuine passion for care work, family influence, using care jobs as a steppingstone to careers in nursing, the high availability of care job opportunities, a sense of purpose in supporting vulnerable family members, and the flexibility that care jobs offer to accommodate various responsibilities. This theme unravels the complex and diverse factors that underpin their choices.

4.4 RQ 3: What are the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector.

4.4.1: Theme 3A: Nature of Care Work Sector Settings: Nigerian Women Migrants Choices of Care Setting and Experiences

According to the ILO (2012), personal care workers in the health services provide personal care and assistance with mobility and activities of daily living to patients and elderly, convalescent, and disabled people in health care and residential settings. Daily tasks include duties as follows: they assist service users/patients with mobility, personal care, and communication needs; sterilising surgical and other instruments and equipment; observing and reporting concerns to the appropriate medical or social service worker; preparing patients for examination and treatment and participating in planning the care of individuals. Care workers provide direct personal care and assistance with activities of daily living to patients and residents in a variety of health care settings such as hospitals, clinics, and residential nursing care facilities. The summary of the tasks carried out by the participants are listed as follows:

(a) They provide care, support, and treatment to patients and residents of medical, rehabilitative, and residential care facilities according to treatment plans established by medical, nursing, and other health professionals.

(b) They assist patients with personal and therapeutic care needs such as personal hygiene, feeding, physical mobility and exercise, communication, taking oral medications, and changing dressings.

(c) They position, lift, and turn patients when required and help those with wheelchairs.

(d) They maintain patient's environmental hygiene standards, such as cleaning patient rooms and changing bed linen.

(e) They observe patients' condition, responses, and behaviour, reporting the changes to a health professional.

Home-based personal care workers, such as domiciliary carers, provide routine personal care and assistance with activities of daily living to persons who need such care due to effects of ageing, illness, injury, or other physical or mental conditions in private homes other independent residential settings. Their daily tasks categorised are that:

(a) The carers assist the service user with personal and therapeutic care needs such as personal hygiene, feeding, dressing, physical mobility and exercise, communication, taking an oral medication, and changing the dressing, usually according to care plans established by a health professional.

(b) The carers also maintain a record of service user care, changes in condition and responses to care and treatment, and reporting concerns or providing referrals to a health or social services professional.

(c) The carer also positions and lift service user with mobility challenges and helps transport them in wheelchairs and motor vehicles

(d) The carer also maintains service clean environmental hygiene standards such as changing bed linen, washing clothes and dishes, and cleaning the living apartment.

(e) They also provide psychological support to the service user by communicating with them or reading aloud to them.

(f) They are also involved in planning, buying, and preparing meals to meet the nutritional requirements of prescribed diets.

To better understand the choice of care sectors setting and work experiences, the researcher asked the participants what their daily work entails. The researcher will compare the work experience of each participant according to the care sector setting where they work to look for similarities and differences.

4.4.1.1. Sub-theme: Domiciliary Care

The care workers spoke about their multiple roles when they go into the service users house; they could be the cook, domestic cleaner, medical officer giving medicine or even personal shopper, but this will depend on the servicer users' need based on their level of dependency capability, and if they have got family or not.

Participant 2, who works as domiciliary carer explained what her duties involve. She has three clients she looks after and they are bedridden, so her duties involve moving and handling, giving medication, feeding, giving personal care and carrying out cleaning duties.

> *I go in the morning to wash them and give them breakfast and tidy up their houses, make them comfortable, some (service users) help themselves while some have families who help them. Some I give them medications, once I see they are ok, then I can proceed to the next client, after morning calls, I move on to the lunch calls which could sometimes be for the same set of clients. I go to their houses and give them lunch, some of them would need changing (because they are bedridden), so I'd need to do personal care for them and proceed to the next client and after that the next is the teatime* (Participant 2).
>
> *At teatime, most of the time I just give them a snack, some have medications to take, I make sure I give them the medication. Some might need personal care but if everything is ok then I can leave them for the night. At bedtime, for those who use hoists, I make sure I hoist them back to bed* (Participant 2).

4.4.1.2. Sub-theme: Nursing Homes

Data analysed from interviews with participants working in nursing homes, it was found that the carers' duties and tasks vary according to the type of nursing home depending on if it is providing care for people with dementia or people receiving palliative care. It also depends on the time of shift they were working and if the company had enough resources to employ other staff to do the domestic chores or their willingness to employ more staff.

Participant 3, working in the nursing home, gave an account of her daily tasks. The added duties, which were not mentioned by the domiciliary carer, are shopping for the service user. Based on her tasks, she deals with service users who are not independent. The tasks mean all the service users depend on the care workers 100%, which increases their daily tasks. They do the cleaning, cooking, laundry, and shopping as the service users cannot do anything by themselves.

As participant 3 said:

> *In the morning, we give them a wash, change their bedding, pad, clothing, we feed them and put them back to bed if they need rest. We do every necessary thing. Our job has no boundary* (Participant 3)

While Participant 4, who also works in a nursing home has a slightly different duties, as she doesn't cook or do laundry. She also mentioned being involved in social activities with them as she has a mix of the service users, those who are independent and those who are dependent. However, she empathised with the multiple roles perception reporting.

> *We have many duties, but the major one is to support service users, few of them are independent and they can do things themselves but we need to give them some support, like giving them medications and assisting them with their food and giving them personal care* (Participant 4).

She further talked about her daily tasks*:*

> *The first I thing I do to get the service users up and give them personal care and take them to dining area for their breakfast and after that, I take them back to the lounge so they can sit around other service users and play, I assist them with social activities, after which we let them watch TV and interact with one and another, then we give them medication if they have one. I sit with them and have a chat, have fun with them to make them laugh. I don't do their laundry; we have a cook that prepares their food, but we join the kitchen* (Participant 4).

4.4.1.3. Sub-theme: Care Homes

In care homes some service users are more independent than others, and more independent than those service users in nursing homes, which impacts on the tasks the carers do.

Participant 5 who works in the care home gave a description of her daily task and even gave a further description of what happens according to the shift you work stating that:

> *Basically, the work entails caring for the residents, giving them showers, food, personal care, sometimes you sit and chat with them because they need people to talk to* (Participant 5).

Participant 6 expressed her dissatisfaction on how domestic chores takes most of time, and not having a time to build relationship with the service users recounting that:

> *It is a small private setting, we do their cooking, washing, and cleaning up their bedroom. Even the patients that don't have a therapeutic relationship with the staff, we are here to build a relationship with the patient. [But] we are busy doing the domestic jobs and this does not give us time to create a relationship with the service users* (Participant 6).

Participant 4 however stated, *I don't do their laundry, we have a chef that prepares their food, but we can also join in the kitchen* (Participant 4).

Participant 12 works in an organisation where they have service users who are independent and some who are not dependent. She also spoke about her duties in some detail stating*:*

> *We start from 8pm to 8am and the routine of the job is once you get in at 8 whichever floor you are on you need to feed the service users and after feeding them, some might want to go to bed while others might like chilling and watching the TV. So those who are ready to sleep, you help them in personal care and once done, then you can put them to bed. For those watching tv, you will let them watch and you proceed to the kitchen to wash the dishes, then you do the hoovering and mopping, washing the toilet and also do laundry. So, if I finish by 12 and I could sit down, the first thing is checking them hourly. If their bed is wet, I have to change them before coming back to sit. So, it's an ongoing thing and it depends on the floor you work, as some service users are*

> *independent while some are dependent. If you are on the top floor, you then get to finish your work early like 11, you don't have anything to do because they are independent except, they wake up in the middle of the night and want tea which you make for them and also make a toast for them* (Participant 12).

One significant difference that was observed among participants was between those working in domiciliary care and those in care homes. Carers in care homes emphasized the importance of engaging with the service users, despite facing occasional challenges that limited their ability to do so. On the other hand, domiciliary carers didn't commonly mention spending time with service users as a routine part of their daily tasks.

This difference could be attributed to the meticulous time management practiced by domiciliary carers. They work on strict schedules, with limited time allocated for each client visit, prioritizing punctuality to avoid delays when attending to other service users.

It was quite typical for carers in domiciliary care to discuss the concept of 'going the extra mile.' They often felt compelled to exceed their caregiving responsibilities, possibly because additional support for the service user wasn't readily available. This drove them to work beyond the confines of the established care plan. As Participant 2 noted:

> *Yes, I do various work, sometimes they give us our job roles but as Africans we go the extra mile, you can't leave your grandma and neighbour who need help, if you are not meant to do the dishes, you end up doing it, it's only us. Although there is a limit on helping the servicer user outside of the care plan but I try my best to help the servicer users. For instance if your task is just to give medication but the service user is hungry and has no food at home, i can't just abandon them, I often go out to get them food* (Participant 2) .

4.4.1.4 Sub-theme: Hospital Setting

Participant 10 has a different duty to the aforementioned women as she works in the Hospital setting permanently, and her duties involves taking and recording medical observations recounting how:

> *First of all, in the morning, I assist patients with washes, showers or baths whichever they prefer, or whichever we can give them depending on their situations. Then we give them breakfast, if diabetic check their blood sugars, blood pressure, pulse, and other observations making sure everybody is okay, but it's not always the case, some have early warning scores indicating the temperature or blood pressure is not okay, so I have to notify the nurses or doctors in this case. Also, we try to entertain the patient, engage them in activities, but on my ward, it's just too busy right now with so many patients* (Participant 10).

4.4.1.5 Sub-theme: Provision of Training for Migrant Care Workers Across Different Care Settings

There is a range of mandatory training which is important for a carer to do, and these include: Health and Safety Awareness; Food Hygiene; Manual Handling or/and Moving and Handling of People; Safeguarding Vulnerable Adults or Safeguarding Children; Infection Control; Emergency First Aid at Work training. These training courses provide an indication of the level of responsibility that care workers have.

All reported that they had training during induction but only few were able to mention the type of training they had received. Manual Handling and safeguarding was a common training they have all received, which is quite important considering they are working with vulnerable adults. Participant 11 recounted her experience with training stating:

> *We had training on safeguarding, which was very important, it was more safeguarding around vulnerable adults. I had training on medication. I think that was the basic*

> *training, fire, safety and that but there was no training on cooking and all and we are supposed to encourage healthy eating, not food cooked In the microwave, cooking from scratch so I wasn't trained to do that at all and it was a bit of a challenge* (Participant 11).

It is important to note that the training frequency and the type of training received differed among the care settings, and it could be a result of the different tasks carried out. The domiciliary care workers reported that they did their training yearly, while the carer working in the care home mentioned how they obtained training every six month and those working in the hospital stated how very frequently they could access the training and even request training from their line manager when needed. For instance, Participant 1 who works in the domiciliary home stated that she had:

> *2 weeks training of theory and practical, theory was about 7 days and practical was about 5 Days. I receive training every year". Participant 2 who also works in domiciliary stated "sometimes I get training* (Participant 1).

While a home carer stated:

They give a lot of training, before I started the job, they gave 3 days training and in between I got training. When I went on maternity leave, I had to retrain to get back to work. So, when it comes to training, they give us lots of training (Participant 20).

While a participant that works in the hospital stated:

> *I received training for blood pressure, blood sugars. I received training also in one-to-one caring and we receive training, dealing with dementia patients* (Participant 8).

Another participant that works for the NHS but in the community stated that she:

> *… had classroom training for 5 days and after that we had shadowing which your care manager and experienced care staff would go out with you and show you what you were meant to do* (Participant 9).

The participants received general training but not specific training to help the migrant as the Nigerian culture is different from the British culture in term of food preparation.

After reviewing each care setting, the table will compare the task done according to the care settings. In summary, there is similarity of tasks across the care settings, but some differences. Table 4.1 below shows the daily activities carried out in the different settings. The table 4.1 above also shows how more types of work are conducted in domiciliary care, including domestic work compared to the hospital and nursing home settings.

Table 4.3 Summary of Daily Activities Across Care Setting

Daily Activities	Domiciliary Care	Hospital	Nursing Home
Feeding patients/clients	Always	Always	Always
Personal care	Always	Always	Always
Domestic cleaning	Always	Not required	Sometimes based on the organisation
Shopping	Sometimes based on service user	Not required	Not required
Taking observation (pulse, blood pressure)	Not really	Always	Not really
Laundry	Always	Not required	Sometimes based on the organisation
Medication	Always	Always	Always
Cooking	Always	Not required	Not required
Doctors appointment	When required	Not required	Not required

The following section will discuss the factors shaping the daily activities in more detail across the different settings. The profile of participants shows that the participants are more concentrated in domiciliary care and nursing homes than in the hospitals.

4.4.2: RQ 3: What are the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector.

Theme 3B: Factors Shaping Care Workers Experiences of Daily Work Activities

As we can see from Table 4.1 above summarising the daily activities across the care settings within which the Nigerian migrant women care workers highlighting how daily tasks differ according to the care setting. Particularly, it is quite clear that the range of the domiciliary carer tasks goes beyond just personal caring. However, this section is important as it presents the findings of those factors shaping care workers experiences of daily work activities. Focusing on the delivery of care there are a wide range of factors reported to have an effect on the daily activities carried out by the participants and this section starts with the service users.

4.4.2.1 Sub-theme: Service Users Needs

Service users/patients' level of independence is one of the significant factors that determine the task of the care worker. For example, those service users who are not mobile will need the help of a carer to move them out of the bed and back to bed at night. Furthermore, the carer might have to do more than give personal care and food. The carer might have to do domestic work and shopping, which is quite common among domiciliary care workers. Domestic care workers' daily activities vary according to the needs of the client they visit. Likewise, for those working in care homes, where they look after different people with different levels of dependency requirements, therefore their daily activities vary according to the group of patients the carers are looking after. As Participant 2 a domiciliary carer said, *I have different activities, clients are different, some are so difficult, some are so easy and lovely* Participant 2).

4.4.2.2 Sub-theme: Support from Service Users Family

The support from families of the domiciliary service user also impacts the daily activities of the carer. Family members can help the service user to get out of bed, and some might even give them breakfast before the care worker arrives, which will reduce the daily task for the carer, as the following quotes indicate:

> *I have some clients that have families who can help them(Participant 2).*

> *To be sincere the only support I have is that the parents of that girl are good parents, whenever she does something nasty they don't support her and they always call to say sorry and that I am not her slave*" (Participant 4).

4.4.2.3. Sub-theme: Employers' Orientation Towards Care Worker Task Allocation

The employer's orientation and action also had an impact on the daily tasks done by the carer. If the employer is more interested in reducing cost and maximising profit at the expense of the staff, the carer will have more tasks to do as the employer will not employ domestic staff and kitchen staff.

Participant 6, a home carer stated that:

> *It depends on where you work, I mean I work in a place as a carer, you do the toilet, cook food, do their laundry but my present home is not like that, it is just care and you have got no business with domestic duties because they have cleaners, cooks* (Participant 6).

Participant 7 expressed her dissatisfaction, which resulted in her leaving the job as she couldn't cope with her workload recalling that:

> *My employer was more interested in getting work done and sometime you are just three or four and you have got 20 resident and you have to do all of them, so what we do is to share the tasks, washing of clothing, tidying up etc* (Participant 7).

4.4.2.4. Sub-theme: Employment Contracts: Job Arrangement and Task Allocations

Most of the participants were working as part-time staff, and their employment contracts meant they had zero-hour contracts, and they were working at night. Below are the statements of Participant 3, Participant 4, and Participant 19.

> *I work in the night, I do five nights in a week (*Participant 3).
>
> *I was working at night but not I am doing day now because of my daughter and I work 18hours a week, before I had my baby, I was doing 36 hours, I was a full-time staff but now I am on part time* (Participant 4).
>
> *I was a permanent staff before I had my child, and I was working 36 hours a week but I now I work part time on 30 hours a week* (Participant 19).

The job contract of the carer also impacts their task at work. Some of the participants were agency staff or bank staff, which made them experience having more tasks to do than the permanent staff. The permanent staff could take advantage of the agency staff, knowing they are not always familiar to the routine and do not know how things are done there, especially if it is the first time the agency staff is working at that organisation, as the quote below shows.

> *This is because we are an agency, and they believe we have to do all the tasks and they are permanent jobs. But when I was permanent staff, I did the bulk of the job because I am responsible for it* (Participant 8).

Participant 7 also shared her experience of how working as an agency staff member and how being black has impacted her workload. She stated how she has to do the task meant for two people, but she has to do it all by herself. She stated the reason she did the tasks all by herself

was to avoid comment by her colleagues that makes her feel uncomfortable and make her day miserable stating that:

> *As an agency staff, and you are black, you are seen as second-class citizens and they just want you to do all the jobs, even the jobs that are meant to be done by my white colleagues, you will be asked to do the job* (Participant 7).

4.4.2.5. Sub-theme: Shift Patterns and Task Allocation

The shift pattern the carer works determines the task assigned to her. As participant 5 said, *…we have a daily task to do and it depends on the shift you do* (Participant 5).

This explains why some carers have more work tasks assigned to them than others. The morning shift comprises more tasks, which can result in less time for the carer to provide the appropriate personal care for the resident. One participant (5) discussed how the night shift involves doing domestic chore while the residents are sleeping describing how:

> *If you are on a morning shift, you have to shower your resident and dress up and take them from their room and take them to the lounge for breakfast, we have breakfast staff who give them this. When they are done eating, you turn on the Tv for them and do some activities with them like playing cards* (Participant 5).
>
> *If you are on afternoon shift, you do the teatime and serve tea around, water and biscuit and do the toileting where you take them to the toilet because if you don't do that they soil themselves. So you need to take them to the toilet between 3 and 4 then at 5'oclock is when they have their tea(dinner) then you take some of them to bed, not all of them because the night will take them, because we have some people that go to bed by 7 and night staff moved them to bed and check they are breathing, to be sure nobody is dead, and this is every one hour or 2 hours to be sure they have not pass on* (Participant 5).

Another carer (9) also stated she does more work at night relating her experiences:

> *So those who are ready to sleep, you help them in personal care and once done, then you can put them to bed. For those watching tv, you will then proceed to the kitchen*

> *to wash the dishes, then you do the hovering and mopping, washing the toilet and also do laundry* (Participant 9).
>
> *Care work runs for 24/7 and that means they need carers to be at work at all times. The domiciliary care workers often have three to four shifts. The morning shift, afternoon and teatime and bedtimes. In care homes, the shift time varies but they also have 24/7 support: late shift, early shift and night shift. Care workers usually do a long shift, from 8 hours to 13 hours, and work on Saturday, Sunday and on Bank holidays* (Participant 9).

They shared their experience of what happens if they can't work the shift they were assigned. As most of our participants are mothers, they could have a childcare emergency which could affect their ability to turn up for work, and the failure to turn up at work means no pay as most of the participants are on zero hours contracts. They could also face a disciplinary action and disciplinary procedure. Furthermore, if they are agency staff, they might not get a shift with the agency for a long time, or never get a shift again, but if they are permanent staff, they have the option to swap their shift with a colleague at work.

Participant 3 gave an example of the time she was threatened in an attempt to force her to work an unsuitable shift.

> *I was threatened but didn't succumb to it, because it was snowing. I was given a particular shift on Friday but it was snowing on Friday and my shift was on Saturday and I had no mobility to get to work. So I informed them that I can't go and I was told if you don't take it we are not going to give you shifts again and I said fine because my children come first. As a result of this, they stopped giving me shifts for like four days, but when they were short staffed they had no choice than to call me back* (Participant 3).

For this participant, standing firm worked for her benefit in the slightly longer term on that occasion.

Participant 1 who works in a domiciliary care home also stated that she *…doesn't work unsuitable shifts and it's up to you to choose the hours you want to work* (Participant 1).

However, not all the carers were able to behave in this way. Participant 5 gave an example of when she was given an unsuitable shift after stating she was not available to work recalling how:

> *… if somebody calls in sick then they tell you to cover the shift and if you tell them it is not convenient, they will tell you to do it because this person needs to be attended to and somebody has to provide care for service users. You are then forced to work so that they don't lose funding from the clients* (Participant 5).

Another participant stated how she had to change employer and worked as a bank staff in order to have a control of her shift patterns:

> *I changed to bank staff because of my experience in my previous work, the rota was done weekly, and it was messed up, you might not be aware of your rota unless you ring in to request for it. Most times when I'm given unsuitable hours, I usually look for people to swap the shift with and if I can't find a swap it usually leads to an argument, or I have to cancel the shift* (Participant 14).

This participant reported that as a result of her cancellation her hours had been reduced.

Participant 8 noted that she had only just become aware that staff could organise 'swaps' amongst themselves stating that:

> *Actually, I feel pressure to work on certain shifts but after they've done your Rota you can swap shifts with people whoever agree to swap shifts with you. Also, I've recently just found out that you can request a certain number of shifts per month, I think for one week only you can request what days you prefer to work, but if you don't request early enough, other people will take the spots. So the pressure is there but you can swap with other staff* (Participant 8).

These quotes suggest that while shifts offer the carer some flexibility there is a lot of informality in terms of organisation; it takes time for women to understand how the system work and how they make it work better for themselves, and in some cases to get flexibility the carer have to give up some security, for instance take up a bank role.

Some of the participants also mentioned paying for an online course with the agency to have a certificate. This suggests that they need to upskill themselves“ *I have two training courses which I paid for on my own to have a certificate. The online they offer is online.*

4.4.2.6. Sub-theme: Number of Staff Available Impacts on Workload Allocation

The number of staff available directly correlates with the workload, a reduction in the number of staff on duty results in an increased workload for the caregivers present. As Participant 5 states:

> *Sometimes we get short staff, and it is stressing us, because I have seen a shift that we are just three and we have got 20 residents and three people to look after them and what happened is that once we have this situation, we take out bath and we are not bathing anybody that day because there is no how you want to do it. What we do before the beginning of the shift is to see how many people are available if, we are more than the residents would have their bath, if not they are not bathing on that day because you do other things* (Participant 5).

All these factors have an impact on the care worker participant's daily tasks and support previous ideas about the nature of care work, its unpredictability of work organisation, the multiple challenges and stresses which result.

The nature of care work proved to be significantly more complex than participants had initially expected, especially in comparison to the personal care they provided to their relatives out of love. Engaging in professional caregiving necessitated a high degree of sensitivity and precision in addressing people's needs. The participants quickly realized that even minor errors in their work could lead to grave consequences, unlike many other sectors where such mistakes might not have such critical implications.

The experience expressed by participant serves as a emotional illustration of this complexity. Despite receiving training, the practical challenges of the job surpassed her initial

expectations. A seemingly minor oversight, like not returning a key, resulted in a significant incident that prompted the involvement of social services and her employer. The participant's experience highlights the myriad unpredictable situations caregivers may face, underlining the difficulty of adequately preparing for them adequately and as a result the potential for them to be at risk resulting in high-stress, high-impact outcomes.

4.5 RQ 4: How do the intersectional identities of Nigerian female migrant care workers, including their ethnicity, race, gender, and migration status, influence their work experiences and the challenges they face in the English care sector?

THEME 4: Shaping Intersectional Identities Experience and Challenges of Care work.

The theme experience at work relates to the conditions and environment of participants job and this theme is used to answer the research question on the work experiences and challenges faced by Nigerian female migrant care workers in the English care sector, and how these experiences are shaped by their intersectional identities. The sub-themes emerging from the findings are segregation, exploitation, and harassment.

4.5.1 Sub-theme: Segregation at Work

Segregation involves dividing individuals or groups by specific characteristics or attributes, often resulting in their isolation or exclusion from different aspects of social, economic, or political life. Segregation can be based on various factors, including race, ethnicity, religion,

gender, age, or socioeconomic status. The participants in this research experience segregation at work which is majorly based on their race, ethnicity, gender and age.

Feeling like an outsider when joining a new company is a common experience, especially if you are the only newcomer. It can be more comfortable if there are others in the same situation. However, it's reasonable to expect that the manager should foster a sense of belonging and inclusion for all employees. Unfortunately, the participants felt uncomfortable at work and explained how they face racial segregation at work.

Participant 3 described how she experienced discrimination recalling:

> *The first challenge for me was discrimination, when you are at work that you can't talk to your co-workers, not even at break time. The blacks are in separate places and the whites have their own separate place* (Participant 3).

Segregation was also evident, affecting how carers could learn about their job. One participant shared her experience of being left alone on her first day, with no one willing to let her shadow them. Participant 13 stated:

> *It was an elderly level care home, when I first started I found it a little bit difficult, because the workers there already know each other with their cliques, so being new there you are out of the loop, nobody wants to work with you, because you don't know your way around . So I felt a bit left out, because for most people if you are a new person today, they won't learn anything, unless they get stuck in, you have to show them how it's done, although it might take you be little bit back, a little more time to do things but you have to show the new people how to do things* (Participant 13).

The participants encountered racial segregation, which resulted in them being assigned more tasks compared to their white colleagues. Participant 6 revealed that her skin colour affected her workload, as she had to perform tasks intended for two caregivers on her own. Similarly, other participants expressed that their race led to an increased workload, as illustrated by the following quotes:

Because they are white colleague and they just expect you to do more work because they feel you normally do it, so if you don't do it that day, it can actually cause a problem (Participant 6).

Sometimes it is just me that has a lot of tasks, I can't explain it. I have personally observed that sometimes the way the job is shared is not fair and you just have to get on with it because if you challenge somebody, they won't bring back to the work anymore (Participant 11).

…they give you the jobs nobody else wants to do, for example the one-to-one observation… its mentally tiring doing one-to-one with a demented patient for a long time. Before you know it you begin to get paranoid or get frustrated or you start to snap and it can get physical, although I obviously never did any of that. It gets really frustrating and it's hard to stay patient, so on my ward the manager tries to get everyone to swap every 2 hours, to allow somebody else to take over, at least take the pressure off, but this is not always possible when you are understaffed (Participant 8).

The tasks like cleaning, mopping are done by the black people, and the white people don't do such tasks. She was further asked the reason she does all the tasks, and she said the reason is because she's an agency staff as well as she's black. (Participant 13).

For example, participant 3 said:

I have a good relationship with black colleagues but not with my white colleagues. There is discrimination and all the task like cleaning, mopping are done by the black colleagues, and white colleagues don't do it (Participant 3).

Also, participant 4 stated that there are some colleagues you feel relaxed and comfortable working with and there are some colleagues you work with you are not comfortable with. She supported this by citing an incident at work:

There is a particular colleague that I don't like working with and she doesn't like working with me either. Whenever I talk, she will always cut me off, she has been doing this for a while now and I wasn't rude to her. I decided to report her to my manager because I don't like the way she talks to me, and I don't know if my manager has spoken to her about it because he didn't say anything afterwards (Participant 4).

Participant 5 experience isolation at work from colleagues:

> *Sometimes if you say something, nobody wants to speak to you. They have their clique of friends. If you are six or more at work, at the start of the shift we normally select our partners to work in pairs but most of the time they work with their friends. When I started, I noticed everybody works in two and I was alone and I had no option than to do single calls, but when I have to work in pairs the team leader will often group us, and he also insists they work with me. But now most of the time I do the singles …. I don't care about it I just go straight and pick my stuff and do the singles* (Participant 5).

Another also stated she has a bad working relationship with colleagues.

> *I found that they segregate and make it difficult for you. At time they say hello to you but they don't care and won't respond to your greeting and they have it in their head that because they have been there for long they know how things works and they are kind of bossy and I also notice that they have a clique of people they work with and when they have around they tried to make easier and smooth by helping each other because we work on floors. If they finish on the ground floor, they will come to the top floor vice versa. If you are there, they will sort their work out and leave yours for you. Like this morning some of things I thought they have done they didn't do, and I was asking and running to get them done. Among the black people working there, there has been conflict and I'm trying as much as possible not to come with that as well* (Participant 8).

Another carer said:

> *Yes, a fairly good relationship, we are not friends, but we agree at the start of each shift who is doing things, and we try to support each other. I have been to other places of work where we could talk as friends and share meals but this one, we just get our jobs done. This is because they change workers on this one and people work as bank staff so…. you don't see the same set of people all the time* (Participant 11).

4.5.2 Sub-theme: Exploitation Factors and Adverse Working Conditions

Employee exploitation encompasses unfair treatment of workers by employers, resulting in adverse working conditions and inadequate compensation. This study's participants have encountered various forms of exploitation at work, including low pay, lack of breaks, unpaid breaks, and heavy workloads.

All participants expressed dissatisfaction with their wages, feeling that their compensation didn't match the demanding work they performed. They believe they should be earning more than their current wages. Particularly, Participant 5, a senior carer with a master's degree, pointed out that her white colleague with a lower qualification (an NVQ) earns more than she does stating:

> *I know people that have NVQ received more pay than me that has nursing qualification and master's in public health* (Participant 5).

Participant 1 felt that the pay could never compensate for the tasks:

> *The pay can never be enough, because we do the hard job and yet still earn poor wages, we carers get the lowest pay. If we compare ourselves to support workers whose job involves following clients to see what they are doing, we carers do a lot more than the support workers because our job involves cleaning them, feeding, medication, laundry, and a lot more* (Participant 1).

Participant 2 also expressed that:

> *…you only get paid for the time you are inside the house. If the call is 30 mins you are only paid 30 mins, if you have 30 mins travel time that is not paid for* (Participant 2).

This indicates that the terms of her contract do not include travel time. Participant 3 also stated that the *"…pay is the lowest minimum wage in most places…* (Participant 3).

This is also similar to participant 4 experience, who stated there:

> *…has not been an increase in salary since I started working for my present employer.* (Participant 4).

The participants also faced issues related to breaks and compensation, particularly among domiciliary carers. In the domiciliary care sector, official break times aren't provided, and carers aren't paid for breaks. This is because they're compensated solely for the time spent at the service user's home, with these hours allocated in advance.

Conversely, carers in the care sector reported being entitled to a one-hour break. However, some, like Participant 4 who mainly works night shifts, noted that break time is deducted from their wages, and they often can't take a break due to a busy workload. For instance, Participant 4 mentioned: *For the past three days, I haven't been able to take any breaks* (Participant 4).

In the hospital setting, Participant 8 highlighted that while they have official break times, staff shortages often prevent them from actually taking breaks.

> *Yes, you try to, I don't go every time, because you think about it, it's so busy and we are understaffed, and if you get one break that will be good. You can't like to split your breaks into two because we are there from half seven in the morning. Also, you don't get paid for half an hour handover by the way and sometimes you don't get to do handovers, you just get right into work. So, I work from half seven to 8 o'clock, used to be half 9 but they changed it. That was just too long* (Participant 4).

Participant 4 who is an agency worker experiences different work conditions in different organisations but reported how they had: "…refused to go for my shift yesterday because the task is too much (Participant 4).

Participant 5 reported a lack of suitable space to take breaks:

> I work 6 hrs a day and I get 20 mins break, the only bad thing I don't like about the company is that we don't have a staff room, so if you are on break, you have to go and look for somewhere, if you stay in the lounge, service users can call you for help while on break. So, most times I just leave the lounge during my break so you don't get to be called, as we don't have a staff room, sometimes, I hang around the staircase and it is cold outside, you don't want to sit outside (Participant 5).

Participant 8 also stated how her race had an impact on the time she is allocated her break time:

> *Sometimes the manager will prefer to give preference to the white people when they want to go for their own break. Sometimes I always feel that it may be because they are permanent staff. You are not asked first what time you would want to go on your*

> *break but instead the white colleague are asked first what time do they want to go on their break and the requested time for break is always granted, however we black are just told the time for the break and if you question them that why is my break at this time and can I have change it. You will be given excuses* (Participant 8).

Participant 19 in discussing break time, also stated that:

> *I want my employer to introduce break time and allow me to use it for whatever I want. I see no sense in having a 12-hour shift and not rest … In my workplace we don't get breaks* (Participant 19).

The researcher further asked Participant 15 do you work 12 hours without a break? The participant replied:

> *…yes, we don't have breaks. The only thing is that when everybody is settled you can sit down and rest. It's not like we have specific break times* (Participant 15).

All the participants stated that they have heavy workload which is due to their daily task and because they are short staffed. This makes the job stressful for them and it also affects the quality of care they give to the patient and furthermore It also affects the health of the carer as they are so busy to even get water to drink which makes them easily dehydrated and which could lead to them being ill.

One participant said,

> *…do you know how many of us end up with UTIs [urinary tract infections]? Because it's so busy, you forget to grab a drink for yourself* (Participant 8).

Participant 4 who is an agency worker described how stressful work is for her, saying that:

…by the time I finish work my body is not there anymore (Participant 4).

A number of participants described stresses due to the staff-carer ratio. Participant 2 stated:

> *There is so much more work to be done in care homes and it is stressful because they put 2 to 3 carers to 15 to 20 clients. Most of the residential care homes are short staffed*

> *and that is the reason why you work from the start of the shift to the end of the shift* (Participant 2).

Participant 3 also commented that:

In nursing homes most of the time, we are meant to be ten carers but most of the time we are just five carers, just yesterday we were meant to be 4 but we are two" (Participant 3).

Participant 16 stated that:

> *Sometimes we get short staff, and it is stressing us, because I have seen a shift that we are just three and we have got twenty residents and three people to look after them* (Participant 16).

Another participant stated (8) that:

> *… in the NHS little was done about workloads. A lot of time in my ward it's always a kind of struggle, you have to triple-task even, like you're some kind of God. These issues have been brought up and all they say is the NHS is working on it (*Participant 8).

Race also impacts on workloads according to some participants. Participant 5 stated sometimes her white colleagues just expect her to do more wor*k* and that:

> *…because they feel you normally do it, so if you don't do it that day, it can cause a problem* (Participant 5).

A number of examples of exploitation were given, which linked to racial issues. Participant 3 who works in residential and domiciliary stated her experience. She stated that:

> *I feel like a slave when I'm given 65% of the task to do out of the 100% task available to be completed". She was further asked if the service user make her feel like a slave but "she answered no, the service users I work with are good people and only few are racist. Some good ones will always say thank you and appreciate you. My employer is the one that doesn't appreciate us* (Participant 3).

Participant 5 had an incident with her employer on her shift day stating that:

> *He wanted me to cover a shift and he kept ringing me. I had to just had to turn off my phone and I told them I wasn't feeling well to be at works, this led into a disciplinary act, because I was still on my probation period, I decided to leave the job because I couldn't cope with their stress of jumping from one place to the other, it wasn't quite easy for me* (Participant 5).

Participant 2 said sometimes she feels exploited when she called in sick at work commenting that:

> *If you are sick and you are off work as a result of your sickness, my employer doesn't call you to check your welfare. Though, some care coordinators are caring but others are not. Also, if you call to cancel your shift because you have a problem, they don't call back to check if you are ok, they only call to ask if you can work tomorrow or do a call. That makes me feel they don't care about me; they are only interested in you doing the job* (Participant 2).

4.5.3 Sub-theme: Forms of Workplace Harassment

Harassment at work refers to unwelcome and offensive behaviour, actions, or conduct directed at an individual or a group of employees in a work environment. This can be in various forms, including verbal, physical, or psychological abuse.

Virtually all the participants have experienced verbal abuse, and some have experienced physical abuse because of their race. It is reported that their white colleagues do not face the same abuse. 89% of the participants ignore the abuse like it never happened or console themselves that they are working with vulnerable adults who are ill. This implies that only a few cases of verbal abuse are reported to the manager. The participants endure the abuse because they feel lucky to be employed, especially the new migrant with no work experience. They hope things will get better. The verbal abuse experienced is from their colleagues and their service users.

Participant 1 said*:*

> *Some of the clients you visit use some bad language and use swear words, but you just have to ignore whatever they say. I just ignore those things and don't take whatever they say personally. Personally, I don't take things personal and but if a colleague complains, the client's social worker will have to speak to the client, but there has never been any sort of apologies to me or to any of the staffs* (Participant 1).

Participant 2 who works in the domiciliary sector also talked about difficult service user and cited an example:

> *…some service users won't let you in their home to do your work and there are some service users that don't know what they want, you ask them some questions and they won't respond to you and there are some that are racist* (Participant 2).

She was asked what she meant by being racist and said*:*

> *Some clients treat you differently from the way they treat your white colleagues. Sometimes even black clients give more respect to white colleagues than black staff…..some treat you as a maid, the way they talk to you, they just order you to do things but some do appreciate you and they are also nice with you and also treat you with respect* (Participant 2).

Another participant (8) who works in the hospital also stated that she receives verbal abuse from servicer users stating:

> *But in my ward a lot of us get these insults because we are coloured, some of the patients don't like coloured people. As regards the staff though, my ward is quite diverse with various races, black, Indian, Asian, so you can't be racist towards another staff* (Participant 8).

She also had a compelling story of being abused by a black person but from a different ethnic background stating that:

> *…a couple of days ago, there was a Jamaican lady, who wasn't demented but was aggressive, although she couldn't get up to like physically to attack me, but she would refuse everything, food drinks medications everything. She was black lady though, but she called me a f**** black cunt* (Participant 8).

Participant 4, who works in nursing home said in her previous job whenever she was walking past the service users called here names because she is black*:*

> *Most of the time I don't pay attention to what they are saying but my manager often draws my attention to it and he always asks them to be polite and not to be rude to me, he also informs them to apologise to me and they do apologise (*Participant 4).

She also shared her experience of abuse from a colleague at her recent job while working on night shift stating*:*

> *When I was working the night shift, a senior colleague was rude to me, as I am the youngest among my colleagues. I often ignore her attitude because I respect her, however she doesn't respect me and my other Asian colleagues. There was a day she was rude to me, and I was really provoked by her attitude, I had no option than to tell her off. I simply told her I have had enough of her bad behaviour, and she needs to respect me. She was using abusive words and was swearing at me. I calmed myself down, but I also realised I have had enough of her attitude, so I decided to report her to my manager, but the senior colleague is still doing the same thing. So, I had no option but to stop working at night shift and just do day shift to avoid this lady* (Participant 4).

Participant 16 stated:

> *I was scared because some people don't just accept you seeing your colour, they tell you they don't just want you. Seeing you as black makes them swear at you and they just want you to get out of their room but because you are there to help, you try as much as possible to be patient with them and see if you can actually render help."* (Participant 16).

Participant 19 also stated that:

> *Oh, we do, in fact I was at work last night and a patient was verbally abusive to me because she said I didn't lock the door after me, and she started running her mouth and saying all sort of things but I just kept quiet* (Participant 19).

The above quotes show there are multiple sources of verbal abuse that these carers face, both from service users and colleagues, with the abuse sometimes but always ignored by managers**.**

A number of participants described physical abuse they endure. Participant 5 stated that:

> *At times you have some difficult residents, there is a particular resident that is always slapping, kicking, and biting people to the extent that you are afraid of going to work because each time you go to work you are sure of getting a bruise before coming back home* (Participant 5).

Participant 13 who works in a hospital with dementia patient also reported a case of physical abuse:

> *Oh yea, you'll be surprised what I've had. I was punched twice by two different people yesterday. It will be a shocker in the system, if you come out of work without any bruises on you* (Participant 13).

She was further asked what was done when it happened? Surprisingly, she said nothing, and it is because they have dementia, but her safety is at stake stating that:

No matter how aggressive the patients are, the management wouldn't do anything about it, the excuse is they've got dementia which is understandable because dementia plays a big role in how the brain works so it can have a massive impact (Participant 13).

The participant was later asked if she has medical insurance and she said no and she was later asked, who is responsible if anything happens to her at work? Participant 13 commented:

> *Well, if the patient attacked a staff member, the management just responds that the staff has had training and asked them why they didn't utilise their training to escape. While undergoing training, I asked these questions, and was told to utilise my training. So if you get injured, you get paid for the off-sickness and that's it* (Participant 13).

Another participant (11) gave an account how she was almost sexually abuse and how the management handle the situation stating that:

> *There was a time I had to look after someone who was on sex offender list, and we all knew this had to be 2 staff to this person. I came on shift and I discover I was the only one who was present and I asked about the other person who was meant to do night shift and they said to me that there was nobody and this person is calm and that been sleeping and everything should be fine.[However] at night the story change and this person became very agitated, it was so bad that I had to call the police and when the*

> *police came the first thing they said was it is this company again and the police confirmed that the company is always breaking the rules of the law and that I was wrong to work alone with a person on a sex offender list so, it looks to me that even the police knew the company* (Participant 11).

While charges were made against the man and the carer was called to court, she was pressured to write a letter to say she would drop the charge against him because the company did not want to lose the person's funding from the council. After all, if he did go to prison, they would have lost a client, and to them, it is a business. As a result, the participant resigned and left the company. The participant felt terrible and helpless at this point, and she had no clue what to do or where to seek help other than to resign and leave the job.

4.5.4 Sub-theme: Perceptions of Lack of a Voice at Work.

70% of the participants feel they do not have a voice at work and their white colleagues have more voice than they do. One may think this is because of the language barrier. However, it is not because an average Nigerian has a degree and would communicate clearly in English, and as previously mentioned, most of the participants are graduates. Some of the participants attribute their lack of voice to being black. Participant 3 commented that:

> *I feel people voices need to hear more and we have got a lot of black people in care because of the country and colour there is preference for white people before you* (Participant 3).

Another avenue to have a say at work is joining the union; most participants were not members of the trade union. The top reason for not being a trade union member is the lack of awareness about the trade union their activities. This reason was cited most among those working in domiciliary and care homes. However, the participants working in the hospital

were aware of the trade union, and their reason for not joining is because of the cost impact on their *salary.* Participant 8 confirmed this stating that:

> *I just didn't think these things are important, so I didn't join anything. There are NHS health insurance and stuff, you must pay extra for these things. I mean it's not free just because you work in the NHS, they'll be taking more money out of your pay check before it comes in your account* (Participant 8).

Participant 5 also doesn't want to join a trade union as a carer because she doesn't want to spend money. However, she stated she will join the trade union when she's a nurse and commented that:

> *I didn't join the union as a carer, but I have heard about them, and I didn't join because I will be paying £10 a month which I consider to be expensive. I couldn't afford it* (Participant 5).

Participant 6 had a similar view stating:

> *I joined as a student nurse not as a carer, I'm not a member of a trade union as a care worker and I have only heard of trade unions when people get into trouble at work and people ask trade unions to support the person and no employer has explained to me* (Participant 6).

The participants working in the domiciliary care home said their employer listens to them when they have a concern at work. While participant 3, who works in the nursing home, does not feel she has a voice at work. She stated that:

> *...the only people that listen to us are either mixed race or black managers not the white manager*" (Participant 3).

The above response is also similar to participant 4, who works in the nursing home.

Participant 5, who works in the care home, also reported that she doesn't have a voice and gave an example stating that:

> *Sometimes you say something, but they are not ready to do anything, and they tell you to keep managing the client and there is nothing they can do - they don't want to do*

> *anything until it gets to the worst before they act. They believe they will lose some money. But the service user could be moved to another care home that has the speciality in dealing with difficult residents. We had a case of a resident that was abusing another resident, and it became very difficult to monitor such a person because most of the time we are short staff, so they later decided to move him out of the home when the situation got worse. They often tell you it is not so hard to deal with the person*. *I feel people's voices need to be heard more and we have got a lot of black people in care, but because of their country and colour there is preference for white people before you* (Participant 5).

One participant attributes her lack of voice at work to her age commenting that:

> *I think it's more because of the age, where I used to work because I'm younger, you have less say, and you're more on the backseat. To be honest at the time I was happy to be in the back seat, just watching people, I was just there to get experience, learn how to handle people, of which I now have experience*." (Participant 8)

Participant 16 also stated that:

> *I still need to join but I am looking for someone to put me through. I don't know anything about it or the process (*Participant 16).

This raises the question of how employers deal with direct complaints from carers. The narratives from the participants revealed how the participants attributed the lack of voice to race and age.

4.5.5 Sub-theme: Complaint Handling

Most of the participants didn't feel any support from the manager when they raised a complaint at work. Participant 1 stated that:

> *If you report an abuse from the service users, you will be told that you are taking care of them and don't know they are sick, and you should ignore them and don't take whatever they say personally* (Participant 1).

Participant 3 cited an example of how when she raised an incident with her manager no action was taken. She said:

> *I spoke to my manager, and he directed me to a care home manager but I told him, he won't help me as I am doing night and this person is doing day shift. I informed him that I needed someone I could see during my shift time but that was not possible and that was the end of my concern. And there was also another time I raised an incident and my manager said he was going to fight for me but he hasn't done anything on the issue (*Participant 3).

Participant 4 reported a similar case of having been abused by her colleague and when she informed her manager no further action was taken and stated that*:*

> *She was abusive and was swearing at me and I told myself to calm down but also I realised I have had enough, and I reported to my manager but the senior colleague is still doing the same thing and I decided to stop working at night shift to do day shift because of this lady (*Participant 4).

Participant 5 also expressed her dissatisfaction with managers' responses:

> *I don't really feel comfortable when you complain about anybody who has done anything to you, the only thing the manager will tell you is sorry or go and treat yourself. If you have sustained a bruise at work, they just apologise to you and ask you to document it. I witnessed a colleague injured at work caused by a service user and she was just taken to the hospital and was on sick leave for 2-3 days and I'm not sure if they will pay her* (Participant 19).

4.5.6 Sub-theme: Coping Mechanisms

Most participants seek help from family and friends outside of work to deal with work-related issues. They also have positioned their minds to ignore things rather than react to issues at work, and some of them believe these are everyday work issues to be experienced as migrant and black care workers. The participants also tried to work where their friends and family were working. Those who have the liberty to select their shift preference always ask their friends where and what time they are working so that they can be work buddies, which reduces discrimination and segregation at work. While the researcher was interviewing, two

of the participants were friends and worked together on the same shift, thus improving their work experience.

Participant 3 statements reflect the decision to ignore issues at work stating that:

> *It doesn't bother me because I am just there for 30 mins just to do my job , so it is not my business the way you treat me, as long as it doesn't hurt anybody* (Participant 3).

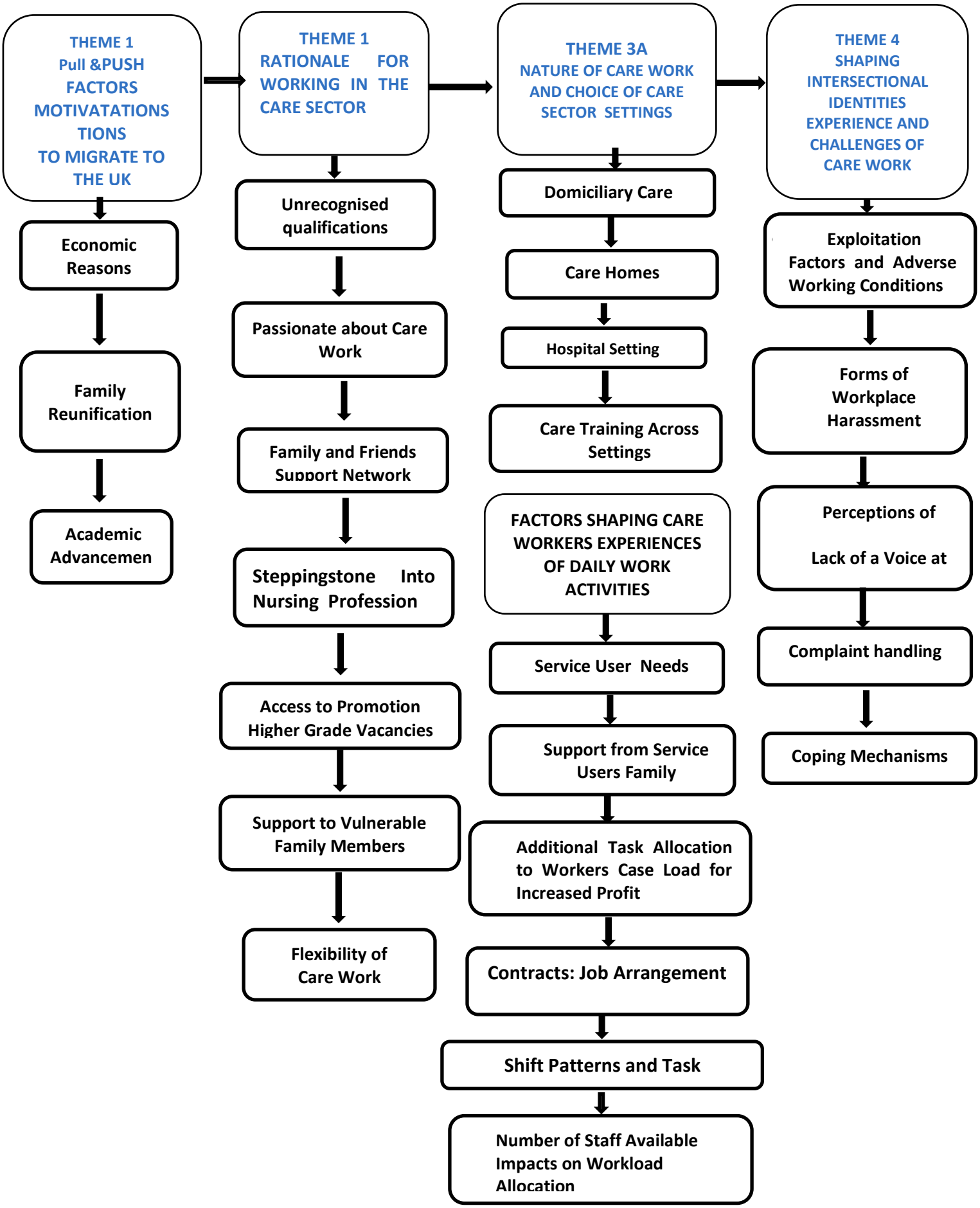
While participant 18 statements reflect how she sought help from family and developed herself more using the YouTube for seeking additional support commenting:

> *Well, there are times when you know this is what you have to do, you just need to find a way of coping. For instance, the fact that I have got family member here I got support from family members who put me through especially regarding cooking and how to serve meals, there were times I would quickly ring and ask somebody to talk me through how to make a particular meal because I have a very good basic cooking skills and somebody could just talk me through it over the phone and I will cook as instructed and then I just listen more, although they were times I had to go on YouTube to listen to certain accent and someone gave me a link where I could learn how to understand British accent more, it wasn't easy but I found a way around it at the end* (Participant 18).

4.6 Conclusion

This chapter presented the findings which are outlined in Figure 3.1 below, were derived from an empirical investigation involving 20 Nigerian female migrant care workers employed across diverse care settings.

Figure: 3.1: Outline Findings of Categories and Themes and Sub-themes from Data Generated



The participants' motivations for migration encompassed educational, economic, and familial factors, with a strong inclination toward working in the care sector. Their motivations were driven by a genuine passion for care work, the influence of family members already employed in the field, aspirations to use care work as a stepping stone to a career in nursing, the abundance of job opportunities within the care sector, and a desire to acquire skills to support vulnerable family members.

Findings are also presented which reveal the nature of care work in care work sector settings and summary of the tasks carried out by the participants. This is followed by detailed findings from the data analysis which provide evidence of factors shaping care workers experiences of daily work activities. Findings include a wide range of factors reported to influence the variety of daily activities carried out by the participants.

This chapter also presented the findings of the working conditions and challenges experienced by the participants shedding light on the hardships they encountered in their roles, which contributed to their overall unfavourable work experiences.

The subsequent chapter will undertake a comprehensive discussion, interpretation, and synthesis of these findings, linking them with existing literature. This will be accomplished through the lens’ of the push and pull theory and the intersectionality theory.

CHAPTER 5
DISCUSSION

5.1 Introduction

This chapter provides a reflective discussion of the qualitative findings based on the literature, and an in-depth interpretation, analysis, and synthesis of the findings and answers to the research questions. The research in this study was undertaken with the aim to explore and critically understand the workplace experiences of Nigerian female migrant care workers employed in the English care sector, with a specific focus on the intersecting factors such as ethnicity, race, gender, and migration status. A qualitative method was adopted to achieve the aim of the study with in-depth face-to-face interviews with twenty Nigerian female migrant care workers. This research focused on low-paid care workers, as previous research on Nigerian migrant health workers has focused on the highly skilled healthcare immigrant workforce such as doctors and nurses (Aboderin, 2006; Healy & Oikelome, 2007). This study is a holistic account of participants' paid caregiving experiences across all care settings in England.

This study was guided by several research objectives and research questions, and the findings from the qualitative research were presented in chapter 4. The intersection of race, class, and gender is a ripe research area for macro policy investigation and the micro implications of providing care as a migrant woman of colour. This study used intersectionality as a lens to understand the lived working experience of the Nigerian female migrant care workers as intersectionality is an essential means of exploring discrimination and unequal treatment.

Studying Nigerian migration's gendering is helpful to understand how migration patterns vary by sex and nationality and show differences and similarities among the women. Overall, migrant care workers in this study portrayed complex dynamics that affect their work and personal life as paid caregivers.

It highlighted the ways in which the employment practices of the care sector organisations and companies' macro structural approaches to management policies and practices were perceived to have affected the work experiences of the Nigerian female care workers It also identified specific actions employers carried out during staff shortages by adding additional activities and increasing workloads during working shifts without additional pay to maintain their profit margins.

The following sections are organised into four sections outlining the main key factors emerging from the findings closely considering the four research questions (it is noteworthy to highlight sections 5.3.and 5.4 respond to research question 3) whilst at the same time answering the aims and objectives of the study and critically compares the findings with existing literature and studies by emphasising the similarities and differences.

5.2 The Push and Pull Factors Motivating Middle-Class Nigerian Women Migration to the UK

The findings reveal that the main motivations to migrate to the UK were economic reasons, academic advancement, and family reunification. Lee (1966) argued that four factors affect the decision to migrate: factors associated with the area of origin (push factor), and factors associated with the area of destination (pull factor); intervening obstacles; and personal

factors. Lee's theoretical framework has been employed to discover the motivational underpinnings of Nigerian female migrant care workers' migration to the UK.

5.2.2 Push Factors

5.2.2.1 Economic Crisis in Nigeria: Middle-Class Women Migrants Motives to Migrate

The negative push factor in the area of origin is Nigeria's economic situation. As previously stated, Nigeria's economy is characterised by a high unemployment rate, insecurity, environmental degradation, lack of enabling social infrastructure, political repression, and extreme poverty. Those migrating from Nigeria have been portrayed by the media, political and academic literature as desperate people fleeing chronic poverty, repression, and violence and trying to enter the elusive mythical city of 'Eldorado' of the developed world (Akinrinade & Ogen, 2011). This is right to an extent; however, it is essential to note that Nigerian citizens living in abject poverty have fewer opportunities to migrate to the UK due to the high travel costs and limited work permit options. The Nigerians that might be classified as lower class (poorer, less educated) tend to migrate to neighbouring countries, where the travelling cost and cost of living are affordable.

This study is different from McGregor's (2007) finding on Zimbabwean migrants. Zimbabweans of all social classes migrate abroad to ensure basic survival, escape brutal attacks, or meet aspirations for accumulation and education. None of the participants in this study mentioned brutal attacks as a reason for migrating from Nigeria. Because, unlike

Zimbabwe, Nigeria is not currently going through political unrest. Another explanation to why these Nigerian women in the UK are not the people living in abject poverty is that the people living in poverty are more likely to live in rural areas with minimal access to social amenities and no connection to the outer world. As a result of these limited resources, the poorer Nigerian females are less likely to migrate to the UK. None of the participants describes themselves as poor when talking about their reason for migrating from Nigeria.

What is striking about many of the participants in this study is they are mainly well educated and have occupied middle class jobs and simply occupy middle-class status in Nigeria. This is one of the compelling insights gained out of this study emerging from the qualitative analysis of the reality of the Nigerian women's motivations for migration to the UK making visible their middle-class status. This study findings correspond with UNDP (2009), which argued that it is not the poorest of the poor that migrate. What is significant is that this study reveals that most of the participants are from the socio-economic middle-class; that most are well educated and were working in middle-income jobs before migrating to the UK. This suggests that the socio-economic class of Nigerian women plays a significant factor in the motivation to migrate to the UK with the expectation that they will be able to transfer their middle-class status across international borders and secure middle-class jobs and middle-class social group connections in the host country. Looking to the literature to explain this phenomenon of middle-class migration poses a problem Scott (2019) argues that migration researchers have in the past tended to focus on social extremes: polarising the groups into either highly skilled elites, on the one hand, or low-wage workers on the other with less attention given to ordinary middle-class movers from reviews hence the dearth of literature. Scott (2019) also points to one of the principal motives behind middle-class migration which is to ensure their

socioeconomic status and income and the perhaps class advancement either for the migrants themselves or for subsequent generations.

The finding of this study is similar to Aboderin's (2007) study on Nigerian female nurses in the UK. She argued that the Nigerian nurses did not live-in abject poverty before coming to the UK but rather aimed at attaining higher socio-economic middle-class status and future prospects for themselves and their families back in Nigeria. Similarly, in the US, it was found that Nigerian women work hard to live comfortably by making sure they do not go below the middle-class margin (Reynolds, 2006).

5.2.2.3 Poor Quality of Nigerian Education System: Middle-class Migrants Drive for Quality Degrees and Academic Advancement

Another push factor is the poor quality of the education system in Nigeria. These participants were also motivated to migrate to the UK to pursue education. Past literature revealed that there are several problems with the Nigerian educational system: poor funding, which led to inadequate educational infrastructures; inadequate classrooms and teaching aids (projectors, computers, laboratories, and libraries); the paucity of quality teachers, and poor structural conditions and polluted learning environment (Odia & Omofonwa, 2013). The increasing population of Nigeria has had an impact on the quality of education. Nigeria's population is currently estimated at 154 million people, and this has been on a steady rise in recent years. However, the available social amenities are not commensurate with the increasing population.

An increase in population will likely increase the number of students seeking a higher education degree. However, the Nigerian higher education system's ability to fulfil this responsibility is frequently thwarted by finance, efficiency, equity, and quality (Asiyai, 2013). The combination of the flawed Nigerian educational system and the increase in the number of students seeking admission into the university has increased the number of students travelling outside of Nigeria to access and acquire education.

This study's findings reveal that most participants came to the UK to study, which corresponds with the migration statistics report that lists Nigeria among the top ten countries of origin for first-year international students in UK higher education institutions for 2018/19 (Walsh,2020). As of May 2021, statistics show an increase in the number of student visas issued to Nigerians during the pandemic, while there was a decrease in visas issued to students from other nationalities (Office for National Statistics, 2021).

The Nigerian labour market also encourages people to get educated to get foreign degrees because foreign degree holders have better job prospects than Nigerian degree holders. Much value is placed on foreign degrees, as evidenced by the large percentage of Nigerian leaders with foreign qualifications. However, due to the developing economy, many students who complete their graduate degrees in the UK and other foreign countries often try to stay back in the UK to work due to the high unemployment rate in their country. As a result, Nigerians will continue to be motivated to migrate out of the country. The finding shows that the participants were seeking to educate themselves further to be financially independent and live a better life. Whether participants stated economic or academic advancement as motivations for migration to the UK, the end goal was to have better lives than what they had in Nigeria.

Previous literature has stated that women migrate for gender-related abuse such as genital mutilation, abuse in the marriage, and forced marriage (Ferrant & Tuccio, 2015; Jolly & Reeves, 2005). While it is valid to a large extent, the only gender related reason stated among the participants was to give the children a better opportunity. Gender abused related reasons was not stated as a motive for migration among the participants. The participants' absence of abuse in marriage cases could be because it is unlawful and punishable under Nigerian law.

5.2.3 Pull Factors

5.2.3.1 Migrant Women's Drive for Academic Advancement and Choice of UK University Degrees and Qualifications

The educational system in the UK was identified as a significant pull factor that made participants choose the UK over other high-income countries in their pursuit of foreign qualifications. Many universities in the UK often send representatives to Nigeria to host recruitment exhibitions, during which prospective applicants get opportunities to learn more about the schools beyond what is made available on the school website. The universities achieve recruitment of students through one or more of the following measures: (i) Delegation of representatives to Nigeria to host exhibitions during which prospective applicants can learn more about the institution (ii) Employment of local consultants in Nigeria who conduct local advertising and help with visas and immigration (iii) Utilisation of enrolled Nigerian students as advocates, thereby fostering a sense of community and compatriotism (iv) Provision of partial scholarships, tuition discounts, and waivers. Lastly, the UK government

also indirectly attracts prospective students to the country through an attractive incentivised visa system. The recent policy change that allows international students to obtain a 2-year post-study visa is positively received among international student communities. This change in government policy could be responsible for the increase in the number of Nigerian students in the UK in 2021 despite the global COVID-19 pandemic (Office for National Statistics, 2021).

Hussein et al.'s (2010) analysis of migrant workers revealed variations in motivations to migrate based on nationality. They found that migrants from EEA countries were likely to state a passion for learning the English language as their top motivation to migrate to the UK. At the same time, this was less mentioned among commonwealth migrants that spoke English as a first language. Those findings are like this study's findings as Nigeria is a commonwealth country. None of the participants mentioned a desire to learn the English language as their motivation to migrate to the UK. All participants communicated well in English, the official first language. The average educated Nigerian is fluent in communicating in English, albeit with an accent. This study agrees with Hussein et al. (2010); that Nigerians migrated for study and family purposes which will be discussed in the following section.

5.2.3.2 Migrant Women Decision to Migrate for Family Reunification and Relocation with a Family Member

The UK is one of the most preferred destinations, being a former British colony, with the commonality of the English language as the official language and the relatively short air travel distance from Nigeria. Another factor that attracted the participants to the UK was having a settled family member in the United Kingdom or relocating with a family member. It was the second-highest reason stated among the participants. The participants had various reasons

for coming to or relocating in the United Kingdom. Some arrived to reunite with family members already residing in the UK, while others relocated alongside their families. Some came with the aim of providing their children with better opportunities and a brighter future in the United Kingdom.

Some of the younger single participants stated that they migrated because their parents and other relatives were already in the United Kingdom. They added that this fact made it easier to acclimatise and settle in the UK, aided by the foreknowledge and support of their relatives. A supporting argument for this is that all the participants were women and were not solely responsible for the migration decision.

Family reunification and relocation to the UK were both important motivations for the participants to migrate to England. The participants had various reasons for coming to or relocating in the United Kingdom. Some arrived to reunite with family members already residing in the UK, while others relocated alongside their families. Some came with the aim of providing their children with better opportunities and a brighter future in the United Kingdom.

This is understandable as the extended family and social support networks remain an important part of the cultural norms in Nigeria. In support of the findings of this study migration literature provides evidence that due to globalisation and an inevitable result of migration, an historical phenomenon of social organisation and the emergence of transnational families marks the development of family and kinship relations (Bryceson 2019), McCarthy & Edwards, (2011) present empirical and theoretical research on different aspects of international migration including gender and migration. They argue that part and parcel of such familial relationships is the maintenance of familial connections, kinship ties, the collective

belonging to a family unit with experiences of shared welfare, shared responsibilities, caring arrangements, participation in social reproduction and group consumption whilst negotiating migration and care life cycles as transnational family relations.

This study findings confirms Bryceson's (2019) research found under globalisation and inevitable result of migration an historical phenomenon of social organisation of transnational families has emerged marking the development of 'familyhood' relations which cuts across national borders (Bryceson 2019). As Bryceson (2019) confirms: 'transnational families are not new but are more than ever before and are an evolving institutional form of human interdependence, which serve material and emotional needs, in the twenty-first century's globalising world. The transnational family constitutes a multi-dimensional spatial and temporal support environment for migrants, as well as providing motivational impetus for migration'.

5.2.3.3 Other Personal Factors: Migrant Single Mothers as Economic Migrants

There were variations in the findings between married and single women participants, showing how personal status influences migration decisions. This study found that married Nigerian women were less likely to state economic reasons as their motivation for traveling. Most of the participants were not the family's breadwinners; furthermore, the married women did not make the sole decision to migrate. However, the married participants spouses may have made the decision to migrate with an expectation that they can easily transfer their middle-class status to the UK, secure middle-class professional jobs and social class status which is discussed by Scott (2019). However, those participants who were single mothers who have full responsibility for looking after their children specified economic reasons in Nigeria

as reasons for migrating to the UK were single mothers. These participants were more motivated to improve their economic position and moved to get better lives for their children. This suggests that these Nigerian women migrated as independent economic migrants.

The decision to migrate is not an easy task, as this study shows how participants did not solely decide to migrate, especially the participants that migrated for family reasons. Their parents or husband decided to migrate, and they had to accompany them. This research describes motivation to migrate as a magnet where the push factors are primarily negative in the country of origin. They attract the positive factors, which are the pull factors in destinations. For migration to be complete, the migrant must have enough resources to embark on the migration journey.

This finding is significant because it examines the characteristics and motivations of participants in migration. The findings reveal that most participants are from the middle class and have a background in education and middle-income jobs before moving to the UK. The study identifies push factors, such as economic challenges and poor educational quality in Nigeria, and pull factors, such as the appeal of a settled family life in the UK, a better educational system and the proximity between the UK and Nigeria.

Importantly, the study shows that the main driver for participants is the pull factor, especially the presence of a settled family in the UK and the desire for quality education. This challenges the common belief that economic factors alone dictate migration decisions. However, the study findings suggest that the socio-economic class of Nigerian women plays a significant factor in the motivation to migrate to the UK with the expectation that they will be able to transfer their middle-class status across international borders and secure middle-class jobs

and middle-class social group connections in the host country and with the aim of provide their children with better opportunities and a brighter future in the UK. In essence, the study uncovers a nuanced interaction between push and pull factors, highlighting the importance of socio-economic class indicating the pull factor to maintain a middle-class social status and lifestyle in the UK_ and for some the push for economic reasons, for reunification and relocation for established family support networks and for access to quality recognised higher educational opportunities as the key motivators for participants.

5.3 Factors Shaping the Experiences of Organisational Working Conditions in Care Sector Settings

5.3.1 Factors Shaping Experiences of Training and Ongoing Individual Professional Development Plans for Migrant Care Worker

This study reveals that the participants are subjected to suboptimal working conditions, significantly influencing their overall work experience. This aligns with prior literature, such as McGregor's (2007), which posited that migrant workers tend to be predominantly concentrated in care positions characterized by challenging working conditions. McGregor's (2007) findings resonate with the results of this study. Nevertheless, it is crucial to note that the quality of working conditions can vary across distinct care sector care settings.

This study findings reveals that all participants underwent training both before commencing their jobs and periodically during employment. The frequency of training varied among employers, with some participants perceiving the training as adequate for their roles, while others believed it did not accurately represent the demands of the actual job.

This research contradicts Gordolan and Lalani's (2009) study, which reported that only 30 percent of their participants had received some form of eldercare training. Notably, certain participants in our study noted that they had to bear the cost of training before initiating their employment, aligning with Doyle and Timonen's (2009) findings, which emphasized the necessity for migrant care workers to complete intensive training, and having to personally pay for their own training courses. Doyle and Timonen (2019) also documented that migrants often had to work initially on a voluntary basis to gain experience, a phenomenon not observed among participants in this study.

A noteworthy discovery, particularly among domiciliary care workers, pertained to the absence of training on cultural considerations in the host country, such as meal preparation integral to their job. As such, participants expressed difficulties in preparing English meals when starting their employment. Additionally, participants in hospital settings enjoyed a notable advantage over those in care and domiciliary sectors, as their training encompassed a broader set of skills, including phlebotomy and taking and recording vital clinical measurements.

5.3.2 Factors Shaping Migrant Workers Experiences of Employer Contracts of Employment and Terms and Conditions at Work

Previous literature has emphasised the concentration of low paid and migrant workers in the care sector. Despite this low pay, participants in this study reported being cheated or robbed of their contracts of employment and terms and conditions of work, employee benefits such as break time and maternity leave. One of the participants narrated her experiences of having to demand maternity pay benefits from her employer. Participants also reported not taking break periods, which was deducted from their salaries. This is consistent with Gordolan and Lalani (2009) and Kalayan (2014) findings that more than 50 percent of migrant care workers reported that they could not take rest breaks. The participants' reasons for not taking rest breaks varied based on their employers. The hospital staff tends to forget rest breaks because they are overworked and short-staffed.

The participants working in nursing and care homes, especially those working at night, reported how they had been told they are not allowed rest breaks because it is the night shift and get less busy when the service users are sleeping. This was supported by the study by

Wendsche et al., (2017) stating that nurses and other healthcare employees experience a high level of disruptive interruptions, thus limiting control over their work and consequently rest breaks are often missed, interrupted, or delayed. For those migrant care workers employed by the NHS there is a NHS Terms and Conditions of Service Handbook setting out the conditions of employment and legal agreements to all non-medical staff by NHS organisation (https://www.nhsemployers.org/publications/tchandbook).

According to the UK law on rest break directives (https://www.gov.uk/rest-breaks-work), rest breaks of thirty minutes in total are mandatory for both occupational groups on days with more than six hours total work time which is typical for all care work occupational settings. Most of the participants are not aware they are entitled to rest breaks when working for more than 6hrs (https://www.gov.uk/rest-breaks-work). The findings also revealed that those who went for rest breaks were told not to leave the office premises. The responses from the participants suggest that the participants are disadvantaged based on their colour as they felt they were not asked about their preferences for break time and while their other white colleagues enjoyed the privilege of being asked for their preference for breaktime.

It is also a legal requirement for UK employers to pay statutory sick pay to employees who are too ill to work. Employees are entitled to sick pay if they earn an average of at least £120 per week, and agency workers are also entitled to statutory sick pay (gov.UK). Most of the participants stated they were not made informed that they were entitled to sick pay, and they felt working with an agency meant they were not entitled to sick pay. The only participants who reported being entitled to sick pay were those working within the NHS care settings.

An employment contract is an agreement that sets out an employee's employment conditions, rights, responsibilities, and duties. Most of the participants received the contract,

but many of them participants did not read it. The participants that read it described it as being long and vague, and the contract did specifically did not include domestic duties.

This finding of this study agrees with past literature (Cangiano & Shutes, 2010) that the underfunding of social care for older people reflects the low pay of care workers and the provision and quality of training and terms and conditions of work experienced by the Nigerian women care workers is variable available across the care sector settings in which they are employed. However, this study suggests that participants are at a double disadvantage because they are concentrated in the private sector with lower pay levels and poorer terms and conditions of work.

There are, however, better conditions and opportunities for staff employed in the NHS and local authority sector than in the private sector. This finding is consistent with Baylis and Gideon's (2020) reports that stated that most care workers (78 percent) are employed in the private care sector and seven percent of jobs are located in local authorities. This study also reveals that participants are limited to working in the private sector. This is because many jobs are available in the private sector and structural restrictions operating, compounded with the migrant identity and migrant status limit their job options as their Nigerian qualification was not recognised to get a skilled job. Furthermore, private employers are desperate for staff, so as an enticement tend to make recruitment easier for migrant workers to work in this area, which reduces their labour shortage and labour costs at the expense of the migrant workforce.

5.4 Structural and Individual Factors Shaping Migrant Women's Decision for Working in The Care Sector

The finding suggests that the migrant women's decision to work is based on structural and individual factors. The findings revealed that the motivations propelling Nigerian women migrants, specifically those engaged in care work, are to seek employment in the UK. The decisions identified encompass the structural factors of the high care sector labour shortages and availability of care jobs; the challenge posed by unacknowledged certificates and accreditation of prior learning and lack of accreditation for prior professional occupation experiences and lack of experience and references in the UK for vacancies in migrant women's preferred qualifying sectors. On a positive note, individual factors included their cultural and gendered passion for care work; their family contacts working in care; an opportunity for care work to be a steppingstone to another career in nursing; flexibility of work rotas and time to support vulnerable family members and flexibility.

5.4.1 Restrictive Structural Factors of UK Policies on Labour Shortage and Unrecognised Qualifications of Migrants

Past literature and statistics have shown how migrant workers have been found predominantly in the care sector and how they have been used to resolve the labour shortage in the care sector as a result of the increase in the ageing population and increase in the number of women participating in the labour market (Redfoot and Houser, 2008; Fernandez et al. 2009; Hussein et al., 2012). Labour Force Survey data suggests that migrant care workers

are over-represented among the lowest-paid jobs in the UK (Cangiano & Shutes 2010). Hussein (2011) argued that migrant workers are usually concentrated in low-paid, low-skilled jobs primarily because of their migration status and not necessarily reflecting their skills capital. Hussein et al. (2010) also revealed that employers prefer migrant workers in care because they tend to be better qualified (usually in the health care sector) than domestic workers, which is an asset to the employers. Yet it is not clear the main reasons why migrants work in the care sector. Shutes (2012) argued that the reasons for entering work in long-term care were partly shaped by restricted rights to work in the UK.

This study's findings show that even when the middle-class women migrants become British citizens with no work restrictions, they are still concentrated in low-paid and low-skilled jobs. Most of the middle-class migrant women were overqualified for the jobs they applied for and were forced to work below their skill levels, which is deskilling. The structural justification is influenced by UK migration policies and law, care sector policies, and the labour market, while the participants influence the individual motivation. The structural justifications include, unrecognised Nigerian certificates, high availability of care jobs, and difficulty in obtaining other preferred jobs.

This study challenges Simonazzi (2009) work on employment regimes. His work shows that care work is often used for labour market entry by people with lower skills. The participants in this study do not have low skills; quite a substantial number are from middle-class backgrounds educated and highly skilled but have restricted access to work opportunities in the UK labour market. This resembles the study by Parreñas (2000), who identified Filipino workers with tertiary qualifications employed in domestic care work and as nursing assistants, getting much lower rates of pay than their qualifications would imply. She uses the term

“contradictory class mobility” to highlight the position of these largely skilled female migrants who raise their income via domestic work in Western countries but also experience downward social mobility by virtue of doing low-status work. It is noteworthy now for those participants from a Nigerian middle-class background It is not simply a case that having the right education, occupying middle-class status in Nigeria, and moving to the UK will establish middle-class membership and secure employment in their chosen professional career path.

It is not surprising that the participants mentioned the availability of care jobs and easy access as part of their decision for being a care worker. Care work is not attractive to native workers because of the nature of the job. Care work is not desirable because it is a low-paying job, shift work with long hours and challenging work conditions, leading to high vacancies and staff turnover (Simonazzi, 2009). Thus, there is less competition for care jobs between migrant workers and native workers. During the period of the COVID-19 pandemic, the demand for health workers had increased, and therefore continual need for the care worker. The job is also easy to access as there is no prerequisite for educational qualifications, and only minimal work experience required. These findings are similar to Covington-Ward's (2017) study, where most of their African participants stated that "care work is easy money, easy hiring process and it doesn't take long to find a job in care, that's the reason why a lot of us go."

5.4.1.1 Unrecognised Qualifications and Lack of Experience in their Professions

Qualifications

It is essential to know that the participants in the study were not new migrants. Many have been in the UK for at least four years and still had problems finding employment related to their corresponding careers back in Nigeria. Two of the participants had been in the UK for ten years, went to school in the UK, graduated with first degrees, and resorted to caring jobs because they could not secure jobs in their field.

This study is consistent with past literature findings that have referred to migrants as overqualified for the positions they applied for. This is commonly referred to as a mismatch of skills. Similar to the findings of this study McGregor (2007) argued that Zimbabwean migrants in the care industry have experienced deskilling, loss of status, and feel trapped in care work with little prospect of using their qualifications in the UK. Battu and Sloane (2004) also support the findings of this study as they also argued that workers with foreign qualifications are more likely to be over-educated, suggesting that employers do not value foreign qualifications.

The participants in this study expressed their disappointment at discovering that their Nigerian certificates were not recognised upon migration. Some of the participants have studied at the master's level and are still unable to get jobs regardless of their master's qualifications. The participants with additional UK qualifications felt their Black identity was an obstacle to securing good jobs. This shows how their race intersects with migrant identity to make care work one of the few options open to them. This study, therefore, argues that although care work has provided job opportunities and money to pay bills, it has also unavoidably distracted the participants from pursuing their career aspirations, owing to the stressful nature of the job characterised by long hours, leaving the participants physically exhausted after work. This study is helpful for women who want to embark on migration to

understand that their expectations differ from the reality, and they might experience downward occupational mobility when migrating to the UK.

The findings of this study resembles the study by Parreñas (2000), who identified Filipino workers with tertiary qualifications employed in domestic care work and as nursing assistants, getting much lower rates of pay than their qualifications would imply. She uses the term "contradictory class mobility" to highlight the position of these largely skilled female migrants who raise their income via domestic work in Western countries but also experience downward social mobility by virtue of doing low-status work. It is noteworthy now for those participants from a middle-class background It is not simply a case that getting the right education, occupying middle-class status in Nigeria, and moving to the UK will establish middle-class membership and possibly a career in their chosen professional. Underpinning this, this study found that educational and professional experiences and qualifications of these participants from Nigeria were not accredited and transferable. Also, the study found that these educated women migrants struggling to gain suitable professional level employment ended up in low paid care work due to the structural labour market.

The structural restrictions imposed on the participants forcing their decision to work in the care sector shows how the intersection of migrant status, UK labour market policies, care work deficit, and nationality limited their job opportunities. The participants also reported experiencing difficulties getting other jobs and had no other choice other than to work in the care sector. The participants described stressful and challenging journeys in securing their first jobs as Nigerian migrants. One primary reason was the lack of work experience in the UK, and most employers required experience as a prerequisite before migrants could start working. Also, employers wanted references from previous jobs, a requirement unattainable

for new migrants. This makes it quite difficult for new migrants to secure their ideal jobs, leaving them with no other choice but to accept jobs in the care sector, which usually has vacancies due to a labour shortage. Employers in the care sector then train the migrants workers and offer a minimum wage.

5.4.2 Individual Factors Shaping Motivations for Care Sector Work: Future Job Opportunities, Work Time Flexibility, Passion for Care, Family Care Work Experiences and Family Commitments

In contrast, the individual motivations underpinning the decision made by the participants to work in the care sector included an opportunity to use care work as a steppingstone to promotional opportunities and progression in another career in health care services, the flexibility of the work, having a passion for care work, knowing a network of family and friends working in the care sector, and being able to provide some support for their vulnerable family members.

5.4.2.1 Steppingstone for Promotional Opportunities and Progression in Another Career

Care work has helped participants gain transferable skills to qualify for nursing and midwifery jobs, which is one of the most important and rewarding things that care work has done for some participants in this study. Care work has equipped 64% of the participants with transferable skills, which has helped them qualify to study nursing at the university level. At the time of the interview, 48% of the participants were studying, and 16% were at the admission stage into the university to study Nursing. It is important to note that this group of

migrants was not planning to go into nursing until they started doing care work. Most of them already had a degree in business management courses. The participants who were nurses in Nigeria were motivated to work in care to remain in the health sector and still earn money while preparing for their nursing council exams. This study correlates with a study on African migrants by Covington-Ward, (2017), which stated that many participants use care work as a means of gaining health care experience so that they could move on to a more prestigious, higher-paid field such as nursing. Although working in the care sector or studying nursing was not a choice made before migration it was a decision, they had to make to improve themselves in order to live a better lifestyle.

5.4.2.2 The Flexibility of Care Work and Work Family Life Balance

Flexibility was an essential factor for the participants decision to work in the care sector; they felt a care job offers flexibility since there is no restriction like the usual 9 am to 5 pm work hours. They can easily combine their roles as parents and other family commitments and care workers. They have the flexibility of doing morning or night shifts, especially for married participants, who would not need to pay for childcare support whenever their spouses were unavailable. For single mothers, care work also gives them flexibility. Especially for those working as domiciliary carers who have the flexibility to start their shifts after morning school runs, take breaks during the afternoon school runs, and do their last shifts when their kids are in bed. While flexibility means different things to all the participants, most participants explained their flexibility in terms of childcare.

Another meaning of flexibility explained by a participant working on the bank shift was the opportunity to work when she wanted and travel to Nigeria with no restriction at work. This

is also consistent with another study on migrant care workers, "the best thing about my job, apart from it being what I want it to be, is that it is flexible, and I find it easy to get work" (Hussein, 2013). The intersectionality of gender, ethnicity, and race makes the participant work in the care sector because of flexibility. Childcare cost is a big issue for some of the migrants because they have no family members in the UK to support them and paying for childcare involves an excessive cost. The women avoid childcare expenses by working reduced hours or at night to combine their motherly role with their job, while the men work full time with no restrictions or limitations. The flexibility here helps them fulfil their childcare responsibility, as the Nigerian culture believes that the full childcare responsibility lies on the woman.

5.4.2.3 Innate Passion for Caring and Culturally Engendered Care Work

While interviewing the participants, their innate passion for care work was palpable; despite the poor pay and work conditions, they were remained enthusiastic about delivering optimal care to their patients. The finding is across all care settings, not just restricted to NHS staff. Their passion motivated them to deliver exceptional service to their clients. There is an argument that these expectations pivot on gendered notions of women as natural caregivers with unending capacities for overwork and personal sacrifice, and where such skills are assumed to be innate and commonplace rather than acquired and sophisticated (Baines et al., 1998; Findlay et al., 2009; Seymour, 2009; Virkki, 2008).

Another explanation for this could be that the social care sector in Nigeria is underdeveloped. Hence, family members tend to care for their elderly ones, which is unpaid care work done out of love. Therefore, this could be seen as a cultural norm and explains the origin and

predisposition for their passion for caring for older people. A significant percentage of the participants mentioned taking care of their grandparents. This finding is consistent with the study by Covington-Ward (2017) on African immigrants in low-wage health care jobs. Her finding shows that more than half of the respondents indicated that they chose their jobs because they liked doing care work as natural extension of the women's unpaid care work role in the family. Furthermore, in a study conducted on international workers by Hussein et al. (2010), their findings revealed that employers placed greater emphasis on the caring attitude of the African migrant. They ascribed their very caring attitude to the home culture, which shows respect for older people.

5.4.2.4 Family Members Experiences of Working in the Care Sector

The findings show that people that migrated with family members or for family reunification reasons are more likely to work in care because of their family members who already work in care. Family and friends often impose strong influences on the newly migrated Nigerian women. This is because family and friends give advice based on their experiences, knowledge, and understanding of the care sector. None of the participants came to the UK through the job visa route, which meant they did not have jobs prior to coming to the UK. All participants had family members who were already settled in the UK, who functioned as a social support network, informed them about care work and supported them in their application to work in the care sector.

It is essential to say that Nigerians have strong family and community networks, either through faith-based associations, schools, or mutual geographical origins back in Nigeria. This is an important finding as the infrastructure of the transnational family (Bryceson 2019),

friends and kinship network which was established in the UK as a valuable support for the participants who found themselves in low paid care work due to the structural labour market barriers, this support network is a valuable resource of shared experiences, values, shared welfare, shared responsibilities, caring arrangements, and also providing material and emotional needs.

Family members and friends often organise themselves to work for the same employers or agencies and work on the same shifts, thereby making the job easier for them. This offers an additional explanation for the high number of Nigerian migrants in care jobs. It is essential to mention that participants in this study did not come to the UK via organised recruitment into the care sector, which is also common among Zimbabweans, who have a strong community and have passed on their experience to newcomers. Many entered care work through personal introductions or efforts on the part of friends and relatives already working as carers. (McGregor, 2007).

This study is consistent with Covington-Ward's (2017) study that found that family and friends play a more direct roles in a migrant job search. Based on the social networks of family members or friends already working in the field or even at specific places of employment, encouraging interviewees to apply to work in care. Working with family and friends has created a sense of belonging to the participant and made the job less stressful for them as they work hand in hand.

5.4.2.5 Enables Provision of Informal Care Support for Vulnerable Family Members

Another reason some participants went into care was to allow the space to provide personal care support to their loved ones who are vulnerable and so can better understand their care needs because they are familiar with their situation and conditions. This has been described by some literature as altruistic motivation, which is the desire to help others (Hussein, 2013). Altruistic motives are powerful for African migrants (Covington-Ward, 2017). These findings only serve to suggest that the focus on the unpaid emotional care labour of the participants can illuminate the nature of their hidden agency, their emplacement and power relations performed as part of the transnational familial Nigerian habitus Mattingly and Blanchi, (2003). This lens of emotional labour also highlights that within transnational family mobility an affective habitus underlines the significance of participants emotional labour encounters with vulnerable transnational family members in reaffirming Nigerian socialisation processes and practices.

While other literature argue that migration status plays an essential motivation for working in care, this study argues that the intersection of the participant's race, gender, ethnicity, which is the migration identity limited their job opportunities and the care sector one of their top options. Migration status only shapes the student's decision and those who on a restricted work visa, for participants who had no work restrictions it was more of their migration identity (race, ethnicity, nationality) which trapped them into the care work sector. The responses from the participants on motivation to work in the care sector vary according to the migrant motivation to migrate to the UK and their marital status. The participants who migrated for economic and academic reasons went into care for quick money and easy entry requirements,

and a stepping stone to job opportunities and career progression. It is important to note that the participants thought having a UK Masters degree would improve their job prospects; however, in reality, having UK qualifications did not give them an additional advantage over their white colleagues with no college degrees. Job flexibility was also crucial for Nigerian women with children. The care work offered flexibility of work rotas and shift work enabling married and single participants to combine their family and care work commitments.

In summary, the care work sector is an attractive option for these Nigerian women because of the limitations imposed on then by the restrictive UK structural system and their migrant status, and their personal decision to use an opportunity which was beneficial to their social circumstance and responsibilities endorsed by experienced informed family and friends having connected experience of working in the care sector. In addition, their innate Passion for Caring and Culturally Engendered Care Work in Nigeria experiencing families taking responsibilities care for their elderly ones unpaid care work done out of love. This personal experience and flexibility of the working shift patterns in social care sector makes it an attractive option to enable them to fulfil commitments of care work and family care and life.

5.5 Factors Shaping the Experiences of Organisational Working Conditions in Care Sector Settings

5.5.1 Factors Shaping Experiences of Training and Ongoing Individual Professional Development Plans for Migrant Care Worker

This study reveals that the participants are subjected to suboptimal working conditions, significantly influencing their overall work experience. This aligns with prior literature, such

as McGregor's (2007), which posited that migrant workers tend to be predominantly concentrated in care positions characterized by challenging working conditions. McGregor's (2007) findings resonate with the results of this study. Nevertheless, it is crucial to note that the quality of working conditions can vary across distinct care sector care settings.

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5.6 Factors Shaping Intersectional Nigerian Female Care Workers Identity of Ethnicity, Race, Gender, and Migrant Status: Experiences and Challenges

The work experiences and challenges encountered by Nigerian female migrant care workers in the English care sector are shaped by the intersectional aspects of their identities. The main section of this chapter provides an intersectionality sensitive interpretation and reflective discussion of findings highlighting the main factors encompassing factors such as ethnicity, race, gender, and migration status, whereby the middle-class Nigerian women migrants

experienced challenges of deskilling, barriers to opportunities for work progression, development and career progression, challenges of workplace discrimination, harassment, abuse and challenges for organisational support and opportunities for personal coping mechanisms in the milieu of the English care sector.

5.6.1 Factors Shaping Nigerian Women Workers Intersectional Identities and Challenges of Deskilling and Barriers to Opportunities for Work Progression, Development and Career Progression in the UK

The findings of this study indicate that initially, only a minority of participants had intended to pursue careers in the care sector prior to migrating to the UK. Despite their initial aspirations to work in sectors other than care, the participants found themselves compelled to seek employment in the care sector due to their identity as Nigerian migrant workers, thereby limiting their job options and opportunities in the UK. This constraint significantly influenced their occupational choices, eventually directing them towards the care sector despite their original career preferences. As a result of their ethnicity, they have experienced deskilling and downward occupational mobility. This experience of deskilling and limited career progression resonates the findings of Rodriguez and Scurry (2019) in their study on the experiences of skilled migrant women in Qatar. In their research, Rodriguez and Scurry (2019) revealed that participants in Qatar faced deskilling and lacked career advancement due to the intersecting factors of gender and foreignness shaping various aspects of their work experiences, including participation, interaction, visibility, opportunities, and recognition in the workplace. This shared pattern highlights the broader impact of intersecting identities on skilled migrant workers (Hussein et al., (2011), highlighting the need for nuanced

considerations in addressing challenges related to deskilling and restricting occupational mobility among migrant populations.

Additionally, their migration status imposes restrictions on the participants, confining them invariably to roles in care homes and domiciliary care rather than hospitals. This limitation is influenced by a lack of UK work experience in hospitals and more stringent job requirements for hospital employment. The demand for care workers in short-staffed care homes prompts employers to relax employment rules, strategically attracting migrant workers. This observation implies that the intersection of the participants' ethnicity and migration status led to them facing challenges in accessing a varied array of job opportunities within the care sector. Some participants faced difficulties as their Nigerian experience and qualifications were not acknowledged by employers. This finding aligns with Wojczewski et al.'s (2014) research on African women in the healthcare sector. In their study, the researchers highlighted that the participants' principal challenge pertained to their ability to work, primarily stemming from the lack of recognition of their diplomas in the destination country. The congruence between our findings and those of Wojczewski et al (2014). underscores a broader pattern of challenges faced by migrant workers in gaining professional recognition in their respective destination countries, emphasizing the need for enhanced recognition and accreditation for prior learning processes and support mechanisms within the care sector in the UK.

The finding also revealed that participants had no access to career progression and development plans at work which was a result of their migration status and race. Most participants working in the hospital mentioned they have development plan and an periodic appraisal with their manager however, the participants working in domiciliary care, care

homes, and nursing homes do not have a arrangement for appraisal and development planning in place for them, or they have no knowledge of what the procedure would entail. In addition, the domiciliary care, nursing, and care home sectors do not encourage care progression for the care workers.

That is, as has been mentioned in other literature by Hussein, (2011) and Corra and Kimuna, (2009),the participants understood a range of practices at work, including opportunities for training and for promotion, as well as interactions with colleagues being structured by discrimination that systematically disadvantaged them at work. Migrant Identity was central to their experiences of inequalities at work as participants described being responded to negatively because of their positionality in a range of unpreferred identity categories including being Black, Black women and Black African migrant women. As such, the intersection of the participants' ethnicity and migration status led to deskilling, limited career progression and challenges in accessing a varied array of work job opportunities within the care sector and wider health care sector.

5.6.2 Factors Shaping Nigerian Women Workers Intersectional Identities: Challenges of workplace discrimination, harassment and abuse and Opportunities for Organisational Support and Personal Coping Mechanisms

The intersection of race and ethnicity has exposed the participants to workplace discrimination, involving their managers, white colleagues, and service users. The findings highlight instances where participants faced discrimination from these stakeholders. Due to their race and gender, participants were categorised as hard workers, resulting in an increased workload without negotiation by their managers. assignment of additional tasks by

their managers. The participants were more disadvantaged because they were assigned more tasks and more challenging tasks outside their job duties, e.g., domestic duties, than their white colleagues. Thus, although participants sometimes described these racialised ascribed identities as intersecting with gender, it was their racialised identities that were experienced as the most salient in the range of employment practices, procedures, and processes that participants understood to be discriminatory. These finding align with the work of Acker (2006) on gender and racialised inequalities in organizations. The consequence of these practices created additional work-related stress as the participants tried to prove themselves.

Furthermore, service users displayed a preference for their white colleagues over the participants when requiring assistance. Notably, some participants reported not having the same level of preference for break times as their colleagues, indicating disparities in treatment based on race and gender within the workplace. This finding aligns with past literatures that reports African migrant reported instances of encountering stereotypes that depict them as industrious workers. This has resulted in heightened expectations and a perceived obligation to exert more effort than their white colleagues. Notably, these observations align with the research conducted by Adebayo et al. (2023) on Africans in Australia, wherein many Nigerian participants disclosed experiences of discrimination and racism. Such discriminatory encounters were attributed to their skin colour and distinctive accents, as delineated in Adebayo et al., (2023)'s study.

5.6.3 Women Experiences of Racism, Harassment and Abuse at Work

The participants also disclosed several accounts of encountering racism and harassment and abuse at work, including verbal, physical, and sexual abuse. Verbal abuse was mainly based

on their race from service users and colleagues. This study is consistent with Stevens et al. (2012) claim that Black Africans gave more accounts of racism and highlighted 'colour' as a factor than other migrant care workers. There are two significant findings on racism; the first is that service users treat the participants with respect when they have white colleagues working together with them, and they do otherwise if they are working alone. The second finding is that participants also experienced similar racism from coloured service users who treated them with less respect compared to white colleagues. The responses from the participants suggest this might be an ongoing issue as the participants did not report to the manager but ignored the abuse because previously reported incidents had not been dealt with appropriately or had been ignored.

Sexual abuse was based on their gender, but it intersected with their migrant identity and race. The employer pressured the participant to drop the case, knowing that the migrant had limited knowledge of their employment rights and benefits and was desperate for work. Several participants working with dementia service users described the physical abuse as an everyday experience at work, which resulted in them having bruises and could result in them reporting they were sick with no benefit of sick pay. The participants endured this racism and continued working in care work because they feel lucky as a migrant to have a secure first or second job with no work experience.

The findings suggest that participants working in the hospital had less racism abuse from colleagues as hospitals because the NHS have a more diverse workforce and harassment and 'no-racism' policies underpinned by legislation, which were perhaps were effective. Due to the nature of the job, which involves working with elderly patients with dementia or difficulty hearing, the participants also reported facing discrimination based on their ethnic accents,

despite their English fluency. These experiences affected the participants' confidence, which significantly impacted their work experience. The participants in this study faced racism based on their ethnicity and migrant identity and sexual abuse based on gender; the combination of these factors led to unpleasant work experiences. It is essential to state that the participant's gender did not impact the participant's experience at work; it may be because they work in a female-dominated sector.

The intersectional identities of Nigerian female migrant care workers, encompassing ethnicity, race, gender, and migration status, exert a profound influence on their work experiences and the challenges encountered within the English care sector. These complex intersections contribute to a range of challenges, affecting employment opportunities, workplace discrimination, and overall career trajectories. The participants' migration status restricts them to specific roles within the care sector, and their ethnicity and race expose them to discrimination from various stakeholders, including managers, colleagues, and service users. Gender stereotypes, particularly being labelled as hard workers, result in additional tasks and preferences for white colleagues. The intersecting identities shape not only the nature of their work but also impact their access to diverse job opportunities and opportunities for career progression. The study reveals a nuanced picture of how the interconnected aspects of identity contribute to the unique experiences and challenges faced by Nigerian female migrant care workers in the English care sector.

5.6.3 Factors Shaping Response Nigerian Wimen Migrant Care Workers to the Challenges: Organisational and Social Support and Coping Mechanisms

The issue of organisational support manifested in the findings with some participants working in the domiciliary care sector mentioning they had a good relationship with their manager, they believe was because the employers and managers were Black. The findings were variable as it is not always the case, as another participant who worked in the nursing home owned by a Black employer described her experience of exploitation by her employer. This study is consistent with Doyle and Timonen's (2009) report that there were no formal support mechanisms or complaint channels and procedures to assist the migrant care workers who experienced racial discrimination in the workplace. Instead, they were required to resolve the situation themselves, which generally entailed confronting the perpetrator directly or downplaying the event's significance and trying to forget the incident. Participants in the study working in nursing homes and care homes mostly describe no formal complaint procedure. The participants reported how their complaints against service users and colleagues are often ignored and not dealt with appropriately; as such, they do not complain again. Instead, they ignore it and function as if the incident does not bother them or that it is normal for a Black person to experience such racialised and abusive behaviour .

The participants working in the hospital sector mentioned the NHS had a diversified workforce. Although the relationships and support from colleagues varied among the participants; the participants working in the hospital had more support from colleagues and relationships. The nursing home and care home participants described how they received no or less emotional support from their colleagues, and their working relationship was just

formal. Instead of having a supportive relationship with colleagues, they were isolated as they described their colleagues tend to work and communicate relate in cliques.

The there was little evidence in the findings of participants access to support from organised workers unions or professional associations. Only one of the participants was a member of the trade union, and she was a member because she was studying nursing and a member of a nursing or other union body, and it was a requirement for a student nurse to join the trade union because of personal indemnity. Most of the participants did not know about the trade union, and few who were aware of it stated that it was expensive to join because they were earning a low income. The finding suggests that the participant in the study did not have access and receive any support from the trade union. The finding reveals that the participants do not have a voice at work, mainly mentioned by the care workers in Nursing and care homes. They feel their white colleagues have more of a voice than they do at work.

The participants also tried to work where their and family were working. While the researcher was interviewing, it was revealed that two of the participants were friends and worked together on the same shift, as emotional support thus improving the quality of their work experience. Those who have the opportunity to select their shift preferences always ask their friends where and what time they are working so that they can arrange to work at the same time for moral support, which reduces the feeling of discrimination and segregation experienced at work. Other participants indicated that another copy mechanism they have developed is positioning their minds to ignore things rather than react to issues at work and believe these are everyday work issues to be experienced as migrant and Black care workers.

Most of the participants confirmed that they seek help from family and friends outside of work to deal with work-related issues. While one participant's statement reflects how her

coping mechanism is primarily seeking help from family and kinship network for the main source of emotional and material support whilst using other sources like YouTube for additional information.

5.7 Conclusion

This chapter has used an intersectionality interpretive approach to identify the key factors which have shaped the work experiences and challenges encountered by Nigerian female migrant care workers in the English care sector milieu shaped by the intersectional aspects of their identities. The discussion of the key factors demonstrates how each section has answered the corresponding four research questions (it is noteworthy to highlight sections 5.3.and 5.4 respond to research question 3).

Four core themes emerged from the findings and have been presented in the chapter as emerging factors influencing the experiences of the Nigerian women migrants working in the English care sector. The first most significant concerns the link between spatial and social mobility and, specifically, the ways in which the middle-class Nigerian women migrants moved to England in order to advance their education and secure professional blue-collar occupation and cement their class position. It is clear that the participants' middle-class social class status motivated them to decide to migrate and how the UK appeals more than others to graduates and professionals.

The second factor is clear that employment experiences as a part of the cultural and lifestyle considerations. are important in deciding to live and work abroad. However, the findings have revealed due to restrictive structural factors and the nonrecognition and accreditation of

prior learning and prior experience in professional and blue-collar sectors present a set of invisible barriers to access to professional occupations and career pathways.

The third factor exposed structuring of intersectional migrant identity, migrant status, race, ethnicity, and gender intersect with structural restrictions in the care sector to produce only poor work opportunities in low paid care sector experience for the participants. During daily work activities the participants experienced challenges of deskilling and barriers to opportunities for work development and career progression in the care sector and other sectors in the UK This research argues that migrant status is different from migrant identity as the status changes. However, identity is a personal characteristic, and society label an individual more like the visible traits.

The fourth important factor was how participants were subjected to suboptimal working conditions, significantly influencing their overall work experience. The fourth factor was the shaping of Nigerian women workers intersectional identities presenting challenges of workplace discrimination, harassment and abuse and lack of opportunities for organisational support and personal coping mechanisms.

One of the principal motives behind middle-class labour migration is to cement or increase one's socioeconomic status and/or income. There is an expectation among migrants that moving across international borders will lead to secure middle-class group membership, at very least, and possibly even to class advancement either for migrants themselves or for subsequent generations. The Nigerian middle-class women migrants expectation of achieving an improved socioeconomic position through increased advance educational qualifications and economic opportunities is unfulfilled. They instead experienced downwards socio-

economic mobility as a result of not being able to transfer their economic, or educational resources to the receiving country UK.

However, an innovative finding has emerged that through the migration process has resulted in the participants being able to transfer an important Nigerian cultural model asset in the form of a transnational family and kinship network structure including social connections, family and kinship ties and obligations across international borders to the host country in England – UK. This resource has proven a beneficial support framework for the participants as Nigerian women care workers navigating daily work activities in the care sector in England. This transnational family and kinship framework empowers a resilience in the collective consciousness of its members manifested in the Nigerian middle-class women migrants testimony that what they hope decline in their social status and income as social care workers will only be temporary phenomenon.

The following chapter will discuss the contribution to knowledge and recommendations for policy, practice, future research, and limitation of the research.

CHAPTER 6

CONCLUSION

6.1 Introduction

This thesis has made contributions to research in numerous ways, in part thanks to its interdisciplinary approach, informed by a feminist intersectionality theory that incorporate organisational studies, migration studies, human geography studies, gender studies and cultural studies theory. This interdisciplinary approach has allowed an in-depth intersectionality sensitivity to the interpretive analysis of participants' experiences through the lens of different frameworks, thus defining the entire migrant journey, from the decision by the Nigerian middle-class female to migrate to becoming employed in the low paid lower class care sector in England.

A tool of analysis in this thesis, intersectionality exposed the complexities of the experiences of the women who were subjugated to more than one axis of workplace inequalities and oppression. This revealed the process of emplacement as social care worker as being controlled by inequalities of structural context, regimes, and intersectionality**.** Furthermore, the thesis revealed the process of working in the care sector in England structured by inequality regimes and intersectionality, with two original contributions of the thesis being the emergence of middle-classness of the women migrants and their positioning as part of transnational families as such axis of difference.

The following sections include an outline discussion of the contributions of this research to existing literature and knowledge.

6.2 Contribution to Knowledge

This research study has contributed to the existing literature on migration studies by revealing that most of the women participants migrated to the UK to advance their education as the primary preference followed by economic and family reasons. The motivation for advanced academic opportunities corresponds with the international Migration Statistics (Walsh,2020), supported by statistics by ONS (2021) showing an increase in the number of student visas issued to Nigerians during the pandemic and decrease issued to students from other nationalities. This study argued the educational system in the UK was identified as a significant pull factor that made participants choose the UK over other high-income countries in their pursuit of foreign qualifications directly recruited by UK universities recruitment strategies in Nigeria to conduct advertising, help with visa and immigration, hosting exhibitions, incentives such as partial scholarships, tuition discounts, and waivers. In addition, the UK government indirectly attracts prospective students to the country through an incentivised visa system allowing international students to obtain a 2-year post-study, responsible for the increase in the number of Nigerian students in the UK in 2021 despite the global COVID-19 pandemic.

This study revealed that the Nigerian labour market also encourages people to advance their education by obtaining foreign degrees because foreign degree holders have improved employment prospects than Nigerian degree holders placing value on foreign degrees. However, this study argues that due to the developing economy in Nigeria, many students who complete their graduate and postgraduate degrees in the UK often remain in the UK to work due to the high unemployment rate in Nigeria. In addition. this study revealed that the participants were seeking academic advancement and prepared to finance themselves to become financially independent and live a better life.

However, existing studies on economic migration such as Akindale & Ogen (2011) have focused on those migrating from Nigeria portrayed by the media, political and academic literature as desperate people fleeing chronic poverty, repression, and violence and trying to enter the elusive mythical city of 'Eldorado' of the developed world (Akinrinade & Ogen, 2011). This is right to an extent; however, it is essential to note that unlike the participants in this study those Nigerian citizens living in abject poverty have fewer opportunities to migrate to the UK due to the high travel costs and limited work permit options tend to migrate to neighbouring countries, where the travelling cost and cost of living are affordable. Significantly this study revealed only one negative push factor in the area of origin was Nigeria's economic situation and the majority of the participants motivation to advance their education was to improve their lifestyle and opportunities for themselves and their children.

This study further contributes to migration and human geography literature as it reveals that many of the Nigerian women in this study are mainly married, well educated, and have occupied middle class jobs occupying middle-class status in Nigeria. This is one of the compelling insights gained out of this study emerging from the qualitative analysis of the reality of the Nigerian women's motivations for migration to the UK making visible their middle-class status. This study findings correspond with UNDP (2009), reports that it is not the poorest of the poor that migrate. What is significant is that this study reveals that most of the participants are from the socio-economic middle-class; that most are well educated and were working in middle-income jobs before migrating to the UK suggesting that the socio-economic class of Nigerian women plays a significant factor in the motivation to migrate to the UK with the expectation that they will be able to transfer their middle-class status across

international borders and secure middle-class jobs and middle-class social group connections in the host country.

The results of this study show that pull factors, particularly academic advancement, socio-economic reasons and family reunification and relocation, positively motivated migration, and the push factors, too, yielded positive motivation, though they were comparatively smaller numbers of participants. This study argued that that pull factors outweighed push factors, suggesting that the women migrants carefully weighed their chances in the UK. Thus, this study argues that migrant theories of migration are complements, not substitutes, and suggests they take into consideration both pull and push factors, rather than prioritizing one over the other. This study has revealed highly educated women are the most mobile groups, especially from poorer countries, such as Nigeria and how gender cuts across class and middle-classness has become more evident with the concept of intersectionality. Therefore, this study contributes to both migrant studies and gender studies as the study has shown that it important to incorporate gender relation into our understanding of migration processes and to engender migration research.

This research has contributed to the existing literature by applying intersectionality sensitivity to interpret why female Nigerian migrants without restricted work visas when migrating to the UK or are British citizens still work in the care sector (care homes, domiciliary homes, nursing homes, and hospitals) labour market. Where literature does exist, Nigerians are categorised under African or BAME migrants (Mamadi et al., 2009; Showers, 2015; Flahaux & De Haas, 2016 a significant pull factor in bringing this demographic to the UK whereas this was not a significant pull factor for the Nigerian female migrants in this study. On the contrary, most literature on migration motivations relates to European care migrants (Hussein et al.,

2013; Marshal, 2019; Hager, 2021). This study contributes to migration literature, as a unique insight into the migratory motivation of care workers who had no medical or nursing training and their experiences working across different care settings in England. This study expands on previous literature by Aboderin (2007), focused on Nigerian nurses arguing that the primary migratory motives of Nigerian nurses working in the UK were economic and professional. On the contrary, this study revealed most of the middle-class migrant women in the study were overqualified for the jobs they applied for and were forced to work below their skill levels. This study argued that this was influenced by UK migration policies and law, care sector policies, and the labour market conditions, this study argued that structural justifications included, unrecognised Nigerian certificates, high availability of care jobs, and difficulty in obtaining other preferred jobs.

This study challenges research by Simonazzi (2009) on employment regimes whereby care work is often used for labour market entry by people with lower skills. On the contrary, participants in this study are largely from middle-class backgrounds educated and highly skilled but have restricted access to work opportunities in the UK labour market, .resembling Parreñas's (2000), study revealing Filipino workers with tertiary qualifications employed in domestic care work and as nursing assistants, getting much lower rates of pay than their qualifications would imply using the term "contradictory class mobility" to highlight the position of these largely skilled female migrants downward social mobility by virtue of doing low-status work.

In addition, this study has revealed that for the Nigerian women with middle-class backgrounds it is not the case that having the right education, occupying middle-class status in Nigeria, and moving to the UK will establish middle-class membership and secure

employment in their chosen professional career path. This study has revealed that participants expressed their disappointment at discovering that their Nigerian certificates were not recognised upon migration, unable to get jobs regardless of their Masters qualifications, feeling their lack of experience in employment in the UK and Black identity was obstacles to securing good jobs. This study argues that this demonstrates how their race intersects with migrant identity to make care work one of the few options open to them. This study also argues that although care work has provided job opportunities and money to pay bills, it has also unavoidably distracted the participants from pursuing their career aspirations and their expectations differ from their experiences which shows a downward occupational mobility when migrating to the UK.

This study is consistent with past literature findings that have referred to migrants as overqualified for the positions they applied for including McGregor (2007) study on Zimbabwean migrants in the care industry have experienced deskilling, loss of status, and trapped in care work with little prospect of using their qualifications in the UK. Other literature also indicates that that workers with foreign qualifications are more likely to be over-educated, suggesting that employers do not value foreign qualifications (Battu & Sloane, 2004). This study also revealed that educational and professional experiences and qualifications of these participants from Nigeria were not accredited and transferable and employers required references from previous jobs, a requirement unattainable for new migrants. This study argues that structural restrictions imposed on the participants force them to work in the care sector which demonstrates how the intersection of migrant status, UK labour market policies, care work deficit, and nationality limited their job opportunities.

This study argues that migrant status is not the only significant factor that hinders or limits migrants in the labour market as the migrant status changes, but it is the migration intersectional identity that affects opportunities available to the female migrants and also shapes the migrants experience at work.

This study has contributed to the discussion on the organisational, gender, human geography and migration studies literature focusing on middle-class migrant labour conditions at work and organisational and industrial relations. This study has shown that participants in this study, were seeking flexibility in work to combine their roles as mothers and workers as the Nigerian culture mostly shoulders the child-caring responsibility on the woman, and care work is one of the few jobs that offers flexibility around childcare. This study has revealed that family reunification and relocation to the UK were both important motivations for the participants to migrate to England, some arrived to reunite with family members already residing in the UK, others relocated alongside their families, and with the aim of providing their children with better opportunities and a brighter future in the United Kingdom. However, there is little research into how it relates to worker mobilisation.

This study reveals that extended family and social support networks remain an important part of the cultural norms in Nigeria. In support of the findings of this study migration literature provides evidence that due to globalisation and an inevitable result of migration, an historical phenomenon of social organisation and the emergence of transnational families marks the development of family and kinship relations (Bryceson 2019), McCarthy and Edwards, (2011) present empirical and theoretical research on different aspects of international migration including gender and migration, arguing that part and parcel of such familial relationships is the maintenance of familial connections, kinship ties, the collective belonging to a family unit

with experiences of shared welfare, shared responsibilities, caring arrangements, participation in social reproduction and group consumption whilst negotiating migration and care life cycles as transnational family relations. This study has contributed to existing literature by Bryceson's (2019) whose research found under globalisation and inevitable result of migration an historical phenomenon of social organisation of transnational families has emerged marking the development of 'familyhood' relations which cuts across national borders (Bryceson 2019). This study has revealed evidence confirming Bryceson (2019) argument that transnational families are not new but are an evolving institutional form of human interdependence for migrants, which serve material and emotional needs, in the twenty-first century's globalising world. The transnational family constitutes a multi-dimensional spatial and temporal support environment for migrants, as well as providing motivational impetus for migration.'

This revelation extends the possibility of adopting Bryceson (2019) concept of transnational families to the study of transnational women migrant labour choices. It is hoped that it provides the possibility to appreciate the impacts of the growth and expansion of migrant women labour on the national and local organisations, women workers, and society in general.

This study argues that gender on its own does not affect the migrant experience at work, rather, gender is implicated when combined with other intersecting identities, which then formed multiple types of inequalities. This shaped the participants' decision to work in the care sector.

This study contributes to the gap in the intersectionality experiences of Nigerian women at work. This study argues poor work conditions encountered by migrant care workers are

influenced by the care deficit, migrant identity, and migration status (student status or residential status). This study reveals that the participants are subjected to suboptimal working conditions, significantly influencing their overall work experience. This aligns with prior literature, such as McGregor's (2007), which posited that migrant workers tend to be predominantly concentrated in care positions characterized by challenging working conditions which resonate with the results of this study. Nevertheless, it is crucial to note that the quality of working conditions can vary across distinct care sector care settings. This study reveals significant findings on racism, harassment abuse and discrimination intersection of race and ethnicity exposing workplace discrimination, involving managers, white colleagues, and service users. The findings highlight instances where participants faced discrimination from these stakeholders due to their race and gender, participants were categorised as diligent workers, resulting in an increased workload imposed by management without prior negotiation and agreement from the workers including additional duties such as domestic duties, in comparison to their white colleagues.

The study argues although these racialised ascribed identities were intersecting with gender, it was their racialised identities that were experienced as the most salient in the range of employment practices, procedures, and processes that participants understood to be discriminatory. These finding align with the work of Acker (2006) on gender and racialised inequalities in organizations, the consequence of which created additional work-related stress as the participants tried to prove themselves. The study revealed further discriminatory actions such as service users displaying preference for white colleagues over the participants when requiring assistance, not having rest breaks or preference for break times indicating disparities in treatment based on race and gender within the workplace. Adebayo et al.,

(2023) study align with this study, wherein many Nigerian participants disclosed experiences of discrimination and racism. Such discriminatory encounters were attributed to their skin colour and distinctive accents.

Furthermore, this study has shown that complex intersections contribute to a range of challenges, affecting employment opportunities, workplace discrimination, and overall career trajectories with their migrant status restricting them to specific roles within the care sector. This study argues that there is an issue of a lack of organisational support available with no formally recognised organisational policies and procedures including contracts, terms and conditions of employment or formal complaint procedures. This is consistent with Doyle and Timonen's (2009) report that there were no formal support mechanisms or complaint channels and procedures to assist the migrant care workers who experienced racial discrimination in the workplace, leaving them to resolve the situation themselves. This study revealed that participants received no emotional support from their colleagues, other than formal working relationships feeling isolated at work.

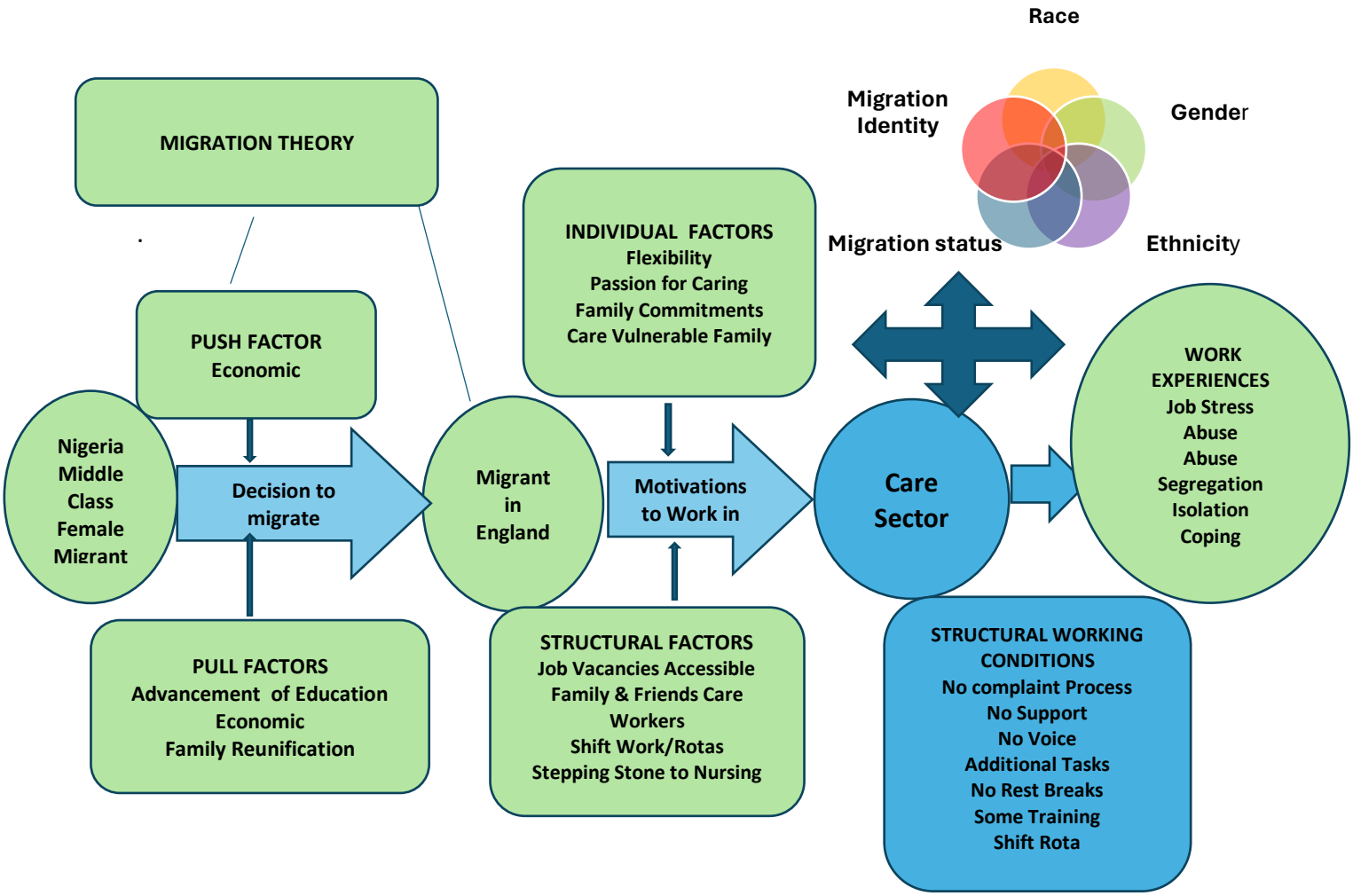
This study revealed little evidence of participants who were unionised because of a lack of information and awareness of the trade union and affordability of membership fees leaving them without a route to access information and express their concerns at work compared to white colleagues as indicated in Doyle and Timonen's (2009) report. In addition, the study has shown that most of the participants sought help from their family and kinship network outside of work to deal with work-related issues which reduces the feeling of discrimination and segregation experienced at work. This study further contributes to the current discussion of Bryceson (2019) on the historical phenomenon of social organisation of transnational

families marking the development of ‘familyhood’ relations which cuts across national borders (Bryceson 2019).

This study contributes to organisational literature on industrial relations among migrant care workers whereby most participants were not members of trade unions and did not have any information about the trade unions. This study argues that better working conditions, reasonable day-to-day equality practices, zero tolerance for racism and discrimination, and supportive managers would lead to a better experience at work for the participants.

This study has contributed to intersectionality research allowing an in-depth intersectionality sensitivity to the interpretive analysis of participants’ experiences of disadvantages experienced in care work. Figure 6.1 below illustrates middle-class Nigerian female migrant care workers' experience of English care working sector conditions are shaped by multiple intersecting identities at work.

Figure 6.1: Conceptual Model of Factors Influencing Middle-Class Nigerian Women's Experiences of Migration and English Care Work Sector Working Conditions Shaping of Multiple Intersecting Identities



This study grouped the motivation to work in care as two motivations; structural motivation is influenced by migration policies and law, care sector policies, and the labour market, while the participants' peculiarities influence the individual motivation. The structural motivation includes steppingstone to another career, unrecognised Nigerian certificates, high availability of care jobs, and difficulty getting other jobs. In contrast, the individual motivations are flexibility, passion for care, family and friends working in care, and support for the vulnerable family. The structural motivation imposes a limitation on the participant's employment

opportunity due to their ethnicity, class, gender, race, and migration identity, which intersect to limit their job opportunities.

This study argues that understanding migrant experience at work involves identifying the factors outside the workplace, within the workplace, and migrant social identity that might impact such experiences. This study argues intersectionality research improves our understanding of how multiple intersecting factors, including ethnicity, race, gender, and migration status, collectively influence the workplace experiences of a specific group, namely Nigerian female migrant care workers. It enhances our understanding of the complexity of these experiences, which is crucial for addressing inequalities in the workplace. The study reveals participants who were students had a restricted work permit and limiting job opportunities resulting in part-time low-paid care work, whilst participants reuniting with family, without work restrictions, had limited knowledge about the UK labour market and employment opportunities relying on social networks providing them with information and referral for choice of employment. This study has shown how structural motivation to work in the care sector is influenced by migration policies and law, care sector policies, and the labour market, while the individual motivations are flexibility, passion for care, family and friends support and knowledge of working in care, and support for the vulnerable family. This study argues that the motivation to migrate and decision to work in the care sector co-exist and crosslink.

6.3 Limitation of The Study

This study acknowledges that sample size used in this research study is small with 20 participants however, within the realm of qualitative methodology applied critical

consideration was given to some scholars who have provided a number, or at least have given a range for guidance. This included the author Creswell (2012) who offers numerical ranges of 20-30 for grounded theory whereas Gutterman (2015: p, 4) proposed only 1-2 for narrative analysis, and Jan Morse, long serving editor of Qualitative Health Research, recommended 30–50 for ethnography or grounded theory but a few as 6 to "understand the essence of an experience."(Guetterman, 2015: 4). However, this study drawing upon Morse (2000) work argued that qualitative studies often use a small sample size, and the qualitative sample size is determined by the scope of the study, the nature of the topic, the amount of useful information obtained from the participants, the use of shadowed data, and the qualitative method and research design used and Saunders et al. (2016) who suggested that for a general study, the researcher should expect between 5-30 interviews. Given this critical review and evaluation of the contributing literature above the researcher conducted 20 interviews and stopping when the saturation point had been reached.

Furthermore, to increase numbers of participants, this study adopted the snowball method arguing that it provided the researcher with the opportunity to communicate better with the samples, as they are acquaintances of the first sample, and the first sample is linked to the researcher. This type of recruitment networking was particularly useful for finding people who are not willing to reveal themselves (Bonisteel, et al., 2021) which is a familiar to the target group as a method of social networking to make contact across their community of interest. This study argues that although some may maintain that snowball sampling may be less reliant on a reference sample, it is still a suitable method to find unattainable groups and populations which is supported by social scientists Robson and McCurtan, (2016). This was particularly effective when the research was aimed at a group of Nigerian female migrant social care

workers the first group of samples did lead to other samples; thus, the study sample did grow like a rolling snowball. It is important to say that generally, snowball sampling is a gradual process, and time does influence the selection of samples. Sampling usually continues until data saturation (Cresswell, 2012).

Although some may argue that snowball sampling may be less reliant on a reference sample, it is still a suitable method to find unattainable groups and populations, for example, when the research is aimed at a group of Nigerian female migrant social care workers the first group of samples did lead to other samples; thus, the study sample did grow like a rolling snowball. However, generally, snowball sampling is a gradual process, and time did influence the selection of the sample in this study. This study argues that snowball sampling is a particularly informative procedure, which deserves to be employed on its own right and merit and when employed in the study of social systems and networks, this sampling method can a be particularly effective tool when trying to obtain information on and access to hidden populations and deliver a unique type of knowledge.

6.4 Recommendations for Future Research

This thesis has made contribution**s** to research in numerous ways, in part thanks to its interdisciplinary approach, informed by a feminist intersectionality theory that incorporates organisational studies, migration studies, human geography studies, gender studies and cultural studies theory. This interdisciplinary approach has allowed an in-depth intersectionality sensitivity to the interpretive analysis of participants' experiences through the lens of different frameworks, thus defining the entire migrant journey, from the decision by the Nigerian middle-class female to migrate to becoming employed in the low paid lower

class care sector in England. It would be beneficial for future research to build on the outcomes of this study and develop this further.

Particularly, future research would take a multi-method approach for a longer period to fully engage in conducting fieldwork using a combination of questionnaires, qualitative semi-structured interviews, and focus groups. Most importantly this would involve a longer time period to be able to capture involvement through the whole research process from initial design through to dissemination. The researcher would seek to recruit more participants in principle across all sector settings to capture the important early involvement of key informants and research participants in the initial stage, allowing a more in-depth ethnographic approach and comparative analysis. In addition, although challenging, it would be very informative to seek to sample sceptical participants. This might require a brief screening exercise of a larger group of participants on their attitudes to and experience of involvement in research.

For addition future research this study has also added to our understanding of educated Nigerian female migrants in the health care sector, and some limitations provide avenues for further research. This research focused on women, but its aim is not to draw comparisons between men and women migrant care workers. However, future research would benefit from understanding how gender and ethnicity/migratory status intersect for men and non-migrants. The experience at work reported by these migrant women may also be evident in-migrant men's experience at work. Future researchers may also consider a more extensive study sample which could allow for comparisons between men and women. Future research might also consider the experience of both white and coloured South African migrant workers in the UK to show more heterogeneous experiences of migrant workers from the same

ethnicity but different races, such as the experience of white south African migrants and the experience of coloured south African migrants at work.

I recommend that future research focuses on examining the experiences of migrant care workers who have migrated to the UK primarily for employment in the care sector. This recommendation stems from the recent expansion of the care visa route to include individuals of all nationalities following the COVID-19 pandemic. The objective of this research would be to discern potential divergences in the experiences of migrant care workers compared to migrants who arrive in the UK for educational or employment purposes in other sectors. Understanding these distinctions can contribute valuable insights into the nuanced challenges and opportunities faced by individuals seeking employment specifically within the UK care industry.

6.4 Implications for Practice

This study suggests that the UK will continue to depend on migrant workers in the health care sector because of the combination of UK's exit from the European Union and the aftermath of COVID-19 pandemic and post-COVID world of higher reliance on telemedicine and at-home technology for medical and daily activities, a greater reliance on help among the elderly population, there will be a higher dependence on migrant care workers to fulfil care need in the community. Combined with the reducing the healthcare workforce and the need for retaining staff and recruiting more staff in the care sector, it is crucial to understand the needs of migrant workers.

This research suggests that there is a need for employers and human resource managers to respond to the specific needs of migrants, most especially those working in care homes, nursing homes, and domiciliary care. Responding to the need of migrants will protect and improve their working conditions or enhance their skills to provide quality care. The care sector settings should ensure they have a Human Resource (HR) department whose responsibilities are to take care of the organisation's or company's employees. An effective HR department should be responsible for operations including recruitment, payroll, performance, and employee relationship management and cultivating the employer-employee relationship.

This is necessary for the organisation or company to achieves their goals to retain and recruit the migrant workforce and attempt to alter patterns of inequality by ensuring policies and procedures specifically for equal opportunities in the workplace are in place and operational. This would also involve provision of training programmes for managers and staff on awareness and information of these policies and examples for implementation and review in practice to reduce experiences of inequalities to ensure Nigerian women care workers can experience equality at work. Importantly, in light of the study findings highlighting experiences of harassment, abuse and discrimination the care sector employers should invest in workplace conflict resolution trainings and handling of workers' complaints to improve equality in the work environment.

This study suggests that migrants are more skilled and qualified for the job they occupy, which indicates an underutilization of migrants' skills and knowledge. Allowing migrants to utilize the full range of their skills and knowledge will be instrumental to organizational and societal growth. Managers and HRM should explore the opportunity to recognize and use the additional skills, as assets for the company and career progression pathways for the migrants.

The study also suggests that employment policies need to address and improve the poor working conditions in the care sector through training and regulations to attract more British people to the care sector.

REFERENCES

Aboderin, I. (2007). Contexts, motives and experiences of Nigerian overseas nurses: understanding links to globalization. *Journal of Clinical Nursing*, *16*(12), 2237-2245.

Adebayo, B., Nichols, P., Heslop, K., & Brijnath, B. (2023). Migrant Care Workers' Perceptions of Their Working Conditions in Australian Residential Aged Care Facilities. *Journal of Transcultural Nursing*, *34*(3), 229-237.

Abrams, L. S. (2010) Sampling 'hard to reach' populations in qualitative research: The case of incarcerated youth. Qualitative Social Work 9(4): 536–550.

ACAS. *Employer Use Of Migrant Labour – Motivations, Experiences And HR Responses*. 2009. Print.

Acker, J. (2006). Inequality regimes: Gender, class, and race in organizations. *Gender & society*, *20*(4), 441-464.

Acker, J. (2012). Gendered organizations and intersectionality: Problems and possibilities. *Equality, Diversity and Inclusion: An International Journal*.

Adepoju, A. (2000). Issues and recent trends in international migration in Sub-Saharan Africa. *International Social Science Journal*, *52*(165), 383-394.

Adepoju, A. (2015). Operationalizing the ECOWAS protocol on free movement of persons: prospects for sub-regional trade and development. In *The Palgrave handbook of international labour migration* (pp. 441-462). Palgrave Macmillan, London.

Adib, A., & Guerrier, Y. (2003). The interlocking of gender with nationality, race, ethnicity and class: The narratives of women in hotel work. *Gender, Work & Organization*, *10*(4), 413-432.

Afaha, J. S. (2013). Migration, remittance and development in origin countries: Evidence from Nigeria. *African Population Studies*, *27*(1).

Age, U. K. (2019). Briefing: Health and care of older people in England 2019. *Age UK: London, UK*

Akintola, O. O., & Akintola, O. (2015). West Africans in the informal economy of South Africa: The case of low skilled Nigerian migrants. *The Review of Black Political Economy*, *42*(4), 379-398.

Akinrinade, S., & Ogen, O. (2011). Historicising the Nigerian Diaspora: Nigerian Migrants and Homeland Relations. *Turkish Journal of Politics*, *2*(2).

Alberti, Gabriella, Jane Holgate, and Maite Tapia. "Organising Migrants As Workers Or As Migrant Workers? Intersectionality, Trade Unions And Precarious Work". *The International Journal of Human Resource Management* 24.22 (2013): 4132-4148. Web

Aldin, V., James, D., & Wadsworth, J. (2010). The changing shares of migrant labour in different sectors and occupations in the UK economy: an overview. *Who needs migrant workers*.

Amaratunga, D., Baldry, D., Sarshar, M., & Newton, R. (2002). Quantitative and qualitative research in the built environment: application of “mixed” research approach. *Work study*, *51*(1), 17-31.

Anthias, F. (2013). Intersectional what? Social divisions, intersectionality and levels of analysis. *Ethnicities*, *13*(1), 3-19.

Anderson, B., & Anderson, B. L. (2000). *Doing the dirty work?: The global politics of domestic labour*. Palgrave Macmillan.

Anderson, B. (2007). A very private business: exploring the demand for migrant domestic workers. *European Journal of Women's Studies*, *14*(3), 247-264.

Anderson, B. (2010). Migration, immigration controls and the fashioning of precarious workers. *Work, employment and society*, *24*(2), 300-317.

Anderson, B., & Blinder, S. (2011). Who counts as a migrant? Definitions and their consequences. *Briefing, The Migration Observatory at the University of Oxford*.

Anderson, B., & Rogaly, B. (2005). Forced Labour and Migration to the UK. Trades Union Congress.

Atewologun, D. (2018). Intersectionality theory and practice. In *Oxford Research Encyclopedia of Business and Management*.

Arminio, J. L., & Hultgren, F. H. (2002). Breaking out from the shadow: The question of criteria in qualitative research. *Journal of College Student Development*.

Aroni, R., Goeman, D., Stewart, K., Sawyer, S., Abramson, M., & Thein, F. (1999, July). Concepts of rigour: When methodological, clinical and ethical issues intersect. In *Association for Qualitative Research Conference, Melbourne*.

Arthur, J. A. (2000). Invisible Sojourners: African Immigrant Diaspora in the US Westport. *CT: Praeger*.

Arthur, J. (2009). *African women immigrants in the United States: Crossing transnational borders*. Springer.

Artiles, A. M. (2008). Employment and working conditions of migrant workers. *Transfer: European Review of Labour and Research*, *14*(4), 709-712.

Atkinson, C., & Lucas, R. (2013). Policy and gender in adult social care work. *Public Administration*, *91*(1), 159-173.

Babbie, E. R. (2016). *The practice of social research*. Cengage learning.

Baines, D., & Cunningham, I. (2011). 'White knuckle care work': Violence, gender and new public management in the voluntary sector. *Work, employment and society*, *25*(4), 760-776

Baskarada, S. (2014). Qualitative case study guidelines. *Baškarada, S.(2014). Qualitative case studies guidelines. The Qualitative Report*, *19*(40), 1-25.

Bayliss, K., & Gideon, J. (2020). *The privatisation and financialisation of social care in the UK* (No. 238).

Benton, T., & Craib, I. (2001). Philosophy of social science: Philosophical issues in social thought (traditions in social theory).

Berger, P. L., Berger, P. L., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. Anchor.

Berry, D. P., & Bell, M. P. (2012). 'Expatriates': gender, race and class distinctions in international management. *Gender, Work & Organization*, *19*(1), 10-28.

Bevan, V. (1986). *The development of British immigration law*. Routledge.

Bilge, S. (2010). Recent feminist outlooks on intersectionality. *Diogenes*, *57*(1), 58-72.

Bimrose, J., & McNair, S. (2011). Career support for migrants: Transformation or adaptation?. *Journal of Vocational Behavior*, *78*(3), 325-333.

Blacklock, C., Ward, A. M., Heneghan, C., & Thompson, M. (2014). Exploring the migration decisions of health workers and trainees from Africa: A meta-ethnographic synthesis. *Social Science & Medicine*, *100*, 99-106.

Bolton, J. & Townson, J. (2018). *Messages on the future of domiciliary care services.* Oxford: Institute of Public Care

Bolton, S. C., & Wibberley, G. (2014). Domiciliary care: the formal and informal labour process. *Sociology*, *48*(4), 682-697.

Bonisteel I., Shulman R., Newhook L. A., Guttmann A., Smith S., Chafe R. (2021). Reconceptualizing recruitment in qualitative research. *International Journal of Qualitative Methods*, 20(2), 1–12

Boris, E., & Klein, J. (2006). Organizing home care: Low-waged workers in the welfare state. *Politics & Society*, *34*(1), 81-108.

Boswell, C. (2002). Addressing the causes of migratory and refugee movements: The role of the European Union (New Issues in Refugee Research Working Paper No. 73). *Geneva, Switzerland: United Nations High Commissioner for Refugees. LO IKUTEYIJO*.

Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality—an important theoretical framework for public health. *American Journal of public health*, *102*(7), 1267-1273.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Braun, V., & Clarke, V. (2017). Using thematic analysis in psychology. Thematic analysis, *The Journal of Positive Psychology*, 12:3, 297-298,

Browne, I., & Misra, J. (2005). *Labor-market inequality: intersections of gender, race, and class* (pp. 165-189). Londres, Blackwell Publishing.

Buchan, J. (2003). Here to stay? International nurses in the United Kingdom. *London: Royal College of Nursing. http://www. rcn. org. uk/publications/pdf/heretostay-irns. pdf. Accessed August*, *4*, 2007.

Buchan, J., Jobanputra, R., & Gough, P. (2005). Should I stay or should I go? A new survey from the King's Fund and the RCN challenges the NHS to reform its recruiting practices for staff from overseas. *Nursing Standard*, *19*(36), 14-17.

Bryceson, F. D. (2019). Transnational families negotiating migration and care life cycles across nation-state borders. *Journal of Ethnic and Migration Studies*.

Bryman, A., & Bell, E. (2015). *Business research methods*. Oxford University Press, USA.

Byrne, B. (2006). *White lives: The interplay of 'race', class and gender in everyday life*. Routledge.

Cangiano, A., Shutes, I., Spencer, S., & Leeson, G. (2009). *Migrant care workers in ageing societies: Research findings in the United Kingdom*. Centre on Migration, Policy and Society, University of Oxford.

Cangiano, A., & Shutes, I. (2010). Ageing, demand for care and the role of migrant care workers in the UK. *Journal of Population Ageing*, *3*(1-2), 39-57.

Carter, S. M., & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. *Qualitative health research*, *17*(10), 1316-1328.

Castles, S. (2004). Why migration policies fail. *Ethnic and racial studies*, *27*(2), 205-227.

Castles, S., & Kosack, G. (1973). *Immigrant workers and class structure in Western Europe*. Oxford University Press.

Creese, G. (2011). The New African Diaspora in Vancouver: Migration. *Exclusion and Belonging*.

Clayton, G. (2016). *Textbook on immigration and asylum law*. Oxford University Press.

Chou, R. J. A., & Robert, S. A. (2008). Workplace support, role overload, and job satisfaction of direct care workers in assisted living. *Journal of Health and Social Behavior*, *49*(2), 208-222.

Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: a review of quantitative results informed by qualitative insights. *International psychogeriatrics*, *28*(4), 557-576.

Collis, J., & Hussey, R. (2009). *Business Research: A Practical Guide for Undergraduate and Postgraduate Students*. Macmillan International Higher Education.

Connell, J., & Burgess, J. (2009). Migrant workers, migrant work, public policy and human resource management. *International Journal of Manpower*, *30*(5), 412-421.

Connolly, H., Marino, S., & Lucio, M. M. (2014). Trade union renewal and the challenges of representation: Strategies towards migrant and ethnic minority workers in the Netherlands, Spain and the United Kingdom. *European Journal of Industrial Relations*, *20*(1), 5-20.

Connolly, H., Lucio, M. M., & Marino, S. (2013). Trade Unions and Migration in the UK: Equality and Migrant Worker Engagement without Collective Rights. *Labour Migration in Hard Times: Reforming Labour Market Regulation*, 41-59.

Cooper, D. R., Schindler, P. S., & Sun, J. (2006). *Business research methods* (Vol. 9, pp. 1-744). New York: Mcgraw-hill.

Corra, M. K., & Kimuna, S. R. (2009). Double jeopardy? Female African and Caribbean immigrants in the United States. *Journal of Ethnic and Migration Studies*, *35*(6), 1015-1035.

Covington-Ward, Y. (2017). African immigrants in low-wage direct health care: Motivations, job satisfaction, and occupational mobility. *Journal of immigrant and minority health*, *19*(3), 709-715.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into practice*, *39*(3), 124-130.

Creswell, J. W. (2012). Qualitative inquiry and research design: Choosing among five approaches. Sage.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Sage.

D'Angelo, A., Kofman, E., & Keles, J. Y. (2020). Migrants at work: perspectives, perceptions and new connections. *Work, Employment and Society*, *34*(5), 745-748.

De Haas, H. (2006). International migration and national development: Viewpoints and policy initiatives in countries of origin–The case of Nigeria. *International Migration Institute, University of Oxford, Oxford*.

Da Roit, B., & Weicht, B. (2013). Migrant care work and care, migration and employment regimes: A fuzzy-set analysis. *Journal of European Social Policy*, *23*(5), 469-486.

Datta, K., McIlwaine, C., Evans, Y., Herbert, J., May, J., & Wills, J. (2010). a migrant ethic of care? negotiating care and caring among migrant workers in London's low-pay economy. *Feminist Review*, *94*(1), 93-116.

Degani, P., & Ghanem, C. (2019). How Does the European Union Talk about Migrant Women and Religion? A Critical Discourse Analysis of the Agenda on Migration of the European Union and the Case Study of Nigerian Women. *Religions*, *10*(1), 27.

Dench, S., Hurstfield, J., Hill, D., & Ackroyd, K. (2012). Employers' use of migrant labour. Home Office Online Report.

Denton, M. A., Zeytinoğlu, I. U., & Davies, S. (2002). Working in clients' homes: The impact on the mental health and well-being of visiting home care workers. *Home health care services quarterly, 21*(1), 1–27.

Denzin, N. K., & Lincoln, Y. S. (2000). *The qualitative inquiry reader*. Sage.

Dhamoon, R. K. (2011). Considerations on mainstreaming intersectionality. *Political Research Quarterly*, *64*(1), 230-243.

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical education*, *40*(4), 314-321.

Donato, K. M., Gabaccia, D., Holdaway, J., Manalansan IV, M., & Pessar, P. R. (2006). A glass half full? Gender in migration studies. *International migration review*, *40*(1), 3-26.

Douglas, E. (2002). *Qualitative analysis: practice and innovation*. Taylor & Francis.

Dovlo, D., & Martineau, T. (2004). A review of the migration of Africa's health professionals. *A Joint Learning Initiative on Human Resources for Health, Africa Working Group Pape*.

Doyle, M., & Timonen, V. (2009). The different faces of care work: understanding the experiences of the multi-cultural care workforce. *Ageing & Society*, *29*(3), 337-350.

DuBois, D., & McKee, A. S. (1994, May). Facets of work experience. In *9th Annual Conference of the Society for Industrial and Organizational Psychology, Nashville, TN*.

Duda-Mikulin, E. A. (2020). Gendered migrations and precarity in the post-Brexit-vote UK: the case of Polish women as workers and carers. *Migration and Development*, *9*(1), 92-110.

Duffy, M., Armenia, A., & Stacey, C. L. (2015). On the clock, off the radar: paid care work in the United States. *Caring on the Clock: The Complexities and Contradictions of Paid Care Work*, 3-13.

Dummett, A., & Nicol, A. (1990). Subjects, Citizens, Aliens and others, London: Weidenfeld and Nicolson. *Nationalism: ethnicigi and gender*, *191*.

Dyer, S., McDowell, L., & Batnitzky, A. (2010). The impact of migration on the gendering of service work: The case of a West London hotel. *Gender, Work & Organization*, *17*(6), 635-657.

Easterby-Smith, M., Antonacopoulou, E., Simm, D., & Lyles, M. (2004). Constructing contributions to organizational learning: Argyris and the next generation. *Management Learning*, *35*(4), 371-380.

Easterby-Smith, M., Thorpe, R., & Jackson, P. R. (2012). *Management research*. Sage.

Edeh, N. A., Riley, S., & Kokot-Blamey, P. (2021). The production of difference and "becoming Black": The experiences of female Nigerian doctors and nurses working in the National Health Service. *Gender, Work & Organization*.

Emmel, N. (2013) *Sampling and Choosing Cases in Qualitative Research: A Realist Approach*. Thousand Oaks: Sage.

England, P. (2005). Emerging theories of care work. *Annu. Rev. Sociol.*, *31*, 381-399.

England, K., & Dyck, I. (2012). Migrant workers in home care: Routes, responsibilities, and respect. *Annals of the Association of American Geographers*, *102*(5), 1076-1083.

Erulkar, A. S., Mekbib, T. A., Simie, N., & Gulema, T. (2006). Migration and vulnerability among adolescents in slum areas of Addis Ababa, Ethiopia. *Journal of Youth Studies*, *9*(3), 361-374.

Faugier, J., & Sargeant, M. (1997). Sampling hard to reach populations. *Journal of advanced nursing*, *26*(4), 790-797.

Fearfull, A., & Kamenou, N. (2010). Work and career experiences of ethnic minority men and women. *Equality, Diversity and Inclusion: An International Journal*, *29*(4), 325-331.

Fenlason, K. J., & Beehr, T. A. (1994). Social support and occupational stress: Effects of talking to others. *Journal of organizational behavior*, *15*(2), 157-175.

Fenton, W. (2011). *The size and structure of the adult social care sector and workforce in England, 2011*. Skills for Care.

Flahaux, M. L., & De Haas, H. (2016). African migration: trends, patterns, drivers. *Comparative migration studies*, *4*(1), 1-25.

Fleury, A. (2016). Understanding women and migration: A literature review. *Washington, DC*, 55.

Francis, J., & Netten, A. (2003). Home care workers: careers, commitments and motivations.

Finlay, L. (2014). Engaging phenomenological analysis. *Qualitative Research in Psychology*, *11*(2), 121-141.

Glendinning, C. (2012). Home care in England: markets in the context of under-funding. *Health & social care in the community*, *20*(3), 292-299.

Green, A., Atfield, G., Staniewicz, T., Baldauf, B., & Adam, D. (2014). Determinants of the composition of the workforce in low skilled sectors of the UK economy: Social care and retail sectors. *Warwick Institute for Employment Research*.

Green, O., & Ayalon, L. (2016). Whom do migrant home care workers contact in the case of work-related abuse? An exploratory study of help-seeking behaviors. *Journal of interpersonal violence*, *31*(19), 3236-3256.

Green, O., & Ayalon, L. (2017). The contribution of working conditions and care recipient characteristics to work-related abuse and exploitation of migrant home care workers. *Employee Relations*, *39*(7), 1001-1014.

Green, O., & Ayalon, L. (2018). Violations of workers' rights and exposure to work-related abuse of live-in migrant and live-out local home care workers–a preliminary study: implications for health policy and practice. *Israel journal of health policy research*, *7*(1), 32.

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups. *British Dental journal*, *204*(6), 291-295.

Gill, M. J. (2014). The possibilities of phenomenology for organizational research. *Organizational research methods*, *17*(2), 118-137.

Gordolan, Lourdes, and Mumtaz Lalani. "Care And Immigration Migrant Care Wokers In Private Households". N.p., 2017. Web. 19 June 2017.

Gottfried, H., & Chun, J. J. (2018). Care Work in Transition: Transnational Circuits of Gender, Migration, and Care. *Critical Sociology*, 0896920518765931.

Guba, E. G. (Ed.). (1990). *The paradigm dialog*. Sage publications.

Guetterman, T.C. (2015) Descriptions of sampling practices within five approaches to qualitative research in education and the health sciences. *Forum: Qualitative Social Research* 16(2): 25

Hager, A. (2021). What Drives Migration to Europe? Survey Experimental Evidence from Lebanon. *International Migration Review*, *55*(3), 929-950.

Hagen-Zanker, J. (2008). Why do people migrate? A review of the theoretical literature. *A Review of the Theoretical Literature (January 2008). Maastrcht Graduate School of Governance Working Paper No*.

Hancock, A. M. (2007). Intersectionality as a normative and empirical paradigm. *Politics & Gender*, *3*(2), 248-254.

Hardill, I., & MacDonald, S. (2000). Skilled international migration: The experience of nurses in the UK. *Regional studies*, *34*(7), 681-692.

Healy, G., & Oikelome, F. (2007). A global link between national diversity policies? The case of the migration of Nigerian physicians to the UK and USA. *The International Journal of Human Resource Management*, *18*(11), 1917-1933.

Hebson, G., Rubery, J., & Grimshaw, D. (2015). Rethinking job satisfaction in care work: looking beyond the care debates. *Work, employment and society*, *29*(2), 314-330.

Hennebry, J. L. (2018). The global compact for migration: From gender-rhetoric to gender-responsive?. *Global Social Policy*, *18*(3), 332-338.

Hennebry, J. L., & Petrozziello, A. J. (2019). Closing the gap? Gender and the global compacts for migration and refugees. *International Migration*, *57*(6), 115-138.

Hernandez-Coss, R., & Bun, C. E. (2006). The UK–Nigeria remittance corridor: Challenges of embracing formal transfer systems in a dual financial environment United Kingdom: DFID department for international development.

Holgate, J. (2005). Organizing migrant workers: a case study of working conditions and unionization in a London sandwich factory. *Work, employment and society*, *19*(3), 463-480.

Holgate, J., Hebson, G., & McBride, A. (2006). Why gender and 'difference'matters: a critical appraisal of industrial relations research. *Industrial Relations Journal*, *37*(4), 310-328.

Holloway, I. (1997). *Basic concepts for qualitative research*. Wiley-Blackwell.

Holvino, E. (2010). Intersections: The simultaneity of race, gender and class in organization studies. *Gender, Work & Organization*, *17*(3), 248-277.

Howard, J., Gagné, M., Morin, A. J., & Van den Broeck, A. (2016). Motivation profiles at work: A self-determination theory approach. *Journal of Vocational Behavior*, *95*, 74-89.

https://www.gov.uk/rest-breaks-work

Hulko, W. (2009). From 'not a big deal'to 'hellish': experiences of older people with dementia. *Journal of Aging studies*, *23*(3), 131-144.

Human, U. N. (2009). Development Report:"Overcoming barriers: Human mobility and development".

Hunt, L., Steele, A., & Condie, J. (2008). Migrant workers in Rochdale and Oldham.

Hussein, S., Manthorpe, J., & Stevens, M. (2011). Social care as first work experience in England: a secondary analysis of the profile of a national sample of migrant workers. *Health & social care in the community*, *19*(1), 89-97.

Hussein, S., Stevens, M., & Manthorpe, J. (2011). What drives the recruitment of migrant workers to work in social care in England?. *Social Policy and Society*, *10*(3), 285-298.

Hussein, S., Stevens, M., & Manthorpe, J. (2010). *International social care workers in England: Profile, motivations, experiences and future expectations*. London: Social Care Workforce Research Unit.

Hussein, S., Stevens, M., & Manthorpe, J. (2013). Migrants' motivations to work in the care sector: experiences from England within the context of EU enlargement. *European journal of ageing*, *10*(2), 101-109.

Hwang, S., & Beauregard, T. A. (2021). Contextualising intersectionality: A qualitative study of East Asian female migrant workers in the UK. *human relations*, 0018726721989790.

Iheduru-Anderson, K. C., & Wahi, M. M. (2018). Experiences of Nigerian internationally educated nurses transitioning to United States health care settings. *Journal of Transcultural Nursing*, *29*(6), 603-610.

IOM. 2014. *Report on Victims of Trafficking in Mixed Migration Flows Arriving in Italy by Sea*. Grand Saconne: International Organization for Migration.

IOM and European Migration Network. 2012. *Misuse of the Right to Family Reunification, Marriages of Convenience and False Declarations of Parenthood*; Vienna, December

Iliya, M. A., & Oppon-Kumi, A. (2012). Autonomous Female Migration: A Case Study in Sokoto Metropolis, Nigeria. *Migration in the Service of African Development*, 279

Isaksen, L. W., Devi, S. U., & Hochschild, A. R. (2008). Global care crisis: a problem of capital, care chain, or commons?. *American Behavioral Scientist*, *52*(3), 405-425.

Janta, H., Ladkin, A., Brown, L., & Lugosi, P. (2011). Employment experiences of Polish migrant workers in the UK hospitality sector. *Tourism Management*, *32*(5), 1006-1019.

Kim, Y. J. (2010, September). The gendered desire to become cosmopolitan: South Korean women's motivations for migration to the UK. In *Women's Studies International Forum* (Vol. 33, No. 5, pp. 433-442). Pergamon.

Konadu-Agyemang, K., and B. K. Takyi. 2006. “Theoretical Perspectives on African Migration.” In The New African Diaspora in North America, edited by Kwadwo-Konadu-Agyemang, Baffour K. Takyi, and John Arthur. 13–27. New York: Lexington Books.

Kline, D. S. (2003). Push and pull factors in international nurse migration. *Journal of nursing scholarship*, *35*(2), 107-111.

Killian, C., Olmsted, J., & Doyle, A. (2012, November). Motivated migrants:(Re) framing Arab women's experiences. In *Women's Studies International Forum* (Vol. 35, No. 6, pp. 432-446). Pergamon.

King, N., & Horrocks, C. (2010). Interviews in Qualitative Research

Kofman, E., & Raghuram, P. (2010). The implications of migration for gender and care regimes in the South. In *South-South Migration* (pp. 46-83). Palgrave Macmillan, London.

Lam, T., & Hoang, L. A. (2010). Effects of international migration on families left behind. In *Experts Meeting, Civil Society Days GFMD, Mexico City*.

Lapan, S. D., Quartaroli, M. T., & Riemer, F. J. (Eds.). (2011). *Qualitative Research: An Introduction to Methods and Designs*. John Wiley & Sons.

Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*, 99-116.

Lee, E. S. (1966). A theory of migration. *Demography*, *3*(1), 47-57.

Lee, G. O. (1999). The managerial implications of labour importation in Hong Kong. *International Journal of Manpower*.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation* (Vol. 47). Sage.

Likupe, G., & Archibong, U. (2013). Black African nurses' experiences of equality, racism, and discrimination in the National Health Service. *Journal of Psychological Issues in Organizational Culture*, *3*(S1), 227-246.

Likupe, G. (2006). Experiences of African nurses in the UK National Health Service: a literature review. *Journal of clinical nursing*, *15*(10), 1213-1220.

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage handbook of qualitative research*, *4*, 97-128.

List, D. (2005). *Scenario network mapping: the development of a methodology for social inquiry*. University of South Australia.

Littrell, P. C., Billingsley, B. S., & Cross, L. H. (1994). The effects of principal support on special and general educators' stress, job satisfaction, school commitment, health, and intent to stay in teaching. *Remedial and Special Education*, *15*(5), 297-310.

Lopez, S. H. (2006). Emotional labor and organized emotional care: Conceptualizing nursing home care work. *Work and Occupations*, *33*(2), 133-160.

Lutz, H. (2010). Gender in the migratory process. *Journal of ethnic and migration studies*, *36*(10), 1647-1663.

Lutz, H. (Ed.). (2016). *Migration and domestic work: A European perspective on a global theme*. Routledge.

Lutz, H., & Palenga-Möllenbeck, E. (2011). Care, gender and migration: Towards a theory of transnational domestic work migration in Europe. *Journal of Contemporary European Studies*, *19*(3), 349-364.

MacKenzie, R., & Forde, C. (2009). The rhetoric of the good worker' versus the realities of employers' use and the experiences of migrant workers. *Work, employment and society*, *23*(1), 142-159.

Makinwa-Adebusoye, P. K. (1994). Women migrants in Nigeria. *International Sociology*, *9*(2), 223-236.

Man, G. (2004, June). Gender, work and migration: Deskilling Chinese immigrant women in Canada. In *Women's studies international forum* (Vol. 27, No. 2, pp. 135-148). Pergamon.

Manthorpe, J., Hussein, S., Stevens, M., & Moriarty, J. (2012). User and carer experiences of international social care workers in England: listening to their accounts of choice and control. *Australian Social Work*, *65*(4), 442-456.

Martin, P. L., & Zürcher, G. (2008). *Managing migration: The global challenge* (Vol. 63, No. 1). Washington, DC: Population Reference Bureau.

Mattingly, M. J., & Blanchi, S. M. (2003). Gender differences in the quantity and quality of free time: The US experience. *Social forces*, *81*(3), 999-1030.

Maxwell, J. A. (2012). *Qualitative research design: An interactive approach*. Sage publications

Mberu, B. U., & Pongou, R. (2010). Nigeria: Multiple forms of mobility in Africa's demographic giant. *Migration information source*.

McBride, A., Hebson, G., & Holgate, J. (2015). Intersectionality: are we taking enough notice in the field of work and employment relations?. *Work, employment and society*, *29*(2), 331-341.

McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of women in culture and society*, *30*(3), 1771-1800.

McCarthy, J. R., & Edwards, R. (2011). *Transnational families*. In The SAGE key concepts series: Key concepts in family studies. Sage Publications Ltd, Thousand Oaks, Californias

McGregor, J. (2007). 'Joining the BBC (British Bottom Cleaners)': Zimbabwean migrants and the UK care industry. *Journal of ethnic and migration studies*, *33*(5), 801-824

Menz, G. (2009). *The Political Economy of Managed Migration: Nonstate Actors, Europeanization, and the Politics of Designing Migration Policies*. Oxford University Press.

Mertens, D. M. (2008). *Transformative research and evaluation*. Guilford press.

Mertens, D. M. (2010). Philosophy in mixed methods teaching: The transformative paradigm as illustration. *International Journal of Multiple Research Approaches*, *4*(1), 9-18.

Mej'ia, A., Pizurki, H., & Royston, E. (1979). *Physician and nurse migration: Analysis and policy implications, report on a WHO study*. World Health Organization.

Meyer, J. W. (2008). Reflections on institutional theories of organizations. *The Sage handbook of organizational institutionalism*, 790-811.

Migration Statistics Quarterly Report- Office For National Statistics". Ons.gov.uk. N.p., 2017. Web. 15 May 2017.

Migrant Health – A baseline report (2006) Appendix One: the history of migration to the UK.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. sage.

Miles, L., Lewis, S., Teng, L. W., & Yasin, S. M. (2019). Advocacy for women migrant workers in Malaysia through an intersectionality lens. *Journal of Industrial Relations*, *61*(5), 682-703.

Mishler, E. (1990). Validation in inquiry-guided research: The role of exemplars in narrative studies. *Harvard educational review*, *60*(4), 415-443.

Mooney, S. (2016). 'Nimble'intersectionality in employment research: a way to resolve methodological dilemmas. *Work, employment and society*, *30*(4), 708-718.

Moran, D. (2000) *Introduction to Phenomenology*, New York: Routledge.

Morse, J. M. (2000). Determining sample size. *Qualitative health research*, *10*(1), 3-5.

Moran, D. (2000). *Introduction to phenomenology*. Routledge.

Nash, J. C. (2008). Re-thinking intersectionality. *Feminist review*, *89*(1), 1-15.

Netto, G., Hudson, M., Noon, M., Sosenko, F., De Lima, P., & Kamenou-Aigbekaen, N. (2015). Migration, ethnicity and progression from low-paid work: implications for skills policy. *Social Policy and Society*, *14*(4), 509-522.

Neuman, L. W. (2009). Understanding research. Boston, MA: Pearson

Noordin, S. A., & Masrek, M. N. (2016). Adopting the Quantitative and Qualitative Methods in the Social Science Research: Justifying the Underpinning Philosophical Orientation. In *Proceeding of the 28th International Business & Information Management Association (IBIMA) Conference Seville, Spain, 9-10 November 2016*.

Obiakor, F. E., & Afoláyan, M. O. (2007). African immigrant families in the United States: Surviving the sociocultural tide. *The Family Journal*, *15*(3), 265-270.

Ogbemudia, J. (2021). Confronting Discrimination and Structural Inequalities: Professional Nigerian Women's Experiences of Negotiating the UK Labour Market. *Journal of International Women's Studies*, *22*(4), 4-24.

Oishi, N. (2002). Gender and migration: an integrative approach.

Ow Yong, B., & Manthorpe, J. (2016). The experiences of Indian migrant care home staff working with people with dementia: a pilot study exploring cultural perspectives. *Working with Older People*, *20*(1), 3-13.

Özbilgin, M. F., Beauregard, T. A., Tatli, A., & Bell, M. P. (2011). Work–life, diversity and intersectionality: A critical review and research agenda. *International Journal of Management Reviews*, *13*(2), 177-198.

Padarath, A., Chamberlain, C., McCoy, D., Ntuli, A., Rowson, M., & Loewenson, R. (2003). Health personnel in Southern Africa: confronting maldistribution and brain drain. *Durban: Health Systems Trust*.

Parreñas, R. S. (2000). Migrant Filipina domestic workers and the international division of reproductive labor. *Gender & society*, *14*(4), 560-580.

Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative social work*, *1*(3), 261-283.

Pedraza, S. (1991). Women and migration: The social consequences of gender. *Annual review of sociology*, *17*(1), 303-325.

Pemberton, S., & Scullion, L. C. (2010). The implications in North West England of the migrant cap on non-EU workers: A case study of the health and social care sector.

Pemberton, S., & Stevens, C. (2010). The recruitment and retention of Central and Eastern European migrant workers in the United Kingdom: a panacea or a problem under the new policies of 'Managed Migration'?. *Regional Studies*, *44*(9), 1289-1300.

Penninx, R., & Roosblad, J. (2000). Trade unions, immigration and immigrants in Europe 1960-1993). A comparative study of trade unions in seven West European countries.

Pessar, P. R., & Mahler, S. J. (2003). Transnational migration: Bringing gender in. *International migration review*, *37*(3), 812-846.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, *20*(1), 7-14.

Piore, M. J. (1979). Birds of passage: migrant labor and industrial societies.

PopeC, Z. S., & Mays, N. (2000). Qualitative research in health care. Analysing qualitative data. *BMJ*, *320*(7227), 114-6.

Potter, J., & Wetherell, M. (1994). Analyzing discourse. *Analyzing qualitative data*, 47-66.

Quinn, P. M. (2002). Qualitative research and evaluation methods. *California EU: Sage Publications Inc*.

Raghuram, P., & Kofman, E. (2002). The state, skilled labour markets, and immigration: the case of doctors in England. *Environment and planning A*, *34*(11), 2071-2089.

Raghuram, P., & Kofman, E. (2004, June). Out of Asia: Skilling, re-skilling and deskilling of female migrants. In *Women's Studies International Forum*. Elsevier Science.

Ravalier, J., Morton, R., Russell, L., & Rei Fidalgo, A. (2019). Zero-hour contracts and stress in UK domiciliary care workers. *Health & social care in the community, 27*(2), 348–355.

Ravenswood, K., & Harris, C. (2016). Doing gender, paying low: gender, class and work–life balance in aged care. *Gender, Work & Organization*, *23*(6), 614-628.

Reed, M. (2005). Reflections on the 'realist turn'in organization and management studies. *Journal of Management Studies*, *42*(8), 1621-1644.

Ressia, S., Strachan, G., & Bailey, J. (2017). Operationalizing intersectionality: An approach to uncovering the complexity of the migrant job search in Australia. *Gender, Work & Organization*, *24*(4), 376-397.

Rienzo, C., & Vargas-Silva, C. (2012). Migrants in the UK: An overview. *Migration Observatory briefing. Oxford: COMPAS, University of Oxford*.

RIENZO, C. (2015, November 09). Migrants in the UK Labour Market: An Overview. Retrieved November 28, 2016, from THE MIGRATION OBSERVATORY, http://www.migrationobservatory.ox.ac.uk

RIENZO, C. (2016, January 11). Migrants in the UK labour market: An overview. Retrieved November 28, 2016, from The Migration Observatory informs debates on international migration and public policy., http://www.migrationobservatory.ox.ac.uk/resources/briefings/migrants-in-the-uk-labour-market-an-overview/

Reynolds, R. R. (2006). Professional Nigerian Women, Household Economy, and Immigration Decisions 1. *International Migration*, *44*(5), 167-188.

Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative research in psychology*, *11*(1), 25-41.

Robson, C. (2002). *Real world research: A resource for social scientists and practitioner-researchers*. Wiley-Blackwell.

Robson, C., & McCartan, K. (2016) Real World Research: A Resource for Users of Social Research Methods in Applied Settings. 4th Edition. New York: Wiley.

Rodgers, G., & Rodgers, J. (Eds.). (1989). *Precarious jobs in labour market regulation: the growth of atypical employment in Western Europe*. International Labour Organisation.

Rodriguez, J. K. (2018). Intersectionality and qualitative research. In *The Sage handbook of qualitative business and management research methods* (p. 429). Sage Publications Ltd.

Rodriguez, J. K., Holvino, E., Fletcher, J. K., & Nkomo, S. M. (2016). The theory and praxis of intersectionality in work and organisations: Where do we go from here?. *Gender, Work and Organization*, *23*(3), 201-222.

Rodriguez, J. K., & Scurry, T. (2019). Female and foreign: an intersectional exploration of the experiences of skilled migrant women in Qatar. *Gender, Work & Organization*, *26*(4), 480-500.

Rubery, J., Grimshaw, D., Hebson, G., & Ugarte, S. M. (2015). "It's All About Time": Time as contested terrain in the management and experience of domiciliary care work in England. *Human Resource Management*, *54*(5), 753-772.

Ruhs, M., & Anderson, B. (Eds.). (2010). *Who needs migrant workers?: labour shortages, immigration, and public policy*. Oxford University Press.

Rydzik, A., Pritchard, A., Morgan, N., & Sedgley, D. (2017). Humanising migrant women's work. *Annals of Tourism Research*, *64*, 13-23.

Ryosho, N. (2011). Experiences of racism by female minority and immigrant nursing assistants. *Affilia*, *26*(1), 59-71.

Sandelowski, M. (2002). Reembodying qualitative inquiry. *Qualitative health research*, *12*(1), 104-115.

Sang, K., Al-Dajani, H., & Özbilgin, M. (2013). Frayed careers of migrant female professors in British academia: An intersectional perspective. *Gender, Work & Organization*, *20*(2), 158-171.

Saunders, M., Lewis, P., & Thornhill, A. (2012). Research methods for business students (6th ed). *Edinburgh Gate: Pearson Education Limited*.

Saunders, M., Lewis, P., & Thornhill, A. (2016). Research methods for business students (7th. ed). *Edinburgh Gate: Pearson Education Limited*.

Scott, S. (2013). Migrant–local hiring queues in the UK Food industry. *Population, Space and Place*, *19*(5), 459-471.

Scott, S. (2013). Migration and the employer perspective: pitfalls and potentials for a future research agenda. *Population, Space and Place*, *19*(6), 703-713.

Scott, S. (2019) *New Middle-Class Labour Migrants*, in S. Ratuva (eds) The Palgrave Handbook of Ethnicity, Springer: Singapore.

Schierup, C. U., Hansen, P., & Castles, S. (2006). *Migration, citizenship, and the European welfare state: a European dilemma*. Oxford University Press on Demand.

Schwandt, T. A. (1993). Theory for the moral sciences: Crisis of identity and purpose. *Theory and concepts in qualitative research: Perspectives from the field*, 5-23.

Shah, P. (2000). *Refugees, race and the legal concept of asylum in Britain*. Routledge.

Shields, S. A. (2008). Gender: An intersectionality perspective. *Sex roles*, *59*(5), 301-311.

Shimazu, A., Shimazu, M., & Odahara, T. (2004). Job control and social support as coping resources in job satisfaction. *Psychological Reports*, *94*(2), 449-456.

Shinebourne, P. (2011). The Theoretical Underpinnings of Interpretative Phenomenological Analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis*, *22*(1).

Showers, F. (2015). Being black, foreign and woman: African immigrant identities in the United States. *Ethnic and Racial Studies*, *38*(10), 1815-1830.

Showers, F. (2018). Learning to care: work experiences and identity formation among African immigrant care workers in the US. *International Journal of Care and Caring*, *2*(1), 7-25.

Shutes, I. (2012). The employment of migrant workers in long-term care: Dynamics of choice and control. *Journal of Social Policy*, *41*(1), 43-59.

Silverman, D. (2013). *Doing qualitative research: A practical handbook*. Sage.

Simonazzi, A. (2008). Care regimes and national employment models. *Cambridge Journal of Economics*, *33*(2), 211-232.

Skills for Care. (2021). The state of the adult social care workforce in England.

Slevin, E., & Sines, D. (2000). Enhancing the truthfulness consistency and transferability of a qualitative study. *Nurse Researcher*, *7*(2), 79-97

Spencer, I. (1997) *British Immigration Policy since 1945: The Making of Multi-Racial*

Spiggle, S. (1994). Analysis and interpretation of qualitative data in consumer research. *Journal of consumer research*, *21*(3), 491-503.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative research in psychology*, *1*(1), 39-54.

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health psychology review*, *5*(1), 9-27.

Smith, J. A. (2017). Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology*, *12*(3), 303-304.

Stalker, P. (2001). *The no-nonsense guide to international migration*. Verso.

Statistics, O. F. N. (2016, December). *Migration statistics quarterly report: Dec 2016*. Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/migrationstatisticsquarterlyreport/dec2016

Steele, A., & Scullion, L. C. (2008). Migrant workers in Bolton.

Stevens, M., Hussein, S., & Manthorpe, J. (2012). Experiences of racism and discrimination among migrant care workers in England: findings from a mixed-methods research project. *Ethnic and Racial Studies*, *35*(2), 259-280.

Strauss, A., & Corbin, J. (1998). Basics of qualitative research techniques.

Sultana, H., & Fatima, A. (2017). Factors influencing migration of female workers: a case of Bangladesh. *IZA Journal of Development and Migration*, *7*(1), 1-17.

Tariq, M., & Syed, J. (2018). An intersectional perspective on Muslim women's issues and experiences in employment. *Gender, Work & Organization*, *25*(5), 495-513.

Tatli, A. (2011). A multi-layered exploration of the diversity management field: diversity discourses, practices and practitioners in the UK. *British Journal of Management*, *22*(2), 238-253.

Theobald, H. (2017). Care workers with migration backgrounds in formal care services in Germany: a multi-level intersectional analysis. *International Journal of Care and Caring*, *1*(2), 209-226.

Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American journal of evaluation*, *27*(2), 237-246.

Thorlby, R., & Arora, S. (2018). The English health care system. *International profiles of health care systems*.

Thornley, C., Jefferys, S., & Appay, B. (Eds.). (2010). *Globalization and precarious forms of production and employment: Challenges for workers and unions*. Edward Elgar Publishing.

Tight, M. (2010). The curious case of case study: a viewpoint. *International Journal of Social Research Methodology*, *13*(4), 329-339.

Timonen, V., & Doyle, M. (2010). Migrant care workers' relationships with care recipients, colleagues and employers. *European Journal of Women's Studies*, *17*(1), 25-41.

Todres, L., & Holloway, I. (2004). Descriptive phenomenology: Life-world as evidence. In *New qualitative methodologies in health and social care research* (pp. 99-118). Routledge.

Tomlinson, J., Muzio, D., Sommerlad, H., Webley, L., & Duff, L. (2013). Structure, agency and career strategies of white women and black and minority ethnic individuals in the legal profession. *Human relations*, *66*(2), 245-269.

Trades Union Congress (Great Britain)(TUC). (2007). Migrant workers in the labour market: the role of unions in the recognition of skills and qualifications.

Turnpenny, A., & Hussein, S. (2021). Migrant home care workers in the UK: a scoping review of outcomes and sustainability and implications in the context of Brexit. *Journal of international migration and integration*, 1-20.

Umolu, A. O. (2014). Gender and race in UK organisations: case study of Nigerian and Indian women. *Gender and Behaviour*, *12*(1), 6045-6058.

Unigwe, C. (2008). Nigerian Women and Labor Migration. *Journal of the African Literature Association*, *2*(2), 116-123.

United Kingdom Home Care Association. (2016). An overview of the domiciliary care market in the United Kingdom.

Varpio L, Paradis E, Uijtdehaage S, et al. The distinctions between theory, theoretical framework, and conceptual framework. *Acad Med* 2020; 95: 989–994.

Vargas-Silva, C., & Rienzo, C. (2020). Migrants in the UK: An overview, the migration observatory.

Van den Bergh, R., & Du Plessis, Y. (2012). Highly skilled migrant women: a career development framework. *Journal of Management Development*.

Van Hooren, F. J. (2012). Varieties of migrant care work: Comparing patterns of migrant labour in social care. *Journal of European Social Policy*, *22*(2), 133-147.

Walker, W. (2011). Hermeneutic inquiry: Insights into the process of interviewing. *Nurse researcher*, *18*(2).

Walker, E., & Dewar, B. J. (2000). Moving on from interpretivism: an argument for constructivist evaluation. *Journal of advanced nursing*, *32*(3), 713-720.

Walsh, K., & O'Shea, E. (2010). The role of migrant care workers in ageing societies: report on research findings in the United Kingdom, Ireland, Canada and the United States.

Warner, L. R. (2008). A best practices guide to intersectional approaches in psychological research. *Sex roles*, *59*(5), 454-463.

Wendsche J., Ghadiri A., Bengsch A., Wegge J. *Antecedents and outcomes of nurses' rest break organization: A scoping review*. Int. J. Nurs. Stud. 2017;75:65–80.

Williams, F., & Gavanas, A. (2008). The intersection of child care regimes and migration regimes: a three–country study.

Williams, F. (2010). Migration and care: Themes, concepts and challenges. *Social Policy and Society*, *9*(3), 385-396.

Williams, F. (2012). Converging variations in migrant care work in Europe. *Journal of European Social Policy*, *22*(4), 363-376.

Wimpenny, P., & Gass, J. (2000). Interviewing in phenomenology and grounded theory: is there a difference?. *Journal of advanced nursing*, *31*(6), 1485-1492.

Winker, G., & Degele, N. (2011). Intersectionality as multi-level analysis: Dealing with social inequality. *European Journal of Women's Studies*, *18*(1), 51-66.

Woolham, J., Norrie, C., Samsi, K., & Manthorpe, J. (2019). The employment conditions of social care personal assistants in England. *The Journal of Adult Protection*.

Wright, T., & Pollert, A. (2006, June). The experiences of ethnic minority and migrant workers in hotels and restaurants: strategies and necessities. In *BUIRA Conference, University of Galway, Galway* (pp. 28-30).

Wrench, J. (2000). British unions and racism: organisational dilemmas in an unsympathetic climate. *Trade Unions, Immigration, and Immigrants in Europe, 1960-1993: a Comparative Study of the Attitudes and Actions of Trade Unions in Seven West European Countries*, 133-156.

Yardley, L. (2017). Demonstrating validity in qualitative psychology, *The Journal of Positive Psychology*

Yeoh, B. S., & Huang, S. (2000, July). “Home” and “away”: foreign domestic workers and negotiations of diasporic identity in Singapore. *In Women's Studies International Forum* (Vol. 23, No. 4, pp. 413-429). Pergamon.

Yin, R. K. (2011). Qualitative Research from Start to Finish. *NY: The Guilford Press*

Yin, R. K. (2017). Case study research and applications: *Design and methods. Sage publications.*

Yuval-Davis, N. (2006). Intersectionality and feminist politics. *European journal of women's studies*, *13*(3), 193-209.

APPENDICE

Appendix 1: Development Stage of the Interview Questions

1) Can you tell me about yourself?
2) How long have you been in the UK?
3) What was your previous job before migrating to the UK?
4) Tell me about your work?
5) Did you plan to work in the care sector before migrating?
6) How and why did you get into the career as a care worker?
7) How did you get the first job (referral, agencies or direct recruitment?
8) What challenges did you face when you first started the job as a carer and did you handle it
9) Do you still face the same challenges in your present job?
10) How many organisations have you worked for in care industry?
11) What is it like working for different organisations while doing same role? (People working for various care agencies)
12) How do you balance your work and family?
13) What part of care sector do you work? (nhs, residential and domiliciary)
14) Do you have experiences in other aspect of care sector apart from the one mentioned above? If yes? Are the practices different?
15) Do you know your job roles and responsibilities as a carer?
16) Are you informed of your right and entitlement as a carer?
17) Were you given hand books and code of conduct or where you directed to where you could get them on the company website?
18) Were you trained by your organisation or self-trained?
19) Are your training specific or generic training and how often do get training?
20) Do you have access to right information to aid your work?
21) How will you describe the working relationship with your manager?
22) Is your manager supportive and approachable?
23) Can you describe your working relationship with your colleagues?
24) Do you consider your colleagues helpful and supportive at work?

25) Do you relate well at work with your colleagues or do you feel neglected because of your identity?
26) Are you well informed about changes in policies and process?
27) Do you feel motivated at work?
28) Whom do you speak to when you have concerns at work?
29) Do you feel your concerns at work are dealt with appropriately?
30) How do you deal with your concerns at work?
31) Do you have a voice at work? (Representative),
32) Do you feel your workload/target and objective is achievable or suitable?
33) IF yes, will it because of your gender/ ethnicity or migrants that you have more workload?
34) How many hours do work and do you get breaks at work?
35) Have you got a development plan?
36) Is there any opportunity available to you to progress at your career
37) Do you get constructive feedback from your manager?
38) Are you entitled to holiday, sick pay and maternity leave?
39) What do you like about your employer and what don't you like?
40) What type of contract are you on?
41) Do you feel pressured to work unsuitable shift?
42) Do feel you are paid less among your colleagues?
43) What is your work pattern like?
44) Do get equal treatment at work?
45) Do you feel disadvantaged at work due to your personal traits or your identity?
46) Have you experienced any racial abuse at work and from client? how was it treated?
47) Is your migration status affecting your job/ progression at work or deprive you of any benefit at work?

Appendix 2: Interviews Guide

Interviewer Introduction: The interview is completely voluntary. If we come to a question, you do not want to answer we can move on to the next question. Your answers will be treated in the strictest confidence and all findings will be made anonymous in the reporting of results so that responses cannot be traced back to the individuals.

1. Personal Information:

i) What is your nationality?

ii) How long have you been in the UK?

iii) Who is your employer, and where do you work?

iv) What is your employment type? (Permanent, Contract, or zero-hours)?

v) What is your age bracket?

vi) Are you married or single?

2. Motivation for Migrating to the UK

i) Tell me about your migration journey?

ii). Did you migrate with your family?

iii) How long have you been in the UK?

iv) What was your previous job before migrating to the UK?

v) Why did you select the UK among other countries?

3. Motivations to Work in the Care Sector

i) Did you plan to work in the care sector before migrating?

ii) Was the care job the first job you got as a migrant?

iii) How did you get your first job?

iv) How did you get into a career as a care worker?

v) Did you have other choices apart from care work?

vi) Why did you choose to work in the care sector?

vii) How did you get the first job (referral, agencies, or direct recruitment?

viii) What challenges did you face when you first started the job as a carer?

How did you handle it?

4. Work Roles and Responsibilities

Tell me about what a typical working day is like for you (probe for expectations, i.e. number of calls per day; reporting back to the office if a homeworker; journey times between calls; surveillance and supervision)

i). What do you enjoy about your work?

ii) hat don't you like about your work?

iii) What is your employment relationship like with your employer? -

Are there any issues you currently have/have had?

iv) What training have you had in your role? –

Who organised this?

How effective was it for the role you do?

Ever asked for training and not been granted it?

v) How do you resolve any issues that you have with your employer?

vi) Do you ever feel that being a woman from (background) impacts your working life?

IF YES, In what ways – discrimination?

vii) Do you feel that your age has any impact on your experiences at work?

IF YES, In what ways

5. Workplace Conditions

i) Were you trained by your organisation or self-trained?

ii) Is your training specific or generic training?

iii) How often do you get training?

iv) Do you have access to the right information to aid your work?

v) Do you feel your workload/target and objectives are achievable or suitable?

IF YES, Will it be because of your gender/ ethnicity or migrants that you have more workload?

vi) How many hours do you work, and do you get breaks at work?

vii) Have you got a development plan?

viii) Is the development plan set by the manager or you?

Ix) Is there any opportunity available to you to progress in your career?

x) How is your appraisal done, or how is your performance measured?

6. Support in the role

i) To what extent do you have a say/voice at work?

ii) Who do you turn to for support in relation to any issues you experience?

If any person/body provided support and how useful is this?

iii) Are you a member of a trade union?

IF YES: How well represented do you feel you are by the union?

What could be improved?)

What particular benefits (if any) do you get from being a member?

IF NO: What do you know about the Trade Union's role and function?

iv) How do you get access to information on the pension scheme, NVQS, etc.?

v) Have you ever, or would you ever, consider joining a union? Yes/No - why?

7. Interviewer Closing Comments

i) Finally, is there anything more you would like to add?

Thank you for agreeing to assist me in this interview and the time you have contributed to this research study.

Appendix 3: Ethical Application

University of Salford MANCHESTER

Research, Innovation and Academi
Engagement Ethical Approval Pane

Research Centres Support Team
G0.3 Joule House
University of Salford
M5 4WT

T +44(0)161 295 7012

www.salford.ac.uk/

29 September 2017

Dear Adesumbo,

RE: ETHICS APPLICATION SBSR1617-33 – A study of migrant workers experiences in the England adult care sector and role that the state and trade unions play in shaping those experiences

Based on the information that you provided, I am pleased to inform you that your application SBSR1617-33 has been approved.

If there are any changes to the project or its methodology, please inform the Panel as soon as possible by contacting SBS-ResearchEthics@salford.ac.uk.

Yours sincerely,

Professor David F. Percy
Chair of the Staff and Postgraduate Research Ethics Panel
Salford Business School

Appendix 4: Letter of Invitation

An invitation to take part in a study of Nigerian female migrant care workers experiences in the English adult care sector.

My name is Adesumbo fajemidagba and I am a PhD student at the Salford Business School. The aim of the research is to explore and have a deeper understanding of the work experiences of Nigerian female migrants working in the different employment settings (carers in care home, carers in private home living in and carers working with agencies in private home), and also to understand what type of support they need. I need your help!

Series of semi structured interviews will be conducted with the migrant workers in each of the different employment settings to understand and compare individual experiences and to understand the extent of their current employment relationship, in particular around the degree of employee voice. This interview data will be used to form questions for interviews with trade union officials which will explore the extent to which and how migrant workers are organised.

With your help, it is anticipated that the results will contribute to a conceptual framework related to the way migrant workers in different settings within adult care sector are organised.

If you would like to volunteer to participate, further details of dates, times and location (on campus) will be provided. Please confirm your interest to:

Researcher name: Adesumbo Fajemidagba

Email address: a.g.fajemidagba@edu.salford.ac.uk

Supervisor name: Dr Francine Morris

EMAIL address: F.Morris@salford.ac.uk

Thank you for your consideration.

Appendix 5: Information Sheet

INFORMATION SHEET FOR A STUDY OF MIGRANT WORKERS EXPERIENCES IN THE ENGLAND ADULT CARE SECTOR AND ROLE THAT THE STATE AND TRADE UNIONS PLAY IN SHAPING THOSE EXPERIENCES.

What is the research about?

I am conducting research on Nigerian Female Migrant Care Workers experience in the English care sector. The adult care sector has been selected because it has a diverse workforce. Understanding their work experiences very is crucial as the sector has been characterized by low pay and poor working conditions. The aim of the research is to understand the experiences of Nigerian female migrant workers in different employment settings (carers in care home, carers in private home living in and carers working with agencies in private home), and also to understand what type of support they need.

Past research finding shows that the migrant care workers were treated unfairly, discriminated against, they lack voice, representation, and there were no formal support mechanisms or complaint channels to assist those who experienced racial and other forms of discrimination at the workplace. This group of workers were required to resolve the situation themselves. I am interested in your view as migrant working in the adult care sector. I seek to understand your work experiences. I am also interested in support you receive from work.

How will you be involved?

You will be asked to participate in an interview which will take place at a suitable time and at a specified location .You have the right to withdraw from the study at any time without prejudice and without having to provide a reason. If you have already participated in an interview related to the subject area, permission will be sought to retain and use any data collected as appropriate.

What information will be collected?

The interview will be audio recorded and the data collected will be analysed for the development of my thesis. There is a possibility that the results from the data will be published in journal papers. However, all participants' data will be anonymised as part of any form of dissemination and individuals will not be recognised in any way. Data files will be securely stored, archived and only accessed by the researcher for the duration of the PhD programme.

Who is organising and sponsoring the study?

This study is organised and funded by **Adesumbo** as a student at the University of Salford. I can be contacted as follows:

Office location: Salford Business School, Maxwell Building Room 208
Email: a.g.fajemidagba @edu.salford.ac.uk
Phone: 07578171788

There is a separate consent form for you to complete and sign before the interview commences.

Thank you for your participation.

Name: Adesumbo Fajemidagba

Appendix 6: Consent Form

Consent Form for A study of Nigerian female migrant care workers experiences in the English adult care sector and

Please tick the appropriate boxes	Yes	No
Taking Part		
I have read and understood the project information sheet dated DD/MM/YYYY.	☐	☐
I have been given the opportunity to ask questions about the project.	☐	☐
I agree to take part in the project. Taking part in the project will include being interviewed and recorded (audio).	☐	☐
I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.	☐	☐
Use of the information I provide for this project only		
I understand my personal details such as my name and email-address will not be revealed to people outside the project.	☐	☐
I understand that I will maintain the confidentiality of the fellow participants in this research.	☐	☐
I understand that my words may be quoted in future publications, reports, web pages, and other research outputs, provided they are anonymised.	☐	☐
Use of the information I provide beyond this project		
I agree for the data I provide to be transcribed and archived by the researcher, on the basis that it will be securely stored according to university procedures.	☐	☐
I understand that other researchers may use my words in future publications (reports, web pages, and other research outputs) only if they agree to preserve the confidentiality of the information as requested in this form.	☐	☐
So we can use the information you provide legally		
I agree to assign the copyright I hold in any materials related to this project to [name of researcher].	☐	☐

_____ _____ _____

Name of participant [printed] Signature Date

_____ _____ _____

Researcher [printed] Signature Date

Project contact details for further information:

Name:

Email address: