

EXPERIENCES OF VISIBLE MINORITY TRANSNATIONAL CARER-EMPLOYEES

EXPERIENCES OF VISIBLE MINORITY TRANSNATIONAL CARER-EMPLOYEES

By REEMAL SHAHBAZ, B.Sc., M.Sc. [c]

A Thesis Submitted to the School of Graduate Studies in Partial Fulfilment of the Requirements
for the Degree Master of Science

McMaster University © Copyright by Reemal Shahbaz, August 2023

McMaster University MASTER OF SCIENCE (2023) Hamilton, Ontario (Global Health)

TITLE: Experiences of Visible Minority Transnational Carer-Employees

AUTHOR: Reemal Shahbaz, BSc, MSc [c] (McMaster University)

SUPERVISOR: Dr. Allison Williams

COMMITTEE: Dr. Bharati Sethi & Dr. Olive Wahoush

NUMBER OF PAGES: X, 55.

LAY ABSTRACT

Transnational Carer-Employees (TCEs) are immigrants who provide caregiving to their families or friends in other nations while being employed in the country of resettlement. Immigrants are an integral part of the Canadian population growth and economy; however, their simultaneous work and unpaid care outside Canada have negative impacts on their well-being. The goal of this thesis was to explore the experiences of visible minority TCEs living in London, Ontario, before and after COVID-19. This research determines that many participants experience deskilling, are unaware of carer-friendly policies, and believe that caregiving is a cultural expectation. Findings also illuminate that care varies by gender, can lead to both feelings of reward and frustration, and that TCEs are unable to provide their desired level of care due to financial constraints. This research urges employers to accommodate TCEs through Care-Friendly Workplace Policies (CFWPs) in work settings such that the health of TCEs can be improved.

ABSTRACT

Geographical isolation and a lack of gender-sensitive and caregiver-friendly workplace policies (CFWPs) in work settings lead to adverse impacts on the economic, emotional, and physical health of Transnational Carer-Employees (TCEs). TCEs are employed immigrants who engage in caregiving to their loved ones across borders while residing in the host country. The secondary analysis conducted herein looked at the experiences, commonalities, and differences among 29 TCEs from Pakistani, Syrian, African, and South American backgrounds living in London, Ontario, before and after COVID-19. Constructivism and intersectionality informed thematic analysis of the data highlighted that among the respondents, care is a religious obligation, influenced by culture as the eldest child or those living abroad are expected to help family back home and that men provide more financial caregiving whereas women divulge in higher physical and emotional care. Results also exhibit that TCEs work in low-skilled jobs due to a lack of English proficiency, care is limited because of financial barriers, and employer support, financial relief, and increased vacation time are the recommendations by TCEs for workplace policies. This thesis further showcases that there are more similarities than differences between the four visible minority cohorts. Most participants observed satisfaction after providing transnational care, whereas a few interviewees of Syrian and African origin reported feeling overwhelmed. While many TCEs observed low income and decreased work opportunities after COVID-19, a few participants of African ethnicity, working in essential services, disclosed an increased workload post-pandemic. This research reveals that to manage their care and work duties, visible minority TCEs apply four common coping strategies in their lives: praying, keeping busy, staying active, and family support. Implications of this thesis include the promotion of CFWPs in places of employment to sustain the welfare of TCEs and the Canadian economy.

ACKNOWLEDGMENTS

I would like to start by expressing my utmost gratitude to my mother for always inspiring me to work hard and to keep persevering in the face of difficulties. Thank you to my father for all the sacrifices he made to ensure that my siblings and I have access to one of the best educational institutions in the world to pursue our academic interests. I am so appreciative of all four of my sisters for the unconditional love and motivation that they give me daily. I would not be at this stage of my educational career if it were not for the constant words of encouragement of my family. Thank you to you all.

I am also profoundly grateful to my supervisor, Dr. Allision Williams, for her invaluable and endless support in my graduate studies. Her passion and enthusiasm for research on carer-employees and caregiver-friendly workplace policies have truly been inspiring. Dr. Williams gave me this research opportunity while knowing that I did not have some of the necessary expertise. She invested her time in me and gave me the space to learn and gain analytical research skills and for that, I will always be indebted to her and aspire to carry on the guidance and kindness that she demonstrated to me. Dr. Williams has been a role model and without her genuine dedication to my education, this endeavour would not have been possible.

Further, I am thankful to my committee members Dr. Bharati Sethi and Dr. Olive Wahoush for their patience, help, and understanding as I navigated the challenges of this research. Their constructive feedback and advice were pivotal in enhancing the contents of my work. Thank you for making me feel so supported and comfortable in asking questions. I extend my appreciation to my committee for also encouraging me to critically think and explore new perspectives. Their commitment to creating an environment of academic rigor and willingness to have various discussions were instrumental in refining this thesis. I am filled with happiness knowing that I have mentors like Drs. Sethi & Wahoush who are always opening doors of opportunities for me and providing me with their beneficial knowledge.

Additionally, I would like to thank my friends, the global health program, and the team of Gender, Health, & Caregiver Friendly Workplaces research program at McMaster University for helping me reach my goals and giving me vital resources and platforms during this academic pursuit.

I acknowledge that funding for this research is provided via a CIHR/SSHRC Healthy Productive Work Partnership Grant “Scaling up the Carer-Inclusive Accommodating Organizations Standard” FRN: HWP-146001 (CIHR); 890-2016- 3018 (SSHRC).

TABLE OF CONTENTS

Chapter 1: Introduction.....	1
1.1 REFLEXIVITY/ POSITIONALITY STATEMENT.....	2
1.2 CONTEXT OF THE RESEARCH.....	3
1.3 BACKGROUND KNOWLEDGE & SIGNIFICANCE.....	3
1.4 OVERVIEW OF THE THESIS.....	4
1.5 REFERENCES.....	6
Chapter 2: Transnational Caregiving: Experiences of Visible Minority Carer-Employees..	8
2.1 ABSTRACT.....	9
2.2 INTRODUCTION.....	9
2.3 MATERIALS AND METHODS	11
2.3.1 Philosophical Orientation & Theoretical Framework.....	11
2.3.2 Study Design & Setting	12
2.3.3 Recruitment & Data Collection	12
2.3.4 Data Analysis.....	12
2.3.5 Ethics Approval.....	13
2.4 RESULTS.....	13
2.4.1 Participants.....	12
2.4.2 The Variations in Gender-based Transnational Care.....	14
2.4.3 Cultural Expectations of Caregiving.....	16
2.4.4 Recommendations to Policymakers and Employers.....	17
2.5 DISCUSSION.....	18
2.5.1 The Variations in Gender-based Transnational Care.....	18
2.5.2 Cultural Expectations of Caregiving.....	19
2.5.3 Recommendations to Policymakers and Employers.....	20
2.5.4 Limitations	20
2.5.5 Intersectionality.....	21
2.6 CONCLUSION.....	21
2.7 REFERENCES.....	23
Chapter 3: Commonalities & Differences in the Experiences of Visible Minority Transnational Carer- Employees: A Qualitative Study.....	27
3.1 ABSTRACT.....	28
3.2 INTRODUCTION.....	28
3.3 MATERIALS AND METHODS	31

3.3.1 Ethical Approval.....	31
3.3.2 Study Setting	31
3.3.3 Approach.....	31
3.3.4 Study Design.....	32
3.3.5 Participants.....	32
3.3.6 Procedure.....	32
3.3.7 Data Analysis.....	33
3.4 RESULTS.....	33
3.4.1 Participants.....	33
3.4.2 Feelings Associated with Transnational Care.....	35
3.4.3 Employment Experiences of TCEs.....	36
3.4.4 Coping Strategies for Well-being.....	37
3.5 DISCUSSION.....	38
3.5.1 Intersectionality.....	38
3.5.2 Feelings Associated with Transnational Care.....	39
3.5.3 Employment Experiences of TCEs.....	40
3.5.4 Coping Strategies for Well-being.....	41
3.5.5 Limitations.....	42
3.6 CONCLUSION.....	42
3.7 REFERENCES.....	44
Chapter 4: Conclusion	51
4.1 KEY FINDINGS OF THE RESEARCH	53
4.2 IMPLICATIONS	53
3 LIMITATIONS & FUTURE DIRECTIONS.....	54
4.4 REFERENCES.....	55

LIST OF TABLES

Table 1	Sex and the Type of Transnational Caregiving Provided	<i>14</i>
Table 2	Origin & the Period in Which the Interviews were Conducted	<i>14</i>
Table 3	Participant Characteristics	<i>34</i>
Table 4	Detailed Origin of the Participants	<i>35</i>

LIST OF ABBREVIATIONS

CEs	Carer-Employees
TCEs	Transnational Carer-Employees
CFWPs	Caregiver-friendly Workplace Policies
CSA	Canadian Standards Association
ISO	International Organization for Standardization
EDI	Equity, Diversity, and Inclusion
MREB	McMaster Research Ethics Board
COVID-19	Coronavirus disease of 2019
GSS	General Social Survey
LGBTQI	Lesbian, gay, bisexual, transgender, queer/questioning, and intersex.

DECLARATION OF ACADEMIC ACHIEVEMENT

I, Reemal Shahbaz, declare that this thesis document has not been previously submitted for the completion of another degree. The secondary analysis and write up of the articles in this sandwich thesis are entirely my work, except where referenced otherwise. My supervisor, Dr. Allison Williams, along with my committee members, Dr. Bharati Sethi and Dr. Olive Wahoush edited and refined the contents of this manuscript.

Chapter 1: Introduction

1.1 REFLEXIVITY/POSITIONALITY STATEMENT

I identify as an able-bodied, cis-gendered female, with a Pakistani origin. I immigrated to Canada with my parents and siblings when I was nine years old in March of 2010. I hold dual citizenship as I have a Pakistani and a Canadian passport. I am currently 22 years old, and my worldviews are consistent with constructivism as I believe that multiple realities can exist and that knowledge is subjective and a social construct. Regarding the findings of this research, I hold a pragmatistic perspective that the results need to be viewed as they will be implemented in practice and not just be conceptual.

My undergraduate degree in Honours Life Sciences and the coursework I have completed for my graduate studies in Global Health grant me a comprehensive foundation to analyze the experiences of visible minority Transnational Carer-Employees (TCEs). My academics have trained me to emphasize cultural sensitivity, and as a result, I may be better able to recognize how diverse norms and practices impact unpaid caregiving dynamics among TCEs. My education has also equipped me with the skills to examine health challenges through the lens of health equity. Thus, my knowledge may allow me to grasp a deeper understanding of the disparities faced by TCEs and the importance of societal transformations that are inclusive and can accommodate caregivers. Global health students are also taught to engage in policy analysis, hence, in the context of research on transnational caregiving, I hope to one day facilitate policy discussions around support services and networks to improve the health outcomes of TCEs.

I was not involved in the data collection of this research, nonetheless, while I was analyzing the data, I quickly realized that my own situations and motives align with the recruited TCEs. Like the respondents, I am a visible minority immigrant who lives and is employed in Canada whilst providing transnational caregiving to individuals in the country of my origin. I have grown up to believe that it is my religious obligation and a cultural expectation to care for my parents, siblings, extended family members, and those who are in need. I also have first-hand experience providing care to two of my sisters who live with me and are diagnosed with Cerebral Palsy (CP); a motor illness that is linked with behavioural, cognitive, and speech impairments. My family and I work together to assist my two sisters with CP in daily activities such as dressing, feeding, personal hygiene, etc. I love them unconditionally; however, I have faced poor mental health symptoms while trying to simultaneously manage my academics, part-time job, and unpaid caregiving duties at home and across international borders. Even though there are no pressures from my family to provide emotional and physical caregiving, as the eldest child, I strongly feel that it is my utmost duty to do so.

Due to my educational background and personal experiences of being a TCE, I may be biased to focus more on the pressure and stress associated with caregiving and the need for caregiver-friendly and gender-sensitive policies to be implemented in Canadian workplaces. To limit my biases from impacting the research, I kept an open-minded approach and was prepared to challenge my assumptions and preconceived notions throughout the data analysis. During the write-up of the research, I was critically reflecting on my own thoughts and ensuring that they were not imposed on the results. Therefore, I made a deliberate effort to ensure that the voices and narratives of the study participants drive the analysis of the multifaceted experiences of employed transnational carers.

1.2 CONTEXT OF THE RESEARCH

This study is part of a five-year research program at McMaster University that addresses gender, health, and caregiver-friendly workplaces (<https://ghw.mcmaster.ca/>) [1]. This program is in collaboration with diverse partners in the government, non-profit organizations, businesses, as well as academic researchers [2]. Through this partnership, the program of research aims to scale up the Canadian Standards Association (CSA) *B701-17 Carer-Inclusive and Accommodating Organizations Standard* (The Standard), a gender-sensitive guide for workplaces to provide support to caregivers that are employed in Canada [2, 3]. Another goal of the program is to build evidence relevant to the cultural competency of The Standard, while developing and implementing associated tools [1, 2]. The team associated with this research program strives to produce evidence-based research to advance The Standard across the nation. Further, the team has built an international Standard, published by the International Organization for Standardization (ISO), entitled *ISO 25551 - General requirements and guidelines for carer-inclusive organizations*. ISO is a non-governmental global management organization composed of experts creating International Standards for solutions to world challenges [2-4]. Funding for this research program is provided by Canadian tri-council research bodies, specifically the Social Sciences and Humanities Research Council of Canada (SSHRC), and the Canadian Institutes of Health Research (CIHR) [1].

This thesis falls under “Stream B: Healthy, Productive Work Partnership Grant” of the broader research program [5]. Of the 17 projects making up Stream B, this study is contained within Project 5, entitled “Informing the Standard’s Cultural Competency: Caregiving Experiences of Immigrants & Indigenous Caregiving-Employees” [5]. The original objective of Project 5 was to examine the experiences of Indigenous and immigrant TCEs. However, the onset of COVID-19 modified the nature of this project into exploring the experiences of TCEs before and after the pandemic. Specifically, this thesis qualitatively analyzes the experiences of visible minority immigrants who are providing unpaid care outside of Canada’s borders while working in paid employment or volunteering in the Canadian context.

1.3 BACKGROUND KNOWLEDGE & SIGNIFICANCE

A lack of caregiver-friendly workplace policies (CFWPs) in places of employment leads to adverse implications for the well-being of Carer-Employees (CEs) and the Canadian economy [6, 7]. CEs are friends, family members, neighbours, or other significant individuals who provide support to someone with a cognitive, physical, or chronic illness while being employed [7]. Currently, 35% of the Canadian workforce is composed of CEs. Care responsibilities can include but are not limited to mobility assistance, managing doctor appointments, providing financial aid, etc. [8]. Caregiving tends to be complex, unpredictable, and can last for years, making it hard to juggle paid employment [9].

In 2018 in Canada, female CEs between the ages of 19 to 70 provided 13.8 hours of caregiving, while male CEs provided 10 hours of care weekly [8]. This accounts for approximately two full days of unpaid duties weekly [8]. Employed caregivers often end up retiring early, changing their occupations, and/or decreasing work hours; CEs also often accept a job at a reduced income or stop working to balance care responsibilities [10]. The findings of the 2018 Canadian General Social Survey (GSS) included 4, 940 CEs and revealed that, due to caregiving responsibilities, 46% of CEs experienced presenteeism or difficulty concentrating at work, and 51% faced absenteeism or occasional non-presence at their job [10].

The GSS also reported that employed caregivers were working 12 hours less per week to engage in caregiving, and that about 214, 000 Canadian employees entirely left their employment [10]. Collectively, this equals 312 million fewer hours that CEs were working. To fill this gap, establishments would need to take on approximately 171, 000 new full-time workers [10].

In addition, Canada is experiencing a growing aging population; research estimates that the number of Canadians aged 65 and above will increase from 15.6% in 2014 to 23% by 2030, making the nation a “super-aged” society [8, 9]. Consequently, there will be a rise in domestic CEs. Further, immigration rates will continue to increase such that the Canadian economy and population growth can be sustained [11]. This will subsequently lead to an upsurge in TCEs, defined as individuals that migrate from their country of origin to be employed in foreign nations while providing emotional, financial, physical, and/or moral support to at least one family member or friend across borders [9, 11]. Research by Ramesh et al. [12] indicates that the dual arrangement of being a carer and an employee can lead to poor mental and physical health, in comparison to the general population. Sethi et al. [9] also report that caregiving can be stressful and drain energy. Other scholarly work by Sherman [13], Williams et al. [14], and Etters et al. [15] also state that unpaid care is linked to fatigue, muscle pain, sleep problems, unfavourable moods, and depression.

Similar patterns are observed among transnational caregivers. Baldassar [16] and Bernhard et al. [17] determined that immigrants who are caregiving across international borders experience guilt and burnout for not being able to fulfill their unpaid care duties to elderly parents in their home nation. Ahmad [18] and Brijnath [19] further described that immigrants who care for family members on a transnational scale share feelings of anguish, shame, uselessness, and guilt for their inability to be in geographical proximity to their sick family members. Correspondingly, Lee et al. [20], and Şenyürekli & Detzner [21] determined that, despite caregiving being a cultural expectation, the financial remittances and emotional support that TCEs provide to their family members in their home country can create socioeconomic and psychological stressors for them.

Although there is sufficient knowledge regarding the health and economic disparities facing employed local and transnational caregivers, literature overlooks the impacts that caregiving across international borders has on immigrants with a visible minority background, especially in the times of COVID-19 [9]. Therefore, this thesis looked at the experiences of TCEs belonging to Pakistani, Syrian, African, and South American ethnicities living in London, Ontario, before and after the pandemic. For the purposes of this research, “after COVID-19” refers to the period after public health restrictions - such as wearing masks, were implemented. The present thesis has important implications for policymakers to develop and implement intervention programs and CFWPs to enhance the quality of life for TCEs. This study relates to global health in that the lessons regarding achieving better health and eliminating inequities learned here may be scaled up and applied transnationally.

1.4 OVERVIEW OF THE THESIS

The data used for this community-based ethnographic research was collected from immigrants with the following characteristics: over the age of 18, living and employed/volunteering in London, Ontario, identifying as a visible minority (non-aboriginal individuals who are non-Caucasian or non-white), and providing emotional, financial, moral, or physical care to their

loved ones outside Canada. The data for this project was first analyzed broadly as a whole and was published in the *Journal of Wellbeing, Space & Society* [22].

This sandwich thesis incorporates a much more specific secondary analysis of the aforementioned data, which was conducted in ATLAS.ti. This current analysis produced two publishable qualitative articles on employed transnational caregivers from visible minority backgrounds. The analysis conducted herein was consistent with Braun & Clarke's [22] thematic analysis and was guided by the constructivist domain and intersectionality theory.

The first paper of this thesis, presented in chapter two, is entitled "Transnational Caregiving: Experiences of Visible Minority Carer-Employees". This article looks at the unique experiences of TCEs from Pakistani, Syrian, African, and South American backgrounds living in London before and after COVID-19. The results revolved around the variations that exist in: gender-based transnational care, the cultural expectations of caregiving, and the recommendations by TCEs for policymakers and employers that can facilitate their employment and care duties. This article is currently under review in the *Journal of Health and Social Care in the Community (HSCC)*.

The second paper, presented in chapter three of this document, is entitled "Commonalities & Differences in the Experiences of Visible Minority Transnational Carer- Employees: A Qualitative Study". This article was also an outcome of the secondary analysis and is under consideration for the special issue "Work-Life Policies, Employee Health and Well-Being" in the *International Journal of Environmental Research and Public Health (IJERPH)*. The goal of paper two is to investigate the commonalities and differences among the visible minority cohorts of Pakistani, Syrian, African, and South American descent living in London before and after the pandemic. The findings of this article centered on the nuanced feelings associated with transnational care, employment experiences of TCEs, and the coping strategies that the participants implemented in their lives to manage their dual responsibilities of being a transnational caregiver and an employee in Canada.

Finally, chapter four of this manuscript includes a summary of the findings, limitations of the research, policy implications, as well as the direction future studies on transnational caregivers can consider.

1.5 REFERENCES

1. McMaster University. Available online: <https://ghw.mcmaster.ca/> (accessed on 20 August 2023)
2. McMaster University. Available online: <https://ghw.mcmaster.ca/projects/healthy-productive-work-partnership-grant/> (accessed on 20 August 2023)
3. CSA Group. Available online: <https://www.csagroup.org/store/product/B701%20PACKAGE/> (accessed on 20 August 2023).
4. ISO. Available online: <https://www.iso.org/about-us.html> (accessed on 20 August 2023)
5. McMaster University. Available online: <https://ghw.mcmaster.ca/projects/healthy-productive-work-partnership-grant/project-5-informing-the-standards-cultural-competency-caregiving-experiences-of-immigrants-indigenous-caregiving-employees-the-aim-of-this-project-based-out-of-london-ontario-is-to-cre/> (accessed 20 August 2023)
6. Statistics Canada. Available online: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2020001/article/00001-eng.htm> (accessed on 20 August 2023).
7. Canadian Home Care Association. Available online: <https://cdnhomecare.ca/wp-content/uploads/2022/07/Balancing-WorkandCare-Final-Report-July-2022-Eng.pdf> (accessed 21 August 2023)
8. Wu, J.; Williams, A.; Wang, L.; Kitchen, P. A Comparative Analysis of Carer-Employees in Canada over Time: A Cross-Sectional Analysis of Canada's General Social Survey, 2012 and 2018. **2023**. <https://doi.org/10.17269/s41997-023-00762-9>.
9. Sethi, B.; Williams, A.; Leung, J. L. S. Caregiving across International Borders: A Systematic Review of Literature on Transnational Carer-Employees. **2022**, *37* (4), 427–461. <https://doi.org/10.1007/s10823-022-09468-w>.
10. Healthy Aging CORE Canada. Available online: <https://healthyagingcore.ca/resources/employed-caregivers-in-canada-infographic-compilation> (accessed on 21 August 2023).
11. Ireson, R., Sethi, B., & Williams, A. (2018). Availability of caregiver-friendly workplace policies (CFWPs): an international scoping review. *Health & Social Care in the Community*, *26*(1), e1-e14. Wiley. <https://doi-org.libaccess.lib.mcmaster.ca/10.1111/hsc.12347>.
12. Ramesh, S.; Ireson, R.; Williams, A. International Synthesis and Case Study Examination of Promising Caregiver-Friendly Workplaces. *Social Science & Medicine* **2017**, *177*, 52–60. <https://doi.org/10.1016/j.socscimed.2017.01.052>.
13. Sherman, C. Rising to the Challenge: What Employers can do to Support Caregiver Employees. *Benefits Quarterly* **2018** *34*(3), 8-11. <http://libaccess.mcmaster.ca/login?url=https://www-proquest-com.libaccess.lib.mcmaster.ca/scholarly-journals/rising-challenge-what-employers-can-do-support/docview/2063806064/se-2>
14. Williams, A. M.; Wang, L.; Kitchen, P. Impacts of Care-Giving and Sources of Support: A Comparison of End-of-Life and Non-End-of-Life Caregivers in Canada. *Health & Social Care in the Community* **2015**, *24* (2), 214–224. <https://doi.org/10.1111/hsc.12205>.

15. Etters, L.; Goodall, D.; Harrison, B. E. Caregiver Burden among Dementia Patient Caregivers: A Review of the Literature. *Journal of the American Academy of Nurse Practitioners* **2008**, *20* (8), 423–428. <https://doi.org/10.1111/j.1745-7599.2008.00342.x>.
16. Bernhard, J. K.; Landolt, P.; Goldring, L. Transnationalizing Families: Canadian Immigration Policy and the Spatial Fragmentation of Care-Giving among Latin American Newcomers. *International Migration* **2009**, *47* (2), 3–31. <https://doi.org/10.1111/j.1468-2435.2008.00479.x>.
17. Baldassar, L. TRANSNATIONAL FAMILIES and the PROVISION of MORAL and EMOTIONAL SUPPORT: THE RELATIONSHIP between TRUTH and DISTANCE. *Identities* **2007**, *14* (4), 385–409. <https://doi.org/10.1080/10702890701578423>.
18. Ahmad, M. Transnational Caregiving for My Father: An Opportunity and a Blessing. *Journal of Social Work in End-of-Life & Palliative Care* **2016**, *12* (1-2), 6–9. <https://doi.org/10.1080/15524256.2016.1156599>.
19. Brijnath, B. FAMILIAL BONDS and BOARDING PASSES: UNDERSTANDING CAREGIVING in a TRANSNATIONAL CONTEXT. *Identities* **2009**, *16* (1), 83–101. <https://doi.org/10.1080/10702890802605836>.
20. Lee, Y.-S.; Chaudhuri, A.; Yoo, G. J. Caring from Afar: Asian H1B Migrant Workers and Aging Parents. *Journal of Cross-Cultural Gerontology* **2015**, *30* (3), 319–331. <https://doi.org/10.1007/s10823-015-9268-7>.
21. Şenyürekli, A. R.; Detzner, D. F. Intergenerational Relationships in a Transnational Context: The Case of Turkish Families. *Family Relations* **2008**, *57* (4), 457–467. <https://doi.org/10.1111/j.1741-3729.2008.00514.x>.
22. Rottenberg, S.; Sethi, B.; Williams, A. Transnational Caring in Times of COVID-19: The Experiences of Visible Minority Immigrant Carer-Employees. *Wellbeing, Space and Society* **2023**, *4*, 100129. <https://doi.org/10.1016/j.wss.2023.100129>
23. Braun, V.; Clarke, V. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology* **2006**, *3* (2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Chapter 2: Transnational Caregiving: Experiences of Visible Minority Carer-Employees

2.1 ABSTRACT

In Canada, approximately 35% of individuals in the workforce are carer-employees (CEs). Workplaces lack support programs and initiatives resulting in CEs taking absences from work and opting for early retirement. These circumstances additionally decrease productivity, economic growth, and causes strains on the psychological, physical, and financial well-being of CEs. Many newcomers to Canada are providing care to those across transnational boundaries while being employed. These immigrants are known as Transnational Carer-Employees. This ethnographic study uses qualitative storytelling interviews to gain insight into the experiences of visible minority Transnational Carer-Employees (TCEs) before and after the COVID-19 pandemic. A thematic analysis by Braun & Clarke using the ATLAS.ti coding software was conducted to examine the dataset on South American, African, Pakistani, and Syrian TCEs in London, Ontario. The philosophical orientation that underpins this study is constructivism and the theoretical framework that informs the findings is the intersectionality theory. Data analysis generated from the 29 participants in the study revealed three main themes: 1) the variations in gender-based transnational care; 2) cultural expectations of caregiving, and 3) recommendations to policymakers and employers. The results of the study suggest that male TCEs are more likely to provide financial caregiving, whereas female TCEs do more physical and emotional caring. Further, culture influences caregiving as there are higher expectations from the only or eldest child in the family and those who live abroad. The findings also illustrate that there is a lack of caregiver-friendly workplace policies (CFWPs) in the workplace (e.g., family responsibility leave) and TCEs lack knowledge about CFWPs. They recommended financial relief, employer support, and extended vacation/family leave to help them balance work and transnational caregiving. Study implications include employer engagement to promote and sustain visible minority TCEs health and well-being and educating TCEs on the importance of CFWPs.

Keywords: Transnational Carer-Employees; COVID-19; Carer-friendly Workplace Policies; Visible Minority.

2.2 INTRODUCTION

The growing aging population in Canada, together with the retreat of quality healthcare services, has contributed to a greater number of family, friends, and neighbours taking on unpaid care work for adult dependents [1]. Many of these unpaid carers are employed in the labor market, comprising one-third of all employees [2]. These carer-employees (CEs) are employed in paid work and simultaneously manage their unpaid caregiving duties [3]. The lack of accommodation for CEs in the workplace adversely impacts their mental health and financial well-being. Insufficient support programs also compel CEs to take absences from their place of employment and opt for early retirement, decreasing productivity and economic growth [3]. The aging demographics of Canada will increase from 861,000 in 2021 to 2.5 million in 2046, negatively affecting all work environments. Consequently, Canada will continue to depend on immigrants, many of whom are CEs, to drive population growth and recover from the socioeconomic impacts of the COVID-19 pandemic [4]. Thus, it is crucial for workplaces to adopt practices that are gender sensitive and carer-friendly, such as the newly developed CSA B701-17 Carer-inclusive

and accommodating organizations Standard (The Standard) [5; 6]. Formulated in 2017 by a partnership between McMaster University and the Canadian Standards Associations (CSA) group, The Standard, provides a set of guidelines for employers in Canada to support CEs [5; 1]. The implementation of such programs, workplaces can enhance mental health, as well as Equity, Diversity, and Inclusion (EDI) initiatives, and employees' overall work-life balance [3]. These programs can decrease costs related to health insurance, absenteeism, presenteeism, while improving retention, autonomy, and loyalty amongst the workforce [3].

The secondary analysis discussed herein is part of a larger five-year research program addressing gender, health and carer-friending workplaces. This study is one of the fourteen projects making up the research program, specifically exploring the experience of visible minority TCEs in London, Ontario [6]. TCEs are immigrants that live and have paid employment in the country of resettlement while providing care to their parents, adults with a disability, extended family, and/or friends that reside in their home nation. Transnational caregiving can include any form of support such as emotional, financial, or moral [2]. Often, TCEs also have dependent family members to care for in Canada as well.

A systematic review by Sethi [4] highlighted that the lack of support from workplaces employing TCEs, along with geographical constraints that hinder their ability to provide care, result in feelings of anxiety, guilt, and fear. Sethi [4] recommends that employers and the Canadian government work towards addressing the social, economic, and political factors that prevent TCEs from effectively balancing their employment and unpaid caregiving duties, or to reduce risks to the health of TCEs and the Canadian economy [4]. The findings of Sethi [4] are consistent with the earlier results of Amin & Ingam [7], who also state that the lack of institutional policies, combined with geographical distance, results in TCEs experiencing psychological distress, overthinking, and increased worry. Williams [3] further supports these studies indicating that without accommodations in the workplace, the combination of paid and unpaid work can lead to TCEs facing financial hardships, and strained relationships, in addition to poor mental and physical health. Williams [3] reveals that to prevent avoidable costs to employers and promote the health of TCEs, there must be continued efforts geared towards the implementation of a carer-friendly workplace culture in the growing globalized care economy [3]. Furthermore, a paper by Jewell et al. [1] illustrates that despite ample evidence around the psychological, personal, and professional challenges directly associated with unpaid caregiving, research disproportionately neglects the distinctive experiences of visible minority TCEs before and after COVID-19. For the purposes of this research, "after COVID-19" refers to the time after COVID-19 restrictions were implemented. To our knowledge, this is the first study that scrutinizes the experiences of TCEs of South American, African, Pakistani, and Syrian descent prior to and after COVID-19 in London, Ontario.

Research participants from these four parts of the world experience poor gender parity due to structural and cultural barriers. The 2022 global gender gap index, published by the World Economic Forum, noted that gender parity for the Middle East and North Africa is 63.4%, whereas Sub-Saharan Africa stood at 67.9%, and Latin America and the Caribbean at 72.6% [8]. It is essential to recognize that immigrating to North America, a region that is the most advanced

in closing the gender gap, at 76.9% parity, can influence the way TCEs view the roles and expectations of caregiving given that Canadian norms increasingly promote women moving into paid work and leadership positions [8]. Thus, this research scrutinizes the experiences of visible minority TCEs living in London, Ontario, and may inform decision-makers to implement gender-sensitive and inclusive workplace policies that accommodate and improve the health of carers engaged in transnational caregiving.

2.3 MATERIALS AND METHODS

2.3.1 Philosophical Orientation & Theoretical Framework

The philosophical orientation of constructivism underpins this study. This approach identifies that reality itself is a construct of the human mind and is perceived by individual experiences [9]. The present constructivist research does not claim objectivity, but rather recognizes subjectivity by focusing on a broad question and providing participants with the power to direct the data collection process [9]. Constructivism suits this research given that TCEs are invited to discuss their unique realities of transnational caregiving. Further, intersectionality theory by Kimberlé W. Crenshaw is the theoretical framework embedded in this research. Intersectionality theory originated from black feminism and Critical Race Theory [10; 11]. Intersectionality has evolved to explain that social positions present in a hierarchy of societal power are not independent but encompass individual experiences together. For instance, as gender and race intersect at an individual level, experiences at those intersections are impacted by the broader interpersonal and institutional systems of oppression—such as sexism and racism [10]. Although this theory continues to progress across multiple disciplines, there are three common themes that have been observed [11]. These include: 1) all individuals have various identities that tend to coincide; 2) within each category, there is a layer of privilege and oppression, and 3) although identities are individual, they are developed by sociocultural contexts and can fluctuate [11]. Consequently, intersectionality theory will act as the theoretical framework in this study facilitating the exploration of intersecting identities like race, gender, and ethnicity in association with the experiences of visible minority TCEs before and after COVID-19.

2.3.2 Study Design & Setting

This study used a community-based and ethnographic approach to gain insight into the experiences of visible minority TCEs living in London, Ontario. London was chosen as it has observed a rise in diversity and migration in the past few years. Between 2016 to 2021, approximately 20,495 immigrants have settled in this mid-sized city in Canada [12]. Amongst this, approximately 40% were from India and Syria, with many more emigrating from Africa and the Americas [12]. The immigrant population in London is about 21% of the general population, with 20% settling in the last five years and 16% being visible minority immigrants [2]. This qualitative study design is advantageous as it contributes to the generation of new theories, begins from a perspective free from hypotheses, and can discover complexities that may be overlooked by more positivistic research [12].

2.3.3 Recruitment and Data Collection

The inclusion criteria of this study included being 18 years or older, living in London, Ontario, self-identifying as a visible minority individual, and providing care to a family member and/or a friend living across borders while at paid employment or volunteering. There were no set requirements on how long immigrants have resided in Canada. To recruit participants, posters were emailed to local organizations that provide services to immigrants. Posters were also placed in mosques, libraries, community centres, and grocery stores. From October 2019 to March 2021, purposive and snowball sampling resulted in the participation of 29 visible minority TCEs. Prior to the pandemic, interviews took place at an agreed-upon neutral location or at the participants' homes and were audiotaped with their consent. After the pandemic, all interviews were carried out and recorded with consent on the video-conferencing platform, Zoom, due to physical distancing guidelines. One-on-one interviews were conducted in English, Spanish, or Arabic and their length ranged from 60 minutes to 90 minutes. Spanish and Arabic interviews were translated into English and translated back to ensure accuracy. Research Assistants (RAs) conducted and transcribed all the interviews. The interview guide incorporated questions such as *“How have cultural expectations informed the way that you provide care?”* and *“How does your employer inform you about specific policies and programs?”*. Interview questions also inquired about how participants cope with their simultaneous paid and unpaid responsibilities, challenges and feelings associated with their personal experiences, how gender influences their caregiving roles, and recommendations for policymakers. The interview guide was modified with follow-up questions after COVID-19.

2.3.4 Data Analysis

This data has been analyzed generally as a whole data set [2]. For the purposes of this secondary analysis, a thematic analysis by Braun & Clarke [13] using the ATLAS.ti coding software was chosen to assess the transcripts and art pieces. Braun & Clarke's [13] thematic analysis is a common qualitative descriptive analysis strategy that helps categorize, segment, and reconstruct data in a manner that highlights the significant themes and patterns. This methodological approach was selected as it allows researchers to get a better understanding of the experiences of the participants [14]. The intersectionality theory is a framework that helped guide the data analysis, specifically in examining the interconnectedness of various socially constructed categories such as ethnicity, immigration, and gender, and how they collectively influence the lives and experiences of visible minority TCEs living in London [15].

In the first phase of the thematic analysis by Braun & Clarke [13], the primary author uploaded the study materials to the ATLAS.ti coding software and got familiarized with the data. To do this, interview transcripts and field notes were read, and interview recordings were watched. In the second phase, initial codes were created that represented the meaning and pattern of what was being observed in the data. This phase consisted of inductive, open coding, as there were no pre-set codes that were followed; rather the coding process was developed, modified, and exclusively data-driven [14]. The same codes were applied to excerpts that were representative of a similar pattern or idea. In the third phase, themes that captured significant insights associated with the

study objectives were searched. At the end of this step, homogenous codes were brought under one code group and organized into themes that captured information regarding the research question. In the fourth stage, the initial themes that were developed in the third phase were modified and edited to ensure they were coherent. To do this, the following questions were considered: 1) Are the themes distinct from one another and make sense? 2) Are the themes supported within the dataset? 3) Is there too much information in one theme? 4) Are there any additional themes? [14] After these questions were addressed, the primary author moved onto the fifth stage which consisted of finalizing the themes. This was the last step in which the themes were refined. The goal here was to succinctly name each theme and identify its' essence such that it can be finalized for the write-up.

2.3.5 Ethics Approval

This research was reviewed and approved by McMaster University's Research Ethics Board (MREB#: 4881) and King's University College Research Ethics Committee. Informed consent for the present study was obtained through the Qualtrics software. All respondents were made aware that their contribution in the study is only voluntary and they can withdraw from it at any time without any repercussions. Interviewees were given a \$35 honorarium for their participation. To keep anonymity, participants have pseudonyms or fictitious names which are used throughout this paper.

2.4 RESULTS

2.4.1 Participants

Amongst the 29 TCEs living in London, Canada, that participated in this research, 14 were females and 15 were males. Of these, one was interviewed before COVID-19, 15 during the pandemic, and 13 were interviewed both pre-post COVID-19 (refer to Table 1 for more information). While efforts were made to recruit participants from a broad spectrum of visible minorities, genders, and sexualities, participants identified as male and female. The data of this research disclosed that 4 participants were from Syria, 2 from Pakistan, 14 from South America (Venezuela, Barbados, Columbia, Haiti), and nine were from Africa (Kenya, Uganda, Zimbabwe, Nigeria) (refer to Table 2). Some of the participants reported that they held a volunteer position in London, where in addition to their transnational caregiving, they were providing support to the local community. Moreover, 18 participants were engaged in full-time undergraduate, graduate, and/or part-time studies while simultaneously managing their unpaid caregiving responsibilities. The experiences of these four different TCE groups before and after COVID-19 somewhat overlapped with the exception of Syrian respondents. The cohort comprising of Syrian interviewees faced disproportionate stressors because of the humanitarian conflict in the Middle East. Most participants had a stable job pre-post the COVID-19 pandemic. These included being a professor, retail worker, school custodian, house cleaner, Uber Eats driver, etc. Thematic analysis by Braun & Clark [12] revealed the following three overarching

themes from the dataset: 1) the variations in gender-based transnational care; 2) cultural expectations of caregiving, and 3) recommendations to policymakers and employers.

Table 1: Sex and the Type of Transnational Caregiving Provided.

Participant Characteristics		Number of Participants
Sex		
	Male	15
	Female	14
Type of Caregiving		
	Financial, Emotional & Physical	11
	Emotional Only	1
	Financial & Emotional	17

Table 2: Origin of the Participants & the Period in Which the Interviews were Conducted.

Origin	Participants Pre-post COVID-19	Participants Post COVID-19 only	Participants Pre COVID-19 only
South American	1	13	0
Syrian	3	0	1
Pakistani	2	0	0
African	7	2	0

2.4.2 The Variations in Gender-based Transnational Care

The findings of this study suggest that there are variations in the experiences and the type of care that visible minority men and women from Syria, Pakistan, Africa, and South America provide. Generally, the dataset revealed that men tend to provide greater financial caregiving, whereas women engage in more emotional and physical caregiving.

Specifically, pre-COVID-19, Syrian male and female participants from London indicated that gender played a significant role in care. They shed light on how the role of women was limited in relation to monetary aid, but they still provide a large portion of emotional caregiving to care

recipients. Rasha, a Syrian TCE reveals “He [husband] is supposed to provide the finance [...] but the women have a bigger role [...] she is the controller for the whole family”. Post COVID-19, both male and female TCE participants disclosed that caregiving was harder and decreased for the Syrian care recipients because money is often lost through service providers. Adam declared: “It [caregiving] is [...] difficult because of the COVID-19 and especially transferring the money [...] we are talking about 60% losses or something”. Therefore, the experiences of Syrian TCEs illustrate that normative gender expectations influence caregiving and that because of money being lost through service providers, transnational caregiving among this cohort decreased post-pandemic.

In addition, prior to the pandemic, both the male and female Pakistani respondents currently residing in London conveyed that there are no impacts of gender in caregiving. A.D, a Pakistani male stated that “It could be anyone [caregiver], it doesn’t really matter”. Similarly, pre COVID-19, the female participant from Pakistan, Sabrina, explained that in her house there was “no discrimination” between a man and a woman, however, women tend to provide more physical caregiving activities such as “making food” in comparison to Pakistani men. Post COVID-19, both Pakistani participants reported that there was an increase in caregiving. A.D stated: “The money I was sending [...] I increase that a little bit, because I understand that the situation is the same globally”. Henceforth, the experiences of Pakistani TCEs exhibited that caregiving increased post COVID-19 and that while they personally do not believe that gender impacts caregiving duties, there is still an underlying responsibility for women to engage in more physical care.

Moreover, before COVID-19, some of the African male respondents from London expressed that gender does not play a big role in caregiving. L.A, a male participant from this cohort mentioned: “I think it depends on your personality [...] there is nothing a man can do that a woman cannot do in caregiving”. On the other hand, the multiple female respondents in this cohort said that women are expected to lead the families. Lulu says: “If you raise a girl, you’re raising the support system of the family”. Post COVID-19, the male interviewees with African origin indicated that there were more people contacting them for help, compelling them to send money. Alajide discussed: “Well a lot more money has to go out now because due to the whole pandemic, it has affected Nigeria’s economy pretty bad”. Further, female African decent interviewees stated that after the pandemic they were providing more emotional care as there was an increase in virtual connection and support through WhatsApp, Zoom, and other social media platforms. However, they went on to explain that they gave less financial help than before and felt less guilt about it. Nina quoted: “Even if the financial support may not be as much as I want [...] but just having more time to talk with my family has been very valuable for me”.

In comparison to all other TCE cohorts in the study, South Americans living in London were the ones in which most of the participants, both male and female, engaged in financial, emotional, and practical caregiving. The majority of these South American TCE interviewees occurred post COVID-19 and they revealed that is not gender, but birth order that impacts caregiving duties. Jemmy says: “my brother is the last one, I am the big girl, and the responsibility lies entirely on my shoulders”. Likewise, Martina adds: “Well, I don’t think so [if gender plays a role] not as

much about gender. Maybe because I'm the oldest daughter, that's why I think that I have more responsibility". Therefore, many South American participants explained that while women tend to provide more physical and emotional caregiving, it is being the eldest or an only child that significantly influence caregiving expectations and sways the responsibility.

2.4.3 Cultural Expectations of Caregiving

All four visible minority TCE groups stated that transnational caregiving is a cultural obligation for them both before and after COVID-19. Lulu, an African TCE states:

"In the western culture there's so much individualism. And when people come and say they don't talk to their parents, to me that's mind blowing. 'Cause my perspective and my culture, that is never a thing [...] you can be mad at your parents, but you don't cut ties off... family comes first. That's how I see it and that's how kinship influences me... it matters—our connections, our bloodlines. It matters".

This quote explains that Western individualism is not relevant amongst the cultures of TCEs and that they were born and raised to value the interdependent family system.

Additionally, Pakistani, Syrian, and a few African origin participants stipulated that looking after parents and providing caregiving services to those in-need is a commandment of their religious beliefs. Nogi, an African TCE stated, "I think caregiving for me is a way of life [...] I think this knowledge [caregiving] stems from the bible [...] you feed the poor". Correspondingly, Sabrina said: "As a Muslim [...] you are supposed to look after your parents always. It is one of the basic I would say teaching of Islam. These quotes showcase that caregiving is not an option, rather it is engrained in the lives of TCEs.

Many participants in all four visible minority cohorts mentioned that they are encouraged to help the extended family, and those less fortunate, and to have a moral responsibility to give back to those that helped you grow. Friday, an African decent TCE said:

"I see them [parents] as a tree that bears a fruit, they a bear a fruit, and it's because they nurtured you. They nurtured you, so you became a fruit. Then when you became a fruit you are going to hopefully become a tree, eventually. You are going to become a tree; you have to help someone as well. So, it's just natural".

This quote goes to show that the nature of two-way care is embedded in the lives of TCEs as they are raised in a manner where they are taught from a young age that caregiving is fruitful. Hence, it can be noted that taking care of each other is an important pillar in the upbringing of visible minority TCEs.

Further, numerous interviewees from South American backgrounds in the study also mentioned that there is more pressure from the culture for those living abroad. Alexandra, a South American participant stated: "Their [care-recipients] mentality is oh, they're abroad they can afford it, but they don't know the sacrifice that goes into having to get to that point". Similarly, Anna, another South American interviewee said:

“There is a culture in our country of origin that because we live abroad, because we in a different country, those developed countries that have a high purchasing power, that we're always going to have a lot of money to send’.

These quotes demonstrate that there are cultural expectations and assumptions that those living abroad have more money and high-income jobs, and hence, there is a greater pressure on those that live abroad to provide caregiving to their family or friends in their country of origin.

2.4.4 Recommendations to Policymakers and Employers

All participants in the study mentioned that they were not aware of any carer-friendly policies in their workplace and that they were not sure if they should even expect policies to support them. Adam stated: “No there is no policy, nothing changes”. Similarly, Cofi said:

“I do not particularly know about any policy regarding caregiving at [redacted] and I do not know if I expect that [redacted] as a university would have a policy regarding caregiver or caregiving”.

Thus, it can be noted that there is a lack of awareness and presence of gender and carer-friendly policies in the workplaces that can accommodate TCEs.

Nonetheless, respondents from all four cohorts provided some suggestions and recommendations that they, as visible minority TCEs living in Canada, can potentially benefit from. Specifically, Pakistani decent participants communicated that some sort of financial relief would support them. A.D quoted: “Financially [support]... If you're getting \$100, they match it with \$20. Ten percent or a percentage that could be a very noble gesture and could be a lot of money too”. From this quote, it can be observed that even an assistance of 10% would be an accommodation that TCEs may highly value that may also promote the retention of workers.

The most suggested recommendation from participants across all cohorts' before and after COVID-19 was to have more vacation time as that would help them in their caregiving responsibilities. Lulu stated: “I get 14 days, but if four of those days I'm travelling, do I really get 14 days' vacation time? Um, and maybe it's time to increase the vacation time”.

Cofi supported this idea and declared:

“For those of us taking care of people outside of the country, and it will take two days to travel to that place, take you another two days to come back, so a week is gone right there. So, if there could be a mechanism put in place to accommodate immigrants that need to travel out of the county [...] it's something that I believe that the government or the institutions can look into”.

Therefore, participants report that employers should consider that many of their employees want to travel to their home country during their vacation. However, two weeks is not sufficient, and increasing vacation time is needed to effectively balance paid and unpaid duties.

Many participants originating from Africa and South America expressed that there is a need for employers to care more about their employees, especially immigrants. Sebastian said: “In

Canada, there is an emotional disconnect between employer and employee”. Anela also mentions: “I think that the bosses need to do more investing in the people that work for them”. Likewise, Friday stated:

“I would strongly encourage employers to open their doors, because at the end of the day it boils down to productivity... if they [caregivers] are open to talk about something to their employer, their employers should have an open-door policy”.

Thus, participants of this study pointed out employers are distant from their employees and that building interpersonal relationships with their employers in the workplace would be beneficial for them.

2.5 DISCUSSION

2.5.1 The Variations in Gender-based Transnational Care

Participants of this research engaged in financial, physical, and emotional transnational caregiving. In terms of financial caregiving, participants reported sending money via service providers like the Western Union or through friends to multiple care recipients back in their home country, such as parents, grandparents, nieces, nephews, uncles, aunts, etc. Physical caregiving consisted of sending medications, clothing, electronic devices, and other necessities their immediate or extended family members required. With respect to emotional caregiving, respondents incorporated talking on the phone or video calling through WhatsApp to check up on the care recipients, listen to their concerns, and provide any advice, encouragement, or comfort that they may need. Across all visible minority groups in the study, men provided more financial caregiving whereas women engaged in greater physical and emotional caring.

Although not specific to caregiving across international borders, the findings of this paper are consistent with the results of a scoping review by Maynard et al. [16] which reports that male CEs tend to provide a higher proportion of financial assistance to their care recipients. Lee et al. [17] also reported that male CEs take on more monetary management responsibilities whereas, female CEs assist with most of the hands-on caregiving, such as making food and giving emotional support. All visible minority cohorts except for Syrians living in London reported that transnational caring increased after the pandemic. Syrian TCEs explained that their care recipients in the conflict-affected country are not worried about COVID-19, rather they are concerned about survival as less financial relief is reaching them because of COVID-19 and the United States sanctions. Jamali [18] revealed that war-torn Syria has been under U.S. sanctions and money-transferring service providers such as Western Union and MoneyGram still do not allow financial relief to be sent to Syria from the U.S. As a result, people are relying on social networks and connections to send remittances directly to the households of their care recipients [18]. Aside from the disproportionate impacts of COVID-19 on Syrians, other TCEs mentioned that caregiving had largely increased for them post COVID-19 as more relatives and friends were asking them for help. A paper by Beach et al. [19] discloses similar findings, stating that post COVID-19, there was an increase in family caregiving duties, both emotionally and financially. Correspondingly, Boyd et al. [20] established that caregiving heightened from 18% in 2015 to

21% in 2020 or post COVID-19, among adult women in the U.S. providing unpaid caregiving to at least 1 family member or friend. Subsequently, a study by Bergman & Wagner [21] analyzed the effects of COVID-19 on caregivers and recipients across Europe. The research signified that in the spring of 2020 when the first phase of the pandemic was ongoing, caregivers across Europe experienced a strong increase in the provision of personal care to care recipients outside their own houses as there was a lack of paid services and care support because of COVID-19 [21].

Further, many visible minority TCEs from London that took part in the present study revealed that rather than gender, it is being the eldest that significantly affects caregiving responsibility. A study by Grigoryeva [22] also suggests that birth order, regardless of gender, is a factor that gives higher responsibility of parental caregiving to the eldest child in the family. A paper by Sutor & Pillemer [23] also explored the role of birth order among 426 mothers and their relationships with their 1,823 children. The authors of the research confirmed that the odds of mothers choosing their firstborn child for caregiving in times of crisis were 70% higher than the odds of choosing their middle children or last-born children [24]. Equivalently, the odds of mothers choosing the eldest child to discuss their personal issues were approximately 33% higher in comparison to their other children [23]. Consistent with the experiences of many participants of the current study, Sutor & Pillemer [23] thus demonstrate that it is not so much gender but being the eldest child that leads to greater caregiving burden and responsibilities.

2.5.2 Cultural Expectations of Caregiving

All the participants of this research revealed that caregiving was an obligation to them and that they do not relate to the individualism and lack of family dependability they observed in Western culture. TCEs expressed that they had grown up with strong family support and connections which promotes providing caregiving to family members, friends, and those in need. These results are comparable to a paper by Pharr et al. [24] which assessed caregiving responsibilities among ethnic minorities in comparison to non-Latino Whites. The findings brought to light that caregivers living in the U.S. from Asian, Hispanic, and African backgrounds had caregiving so embedded in their lifestyle that they did it naturally and without conscious thought or question [24]. Pharr & colleagues also described that caregivers from Europe did not have any example of family caregiving in their upbringing and that the life experience of providing care was unexpected to them. Moreover, existing scholarly literature by Hsueh, Hu, & Clarke-Ekong [25], Guo et al. [26], and Flores et al. [27], support the results of the current study as they also reported that providing caregiving is a cultural expectation and norm among individuals that belong to ethnic minority cultures. In addition, participants of the current research also shed light on how caregiving goes beyond culture, as it stems from their religious beliefs and practices. This is consistent with the results of research by Andruske & O'Connor [28] that investigated family care across South Asian, Chinese, and Latin Americans living in Canada. Their findings found that while participants positioned caregiving as a cultural obligation, they were more likely to express that religion formed their understanding and family care norms. Andruske & O'Connor [28] revealed that caregiving to family members was ingrained in the lives of the participants and linked to religious teachings. Another study by Ismail [29] looked at caregiving

in multigenerational Arab families in Denmark and elucidated that religiosity influences caregiving experiences and expectations among Muslims. Ismail [29] informs that Islamic textual tradition mandates children to treat parents, especially those who reach old age, with honour, gentleness, patience, appreciation, and respect. Henceforth, like the results of the present study, Ismail [29] establishes that caregiving is a fundamental religious duty for many ethnic minority individuals. Parveen et al. [30] & Van-Eechoud et al. [31] also confirmed that the willingness to provide caregiving is related to religious beliefs and obtaining blessings for fulfilling this obligatory duty.

2.5.3 Recommendations to Policymakers and Employers

All visible minority participants in this research stated that they were not aware and did not receive any carer-friendly accommodations. Carer-inclusive policies consist of organizational changes in the practices in a workplace that support the lives of employees outside the place of employment. Confirming the lack of employment support, Wu et al. [32] examined the stresses CEs experience post COVID-19 across China, India, Australia, Spain, Brazil, and the G7, revealing that Canadian CEs have the least employer support across all 12 countries that were compared. Specifically, 70% of CEs in the Canadian workforce did not receive any carer-friendly practices or policies from their employers during the pandemic [32]. Nevertheless, the participants of the current research explained that financial relief, increased vacation days, as well as building interpersonal relationships with their employers would help them better manage their responsibilities.

Although not specific to transnational caregiving, existing literature published in the *National Library of Medicine* disclosed that family caregivers are vulnerable to financial insecurity which is a cause of distress for them as they tend to pay many out-of-pocket expenses [33; 34]. Previous scholarly work affirms that caregivers need greater financial security and help for them to continue supporting the well-being of their family and friends [33; 34]. Further, Achor & Gielan [35] report that taking more vacation time correlates to increased happiness and success at the workplace, as well as decreased stress related to work. Similarly, a report by the *American Psychological Association* disclosed that when employers and workplaces encourage more vacation time, employees experience greater motivation and productivity, and their overall quality of work is enhanced [36]. Increased time off was also linked to employees feeling more valued and satisfied with their jobs and employers [36]. Additionally, research by Raykov [37] explains that having support from employers and a more connected work culture contributes to employees having a greater quality of life, decreased job-related distress, and an increase in perceived job security. Henceforth, it is important to recognize that the recommendations made by the participants in this study may help them with their experiences of transnational caregiving whilst improving health outcomes.

2.5.4 Limitations

A limitation of constructivist research is that because reality and knowledge are deemed to be human constructs, the conclusions of the research cannot be generalized to other populations [9]. This study captures the experiences of a certain group TCEs in a specific geographical space and

time. Specifically, experiences of participants in this larger Metropolitan area of London, Ontario, may differ from other regions and populations. Another limitation of this study is that it assesses gender-based transnational care, however, the participants in this study were representative of cisgender females and cisgender males only. It is pivotal to recognize that not all individuals fall under a binary approach of sex or gender categories of a female and male. Thus, there is a need for more research to incorporate participants of various gender identities and expressions to examine their unique experiences of transnational caregiving more inclusively.

2.5.5 Intersectionality

This research looked at the intersectionality of geography, immigration status, and gender. The data in this study did not reveal supports or barriers specific to oppression in London. Past research indicates that racism in this area can further hinder TCEs from providing transnational support to their families [38]. A report by Vaswani & Esses [39] looked at the experiences of 829 immigrants, visible minorities, and Indigenous people in London-Middlesex. Their results disclosed in the last years, 4 out of 10 respondents from the visible minority and immigrant groups faced discrimination [39]. Further, a recent and shocking incident of racism and Islamophobia in London was the killing of the Afzaal family which sent waves of fear among Muslim immigrants in Canada [40]. The city of London is currently taking steps for anti-racism and anti-oppression in the region [41]. It is also important to note that the Canadian government is moving immigrants away from Montreal, Toronto, and Vancouver, but there are minimal resources to help them with resettlement. A paper by Simich et al. [42] shows that systemic challenges such as the lack of resources, and limited integration of programs and policies are barriers to immigrant settlement in Canada. The study states that enhanced service coordination, better governance, and increased public discourse on immigrants' contributions are vital for supporting the health, well-being, and settlement of newcomers in Canada [42].

2.6 CONCLUSION

In Canada, one in every five individuals is a visible minority, of which approximately 65% are immigrants [2]. Most of the immigrants in Canada are involved in transnational care because of the heightening global mobility and a rapid increase in the aging population globally [2]. If it were not for immigrants, there would be a significant shortage of skilled professionals in the Canadian employment sector [43]. Decreased birth rates and the aging population in Canada have caused the country to predominantly rely on immigrants to boost the economy. Immigrants address the gaps in the workforce, pay taxes to fund public services such as healthcare, and spend money on goods, housing, and transportation [43]. All of these factors are essential for the economic well-being of Canada; however, workplaces rarely have policies and benefits that support TCEs, especially those from visible minority backgrounds. This research brings to light that, among Pakistani, Syrian, South American, and African TCEs living in London, Ontario, normative gender roles influence caregiving as men provide more financial caregiving and women provide higher emotional and physical support. Among those who said gender does not shape caregiving expectations, there was an explanation of being the eldest or the only child in

the family that leads to greater responsibility. The visible minority TCEs in this study also expressed that caregiving is a cultural and religious obligation for them and that among family members there is more pressure on those who live abroad to engage in transnational care. Finally, some of the recommendations for accommodations that the respondents of the present study mentioned included financial relief, increased vacation time, and building interpersonal relationships with the employers. Moreover, it is imperative to note that nations across the world such as the United Kingdom, Germany, the United States, Italy, and many more are heavily dependent on immigration for economic productivity, but they also lack carer-friendly programs in the workplace [44]. In the context of long-term implications, the results of this study may inform policymakers to implement programs and policies targeted toward enhancing the health of visible minority TCEs around the world. Implementation of gender-sensitive and carer-friendly initiatives, such as The Standard that allow TCEs to stay healthy and remain employed [4]. These Standards can help workplaces in carrying out accommodating programs for unpaid caregiving employees. This may include but is not limited to support and resources such as financial relief, communication and networking opportunities, and flexible hours such that their mental, physical, and financial well-being is not negatively impacted by caregiving. Thus, lessons about achieving inclusive workplace practices for TCEs learned through this research can be scaled up and adopted by decision-makers transnationally, especially in countries that are rapidly engaging in the immigration process.

2.7 References

1. Jewell, E., Doucet, A., Falk, J., & Hilston, K. (2022). “Looking after our own is what we do”: Urban Ontario Indigenous Perspectives on juggling paid work and unpaid care work for adult family members. *Wellbeing, Space and Society*, 3, 100102. <https://doi.org/10.1016/j.wss.2022.100102>.
2. Sethi, B. (2022, February 17). Visible minority immigrants as transnational carer-employees amidst COVID-19- Carers Canada. Carers Canada - It's not if, it's when you will be a caregiver. <https://www.carerscanada.ca/bharati-sethi-visible-minority-immigrants-as-transnational>.
3. Williams, A. M. (2022). Reshaping wellbeing in changing care and paid environments. *Wellbeing, Space and Society*, 3,100103. <https://doi.org/10.1016/j.wss.2022.100103>.
4. Sethi, B. (2022). Negotiating culture, geographical distance, and employment: The lived experiences of European transnational carer employees. *Wellbeing, Space and Society*, 3, 100083. <https://doi.org/10.1016/j.wss.2022.100083>.
5. CSA Group. (2022, September 17). CSA B701 PACKAGE. CSA Group. <https://www.csagroup.org/store/product/B701%20PACKAGE/>.
6. McMaster University. (2022, November 17). Stream b: Healthy, Productive Work Partnership grant. Gender, Health and Carer-Friendly Workspaces. <https://ghw.mcmaster.ca/projects/healthy-productive-work-partnership-grant/>.
7. Amin, I., & Ingman, S. (2014). Eldercare in the transnational setting: Insights from Bangladeshi transnational families in the United States. *Journal of Cross-Cultural Gerontology*, 29(3), 315–328. <https://doi.org/10.1007/s10823-014-9236-7>.
8. World Economic Forum. (2022). Global gender gap report 2022. <https://www.weforum.org/reports/global-gender-gap-report-2022/>.
9. Thompson, P. (2019, August 15). 7.3 constructivist research. *Foundations of Educational Technology*.<https://open.library.okstate.edu/foundationsofeducationaltechnology/chapter/3-chapter-summary-3/>
10. Bauer, G. R., Churchill, S. M., Mahendran, M., Walwyn, C., Lizotte, D., & Villa-Rueda, A. A. (2021). Intersectionality in quantitative research: A systematic review of its emergence and applications of theory and methods. *SSM - Population Health*, 14, 100798. <https://doi.org/10.1016/j.ssmph.2021.100798>
11. Abrams, J. A., Tabaac, A., Jung, S., & Else-Quest, N. M. (2020). Considerations for employing intersectionality in qualitative health research. *Social Science & Medicine*, 258, 113138. <https://doi.org/10.1016/j.socscimed.2020.113138>.
12. Dubinski, K. (2022, October 27). The London region is now more diverse than ever. here's why one family chose to move here | CBC news. <https://www.cbc.ca/news/canada/london/the-london-region-is-now-more-diverse-than-e>
13. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
14. Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars.2. *All Ireland Journal of Higher Education*. <https://ojs.aishe.org/index.php/aishe-j/article/view/335>.

15. Morgan, K. P. (2021, October 11). Awis' intersectionality fact sheet. AWIS. <https://awis.org/intersectionality/>.
16. K. Maynard, C. Ilagan, B. Sethi, & A. Williams. 2018. "Gender-Based Analysis of Caregiver-Employee Men: A North American Scoping Review". *International Journal of Care and Caring*, 2(1), 27-48(22). doi: 10.1332/239788218X15187914567891.
17. Lee, Y., Tang, F., Kim, K.H. and Albert, S.M. (2015) Exploring gender differences in the relationships between eldercare and labour force participation, *Canadian Journal on Aging*, 34(1): 14–25.
18. Jamali, L. (2023, February 14). It's hard to send earthquake relief remittances to Syria. Marketplace. <https://www.marketplace.org/2023/02/13/its-hard-to-send-earthquake-relief-remittances-to-syria/>.
19. Beach, S. R., Schulz, R., Donovan, H., & Rosland, A. M. (2021). Family Caregiving During the COVID-19 Pandemic. *The Gerontologist*, 61(5), 650–660. <https://doi.org/10.1093/geront/gnab049>.
20. Boyd, K., Winslow, V., Borson, S., Lindau, S. T., & Makelarski, J. A. (2022). Caregiving in a Pandemic: Health-Related Socioeconomic Vulnerabilities Among Women Caregivers Early in the COVID-19 Pandemic. *Annals of family medicine*, 20(5), 406–413. <https://doi.org/10.1370/afm.2845>.
21. Bergmann, M., & Wagner, M. (2021). The impact of covid-19 on informal caregiving and care receiving across Europe during the first phase of the pandemic. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.673874>.
22. Grigoryeva, A. (2017). Own Gender, Sibling's Gender, Parent's Gender: The Division of Elderly Parent Care among Adult Children. *American Sociological Review*, 82(1), 116–146. <https://doi.org/10.1177/0003122416686521>.
23. Suito, J. J., & Pillemer, K. (2007). Mothers' Favoritism in Later Life: The Role of Children's Birth Order. *Research on Aging*, 29(1), 32–55. <https://doi-org.libaccess.lib.mcmaster.ca/10.1177/0164027506291750>.
24. Pharr, J. R., Dodge Francis, C., Terry, C., & Clark, M. C. (2014). Culture, caregiving, and Health: Exploring the influence of culture on family caregiver experiences. *ISRN Public Health*, 2014, 1–8. <https://doi.org/10.1155/2014/689826>.
25. Hsueh K-H, Hu J, Clarke-Ekong S. (2008). Acculturation in Filial Practices Among U.S. Chinese Caregivers. *Qualitative Health Research*. 18(6):775-785. doi:10.1177/1049732308318923.
26. Guo, M., Li, S., Liu, J., & Sun, F. (2015). Family Relations, Social Connections, and Mental Health Among Latino and Asian Older Adults. *Research on Aging*. 37(2), 123–147. <https://doi.org/10.1177/0164027514523298>.
27. Flores, Y. G., Hinton, L., Barker, J. C., Franz, C. E., & Velasquez, A. (2009). Beyond familism: a case study of the ethics of care of a Latina caregiver of an elderly parent with dementia. *Health care for women international*, 30(12), 1055–1072. <https://doi.org/10.1080/07399330903141252>.
28. Andruske, C. L., & O'Connor, D. (2020). Family care across diverse cultures: Re-envisioning using a transnational lens. *Journal of aging studies*, 55, 100892. <https://doi.org/10.1016/j.jaging.2020.100892>.

29. Ismail, A.M. Care in practice: negotiations regarding care for the elderly in multigenerational Arab Muslim families in Denmark. *Cont Islam* 15, 215–232 (2021). <https://doi-org.libaccess.lib.mcmaster.ca/10.1007/s11562-020-00458-8>.
30. Parveen, S., Morrison, V., & Robinson, C. A. (2011). Ethnic variations in the caregiver role: a qualitative study. *Journal of health psychology*, 16(6), 862–872. <https://doi.org/10.1177/1359105310392416>.
31. Van-Eechoud, I. J., Grypdonck, M., Leman, J., Van Den Noortgate, N. J., Deveugele, M., & Verhaeghe, S. (2016). Caring for Family Members Older Than 50 Years of Turkish and Northwest African Descent: The Meaning of Caregiving. *Cancer nursing*, 39(1), 51–60. <https://doi.org/10.1097/NCC.0000000000000239>.
32. Wu, J., Williams, A., Wang, L., Henningsen, N., & Kitchen, P. (2023). Impacts of the COVID-19 pandemic on carer-employees' well-being: a twelve-country comparison. *Wellbeing, space and society*, 4, 100123. <https://doi.org/10.1016/j.wss.2022.100123>.
33. Reinhard SC, Given B, Petlick NH, et al. (2008) Patient safety and quality : an evidence-based handbook for nurses: 2 (2). <https://www.ncbi.nlm.nih.gov/books/NBK2665/>.
34. Schulz, R., Eden, J., & National Academies of Sciences, Engineering, and Medicine. (2016). Recommendations to Support Family Caregivers of Older Adults. In *Families Caring for an Aging America*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK396408/>.
35. Achor, S., & Gielan, M. (2021, August 27). The Data-Driven Case for Vacation. *Harvard Business Review*. <https://hbr.org/2016/07/the-data-driven-case-for-vacation#:~:text=Statistically%2C%20taking%20more%20vacation%20results,happiness%20at%20work%20and%20home>.
36. American Psychological Association. (2018). Vacation time recharges US workers, but positive effects vanish within days, New Survey finds. *Vacation Time Recharges US Workers, but Positive Effects Vanish Within Days, New Survey Finds*. <https://www.apa.org/news/press/releases/2018/06/vacation-recharges-workers>
37. Raykov M. (2014). Employer support for innovative work and employees' job satisfaction and job-related stress. *Journal of occupational health*, 56(4), 244–251. <https://doi.org/10.1539/joh.12-0192-oa>
38. Western University . (2020). “more exposed and less protected” in Canada: Systemic racism and covid- 19. *Learning Network - Western University*. https://www.vawlearningnetwork.ca/our-work/backgrounders/more_exposed_and_less_protected_in_canada_systemic_racism_and_covid19/
39. Vaswani, M., & Esses, V. M. (2021). Discrimination experienced by immigrants, visibe ... - city of London. <https://london.ca/sites/default/files/2021-09/Report%20on%20Experiences%20of%20Discrimination%20in%20London-Middlesex.pdf>
40. CBCnews. (2022, July 25). Trial of man charged in killing of Muslim family in London, ont., to be held in different city | CBC news. <https://www.cbc.ca/news/canada/london/trial-of-man-charged-in-killing-of-muslim-family-in-london-ont-to-be-held-in-different-city->

1.6531656#:~:text=Salman%20Afzaal%2C%2046%2C%20his%2044,old%20son%20was%20seriously%20hurt.

41. City of London. (n.d.). Anti-racism and anti-oppression. <https://london.ca/arao>
42. Simich, L., Beiser, M., Stewart, M., & Mwakarimba, E. (2005). Providing social support for immigrants and refugees in Canada: Challenges and directions. *Journal of Immigrant and Minority Health*, 7(4), 259–268. <https://doi.org/10.1007/s10903-005-5123-1>
43. Government of Canada. (2023, May 29). Benefits of immigration to Canadian sectors. Government of Canada. <https://www.canada.ca/en/immigration-refugees-citizenship/campaigns/immigration->
44. Rosenberg, S. (2020, December 10). Around the world, more say immigrants are a strength than a burden. Pew Research Center's Global Attitudes Project. <https://www.pewresearch.org/global/2019/03/14/around-the-world-more-say->

**Chapter 3: Commonalities & Differences in the Experiences of Visible Minority
Transnational Carer- Employees: A Qualitative Study**

3.1 ABSTRACT

This qualitative study explored the commonalities and differences among the experiences of visible minority TCEs before and after COVID-19. A thematic analysis of the dataset on 29 TCEs of Pakistani, Syrian, African, and South American origin living in London, Ontario, was conducted using ATLAS.ti coding software. This secondary analysis generated three themes: 1) feelings associated with transnational care; 2) employment experiences of TCEs; and 3) coping strategies for well-being. The results suggested that there are more similarities than differences across the four cohorts. Many participants felt a sense of satisfaction at being able to fulfil their care obligations, however, a different outlook was observed among some Syrian and African origin respondents, who disclosed that managing care and work is overwhelming. Most TCEs also reported facing limited job options because of language barriers. While various interviewees experienced a lack of paid work and reduced income after COVID-19, a distinct perspective was noted from African descent TCEs as they expressed facing increased work demands after the pandemic. Participants additionally revealed four common coping strategies such as keeping busy, praying, family support, and staying active. Study implications include the promotion of Carer-Friendly Workplace Policies (CFWPs) that can facilitate the welfare of unpaid caregivers.

Keywords: Transnational Carer-Employees, Immigration, Visible Minority, Carer-Friendly Workplace Policies.

3.2 INTRODUCTION

In Canada, there are approximately 6 million carer-employees (CEs), representing 35% of the total workforce. Carer-Employees (CEs) are defined as employed family members and other significant people who engage in care for individuals such as parents, siblings, spouses, and/or friends living with a physical, mental, or cognitive condition [2]. Approximately 60% of CEs in Canada manage their unpaid caregiving duties along with their employment and other family commitments [1]. Earlier research shows that there is a lack of: flexibility, employer recognition for CEs, and carer-friendly workplace policies (CFWPs) that can best accommodate caregivers in the labor force [2-4]. Caregiving responsibilities tend to be unpredictable and complex, making them a challenge to juggle with paid work [2]. Specifically, 10% of Canadian CEs turn down employment opportunities, 26% take absences from work, and 19% experience physical and emotional health challenges [4, 5]. Correspondingly, in 2018, approximately 6% of CEs left or intended to leave the workplace altogether due to caregiving duties [6]. Employed caregivers endure additional economic hardships because when they decrease their work hours due to unpaid care work, they lose some or all employee benefits like life insurance, prescription plans, dental and other extended health benefits [1].

Moreover, the rapidly changing age structure of Canada is increasingly causing family and friends to take on caregiving roles [7]. Increased life expectancies and the transition of baby boomers into their elderly years means that more Canadians will need assistance and services that will help them live comfortably in their senior years [5]. The 2018 Canadian General Social Survey revealed that about one in four individuals living in Canada aged 15 or above, or about 7.8 million Canadians, have provided care to at least one family member or friend that is experiencing a disability, chronic health illness, or aging needs [1]. Statistics Canada highlights that between 2016 and 2021, there was a 12% raise in the number of individuals aged 85 and above [8]. This currently represents 2.3% of the Canadian population; however, over the next

two decades, it is estimated that the population aged 85 and older will triple to 2.5 million, accounting for 6.9% of the total population in Canada [8]. As life expectancy is moving beyond the age of 85, there will be a higher number of people facing long-term health conditions [8]. Consequently, Canadian society will see a boost of CEs in the workforce, and a continued upsurge in immigration to drive population growth as well as support the Canadian economy [3, 4, 7]; these trends will see a growth in the number of Transnational Carer Employees. TCEs are immigrants who live and work in the country of resettlement while providing emotional, moral, or financial care to their family members or friends across borders. Many TCEs also tend to have family and other dependents that they care for in the country they immigrate to [4, 7].

Currently, there are 500,000 new immigrants entering Canada annually [9]. This is one of the highest immigration rates for any nation globally [9]. Approximately 8 million, or 20% of the total population of Canada consisted of immigrants in 2022 [9]. Statistics Canada reports that 19% of Canadians identify themselves as a visible minority member. Of this, 30.9% were born in Canada whereas, 65.1% were immigrants [10]. Many immigrants are involved in transnational caregiving due to increasing mobility and the aging population worldwide [6]. In addition, it is important to note that about 61% of employed caregivers across Canada are between the ages of 45 to 64, constituting workers in their peak earning years with valuable skills and experience in their fields [5]. Thus, to improve worker retention, there is a need for employers to enhance diversity in the workplace and to create more flexibility to the challenges that unpaid caregivers face related to care and work [5]. To do this, it is essential for workplaces to implement gender-sensitive and CFWPs such as the CSA B701-17 Carer-Inclusive and Accommodating Organizations Standard (The Standard) [11]. Developed in 2017 via a partnership between McMaster University and the Canadian Standards Association (CSA), The Standard provides guidelines for employers, human resource professionals, and other establishments to implement organizational changes in workplace practices to decrease work-family hardships and provide adequate support to CEs outside the workforce [11, 12]. Existing scholarly work reports that having carer-inclusive and accommodating policies in places of employment can generate a positive impact for both employees and employers [1, 4, 13-15]. Outcomes include decreased stress, enhanced employee retention, less sick leave costs, higher productivity, improved service delivery, as well as increased employee morale and commitment to the workplace [1, 4, 13-15].

This study is part of a larger research program examining carer-friendly workplaces that examines the experiences of Indigenous, European, and Visible Minority Transnational Carer Employees based in London, Ontario [12]. The goal of the research program is also to scale up The Standard and create its associated tools culturally competent, inclusive, and accommodating [12]. The current study is one of the 17 projects from Stream B: Healthy, Productive Work Partnership Grant, of the broader research program [12]. A research article on the same data as the present study has been published by Rottenberg [16] in the Journal of *Wellbeing, Space & Society*. The secondary analysis conducted herein generated two publishable manuscripts, The first paper [currently under review] centralized on the experiences of transnational caregiving among visible minority TCEs. The current paper further goes on to explore the commonalities and differences among visible minority TCEs.

A systematic review by Sethi et al. [17] disclosed that due to the lack of CFWPs in the workforce along with geographical separation from their families, TCEs experience negative mental health impacts such as tension, guilt, shame, anxiety, and depression. Comparatively, a study by Amin

and Ingman [2] assessed the emotional impact of providing transnational caregiving to elderly parents among immigrant men and women living in the United States. The results of the study illustrate that TCEs face role overload, psychological distress, and relational deprivation [2]. The authors specifically publicized that TCEs may experience poor physical and mental health outcomes, such as chronic anxiety and depression that can, over time, lead to severe health problems [2]. Similarly, a paper by Ilagan et al. [18] discussed that TCEs face physical and emotional health challenges because of balancing work and unpaid care across transnational boundaries. Ilagan et al. [18] used photovoice methods to highlight that TCEs may feel stressed out and constantly worry about sending money to their care recipients.

Furthermore, a survey conducted in 2020 by the Carer Well-Being Index looked at the impact of COVID-19 on 479 caregivers employed in the Canadian workforce [1]. The findings of the survey reported that 53% of the participants in Canada did not obtain carer-friendly support from their employers and 34% faced an increase in difficulty juggling their paid work and unpaid caregiving responsibilities after COVID-19 [1]. Despite past research categorically reporting adverse impacts on the physical, economic, and psychological well-being of TCEs, there is still a gap in literature on the experiences of visible minority TCEs before and after the pandemic [3, 4, 7]. This study, to our knowledge, is the first that aims to examine the commonalities among, and differences between, the experiences of TCEs of South American, African, Pakistani, and Syrian descent living in London, Ontario, before and after COVID-19.

To better understand the similarities and differences among the visible minority TCEs in this study, it is useful to grasp some of their cultural characteristics such as family size, belief systems, family cohesion, and care expectations. To begin, the average household size among Pakistani, Syrian, African, and South American families tends to be 6.4, 5, 6.9, and 4.6 persons per household respectively [19-22]. Further, most of the individuals from these backgrounds practice Abrahamic religions. For instance, approximately 95% of the Pakistanis and 90% of the Syrian populations are Muslims [23, 24]. In 2020, 60% of the African population was Christian, followed by 30% of Muslims [25]. Similarly, Roman Catholicism, a Christian denomination, is the largest religious group in South America and practiced by more than 50% of the population [26]. Islam follows behind and is the second biggest religion in South America and is prevalent among minorities in most of the nations in the continent [26]. It is noteworthy that the religious and cultural belief systems of these four cultural cohorts emphasize the importance of caring for and helping those in need, especially family members [27-30]. Even though the rise in globalization has heightened the influence of western culture, many individuals with a Pakistani, Syrian, African, and South American origin believe in the institution of marriage and that it is an essential and basic unit of social life [28,30-32]. They hold values such as having connections and sharing a life with immediate and extended family members. Individuals from these cultures recognize the need to care for children and parents in old age [28, 30-32]. People from Pakistani, Syrian, African, and South American cultures feel that it is their moral responsibility and obligation to provide care for their loved ones by caring for them emotionally and financially [28, 30-32]. Even though there are more notable similarities among the four cohorts, the current research may additionally inform a culturally competent version of the noted CSA Carer-Inclusive and Accommodating Organizations Standard, as well as gender-sensitive CFWPs in workplaces in order that the welfare of TCEs and the Canadian economy may be sustained.

3.3 MATERIALS AND METHODS

3.3.1 Ethical Approval

The McMaster University Research Ethics Board (MREB # 4881, July 24, 2018) and King's University College Research Ethics Review Committee (June 21, 2019) approved this study. The Qualtrics software was used to acquire informed consent from all respondents of the research. All respondents were given an honorarium, valued at \$35.00 in Canadian dollars, for their time. The participants were informed that their participation in the study would be voluntary and that they could withdraw at any time if they wished to do so. To protect anonymity, the real names of all interviewees will be kept confidential, and they are referred to in this paper by pseudonyms.

3.3.2 Study Setting

London was selected as the location of interest as it is a city that has experienced a rapid increase in immigration in the last few years [33]. In 2021, there were 103,300 individuals, or 24.8%, of the total population of London that was born in a foreign country [33]. From this, approximately 16% of the immigrants in the city identified as a visible minority. Further, the number of foreign-born people gaining permanent resident status in London has increased by more than 70% according to the latest census [34]. The top places of birth of recent immigrants in London are India, Syria, and China, accounting for 19.4%, 17.7%, and 5.0% of the newcomer immigrant population respectively [33].

3.3.3 Approach

The philosophical orientation that informs this research is constructivism. The constructivist paradigm explains that reality is a social construct and is perceived to be subjective [35, 36]. Constructivism assumes that there is a need for researchers to understand the intricate tacit experiences from the perspectives of those who live it [35]. This philosophical orientation emphasizes that knowledge is created through human experiences and thus, multiple realities can exist [35]. Constructivist research centralizes on a single phenomenon and brings forth the personal values of the participants into the research [36]. The constructivist paradigm suits this study as TCEs discuss and reveal their subjective experiences of providing care on a transnational scale, whilst being employed. In addition, the theoretical framework that underpins this research is the intersectionality theory by Kimberlé Crenshaw. This theory describes how overlapping social identities of individuals are interlinked with structural racism and oppression [37]. It is crucial to understand that oppression causes the unjust treatment or subjugation of people through the power of systems and societal norms [37]. Intersectionality explains that social identities work on many distinct levels and lead to unique experiences, challenges, and opportunities for each person [37]. Hence to understand oppression, an understanding of how people are disadvantaged due to their multiple and overlapping social identities (such as race, class, ethnicity, age, religion, disability, sexual orientation, and more) and systems of oppression (e.g., systematic racism) is necessary [38]. Recognizing intersectionality is pivotal to battling the deeply embedded and interwoven prejudices that individuals experience in their lives [38]. The intersectionality theoretical framework guided this study as it aided in the exploration of how various socially intersecting categories such as race, ethnicity, and religion are linked in the commonalities and differences among the experiences of visible minority TCEs before and after

the pandemic in London. The intersectional lens may help shed light on the complexities and experiences of visible minority TCEs such that findings may inform greater facilitation and implementation of comprehensive solutions and policies [38].

3.3.4 Study Design

A community-based and ethnographic design was used for this research to obtain knowledge of the lived experiences of visible minority TCEs residing in London, Ontario. This epistemological domain allows researchers and members of the community to work together in the research process [39]. Ethnographic methods include observations and interviews to obtain a detailed insight into the participants' views and actions as well as how they interact with and function in their real-life environments [40]. Community-based and ethnographic research focuses on community engagement, rapport building, collective perspectives, and cultural understanding of the members of the community [39, 40].

3.3.5 Participants

To be recruited for this research, participants had to be aged 18 years or above, living in London, identifying as a visible minority, providing care to a family and/or friend living across borders, and volunteering or being at paid employment. The inclusion criteria did not focus on whether the immigrants held permanent residency status or how long they had lived in Canada. Participants were asked for a one-time, one-on-one interview.

3.3.6 Procedure

Research posters were placed in community centers, grocery stores, local libraries, and mosques. Recruitment posters were also sent to organizations that provide services and aid to immigrants. Data was collected from October 2019 to March 2021. Purposive and snowball sampling elicited 29 visible minority TCE participants for this study. The purposive sampling technique allows researchers to intentionally select respondents that meet the unique characteristics and experiences that are relevant to the research question [41]. Correspondingly, snowball sampling, another non-probability sampling strategy involves identifying some initial participants that meet the study inclusion criteria and then asking them to refer other individuals that fit the eligibility criteria [41]. Through this, referrals are added, and a chain-like structure is created within the sampling [41]. The interview guide of this research consisted of questions that inquired about the experience of the TCEs in managing care and work, awareness of the CFWPs, whether COVID-19 impacted their transnational care, and how they cope with their paid and unpaid responsibilities. For example, participants were asked questions like "*How did caregiving evolve for you?*" and "*What other responsibilities do you have while working and caregiving?*". All interviews were carried out by the research assistants (RAs) at a time and location that was mutually agreed upon. The length of interviews were approximately 60 to 90 minutes long, and they took place in-person prior to the pandemic and over the Zoom platform post-pandemic because of COVID-19 policies. Interviews were conducted in three different languages; English, Spanish, and Arabic, and they were recorded with the consent of the participants. Spanish and Arabic interviews were translated into English and then back to the original language to ensure that they were as precise as possible. All transcripts were verified with the recording by the forward and back translation.

3.3.7 Data Analysis

The secondary analysis of the data in this study is consistent with Braun & Clarke's [42] thematic analysis. This rigorous qualitative analysis is used to organize participant concepts into themes that capture the significant narratives on the research question. Braun and Clarke [42] describe that thematic analysis can aid researchers in interpreting and explaining patterns in the dataset in a detailed manner. For this study, an inductive or bottom-up thematic analysis was conducted using the ATLAS.ti qualitative coding software. An inductive analysis means that the data in this research was coded without trying to categorize it within a pre-existing coding framework or having any preconceptions about the research question [43]. Henceforth, the themes that emerged in this study were from the dataset itself and not through paying attention to the themes that are incorporated in previous research studies [43]. As stated above, the intersectionality theory informs the analysis as it facilitates assessing how the experiences of visible minority TCEs are affected by intersecting identity markers such religion, immigration, and ethnicity.

The thematic analysis for this study was carried out in six steps as described by Braun & Clarke [42]. The first phase comprised of the primary author getting familiarized with the data. To do this, all the data was first transferred to the ATLAS.ti coding software for analysis. Then, all transcripts and field notes were carefully read. Additionally, all the interview recordings that were in English were watched and further notes were taken. At the end of this phase, the primary author was fully immersed and informed about the depth and content of the dataset. The second phase included generating initial codes. In this step, the transcripts were re-read, and the inductive codes were applied to excerpts. Similar codes were applied to the excerpts that were representative of the same idea. In phase three, as suggested by Braun & Clarke [42], the primary author searched for themes. The goal of this stage was to identify the overarching patterns and relationships throughout the whole dataset. Similar codes were brought under one code group and then organized into a theme that revealed meaningful information about the research question. Phase four of the thematic analysis encompassed reviewing the themes. At this point, themes were checked for internal homogeneity or ensuring that they were coherent and consistent [43]. Themes were also examined for external heterogeneity and thus, it was assured that there is distinction between one theme and another [43]. After it was established that the themes were coherent, making sense, supported in the data, and not repetitive, the first author moved on to phase five. This step incorporated defining themes. This is the last time that the themes were refined. As per the suggestions of Barun and Clarke [42], the essence of what each theme is about was defined. To do this, the primary author went back to the themes to ensure that they are succinctly named according to what aspect of the data each theme was representing. Finally, a write up of the findings was formulated in the sixth and final phase of the analysis.

3.4 RESULTS

3.4.1 Participants

The data for this study consisted of information from 29 visible minority TCEs living in London, Ontario. A visible minority individual is described as a person who is not aboriginal and is non-white in colour or non-Caucasian in race [44]. One interview occurred prior to COVID-19, 15 took place post COVID-19, and 13 were conducted both before and after the pandemic. The data

revealed that 14 interviewees identified as females and another 15 as males (refer to Table 1). Respondents of this study were engaged in transnational care for their immediate family (parents, children, in-laws, spouse) and/or extended family (cousins, nephews, nieces, spouse's family) in their home nation. Participants had origins from Venezuela; Barbados; Columbia; Haiti (grouped as South America), Kenya; Uganda; Zimbabwe; Nigeria (grouped as Africa), Pakistan, and Syria (refer to Table 2). The length of residence in Canada of the TCEs varied from approximately 6 months to more than 35 years. Data brought to light that participants were involved in three types of caregiving: financial, emotional, and physical. Financial caregiving consisted of sending money through service providers such as Western Union. Emotional caregiving involves communicating via phone calls or video calls through skype, Zoom, or WhatsApp to provide verbal support, encouragement, and advice to the care recipients. Physical caregiving involved sending medications for diabetes, vitamins, clothes, and electronic gadgets to their country of origin for the individuals they were caring for. The results of this research illustrate that there is a lack of CFWPs in the workplace and that TCEs were not aware of them and doubted that they would ever receive support for their unpaid caregiving duties from employers. The findings of this research also revealed that there are more similarities than differences across the Pakistani, Syrian, African, and South American origin TCEs. It is possible that the differences among these four cohorts may have been concealed due to the common struggles of making ends meet and providing for immediate and extended families post-pandemic. Thematic analysis of the data from all 29 participants generated three main themes: 1) feelings associated with transnational care, 2) employment experiences of TCEs, and 3) coping strategies for well-being.

Table 3: Participant Characteristics

Participant Characteristics		Number of Participants
Sex		
	Male	15
	Female	14
Care-recipient types		
	Immediate family (parents, children, in-laws, spouse) only	10
	Extended family (cousins, nephews, nieces, spouse's family) only	4
	Both immediate and extended families	15

Table 4: Detailed Origin of the Participants

Origin		Number of Participants
South America	Barbados	2
	Venezuela	1
	Haiti	1
	Colombia	10
Africa	Kenya	1
	Nigeria	6
	Uganda	1
	Zimbabwe	1
Syria		4
Pakistan		2

3.4.2 Feelings Associated with Transnational Care

The results of this research determine that TCEs experience a wide range of emotions when providing care on a transnational scale. Prior to the pandemic, a commonality among many of the visible minority TCEs recruited for this study was that they reported feeling content, energized, and gratified about having the opportunity to give back to their family. Sabrina, a Pakistani origin TCE said: “It [caregiving] gives me peace”. On a parallel note, Adam, a Syrian descent TCE, stated: “It is a reward for sure [...] you help feel happy you help them [care-recipients]”. Nogi, a TCE of African descent voiced: “I tell people this is the source of my energy when I see that I’m able to help somebody. It’s like a force, it keeps me going”. Comparatively, even after the pandemic, respondents reported feeling a sense of tranquility, comfort, and satisfaction for being able to fulfill their obligation to provide care for their loved ones and community. For example, Helena, a TCE from a South American background mentioned: “Sending them [care-recipients] money makes me feel satisfied, so satisfied, I mean, I love, and I adore my family”. Likewise, Martina, another respondent with South American roots explained: “I feel very happy, and I feel very calm that I can provide support for my mother”. Jemmy, a TCE of African descent supports these feelings and disclosed: “I feel very, very good that my support helps them in a way that improves their lives”. Therefore, these quotes exhibit that most of the visible minority TCEs in this study experienced positive feelings about the care that they were providing to their care recipients both before and after COVID-19.

Another commonality among the participants was that they felt the urge to provide more help and that if they were unable to, they would then experience guilt, regret, and remorse. In the interviews that took place prior to the pandemic, respondents from all four visible minority groups voiced that their financial constraints limit the extent of how much they are able to provide for their loved ones. Interviewees revealed that although they are only able to provide limited transnational care for the moment, their goal is to do more in the future. Rasha, a TCE of Syrian descent said: “I regret that I am not able to help and support them [care-recipients] and can barely send a small token of financial help”. On a similar note, Nogi mentioned: “I would

love to do more [...] I wish I could, you know after this school, maybe more”. Nina, a TCE with African heritage also described: “In the end maybe I might not be able to provide as much as I want for my parents and my family back in Nigeria at the moment, but after a short while I can do way more”. Comparably, the interviews that were conducted post-COVID-19 depicted results on the same wavelength, as many respondents continued to feel that the extent to which they can help is hindered by their other responsibilities. For example, Alajide, a TCE from African ethnicity, said: “As much as I would love to, I’m only limited and even my family I can’t give them the best I wish I could provide right now”. Equivalently, Anela, a TCE of South American descent declared: “I always feel like I should be doing more than what I’m doing [...] I could be helping more, even if I have this job, I’m only working on the weekend and then I still can’t give enough”. Sherla, another South American TCE living in London further established: “I wish I could do more, but due to circumstances there’s only so much you can because you have other things to take care of”. Therefore, financial hardships and other commitments are evidently impediments that mitigate the capacity of TCEs to engage in the desired amount of caregiving, and thus result in a constant desire to want to do more.

Contrarily, there were differences observed among African and Syrian descent TCEs relative to the other two cohorts regarding feelings associated with transnational care. Prior to COVID-19, some participants from African and Syrian origin revealed that they felt overwhelmed with the amount of their care duties. Nina stated: “It’s overwhelming. I’m talking about this care [...] I just even need a day off”. Likewise, Alajide explained: “Aside the financial burden, it [caregiving] is emotionally draining [...] I mean I have to balance the fact that I need to provide for my family as you put it, in a new country, which is more expensive”. Rasha also reinforced these notions and distinguished: “I feel I am suffocating— I feel I should be able to know when they need it [financial aid] before they have to ask [...] it really upsets me”. Correspondingly, in the interviews after COVID-19, a few TCEs from African and Syrian backgrounds continued to describe that caregiving can be frustrating. For instance, Arif, a TCE of African descent said: “Emotionally [caregiving] it’s really heavy”. Adam also stated: “It [caregiving] is just overwhelming”. Thus, while the majority of TCEs in this study explained that they are content about providing caregiving services, there was a difference of opinion amongst a few Syrian and African origin participants who depicted that long distance care leads to feeling overwhelmed, emotionally drained, and frustrated.

3.4.3 Employment Experiences of TCEs

The results disclose that there are similarities and differences in the employment experiences of visible minority TCEs. In the interviews that took place before the pandemic, many participants in this study from all four ethnicities mentioned that at some point they did jobs that did not utilize their skills and can even be categorized as demeaning in their culture, however, they continued to do it such that they can earn a living which could help support their care-recipients. For instance, Adam stated: “If you have a job, you have to suck up something to stay in the job, because you have to take care of people”. Ammar, a TCE of Syrian roots also stated: “You just need some income, so you accept anything you get offered”. Mohammed, another participant with a Syrian background supported this concept and added: “Back home we had good jobs, respectful jobs. Here we come and we work demeaning jobs that no one else wants to work because we do not know language”. Moreover, analogous patterns were seen amongst participants even after COVID-19. Helena mentioned: “I work in any job I get [...] because of

the language barrier I am not able to get better jobs”. Sebastian, a South American origin TCE also explained: “I am a custodian at [redacted] [...] I was a lawyer in Colombia [...] finding a job wasn’t very hard. The hard part was accepting it psychologically”. Therefore, many TCEs of visible minorities residing in London unveiled that language barriers along with the immediate need to make money for caregiving cause them to accept employment that is not completely desirable to them.

Furthermore, COVID-19 had a significant impact on the employment experiences of Pakistani, Syrian, African, and South American descent TCEs. Many interviewees reported they would have taken on more work shifts and/or another job to ease the financial burden linked with providing international care. However, the pandemic resulted in fewer work opportunities which hindered their ability to sustain their income. For instance, Jemmy declared: “If it wasn’t for COVID I would take another job”. Anna, a TCE from a South American background stated: “Due to the pandemic work has slow down, and that has reduced our income, so we've had to reduce the financial support that we give to this family member”. Likewise, L.A, an African descent interviewee communicated: “I mean the COVID situation has impacted not just of course the entire world, but me personally [...] they [workplace] had to let me go and um, that definitely impacted on my income”. Henceforth, COVID-19 affected the employment experience of TCEs in this study as they reported that there was less work which ultimately reduced their income and added a barrier in their financial caregiving duties.

In contrast, there were a few TCEs of African origin that had diverging experiences as they shed light on an increase in work demand after COVID-19. Nina declared: “I would say I'm working more. Although things started off slowly, but once I got into it, there’s just a lot to do”. Correspondingly, Lulu, another participant from an African background reported: “I was more worried about not working enough, but then I ended up working more hours because I work in a shelter so we’re more like essential service”. Similarly, Cofi, another TCE of African ethnicity, who was working as a teacher explained that he began working more post-COVID. Specifically, Cofi stated: “Preparing for classes, it increased, I made more time for that”. Hence, even though most of the TCEs of visible minority revealed that COVID-19 decreased their work and income, there were a few respondents of African descent who disclosed that they faced a higher employment load after the pandemic due to the type of work they were doing.

3.4.4 Coping Strategies for Well-being

The results of this study acknowledge that there are four common coping strategies that Pakistani, Syrian, African, and South American origin TCEs residing in London engaged in to maintain their well-being before and after the pandemic. Visible minority TCEs across all four cohorts expressed that they tried to keep themselves busy and distracted to alleviate negative mental health symptoms. In an interview that occurred prior to the pandemic, Mohamed stated: “When I work, I forget all my burdens. It is when I do not work, that is when my mind explodes as I think about those close to me and those far away. (laughs) I get frustrated”. Similar patterns were also observed in interviews that occurred post-pandemic. Luis, a TCE with South American ethnicity said: “The ideal is to keep your mind occupied, so you don’t have bad thoughts or get depressed or to get emotionally affected”. Sabrina also supported this idea and revealed: "I tried to keep myself busy [...] to distract myself from all worries". These statements reinforce the

notion that being occupied has remained a coping mechanism for TCEs of visible minorities both before and after the pandemic.

Furthermore, many TCEs across all the visible minority backgrounds in this study also illustrated that being connected with their spirituality and being involved in religious practices was a source of relief for them. Before COVID-19, Ammar announced: “I wouldn’t say it [coping] was easy, but God helps”. This ideology was prevalent amongst participants after COVID-19 as well. Anna reported: “The spiritual part also helps a lot. It helps in that part, that mental strength so that you can be strong when you must face ‘X’ situation”. L.A additionally established: “Praying [helps], and you know finding solace in the promises that [...] I have with God”. Therefore, praying and remaining close to their respective faith became a coping mechanism to mitigate stressful situations of caregiving and employment prior to and after COVID-19.

Participants from this research also brought to light that having a strong support system from family and friends aids in managing stress levels. Martina, a TCE of South American ethnicity stated: “My mother has helped me a lot, because right, she's my mom but she's also my friend”. Likewise, L.A voiced: “We paid a lot of attention to the family unit [...] we spend a lot of time now on Zoom and [chuckles] WhatsApp calls with family and friends”. Fernanda, another participant of South American ethnicity also expressed: “I just connect with my friends [...] going with my family or playing with my nieces that kind of helps me [...] step outside of that kind of um stressors”. Hence, many visible minority respondents found social support from their family and friends to better manage their well-being while engaging in transnational care and paid employment.

The final commonality in relation to coping strategies amongst the participants in this study was exercising and meditation both before and after COVID-19. Interviewees shed light on how staying active and instilling a routine exercise plan is a crucial factor to combat the pressures associated with personal and professional lives. For example, in an interview that occurred prior to the pandemic, Lulu voiced how working out has been a coping strategy for her. She stated: “I enjoy going to the gym. I [would] live at the gym if I could”. Nogi also mentioned: “I do meditation [...] which is good”. Correspondingly, after COVID-19, there were analogous patterns noted as L.A spoke: “I actually started doing a lot more exercises [...] that helped”. Similarly, Alexandra, a TCE of South American heritage further supported this notion and expressed: “Having an exercise routine [helps] [...] sometimes when I’m having a very emotional time and I’m feeling down, to put it that way, I try meditating a lot”. Therefore, the data of this research depicts that exercising and meditation is an important tactics that TCEs implemented in their lives to support both their mental and physical health.

3.5 DISCUSSION

3.5.1 Intersectionality

The findings of this research indicated the deskilling of the employed immigrants who are living in London and providing transnational care. It is pivotal to note that the inclusion criteria of this study included being employed or “volunteering” as the lack of Canadian human capital or work experience and language barriers are among the largest barriers to gaining employment in Canada [45-47]. An article by Wilson-Forsberg & Sethi [45] highlighted that newcomers to

Canada volunteer to gain experience working in a Canadian setting and to have a Canadian professional status. The study also disclosed that while volunteering can be helpful for immigrants in fostering social connections, it does not significantly improve their economic integration [45]. Ward [46] additionally explains that many skilled immigrants in Canada experience unemployment, underemployment, and find themselves doing jobs that do not commensurate to their educational background. In 2023, the unemployment rate for Canadian-born individuals was 5.0%, whereas for recent immigrants it was 8.2% [47]. The unemployment numbers have always been at the highest disparity for immigrants who recently landed in Canada [47]. Subsequently, even after living in Canada for more than a decade, immigrants who hold a university degree are more likely than Canadian-born individuals to be working in low-skilled occupations [48]. Intersectionality analysis of the visible minority participants with Pakistani, Syrian, African, and South American backgrounds living in London reveals that they were oppressed due to the simultaneous intersection of their race, ethnicity, and immigration status. Systems of oppression like racism and non-recognition of work experience of the TCEs from their country of origin contributed to their oppression and impacted their ability to provide transnational care.

3.5.2 Feelings Associated with Transnational Care

This research illustrated that amidst the financial challenges associated with transnational care, most participants from all four visible minority groups in this study still reported feeling content and a sense of reward for being able to provide caregiving to their family and friends. Although not specific to transnational care, the findings of this study are consistent with the results of research by Henriksson et al. [49] that aimed to assess the feelings of family caregivers undergoing palliative care. Henriksson et al. [49] reported that family caregivers experience a major source of reward for being helpful to their care recipients and that they also felt satisfied, content, and proud for being able to handle their caregiving duties despite their own unique burdens. A systematic mixed methods review by Bei et al. [50] supports this research and reveals that transnational caregivers observed feelings of personal satisfaction, pleasure, and happiness once they had provided care to their relative with a long-term illness, disability, or frailty. Other scholarly work by Weisser et al. [51], Hochwald et al. [52], and Grant et al. [53] also explained that caregivers perceive the duty of care to play a significant role in their life and feel a sense of satisfaction and reward after providing caregiving as they tend to be appreciated from other members of their family.

Another commonality that was noted among many of the Pakistani, Syrian, African, and South American descent TCEs in this study was that they wished they could provide more caregiving. Participants explained that they hope to engage in more financial caregiving in the future but there were feelings of regret as TCEs disclosed that they felt they could be doing more to give back to their relatives and friends in their home nation. This is similar to the results of an article by Baldcock [54] which explored the feelings of immigrants providing transnational care to their elderly parents who remained in their country of birth. Baldcock [54] found that while participants engage in caregiving by calling their care recipients and doing return visits, they still experienced feelings of regret for not being able to do more. Allard & Whitefield [55] subsequently reveal that caregivers feel drained because of their employment responsibilities and experience feeling guilt for being unable to provide unpaid care to their parents or other relatives. The paper also reports that family caregivers have high expectations of themselves and when they fail to meet

their own standards due to work pressures and other constraints, feelings of regret arise for not being able to do more [55].

Moreover, there were some differences observed regarding the feelings of TCEs associated with transnational care as a few interviewees in this study from Syrian and African origin voiced that caregiving can be emotionally draining and overwhelming. This is consistent with a paper by Lyeo & Williams [56] which aimed to assess the experiences of nine Korean Canadian employed caregivers in the Greater Toronto and Hamilton region in Canada. Thematic analysis of the research suggested that all nine respondents faced a form of emotional distress [56]. Specifically, carers mentioned that they felt feelings of burnout, exhaustion, and fatigue because of their workplace and caregiving duties [56]. Other existing literature by Bauer & Sousa-Poza [57] and Schulz et al. [58] also demonstrated that caregivers tend to experience distress and frustration which is attributed to the illness of the care recipients, employment, and caregiving demands.

3.5.3 Employment Experiences of TCEs

The findings of this research also determined that visible minority TCEs work in occupations that are not desirable to them out of the necessity of providing care and meeting their needs in Canada. Many participants discussed that the language barrier significantly impacts their employment and due to limited proficiency, they end up accepting a job that is low-paying or even demeaning for them. Existing research by Farrell et al. [59] & Corbel et al. [60] exhibited that oral and written communication skills are crucial not just for high-paying jobs but also for middle- and low-income jobs. Like the results of the current research, Carlsson et al. [61] publicized that many immigrants face hurdles in securing their desirable jobs as they are likely to have limited language proficiency in the host country. A study by Batalova et al. [62] backs up these ideas and explains that immigrants with limited skills in English are two times more likely to work at an unskilled workplace in comparison to their English-proficient counterparts.

In addition, the current study sheds light on how many visible minority TCEs of Pakistani, Syrian, African, and South American descent described that there were fewer working opportunities and decreased income because of COVID-19, which hindered their ability to do more financial caregiving. Comparatively, research by Crayne [63] and Bartik et al. [64] explained that the onset of COVID-19 generated lockdowns in 2020 led to hundreds of thousands of businesses being massively disrupted. Wu et al. [65] revealed that the dual responsibilities of being an unpaid carer and an employee made individuals more vulnerable to facing the hardships associated with mass layoffs and business closures. According to Statistics Canada, 12.5% of the employees in Canada were laid off in 2020 [66]. Moreover, a report by the International Alliance of Carer Organizations determined that 56% of caregivers in Canada experienced negative financial health impacts as the pandemic impacted their employment status and increased demands for caregiving [67]. Although not exclusive to transnational caregiving, research by Beach et al. [68] was consistent with the patterns observed in the current study as they reported that the financial well-being of family caregivers after the pandemic was worse and that they were more likely to worry about their financial health as COVID-19 affected their income and employment situation.

Furthermore, while most of the visible minority TCEs in this research reported that there were fewer work opportunities and income during the pandemic, there were a few participants of

African descent who reported the opposite and revealed that they observed an increase in work demand after COVID-19. Nevertheless, it is crucial to note that some of these respondents were working in essential services after the pandemic. This is comparable to the findings of Bell et al. [69] who investigated the experiences of essential workers during the COVID-19 lockdown in New Zealand. The results of the cross-sectional survey revealed that essential workers had a greater workload relative to those employed in non-essential occupations [69]. Likewise, Brophy et al. [70] undertook qualitative research to document the lived experiences of essential workers post-pandemic. The results of the study indicated that participants faced increased workloads as they were working longer hours to keep up with their paid duties and mitigate the shortages in staff [70]. Correspondingly, a report entitled “People at Work 2022: A Global Workforce View” published by the ADP Research Institute disclosed stark differences in the experiences of remote workers compared to on-site workers during the pandemic [71]. The report illustrated that home workers were putting in three more hours for free every week than those who had to go to their place of employment in person [71].

3.5.4 Coping Strategies for Well-being

Respondents from all the visible minority groups in this study voiced that one of the main coping strategies that they implemented in their lives to improve their well-being both before and after the pandemic was keeping busy. Visible minority TCEs of Pakistani, Syrian, African, and South American origin specifically mentioned that they distracted themselves with work and tried to keep their mind occupied to prevent negative thoughts and feelings. A study by Williams et al. [72] also emphasized this when they carried out five online focus groups to explore the experiences of the COVID-19 pandemic in the United Kingdom. Williams et al. [72] reported that a main coping tactic that respondents used to avoid a low mood was staying busy with education, work, and other social activities. Another research by Ogueji et al. [73] declared that being occupied with employment and academic life was a major coping mechanism for many individuals during the pandemic it distracted them from feeling negative emotions and kept their concentration on their responsibilities. It is important to point out that while staying busy and productive may result in feeling empowered and confident, there can be detrimental impacts on the mental health of individuals if they are suppressing and avoiding their unwanted feelings [74]. Specifically, staying busy and productive releases endorphins, or happy hormones in humans, nonetheless, if individuals purposely internalize their emotions for a long period of time, it may manifest into frustration, anger, and other negative mental health states [74].

The interviewees in the current study also elucidated that they mitigated the stress from their dual responsibilities of care and work by staying in touch with their religious practices and spirituality. Existing scholarly research by Xavier & Esperandio [75], Britt et al. [76], and Pearce et al. [77] determined that religious and spiritual coping is a pivotal coping strategy for family caregivers and is linked with greater carer satisfaction and less carer burden. Studies distinguish that praying and reading religious texts can improve the mental health of those providing emotional, financial, and personal care to their family members with chronic illnesses [75-77]. Previous literature by Marks & Dollahite [78] also explained that religiosity and spirituality promote the psychological well-being and subjective health of caregivers. Further, Sen et al. [79] looked at the role of religion on the mental health of caregivers during the COVID-19 pandemic. The findings of Sen et al. [79] strengthen the results of this paper as they publicized that beliefs connected with religion and spirituality are a promotive factor that correlated with improved

mental health and is a positive coping strategy during times of social disruption such as COVID-19.

Furthermore, the visible minority interviewees in this research highlighted that staying in contact with their family and friends helped them better manage their well-being. The TCEs from all four ethnicities expressed that talking with their loved ones on video and phones allowed them to feel comfort and ease. This is analogous to the research by Yang et al. [80] that examined the role of coping tactics in the promotion of psychological well-being during the pandemic. The results of the study suggested that family support is positively associated with better mental states [80]. Subsequently, an interpretative phenomenological analysis was conducted by Xiuxiang et al. [81] to assess the coping strategies of 14 family caregivers in China. The results of the study acknowledged that family support from other relatives facilitated them in emotionally coping with their caregiving responsibilities. Mariani [82] strengthens these perspectives and illuminates that family support decreases a sense of isolation and plays an exclusive role in combatting negative mood symptomatology during international health crises.

The last commonality among the TCEs of Pakistani, Syrian, African, and South American descent in this paper regarding coping mechanisms was staying active. Most of the visible minority TCEs from all backgrounds affirmed meditation and exercise was important tactic that inhibited stressful thoughts associated with their employment and caregiving services. Equivalently, a descriptive study by Hamed et al. [83] reported that physical exercise is a good coping mechanism that helps decrease stress, anger, and frustration. Although not exclusive to transnational care, research by Dyrbye et al. [84], Singh & Afroz [85], and Jadhav [86] illustrates that exercise alleviates burnout and that individuals who stay physically active have low levels of depression, anxiety, and stress levels in comparison to those with sedentary lifestyles.

5.5.5 Limitations

The scope of this research contains some limitations. As with most qualitative studies, this study may not be generalizable to Pakistani, Syrian, African, and South American origin TCEs beyond the respondents that were recruited for this research. This is also because the experiences of TCEs in this study are specific to a particular time in an urban area like London. Hence, the results may not be representative of TCEs in other sub-urban or rural settings elsewhere. In addition, it should be noted that most participants disclosed caring for their parents with chronic health conditions such as diabetes, and other immediate and extended family members. However, there was a lack of understanding in the experiences of TCEs that care for loved ones with a physical disability, thus, the finding of this research may not be illustrative of the circumstances of other visible minority TCEs. This research used qualitative measures to scrutinize the tacit lived experiences of TCEs from various ethnicities, future studies may use quantitative methods to obtain a more precise understanding of transnational caregiving in the times after the pandemic. Future directions should also be geared towards understanding the impact of deskilling on TCEs and their ability to send money back home as well as caring for their family in the country of relocation.

3.6 CONCLUSION

As a result of immigration, the Canadian labor force grows yearly as immigrants pay taxes, spend on goods, housing, and transportation [10, 87]. Immigrants also offset the trends of the rising retirees in Canadian society, drive innovation, and attract investments in Canada as they make up for half of the nation's Science, Technology, Engineering, and Mathematics (STEM) degrees [10, 87]. Despite the essential role that immigrants play in the well-being of the Canadian economy, workplaces lack inclusive and carer-friendly workplace practices and policies, especially for visible minority TCEs [3, 6]. This research brings forth evidence that, among Pakistani, Syrian, African, and South American origin TCEs living in London, Ontario, most of the participants experience a sense of reward and satisfaction for being able to help their families overseas. Nonetheless, participants expressed their wish to be able to do more transnational care for their care recipients as financial limitations currently hinder their caregiving capabilities. Even though most of the participants experienced a commonality of feeling happy after fulfilling their caregiving obligations, there were some interviewees of Syrian and African origin who reported feeling frustrated and overwhelmed with their dual duties of unpaid transnational care and paid employment. In terms of the employment experiences of TCEs before and after the pandemic, respondents stated taking up any work in the labor force that they were offered as they had to help their relatives back home and that due to the language barrier, they worked at occupations that are viewed to be demeaning for them from a cultural lens. Many participants further highlighted that they experienced a lack of work opportunities and a decreased income post-pandemic. In contrast, a few interviewees of African descent expressed that the workload increased for them after COVID-19. However, it is crucial to know that many of these interviewees who reported a rise in workload were working in essential services during the COVID-19 crisis. Finally, TCEs across all four cohorts reported that keeping busy with work, praying, family support, as well as staying active were coping strategies that they implemented in their lives both before and after COVID-19 to sustain their mental and physical well-being. The current study reveals remarkable similarities across the recruited visible minority TCEs and limited differences. It is vital to recognize that differences among these Pakistani, Syrian, African, and South American origin TCEs living in London may have been masked by the common challenges of making ends meet while striving to support loved ones elsewhere during the times of COVID-19. Moreover, due to the lack of accommodations for caregivers in the workplace, skilled workers end up leaving their employment to manage their caregiving role [5]. The consequence of this is substantial for Canada's economic stability as 1.3 billion Canadian dollars get lost in productivity every year [5]. This research advocates for the implementation of gender-sensitive and CFWPs like the CSA Standard in the workplace so that there can be accommodations for immigrants who provide transnational caregiving [5]. This Standard will allow TCEs to effectively contribute to the Canadian economy while being in a stable financial, emotional, and physical state. Implementing these Standards will lead to the much-needed resources for TCEs such as financial assistance, caregiving responsibilities leave, flexible working hours, non-contiguous paid leave, consolation services, as well as communication and networking opportunities [5]. This study urges decision-makers to recognize the need for CFWPs so that TCEs can be productive, supported, and most importantly, healthy [5].

3.7 References

1. Supporting Working Caregivers. <https://www.carerscanada.ca/wp-content/uploads/2022/02/Supporting-Caregivers-at-Work-Key-Facts-and-Figures-final.pdf> (accessed on 22 June 2023)
2. Amin, I., & Ingman, S. Eldercare in the transnational setting: Insights from Bangladeshi transnational families in the United States. *J. Cross-Cult. Gerontol* **2014**, *293*, 315–328. <https://doi.org/10.1007/s10823-014-9236-7>
3. Jewell, E.; Doucet, A.; Falk, J.; Hilston, K. “Looking after Our Own Is What We Do”: Urban Ontario Indigenous Perspectives on Juggling Paid Work and Unpaid Care Work for Adult Family Members. *Wellbeing, Space & Society* **2022**, *3*, 100102. DOI:10.1016/j.wss.2022.100102.
4. Williams, A. M. Reshaping Wellbeing in Changing Care and Paid Work Environments. *Wellbeing, Space & Society* **2022**, *3*, 100–103. DOI:10.1016/j.wss.2022.100103.
5. Quick Start Implementation Guide Carer-Friendly Workplace Standard. Available online: http://www.carerscanada.ca/wp-content/uploads/2021/03/Quick-Start-Implementation-Guide_-_Carer-Friendly-Workplace-Standard-Final-2.pdf (accessed on 22 Ju 2023)
6. Varnier Institute. Available online: <https://vanierinstitute.ca/employed-caregivers-in-canada-infographic-compilation/> (accessed on 27 June 2023)
7. Visible Minority Immigrants as Transnational Carer-Employees amidst COVID-19 - Carers Canada. Available online: <https://www.carerscanada.ca/bharati-sethi-visible-minority-immigrants-as-transnational.> (accessed on 25 June 2023).
8. Statistics Canada. Available online: <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021004/98-200-x2021004-eng.cfm> (accessed on 27 June 2025).
9. Statista. Available online: <https://www.statista.com/topics/2917/immigration-in-canada/#topicOverview> (accessed on June 19 2023).
10. Statistics Canada. Available online: <https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm> (accessed on 22 June 2023).
11. CSA Group. Available online. <https://www.csagroup.org/store/product/B701%20PACKAGE/>(accessed on 22 June 2023).
12. McMaster University. Available online: <https://ghw.mcmaster.ca/projects/healthy-productive-work-partnership-grant/> (accessed on 22 June 2023).
13. American Psychological Association. Available online: <https://www.apa.org/news/press/releases/2018/06/vacation-recharges-workers#:~:text=Nearly%20a%20quarter%20of%20working,last%20only%20a%20few%20days.> (accessed on 1 July 2023)
14. Raykov, M. Employer Support for Innovative Work and Employees’ Job Satisfaction and Job-related Stress. *J. Occup. Health* **2014**, *56* (4), 244–251. DOI:10.1539/joh.12-0192-0a.
15. Sethi, B. Negotiating Culture, Geographical Distance, and Employment: The Lived Experiences of European Transnational Carer Employees. *Wellbeing, Space & Society* **2022**, *3*, 100083. DOI:10.1016/j.wss.2022.100083.

16. Rottenberg, S.; Sethi, B.; Williams, A. Transnational Caring in Times of COVID-19: The Experiences of Visible Minority Immigrant Carer-Employees. *Wellbeing, Space & Society* **2023**, 4, 100129. <https://doi.org/10.1016/j.wss.2023.100129>.
17. Sethi, B.; Williams, A.; Leung, J. L. Caregiving across International Borders: A Systematic Review of Literature on Transnational Carer-Employees. *J. Cross-Cult. Gerontol* **2022**, 37 (4), 427–461. DOI:10.1007/s10823-022-09468-w.
18. Ilagan, C.; Williams, A.; Sethi, B.; Maynard, K. Capturing the Impacts of Balancing Caring and Employment: A Photovoice Study of Filipino-Canadian Transnational Working Carers. *Int. J. Care Caring* **2021**, 5 (2), 335–363. DOI:10.1332/239788220x16008872007938.
19. ArcGIS Hub. Available online: <https://hub.arcgis.com/maps/esri::average-household-size-in-pakistan/about> (accessed on 1 August 2023).
20. UNHR. Available online: https://ialebanon.unhcr.org/vasyr/files/vasyr_chapters/2020/VASyR%202020%20-%20Demographics.pdf (accessed on 1 August 2023).
21. Statista. Available online: <https://www.statista.com/statistics/1090668/average-household-size-worldwide-by-region/#:~:text=In%202019%2C%20the%20average%20household,with%203.1%20people%20per%20household> (accessed on 1 August 2023).
22. Pew Research Center. Available online: <https://www.pewresearch.org/short-reads/2020/03/31/with-billions-confined-to-their-homes-worldwide-which-living-arrangements-are-most-common/#:~:text=In%20Latin%20America%2C%20household%20sizes,roughly%204.6%20members%20per%20household> (accessed on 1 August 2023).
23. Consulate General of Pakistan. Available online: <https://pcgv.org/culture/#:~:text=Islam%20is%20the%20state%20religion,to%20Muslims%20and%20non%20Muslims> (accessed on 1 August 2023)
24. Harvard Divinity School. Available online: <https://rpl.hds.harvard.edu/faq/islam-syria#:~:text=Muslims%20make%20up%20about%2090,religion%20of%20the%20Syrian%20state> (accessed 1 August 2023)
25. Statista. Available online: <https://www.statista.com/statistics/1239389/share-of-christian-population-in-africa-by-country> (accessed on 1 August 2023).
26. World Atlas. Available online: <https://www.worldatlas.com/articles/which-is-the-largest-religious-group-in-south-america.html> (accessed on 1 August 2023).
27. AFS-USA. Available online: <https://www.afsusa.org/countries/pakistan/#afs-nav-food> (accessed on 1 August 2023).
28. Magan, I. M.; Elkhaoudi, S. “Our Religion Is on Us, like How Our Parents Raised Us”: The Role of Islam and Spirituality in the Lives of Syrian Refugee Caregivers. *J Child Fam Stud* **2023**. DOI: <https://doi.org/10.1007/s10826-022-02487-8>.
29. Britannica. Available online: <https://www.britannica.com/topic/African-religions> (accessed on 1 August 2023)
30. Spanish Academy. Available online: <https://www.spanish.academy/blog/the-powerful-role-of-family-in-hispanic-culture-unlike-u-s->

- culture/#:~:text=Culture%20%20comments-
,The%20Powerful%20Role%20of%20Family%20in%20Hispanic%20Culture%20%5BU
nlike%20U.S.,support%2C%20guidance%2C%20and%20encouragement (accessed on 1
August 2023).
31. Kevern, P.; Lawrence, D.; Nazir, N.; Tsaroucha, A. Religious Influences on the Experience of Family Carers of People with Dementia in a British Pakistani Muslim Community. *Healthcare* **2022**, *11* (1), 120. <https://doi.org/10.3390/healthcare11010120>.
 32. Journal of Sustainable Development in Africa. Available online: <https://jsd-africa.com/Jsda/V17No1-Spr15A/PDF/African%20Cultural%20Values.Sunday%20Owoniyi.pdf> (accessed on 1 August 2023).
 33. Statistics Canada. Available online: <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=9&dguid=2021A00053539036> (accessed on 7 July 2023)
 34. The London Free Press Available online: <https://lfpres.com/news/local-news/immigration-booming-in-london-across-region-census-data> (accessed on 10 July 2023)
 35. Research and Evaluation in Education and Psychology. Available online: https://www.sagepub.com/sites/default/files/upm-binaries/29985_Chapter1.pdf (accessed on 1 July 2023).
 36. Business Research Methodology. Available online <https://research-methodology.net/research-philosophy/epistemology/constructivism/> (accessed online 3 July 2023)
 37. The University of British Columbia. Available Online: <https://vpfo.ubc.ca/2021/03/intersectionality-what-is-it-and-why-it-matters/> (accessed 5 July 2023)
 38. Abrams, J. A.; Tabaac, A.; Jung, S.; Else-Quest, N. M. Considerations for Employing Intersectionality in Qualitative Health Research. *Social Science & Medicine* **2020**, *258*, 113138. <https://doi.org/10.1016/j.socscimed.2020.113138>.
 39. Community-Based Participatory Research. Available online: <https://oxfordre.com/anthropology/display/10.1093/acrefore/9780190854584.001.0001/acrefore-9780190854584-e-225;jsessionid=7BF5639EA59EEE41AA5608C7728C2466> (accessed on 7 July 2023)
 40. ExperienceUX. Available online: <https://www.experienceux.co.uk/faqs/what-is-ethnography-research/> (accessed on 7 July 2023)
 41. Sago. Available online: <https://sago.com/en/resources/blog/different-types-of-sampling-techniques-in-qualitative-research/#anchor2> (accessed on 10 July 2023)
 42. Braun, V.; Clarke, V. Using Thematic Analysis in Psychology. *Qual. Res. Psychol.* **2006**, *3* (2), 77–101. DOI:10.1191/1478088706qp063oa.
 43. NELTA Journal. Available online: <https://files.eric.ed.gov/fulltext/ED612353.pdf> (accessed on 10 July 2023)

44. Statistics Canada Available online:
<https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1410037301> (accessed on 20 July, 2023).
45. Wilson-Forsberg, S.; Sethi, B. The Volunteering Dogma and Canadian Work Experience: Do Recent Immigrants Volunteer Voluntarily? *Canadian Ethnic Studies* **2015**, *47* (3), 91–110. <https://doi.org/10.1353/ces.2015.0034>.
46. Faculty of Arts & Social Sciences. Available online: <https://carleton.ca/fass/story/skilled-immigrants-disadvantaged-by-canadian-labour-market/>
47. New Canadian Media. Available online: <https://newcanadianmedia.ca/unemployment-numbers-still-the-worst-for-recent-immigrants-despite-being-skilled-workers/#:~:text=Data%20from%20Statistic%20Canada's%202023,5%20per%20cent%20in%202022> (accessed on 10 August 2023).
48. Ontario Human Rights Commission. Available online: <https://www.ohrc.on.ca/en/policy-removing-%E2%80%9Ccanadian-experience%E2%80%9D-barrier> (accessed 10 August 2023).
49. Henriksson, A.; Carlander, I.; Årestedt, K. Feelings of Rewards among Family Caregivers during Ongoing Palliative Care. *Palliative & Supportive Care* **2013**, *13* (6), 1509–1517. DOI:10.1017/s1478951513000540.
50. Bei, E.; Morrison, V.; Zarzycki, M.; Vilchinsky, N. Barriers, Facilitators, and Motives to Provide Distance Care, and the Consequences for Distance Caregivers: A Mixed-Methods Systematic Review. *Soc. Sci. Med.* **2023**, *321*, 115782. <https://doi.org/10.1016/j.socscimed.2023.115782>.
51. Weisser, F. B.; Bristowe, K.; Jackson, D. Experiences of Burden, Needs, Rewards and Resilience in Family Caregivers of People Living with Motor Neurone Disease/Amyotrophic Lateral Sclerosis: A Secondary Thematic Analysis of Qualitative Interviews. *Palliative Medicine* **2015**, *29* (8), 737–745. DOI:10.1177/0269216315575851.
52. Hochwald I, Arieli D, Radomysky Z, Danon Y, Nissanholtz-Gannot R. Emotion work and feeling rules: Coping strategies of family caregivers of people with end stage dementia in Israel—A qualitative study. *Dementia*. **2022**, *21*(4), 1154-1172. doi:10.1177/14713012211069732
53. Grant, G.; Ramcharan, P.; McGrath, M.; Nolan, M.; Keady, J. Rewards and Gratifications among Family Caregivers: Towards a Refined Model of Caring and Coping. *J. Intellect. Disabil. Res.* **1998**, *42* (1), 58–71. DOI:10.1046/j.1365-2788.1998.00079.x.
54. Baldock, C. V. Migrants and Their Parents. *J. Fam. Issues* **2000**, *21* (2), 205–224. <https://doi.org/10.1177/019251300021002004>.
55. Allard, C.; Whitfield, G. J. Guilt, Care, and the Ideal Worker: Comparing Guilt among Working Carers and Care Workers. *Gender, Work & Organization* **2023**. <https://doi.org/10.1111/gwao.12956>.
56. Lyeo, J. S.; Williams, A. Caught in the Middle: A Thematic Analysis of the Experiences of Korean-Canadian Caregiver-Employees in the Greater Toronto and Hamilton Area. *BMC Public Health* **2021**, *21* (1). DOI:10.1186/s12889-021-11812-7.

57. Bauer, J. M.; Sousa-Poza, A. Impacts of Informal Caregiving on Caregiver Employment, Health, and Family. *J. Popul. Ageing*. **2015**, *8* (3), 113–145.
<https://doi.org/10.1007/s12062-015-9116-0>.
58. Schulz, R.; McGinnis, K. A.; Zhang, S.; Martire, L. M.; Hebert, R. S.; Beach, S. R.; Zdaniuk, B.; Czaja, S. J.; Belle, S. H. Dementia Patient Suffering and Caregiver Depression. *Alzheimer Disease & Associated Disorders* **2008**, *22* (2), 170–176.
<https://doi.org/10.1097/wad.0b013e31816653cc>.
59. Farrell, L.; Newman, T.; Corbel, C. Literacy and the Workplace Revolution: A Social View of Literate Work Practices in Industry 4.0. *Discourse: Studies in the Cultural Politics of Education* **2020**, 1–15. <https://doi.org/10.1080/01596306.2020.1753016>.
60. Corbel, C.; Newman, T.; Farrell, L. Gig Expectations: Literacy Practices, Events, and Texts in the Gig Economy. *Writ. Commun.* **2021**, *39*(1): 66–96.
<https://doi.org/10.1177/07410883211052941>.
61. IZA Institute of Labour Economics. Available online: <https://docs.iza.org/dp15950.pdf> (accessed on 25 July 2023)
62. Migration Policy Institute. Available online:
<https://www.migrationpolicy.org/research/uneven-progress-employment-pathways-skilled-immigrants-united-states> (accessed on 27 July 2023)
63. Crayne, M. P. The Traumatic Impact of Job Loss and Job Search in the Aftermath of COVID-19. *Psychol Trauma* **2020**, *12* (S1). <https://doi.org/10.1037/tra0000852>.
64. Bartik, A. W.; Bertrand, M.; Cullen, Z.; Glaeser, E. L.; Luca, M.; Stanton, C. The Impact of COVID-19 on Small Business Outcomes and Expectations. *PNAS* **2020**, *117* (30).
<https://doi.org/10.1073/pnas.2006991117>.
65. Wu, J.; Williams, A.; Wang, L.; Henningsen, N.; Kitchen, P. Impacts of the COVID-19 Pandemic on Carer-Employees' Well-Being: A Twelve-Country Comparison. *Wellbeing Space Soc.* **2023**, *4*, 100123. DOI:10.1016/j.wss.2022.100123.
66. Statistics Canada: Available online: <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00030-eng.htm> (accessed on 27 July 2023).
67. International Alliance of Carer Organizations. Available online:
https://internationalcarers.org/wp-content/uploads/2022/07/IACO-Impact-of-COVID-on-Carers-International-Perspectives_June-2022.pdf (accessed on 28 July 2023)
68. Beach, S. R.; Schulz, R.; Donovan, H.; Rosland, A.-M. Family Caregiving during the Covid-19 Pandemic. *The Gerontologist* **2021**, *61* (5), 650–660.
DOI:10.1093/geront/gnab049.
69. Bell, C.; Williman, J.; Beaglehole, B.; Stanley, J.; Jenkins, M.; Gendall, P.; Rapsey, C.; Every-Palmer, S. Challenges Facing Essential Workers: A Cross-Sectional Survey of the Subjective Mental Health and Well-Being of New Zealand Healthcare and “Other” Essential Workers during the COVID-19 Lockdown. *BMJ* **2021**, *11* (7), e048107.
<https://doi.org/10.1136/bmjopen-2020-048107>.
70. Brophy, J. T.; Keith, M. M.; Hurley, M.; McArthur, J. E. Sacrificed: Ontario Healthcare Workers in the Time of COVID-19. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy* **2020**, *30* (4), 267–281.
<https://doi.org/10.1177/1048291120974358>.

71. ADP. Available online: https://uk.adp.com/-/media/adpuk/redesign2019/images/insights/wfv-2022/people_at_work_2022_infographic_uk.pdf?rev=765e0331b7df4afbab12de7ea4b052e7 (accessed 15 July 2023)
72. Williams, S. N.; Armitage, C. J.; Tampe, T.; Dienes, K. Public Perceptions and Experiences of Social Distancing and Social Isolation during the COVID-19 Pandemic: A UK-Based Focus Group Study. *BMJ* **2020**, *10* (7), e039334. <https://doi.org/10.1136/bmjopen-2020-039334>.
73. Ogueji, A.; Okoloba, M. M.; Demoko Ceccaldi, B. M. Coping Strategies of Individuals in the United Kingdom during the COVID-19 Pandemic. *Current Psychology* **2021**, *41* (11). <https://doi.org/10.1007/s12144-020-01318-7>.
74. Psych Central. Available online <https://psychcentral.com/blog/are-you-keeping-busy-to-avoid-your-feelings> (accessed on 18 July 2023).
75. Xavier, F. T.; Esperandio, M. R. Spirituality and Caregiver Burden of People with Intellectual Disabilities: An Empirical Study. *Int. J. Lat. Am.* **2023**, *7* (1), 17–35. DOI:10.1007/s41603-023-00196-8.
76. Britt, K. C.; Richards, K. C.; Radhakrishnan, K.; Vanags-Louredo, A.; Park, E.; Gooneratne, N. S.; Fry, L. Religion, Spirituality, and Coping during the Pandemic: Perspectives of Dementia Caregivers. *Clin. Nurs. Res.* **2022**, *32* (1), 94–104. DOI:10.1177/10547738221115239.
77. Pearce, M. J.; Medoff, D.; Lawrence, R. E.; Dixon, L. Religious Coping among Adults Caring for Family Members with Serious Mental Illness. *Community Mental Health Journal* **2015**, *52* (2), 194–202. <https://doi.org/10.1007/s10597-015-9875-3>.
78. Marks, L. D.; Dollahite, D. C. Religion and Families: An Introduction; Taylor & Francis, 2023.
79. Sen, H. E.; Colucci, L.; Browne, D. T. Keeping the Faith: Religion, Positive Coping, and Mental Health of Caregivers during COVID-19. *Frontiers in Psychology* **2022**, *12*. <https://doi.org/10.3389/fpsyg.2021.805019>.
80. Yang, C.; Gao, H.; Li, Y.; Wang, E.; Wang, N.; Wang, Q. Analyzing the Role of Family Support, Coping Strategies and Social Support in Improving the Mental Health of Students: Evidence from Post COVID-19. *Frontiers in Psychology* **2022**, *13*. <https://doi.org/10.3389/fpsyg.2022.1064898>.
81. Xiuxiang, Z.; Zhang, X.; Hockley, J. A Qualitative Study of Family Caregivers' Coping Strategies of Looking after People with Dementia in China. *Journal of Research in Nursing* **2020**, 174498712092512. <https://doi.org/10.1177/1744987120925128>.
82. Mariani, R.; Renzi, A.; Di Trani, M.; Trabucchi, G.; Danskin, K.; Tambelli, R. The Impact of Coping Strategies and Perceived Family Support on Depressive and Anxious Symptomatology during the Coronavirus Pandemic (COVID-19) Lockdown. *Frontiers in Psychiatry* **2020**, *11* (587724). <https://doi.org/10.3389/fpsyg.2020.587724>.
83. Hamed, R.; Duval, C.; Adrian, A.; Almonte, S.; Carroll, M.; Gayle, J.; Kalik, J.; Kashanian, Y.; Patel, M.; Piskin, J.; Quintin, D. Exercise and Coping Mechanisms in Graduate Occupational Therapy Students during the COVID-19 Pandemic and Civil

- Unrest Period: A Descriptive Study. *Int. J. Educ. Reform* **2023**, 32 (3), 269–278.
DOI:10.1177/10567879231169709.
84. Dyrbye, L. N.; Satele, D.; Shanafelt, T. D. Healthy Exercise Habits Are Associated with Lower Risk of Burnout and Higher Quality of Life among U.S. Medical Students. *Academic Medicine* **2017**, 92 (7), 1006–1011.
<https://doi.org/10.1097/acm.0000000000001540>.
85. IJOSH. Available online: <https://ijoshnepal.com/file/51> (accessed on 24 July 2023)
86. Jadhav, Ramdas. R. The Effect of Exercise on Anxiety of College Students. *International Journal of Physical Education, Sports and Health* **2017**, 4 (4).
87. Government of Canada. Available online: <https://www.canada.ca/en/immigration-refugees-citizenship/campaigns/immigration-matters/track-record.html#economy> (accessed on 24 July 2023).

Chapter 4: Conclusion

4.1 FINDINGS OF THE RESEARCH

The secondary analysis of the data from the 29 visible minority TCEs in this thesis suggested that caregiving responsibilities look different for men and women. Overall, many female TCEs reported providing emotional and physical caregiving to their immediate and/or extended family members in their country of origin. Correspondingly, male TCEs from the visible minority cohorts were more likely to engage in financial caregiving. The majority of female TCEs from Pakistani, Syrian, African, and South American backgrounds observed a rise in emotional caregiving responsibilities after the pandemic as there were increased calls and connections with relatives back home. Male TCEs also described that they were sending more money to their care-recipients as the economy in their birth country was suffering due to COVID-19. Some participants from South American origin explained that although women of the household engage in more emotional and physical care, the eldest or the only child of the family is expected to take on bulk of the caregiving role.

Respondents further highlighted that their values significantly diverge from Western individualism, and that their culture and religious practices make it a commandment for children to look after their parents or someone in need. These patterns were consistent both before and after COVID-19. Moreover, TCEs explained that there are cultural expectations and assumptions from care recipients that those living abroad should provide transnational financial care since they live in a country with higher purchasing power. The interviewees expressed that there is a lack of understanding among their family and friends back home, with regard to the barriers and the struggles associated with settling in a foreign country. The findings also illustrate that TCEs are unaware of CFWPs in the place of their employment, and that they doubt they will receive support from their employers regarding unpaid caregiving duties. Nonetheless, TCEs recommended that CFWPs such as financial relief, employer support, and extended vacation/family leave will facilitate their ability to balance work and unpaid care.

The results of this sandwich thesis further revealed that there are more commonalities than differences among TCEs with Pakistani, Syrian, African, and South American ethnicities. A major commonality among many TCEs in this study was that they experienced feelings of satisfaction and reward for being able to carry out their caregiving obligations. Another similarity among the visible minority TCEs was that they felt guilty whenever they were not able to send enough money to their parents or siblings back home. Respondents explained that they want to provide a greater level of financial caregiving in the future once they are either done with their studies, or in stable employment.

In contrast, there were some interviewees from African and Syrian descent that expressed caregiving to be overwhelming, emotionally draining, and suffocating both before and after the pandemic. It is important to recognize that Syria is a war-torn country and that immigrants from that area of the world may be more likely to experience psychological stressors related to caregiving. The results further highlight that TCEs face deskilling as they work in occupations that are viewed as demeaning from a cultural lens. While most of the participants explained that they had less income and fewer work opportunities after COVID-19, a few African descent TCEs determined that they were working more. It is crucial to understand that this could also be due to the type of work that they were doing (e.g., essential services like school staff and food manufacturing workers). TCEs across all four cohorts distinguished that keeping busy with work,

praying, family support, and staying active helped them cope as they managed their unpaid care and employment responsibilities before and after COVID-19.

4.2 IMPLICATIONS

An implication of this research for employers is that implementing culturally sensitive and CFWPs in work settings can lead to better worker retention and productivity [1]. It is important to note that The CSA Standard is currently available in English and French [2]; however, having copies of this CFWP in various languages can educate TCEs with limited English proficiency and diverse linguistic backgrounds. This could potentially educate and empower TCEs on how their dual duties of unpaid care and paid work impact their health, as well as how to best realize the accommodations that may be available to help them. Through this, TCEs may be better able to seek out support and improve their wellbeing, which could ultimately reduce costs linked to caregivers' absenteeism and poor presentism in the workplace.

Moreover, employers can use the findings of this study to offer carer-friendly workplace accommodations in the workplaces. For example, TCEs have stated that practicing their religion and praying is a major coping mechanism that is effective in giving them relief as they handle their employment and unpaid care roles. Having resources such as a prayer room, prayer breaks during the workday, and flexible schedules for religious holidays may give caregivers an avenue to practice their spiritual coping strategy in their occupational setting and experience a sense of comfort during their workday. Providing extended leaves is another way in which employers can support TCEs, given that travel home is a major time and financial investment. It is pivotal to note that the impact of employed caregivers quitting their jobs and lowering their hours of work due to their unpaid care duties was 1.3 billion Canadian dollars in 2007 [3, 4]. While there are costs for employers to implement carer-friendly workplace programs for TCEs, these expenses can be offset by higher employee productivity and engagement [3, 4].

Research findings also have implications for health professionals working with TCEs, specifically the need for culturally sensitive and appropriate care. It is crucial to understand that there is stigma around mental health counselling services among visible minority populations [5]. Many employed caregivers can be hesitant to seek mental health support if they feel that elements of their culture and identity are not being recognized by health professionals [5, 6]. Culturally competent counselling or psychotherapy services mean that a counsellor or therapist is trained in understanding the various background, religious beliefs, cultural values, and other important intersectionality factors so that individuals can feel accommodated and valued [6, 7]. In essence, by recognizing the unique challenges that TCEs face, health professionals can provide more tailored and comprehensive care.

Research findings inform the work of policymakers working in immigration. It is important to consider reviewing immigration policies and enabling caregiver visas so that there can be easier family reunification and better management of the dual responsibilities held by TCEs. Policymakers can also consider the enforcement of labor protections programs for TCEs, such that there can be access to services that help new immigrants navigate the complexities associated with social integration and securing an occupation in a new country. Through creating these opportunities, policymakers may not only foster economic stability of the TCEs and the Canadian economy, but also contribute towards a more equitable society.

4.3 LIMITATIONS & FUTURE DIRECTIONS

Despite the important implications of the research, there are some limitations. The present research was a result of a secondary analysis, and thus, the data was not collected by the student researcher. Since the student researcher had no control over the data set, the two research questions had to be adapted to the already available data. For example, TCEs living in London, Ontario, had origins from Pakistan, Syria, a variety of countries in South America such as Venezuela and Columbia, as well as nations in Africa like Uganda and Nigeria. The participants were grouped as belonging from two countries (Pakistan and Syria) and then two continents (Africa and South America). Since there was no data availability from TCEs in other countries in the Middle East and South Asia, Syria and Pakistan had to be standalone countries of TCEs' origin in the research questions. Future studies should aim to recruit participants with a greater diversity from South Asian and Middle Eastern backgrounds to better understand the experiences of TCEs with origin from those geographical regions.

In addition, the findings of this research are specific to the recruited TCEs living in London. The results may not be fully generalizable to TCEs outside this community, such as those living in other sub-urban and rural settings in Canada or elsewhere. Another limitation of the thesis is that the participant sample only consisted of participants that identified as cis-gendered female, or cis-gendered male. Social stigma related to individuals that identify as non-heterosexual is largely prevalent among visible minorities [8]. Hence, this thesis may not be representative of immigrants from different sexual identities. In the future, researchers should focus on unravelling the unique experiences of caregiving immigrants from marginalized groups such as the lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI) community.

Another recommendation for upcoming research on transnational care is to conduct longitudinal studies for tracking how immigrants navigate employment barriers, as well as cultural adaptation and acculturation in the country of resettlement while providing unpaid transnational care.

4.4 REFERENCES

1. Giesbrecht, M.; Crooks, V. A.; Williams, A.; Hankivsky, O. Critically Examining Diversity in End-of-Life Family Caregiving: Implications for Equitable Caregiver Support and Canada's Compassionate Care Benefit. *International Journal for Equity in Health* **2012**, *11* (1), 65. <https://doi.org/10.1186/1475-9276-11-65>
2. CSA Group. Available online: <https://www.csagroup.org/> (accessed 23 August 2023).
3. Williams, A. M.; Tompa, E.; Lero, D. S.; Fast, J.; Yazdani, A.; Zeytinoglu, I. U. Evaluation of Caregiver-Friendly Workplace Policy (CFWPs) Interventions on the Health of Full-Time Caregiver Employees (CEs): Implementation and Cost-Benefit Analysis. *BMC Public Health* **2017**, *17* (1). <https://doi.org/10.1186/s12889-017-4722-9>.
4. The conference Board of Canada. Available online: <https://www.conferenceboard.ca/product/home-and-community-care-in-canada-an-economic-footprint/> (accessed 24 August 2023).
5. Sapien Labs. Available online: <https://sapienlabs.org/mentalog/why-employees-dont-see-mental-health-support-and-what-hr-managers-can-do-about-it/> (accessed 23 August 2023)
6. Psychology Today. Available online: <https://www.psychologytoday.com/ca/therapy-types/culturally-sensitive-therapy#:~:text=Culturally%20sensitive%20therapy%20is%20an,someone's%20culture%20and%20For%20identity> (accessed on 24 August 2023).
7. PsychCentral. Available online: <https://psychcentral.com/pro/working-towards-cultural-competence-in-therapy#defining-it> (accessed on 24 August 2023).
8. Hatzenbuehler, M. L. How Does Sexual Minority Stigma “Get under the Skin”? A Psychological Mediation Framework.. *Psychological Bulletin* **2009**, *135* (5), 707–730. <https://doi.org/10.1037/a0016441>.