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Settlement Experiences of Professional Immigrant Women in Canada, USA, UK and Australia

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in
Health and Rehabilitation Sciences

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**A SCOPING REVIEW OF SETTLEMENT EXPERIENCES OF PROFESSIONAL
IMMIGRANT WOMEN IN CANADA, USA, UK AND AUSTRALIA AND THEIR
INFLUENCE ON HEALTH AND WELL BEING**

(Thesis format: Monograph)

by

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Graduate Program in Health and Rehabilitation Sciences

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Science

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ABSTRACT

Highly skilled professionals are often forced to accept jobs below their educational levels after they immigrate and may experience a downward shift both in their career and in their quality of life. This has particular implications for highly skilled immigrant women who strive to maintain their professional identities and balance the demands of family and work. Using a scoping review methodology, this thesis explored the settlement experiences of professional immigrant women in Canada, USA, UK and Australia and how these influence their health and well being. Close readings of the peer-reviewed literature revealed seven themes that relate to the experience of settlement and its influence on the health of professional immigrant women: (i) discrimination; (ii) deskilling; (iii) professional immigrant women as trailing spouses; (iv) lack of social support; (v) difficulties related to cultural and environmental adjustment; (vi) impact of immigration on physical and psychological health; and (vii) positive and ambivalent experiences.

Keywords

professional, immigrant, women, settlement, deskilling, health

DEDICATION

To my parents

Meraj Uddin and Shouq Bano

who guided and supported me to achieve the best in my life

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CHAPTER 1. INTRODUCTION

1.1 Introduction and Thesis Outline

Highly skilled professionals are often forced to accept jobs below their educational levels after they immigrate. In turn, these professionals may experience a downward shift both in their income and also in their health and well being. Among many changes that occur as a result of migration are changes in immigrants' employment structure and its impact on their psychological well being and adaptation (Aycan & Berry, 1996).

Many foreign trained professionals do not practice in their professions after they immigrate. In this sense, resettlement devalues the past credentials and work experiences. Chen (2008) points to the harsh experience of deskilling among professional immigrants. Deskilling and non-recognition of foreign credentials is disappointing and discouraging for immigrants when they experience a discord between expectations created by the point system and the jobs that professional immigrants are able to get (Aycan & Berry, 1996).

The devaluation of foreign credentials and deskilling severely impacts the immigrant individuals, their families and the society as a whole (Guo, 2009; Bauder, 2003). For example, Aycan and Berry (1996) report a number of effects that result due to the adversity experienced in employment among highly skilled immigrants such as acculturative stress, negative self-concept, alienation from the society, and adaptation difficulties. The devaluation of foreign credentials contributes to occupational disadvantage and can also result in downward social mobility for immigrants, which is demoralizing and disempowering. Basran and Li (1998) indicate that downward mobility is more prevalent than upward mobility as the majority of professional immigrants reported are overqualified for their current occupations. In his study of devaluation of

immigrant labour in Canada, Bauder (2003) further stresses that this devaluation of professional immigrant labour, which causes a downward shift both in their careers and social status, has traumatic emotional effects on newcomers and their families as they face occupational downgrading and diminished social status. In this respect, the settlement experiences of professional immigrants are distinct from those of other classes and temporary workers who experience their own unique set of difficulties with respect to settlement. Contrary to temporary workers who migrate primarily with the reason to work, a majority of the professional immigrants migrate as permanent residents and expect to settle with all their demands fulfilled for a better life than in their home countries (Ricardo & Lloyd, 2010).

These settlement experiences have particular implications for women and children. International moves can be disruptive to family life, especially for professional immigrant women and their children who have to adjust to life in different cultural settings and with lower levels of emotional and physical support from extended family members that they left behind in their countries of origin (Hardill, 2004; Meares, 2010; Khan & Watson, 2005). Family migration is a very complicated process with some unwanted implications for women, especially in terms of their careers and employment status (Cooke, 2008). Like many working mothers, immigrant women have to contend with the dual burden of work both in the home and at the work place (Parsons, Duke, Snow & Edwards, 2009). Since the foreign credentials and work experiences of professional immigrant women are often not accepted by employers and employment agencies in Canada, these women tend to qualify for manual, low status jobs that require few skills, pay poorly, and offer few advancement opportunities. Thus, for professional immigrant women, international migration generally involves career damage, including

for example, a move down the career ladder, a shift from full to part-time work, and/or re-training or a move out of the workforce altogether. In addition to its negative impact on career development, highly-skilled immigrant women also experience a concomitant increase and/or intensification of their work at home, which ranges from an increase in household responsibilities and childcare to a complete immersion in the domestic sphere (Meares, 2010).

Meares (2010) emphasizes the impact of skilled women's post-migration re-orientation from public to the private sphere (i.e. home). This shift can generate feelings of loneliness and isolation, a sense of grief over the loss of personal time, and a shift in primary identity from being a professional to housewife and mother, and a shift from being financially autonomous "partners" to economic dependents. The combined experience of deskilling, loss of professional identity, combined with the double burden of work both in the home and the formal economy have particular implications for the health and well being of professional immigrant women.

Therefore, the aim of this research is to explore the settlement experiences of professional immigrant women in Canada, USA, UK and Australia. As well, one of the goals of this study is to discover the effect of the settlement experiences on the health and well being of these women.

The focus being the professional immigrant women, this research presents an overview of the challenges that these women face in order to gain employment and to balance work and life in the host countries (Canada, USA, UK and Australia). I selected these countries for this study because they are all members of the Organization for Economic Cooperation and Development (OECD) and accept a high number of skilled immigrants (Dumont & Lemaitre, 2005).

The methodology adopted for this research is scoping review. This methodology is best suited for this research as it provides a preliminary assessment of the scope and size of available research literature on this topic (Grant & Booth, 2009). Therefore, due to the adoption of scoping review methodology, this research is significant as it provides a detailed account of available research literature on this topic.

Chapter two provides background information of this research project by presenting an overview of immigration policies of the four host countries. Furthermore, it provides detail of the gendered dimensions of immigration and the difficulties faced by professional immigrant women. Finally, the chapter presents the influence of the settlement experiences on the health and well being of professional immigrant women.

Chapter three discusses the scoping review methodology that was used to address the research question. The chapter provides a comprehensive description of the various steps of the methodological approach adopted to perform the scoping review. This description of the steps of scoping review is a substantial contribution of my research, especially for the future researchers who plan to adopt this methodology.

The findings of this scoping review are delineated in Chapter four. The detail of each study selected for the research is presented in a tabular format, which is another quality of scoping review as it presents the information in an organized and easily accessible method. The tables include the name of the study, author, year, database, journal, country, study population, research question, main findings and conclusion.

The final chapter, Chapter five, includes a discussion of the seven major themes that emerged in the articles that were included in the review and is followed by recognizing the limitations of the present study. The chapter concludes by identifying gaps and providing

directions for future research and for service delivery to this population, which is a major contribution of this research.

CHAPTER 2. BACKGROUND

In this chapter, I provide a background of my research project by presenting a brief overview of immigration policies in Canada, USA, UK and Australia. This background information provides historical context for understanding the contemporary settlement experiences of professional immigrant women.

Canada, USA, UK and Australia are considered settlement countries because of the large number of permanent migrants, that is, people who are admitted to the country and are given the right of permanent residence (Dumont & Lemaitre, 2005). This implies that a majority of the immigrants move to these countries with the intent to settle and leave their home countries permanently (Khan & Watson, 2005). Immigration to Canada, USA, Australia, France and Germany accounts for about 93% of total migratory flows globally, and many scientists, engineers, physicians, and other professionals from developing countries work in Canada, USA, and Western Europe (Carrington & Detragiache, 1999). Among the four countries, Canada and Australia receive the highest number of immigrants in the world (Dumont & Lemaitre).

Of the four countries (i.e., Canada, USA, UK and Australia), I chose to focus more closely on the Canadian context as a case study for examining the settlement experiences of professional immigrants. The reason I chose to focus more closely on the Canadian context is twofold. Firstly, this research project is based in Canada and a significant portion of the literature I was able to generate (more than half of the literature i.e. 17/29), focused on the Canadian context. Secondly, considering the available material, I was able to find comparative studies of Canadian and Australian immigration policies as well as Canadian and US immigration policies.

2.1 Immigration Policy in Canada

Historically, Canadian immigration policies have been motivated by economic gains, fulfilling the needs of the Canadian labour market and establishing Canada as a white settler colony (Abu-Laban & Gabriel, 2002). Prior to 1967 when the point system was introduced, the admissibility of immigrants was based on race, color and nationality. Preference was given to white immigrants especially those of British origin as well as those from the USA and Western Europe (Guo, 2009). In contrast, immigration policy largely prohibited the entry of visible minority immigrants such as Asians and Africans except in cases where the need for cheap labour necessitated their entry (Basran & Li, 1998; Guo). This phenomenon is evidenced by the treatment of Chinese male migrants who helped build the transcontinental railroad in 1885 (Guo). In order to ensure that their stay in Canada was temporary certain discriminatory restrictions were imposed on Chinese men, one of which was that their family members were not allowed to accompany these workers (Gupta & Tania, 1994). Also, as these men did not have permanent status, they had no political and social rights in Canada such as the right to vote (Gupta & Tania). In an attempt to stop immigration from China, once the railway was completed and their labour was no longer needed, a \$50 head tax was introduced. This “head tax” was raised to \$100 in 1900 and then to \$500 in 1903 (Boyd & Vickers, 2000). Subsequently, the introduction of the Chinese Immigration Act in 1923 effectively barred immigration from China until the 1950s. It was also during this period that Canada introduced the Continuous Passage Act, of 1908, which banned direct travel to Canada from South Asia as a means of controlling the admission of immigrants of colour (Boyd & Vickers; Gupta & Tania).

In the early 1900s, Canada welcomed a large number of immigrants, the majority of who hailed from the USA or UK followed later by immigrants from other European countries (Boyd & Vickers, 2000). Gupta and Tania (1994) claim that Canadian immigration policies were racist and sexist and were implemented to allow selective immigration of workers while excluding people of color and, particularly women. The 1911 Census in Canada indicated that males comprised the majority of immigrants to the country and similar gender biases occurred in Australia and the USA. This reflects a preference for males in labour recruitment (Boyd & Vickers). Research also indicates that, between 1904 and 1914, immigrant men in Canada were mostly farmers, unskilled or semi-skilled labourers (Boyd & Vickers). Although Canadian immigration policy prioritized the entry of men, during the late nineteenth and early twentieth century significant numbers of White British women immigrated to Canada mostly as domestic workers. Unlike women from “non-preferred” source nations (e.g., China) British women were granted liberty to change their employers, seek other employment or marry (Abu-Laban & Gabriel, 2002, p. 38). Preferential treatment of British domestic workers reflects an attempt to establish Canada as a white settler nation.

In 1967, Canadian immigration policy abandoned its traditional practice of preferred admission for those of European ancestry, with the implementation of the point system under Prime Minister Lester B. Pearson (Guo, 2009; Hiebert, 2005; Vineberg, 2011). According to this system, points were allocated to applicants on the basis of education, work experience, occupational demand value, knowledge of English and/or French, close relative in Canada, Canadian Education for 2 years at graduate/master level, one year full time Canadian work experience or spouse’s education and age (Abu-Laban & Gabriel, 2002; Borjas, 1991; Boyd & Vickers, 2000; Green & Green, 1995; Tannock,

2011). In order to be eligible for a permanent resident (PR) visa in Canada, immigrants were required to have 50 out of 100 points, but by the early 1990s the standard was raised to 70 (Abu-Laban & Gabriel; Green & Green). In 1974 the successful applicants were required to have at least one point in occupational demand (i.e., the individuals who had occupations that were in demand in Canada), which provided a better control over immigrant flow (Green & Green). This allocation of points to education and skill emphasized the significance of education and work experience to gain PR status in Canada.

Later, in 1992, the allocation of 100 points was based on age, education, knowledge of French or English, special vocational preparation, work experience, occupational demand, arranged employment/designated occupation and personal suitability. As well, nominated applicants or assisted relatives were given 10 points. The education bar was gradually raised such that only those workers who possess one year of managerial, professional, or technical work experience were allowed admission (Tannock, 2011). This policy change suggests that Canada aimed to secure a permanent migrant labour force comprised only of those individuals who have officially recognized skills and experience (Tannock).

Since the 1970s, the point system has increasingly targeted skilled immigrants, as they tend to be economically beneficial and easily adjustable and come from similar backgrounds of “race, class and country” (Green & Green, p. 1337). Hence it ensures that the people entering the work force are gainfully employed and are not a burden on the economy. The assumption informing this point allocation is that highly skilled immigrants help improve the economy by increasing economic productivity. As well, it is assumed that highly skilled immigrants tend to adjust to their host countries well due to

their good language skills. For reasons such as securing employment and easy adjustment, it is assumed that these immigrants are less likely to be a burden on the society (Greenwood & McDowell, 2009).

In addition to targeting skilled immigrants, the point system also granted immigrants the right to sponsor their relatives through the assisted relative/nominated applicant class (Boyd & Vickers, 2000; Green & Green, 1995). As a result, almost half of the immigrants admitted to Canada in the 1960s were women (Boyd & Vickers). Further changes to the family class category introduced in 1976 included sponsored immigrants (close relatives of Canadian residents) and nominated relatives (distant relatives of Canadian residents). The Immigration Act of 1976 eased the migration of families of Canadian residents by awarding extra points to the nominated relatives (Borjas, 1991). However, as family class and refugee class immigrants were given top priority, it led to a negative impact on the skill level and occupational composition of the inflow because these categories are not assessed according to the point system and can allow less-skilled individuals to gain entry in Canada (Green & Green).

Banerjee and Verma (2011) report that the recent immigrants to Canada are the most educated immigrants to date. Immigration has been an important component of demographic growth throughout the history of Canada and is often described as a crucial ingredient in staving off demographic problems (Hiebert, 2005). For example, labour shortages due to an aging workforce and low birth rate necessitate the need to recruit highly trained and well-educated immigrants with their skills and expertise (Chen, 2008; Grant & Nadin, 2007; Man, 2004).

In 2002, the Immigration and Refugee Protection Act was introduced to ensure availability of long-term labour force and to improve economic outcomes of immigrants

and consequently improve the economic growth. Later, in 2009, the Canadian Experience Class was introduced with the privilege of permanent immigration, which had similar goals to overcome occupational shortages and economic betterment of immigrants (Picot & Sweetman, 2012). The latest change in the immigration policy of Canada is the introduction of Express Entry in January 2015. This is a new electronic system to choose skilled immigrants for permanent residence under certain economic immigration programs. The candidates who apply through this system will be assessed on the basis of language skills, education and work experience and are ranked against others in the pool of applicants through the point system. Points will be awarded for job offer, a nomination from a province or territory, skills and experience. The high-ranking candidates will be invited to apply for permanent residency (CIC, 2015).

2.2 Comparative Analysis of Immigration Policy in Canada, USA, UK and Australia

Globally, education and skills are used as the major criteria for immigration (Tannock, 2011). Immigration policy in Canada, Australia and the UK discriminate against foreign-born individuals who are not well educated and do not have professional skills (Tannock). Tannock claims that this leads to inequality in host countries where these individuals are denied permanent residency and citizenship.

During the 1960s, immigration policies in Canada and USA diverged from a shared history of admitting immigrants on the basis of national origin, which was mainly from Europe. Whereas Canada introduced the point system, the USA granted permits on the basis of family ties to residents or citizens, which resulted in a different national origin mix in the two countries (Borjas, 1991). The 1965 Amendments to USA immigration policy focused on family reunification (Borjas) and immigrants were either

family immigrants or refugees. US immigration policy distinguishes between two types of family immigrants including “numerically unlimited”, who are immediate relatives of US citizens, and “numerically limited”, who are distant relatives of US citizens or immediate relatives of US permanent residents (Antecol, Cobb-Clark & Stephen, 2003). In contrast to Canada, US immigration policy assigns a specific number of visas to different countries (Green & Green, 1995). However, family reunification is considered to be the major factor causing decreased skill composition in the US as compared to Canada and Australia (Greenwood & McDowell, 2009).

Since there is a focus on family reunification in the USA, professional immigrants typically enter the US on temporary visas such as J-1 or H-1B visas and have no right to permanent residency (Bauer, Lofstrom & Zimmermann, 2001). Under H-1B visas the spouses of migrant workers possess H-4 visas and are not allowed to work, which results in deskilling (Mathews, 2009). In the case of H-1B visas, migrants have the opportunity to become permanent residents after the allotted work period in the US provided that the employer sponsors the individual seeking permanent residence (Mathews). In contrast, in Canada and Australia professional immigrants under the point system enter the country with a right to permanent residency.

A point system was introduced in Australia in early 1970s (Antecol et al., 2003). Similar to Canada, Australia selects immigrants depending on age, education, language and occupation and grants settlement as independent, family class or refugees. Individuals applying as independent migrants are evaluated on the basis of the point system; however, those individuals applying as family class are admitted on the basis of having a close relative in the destination country and, therefore, are not evaluated under the point

system. The third category of immigration is comprised of refugees who are admitted on humanitarian grounds (Antecol et al.).

In addition to the independent category, both the Australian and the Canadian point systems have a joint admission category, which offers additional points to applicants who have distant relatives in Australia and Canada. In Australia, this is referred to as a “concessional” category and in Canada it is called an “assisted relative” category (Antecol et al., 2003 p. 195). This mode of entry is beneficial for individuals who otherwise cannot qualify as independent immigrants.

The point system used in Canada and Australia helps to screen out immigrants with lower levels of formal education. As a result, there are significantly more skilled immigrants in Australia and in Canada as compared to the number of family migrants, while the opposite is true for the USA (Antecol, et al., 2003). Hence, the 1990/1991 Census indicates that, in comparison to US immigrants, Australian and Canadian immigrants have higher English skills, education and income than the natives of the host countries (Antecol, et al.).

Immigration policy in Britain is closely linked with its history of colonialism. Under the British Nationality Act of 1948, British citizenship was divided into citizenship of independent countries of the Commonwealth and citizenship of the UK and Colonies. The citizens of both the categories were considered British as well as Commonwealth citizens. As British citizens, immigrants had the right to enter the UK freely. However, the Commonwealth British Act of 1962 restricted the admission of immigrants of colour and by 1968, the Second Immigration Act allowed entry only to those immigrants who had a link to the UK by birth or by descent (Voicu, 2009).

2.3 Difficulties faced by Professional Immigrants: Deskilling and Non-Recognition of Foreign Credentials

While the specific purpose for immigration may vary, the majority of immigrants to Canada are economically motivated, professionally trained, and vocationally oriented workers (Chen, 2008). The settlement experiences of professional immigrants are distinct from those of other classes of immigrants and temporary workers who experience a unique set of difficulties with respect to settlement. Contrary to temporary workers who migrate primarily for work, the majority of the professional immigrants migrate with the goal of becoming permanent residents in the host country.

A major implication of admitting immigrants through the point system, according to Grant and Nadin (2007), is that this system emphasizes the value of educational qualifications and work experience of immigrants. In turn, this implies that Canadian and Australian employers and professional accreditation bodies would recognize and value immigrants' credentials and work experience. However, the credentials of educated immigrants are often not recognized by the employers (Bauder, 2003). Despite labour shortages in certain professional fields in Canada, such as nursing and medicine, many foreign trained professionals do not practice in their professions after they immigrate. This devaluation undermines the rationale of Canadian immigration policy, namely, the need for highly skilled immigrants for a vibrant Canadian economy (Grant & Nadin 2007; Man, 2004). As a result, the expectations of the immigrants are dashed, as the points they receive for their foreign credentials and work experience are sufficient to help them immigrate to Canada but not enough to enable them to practice their profession.

Individuals who immigrate to Canada and Australia with high education and work experience receive the implicit message that their education and profession are in

demand and they expect that the employers and professional accreditation bodies will recognize and value their credentials and work experience if they immigrate to Canada (Grant & Nadin, 2007; Zhou, Windsor, Coyer & Theobald, 2010). However, deskilling and non-recognition of foreign credentials are common patterns that often induce feelings of disappointment for immigrants who experience a disconnect between the value placed on their education and training under the point system and the work that professional immigrants actually do after immigration. Although immigrants are granted entry into the country, they are often denied employment in their professions as they fall below “professional standards” (Aycan & Berry, 1996).

Many immigrants are forced to accept jobs that are below their level of education and training in order to sustain their livelihood in the new country (Mojab, 1999). This results in deskilling, which Bauder (2003) defines as non-recognition of credentials obtained by newcomers in the country to which they migrate and loss of access to the occupations they previously held in their countries of origin. After immigration, many immigrants switch careers and become employed in occupations that are far below their qualifications. As a result, professional immigrants are disappointed by the lack of work opportunities that enables them to further develop their careers (Bauder; Khan & Watson, 2005). As Bauder points out, few immigrants can foresee the degree to which their skills, education, and training will be devalued upon entering Canada. Consequently, many newcomers feel that they have been tricked into this situation, as they were not made aware of the “adverse effects” of immigration in the form of deskilling and loss of careers and status.

The adjustment period of several years that immigrants experience is not a natural event. Rather, the barriers to employment that professional immigrants with foreign training often encounter, which are the root cause of immigrants’ unemployment and

underemployment, can be broadly divided into individual barriers and institutional or structural barriers. Individual barriers include lack of local work experience and linguistic abilities, i.e., inadequate command of the English language (Aycan & Berry, 1996; Chen, 2008; Mojab, 1999; Ngo & Este, 2006). Institutional or structural barriers are problems that arise when institutions fail to recognize the credentials of foreign trained professionals and demand local references and work experience (Aycan & Berry, 1996; Basran et al, 1998; Chen, 2008; Ferrer & Riddell, 2008; Guo, 2009; Khan & Watson, 2005; Man, 2004; Meadows, Thurston & Melton, 2001; Ngo & Este, 2006). Both types of barriers are interlinked as the non-recognition of foreign credentials and lack of local work experience form a vicious cycle, which leads to unemployment or underemployment in host countries such as Canada, Australia and UK (Basran et al., 1998; Hardill & MacDonald, 2000; Kennedy & Macdonald, 2006; Ngo & Este, 2006).

Policies such as the process of credential assessment exclude immigrants from upper segments of the labour market so that it is primarily local workers who are able to occupy these positions (Bauder, 2003; Khan & Watson, 2005). For example, Canadian employers value education from European countries more than education from some other countries, mostly from Asia, Africa, the Caribbean, and Latin America (Ferrer & Riddell, 2008; Guo, 2009; Ngo & Este, 2006). In a similar vein, Banerjee and Verma (2011) claim that immigrants from more developed Western nations may be less inclined to participate in post migration education (PME) as compared to other immigrants because they face fewer barriers to finding employment and are also more likely to have their foreign qualifications recognized. Guo (2009) claims that this control of access to employment serves to segment the labor market and legitimize existing power relations, and keep immigrants as subordinates in Canada, thus perpetuating the oppression and disadvantage of immigrants.

Professional immigrants face similar barriers in USA, where devalued credentials and discrimination also lead to deskilling (Purkayastha, 2003).

This process of deskilling works to render certain immigrants as a source of cheap labour by relegating them to low paid, menial positions (Man, 2004), thus providing employers with a low wage, highly educated pool of workers. However, Grant and Nadin (2007) indicate that the biggest negative psychological impact is due to the immigrant workers' experiences of discrimination by employers and professional bodies and their fear of facing deskilling in order to settle in the host country.

2.4 The Gendered Dimensions of Immigration

Compared to non-immigrants, recent immigrants faced higher unemployment rates, deskilling and lower incomes. Furthermore, immigrant women faced relatively more deskilling than immigrant men (Boyd & Vickers, 2000). Guo (2009) argues that female immigrant professionals experience even more difficulties than men in continuing with their former careers because of an unequal sexual division of labour within the home, which is often exacerbated by a loss of familial and social support upon migration. Guo further adds that the conflicting demands of household responsibilities and paid work commitments limit employment options for women.

Feminist scholars have exposed the gender biases inherent in the point system. Most female immigrants enter in Canada under the family class category and are sponsored by their partners. As well, there are no points allotted for women's essential but unpaid domestic labour and this devaluation of their work further inhibit their ability to qualify as independent immigrants (Abu-Laban & Gabriel, 2002). As a result, their immigrant status often depends on the status of their partners and they usually belong to the category of

dependent immigrants (Liversage, 2009). Between 1981 and 1991, there were nine times as many women as men who entered Canada as dependent spouses. Citizenship and Immigration Canada indicates that the total number of females who immigrated to Canada as married and/or common law partners was 150,084 in 2010, comprising 68.2% of all female immigrants (CIC, 2010). Due to the gendered biases inherent in immigration policy, immigrant women largely fall into the category of trailing spouses. The term “trailing spouse” refers to a partner who migrates as a dependent, has a secondary career and experiences the negative impact of gaps in work history either due to household responsibilities (such as child care and homemaking) or because of being in a hard to adjust geographical area due to the location of the spouse’s job (Linehan, 2002).

Man (2004) claims that in all patriarchal societies, male education and skills are assigned more value than female education and skills. As a result, males are more likely to migrate with the status of principal applicant and females under the category of dependent (Cooke, 2008; Purkayastha, 2003). Occasionally, one or both partners may be expected to either give up or give low priority to their particular career in order to invest more resources in the family. Typically, the male partner prioritizes his career and the female partner, being the trailing spouse, often considers reduced hours of work or taking a career break due to domestic responsibilities, which is a common finding in both the USA and Canada (Hardill, 2004; Purkayastha, 2003). This may result in negative career consequences for women who lose the chance of economic betterment and career advancement.

Migration is usually associated with reduced employment and earning among married women. While focusing on professional immigrant women in the USA, Cooke (2008) indicates that women who are often the trailing spouses seek employment only after

the move is complete and the family is settled in the receiving country. Cooke (2008) also claims that family migration has significant long term negative effects on women's employment and earnings such that married women's earnings apparently do not return to what they would have been if they had not moved. This results in labour market marginalization, downward occupational mobility and/or a re-orientation away from professional life towards the home and family (Guo, 2009; Meares, 2010).

Likewise, professional immigrant women in Australia who often face exclusion from the labour market and become full-time homemakers tend to be less successful economically than their male counterparts (Chiang, 2004). Chiang indicated that professional immigrant women in Australia face low employment due to insufficient child care and household help and are unlikely to reenter the labour market once they leave work to care for their children. Among other aspects of settlement, becoming financially dependent on partners has health implications for immigrant women (Meares, 2010).

2.5 Influence of Settlement Experiences on Health and Well Being

Bauder (2003) stresses that the devaluation of professional immigrant labour has negative and sometimes traumatic emotional effects on newcomers and their families as they face occupational downgrading and diminished social status. Deskilling and non-recognition of foreign credentials is disappointing and discouraging for immigrants when they experience a discord between expectations created by the point system and employment prospects once they arrive (Aycan & Berry, 1996). Grant and Nadin (2007) also illustrate that underutilizing immigrants' training and skills has negative psychological effects on individuals and minority groups:

The more they feel marginalized in the Canadian labour market, the less they wish to become part of the mainstream Canadian society that has rejected them. [...] the undervaluing of foreign credentials and work experience is an injustice that is socially undesirable because it squanders valuable human capital (p. 145).

Kennedy and Macdonald (2006) report similar findings regarding immigrants in Australia who experience poor psychological health due to unemployment. Chen (2008) claims that better adjustment to the host country provides a more amiable experience and facilitates the wellness of the immigrants who aim to become responsible, healthy, and productive citizens in the new social environment. Across many cultures, an individual's occupation and career status is considered the most important element both in providing a sense of identity and as a marker of status (Chen). Problems securing meaningful employment thus likely have a negative impact on self-concept, which is often intimately bound up with one's socio-economic status. Further, Aycan and Berry (1996) explain that judgments that people make of one another, based on their education, occupation, and income, result in negative impact on self-esteem.

Changes that occur in immigrants' employment structure are common in Canada, USA, UK and Australia and these changes can have a significant effect on psychological well being and adaptation of professional immigrant women (Aycan & Berry, 1996; Kennedy & Macdonald, 2006). Difficulty finding a suitable job results in a stressful situation, which may trigger a myriad of strong emotions, including disappointment, sadness, and anger (Chen, 2008; Grant & Nadin, 2007). Furthermore, according to Chen, discrimination and prejudice experienced by many newcomers can affect both psychological and physical well being of immigrants as they adjust to their new working conditions.

Kennedy and McDonald (2006) indicate that unemployment is closely associated with poorer immigrant mental health, which provides further support for revising the policies that negatively affect the labour market outcomes of immigrants. Immigrants leave strong supportive networks and well-established careers for the sake of a better future. These feelings of uprooting and dislocation from their place of origin are associated with certain emotional insecurities such as sadness, depression, feelings of low self-esteem and other health problems (Khan & Watson, 2005). These experiences are further exacerbated by the hardships that immigrants face in the form of deskilling and downward social mobility. Indeed, a study conducted by Giusta and Kambhampati (2006) on the settlement experiences of professional immigrant women in the UK, found that highly educated women experience downward social mobility and feel less settled as compared to those with less formal education due to higher expectations from life in the host country. However, as Bauder (2003) notes little research has focused on the long-term effects of deskilling, underemployment or unemployment on the health and well being of professional immigrant women.

This chapter presented a review of the immigration policies in Canada, Australia, USA and UK as well as the difficulties faced by professional immigrants during the settlement phase in their host countries and their impact on health and well being. The next chapter outlines the research question and goals, and details of methodology that was used to address these questions and goals.

CHAPTER 3: METHODOLOGY

This chapter provides an overview of the scoping review methodology. It begins by stating the research question that guided this study. This is followed by the research goals and a description of the scoping review methodology, including its strengths and limitations.

3.1 Research Question

The research question that guided this study is: *How does the experience of settlement influence the health and well being of professional immigrant women in Canada, USA, UK and Australia?*

Before I outline my research goals, it is important to define and distinguish some terms in my research question. In this research, I follow Basran and Li (1998) who define foreign trained professionals (professional immigrants) as those individuals who receive their professional training outside of the host country and thus have foreign credentials. Drawing on the definition used by Statistics Canada, Guo (2009) defines foreign credentials as any formal education higher than a high school diploma, including professional or technical qualifications and any other degree, diploma, or certificate received outside Canada. Also, highly skilled workers include those who hold a university degree or extensive/equivalent experience in a given field (Iredale, 2001).

I also draw on the broad and positive definition of health adopted by Callahan (1973) and endorsed by the World Health Organization (WHO) in which Callahan defines health as “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity” (p. 77). This broad definition of health conceives health as having

physical, mental and social components and thus includes a wide range of factors that extend beyond a biomedical definition of health.

In this scoping review, I will focus specifically on settlement experiences rather than on experiences of integration or assimilation. The settlement phase comprises the issues and challenges that emerge for immigrants during the first few years post migration (Omidvar & Richmond, 2005) whereas integration and assimilation involve a consideration of issues and challenges associated with adapting to the host society and culture over a longer period. In this scoping review I will examine the settlement experiences and effects of settlement on the health and well being of professional immigrant women before they adapt and acculturate, i.e., become “integrated” and assimilated into the host country.

3.2 Research Goals

The goals of this research were to identify:

1. the published and grey literature (i.e., literature that is not peer-reviewed) on the settlement experiences of professional women who immigrate to Canada, USA, UK and Australia;
2. the links made in this literature between settlement experiences and the health and well being of professional immigrant women;
3. the gaps in knowledge and research in this literature.

3.3 Scoping Reviews

A scoping review methodology was selected to address the above stated research question. As one form of a systematic literature review, scoping literature reviews provide a viable alternative to more traditional methods of reviewing and synthesizing existing literature such as narrative reviews, empirical reviews and meta-analyses (Rumrill,

Fitzgerald & Merchant, 2010). Scoping reviews are literature reviews done in a systematic way. However, these reviews are different from systematic reviews in many ways. For example, in systematic reviews the research question is focused and inclusion/exclusion criteria are usually defined at the outset of the research (Armstrong, Hall, Doyle & Waters, 2011). In contrast, in scoping reviews the research question is often broad and the inclusion/exclusion criteria can be developed later (Armstrong et al.). These qualities are consistent with my research, which is guided by a broad research question. Another major difference between scoping reviews and systematic reviews is that systematic reviews assess the quality of studies and generate conclusions about what the appraised literature reveals in relation to the focused research question (Armstrong et al.; Grant & Booth, 2009). Rather than appraise an established body of research literature, scoping reviews provide a preliminary assessment of the scope and size of available research literature on a particular field of enquiry and are used to identify the extent of research evidence on that topic (Grant & Booth).

While some suggest that lack of quality assessment is a weakness of scoping reviews, others identify a number of strengths (Grant & Booth, 2009) and suggest that scoping reviews represent a viable methodological approach to examine the breadth of research on a particular topic (Arksey & O'Malley, 2005; Rumrill et al. 2010;). By identifying gaps in the literature and guiding more focused lines of research and development (Anderson, Allen, Peckham & Goodwin, 2008; Davis, Nick & Gould, 2009), scoping reviews help to ensure that further research in a particular area would be a beneficial addition to knowledge (Landa, Szabo, Brun, Owen Fletcher & Hill, 2011). Also, scoping reviews have the potential to inform policymakers of the need for full systematic reviews in specific fields and on specific topics (Arksey & O'Malley). Scoping reviews can also be used to develop more focused

questions that can then be followed up with other forms of research inquiry (e.g., phenomenology, grounded theory, critical theory, etc).

An additional strength of scoping reviews is that they synthesize research findings in a tabular format with narrative commentary, which provides a concise, well-organized summary of the available literature (Grant & Booth, 2009). By providing a visual map of the range of research in a given area, scoping reviews expose the readers to a large volume of literature in an efficient and cost effective format (Grant & Booth; Arksey & O'Malley, 2005). This reduces duplication of effort for future researchers who can use the findings of scoping reviews to guide their research (Armstrong et al., 2011).

3.4 Methodological Framework

The methodological framework for conducting my scoping review included five steps as proposed by Arksey and O'Malley (2005): (i) identifying the research question; (ii) identifying the relevant studies; (iii) selecting studies; (iv) charting the data; and (v) collating, summarizing and reporting the results. Step 1 involved identifying and forming the research question, which has been outlined in this chapter in Section 3.1. Each of the remaining steps is discussed in Sections 3.4 and 3.5. Step 2 was conducted independently for peer-reviewed and for grey literature. The difference between the two types of literature is discussed later in this chapter in Section 3.5.

3.5 Peer-Reviewed Literature

3.5.1 Step 2: Identifying the relevant studies

Through consultation with my thesis advisory committee and the university librarian, I identified seven databases that were expected to provide the most relevant studies for my

review. These were: Scopus; Psych Info; Web of Science; Geobase; Gender Watch; Gender Studies Database; and CINAHL. I made personal accounts on all the databases to save the results of the database searches. The following keywords were used to search the databases:

(i) profession* OR career OR employ* OR work OR accredit* OR

“working mothers”

(ii) immigrant OR immigrat* OR diaspora*

(iii) “in Canada” OR “in USA” OR “in UK” OR “in Australia”

(iv) health OR “mental health” OR stress OR “well being” OR psycholog* OR

“work life balance”

(v) wom?n OR female OR gender

I set the range of dates from Jan 1994 to Jan 2014. I chose this relatively wide time frame of 20 years due to my previous experience conducting literature searches on this topic, which used a narrower timeframe and produced very limited results. I revised the keywords as I progressed with searching the databases (e.g., adding an asterisk to the keyword “employ”). Using multiple searches with multiple combinations of these keywords, a pool of 1816 articles was generated from the seven databases (See Figure 1).

3.5.2 Step 3: Study selection

This pool of 1816 articles was then subjected to a staged process in order to select studies that were most relevant to the research question. This involved the removal of duplicate articles followed by the exclusion of articles through the application of specified inclusion criteria to the title, abstract and full article. Relevance criteria were then applied to the remaining articles to select studies for data extraction. The entire process of study selection is outlined in Figure 1. The process of article exclusion is presented for each database in Table 1.

Table 1. Steps of Article Selection from Seven Databases

Database	Total articles identified	# of Duplicates and Books Removed	# Excluded by Title Review	# Excluded by Abstract Review	# Excluded by Article Review	# Excluded by Relevance Criteria	Total Selected for Charting With 5/5 Score on Relevance Criteria
Scopus	558	-	375	54	70	48	11
Psych Info	624	138 + 116 Bks	185	85	68	26	6
Web of Science	176	128	34	6	2	6	0
Geobase	44	36	5	1	1	1	0
Gender Watch	94	2	30	31	11	19	1
Gender Studies Database	140	31 + 5 Bks	49	19	17	18	1
CINAHL	179	112	33	22	6	4	2
Article from Dissertation	1						1
Total	1816	568	711	218	175	122	22

3.5.2.1 Duplicates Exclusion

In order to exclude duplicate articles identified by the various databases, I exported the results of the searches to RefWorks, a reference manager that provides an option to remove duplicates. The results of Geobase, Gender Studies Database and CINAHL could not be exported to Refworks and so duplicate articles were removed manually for these databases. A total of 447 duplicates were removed as shown in Table 1. At this stage, I also excluded 121 books from Psych Info and Gender Studies Database (see Figure 1).

3.5.2.2 Exclusion by Title, Abstract and Article Review

After removing the duplicates and books, I excluded the articles by reviewing the titles. I excluded 711 articles with titles that showed no relevance to my research question (see Figure 1). For example, these included articles that focused on immigrant health research on specific issues such as cancer screening, oral health, maternity, and breast-feeding.

In cases where it was not possible to judge relevance on the basis of the title alone, the abstract of the article was retrieved and reviewed in order to assess relevance to the research question. The abstract of each retrieved article was read carefully according to the following criteria that relate to the broad research question. Articles were selected for review that focused on: (i) professional female immigrants and not other classes of female immigrants such as refugees; (ii) settlement experiences of professional immigrant women; (iii) the effects of immigration and settlement on the health and well being of professional immigrant women; (iv) host countries of Canada, USA, UK and Australia. As well, only the articles published in English were included in the review. I only included articles on landed immigrants because they are volunteer migrants who come

with the purpose of improving their career and economic status, and thus have different circumstances and expectations than refugees who do not migrate voluntarily.

Although my primary interest was in professional immigrant women in Canada, the search was broadened to include USA, UK and Australia. These countries were selected for inclusion in the study because they are all members of the Organization for Economic Cooperation and Development (OECD) and actively solicit immigration among highly skilled immigrants (Dumont & Lemaitre, 2005). Another advantage of focusing on these four countries was that these countries have English as an official language, which eliminated the need for any translation. Through a close reading, each abstract was judged for its relevance to the research question. At this stage in the review process, an additional 218 articles were excluded (see Figure 1).

The 318 articles that remained in the study pool were retrieved and read in full to judge relevance to the research question. At this point during the full article review, an additional 175 articles were excluded for the following reasons: (i) the articles did not focus solely on women or specifically on professional women; (ii) the articles focused on temporary workers/jobs; (iii) the articles concentrated on recruitment of immigrants and work force retention, but not on the settlement experiences; (iv) the articles focused primarily on settlement, but not on the effects of settlement on the health of immigrants; (v) the articles focused narrowly on the lack of or difficulty to access health care services. The application of these exclusion criteria produced a sample of 144 articles (See Figure 1).

3.5.2.3 Application of Relevance criteria

Each of the remaining 144 articles was then given a relevance score out of 5 based on the presence of various factors that were central to the research question, with one

point awarded for each of the following five factors: (i) professional; (ii) immigrant; (iii) women; (iv) settlement; (v) health. Only those articles were selected that had a relevance of 5/5 (i.e., all the factors addressed by the study were reported in the article). This resulted in a total of 22 articles, which were selected for charting.

3.5.3 Step 4: Charting the data

Each of the selected 22 articles was summarized in a data chart. The data chart was employed to guide data extraction and used the following categories: (i) Author; (ii) Year; (iii) Database; (iv) Journal; (v) Country of publication; (vi) Study population (vii) Research question and methodology; (viii) Main findings; (ix) Conclusion. This data chart is presented as Table 2 in the Findings chapter.

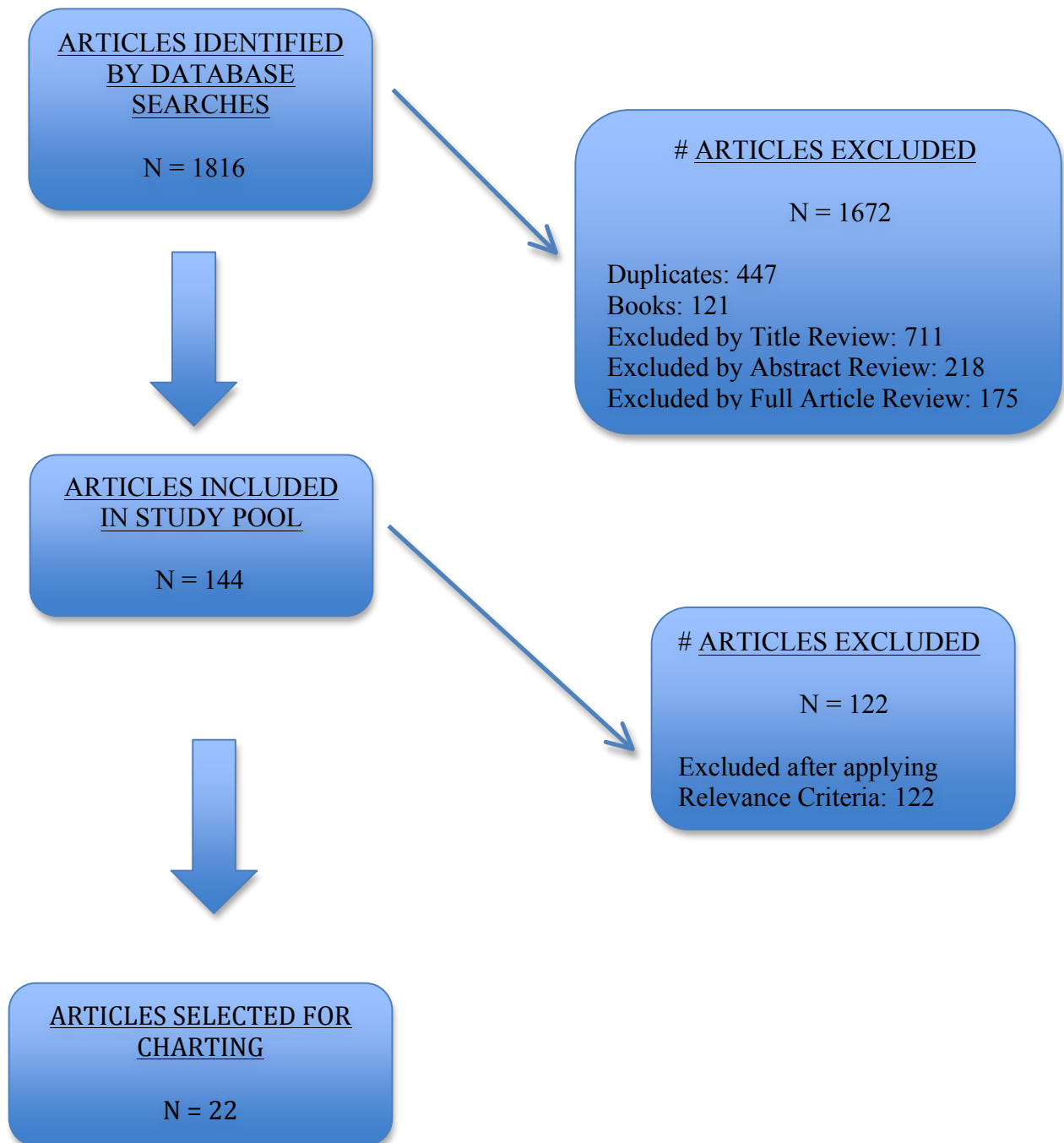


Figure 1. Flow chart describing the selection process of peer-reviewed literature

3.6 Grey Literature

The Fourth International Conference on Grey Literature in 1999 defined grey literature as “Literature which is produced on all levels of government, academics, business, and industry in print and electronic formats but which is not controlled by commercial publishers” (Myohanen, Taylor & Keith, 2005). Grey literature includes a range of documents such as technical reports, theses and dissertations, newsletters, datasets, websites, electronic datasets and electronically published articles and reports that are often uncatalogued and unavailable for the public view (Ranger, 2005). I attempted to include grey literature in my research because of its potential to uncover current and innovative knowledge of informal research conducted by relevant agencies and organizations, which is not published in peer reviewed journals.

3.6.1 Step 2: Identifying the relevant studies

Grey literature was collected by actively soliciting input from key informants who are positioned in agencies and organizations at provincial and national levels that focus on issues relevant to the research question. Because of the lack of familiarity with and accessibility to organizations and agencies abroad, information was solicited only from agencies based in Canada. A list of key websites and agencies that were contacted for information is presented in Appendix A. A sample of the e-mail that was used to gather information from the identified agencies to collect grey literature is presented in Appendix B. I contacted the agencies through phone and e-mail and visited one agency in person. I received replies from two agencies, which indicated that I could search the websites such as CERIS- Metropolis for the required information. However, these searches did not yield information that matched the inclusion criteria identified above. Therefore, the final selection of grey literature included only the theses/dissertations that were identified during

the database searches for peer-reviewed literature. The selected theses and dissertations addressed issues of acculturation, career development, and levels of mental stress among professional immigrant women. However, due to the length of the documents, extracting data from the theses/dissertations was a very time-consuming and onerous task and, after discussion and mutual agreement with my advisory committee, it was decided that the dissertations would not be added in the review. However, I was able to find one published article based on one of these dissertations, which was included in the sample of peer-reviewed literature (See Table 1).

3.7 Step 5: Collating, summarizing and reporting the results

This step involved collating, summarizing and reporting studies selected for data extraction and charting. The results are reported in the final Discussion chapter. A number of guiding questions were applied to the extracted data as a starting point to generate key research themes and trends suggested by the scoping review:

(i) What kinds of professions are studied the most in the research done on professional immigrant women? (ii) In which countries is most research on professional immigrant women conducted? (iii) What links are drawn in the reviewed literature between the settlement experiences and health and well being of professional immigrant women?

This chapter outlined the process of the scoping review and provided the detail of article selection for the peer-reviewed literature. In the following chapter I present the charts of the articles selected for the review and include a descriptive summary of the findings.

CHAPTER 4. FINDINGS

This chapter presents the main findings of the 22 articles selected for the scoping review. As outlined in the previous chapter, the study findings are reported in the form of charts, which include information extracted from the selected articles. These charts are presented in Section 4.2 (see Table 2). To begin, I provide a descriptive summary of the articles selected for the scoping review in order to orient the reader to this selected sample of research studies, which is followed by the tabular summary of peer-reviewed articles.

4.1 Descriptive Summary of Selected Peer Reviewed Literature

Of the professions studied in the selected peer-reviewed literature, nursing was the most common. Accordingly, most of the articles were published in Nursing journals (e.g., Canadian Journal of Nursing Research, Journal of Transcultural Nursing and International Journal of Nursing Studies). Other professions included: physicians, engineers, teachers, and accountants. All studies selected for data extraction were published between 2001 and 2013. Most of the studies identified by this scoping review focused on female immigrants from China, Philippines and South East Asia (Pakistan, India, Bangladesh). Fewer of the studies included participants from other countries such as Iran, Korea, Thailand, Taiwan, Hong Kong, Nigeria, Trinidad and Tobago.

The primary research questions addressed by the selected peer-reviewed literature ranged widely and included: the motivations behind women's decisions to immigrate; experiences and difficulties faced by female immigrants; utilization of human capital in the new country; discrimination faced by immigrants; experience of work life balance; gender roles in workplaces and family life; and the impact of migration on the

psychological health and well being of immigrant women. All but one study used qualitative methodologies to examine these research questions. Different methodologies were adopted to explore the various aspects of settlement, including grounded theory, modified constructivist grounded theory, ethnography and critical theory, phenomenology, naturalistic inquiry, standpoint theory, oral history, discourse analysis and secondary analysis.

Table 2: Tabular Summary of Peer-reviewed Literature

Article 1: Leisure Participation and Well-being of Immigrant Women in Canada					
Author	Year	Database	Journal	Country	Study Population
Melinda J. Suto	2013	Scopus	Journal of Occupational Science	Canada	14 highly educated women aged between 20 to 55 years, immigrated after 19 years of age, married, with children at home, could speak English.
Research Question and Methodology		Main Findings			Conclusion
<p>How does the process of resettlement in Canada influence the ways women understand and participate in leisure?</p> <p>Ethnographic and critical theory perspectives. Semi-structured interviews were conducted in participants' homes, coffee shop and university office.</p>		<p><u>Orchestrating the Day</u>: Means daily routines including occupations such as caring for children, maintaining a household and doing wage work or preparing to gain employment. Maintenance of household decreased the opportunities for leisure, despite some help from husbands; shopping provided opportunity to socialize but was time consuming due to distance. Easy tasks became difficult and challenging due to unfamiliarity with the stores and food and also language barriers. Interactions with children's teachers, neighbours and health care providers demanded new ways to orchestrate the day and thus influenced leisure occupations.</p> <p><u>Socializing is the Key to Leisure</u>: Main elements identified were 'choice' and 'free time'. Increased expense of leisure activities in contrast to women's country of origin. Leisure improved the well being by providing relaxation, reducing stress caused by unemployment and loneliness and increased the ability to cope with depression, anxiety and loneliness. Socializing in the same language provided the most comfort.</p>			<p>Many women mentioned leisure as anything that sustained their physical, emotional and spiritual health. English language skills played a vital role in daily occupations of women. Restricted economic resources made educational and career pursuits difficult and left limited options for leisure activities.</p>

Article 2: Negotiated Positions: Immigrant Women's Views and Experiences of Employment in Canada					
Author	Year	Database	Journal	Country	Study Population
Nombuso Dlamini, Uzo Anucha, and Barat Wolfe	2012	Psych Info	Journal of Women and Social Work	Canada	21 women, 22 to 54 years of age. Skilled professionals in their home countries. Had at least one year of Canadian work experience; majority were employed.
Research Question and Methodology		Main Findings			Conclusion
<p>How were the social and human capitals that immigrant women acquired in their countries of origin converted for use in Canadian economy? How did gender and other factors such as race and ethnicity, mediate this conversion and influenced the women's access to employment opportunities?</p> <p>Dialogued with and profiled six community organizations, conducted 37 in-depth interviews and held two community forums: one with the women who participated in the interviews and other with the representatives from the six organizations.</p>		<p><u>Migration and settlement:</u> Reasons for immigration: joining family and friends, better education and employment, better opportunities for children and to live peacefully. Three factors identified for successful settlement: place to live, English classes, and finding employment. Struggled due to the lack of information or misinformation regarding Canada. Some positive experiences e.g., support from friends and family. <u>Job search:</u> The unexpectedly long time to find a job forced to take any job, which caused frustration. Linked it to lack in English proficiency and Canadian experience. <u>Work experiences:</u> Worked outside home to support themselves, family or husbands and to gain power and financial independence. Had a positive opinion about Canadian people as nice and friendly though formal and reserved. <u>Unfair treatment:</u> Bad behavior of supervisors and colleagues such as yelling, sexual harassment, additional hours, rudeness, contention due to accents.</p>			<p>This study highlights the ways in which the local and global cultures as well as patriarchal and capitalist traditions affect the immigrant women. Documented both losses and gains of working outside the home. The loss of extended family affected the working capabilities of women as they could not work long hours and could not pay for childcare if they worked in low-skill and low-paying jobs. Hence they bore the double burden of home and paid work. Notably, they prioritized their role as mothers and care givers.</p>

Article 3: Beginning Again: West African Women's Experiences of Being Migrants in Australia					
Author	Year	Database	Journal	Country	Study Population
Olayide Ogunsiji, Lesley Wilkes, Debra Jackson, and Kath Peters	2012	Scopus	Journal of Transcultural Nursing	Australia	21 West African women: 15 Nigerian and 6 Ghanaian women. 18-50 years of age. Lived in Australia < 10 years. Most were skilled professionals in West Africa. Could speak English. All but one married.
Research Question and Methodology		Main Findings		Conclusion	
<p>What are the difficulties faced by West African immigrant women settling into life in Australia? What are these women's vivid experiences of settling into living in Australia?</p> <p>Naturalistic inquiry approach. Method: Qualitative, semi-structured, face-face and audiotaped interviews.</p>		<p><u>Beginning again:</u> Migration led to loss of social status and loss of material wealth. Simple aspects of life became complex. Efforts to establish new career or secure employment often unsuccessful due to lack of local experience (even for jobs for which they were overqualified); perceptions of discrimination and that the employers did not trust overseas qualification. Cost of training programs to enhance qualifications added to stress and associated with feelings of frustration, distress, sadness and demoralization.</p> <p><u>Experiencing loneliness and isolation:</u> Loss of extended family network and shift from communal lifestyle; faced difficulty establishing new friendships and found neighborhoods unfriendly (though two women had positive experiences in their communities). Increased stress due to unsupported childcare, especially for those with young children. Also, increased pressure to work overtime and extra shifts. Less time to relax and take care of oneself. Reported stress, chronic fatigue and exhaustion.</p>		<p>Women had little say in decision making about migration (gender-roles, trailing spouses); the experiences of beginning again, loneliness and isolation were made worse by not being prepared for migration.</p> <p><u>Practice Recommendations:</u> Nurses and health care professionals should screen immigrant women population for issues such as emotional distress, social isolation and loneliness that may affect emotional and social wellbeing and may lead to anxiety and depression. Community nurses can connect the migrant women to support services and women's groups in the neighborhood.</p> <p><u>Research Recommendations:</u> Comparative study of effects of immigration and employment experiences on men; research needed that targets potential and actual health problems.</p>	

Article 4: Leaving the Philippines: Oral Histories of Nurses' Transition to Canadian Nursing Practice					
Author	Year	Database	Journal	Country	Study Population
Charlene Ronquillo	2012	Scopus	Canadian Journal of Nursing Research	Canada	9 Filipino nurses, completed nursing education in Philippines and immigrated to Canada between 1970 and 2000. Working in Alberta and British Columbia.
Research Question and Methodology		Main Findings			Conclusion
<p>How are the motivations behind the decision to migrate and the transition to the Canadian workforce and Canadian life remembered by RNs who have emigrated from the Philippines?</p> <p>Secondary Analysis. Part of a larger study that examined the motivation to immigrate and the experience of integration into the Canadian nursing workforce and Canadian life. Oral history research, involving interviews, either face-to-face or on phone.</p>		<p><u>Family First, Nursing Later:</u> Family cohesiveness and starting a family took precedence over professional goals. To provide financial support to families, many worked in less demanding jobs as nurses' aides or care attendants until they could obtain registration.</p> <p><u>Nursing in Canada with Different Expectations:</u> Experience of autonomy and expectations differed according to direct or indirect migration. Nurses immigrating directly liked the less hierarchical relationships between nurses and doctors and their independence. However, the ones who had worked in countries like UK, had experienced nursing autonomy, which they missed in Canada.</p> <p><u>Being Foreign: Proving Oneself and Perceptions of Discrimination:</u> Participants acknowledged discrimination as an unavoidable issue and mentioned persistence of "feeling foreign". In rare cases reported to feel accepted at workplace by the supportive behavior of the supervisor.</p>			<p>Filipino nurses faced many challenges in the transition process and enjoyed some successes as well.</p> <p><u>Research Recommendations:</u> Although being educated on Western standards, the hierarchical relationships between the physicians and nurses remain unchanged in Philippines. This mode of education, which did not comply with the Western standards, brought surprises to the immigrant nurses. The other effects of the contrast of teaching and practice on the settlement of immigrant nurses should be explored.</p>

Article 5: Measuring Immigration Stress of First-Generation Female Korean Immigrants in California: Psychometric Evaluation of Demand of Immigration Scale					
Author	Year	Database	Journal	Country	Study Population
Ding Ding, Richard Hofsetter, Gregory J. Norman, Veronica L. Irvin, Douglas Chhay, and Melbourne F. Hovell	2011	Scopus	Ethnicity & Health	USA	555 first generation Korean female immigrants (96% born in Korea), lived in USA from 1 year to 50 years. Age range from 18 to 80 years and 78% married. Mean years of formal education: 13 to 15 years. Spoke Korean or English.
Research Question and Methodology		Main Findings		Conclusion	
<p>To evaluate psychometric properties of an existing measure for immigration stress (the Demands of Immigration (DI) Scale), applied to a novel population: Korean immigrants in the USA.</p> <p>Used Demand of Immigration (DI) Scale. Conducted telephone interviews.</p>		<p>Six factors identified: language barriers, sense of loss, not feeling at home, perceived discrimination, novelty and occupation. These factors are interrelated. Identified language as the source of highest level of immigration stress whereas “not feeling at home” as the least contributor to stress (as opposed to other immigrant groups). The language barrier was associated with all other factors especially novelty and occupation and thus caused more difficulty adjusting to the new environment and more disadvantage in the US job market. Immigration stress impacted the health and well being of immigrants.</p>		<p>Immigration stress impacts health and well-being of immigrants. Language is the most important domain, which affects the other domains of immigration stress.</p> <p><u>Policy Recommendations:</u> Researchers, social workers, and policy-makers should pay attention to language and occupation-related stress. Language programs should be given prime importance in the social and policy interventions for immigrants. Population specific factors may be incorporated in the DI scale to enhance its utility.</p> <p><u>Future Research Recommendations:</u> More research and interventions are needed to better understand stress among Korean immigrants.</p>	

Article 6: Educated Immigrant Women Workers Doing Well With Change: Helping and Hindering Factors					
Author	Year	Database	Journal	Country	Study Population
Emily Koert, William A. Borgen, Norman E. Amundson	2011	Psych Info	The Career Development Quarterly	Canada	10 women, 27-52 years of age. Two had doctorate degrees, four had master's degree and four had bachelor's degrees. In Canada from 3 months to 2 years, began working within the last 6 months, could speak English. All married, most had children.
Research Question and Methodology	Main Findings			Conclusion	
<p>To fill the gap in research to elucidate how people are successful in dealing with transitions.</p> <p>Semi-structured open-ended interviews.</p>	<p><u>Beliefs/traits/values</u>: such as self-esteem, persistence, flexibility, hope and spiritual faith helped to deal with challenges and built self-confidence. Positively impacted the work.</p> <p><u>Skills/education</u>: Participants wished for skills, knowledge, Canadian credentials and education, lack of which caused frustration and lack of motivation.</p> <p><u>Relationship/support</u>: Relationships with people facing similar experiences had a positive impact. Lack of supportive relationships and social networks was desired.</p> <p><u>Government/ community resources</u>: Identified lack of resources. Complained of being misinformed about professional success in Canada.</p> <p><u>Work Environment</u>: Reported unprofessional bosses, and colleagues, unsatisfactory treatment, lack of on-the-job training and less vacation. Felt frustrated, confused, stressed and anxious.</p> <p><u>Contextual challenges</u>: Felt overwhelmed due to the multiple roles of a mother, caregiver, wife and employee.</p>			<p>Overall, the women reported to be doing well with greatest support through beliefs/traits/values and relationship/support categories. The women drew on their inner strength to face these challenges while balancing their lives. Though women had multiple roles, it actually added to their purpose of being and kept them motivated for successful adaptation of their families.</p> <p><u>Policy/Practice Recommendations</u>: Needs assessment of immigrant women while formulating government and community programs.</p> <p><u>Research Recommendations</u>: To explore immigrant women's experience of self care. A grounded theory or phenomenological methodology could highlight the experiences of doing well.</p>	

Article 7: The concept of difference and the experience of China-educated nurses working in Australia: A symbolic interactionist exploration					
Author	Year	Database	Journal	Country	Study Population
Yunxian Zhou, Carol Windsor, Karen Theobald and Fiona Coyer	2011	Psych Info	International Journal of Nursing Studies	Australia	28 women, 20- 50 years of age, with 1-20 years of nursing experience prior to immigration, working in Australia for at least 6 months.
Research Question and Methodology		Main Findings			Conclusion
<p>To explore and provide an in-depth theoretical understanding of the socially constructed meanings that forms the experience of China-educated nurses working in Australia and the actions that flow from those meanings.</p> <p>Face to face, in-depth interviews. A second interview was conducted with 18 of the 28 participants.</p>		<p><u>You are you and I am I</u>: Left social ties in China and faced many difficulties to adjust in Australia. Difference in values and interests hindered to embrace the cultural norms fully. Incongruities developed between personal and social values. Lack of English language skills widened the communication gap and caused frustration and withdrawal from socializing, which lead to loneliness. Provided financial stability to their families at the stake of their leisure time.</p> <p><u>Incompetence</u>: China-educated nurses faced less acceptance, recognition and career development. Three levels of meanings of incompetence generated: <u>i. Difference as not knowing</u>: Language and cultural issues caused frustration due to inability to participate in informal conversation, encountering doctors' complaints patients' concerns. Faced misunderstandings and misinterpretations. <u>ii. Difference as deviance</u>: Strength of being bilingual was ignored over the linguistic deficit of speaking English as a second language. <u>iii. Difference as "the other"</u>: Lack of sufficient cultural knowledge and strong accents labeled them as "the other" and negatively impacted their professional competence and trust of doctors.</p>			<p>Language and culture barriers provoked discrimination in workplace, which affected career progression. Participants perceived it as their own shortcoming rather than the institutional issue. Main reason was the lack of communication skills.</p> <p><u>Research Recommendation</u>: Examine the experiences and expectations of local nurses who work with immigrant nurses. Also, exploring the issue of difference from the perspective of Australian patients cared by immigrant nurses would be beneficial.</p>

Article 8: Ambivalence and the experience of China-educated nurses working in Australia					
Author	Year	Database	Journal	Country	
Yunxian Zhou, Carol Windsor, Fiona Coyer and Karen Theobald	2010	CINAHL	Nursing Inquiry	Australia	28 female China-educated nurses working in Brisbane and Adelaide from 6 months to 4 years. 20-50 years of age.
Research Question and Methodology	Main Findings			Conclusion	
To explore the experience of China-educated nurses working in two major cities in Australia (Brisbane and Adelaide). Modified constructivist grounded theory. Face to face in-depth interviews were conducted	<p><u>Discrepancies between expectation and reality</u>; High expectations of West being a better place turned into a bitter reality when the discrepancy appeared during the initial tough years of life in Australia. Felt rootless and unsettled.</p> <p><u>Conflicting social and cultural norms</u>; Desire to fit in the new culture while retaining own culture produced incongruency. Behaved in Western way at work and conformed to Chinese culture during home visits.</p> <p><u>Dual reference points of comparison</u>; Comparison with local nurses brought dissatisfaction and disappointment but comparison with less fortunate in China brought comfort and satisfaction. Praise and admiration from people in China caused psychological compensation and increase in social status. These mixed factors resulted in ambivalence.</p> <p><u>Divergent interests within families</u>. Women had a constant sense of guilt for leaving parents behind. The psychological costs of migration were marital conflicts due to changed family dynamics and reversal of gender roles where the husbands lose their social standing.</p> <p><u>It is hard to go back</u>: Life in Australia could not be anticipated at the time of departure, which was inconvenient. Economic prosperity did not ensure happiness. However, ambivalence made it hard to return to China.</p>			Immigration combines the feelings of excitement, hope, opportunities, frustration, disappointment and challenges, which cause ambivalence. Ambivalence is a central feature of immigration experience. <u>Research Recommendations</u> : To explore the association between ambivalence and mental health status of immigrant nurses. Similar research should be focused on immigrants generally. Also, social and cultural factors that cause ambivalence should be explored.	

Article 9: Overseas nurses' experiences of discrimination: a case of racist bullying					
Author	Year	Database	Journal	Country	Study Population
Helen T. Allan, Helen Cowie, and Pam Smith	2009	Scopus	Journal of Nursing Management	UK	3 female nurses, moved to UK between 1970 and 2000.
Research Question and Methodology		Main Findings			Conclusion
<p>To illustrate how racist bullying functions in the workplace as discriminatory practices.</p> <p>Secondary analysis of national study. The aims of the national study were to analyze the career progression and experiences of overseas nurses recruited to work in the UK. Three interviews selected from the main study.</p>		<p><u>Abusive power relationships:</u> Challenges in the workplace such as interpersonal and organizational barriers. Poor communications and rudeness of managers and conspiracies of the staff. Faced criticism with no constructive help to improve the weaknesses. Loss of job with no warning.</p> <p><u>Communication difficulties:</u> Lack of skills in English language led to poor interpersonal relationships and social exclusion.</p> <p><u>Emotional reactions to racist bullying:</u> Psychological effects such as lowered self esteem, loss of self-confidence and 'paranoia'. In extreme cases it could lead to loss of employment and potential poverty and homelessness.</p> <p><u>Responses to bullying:</u> Either challenged it or were submissive and withdrew from seeking justice (such as promotion).</p>			<p>Racist bullying is a form of bullying and a discriminatory act.</p> <p><u>Practice Recommendations:</u> This data may assist nursing managers to challenge adverse workplace practices and support bullied employees. Instead of focusing on the subjective experience in workplace, the work place should be examined as a social system. Negative behaviour should be challenged instead of being unrecognized and considered as normal.</p>

Article 10: Caribbean nurses migrating to the UK: a gender-focused literature review					
Author	Year	Database	Journal	Country	Study Population
A.D. Jones, A. Bifulco, and J. Gabe	2009	Scopus	International Nursing Review	UK	15 papers published in English within the 10 years prior to publication.
Research Question and Methodology		Main Findings			Conclusion
<p>What are the gender implications of the impact of Caribbean nurse migration at the macro level? What is the role of gender in the work and family life experiences of Caribbean nurses who have migrated to the UK?</p> <p>An interpretive framework based on feminist theory of intersectionality was used to systematically review 15 studies.</p>		<p>The review is based on three aspects of Caribbean women's identities: female migrant worker, nurse and woman with family responsibilities. Four intersecting themes were: nurse migration, impact on development, work experiences and impact on individual and family well being. These findings were organized under two broad headings:</p> <p><u>Gender implications of the impact of nurse migration on development:</u> Highlights the benefit of migration to both the migrant nurses and the host country.</p> <p><u>Role of gender in work and family life:</u> Economically assisted family back home. Faced a dilemma of leaving kids behind and bear the pain of separation or bring the kids along which was harder to manage without any social support. The nurses also identified other problems such as low-skilled, low-paid and insecure jobs due to temporary contracts and discrimination and racism.</p>			<p>Migration increases household responsibilities. In spite of improved economic condition, nurses faced increased psychological stress.</p> <p><u>Practice Recommendations:</u> There is a need to develop strategies that consider the impact of migration on nurses.</p> <p><u>Research Recommendations:</u> Lack of studies on the impact of migration on nurses who are mothers and maintain long-distance parenting. Need to examine the impact of gender, class and race on work and family life of migrant nurses and its impact on their well being.</p>

Article 11: Iranian Women Graduate Students Theorize the Source of Oppression in Canadian Society					
Author	Year	Database	Journal	Country	Study Population
Zahra Hojati	2009	Psych Info	Canadian Women Studies	Canada	11 Iranian immigrant female graduate students who already have a degree from one Iranian university, 26-55 years of age, differ in marital status and few had children.
Research Question and Methodology		Main Findings			Conclusion
<p>To resurrect the silenced voices of and invisibilized experiences of Iranian immigrant women to provide a document to become part of the dialogue on social change and justice in Canadian society and university.</p> <p>Standpoint Theory, with focus on racialized and marginalized women's voices. Interviews were conducted.</p>		<p><u>Women's challenges adapting to a new environment- School and/or workplace;</u> The interest in studies gave strength to face the challenges. The discriminatory treatment from the colleagues gave the feeling of outsider and made them vigilant and uneasy.</p> <p><u>The stereotypes they encounter of the "Oriental" women;</u> Wearing a hijab was felt as a barrier in school and at work leading to marginalization, oppression and disrespect from professors and colleagues. Reported the negative image imposed on them that they could not be highly educated.</p> <p><u>Discrimination</u> caused them to be silenced in school and at work; <u>Their strategies to overcome barriers;</u> Forming supportive union at work. <u>Their feelings of belonging to Canadian society and their school.</u></p> <p>Felt oppressed, ignored, pressurized, emotionally abused. Presented a strange view of multiculturalism as a racist concept. Reported violation and disrespect of identity, religion, language and accent. Even identified racialization of knowledge in the Canadian society, depending on who has the knowledge.</p>			<p>Racism encompasses skin color, religion, nationality, language, and ethnicity and together these factors impact the agency of the Iranian women to pursue education and work development.</p> <p><u>Policy Recommendations:</u> Canadian policy in academia needs a fundamental change to create social justice.</p>

Article 12: A Model of Career Adjustment for Immigrant Women in Canada					
Author	Year	Database	Journal	Country	Study Population
Maria Rasouli, Lorraine Dyke and Janet Mantle	2008	Google Scholar	International Journal of Diversity in Organizations, Communities and Nations	Canada	6 women, 33-57 years of age, all living with partners and had children. Immigrated to Canada in the past 3 or more years. All had university degrees from their home countries.
Research Question and Methodology		Main Findings			Conclusion
<p>To identify factors that could facilitate or hinder the career adjustment of immigrant women and to integrate them into a comprehensive model.</p> <p>Semi-structured, face-to-face interviews.</p>		<p>i. Motivation for immigration: economic advancement or join partner. ii. Expecting moderate level of difficulty positively contribute to adjustment whereas negative outcomes of higher expectations result in depression and shock. iii. Language self-efficacy was more essential than just language skills. iv. Career management self-efficacy is beneficial for employment. v. Acculturation eases career adjustment. vi. Coping strategies that are problem-focused and emotion-focused help elevate stress and solve the problems effectively. vii. Professional women resort to part-time jobs, underemployment or leave the job market due to the unavailability of proper childcare. viii. Lack of skill transferability result in downward social mobility. ix. Higher education from country of origin tends to be relatively more transferable. Also, education attained in the host country aids in career adjustment. x. Discrimination in the form of demanding Canadian work experience. xi. Financial support from partners provides opportunities to return to education or get the credentials verified. xii. Number of years in Canada positively relate to adjustment due to availing the opportunities to progress. xiii. Older age makes the adjustment difficult.</p>			<p>Career adjustment of immigrant women can be predicted by psychological, social and situational factors.</p> <p><u>Research Recommendations:</u> To identify factors that contribute to the career adjustment of immigrant women and gain a better understanding of their effect could help design interventions to facilitate the integration of immigrants into the Canadian work force. Also, examining the validity of this model with a larger sample of immigrant women will provide a better understanding of career adjustment.</p>

Article 13: Transgressive vs conformative: immigrant women learning at contingent work					
Author	Year	Database	Journal	Country	Study Population
Srabani Maitra and Hongxia Shan	2007	Psych Info	Journal of Workplace Learning	Canada	50 women from 3 contingent and highly feminized sectors: call centers, grocery stores and garment factories. From Bangladesh, China, India, Pakistan, Nigeria, Trinidad and Tobago. Nearly half the women had university degrees and had professional experience in areas as administration, accounting, teaching, medicine, and engineering. Most had no past experience of their current jobs in Canada.
Research Question and Methodology	Main Findings			Conclusion	
<p>To explore workers' learning in relation to the racialized and gendered organization of contingent work.</p> <p>In-depth, semi-structured, qualitative interviews were conducted.</p>	<p>Women reported to have joined the job sectors due to inability to find employment in their own fields and easy access in these sectors. Worked as part-time, temporary, seasonal workers with low wages and no job security. Worked in unhealthy, stressful conditions. No mechanism to report complaints. <u>Conformative Learning</u>: Insufficient training at work and had to learn on their own. Workers learned through co-coaching, observation and home learning due to the fear of being fired for not being efficient. There was no compensation for this increased workload. <u>Transgressive Learning</u>: To gain agency to fight for their rights and improve their career opportunities. Discussed each other's experiences, gathered information about labor laws and rights in Canada.</p>			<p>Women working in contingent jobs indicate a waste of human capital. Women had to start again to prove their potential. In spite of the recruitment criteria of Canadian immigration policy to recruit the best skilled workers and professionals, majority of immigrant professionals especially immigrant women face challenges to establish their careers. <u>Policy/Practice Recommendations</u>: Government funding to provide learning and training opportunities to immigrant workers could be beneficial to the Canadian labor market. Workers should be rewarded and encouraged for their learning efforts. Also, foreign credentials should be recognized to prevent further brain drain. Transgressive learning can bring changes, even if small. Hence, work place equity can be achieved through solidarity and collectivity of workers.</p>	

Article 14: New immigrant women in urban Canada: insights into occupation and sociocultural context					
Author	Year	Database	Journal	Country	Study Population
Vanessa Martins and Denise Reid	2007	Scopus	Occupational Therapy International	Canada	12 South Asian women, mean age 31.6 years, recent immigrants, mothers caring for at least one young child at home and read and speak English. Level of education ranged from university education to high school diploma. All were unemployed.
Research Question and Methodology		Main Findings			Conclusion
<p>1. To understand the impact of immigration on the occupation and roles of South Asian women. 2. To understand the challenges of the Canadian environment on the adjustment process. 3. To develop an understanding of the coping strategies that these women use that help them in their adjustment.</p> <p>Grounded theory approach. Conducted in-depth interviews.</p>		<p><u>Fitting in and coping with a new life:</u> Being young educated and physically and emotionally healthy. Adopting the new culture was helpful. <u>Doing and caring:</u> Expectations and challenges regarding occupational roles such as homemaker and caregiver. Less time for leisure affected health negatively. <u>Benefiting from the environment:</u> Access to education with no age limit. Easy access to community resources, which helped build friendships and provided programs for children. <u>Future goals and concerns:</u> Difficulty to find gainful employment despite education and credentials and non-recognition of previous experience. Felt belittled. Economic insufficiency forced them to work. Concerned regarding effects of acculturation on children e.g. freedom of speech, dressing and co-education. Stay-at-home moms planned to return to work when children were older.</p>			<p>This study identified PEO model, which relates the person, environment and occupation to each other. Individuals participate in occupations such as learning English language, which influences the individual's environment in the form of social contacts and job skills. This in turn helps with better integration and adjustment in the society. Another key element notified was "experience facilitates coping" such as adjusting to harsh winter climate and loss of social support. <u>Policy/Practice Recommendations:</u> Direct new immigrant women to language programs, parenting and childcare resource centers, libraries and vocational centers. Encourage women to join new immigrant women's organizations. <u>Research Recommendations:</u> Exploration of the challenges of immigration for women who are mothers. Research with non-English-speaking and immigrant women from other countries.</p>

Article 15: Impact of Life Events and Difficulties on the Mental Health of Chinese Immigrant Women					
Author	Year	Database	Journal	Country	Study Population
Taryn N. Tang, Keith Oatley and Brenda B. Toner	2007	Scopus	Immigrant Minority Health	Canada	50 women with a mean age of 37 years lived in Canada 4.68 years on average. All women were university graduates and some had post-graduate education. Pre-migration occupations included reporter, accountant and physician. Women had been married or lived common law for 11 years. 44 women (88%) had children.
Research Question and Methodology		Main Findings		Conclusion	
<p>To explore the social circumstances of recent migrants and the influence of those circumstances on psychological well being. Main focus was to examine relationships between stressful life events and difficulties after migration, sources of social support, and mental health outcomes among a sample of married Chinese immigrant women living in Toronto, Canada.</p> <p>2 Semi-structured, face to face interviews, followed by standardized questionnaires.</p>		<p>Two types of social support explored: dyadic adjustment and relationship harmony with regard to the social circumstances and mental health of Chinese immigrant women. Provoking Agents (either a severe event or a major difficulty): most commonly reported was job-related such as job rejections or principal wage earner losing job, consequent financial difficulties, serious marital strife, serious problem with other family members. An interesting finding was that the social support was not related to mental health. Rather, it indicated a possibility of enjoying the benefits of partner's intimacy and other relations, only if the basic needs as employment and financial security were available.</p>		<p>The adverse life circumstances of immigrants such as unemployment, underemployment, financial strain, resultant poverty and decreased social mobility negatively impacted the physical and psychological health. The reason that helped individuals to gain the status of immigrants (using the point system), posed the greatest challenge after migration i.e. work. Hence, the point system seemed not to serve the purpose because the individuals, who were granted entry in Canada to be productive, conversely became dependent on public resources such as health care.</p> <p><u>Policy/Practice Recommendations:</u> Retraining programs to provide "Canadian" qualifications and experience to help immigrants to be gainfully employed. Policy makers should recognize the systemic barriers such as difficulties to get foreign credentials evaluated.</p>	

Article 16: A Cross-sectional Investigation of Emotional Abuse in Caribbean Women and Caribbean-Canadian Women					
Author	Year	Database	Journal	Country	Study Population
Alisha Ali and Brenda B. Toner	2005	Psych Info	Journal of emotional abuse	Canada	Caribbean sample consisted of 22 Caribbean women who lived in English-speaking Caribbean and had never lived outside Caribbean. Mean age 35 years, 8 married and 11 had children. Caribbean-Canadian sample consisted of 20 women born in English-speaking Caribbean, immigrated to Canada directly. Mean age 36. 11 were married and 12 had children. Education ranged from high school to post doctorate.
Research Question and Methodology		Main Findings			Conclusion
<p>Do the immigrant Canadian sample and the indigenous Caribbean sample of women differ with respect to the domains of emotional abuse reported? Do the two samples differ in the attributions that the women make about the causes behind the emotional abuse they have experienced?</p> <p>Phenomenological single face-to- face interviews.</p>		<p><u>Emotional abuse in the workplace:</u> Caused by a person or a group known through business or profession. Examples include humiliating employer, insulting co-worker, racist supervisor as well as inappropriate requests from the employer. <u>Emotional abuse in intimate relationships:</u> Caused by partner's intimate or romantic partner. Insults or threats of physical harm, even to the participants' children. Immigrant women reported more abuse in the workplace whereas the women living in Caribbean reported more intimate relation abuse. <u>Attributions concerning emotional abuse:</u> Individual Attributions: such as an individual or a group; Systemic Attribution: Insensitive corporate climate, racist or sexist environment.</p>			<p>Caribbean- Canadian women find themselves isolated due to lack of social contacts. Isolation in workplace increases emotional abuse. <u>Policy/Practice Recommendations:</u> Assess risk of verbal abuse and racial harassment in white dominated workplaces with no interpersonal support. Be advised about rights at work. <u>Research Recommendations:</u> To determine if certain populations or immigrant groups are more vulnerable to emotional abuse. To explore samples of minority groups to outline the factors resulting in emotional abuse risk. To examine if being aware of racism, sexism and other forms of discrimination influences the likelihood of reporting systemic rather than individual causes of emotional abuse in workplace.</p>

Article 17: Health status of Chinese women in Northern Ireland: SF-36 health survey.					
Author	Year	Database	Journal	Country	Study Population
Fenglin Guo and Marion E Wright	2005	CINAHL	Diversity in Health and Social Care	UK	138 questionnaires distributed to Chinese women living in Northern Ireland from 6 months to 32 years, aged between 20 and 59 years. 33 were married. 24% were fluent in English. 56% of all participants had university-level education and were students, company staff, researchers, doctors, lecturers, businesswomen and cleaners
Research Question and Methodology		Main Findings			Conclusion
<p>To investigate the general health status of Chinese women in Northern Ireland using the SF-36 health survey instrument to suggest appropriate health promotion strategies for Chinese immigrants.</p> <p>Questionnaires</p>		<p>The four health paradigms mentioned are: pre-existing illness, convergence, resettlement stress and interaction. Acculturation stress due to resettlement resulted in high levels of stress especially in older Chinese than in older general population. Also any failed interaction with the social, physical, cultural and environmental factors may negatively impact the psychological health and well being. Immigration, adaptation, lack of social support, language barriers and aspirations of achievement and success added to the pressure and stress. Suffered from high levels of stress due to work, study, exams, children, family affairs and lack of support. Their mental health was lower as compared to the general population of the UK. Also reported dissatisfaction with the health services.</p>			<p><u>Policy/Practice Recommendations:</u> Health promotion providers should focus on the mental health along with the physical health. Better social support and decreased stress would promote health on a small scale and will raise the health status of entire population. Health professionals should increase awareness of the mental health problems of the immigrants.</p> <p><u>Research Recommendations:</u> Future research should be conducted using a randomized sampling method or longitudinal design.</p>

Article 18: The Racial and Gendered Experiences of Immigrant Nurses from Kerala, India					
Author	Year	Database	Journal	Country	Study Population
Barbara Diccico-Bloom	2004	Gender Studies Database	Journal of Transcultural Nursing	USA	10 South Asian nurses were in United States for 20 to 25 years. 7 from New Jersey and 3 from Pennsylvania. All married, Christian and 40-50 years of age.
Research Questions and Methodology		Main Findings		Conclusion	
<p>To gain knowledge about the experiences of nurses from Kerala, India as nurses, non-White women and immigrants. Also to explore how race, gender and immigration status intersect for a group of Asian Indian nurses who migrated to live and work in United States.</p> <p>Semi-structured interviews with open-ended questions were conducted at homes.</p>		<p><u>1. Cultural displacement:</u> a foot here (America), a foot there (India), a foot nowhere. Usually immigration decision made by husbands. Women were motivated to migrate for educational gains and economic prosperity and were confident to succeed. Felt lost and at distance from the family of origin especially when they were not easily permitted to visit families back home. Concerned of instilling their cultural values in children.</p> <p><u>2. Racial experiences/alienation in the work place and at home:</u> Reported worse racist and sexist experiences by their children due to skin color. The nurses reported of discrimination as well.</p> <p><u>3. Intersections of categories:</u> being a female nurse, an immigrant, and non-White. Nursing policies resulted in racial/ethnic inequality such that the nurses were given responsibilities without established authorities. The positive outcome of all this sacrifice was seen as material rewards e.g. children's good education and being homeowners.</p>		<p>Women had to go through a rigorous process of relocating, negotiating cultures and being far away from their homes and family. Demonstrated resilience and agency, stayed in jobs and attained economic prosperity and social stability. A striking feature of this article was lack of support and sympathy demonstrated by the supervisors and strange lack of acknowledgement of women's distant familial relations. The emotional attachment to the countries of origin and culture and their children whom they left behind, gave the immigrant women a feeling of being nowhere but both here and there to some extent. They lost a sense of belonging.</p> <p><u>Research Recommendations:</u> Gather information about the experiences of nurses not only as health care providers but also as people living in United States. This information can help make use of their strengths and figure out the challenges they face while being productive in the society.</p>	

Article 19: Narrative Mediation of Conventional and New "Mental Health" Paradigms: Reading the Stories of Immigrant Iranian Women					
Author	Year	Database	Journal	Country	Study Population
Parin Dossa	2002	Scopus	Medical Anthropology Quarterly	USA	6 Iranian women participants, living in Vancouver, British Columbia. Identified as skilled professionals such as physicians, psychologist, and service providers.
Research Question and Methodology		Main Findings			Conclusion
<p>To explore the "mental health" or emotional well being of post revolution Iranian women living in metropolitan Vancouver, British Columbia.</p> <p>Ethnographic investigation. Semi-structured interviews, storytelling, and two focus group sessions were conducted.</p>		<p><u>Starting Points</u>: 1. Motherhood: Critically important and tension-filled role of motherhood due to managing multiple occupations, either living with or away from children. 2. Naming of emotional well being: Two issues: i. Inaccessibility of services due to linguistic and material constraints. ii. Mental health being an inappropriate term. Participants chose the term "emotional well-being" rather than "mental health". Reported inability to find work due to racism, lack of English language and work experience.</p> <p><u>Epitomizing Narratives</u>: Situations that emphasize the impact of socioeconomic factors and human agency such as separation from children and not being meaningfully occupied undermined the sense of well being. Immigration decisions had secondary status. Women felt tired, useless and discriminated. Used coping strategies as visiting children, registering for English language program. Resorted to voluntary work, which highlights the structural vulnerability of racialized women i.e., women being channeled into exploitative volunteer work.</p>			<p>Racialization of immigrant Iranian women and their structural vulnerability negatively impacts their state of well being and mental health.</p> <p><u>Practice Recommendations</u>: Need to deliver more inclusive health services rather focusing on the biomedical model of care, which overlooks social issues. Highlighted the significance of spaces of social interaction as opposed to the clinics exclusively, which help improve the emotional well being of women where they live, work, learn and interact.</p> <p><u>Research Recommendations</u>: The utility of narrative conversations to be realized, which can produce more inclusive knowledge base.</p>

Article 20: Immigrant Nurses' Experience of Racism					
Author	Year	Database	Journal	Country	Study Population
Rebecca Hagey, Ushi Choudhry, Sepali Guruge, Jane Turritin, Enid Collins, Ruth Lee	2001	Psych Info	Journal of Nursing Scholarship	Canada	9 immigrant nurses of color immigrated to Canada from 7 different countries between 1960 and 1980, with work experience of 7-33 years.
Research Question and Methodology		Main Findings			Conclusion
<p>1. To document and describe the experiences of immigrant nurses of color who have filed grievances concerning their employers' discriminatory practices; 2. To solicit their views of existing policies and recommendations for equity in professional life.</p> <p>Discourse Theory. Face to face, semi-structured interviews and 2 focus groups</p>		<p><u>Being marginalized and acknowledged the racist experience.</u> Ranged from minor harassment to overt conflicts and hostile behaviors and excessive supervision from seniors. Treated differently than the White nurses.</p> <p><u>Experiencing physical stress and emotional pain:</u> Reported being shunted aside as uncaring, and punished for their opinion about patients' treatments. Stressful environments caused cardiovascular diseases, depression leading to marriage breakdown, professional difficulties, and financial insecurity. All faced reprisals for rising against racism. Also reported loneliness, isolation and frustration.</p> <p><u>Strategizing to cope and survive:</u> Sought support from family, friends, church and others.</p> <p><u>Recommending policy changes:</u> Participants identified the need to express their concerns with confidentiality. Participants noted White dominance in the higher levels of nursing profession. Nursing education should be designed to include and support minority students.</p>			<p><u>Policy Recommendations:</u> Grievance process should have organizational support to protect the nurses from further harassment and discrimination and prevent backlash. Hence, right to complain should be legitimized. Immigrant nurses also expressed the dearth of representation of nurses of color in professional associations and committees. People of color should be in higher levels of nursing profession and the managers should have good knowledge of diversity and equity.</p>

Article 21: Feelings of Sadness: Migration and Subjective Assessment of Mental Health Among Thai Women in Brisbane, Australia					
Author	Year	Database	Journal	Country	Study Population
Sansnee Jirojwong and Lenore Manderson	2001	Scopus	Transcultural Psychiatry	Australia	139 professional and highly educated Thai women, 68% married, lived in Australia from 2 months to 29 years. Primary reason to migrate was marriage and to join families. 71% could speak both English and Thai.
Research Question and Methodology		Main Findings			Conclusion
<p>To explore how migration experience, job opportunities and employment history, social support systems, personal relationships, and use of health services all influence women's subjective sense of well being and psychological health.</p> <p>Structured questionnaire and qualitative (ethnographic) in-depth interviews.</p>		<p><u>Inadequate information prior to migration:</u> Poor knowledge of husband's background, job, income, residence, liability to support children and/or wife from previous marriage. Lack of documentation to support previous qualifications and employment and lack of translated documents.</p> <p><u>English Proficiency:</u> Low English proficiency resulted in inability to communicate with healthcare providers and social services and difficulty in developing social networks.</p> <p><u>Employment:</u> Low English proficiency, lack of recognition of credentials and experience resulted in downward mobility.</p> <p><u>Social Support:</u> Reported Australians to be supportive and helpful. Established social network during English classes. Interaction between Thai women was supportive but was not endorsed by non-Thai spouses.</p> <p><u>Health services:</u> Generally satisfactory but women perceived practitioners as unfriendly and incompetent. 51% reported to be in good health. Felt overwhelmed by work, stressed and isolated. Reported anxiety, frustration and disappointment.</p>			<p>Women seemed unaware of the information provided by the Australian Department of Immigration and Multicultural Affairs in the form of printed material and other media to assist the migrant women with cross cultural marriages. Therefore, women with no formal education cannot benefit from the English training programs. Hence, this leaves the option to find work in establishments operated by Thais.</p> <p><u>Policy Recommendations:</u> There is a need to develop ways to assist immigrant women to improve their language skills and to provide them care for both physical and mental health.</p>

Article 22: Population characteristics, health and social issues among Filipinas in Queensland, Australia					
Author	Year	Database	Journal	Country	Study Population
Margaret Kelaher, Gail Williams and Lenore Manderson	2001	Scopus	Journal of Ethnic and Migration Studies	Australia	482 women. 50% had at least one university degree. Many trained as teachers, accountants and nurses and some in architecture, dentistry and engineering.
Research Question and Methodology		Main Findings			Conclusion
<p>To explore the impact of immigration, employment, social support, relationship issues and use of health services on the health and well being of 482 Philippines-born women in the state of Queensland.</p> <p>The Australian Longitudinal Study on Women's Health using quantitative method (questionnaire) and qualitative method (interview).</p>		<p><u>Main purpose of migration:</u> To marry Australian men or to join husbands or family in Australia.</p> <p><u>Major motivation:</u> To improve their economic and educational well being and their families both in Australia and in Philippines.</p> <p><u>Immigration:</u> Limited knowledge of the spouse's financial status, lifestyle and family. Language barriers, residence in suburban areas with no access to public transport lead to decreased social interaction.</p> <p><u>Recognition of qualifications and access to employment:</u> Work perceived as a source of identity and accomplishment. Few had their qualifications recognized.</p> <p><u>Social support:</u> Filipino communities have female-dominated social networks. Causes distancing from husbands and local community. Lack of extended family made childcare difficult.</p> <p><u>Relationships and families:</u> Differences between Filipino and Australian concepts of family, Filipinas' ability to orient themselves as parent and stepparent and large age difference between women and their spouses complicated the relationships and settlement.</p> <p><u>Health and health service utilization:</u> Positive experiences with health services. Decreased potential to develop health problems.</p>			<p>The cross-cultural marriages of Filipinas have diverted the attention to the marriages and its association with their health and well being. The impact of structural factors such as language and recognition for qualifications are overlooked.</p> <p><u>Policy Recommendations:</u> Efforts needed to improve English language skills, which is directly proportional to the increased satisfaction with life and good health.</p> <p><u>Research Recommendation:</u> A shift of focus is needed to examine how different relationships help or hinder Filipinas during adaptation.</p>

This chapter presented a descriptive summary of the selected peer-reviewed literature and the charts that include the details of the findings from the peer-reviewed literature. The following and the final chapter presents the themes I developed through my review of the studies selected for the scoping review, identifies gaps in this selected body of research, and makes recommendations for future research and service delivery tailored to this population.

CHAPTER 5: DISCUSSION

In the previous chapter, I presented a descriptive summary of 22 peer-reviewed research studies that were identified through searches designed to address the research question: *How does the experience of settlement influence the health and well being of professional immigrant women in Canada, USA, UK and Australia?* As well, I presented charts that summarized the research question, methodology, main findings and conclusions of the selected studies.

In this chapter I discuss the themes that emerged from my scoping review of the peer-reviewed published articles that were selected for charting. Then, I identify the gaps in the topics covered by the selected studies. Finally, I outline future directions for research and policy regarding the settlement of professional immigrant women.

5.1 Thematic Summary of the Findings

Through the process of reviewing and charting the selected articles, I identified seven themes that emerged in the articles and that also relate to my research question. These themes are: (i) discrimination; (ii) deskilling; (iii) professional immigrant women as trailing spouses; (iv) lack of social support; (v) difficulties related to cultural and environmental adjustment; (vi) impact of immigration on physical and psychological health; and (vii) positive and ambivalent experiences of immigration and settlement.

The majority of these themes relate to the various difficulties faced by the professional immigrant women during settlement in the host countries. Very few of the published articles presented positive experiences of immigration and settlement among

professional women. However, in addition to the commonly reported negative experiences related to discrimination, deskilling and work home imbalance, some positive experiences associated with settlement were also reported, such as good educational prospects for children. This ambivalence is addressed as theme vii later in this chapter.

5.1.1 Discrimination

Discrimination was the most common theme that emerged in the articles selected for this scoping review. Jackson, Brown and Kirby (1998) define discrimination as intentional acts that draw unfair or injurious distinctions, that are based solely on ethnic or racial basis and that have effects favorable to in-groups and negative to out-groups. (p. 110)

The articles addressed diverse experiences of discrimination faced by professional immigrant women. However, this review indicates that workplace discrimination is the most prevalent issue among professional immigrant women (Jirojwong & Manderson, 2001).

Professional immigrant women cited various explanations for their experiences of discrimination at work. Rasouli, Dyke, and Mantler (2008) report that professional immigrant women in Canada perceived the demand of local work experience by employers as a form of discrimination and felt that this demand was a way to keep them out of the labour force. As well, in Australia, the employers' mistrust of overseas qualifications was disheartening for the professional immigrant women seeking employment (Ogunsiji, Wilkes, Jackson, & Peters, 2012).

After gaining employment, professional women faced another type of overt discrimination in the form of hostile and unprofessional behaviour on the part of their employers, bosses and supervisors, which humiliated these women (Rasouli et al., 2008).

Some professional immigrant women in Canada reported being sexually harassed by their supervisors who forced them to work additional hours and in some cases fired them from their jobs (Dlamini, Anucha & Wolfe, 2012).

Another form of discrimination labeled as racist bullying emerged in a study on the experience of overseas nurses in the UK conducted by Allan, Cowie and Smith (2009). The authors discuss how racism leads to racist bullying practices in workplace and the consequences of resisting discrimination. In their qualitative study, Allan et al. described the bullying experiences of nurses exacerbated by their race, which resulted in them being submissive, silent and accepting the negative behaviours to be normal. The nurses also faced interpersonal and organizational barriers such as poor communication, rudeness of managers and criticism without any constructive help to improve upon weaknesses. Nurses reported conspiracies of the staff that lied about the nurses' activities at work, resulting in dismissal without any warning (Allan, et al.). The nurses in this study also had problems retrieving their passports from their employers, which made their living situations precarious as they could not leave the country and might consequently face debt or poverty (Allan, et al.).

Dicicco-Bloom (2004) describes the experiences of discrimination among female nurses from India working in the USA. The women in this study noted a racial hierarchy within their workplaces based on skin colour, which affected who was promoted and who was not. They linked their experiences of discrimination to their skin colour suggesting that that since they had dark skin, they were located in the middle of the racial hierarchy, with white nurses occupying the top and black nurses located at the bottom (Dicicco-Bloom). Professional women who migrated from Caribbean to Canada also reported similar experiences of emotional abuse from their employers and supervisors, which they

also attributed to their skin colour (Ali & Toner, 2005). The women in this study described being subject to racist comments from supervisors and also labeled the work environment as sexist and racist due to harassment and inappropriate requests of the supervisors.

Discrimination was perceived differently by professional immigrant women depending on whether they migrated directly or indirectly to the host country (Ronquillo, 2012). For example, Ronquillo addresses the discrimination faced by Filipino registered nurses (RNs) in Canada. Nurses who previously worked in other countries such as Austria, Saudi Arabia, United Arab Emirates (UAE), UK and USA were frustrated by the contrast they saw between Canada (host country) and the other countries in which they worked. This frustration was noted in relation to the lack of acceptance of their nursing education and work experience and their lessened experience of lessened autonomy (Ronquillo). However, nurses who migrated directly from the Philippines tended to experience positive relations with their coworkers and a greater sense of autonomy (Ronquillo). Hence, direct or indirect migration plays a vital role in the adverse settlement experience of nursing professionals.

Another form of discrimination experienced by professional immigrant women stemmed from a lack of English language skills, which made communication difficult and had negative implications for interpersonal relationships at work (Allan et al., 2009; Zhou, Windsor, Theobald and Coyer, 2011). Nurses in both the UK and Australia reported that English language barriers not only resulted in communication difficulties but also had negative implications for the integration of nurses in Australia. The nurses in this study complained that their strong accents and limited knowledge of the culture gave

them the label of “other” and they felt “foreign” (Zhou et al., p. 1425). As a result, many nurses reported experiencing social isolation both at work and in the community.

An interesting finding that emerged in this review was the implicit recognition of the competence of these professional immigrant women by their colleagues (Dicicco-Bloom, 2004). In instances where another employee was absent, the colleagues directed these women to take up more authoritative roles than required in their actual jobs without any compensation for their extra work (Dicicco-Bloom). This proves the high skill level and competence of those nurses, which was neither explicitly acknowledged and accredited by their colleagues nor monetarily rewarded.

Due to these elements of discrimination, female migrants face a greater disadvantage during their settlement in comparison to male or European migrants, which, according to Dossa (2002), form the dominant society. As a result, professional immigrant women indicate that they have not achieved the social and cultural freedom that they expected in Canada (Hojati, 2009). In addition to workplace discrimination, professional immigrant women also experienced discrimination in their communities, which they attributed to different factors. Although being highly educated, professional immigrant women who migrated to Canada from Iran reported discrimination due to their religion, culture, and clothing such as veils (Dossa). Dossa also stated that the Iranian women faced discrimination in the social service sector with the general impression that “they are illiterate” and “stupid” (p. 345). Also, the women felt that they were deemed incapable of integration in the host society due to their inability to speak fluent English (Dossa). Likewise, the Iranian female graduate students in Canada faced discrimination due to language, religion, nationality and style of dressing (such as hijab). They also complained of excessive scrutiny and injustice in school and at work and stated that their

grievances went unheard (Hojati, 2009). The professional women in this study felt that racial stereotyping of Iranian people as spies and terrorists occurred both at work and at school. Likewise, nurses in the study by Dicicco-Bloom (2004) narrated how their children also suffered pain and fear due to racism and sexism due to their dark skin. One of the nurses identified that her son was arrested for an act he did not commit, which she attributed to his dark skin and being with a group of White kids. Hence, as Hojati concludes, race, gender, religion, education, and nationality intersect to marginalize these women.

Female immigrant nurses responded to and coped with the discriminatory behaviour they experienced in different ways. Ronquillo (2012) suggests that study participants sometimes had conflicting responses to the discriminatory behaviors they experienced during their settlement in Canada. Although some professional immigrant women did not explicitly acknowledge their experience of discrimination, they felt that their colleagues did not consider them as equal peers and they felt the need to prove themselves as “competent, qualified, experienced and worthy of respect” (Ronquillo, p. 106). In contrast, a study by Dlamini et al. (2012) highlighted the diverse ways in which immigrant women reacted to discrimination in the workplace. Some professional immigrant women actively resisted discrimination by either quitting their jobs or standing up against sexual harassment, whereas others remained silent and followed the rules promulgated by the employers. The reasons some women cited for not reporting discrimination included the fear of losing their jobs and cultural backgrounds, where they were forced to be silent. Therefore the women responded submissively, by withdrawing their efforts to seek promotion or leaving their jobs (Dlamini et al.).

The studies also indicated the various ways that the professional immigrant women addressed and overcame discriminatory behaviour at work. Allan et al. (2009) stressed the need to develop workplace inclusion strategies that consider the impact of migration on nurses' settlement. Other studies suggested that there is a need for disciplinary measures and accountability standards and engagement in political process to eradicate these instances of racism in the workplace (Hagey, Choudhry, Guruge, Turritin, Collins & Lee, 2001).

5.1.2 Deskilling

Deskilling was a prevalent theme throughout the majority of articles I reviewed. Deskilling of immigrants happens when the credentials of professional immigrants are not recognized in the country to which they migrate and consequently they lose access to the occupations they previously held in their countries of origin (Bauder, 2003). As an example, Maitra and Shan (2007) indicate that, due to inability to find employment in their own fields, the professional South Asian women in Canada took employment in whatever jobs they could find. Similarly, nurses who were highly skilled, intelligent and motivated were not able to secure desired positions in the nursing profession after migrating to USA (Dicicco-Bloom, 2004).

Various structural barriers, such as lack of recognition of credentials, lack of work experience in the host country, and an inability to transfer skills lead to deskilling. Hiebert (2005) suggests that the main reason for deskilling is a disjuncture between the institution that determines immigration policy and admissions (the State) and the institution that regulates the credentialing process and controls entry to most of the desirable professions (professional associations). In summary, the inability to transfer skills due to a lack of required policies results in downward economic and social mobility (Rasouli et al. 2008).

Another significant factor that contributes to deskilling is that accreditation is often a very lengthy and costly process. Bauder (2003) argues that the process of credentials assessment is merely a way to reserve employment opportunities for Canadian-born applicants. Since there is no mechanism for the state to direct professional associations to amend their policies, immigrants are forced to regain their professional identity through post-migration education, which can range from a formal examination to full retraining. Immigrants who face difficulty finding relevant employment due to the devaluation of their credentials are more likely to invest in further education to overcome this barrier. Hence, a large number of immigrants enroll in further education after migration to re-establish their careers.

Other structural barriers that professional immigrants face are the demand for local work experience and employers' lack of trust in overseas qualifications and previous work experience. Aycan and Berry (1996) argue that the demand from employers for local work experience from newcomers is unrealistic and has a number of negative effects. This practice confines many foreign trained professionals to accepting supportive roles within their professions, such as research assistants, and thus contributes to deskilling (Grant & Nadin, 2007).

The study conducted by Banerjee and Verma (2011) in Canada highlights the issue of deskilling. In this study 61.4% of the respondents reported having worked in a professional or managerial occupation in their home country and yet only 29% of respondents reported having their foreign work experiences recognized by employers or professional organizations after they immigrated. Many respondents reported that, despite holding highly skilled jobs in their country of origin, they found it difficult to get a suitable job in their chosen profession (Grant & Nadin, 2007; Khan & Watson, 2005).

While discussing the effects of these structural barriers, Dossa (2002) indicates that professional women from Iran who migrated to the US challenged the assumption that the number of years in Canada is directly proportional to the level of integration. These skilled women claimed that this assumption is wrong because it overlooks issues of racism and structural barriers (e.g., lack of English language and work experience in the host country). Participants argued that these barriers lead to difficulties in finding employment and resulted in downward mobility (Dossa). Similarly, in a study conducted by Martins and Reid (2007), professional immigrant women in Canada reported problems with non-recognition of credentials and previous work experience as well as an inability to find employment. As a result, they were compelled to work in low-level jobs in order to overcome financial insufficiency and support their families. Women feel undervalued and belittled when they come with professional degrees and high education and are forced to work in low paid jobs (Maitra, 2007).

In addition to lack of recognition of foreign work experience, Mojab (1999) indicates that low knowledge of English language is also one of the main challenges newcomers face to accessing employment in Canada. Professional immigrants in Australia also experience downward social mobility due to a lack of proficiency in English language and unaccredited foreign qualifications (Chiang & Nora, 2004). Lack of English language skills, having young children, and inability to drive or use public transport effectively were additional limitations to finding employment. Limited information regarding the host country not only caused difficulties in resettlement, but in some cases also resulted in being lured into prostitution due to personal difficulties (poor knowledge of their husbands' backgrounds) and financial difficulties (Jirojwong & Manderson, 2001).

Many studies indicate that new immigrants who face financial difficulty may be forced to take unskilled work in order to survive, even if it is precarious or outside of their field of expertise and this time commitment further inhibits them from improving their credentials (Banerjee & Verma, 2011; Grant & Nadin, 2007; Khan & Watson, 2005). Financial insufficiency and the urgent need to earn income left no time for women to upgrade their qualifications and credentials in the host country, which further contributes to deskilling (Jirojwong & Manderson, 2001). Caribbean nurses in the UK also reported being concentrated in low-skilled, low-paid and insecure jobs with temporary contracts (Jones et al., 2009). Ogunsiyi et al. (2012) noted that professional immigrant women in Australia planned to retrain in other fields when they were unable to find jobs in their trained professions. However, women experienced difficulty upgrading their qualifications. For example, Kelaher, Williams and Manderson (2001) describe the difficulties faced by the participants in their study who migrated from the Philippines to Australia. These professional women faced difficulties upgrading their qualifications due to a lack of available courses in the local area, lack of space in the courses, and the pressing need to earn money. Faced with these constraints, women either stayed home or accepted jobs with lower pay and social status or opted to start home business.

The articles in this scoping review that focused on the Canadian context critiqued the point system in particular for creating the false illusion of easy access to employment for newcomers (Suto, 2013). Highly educated and professional immigrant women in Canada reported having expectations of easy settlement in the host country similar to the ease of acquiring immigration. However, the post-migration reality was harsh in the form of deskilling and loss of social status, which made post immigration settlement a difficult process. In a study conducted by Koert et al. (2011), participants also complained of

being misinformed by the Canadian government about their job prospects after immigration. Professional women questioned the Canadian immigration policy, which granted them the status of landed immigrant through the point system on the basis of their skills and qualifications, and assurance they received regarding good prospects for employment, which fostered a false illusion of an easy settlement (Dossa, 2002; Tang et al., 2007).

The articles also suggested that deskilling, unemployment and job loss led to many problems such as financial difficulties, marital strife and other familial problems (Tang et al., 2007). Most importantly, immigrants experienced strong feelings of being rootless (Zhou et al., 2010). Chen (2008) points to the harsh experience of immigrants that the resettlement process has erased their past credentials and experiences regardless of their strong past educational and professional backgrounds. Ogunsiji et al. (2012) found that many professional immigrant women felt as though they had lost everything, especially their wealth and social standing. They struggled to regain their lost social and financial status by finding employment. However, many were unsuccessful in gaining employment (Ogunsiji et al.). So, the options for re-gaining social status are highly conditional and limited.

Mojab's (1999) study gives insight into the Canadian labour market from the perspectives of immigrant women. The interviewees indicated that their intellectual capacity had been undermined in Canada and they were seen as a source of manual labour, which demanded use of their hands rather than their brains. Similarly, Lynam and Cowley (2007) provide insight into the perspectives of professional immigrant women in the UK who experienced downward mobility and felt that they were less capable than their British-born counterparts. Deskilling and loss of social status are interrelated and negatively impact the physical and psychological health of women by causing increased

levels of stress (Suto, 2013). Thus, deskilling is not only associated with economic decline but also has adverse effects for the psychological health of immigrants as well (Shuval, 2000).

5.1.3 Professional Immigrant Women as Trailing Spouses

A number of the selected articles focused on professional immigrant women as trailing spouses. Linehan (2002) defines trailing spouse as a partner who migrates as a dependent, has a secondary career and experiences the negative impact of gaps in work history either due to household responsibilities (such as child care and homemaking) or because of the geographical location of the spouse's job. The articles in this sample framed trailing spouses as a gendered phenomenon, which draws attention to the specific difficulties faced by women who have less decision-making power than their spouses with regard to immigration (Dicicco-Bloom, 2004). As a result, the women in these studies were less prepared for the move, which worsened their negative experiences of immigration and settlement (Ogunsiji et al., 2012).

Professional women migrated as trailing spouses for various reasons. Jirojwong and Manderson (2001) indicate that Thai women's main purpose of migration to Australia as trailing spouses was to join newly wed husbands. Similarly, in another Australian study conducted by Kelaher et al. (2001), Filipina women indicated that the main purpose of their migration was to marry Australian men or to join husbands or family in Australia. Another study by Ogunsiji et al. (2012), also conducted in Australia, indicated that most of the professional African women migrated to reunite with their husbands but were not fully prepared or desirous to do so.

In some cases women who migrated as trailing spouses had no knowledge of their husbands' lifestyle, salary and family, as well as no information about the host country, which caused adjustment problems (Jirojwong & Manderson, 2001). Some women were unprepared to face various challenges in the host country such as unfamiliar environment, social isolation, language barriers and downward social and economic mobility. The professional women in the study conducted by Kelaher et al. (2001) were motivated to improve their educational well being and support their families both in Australia and in the country of origin (i.e., Philippines). However, their settlement was affected by a mismatch between their expectations and the realities of immigration and settlement. Therefore migration widened the gap between the women's aspirations of upward mobility and the possibility of its achievement.

Other studies in this sample suggest that professional women who were trailing spouses and unprepared for migration faced a relatively increased burden of adjustment. For example, professional women who migrated as trailing spouses did not have the necessary documents translated into English to prove their qualifications that they gained in their country of origin and their previous work experience (Jirojwong & Manderson, 2001). This further exacerbated their experience of deskilling and their feelings of loneliness and isolation, which, in turn, impacted their mental and physical health as well (Jirojwong & Manderson).

It was also common for trailing spouses to experience gaps in their work history due to household responsibilities (such as child care and homemaking) and/or difficulties adjusting to life in the host country. Therefore, international migration generally involves both career damage (a move down the career ladder, a shift to part-time work, re-training or a move out of the workforce altogether) and an increase or intensification of domestic

responsibilities (Meares, 2010). Cooke (2008) argues that what has previously been thought of as individual migration should be re-conceived as family migration due to the implications of the process not just on the primary migrant but on all the members of the household. Family migration is a very complicated process with some undesirable implications for women, especially in terms of their careers and employment status (Cooke). Like many working mothers, immigrant women have to contend with the dual burden of work both in the home and at the workplace (Parsons Duke, & Snow & Edwards, 2009).

A study conducted by Dossa (2002) stressed that some older women reported that being a trailing spouse was easier than being a “trailing mom”. That is, when their children became adults and moved to another country for better employment and economic prosperity, these immigrant women decided to stay back, as they felt they could not go through the process of settlement yet again in another country, which they first did for their husbands but were not willing to do again for their children. Hence, these women not only experienced separation from their families at the time of immigration, but also had to face separation from their children when their children re-settled or moved. This resulted in a negative impact on their psychological health.

5.1.4 Lack of Social Support

Lack of social support is another gendered theme that arose in the literature, which discusses a very important and challenging aspect of professional immigrant women’s lives. This aspect adversely affects immigrant women’s abilities to maintain work-home balance and childcare especially in a new country. International moves can be disruptive to family life, especially for women and children who have to adjust to life in different cultural settings and with lower levels of emotional and physical support from extended

family members who are left behind in their countries of origin (Hardill, 2004; Khan & Watson, 2005). The two spheres of paid work and household work are very much interrelated. The intersection between migrant women's paid work and home lives reveals the complex ways women navigate and make sense of this difficult terrain, and sheds light on the many changes that occur in the lives of immigrant women as a result of their relocation (Meares, 2010).

Hardill (2004) highlights the ways in which social mobility (career advancement) and geographical migration intertwine within dual career households in Canada. Hardill identifies problems that arise for women due to the rise of dual career households indicating that high profile, well-paid jobs tend to be organized as full time, and are therefore generally incompatible with the desire and need to prioritize both home and work. It is women who are often the primary care givers within the household and who are expected to postpone or sacrifice their own careers to fulfill the roles of caretaker. For instance, immigration to Canada resulted in a loss of customary social support previously enjoyed by Filipino nurses in their home country (Ronquillo, 2012). Meares (2010) suggest that women, not men, withdrew from the labour market or reduced their hours of paid work to accommodate the structural changes in their circumstances in terms of a lack of support from extended family. Meares argues that immigrant women are involved in ongoing attempts to achieve a balance between the practical and emotional obligations inherent in women's work and home lives.

Jones et al. (2009) discuss the difficulties faced by Caribbean nurses who utilized the opportunity of working in the UK but had to deal with the dilemma of leaving their families behind and faced adverse effects on children's well being in spite of the economic gains. However, even when they were able to bring their children to the UK,

this caused these women psychological stress because of the cost and responsibilities of household and childcare (Jones et al.).

Meares (2010) found that immigrant women's careers were greatly affected by the lack of paid domestic help and extended family that they were accustomed to in their home countries and that they had anticipated maintaining after migration. Despite belonging to middle class families in their home countries, immigrant women could afford to have household help in the form of paid help and social support (Mojab, 1999; Man, 2004), which they lacked in the host countries to which they migrated. Therefore migration brings a double workload for immigrant women, both domestic and salaried, not previously experienced in their home country. This relates to the ways in which immigrant women described motherhood as tension-filled (Dossa, 2002). For example, women complained that simple things became difficult such as taking young children with them whenever they needed to leave the house (Kelaher et al., 2001; Suto, 2013). Lack of extended family was also considered a great loss from another perspective, as the children had no exposure to their family values and culture (Kelaher et al.).

An important finding that emerged in this scoping review was that the professional immigrant women felt uncomfortable leaving children with someone other than a family member, which affected the participants' decisions regarding employment. Hence, the participants either chose to stay home or sought jobs with flexible hours or shifts (Kelaher et al., 2001). Due to the lack of affordable childcare facilities, many women were unable to attend English as Secondary Language (ESL) classes, which made the adjustment and assimilation process harder and exacerbated women's feelings of isolation and depression (Man, 2004). The long working hours and the demands of their household responsibilities meant that some women could not attend English language courses to improve their

credentials, thus making it difficult to move out of menial employment opportunities to which they were relegated (Man). For those women who were able to become full-time homemakers due to their husbands' employment situation, stepping out of the labour force altogether was described as an unhappy situation (Man).

The women linked their feelings of loneliness and isolation to the limited opportunities in establishing social networks in the host country (Ogunsiji et al., 2012). Lack of proficiency in English restricted them to seek support from local community and healthcare providers (Jirojwong & Manderson, 2001). Also, the formal mode of socializing in Australia i.e., notifying neighbours before visiting was strange to the participants who enjoyed an informal way of social life before migrating (Ogunsiji et al.). An interesting finding was that the professional immigrant women had positive social experiences with the older people in the neighbourhood who were friendlier than the other neighbours. This gave the immigrant women a sense of belonging and happiness (Ogunsiji et al.).

Dicicco-Bloom (2004) highlights another important source of distress experienced by many immigrant women in terms of the pain of familial separation. Although some women were highly motivated to migrate for educational gains and economic prosperity, they felt lost being far from their families. This feeling was exacerbated when they were not easily permitted by their employers to visit their families in their countries of origin. Koert et al. (2011) discuss the mental health of their research participants who felt frustrated, confused, stressed, anxious and overwhelmed due to the multiple roles and responsibilities of being a mother, caregiver, wife and employee. Although women did not link a specific health problem with their loneliness and isolation, the loss of extended family was a source of stress, fatigue and exhaustion as the women had to juggle work,

home and childcare. The altered and increased responsibilities regarding home and family negatively impacted the lives of these women. Also, time commitments and increased expenses affected their ability to afford leisure activities, in stark contrast to access to leisure in their countries of origin (Suto, 2013). Hence an important factor in reducing stress was unaffordable due to time and cost. Whatever time they did manage to find for leisure helped reduce their stress due to unemployment. Supportive social networks helped with settlement whereas the lack of social support had a negative impact (Koert et al.; Rasouli et al., 2008).

5.1.5 Difficulties related to Cultural and Environmental Adjustment

Many factors affected the settlement and adjustment of professional immigrant women, such as weather, older age, and cultural conflicts specifically in relation to raising children in a new environment. An important element mentioned by Martins and Reid (2007) regarding settlement in Canada was the challenge of facing the harsh winter weather especially with young children. Going outdoors or staying indoor for long periods of time was described as difficult. However, young age, good health, time and experience to deal with winters were noted as important factors that helped women to adjust to the cold weather (Martins & Reid; Kelaher et al., 2001).

In Australia, cultural differences made it difficult for the women to blend in and adapt to the new culture of the country (Zhou, et al., 2011). The discrepancy between the women's expectations and the actual reality of migration resulted in difficulties in adjustment and made the settlement for these immigrant women even harder. This cultural challenge was also evident in immigrant women's experiences accessing healthcare services as the women preferred female doctors, but were encouraged to seek care from male doctors due to the difficulties of accessing female physicians (Kelaher et

al. (2001). Language barriers also caused communication problems leading to an inability to gain necessary medical treatment, misdiagnosis of medical condition and hence inappropriate treatment of their physical illnesses and mental distress (Kelaheer, et al.).

Also, women's strong accents and lack of knowledge of Canadian culture resulted in them being discriminated as "others" (Zhou et al., 2011, p. 1425). An important insight that emerged from the work of Ding (2011) was the correlation between the various domains of immigration stress. The authors revealed that dealing with one factor such as language improvement could help eliminate or lessen the difficulties associated with other factors, such as employment and integration in the new country. Another interesting point noted by the women in the study by Kelaheer et al. (2001) was that a high degree of social network is sometimes not as helpful and actually may restrict women from seeking help from community organizations due to the lack of trust and fear of lack of confidentiality among community members.

Other cultural differences that raised concerns for immigrant women with regard to their children included freedom of speech, dress and studying in co-education system as opposed to what was common in their culture (Martins & Reid, 2007). Hence, professional immigrant women not only faced problems adjusting to the new culture but were also concerned about the adoption of the new culture by their children.

5.1.6 Impact of Immigration on Physical and Psychological Health

The studies in this review made explicit links between the settlement experiences of professional immigrant women and both physical health (e.g., cardiovascular problems) and psychological health (e.g., stress, fatigue). Various factors affected the health and well being of the professional immigrant women in the sampled studies. These factors can be divided into the categories of personal and environmental factors, both of

which affected the settlement of professional immigrant women as well as their physical and psychological health. Professional immigrant women faced personal challenges such as pregnancy, which hindered and affected their ability to engage in paid work. If employed, the self-imposed pressure to succeed at home and work was a major source of stress. In contrast, environmental factors include deskilling, unemployment or loss of job due to discrimination, lack of language proficiency and social support and cultural differences. These factors also impede integration and adjustment process in the host countries, which caused frustration (Koert et al., 2011; Zhou et al., 2011). Language barriers and limited access to information also affected the ability of the professional immigrant women to address their psychological well being (Dicicco-Bloom, 2004). As well, immigrant women in a study by Ding et al. (2011) reported feeling sad due to difficulties with language and employment.

Martins and Reid (2007) reported that women felt belittled due to deskilling. Participants of the study by Hojati (2009) described similar experiences such as oppression and emotional abuse. Job rejection or job loss by the principal wage earner had negative implications for women's mental health (Tang et al., 2007) and unemployment and loneliness caused stress and depression (Suto, 2013). The participants in a study conducted by Ogunsiji et al. (2012) explained the difficulties African immigrant women faced while settling in Australia and the impact this had on their health. These women experienced frustration when they had to change careers to survive in the new country. Furthering their studies and training was also a source of stress and disappointment for these professional women due to the associated costs and time consumption. Deskilling and changing careers, and racist bullying made the immigrant women feel demoralized and unhappy. Similarly, Allen et al. (2009) emphasize that racist

bullying in the workplace resulted in psychological effects such as lowered self-esteem, loss of self-confidence and “paranoia”. In extreme cases such racist bullying led to loss of employment (voluntary and involuntary) and potential poverty and homelessness.

All of the problems related to settlement made immigrant women feel rootless, unsettled, uncomfortable and dissatisfied. The participants of study by Guo and Wright (2005) complained of high levels of stress associated with immigration, settlement and language problems. They felt lost being away from their families and confused between the culture of their country of origin and that of the host country (Dicocco-Bloom, 2004). Also, many immigrant women described feelings of guilt for leaving their parents behind and not being there for them in their old age (Zhou et al., 2010). Jirojwong and Manderson (2001) reported that women in their study felt overwhelmed by work, stressed, lonely, isolated and also reported anxiety, frustration and disappointment. Factors such as isolation, loneliness, frustration, guilt and stress all contribute to cardiovascular problems (Hagey et al., 2001).

It was interesting how the research participants in the study by Dossa (2002) opted to use the term “emotional well being” instead of “mental health” to give a positive impression of their health status or wellness and to avoid being labeled as “crazy” or “ill” (p. 349). Dossa notes that this perception of women served as a critique of the host society, which was a source of the immigrant women’s deteriorating mental health such as their depression.

Various factors affected the emotional well being of the professional immigrant women such as education level, marital status, employment, social benefit recipient status, and English language use at home. A positive finding was that highly educated, professional or business owners, married (especially to Australians), non-social benefit

recipients and English users showed less likelihood of reporting emotional health problems (Jirojwong & Manderson, 2001). Also, women reported that leisure activities and time for self-care had a positive impact on their mood (Suto, 2013).

5.1.7 Positive and Ambivalent Experiences of Immigration and Settlement

Ambivalence emerged as an important theme in this selected body of literature on professional immigrant women. Feelings of ambivalence not only emerged during the settlement of newcomers, but also persisted among professional immigrant women who had migrated many years ago. Dicocco-Bloom's (2004) study participants explained ambivalence as "A foot here, a foot there and a foot nowhere" (pg. 28) They reported their perception that they either belonged to two places (i.e., their country of origin and the host country at the same time), described in the literature as multiple belongings (Vandenbroeck, Roets & Snoeck, 2009) or belonged nowhere at all, described in the literature as liminality (Simich, Maiter & Ochocka, 2009). These feelings hindered their ability to settle in the host country with peace of mind.

Ogunsiji et al. (2012) indicated that professional immigrant women in Australia endured settlement difficulties because they felt going back to their continent of origin, in this case Africa, would be viewed as a failure by the people back home for not achieving all that was expected through migration. Likewise, Zhou et al. (2011) report that a good career was identified as the main reason for enduring hardship in Australia. Immigrant women would also have to forsake investments made in homes and children's education if they returned to their countries of origin. Hence, most of these professional immigrant women opted to bear the difficulties instead of going back (Zhou et al.).

Similarly, this review mostly identified negative aspects of immigration but some positive findings emerged as well. For example, although the settlement phase was

difficult for many immigrants, their achievements in the host countries such as children's better education and increased economic prosperity, made it possible for them to bear these many difficulties they faced (Dicocco-Bloom, 2004). Ronquillo (2012) discusses some positive experiences as identified by Filipina nurses working in Canada who acknowledged that they were able to financially support family members in the Philippines even though being away from the family made them feel isolated and depressed. Participants in the study by Martins and Reid (2007) reported the benefit of migrating to Canada because they were able to continue their education irrespective of their old age, which was a barrier in their home country.

Except for one nurse who moved from the UK and indicated a decrease in autonomy, the Filipino nurses in Canada described their experience of working as registered nurses in a positive way (Ronquillo, 2012). For example, they enjoyed greater autonomy and freedom to share their knowledge and expertise. This shift in power dynamics (i.e., less hierarchical relationships with the doctors) played an important role in their acculturation in Canada.

In spite of a pervasive experience of work-based discrimination, some participants identified the workplace as a source of support as they were accepted by their coworkers as fellow RNs (Ronquillo, 2012). The study by Allan et al. (2009) showed the hidden agency of women who did not overtly resist discrimination they faced in the work place but managed to direct their efforts to support the professional advancement and well being of other nurses. For example, one of the nurses encouraged other overseas nurses (ONs) to fight for their rights and resist discrimination even though they did not seek advancement in their own careers (Allan, et al., 2009).

Another study unearthed the strange emotion of being happy at the stake of underemployment if it provided immigrant women with some financial independence. This financial independence was a highly sought after attribute (Dlamini et al. 2012). In particular, the feeling of not being dependent on their husbands gave women a sense of freedom. Some women had a positive outlook on their low status jobs for which they were overqualified because they saw these jobs as opportunities to learn about the receiving country, culture and language. They also felt it would improve their employment opportunities. Maitra and Shan (2007) corroborated these findings by suggesting that women saw their positive attitude as good coping strategies. As well, in contrast to the general complaint of having difficulty balancing the demands of work and home life, the women in a study by Koert et al. (2011) perceived their multiple roles as a motivation to help their families adjust to life in Canada.

Suto (2013) identified the positive health implications of activities not considered as leisure, such as English language programs. Time spent in such activities may be understood as leading to improvement in linguistic skills and an increase in social, cultural and economic gains, which, in turn, would enable women to afford leisure time. Likewise, Suto described the positive aspects of immigration identified in interviews conducted with professional women. Women specified the joy of being able to socialize in their language while shopping in the stores where the employees share the same culture. Also the professional immigrant women in a study conducted by Tang et al. (2007) viewed the lack of social support positively because it provided an opportunity to enjoy the company of their partners.

5.2 Limitations, Gaps and Future Directions

This scoping review enabled me to systematically organize research on the settlement experiences of professional immigrant women. In this section, I identify gaps in the existing research and also provide recommendations for policy and service delivery.

5.2.1 Contributions and Limitations

This scoping review explored a breadth of literature on the health and well being of professional immigrant women in four host countries: Canada, USA, UK and Australia. The findings of this review contribute to the literature on the relationship between settlement and health by identifying various challenges that professional immigrant women face during their settlement phase. Specifically, the review exposed common challenges such as discrimination, deskilling, language problems, lack of social support and difficulties adjusting to new cultural and geographical environment. The results of this review further suggest that the health and well being of professional immigrant women is adversely affected by the settlement experiences in the host countries. Additionally, the review revealed unique challenges such as those faced by trailing spouses who were unprepared for migration, for example not having the required documents to prove their qualifications for employment. Last, some positive and ambivalent experiences of settlement were identified by the scoping review.

Despite the use of measures to maintain high levels of rigor during the review process, some limitations can be noted. Firstly, as only studies that were published in English were selected, the review may have resulted in missing relevant literature reported in other languages (e.g., French, Spanish). Secondly, I focused on four countries (Canada, USA, UK and Australia) for studying the settlement experiences of professional immigrant women because these countries are considered the most active in providing

citizenship to immigrants; however, there are other countries that have been receiving a high influx of immigrants, such as countries in the Middle East. Although these countries do not provide permanent residence or citizenship, professionals in search of economic upgrading consider the locations desirable. Lastly, only studies related to the experiences of permanent residents were selected. Therefore, the experiences of immigrants in other categories such as refugees were not examined.

5.2.2 Gaps Identified

In this section, I outline the gaps discussed by the authors of the selected articles and I further identify gaps in the literature that require the attention of future researchers.

While focusing on the professional immigrant women in this review, nursing emerged as the most studied profession. However, as the authors of the reviewed studies state, there remain important aspects related to the settlement experiences of migrant nurses that require further study. For example, Zhou et al. (2011) emphasize the need to study workplace dynamics and explore the experience of patients and local nurses with the immigrant nurses. Furthermore, Jones et al. (2009) call for an examination of the impact of gender, race and class on the work, family life and well being of migrant nurses from different cultural backgrounds. There is also a lack of research on professional immigrant women who are nurses as well as transnational mothers who face the challenge of staying away from their children in addition to bearing the difficulties of migration (Jones et al.). The information generated by focusing on these gaps will help the host countries provide means to immigrant nurses in order to adjust well both at work and with their families. Also, the association between ambivalence and the mental health of immigrant nurses should be explored (Zhuo, et al.).

One of the major findings of this scoping review is that, among the various challenges identified, the problem of discrimination faced by the professional immigrant women is the most significant. There is a need to explore if certain groups are more vulnerable to racism and discrimination and what measures are required to deal with racism in workplaces.

Similarly, Kelaher et al. (2001) identified a gap that exists between immigrant women's needs and service provision especially in the context of cross-cultural marriages, and the influence of cross-cultural marriages on settlement and adjustment challenges. Research on the factors that cause some women to demonstrate more resilience and agency as compared to other women would be helpful in order to provide a guideline for future immigrants. This may also provide direction for programming and service provision for new immigrants and possible solutions for problems that these immigrants face. In this regard, the authors state that qualitative research using a grounded theory or phenomenological methodology would be useful to explore in depth the immigrant women's experiences of self care as well as other factors such as social, cultural, and structural that lead to feelings of ambivalence (Koert et al.; Zhuo, et al., 2010).

Comparative and cohort studies can be conducted across age groups, by countries of origin, comparing the experiences of professional immigrant women across receiving countries. As pointed out by Rasouli et al (2008) research should be conducted on established professional immigrant women in order to identify the factors that helped in their career adjustment. This can help researchers understand and formulate steps that might be lacking and also follow the direction adopted by other countries to improve the adjustment and settlement of professional immigrant women.

As outlined in the charts included in the previous chapter, the professional immigrant women that majority of selected studies in this scoping review focus on, are nurses. This suggests a need to focus on settlement experiences of female professionals in other fields that are judged as desirable by host countries and that enable these professional women to gain immigrant status based on their qualifications such as teachers and doctors. As well, the selected studies focused on Canada, Australia, USA and UK, therefore more research is required to investigate the settlement of professional immigrant women in other countries such as Sweden and Ireland that are also members of OECD.

An important aspect of research on professional immigrant women in a number of selected studies was the status of a trailing spouse. However, there is a gap in the research that indicate how non-recognition of skills affect women who do not migrate with the primary aim of employment and seek employment sometime after settlement, as in the case of trailing spouses. In this context, the question emerges: Does the non-recognition of skills accompanied by gap in work further complicate the process of gaining employment? Research that compares the effects of adjustment problems of trailing spouses versus women who immigrate with family for employment and economic reasons would provide a more comprehensive understanding of the health issues experienced by a wide range of immigrant families. Furthermore, there is a need to uncover the settlement experiences of women who are single i.e., independent female immigrants. Although such women do not have the burden to support and care for their families, a significant aspect to be explored is the effect of lacking all forms of familial support, which may have deteriorating effects on their health and well being.

Ambivalence surfaced as an essential component of the adjustment process. Research should be conducted to compare highly successful immigrants with the ones struggling to settle in order to assess if ambivalence exists equally in both the groups and the associated reasons. This would direct attention towards the adjustment problems inherent in the fabric of immigration irrespective of the settlement experiences of the immigrants and provide a more realistic expectation to the immigrant women.

As stated by immigrant women in the studies, they were not aware of the difficulties of migration until they moved to the host country. Therefore, research should be conducted with the aim to perform needs assessments among immigrant women belonging to various professions. This would inform policy makers regarding changes and improvements that are necessary to ease the adjustments of immigrants in the host countries.

In addition to focusing on the well being of professional immigrant women, there is also a need to examine the intergenerational effects of the deteriorating mental and physical health of professional immigrant women on their children. Further research is needed to consider how the impact of settlement on professional immigrant women in turn affects their children's health and well being who will be a part of the next generation of the host countries and will contribute towards a healthy and prosperous environment in these countries.

5.2.3 Policy and Service Delivery Recommendations

This scoping review provided a number of recommendations for policy and service delivery in order to improve the settlement experiences of professional immigrant women. As identified by Rasouli et al. (2008), newcomers engaged in certain professions, in the sciences for instance, have their education and experience transferred more easily.

Given the feelings of disappointment expressed by many professional immigrant as also discussed by Koert et al. (2011), immigrant women blamed the Canadian government for misinformation regarding the job opportunities and disjuncture between expectation and reality. I suggest that government bodies should provide extensive information regarding the actual job market in various professions at the time of immigration to prepare newcomers for the challenges they can expect.

Government policies should be implemented for affordable and less prolonged credential assessment processes. This can be achieved by a better control and communication between the government and agencies that deal with the credentialing process. Also, financial support (e.g. in the form of grant or loans) would help new immigrants access credential assessments and acquire the necessary credentials in their professional fields. The provision of information about the process of credential acquisition would provide guidance to new immigrants about the necessary tasks and should include a directory of important places, an outline of credentialing process for the common professions with the contact information of agencies and links to related websites. These measures will save time, alleviate the hassle of navigating a confusing new environment, and may further alleviate feeling rootless in the new country by allowing immigrant women to plan for a course of action and direct their affairs. This information should be available in all official languages of the host country, as well as in languages spoken by immigrants to facilitate understanding and ease settlement.

Training opportunities and incentives (such as monetary reward or advancement opportunities) should be introduced in order to encourage learning efforts (Maitra & Shan, 2007; Tang et al., 2007). Retraining programs should also be available to provide new immigrants with local experience and qualification through government funding. As

also suggested by Koert et al (2011), due to the cultural diversity in the OECD member countries, there should be easily accessible support centers that cater to the specific needs and potentials of professional immigrant women especially with regard to the job search in order to help their adjustment. As discussed in this scoping review, immigrant women felt a sense of leisure and relief from stress while navigating through systems that had similar culture and language. Therefore, government bodies should establish and fund such centers for the immigrant communities.

Just as countries like Canada and UK provide free health care, these government-funded centers will play a crucial role in staving off the negative impact of immigration on the psychological health of immigrant women. As became evident from this scoping review the major problems that the professional immigrant face are related to deskilling, discrimination and lack of social support. I strongly sustain that such centers can form support groups, provide opportunity for networking, help women find employment opportunities, and also locate affordable and culturally appropriate childcare for working professional women. These spaces of social interaction can help improve the emotional well being of professional immigrant women where they interact (Dossa, 2002).

Vocational centers and child care resource centers should be well equipped to provide activities for children and relaxation and leisure to mothers (Martins & Reid, 2007). This set up can have a positive influence on the health and well being of immigrant women as the main challenges that the professional immigrant women face in the initial few months of their arrivals in the host countries can be lessened to a considerable level.

As discussed in this scoping review, language barriers are closely tied to difficult adjustment in the host country, deskilling and isolation and have adverse effects on psychological health. Therefore, language problems should also be given priority in social

and policy intervention, as language is a key factor that affects occupation and adjustment in the new country (Ding et al., 2011). There is a need to implement policies to eliminate the problem of discrimination while seeking employment and in the workplace by assisting immigrant women improve their language skills (Jirojwong & Manderson, 2001; Kelaher, 2001). Support centers can be an ideal place to provide language improvement to the immigrant women who need to increase their language skills. Along with government assigned instructors, social networking in support centers may encourage people to volunteer for instructing at ESL classes. This would be beneficial for the immigrant women who may be hesitant or unable to engage in large groups.

Discrimination and racism are problems that many professional immigrants face, which often stay unreported either due to the fear of losing jobs or supervisors developing inappropriate behaviour in case their complaints went unheard. Therefore, systems within the workplaces should be implemented in order to address the problems of harassment and bullying (Allan, et al., 2009). Policies should be implemented to foster social justice in academia and eliminate discrimination in hiring on the basis of gender, ethnicity and dress (Hojati, 2009). As also suggested by Ali and Toner (2005) employees should be instructed regarding their rights and should be assured of help in time of need. This information is extremely crucial as many immigrant women come from cultures that do not possess such laws, which renders the employees unaware of their legal rights.

It should be noted that, in Canada, some provinces do not cover the health care costs of newcomers for the first three months (OMA, 2011). As the initial few months are the hardest in terms of adjustment, the inability to access health care can aggravate the problems of psychological health, which may impose extra demands on the health care system once coverage becomes available. Ogunsiji et al., (2012) suggest that health care

professionals and nurses should screen immigrant women issues that may affect their emotional and social well being and lead to anxiety and depression. Mental health support should also be given priority by policy makers and health care providers and more work also needs to be put into raising awareness about this issue (Guo & Wright, 2005). Stronger links should be developed between health care professionals and immigrant community service providers.

5.3 Conclusion

This research project constitutes an important step in outlining the settlement experiences of professional immigrant women in Canada, the USA, UK and Australia and the complex ways that these influence immigrant women's health. This scoping review suggests that the settlement experiences of professional immigrant women are generally harsh, although some positive aspects of settlement were also identified. Overall, the experiences negatively impact the health and well being of professional immigrant women. This scoping review also identified gaps in the available literature and provides direction for future research, policy making and service delivery to further address these issues, thus cultivating a richer environment for professional immigrant women in their new homelands.

References

- Abu-Laban, Y., & Gabriel, C. (2002). *Selling Diversity: Immigration, Multiculturalism, Employment Equity, and Globalization*. Toronto: University of Toronto Press.
- Ali, A., & Toner, B. B. (2005). A Cross-Cultural Investigation of Emotional Abuse in Caribbean Women and Caribbean-Canadian Women. *Journal of Emotional Abuse*, 5(1), 125-140.
- Allan, T. H., Cowie, H., & Smith, P. (2009). Overseas nurses' experiences of discrimination: a case of racist bullying. *Journal of Nursing Management*, 17(7), 898-906.
- Anderson, S., Allen, P., Peckham, S., & Goodwin, N. (2008). Asking the right questions: Scoping studies in the commissioning of research on the organization and delivery of health services. *Health Research Policy and Systems*, 6(7).
- Antecol, H., Cobb-Clark, D. A., & Stephen J. T. (2003). Immigration Policy and the Skills of Immigrants to Australia, Canada, and the United States. *The Journal of Human Resources*, 38(1), 192-218.
- Arksey, H., & O'Malley, L. (2005). Scoping Studies: Towards a Methodological Framework. *Intl. J. Social Research Methodology*, 8(1), 19-32.
- Armstrong, R., Hall, B. J., Doyle, J., & Waters, E. (2011). Cochrane Update 'Scoping the scope' of a cochrane review. *Journal of Public Health*, 33(1), 147-150.
- Aycan, Z., & Berry, J. W. (1996). Impact of Employment-Related Experiences on Immigrants' Psychological Well-Being and Adaptation to Canada. *Canadian Journal of Behavioral Science*, 28(3), 240-251.

- Banerjee, R., & Verma, A. (2011). Post-migration Education Among Recent Adult Immigrants to Canada. *International Migration & Integration*, 13, 59-82.
- Basran, G. S., & Li, Z. (1998). Devaluation of foreign credentials as perceived by visible minority professional immigrants. *Canadian Ethnic Studies*, 30(3), 7-23.
- Bauder, H.(2003). Brain Abuse, or the Devaluation of Immigrant Labour in Canada. *Antipode*, 35(4), 699-717.
- Bauer, T. K., Lofstrom, M., & Zimmermann, K. F. (2001). Immigration Policy, Assimilation of Immigrants and Natives' Sentiment towards immigrants: Evidence from 12 OECD-Countries (CCIS Working Paper No. 33).
- Borjas, G. J. (1991). Immigration Policy, National Origin, and Immigrant Skills: A Comparison of Canada, and the United States (NBER Working Paper Series No. 3691).
- Boyd, M., & Vickers, M. (2000). 100 years of immigration in Canada, *Canadian Social Trends*, (Statistics Canada, catalogue No. 11-008).
- Callahan, D. (1973). The WHO Definition of 'Health', *The Hastings Center Studies*, 1(3), 77-87.
- Carrington, W., & Detragiache, E. (1999). How extensive is the brain drain? *Finance & Development*, 46-49.
- Chen, C. P. (2008). Career Guidance with Immigrants. *International Handbook of Career Guidance*, 419-442.
- Chiang, L. N. (2004). Middle-class Taiwanese Immigrant Women Adapt to Life in Australasia: Case Studies from Transnational Households. *Asian Journal of Women's Studies*, 10(4), 1-10.

- Citizenship and Immigration Canada. (2010). Canada Facts and Figures: Immigration overview permanent and temporary residents. Total entries of foreign workers by gender and occupational skill level, 2010.
- Citizenship and Immigration Canada. (2015). Entry criteria and the Comprehensive Ranking System. The Express Entry System, 2015.
- Cooke, T.J. (2008). Migration in a Family Way. *Population, Space and Place*, 14, 255-265.
- Davis, K., Nick, D., & Gould, D. (2009). What are scoping studies? A review of the nursing literature. *International Journal of Nursing Studies*, 46, 1386-1400.
- Dicicco-Bloom, B. (2004). The Racial and Gendered Experiences of Immigrant Nurses from Kerala, India. *Journal of Transcultural Nursing*, 15(1), 26-33.
- Ding, D., Hofstetter, R. C., Norman, J. G., Irvin, L. V., Chhay, D., & Hovell, F. M. (2011). Measuring immigration stress of first-generation female Korean immigrants in California: psychometric evaluation of Demand of Immigration Scale. *Ethnicity & Health*, 16(1), 11-24.
- Dlamini, N., Anucha, U., & Wolfe, B. (2012). Negotiated Positions: Immigrant Women's Views and Experiences of Employment in Canada, *Journal of Women and Social Work*, 27(4), 420-434.
- Dossa, P. (2002). Narrative Mediation of Conventional and New "Mental Health" Paradigms: Reading the Stories of Immigrant Iranian Women. *Medical Anthropology Quarterly*, 16(3), 341-359.
- Dumont, J. C., & Lemaitre, G. (2005). Counting immigrants and expatriates in OECD countries: A new perspective, *OECD Social, Employment and*

Migration (Working Papers No. 25).

Ferrer, A., & Riddell, W. C. (2008). Education, credentials, and immigrant earnings.

Canadian Journal of Economics, 41(1), 186-216.

Garnett, P., & Sweetman, A. (2012). Making It in Canada: Immigration Outcomes and Policies. *IRPP Study*, 29, 1-48.

Giusta, M. D., & Kambhampati, U. (2006). Women Migrant Workers in the UK: Social Capital, Well-Being and Integration. *Journal of International Development*, 18, 819-833.

Grant, M., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal*, 26, 91-108.

Grant, P. R., & Nadin, S. (2007). The Credentialing Problems of Foreign Trained Personnel from Asia and Africa Intending to Make their Home in Canada: A Social Psychological Perspective. *Int. Migration & Integration*, 8, 141-162.

Green A. G., & Green D. A. (1995). Canadian immigration policy: the effectiveness of the point system and other instruments. *The Canadian Journal of Economics*, 28(4b), 1006-1041.

Greenwood, M. J., & McDowell, J.M. (2011). USA immigration policy, source-country social programs, and the skill composition of legal USA immigration. *Journal of Population Economics*, 24, 521-539.

Guo, F., & Wright, M. E. (2005). Health Status of Chinese Women in Northern Ireland: SF-36 health survey. *Diversity in Health and Social Care*, 2, 291-298.

- Guo, S. (2009). Difference, Deficiency, and Devaluation: Tracing the Roots of Non-Recognition of Foreign Credentials for Immigrant Professionals in Canada. *The Canadian Journal for the Study of Adult Education*, 22(1), 37-52.
- Gupta, D., & Tania. (1994). Political economy of gender, race, and class: looking at South Asian immigrant women in Canada. *Canadian Ethnic Studies*, 26(1), 59-73.
- Hagey, R., Choudhry, U., Guruge, S., Turriffin, J., Collins, E., & Lee, R. (2001). Immigrant Nurses' Experiences of Racism. *Journal of Nursing Scholarship*, 33(4), 389-394.
- Hardill, I. (2004). Transnational Living and Moving Experiences: Intensified Mobility and Dual-Career Households. *Population, Space and Place*, 10, 375-389.
- Hardill, I., & MacDonald, S. (2000). Skilled International Migration: The Experience of Nurses in the UK. *Regional Studies*, 34(7), 681-692.
- Hiebert, D. (2005). Winning, Losing, and Still Playing the Game: The political Economy of Immigration in Canada. *Royal Dutch Geographical Society*, 97(1), 38-48.
- Hojati, Z. (2009). Iranian Women Graduate Students Theorize the Source of Oppression in Canadian Society. *Canadian Women Studies*, 27(2.3), 53-62.
- Iredale, R. (2001). The Migration of Professionals: Theories and Typologies. *International Migration*, 39(5), 7-13.

- Jackson, J. S., Brown, K. T., & Kirby, D. C. (1998). International perspectives on prejudice and racism. In J. L. Eberhardt & S.T. Fiske (Eds) *Confronting racism: The problem and the response*, (p.101-135) Thousand Oaks, CA: Sage.
- Jirojwong, S., & Manderson, L. (2001). Feelings of Sadness: Migration and Subjective Assessment of Mental Health Among Thai Women in Brisbane, Australia. *Transcultural Psychiatry*, 38(2), 167-186.
- Jones, A.D., Bifulco, A., & Gabe, J. (2009). Caribbean nurses migrating to the UK: a gender –focused literature review. *International Nursing Review*, 56, 285-290.
- Kelaher, M., Williams, G., & Manderson, L. (2001). Population characteristics, health and social issues among Filipinas in Queensland, Australia. *Journal of Ethnic and Migration Studies*, 27(1), 101-114.
- Kennedy, S., & McDonald, J. T. (2006). Immigrant Mental Health and Unemployment. *The Economic Record*, 82(259), 445-459.
- Khan, S., & Watson, J. C. (2005). The Canadian immigration experiences of Pakistani women: Dreams confront reality. *Counselling Psychology Quarterly*, 18(4), 307-317.
- Koert, E., Borgen, W. A., & Amundson, N. E. (2011). Educated Immigrant Women Workers Doing Well With Change: Helping and Hindering Factors. *The Career Development Quarterly*, 59(3), 194-207.
- Landa, A.H., Szabo, I., Brun, L.L., Owen, I., Fletcher, G., & Hill, M. (2011). An evidence-based approach to scoping studies. *The Electronic Journal Information Systems Evaluation*, 14(1), 46-52.

- Linehan, M. (2002). Senior female international managers: empirical evidence from Western Europe. *International Journal of Human Resource Management*, 13(5), 802-814.
- Liversage, A. (2009). Vital conjunctures, shifting horizons: high-skilled female immigrants looking for work. *Work, Employment & Society*, 23(1), 120-141.
- Lynam, M. J., & Cowley, S. (2007). Understanding marginalization as a social determinant of health. *Critical Public Health*, 17(2), 137-149.
- Maitra, S., & Shan, H. (2007). Transgressive vs conformative: immigrant women learning at contingent work. *Journal of Workplace Learning*, 19(5), 286-295.
- Maitra, S. (2007). Learning to develop Negotiating Strategies: Labour market experiences of South Asian immigrant women as home-based entrepreneurs in Toronto. *CERIS Research Summary*. Toronto, ON.
- Man, G. (2004). Gender, work and migration: Deskillling Chinese immigrant women in Canada. *Women's Studies International Forum*, 27, 135-148.
- Martins, V., & Reid, D. (2007). New-immigrant women in urban Canada: insights into occupation and sociocultural context. *Occupational Therapy International*, 14(4), 203-220.
- Mathews E. S. (2009, May 25). USA: Life's a Full Stop For Women with H-4 Visas *Women's Feature Service*.
- Meadows, L. M., Thurston, W. E., & Melton, C. (2001). Immigrant women's health. *Social Science & Medicine*, 52, 1451-1458.

- Meares, C. (2010). A fine balance: Women, work and skilled migration. *Women's Studies International Forum*, 33, 473-481.
- Mojab, S. (1999) De-skilling Immigrant Women. *Canadian Woman Studies*, 19(3),123-128.
- Myohanen, L., Taylor, E., & Keith, L. (2005). Accessing Grey Literature in public health: New York Academy of Medicine's Grey Literature Report. *Publishing Research Quarterly*, 21(1), 44-52.
- Ngo, H. V., & Este, D. (2006). Professional Re-entry for Foreign-Trained Immigrants. *Journal of International Migration and Integration*, 7, 27-50.
- Ogunsiji, O., Wilkes, L., Jackson, D., & Peters, K. (2012). Beginning Again: West African Women's Experiences of Being Migrants in Australia. *Journal of Transcultural Nursing*, 23(3), 279-286.
- Omidvar, R., & Richmond, T. (2005). *Immigrant settlement and social inclusion in Canada*. Joint Centre of Excellence for Research on Immigration and Settlement (CERIS).
- Ontario Medical Association (OMA). (2011). Reviewing the OHIP Three-Month Wait: an unreasonable barrier to accessing health care (OMA Policy Paper). Retrieved from <https://www.oma.org/Mediaroom/PressReleases/Pages/Endthe3-MonthWaitforOHIP.aspx>
- Parsons, W. L., Duke, P. S., Snow, P., & Edwards, A. (2009). Physicians as parents: Parenting experiences of physicians in Newfoundland and Labrador. *Canadian Family Physician*, 55, 808-809.

- Picot, G., & Sweetman, A. (2012). Making it in Canada: Immigration outcomes and policies. *IRPP study*, (29), 1.
- Purkayastha, B. (2003). Skilled migration and cumulative disadvantage: the case of highly qualified Asian Indian immigrant women in the US. *Geoforum*, 36, 181-196
- Ranger, S. L. (2005). Grey Literature in Special Libraries: Access in Use. *Publishing Research Quarterly*, 21(1), 53-63.
- Rasouli, M., Dyke, L., & Mantler, J. (2008). A model of career adjustment for immigrant women in Canada. *International Journal of Diversity in Organisations, Communities & Nations*, 8(5), 49-73.
- Ricardo, T., & Lloyd, W. (2010). Temporary Workers in Canada: A National Perspective. *Canadian Issues*, 83-89.
- Ronquillo, C. (2012). Leaving the Phillipines: Oral Histories of Nurses' Transition to Canadian Nursing Practice. *Canadian Journal of Nursing Research*, 44(4), 96-115.
- Rumrill, P. D., Fitzgerald, S. M., & Merchant, W.R. (2010). Using scoping literature reviews as a means of understanding and interpreting existing literature. *Work*, (35), 399-404.
- Simich, L., Maiter, S., & Ochocka, J. (2009). From social liminality to cultural negotiation: Transformative processes in immigrant mental wellbeing. *Anthropology and medicine*, 16(3), 253-266.
- Shuval, J.T. (2000) The Reconstruction of Professional Identity Among Immigrant Physicians in Three Societies. *Journal of Immigrant Health*, 2(4), 191-202.

- Suto, M. J. (2013). Leisure Participation and Well-being of Immigrant Women In Canada. *Journal of Occupational Science*, 20(1), 48-61.
- Tang, T. N., Oatley, K., & Toner, B. B. (2007). Impact of Life Events and Difficulties on the Mental Health of Chinese Immigrant Women. *Immigrant Minority Health*, 9, 281-290.
- Tannock, S. (2011). Points of Prejudice: Education-Based Discrimination in Canada's Immigration System. *Antipode*, 43(4), 1330-1356.
- Vandenbroeck, M., Roets, G., & Snoeck, A. (2009). Immigrant mothers crossing borders: Nomadic identities and multiple belongings in early childhood education. *European Early Childhood Education Research Journal*, 17(2), 203-216.
- Vineberg, R. (2011). Continuity in Canadian Immigration Policy 1947 to present: Taking a Fresh Look at Mackenzie King's 1947 Immigration Policy Statement. *International Migration & Integration*, 12, 199-216.
- Voicu, A. (2009). Immigration and Integration Policies in UK. *Romanian Journal of European Affairs*, 9(2), 71-86.
- Zhou, Y., Windsor, C., Coyer, F., & Theobald, K. (2010). Ambivalence and the experience of China-educated nurses working in Australia. *Nursing Inquiry*, 17(3), 186-196.
- Zhou, Y., Windsor, C., Theobald, K., & Coyer, F. (2011). The concept of difference and the experience of China-educated nurses working in Australia: A symbolic interactionist exploration. *International Journal of Nursing Studies*, 48, 1420-1428.

Appendix A: List of Agencies Contacted for Grey Literature

Name of agency	Purpose/ Focus
1. MRCS (London) Muslim Resource Centre for Social Support and Integration	To establish social support networks for the diverse London Muslim Community and build capacity to overcome challenges.
2. CIWA (Calgary) Calgary Immigrant Women's Association	To engage and integrate immigrant women and their families in the community
3. IWC (provincial) Immigrant Women's Centre	To enable refugee and immigrant women to discover and build their new futures through skills development and settlement support.
4. OCASI (provincial) Ontario Council of Agencies Serving Immigrants	Achieve equality, access and full participation for immigrant and refugees in Canadian life
5. OMC & I (provincial) Ontario Ministry of Citizenship and Immigration	Provides service for successful economic & social integration of newcomers
6. Maytree (provincial)	Reduce poverty & inequality and build strong communities
7. CERIS (provincial) (Centre of Excellence for Research on Immigration and Settlement)	Creating and sharing knowledge on the lives of immigrants and the policies that affect them
8. CRIAW-ICREF (national) Canadian Research Institute for the Advancement of Women	To support women-centered research in Canada
9. CWHN (national) Canadian Women's Health Network	To improve the health and lives of girls and women in Canada and world
10. CIC (national) Citizenship and Immigration Canada	Build a stronger Canada by developing and implementing policies and programs.

Appendix B: Sample Letter Sent to Agencies for Collecting Grey Literature

Dear Sir/ Madam,

I am currently completing a Master's degree in Health Promotion in the Faculty of Health Sciences at The University of Western Ontario in London. For my thesis research I am conducting a scoping review of the available literature on the settlement experiences of professional immigrant women in Canada. I am particularly interested in how these experiences influence the health and well being of immigrant women who arrive in Canada as skilled professionals.

As part of this research, I am gathering documents generated by organizations and agencies that focus on and have expertise in issues related to the settlement of professional immigrant women. I would be most grateful if you would be willing to share any documents produced by your organization that relate to my research project on the settlement and/or health experiences of professional immigrant women (such as research your agency has conducted, workshop reports, conference proceedings, information brochures, etc.). As well, if you have any references to other documents that relate to my research, or to other agencies or organizations that would be useful contacts for me, I would welcome this information. In return, I would be more than happy to make a summary of the findings of my research available to you after the completion of my research.

Please feel free to contact me at the email or telephone number provided below. As well, I have included the contact information for the supervisors of my research for your information.

I look forward to hearing from you.

Sincerely,

Naila Meraj

MSc. Candidate,
HRS (Health promotion)
The University of Western Ontario, London, Canada

Research Supervisors:

Jessica Polzer, PhD.
Department of Women's Studies and Feminist Research and School of Health Studies
The University of Western Ontario

Lilian Magalhaes, PhD.
School of Occupational Therapy
The University of Western Ontario

Curriculum Vitae

Name: Naila Meraj

Post-secondary: St. Joseph's College

Education and Degrees: Dow University of Health Sciences
Karachi, Pakistan
1991-1996 Bachelor of Medicine and Bachelor of
Surgery (MBBS)

Related Work Experience: Teaching Assistant
The University of Western Ontario
2011-2013

Research Assistant
Research and Education Department
Child and Parent Resource Institute (CPRI)
2011- 2013

Medical Officer (GP)
Ehsan Medical Center
Karachi, Pakistan
1998-1999

Trained and Certified in Family Planning
1998

House Officer (Intern)
Civil Hospital Karachi, Pakistan
1996-1997