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COOKING, CLEANING, AND CARING

COVID-19, essential labour and the experiences of immigrant
and migrant women in Nova Scotia

Catherine Bryan, María José Yax-Fraser, Zainab Almkhtar,
Mitherayee Augustine, and Jodi VanderHeide

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The CCPA-NS office is located in Kijipuktuk in Mi'kma'ki, the unceded, unsundered ancestral land of the Mi'kmaq people.

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Beyond Recovery: Priorities for supporting women and the economy

Cooking, cleaning, and caring is part of a larger project, Beyond Recovery, which is working to support and advance a gender-just recovery from the COVID-19 pandemic. The project's goals are to document and analyze women's experiences, with a particular focus on those of marginalized women in hard-hit sectors, and to provide evidence-based policy proposals to ensure those who are most impacted in this pandemic are front and centre in Canada's post-pandemic future.

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Women and Gender
Equality Canada

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des genres Canada



About the authors

Catherine Bryan is a social anthropologist, associate professor at Dalhousie University's School of Social Work, and is the chair of the Canadian Centre for Policy Alternatives—Nova Scotia's Research Advisory Committee. Her research focuses on migration, transnational forms of livelihood, and social reproduction.

María José Yax-Fraser is an activist, a scholarly and community research practitioner, and community leader. She has worked in migration and settlement services for more than twenty-five years. María José is a founding member of the Immigrant Migrant Women's Association of Halifax (IMWAH) and is a strong advocate of gender equality, equity and the advancement of immigrant and migrant women. She is a PhD Candidate in Social Anthropology at York University. Her academic interest is on the cross-cultural mothering experiences of immigrant and migrant mothers.

Zainab Almkhtar holds a PhD degree in Management Science, Saint Mary's University, Halifax, Canada is an Assistant Professor at Cape Breton University and a Research Associate at the Canadian Centre for Policy Alternatives. Zainab also holds a master's degree in technology Entrepreneurship and Innovation and a Bachelor and a Master in Control System Engineering. Main research areas are healthcare analytics and management, operations research, healthcare policies, immigration policies and diversity.

Mitherayee Augustine holds a Combined Honours Bachelor of Arts in Psychology and International Development Studies and a Master of Arts from Dalhousie University. She is currently an employment programs coordinator at the YWCA, serving women and gender-diverse folks experiencing mental health barriers.

Jodi VanderHeide has a Bachelor of Social Work (UNBC) and Master's in Women and Gender Studies (SMU). She is currently the manager of the Sex Education Resource Centre at the Dalhousie Student Union.

EXECUTIVE SUMMARY

RELATIVE TO MANY OTHER provincial jurisdictions in Canada, Nova Scotia fared well during the first two years of the COVID-19 pandemic¹. Credited to strict public health restrictions and a general tendency amongst Nova Scotians to adhere to COVID-19 rules and regulations, the province was among a few jurisdictions that saw lower rates of infections and fewer deaths than elsewhere in the country². Many of these restrictions focused on limiting mobility and social contact, including non-essential travel, closing non-essential businesses, and reducing in-person retail hours for services that came to be designated as essential, such as grocery stores and pharmacies and health care services which continued with protocols in place to reduce COVID-19 transmission³. Nova Scotia's impressive early efforts to limit infection, translated into job losses, increased unemployment and underemployment, a lack of childcare, a significant increase in housing insecurity and scarcity of affordable housing,⁴ and a crisis in a health care system already experiencing a primary health crisis.⁵

In this report, we explore the employment experiences of immigrant and migrant women in the sectors that came to be recognized as “essential” during the three waves of the COVID-19 pandemic. The report is based on a study of women working in essential sectors in Nova Scotia during the pandemic. The study aimed to understand the underlying links between “essential work” and “survival jobs”—short-term (under) employment intended to ensure the survival of immigrants upon arrival in the country or resettlement. Concentrated in feminized sectors—such as care, food provisioning, and sanitation—in the context of Covid-19,

many of these “survival jobs”; largely in response to political pressure, were re-designated as “essential”. This shift, however, has largely been rhetorical with only nominal, ad hoc, and temporary improvements made to working conditions and wages. Consequently, the feminized and devalued character of these labour sectors, long abandoned to the logic and imperatives of neoliberal capitalism buckled under the threat of the pandemic, has persisted. Our findings reveal that public services remain under-resourced, and labour markets have made already vulnerable service users, service providers, and workers even more vulnerable⁶. They highlight the contributions that immigrant and migrant women make to the socio-economic health and well-being of Nova Scotians. They also reveal their experiences of employment precarity and stratification by immigrant status, and the link between employment precarity in essential sectors and mental health—a social and political determinant of health.

Drawing on 27 in-depth, qualitative interviews with migrant and immigrant women working in essential sectors in Nova Scotia, we detail the conditions and contributions of their labour, both waged and unwaged, during and after the height of the COVID-19 pandemic. Our use of “essential” refers to those sectors necessary for the immediate continuation of life: in sum, food provision, cleaning and sanitation, and care. These sectors are historically feminized, low-waged, and lack formal protections. In other words, essential as it is used in this study is more narrowly defined than the official⁷ uses of the term, which include information technology services and financial services. Our participants often had credentials that might make them eligible for employment in these sectors, but given their status as migrant women, were typically excluded from them.

What emerges from our data is the tremendous and manifold work undertaken by migrant and immigrant women between 2020 and 2023, but also in the pandemic shutdown’s aftermath, which has seen the cost of living in Nova Scotia skyrocket⁸. As a result, even as these sectors have “returned to normal” or, in the case of food retail, have exceeded pre-pandemic profits⁹, the migrant and immigrant women whose labour ensures not only the reproduction of Canadian families, but the viability and profitability of these sectors, continue to struggle. This is particularly the case for those in our study unable to exit low-waged work.

Our interviews point to several experiences commonly shared by migrant and immigrant women workers employed in Nova Scotia’s low-wage essential sectors. We offer these insights chronologically, corresponding to before, during, and following the most acute periods of the COVID-19 pandemic. Like many newcomers, the women participating

in our study migrated in search of new opportunities and security for themselves and their families. Most continued to support their family in their country of origin. Many of them held credentials that should have, in principle, enabled them to access more secure, better-paid employment. Instead, de-skilling and re-skilling emerges as a common feature and requirement of their employment in Nova Scotia, during and after the height of the pandemic. At the same time, there is also considerable variation among the migrant and immigrant women we interviewed. We found that these differences correspond to individual migration trajectories, suggesting that specific immigration pathways and programs, often reflecting specific histories of migration in countries of origin and labour market needs in Canada, influence the employment experiences and economic outcomes of migrant and immigrant women.

Before the pandemic, these women experienced barriers to and challenges in employment. Finding work was difficult, and once it was secured, many confronted racism, exclusion, and exploitation. These worsened during the pandemic. Illustrating this, our study offers four features of employment in essential sectors experienced by migrant and immigrant women during the pandemic. These are: decreased earnings and opportunities for employment; increased workload; being responsabilized for enforcing public health regulations; and increased emotional and affective labour. Often experienced concurrently, these features generated considerable stress for those we interviewed. In turn, we elaborate on the relationship between these stressors and the emotional and mental health and well-being of our participants, as they understood it. The feelings of stress and anxiety experienced by the women tended to be compounded by the realities of migrant family life, and for some, the profound precarity and vulnerability associated with temporary immigration status¹⁰. Given the timing when we interviewed women working in essential sectors, we believe, much of this stress and anxiety persists in the aftermath of COVID, if in a somewhat modified form. This is because, while the work of managing and surviving COVID has ended in principle, the fundamental condition of their labour has remained consistent.

From these findings, our study makes **six key observations**. These are:

1. the pandemic reinforced existing stratification in labour markets, wherein newcomer immigrant and migrant, women, and racialized people are represented in greater numbers in service and retail work;

2. the vulnerability already prevalent in feminized, essential sectors is compounded by the immigration process and intensified by temporary immigration status;
3. the conditions present in essential sectors worsened at the height of the pandemic, such that the burden migrant women carried—already vital for the reproduction of Canadian families, society, and economy—increased;
4. the challenges already associated with migrant family life and securing permanent immigration increased;
5. taken together, these conditions or features of work during COVID-19 generated considerable stress and anxiety, culminating in a decrease in overall well-being and mental health;
6. despite the official end of the COVID-19 pandemic, migrant women and in turn, their families struggle to recover from the financial and emotional strain they experienced during the pandemic.

The work experiences of our participants reflect a pervasive devaluing of reproductive labour in Nova Scotia, as elsewhere¹¹. Conditioned by the perspective that cooking, cleaning, and caring are unskilled, these labour markets are feminized, low-waged, and lack formal protections. Faced now with a crisis of affordability, the women in our study are unable to recover from the pandemic, and yet, their labour emerges once again as vital to how we, as a society, can move forward. In what follows, we parse out the narratives and experiences of our study participants. In so doing, we query and seek to better understand why labour recognized as essential continues to be undervalued, and why the immigrant and migrant women so central to its realization struggle to meet their own needs and those of their families. What is revealed through our interviews with migrant and immigrant women in Nova Scotia is the intensification of those conditions that perpetuate disadvantage, relegating women to low-waged sectors, and a heightening of physical, mental, and emotional vulnerabilities, as the work they performed became riskier and more dangerous.

The pandemic demonstrated that previously unthinkable policies could be implemented federally and provincially. In turn we consider a range of policy interventions to redress the challenges faced by immigrant women in the province, and to re-frame the approach to essential work and what it means to “survive” it. More precisely, we recommend:

- a wholesale re-orientation to immigration, that would provide permanent residency to all workers and migrants, regardless of skills, training, or financial resources, enabling access to the full range of social services and supports. This would require a re-working of all labour recruitment schemes, as well as international student programs. Immigrants and newcomers must be regarded as more than the sum of their economic potential and capacity, or exploitability.
- The development and implementation of anti-racist approaches to credential recognition and labour market inclusion, as well as new ways of regulating labour standards and wages, particularly in sectors where low wages and high profits have become the norm. In turn, we need to re-evaluate what constitutes “skilled” or “highly skilled” labour.
- Finally, we need to adjust our understanding of the inherent value (or lack thereof) of reproductive labour in essential sectors. This work—caring, food provisioning, and cleaning—is skilled, and it is fundamental. Absent such an understanding, pandemic recovery now and in the future will always fail those who, in moments of acute need, ensured our shared survival.

INTRODUCTION

IN THE LEXICON OF immigrant settlement and newcomer services, the term “survival jobs” has long been used to signal temporary employment intended to ensure survival in the short term. Reflective of labour market stratification and exclusions, “survival jobs” are most easily accessed in sectors where the pay is low, hours are part-time, and formal protections are limited¹². As a result, migrants with a range of skills and levels of experience find themselves disproportionately employed in low-wage care work, food production and provisioning, cleaning and sanitation, retail, service, and hospitality¹³. In the context of COVID-19, many of these jobs, concentrated in feminized and increasingly, racialized sectors, were re-designated as “essential”¹⁴. This shift, however, has largely been rhetorical with only nominal, ad hoc, and temporary improvements made to working conditions and wages. In turn, the feminized and devalued character of these labour sectors endures, and in the context of COVID-19, worsened. Indeed, all the women in our study experienced an acceleration of paid work inequities, gender-based segregation, discrimination, harassment, and the devaluation of their labour during the pandemic. In what follows, we describe these conditions, offering insight into how and why they persist. Here, our understanding of migrant and immigrant women’s overrepresentation in waged reproductive labour draws on feminist scholarship that highlights capitalism’s pervasive and strategic devaluing and invisibilizing of reproductive labour¹⁵.

Between 2022 and 2023, our research team interviewed 27 migrant and immigrant women about their work experiences in Nova Scotia, corresponding to the onset of the COVID-19 pandemic in 2020¹⁶. Nova Scotia offers an important site to investigate the employment experiences of migrant and immigrant women. The province has aggressively promoted the attraction and retention of new immigrants through new

pathways for permanent immigration, notably developments with the province's Nominee Program (NSPNP)¹⁷, and the federally managed Atlantic Immigration Program (AIP)¹⁸. Importantly, these programs also intersect with Canada's Temporary Foreign Worker Program to facilitate permanent residency for qualifying migrant workers¹⁹. Nova Scotia's recent investment in immigration represents a significant shift in the province's orientation to newcomer attraction and retention. Indeed, in the years leading up to and in the decade following the establishment of the Nova Scotia Nominee Program in 2003, there was considerable political and social reticence around immigration²⁰. In recent years, though with difficulty, this sentiment has receded somewhat with a growing number of long-standing Nova Scotian residents increasingly in favour of, or less hostile toward, immigration²¹. This shift has been accompanied by higher than typical rates of immigration to the province with 2022 seeing record arrivals to the province with permanent forms of immigration in Nova Scotia up by 8.3% in 2022, and then an additional 7% in the first half of 2023²². While this shift in sentiment is important, it is also tenuous. Even as immigration in Nova Scotia is increasingly understood as a social and economic good, feelings around immigration amongst Canadians more broadly are once again souring. This is perhaps best revealed in public discourse concerning housing affordability, which scapegoats immigrants and migrants—particularly international students—as the source of the current housing crisis²³.

The liberalization of immigration in the province is, in other words, a vital backdrop to the pandemic. At the same time, Nova Scotia's cost of living has increased almost ten-fold since 2020 (when inflation was 0.3%)²⁴ peaking at 9.3% in June 2022²⁵. Rental prices have soared by an average of 32% since 2019, including an 11% increase in the last year.²⁶ Food and utility cost inflation have made necessities inaccessible for many Nova Scotians²⁷. This new reality further compounded by government divestment from social services, has seen a slow erosion²⁸. Nova Scotia government expenses relative to the size of the economy (GDP) are the same as in 1983 (26.3%), while the needs of the population have undoubtedly increased.²⁹ While not conventionally understood as "essential", the settlement sector offers important insight into this dynamic and its impact on immigrant women workers. While immigration has increasingly been prioritized by consecutive provincial governments in Nova Scotia since the early 2000s³⁰, formal settlement services remain vulnerable and tend to offer contract work, unpredictable hours, and only modest wages³¹. State-funded settlement support, moreover, is only available to permanent residents, with temporary migrants (workers,

students, and refugee claimants among them) typically ineligible for services³². These migrants turn more frequently to grassroots community organizations that while indispensable, are themselves precarious, underfunded, and vulnerable.³³ Critically, these supports are often provided by racialized, immigrant women who, relative to their government-sponsored counterparts in formal settlement services, receive less pay and have less security³⁴.

At the same time, while political will and public support of immigration have increased over the last ten years, the social and economic integration of immigrant and migrant workers retains a very stratified quality with many newcomers, our participants amongst them, working in precarious, low-wage employment. Such employment renders newcomers particularly vulnerable to the growing and increasingly, generalized social and economic insecurity characteristic of life in Nova Scotia. Importantly for the argument advanced by our study, this crisis converges with the longer-standing crisis of reproduction endemic in and emblematic of capitalism's externalization and devaluation of reproductive labour, which for many came to a head during the COVID-19 pandemic³⁵. Immigrant women, in turn, and across sectors (including settlement, which is and has historically been feminized) have become key contributors to the social reproductive activities of Nova Scotian families.

In what follows, we elaborate on the experiences of 27 immigrant and migrant women employed in low-wage, feminized essential sectors in Nova Scotia before and since the onset of the COVID-19 pandemic. Our participants arrived through varying immigration pathways, as temporary foreign workers, refugee claimants, international students, the spouses of international students, and as permanent residents through a federal skilled worker- or provincial program. Their countries of origin included Colombia, Mexico, Ghana, the Philippines, India, Bangladesh, South Africa, Nigeria, and Pakistan. Most of the women landed in Nova Scotia directly from their countries of origin except for five of the six from the Philippines who had previously lived and worked abroad. Most immigrated to Nova Scotia in the years immediately preceding the pandemic, but 3 had been in Nova Scotia earlier than 2010. Approximately half of the women were mothers and in long-term relationships, while the other half were single, and either living alone or more typically, with roommates. All the women in our study were racialized and most of them attributed their difficulties in accessing employment to racism and discrimination. The women had varying degrees of English language proficiency upon arrival, with some being fully fluent have trained or studied in English and others, requiring a period of familiarisation.

Of significance, most of the participants experienced considerable downward class mobility after they arrived in Canada. Indeed, despite their credentials, our participants worked as grocery store clerks, cleaners, long-term and home-care workers, settlement service providers, and childcare workers. More recently, from 2022 onward, several have secured new positions, but again, reflecting the employment trajectories of migrant women in Canada³⁶, this employment has been concentrated in health care and early childhood education, and for three participants, in immigrant support.

GENDERED ESSENTIAL LABOUR

THE EXPERIENCES OF IMMIGRANT AND MIGRANT WOMEN IN NOVA SCOTIA

THE EXPERIENCES OF MIGRANT and immigrant women in Nova Scotia during the pandemic very much follow from their experiences before COVID-19 and are reflective of the general devaluing of essential, but particularly reproductive forms of labour in the province, as elsewhere. Importantly, this labour is both feminized and racialized. In Nova Scotia, the racialized quality of this labour has accelerated over the last several years, corresponding to the province's growing interest in and support of immigration. Feminist scholars, researchers, policymakers, and activists have long pointed to the devaluation of reproductive labour under capitalist social and economic organization³⁷. Often understood as "women's work", in its most basic form, reproductive labour refers to the manual, affective, and relational work of ensuring survival³⁸. Simply offered as "cooking, cleaning, and caring", this work underpins human life, sociability, and other forms of labour. And yet, it is often regarded as secondary to the functioning of society and economy. In turn, and despite the profound effort required of it, this labour remains unwaged in the context of family, or poorly compensated in low-status, insecure labour markets. There, the unwaged tasks and labour associated historically with "women's work" are depreciated despite their commodification. Put

differently, the assumed quality and importance of women's work remain consistent regardless of the status of the worker (paid/unpaid) or the site of their work (the domestic sphere, a grocery store, a long-term care facility, etc.).

It is at the intersection of unwaged domestic work and low-waged forms of commodified caregiving, food provisioning, cleaning and sanitation where women's labour is its most profitable for regimes of accumulation and profit making. On the one hand, their unwaged labour contributes to the production and reproduction of social systems and the economy, largely through the activities of child rearing and the reproduction of labour, but also through food provisioning and other forms of care. On the other hand, women's waged labour, when concentrated in essential sectors, like food provisioning, cleaning, and care, generates considerable profits for employers who often charge considerably for their products and services, while underpaying those providing them. Here, we need to look no further than the unparalleled profits of food retail³⁹ coupled with the diminishing ability of food retail workers to meet their own basic needs⁴⁰. Similar patterns of deep exploitation are found in care, particularly when profit-oriented⁴¹ and in large-scale cleaning and sanitation. These dynamics reveal that women's entry into paid labour markets over the last six decades has done little, for many, to redress the conditions of gendered exploitation. Instead, these conditions have been transposed to, and in many instances, compounded by paid work.

The exploitation of women as both waged and unwaged labour persists in large part because it has been naturalized. Understood historically through the lens of their reproductive function, women's socially constituted labour corresponds to their perceived natural inclination and capacity and as such, is deemed unskilled. Critically, however, while gender emerges as a key organizing feature of reproductive labour, it is not the sole arbiter of women's exploitation under the capitalist mode of production⁴². Indeed, reproductive labour—or for our purposes, essential labour—is experienced, performed, and accomplished according to patterns of racial inequality, global disparities, and increasingly, immigration or permanent status. It is at the cross-section of these conditions and socially constituted hierarchies that the women in our study—all racialized immigrant and migrant women in Nova Scotia—realize their own reproductive needs and more broadly, ensure the ongoing availability of essential goods and services.

The migrant and immigrant women, whose experiences are at the centre of our discussion, all arrived in Nova Scotia between 2010 and

2021, with several arriving during the height of the COVID-19 pandemic, but most having arrived and settled within the decade preceding the pandemic. Given the diverse trajectories and backgrounds of the women, the experiences they hold in common are revealing. Drawing on both the differences and commonalities between those in our study, in what follows, we trace the experiences of the migrant and immigrant women before and during the pandemic. Importantly, regardless of training, education, and length of time in Nova Scotia or immigration pathway, most in our study experienced similar levels of emotional distress, workplace harassment, and burdens related to both waged and unwaged labour during the pandemic while employed in essential sectors, and most remained tethered to low-waged, low-status work afterward. What our interviews demonstrate, then, is the ongoing reliance on racialized migrant and immigrant women in essential sectors, and more generally, the gendered and racialized organization of sectors, which despite their classification as essential, persist in their exploitation of workers across several registers.

RESULTS

BEFORE COVID-19: LABOUR MARKET EXCLUSION, DISCRIMINATION, AND ISOLATION

Regarded as a stop-gap measure while they waited for more lucrative and stable forms of employment, the positions many of the women held prior to, and subsequently, during COVID-19 were situated in feminized, precarious, low-wage sectors. The women in our study arrived in Canada as adults, though at different life stages. Some arrived as international students whose education and training would be completed in Nova Scotia; others arrived as refugee claimants who, with children and spouses, would eventually become permanent residents; others arrived as temporary foreign workers whose decision to work in low-waged essential sectors reflected a broader goal of attaining permanent residency; others arrived as permanent residents with familial links to Canada and as a result of facing difficult political situations in their country of origin, and others still arrived as permanent residents having successfully navigated the province's immigrant programs (the Nova Scotia Nominee Program) before arriving.

Regardless of the pathway to Nova Scotia, each participant entered the province hoping to remain, and despite specific career aspirations, each encountered significant barriers to more gainful secure employment. In turn, most of them sought out what felt like the only employment available to them. This typically meant working outside of their training and developing new competencies and skills that would enable them to access and retain work in food provisioning and retail, cleaning and sanitation, and care. It also meant learning to navigate and manage the often-difficult working conditions endemic in retail, service, and care sectors. Indeed, well before the pandemic, many of the women in our

study were subjected to racism, bullying, and maltreatment at the hands of customers, co-workers, and employers. Many were also expected to work longer, harder, and with fewer complaints.

For those seeking permanency, often requiring employer support, these experiences were compounded by the immigration process itself, which engendered new forms of dependency and in turn, precarity. These workers, like others without permanent status, were acutely aware of their vulnerability and indeed, deportability if they contested the conditions of their employment. A growing body of research points to the overrepresentation of temporary workers in essential sectors in Canada⁴³.

Importantly, even when the experience of the work itself was generally positive and permanent residency was already secured, low earnings, no benefits, and unpredictable work schedules generated other forms of vulnerability and insecurity. As a result, prior to the pandemic most of the women had two or more paid positions. Reflecting the gendered parameters of their lives, for those with children, this was in addition to considerable amounts of unpaid care work in the context of private or family lives.

Under-employment and survival

The experiences of the women in our study provide important insight into the range of immigration statuses in sectors deemed essential in Nova Scotia. Permanent status is often regarded as determinative of the kinds of protections available to workers, and yet, consistently, even migrants with permanent residency status, particularly women, remain vulnerable to exploitative and harmful employment practices. As a result, for those who arrived in Nova Scotia before the pandemic, and even amongst those with full permanent status, many of the women we interviewed were largely relegated to precarious employment within essential sectors. Moreover, most of them regarded themselves as chronically under-employed. This referred, at once, to their work schedules, which tended to fluctuate and were almost always part-time. In the second instance, however, women also spoke of being under-employed in terms of their previous training and work experience.

Those who did work full-time hours (or close to) were typically temporary foreign workers upon arrival, and as such, full-time hours were a requirement of their work contracts and residency visas. These women, mostly from the Philippines, relative to the others in the study, had anticipated working outside of their fields of training or in positions that didn't correspond to their expertise and had made calculated decisions to do so to gain access to Canadian labour markets. This cohort was

all trained as nurses in the Philippines, most had significant overseas experience in health care, and all worked as home-care workers or aids in long-term care settings. Others with temporary status had arrived as international students or with a spouse who had studied in Nova Scotia. These workers often worked outside of their training to gain the Canadian experience they hoped to leverage in their bid for permanent residency status.

Many in our study held advanced degrees (some completed in Nova Scotia) and yet, all were employed in entry-level positions in their places of work. Typically, outside of their previous training and work experience, or if related, within the lower-paid ranks, these “survival jobs” are often framed as stepping stones to more stable, well-paid employment. And yet, reflective of labour market stratification and exclusion, for many newcomers in Nova Scotia, our participants amongst them, these short-term “survival jobs” often turn into longer-term employment. For example, one participant arrived in Nova Scotia as a refugee claimant, and as such required a work permit to secure employment in the province. She described managing her expectations around work, understanding that her immigration status and limited English would likely restrict her to entry-level positions:

At three months [once her work permit had been secured], I convinced myself that I was an adolescent, even if I was 50 years old, I was an adolescent finding my first job because I didn't speak English. I spoke to my [English] teacher and she said, here is one, it's for a gardening position in a cemetery. And I said, oh good, then no one will be talking to me; that sounds good, but maybe I will keep looking. Another listing said, “Do you like to cut meat? We need someone who can cut pepperoni!”. My teacher called [the employer] for me, saying that I didn't speak much English. The next day I went. The job was basic: cut the pepperoni, put it in a bag, put it in the machine [makes noise of sucking air out of the bag], put it in a box. I had coworkers, one who was a teenager, like me, but a real teenager. I had been a lawyer [at home], but that moment had passed. This was a different stage, you must start over; to start over at fifty, but I felt like I was 16.

Other participants recounted similar experiences, often commenting on the emotional turmoil working outside of their training generated:

I thought I would be working in [the] corporate sector. I knew that I would work from somewhere below...I mean, not in the position I had back home. However, I never expected starting five steps below or from the bottom. It was terrifying; you have absolutely no one to support you.

It was hard for me. I would get stressed with work. Sometimes, when I would get off from work, at home, I would cry because I was a nurse back home, and here... here, I am in Canada—it's not easy and I'm working here, but I'm not a nurse.

Except for those who arrived as asylum seekers who had been primed by settlement workers about the realities of employment for claimants in the province, our participants arrived in Nova Scotia with the hopes of accessing a higher quality of life, more financial security, and a range of supportive state services (including health care). As one participant explained:

There were two different reasons to come here. Because, like, it's a kind of, like, you know, everybody's in their mind, there is something different in abroad. So, we should explore it. That was one point wherein I wanted to come. And the second point was, I was looking for some professional growth out of the box... I was getting stuck at some point in time. So, I would like to go out of the box, and, you know, explore something new.

Another participant told us that she had migrated to Canada from Uganda because her *"finances at home were not sustainable"*. She had a friend in Nova Scotia, who told her about life in the country and about the possibility of a much higher wage than she was used to earning in her country of origin. Her expectation, in turn, was that she would secure employment in line with her training and previous experience, and while she did eventually end up in food services, she had anticipated that her university degree and diploma in hospitality would have made her eligible for a supervisory position. Before finding her current waitressing position, this participant, like others we interviewed, worked as a cleaner—a position she held for five years, including for the duration of the pandemic.

Similarly, another participant who had a master's degree in business administration anticipated securing work in human resources—her area of specialization. Upon arrival in Nova Scotia, however, in the years leading to the pandemic, she was only able to find work at McDonald's. Eventually, she would find employment at one of the province's universities and in government; these positions, however, were always temporary, prompting her to supplement her earnings doing restaurant deliveries. Yet another participant had spent her early career working as a researcher and post-secondary instructor in India. Emigrating before the completion of her Ph.D. in Electrical Engineering (her husband had a fellowship at a regional university), she hoped to resume her studies in Nova Scotia but was deterred by the tuition rates for international

students and non-permanent residents. In turn, unable to find work in her field, she found work at a local daycare centre, drawing on her own experience as a mother to secure the position. While she came to enjoy her work at the daycare, discovering a passion for working with and supporting children living with disability, given her lack of formal training in early childhood education, her work at the daycare was on-call and therefore, unpredictable.

Another participant, who arrived with a master's degree in community health explained that while her degree was vital in terms of securing a pathway to permanent residency, it did not facilitate labour market integration at the level she was anticipating. "I was expecting, she said, "to get into a Ph.D. program [in Nova Scotia] and to begin lecturing in one of the universities, but I had to go back for another master's degree, and at the same time had to find a survival job". The work she was able to find was in long-term care. She elaborated on her early experiences there:

When I arrived, I started working in a care home for elderly people. The schedule was long. I never expected I would need to do something like [that]. I thought my master's degree [would] help me to get a good job. It was totally different than my expectation, and we had no choice at that point [but to accept it].

Importantly, several of our participants had managed to study in Canada and decided to seek permanent residency after their programs. One participant who graduated with an undergraduate degree from a Nova Scotian institution in 2018 shared that although she was able to find work in her field (early childhood education), and she had the training necessary for a full-time position, the conditions of the sector made it impossible for her to survive with only one job. Moreover, the work she did once employed was, as she described it, "far from what we studied; it was more like babysitting." Added to this, the centre lacked the resources required to adequately support the children in their care. She continued "...it was very challenging. The work was with children with behaviour issues, and we [didn't] have enough support". Overworked and underpaid, this participant, like several other childcare workers, would eventually seek out supplement employment in food provisioning and retail.

This was common among most of our participants. Often unable to find a job that would meet their needs, most of the women before the pandemic held more than one. Always, these multiple positions would straddle essential sectors. Those trained as nurses and working in homecare or long-term care would typically supplement their earnings with informal work as cleaners. Those in childcare would often work in

retail and quick service restaurants—with a number working part-time at Walmart, MacDonalds, and Tim Hortons. One nurse from the Philippines who had arrived in Canada via the Middle East explained her experience of arriving in Nova Scotia:

Working as a Continuing Care Assistant, you are a minimum wage earner. My husband was studying, and so he was only allowed to work 20 hours a week... It was the lowest time of my life. In the Middle East, I worked as a nurse and we—I'm not bragging about it—but we were not living paycheck to paycheck. When we landed in Canada, we exhausted everything, all of our savings, and so I needed to get a survival job. I needed to do double or triple the job; it was really hard—to the point of it affecting my mental health. So, on top of working as a healthcare worker, I was cleaning houses just to survive.

Sometimes, participants would work in several locations, but under contract with one employer as a means of maximizing their hours. For many, this was because their low earnings were insufficient to cover their own costs; additionally, however, most were also responsible for family members in their country of origin. The women in our study spoke frequently about supporting parents, siblings, nieces, and nephews “back home”. One Filipino woman, who arrived in Nova Scotia via New Zealand where she had been working as a nurse, offered the following insight into her experience of providing remittances from Canada before the onset of COVID-19:

It's been a culture for Filipinos, to send [money] back home if they have families. That's the one thing: they must send back home. And so, they have to earn [in Canada] and they need to have a second job to sustain that...it's because the pay that you get is not...I mean, the rate before [the pandemic] was like, just imagine, as a Continuing Care Assistant, it wasn't even \$16 an hour. It wasn't enough; so, I had to find another job.

Though through different programs and with different immigration statuses, the women we interviewed arrived in Nova Scotia with hopes like those of many, if not most, migrants to achieve: Greater physical security and safety, increased opportunity for the children, financial stability coupled with an enhanced ability to provide for family in the country of origin. Additionally, however, and reflecting new patterns of migrant and immigrant subjectivity (citation), the women we interviewed were interested in establishing their careers and equally in developing new interests and learning and applying new skills. This was particularly the case amongst the younger women we spoke to and those who arrived as international students. And yet, upon arrival, it became clear to

each of our participants that they would—before realizing most of these objectives—be relegated to employment sectors where they could not use their skills, would be underpaid, and precarious. These conditions were compounded by routine harassment, exclusion, and isolation, which many of the women, particularly those who were racialized, experienced.

Racism and discrimination before the pandemic

For many of the women we interviewed, their first experience with racism and discrimination in Nova Scotia occurred as they were first seeking employment. As one participant elaborated, *“My studies qualify me for this job, but I had to apply to many”*. Similarly, a participant who had migrated from Nigeria with her husband and children explained:

I was looking for these survival jobs, and someone mentioned about being a care assistant. I had to fight hard for this position through multiple interviews, and I [had] applied for a series of jobs. It was not a pleasant experience. I was so isolated. No one was willing to chat with me.

Once she had secured a position, this sense of isolation and alienation persisted:

“It was very difficult to survive [in the long-term care facility]. It was just like, get to work, get your job done, get out of the place. The environment was not friendly. This was not something I was used to; in Nigeria, the work environment was so lively and relaxed.”

Many of the women experienced a multitude of challenges in their (often multiple) places of employment that pre-dated COVID-19, and many attributed this to their status as racialized women workers. These challenges extended beyond the low wages and precarity prevalent in essential sectors, and included a range of aggressions, isolation tactics, and heightened surveillance and discipline. One woman, who worked as a cook before and during the pandemic, stressed the judgment she was subjected to:

[Even though I speak English], I was sometimes not understanding the differences in speaking the languages [here compared to in the country of origin]. Sometimes, I misunderstood things...and being a migrant, I faced challenges from people, from colleagues, my co-workers. It was really hard to work in harmony with other people...There was so much judgement from some of the people. Instead of showing me how something needed to be done, they would judge me. Mentally, I was not prepared [for this].

One participant who worked at a large supermarket and supplemented her earnings through work with a domestic cleaning company described being accused of theft by one of her clients:

There was this [cleaning client] who came in and said I stole something from him...luckily, my employer was understanding, and she talked to him and or at least, made him understand. But personally, emotionally, physically, I was affected.

When asked for her perception of what had prompted the clients' accusation, she responded:

In Canada, people make you feel your Blackness. Back home, everyone is equal; we don't discriminate people according to their appearances... So, here in Canada, somebody will come and look at you, and see what you're doing. And there is nothing I can do about it because it's their...it's their country. You, see? It has been a big challenge since I came to Canada, but right now, I'm trying to accept myself because I cannot change myself.

Such sentiment and experience were common. Another participant who worked in long-term care offered additional insight:

I was not welcome to talk about anything...I mean, people were not interested in talking to me, and I couldn't talk to my supervisor or my employer about [it] or any [other] issue. My supervisor was always complaining about the petty details of my regular tasks. I was new in Canada, so I didn't want to have any problems; but it was clearly racism. I was the only Black person there.

When asked how she navigated this and other conflicts or misunderstandings in the workplace, this participant responded that she *"kept silent and tolerate[d] everything"*.

Another participant in a similar work environment observed that many people in her workplace were suspicious of her and had signalled that she was only there [at the residence] so she could secure permanent residency: *"They had this idea that people come to Canada just for permanent residency, so they're not serious with their work [at name of employment]. They're just here until they get permanent residency, they will leave."* In recounting her experience, this participant draws our attention to the incredible catch-22 many newcomer women confront. Unable to find work in their fields, they seek out employment in sectors that are open to them. If they stay, they forfeit their ambitions; if they leave, they are suspected or accused of using the job as a foothold into permanent status or more lucrative employment.

Critically, the women participating in our study had, prior to the pandemic, been relegated to low-wage, precarious employment in essential sectors. While some anticipated this, most were surprised to learn that their training and educational credentials would not make them eligible for higher-paid, more stable forms of employment. While some understood this in relation to language proficiency, most saw their consignment to low-waged essential sectors as related to their status as immigrant women, who were also, often racialized. Many of the women in our study, however, were willing to “keep silent and tolerate everything” because they imagined this work as a necessary precursor to other kinds of employment more aligned with their training. Indeed, it was common for our participants to rehearse narratives of their early need to acquire Canadian experience, to learn the norms and unspoken rules of Canadian work cultures, and to, even as it was painful, subvert their ambitions (and at times, comfort and wellbeing) in the service of that project. COVID-19, however, would disrupt these plans and moreover, would exacerbate the conditions that already, prior to 2020, made it difficult for these women to meet their needs and those of their families, both in Canada and abroad.

DURING COVID-19: INCREASED PRECARITY AND ITS IMPLICATIONS FOR MENTAL HEALTH AND WELL-BEING

In the context of the pandemic, all public serving work became increasingly complicated and stressful. Our study identified four features of work during the pandemic, which together contributed to diminished mental health and well-being among the women we interviewed. These are: **1)** reduced working hours and employment opportunities; **2)** increased workloads; **3)** navigating and enforcing COVID-19 public health restrictions; **4)** managing the stress, anxiety, and anger of customers and clients. Together these dramatically impacted the overall well-being of the women. In what follows, we parse out each of these features, illustrating them with the words and experiences of our participants and highlighting the specific implications for immigrant and migrant women’s mental health and well-being. We conclude with a brief discussion of the various strategies the women deployed to manage these stressors and the impact they had on their well-being.

It was not uncommon for the women we interviewed to experience all these stressors simultaneously, and while, most had ways of understanding and managing these negative experiences, these strategies were often informed by yet another assemblage of stressors

related more specifically to migration and transnational family life. In other words, while many of the conditions generated by the pandemic might be considered ubiquitous across essential sectors, impacting all workers, for our participants, these experiences were compounded by their status as immigrant women. Moreover, these experiences were further complicated by their status as racialized immigrant women.

1. Reduced hours, opportunities for employment, and income insecurity

For the women in our study, income insecurity was a significant issue that pre-dated COVID-19 that for most, worsened during the pandemic. In the days and weeks following the declaration of COVID-19 as a global pandemic, public anxiety over the disease spread, but also decreased access to essential goods and services proliferated. These anxieties prompted interventions on the part of government and industry, intended to ensure ongoing access to low-wage essential labour. That said, as the pandemic drew on, many of these initiatives were retracted—notably, “pandemic pay”; which had been intended to incentivize these workers in the face of considerable risk. The women we interviewed were only inconsistently able to benefit from incentives like pandemic pay. In some instances, where they only had part-time or casual contracts with their employer, they were excluded. In others, they were deemed ineligible because they had only secured their positions just prior to the pandemic.

As revealed in the strategies deployed by our participants to manage under-employment before the pandemic, many held multiple jobs across essential sectors. This was most common amongst those working in low-wage care work, who would frequently seek out work as domestic cleaners to supplement their earnings, and those working in retail, who would often work several jobs across the sector. For many, the restrictions prompted by the pandemic also meant a considerable reduction in paid hours. Those who held more than one job before 2020, particularly those in care work, were forced to resign from one or more positions to meet the new requirements of their primary position. Others were put on rotating or reduced schedules meant to facilitate social distancing and minimize the spread of the disease. At the same time, given their proximity to the public, it was quite common for our participants to be exposed to and infected with COVID-19. This, in turn, limited their ability to work as they were either too ill to work or when recuperated, had to abide by isolation requirements.

The women who worked in part-time positions were also generally unable to access federal or provincial income support for sick leave. While this already presented as a challenge before 2020, isolation requirements

following COVID-19 exposure and infection meant that during the pandemic, if they became ill, they would simply have to forfeit their hours and pay. One participant, a registered nurse in the Philippines, who was enrolled as an international student in an online nursing leadership and management program through a community college, struggled with the casual nature of her care assistant job. She explained:

I didn't have any benefits; I didn't have any sick time. So, I got COVID once and I had to book all my shifts off for that two-week period, and I didn't get paid for any of it. Zero. Nothing, no compensation, and it [was really hard] because I still had bills to pay and all that.

Of relevance, this participant had contracted COVID-19 while at work, and still, was not able to access any support for the period she was sick and in isolation. Additionally, because her position with the agency was relatively new, she was not eligible for any government support such as the Canadian Emergency Response Benefit (CERB) or the Canada Recovery Benefit (CRB).

For those working in food services, physical distancing requirements reduced the number of customers. Fewer customers meant lower profits, and employers responded by laying people off or cutting their hours. As a participant from South Africa explained:

The reduction in customers meant low profits, and so I was always at risk of losing my job. My co-workers were sent home, you know, to reduce the number of employees, and then my salary was reduced because there was less profit.

Another woman we interviewed who worked in a similar setting elaborated on the implication of reduced customers and profit on her employment: *"Most people took take-out; not many were choosing to eat at restaurants or hotels, so when it came to cooking, not so many [workers] were required; we just had a small number. I still had duties, my own shifts, but most were on call. I was not so much required."*

Because of these reasons, making ends meet became increasingly difficult, and while some of the women we interviewed had fewer expenses during the pandemic, for many, the reduction in their weekly and monthly incomes made life even more tenuous than it had been. When asked if she worried about money during the pandemic, one participant explained:

Yes, it was the number one thing because if you had been working in two different facilities [prior to the pandemic], well, it wasn't allowed during the

pandemic. So, if you needed extra income, it was a big loss for me and for people who tend to work in the care home as their extra job. Because you weren't allowed to work in do—so, for example, working in long-term care at the same time as home care, you weren't allowed to do that.

Of critical importance, changes in employment status, a reduction of working hours, and illness due to COVID-19 also had significant consequences for families in the country of origin. Almost all of the women in our study came to Canada anticipating that they would financially support their families at home to some degree. Here, mirroring patterns of ongoing involvement, obligation, and transnational family life more broadly, our participants used their Canadian earnings to support themselves in Nova Scotia, but also sent money to parents, siblings, nieces, and nephews, in the country of origin. For some, this meant assuming full responsibility for the costs associated with daily life; for others, it meant financing younger siblings' or cousins' education, or home construction. Often residing in places with fragile public infrastructure, overburdened health care systems, and already depreciated currencies, the pandemic had dramatic consequences on people's livelihoods in our participants' countries of origin. In turn, most had suddenly unemployed family members, whose dependency on remittances increased during the pandemic. As one participant from Ghana explained: *"Because I was sick, I had a lot less money, and I had people at home depending on me for all these projects I have at home. They all had to stop because I needed to take care of myself."*

The projects this participant was referring to included her sister's post-secondary education and the construction of a home for her mother, in addition to supporting a small business that generated a small amount of extra income each month. Absent her earnings, these projects, she explained—so vital to her family's survival and hoped for upward mobility—stalled. Add to this, she knew her mother was worried about her: *"At the back of her mind", she explained of her mother, "[she] was like, oh my daughter, she is in Canada; she has no one. She really wanted to come here, but she couldn't. So, it really affected them emotionally."* Another participant offered a different reflection on a similar experience, signalling the intensity of providing ongoing support for her family in a context where she could only work one job in Nova Scotia and where her family in the Philippines was no longer able to work. Contrary to what she had done before the pandemic, *"it became more than just helping them. During the pandemic, you had to send or shell out extra because it's far more difficult in their situation there."*

2. Increased workloads

Somewhat counterintuitively, even as the number of hours worked was reduced for many during the pandemic, the women in our study consistently spoke of feeling overworked during the periods (though limited at times) that they were at work. Fortunate to have an employer who provided sick time and who gave workers time off if they needed it, one participant found herself taking on more shifts as opposed to fewer. Her willingness to work, also meant that her employer leaned on her more than others. She recounts:

We were only seven minutes away by car, so the power went out [at the store]. Who else? We would go to the store, 2am, 3am. The meat, the cheese, the milk, everything. Those items needed to be saved. That was a hard period.

Regardless of the specific sector, the feeling of being overworked was common. As one homecare worker explained of her time during the pandemic:

My experience during the pandemic, I would say it was bittersweet. I felt there was so much work to do because so many of my co-workers resigned. They could no longer do this (work); they would no longer put their lives at risk. Because of this, we had a much heavier workload; I had to attend to more clients than usual. I did not have time for myself.

Furthermore, during the pandemic, this participant divided her time between homecare clients and those in a short-term care facility of the company she worked for. In this way, while the rest of our care worker participants had to restrict their work to one setting, this participant remained more flexible in the location of her work. This was because both settings fell under the purview of her single employer. In turn, she had to be extremely diligent about COVID restrictions and was under great scrutiny from her employer to ensure that she did. Fortunately, for this participant, the increase in her workload was accompanied by increased earnings. Not all women, however, were treated fairly. One participant, for example, continued to work the same hours, and so while her wage did not decrease during the pandemic, it did not reflect the amount of new work that had to be completed in the same allotment of time she had worked before the pandemic. This was because, she explained, each task assumed new elements and requirements to comply with COVID-19 protocols:

The hours were the same, but the routine was different. For example, before, we would just pick up the groceries [for clients at the residential centre], but

when COVID happened, we had to clean them before we put them away. We'd have to sanitize common touch points three times a day, which we weren't doing before, our phones, the microwave, our cars.

While some women reported decreased responsibility for domestic tasks and labour, as partners who worked from home took on more of the tasks, others noted that between home life and work life, there were few hours each day not spent working. One participant recounted: *"Oh, my goodness, if I wasn't working, then somebody wants a snack; all the time, I'm making tea or coffee. There was always something to do. That was a challenging time. I felt very tired"*.

3. Navigating and enforcing public health restrictions

The requirement of social distancing, masks, and other protocols safeguarding from infection were experienced in two related ways by our participants. In the first instance, about their navigation and experience of abiding by public health restrictions; and in the second, vis-a-vis the clients and customers with whom they interacted. Concerning their own experience of the measures, all our participants were firmly in favour and support of the measures, and yet, adhering to them was challenging, particularly for those engaged in physical forms of labour and caregiving:

The work increased, and we were wearing masks. The shifts were sometimes like, 12 hours. Wearing masks for the [entire] shift, it was a very long time, especially in the summer. That was hard, particularly when you were cooking or preparing a meal, doing physical work in the house; that was challenging with the mask.

In this participant's experience, enforcing public health restrictions amongst clients meant knowing that they were going to be isolated and emotionally unwell as a result. This was particularly challenging given the family-style arrangement of the long-term care facility she worked at. In her interview, she described residents' confusion and stress for residents who, accustomed to eating together and with staff, had to eat separately and alone. This was made more difficult as visiting restrictions were put in place:

When we came to understand that our residents weren't supposed to go visit their families; that was a big, big thing in our community. A lot of our residents were quite upset and said; some were trying to physically hurt themselves; we had to be constantly watching them to make sure that everyone was ok.

One significant and uniquely challenging aspect of the workloads our participants experienced during the pandemic was the enforcement of public health regulations in their places of work and/or how they had to manage the equitable distribution of essential goods in food retail. This was extremely common, particularly for those working directly with the public in either food retail or care.

The space became very much the customers versus us, versus everybody. One day, one couple tried to buy two times the limit of toilet paper. First, the husband came in, and then the wife came in. At that period, I was working cash, I was the supervisor on shift. I had to start the process with them, saying "I'm so sorry, but your husband was already here and it's one per household. We were seeing the same person, the same family every day. It was a kind of familiar space, and it could get tricky at times.

Their status as migrant and immigrant women made this work even more difficult, as their authority within the space was already likely to be discredited by customers. One participant— a university lecturer with a partially completed Ph.D. in solar engineering—who started picking up shifts at Walmart when the daycare she had worked at since arriving in Nova Scotia reduced their staff, explained:

Once the lockdown started, we started counting people who were inside. It was based on the square meter (of the store), so we had to count how many people go in and how many people are going outside. Most of them (customers) were not happy because they wanted to come inside; people would get frustrated because they were waiting outside for a long time. We were helpless, and they didn't understand that; they saw us as their problem.

For those working in food retail, this also meant managing conflict between customers. One common experience of those in food retail was managing conflict between customers over social distances. One participant who worked at a large food retailer explained:

We needed to be in the middle of situations with customers: For example, I don't want you to be within six feet of men, and the other says, you can't be here, but it's too small. It's a small space. So, we needed to manage those situations. And it was challenging.

Another participant employed in different food retail settings highlighted the gendered aspect of this dynamic. She observed that *"it was difficult, but it was very difficult for women because they were always saying, 'ok, follow the arrows,' and the men [would] say, 'I won't.'"* In these

instances, our participants—already vulnerable because of their status as low-waged racialized women workers—would have to intervene.

4. Emotional labour

Very much tied to the work of enforcing public health restrictions, our participants relayed the heaviness of having to manage the stress, anxiety, and at times, anger of customers, clients and their families. Reflecting on this aspect of her work at Walmart, the participant quoted above described the internal process or emotional management she engaged in when confronted with the anger of frustrated customers:

[The customers feel like] [they're] waiting for a really long time, you know, "why don't you just let me in?!" and they don't realize that [I'm] like human. They only see their problems. But of course they were unhappy, so many of them had lost their jobs; they don't have much money; and their kids were at home with no care.

Once at the front of the line, frustrated customers, however, would soften, often providing insight into their experiences:

They would pour [out] their situation: my children are at home, [I] can't control them, I lost [my] job. So many of our customers, it was very sad to see them. You know, everyone having their own different problems. And some of them didn't have proper health care.

Holding in balance the profound struggles of so many during COVID-19, this participant skillfully contextualized the challenging and at times, harmful behaviour of the customers she served. An act of self-preservation, this attitude or practice of not personalizing the anger, frustration, and hostility of customers was a common strategy deployed by the women we interviewed.

Even when these feelings were not directed explicitly at them, the women in our study consistently engaged in "emotional heavy lifting" with people (customers and clients) who were otherwise isolated. One continuing care assistant who focused on home care during the pandemic, explained the situation:

I saw how [the pandemic] affected people who are vulnerable and dependent on healthcare professionals, especially those people who live alone and who rely on the home support worker; they were really deprived of those services. And some of them became critical (critically ill) because of it. No one assists them, or does their care, or drain—for example—if they have a poly catheter and a urine bag; they cannot do it themselves. So, yeah, I can't find a word

to describe the situation. It was really depressing, and it [impacted on] their mental health...the isolation.

In recounting her experience, this participant described herself as “the outlet” for isolated older adults dependent on home care services for both their physical and social well-being. She elaborated:

Most of my clients, even though they are abusive, [they] really like me, and they always request that I come do the service. I just think that they were in pain, or they are feeling something; that’s why they’re frustrated. And sometimes, they direct it to us, it’s part of the job.

For some, this emotional labour was made even more difficult by the racism and discrimination directed at them by those they served. For caregivers, this included challenging encounters with the families of those they cared for.

Not all, but some of the families of our residents were not nice; they were not trusting of us, that we were giving their family members enough care or support because we have a different skin colour. We felt they were more trusting when they were talking to a white person, or a European who looked like them.

At the same time, the women in our study also had to contend with their own emotions and those of their co-workers. One participant described a persistent feeling of despair amongst her co-workers during the pandemic:

For the team, it was hard. Women, maybe more than men, crying all the time, under stress, [saying] ‘I cannot be here; I need to go home.’ It was difficult, especially for the women, because of, I don’t know how to call it, their sensibility. It’s biology, it’s the environment, it’s their responsibility. A lot of them who worked with me had kids, babies.

When asked how she handled things, she talked about a profound sense of obligation, largely to her employer who had also given work to her adult children:

At the end, deeply, I don’t know if it’s as a Latin American, or as my mother and my father taught me, but I always feel responsible. As soon, as you’d see, say, two or three of them leaving [during COVID], I needed to be there. It was not my right to be sick or feeling bad or feeling under stress.

MENTAL HEALTH IMPACTS

Following from these manifold stressors, particularly under the conditions of low-waged, low-status essential sectors, each participant spoke about the toll the pandemic took on their mental health and well-being, both physically and emotionally. Reflecting on their experiences, many of the participants wept or became emotional during our interviews with them. From their narratives, we can identify three interrelated challenges that underpinned these women's mental health during COVID-19. These are 1) their working conditions, which typically worsened during the pandemic; 2) isolation; and 3) separation from family in the country of origin.

Working conditions

One participant who worked in food retail and was fortunate to have a good employer, recounted that even under decent conditions, negative interactions with customers and the constant threat of COVID infection took a significant toll:

[At times], it became more than [about the physical risk of COVID], the psychological environment was just really hard. A lot of [my co-workers] had never experienced anything like that or confrontations [like] in that situation; it was really hard for them to manage it. I am talking about women; most of them were women, and they were really sick. But the sickness wasn't just related to COVID infection, it was the stress.

The risks associated with COVID-19 also kept several women stuck in jobs they had otherwise hoped to resign. One participant in food service recounted numerous negative experiences with her co-workers, supervisors, and clients before 2020. As the conditions of her employment worsened during the pandemic, and despite persistent conflict, she felt unable to quit her job: *"I was looking for something else [before the pandemic], but I was quite afraid to get COVID-19. So, I just stayed in the place where I was familiar."*

Isolation

The women spoke of isolation and loneliness in several ways. For many, work was, before the pandemic, an isolating and lonely place. In turn, comfort would be taken in friendship, community, and family outside of work. These practices of sociability and relationships, however, were necessarily disrupted during the lockdowns, such that loneliness came to permeate multiple aspects of their lives. Even as they were working in public settings and had the opportunity to see people, many of our

participants found themselves out of sync with their partners and children. One of our participants, a registered nurse in the Philippines who worked in a long-term care facility in Nova Scotia during the pandemic, recounted:

I [found] working in long-term care so draining. It's because it's the same routine every day, and then, especially, I worked full-time nights during the pandemic; it really was so hard. And then, me and my husband, we don't see each other often because I worked the night shift, and he was working a day shift. And then, in the nursing home, it's hard to change your schedule...

Where this participant arrived in Nova Scotia in 2018, she and her husband had already established a social network in the province. In contrast, those arriving just before or during the pandemic, had no opportunity to forge friendships or community. In turn, the isolation they experienced due to COVID-19 increased, and it persisted after the pandemic.

For several of our participants, this isolation was generated because of their proximity to vulnerable people and because their experience of public health restrictions was heightened because of their work. This was particularly the case for those in health care who were often working with folks who were at acute risk if infected. For example, one participant who worked and lived in a residential long-term care setting for adults living with disabilities explained that even as the restrictions were easing up, they continued to abide by strict social distancing measures both inside and outside of work:

We had more restrictions than the general population because we were working with people with such serious health issues and concerns; so, they (the clients) were well protected, but those restrictions applied to us as well. Like, I remember when they lifted some of the restrictions, when people could see more friends, that wasn't applied to us...and no visitors were allowed in the house, so I could not invite my friends over to the house for supper or coffee, which I could have done before [the pandemic].

When asked to sum up her experience, this participant simply offered *"isolating"*. It was not only, however, those working in care settings and with more vulnerable populations, who felt the need to adhere to even more stringent restrictions around contact. Often worried for their families, many of the women in food services and retail abided by self-imposed restrictions to limit the likelihood of transmission. A cook we interviewed explained: *"It was horrifying at that time. People were getting sick; some had symptoms [but] some did not, and so we had to be careful"*

each and every time [we worked]. We had to be careful because no one wanted to get COVID. We had to [limit] interactions with our families. It was really tough.”

NAVIGATING MIGRATION AND TRANSNATIONAL FAMILY LIFE

The isolation many of the women felt in Canada was often compounded by the transnational configuration of their families and the impermanency some of them experienced in Canada. Indeed, while temporary immigration status is always complicated, during the pandemic, the need to resolve temporary status took on new urgency. And yet, the processes for becoming permanent became even more challenging to navigate. Here, the difficulties already common in Canada’s kafka-esque immigration system, overlaid on Nova Scotia’s limited immigration-supporting infrastructure, were exaggerated. As one participant, who had a post-graduate work permit during the pandemic, explained:

Working on my permanent residency during the pandemic was very hard on me. Like, going to Halifax (she lived and worked rurally) for the medical exam, but it was all at one place, so you’re going to three different hospitals. And then, the English test, which was also in Halifax, but because of [the restrictions], you couldn’t use the bathroom, so in turn, you couldn’t drink water. Those things are [already] stressful, COVID made them more difficult.

All of this was compounded still by longer than normal waiting times, which in the context of immigration processing can mean losing one’s spot in the queue and being denied status. Revealed in a growing literature on temporary forms of migration in Canada, the majority of temporary arrivals hope to eventually transition to permanent residency. Those in our study who held temporary status were no exception. While permanent residency does not resolve all the issues and challenges faced by migrant women in Nova Scotia, particularly concerning employment, it does offer a sense of security and an ability to differently plan for the future.

None of the women in our study had children living abroad, but all had family, and parents, and several had spouses still living in the country of origin, or elsewhere often for employment. In turn, managing one’s feelings at work became an exercise in suppressing a profound depth of worry, anxiety, and often fear for the safety and well-being of loved ones, often residing in contexts with less robust infrastructure, much larger populations, and considerably more circulation of COVID-19 and

therefore, a higher likelihood of infection and death. This worry was compounded by the routine loneliness and isolation often associated with migration—particularly amongst young adults who migrate independently and in the service of transnational livelihood projects, which position them as the breadwinners for family and extended kin groups remaining in the country of origin. One participant who worked as a cleaner throughout the pandemic recounted:

Because now I'm here in another country. See, my family is back home; everyone is worried. So, it really affected my health. You see, having no one around? No one around who knows you completely, who you can call family. The only person I was close to at that time was my friend who got me the [cleaning] job...I was sad almost all the time.

One participant offered very plainly that her emotional state during COVID-19 hinged on the fear that she would never see her family, who were in Pakistan, again. While being away from family was never easy, the worry and sadness that routinely characterize migrant family life was deepened. As a participant explained:

We lost a lot of people, and not seeing them [before] was a tough one for me. Most of our communication was through calls and video calls. I would call them all the time just to make sure that everyone was ok, you know, to make me mentally stable, to make sure everyone was safe. I mean, South Africa was one of the countries that was really hit by COVID-19, and in Africa, generally, I mean, it was tough for the continent.

STRATEGIES FOR SURVIVING COVID-19

Even as the pandemic presented challenges, the public attention to and celebration of front-line food, retail, and care workers as vital to the economy and essential for the safety and security of Nova Scotians did offer something of a buffer. The women in our study, especially those fortunate to have positive relationships with co-workers and employers, spoke emotionally about their roles during the pandemic and the sense of belonging and meaning their work had offered them. As a result, even some of the more challenging aspects of working during the pandemic could be experienced positively.

Several of the participants were better positioned to exit low-waged work during the pandemic than others. Indeed, several participants who arrived in Nova Scotia with nursing degrees were able to take advantage

of labour shortages in the province to secure improved conditions and earnings in hospitals or publicly funded long-term care facilities. Once in the public system, one participant noted: *“In long-term care, you have to give, for example, pills for twenty patients: one nurse to twenty. In the hospital, it’s four patients; or if you’re short [staffed], Five.”* In the hospital, even during COVID, she found the workload manageable. In the hospital, she explained, where there are more resources, she was also able to negotiate a daytime schedule allowing her to spend more time with her husband, breaking some of the isolation she felt. One participant offered important insight into Nova Scotia’s nursing shortage, indicating that she knew of many nurses in the Philippines whose migration process had been stalled. Yet another participant, was among the skilled newcomers in essential services whose permanent residency application was approved earlier than expected as a result of the government’s focus on welcoming more nurses, continuing care assistants, and doctors to deal with the shortages of services providers in hospitals.

In contrast, for many of the women, the pandemic generated new opportunities for connection with family, notably children and spouses who resided with them in Nova Scotia. Many, despite the challenges of balancing paid work and the addition of homeschooling to existing domestic responsibilities, spoke positively about the time spent at home. Several of them reported a more equitable division of labour between them and male partners. One participant, for example, explained that she and her husband were able to share childcare responsibilities at home while she worked in-person in a daycare, and he worked virtually. When she was at home, she spent additional time on cleaning chores, but was also able to spend time with her daughter—something she previously had been less able to do between work and school schedules. She explained:

What can you really do at home? The cooking and cleaning were the main part of it, that increased... but we were doing a lot of baking, cupcakes. My daughter was really into that. She’s still into it: cupcakes and cakes. My son was little at the time, he would do the dishes. So, we were all helping each other, and we were trying to make the most of it, like trying to be on the bright side, to be cheerful!”

Concerning divisions of labour, many of the male partners of the women we interviewed were more likely to have work that transitioned online. Where our participants worked in public-facing essential sectors, several of the women commented that their spouses were assuming more domestic responsibilities, notably childcare, but also cooking and cleaning. Another participant explained:

[Before the pandemic], I did all that: cooking, cleaning, you know? Taking care of the kids. Doing laundry. During the pandemic, it was less. Almost everyone was working from home—including my husband. I would leave home in the morning. I would come back, say 5 pm or 6 pm. So, I wasn't home much, but my husband would be there and would do the cooking. I would do the cleaning, but it was less work for me because I had someone else at home.

WORK "AFTER" COVID-19

For many—though not all—of the women in our study, the onset of COVID-19 and the ensuing public health measures and restrictions offered new barriers to transitioning out of low-waged, low-status essential work. Indeed, many of the women we interviewed reported feeling newly stuck in positions they had only reluctantly pursued in the first place. Others had more opportunity to transition to work that was more in line with their training—though with only some exceptions, this did not translate into more secure forms of training. Relegated to employment in sectors where wages have already, historically been low, immigrant and migrant women in Nova Scotia, including our participants, have experienced the province's crisis of affordability. When asked if they had "recovered" from COVID, many indicated that while life had returned to normal, financially, it had been difficult to fully recuperate. Instead, most of the women described the need to "catch up" or to "make up" what they had lost or spent (or sent to family) during the height of the pandemic.

Importantly, despite financial insecurity and challenging work, many of our participants spoke about enjoying their work. This enjoyment, they explained, was derived from caring for people, making them happy, and breaking cycles of isolation. One participant who arrived in 2016 and has worked for the same home care company for the last seven years, explained:

I've never really thought of stopping or quitting...I enjoy the fact that I have to help someone. I enjoy the fact that I am my clients' helping hand. They cannot do things, and I help them. I enjoy that they have someone to talk to. I have conversations with them. Most of my clients, their kids are not around; they've grown up and have left the house. So, I make sure they (my clients) are not isolated or alone.

CONCLUSION

THIS REPORT DRAWS ON the experiences of migrant and immigrant women in Nova Scotia who work in sectors that are simultaneously vital for the continuity of society and are chronically undervalued. The devaluation of specific kinds of essential work is far from new. Indeed, it reflects a bifurcation of productive and reproductive life purposes that, for the last two centuries, has been so central to the organization of capitalist political economy in Nova Scotia, as elsewhere. It also reflects a long-standing racialized pattern of labour market stratification that sees women, particularly racialized women, slotted in and limited to low-wage cooking, cleaning, and caring jobs. In this concluding section, we turn to a series of recommendations intended, not only to ameliorate the conditions of work experienced by migrant and immigrant women, but that consider and seek to redress the systemic precursors to those conditions. The central finding unique to this research has been that migrant and immigrant women in Nova Scotia are often subject to manifold crises that converge and play out over time. This was revealed in the migration and employment trajectories (prior to and during COVID-19) of the women we interviewed, as well as their experiences in the pandemic's aftermath.

Regardless of immigration pathway, the women in the study spoke of their migration as part of a larger familial project of care, social mobility, and new opportunities. Most of the women, regardless of age or length of time in Canada, continued to provide support for family and community in their country of origin. Critically, with only rare exceptions, the women held post-secondary credentials and most had considerable experience in their fields of study. The dominant exception to this was amongst international students who had studied in Nova Scotia and were in the post-graduation period seeking to secure permanent residency. Here, direct experience related to the field of study was restricted in

part because of the short time that had passed since graduation, but also because these women struggling to find work congruent with their studies ended up in retail or food service as a result. All the women had experienced racism and discrimination both as they looked for work and once, they found it. This persisted and worsened in the context of COVID as they became responsible for enforcing public health restrictions with an often-hostile public. While many of the women, from different vantage points, expressed gratitude for the opportunity to work in the service of people and community during the pandemic, their more positive feelings were often overshadowed by heightened isolation, anxiety, and concern for their clients and their own families.

While some experienced a decrease in working hours, most felt their workload increase during the pandemic. For some, this was accompanied by additional pay, but for many, it was not. In some instances, this additional workload was because of the need to enforce public health regulations around masking and social distancing, but for others, it was because of reduced personnel. Staff shortages were, at times, the result of workers feeling unsafe and resigning, but in most instances, particularly for those in food services, it was the result of diminished profit prompting employers to reduce hours. Many of the women struggled during the pandemic to make ends meet. This was exacerbated by an inability to access sick pay even when they had contracted COVID-19. In the months following COVID, the women have struggled to recuperate, and for many, the rapid acceleration of food prices, housing costs, and other expenses has been impossible to manage given the lingering effects of the pandemic. Indeed, the lack of affordability that increasingly characterizes life in Nova Scotia, has meant that their Canadian earnings (so highly sought after by many) don't stretch nearly far enough. Recovery of any kind in such a context, let alone just, remains elusive for most.

RECOMMENDATIONS

THE RECOMMENDATIONS WE OFFER seek to remedy not just the ongoing consequences of COVID in the lives of migrant and immigrant women, but additionally, the ongoing devaluation of essential labour. Solutions to the long-standing and financially lucrative organization of essential labour, however, need to take seriously the implications of immigration status, as well the histories and experiences of migration of essential workers. Indeed, much of the sector's profitability follows from the perceived legitimacy of labour market stratification based on immigration status. It also follows from the perception that newcomers, temporary and permanent alike, lack the skills required for different kinds of employment. Revealed in both the education attainment and previous employment experiences of those we interviewed, this is, of course, fundamentally untrue. And yet, despite this training and education, several of the women turned to childcare upon realizing that, relative to their advanced post-secondary degrees, their skills as mothers and caregivers would be much more discernable to prospective employers. Finally, it bears saying that if the pandemic demonstrated anything good, it's that when faced with a profound crisis of reproduction, seemingly immovable systems can move. The recommendations, then, while ambitious are not outside of what's possible.

1. JUST IMMIGRATION

A recovery plan that focuses on migrants, needs to be centred on a collaborative multifaceted approach between all levels of government, educational institutions, employers, licence regulators, and civil society. The pandemic created challenges, but also opportunities to

review Canada's approach to immigration and to ensure accentuated obstacles—potential and actual—to full societal and economic inclusion are addressed. While Canada is seen as a welcoming destination with an inclusive immigration process, identified internationally as a model⁴⁴, the experiences of many newcomers to the country reveal otherwise. Here, labour market exclusion, and the long-standing challenges of labour force attachment for skilled immigrants persist despite the emphasis on skill in immigration programs. Critically, for many adult migrants, this skill is cultivated in the country of origin, and yet, research demonstrates that more years of international work experience often correlates to lower rates of employment in Canada⁴⁵. Quite aside, however, from the implications of this system on highly skilled migrants, the econocentric agenda of Canadian immigration generates far more profound hardships and barriers in the lives of migrants and migrant-hopefuls.

Dating back as early as the 1870s⁴⁶, the prioritization of skill and the emphasis on the economic contributions of migrants has long been an approach taken by Canada's immigration regime⁴⁷. That said, since the 1990s, the econocentric nature of Canadian immigration has accelerated and has been naturalized through neoliberal ideology and practice⁴⁸. The requirement for immigrants to meet certain economic criteria has, however, exclusionary outcomes for individuals wishing or needing to migrate who do not meet those requirements. In turn, the reification of skill as a necessary criterion for immigration and successful integration has bled into immigration programs, ostensibly humanitarian in their orientation⁴⁹.

The implications of such a system are manifold. For our participants, it meant arriving in Canada as units of economic productivity and labour, as opposed to individuals—people with hopes, needs, and objectives related to kin and community. Equally illustrative, temporary foreign workers have very few rights beyond those of poorly enforced labour contracts, and their ability to transition to permanent residency is typically contingent on employer support. Similar constraints apply to international students who, despite their Canadian credentials, often seek out work with employers who are known to provide some support for permanent residency. The requirement of employer support, however, generates considerable dependency and in turn, the opportunity for exploitation.

A just recovery that includes immigrant and migrant women requires a re-imagining of Canada's immigration regime. In the first instance, criteria cannot be based exclusively on the economic ones. Such an approach obscures the social and cultural contributions of immigrants, and it excludes migrants without the financial and social capital desired by the

Canadian state. At the same time, and parsed out below, even those who do, are relegated to low-wage, insecure employment. We propose a series of interventions into Canada's immigration regime and agenda. First and foremost, permanent residency needs to be extended to all migrants regardless of skill if so desired. Permanent residency is not a panacea to all the challenges experienced by migrants in Nova Scotia or Canada more broadly. However, the extension of formal rights to social services, support, and residency does resolve, partially but in important ways, the dependency and vulnerability experienced by temporary migrants.

Such a move would require and permit a vital re-imagining of the social fabric of post-pandemic Canada and would mean a critical re-assertion of what it means to authentically be a multi-cultural society. It necessarily would also entail a meaningful commitment to anti-racism and cultural inclusivity and would demand that long-standing residents of the country now called Canada re-evaluate their relationship with this place and the implications of our colonial history. The state is vital in this regard, but so too are the efforts of grass-roots community organizations. These need to be resourced, such that the women who provide and receive support through them are valued. Indeed, there is a need for holistic and inclusive approaches to settlement and integration that support immigrant women throughout and beyond the initial phase of arrival and immediate settlement. This also means investing in childcare, career assistance, re-training options, and mental health services, and ensuring that these services are culturally responsive and accessible to immigrant women.

Recommendations:

- Make it easier for a wider array of immigrant/migrant family members, including extended relatives, to come and stay in the province.
- Extend the opportunity for permanent residency to all migrants regardless of skill or status.
- Meaningful commitment to anti-racism and cultural inclusivity, as well as decolonizing institutions, programs and policies.
- Implement holistic and inclusive approaches to settlement and integration that support immigrant women throughout and beyond the initial phase of arrival and immediate settlement.

- Increase investment in childcare, language training, career assistance, re-training options, and mental health services, to ensure that these services are culturally responsive and accessible to immigrant and migrant women.

2. CREDENTIAL RECOGNITION (ABSENT CRISIS)

Over the last decade, Nova Scotia has reconsidered its earlier position vis-a-vis the potential of immigration. Whereas as late as the early 2000s, the province was struggling to recruit and retain newcomers, its more recent efforts have yielded positive results. Like other jurisdictions in the country, the province sells itself as an inclusive, welcoming community. And yet despite shifts toward more socially oriented immigration programs in the late 1990s and early 2000s in some provinces, more recently at both the provincial and federal level, there has been a doubling-down on the econocentric imperative and criterion of the country's various immigration schemes. Migrants are subject to considerable scrutiny, with their training, education, and employment experience serving to determine their eligibility for short- or long-term settlement in Canada. Many have pointed to a profound discrepancy between the evaluation of newcomers based on their potential economic contributions and their employment outcomes once here. Our study offers a further illustration of this. Most of the women held advanced post-secondary degrees, some of them from Nova Scotian universities, and yet were unable to find work in their fields. Relegated to low-waged work that many had imagined as a stepping-stone, integration into more secure work remained challenging even after the pandemic.

There were some exceptions to this. Several women, nurses trained in the Philippines, were able to recredentialize during the pandemic and transition to more secure, publicly funded health care employment. What is important to note, however, is that this transition was facilitated by a long-developing crisis in care sectors so severe, that during COVID, some hospitals in Halifax had nursing vacancies of 80%⁵⁰. Faced with intense public scrutiny, the provincial government devised and encouraged strategies for nursing recruitment⁵¹. Several of our participants—registered nurses from the Philippines, often with considerable international experience who worked in assisted living in Nova Scotia—were able to mobilize this opportunity. As one nurse poignantly explained:

I want to share with you the struggle of international educated nurses. At the beginning it was hard to do the process of our credentials. It was

expensive, but because of pandemic, it's like a blessing in disguise. At the same time, like Nova Scotia, College of Nursing lessen the requirement, and they are lenient now to nurses, maybe because they see the need...

That so many participants in our study have struggled to exit these essential sectors after being encouraged into them as a means of redressing a lack of “Canadian experience” signals a deep complicity between the state and capitalism via immigration policy. The meaningful integration of newcomers demands reconsidering how credentials acquired outside of Canada are valued. Protectionist approaches to newcomer credential recognition betray the long-standing xenophobic sentiment that has underpinned Canadian immigration for nearly two centuries. The small pilot pathway to permanent residency created for asylum seekers working in health care is an example of that⁵². Faced with a profound crisis, health care systems, previously off-limits to those in our study, were suddenly able and willing to recognize their skills and education. Offering a more positive spin on this example, it is also clear that the health care system and immigration systems are far more flexible than otherwise imagined. A just recovery, however, for nurses and those they serve, requires more than ad hoc flexibilities in credential recognition and immigration, and instead demands an overhaul of how Canadian employers in private and public systems alike recognize and value international credentials across fields and nations.

Recommendations

- Expand funding to decrease the time it takes for credential recognition, while also overhauling its implicit Western bias.

3. MEANINGFULLY INCLUSIVE AND ANTI-RACIST WORKPLACES

I feel like there is a lot of work going on with immigrants, about how THEY can become part of the culture—Canadian culture. But there's not much going on with Canadians.

Our study, like many others, reveals that migrant and immigrant women arrive in Nova Scotia with incredible capacity, corresponding at times to advanced degrees, but almost always, a considerable depth of work experience. This experience needs to be valued. If Nova Scotia is genuinely committed to being the inclusive and welcoming community it purports to be, newcomer skills and training cannot be so easily

discredited. There also needs to be a focus on the harassment and isolation many of our participants experienced in their places of work, regardless of the sector. These experiences, often steeped in racism and at times, overtly discriminatory, worsened during the pandemic as the women took on new responsibilities vis-a-vis the enforcement of public health regulations putting them directly in contact with often frustrated, anxious, and angry clients and customers. Canadian employment equity legislation pursues, and seeks to enforce, equity within Canadian labour markets, both in terms of access to and mobility within those markets.

The requirement of “Canadian experience”, a vague and ill-defined requirement for employment, is a direct violation of the principle and values ostensibly encoded by employment equity policy. As a criterion, “Canadian experience” is indiscriminately deployed to exclude newcomers from accessing work aligned with their training. In turn, sectors which have historically (and problematically) been designated low-skilled are dominated by newcomers whose very ability to be in Canada is predicated on their otherwise high-skilled experience and training. In the first instance, then, Canadian experience as a barrier to employment needs to be redressed.

At the same time and offered poignantly in the above observation made by a young woman from Pakistan employed in an assisted living facility, long-standing residents and Canadian citizens need to commit to the work of ensuring that Canadian multiculturalism is as good as it claims to be. The Canada our participants encounter in Nova Scotia is one of deep, calculated exploitation, realized through their relegation to low-waged essential sectors, and then reinforced through their interactions with the long-standing residents and Canadian citizens who are their clients, customers, co-workers, and employers. Consistently the experiences of the participants in our study spoke of needing to adapt to the norms and workplace cultures of Canadians, of fitting in, and doing better according to unspoken rules. The statement “*This is their country*” by one participant reflects the disappointment and isolation she felt in Canada, and an uneasy acceptance of her situation. It highlights a persistent reluctance or unwillingness amongst Canadians to realize meaningful inclusion that embodies the purported values of multiculturalism. We believe Canadian employers must be compelled to ensure that their workplaces are authentically anti-racist to embrace the diversity that immigration brings and the commitment to diversity and equity this entails. Immigration services, in turn, might shift some of their focus to employers and long-standing residents and citizens, such

that “integration” becomes a shared project of inclusion and meaningful welcome.

Recommendations

- Strengthen legislation related to equity provisions, including pay equity and employment equity, extending them to all workplaces, and seek to redress all forms of inequities, including gender as well as racial inequity.
- Introduce legislative requirements or employment standard protections related to anti-racism as part of defining harassment and bullying.
- Prohibit Canadian experience requirements.

4. ADDRESSING INCOME AND JOB SECURITY

Essential workers in reproductive sectors, like food provisioning, cleaning, and cooking, face considerable financial hardship because of inconsistent hours and low wages. For employers, squeezing worker earnings is a long-standing strategy of maximizing profits. As a means of redressing income insecurity, most of the women we interviewed had more than one job before the pandemic. This work always straddled essential sectors and often included informal forms of employment, notably cleaning. The conditions and inadequate pay in essential sectors were laid bare as COVID-19 was declared a global pandemic in March 2020.

As a result, for most of the women we interviewed, earlier struggles over income persisted and indeed, accelerated during the pandemic. Since then, the situation has worsened. An outcome of the decreased affordability of food, other essential goods, and housing.

It is also important to note that immigrant and migrant women often experience income insecurity differently than other workers. The adage that Canada is “a country of immigrants” obscures and ignores the realities, experiences, and obligations of many of those immigrants. During the height of COVID-19, most of these women struggled with making ends meet as their hours and earnings were reduced. This has not been remedied, and for those few who were able to access “pandemic pay”, once it was retracted, the post-COVID context is even less secure. Critically, for many immigrant and migrant women, earnings in Canada are used, not only to meet their own immediate and localized

needs, but those of their families in the country of origin. We propose that considerations of income security need to encompass a much wider geography and set of familial relations. Employers in essential reproductive sectors need to provide their employees with full-time, permanent work. Hours need to be predictable and sick pay needs to be mandatory. Wages need to ensure that those workers can, with ease, access the very goods they are often responsible for selling, while meeting other needs. Finally, cost-cutting measures targeting worker hours and earnings need to be scrutinized and prohibited—particularly in moments when these sectors are generating enormous profits.

Recommendations:

- Move away from for-profit provision of essential services, to publicly provided, ensuring living wages, full-time employment and job security.
- Strengthen labour standards to better protect workers' health and safety, including ensuring all workers have access to paid sick leave.⁵³

5. VALUING ESSENTIAL REPRODUCTIVE LABOUR

In many ways, the totality of our study and its insights point to the chronic devaluation of reproduction labour, even when it's formally designated as essential and as such, necessary for the continuation of human life, society, and economy. Nursing and other forms of care provision offer a clear-cut example of the chronic and pervasive devaluing of essential reproductive labour. Systematic underfunding over the last several decades has resulted in deteriorating working conditions, diminished services, and worsened outcomes for patients and service users. We can also turn to the discrepancy referenced in our third set of recommendations between the earnings of grocery store workers and the profits generated in that sector, as well as the conditions that often characterize cleaning work, both formal and informal. In each instance, labour that is life-sustaining and supporting is poorly compensated and undervalued. In turn, workers—including the women in our study—struggle to meet their own reproductive needs and those of their families. Again, where immigrant and migrant women are concerned, these needs are not merely localized, but encompass family in the country of origin. Revealed in conditions and compensation, for migrant workers,

particularly those who are temporary, this devaluation is further reinforced by “unskilled” designations on work permits and residency visas.

The anxiety generated by COVID-19 resulted in modified consumption practices and a heightened interest in local production systems. It also encouraged a recognition of the essential quality of labour that directly or indirectly sustains society, the economy, and more broadly, human life. As a result, those workers—historically vulnerable and underpaid across essential sectors—were celebrated as heroes. As described above, this led to modest initiatives to support these workers. And yet, revealed in the narratives of the women we interviewed, even as the public and ostensibly the state, recognized anew their value, most continued to struggle under the conditions of their labour in essential sectors. This is because absent wholesale changes that would reframe this labour as skilled, modest initiatives targeting wages could only go so far. These initiatives also assumed, incorrectly, a set of working conditions that would support accessing “pandemic pay.”⁵⁴ Again, and revealing the already devalued state of the sector, most of our participants were unable to do so.⁵⁵

The experiences and conditions the women described betray a system set up for the benefit of capital and employers. The growing presence of, often racialized, migrant and immigrant women in essential sectors further reflects this bias. Migrant labour, in all its forms, has become a fulcrum of social reproduction. Responsible for their own reproductive and essential needs, their labour supports family and community in Canada and the country of origin. At the same time, their labour ensures the ongoing survival and reproduction of Nova Scotians. The sectors they are employed in are equally reliant on them and on the inequalities produced and reproduced through Canada’s immigration regime. Constrained by racist discourse and excluded from more stable labour markets, dependency and worker precarity go hand in hand, as workers, often hoping to secure permanent residency, are rendered even more precarious and vulnerable to exploitation. Their exploitability, in turn, ensures higher levels of profit, but also dissuades local, less vulnerable workers from seeking employment within the sector, reproducing the sector’s devalued, yet highly lucrative (for employers) quality.

The process of re-valuing essential and reproductive forms of labour requires a culture shift, one that moves us away from economic logic that would suggest that reproductive labour is unskilled and unproductive toward an understanding of that labour as fundamental. In the intermediate term, this requires that the state intervene in the operations of essential sectors and labour markets to ensure wages reflective of

the cost of living. At the same time, it demands intervention in essential sectors engaged in price gouging, ensuring access to affordable essential goods and services. In the context of care, it requires a funding model that ensures safe working conditions and it requires the extension of stronger workers' rights and benefits to those working in private homes and long-term care. Finally, it requires re-evaluating what we mean by "skilled" and "unskilled" labour, and a movement away from systems of classification that reify skill as a criterion for inclusion and exclusion from Canada.

Recommendations

- Institute higher minimum wages through sectoral negotiations that address gender and race inequity and undervaluing of work deemed "unskilled".
- Shift for-profit care into public, non-profit care funded at a level that ensures workers receive living wages, and benefits, and are supported to provide the best quality care.
- Overhaul the immigration system's classification of "skill" as a criterion for being considered for entrance to residency in Canada.
- Urge the federal government to take action by imposing taxes on excessive profits made by grocery chains and implement price caps on essential food items.

6. ENSURING THE SOCIAL AND EMOTIONAL WELL-BEING OF MIGRANT WOMEN

Several of the women in our study had, or transitioned to, social service employment. Some of this was in disability support, but of these women, four worked in newcomer settlement services. Social services, including settlement and immigration, offer more insight into the precarity of social reproduction in capitalist economies, including Nova Scotia. They are an effort (often state-supported) to redress the inequalities endemic in society and economy, and yet they are often poorly resourced, and reflective of essential and reproductive labour more broadly, gendered and racialized in particular ways. The women we interviewed who eventually secured positions in settlement reflect the ways that inequality and oppression often come to be managed and problem-solved by those most impacted. Their work in settlement signals a broader tendency to

rely on the labour of racialized women, while simultaneously devaluing their contributions, as reflected in labour conditions and rates of pay. These women are essential to ensure the social and emotional well-being of others who have arrived in Canada—migrant and immigrant women who must contend with discrimination, maltreatment, income insecurity, and the disappointment and grief that follow from being excluded from labour markets aligned with their training, education, and expertise.

Ensuring, then, the social and emotional well-being of migrant and immigrant women is dependent on a robust settlement sector. During the pandemic, settlement services were dramatically interrupted, and while some shifted online, the women in our study spoke frequently of not being able to access the support they required. Indeed, it was rare that any of the newer arrivals had any contact with formal settlement services, and when they did, it tended to be focused on employment. It is critical, then, that settlement services encompass a range of supports and opportunities, and that the sector move away from the economic logics that currently underpin immigration. Put differently, the settlement sector cannot serve as a kind of labour recruitment agency for low-wage, precarious, essential sectors. Instead, it should be a site of advocacy—of listening and responding to the needs of newcomers, and of supporting their goals.

As much as any employment can't simply be regarded as better than none, well-being also needs to be understood as stemming from more than just employment. The women we interviewed found enormous comfort and strength in their relationships with friends and family, and in the activities that brought them closer to their children. That said, given our collective dependency on waged labour, work and labour conditions bear down considerably on mental and emotional health. Migrant and immigrant women workers during the pandemic experienced a range of challenges, but none of these were new. The details may have differed as the women enforced public health regulations, faced further reductions in their hours, and contended with the risk of COVID-19 infection, but the context and the conditions were unchanged. With rare exceptions, the women in our study described a deterioration of their mental health and well-being following their arrival in Canada; this was worsened during COVID-19, but it pre-dated the pandemic, and in its aftermath, it persisted. From our interviews migrant and immigrant women workers' well-being, then, is not an individual matter, but rather it is a structural one—one generated by the devaluation of migrant and immigrant women themselves, in addition, to the work they are responsabilized for once in Nova Scotia. Understanding and recognizing that the fundamental value

of that work—of cooking, cleaning, and caring—and compensating it accordingly will, without question, redress many of the stressors in these women’s lives, and in turn, it will facilitate a meaningful just recovery.

Recommendations

- Substantially increase funding to broaden settlement services to encompass a range of supports and opportunities, including as a site of advocacy—of listening and responding to the needs of newcomers, and of supporting their goals not narrowly defined to confine them to “survival” jobs.

NOTES

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