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# Highly-Skilled Black African Immigrant Women's Narratives on Healthcare Workplace Experiences and Socioeconomic Integration

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Abstract

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Experiences and Socioeconomic Integration

by

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MBA, Keller Graduate School of Management, 2010

BS, Nnamdi Azikiwe University, 1995



Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Management



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Abstract

Many highly skilled Black African immigrants are concentrated in low-wage positions among occupations in the healthcare industry. This education–occupation mismatch has contributed to substantial labor market hurdles affecting socioeconomic integration in the host country. The purpose of this qualitative narrative inquiry study was to gain a deeper understanding of highly skilled Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration. A qualitative narrative inquiry was conducted involving 7 highly skilled Black African immigrant women in the U.S. healthcare workplace. The study was framed by 2 fundamental concepts: talent management and integration needs of highly skilled women Black African immigrants. Five conceptual categories were revealed via thematic analysis of the narratives. The findings clearly demonstrated that the challenges facing highly-skilled Black African immigrant women with social integration, social class change, ethnicity and gender bias are faced by all African American women in the healthcare workplace. These issues were often compounded by marginalization of their talents and contributions simply because of their immigrant status. The findings should act as a catalyst for social change highlighting the professional challenges faced by highly-skilled Black African immigrant women in the healthcare workplace and its connection to their socioeconomic integration in their host country, which creates the potential for a  positive outcome for the migrant women and the host society as well as better capture and utilization of the talent of these highly-skilled immigrant Black African migrant women.

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Dedication

This is dedicated to my late mother, Obonganwan Mary E. Obot (1939-2018), who inspired this doctoral journey, but left too soon before it was completed. I did it Momma! The journey was not easy, but I stuck with it because I knew it is what you would have wanted for me. Thank you for sharing your love for learning with me, amongst other valuable lessons. I miss you every day. Your song may be over Momma, but your melody still lingers on. Love never dies…

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Chapter 1: Introduction to the Study

Among immigrant healthcare workers, gender imbalances result in highly-skilled immigrant women more likely than natives to work in healthcare occupations offering the lowest wages and lower access to health insurance, whereas immigrant men are more likely to be well-compensated physicians and surgeons with near-universal health insurance access (Altorjai & Batalova, 2017; Habti & Elo, 2018). Of foreign-born healthcare professionals in the United States, approximately 12% are from Africa, with Black African immigrant women, most of whom are highly educated in their native countries, being employed in the lowest wage positions within this sector (Foner, 2018a; Showers, 2015a; Thomas & Logan, 2012). This education–occupation mismatch has resulted in low socioeconomic integration of Black African immigrant women employed in the healthcare sector in their host country (Nyang, 2018; Wang & Jing, 2018).

Although there is an increasing amount of research on the specific obstacles faced by immigrant women, what remains unexplored is the specific experiences they face in the workplace and how these contribute to their socioeconomic integration (Colakoglu, Yunlu, & Arman, 2018; Gauthier, 2016; Kaushik & Walsh, 2018). This lack of knowledge contributes to a lack of diversity management approaches among human resource (HR) managers to more effectively facilitate socioeconomic integration of immigrant women employees facing an education–occupation mismatch (Crowley-Henry & Al Ariss, 2018; Dean, 2018). Implications for social change regarding workplace inequities must be addressed so that their impact is felt in the daily lives of people (de la Sablonnière, Bourgeois, & Najih, 2013). Research on immigrants' organizational

experiences may promote social change by giving voice to all underutilized employees to be part of an organization's talent program (Hamilton, Easley, & Dixon, 2018).

In this chapter, I will present the background literature leading to the problem statement formation, including a description of the gap in the scholarly literature. This is followed by a presentation of a logical alignment between problem, purpose, and research question and conceptual framework of the study. Finally, this chapter will present the significance, assumptions, limitations of the study, and definition of key terms used throughout this document.

**Background of the Study**

Built on successive waves of incoming immigrants contributing to its racial and ethnic formation, the United States has a reputation of being an immigrant country and one of the top destinations for immigrants (Harvey, Groutsis, & van den Broek, 2018). Highly-skilled immigrants, armed with credentials and skills from their native country, make up a rapidly growing percentage of the global workforce who come to the United States with the hopes of reestablishing their professional career (Colakoglu et al., 2018). However, despite skills and earned credentials, some immigrants face obstacles to effective socioeconomic integration into the mainstream society (Landolt & Thieme, 2018). Constrained by a U.S. labor market that does not recognize foreign education or credentials, a lack of experience in the local market, no access or ties to social networks, and prejudice, stereotypes, and workplace discrimination, highly-skilled immigrants are lured into entry-level low-paying or direct-care jobs (Altorjai & Batalova, 2017; Landolt & Thieme, 2018; Showers, 2018).

Within the healthcare industry, one of the largest service industries in the United States, research has shown that one in every six healthcare professionals was foreign-born (Patel, Ly, Hicks, & Jena, 2018). African immigrants make up 12% of the foreign-born healthcare workers, with 40%, mostly women, occupying low-wage healthcare support positions (Colakoglu et al., 2018; Foner, 2018a, 2018b). But foreign-born healthcare workers are more likely to obtain a university degree than their native-born counterparts (Altorjai & Batalova, 2017). Despite the U.S. immigration laws and policies promoting the easy translation of equal skills to equal opportunities, employment discrimination against people based on national origin affects their social and occupational mobility experiences (Habti & Elo, 2018). For example, Nwabah and Heitner's (2009) study of 22 highly-skilled female Nigerian immigrants in the United States revealed lack of recognition of previous work-related experiences from participants' native land and other cultural differences and racial bias as they attempted to attain leadership positions. Further, Covington-Ward (2017) explored the lived experiences of 30 diverse groups of Africans working in low-wage healthcare jobs, finding that for participants direct-care jobs were readily available and, in a bid to obtain social and/or cultural capital such as language and generic skills, access to networks, a degree or certificate from the host country, taking on low-paying jobs was justified and seen as a trade-off or a necessary transition to better opportunities (see also Landolt & Thieme, 2018).

The U.S. economy relies on immigration, skills acquisition, and international expertise of its newcomers (Boucher, 2018; Ruyssen & Salomone, 2018). The influx of

highly-skilled African migration has a positive influence on the international labor market, and tapping into their human capital potential could increase the competitive advantage of organizations (Batalova & Fix, 2018). Therefore, to help deal with obstacles in socioeconomic integration and promote diversity management, organizations can adopt interculturalism and immigrant integration policies in the workplace as an inclusive environment for highly-skilled immigrant workers (Gauthier, 2016). Additionally, revised or new immigration policies can address the issues with how education–job mismatches have led to wage and human capital return disparities among highly-skilled immigrants (Barker, 2018; Dean, 2018). The creation of attractive and rewarding offers can also help combat high turnover and occupational mobility fears plaguing immigrant workers (Dean, 2018).

Highly-skilled Black African immigrant women arrive in the United States armed with the highest prevalence of credentials and degrees, yet they are more likely to be employed in entry-level, low paying jobs or have difficulties with their socioeconomic integration in their host country. Previous studies have focused on the de-skilling of highly-skilled Black African immigrants during migration, but few have reported on specific experiences and how these contribute to their socioeconomic integration (Colakoglu et al., 2018; Gauthier, 2016; Kaushik & Walsh, 2018). Thus, there is a need to understand the connection between highly-skilled Black African immigrant women's experiences in the U.S. healthcare workplace and the social and occupational mobility and socioeconomic integration challenges they encounter (Colakoglu et al., 2018; Kaushik & Walsh, 2018).

**Problem Statement**

Gender imbalances among immigrant healthcare workers have resulted in highly-skilled immigrant women more likely than natives to work in direct care, a healthcare occupation offering the lowest wages and lower access to health insurance, whereas immigrant men are more likely to be well-compensated physicians and surgeons with near-universal health insurance access (Altorjai & Batalova, 2017; Habti & Elo, 2018). According to new research in the *Journal of the American Medical Association*, about one out of six healthcare professionals in the United States are immigrants (Patel et al., 2018), with approximately 12% from Africa and Black African immigrant women who are employed in the lowest wage positions within this sector despite having higher education from their home countries (Foner, 2018a; Showers, 2015a; Thomas & Logan, 2012). Many highly-skilled Black African immigrants are concentrated in low-wage positions along the continuum of occupations in the healthcare industry (home health aides, certified nursing assistants, disability support professionals; Covington-Ward, 2017; Showers, 2018). The general problem is that highly-skilled Black African immigrant women within the healthcare sector in the United States face a higher education–occupation mismatch, which can result in poor socioeconomic integration within their host country (Nyang, 2018; Showers, 2015b, 2018; Tesfai, 2017; Wang & Jing, 2018).

The specific problem is that the connection between highly-skilled Black African immigrant women's experiences in the U.S. healthcare workplace and their socioeconomic integration in their host country remains poorly understood (Okeke-

Ihejirika, Salami, & Karimi, 2018; Showers, 2018). Although there is an increasing

amount of research on the specific obstacles faced by immigrant women, what remains

unexplored is the specific experiences they face in the workplace that hinder their

socioeconomic integration (Colakoglu et al., 2018; Gauthier, 2016; Kaushik & Walsh,

2018). This lack of knowledge among HR managers is a barrier to effectively facilitating

socioeconomic integration of immigrant women employees facing an education–

occupation mismatch (Crowley-Henry & Al Ariss, 2018; Dean, 2018).

## Purpose of the Study

The purpose of this qualitative, narrative inquiry study was to gain a deeper

understanding of highly-skilled Black African immigrant women's daily experiences

within the U.S. healthcare workplace and the implication of these experiences on their

socioeconomic integration in their host country. Qualitative research can enable a greater

understanding of factors influencing the African immigrant experience in the U.S.

healthcare workplace (Covington-Ward, 2017). Additionally, a narrative inquiry method

was used to address the literature gap and achieve the purpose of the study (Clandinin,

2016). The narrative inquiry approach is a research design that grew out of Gergen's

(1999) constructivism, a recent epistemology that viewed knowledge as constructed and

contingent on a convention between human perception and social experience (Roots,

2007).

## Research Question

How do highly-skilled Black African immigrant women narrate their daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in the host country?

## Conceptual Framework

This study is framed by two fundamental concepts that attempt to define Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country: Crowley-Henry and Al Ariss's (2018) concept of talent management of skilled immigrants and Gauthier's (2016) concept of integration needs of highly-skilled women immigrants. Once highly-skilled immigrant women with limited financial and time resources commence job searching in their professional field, they are met with forms of prejudice and stereotypes, making them appear more fit for unskilled, temporary, and/or care work than highly-skilled work (Gauthier, 2016; Kaushik & Walsh, 2018; Schrover, Van der Leun, & Quispel, 2007).

### Talent Management of Skilled Immigrants

The recent focus on the migration of skilled healthcare workers developed in conjunction with earlier literature on the migration of women migrants from poor countries who undertook the domestic responsibilities of their more privileged counterparts in wealthy nations (Crowley-Henry & Al Ariss, 2018). Concerning the research on skilled immigrant careers, researchers have written almost exclusively on talent management within the healthcare sector (e.g., Holmes & Fraher, 2017; Humphries

et al., 2013; Ricketts, 2010). For instance, Crowley-Henry and Al Ariss (2018) grounded the development of their concept of talent management of skilled immigrants in human capital theory (Becker, 1975; Schultz, 1963) to explain the individual competencies of skilled migrants and to consider the possible outcomes of utilizing these competencies at the organizational level.

**Integration Needs of Highly-Skilled Women Immigrants**

Recent African immigrant newcomers to the United States encounter challenges with successful socioeconomic integration into mainstream society despite being highly-skilled and educated (Hamilton et al., 2018; McCabe, 2011). This trend may be attributed to the complex factors behind the barriers to successful settlement and integration of skilled immigrants from Africa in the United States (Halter & Johnson, 2014; Jones-Correa, Marrow, Okamoto, & Tropp, 2018). Therefore, empirical research in African immigrant women's workplace experiences in the U.S. healthcare sector may contribute to a deeper understanding of the intersection of race/ethnicity, gender, and class in immigrant/healthcare employer interactions (Foner, 2018b; Kaushik & Walsh, 2018). Gauthier's concept of integration needs of highly-skilled women immigrants was grounded in intersectionality theory to gain a deeper understanding of settlement and integration needs of skilled immigrants in Canada.

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**Nature of the Study**

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The nature of this study was qualitative. The open-ended, exploratory nature of the qualitative method allows the researcher to gain an understanding of the reasons behind the researched phenomenon (Taguchi, 2018). This method aligned with the

purpose of this study, which involved obtaining a deeper understanding of Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country. A qualitative approach allows for complex human issues to be included in the research data rather than focusing on testing a priori hypotheses (Clandinin, 2016; Merriam & Grenier, 2019) like in quantitative methods, which are outcome-based and overlook the complex nature of themes and occurrences based on experiences (Harkiolakis, 2017; Webster & Mertova, 2007).

Narrative inquiry is a widely accepted method used by researchers to study employee experiences in healthcare settings (Murphy, 2017; Rivera, Kyte, Aiyegbusi, Keeley, & Calvert, 2017). For instance, Woodley and Lockard (2016) recommend the narrative inquiry method for engaging women and marginalized populations in story-based research. Unlike other forms of qualitative research such as case study, ethnography, or phenomenology methods, a narrative inquiry approach was practical for this holistic study because it allowed for presenting rich participant descriptions through storytelling and was a sound research method for developing a detailed understanding of human experiences as they are being lived daily (Clandinin, 2016; Webster & Mertova, 2007). Narratives emphasize the contextual construction in social relations and daily life experiences (Gergen, 1985). Further, storytelling among humans is influential (Polkinghorne, 1988), and using storytelling to describe the experiences of Black African immigrant women within the U.S. healthcare workplace can help communicate the participants' realities to a broader audience (see Wang & Geale, 2015). To further justify

the rationale for choosing the narrative inquiry method to address the purpose of this study, although 40% of African immigrant women work in the lowest-wage healthcare support occupations, there are no qualitative studies of African immigrants in low-wage healthcare jobs in the United States (Covington-Ward, 2017).

The population for this study met the following inclusion criteria: African-born immigrant females over the age of 25 with a university degree from their native country; legal immigration status in the United States; and employment for at least 3 years in the U.S. healthcare industry. The inclusion criteria for this study aligned with similar studies within the literature (Covington-Ward, 2017; Ifedi, 2017). The minimum age of 25 allowed for sufficient time for the women to obtain a college degree and a specific direction in their careers. I collected data from a purposeful sample of seven participants with the phenomena under study using semistructured interviews with open-ended questions, with interviews continuing until data saturation was achieved (Ravitch & Carl, 2016). Purposeful sampling guarantees a deliberate selection of study participants who are knowledgeable of the specific phenomenon being studied and have the required experience that would produce valuable in-depth research data (Patton, 2015).

To ensure the integrity of the data analysis results, a critical event analysis approach, which is characterized by openness and transparency, was used to emphasize, capture, and describe events contained in the stories of experience (Webster & Mertova, 2007). Questions generated using the three-dimensional space narrative structure approach (interaction, continuity, and situation) helped to identify critical events and decisions that had potential life-changing consequences in the lives of the participants

(Clandinin, 2016; Webster & Mertova, 2007). Furthermore, a thematic coding of the data set allowed me to elucidate themes by examining the perspectives of each study participant, highlighting similarities and differences, and generating unanticipated insights (Nowell, Norris, White, & Moules, 2017; Vaismoradi, Jones, Turunen, & Snelgrove, 2016). This approach served as a cross-checking feature that guided the interpretation of the stories through the construction of meanings and themes.

Normally, triangulating would ensure the trustworthiness of data during the qualitative research process; however, in story-based studies, it is not practical and unnecessary as it is "almost impossible to achieve" (Webster & Mertova, 2007, p. 91). Just like any research method, the narrative inquiry approach has its limitations. Study complexity, time-consuming efforts, and constant interaction or collaboration between the researcher and the participant pose issues with credibility and trustworthiness. It is important to build data gathering and interpretation on shared truths and values of the participants rather than the researcher (Savin-Badin & Van Niekerk, 2007). This approach can ensure the dependability of results and minimization of research bias as much as possible (Loh, 2013; Sinkovics, Penz, & Ghauri, 2008).

## Definitions

The purpose of providing definitions of terms is to clarify the intentional meaning of key terms and phrases used in a study to increase understanding of the research experience. The definitions of the words and phrases used in this study are uniform with definitions in the peer-reviewed literature.

*African immigrants:* Immigrants living in a host country and native of sub-Saharan Africa (Foner, 2018b; Showers, 2018). The terms *African immigrants, Black African immigrants,* and *Black migrants* will be used interchangeably and refer to the same concept or phenomenon in this study.

*Deskilling*: Deskilling is attributed to highly-skilled immigrants in a host country with jobs that do not reflect their qualifications and skills (Landolt & Thieme, 2018).

*Direct care*: Healthcare occupation offering the majority of paid hands-on care, emotional support, and supervision to the elderly and disabled, such as home health aides, certified nursing assistants, disability support professionals, etc. (Altorjai & Batalova, 2017; Covington-Ward, 2017; Habti & Elo, 2018; Showers, 2018).

*Education–occupation mismatch:* A situation where an individual's field of study or specialty does not match their occupation. To capitalize on human capital stock, it is important to have a match between an individual's education and specific skills or occupation (Dean, 2018).

*Highly-skilled immigrants:* Foreign-born and raised individuals with earned degrees or credentials from a foreign institution or native country and who moved to another country with intentions to live and work in that country for an undefined (i.e., temporary or nontemporary) period (Colakoglu et al., 2018; Crowley-Henry & Al Ariss, 2018).

*Immigrants:* In the context of this study, this term is ascribed to individuals who were born outside the United States but migrated with intentions to live in the United States for an undefined (i.e., temporary or nontemporary) period (Colakoglu et al., 2018).

*Socioeconomic integration:* Describes an immigrant's sense of belonging and ability to build social capital as required by the host country's institutions (Crowley-Henry & Al Ariss, 2018).

## Assumptions

The internal beliefs and assumptions that the researcher brings to the research can either support the research or create doubts if ignored (Kirkwood & Price, 2013, 2014; Seidman, 2013). The following vital assumptions guided the focus of this research. First, it was assumed that I would maintain objectivity throughout the data collection and analysis phases of the study, as the appearance of bias can change the response or behavior of the participants. Second, it was assumed that the inclusion criteria of the sample of participants selected for the study were appropriate and that all participants had similar or same experiences relating to the phenomenon under study. Participation in the study was voluntary, and participants could withdraw at any time.

Third, it was assumed that participants would provide open and candid answers to the interview questions as they relate to their work and social integration experiences in a host country. I anticipated that the narratives would be factual and represent first-hand experiences. Fourth, because memories can be frail, distorted, and prone to error (Keven, 2016), I assumed that by interviewing several participants, commonalities and consistencies would be evident in their narratives. Lastly, I assumed that the qualitative data collection and analysis tools used in creating and evaluating the research data were the most effective for addressing the purpose of this study and that I would accurately capture and transcribe the narratives obtained from the participants.

## Scope and Delimitations

Characteristics that limit the boundaries of a study are known as delimitations and are usually within the researcher's control, such as the researchers' choice of population, objective, and research questions (Simon & Goes, 2013). This research used participants' daily life experiences, collected through a qualitative narrative approach, to gain a deeper understanding of highly-skilled Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country. The scope of the study included seven highly-skilled Black African immigrant women who share experience with the phenomena under study. The inclusion criteria for the recruitment of the study population were as follows: female identifying as Black African immigrant, over the age of 25, a university degree holder obtained from their native country, residing legally in the United States, and possessing a minimum of 3 years of working experience in the U.S. healthcare industry. The inclusion criteria for this study aligned with similar studies (Covington-Ward, 2017; Ifedi, 2017). Black African immigrant women who obtained their university degree after arriving in the United States fall outside of the scope of this study. This delimitation is notable, especially with an increasing amount of research focused on obstacles faced by immigrant women (Colakoglu et al., 2018; Gauthier, 2016; Kaushik & Walsh, 2018). Nevertheless, it is imperative that the voices and experiences of Black African immigrant women's integration into American society and its healthcare sector are not lost within the larger gender and immigration literature (Ifedi, 2017; Showers, 2015b, 2018).

**Limitations**

Study limitations are factors that are beyond the researcher's control and could affect the study results, its interpretation, or both (Brutus, Aguinis, & Wassmer, 2013; Kirkwood & Price, 2014). Feelings of subjectivity or bias could potentially pose a risk of influencing the study or producing distrust among researchers in social science (Riessman, 1993; Svensson & Doumas, 2013). To guard the integrity of the narratives, I created a distinction between what is narrated by the participants and what is reported. Moreover, chronicling daily interactions with the participants can help the researcher to recognize their own bias easily and possibly reduce potential ethical issues and challenges (Roulston & Shelton, 2015). A transparent relationship between the researcher and the participants also safeguards research credibility.

Additionally, limitations of this and any interview-based study used for understanding and inquiring into experiences may include the likelihood of falsification, dramatization, or misrepresentation of stories by the researcher or participants, as there is no way to verify that the information shared by the participants is true. To encourage openness and honesty, I selected a comfortable phone interview platform where participants had the autonomy to reveal answers as they deemed appropriate (see Hanna, 2012).

Another limitation is that each participant's story may not entirely portray a consistent narrative of the specific experiences faced by highly-skilled Black African immigrant women in the healthcare workplace and its contribution to their socioeconomic integration. The successful outcome of this research depended on the

personal narratives of participants producing an information-rich study while following narrative methodologists' guidelines for establishing the credibility of the coded narrative data (Syed & Nelson, 2015).

## Significance of the Study

The significance of a study must address why it is essential to fill a gap in knowledge (Merriam & Tisdell, 2015). The United States is one of the top destinations for highly-skilled immigrants, yet employers have not capitalized on the skills and training of these new arrivals, as highly-skilled professionals are either demoted to low-skilled job positions or unemployed. This phenomenon is known as *skill underutilization* or *brain waste*. Brain waste has a significant impact on families and the U.S. economy, amounting to $39 billion in lost wages (Batalova, Fix, & Bachmeier, 2016). The ripple effect of this loss trickles down to the federal, state, and local governments as $10 billion in tax receipts go unclaimed yearly (Batalova et al., 2016). Therefore, this study is significant in addressing the problem of socioeconomic integration of Black African immigrant women. The results and recommendations from this research may be useful to healthcare leaders and HR managers within the healthcare industry in the United States and other high-receiving immigrant-destination countries. It is also important for future researchers to conduct empirical studies on the experiences of the highly-skilled Black African immigrants employed in low-wage positions in the healthcare industry to investigate problems of education–occupation mismatch and low socioeconomic integration among Black African immigrant women (Nyang, 2018; Showers, 2018).

**Significance to Practice**

Despite the recognition of the human capital contribution of skilled migrants, the implementation of global talent management strategies and policies in a variety of different contexts still poses a challenge (Vaiman, Scullion, & Collings, 2012). Generating theories on the HR management of skilled migrants involves drawing a comparison across observed populations and country settings, as there are differences between contexts and across globes in the implementation of people management strategies (Campbell, 2018; Vaiman et al., 2012). For example, recent research shows growing evidence of a link between corporate social responsibility and global talent management, as corporate social responsibility activities tend to attract and retain talents and could prove fruitful in emerging country contexts.

Organizations understand the value of their stock of human capital, but HR strategies and practices have not tapped into the human capital potential of skilled migrants (Batalova & Fix, 2018). The long-term recommendation is for organizations to work proactively in pinpointing areas where skilled migrants can contribute to the performance and economic position of the organization, leading to increased competitive advantage. The inclusion of highly-skilled migrants in talent pools, and the tracking of their identifiable skills and competencies such as language knowledge, resiliency, adaptability, and cross-cultural knowledge, helps organizations benefit from having a diverse workforce that can compete domestically and internationally, which leads to higher productivity and innovation (Qureshi, 2019). Therefore, studies using narratives like the current study to uncover different experiences in the career development of

highly-skilled immigrant women working in the healthcare industry within their host country can offer data for scholars to pursue applied research with this working group for the HR management (HRM) literature (Covington-Ward, 2017**;** Showers, 2018).

**Significance to Theory**

This study extends its conceptual framework by offering original, qualitative data to Crowley-Henry and Al Ariss's (2018) concept of talent management of skilled immigrants and Gauthier's (2016) concept of integration needs of highly-skilled women immigrants. Although the focus of this research was on the challenges facing highly-skilled immigrants in the U.S. healthcare industry, this review may launch further research to extend theory in significant theoretical directions to explain the socioeconomic integration of similar overlooked or neglected workforce categories such as *B players* (Malik & Singh, 2014) and the low-paid (Devins & Gold, 2014). It is important to understand the context of African immigrants' integration into American society, its healthcare sector, and to assure that their experiences are not lost in the larger stories within gender and migration literature (Ifedi, 2010, 2017; Showers, 2015b, 2018). Investigating the experiences of college-educated and previously middle-class immigrants and their strategies for coping with the class inconsistencies, incongruences, and downward social mobility can deepen understanding of how the intersection of race/ethnicity, gender, and class impacts the settlement and integration needs of highly-skilled Black African female immigrants.

**Significance to Social Change**

Implications for social change regarding workplace inequities must be addressed at the lower level so that the impact is felt in the daily lives of people in the community (de la Sablonnière et al., 2013). Research on immigrants' organizational experiences may promote social change by giving voice to all underutilized employees to be part of an organization's talent program (Hamilton et al., 2018; McNulty & Hutchings, 2016; Swailes, Downs, & Orr, 2014). Despite the United States having laws that forbid employment discrimination against people on the basis of national origin, the exclusion of skilled immigrants from labor markets by hiring managers due to the uncertainty and ambiguity associated with their cultural, professional, and educational background fosters brain waste and the risk of untapped human capital (Colakoglu et al., 2018). In a highly competitive job market where human capital is the healthcare industry's greatest asset, this study may promote social change by addressing workforce inequities experienced by highly-skilled immigrants in the American workplace.

**Summary and Transition**

The primary objective of this qualitative inquiry was to address the research question: How do highly-skilled Black African immigrant women narrate their daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country? The narratives from highly-skilled Black African immigrant women working in low paying jobs in the U.S. healthcare sector and dealing with integration needs provided lived experiences may add to the research of similar overlooked or neglected workforce categories and the problems

of education–occupation mismatch and low socioeconomic integration among Black African immigrant women. Chapter 1 underscored the utility and basis of the study in the introduction, background of the study, problem statement, purpose of the study, research question, the definition of key terms, assumptions, scope and limitations, and the delimitations of the study. The significance of the study to practice, theory, and social change was also acknowledged.

Chapter 2 will consist of a review of relevant literature on the conceptual frameworks for talent management and integration needs of highly-skilled women immigrants. The complex factors behind the barriers to successful settlement and integration of highly-skilled African immigrant women in the United States will be explored and literature reviewed and synthesized to obtain a greater perception of the intersection of race/ethnicity, gender, and class in immigrant/healthcare employer interactions in the United States.

Chapter 2: Literature Review

The education–occupation mismatch among Black African immigrant women employed in the healthcare industry results in these women facing substantial labor market hurdles due to low socioeconomic integration in their host country when compared to highly-skilled natives and other immigrant demographic groups (Nyang, 2018; Wang & Jing, 2018). Although there is an increasing amount of research on the obstacles faced by immigrant women, the literature has not addressed their experiences in the workplace that hinder their socioeconomic integration (Colakoglu et al., 2018; Gauthier, 2016; Kaushik & Walsh, 2018), so the connection between highly-skilled Black African immigrant women's experiences in the U.S. healthcare workplace and their socioeconomic integration in their host country remains poorly understood (Okeke-Ihejirika et al., 2018; Showers, 2018).

The purpose of this qualitative, narrative inquiry study was to gain a deeper understanding of highly-skilled Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country. Healthcare leaders and HR managers within the healthcare industry in the United States may find the results of this study valuable as well as other high-receiving immigrant-destination countries. In this chapter, I present the literature search strategy alongside the conceptual framework upon which the research is grounded. Finally, I offer a synthesis of knowledge and critical analysis of the extant literature on Black African immigrant women's employment in the U.S. healthcare workplace and their socioeconomic integration in their host country.

**Literature Search Strategy**

A literature review is a logical, wide-ranging, and reproducible method for identifying, assessing, and integrating an existing body of completed and documented work by researchers, scholars, and practitioners (Cooper, 2015; Okoli & Schabram, 2010). Literature reviews serve different purposes. They are designed to provide a comprehensive survey of the works and results of other studies that are closely aligned with the current study. A well-conducted literature review helps the researcher to advance knowledge and understand the extent of the research on a topic of interest, synthesize the empirical evidence, create theories or offer a conceptual background for research, and highlight topics or research areas that require more exploration (Marshall & Rossman, 2014; Paré, Trudel, Jaana, & Kitsiou, 2015).

Relevant articles for this literature review were gathered by searching peer-reviewed journals and the following databases: Walden University Library database, Academic Search Complete, ERIC (Educational Resources Information Center), Business Source Complete, Emerald Management, Google Scholar, Google, Political Science Complete, ProQuest, EBSCOhost, ABI/INFORM Complete, ScienceDirect, SAGE Premier, SocINDEX, PsycINFO, PsycARTICLES, PubMed, and Psychology Database Combined Search. The following keywords representing the main concept of the research topic were used to locate materials or articles in all databases accessed for this study: *highly-skilled black African women, highly-skilled immigrants, highly-qualified immigrants, professional immigrants, socioeconomic integration, socioeconomic assimilation, socioeconomic mobility, education mismatch, education-occupation*

*mismatch, skills mismatch,* and *over-education of immigrants*. Some keywords were used in various combinations to generate more relevant results: *highly-skilled immigrants and healthcare professionals, highly-skilled immigrants and low-paying jobs, education-occupation mismatch and highly-skilled immigrants, socioeconomic integration and African women immigrants, socioeconomic integration and education-occupation mismatch,* and *lived experiences and socioeconomic integration.*

Some of the scholarly and peer-reviewed publications used in this study included journal articles from publications such as *The Russell Sage Foundation Journal of the Social Sciences Management Research and Practice, International Journal of Current Research and Academic Review*, *Leadership Quarterly*, *The American Psychologist*, *Psychology of Women Quarterly*, *American International Journal of Social Science*, *International Journal of Business and Management*, and *Journal of the American Medical Association (JAMA)*. Other sources included *Journal of Applied Psychology*, *Journal of Management Studies*, *Gender in Management: An International Journal*, *British Journal of Management*, and *Business and Economics, Journal of International Migration and Integration, Ethnic and Racial Studies, Journal of Management, Journal of International Business Studies, Journal of Immigrant and Minority Health, The International Journal of Human Resource Management, Journal of Social and Political Psychology, International Journal of Manpower, Journal of Ethnic and Migration Studies, Health services research, Human Resources for Health, Human Resource Management Review, The Journal of Politics, Journal of Leadership Studies, Journal of*

*Gender Studies Journal of Development Economics,* and *Management International Review.*

The literature review also includes prior research regarding the conceptual framework for talent management and integration needs of highly-skilled immigrants, intersectionality, and human capital theories. This review also presents various literature on immigration in the United States of highly-skilled individuals, the employment of immigrants in the U.S. healthcare workforce, the role of education–occupation mismatch in the placement of immigrants in the workforce, and social and occupational mobility of immigrants.

## Conceptual Framework

This study was framed by two fundamental concepts that attempt to define Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country: Crowley-Henry and Al Ariss's (2018) concept of talent management of skilled immigrants and Gauthier's (2016) concept of integration needs of highly-skilled women immigrants. The growth in low-paying healthcare services, which include both home healthcare and institutional care, is parallel to the increase in the number of foreign-born healthcare workers, as the supply of native-born healthcare workers has not met growing demand (Altorjai & Batalova, 2017; Habti & Elo, 2018; Stilwell et al., 2004). The literature on gender and migration has consequently paid increasing attention to the migration of skilled women healthcare workers from the Global South to fill these

shortages in U.S. healthcare institutions (Bonifacio, 2015; Flores-González, Guevarra, Toro-Morn, & Chang, 2013; Willis et al., 2018).

**Talent Management of Skilled Immigrants**

Crowley-Henry and Al Ariss (2018) grounded the development of their concept of talent management of skilled immigrants in human capital theory (Becker, 1975; Schultz, 1963) to explain the individual competencies of skilled migrants and consider the possible outcomes of utilizing these competencies at the organizational level. Based on human capital theory, organizations' different HRM strategies and practices (e.g., recruitment, selection, and training practices) impact the respective skills and human capital of their employees (Becker, 1975; Huselid, 1995). Further, individual and organizational human capital investments may impact immigrant career success (Fang, Zikic, & Novicevic, 2009). As part of their theory, Crowley-Henry and Al Ariss noted that even though competencies of skilled migrants could be valuable within organizations (Cerdin, Abdeljalil-Diné, & Brewster, 2014), HRM researchers do not feature highly-skilled immigrants as "talents" in any of their literature. Highly-skilled migrant' stories are not represented in the HRM literature, and their human capital is under-recognized. This scholarly oversight has resulted in the exclusion of studies on talent management of skilled immigrants within the HRM body of knowledge (Crowley-Henry & Al Ariss, 2018).

**Integration Needs of Highly-Skilled Women Immigrants**

Recent African immigrant newcomers to the United States encounter challenges with successful socioeconomic integration into mainstream society despite being highly-

skilled and educated (Hamilton et al., 2018; McCabe, 2011). This could be attributed to

the complex factors behind the barriers to successful settlement and integration of skilled

immigrants from Africa in the United States (Halter & Johnson, 2014; Jones-Correa et

al., 2018). Gauthier's (2016) concept of integration needs of highly-skilled women

immigrants was grounded in intersectionality theory to gain a deeper understanding of

settlement and integration needs of skilled immigrants in Canada. Intersectionality theory

(Crenshaw, 1991) provides a critical view of the interconnected and overlapping nature

of multiple sources of oppression such as gender, race/ethnicity, sexuality, and social

class on a marginalized population (Davis, 2014). The theory critiques the lack of

visibility of the Black woman at the intersection of multiple identities and inequalities

and the political structures that shape the outcomes (Crenshaw, 1989, 1991).

> After Gauthier's use of intersectionality theory, Kaushik and Walsh (2018)

extended Gauthier's conceptual work by applying the theory of intersectionality to

explain the existence of diversity within gender, race, and social class in relation to the

unique settlement and integration needs for professionally trained and highly educated

skilled immigrants, which required a focus on the range of identity issues related to

immigrants' needs. With the increasing surge in Black African immigrants to the United

States, the intersections of race, national origins, and identity pose challenges for their

basic settlement and integration needs (Ifedi, 2017; Kaushik & Walsh, 2018). Highly-

skilled Black African women immigrants report experiences of professional exclusion,

tokenism, restrictive career development, working below training, academic and

professional qualifications, and lack of mentoring (Ifedi, 2017). Literature echoing the

voices of African women immigrants paints an unwelcoming economic and career environment underscored by the intersectionality of marginalization based on gender, race, and ethnicity (Bhopal & Jackson, 2013; Kaushik & Walsh, 2018). Therefore, by investigating the experiences of college-educated and previously middle-class women immigrants and their strategies for coping with downward social mobility arising from their entry into the host country's healthcare sector, future researchers can extend the focus on gender and race that has been central to the literature on care work and migration research (Showers, 2018). This research may contribute to a deeper understanding of the intersection of race/ethnicity, gender, and class in immigrant/healthcare employer interactions (Foner, 2018b; Kaushik & Walsh, 2018).

## Literature Review

### Highly-Skilled Immigrants in the United States

The United States is a top destination for immigrants and welcomes more immigrants from various ethnic, economic, cultural, and racial backgrounds than any other country or nation (Cornelius & Rosenblum, 2005; Nwabah & Heitner, 2009; Thomas, 2016). The Immigration and Nationality Act enacted in 1952 and its many subsequent amendments regulate legal migration into the United States (Liebert, 2010; Marinari, 2016). Under the U.S. law, immigrants are foreigners who live and work in the United States permanently and after 5 years of being in the country, they become naturalized U.S. citizens (Matloff, 2016). A report by the Pew Research Center (2016) estimated that 43.7 million foreign-born individuals live in the United States compared to 9.7 million, 50 years ago. Representing 13.5% of the total U.S. population, the number of

foreign-born individuals is projected to double in size by 2065 (Abramitzky, Boustan, & Eriksson, 2014; Radford & Budman, 2018). Migration studies tend to focus on the poorly educated and unskilled immigrants that arrive in high numbers to the United States, leaving out a significant component of migration: the highly-skilled immigrants (Bradatan, 2016).

Highly-skilled migrants compared to other types of migrants refer to foreign-born and raised individuals with earned degrees or credentials from a foreign institution or native country who moved to another country with intentions to live and work in that country for an undefined (i.e., temporary or nontemporary) length of time (Colakoglu et al., 2018; Lee, 2015). This definition encompasses highly-skilled immigrants who have been narrowly defined in the literature, but it is also consistent with researchers who have grappled with discerning the theoretical and fundamental differences between self-initiated immigration, employer- or family-sponsored skilled immigration as the boundaries between each category tended to overlap, and the switch from one to the other appeared seamless (Andresen, Bergdolt, Margenfeld, & Dickmann, 2014; Crowley-Henry & Al Ariss, 2018; Thomas, 2016). For the purpose of this research and to maintain consistency with existing literature, this broad definition of highly-skilled immigrants included all types of skilled immigrants who are foreign-born and raised, with earned degrees or credentials from a foreign institution or native country, and who for whatever reason moved to the United States with intentions to live and work for an undefined length of time (Radford & Budman, 2018).

Immigrants, skilled and unskilled, come to the United States either through employment, family reunification, or diversity visa programs, and their reasons for immigration range from personal, political, religious, economic, or educational factors, which differ from person to person (Covington-Ward, 2017; Nwabah & Heitner, 2009). In the United States, the H1-B visas are employer-sponsored visas issued to skilled immigrant workers in specialty occupations who possess a bachelor's degree or higher and have exceptional abilities in specialized fields such as science, technology, engineering, and math (STEM), finance, architecture, and so on (Boyd, 2014; Matloff, 2016). Recipients work and live in a host country for a predefined period, usually for 3 years or a maximum of 6, with an option to renew the visa. Additionally, the U.S. diversity immigrant visa program, otherwise known as the green-card lottery, makes available some 50,000 permanent resident visas annually for countries with low rates of immigration and awards it to immigrants with at least a high school education or its equivalent or 2 years of qualifying work experience (Marinari, 2016). Family reunification or immigration through family relationships, on the other hand, represents a larger percentage of the United States' total legal immigration as it allows the inclusion of family members, such as spouses, children, parents, and relatives of legal immigrants in the immigration process; it is instrumental to the surge in female migration to the country (Lee, 2015; Pedraza, 1991).

Skilled immigration has considerably changed the U.S. labor force (Jones-Correa et al., 2018). Some immigration policies afford nations or states the ability to target and recruit highly-skilled people from abroad to remain competitive in an increasingly

globalized labor market (Boyd, 2014; Lagakos, Moll, Porzio, Qian, & Schoellman, 2018),

leading many organizations to create or revise its strategic HRM practices to include

skilled immigrants (Al Ariss & Syed, 2011; Landolt & Thieme, 2018). The global

migration or circulation of "talent" and "brain" has a positive effect on the knowledge

economy (Al Ariss, Koall, Özbilgin, & Suutari, 2012; Docquier & Machado, 2016), the

global business context (Khilji, Tarique, & Schuler, 2015), the talent pool of an

organization (Capps, McCabe, & Fix, 2011; Capps et al., 2015), and the overall economy

of the host country (Habti & Elo, 2018). The increased diversity in immigrant skills also

inspires higher productivity and innovation in the workplace (Warman, Sweetman, &

Goldmann, 2015). According to a Pew Research Center (2016) report, 30% of

immigrants ages 25 and above held a bachelor's, master's, or PhD degrees compared to

31.6% of the U.S. born population (Radford & Budman, 2018). The report further

showed that immigrants from South and East Asia represented the most significant

number of highly-skilled workers in the United States with 52.1% possessing a

bachelor's degree or higher, Middle East (46.6%), and Sub-Saharan African (40%)

(Radford & Budman, 2018).

Whether it is the lure of political and religious freedoms, better cultural,

employment and educational experiences, or a chance at creating better opportunities

than what is available in an immigrant's native land, highly-skilled migrants tend to

migrate to destinations where they have formed preconceived notions about how their

human capital qualities can be assimilated into the fabrics of their host societies or

country (Thomas, 2016). But studies show that immigrants have faced less than favorable

outcomes in the labor market (Kaushik & Drolet, 2018), as their skills are systematically

diminished and finding a foothold in the U.S. economy proves challenging (Altorjai &

Batalova, 2017; Asante, Sekimoto, & Brown, 2016; Budría & Moro-Egido, 2018).

Highly-skilled Black African immigrant women report experiences of professional

exclusion, tokenism, restrictive career development, working below training, academic

and professional qualifications, and lack of mentoring (Ifedi, 2017). Showers (2018)

added language barriers, understanding the labor market and hiring practices in a new

country, accessing professional networks, nonrecognition of foreign credentials and

skills, and skill underutilization as among the numerous barriers encountered by

immigrants to successful integration into a host county (Crowley-Henry & Al Ariss,

2018; Pearson, Hammond, Heffernan, & Turner, 2012; Showers, 2015b; Tesfai, 2017).

A majority of immigrant women migrate to the United States as dependents of

skilled workers and find themselves struggling to adjust to their new life as economic and

political restraints of some receiving countries often set up unequal achievement tracks

for men and women (Teferra, 2015). This was evident in a study conducted to uncover

career re-building strategies employed by highly-skilled female immigrants who had

successful careers before migration (Colakoglu et al., 2018). Participants revealed they

had to endure a period of occupational status collapse after migration due to gender-

specific challenges to labor market transition. The study also revealed that despite finding

comparable employment, participants still faced social and cultural difficulties in spite of

being secure technically at their new jobs (Colakoglu et al., 2018). Researchers advocate

for organizations to provide immigrants with formal and informal cultural mentors to

help traverse their new unstructured social and cultural environments and to create strategies for tapping into the diverse background and perspectives that immigrants bring to the workplace (Crowley-Henry & Al Ariss, 2018; Dean, 2018; Foner, 2018a; Kaushik & Drolet, 2018).

**Highly-Skilled Black African Immigrant Women Employed in the U.S. Healthcare Sector**

In 2015, healthcare support occupations accounted for about 8% of the total employment in the United States, but with an aging population and a projected rise in chronic illnesses, the Bureau of Labor Statistics predicts that healthcare sector employment will increase by 18%, with 2.4 million jobs added by 2025 (Covington-Ward, 2017). Home healthcare and home care businesses were rated first and second fastest in employment growth with a prediction that long-term care jobs in nursing and private homes would have a 10% increase between 2010 and 2020 (Duffy, Armenia, & Stacey, 2015). This is due partly to an increasingly high turnover rate of direct care workers and the need to provide caregivers for the country's aging population (Fuster, 2017). With the expected growth in healthcare occupations in the coming years, the Committee for Economic Development is estimating a high risk of labor shortages and professions such as occupational and physical therapy assistants and aides, registered nurses, and physicians and surgeons were expected to take a hard hit (Altorjai & Batalova, 2017). The recruitment of foreign-born healthcare care workers was considered an alternative solution to labor shortages in healthcare, especially in disadvantaged areas (Bastos, Harnois, & Paradies, 2018; CED, 2017; Patel et al., 2018). The migration of

healthcare workers is not a new phenomenon as nurses and doctors have sought employment abroad for many years and for different reasons (Boyd, 2014; Kingma, 2018; Stilwell et al., 2004). This movement has influenced today's political, social, and economic outlook and continues to be a significant influence on society.

Boasting of a high immigrant share of highly-skilled professionals in 2015, foreign-born immigrants constituted 17% of the healthcare labor force, with approximately 12% of the 2.1 million foreign-born healthcare workers originating from Africa (Chand, 2019). Notwithstanding nationality, most healthcare occupations are dominated by female workers (Covington-Ward, 2017). In 2015, the Bureau of Labor Statistics recorded women making up 74% of the 2.1 million foreign-born healthcare workers (U.S. Department of Labor Bureau of Labor Statistics, 2015; von Berlepsch, Rodríguez-Pose, & Lee, 2019). Despite their record, immigrant women have been and remain, under-represented in the healthcare practitioners and technical occupations, but over-represented in healthcare support occupations (Altorjai & Batalova, 2017; Panikkar, Brugge, Gute, & Hyatt, 2015). Women represent the majority of both foreign and native-born registered nurses, 83% and 91% respectively, as well as approximately 86–88% of low-skilled and low-wage jobs in nursing, psychiatric, and home health aides (Thomas, 2016).

Foreign-born healthcare workers (28% of women and 12% men) were more likely to work as nurses, psychiatric, or home health aides compared to their U.S.-born peers (17% women and 9% men) (Altorjai & Batalova, 2017). Job segregation, which is defined as the "systematic concentration of groups of workers in particular jobs" (Tesfai

& Thomas, 2019, p. 1), has long been a characteristic of the U.S. labor market. Immigrants, mostly women, tend to cluster in low-skilled occupations (Piracha & Vadean, 2013; Poot & Stillman, 2016). This indicates that there is a clear gender division of labor or imbalance among health care professions as men have predominated in higher-status, higher-paying professions like medicine and dentistry, while women's work seems to cluster in so-called support occupations like nursing, nursing assistants, psychiatric aides, home health aides, therapy, medical and dental assistants, massage therapists, and so on (Tesfai & Thomas, 2019).

The undervaluation of skills or education–occupation mismatch and language proficiency contribute significantly to the underutilization of highly-skilled immigrants in a host country (Batalova & Fix, 2018; Landolt & Thieme, 2018). Access to employment and mobility is impacted by differences in international education and training standards, and gaps between what is known or expected of immigrants. Additionally, attaining the needed professional recognition or qualifications to succeed in the U.S. labor market is often time-consuming and costly for immigrants (Boyd, 2014; Carper, 2017). Working in the healthcare sector, highly-skilled Black African immigrant women are confronted with their lack of country-specific skills, thus requiring the need to acquire relevant licenses, credentials, or certification (Lancee & Bol, 2017; Thomas, 2016). Seventy-six percent of all healthcare occupations are licensed, compared to the national average of only 29% for all other occupations (Miller, Lianekhammy, Pope, Lee, & Grise-Owens, 2017). Highly-skilled immigrant physicians who seek to practice in the United States have difficulties overcoming the hurdles associated with obtaining licensure, as employers have reported

difficulty in understanding the skill contents of foreign qualifications (Batalova et al., 2016; Illeris, 2018). Hurdles such as licensing requirements are reported to be complex, restrictive, lengthy, and expensive and sometimes involve repeating some, if not all, previously acquired training (McHugh & Morawski, 2017). Additionally, a lack of familiarity with cultural and social norms of the host country (Capps et al., 2015; Mesidor & Sly, 2016), lack of access to social networks (Goel & Lang, 2019; Lancee, 2016; McCollum, Liu, Findlay, Feng, & Nightingale, 2018), language proficiency (Spörlein, & Kristen, 2018), and racial discrimination on the basis of sex, race, and ethnicity (Pearlman, 2018) are other hurdles that explain why highly-skilled immigrants comprise a disproportionate number of physicians and direct care workers in the U.S. healthcare sector, and why former physicians have found their skills and knowledge more practical in direct care jobs (Brücker, Glitz, Lerche, & Romiti, 2018).

The imperfect transferability of skills and knowledge earned before migration has contributed to highly-skilled immigrants seeking low paying jobs to meet immediate needs (Budría & Moro-Egido, 2018; Meagher, Mann, & Bolt, 2016). Research shows that African immigrant women in the healthcare labor force are more likely to experience social and labor market vulnerability than their native counterpart, despite being one of the highly educated groups of immigrants in the country (Meagher et al., 2016). Despite predictions made by the Bureau of Labor Statistics that healthcare sector employment will increase by 18%, with 2.4 million jobs added by 2025 due to an aging population and a projected rise in chronic illnesses, organizations are failing to tap into the skills of highly-skilled immigrants (Covington-Ward, 2017) even when evidence shows low-

skilled employment among highly-skilled immigrants as contributing to substantial losses

to the U.S. economy (Batalova & Fix, 2018). The development of human resources and

diversity management strategies by healthcare administrators aimed at ensuring the

successful integration of international workers into labor forces might alleviate some of

the losses to the economy (Abramitzky et al., 2014; Pung & Goh, 2017).

**Challenges Facing Women Immigrant Healthcare Workers**

The general belief was that transitioning into foreign labor markets would be an

easy task for highly-skilled immigrants compared to low-skilled immigrants regardless of

job sector, but research shows that immigrants face many obstacles to effective

socioeconomic integration into the mainstream society despite their skills, earned

credentials, and knowledge (Landolt & Thieme, 2018). This is evident in the increasing

amount of literature focused on the challenges faced by female immigrants from a

general context. Nonetheless, what is less explored are the specific issues female

immigrant healthcare workers encounter in the workplace and the human resources and

diversity management strategies that can help their gradual integration into the labor

force (Abramitzky et al., 2014; Pung & Goh, 2017). Prior research on international

migrants indicates that migrant employment opportunities are not only influenced by

skills and financial situations but also by perceptions and experiences of the host country

and opportunities created by its occupational structure (Boyd, 2014; Thomas, 2016).

The majority of professional women migrate to the United States as dependents of

skilled workers and find themselves struggling to adjust to their new life as economic and

political restraints of some receiving countries often set up unequal achievement tracks

for men and women (Barker, 2018). Authors of migration and gender issues acknowledge that women face more challenges with migration, transition, and integration, compared to their male counterparts (Colakoglu et al., 2018; Liversage, 2009; Okeke-Ihejirika et al., 2018). Capps et al. (2015) suggested three factors: lack of recognition of previous work experience and foreign credentials, length of residency in the host country, and the problem of possible discrimination in the job market as challenges faced by immigrant women entering a foreign labor market. In addition, gender imbalance in the workplace (Altorjai & Batalova, 2017), limited language proficiency (Kaushik & Walsh, 2018), discrimination, stereotypes and prejudice (Kaushik & Drolet, 2018), non-transfer of education credentials and accreditation barriers or education–occupation mismatch (Budría & Moro-Egido, 2018), lack of diverse social networks (Gauthier, 2016), and issues plaguing their social and occupational mobility experiences (Habti & Elo, 2018) also contribute to an immigrant's poor socioeconomic integration (Nwabah & Heitner, 2009). These challenges affect their ability to manage and maintain their identity, earn new credentials, cultivate local know-how, create a social network, and assess career success, as an outcome of apparent and experienced hindrances (McHugh & Morawski, 2017; Zikic, 2015).

Most occupations in healthcare require immigrants to obtain an additional professional license or earn a college degree in the host country before participating in the necessary postgraduate training (Altorjai & Batalova, 2017; Thomas & Logan, 2012). As a result, immigrants with foreign degrees are forced to decide between facing expensive licensing tests, repeating an entire degree or course of study, or taking on low-

wage jobs to make ends meet. Undervaluation or nonrecognition of previous skills, education, and experiences not only contributes to poor socioeconomic integration for immigrant women employed in the healthcare sector in the host country (Nyang, 2018), or poses significant drawbacks for the labor market (Akresh, 2006; Creese & Wiebe, 2012; Panikkar et al., 2015), it also robs ethnic communities in urgent need for immigrant professionals who understand the cultural nuances in critical fields in healthcare and can speak the language of scarce skills (Zong & Batalova, 2016). The undervaluing of immigrant credentials is described as a 'skill paradox', meaning it is a form of employment discrimination against skilled immigrants (Dietz, Joshi, Esses, Hamilton, & Gabarrot, 2015).

Power and knowledge are intricately related, and failure to recognize previous education and experience discourages the individual while obliterating their rights to the gained knowledge (Creese & Wiebe, 2012; Galinsky et al., 2015). Employment discrimination is the unfair differential treatment of current or potential employees based solely on their social or demographic group membership (Binggeli, Dietz, & Krings, 2013; Panikkar et al., 2015). During a job search, most highly-skilled immigrant women are met with forms of prejudice and stereotypes, thus making them appear more suited for unskilled, temporary, and/or care work than highly-skilled work (Gauthier, 2016; Kaushik & Walsh, 2018; Schrover et al., 2007). As noted by Ifedi (2017), the diversity within gender, race, and class has contributed to reports of professional exclusion, tokenism, restrictive career development, working below training, academic and professional qualifications, and lack of mentoring among Black African women

immigrants, and this restricts their entry into competitive job markets in the host economy. This means that foreign-born practitioners and nurses are more likely than natives to be employed in hospitals, whereas foreign-born personal care service workers were more likely to be employed in family and home care because of the nonrecognition of prior experience or credentials (Kaushik & Walsh, 2018). This was illustrated in a study exploring the lived experiences of 30 diverse groups of highly-skilled African immigrants employed in low-wage jobs. In the study participants justified taking on low-wage jobs as "quick money" and "easily obtained" employment as a possible pathway to higher prestige health occupations (Covington-Ward, 2017). Research shows that migrant women workers in low-wage jobs are afforded fewer prospects for growth and for securing the promise of financial and upward mobility (Eckstein & Peri, 2018).

Brain waste or skill underutilization occurs when skills, educational credentials, and experiences from one's native country go unrecognized when searching for employment that is comparable or matched to prior experiences and education (Campbell, 2018). A study conducted to determine the consequences of brain waste reported that it accounted for $40 billion in unclaimed annual wages and $10 billion in lost federal, state, and local revenues (Batalova et al., 2016). Some literature posits that migration has a negative impact on the careers of female immigrants (Barker, 2018). The Migration Policy Institute  reports that nearly 2 million highly-skilled immigrants are underemployed or working in low-skilled jobs instead of their chosen career field (Batalova et al., 2016). Their earned foreign degrees or credentials, previous work experiences, fluency in English-language skills and time spent in a host country to

assimilate into the local labor market, does nothing to shield them from experiencing significant under-employment or skill underutilization (Boyd, 2014; Tesfai, 2017).

During job search, immigrant women are confronted with issues related to their professional development and devaluing, discrimination and marginalization, and communication barriers (Meares, 2010). Most immigrant women grapple with their sense of identity, family or domestic responsibilities, and changes in their financial positions as they struggle to find that balance between competing obligations of a career and home after migration (Meares, 2010; Pung & Goh, 2017). Studies have shown that improving the credential evaluation system for workers with foreign credentials, providing opportunities for professional networking, providing mentorship, creating access to community networks, instituting programs to assist with job skills or language proficiency, and involving employers in the welfare of their international employees would contribute towards a successful socioeconomic integration of immigrant women and improve chances for occupational upward mobility (Altorjai & Batalova, 2017; Barker, 2018; Boucher, 2018; Covington-Ward, 2017).

**Obstacles to Occupational and Social Mobility of the Skilled Immigrant**

Ideally, migration can potentially enhance opportunities for occupational mobility when workers acquire experiences, education, and skills as they move within the labor market (McCollum et al., 2018). For an immigrant, the choice of occupation influences a wide range of outcomes from welfare to health and provides a greater indicator of their economic and social well-being as most highly-skilled immigrants end up in jobs for which they are overqualified (Wang & Jing, 2018). This is attributed to the fact that

highly-skilled immigrant workers face serious problems with skill transferability in advanced labor markets, especially when required skills are highly formalized and country-specific (Colakoglu et al., 2018). The human capital theory posits that the accumulation of experiences, skills, and education creates access to economic opportunities (Lester & Nguyen, 2016; McCollum et al., 2018). Therefore, with gained skills, it is believed that an immigrant's employment prospects would improve because the more skilled the immigrant, the higher his or her productivity, thus leading to a better job and mobility in the labor market. Critics, on the other hand, argue that there is lack of understanding surrounding human capital studies as it relates to immigrant issues, and that by casually associating employment outcomes to skills, the success stories of skilled migrants in host labor markets are greatly exaggerated (Syed, 2008; Zorlu, 2016).

Occupational mobility refers to changes in occupation status, and an individual's career progression drives it, either upward or downward (MA, 2019). Downward occupational mobility occurs when skills, qualifications, credentials, and knowledge are not recognized or undervalued (Lancee & Bol, 2017; MA, 2019). Migrant mobility compares the differences between an immigrant's occupational achievements before and after migration to a new country. In today's labor markets, recruiters search for workers with strong cognitive skills, proficiency in the local language, excellent communication skills, and the ability to function in a complex organizational structure (Zorlu, 2016). When comparing markets, the chances of achieving upward occupational mobility was higher in flexible labor markets, like in the United States, than in tightly structured European markets where job requirements are hardly defined, thus hampering mobility or

movement between jobs and occupations (Zorlu, 2016). Occupations differ in their offerings of high wages, perks and benefits, job stability, and opportunities for upward mobility (Kalleberg & Mouw, 2018). The expectation with migration is for better employment outcomes leading to an increased economic opportunity (Ressia, Strachan, & Bailey, 2017).

Skill transferability is often hindered by variances in institutions, cultural norms, and technologies between native and host countries (Harvey et al., 2018). Signaling theory attributed the inability of employers to transfer skills of highly-skilled immigrants to a comparable job to a lack of knowledge about the quality of foreign-earned education or credentials, and this accounts for the failure in estimating the actual productivity of an immigrant worker over the known experience and education of a native worker (Ressia et al., 2017). Researchers have made the argument that the devaluing of foreign-earned credentials establishes a systematic exclusion of certain immigrants from talent pools for high-level jobs within the host country, thus contributing to skilled immigrants receiving lower wages compared to natives with comparable education and experience levels (Akresh, 2006; Zorlu, 2016). In a study conducted by Arbeit and Warren (2013) to determine the value of a foreign degree in relation to wages, it was estimated that the educational payoffs for foreign degrees for males and females in the United States were 11% and 17% lower than that of native degrees. Even when a degree showed an immigrant's suitability for a particular job, chances of being selected for the job were slim because their foreign degree was not legally recognized by their host country (Arbeit & Warren, 2013; Brücker et al., 2018). This confirms that the place of one's education is

more important when compared to one's ethnicity, especially when explaining wage disparities among immigrants (Ressia et al., 2017).

Referencing a study performed by Creese and Kambere, Suto (2009) discovered that skilled immigrant women who were proficient in the English language but had an accent reported labor market discrimination, as the presence of an accent called to question their overall competency (Clark & Vissandjée, 2019; Spörlein & Kristen, 2018). Language proficiency or the absence of strong accents are critical determinants of immigrant integration (Isphording, 2015). In addition to simplifying social and political involvement, language proficiency creates job opportunities for skilled immigrants, especially in opportunities involving interactions with the public or in the service industry like the healthcare sector (Isphording, 2015). According to an argument made by Imai, Stacey, and Warman (2018), the transfer of an immigrant's cognitive or occupational skills to a new labor market lies in the mastery of their host country's language rather than on manual skills, and that the combination of language and occupational skills provided a new approach for characterizing and assessing an immigrant's current human capital (Li, Li, & Fleisher, 2015; Sharaf, 2013).

Notwithstanding the vital importance of language proficiency, large segments of immigrant populations never reach adequate proficiency in their host country's language (Chiswick & Miller, 2009; Imai et al., 2018). In determining how proficiency in the English language affected migrants' earnings in the U.S. labor market, it was reported that immigrants with higher English language proficiency received 26.1% higher earnings than those with poor language skills (Li et al., 2015). Having adequate language

skills provides immigrants with upward occupational mobility, boosts their chances for employment, and eases their access to better-paying jobs, especially among immigrants from destinations or countries that use the same language as their host country (Isphording, 2015; Sharaf, 2013).

In summary, social and occupational mobility are pivotal to immigrant integration (Akresh, 2006; Lancee & Bol, 2017; Mesidor & Sly, 2016). The cultural adaptation to their host country, the adoption of social norms and attitudes that may contrast with those from their native land, and their accrual of human capital investments such as education, language proficiency, and geographic relocation, aids their socioeconomic integration in their new country (Lagakos et al., 2018). Social cohesion and economic performances are impacted when skilled immigrants are marginalized in the labor markets due to language barriers and difficulties obtaining recognition for previously earned credentials and experiences (Li et al., 2015). Many skilled immigrants reside within ethnic enclaves and lack access to opportunities through social networks and other recruitment channels that could potentially influence their levels of ethnic and social capital (Goel & Lang, 2019; Li et al., 2015; Ressia et al., 2017). Nonetheless, research shows that with more time spent in a host country, immigrants are expected to successfully integrate into the new labor market once they have acquired locally relevant human capital (Mesidor & Sly, 2016; Suto, 2009; Zorlu, 2016).

**The Education–Occupation Mismatch Phenomenon Among Black African**

**Immigrant Women**

Education plays a significant role in sculpting the life course of immigrants and their socioeconomic integration because of its relationship to obtaining job opportunities and social capital after migration (Capps et al., 2015). The National Academies of Sciences, Engineering, and Medicine (2015) referenced the Migration Policy Institute reporting that almost one-third of foreign-born individuals had a bachelor's degree or higher. Research, however, shows that African immigrants were more likely to suffer from education–occupation mismatch or underemployment despite being one of the highly educated groups in the United States (Batalova et al., 2016; Covington-Ward, 2017). Human capital theory posits that entry into labor markets for African immigrants is greatly influenced by their education, language proficiency, and entrepreneurial resourcefulness (Chiswick & DebBurman, 2004; Teferra, 2015). However, as argued by Almeida, Fernando, Hannif, and Dharmage (2015), the value of an immigrant's human capital investment in education cannot be realized if employers do not harness it in the labor markets.

Just as educational attainment remains one of the best predictors of success in the United States for immigrants and natives alike, sociological research also highlights the importance of occupation as a key reference point for an individual's relative position in society (Carper, 2017). In other words, occupation is attached to an individual's identity and self-definition, and failure to find work that commensurates one's education has

adverse socioeconomic implications for not just the skilled immigrant, but also for the labor market and the economy of their host country (Tesfai & Thomas, 2019).

The phenomenon behind the vertical education–occupation mismatch was first raised by Freeman (1976) during the American baby boom era, where people had difficulties obtaining jobs that matched their earned credentials because of the post-World War II higher education expansion on the U.S. youth population (Moore & Rosenbloom, 2016). According to Piracha and Vadean (2013), education–occupation mismatch occurs when the required level of education for a job differs from the employee's attained level of education. Over-education occurs when the level of education reached is more than the requirement for the job, and under-education when it is less than required. For immigrants, the imperfect transferability of human capital across international borders due to lack of language skills and familiarity with the labor market of the host country lends to the causes of education–occupation mismatch (Batalova & Fix, 2018; Batalova et al., 2016; Moore & Rosenbloom, 2016).

A lack of fit in the labor market can lead to cognitive discord and discontentment when a skilled individual is employed in a job considered to be "beneath" that for which he or she was trained (Teferra, 2015). Studies find that newly arrived highly-skilled immigrants are less likely to work in higher skilled positions that are regulated by an accreditation body, such as in healthcare and other jobs that involve public safety because it requires obtaining occupational licensing or re-certification (Banerjee & Phan, 2014; McMichael, 2017). Although re-certifying or obtaining a license to practice increases average skill levels, restricts entry and limits competition within certain occupations, and

a possible wage increase, it also comes at a cost as immigrants are confronted with time and costs penalties (Boyd, 2014; Thomas, 2016; Zorlu, 2016).

African females, on average, are more likely to possess bachelor's, master's, and doctorate degrees as well as other professional qualifications, compared to non-African female immigrants or even U.S.-born females (Dean, 2018; Thomas & Logan, 2012). The high education attainment of immigrant women was evident in a qualitative study conducted by Covington-Ward (2017) to explore the lived experiences of African female immigrants in the United States working in direct care. The results showed that 83.3% (25 out of 30) of respondents had some college and/or advanced degrees, with 10 of them obtaining their degrees before migrating to the United States. Studies also show that highly-skilled and educated female immigrants were also more likely to accept jobs that do not commensurate with their qualifications than native-born women and migrant men (Dean, 2018). The literature on gender and migration suggests that migrant women have a "double disadvantage" when entering the labor markets because of their status as both migrants and women and as a result, the obstacles of a gender-segregated labor market had women clustered in service sector professions such as education, health, social work, and nursing, although at varying rates (Tesfai & Thomas, 2019). Studies find that dealing with family responsibilities such as the lack of or unaffordable childcare services, domestication, or care responsibilities, and women's diminished earning power can hinder employment opportunities or mobility, thus influencing the acceptance of low-wage employment (Thomas, 2016).

Studies have attributed education–occupation mismatch to the lack of correlation between an immigrant's actual skills and their attained level of education, whereas others blame the credential evaluation systems and the lack of understanding of foreign credentials (Dean, 2018). Type of degree earned could also impact labor market outcomes as immigrants with specific degrees or qualifications such as a bachelor's degree in biological, computer, or physical sciences have had a higher chance of finding employment that was commensurate with their education because of the perceived value of skills and knowledge placed on those degrees (Elrick, 2016; Warman et al., 2015). Dean (2018) discovered that when complete information on a job applicant's skills and employer's requirements are provided, and employers and potential employees learn about optimal jobs, education–occupation mismatch is avoided. A perfect education–occupation match increases productivity and wages (Dean, 2018; Thomas, 2014).

Education-occupation mismatch implications for skilled immigrants include earning disadvantages, damaged career prospects (Capps et al., 2015; Poot & Stillman, 2016), social and cognitive discomfort (Batalova & Fix, 2018; Wassermann & Hoppe, 2019), waste of resources for the economy, the firm, and the individual (Tesfai, 2017), downward occupational mobility (Akresh, 2006; Feliciano & Lanuza, 2017; Thomas, 2014), career redirection such as retraining, licenses, re-certification (Boyd, 2014; Thomas, 2016), and under or unemployment (Piracha & Vadean, 2013; Zong & Batalova, 2016). Nevertheless, researchers argue that with more time spent in a host country, the incidence of over-education decreases as immigrants make the necessary adjustments to the requirements of the host country's job market, widen their social networks, gain

relevant work experience and thus increase their chances of securing jobs that equal their educational qualifications (Chiswick & Miller, 2009; Tesfai & Thomas, 2019).

**Talent Management and Socioeconomic Integration Needs of Highly-Skilled Women Immigrants**

Talent management is a systematic process that promotes the development of talent pools of high-performing and high-potential workforce to fill skill gaps (Collings & Mellahi, 2009; McNulty & Hutchings, 2016). It is also the anticipation of required human capital to improve business value, and the creation and maintenance of programs designed for retaining talents and ensuring their continual commitment to the organization. (Collings & Mellahi, 2009). Talent management is a set of activities that revolves around identifying, recruiting, and selecting talent from the external labor markets, recognizing talent from internal talent pools, and ensuring retention of talented employees (Khilji et al., 2015; McNulty & Hutchings, 2016; Vaiman et al., 2012). Despite evidence showing highly-skilled foreign-born individuals contributing heavily to the human capital endowments of an organization through higher productivity, entrepreneurial assets, and trading opportunities to host regions (Pantouvakis & Karakasnaki, 2019; Swailes, 2019; Swailes et al., 2014), skilled migrants are yet to feature as 'talents' in the extant literature, and success stories of skilled migrants are lacking (Crowley-Henry & Al Ariss, 2018).

The concept of talent management of skilled immigrants in human capital theory describes how organizations can benefit from using a more comprehensive talent management lens that is not narrowly focused on just human capital or readily accessible

and immediate skills of the migrant (Gauthier, 2016). Rather, organizations need to recognize the strategic potential of having an international workforce of skilled migrants as contributing to an improved HRM performance in the long term (Crowley-Henry & Al Ariss, 2018; Docquier & Machado, 2016; McNulty & Hutchings, 2016). The failure of organization leaders in recognizing, facilitating the transfer, and utilizing the skills and knowledge of skilled migrants, which can ultimately enhance their strategic competitive advantage, has resulted in skilled migrants' exclusion from organizational talent pools (Guo & Al Ariss, 2015; Zikic, 2015). The rationale for the exclusion, as explained by Crowley-Henry and Al Ariss (2018), was that the talents of skilled migrants produced slower returns to investment and required additional investment compared to the natives. Organizations are convinced that the experiences and knowledge of skilled migrants are not productive in the short term but, given time to adapt to the host environment, would offer significant performance advantages in the long run (Peri, 2016; Tesfai & Thomas, 2019). Researchers argue that by associating talent management to only human capital, valuable competencies such as social and cultural capital that skilled migrants can offer organizations go unexplored (Pantouvakis & Karakasnaki, 2019; Swailes, 2019).

In today's rapidly moving, dynamic, uncertain, and highly competitive global market, very little is known on how to effectively manage international diversity and talent in the workplace, and literature on the transition experiences of highly-skilled immigrant women seems lacking (Al Ariss et al., 2012; Vaiman et al., 2012). Researchers have made the argument for more work focusing on the experiences of professional and entrepreneurial immigrant women to complement the literature on the devalued and often

racialized labor of unskilled immigrant women (Meares, 2010; Tesfai, 2017). Evidence shows that a growing number of research studies on gender and skilled migration tend to focus more on the human capital contributions of migrants moving from one developed country to another (Crowley-Henry & Al Ariss, 2018; Zikic, 2015), whereas studies on skilled migrants moving from an underdeveloped or developing country to a more developed county allude to the adverse influence of migration on careers such as downward occupational mobility, brain waste or de-skilling (Batalova & Fix, 2018), shift to part-time work or low wages (Covington-Ward, 2017), under or unemployment, need for re-training (Dean, 2018), or the effects of balancing career and family responsibilities (Fang et al., 2009; Foner, 2018a).

Workplace discrimination depicts labor markets as being entrenched in social structures, where gender, race/ethnicity, and class serve to isolate workers (Imoagene, 2018; Tesfai & Thomas, 2019). As noted by Nyang (2018) and Wang and Jing (2018), Black African immigrant women have faced substantial labor market hurdles due to their low socioeconomic integration in their host country when compared to highly-skilled natives and other immigrant demographic groups. Although the United States has laws forbidding employment discrimination against people on the basis of national origin, the exclusion of skilled immigrants from labor markets by hiring managers due to the uncertainty and ambiguity associated with their cultural, professional, and educational background fosters brain waste and the risk of untapped human capital (Colakoglu et al., 2018). Additionally, the overrepresentation or job segregation of highly-skilled Black African immigrant women in service-oriented occupations suggests that migrants have

limited access to information on how to access resources for jobs that yield higher wages (Brücker et al., 2018). This indicates a lack of mentorship and opportunities for upward occupational mobility in these professions (McHugh & Morawski, 2017).

Extant studies suggest that by applying the principles of interculturalism, organizations can play an active role in helping migrants overcome challenges associated with their integration by successfully shaping their career choices and outcomes as they make cross-border moves (Gauthier, 2016). Dietz et al. (2015) advocates for inclusiveness to counteract workplace discrimination against skilled immigrants, as this levels the playing field for all employees. Finally, organizations need to remove or change their short-term human capital focus regarding the talent management of skilled immigrants to a more comprehensive approach that would benefit the migrant and organization in the long run (Crowley-Henry & Al Ariss, 2018).

**Language Skills and Social Capital as Barriers to Socioeconomic Integration of Highly-Skilled African Immigrant Women**

For an immigrant, a successful socioeconomic integration into their host society or country improves not just their lives, but also provides access to economic mobility, public and political involvement, thus creating opportunities to contribute to the economy and society (Capps et al., 2015). As a multidimensional process, integration reduces boundary and brokering, decreases or dissolves ethnic differences and the social and cultural distinctions and identities linked with it (Saksena & McMorrow, 2019). An immigrant is successfully integrated when he or she is accepted or included in primary societal relationships and social networks within their host society (Jones-Correa et al.,

2018). Highly-skilled immigrants—armed with credentials and skills from their native country—make up a rapidly growing percentage of the global workforce who come to the United States with the hopes of re-establishing their professional career (Colakoglu et al., 2018). The concept of integration needs of highly-skilled women immigrants was grounded in intersectionality theory to provide a deeper understanding of settlement and integration needs of skilled immigrants (Gauthier, 2016). This is important as research shows that language barriers, inadequate human and social capital, lack of recognition of previously earned credentials, skills, and experiences, and unfamiliarity with the culture in the new country, discrimination and stereotypes pose as significant barriers to immigrants' successful settlement and socioeconomic integration into the mainstream society of their host country (Gauthier, 2016).

Social capital enables immigrants to find their economic and social niches in their host society (Zolin, Chang, Yang, & Ho, 2016). Focused on social relationships, values, norms, and networks of individuals and/or groups (Lin, 2017), social capital at its core is associated with ways an immigrant can benefit from investing in their membership of social networks (Tang, 2015). In distinguishing between the different forms of social capital, Putnam (2000) identified *bonding* social capital as the trust and emotional support that existed between newly arrived immigrants, family members, and close friends. *Bridging* social capital provided less emotional support but facilitated access to information, community involvement, and connections with people outside of family ties (Putnam, 2000; Sørensen, 2016). As an effective strategy, bridging social capital provided a bridge for the immigrant population to access specific resources in the host

country (Aldrich & Meyer, 2015). Bonding and bridging social capital provided ways for immigrants to maintain their culture, reduce feelings of isolation and depression, and obtain information on jobs and settlement (Gauthier, 2016; Hasmath, 2016; Saksena & McMorrow, 2019; Schüller, 2016).

According to research, newly arrived immigrants primarily tend to seek networks entrenched within their ethnic communities even when it provided fewer resources and less access to resources for successful socioeconomic integration and mobility (Horvath & Huber, 2019). Social networks within ethnic enclaves or migrant networks have assisted new immigrants with first-time employment opportunities (Meyer & Vasey, 2018), advocacy and opportunities for social interaction (Valtonen, 2016), social and emotional support (Martí, Bolíbar, & Lozares, 2017). However, there are adverse consequences when immigrants rely solely on information flowing from their ethnic enclave (Hasmath, 2016). Outcomes such as reduced social interactions with natives, delayed acquisition of human capital specific to host country, delayed or poor socioeconomic assimilation, a willingness to accept low-paying jobs; especially if the job resides within the ethnic enclave, lack of access to better healthcare, and creation of gendered occupations (Garip & Asad, 2015; Schüller, 2016), are some of the adverse consequences posed by relying heavily on migrant networks. In addition, the adverse effects of migrant networks accumulated over time and were more detrimental to immigrant women (Hewstone, 2015). Immigrants who ventured outside of their ethnic enclave reported higher returns on human capital than immigrants who worked in an ethnic enclave economy (Hasmath, 2016; Zolin et al., 2016). Additionally, for

immigrants seeking opportunities outside of their ethnic enclave, mastering the host country's language was an essential part of human capital and a step towards socioeconomic mobility (Coniglio, Hoxhaj, & Jayet, 2019; Thomas, 2016; Zorlu, 2016).

Language proficiency fosters social identities among people and advances relationships (Pung & Goh, 2017). Zorlu (2016) views language skills for immigrants as not just a means for establishing a foothold to exploring opportunities and integrating into their host country, but ultimately as a vehicle for immigrant groups to establish social linkages (Maleku, Kim, & Lee, 2019). Additionally, the influence of language proficiency extends beyond the economic success of immigrants to non-market outcomes such as education (Warman et al., 2015), access to healthcare and social services (Coniglio et al., 2019; Jacobson, Hund, & Mas, 2016; Maleku et al., 2019), marriage (Furtado & Song, 2015; Kang, Callahan, & Anne, 2015), social integration, and political participation (Clarke & Isphording, 2017; Huot, Cao, Kim, Shajari, & Zimonjic, 2018; Zorlu, 2016).

An integrative literature review of 24 full-text articles exploring the experiences of migrating nurses cited communication barriers as the most challenging issue faced by international nurses (Pung & Goh, 2017). The research confirmed that migrating nurses faced additional scrutiny by their colleagues and patients due to their lack of language skills or proficiency in their host language (Pung & Goh, 2017). As a result, the nurses were subjected to feelings of embarrassment, low self-esteem, frustrations, humiliation, and poor professional image, and ultimately low job performance (Iheduru-Anderson & Wahi, 2018; Kingma, 2018). Additionally, immigrants with heavy accents feel judged

and discriminated upon, as evidenced in a study conducted to explore the lived

experiences of Nigerian internationally educated nurses transitioning to the U.S.

healthcare sector (Iheduru-Anderson & Wahi, 2018). Participants reported that their

competencies and knowledge were judged based on their accents, language, and color of

their skin, thus confirming the connection between language skills and professional

competency (Kaushik, Walsh, & Haefele, 2016). For immigrants with foreign credentials,

mastery of the host country's language complements the education and experience

already acquired before migration and expedites the transfer of these skills into the new

job environment (Huot et al., 2018; Thomas, 2016).

Studies confirm that there is a connection between language proficiency and

socioeconomic integration (Lai, Shankar, & Khalema, 2017). Integration is "a process

that helps immigrants achieve self-sufficiency, political and civic involvement, and social

inclusion in their new countries" (Vargas-Bustamante & Van der Wees, 2012, p. 321).

Integration is achieved when people from different racial, religious, and cultural

backgrounds believe they are a part of an all-encompassing American family (Valtonen,

2016). Language as a tool facilitates the acquisition and transmission of information

through social interaction within one's surroundings (Huot et al., 2018; Kaushik et al.,

2016). Without it, access to better economic opportunities, healthcare, and social

resources is compromised (Maleku et al., 2019). Additionally, an immigrant's lack of

access to social networks, types of social networks, or the ability to mobilize social

networks influences or challenges integration (Gauthier, 2016; Zorlu, 2016).

**Understanding the Intersection of Gender and Race in Healthcare Work and Migration**

Healthcare institutions were set up to care for the sick and old; however, research shows these institutions possessing formal structures and robust belief systems that devalue those who do care work (Jones, 2019). Research has revealed how social structures and institutions have viewed care work as feminine work that required little to no professional skills; an occupation that is culturally and organizationally constructed as unskilled and undervalued (Ravenswood & Harris, 2016). The argument was that women's skills and abilities were formed not as a product of their hard work, talent, and expertise, but as their natural way of being; as an innate quality of women. As the United States faces a growing aging population, a projected rise in chronic illnesses and a society that shuns its obligations of caring for loved ones, the urgency lies in the continued racial/ethnic stratification among care workers and the inability to diminish the race, gender, and class boundaries that emulate labor exploitation (Coe, 2019; Duffy et al., 2015).

In 2015, the U.S. healthcare labor force boasted of a high immigrant share of highly-skilled professionals, with foreign-born immigrants making up 17% of its workers and approximately 12% of the 2.1 million foreign-born healthcare workers originating from Africa (Covington-Ward, 2017; Smith & Baughman, 2007). With female workers representing 74% of the 2.1 million foreign-born healthcare workers (von Berlepsch et al., 2019), there is a clear gender imbalance among healthcare professions. Men have clearly predominated in higher-status, higher-paying professions like medicine and

dentistry, whereas women's work seems to cluster in so-called support occupations like

nursing, nursing assistants, psychiatric aides, home health aides, therapy, medical and

dental assistants, massage therapists, and so on (Covington-Ward, 2017). Unfortunately,

social inequality surrounding care work has been around for decades, but despite being

important, it is somewhat challenging to conceptualize care without addressing the

influence of gender, race, and class (Redden & Scarduzio, 2018; Versey, 2017).

The concept of intersectionality introduced by Crenshaw (1989) provides a

critical view of the intertwining and overlapping nature of multiple sources of oppression,

such as gender, race/ethnicity, sexuality, and social class, on a marginalized population

(Crenshaw, 1989; Davis, 2014; Gauthier, 2016). Crenshaw's (1989, 1991) work is an

empirically grounded analysis and noteworthy critique on the lack of visibility of the

Black woman at the intersection of multiple identities and inequalities and highlights the

anti-discrimination laws that impeded efforts to securing better job opportunities

(Kaushik & Walsh, 2018). For example, it highlights the fact that African women

immigrants in the healthcare labor force were more likely to experience social and labor

market vulnerability than their native counterpart, despite being one of the highly

educated groups of immigrants in the country (Colakoglu et al., 2018). The application of

intersectionality brings attention to significant variations within population groups that

are often depicted as relatively similar, such as women, migrants, and minorities (Versey,

2017).

With the increasing surge in Black African immigrants to the United States, the

intersections of race, national origins, and identity poses challenges for their essential

settlement and integration needs (Ifedi, 2017). The application of the concept of

intersectionality to the settlement and integration needs of Black African immigrant

women in a host country allows for an understanding of the power structures within a

more extensive system that shapes their outcome (Redden & Scarduzio, 2018). This, as

studies on migration and gender paint an unwelcoming economic and career environment

for the African women, underscored by the intersectionality of marginalization based on

gender, race, and ethnicity (Bhopal & Jackson, 2013; Kaushik & Walsh, 2018).

Challenges such as professional exclusion, tokenism, restrictive career development,

working below training, academic and professional qualifications, and lack of mentoring

have been reported by highly-skilled Black African women immigrants as restricting

their entry into competitive job markets in the host economy (Yuval-Davis, 2016). For

example, foreign-born practitioners and nurses are more likely than natives to be

employed in hospitals, whereas foreign-born personal care service workers are more

likely than natives to be employed in family and home care because of non-recognition of

prior experience or credentials (Coe, 2019).

The concept of intersectionality has not only contributed to the understanding of

the relationship between health and race/ethnicity and other forms of inequality, the

exploration of migration and integration experiences of migrant workers, the analysis of

the intersection of race and class in the enforcement of immigration laws, the

conceptualization of the inter-relationship of race and gender, but most importantly, the

experiences of discrimination and marginalization of Black women in employment

(McBride, Hebson, & Holgate, 2015; Versey, 2017). Intersectional research focusing

specifically on discrimination emphasizes that individuals with multiple disadvantaged statuses frequently perceive numerous forms of discrimination (Kaushik & Walsh, 2018). Researchers support the continued focus on gender, race, and class inequalities so that organizations and processes will eliminate disparities in its hiring process, job design, performance expectations, occupational segregation, and in other areas of operation while incorporating diversity into research and practice (Calasanti & Giles, 2018; Campbell, 2016; McBride et al., 2015).

## Summary and Conclusions

In this chapter, I reviewed and critically analyzed the literature surrounding the state of highly-skilled Black African immigrant women, the U.S. healthcare workplace as an employer of highly-skilled immigrant women, and how these issues connect with socioeconomic integration of immigrant women in their host country. There is a gap in the literature on the education–occupation mismatch among Black African immigrant women employed in the healthcare industry, which has resulted in these women facing substantial labor market hurdles. Research indicates that the lack of knowledge among HR managers in the U.S. healthcare industry contributes to continued low socioeconomic integration challenges of Black African immigrant women employees. The narrative literature review embodies a conceptual framework on topics of talent management of skilled immigrants and integration needs of highly-skilled women immigrants. Researchers noted that once highly-skilled immigrant women with limited financial and time resources commence job searching in their professional field, they are met with forms of prejudice and stereotypes, making them appear more fit for unskilled,

temporary, and/or care work rather than highly-skilled work. Gender and migration

scholars consequently call for increased attention to the experiences and migration of

skilled women healthcare workers from the Global South to fill job shortages in U.S.

healthcare institutions.

In Chapter 3, the research method for this qualitative, narrative study will be

discussed. The procedures for recruitment, participation, and data collection will be

presented. The data analysis plan will be addressed, as well as issues of trustworthiness in

the study.

Chapter 3: Research Method

The purpose of this qualitative, narrative inquiry study was to gain a deeper understanding of highly-skilled Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country. Because qualitative research may enable a greater understanding of factors influencing the African immigrant experience in the U.S. healthcare workplace (Covington-Ward, 2017), a narrative inquiry method was used to achieve the purpose of the study (Clandinin, 2006). Narrative inquiry is widely accepted to study employee experiences in healthcare settings (Murphy, 2017; Rivera et al., 2017) and can be used for engaging women and marginalized populations in story-based research (Woodley & Lockard, 2016). Additionally, narrative inquiry allows for presenting rich participant descriptions through storytelling (Clandinin & Connelly, 2000), which heped construct a detailed understanding of Black African immigrant women's stories related to their experiences within the U.S. healthcare workplace and their socioeconomic integration.

In this chapter, I provide detailed information on the research method and rationale for utilizing the narrative inquiry approach to meet the purpose of the study and provide data in response to the central research question. I also present a rationale for the participant selection strategy, data collection strategies and data analysis, the role of the researcher, evaluation methods for the trustworthiness of data, and ethical considerations. The chapter concludes with a chapter summary.

**Research Design and Rationale**

Narrative inquiry is a qualitative research design based on capturing the stories of participants to gain a deeper understanding of their daily lived experiences (Webster & Mertova, 2007), which promotes the connection of human experiences through storytelling (Clandinin, 2016). Narrative inquiry also allows the researcher to create an avenue to communicate the study participants' realities to a broader audience (Wang & Geale, 2015). In the current study, narrative inquiry helped gather the daily experiences of Black African immigrant women within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration. Although 40% of African immigrant women work in the lowest-wage healthcare support occupations, there are no qualitative studies of African immigrants in low-wage healthcare jobs in the United States (Covington-Ward, 2017). Further, migration scholars indicate a need for empirical studies on the experiences of the highly-skilled Black African immigrants employed in low-wage positions in the healthcare industry to investigate this population's problems of education–occupation mismatch and low socioeconomic integration (Nyang, 2018; Showers, 2018).Thus, this research addresses a knowledge gap and can be used by healthcare leaders as well as HR managers within the healthcare industry in the United States. In alignment with the purpose of this study, the central research question was "How do highly-skilled Black African immigrant women narrate their daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country?"

Other research methods besides narrative inquiry were considered: case study, phenomenology, and grounded theory. Phenomenology was not selected because the intent of this study was not to develop a phenomenon but rather to explore the lived experiences through the lens of phenomenological outlook (Freeman, 2017). A case study design was not chosen either because the evaluation of already established cases did not align with the goal of exploring specific populations' daily lived experiences (Nelson, 2013). In grounded theory, critical life events are omitted in order to bring about a broader understanding of a specific topic (Lal, Suto, & Ungar, 2012). Conversely, a narrative approach is a method adopted explicitly by researchers for identifying critical life events within the participants' storytelling (Webster & Mertova, 2007). Narrative inquiry was, therefore, the preferred method for gathering narratives related to participants' daily experiences with socioeconomic integration in their host country. The data collection process of this qualitative research approach aided me to form a trusting relationship with participants, permitting the uncovering of critical life events (Webster & Mertova, 2007).

With temporality, sociality, and a specific context, the U.S. healthcare industry, serving as specific guideposts for developing the conceptual framework, I employed the narrative inquiry method to gain a deeper understanding of the daily lived experiences of research participants (Clandinin & Huber, 2010). Using the two-step data analysis method akin to narrative inquiry design, I developed themes and explored emerging patterns in the narrated lived experiences of each study participant, highlighting similarities and differences and generating unanticipated insights (Nowell et al., 2017;

Vaismoradi et al., 2016). The highlighted differences and views that a narrative inquiry

study can provide expanded knowledge on the integration challenges of African

immigrants into American society and its healthcare sector as well as assured that their

experiences are not lost in the larger stories within gender and migration literature (Ifedi,

2017; Showers, 2015b, 2018). In utilizing the narrative inquiry design to meet the

purpose of the study and answer the research question, the results of my investigation

may extend present theoretical suppositions on gender and race that have been central to

the literature on healthcare care work and migration.

## Role of the Researcher

The role of the researcher in narrative inquiry is to collect and write narratives of

these experiences (Riessman, 1993). Six capabilities of a researcher include listening,

concentrating on the behaviors of the participants, asking relevant questions,

understanding the research topic, paying proper attention to the data, respecting

participants, and using multitasking and ethical procedures (Yin, 2011). In my role as a

researcher, I conducted interviews with highly-skilled Black African immigrant women

working in the healthcare field about their experiences as they relate to the central

research question.

A researcher must fully disclose and be upfront about revealing personal reactions

and feelings if they seem relevant (Wolcott, 1994). To that effect, a potential bias

stemmed from the fact that I had a shared background with the participants being a Black

immigrant woman from Africa. Nonetheless, as a researcher, I ensured that my shared

background had no power or control over what the participants divulged. I represented

participants' experiences by probing more deeply into the significances of their stories, only seeking clarifications when necessary.

Additionally, though personal biases were developed during the research, they were clearly stated when results were analyzed and did not influence the direction of the stories (Wilkins-Yel, Hyman, & Zounlome, 2019). To ensure trustworthiness and reduce the likelihood of research bias, every single conversation and interview was audiotaped verbatim and findings validated through member checking (Carlson, 2010; Lincoln & Guba, 1985). Further, field notes were used from the beginning till the completion of the research, and only responses received to the study questions were analyzed.

As narrative inquiry requires the sharing of study participants' lived experiences, emotions, and reflections, the privacy and trust of all participants must be the utmost priority throughout the data collection and interpretation processes (Clandinin, 2016; Loh, 2013). Ensuring confidentiality is equally important in narrative inquiry, as some experiences highlight certain groups, organizations, and individuals in an unappealing way (Thomas, 2016). Participants were made to feel safe to share their experiences, as it is the role of the researcher to provide an equal voice and avoid running the risk of exploitation and inequality (Connelly & Clandinin, 1990). Participants were also allowed to examine the truthfulness of their narrative to ensure credibility. Further, participants had the option to exit the study at any time during the research process, even if their exit resulted in not achieving the research objectives. Participation in this study was voluntary, with the intended purpose of the study communicated to all participants

beforehand (Grady, 2001). Finally, participants received no incentives or bribes for their participation in the study to avoid conflict of interest, as this can cause bias.

## Methodology

As a methodology, narrative inquiry is founded on the belief that stories represent an essential form of human understanding through which individuals create order and meaning of their lives (Van Manen, 2016; Ylijoki, 2001) as well as solve significant problems and create meaning from the behavior of others (Moen, 2006). The term *narrative inquiry* has been primarily used in the education research field and conceptualized from a Deweyan notion that life is an education (Clandinin, Pushor, & Orr, 2007). Therefore, as a research methodology, narrative inquiry brings "theoretical ideas about the nature of human life as lived to bear on educational experience as lived" (Connelly & Clandinin, 1990, p. 3). Humans are storytelling organisms who lead storied lives, both socially and individually (Clandinin, 2006; Polkinghorne, 1995), and these stories represent a gateway through which a person enters the world, interprets, and makes meaningful their experiences of the world (Clandinin, 2016). Perception in narrative inquiry is important, as it illustrates how participants recollect and present their memories through their responses, and how the researcher interprets their stories (Hunter, 2010).

To embark on a narrative inquiry, a synchronized assessment of three commonplaces must be present: temporality, sociality, and place (Clandinin et al., 2007). In other words, narratives entail the incorporation of happenings and human actions into a goal-focused story structured in sequential order (Polkinghorne, 1988, 1995) that is

influenced by the past, present, future, and place or places (Webster & Mertova, 2007).

When woven together, stories reveal a more significant meaning than when viewed

individually or in isolation (Sharp, Bye, & Cusick, 2018). In the narrative inquiry

tradition, the presumption is that the fascinating, information loaded stories of the

research participants will provide a social context to the researcher. The core aim of

narrative inquiry is not to prove or disprove anything but instead aims for *verisimilitude*

so the results expand the notions of possibility (Loh, 2013). Similarly, a narrative inquiry

should retell participants' stories in a thought-provoking manner that asks readers to

contemplate how the narrative might influence their practices or understandings of a

phenomenon (Connelly & Clandinin, 1990).

Employing the narrative inquiry for this study allowed me to obtain a deeper

understanding of the lived experiences of highly-skilled Black African immigrant women

within the U.S. healthcare workplace and the implication of these experiences on their

socioeconomic integration in their host country (Clandinin, 2016; Webster & Mertova,

2007). Narrative inquiry is a widely accepted method used by researchers to study

employee experiences in healthcare settings (Murphy, 2017; Rivera et al., 2017), which

was useful for engaging women and marginalized populations in story-based research

(Woodley & Lockard, 2016) and communicating their stories to a broader audience

(Wang & Geale, 2015). Unlike other forms of qualitative research such as case study,

ethnography, or phenomenology methods, a narrative inquiry approach allowed for

presenting rich participant descriptions through storytelling and served as a sound

research method for developing a detailed understanding of human experiences as they

are lived daily (Clandinin, 2016; De Fina & Georgakopoulou, 2019; Nolan, Hendricks,

Williamson, & Ferguson, 2018; Webster & Mertova, 2007). These stories were mostly

induced by significant events that functioned as a mechanism for communicating their

happenings to listeners (Webster & Mertova, 2007). No attempt was made to reconstruct

communicated experiences, but rather the results represent a narration of how the

participants understood their experiences (Webster & Mertova, 2007).

The study design involved conducting face-to-face, recorded, in-depth interviews

with 10 (or as many needed to achieve data saturation) highly-skilled Black African

women with healthcare workplace experiences while maintaining journal notes (Connelly

& Clandinin, 1990; Webster & Mertova, 2007). The open-ended, semistructured

interviews assisted in obtaining detailed descriptions of narratives provided by the

women (Patton, 2015). A researcher gains a clear understanding of participant

experiences through open-ended interviews as it creates an avenue for further inquiry and

elaboration by the participant (Brinkmann & Kvale, 2015; Merriam & Grenier, 2019).

The personal interfacing with the participants in conjunction with an open-ended

interview allows the researcher to capture essential information using philosophical

journal notes and personal observations (Webster & Mertova, 2007). Thus, open-ended

queries were used to collect participants' stories of experiences, which served as the

primary data (Connelly & Clandinin, 1990).

Thematic analysis, a commonly used qualitative method for identifying, reporting,

and analyzing data for the meanings produced in and by people, situations, and events

(Lewis, 2015; Riessman, 1993), was used to identify, examine, and record underlying

causal patterns across the collected data of participants' stories. Thematic analysis has different functions. In narrative analysis, it functions as an analysis of narratives, because it allows the researcher to make sense of collective or shared meanings and experiences (Braun, Clarke, Hayfield, & Terry, 2018). Themes, such as an idea, notion, direction, or characteristic usually surface during data collection. As the researcher, I engaged my participants in storytelling and employed specific methods during analysis to find patterns of themes to elaborate on or more narratives (Polkinghorne, 1995).

To ensure the trustworthiness of data analysis results, a critical events narrative analysis approach was employed. This approach is characterized by openness and transparency that emphasizes events contained in the stories of experience that would otherwise be overlooked using traditional research methods (Webster & Mertova, 2007). Narrative questions that encompass three-dimensional space narrative inquiry can be used to identify critical events that significantly influence an individual's life decisions as well as obtain a social and personal perspective from human experiences (Wang & Geale, 2015; Webster & Mertova, 2007). As continuity of temporality is central to narrative research, a critical events narrative analysis conducted on the interview data helps determine the likelihood of the experiences of participants reoccurring in the future (Webster & Mertova, 2007). The critical events analysis approach is in accordance with Polkinghorne's (1988) recommendations on utilizing hermeneutic techniques to identify patterns across examples of stories that apply to the research problem. In retelling the stories of these highly-skilled women, I gathered themes and details associated with the participants' accounts of their personal experiences (Wang & Geale, 2015).

Specific parameters associated with selecting highly-skilled Black women from Africa with experiences working in a healthcare field within the United States gave additional validity and clarification to their experiences and further strengthened the research design and gave confidence to the research results. Although not required for story-based studies, ensuring the trustworthiness of the research involved obtaining data from multiple data sources (Goodell, Stage, & Cooke, 2016; Webster & Mertova, 2007). Researchers rely on triangulation to achieve trustworthiness in qualitative research (Goodell et al., 2016); however, triangulation is almost impossible to achieve in story-based studies (Webster & Mertova, 2007).

**Participant Selection Logic**

**Population.** The characteristics of a population group are specific to a study's unit of analysis such as individuals, groups, organizations, and pieces of data and includes, in the case of people, specific attributes, traits, experience, attitudes, impressions, and perceptions (Harkiolakis, 2017). The purposive sample of this study was drawn from a population group of foreign-born healthcare workers in the United States, which according to the U.S. Department of Labor Bureau of Labor Statistics, has risen to 2.1 million (U.S. Department of Labor Bureau of Labor Statistics, 2015). Seventy-four percent of this population group are primarily immigrant women working as nursing, psychiatric, and home health aides, and within this population, 12 % were born in Africa (Altorjai & Batalova, 2017).

Many highly-skilled Black African immigrants are concentrated in low-wage positions along the continuum of occupations in the healthcare industry (home health

aides, certified nursing assistants, disability support professionals; Covington-Ward, 2017; Showers, 2018). In several States within the U.S., immigrant women, more than their native counterpart, have accounted for large shares of low-skilled healthcare workers. New York posted the highest share of immigrants with 59%, followed by the District of Columbia and New Jersey, where approximately half of home health aides were foreign-born (U.S. Department of Labor Bureau of Labor Statistics, 2018). This is the result of the education-occupation mismatch faced by highly-skilled immigrant women employed in the healthcare industry. When compared to highly-skilled natives and other immigrant demographic groups, education-occupation mismatch among Black African immigrant women employed in the healthcare industry has contributed to significant labor market hurdles resulting in their low socioeconomic integration in their host country (Nyang, 2018; Wang & Jing, 2018). Still, the connection between highly-skilled Black African immigrant women's experiences in the U.S. healthcare workplace and their socioeconomic integration in their host country remains poorly understood (Okeke-Ihejirika et al., 2018; Showers, 2018).

**Criterion and snowball sampling**. To identify potential participants for this study, *criterion* and *snowball sampling* technique was the chosen purposeful sampling approach. Criterion sampling is a process where participants are used to assist in the collection of target populations, often called snowball sampling (Merriam & Grenier, 2019). It is used when the considered population under investigation is 'hidden' or not easily accessible, either due to low numbers of potential participants or the sensitivity of the topic (Naderifar, Goli, & Ghaljaie, 2017). Existing study participants help to recruit

future participants from among their network and sampling ends when the target sample size has been attained (Heckathorn & Cameron, 2017). The objective of qualitative research is to achieve a level of saturation by systematically obtaining the best possible sample size to reach this level in the study (Robinson, 2013). Failure to reach data saturation impacts the quality of the research and content validity (Fusch & Ness, 2015). The theoretical and practical considerations influence the sample size in a qualitative research study (Robinson, 2013)

The participants for this narrative inquiry study was a purposeful sample of seven highly-skilled Black African females who met the following inclusion criteria: (a) African-born female over the age of 25; (b) possesses a university degree obtained from their native country; (c) speaks fluent English; (d) maintains a legal immigration status in the United States; and (e) has a minimum of 3 years of employment experience in the U.S. healthcare industry. After a thorough examination of sampling size, the decision to use seven participants was determined based on the qualitative make-up of the narrative inquiry (Hickson, 2016; Kuzel, 1999). According to research, a balance must be struck between the objective and outlook of the study and the anticipated outcome when collecting stories for research sampling (Guetterman, 2015; Lindlof & Taylor, 2017).

The unit of analysis for this study were highly-skilled Black African immigrant females with earned credentials from their native country and experience in a U.S. healthcare workplace. Purposeful sampling guaranteed a careful selection of study participants who were knowledgeable of the specific phenomenon being studied and had the required experience that would produce valuable in-depth research data (Merriam &

Grenier, 2019; Patton, 2015). The inclusion criteria for this study aligned with those from similar studies within the literature (Covington-Ward, 2017; Ifedi, 2017). The minimum age of 25 was chosen based on the assumption that this age allowed sufficient time for each participant to obtain a college degree and a specific direction in their careers.

Per the participant criteria, prospective candidates were prescreened to ensure they possessed the knowledge and experience needed to support the research topic. Additionally, participants had to be able and willing to articulate how their lived experiences in the U.S. healthcare workplace hindered their socioeconomic integration in their host country. Participants who did not fit the inclusion criteria mentioned above were excluded from taking part in the study. The critical events approach within the narrative inquiry methodology served as a mechanism for communicating the participants' relevant lived experiences to listeners. This approach aids in collecting participants' holistically rich experiences and classifying events into valuable data that would otherwise be lost within traditional empirical methodology (Webster & Mertova, 2007).

Before the research began, a participation agreement was obtained from all study participants. The study began with six participants, and when needed to aid in reaching saturation, additional participants were solicited through snowball sampling, with 10 being the maximum number. In a qualitative study, a larger sample size could potentially cause data to become repetitive, and eventually, superfluous; therefore, the recommended typical sample size is six to eight participants (Guest, Bunce, & Johnson, 2006; Malterud, Siersma, & Guassora, 2016). Using network and snowball sampling minimized sampling

bias and increased the quality of the results by increasing transparency and uncovering

viable information and resources (Heckathorn & Cameron, 2017). The exact number of

participants is determined once the level of saturation is attained (Sutton & Austin, 2015).

Interviews, used in qualitative data collection, are considered one of the suitable

methods for attaining data saturation, and depending on the study population size, data

saturation can be reached with a minimum of six interviews (Fusch & Ness, 2015; Guest

et al., 2006). Data saturation was achieved at seven completed interviews at which there

was enough information to reproduce the study (Fusch & Ness, 2015), with no possibility

of new discoverable information (Guest et al., 2006), and no emergence of further

themes, codes, or explanations from the data (Marshall, 1996). Mason (2010) cautions

that in qualitative studies, the quality of data should be more important than the study

population or sample size.

To further data saturation, study participation should include people one would

normally not contemplate adding to the study (Bernard & Bernard, 2012; Guest et al.,

2006). Known as the *shaman effect*, it is described as when someone with specialized

information on a topic intentionally or inadvertently overshadows the data (Bernard &

Bernard, 2012). The shaman effect weakens data collection, and ultimately the study

results. I did not partake in such practices, and if discovered, such information would not

be incorporated into the study. Interview questions were structured in a way that all

participants are asked the same questions. Finally, scholarly recommendations were

adhered to in this study and effectively communicated to participants to aid in bolstering

data collection (Fusch & Ness, 2015).

**Instrumentation**

To collect useful information in qualitative research, one-on-one interviews are a core methodological tool for qualitative researchers (Merriam & Grenier, 2019). Qualitative researchers often rely on themselves as the instrument for data collection (Merriam & Tisdell, 2015). In narrative inquiry research, the researcher and the participant play an essential role in the story retelling process. The participant provides the facts, and the researcher collects the facts in a story-telling form using a semistructured interview protocol (Webster & Mertova, 2007). Ultimately, the story is co-constructed by the storyteller and the researcher, while being conducted in a conversational style with great flexibility and mutual trust through the questions used in the interview instrument (Atkinson & Sampson, 2019). In this research study, I utilized an interview script (see Appendix) to assist in organizing the interview process. The use of a semistructured interview is supported by seminal narrative methodologists to reduce the influence of the researcher and enable the participant's intentions and meaning-making to surface (Clandinin, 2016; Webster & Mertova, 2007).

The instrument used is a series of semistructured interview questions developed, piloted, and validated by three researchers in separate empirical investigations, and centered on the topic of the integration experiences of immigrant women in the United States and Canada (Covington-Ward, 2017; Gauthier, 2016; Nwabah & Heitner, 2009). The purpose of Covington-Ward's (2017) study was to explore motivations, job satisfaction, and overall perceived occupational mobility for African immigrants working in low-wage direct healthcare occupations in the Greater Pittsburgh metropolitan area.

Gauthier's (2016) investigation provided an overview of obstacles to socioeconomic integration faced by highly-skilled immigrant women in Quebec, Canada, while Nwabah and Heitner's (2009) study explored the immigration and professional experiences of 22 female Nigerian immigrants in Texas through the analysis and interpretation of narrative data from one-on-one interviews and focus group interviews.

The interview protocol can be viewed in the Appendix. The purpose of bringing together items from these three previous studies (Covington-Ward, 2017; Gauthier, 2016; Nwabah & Heitner, 2009) was to reach deeper into the highly-skilled, immigrant women's daily experiences within the U.S. workplace and the implication of these experiences on their socioeconomic integration in their host country. Covington-Ward (2017) recommended that further qualitative research would enable a greater understanding of factors influencing the African immigrant experience in the U.S. healthcare workplace. Both Gauthier (2016) and Nwabah and Heitner (2009) wrote that their studies used a demographically skewed sample of participants from one specific location and recommended that further qualitative studies using maximum variation sampling were needed to strengthen transferability of results to groups beyond their samples. This lends to the reason I used a criterion-based sampling to gather a heterogeneous group of participants from a national population sample to support a maximum variation sampling (Benoot, Hannes, & Bilsen, 2016). Furthermore, ensuring maximum variability in this story-based research supported the goal of theory extension within my conceptual framework (Palinkas et al., 2015). Extension studies, such as this

study, provide replicable evidence and extend prior study results of new and significant theoretical directions (Bonett, 2012).

The interviews, which were tape-recorded to achieve verbatim transcripts, were held in the conversational style of the narrative inquiry tradition rather than an expedited question and answer session. I asked participants probing questions, as needed, to expose crucial details throughout the conversation-style interview, as a question and answer session would not allow the ability to expose those essential details. As a narrative researcher, I maintained transparency and unbiased stance and actively listened to the participants' storytelling (Clandinin, 2016). I also kept a reflective journal and recorded all pertinent information, observations, and situations within individuals' storytelling of their challenges faced as Black African immigrant women in the U.S. healthcare sector. Turner (2010) recommended conducting a pilot test of an interview protocol to assist researchers with the refinement of interview questions that are original and researcher-developed. Given the development and previous usage of the interview questions listed in my protocol from three previous studies, and upon recommendation of my Dissertation Chairperson, a pilot test was not needed to validate further the interview question items.

To add a validity check to the analysis and confidence in the results, I negotiated the meaning of the narratives with the participants in the transcript review held after the completion and transcription of each interview. A transcript review is a key element of the member checking process used to strengthen the trustworthiness of qualitative data (Mero-Jaffe, 2011; Merriam & Grenier, 2019). This process minimized potential interviewer-induced bias and provided participants with opportunities to correct any

inaccuracies through the process of transcript review. Because there are no predefined

measures or hypotheses in narrative inquiry studies, further verification strategies of the

qualitative data within the narrative inquiry analysis paradigm must be constructed to

provide meaning through narrative storytelling and maintain consistency and

trustworthiness of data (Clandinin, 2016).

**Procedures for Recruitment, Participation, and Data Collection**

For this narrative inquiry study, it was estimated that between six and 10 highly-

skilled Black African women with experiences working within the U.S. healthcare and

who responded positively to having earned a university degree from their country prior to

migration, would be recruited using network and criterion sampling from within a

network of African communities through requests posted on social platforms. The study

began with six participants in the hope of achieving saturation, but because saturation

was not reached, the snowball effect was used to gather the remaining participant, with

participant selection being no fewer than six and not exceeding seven (Fusch & Ness,

2015). The determination of saturation was made when participant stories and encounters

were similar in nature (Fusch & Ness, 2015; Hennink, Kaiser, & Marconi, 2017).

As participants gave consent to partake in the study, I made arrangements to

ensure that the interviews occured in a quiet, semiprivate place that was devoid of

distractions and loud background noise that would interfere with audio recordings. Data

was collected using telephone interviews and journal notes. During the interviews, I

posed open-ended and probing questions that were specifically related to the identified

group of participants explored in the study. This style of questions granted participants

the chance to absorb and respond in a storytelling manner while maintaining narrative

truth (Conle, 2000; Connelly & Clandinin, 1990; De Fina & Georgakopoulou, 2019).

Follow-up questions were posed to the participants throughout the interviews, especially

in instances where further clarification or elaboration on a narrative was needed.

Furthermore, questioning strategies and response recordings were used to monitor data

collection to ensure validity and reliability. To protect the outcome of the study, biases

were monitored throughout the progression of the interviews to minimize their influence

(Clandinin, 2016; Webster & Mertova, 2007).

Traditional forms of narrative inquiry method include the use of an open-ended

interview protocol, which allows participants to fully express their viewpoints and

experiences (Clandinin, 2016; Turner, 2010). Data collection interviews were expected to

last between 60 to 90 minutes. Also, the use of audiotape recorders not only aided in the

manual transcription of the interview but also afforded the researcher the chance to

review any of the interviews and validate the obtained data by linking information to

journal notes. Allowing participants to review a summary of their interview through the

member checking process also ensured accuracy in data collected in relation to the

representation of participant stories (Morse, 2015; Thomas, 2016). Significant changes

were only incorporated if upon review, changes were required, or if a follow-up interview

was deemed necessary, thus ensuring the validity of the data recorded during the initial

interview (Loh, 2013).

The notion of appearing *detached* or *disconnected* is considered as one of the

potential negative features of narrative inquiry (Conle, 2000). Webster and Mertova

(2007) proposed offsetting this disconnectedness using the critical events approach that would cover various research interests. Probing beyond superficial façade requires a thoughtful methodology and understanding of the complexities of human understanding and learning. Critical events not only offer structure and framework to the narrative inquiry research method, but as an approach, it presents a way of tackling the complexity and extensive data collected using a qualitative study method (Layne & Lipponen, 2016; Mertova & Webster, 2012). Best gathered during a face-to-face interview or videoconferencing, critical events methods have proven to be unambiguous and unique, especially when dealing with a concentrated audience (Layne & Lipponen, 2016; Mertova & Webster, 2012; Nehls, Smith, & Schneider, 2015).

Once the qualitative data collection was completed, I transcribed the interviews, performed transcript checking, and ensured that the analysis of the data included a detailed narrative of each interview comprising a scene, plot, character, and event review, to validate the correctness of critical events (Webster & Mertova, 2007). At the conclusion of the interview, I assured the participants that the information collected would only be used for the sole purpose of the research and that responses and identities would be kept private, and data collection materials destroyed after 5 years.

**Data Analysis Plan**

Data collection in the narrative inquiry methodology is determined by two factors: the themes of human-centeredness and the complexity of human experience (Ollerenshaw & Creswell, 2002). There are four major sections to this methodology: research processes, negotiation occurrences, potential risks, and results preparation and auditing

(Webster & Mertova, 2007). Upon completing data collection, I analyzed the data and generated a written detailed narrative of the participants' account of their lived experiences within the U.S. healthcare workplace and its implications to their socioeconomic integration in their host country. This meticulous data collection method is intended to achieve a real-life vision into participants' stories. Narrative analysis presents a portal into understanding the "critical moments" in the lives of the research participants: a three-dimensional narrative-inquiry to study the events that brought change to the participant's life (Webster & Mertova, 2007).

The initial stage of the data analysis was the process of restorying. Restorying is a data analysis method that involves the researcher gathering the narratives, analyzing the story to understand the lived experiences of the participants and the key elements of the story (e.g., scene, place, plot, and time), and then retelling the story placing it within a chronological sequence (Clandinin, 2016). In restorying of the participants' story, I ensured that all the identified themes and rich details of the setting or context of the participant's personal experiences were not excluded but effectively captured and accurately portrayed (Clandinin, & Connelly, 2000; Ollerenshaw & Creswell, 2002; Webster, & Mertova, 2007).

The second step of the data analysis used a critical event narrative analysis to model the events in narratives, which were distinguished as *critical*, *like*, or *other*. A *critical* event has a major impact on people involved and is characterized as an event that has a unique illustrative and confirmatory nature. *Critical* events can only be identified after the event has happened in an unplanned and unstructured manner (Webster &

Mertova, 2007). An event is considered a *like* event if the context, method, and resources

are repeated but with different players. A review of *like* events helps the researcher

confirm and/or broaden issues that arose from the critical events. *Other* events, on the

other hand, refer to circumstantial and minor information that reveals the same issues,

and their analysis is linked in the inquiry of the *critical* and *like* events (Mertova &

Webster, 2012; Woods, 2012). The critical events approach is key to the recognition of

critical events and the description of those experiences by providing details on place,

time, characters, and significant events essential to the study (Webster & Mertova, 2007).

The two-step approach to narrative analysis allows data analysis to be carried out

through the framework provided by the descriptions of the processes, the presentation of

results, assumptions, risk, and negotiation associated with the narratives (Webster &

Mertova, 2007). It is an approach that permits the researcher to categorize and catalog

incidences of critical events, themes, meanings, and images to produce a participant-

guided interpreted transcript of lived experiences (Ollerenshaw & Creswell, 2002) that

are essential to the significance of the research.

When narratives are viewed as a hermeneutic practice, it serves to clarify the

meaning within the stories, even when stories are not in chronological order or when the

data is incapable of being separated from a context to become structured and measurable

as a remarkable piece of information (Polkinghorne, 1988). This is known as the

*hermeneutic circle;* a metaphor used to describe the analytical movement between the

whole and the part that provides a deeper understanding of the participants (Freeman,

2016). A well-constructed narrative provides insights, deepens understanding and

commiseration, and contributes to the understanding of the personal world of the participants (Freeman, 2016; Webster & Mertova, 2007). With the risk of losing significant findings, critical and supporting events may never align using traditional pragmatic methods. Applying the critical events data analysis method to the primary data allowed the socioeconomic integration challenges faced by highly-skilled Black African women employed in low-wage positions in the healthcare industry to emerge in the study results (De Fina & Georgakopoulou, 2019; Webster & Mertova, 2007).

## Issues of Trustworthiness

### Credibility

*Credibility* refers to the confidence in the truth of the data or the participant views and their interpretation and representation by the researcher (Polit & Beck, 2012). The concept of the credibility of a study is comparable to internal validity in quantitative research. When a research study is deemed credible, other individuals can recognize and connect with the described human experiences (Cope, 2014; Sandelowski, 1986). This can be achieved through employing strategies such as triangulation, prolonged contact with the participants, transcript checking, saturation, reflective journaling, and peer review (Billups, 2014). In the instance where a critical event narrative approach is employed, incorporating a thorough assessment of participant perspectives, carefully monitoring potential biases, and allowing participant review of data, strengthens the credibility of research (Billups, 2014; Morse, 2015). The data collection phase was deemed complete when similar patterns or themes began to emerge in the responses of the participants after at least six participants had responded to the same research question

(Fusch & Ness, 2015; Saunders et al., 2018). Attaining data saturation safeguards the research quality and trustworthiness of data during the data analysis process (Fusch & Ness, 2015). I established credibility by providing access to results and data collected to interested readers. I used the journal notes and the audiotaped interviews to validate and verify responses to guard against reflexivity and researcher bias. I also interpreted the context and environment by referring to time, place, and events across participants' stories and identified divergent and convergent data across narratives, thus providing an informative background for the research (Clandinin, 2016).

**Transferability**

*Transferability* refers to study findings that can be applied to other studies, context, or groups if it appropriately fits within the research (Polit & Beck, 2012). The concept of transferability is the equivalent of external validity in quantitative research. This criterion is met when the results of a study provide meaning to nonparticipants of the study, and readers can relate the results of the study to their own lived experiences. The primary aim of qualitative research is not a generalization of study results but the depth of the information (Burkholder, Cox, & Crawford, 2016; Prowse & Camfield, 2013). Establishing transferability is deemed necessary as a disagreement in external validity is paramount in the systemic method of assessing and rejecting qualitative studies (Connelly, 2016). Strategies such as thick description and variation in participant selection were implemented to ensure the transferability of study findings. The open-ended questions and the specific sample of research participants were designed to generate rich, in-depth accounts of challenges faced by highly-skilled Black African

women employed in low-wage positions in the healthcare industry and data for future studies.

**Dependability**

*Dependability* refers to the stability of research findings over time (Korstjens & Moser, 2018). It is achieved when participants can evaluate the study findings and strategies, and its findings support the interpretation and recommendations of the study outcomes (Billups, 2014). Establishing an audit trail during data collection allows transparency in the research proceedings and provides dependability in the research inquiry (Houghton, Casey, Shaw, & Murphy, 2013; Korstjens & Moser, 2018). Throughout the research and data collection process, I ensured transparency in all proceedings, clearly articulated recordings, transcriptions, and journal notes, in enough detail that the work could be repeated.

**Confirmability**

*Confirmability* refers to the degree to which the study findings or results can be corroborated or confirmed by other researchers (Polit & Beck, 2012). Establishing confirmability proves that study results are not the figments of the researcher's imagination or bias but derived from data (Connelly, 2016). To achieve confirmability, employing strategies such as triangulation, audit trail, and reflexive journal leaves a visible trail or path taken by the researcher from process to product and confirms that the researcher took the required steps in attaining the study results. By maintaining a reflexive journal I ensured that I obtained cooperation from the study participants in an ethical manner. Without the use of any bribery or monetary offerings, I established a

rapport with the study participants, making sure they were comfortable sharing the most critical events in their life stories. To further add credibility to the study findings, I examined the study data with particular attention to the convergence and divergence of results with explicit and implicit assumptions within the theoretical foundations of the conceptual framework (Merriam & Grenier, 2019). After the interview, I transcribed the study participants' responses and made them available for their review as a member check procedure.

**Ethical Procedures**

This research involves human experiences and necessitates the documentation of ethical procedures. No form of persuasion, compensation, or obligation was used to solicit participation in this study. The decision by study participants to participate was made voluntarily, and participants were given the ability to withdraw their participation or consent at any time and for whatever reason, during the study with no fear of threats or penalty. In the event a participant removed herself from the study, a replacement would have been sought using already established recruiting methods. Participants were informed of the intended purpose and audience of the study beforehand (McMillan & Schumacher, 2014). When studies involve human participants, researchers need to receive documented permission or approval from the institutional review board (IRB) before beginning research. Conducting research without obtaining the necessary permissions from the IRB could result in research being deemed as unacceptable. The completion of the IRB application (Approval No. 12-04-19-0250046) was utilized as a tool to enlist research participants. I had no access to participants, data collection, nor

conducted ethical procedures until I received a formal IRB approval. Obtaining IRB approval not only serves to reduce bias and produce an accurate research outcome, but it also protects participants from disadvantageous encounters throughout the study (Jacob & Ferguson, 2012). In addition, obtaining prior approval ensures the validity and trustworthiness of the study findings/results and designates an acceptance of the research relating to ethical involvement (Madichie & Gbadamosi, 2017). To maintain the ethics of this research, human relationships and interactions between the researcher and the participants were highly avoided. Throughout the research, ethical procedures were continually in place, and the researcher and participants mutually agreed on the contributions and experiences being made to the study (Stake, 2010).

A formal invitation requesting participation and acceptance for an interview was used for this study. The invitation included a unique identification number that was maintained throughout the interview process, as well as for the researcher's journal notes and any other interview methods used (Poulis, Poulis, & Yamin, 2013). Before beginning the interview, all participants received and indicated agreement to all interview protocols and rules that were used. The informed consent form detailed the minimum expectations for study participation, as well as IRB expectations and guidelines. After the interview, participants' responses were transcribed, and through a member check process, transcripts were made available for participant verification (Kornbluh, 2015). During the study, situations requiring ethical monitoring may occur, and it is imperative that the researcher professionally conducts herself and maintains positive character values (Poulis et al., 2013).

The IRB requires that the researcher ensures the safety, confidentiality, and privacy of all participants, in addition to safeguarding all recordings and documentation involving the research participants (Chen, Schweiker, & Day, 2018). To ensure the unintentional disclosure of participant information, the identities of individuals interviewed for this study were not shared with any other individuals or agencies. Also, the assignment of identification numbers or pseudo names to the participants further aided in the confidentiality and anonymity of participants involved in the study (Poulis et al., 2013). Evaluation of all data collection activities was reviewed by the IRB; therefore, all actions had IRB-approved controls in place to protect participants and data.

To promote confidentiality, all study participant documents with personally identifiable information were safeguarded in a locked and password-protected device, with all assigned codes properly retained by the researcher only. Written documents and journal notes are secured on a password-protected laptop, also controlled by the researcher. Devices used for the duration of this study are devices owned and used only by the researcher, with no other approved operators. Only authorized persons with the need to know, such as dissertation chairperson, committee member, or university research reviewer, are privy to this research information, and so forth. The data will be securely archived for at least 5 years and then deleted from the laptop and all other devices used for this study. Hard copies are locked in a secure cabinet and will be burned after 5 years. Narrative inquiry requires the sharing of participants' lived experiences, emotions, and reflections; therefore, it is important to establish trust in both the data collection process and the interpretation process. This narrative study has the ability to influence the

gathering of new knowledge based on the experiences of highly-skilled Black African immigrant women employed in the U.S. healthcare workplace and their socioeconomic integration in their host country. It also has the potential to promote social change by giving voice to all underutilized employees to be part of an organization's talent program (Hamilton et al., 2018).

## Summary

In this chapter, details on the research design and rationale, the role of the researcher, and methodology were presented. The reasoning behind participant selection and instrumentation was discussed, including procedures for recruitment, participation, data collection practices, and a data analysis plan. Lastly, issues of trustworthiness, such as credibility, transferability, dependability, confirmability, and ethical procedures, were addressed. In Chapter 4, research results are presented.

Chapter 4: Results

The purpose of this qualitative, narrative inquiry study was to gain a deeper

understanding of highly-skilled Black African immigrant women's experiences within

the U.S. healthcare workplace and their socioeconomic integration in their host country,

which the central research question guiding this study addressed. I designed this question

after an exhaustive review of the literature to identify gaps associated with the specific

experience immigrant women face in the workplace that hinder their socioeconomic

integration (Colakoglu et al., 2018; Gauthier, 2016; Kaushik & Walsh, 2018). This lack

of knowledge among HR managers is a barrier to effectively facilitating socioeconomic

integration of immigrant women employees facing an education–occupation mismatch

(Crowley-Henry & Al Ariss, 2018; Dean, 2018).

By sharing their stories, these first-generation immigrant women allowed me to

gain valuable insight into the realities of their daily life experience and the connection

between these experiences in the U.S. healthcare workplace and their socioeconomic

integration. A critical event approach (Webster & Mertova, 2007) was used to capture

and analyze essential events in the narratives of the participants, addressing the purpose

and research question for the study. I used thematic analysis to examine the collected data

to identify and record primary themes throughout participants' stories (Braun et al., 2018;

Clandinin & Connelly, 2006). I utilized thematic coding to organize the restudied data in

a two-stage procedure: In Stage 1, I interpreted every single case and produced a

description for each one, and in Stage 2, I cross-checked the established categories and

thematic domains linked to the solitary narratives for comparative purposes (Ollerenshaw

& Creswell, 2002). The study results presented in this chapter present a qualitative analysis of personal and business experiences of highly-skilled Black African immigrant women's daily experiences within the U.S. healthcare workplace that have previously been undocumented in the scholarly literature. In this chapter, I also present essential details of the research setting, along with demographic data, data collection and analysis procedures, evidence of the trustworthiness of qualitative data, and, finally, a composite of the study results.

<div align="center">**Research Setting**</div>

Data for this narrative inquiry study were gathered from semistructured interviews conducted with seven highly-skilled Black African immigrant women. Each of the seven interviews was conducted through a recorded telephone call. A request soliciting for study participants was initially sent out using African community forums on LinkedIn. The request included the study's inclusion criteria and the purpose of the study. From the initial request, two participants declared interest in participating in the study, and the remaining five were obtained through the network and snowball sampling technique (Merriam & Tisdell, 2015). I requested e-mail addresses from the interested participants and later sent them the IRB consent form and a formal introduction letter via e-mail. Upon receiving their formal consent to participate in the study and their preferred phone numbers, I responded with a scheduling request for a convenient date and time for the interview. Once a mutually acceptable appointment was scheduled, I sent out a reminder to the participants a day before the scheduled interview to make sure there were no changes to the agreed-upon interview date and time.

## Demographics

Each of the seven highly-skilled Black African immigrant women participants was originally from African countries, and later became naturalized or permanent residents of the United States, thus meeting the study's inclusion criteria of having a legal immigration status in their host country. All seven participants were knowledgeable and had experience in the phenomenon being studied and provided valuable in-depth research data. Their collective number of years spent working in U.S. healthcare ranged from 4–22 years. Each of the participants had a minimum of a bachelor's degree obtained from their native country before migration, and all were over the age of 25.

The demographics of the data collected included participants' age, nationality, ethnicity, highest university degree earned, where first degree was obtained, number of years working in the U.S. healthcare sector, job title, total years of working experience, and marital status. The given pseudonyms or aliases were in an XY format, with X representing the letter P for *participant*, and Y being the number identifier assigned to each participant. The complete demographics are shown below in Table 1.

Table 1

*Participants' Demographics and Characteristics*

| | Age | Nationality | Ethnicity | Highest university degree | Country of First Degree | Years in U.S health care | Current job title | Years of work exp. | Marital status |
|---|---|---|---|---|---|---|---|---|---|
| P1 | 45 | Ghanaian | African American | MA | Ghana | 14 | Clinical Research Coordinator | 14 | S |
| P2 | 42 | Nigerian | African American | MD | Nigeria | 18 | Medical Researcher | 20 | M |
| P3 | 52 | Nigerian | African American | BSc | Nigeria | 18 | Nurse Practitioner | 20 | M |
| P4 | 43 | Camerounian | African American | MA | Cameroun | 5 | Human Resource Director | 15 | M |
| P5 | 47 | Nigerian | African American | PhD | Nigeria | 22 | Hospitalist | 22 | M |
| P6 | 45 | Ghanaian | African American | BA | Ghana | 10 | Registered Nurse | 25 | M |
| P7 | 37 | Camerounian | African American | BA | Cameroun | 4 | Clinical Nurse | 5 | S |

*Note.* P = Participant, S = single, M = married

**Data Collection**

Data collection began after IRB approval was given, and it continued until

reaching data saturation. When similar stories and themes emerge during participant

stories and interviews with no possibility of new discoverable information (Guest et al.,

2006), and no emergence of further themes from the data (Marshall, 1996), it signifies

that data saturation has been met (Fusch & Ness, 2015; Hennink et al., 2017). The

semistructured interviews were organized in a way that all participants were asked the

same question, sustaining the possibility of aligning the interview and staying within the

research topic. Furthermore, none of the seven participants had taken part in any research

similar to the topic nor possessed specific information or experience in the topic area, as

this could weaken data collection and the study results (Bernard & Bernard, 2012; Guest

et al., 2006). Conversations with each of the participants were brief and straight to the

point, and saturation was achieved with seven study participants (see Fusch & Ness, 2015). Each interview was recorded verbatim and later transcribed and shared with the participant for transcript review.

Themes that emerged within the interviews, such as the participant's strength with dealing with challenges related to entering the labor market as an immigrant woman, further supported the evidence of data saturation. These themes appeared as participants reflected on dealing with the challenges of not being able to find comparable jobs in their chosen career field upon arriving in the United States despite having obtained a college degree from their native country. In their narratives, these highly-skilled Black African immigrant women showed perseverance and determination in dealing with the challenges of having to find work in a new career field and trying to integrate into their host country. The Study Results section will provide more details on the saturation process and what was revealed during the interview process.

The interviews, which began on December 12, 2019, were completed on January 3, 2020, lasting over 3 weeks and including seven complete telephone interviews. The entire data collection phase lasted longer than anticipated because of the holidays. The participants had a difficult time confirming their availability for an interview due to family engagements and holiday celebrations, but once confirmed, they kept to the schedule. For 4 consecutive weeks during the data collection phase, I set aside time each day to recruit and prescreen study participants, obtain consent, conduct and record the interviews, submit recorded interviews for transcription, review transcriptions for accuracy, and then send interview transcripts to participants for transcript review. All

members concurred with the provided transcripts with no additions or revisions made to the interview script.

Throughout the interview process, I maintained field notes that contained my thoughts, interpretations, and reflections on the narratives communicated by the participants. I used a mobile application on my iPhone called VoiceRecorder to record the interviews and another application called Temi to transcribe the recorded interviews. Before each call, I notified the participants that the interview would be recorded, that the transcripts will be sent to them for review before including in the study, and that their real names would not be used in the study. No participant declined participation in the research.

During each interview, participants described their experiences as highly-skilled Black African immigrant women in the U.S. healthcare workplace and its implication on their socioeconomic integration in their host country. The participants appeared eager and willing to contribute to the study and had the education and experience to understand what was asked of them. The interview questions explored their reasons for migrating to the United States, what professional skills and credentials they had when they migrated, experiences with entering the U.S. labor market as an immigrant woman, their daily experiences in the U.S. healthcare workplace, what affect family life had on their employment and work experiences, and additional insight into the challenges and experiences with socioeconomic integration into their host country as a highly-skilled Black African immigrant woman.

**Initial Contact**

Participant recruitment was done by publishing a recruitment request on

LinkedIn, which read as follows: seeking highly-skilled Black African immigrant females

with earned credentials from their native country, with at least 3 years of experience in a

U.S. healthcare workplace, 25 years and older, knowledgeable and willing to provide

valuable in-depth research data on the specific phenomenon studied. The request for

participants also included a formal letter of introduction, which also contained the

research inclusion criteria and purpose of the study. Once participants were identified and

prescreened, the above information was emailed again along with the IRB consent form.

**Interviews**

After receiving interest in response to the LinkedIn post, I requested e-mail

addresses from the interested participants and later sent them the IRB consent form and a

formal introduction letter via e-mail. Upon receiving their formal consent to participate in

the study and their preferred phone numbers, I responded with a scheduling request for a

convenient date and time for the interview. Once a mutually acceptable appointment was

scheduled, I sent out a reminder to the participant a day before the scheduled interview to

make sure there were no changes to the agreed-upon interview date and time. Each

interview was performed in a quiet, semiprivate place that was devoid of distractions and

loud background noise that would interfere with audio recordings. I began each interview

by reading from the interview guide found in the appendix, which contains a researcher-

to-participant prologue and the interview questions. There were moments during the

interview where I posed follow-up questions to the participants, especially in instances

where further clarification or elaboration on a narrative was needed. The participants

were receptive to the additional questions and had no objections.

**Reflective Field Notes and Journaling**

The use of reflective field notes and journaling of pertinent information,

observations, and situations during the interview process creates trustworthiness in the

research process and guards against the possibility of research biases (Clandinin, 2016;

Webster & Mertova, 2007). Use of field notes and journaling in conjunction with audio

recordings during interviews not only reduces interview biases, but it also allows the

interviewer to reflect on the conversation to ensure that the intended meanings conveyed

by the participants are adequately represented (Halcomb & Davidson, 2006; Webster &

Mertova, 2007). My notes during the interview process contained my views on the

information shared by the participants and the emotions while listening to their stories.

Reflecting on my notes allowed me to gain a deeper understanding of the participants'

experiences. During the interviews, I also made sure I gave the participants my undivided

attention, occasionally asking follow-up questions for clarification on specific dialogue. It

was evident through the journaling process that each participant was passionate about

their experiences and was glad to be given a chance to be heard.

**Transcript Verification**

A transcript review is a critical element of the member checking process used to

strengthen the trustworthiness of qualitative data (Birt, Scott, Cavers, Campbell, &

Walter, 2016; Mero-Jaffe, 2011; Merriam & Grenier, 2019). Each participant had the

opportunity to review the transcribed telephone interview (Billups, 2014). An e-mail with

the transcribed data was sent to them at least 4 days after the interview, providing them also with the ability to edit the transcript if needed. The participants were asked to acknowledge the transcript, with or without changes, within a 48-hour window. The participants acknowledged receipt of the transcripts, and no changes were made to the transcripts, thus concurring with the representation of the information they presented.

## Data Analysis

The researcher is given a glimpse into the "critical moments" in the study participant's life through the use of narrative data analyses: a three-dimensional narrative inquiry that investigates events that bring about changes to an individual's life (Webster & Mertova, 2007). The primary data for this study included the narratives of the experience of the participants that were acquired using semistructured interviews. Attaining rigor involves the use of varied or malleable approaches (Boyatzis, 1998). By adopting the thematic analysis approach, the researcher has the flexibility to utilize any paradigm to the analysis. Theory-driven codes, inductive codes, and prior-data or prior-research driven codes, are some of the coding methods involved in the thematic analysis approach. Theory-driven codes are drawn from the researcher's or other existing theories; inductive codes are obtained bottom-up from the researcher's understanding of the data, to include prior-data or prior-research driven codes. Through its theoretical freedom, thematic approaches are considered one of the more accessible methodologies of qualitative research (Miller, 2016). Uncovering of themes and process of analysis are used to to expand on research intentions (Boyatzis, 1998).

After the data were collected, I analyzed the data and created a written detailed

narrative of participants' stories and narratives. The first step of the narrative data

analysis methodology for the data collected in this study was based on Clandinin and

Connelly's (2000) restorying and thematic analysis process. Thematic coding, as applied

to restoried data, is a two-stage process: production and description, cross-referencing,

categorizing, and thematic linking for comparative purposes (Clandinin, 2016). In the

process of retelling, individuals share their vulnerabilities and uncertainties. Thematic

analysis of interview transcripts revealed patterns that were combined into five

conceptual categories for answering the central research question. The structural analysis

of the narratives' data enabled the focused material to be seen clearly in the text (Saleh,

Menon, & Kubota, 2018). By taking this approach, I was able to reconfirm the subthemes

and five major categories. The five conceptual categories grounded in the conceptual

framework and 15 reformulated themes forming the foundation for interpretation in

answering the central research question are as follows:

- Conceptual category: Immigration entry of highly skilled African immigrant

  women

  - Themes: (a) entry with higher education degree, (b) visa lottery for new

    opportunities, (c) professional work experience in home country

- Conceptual category: Entering the U.S. labor market as an immigrant woman

  - Themes: (a) feeling devalued as a professional upon labor market entry,

    (b) economic integration of highly skilled African immigrant women, (c)

    positive experience of labor market entry

- Conceptual category: Daily life experience in the U.S. healthcare workplace

    o Themes: (a) challenges of cultural assimilation, (b) feelings of cultural dissonance, (c) value of family support.

- Conceptual Category: Intersectional challenges in the healthcare workplace

    o Themes: (a) challenges due to race; (b) social integration and class changes; (c) career development challenges due to ethnicity and gender.

- Conceptual Category: Daily life experiences with socioeconomic integration of highly skilled African immigrant women

    o Themes: (a) embeddedness in the immigrant community; (b) challenges of social integration as an immigrant; (c) socioeconomic integration through mentorship.

In the second step of the data analysis, I utilized a critical event narrative analysis to model the events in narratives and categorize these events as *critical*, *like*, or *other*. A *critical* event has a significant impact on people involved and is characterized as an event that has a unique illustrative and confirmatory nature (Webster & Mertova, 2007). An event is considered a *like* event if the context, method, and resources are repeated but with different players. A review of *like* events helps the researcher confirm and/or broaden issues that arose from the critical events. *Other* events, on the other hand, refer to circumstantial and minor information that reveals the same issues, and their analysis is linked in the inquiry of the *critical* and *like* events (see Mertova & Webster, 2012; Woods, 2012).

The two-step approach to narrative analysis allows data analysis to be carried out through the framework provided by the descriptions of the processes, the presentation of results, assumptions, risk, and negotiation associated with the narratives (Webster & Mertova, 2007). I used a hermeneutic narrative approach to explicate meaning within stories even when these stories were not sequential or when the data could not be considered as a singular piece of information in its own right (see Polkinghorne, 1988). The hermeneutic circle is a metaphor used to describe the analytical movement between the whole and the part that provides a deeper understanding of the participants' narratives (see Freeman, 2016). Applying the critical events data analysis method to the primary data allowed the socioeconomic integration challenges faced by highly-skilled Black African women employed in low-wage positions in the healthcare industry to emerge in the study results (see De Fina & Georgakopoulou, 2019; Webster & Mertova, 2007).

Table 2 represents how I combined the themes that shared similar characteristics into a single category. The interpretations and themes were verified continually during data collection, and the five conceptual categories were determined based on the conceptual framework: Crowley-Henry and Al Ariss' (2018) concept of talent management of skilled immigrants and Gauthier's (2016) concept of integration needs of highly-skilled women immigrants. The critical event approach for data analysis itself satisfies the trustworthiness of data because of its inherent characteristics of openness and transparency in emphasizing, capturing, and describing events contained in stories of experience (Webster & Mertova, 2007). This feature is demonstrated through a co-construction of meanings, themes, and images (with participants), which eventually

guided the interpretations of texts. Table 2 is a visual representation of the data analysis results in coding and theme examples taken from the 15 reformulated themes gleaned from the critical events data analysis and categorized by conceptual category to answer the study's central research question and supported by interview excerpts from participants' narratives. Usually, qualitative researchers draw on triangulation for this purpose. Webster and Mertova (2007), however, indicate triangulation is not feasible in story-based studies.

Table 2

*Coding and Theme Examples*

| | Interview Excerpt from participant narratives | Conceptual category | Reformulated theme |
|---|---|---|---|
| P1 | "For me it wasn't much of a problem integrating socially. There was not much of a culture shock because I spent a significant portion of my childhood living here. I started my primary education in the US before going back to Ghana. However, it was still an interesting experience, for example, I did a lot of statistics in my undergraduate training in Ghana, so there were things that I knew how to do like organizing data in an Excel presentation, for example. But there were instances where people seem surprised that I knew how to do that. I was kind of lucky in that my first job, which was at Grey-Sloane Hospital. The Director of Medical Affairs happened to be one of the people that interviewed me and he kind of took me under his wing and put me on projects that really had nothing to do with day to day work. And because of this, where there might have been roadblocks, with his backing, I was able to be exposed to a lot of different things in the hospital. For instance during my first week working there, I was part of a team that went to visit a Cancer Center at another hospital to see how the center was organized so we could potentially open one at Grey-Sloane; hence moving forward I was part of the task force set up to bring this to fruition. But I don't think if I hadn't had the opportunity of meeting him one-on-one from the beginning, that it would have been quite as easy. Having a mentor helped with my integration and my ability to build social networks that were useful later". | Daily life experiences with socioeconomic integration of highly skilled African immigrant women | 1) embeddedness in immigrant community; 2) challenges of social integration as an immigrant; 3) socioeconomic integration through mentorship |
| P2 | "Um, in my opinion, it does not matter that you are a highly educated black African immigrant woman, you still have a lot to prove. You have to prove yourself because, um, before you can do anything or say anything, they are already doubting what you can do. The word immigrant drowns out the fact that you are highly-educated. So, you have to work harder and constantly try to prove yourself, and that becomes a challenge because it gets exhausting to keep doing that every day and even more frustrating if you get nowhere. And then if you even succeed at something, someone else takes the glory for it. But I guess that's what comes with most jobs generally. That was one of the challenges I faced. And then if you come here with an accent, once you have an accent, regardless of your education or credentials, you're already seen as not being intelligent. Other people from other countries, they don't have to deal with challenges like that. Someone from Russia can have a think Russian accent and they'll still be seen as being intelligent. But it is different for Africans, at least for Africans that have an accent". | Entering the labor market as an Immigrant woman | 1) feeling devalued as a professional upon labor market entry; 2) economic integration of highly skilled African immigrant women; 3) positive experience of labor market entry |

*(table continues)*

| | Interview Excerpt from participant narratives | Conceptual category | Reformulated theme |
|---|---|---|---|
| P3 | "I know my story might not be as exciting as I didn't go through all the rigor and stress to get to where I am today. But I know people have gone through a lot just to get to the surface. They have gone through a lot from changing their courses, to doing something else. Even people that came as nurses, you know, had to start as a certified nursing assistant in a hospital, then to licensed vocational nurse, before getting to registered nurse. I was contemplating the same thing, but I was just lucky to have a husband who wanted me to aim higher. He wouldn't let me, you know. It is a long road for some people; a very long road. I have a friend who came since 2001 and still has not been able to pass the board exam and is still working as a nursing assistant.  It is a real long road for some people, I'm telling you. I just happened to see the grace of God in my life. I was lucky that when I started work as a nurse, I was able to make a little bit more money because they recognized my prior experience as a nurse, and I think this must have upset my supervisor at my first job where I was fired. I was able to make more money than my friends who had been working as a RN for six years. It was just by the grace of God". | Daily life experience in the U.S. healthcare workplace | 1) challenges of cultural assimilation 2) feelings of cultural dissonance; 3) value of family support |
| P4 | "Most highly educated immigrant women are often overlooked for management positions because for one, they are judged by their accents and not by what they can offer. I have met a few Africans with very thick accent, that even their pronunciations make it very difficult for me to understand what they are saying or trying to communicate, and I am African. For example, those of us from Cameroun, we have the Anglo-Saxon English education and we write differently from the American way of writing things. If they were judged by their writing skills, they would not be in a strong position. Secondly, some Africans have a certain level of complex and do not feel very confident in themselves and in what they can offer. This is because we have been mentored or told that as an African the only job open to us in the US is certified nursing assistant work. So, some immigrants, even though they were highly qualified lawyers or teachers in their home country, are comfortable serving as caregivers. Once you have that level of education and experience and transferable skills, they should at least strive for something better. Instead they choose to work as a certified nursing assistant so they can work double shifts or two or three jobs and make more money. They don't see that it is possible to have one job and try to spend more time with family and still make the same amount of money as having two jobs". | Intersectional challenges in the healthcare workplace | 1) challenges due to race; 2) social integration and class changes; 3) career development challenges due to ethnicity and gender |
| P5 | "I have worked for 10-11 organizations in several capacities.  I worked at Burger King making burgers. I worked as a nursing assistant in nursing homes; several of them in hospitals. I also worked in a payroll department for several companies temping for an accounting agency. And then I worked for a Boston financial data services also in the financial department. And then I became a licensed vocational nurse, working in several skilled nursing facilities. And then I became a registered nurse and worked in several more facilities. And then I went straight for my associate degree, from there straight for my doctoral degree while still working in a couple of hospitals in outpatient cardiology. Currently, I am a hospitalist working in internal medicine in a nursing rehab/hospital". | Entering the labor market as an Immigrant woman | 1) feeling devalued as a professional upon labor market entry; 2) economic integration of highly skilled African immigrant women; 3) positive experience of labor market entry |

*(table continues)*

| | Interview Excerpt from participant narratives | Conceptual category | Reformulated theme |
|---|---|---|---|
| P6 | "I mean, working as an aide, I realize that, um, definitely I knew that I could do more, but I also understood that I had to start from somewhere. I also had the understanding that this was a different environment and although I already had a degree, the work that I was doing, was not a reflection of the degree that I have. I was among a lot of foreign nurses who had similar stories. I was willing to start from the bottom. I mean, it was almost like starting all over again, you know, it's almost like what I did before was all a waste. But it wasn't until the people that I worked with and worked for realized that I knew more because of how I did my work with a higher level of skill set beyond what was required. I had the education, but it was in a different field, but working as an aide, a lot of the people saw how good I was and told me that I could benefit from going to nursing school. Going back to school took a certain level of understanding and sacrifice. Once you know what is involved and are able to do it, you can go as far as being a doctor here. There are no limitations in this country. So, I did not dwell on it, or be sad about the difficulties I had with the transitioning or starting from scratch. I just went ahead and did what I had to do". | <u>Entering the labor market as an Immigrant woman</u> | 1) feeling devalued as a professional upon labor market entry; 2) economic integration of highly skilled African immigrant women; 3) positive experience of labor market entry |
| P7 | "My experience was okay. Living in California, there I felt very lonely. I lived with my sister, my brother and his wife. So, it was just very, uh, I would say not the best for me because it was in a white neighborhood and it wasn't really the best place for me coming fresh from Cameroun. I hardly knew my neighbors or spoke to anyone, so making friends was not as easy. I hung out with my family and got all my information from them. But when I moved to Maryland, 'Oh my God', it was just like I was back in Africa. It was really easy for me. Everywhere I would go, be it a grocery store or so, I would hear Africans speaking our pidgin language. And I was like, okay, now I feel like I belong honestly. So, when I went to school, I met so many Africans everywhere. I went to work and there were Africans all over the place. Here I was able to interact and create networks outside of my family. So now I am stronger and I know how to fight and stand up for myself. It should not matter where I go in the US, because wherever I go, I should be okay. But you know, it takes time to integrate into the system and it depends on where you land and how you carry yourself, but it can be very challenging when you first come here". | <u>Daily life experiences with socioeconomic integration of highly skilled African immigrant women</u> | 1) embeddedness in immigrant community; 2) challenges of social integration as an immigrant; 3) socioeconomic integration through mentorship |

## Evidence of Trustworthiness

### Credibility

Employing strategies such as transcript verification and reflective journaling injected confidence in the participants' truth as interpreted or represented by the researcher and aided in the credibility of this study's data (Polit & Beck, 2012). Study data were collected in the form of audiotaped telephone interviews, which lasted between 30-60 minutes, and transcripts of the recorded interviews were distributed to study participants for transcript review. Critical event narratives shared during this study further strengthened the credibility of the research. I also interpreted the context and environment by referring to time, place, and events across participants' stories and identified divergent and convergent data across narratives, thus providing an informative background for the research (Clandinin, 2016). By creating a well-referenced trail and access to results and data collected to interested readers, I have established credibility in the research conducted. The data collection phase was deemed complete when similar patterns and themes began to emerge in the responses of the participants, reaching saturation and proving validity (Billups, 2014; Fusch & Ness, 2015; Saunders et al., 2018).

### Transferability

Transferability is achieved when study findings can be transferred to other studies, context, or groups that appropriately fit within the research (Polit & Beck, 2012) or when study results provide meaning to nonparticipants of the study, and readers can relate it to their own lived experiences. Establishing transferability is important as a

disagreement in external validity is paramount in the systemic method of assessing and

rejecting qualitative studies (Connelly, 2016). To ensure the transferability of study

findings, I have provided careful documentation of all research steps used throughout this

study. The open-ended questions and the specific sample of research participants used in

the research were designed to generate rich, in-depth accounts of challenges faced by

highly-skilled Black African women employed in low-wage positions in the healthcare

industry and also gathered data for future research review and analysis.

**Dependability**

Dependability refers to the stability of research findings over time (Korstjens &

Moser, 2018), and it is achieved when participants can evaluate the study findings and

strategies used and discover that it supports the interpretation and recommendations of

the study outcomes (Billups, 2014). Study data was gathered in such a way that an audit

trail was created to show transparency in the research proceedings and provide

dependability in the research inquiry (Houghton et al., 2013; Korstjens & Moser, 2018).

Throughout the research and data collection process, I ensured there was transparency in

all proceedings, clearly articulated recordings, transcriptions, and journal notes, in

enough detail that the work could be repeated.

**Confirmability**

Confirmability proves that study results are not the figments of the researcher's

imagination or bias but derived from data (Connelly, 2016). To achieve confirmability, I

maintained a reflexive journal to confirm that full cooperation was obtained from the

study participants in an ethical manner. I also developed a rapport with the study

participants and made sure they were comfortable sharing the most critical events in their life stories. After the interview, I transcribed the study participants' responses and made them available for review as a transcript review procedure. Email correspondence from the study participants confirmed the receipt and review process of the transcribed data. To further add credibility to the study findings, I examined the study data with particular attention to the convergence and divergence of results with explicit and implicit assumptions within the theoretical foundations of the conceptual framework (Merriam & Grenier, 2019).

## Study Results

The research question was constructed to deliver considerable data and bolster theory by use of the narrative inquiry design. Current extension studies like this one not only provide additional authentication but also further the results of previous studies in a narrative theoretical direction (Bonett, 2012). The narrative inquiry method was used to establish a reason for the study and to collect data through the storytelling experiences of highly-skilled Black African immigrant women in the healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country. To ensure the trustworthiness of the data, transcript verification and the critical event approach for data analysis were used. I utilized the critical event approach for data analysis because of its inherent characteristics of openness and transparency in thoroughly underscoring, stressing, summarizing, and depicting events emerging from participants' stories of daily experiences. This approach allowed me to reveal the following categories: (a) immigration entry of highly-skilled African immigrant women;

(b) entering the U.S. labor market as an immigrant woman; (c) daily life experience in the U.S. healthcare workplace; (d) intersectional challenges in the healthcare workplace; and (e) daily life experiences with socioeconomic integration of highly-skilled African immigrant women.

Detailed narratives were developed to aid in the analysis of participant responses, using scene, plot, character, and events (see Webster & Mertova, 2007). Restorying was used to analyze the story to understand the lived experiences of the participants and the key elements of the story (e.g., scene, place, plot, and time) and then retelling the story placing it within a chronological sequence (Clandinin & Connelly, 2000). Next, the critical events narrative analysis was used to analyze the data (Webster & Mertova, 2007). Themes emerged as critical events narratives from each participant were uncovered, producing specific information within the setting and configuration of those specific experiences (see Clandinin, 2006; Clandinin & Connelly, 2000; Webster & Mertova, 2007).

This chapter presents the study results on how highly-skilled Black African immigrant women in the U.S. healthcare workplace narrate their daily experiences with socioeconomic integration, which is still needed in scholarly literature. Through the recorded narratives of these Black African immigrant women, a better understanding has evolved of their experiences and their implications on their socioeconomic integration in their host country. The scene and plot reveal the essential elements of their daily experiences, major experiences, and the individuals within the U.S. healthcare workplace who play a vital role in their socioeconomic integration (see Clandinin, 2016; Connelly &

Clandinin, 1990). The human interaction illustrated in the critical events and stories told

created crucial narratives that communicated intensity and truth to participant stories (see

Clandinin, 2016; Webster & Mertova, 2007). Supported by the essential knowledge

gleaned from the in-depth interviews, the following themes are presented, joined with the

participant storytelling voices in response to the central research question.

**Entry with Higher Education Degree**

Narratives from research participants revealed they obtained a university degree

from their native country before migration with the hopes that having a higher education

would play a significant role in sculpting their life course and their socioeconomic

integration in their host country. Some participants also mentioned having a working

experience that was comparable with their degrees before migration.

"I had a medical degree and was a practicing medical doctor in Nigeria."

(Participant #2). According to Participant 4, "I had a bachelor's degree in Sociology and

Gender studies." Participant 7 stated, "I had a bachelor's degree in Journalism and Mass

Communication, but my professional skills actually were not in journalism, but rather in

Marketing. I worked for a marketing firm in Cameroun."

**Visa Lottery for New Opportunities**

Narratives from the participants revealed that they entered the United States

through the diversity visa lottery with the hopes of providing new opportunities for

themselves and their families. Some participants felt that winning the visa lottery offered

them the chance to improve on the education and professional skills they already had

before migration.

According to Participant 3,

We came to the United States in 2001 after winning the visa lottery. My husband

used to work for ExxonMobil and a colleague told him about the visa lottery, so

he brought the lottery form, completed it, filed it, and we won the American

lottery. And that's how we came. We did not really plan on it. So, when we had

the opportunity, we thought it would be a good thing to go with the kids and give

them the protection, life, and guidance that comes from living in the US. My

husband had to resign from ExxonMobil for us to move down here. So that's how

we came.

Participant 5 stated,

I came to the U.S. in August 1997 via the diversity visa lottery system. The

educational system in Nigeria was going bad, and I knew that I wouldn't get my

educational goal if I stayed, so I applied for the visa.

According to Participant 7, "I came to the U.S. via the diversity visa lottery in 2010."

**Professional Work Experience in Home Country**

Narratives illustrated by the research participants revealed that they acquired

professional work experience from their home country before migration with the hopes

that having prior professional experience would increase their chances of finding

comparable work, thus making entry into the U.S. labor market easier.

"I was working as a Research Officer at a Food Research Institute after

completion of my bachelor's in Ghana." (Participant #1). According to Participant 2, "I

had a medical degree and was a practicing medical doctor in Nigeria." Participant 7

stated, "I had a bachelor's degree in Journalism and Mass Communication, but my professional skills actually were not in journalism, but rather in Marketing. I worked for a marketing firm in Cameroun."

**Feeling Devalued as a Professional Upon Labor Market Entry**

Narratives given by research participants revealed how they were made to appear unfit for jobs they were qualified for, as companies failed to recognize their foreign professional experience and credentials. This group of highly-skilled African women accepted lower job positions, went back to school, or resigned themselves to starting afresh to gain entry in the labor market.

It was tough because basically, you are unknown, and they don't have any background information on you, apart from what you have from your country. So basically, you're seen as not having any prior experience no matter what you say. So sometimes when you go to the interviews, they say you're overqualified, but at the same time, they don't want to hire you for the position or the work that you can do or for the skills you have, because then they'll have to check your credentials. This involves either calling your school or previous employer. Most times they end up not following through with it because your school or company is out of the country and some of the companies do not want to incur the cost. The lack of recognition of prior experience and credentials and the fact that you have to retake classes or certifications was a problem. Look at me, I was a practicing medical doctor in my country, but when I saw what I had to do to get back to

practicing, I choose a different path…So, as I worked over the years, I have had to

do more studying and take certifications to improve my work. (Participant 2)

According to Participant 4,

To me, it was very frustrating and challenging. At one point I was torn and almost

at the point where I was looking for other positions like in international

organizations where I felt they would value the skill sets that I had more than in

the US. Even though I had the experience and the qualification when I went for an

interview where I would do so well and there would be so much excitement about

having me on board, but in the end, I would not get the job. Even when I applied

for lower positions that I knew I was overqualified for; they would still not give

me a chance... Good enough that the culture of the organization is one that

promotes from within, but it was a very challenging and long journey to get to

where I am now.

Participant 5 noted,

Well, you know, when you come to America, it's like you have to start all over

again. So I was lucky enough that I had some people that looked at my degree and

my, educational achievements in Nigeria and were very impressed and felt that,

you know, it needed to be given the honor that it deserved, so I was lucky in that

regard. But it took a while to get there. I mean I had a bachelor's degree and my

first job in the US was working in Burger King flipping burgers. What does that

tell you? I had a degree in Psychology, but because of the color of your skin,

people automatically think you are not that smart. You gotta start from scratch

when you get here, unfortunately. So that's what I did because I had to put food

on the table.

**Economic Integration of Highly-Skilled Immigrant Women**

Narratives illustrated by research participants revealed that regardless of being

highly-skilled immigrant women, achieving economic integration was not as easy as

expected. The lack of recognition of their prior work and education experiences meant

they had to work twice as hard as their native counterpart to earn recognition or value at

the workplace to support themselves and their families. According to Participant 4,

… as an immigrant, especially Africans, we tend to work twice as hard just to

prove that we are capable of doing the work. They look at you and all they see or

hear is the accent. You find yourself constantly being compared or competing

with Caucasians or African Americans rather than by your credentials. There are a

lot of stereotypes about people from Africa and sometimes people were surprised

that I could communicate well in the English Language. I think the longer you

live here the better it gets to be accepted or valued for your contributions.

Participant 5 stated,

I believe I've grown so much with the interactions I have made being in the

healthcare field. Now I belong to a few social networks and with a doctorate

degree from the US, moving from one job to another is not a problem. My degree

is recognized, and I am being accepted more by my peers. It is a stark difference

from when I first got here.

As narrated by Participant 6,

I mean, working as an aide, I realized that, um, definitely I knew that I could do more, but I also understood that I had to start from somewhere. I also had the understanding that this was a different environment and although I already had a degree, the work that I was doing, was not a reflection of the degree that I have. I was among a lot of foreign nurses who had similar stories. I was willing to start from the bottom. I mean, it was almost like starting all over again, you know, it's almost like what I did before was all a waste. But it wasn't until the people that I worked with and worked for realized that I knew more because of how I did my work with a higher level of skill set beyond what was required. I had the education, but it was in a different field, but working as an aide, a lot of the people saw how good I was and told me that I could benefit from going to nursing school. Going back to school took a certain level of understanding and sacrifice. Once you know what is involved and are able to do it, you can go as far as being a doctor here. There are no limitations in this country. So, I did not dwell on it, or be sad about the difficulties I had with the transitioning or starting from scratch. I just went ahead and did what I had to do.

**Positive Experience of Labor Market Entry**

Narratives illustrated by the research participants revealed that regardless of having a slow and disappointing start, some of the participants reported having a positive outcome once they entered the labor market due to their perseverance and a determination to establish themselves.

…I am still in medicine, just a different route. So, what happened is, I came here

and applied for the current job I do now and that's helped propel me to the

position I'm in now. So, as I worked over the years, I have had to do more

studying and take certifications to improve my work. (Participant 2)

Participant 3 stated,

I know my story might not be as exciting as I didn't go through all the rigor and

stress to get to where I am today…It is a real long road for some people, I'm

telling you. I just happened to see the grace of God in my life. I was lucky that

when I started work as a nurse, I was able to make a little bit more money because

they recognized my prior experience as a nurse, and I think this must have upset

my supervisor at my first job where I was fired. I was able to make more money

than my friends who had been working as a RN for six years. It was just by the

grace of God.

According to Participant 5,

Well, you know, when you come to America, it's like you have to start all over

again. So I was lucky enough that I had some people that looked at my degree and

my educational achievements in Nigeria and were very impressed and felt that,

you know, it needed to be given the honor that it deserved, so I was lucky in that

regard. But it took a while to get there.

**Challenges of Cultural Assimilation**

Narratives, illustrated by the research participants, revealed struggles with

integrating into a new culture and overcoming workplace inequities as they felt they were

treated differently than immigrants from other countries. This group of women were determined to keep an open mind, express a willingness to learn, and let their personality set them apart as they overcame challenges with cultural conflicts in their host country.

> Um, in my opinion, it does not matter that you are a highly educated black African immigrant woman, you still have a lot to prove. You have to prove yourself because, um, before you can do anything or say anything, they are already doubting what you can do. The word immigrant drowns out the fact that you are highly-educated. So, you have to work harder and constantly try to prove yourself, and that becomes a challenge because it gets exhausting to keep doing that every day and even more frustrating if you get nowhere. And then if you even succeed at something, someone else takes the glory for it. But I guess that's what comes with most jobs generally. That was one of the challenges I faced. And then if you come here with an accent, once you have an accent, regardless of your education or credentials, you're already seen as not being intelligent. Other people from other countries, they don't have to deal with challenges like that. Someone from Russia can have a thick Russian accent and they'll still be seen as being intelligent. But it is different for Africans, at least for Africans that have an accent. (Participant 2)

As stated by Participant 5,

> For me, I think it all has to do with personality as long as you have an open mind, and you are accepting. I pretty much believe that everybody grows up with some form of prejudice, but cultures are all different. But as long as you're growing and

you're open to learning from everybody you meet. There are things in all cultures

that we can all learn from as long as we keep an open mind and not be

judgmental. I believe I've grown so much with the interactions I have made being

in the healthcare field…It is a stark difference from when I first got here.

According to Participant 6,

I mean, um, I think the challenge was the culture shock. We do things differently

in Ghana, and the way you relate to people can be different compared to here, but

you must be willing to learn. I had to learn, of course, how things work here. For

example, I know that over here eye contact is very important to people. If you

don't make eye contact, people would think you were lying or you're not being

honest or truthful, but where I come from, sustained eye contact can signify

rudeness, you know. That was a great culture shock. So, you have to learn all

these things and you create a balance. Being proficient in English language helped

my communication skills, even though some people were surprised at how well I

speak the language.

**Feelings of Cultural Dissonance**

Narratives from the research participants revealed experiences with acculturative

stress that made it difficult to fulfill their competencies at work. The presence of an

accent affected their ability to understand and be understood or engage in effective

interactions.

Um, in my opinion, it does not matter that you are a highly educated black

African immigrant woman, you still have a lot to prove. You have to prove

yourself because, um, before you can do anything or say anything, they are

already doubting what you can do. The word immigrant drowns out the fact that

you are highly-educated. So, you have to work harder and constantly try to prove

yourself, and that becomes a challenge because it gets exhausting to keep doing

that every day and even more frustrating if you get nowhere. And then if you even

succeed at something, someone else takes the glory for it. But I guess that's what

comes with most jobs generally. That was one of the challenges I faced. And then

if you come here with an accent, once you have an accent, regardless of your

education or credentials, you're already seen as not being intelligent. Other people

from other countries, they don't have to deal with challenges like that. Someone

from Russia can have a thick Russian accent and they'll still be seen as being

intelligent. But it is different for Africans, at least for Africans that have an

accent. (Participant 2)

As stated by Participant 3,

For me, the challenge I had was learning the way things were done here and

figuring out how different it was for me compared to me working as a nurse in

Nigeria. The culture shock was a big challenge. I learned how important it was to

look one in the eye when talking, or else they will think you are a dishonest

person for not keeping eye contact. There were a lot of foreign nurses at all the

places I worked, and we compared stories. There were incidents where we felt

there was discrimination when it came to getting lighter work assignments etc.

Even though I was already a nurse in Nigeria, I felt overwhelmed by all the things

I still did not know.

According to Participant 4,

I'll still go back to the accent issue where people want to call you out because of

the way you pronounce certain words or the way you talk. You try to

communicate with people, but they cannot get past your accent even when you are

trying to present a valid point. You feel judged or discriminated upon because of

your accent. It is everywhere especially in healthcare whereas an immigrant,

especially Africans, we tend to work twice as hard just to prove that we are

capable of doing the work. They look at you and all they see or hear is the accent.

You find yourself constantly being compared or competing with Caucasians or

African Americans rather than by your credentials. There are a lot of stereotypes

about people from Africa and sometimes people were surprised that I could

communicate well in English Language. I think the longer you live here the better

it gets to be accepted or valued for your contributions.

**Value of Family Support**

Narratives by research participants revealed the importance of having family

support when migrating to a new country. This group of immigrant women credited

family support for the ability to make certain work choices or logistics that influenced

decisions surrounding employment opportunities or mobility.

Um, well, unlike coming from Nigeria, where you have family members living

with you and helping you out, here they tell you about work life balance, but

there's actually no work life balance in the US, at least for my type of work. It's a

lot of travel for me. And so, there's never a 40-hour week. You are logging on

almost 70 to 80 hours a week for my job. But it's fulfilling to see that the drugs

you work on comes to the markets and people benefit from it. I rely on my

husband to help with our child when I have to travel. For anyone migrating here

we need family and friends to help get us settled especially if we have kids.

(Participant 2)

Participant 3 stated,

Working at Boston medical, my very first job, my husband was very

understanding, and he supported me and gave me the wings to fly. He helped me

even when I took my exams. I didn't have to work at all but focus on studying for

my exam. He gave me all the support I needed and when I moved to Houston to

work at Memorial Hermann hospital, he drove me to work for the first two weeks

until I learned how to get there by myself. So, my husband was a huge support

during my transition with all my jobs. He played a huge part. He has really helped

me to get to where I am today.

According to Participant 4,

Fortunately for me, things just felt a bit better because I had a solid, um, a

stronger support system, per se. At that time, my younger sister was living with

me, so she would watch the kids whenever my husband and I were working, or I

was not available in the country at all. We also relied on friends to babysit for us.

My first child was about 10 years old and after a while, it was easy to leave the

younger kids at home with their older brother watching over them.

**Challenges Due to Race**

The narratives provided by the research participants revealed how dealing with

intersectional challenges in the workplace contributed to their substantial labor market

and integration hurdles when compared to other immigrant demographic groups or races.

Despite being highly-educated, this group of immigrant women felt a certain level of

complexity and the need to prove themselves through hard work to gain recognition or

value among peers.

Um, in my opinion, it does not matter that you are a highly educated black

African immigrant woman, you still have a lot to prove. You have to prove

yourself because, um, before you can do anything or say anything, they are

already doubting what you can do. The word immigrant drowns out the fact that

you are highly-educated. So, you have to work harder and constantly try to prove

yourself, and that becomes a challenge because it gets exhausting to keep doing

that every day and even more frustrating if you get nowhere. And then if you even

succeed at something, someone else takes the glory for it. But I guess that's what

comes with most jobs generally. That was one of the challenges I faced. And then

if you come here with an accent, once you have an accent, regardless of your

education or credentials, you're already seen as not being intelligent. Other people

from other countries, they don't have to deal with challenges like that. Someone

from Russia can have a thick Russian accent and they'll still be seen as being

intelligent. But it is different for Africans, at least for Africans that have an accent. (Participant 2)

According to Participant 4,

Most highly educated immigrant women are often overlooked for management positions because, for one, they are judged by their accents and not by what they can offer. I have met a few Africans with very thick accent, that even their pronunciations make it very difficult for me to understand what they are saying or trying to communicate, and I am African. For example, those of us from Cameroun, we have the Anglo-Saxon English education and we write differently from the American way of writing things. If they were judged by their writing skills, they would not be in a strong position. Secondly, some Africans have a certain level of complex and do not feel very confident in themselves and in what they can offer. This is because we have been mentored or told that as an African the only job open to us in the US is CNA work. So, some immigrants, even though they were highly qualified lawyers or teachers in their home country, are comfortable serving as caregivers. Once you have that level of education and experience and transferable skills, they should at least strive for something better. Instead they choose to work as CNA so they can work double shifts or two or three jobs and make more money. They don't see that it is possible to have one job and try to spend more time with family and still make the same amount of money as having two jobs.

Participant 5 stated,

Um, your skin color is a big challenge especially when trying to break through the

system. And also, you find out that you don't make the same salary as your

native-born colleagues that are not college educated. People expect more, um, you

are challenged more, and you have to kind of like prove yourself pretty much and

sometimes this might involve starting from scratch. Even when your other

colleagues have accepted it. But you as a, as a colored person you kind of have to

prove yourself extra, many times, whereas the others might not have to show

positive results before they are accepted fully in their rank and file. You as a

colored person pretty much have to show results first of all before some people,

and at the same time, not everybody will accept you. There's always that

prejudice there, unfortunately. Sometimes we are afraid to speak up because of

fear of losing the job or the hours.

**Social Integration and Class Changes**

Narratives illustrated by the research participants revealed struggles with class

inconsistencies, incongruences, and downward social mobility arising from entry into the

labor market as highly-skilled immigrants demoted to working low-paying jobs or

resigned to starting afresh to gain recognition or status.

Most highly educated immigrant women are often overlooked for management

positions because, for one, they are judged by their accents and not by what they

can offer…So some immigrants, even though they were highly qualified lawyers

or teachers in their home country, are comfortable serving as caregivers. Once

you have that level of education and experience and transferable skills, they

should at least strive for something better. Instead they choose to work as CNA so

they can work double shifts or two or three jobs and make more money. They

don't see that it is possible to have one job and try to spend more time with family

and still make the same amount of money as having two jobs. (Participant 4)

As stated by Participant 6,

The most important thing is making the switch when you get here. A lot of people

find it difficult. You know, you may have been somebody big where you came

from. But then you get here and because of the switch, you have to start from

scratch. And sometimes you don't get credit for your prior qualifications or

education before the switch. For me, I didn't get a whole lot of credit for my, um,

courses in the university. I just got a few, so it was almost like starting all over

again, you know.

**Career Development Challenges Due to Ethnicity and Gender**

Narratives illustrated by the research participants revealed how issues related to

the intersection of race/ethnicity, gender, and class impact the upward or downward

mobility of highly-skilled Black African female immigrants. Despite being seen as

reliable and dependable workers, this group of women felt overlooked and bypassed as

coworkers with less experience and of another race were recognized and promoted.

Most highly educated immigrant women are often overlooked for management

positions because for one, they are judged by their accents and not by what they

can offer. I have met a few Africans with very thick accent, that even their

pronunciations make it very difficult for me to understand what they are saying or

trying to communicate, and I am African. For example, those of us from

Cameroun, we have the Anglo-Saxon English education and we write differently

from the American way of writing things. If they were judged by their writing

skills, they would not be in a strong position. Secondly, some Africans have a

certain level of complex and do not feel very confident in themselves and in what

they can offer. This is because we have been mentored or told that as an African

the only job open to us in the US is CNA work…They don't see that it is possible

to have one job and try to spend more time with family and still make the same

amount of money as having two jobs. (Participant 4)

According to Participant 5,

As a black woman in America, you have to realize that, you feel the institutional

racism there, and all that, even though I don't like to call it, I know it's there. I see

it, but I just choose to ignore it and focus on what I do. Um, fundamentally there

are base belief that as a black person you really have to be 10 times smarter than

your colleagues that are not college educated, you know, to be able to compete

equally, even though it's not as equal. And at the same time, it's like much more,

there's a lot that you see other people get away with that you know that you

cannot try to do because you wouldn't get away with it as it a colored person in

America, which actually was one of the reasons why I left one of my previous

job. You have people doing things that you know should not be done at work and

you find the top level people there going, "Oh, it's just this, or it's just that, just

give it away", and  then you wonder, okay, if I did this will they be able to give it

away? Of course not! So, there's always that inequality in the workplace, and it's

still there. For me personally, I just choose to ignore it and focus on my own

goals.

Participant 6 stated,

Till this day, if I had the opportunity to get into broadcasting I would. I know that

working in radio is something I can do even with my eyes closed. It is something

that I liked doing, but I also realized that when you make the transition into this

system, you need to consider a lot of things, and that's a fact. There are some

areas that when you speak, it becomes challenging for you to find a job because of

the accent. I have since mentored a lot of nursing students, a lot of students in,

you know, health care, and I tell them that it's important to put things into

perspective. Um, I obviously saw the challenges they were facing trying to

transition from wherever they were to here. And I tell people that not everyone

has to be a nurse, you can do whatever you want to do. But at the age at which I

came here and the circumstances, I didn't think I had time to waste going to

broadcasting school and then having to pay student loans and then waiting around

for five years before finding a job. So, it was easy to get a job as a home aide

nurse…There are lots of opportunities here to find a job in your field, you just

have to be ready to do the work it takes to get it.

According to Participant 7,

For black African women in the healthcare sector, the challenges we face are that

we need to work twice as hard to prove our self because there's this idea that, we

are all just doing this for the money. And this is what I tell, especially the new

nurses that I orient. Like if you are African, you have to work twice as hard

because at the end of the day they're judging you. They think you are here

because of the money because they know that Africans send lots of money to their

families back in their country. So, you need to prove them wrong and show that it

is more than just money to you. Plus, you're a woman, you know, and it's tough

to get to certain positions due to stereotypes or discrimination. For example,

vocational nurses get trained for resource positions and other things and they are

allowed to transition to other higher levels of care easily than someone of our

descent. So, it's one of the challenges we really face. We are actually the highest

population in the med surg field. In my unit, we have about almost 60 nurses and

uh, I would say 75% of them are Africans. So, I think that is where we are. They

will hire us without batting an eye because they know we are dependable; we are

very reliable when it comes to that. We are the ones picking up the overtime every

day. We are the ones that will not call out sick, so we are very reliable and

dependable when it comes to that. But um, there's only so much room for growth,

and you have to really, really exceed expectations to be recognized. So that's

major challenges I think we are facing, in my opinion.

## Embeddedness in Immigrant Community

Narratives illustrated by research participants addressed the influence of stepping

outside of networks entrenched within ethnic enclaves for information and support for

successful integration and mobility.

Um, well, unlike coming from Nigeria, where you have family members living

with you and helping you out, here they tell you about work life balance, but

there's actually no work life balance in the US, at least for my type of work…For

anyone migrating here we need family and friends to help get us settled especially

if we have kids. (Participant 2)

According to Participant 5,

Even though I had family and other African friends living here in the US when I

came, that did not translate into a better experience. My sister went through the

same struggles with integrating into the system here and when I came in, it was

just evident that I would have to start from scratch as well. Looking back now, I

wish I knew some of the things I know now and that I had a mentor or someone to

guide me. No regrets though.

Participant 7 stated,

My experience was okay. Living in California, there I felt very lonely. I lived

with my sister, my brother and his wife. So, it was just very, uh, I would say not

the best for me because it was in a white neighborhood and it wasn't really the

best place for me coming fresh from Cameroun. I hardly knew my neighbors or

spoke to anyone, so making friends was not as easy. I hung out with my family

and got all my information from them. But when I moved to Maryland, 'Oh my

God', it was just like I was back in Africa. It was really easy for me. Everywhere I

would go, be it a grocery store or so, I would hear Africans speaking our pidgin

language. And I was like, okay, now I feel like I belong honestly. So, when I went

to school, I met so many Africans everywhere. I went to work and there were

Africans all over the place. Here I was able to interact and create networks outside

of my family. So now I am stronger, and I know how to fight and stand up for

myself. It should not matter where I go in the U S, because wherever I go, I

should be okay. But you know, it takes time to integrate into the system and it

depends on where you land and how you carry yourself, but it can be very

challenging when you first come here.

## Challenges of Social Integration as an Immigrant

Narratives by the research participants demonstrated how the presence of an

accent contributed to challenges with social integration despite being proficient in the

language of their host country. Unfamiliarity with the culture of a new country could

pose a significant challenge to social integration for an immigrant as narrated by this

group of women.

I think coming from a country where we are very confident, um, that kind of helps

you eliminate some barriers where you don't feel, um, left out, or you don't feel

you can integrate easily. So that's a plus, especially for Nigerians, at least that's

what I thought. But um, uh, there's a culture shock once you come in because the

way you handle your own culture, and then you have your own values, they're

just very different, especially in the workplace. So, you have to take your time to

study the people you're working with, study the culture of the people in the place

where you are, and learn to work their way. We take a few things for granted

because of how we were brought up, and sometimes we think it's easy for the

others to understand, but they come from a totally different culture, a totally
different value system. So, it pays to take your time to study, uh, your
environment. (Participant 2)

Participant 4 stated,

I'll still go back to the accent issue where people want to call you out because of
the way you pronounce certain words or the way you talk. You try to
communicate with people, but they cannot get past your accent even when you are
trying to present a valid point. You feel judged or discriminated upon because of
your accent. It is everywhere especially in healthcare whereas an immigrant,
especially Africans, we tend to work twice as hard just to prove that we are
capable of doing the work. They look at you and all they see or hear is the accent.
You find yourself constantly being compared or competing with Caucasians or
African Americans rather than by your credentials. There are a lot of stereotypes
about people from Africa and sometimes people were surprised that I could
communicate well in English Language. I think the longer you live here the better
it gets to be accepted or valued for your contributions.

According to Participant 6,

I mean, um, I think the challenge was the culture shock. We do things differently
in Ghana and the way you relate to people can be different compared to here, but
you must be willing to learn. I had to learn, of course, how things work here. For
example, I know that over here eye contact is very important to people. If you
don't make eye contact, people would think you were lying or you're not being

honest or truthful, but where I come from, sustained eye contact can signify

rudeness, you know. That was a great culture shock. So, you have to learn all

these things and you create a balance. Being proficient in English language helped

my communication skills, even though some people were surprised at how well I

speak the language.

**Socioeconomic Integration through Mentorship**

Narratives by research participants reinforced the importance of providing

mentorship for understanding the labor market of a host country and overcoming

numerous barriers encountered by immigrants for successful integration. This group of

highly-skilled women narrated on their experience or lack thereof of having a mentor

during integration.

For me it wasn't much of a problem integrating socially… I was kind of lucky in

that my first job, which was at Providence Hospital. The Vice President of

Medical Affairs happened to be one of the people that interviewed me and he kind

of took me under his wing and put me on projects that really had nothing to do

with day to day work. And because of this, where there might have been

roadblocks, with his backing, I was able to be exposed to a lot of different things

in the hospital. For instance during my first week working there, I was part of a

team that went to visit a Breast Center at another hospital to see how the center

was organized so we could potentially open one at Providence; hence moving

forward I was part of the task force set up to bring this to fruition. But I don't

think if I hadn't had the opportunity of meeting him one-on-one from the

beginning, that it would have been quite as easy. Having a mentor helped with my

integration and my ability to build social networks that were useful later.

(Participant 1)

Participant 5 stated,

Even though I had family living here in the US when I came, that did not translate

into a better experience. My sister went through the same struggles with

integrating into the system here and when I came in, it was just evident that I

would have to start from scratch as well. Looking back now, I wish I knew some

of the things I know now and that I had a mentor or someone to guide me. No

regrets though.

According to Participant 6,

Till this day, if I had the opportunity to get into broadcasting I would. I know that

working in radio is something I can do even with my eyes closed. It is something

that I liked doing, but I also realized that when you make the transition into this

system, you need to consider a lot of things, and that's a fact. There are some

areas that when you speak, it becomes challenging for you to find a job because of

the accent. I have since mentored a lot of nursing students, a lot of students in,

you know, health care, and I tell them that it's important to put things into

perspective. Um, I obviously saw the challenges they were facing trying to

transition from wherever they were to here. And I tell people that not everyone

has to be a nurse, you can do whatever you want to do. But at the age at which I

came here and the circumstances, I didn't think I had time to waste going to

broadcasting school and then having to pay student loans and then waiting around

for 5 years before finding a job. So, it was easy to get a job as a home aide nurse.

And once I got into the healthcare business, I didn't have any regrets becoming a

nurse. There are lots of opportunities here to find a job in your field, you just have

to be ready to do the work it takes to get it.

**Summary**

In this chapter, I presented the overall study and data analysis results with a total

of seven participants. The results of this qualitative study provided answers for the central

question: How do highly-skilled Black African immigrant women narrate their daily

experiences within the U.S. healthcare workplace and the implication of these

experiences on their socioeconomic integration in the host country?

Based on the findings of this narrative inquiry study, a total of five conceptual

categories used for coding and grounded in the conceptual framework and 15

reformulated themes gathered from the critical events data analysis were discovered,

leading to in-depth, rich stories utilized as data to solve the central research question. The

conceptual categories were as follows: (a) immigration entry of highly-skilled African

immigrant women, (b) entering the U.S. labor market as an immigrant woman, (c) daily

life experience in the U.S. healthcare workplace, (d) intersectional challenges in the

healthcare workplace, and (e) daily life experiences with socioeconomic integration of

highly-skilled African immigrant women. The 15 themes were as follows: entry with

higher education degree, visa lottery for new opportunities, professional work

experiences in home country, feeling devalued as a professional upon labor market entry,

economic integration of highly-skilled African immigrant women, positive experience of labor market entry, challenges of cultural assimilation, feelings of cultural dissonance, value of family support, challenges due to race, social integration and class changes, career development challenges due to ethnicity and gender, embeddedness in the immigrant community, challenges of social integration as an immigrant, and socioeconomic integration through mentorship.

The issue of trustworthiness in narrative research is dependent on obtaining access to the research participants' stories by abiding by an influential methodologist's recommendation for data collection. To ensure the trustworthiness of the data analysis results, I utilized the critical event approach to analyze my data because it is an approach characterized by openness and transparency, and was used to meticulously emphasize, highlight, capture, and describe events contained in the participants' stories of daily life experience. The issue of trustworthiness in my qualitative study was examined through the principles of credibility, transferability, dependability, and confirmability.

In Chapter 5, I will further interpret the study findings in terms of how it confirms or disconfirms or extends knowledge in the discipline by comparing it with the literature presented in Chapter 2. I will also describe how future research can examine highly-skilled Black African immigrant women's daily life experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative, narrative inquiry study was to gain a deeper understanding of highly-skilled Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country. In paraphrasing Jean-Paul Sartre, narrative inquiry seminal methodologists Webster and Mertova (2007) wrote,

> People are always tellers of tales. They live surrounded by their stories and the
>
> stories of others; they see everything that happens to them through those stories.
>
> And they try to live their lives as if they were recounting them. (p. 1)

This narrative inquiry study documented through storytelling the work experiences of highly-skilled Black African immigrant women within the U.S. healthcare workplace. Utilizing a qualitative method to support my narrative inquiry study design, I collected data from in-depth conversations with the seven participants regarding their work experiences and the complexity and their understanding of those experiences (see Clandinin, 2016; Webster & Mertova, 2007). This study was framed by Crowley-Henry and Al Ariss's (2018) concept of talent management of skilled immigrants and Gauthier's (2016) concept of integration needs of highly-skilled women immigrants. A critical events analysis of seven participants' narratives revealed 15 themes: entry with higher education degree, visa lottery for new opportunities, professional work experiences in home country, feeling devalued as a professional upon labor market entry, economic integration of highly-skilled African immigrant women, positive experience of labor market entry, challenges of cultural assimilation, feelings of cultural dissonance, value of

family support, challenges due to race, social integration and class changes, career development challenges due to ethnicity and gender, embeddedness in the immigrant community, challenges of social integration as an immigrant, and socioeconomic integration through mentorship.

## Interpretation of Findings

Most findings in this narrative inquiry study confirm or extend existing knowledge, and each narrative presents issues confirming findings in the literature in Chapter 2. However, two specific issues emerged from the thematic analysis as discrepant evidence in contrast to the assumptions of the conceptual framework and scholarly literature: (a) positive experience of labor market entry in the form of narratives by the participants once they entered the labor market due to their perseverance and a determination to establish themselves and (b) socioeconomic integration through mentorship, as the participants revealed that mentors did exist for them and played a critical role in their professional success and socioeconomic integration. This discrepant evidence demonstrates the complexity of responding to the inductive and deductive evaluation process of qualitative data (Stake, 2010), which is important to not ignore (Maxwell, 2008; Whittemore, Chase, & Mandle, 2001) and can become the foundation of a rival interpretation of the assumptions within the scholarly literature (Denzin & Giardina, 2016). The finding of discrepant evidence among this sample of participants may provide a fresh perspective to recommendations for future research. These divergent themes will be discussed in detail later in this section.

In this section, I present and review the findings by the five finalized conceptual categories from my study results as emerging from the data analysis. In each subsection, I compare and contrast my findings with seminal authors' research presented in the conceptual framework and from my critical review of the scholarly literature (e.g., Covington-Ward, 2017; Crowley-Henry & Al Ariss, 2018; Gauthier, 2016; Showers, 2018). I provide evidence of how the findings confirm and extend existing knowledge from within the study areas of highly-skilled Black African women, immigrant integration in the U.S. healthcare workplace, and the socioeconomic integration of immigrants in their host country. Extension studies such as my empirical investigation provide replication evidence and extend the results of previous studies in new theoretical directions (see Bonett, 2012).

**Immigration Entry of Highly-Skilled Black African Immigrant Women**

The United States, touted as a land of opportunity and freedom for all, serves as a top destination for immigrants—a notion that was explored through this study of highly-skilled Black African immigrant women's daily life experiences and the implication of their experiences on their socioeconomic integration in their host country (see Covington-Ward, 2017; Nwabah & Heitner, 2009). Studies show that immigrants come into the United States with the hopes of making a new and better start in life, as they enter the country with native cultural, educational, and employment experiences (Nwabah & Heitner, 2009). Participants' reasons for migration in the current study all centered around seeking better opportunities outside of their native countries. Their narratives align with studies reporting that an immigrant's decision to migrate is fueled with the

expectations of creating a better life in the United States for themselves and their families than what was available in their native land (Thomas, 2016), and that highly-skilled migrants tend to migrate to destinations where they have formed preconceived notions about how their human capital qualities can be assimilated into the fabrics of their host societies or country (Thomas, 2016).

Narratives from participants also revealed that they entered the country through self-initiated immigration by winning the U.S. diversity visa lottery or with an H1-B visa, which is an employer-sponsored visa issued to skilled immigrant workers in specialty occupations who possess a bachelor's degree or higher, and exceptional abilities in specialized fields such as science, technology, engineering, and math (STEM), finance, architecture, and so on (Boyd, 2014; Matloff, 2016). All participants in this study met several researchers' definition of highly-skilled immigrants (Colakoglu et al., 2018; Lee, 2015), confirming that highly-skilled immigrants, armed with credentials and skills from their native country, make up a rapidly growing percentage of the global workforce who come to the United States with the hopes of reestablishing their professional career (Colakoglu et al., 2018). Therefore, immigrants, skilled and unskilled, come to the United States for personal, political, religious, economic, or educational factors, which differ from person to person (Covington-Ward, 2017; Nwabah & Heitner, 2009).

**Entering the U.S. Labor Market as an Immigrant Woman**

The narratives in this category were both unanimous among participants yet discrepant with the recent literature. Themes emerging from this category included feeling devalued as a professional upon labor market entry, economic integration of

highly-skilled African immigrant women, and positive experience of labor market entry.

Despite discrepancies between the themes and the literature, the notion of feeling

devalued as a professional upon labor market entry supports Ifedi's (2017) finding that

the diversity within gender, race, and class contributes to reports of professional

exclusion, tokenism, restrictive career development, working below training, academic

and professional qualifications, and lack of mentoring among Black African women

immigrants as well as restricts their entry into competitive job markets in the host

economy.

Though Ifedi's (2017) findings suggest that migration has a negative impact on

the careers of female immigrants (Barker, 2018), the theme of positive experience of

labor market entry contrasts the assumptions of the conceptual framework and scholarly

literature (Foner, 2018b; Kaushik & Walsh, 2018). Four out of the seven highly-skilled

women in the sample revealed having a positive experience after entering the labor

market due to their perseverance and determination to establish themselves. Participants

were legal residents in their host country, with family support and mentors who guided

them during their transition. One attributed the positive experience to having her

credentials acknowledged by her employers and another made the decision to switch her

area of specialty but remained in her medical field. Despite acknowledging challenges at

the beginning of employment, they viewed them as a normal transition for anyone

entering the labor market in a new country. Additionally, by applying the principles of

interculturalism, organizations can play an active role in helping migrants overcome

challenges associated with their integration by successfully shaping their career choices and outcomes as they make cross-border moves (Gauthier, 2016).

**Daily Life Experience in the U.S. Healthcare Workplace**

The narratives in this research illustrate the daily experiences of highly-skilled Black African immigrants who struggle with assimilating into a new culture at the workplace or overcoming workplace inequities when treated differently than immigrants from other countries. Participants elaborated on the challenges they experienced as highly-skilled Black African immigrant women in the U.S. healthcare workplace dealing with cultural assimilation, feelings of cultural dissonance, and the value of family support after migration. This extends the literature on issues faced by immigrants as they adjust to a new culture and a new environment and the struggles of trying to maintain a cultural and ethnic identity while integrating into the host country (Nwabah & Heitner, 2009).

Narratives in this study were in alignment with studies that revealed hurdles faced by highly-skilled immigrants due to a lack of familiarity with cultural and social norms of the host country (Capps et al., 2015; Mesidor & Sly, 2016), lack of access to social networks (Goel & Lang, 2019; Lancee, 2016; McCollum et al., 2018), language proficiency (Spörlein, & Kristen, 2018), and racial discrimination on the basis of sex, race, and ethnicity (Pearlman, 2018). Several narratives revealed difficulties with identity as they faced unequal treatment, having competencies and knowledge judged based on their accents, language, and color of their skin despite being highly-skilled immigrant women. This aligns with prior research where skilled immigrant women who were proficient in the English language but had an accent reported labor market discrimination,

as the presence of an accent called to question their overall competency (Clark & Vissandjée, 2019; Spörlein & Kristen, 2018). Longitudinal research distinctly aligns language proficiency and socioeconomic integration and is helpful in comprehending the challenges faced by immigrants in the U.S. healthcare workplace (Lai et al., 2017).

Several narratives also confirmed the value of family support, as it is reported that immigrant women often struggle with their sense of identity, family or domestic responsibilities, and changes in their financial positions as they struggle to find that balance between competing obligations of a career and home after migration (Meares, 2010; Pung & Goh, 2017). Participants described the value of having family support for childcare services while working longer hours or attending classes to obtain their license or required credentials. This dependence on family ethnic enclaves during integration or while attaining social capital aligns with reports where social networks within ethnic enclaves or migrant networks have assisted new immigrants with first-time employment opportunities (Meyer & Vasey, 2018), advocacy and opportunities for social interaction (Valtonen, 2016), and social and emotional support (Martí et al., 2017).

**Intersectional Challenges in the Healthcare Workplace**

Narratives reported throughout this research also aligned with literature echoing the voices of African women immigrants who painted an unwelcoming economic and career environment underscored by the intersectionality of marginalization based on gender, race, and ethnicity (Bhopal & Jackson, 2013; Kaushik & Walsh, 2018). Some challenges described throughout this research were challenges brought on by race, social integration and class changes, and career development challenges due to ethnicity and

gender. Participants described struggles with inferiority complex, class inconsistencies, incongruences, and downward social mobility as highly-skilled immigrants demoted to working low-paying jobs with no upward mobility. This marginalization was largely accredited to wage discrimination, punitive consequences for assertiveness or lack of language proficiency or having an accent, skin color, lack of fairness in promotion, feeling devalued as a professional, and a lack of recognition of prior credentials or skills.

Participants discussed how the lack of recognition of prior credentials or skills led to accepting or seeking jobs they were overqualified for or "starting from scratch" in an entirely new career field. This aligns with prior studies where challenges such as professional exclusion, tokenism, restrictive career development, working below training, academic and professional qualifications, and lack of mentoring have restricted Black African women's entry into competitive job markets (Yuval-Davis, 2016). Thus, this empirical investigation extends the knowledge on the interface between immigration and socioeconomic integration among highly skilled Black African immigrant women and also contributes original qualitative data to the study's conceptual framework on Gauthier's (2016) concept of integration needs of highly-skilled women immigrants, which is grounded in intersectionality theory.

**Daily Life Experiences with Socioeconomic Integration of Highly-Skilled African Immigrant Women**

Themes emerging from this category revealed embeddedness in the immigrant community, challenges of social integration as an immigrant, and socioeconomic integration through mentorship—a finding discrepant with the recent literature.

Narratives emerging from the participants regarding their experiences of embeddedness in the immigrant community aligned with studies reporting that social networks within ethnic enclaves or migrant networks have assisted new immigrants with first-time employment opportunities (Meyer & Vasey, 2018), advocacy and opportunities for social interaction (Valtonen, 2016), and social and emotional support (Martí et al., 2017). Narratives also disclosed challenges related to unfamiliarity with the cultures of their host country, and some even expressed experiencing culture shock when confronted with values different from theirs. Yet the participants also expressed that they had found willing and dedicated mentors to guide them through their career progression in their host country.

Researchers have advocated for organizations to provide immigrants with formal and informal cultural mentors to help traverse their new unstructured social and cultural environments and to create strategies for tapping into the diverse background and perspectives that immigrants bring to the workplace (Crowley-Henry & Al Ariss, 2018; Dean, 2018; Foner, 2018a; Kaushik & Drolet, 2018). The theme of socioeconomic integration through mentorship was unanimous among participants, but represented discrepant data from the literature. Several of the participants had strong relationships with mentors and ended up becoming mentors themselves to newly-arrived immigrant women. All participants expressed agreement on the critical role that mentors played in their professional success and socioeconomic integration. One of the participants credited her mentor, whom she met at the early stages of her integration and career, for helping her establish social and professional networks that were useful over time. A couple of

participants also had a role as mentors to other immigrant women after expressing how beneficial it was in their socioeconomic integration process and career development. These results can be categorized as discrepant evidence in comparison to the literature.

The difference between participants' responses and previous studies could be attributed to studies indicating a lack of mentorship that were conducted with samples of Black African immigrant women in service-oriented occupations or those without a university education (Brücker et al., 2018; McHugh & Morawski, 2017). These studies implied a lack of mentorship and opportunities for upward occupational mobility across all samples, which may be viewed as a methodological error in the generalizability of results within these papers. Further evaluation through participatory research studies using qualitative data drawn from large, diverse samples would be needed to validate this assumption of premature generalizability of results in previous studies on mentorship in relation to highly-skilled African immigrant women (see Hossain & Scott-Villiers, 2019).

**Limitations of the Study**

Study limitations are factors that are beyond the researcher's control and could affect the study results, its interpretation, or both (Brutus et al., 2013; Kirkwood & Price, 2014). One significant limitation of this study was the feelings of subjectivity or bias on my part as a researcher from being a Black African immigrant woman. Feelings of subjectivity or bias could potentially pose a risk of influencing the study or producing distrust among researchers in social science (Riessman, 1993; Svensson & Doumas, 2013). By creating a distinction between what was narrated by the participants and what was reported, I safeguarded the integrity of the narratives. The chronicling of daily

interactions with the study participants helps the researcher to recognize their own bias easily and possibly reduce potential ethical issues and challenges (Roulston & Shelton, 2015).

Another significant limitation to this study, as with any interview-based research, was the likelihood of falsification or misrepresentation of events by the participants, given that there is no systematic way to verify that the information provided by the participants is accurate. To mitigate this limitation and to improve trustworthiness and credibility during the research study, I used a comfortable phone interview platform to provide the participants the autonomy to reveal answers as they deemed appropriate (Hanna, 2012). Each participant was amenable to the interview platform and communicated freely about their experiences during the interview process.

The third limitation of the study resided in the narrative inquiry research method. My interpretation of Clandinin's (2016) narrative inquiry approach was that interviewing seven highly-skilled Black African immigrant women working in U.S. healthcare was enough to illustrate their stories. The method's limitation is that each participant's story may not entirely portray a consistent narrative of the specific experiences faced by highly-skilled Black African immigrant women in the healthcare workplace and its contribution to their socioeconomic integration.

My understanding of the information communicated and the ability to follow along with the narrative proved to be a significant factor in interpreting the data. The personal experiences of participants are critical, as they offer ingredients for an information-rich study while following narrative methodologists' guidelines for

establishing the credibility of the coded narrative data (see Syed & Nelson, 2015). As the

researcher, my responsibility was to collect and analyze the data and ensure

transferability to reach saturation. These efforts were performed and extended throughout

the analysis of each participant's narrative and were solidified at the best level possible,

despite the described limitations.

<div align="center">**Recommendations**</div>

This research has provided insights into the daily life experiences of highly-

skilled Black African immigrant women in the healthcare workplace in the United States

and the implications of their experiences on their socioeconomic integration. Findings

reveal that the highly-skilled Black African immigrant women in my sample experienced

cultural, educational, and professional challenges working in the U.S. healthcare and that

those experiences contributed to their socioeconomic integration in their host country.

Although highly-skilled Black African immigrant women have yet to become an

increasingly significant share of migration literature, future research should be

encouraged into the experiences of this group of women to understand the connection

between their experiences and their socioeconomic integration, so that the variety of their

experiences can be captured and communicated. This study was exploratory, and the

findings it uncovered creates opportunities for both qualitative replication and

quantitative validation in future research.

**Methodological Recommendation 1: Qualitative Replication**

I collected the data for my research from participants in healthcare workplaces,

primarily located on the Eastern coast of the United States. There is the need to replicate

this narrative inquiry study in other geographical locations and sectors besides the healthcare industry, as research has shown that the talent management and socioeconomic integration of highly-skilled Black African immigrant women in the U.S. healthcare workplace can be challenging (see Bradatan, 2016; Nyang, 2018; Showers, 2018). Undervaluation or nonrecognition of previous skills, education, and experiences has contributed to poor socioeconomic integration for immigrant women employed in the healthcare sector in their host country, resulting in the need for further research on talent management and socioeconomic integration challenges faced by highly-skilled Black African immigrant women in other geographical locations and sectors besides healthcare, with greater socioeconomic diversity for more robust generalization of study results (Cascio & Boudreau, 2016).

Further research, grounded in the constructivist paradigm, is supported by participants' references to feeling devalued as a professional upon labor market entry. Six of the seven participants revealed how their healthcare organizations failed to recognize their foreign professional experience and credentials. Lack of inclusion due to gender, race, and class contributed to certain professional exclusion, restrictive career development, and working below academic and professional qualifications. Participants mentioned being bypassed for a promotion, as organizations tend to exclude skilled migrants from talent pools (for example, P6 referred to the lack of inclusivity, as the culture at healthcare workplaces make immigrants feel like outsiders because of their skin color, culture, and accent), and feelings of cultural dissonance (six of the seven participants revealed experiences with acculturative stress which made it difficult to

fulfill their competencies at work, as healthcare workplace sometimes lack cultural awareness and sensitivity towards people who look and speak differently). Additional exploratory multiple-case studies with participants selected from other geographical locations and industry sectors will greatly enhance the existing knowledge on the integration needs of highly-skilled immigrant women. As most researchers have written almost exclusively on talent management within the healthcare sector, it is important for future researchers to explore whether to consider alternative concepts that are known to better capture the dynamics of managing the talent of skilled immigrants (e.g., Holmes & Fraher, 2017; Humphries et al., 2013; Ricketts, 2010).

The adoption of Crowley-Henry and Al Ariss' (2018) concept of talent management of skilled immigrants and Gauthier's (2016) concept of integration needs of skilled immigrants as lenses through which to study the daily life experiences of highly-skilled Black African immigrant women can engage future researchers with new questions and methodologies (Rajendran, Farquharson, & Hewege, 2017). The emergence of certain themes supported these research directions. The theme of feeling devalued as a professional upon labor market entry describes how the talents of skilled migrants are ignored within the healthcare workplace. Crowley-Henry and Al Ariss' (2018) concept of talent management of skilled immigrants argued for the consideration of various forms of diversity, such as gender or intercultural competencies that immigrants possess. P4 describes feeling devalued while interviewing for a position she felt she was qualified for and made to feel overqualified and bypassed for the position. For the theme of career development due to ethnicity and gender, it is possible to glean

the participants' understanding of how issues related to the intersection of race/ethnicity, gender, and class could impact the upward or downward trend of occupational mobility. For example, P7 stated:

> Like if you are African, you have to work twice as hard because at the end of the day they're judging you. …Plus, you're a woman, you know, and it's tough to get to certain positions due to stereotypes or discrimination.

This supports the need for strategies to counteract how the invisibility of the Black woman undermines their career and those of other marginalized women (McCluney & Rabelo, 2019).

Most immigrants face a dilemma of choosing between maintaining their cultural identity or integrating into their new environment, and oftentimes, this influences their ability to adapt or build social networks. In particular, P4 noted how influential cultural barriers are in achieving successful social integration. This is in line with Gauthier's (2016) recommendation for organizations to adopt interculturalism as a means of creating an inclusive environment. The recommendation to challenge the concepts of talent management and the integration needs of skilled immigrants is also based on data in the theme of challenges due to race. Here, for example, P2 noted:

> The word immigrant drowns out the fact that you are highly-educated. So, you have to work harder and constantly try to prove yourself, and that becomes a challenge because it gets exhausting to keep doing that every day and even more frustrating if you get nowhere.

This is important in the exploration of migration and integration experiences of migrant workers, as individuals with multiple disadvantaged statuses frequently perceive numerous forms of discrimination (see Kaushik & Walsh, 2018).

**Methodological Recommendation 2: Quantitative Validation through Mixed Methods**

I believe that a quantitative research method such as a survey may provide additional insight into the transferability of my exploration into the daily life experiences of highly-skilled Black African immigrant women and the impact of these experiences on their socioeconomic integration. Despite the fact that several portions of my study provided rigorous results that converged with the views of all the participants, the strength of their voices may alter based on workplace locations or industry sector. This is supported by participants' comments regarding cultural and daily life experiences in their specific locations and relates to the themes of positive experience upon labor market entry and socioeconomic integration through mentorship. A quantitative study might substantiate discrepancies and similarities not captured through qualitative research and may generate further recommendations for future studies (Huot et al., 2018).

Certainly, there is more than one approach to doing research, and although qualitative research dominates this field of study, there is also a positivist approach that dominates the literature with standardized data collection and statistical multivariate techniques for data analysis (Harkiolakis, 2017). Previous research on the positive experience upon labor market entry and socioeconomic integration through mentorship used instruments developed and tested on samples of Black African immigrant women in

service-oriented occupations or those without a university education (Brücker et al., 2018; McHugh & Morawski, 2017), hence the value of mentorship for highly-skilled Black African immigrant women or the positive experiences related to their labor market entry experiences may be missed (see Hossain & Scott-Villiers, 2019).

Given these issues raised by methodologists in the study of skilled migrants and based on the data produced in this study, specifically data related to the themes of social integration through mentorship, career development due to issues with gender and ethnicity, cultural assimilation, and value of family support, I would recommend that a quantitative approach be part of a mixed-methods study for a broader perspective and stronger generalizability than that provided by a qualitative multiple-case study design. Given the methodological limitations of a qualitative multiple-case study, incorporating a constructivist/interpretive paradigm with any quantitative components from the positivist approach may create a unique research design to answer questions about highly-skilled Black African women's experiences in the healthcare workplace and the implications of these experiences on their socioeconomic integration (Stentz, Clark, & Matkin, 2012).

**Recommendations for Future Research**

Some of the themes that emanated from my study provide opportunities for future research that allows for a more contextual examination of the experiences of highly-skilled Black African immigrant women and the impact of those experiences on their socioeconomic integration in their host country. In particular, these themes could be used as a basis in future research to explore how a full or partial application of specific policies or practices can improve the performance and mobility of highly-skilled Black African

immigrant women. Based on the data and findings of this study, I have developed relevant recommendations for further research in three areas in particular.

**Value of family support.** The theme 'value of family support' provided insight into the role families played, especially for the participants with dependents in the study sample, during their socioeconomic integration in their host country. This is important, especially because gendered perspectives on skilled migration highlight the intersection of skilled work, families, and households, and the gendered roles of female migrants in African households (Meares, 2010). Studies reveal that highly-skilled immigrants were more likely to accept low-skilled employment or remain in a stressful job in order to support or be close to their family (Gauthier, 2016). This can be explained by the lack of access to childcare, which constitutes a major obstacle for immigrant women with young children as they struggle to combine family responsibilities and work demands. There is a need to explore the role of family for highly-skilled migrants working in various sectors to determine if the presence of family or kin contributes to the well-being of migrant households, their integration in their host country, and their upward mobility (Spitzer, Torres, Zwi, Khalema, & Palaganas, 2019). Although my study was conducted with information-rich narratives to gain greater insight on the role of family during socioeconomic integration, future research can replicate and extend the findings using a greater number of high-skilled female immigrants from a diverse range of home and host countries. This is important as some countries' migrant policies regard family migrants— particularly parents and grandparents—as obstacles to integration, and potential burdens on society (Askola, 2016).

**Positive experience of labor market entry.** The theme 'positive experience of labor market entry' indicated that the highly-skilled women interviewed in this study encountered a positive outcome upon entering their host country's labor market due to their perseverance. The feelings of a positive experience with labor market entry contradicts several literature studies. This may be attributable to findings by studies that advocate for organizations to apply the principles of interculturalism by playing an active role to help migrants overcome challenges associated with their integration, and by successfully shaping their career choices and outcomes as they make cross-border moves (Gauthier, 2016). It is important to understand if this positive experience is applicable to highly-skilled immigrants in healthcare workplaces or across sectors. This is essential because research shows that the diversity within gender, race, and class have contributed to reports of professional exclusion, tokenism, restrictive career development, working below training, academic and professional qualifications, and lack of mentoring among Black African women immigrants, and restricts their entry into competitive job markets in their host economy (Ifedi, 2017).

**Socioeconomic integration through mentoring.** The theme 'socioeconomic integration through mentoring' emerged from my study because participants revealed that mentorship played a critical role in their professional success and socioeconomic integration. Studies reveal that the overrepresentation or job segregation of highly-skilled Black African immigrant women in service-oriented occupations, such as within the healthcare industry, suggests that migrants have limited access to information on how to access resources for jobs that yield higher wages (Brücker et al., 2018). This limited

access to job resources may be attributed to a lack of mentorship and opportunities for

upward occupational mobility in these professions (McHugh & Morawski, 2017). It is

crucial to explore the role of mentoring as prior studies indicating a lack of mentorship

were conducted with samples of Black African immigrant women in service-oriented

occupations or those without a university education (Brücker et al., 2018; McHugh &

Morawski, 2017). Further evaluation through participatory research studies using

qualitative data drawn from a larger, diverse sample is needed to validate this assumption

of premature generalizability of results in previous studies on mentorship concerning

highly-skilled African immigrant women (see Hossain & Scott-Villiers, 2019).

## Implications

### Implications for Positive Social Change

This study is significant because it addresses a problem regarding a knowledge

gap on the interface between highly-skilled Black African immigrant women's

experiences in the U.S. healthcare workplace and their socioeconomic integration in their

host country (Okeke-Ihejirika et al., 2018; Showers, 2018). Highly-skilled immigrants,

armed with credentials and skills from their native country, make up a rapidly growing

percentage of the global workforce who come to the United States with the hopes of re-

establishing their professional career (Colakoglu et al., 2018). With the U.S. labor market

failing to recognize foreign education or credentials; lack of experience in the local

market; little to no access or ties to social networks; prejudice, stereotypes, and

workplace discrimination, highly-skilled immigrants are lured into entry-level low-

paying or direct-care jobs (Altorjai & Batalova, 2017; Landolt & Thieme, 2018; Showers,

2018). In a highly competitive job market where human capital is the healthcare industry's greatest asset, social change is promoted when workforce inequities experienced by highly-skilled immigrants in the American workplace are addressed. The equal treatment of all social groups in socioeconomic lives should be a fundamental principle for all countries and organizations (Heath & Li, 2017).

This study provided an opportunity for a sample of highly-skilled Black African immigrant women to add their voices to the experiences of underutilized employees, especially those in the U.S. healthcare workplace, their challenges and implications of those experiences on their socioeconomic integration in their host country, and provided recommendations for improving the management of their talents and socioeconomic integration. The findings of this study may become a catalyst for social change by exposing and bringing realization to the cultural, educational, and professional challenges faced by highly-skilled Black African immigrant women in the healthcare workplace, ultimately promoting diversity and equality. By understanding the context of African immigrants' integration into American society, its healthcare sector, it assures this marginalized group that their experiences are not lost in the larger stories within the gender and migration literature (Ifedi, 2010, 2017; Showers, 2015b, 2018). Research suggests that the implications for social change regarding workplace inequities must always be addressed at a lower level so that the impact is felt in the daily lives of people in the community as well (de la Sablonnière et al., 2013).

**Implication for Theory**

An attempt to define Black African immigrant women's daily experiences within the U.S. healthcare workplace and the implication of these experiences on their socioeconomic integration in their host country introduced two fundamental concepts: Crowley-Henry and Al Ariss' (2018) concept of talent management of skilled immigrants and Gauthier's (2016) concept of integration needs of highly-skilled women immigrants. The adoption of these two concepts as a framework provided my study with a unique approach for extending the focus on gender and race that has been central to the literature on healthcare care work and migration. Studies on migration and gender present an unwelcoming economic and career environment for the African woman, underscored by the intersectionality of marginalization based on gender, race, and ethnicity (Bhopal & Jackson, 2013; Kaushik & Walsh, 2018). Particularly, migration studies tend to focus on poorly educated and unskilled immigrants that arrive in high numbers to the United States, leaving aside a significant component of migration: the highly-skilled immigrants (Bradatan, 2016).

The findings of my study revealed data evidence of participants with a positive experience of labor market entry and a successful socioeconomic integration through mentorship, which contrasts the assumptions of the conceptual framework and scholarly literature (Foner, 2018b; Kaushik & Walsh, 2018). The difference could be attributed to studies conducted with samples of Black African immigrant women in service-oriented occupations or those without a university education (Brücker et al., 2018; McHugh & Morawski, 2017). Ultimately, my study has deepened the understanding of how the

intersection of race/ethnicity, gender, and class impacts the settlement and integration

needs of highly-skilled Black African female immigrants and paves ways for future

theoretical investigation. As such, future researchers can benchmark on the findings of

this research and the recommendations for further evaluation through participatory

research studies using qualitative data drawn from large, diverse samples to validate this

assumption of premature generalizability of results in previous studies concerning highly-

skilled African immigrant women (see Hossain & Scott-Villiers, 2019).

**Policy Implications**

The U.S. economy relies on immigration, skills acquisition, and international

expertise of its newcomers (Boucher, 2018; Ruyssen & Salomone, 2018). Studies show

that immigrants face less than favorable outcomes in the labor market (Kaushik & Drolet,

2018), as their skills are systematically diminished within the U.S. labor market (Altorjai

& Batalova, 2017). To help deal with obstacles in socioeconomic integration and promote

diversity management, the findings in this study support organizations adopting

interculturalism and immigrant integration policies in the workplace as an inclusive

environment for highly-skilled immigrant workers (Gauthier, 2016). With research

showing that one in every six healthcare professionals is foreign-born (Patel et al., 2018),

an inclusive environment targeting skilled immigrants will help in overcoming challenges

associated with their integration by successfully shaping their career choices and

outcomes as they make cross-border moves (Gauthier, 2016).

**Implications for Practice**

The undervaluing of immigrant credentials is a form of employment discrimination against skilled immigrants (Dietz et al., 2015). The diversity within gender, race, and class contributed to reports of professional exclusion, tokenism, restrictive career development, working below training, academic and professional qualifications, and lack of mentoring among Black African women immigrants, and this restricts their entry into competitive job markets in the host economy (Ifedi, 2017). The findings of this study support creating HRM strategies supporting the inclusion of highly-skilled migrants in job talent pools. They also support tracking highly-skilled immigrants' identifiable skills and competencies such as language knowledge, resiliency, adaptability, and cross-cultural knowledge, as this would help organizations benefit from having a diverse workforce that can compete domestically and internationally, which leads to higher productivity and innovation (Dietz et al., 2015; Qureshi, 2019), and also levels the playing ground for immigrants and local employees alike.

<div align="center">

**Conclusions**

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Although there has been an increasing amount of research on the specific obstacles faced by immigrant women, what remains unexplored in the extant literature is the specific experiences they face in the workplace that hinder their socioeconomic integration (Colakoglu et al., 2018; Gauthier, 2016; Kaushik & Walsh, 2018). With many highly-skilled Black African immigrants concentrated in low-wage positions along the continuum of occupations in the healthcare industry (Covington-Ward, 2017; Showers, 2018), the education–occupation mismatch they face has resulted in this demographic

group of women experiencing substantial labor market hurdles due to low socioeconomic integration in their host country when compared to highly-skilled natives and other immigrant demographic groups (Nyang, 2018; Wang & Jing, 2018). Taguchi (2018) asserted that the open-ended, exploratory nature of the qualitative research method allows for a better understanding of the Black African immigrant woman's challenges with socioeconomic integration in their host country and provides an in-depth insight into their daily experiences within the U.S. healthcare workplace. Scholars recommended that a deeper understanding is needed on the connection between highly-skilled Black African immigrant women's experiences in the U.S. healthcare workplace and the social and occupational mobility and socioeconomic integration challenges they encounter (Colakoglu et al., 2018; Kaushik & Walsh, 2018).

The findings of this empirical investigation extend the knowledge on the interface between immigration and socioeconomic integration among highly-skilled Black African immigrant women and makes a contribution of original qualitative data to the study's conceptual frameworks. In applying Crowley-Henry and Al Ariss' (2018) concept of talent management of skilled immigrants and Gauthier's (2016) concept of integration needs of highly-skilled women immigrants to this study, an empirical and theoretical contribution was made to the emerging literature regarding the intersection of race/ethnicity, gender, and class in immigrant/healthcare employer interactions (Foner, 2018b; Kaushik & Walsh, 2018), and while it fuels the engagement of future researchers with new questions and methodologies (Rajendran et al., 2017), it served to guide and

interpret the experiences of highly-skilled Black African immigrants working in the healthcare workplaces.

Through my study I have provided a theoretical and practical understanding of the cultural, educational, and professional challenges faced by highly-skilled Black African immigrant women working in the U.S. healthcare and how their experiences contributed to their socioeconomic integration in their host country; and why future research should be encouraged to understand the connection between those experiences and their socioeconomic integration in their host country so that the variety of their experiences can be captured and communicated. In a highly competitive job market where human capital is the healthcare industry's greatest asset, addressing workforce inequities experienced by highly-skilled immigrants in the American workplace advances positive social change and provides a platform where the voices and experiences of this category of people are not lost within the larger gender and immigration literature (Ifedi, 2017; Showers, 2015b, 2018).

The qualitative, narrative inquiry approach I used as this study's design was a recommended research method for engaging women and marginalized populations in story-based research (Woodley & Lockard, 2016) and studying employee experiences in healthcare settings (Murphy, 2017; Rivera et al., 2017). The conversation developed through the participants' storytelling using an in-depth interview method, provided new perspectives and meanings from within a given social context and promoted social change (Clandinin et al., 2007). The important information gleaned from this narrative study was that some migration and gender studies not only paint an unwelcoming

economic and career environment for the African woman, underscored by the intersectionality of marginalization based on gender, race, and ethnicity (Bhopal & Jackson, 2013; Kaushik & Walsh, 2018), but also tend to focus more on the poorly educated and unskilled immigrants that arrive in high numbers to the United States, leaving aside a significant component of migration: the highly-skilled immigrants (Bradatan, 2016).

This study provided an opportunity for a sample of highly-skilled Black African immigrant women to add their voices to the experiences of underutilized employees, especially those in the U.S. healthcare workplace, their challenges and implications of those experiences on their socioeconomic integration in their host country, and provided recommendations for improving the management of their talents and socioeconomic integration. It also supports the creation of HR management strategies that would promote the inclusion of highly-skilled migrants in talent pools, and the tracking of their identifiable skills and competencies such as language knowledge, resiliency, adaptability, and cross-cultural knowledge, as this would help organizations benefit from having a diverse workforce that can compete domestically and internationally, which leads to higher productivity and innovation (Dietz et al., 2015; Qureshi, 2019). Most importantly, it levels the playing field for immigrants and local employees alike by promoting equality and diversity, because the equal treatment of all social groups in socioeconomic lives should be a fundamental principle for all countries and organizations (Heath & Li, 2017).

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Appendix: Semistructured Interview Guide

*Part 1: Researcher to Participants Prologue:*

*Thank you so much for agreeing to participate in this study. I am going to be asking you questions regarding your daily life experiences as a Black African immigrant woman. My interview question will specifically focus on your daily experiences within the U.S. healthcare workplace. Periodically I may ask clarifying questions or encourage you to describe in more detail. You are invited to elaborate where you feel comfortable and decline from doing so when you do not have information to add. If you need clarification from me, please ask. I am interested in knowing your story and experiences and want you to feel comfortable during this process.*

*Part 2: Demographic Information*

Participant No.: _____
Age: _____
Nationality: _____
Ethnicity: _____
Highest University Degree: _____
Where Degree was obtained: _____
Years in the U.S. Healthcare Sector: _____
Job Title: _____
Years Work Experience: _____
Marital Status: _____

*Part 3: Interview Guide*

1. When and why did you come to the United States?

2. What professional skills and education did you possess before you immigrated to the United States?

3. How many organizations have you worked for in the United States? What positions did you hold?

4. What was your experience with entering the U.S. labor market as an immigrant woman?

5. Can you please share with me your daily life experience in the U.S. healthcare workplace?

6. How does your family life factor into your employment and work experiences as a Black African immigrant woman?

7. In your opinion, what challenges are there for highly-educated Black African immigrant women in the U.S. healthcare sector?

8. What opportunities are open to Black African immigrant women to attain work positions commensurate with their education and professional qualifications?

9. Given your job position in the healthcare sector, can you please share with me your daily life experiences with socioeconomic integration in the United States?

10. Any other stories you wish to share with me regarding your experiences within the U.S. healthcare workplace?

## *Part 4: Epilogue to Interview*

I cannot thank you enough for your time and attention during this interview. You will be provided with a transcript of your interview to review for accuracy. Feel free to contact me should you see any issues with the transcript. The answers of all participant interviews will be aggregated for analysis and report. Nothing you said will be ever

identified with you personally except by me. You will not know who the participants are

because everyone will be assigned a participant number.