National College of Ireland

Project Submission Sheet

Student Name: Vitória Barchi Rodrigues

Student ID: 23368586

Programme: MSCMGMTD1   **Year:**   2025

Module: Dissertation

Lecturer: Rob MacDonald and Maurice FitzGerald

Submission Due Date: 22/08/2025

Project Title: Determinants of work engagement and quality of working life among Brazilian migrant caregivers in Ireland.

Word Count: 16,519

I hereby certify that the information contained in this (my submission) is information pertaining to research I conducted for this project. All information other than my own contribution will be fully referenced and listed in the relevant bibliography section at the rear of the project.
<u>ALL</u> internet material must be referenced in the references section. Students are encouraged to use the Harvard Referencing Standard supplied by the Library. To use other author's written or electronic work is illegal (plagiarism) and may result in disciplinary action. Students may be required to undergo a viva (oral examination) if there is suspicion about the validity of their submitted work.

Signature: Vitória Barchi Rodrigues

Date: 21/08/2025

PLEASE READ THE FOLLOWING INSTRUCTIONS:

1.   Please attach a completed copy of this sheet to each project (including multiple copies).
2.   Projects should be submitted to your Programme Coordinator.
3.   **You must ensure that you retain a HARD COPY of ALL projects**, both for your own reference and in case a project is lost or mislaid. It is not sufficient to keep a copy on computer. Please do not bind projects or place in covers unless specifically requested.
4.   You must ensure that all projects are submitted to your Programme Coordinator on or before the required submission date. **Late submissions will incur penalties.**
5.   All projects must be submitted and passed in order to successfully complete the year. **Any project/assignment not submitted will be marked as a fail.**

Office Use Only	
Signature:	
Date:	
Penalty Applied (if applicable):	

AI Acknowledgement Supplement

Dissertation

Determinants of work engagement and quality of working life among Brazilian migrant caregivers in Ireland.

Your Name/StudentCourse Number		Date
Vitoria Barchi Rodrigues / 23368586	MSCMGMTD1	21/08/2025

This section is a supplement to the main assignment, to be used if AI was used in any capacity in the creation of your assignment; if you have queries about how to do this, please contact your lecturer. For an example of how to fill these sections out, please click here.

AI Acknowledgment

This section acknowledges the AI tools that were utilized in the process of completing this assignment.

Tool Name	Brief Description	Link to tool
ChatGPT	Artificial intelligence tool designed by OpenAI that uses neural networks to understand input and generate text based on context.	https://chat.openai.com

Description of AI Usage

This section provides a more detailed description of how the AI tools were used in the assignment. It includes information about the prompts given to the AI tool, the responses received, and how these responses were utilized or modified in the assignment. **One table should be used for each tool used**.

Chat GPT	
Utilised as a supportive tool to assist with structuring text, summarising articles, organising ideas, proofreading, and enhancing clarity of academic writing.	
I am sending you the NCI handbook and checklist that guide dissertation writing. I am also sharing two examples of dissertations submitted to NCI, which can serve as models. I am now working on the Results section of my dissertation, where I conducted a backward linear regression. I am basing my interpretations on Saunders (2019) and on Laerd Statistics (https://statistics.laerd.com/spss-tutorials/multiple-regression-using-spss-statistics.php). Based on this and the following	"Suggested section order (with what to say) 1. Chapter signpost (2–3 lines) • One sentence on purpose: *"This chapter reports the results used to test the hypotheses using multiple linear regression*

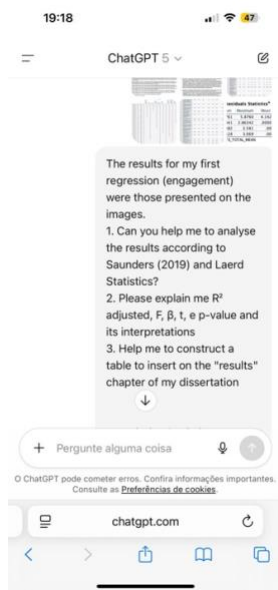|	
factors, I would like your advice on the sequence I can use to structure this section: I want to explain why I chose this test and what it is used for (I am using it to test the hypotheses), present the results in both tables and text, explain that I created dummy variables in order to run the tests – specifying which variables were included in this process and why this step is necessary – and also clarify any differences, such as why a variable that was close to the significance threshold remained in the final regression model instead of being excluded like the others.	*with a backward elimination procedure."* • One line reminding the reader which dependent variable(s) you model. **2.** Why multiple linear regression + why backward (short rationale) • *"Multiple regression is appropriate to test the hypotheses because it estimates the unique effect of each predictor on [DV], controlling for the others."* • *"Backward elimination was chosen because several plausible predictors were available; the goal was a parsimonious model while retaining variables that materially improve model fit."* (Keep this as *results* context; put methodological justifications in Methods too—NCI expects methods to explain how you analysed data. You can lightly echo it here to orient the reader.)"…
The results for my first regression (engagement) were those presented on the images. 1. Can you help me to analyse the results according to Saunders (2019) and Laerd Statistics? 2. Please explain me R^2 adjusted, F, β, t, e p-value and its interpretations 3. Help me to construct a table to insert on the "results" chapter of my dissertation	"1) Multiple regression (Backward) — Model 1: Engagement (UWES-9 total mean) Set-up. A multiple linear regression with backward stepwise entry was run with UWES total mean as the dependent variable. Predictors initially entered: visa type (two dummies: *Stamp 1* and *Other* with Stamp 2 = reference), WRQoL total score, and working-conditions covariates (pressure for extra shifts, time to eat/drink, severe health consequences, violence, friendships

	at work, ability to make ends meet, residence in Dublin). Assumptions were checked in SPSS (residual plots; collinearity diagnostics).

Model fit. The final model (Model 9) retained WRQoL total and Visa – Other only and was statistically significant,
$F(2, 109) = 28.764$, $p < .001$, Adjusted $R^2 = .333$ (Durbin–Watson = 1.95).
→ About 33.3% of the variance in engagement is explained by the predictors retained.

Predictors (final model).

- WRQoL total score: B = 0.046, SE = 0.006, β = .590, t = 7.541, p < .001.
  Higher WRQoL is associated with higher engagement (medium–large standardized effect). This supports H3.
- Visa – Other (vs. Stamp 2 reference): B = −0.439, SE = 0.233, β = −.148, t = −1.888, p = .062.
  Not statistically significant at α = .05. (The other visa dummy, Stamp 1, was removed in step 8; *p* > .05 in all prior models.)"…

Hi Chat, I finished my methodology and results chapters of the dissertation and now I need you to help me with proofreading. I want you to go paragraph by paragraph, telling me in bullet points what could be improved and any grammar mistakes, connectors, or anything else you find relevant. However, do not change my text, not even one word. Just send me the bullet points.	"Perfect, I'll go through your Methodology chapter paragraph by paragraph and give you bullet points with suggested improvements. I won't change a single word of your text — only point out grammar issues, connectors, clarity problems, or style consistency.

4.1 Introduction

- "theses" → should be "thesis".

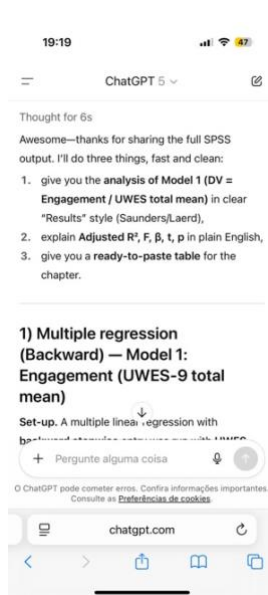|	
	- "used to data collection" → should be "used for data collection". - Consider rephrasing "taken" in "each methodological choice taken" → "made" would sound smoother. - List "research framework, philosophy, approach, design, strategy and procedure" could use a final "and" for clarity: "…strategy, and procedure." --- 4.2 Research Framework (Research Onion) - "theses" → should be "thesis". - "step by step" → usually hyphenated: "step-by-step". - "He states" → unclear who "He" is (Saunders is plural). Replace with "The authors state". - "resume the model" → should be "summarise the model". - "the most validated and credible as possible" → should be "as validated and credible as possible". - Overall: watch for singular/plural consistency (e.g., "strategy(ies)" looks informal)….."

Evidence of AI Usage

This section includes evidence of significant prompts and responses used or generated through the AI tool. It should provide a clear understanding of the extent to which the AI tool was used in the assignment. Evidence may be attached via screenshots or text.
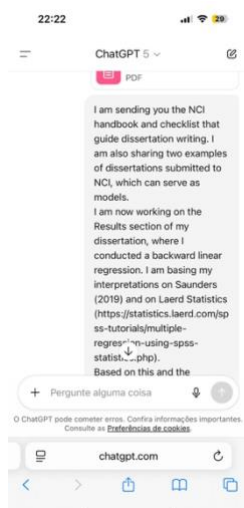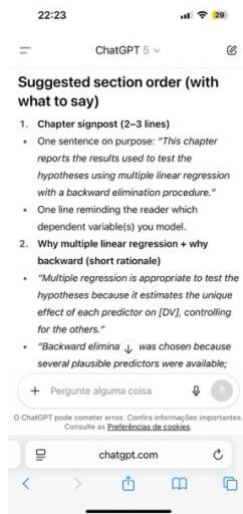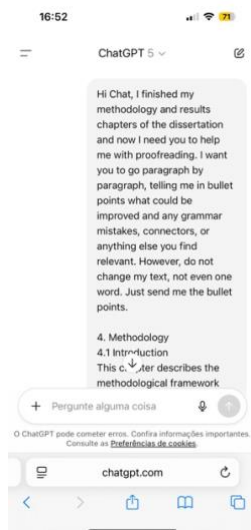
Additional Evidence:

19:18

ChatGPT 5 ∨

The results for my first
regression (engagement)
were those presented on the
images.
1. Can you help me to analyse
the results according to
Saunders (2019) and Laerd
Statistics?
2. Please explain me R²
adjusted, F, β, t, e p-value and
its interpretations
3. Help me to construct a
table to insert on the "results"
chapter of my dissertation

Pergunte alguma coisa

O ChatGPT pode cometer erros. Confira informações importantes.
Consulte as Preferências de cookies.

chatgpt.com

Additional Evidence:

19:19

ChatGPT 5 ∨

Thought for 6s

Awesome—thanks for sharing the full SPSS
output. I'll do three things, fast and clean:

1. give you the **analysis of Model 1 (DV =
   Engagement / UWES total mean)** in clear
   "Results" style (Saunders/Laerd),
2. explain **Adjusted R², F, β, t, p** in plain English,
3. give you a **ready-to-paste table** for the
   chapter.

1) Multiple regression (Backward) — Model 1: Engagement (UWES-9 total mean)

Set-up. A multiple linear regression with
backward stepwise entry was run with UWES

Pergunte alguma coisa

O ChatGPT pode cometer erros. Confira informações importantes.
Consulte as Preferências de cookies.

chatgpt.com

Additional Evidence:

22:22

ChatGPT 5 ∨

PDF

I am sending you the NCI
handbook and checklist that
guide dissertation writing. I
am also sharing two examples
of dissertations submitted to
NCI, which can serve as
models.
I am now working on the
Results section of my
dissertation, where I
conducted a backward linear
regression. I am basing my
interpretations on Saunders
(2019) and on Laerd Statistics
(https://statistics.laerd.com/sp
ss-tutorials/multiple-
regression-using-spss-
statist...php).
Based on this and the

Pergunte alguma coisa

O ChatGPT pode cometer erros. Confira informações importantes.
Consulte as Preferências de cookies.

chatgpt.com

Additional Evidence:

22:23

ChatGPT 5 ˅

Suggested section order (with what to say)

1. **Chapter signpost (2–3 lines)**
- One sentence on purpose: *"This chapter reports the results used to test the hypotheses using multiple linear regression with a backward elimination procedure."*
- One line reminding the reader which dependent variable(s) you model.
2. **Why multiple linear regression + why backward (short rationale)**
- *"Multiple regression is appropriate to test the hypotheses because it estimates the unique effect of each predictor on [DV], controlling for the others."*
- *"Backward elimina was chosen because several plausible predictors were available;*

Pergunte alguma coisa

O ChatGPT pode cometer erros. Confira informações importantes. Consulte as Preferências de cookies.

chatgpt.com

Additional Evidence:

16:52

ChatGPT 5 ˅

Hi Chat, I finished my methodology and results chapters of the dissertation and now I need you to help me with proofreading. I want you to go paragraph by paragraph, telling me in bullet points what could be improved and any grammar mistakes, connectors, or anything else you find relevant. However, do not change my text, not even one word. Just send me the bullet points.

4. Methodology
4.1 Introduction
This c. ter describes the methodological framework

Pergunte alguma coisa

O ChatGPT pode cometer erros. Confira informações importantes. Consulte as Preferências de cookies.

chatgpt.com

Additional Evidence:

16:52

ChatGPT 5 ˅

Perfect, I'll go through your **Methodology chapter paragraph by paragraph** and give you **bullet points with suggested improvements**. I won't change a single word of your text — only point out grammar issues, connectors, clarity problems, or style consistency.

4.1 Introduction
- "theses" → should be "thesis".
- "used to data collection" → should be "used for data collection".
- Consider rephrasing "taken" in "each methodological choice taken" → "made" would sound smoother.
- List "research fram ork, philosophy, approach, design, strategy and procedure"

Pergunte alguma coisa

O ChatGPT pode cometer erros. Confira informações importantes. Consulte as Preferências de cookies.

chatgpt.com

Determinants of work engagement and quality of working life among Brazilian migrant caregivers in Ireland

Vitória Barchi Rodrigues

Master of Science in Management

National College of Ireland

Submitted to the National College of Ireland August
2025

Submission of Thesis and Dissertation

National College of Ireland
Research Students Declaration Form
(Thesis/Author Declaration Form)

Name: Vitória Barchi Rodrigues

Student Number: 23368586
Degree for which thesis is submitted: MSc in Management

Title of Thesis: Determinants of work engagement and quality of

working life among Brazilian migrant caregivers in Ireland.

Thesis supervisor: Paul Hanly

Date: 21/08/2025

Material submitted for award

A. I declare that this work submitted has been composed by myself.

B. I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged.

C. I agree to my thesis being deposited in the NCI Library online open access repository NORMA.

D. ***Either*** *I declare that no material contained in the thesis has been used in any other submission for an academic award.
Or *I declare that the following material contained in the thesis formed part of a submission for the award of

_____
(State the award and the awarding body and list)

Signature of research student: Vitória Barchi Rodrigues

Date: 22/08/2025

Acknowledgements

Writing this thesis has been both an academic and a personal challenge. Being far from home added extra complexity, which I had to overcome step by step.

I am very grateful to my supervisor, Dr. Paul Hanly, who guided me with knowledge and patience, and supported me through all the difficulties I faced. I also thank the National College of Ireland for providing extra support when it was needed.

I want to express my appreciation to my family and friends, who continuously supported and motivated me. My deepest thanks go to my mother, who, even from far away, is always present in my life, my anchor, and greatest source of strength.

Finally, I would like to thank my partner, who cared for me closely and gave me constant support, making it possible for me to continue and achieve my goals.

Table of Contents

List of tables

List of abbreviations

CAW – Control at Work

EU – European Union

GWB – General Well-Being

HWI – Home-Work Interface

JCS – Job and Career Satisfaction

MRCI – Migrant Rights Centre Ireland

NCI – National College of Ireland

NGO – Non-Governmental Organisation

SAW – Stress at Work

SDT – Self-Determination Theory

UWES – Utrecht Work Engagement Scale

W-BNS – Work-related Basic Need Satisfaction scale

WCS – Working Conditions Satisfaction

WRQoL – Work-Related Quality of Life

Abstract

This study investigated how working conditions and legal status (visa type) affect engagement and work-related quality of life (WRQoL) among Brazilian caregivers in Ireland. Grounded in Self-Determination Theory (SDT), the research explored how basic psychological, physiological, and work-related needs connect with engagement and well-being. A quantitative design was adopted, using an online survey completed by 112 Brazilians who currently or previously worked as caregivers in Ireland. To construct the questionnaire, two validated instruments (UWES-9 and WRQoL scale) were applied, together with adapted questions based on W-BNS, which helped to capture specific basic needs, health, and working conditions in this sample. Statistical analyses, including one-way ANOVA and regression models were conducted in SPSS to test relationships between variables. The results indicated that legal status did not significantly predict work engagement, while it negatively affected WRQoL, as Stamp 1 holders reported lower scores. In contrast, quality of working life strongly predicted engagement, with job and career satisfaction, general well-being, and stress at work emerging as the most important domains. Moreover, factors such as pressure to accept extra shifts and covers, insufficient time to eat and drink, and severe health consequences were associated with lower WRQoL. Additionally, the findings highlighted a high turnover risk, as 60.7% of participants reported an intention to leave their positions. This study contributes to the literature by offering a new questionnaire, specific to migrant caregivers, which connects work engagement, quality of working life and basic needs, yet to be further explored and validated by future research. It also extends the understanding of Brazilian workforce in the Irish care sector context, which allowed the study to provide practical implications for employers, NGOs, and policymakers.

Keywords: migrant caregivers, work engagement, work-related quality of life, turnover, legal status, employment conditions.

Introduction

In the last decades, Ireland's demographic profile changed significantly, and is still changing quickly. As technologies evolves, life expectancy has risen but so has life style, with women needing to work to complement the family's income. This scenario contributed to a significant drop in fertility rates (Sheehan *et al*., 2020; Department of Finance, 2024). As a result, the population aged 65 is growing faster than any other age group, which projects that the ratio of people working to retirees will fall to 2:1 by 2050. Given this demographic change and retirees commonly depending on the government, a strong financial pressure on health and social care systems has been created (Sheehan *et al*., 2020; Department of Finance, 2023; Department of Finance, 2024). To assure a high-quality care standards, as many other countries in Europe, Ireland has increasingly relied on migrant workers. As the need of longe-term and home care grows, in order to ensure enough staff, home care assistants were added to the general employment permit list in 2021. Consequently, not only Brazilian students were attracted to the country, but also care professionals seeking job opportunities (European Migration Network, 2023).

The need for migrant workers in the care system was further supported by MRCI (2020), which also highlighted that this population, although needed, face faces unstable work conditions. This difficulty is associated with their legal status, with full-time students (stamp 2) being allowed to work 20 hours per week, while general work permit (stamp 1) holders are entitled to work up to 40 hours per week (Department of Justice, 2024). Each of them faces different challenges. Stamp 2 holders have limited access to the labour market and legal protection. The face heavy workloads to avoid financial strain, while attending English classes five days a week, resulting in minimal rest and almost no free time to socialize. As a consequence, their stress levels are high, they face precarious conditions and live in marginalised conditions (Machado, 2024). Regarding stamp 1 holders, their legal status depends on their sponsors, which are the company they work for. The main concern is that the permit is granted to the employer and not the employee, increasing the control over the workers. As a result, migrant caregivers submit to poor conditions with the fear of losing their jobs (Maher, 2014; Migrant Rights Centre Ireland, 2020). Therefore, the different visa conditions interfere with caregivers' experiences, opportunities and quality of life.

This situation demonstrates that legal status and working conditions must be addressed together when it comes to understanding how these influence migrants' quality of life and engagement. Furthermore, as Brazilians represent one of the largest non-EU groups working in Europe and in the home care sector, which is no different in Ireland, they also face the difficulties connected to legal status, and this is

a gap in the literature to be considered (Cawley, 2018). To explore this gap, this study is grounded in Self-Determination Theory (SDT) developed by Ryan and Deci (2000), addressing how basic psychological and physiological needs, together with the work conditions of Brazilian caregivers, connect with engagement and work-related quality of life (WRQoL) in the Irish care sector. Engagement will be measured with Utrecht Work Engagement Scale (UWES) (Schaufeli *et al.*, 2004), while quality of life will be assessed by the Work-Related Quality of Life scale (Val Laar *et al.*, 2007) and basic needs and work conditions will be measured with questions inspired by the Work-Related Basic Needs Satisfaction Scale (Van den Broeck, 2010b).

To achieve this, the dissertation is organised into five chapters. Introduction, literature review, research question and aims and objectives, methodology, findings and results, discussion, and conclusion. The literature review will further explore the Irish aging society, migration, working conditions, theories of engagement and quality of life, and identify gaps. The following chapter presents the objectives, primary and secondary questions, and also the hypotheses. Within methodology, the research design, data collection, and analysis will be stated, and the following chapter presents the main results. Discussion will interpret them linking with the existing literature, and recognise limitations. The conclusion will summarise research findings, provide recommendations for future research and address practical implications.

Literature review

The importance of caring in an aging society

Introduction to care in ageing societies

Many countries are facing a significant demographic change as the world is seeing a faster rise in the elderly population than in earlier times. The population aged 80 years and older in Japan was about 8% in 2015 and projected to reach 16% by 2050. In European countries, such as Italy and Germany, this population is also expected to more than double by the same year (OECD, 2020).

Meanwhile, in Ireland, population aged 65 and over has increased by more than 40% since 2013 (HCCI, 2025b) and population aged 80 and over will probably reach 535,900 as a minimum by 2051, indicating that Ireland is set to experience one of the fastest-ageing population in the European Union (EU) in the coming years. The main reasons are that people in Ireland are healthier, there is a reduction on infant and

maternal mortality, the elimination of infectious diseases, among others, which may be seen as a huge success of the country's public health (Leading Healthcare Providers Skillnet, 2023; Sheehan *et al*., 2020).

Although the quality of health care in Ireland may be considered good, the high costs makes the access difficult and the waiting times are long, which is a challenge to ensure people can age healthy, disability free and maintain independence for longer (Leading Healthcare Providers Skillnet, 2023). To maintain independence and promote self-care, the use of technologies such as smart home devices (e.g., intelligent fridges) has a great potential, together with telecare and remote care assistance, but it is still not spread due to financial barriers. Another option to promote independency at lower costs (thus avoiding unnecessary hospitalisation, longer stays readmission) is counting on home care by formal and informal/unpaid carers (OECD, 2020).

Definitions of care: formal vs informal

According to Leading Healthcare Providers Skillnet (2023), "home support" includes all types of support and assistance provided to and adult in need for reasons such as illness and disability. Common activities offered are personal care, assistance with instrumental activities of daily living, and companionship. This support can be performed by informal or formal care. Informal care is often referred to as "carer" or "caregiver", is unpaid and usually performed by family members, friends, and neighbours. Meanwhile, the formal care is paid and composed of different job roles such as "Home Support Workers" and "Home Care Assistants". Even though the Irish government has the duty to deliver care for vulnerable Irish people since the late 1990's, 70% of support was provided by family members in 2018 (HCCI, 2025a; Leading Healthcare Providers Skillnet, 2023). In 2014, the National Home Support Waiting List had 5,556 older people waiting for HSE Home Support, and 58,200 older people receiving support (HCCI, 2025b). The continued reliance on family-based care and the large waiting list for Home Support indicates the difficulty in developing a more structured formal care system.

The formal care sector in Ireland

The healthcare system in Ireland is composed of both private and public healthcare services. Public healthcare services are provided by the Health Service Executive (HSE), directly or outsourced (Citizens Information, 2025). The formal care sector is

not different, is delivered by private home care service providers and the HSE. The home support workers may be employed thorough private agencies, directly by the HSE or as self-employed. Although it was estimated that 40,000 people are employed in the sector, the waiting list is still considerable (especially in rural areas), and the shortage is expected to worsen in the coming decades (HCCI, 2025b; Leading Healthcare Providers Skillnet, 2023).

Scarcity of care workers and consequences

Besides the fact that life expectancy increased in Ireland, fertility rates have declined, leading to a higher percentage of the elderly in the country (Sheehan *et al.*, 2020). The rise in the proportion of elderly population implies a shift in the balance between workers and retiree. According to Department of Finance (2023), nowadays there are 4 people of working age for each person of retirement age, but that is projected to fall to 2 by 2060. Furthermore, by the end of 2020, more than 40% of the home support workers were aged 60 years and over, nearing retirement, which contribute to the prediction of even higher workforce shortage in the next years (Leading Healthcare Providers Skillnet, 2023). The shortage may also be explained by the poor job conditions, low wages, low social protection, high physical and mental demands, and unpredictable hours (OECD, 2020).

In Ireland, the home care service for a new client can be offered only when an existing client ceases support, which forces older people to extend stays in hospitals with indeterminable prospect of discharged, diminishing their quality of life and increasing costs of the health care system. The care rationing, which may be caused for the workforce shortages, increases the waiting lists, just like what happened in Cavan, Donegal and others, with an increase on the waiting list by more than 30% (HCCI, 2025b). Without the formal support service, informal carers, such as family carers, can feel overburdened, which can also increase hospitalisations (OECD, 2020).

According to OECD (2020), many European countries are encouraged to recruit foreign-born workers, and most of the recruitment happens among few groups such as immigrants under student visa and general migration channels for low-skilled workers. The job position is usually classified by schedule: part time, full time, overnight, live-in, or weekend. That offers flexibility, but not guaranteed hours of work (Leading Healthcare Providers Skillnet, 2023).

Among these immigrants, the number of Brazilians has risen for both students and workers under employment permit. In addition to the growing number of international

students migrating to Ireland, 4,553 permits in total were issued to Brazilians in 2024. Moreover, 12,501 general work permits were issued to the Health & Social Work sector, which includes home care assistants (Department of Enterprise, Trade and Employment, 2025b; European Migration Network, 2023). International English students are under Stamp 2 visa and are entitled to work part time (up to 20 hours per week), excluding during holidays – summer and Christmas, when they are allowed to work up to 40 hours per week. Meanwhile, workers under the general employment permit work up to 39 hours per week (Department of Justice, 2024). Furthermore, studies like Machado (2024) show that working conditions for Brazilian workers are more challenging due to exploitation and limited legal protection.

The burden and quality of life of home care assistants

Precarious employment and marginalisation of Brazilian care workers in Ireland

Brazilian immigration to Ireland started to expand in the late 1900's and since then women were granted with work permits mostly as home care assistants (Cawley, 2018). The general employment permit gives the person the right of Stamp 1, stating that the worker cannot switch employer within 5 years, when the employee can apply for the citizenship and is allowed to look for any other type of job.

Meanwhile, English language Students are granted Stamp 2, which permits them to stay in the country for 25 weeks, with the possibility of renewing the full-time course two more times, if following conditions such as achieving a minimum of 85% of attendance. Afterwards, the student may apply for a higher education, with permission to stay as a student for 7 years in total. However, while on Stamp 2, all those years does not count to applying for a citizenship, as the person may work full time for at least 5 years to be entitled for it (Machado, 2024).

The study visa also imposes other conditions, such as demonstrating academic progression each year and not accessing public benefits or publicly funded services, including public hospital services. Furthermore, in the casual employment allowed, the employers doesn't offer any health insurance. Thus, the student must have a private health insurance to any case of unexpected needs and illness. This visa's legal framework produces the absence of legal protection and influences precarious work conditions (Machado, 2024).

Due to the weak labour migration policy and the limited number of General Employment Permits available in the home care sector, many companies rely on student workers to maintain the functioning of the sector. Students usually find jobs in unregulated sectors, which offers lower wages (Migrant Rights Centre Ireland, 2020). The low-payment generates financial instability, which causes the fear of confrontation with employers and the need to look for an extra job to complete 40 hours worked per week. This situation, in addition to the demanding shifts, English classes, long commutes, minimal rest, the need to live in shared houses with many other students at an extra high cost of rent, and the need to save money to pay for the fees to renew the student visa permission and the new course, leads to a stressful, precarious and marginalised life (Machado, 2024). The result is a paradox in Ireland's care system: Brazilian caregivers are essential, yet exploited and marginalised. This exposes the reality of the labour market, where immigration, precarious jobs, and care provision intersect - often to the detriment of the caregivers themselves.

Furthermore, regarding Brazilians who hold General Employment Permits, Maher (2014) argues that although they are allowed to work full-time, they often face employment relationships heavily controlled by sponsors, as the work permits are granted to the employer instead of the workers, which means that the employer has the right to recruit workers to fill specifics vacancies, increasing the power of the employer over the immigrant workers. Thus, the MRCI (2020) study complements that workers are usually afraid to assert their rights and lose their jobs as a result, accepting poor terms and conditions, contractual issues and even worse: racism and discrimination.

Burden on carers: tracking inequality between formal and informal, locals and migrants

Studies have agreed that care burden can be described as a series of problems someone has to face while on a caregiver role, which may be physical, emotional, and social (Liu *et al.*, 2020; Kalanlar, 2019). According to Liu *et al.* (2020), for informal caregivers, the antecedents of burden include insufficient financial resources, limited social activities, and accumulative different responsibilities. Meanwhile, a study conducted in South Korea compared many aspects between formal and informal caregivers, concluding that the latter experienced higher levels of burden, physical strain and stress. Longer daily care time were associated with greater burden, and informal caregivers had less positive attitude towards caring than formal caregivers (Oh *et al.*, 2024). This is supported by evidence that some

caregivers get attached to their care recipients, seeing them as friends or even their own children and responsibility. Furthermore, a good relationship with the care recipient also had a positive response (Grasmo *et al.*, 2021; Kalanlar, 2019).

Although the majority of research focuses on informal caregivers' burden, there is a growing recognition of formal caregivers, indicating that they also face significant challenges and intense burden. Most of these studies focus on formal caregivers such as nurses, home care assistants, occupational therapists in the home care settings, or formal caregivers (especially nurses) working on community care and nursing homes. Common findings for burden among formal caregivers included high workloads, time pressure, poor sleeping and eating habits, and extreme physical demands (Thankachen *et al.* 2025; Oh *et al.*, 2024; Grasmo *et al.*, 2021; Kalanlar, 2019).

In home care settings, findings show that additionally to situations that may happen in care institutions, there are different ones that home care assistants may face. Care occurs in clients' homes, which makes the work place unpredictable – many of the care recipients won't respect caregivers, smoke indoors, or the environment is in poor hygiene conditions. The time pressure also makes them to skip lunch, and not going to the toilet, for example. Furthermore, as they work alone, it can lead to feelings of isolation and lack of support. They feel responsible for the care recipients and sometimes undertake extra tasks, such as heavy lifting, exceeding their physical limits and increasing the risk of musculoskeletal disorders. They also report verbal and physical violence, threats, intimidation from gangs and animals, car theft and even sexual aggression, including rape (Lucien *et al.*, 2024; Grasmo *et al.*, 2021).

Furthermore, among these studies, there is a lack of information about immigrants – although it is known that the percentage of migrant caregivers is increasing (Grasmo *et al.*, 2021). Studies focusing on this group's point of view are not enough. Even though, not only focusing on health care workers, Thankachen *et al.* (2025) surveyed migrants in the Irish context. An online survey was conducted online, utilizing Google Forms, that received 447 responses, in which 416 were nurses and only 31% were healthcare assistants currently working in Ireland. Participants were primarily from India and the Philippines. In this study, the authors recognized that migrant workers are already facing the fact to get used to the different cultural practice and culture beliefs, racism and language barriers. They also face poor work conditions, abuse, limited support from colleagues and supervisors, salary and benefit issues, high workloads, and lack of recognition.

This results in a dual burden, as the structure of migration policy in Ireland reinforces inequity. As student visa holders don't have many job opportunities and full-time workers on employment permit remain dependent on employer sponsorship, migrants often accept last-minute shifts, skip rest breaks and tolerate unpredictable and exhaustive schedules (MRCI, 2020; Maher, 2014).

As previously discussed, caregiver burden is responsible for a wide range of negative outcomes, reducing both physical and psychological well-being. Its long-term impacts may accumulate and lead to surgeries due to musculoskeletal injuries, use of antidepressants due to clinical depression, reduced family engagement due to extreme tiredness, not enough time for social activities, leg and neck pain, fatigue, and backaches. High levels of stress and burnout are also common, leading to increased sick leave and higher turnover rates. Studies also agree that this poor quality of life among caregivers is directly linked to a decreased quality of care, which means that improving the situation will enhance the quality of care delivered to the elderly (Lucien *et al.*, 2024; Grasmo *et al.*, 2021; Kalanlar, 2019).

Human needs and unmet realities in the care sector

A broader perspective on human needs

Over the years, many theories have attempted to classify human needs. Among them, the Self-Determination Theory (SDT) proposes that the basic psychological needs are autonomy, competence, and relatedness. Autonomy does not translate as the necessity of acting independently, but rather as the ability to act with a sense of choice, leading to a feeling psychologically freedom. Meanwhile, competence refers mostly to the need for developing new skills and the ability to master tasks. Finally, relatedness refers to feeling socially connected, to love and care and to be loved and cared – this need is fulfilled when the person feels that belongs to a group or community. Psychological growth, higher levels of engagement, performance, well-being, and motivation are the possible outcomes of having those needs satisfied. However, if those needs are not satisfied, it may lead to burnout and turnover (Van den Broek *et al.*, 2016; Ryan and Deci, 2000).

While SDT focuses on psychological needs, this theory does not exclude other types of needs, such as physical or material needs, nor the fact that satisfying these needs won't be reached in the same way across all cultures. For example, employees from collectivist cultures may benefit more from the satisfaction of relatedness needs than those from individualistic cultures (Van den Broek *et al.*, 2016; Ryan and Deci, 2000).

Although those are basic human needs and, according to Van den Broeck *et al.* (2016), there is a need for further research on these needs in the organisational settings, it might be interesting to expand the implications for the labour context, especially for Brazilian formal caregivers, embracing not only organisational settings, but also employees from a collectivistic culture. The results of which can later be compared with locals or different nationalities in the Irish caregiver's sector in future research.

Unmet needs among formal caregivers: evidence and implications

Investigating SDT Theory among caregivers, it becomes evident that there are autonomy, competence, and relatedness unmet needs shaping their experiences. Home care assistants often lack autonomy as they have minimum or no control over the rigid schedules and extra shifts and type of tasks performed. Meanwhile, the need for competence is not met due to the workers receiving little or no training, nor receive sufficient recognition for the all the care work provided. Lastly, the need for relatedness is constantly ignored, especially for immigrants, as home care assistants work alone, feeling isolated and with no team or managerial support (Tangchitnusorn *et al.*, 2022; Grasmo *et al.*, 2021; MRCI, 2020; Van den Broek *et al.*, 2016).

Beyond psychological needs, other basic ones can be found: physical, material, organizational, and social needs. Those are essential to understand the unmet needs of formal caregivers. Physical needs include adequate rest, nutrition, and good work conditions, and formal caregivers commonly report that they suffer from musculoskeletal injuries, unpredictable work conditions, poor sleeping and eating habits (Kalanlar, 2019; Grasmo *et al.*, 2021; Thankachen *et al.* 2025).

Unmet material needs also warrant concern. As there are no national standards, the pay rates, terms and conditions are variable between the employers. Many employment contracts don't offer guaranteed hours of work, and workers only receive payment for each hour worked, which often leads to lower income. Further, there is no additional payment for transport expenses or time in transit – the time travel between clients (care recipients). For instance, the income is not sufficient for international students to cover basic expenses, which leads them to look for a second irregular job (and sometimes a third one), putting them in even more dangerous, vulnerable, and exploitative situation (Machado, 2024; MRCI, 2020). Additionally, even though the demand for immigrant formal carers is growing day by day, the government stipulated a value of €30,000 per year salary as minimum to grant as employment permit for a home care assistant, which is one of the lowest in

comparison of other professions, such as sea-fishers in the Irish Fleet, who receive a minimum salary of €34,000 per year. Yet, as their immigration status is dependent on one employer, thus immigrants are afraid to look for their rights and suffer retaliation, such as losing their permits and positions (Department of Enterprise, Trade and employment 2025a; Department of Enterprise, Trade and employment 2025c; MRCI, 2020).

The unmet organizational needs of the formal caregivers are related to fair workload distribution, transparent communication, and supportive management. Accordingly, carers report time pressure when transferred over geographic areas where they don't usually work or a multiple work locations schedule, performing tasks that take longer than it was accounted by the company, and others. As a result of time pressure, carers stay less time with clients, skip lunch, don't go to the toilet, have seizures and palpitations, and those challenges may lead to sick leaves. Sick leave puts pressure on the remaining workers, who need to perform extra tasks and new schedules (Grasmo *et al.*, 2021; MRCI, 2020). Further, the feeling of abandonment by managers and institutions rises – prohibitive complaints mechanisms are common (MRCI, 2020). For example, workers quitting their jobs due to seeing no actions taken by the employers after a complaint of being sexually harassed by an elderly male client, as mentioned by two home care assistants who were participants in the Tangchitnusorn *et al.* (2022) research. Further, in the same research, participants pointed the desire to continue training and pursue higher education, but they cannot achieve it due to courses' length and the fact that they are not paid on their days off.

Despite the growing research on caregiver burden and occupational stress, there are still many critical areas to be explored in order to enhance development for interventions into the formal home care settings. Within the explored literature, Kalanlar (2019) noted that care burden on formal carers is heavy, thus they need to be monitored not only physically, but also psychologically, and socially by their institutions. They also argue that, besides checking the workers, employers should provide support – but doesn't examine what can be done, such as flexible shift arrangements. Further, this work focuses on formal workers in nursing homes, omitting home care assistants. Meanwhile, Oh *et al.* (2024) compares formal and informal carers, explaining that care burden was high among formal caregivers, but even higher for informal ones. Moreover, care time had a moderating effect between care attitude and burden for formal caregivers, but implications of cultural background, migratory status, and employment insecurity on care time, which are key factors to address for Brazilian caregivers, were not considered.

In addition, while Grasmo *et al.* (2021) investigated physical exhaustion and stress, the specific challenges that immigrants face were not taken into consideration. Thankachen *et al.* (2025) explored similar topics among migrant healthcare workers in Ireland and reported a high levels of stress, but did not examine implications such as the role of visa types and management deficiencies. Similarly, Liu *et al.* (2020) did not come with policy suggestions to mitigate burden. Therefore, after reviewing the literature, one can justify the need for empirical research that considers not only formal caregivers' unmet needs, but also on how these intersect with migratory conditions and visa types in the Irish formal care sector, and these are the areas this study aims to investigate.

Work Engagement in the Caregiving Sector

Conceptualising Work Engagement

Schaufeli *et al.* (2002) defined work engagement as a positive state of mind at work characterised by vigor, dedication, and absorption. These dimensions can be measured by the different versions of Utrecht Work Engagement Scale (UWES), including its short version (UWES-9) which has 9 questions and was also validated (Schaufeli *et al*., 2006). The use of the scales is strong within the literature and across different sectors, but critiques have emerged regarding its relevance for marginalised or precarious worker populations. Bailey *et al*. (2017) argue that the majority of the studies focused on them in corporate or professionalised settings in Western countries, while informal and emotionally demanding roles are unexplored. Roles in the home care sector, which are usually occupied by migrants working under visa restrictions and poor contract conditions, are included.

Self-Determination Theory (SDT), developed by Ryan and Deci (2000), determines that basic psychological needs can be divided into autonomy, competence and relatedness. This theory adds another perspective as its authors stated that those basic needs are essential and universal to enhance well-being, motivation and personal development. Each need predicts different values for outcomes such as work engagement, burnout, thus should be considered independently (Van den Broeck *et al*., 2010). Furthermore, Van den Broeck *et al*. (2016) expressed the necessity to examine collectivistic cultures to assess the possible different effects of culture, as the needs are considered universal, but the degree of value one gives to each need may vary, and for collectivist cultures relatedness may play a stronger role. For Brazilian carers in Ireland, as Brazilian culture may be classified as

collectivistic, engagement may rely more on solidarity with colleagues and emotional bonds with clients than on formal recognition by organisations. Yet, applications of SDT in care work remain limited.

Finally, the Work-Related Quality of Life scale (WRQoL) (Val Laar *et al.*, 2007) explores both psychological and structural factors within six subscales: general well-being, home-work interface, job and career satisfaction, control at work, working conditions, and stress at work. In this sense, the scale captures features often neglected in traditional surveys for job satisfaction, as aims to understand how all the factors from its subscales affect quality of life, which makes a bridge between internal and external dimensions that can be related with engagement studies if associated with other scales. Further, authors have used the scale in care-related professions, showing that the scale is useful for this population (Kalanlar & Alici, 2019; Grasmo *et al.*, 2021).

Combining all the three perspectives (UWES, SDT and WRQoL) grants a global view and addresses the gaps by linking internal and external dimensions of engagement. This allows a deeper understanding of how structural stressors influence psychological mechanisms and, ultimately, engagement. It can also provide practical insights for improving retention and well-being among migrant carers. Further, this combination of theories suggests that, other than psychological needs, engagement cannot be minimized and viewed as an universal state. In the home care sector, especially for migrant caregivers, engagement reflects a fragile and complicated balance between personal resilience and structural barriers, and this study aims to address this gap.

Conditions Shaping Engagement in Home Care

Care work is marked by long shifts, unpredictable schedules, and verbal and physical violence, which are linked to stress and burnout, therefore compromising engagement (Grasmo *et al.*, 2021; Kalanlar and Alici, 2019). Studies also demonstrated that carers experience poor working conditions, unpredictable environments, and limited organisational support (Care Alliance Ireland, 2023; Grasmo *et al.*, 2021). Additionally, Thankachen *et al.* (2025) have shown that migrant workers reported extra challenges related to their immigration status, which exposes how structural factors worsen the risks.

Despite these conditions, engagement still remains to some extent. However, what looks like engagement can mask vulnerability. In the home care sector, persistent

levels of engagement may indicate silent endurance, which means that workers are probably internalising all the responsibility and sacrificing their own well-being in order to compensate for the failures of the system. This study explores this paradox among Brazilian migrant carers in Ireland, asking whether engagement is supported by fair systems or mainly extracted under vulnerability.

Migratory and Cultural Influences on Engagement

Van den Broeck *et al*. (2016) argued that cultural factors may influence psychological needs, which may be particularly relevant for migrants, as they face extra challenges. In Ireland, Thankachen *et al*. (2025) have shown that migrant healthcare workers reported to face discrimination, high levels of stress, and limited support from employers. Visa type has also been highlighted as an important factor by reports such as MRCI (2020), which states that engagement cannot be understood apart from legal status and institutional recognition. The Brazilian community is often working in precarious and exploitative jobs due to the restrictions of the student visa (stamp 2) (Machado, 2024), and workers under general work permit (stamp 1) may also face dependency on employers that limit worker autonomy (Maher and Cawley, 2014). In this sense, this study addresses this gap among Brazilian caregivers in Ireland by examining how different visa types and cultural orientation may shape engagement in different ways.

Literature Gaps and Contribution

Although engagement is a topic growing within healthcare studies, most of them focus on regulated health roles, such as nurses or caregivers in nursing homes (Bailey *et al*., 2017). In Ireland, reports show the challenges of migrant caregivers, but do not link their realities to engagement theory. Further, there is limited evidence that instruments such as UWES are used to understand engagement in precarious migrant roles, there is no evidence of how psychological needs (SDT) interact with structural conditions (which is measured by WRQoL), and studies often assume that high level of engagement is linked to organisational success, disregarding the fact that migrant caregivers' engagement may reflect resilience under constraint.

In summary, this study addresses these gaps by testing the relevance of UWES and Self-Determination Theory among Brazilian caregivers in Ireland, while also integrating the WRQoL scale to connect internal motivation with and external facts,

reframing engagement not as a sign of organisational success or an outcome of individual motivation, but as a fragile state caused by structural vulnerability.

Research Question and Aims and Objectives

As previously stated in the literature review, there is a lack of research focusing on migrant caregivers' engagement and quality of working life, and even less on those working under precarious contracts and visa restrictions. Therefore, this study aims to investigate how visa type and working conditions affect the experience of Brazilian caregivers in Ireland in relation to work engagement and work-related quality of life.

The main research question is:

How do working conditions and visa type affect engagement and quality of working life among Brazilian caregivers in Ireland?

The secondary research question is:

To what extent does work-related quality of life explain variance in engagement scores?

To achieve the study's aim and answer the research questions, four **objectives** were defined. The first is to analyse if visa type predicts differences in engagement, the second is to analyse if visa type predicts differences in work-related quality of life, the third is to check the relationship between work-related quality of life and engagement scores, and the last is to connect psychological and structural factors in the migrant caregiver context. Based on these, three hypotheses were developed. Each includes a null and an alternative version (see Table 1) and will be tested through quantitative methods, which will be further explored in the methodology and results chapters.

Table 1 *Summary of Hypotheses Testing*

Hypothesis	Null Hypothesis	Alternative Hypothesis
H1	Visa type does not significantly predict differences in work engagement among Brazilian caregivers.	**Visa type significantly predicts differences in work engagement among Brazilian caregivers.**
H2	Visa type does not significantly	**Visa type significantly predicts**

	predict differences in work-related quality of life among Brazilian caregivers.	**differences in work-related quality of life among Brazilian caregivers.**
H3	Higher levels of work-related quality of life do not significantly predict higher levels of work engagement among Brazilian caregivers.	**Higher levels of work-related quality of life significantly predict higher levels of work engagement among Brazilian caregivers.**

Methodology

Introduction

This chapter describes the methodological framework chosen in this thesis to answer the research questions and proposed hypotheses. It is structured following the Research Onion Framework proposed by Saunders *et al*. (2023). It progresses from the philosophical layer (stage) to the procedures and techniques used for data collection and analysis. The reason for using the model was to ensure transparency and justify each methodological choice made. Therefore, the chapter covers research framework, philosophy, approach, design, strategy and procedure. It also covers population and sample, data collection, instruments, data analysis, ethical considerations, and methodological limitations.

Research Framework

The methodology of this thesis was developed based on the Research Onion framework (Saunders *et al*., 2023), which provides a step-by-step model for designing a reliable research. The authors state that each aspect works as a layer of the onion, and you can "peel it" once you finish understanding and explaining each of them, as they are interconnected and not disposable. There are six layers, or steps, that summarise the model. The first is philosophy, followed by approach to theory development, methodological choice, strategy, time horizon, and procedures and techniques. This order is to be followed as a guide for the researcher to make a logical decision at every stage and answer the research question as validated and credible as possible.

Research Philosophy

Research philosophy is defined by Saunders *et al*. (2023) as "system of beliefs and assumptions about what constitutes acceptable, valid and legitimate knowledge; the nature of reality or being, and the role of values and ethics in relation to research". According to them, one of the most important philosophies found in business and management is Positivism, which assumes that reality is objective and can be measured through observable and quantifiable data. Further, the researcher must be as detached, neutral, and independent of the research as possible to avoid influencing the results. This is the reason that many researchers prefer quantitative methods such as questionnaires, where all participants have access to the same questions and the same list of possible results, rather than interviews, because questions may be asked differently to each participant and the researcher must interpret them afterwards. For questionnaires, the researcher can argue that, as the questions were the same and participants had structured possible answers, the authors could not influence those.

Therefore, the research is typically well structured and works with quantitative methods of analysis and large samples. The researcher can decide to develop hypotheses (hypothetical explanations for the study that can be measured, tested, and fully or partially confirmed, or even refuted) by reviewing the literature or deriving them from observation of the real world.

Based on that, this study adopts a positivist philosophy, as the objective was to quantitatively measure the relationship between variables using validated scales and statistical tests. As a questionnaire was chosen as an instrument, positivism aligns with the study, which also allows testing the hypotheses through numerical data analysis.

Research Approach

The approach most likely to be followed by a positivist research philosophy is deduction. Deduction is constructed by moving from reviewing the theory to data, developing and testing hypotheses to confirm or refute existing knowledge. Therefore, this study follows a deductive approach, as the hypotheses were based on the literature and on established theories, such as Self-Determination Theory. It was also looking to explain causal relationships between certain independent and dependent variables, such as visa type and work engagement, which aligns with the chosen approach (Saunders *et al*., 2023).

Research Design

Planning how to answer the research question and achieve the aim and objectives of the study is called research design. Understanding the research purpose is the first step, which is driven by the research questions. This thesis is considered a descriptive-explanatory study, which uses description as a precursor to explanation. Therefore, it might be associated with a quantitative research design, which it is in this study. Quantitative research focuses on variables and relationships between them, and when the data collection occurs with only one technique, it is known as a mono-method quantitative study. This also aligns with this study, as the only data collection technique used was an online questionnaire (Saunders *et al*., 2023).

Research Strategy and Time Horizon

As a mono-method quantitative study, according to Saunders *et al*. (2023), one of the principal associated designs is the survey. The survey strategy using a questionnaire was chosen for this study because it is effective to collect standardised data from large populations and generate statistically representative findings of the target population with lower costs than interviews. This study used an online survey to reduce costs, allow participants with variable schedules to participate when it best suited them, and reduce geographic constraints (Saunders *et al*., 2023). This decision was further supported by a prior study with Brazilian migrants that used similar methods (Grasmo *et al*., 2021). Considering that theses usually have a short period to be completed and had to be concluded within a certain date, this thesis is a cross-sectional study. That means it is capturing a "snapshot" in time rather than tracking changes.

Hypotheses

Based on the literature review and theoretical framework grounded in the Self-Determination Theory (SDT), work-related well-being model, and work engagement, the following alternative and null (H0) hypotheses were developed to test both group differences and predictive relationships between the variables. Each null hypothesis (H0) assumes no relationship or difference and serves as the statistical baseline to test the alternative hypothesis. This aligns with the deductive approach chosen from Saunders *et al*., (2023):

- H1 (Alternative): Visa type significantly predicts differences in work engagement among Brazilian caregivers.

  H0: Visa type does not significantly predict differences in work engagement among Brazilian caregivers.

- H2 (Alternative): Visa type significantly predicts differences in work-related quality of life among Brazilian caregivers.

  H0: Visa type does not significantly predict differences in work-related quality of life among Brazilian caregivers.

- H3 (Alternative): Higher levels of work-related quality of life significantly predict higher levels of work engagement among Brazilian caregivers.

  H0: Higher levels of work-related quality of life do not significantly predict higher levels of work engagement among Brazilian caregivers.

Population and Sampling

The target population of this study was Brazilian formal caregivers living and working in Ireland. The inclusion criteria were:

- Being at least 18 years old.

- Holding a student visa (Stamp 2), general employment permit (Stamp 1), or others (e.g., Stamp 4).

- Currently or previously working in a formal caregiver role – home care assistant.

- Currently living in Ireland.

As an online questionnaire was used, the researcher could access Brazilian caregiver networks to recruit participants due to previous personal experience in the sector. This access happened through WhatsApp and Facebook groups, and an Instagram post that was shared by other community members, and there was no incentives to increase the response rate. Thus, a non-probability sampling method was adopted, specifically a combination of convenience and snowball sampling. According to Saunders *et al*., (2023), this approach is appropriate in these circumstances, given the lack of information about all Brazilian caregivers in Ireland

and the need to access a difficult population to reach in a short period of time. This allowed the final sample to consist of 112 participants.

Data Collection

The data collection was conducted online using a questionnaire in Google Forms over a period of one week. This was a self-completed questionnaire (online web questionnaire), which was completed by each participant with no interference by the researcher (Saunders *et al*., 2023). The first page of the questionnaire consisted of the participant information sheet, containing the purpose of the study, who was conducting it, which sections were included, what was going to happen with the results, and how to contact the researcher. It also said that participation was voluntary, that participants were allowed to withdraw at any time, and that continuing in the questionnaire meant giving consent to participate. As email addresses were collected, the data were stored in a password-protected file, granting confidentiality.

The data collected followed the order proposed by Saunders *et al*., 2023:

> a.The main outcome expected for the study is explanatory, focusing on comparisons between variables and regression.
> b. Research questions and hypotheses were developed to understand which variables would be necessary and reviewed in the literature.
> c. The research question was adjusted: initially, the study considered excluding Brazilians living outside Dublin and those with visa types other than Stamp 2 and general work permit (stamp 1). The criteria were expanded to better understand the population and ensure more responses.
> d. Dependent and independent variables were reviewed in the literature.
> e. The level for the dependent variables and visa type was more deeply reviewed as they are the focus of the study, while less detail was required for other variables.
> f. Two validated instruments were chosen to collect information about the dependent variables and another instrument was adapted to capture data focusing on the level required and specific topics associated with the target population.

Research Instruments

To access the two dependent variables, the author selected validated instruments. To capture quality of life, the Work-Related Quality of Life Scale (WRQoL) was used.

Meanwhile, the Utrecht Work Engagement Scale – short version (UWES-9) was applied. Further, to understand independent variables such as physical, material, organisational, and social needs, the author developed questions based on the Work-Related Basic Needs Satisfaction Scale (W-BNS).

The UWES-9 (Schaufeli *et al*., 2006) was chosen for its strong validity and usage in other works. The short version was selected to shorten the questionnaire because there were many other questions to collect and the longer one would be time-consuming. It uses a 7-point Likert scale from 0 (never) to 6 (always/every day). It assesses vigor (e.g., "At my work, I feel bursting with energy"), dedication (e.g., "I am enthusiastic about my job"), and absorption (e.g., "I am immersed in my work").

The WRQoL (Val Laar *et al.*, 2007) was selected because it aligns with the aim of the study and it is free to use in academic works. The scale includes six subscales: general well-being (GWB), home–work interface (HWI), job and career satisfaction (JCS), control at work (CAW), working conditions (WCS), and stress at work (SAW). It is rated on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). It is composed of 24 questions, with the last one not included in the mean and analysis of the subscales, according to the authors it is optional. In this study, the last question was included in the questionnaire but was not included in the analyses. Two examples of the scale questions are: "I have a clear set of goals and aims to enable me to do my job" and "I am encouraged to develop new skills."

The W-BNS (Van den Broeck *et al*., 2010) was adapted due to this work's usage of Self-Determination Theory (SDT), and Van den Broeck *et al.* (2016) argued that adapting the questionnaire is appropriate, which this study did to reflect the culture and specific needs of the target population. Two examples of the adapted questions of the scale are: "During your shifts, do you feel you have enough time to eat and drink sufficiently?" and "Have you experienced verbal or physical violence at work?". Most of the questions were rated as "yes" and "no". In this section, socio-demographic questions were also included, such as age, gender, and visa type.

Pilot Test

There is only one chance to get appropriate responses from the target population and, because of that, according to Saunders *et al*. (2023), a pilot test must be done. It allows refining the questionnaire and enables the author to understand if any changes are needed.

First, the questionnaire was sent to the supervisor of the thesis and a few changes were made according to his suggestions. Afterwards, the link was sent to a possible sample close to the author to minimise the time frame. It was open for only one day and conducted with seven participants who were not caregivers, in order to test: time spent to complete the questionnaire, clarity of instructions and questions, ambiguity, and other factors. Three participants noted that the questionnaire was too long. However, the author was willing to make changes to the questions if at least four of the seven participants gave negative feedback about the length of the questionnaire, which was not the case, so the full version was retained. No changes were made.

The reported completion time ranged from 10 to 15 minutes, which allowed the author to state that on the official participant information sheet. Feedback also stated no problems with other factors such as language and understanding the structure and instructions. The official questionnaire was released as soon as the pilot was closed and analysed.

Data Analysis

The data were downloaded from Google Forms into Microsoft Excel and the author followed the steps proposed by Saunders *et al*. (2023). Afterwards, the data were imported into IBM SPSS Statistics, checked for any errors, and all of them were corrected with the supervisor's guidance. A back-up for both initial and corrected data was saved and labelled as such.

Normal distribution was tested automatically through the Shapiro–Wilk test, and data were classified as normal or not normal. Data type was also used to understand which of them were suitable for non-parametric statistics, which are used for categorical data (e.g., nominal and ordinal), or parametric statistics, which are used with normal data (e.g., interval and ratio).

Using numerical data to understand if two groups are different, Independent Samples t-tests was applied. The t-test compares the difference of means of both groups with a measure called the spread of the scores. To compare means of three or more groups, a One-way ANOVA was selected. To predict the dependent variables (in this case, work engagement and work-related quality of life) using different independent variables, a backward stepwise multiple linear regression was applied.

The significance level was set at $p < .05$ for all tests, and this combination of tests enabled the author to analyse the data collected and obtain strong group-level

insights and identification of the key variables influencing engagement and quality of working life. This was crucial to answer the research questions and validate the hypotheses.

Ethical Considerations

All ethical principles were taken into consideration according with Saunders et al. (2019) and actions were implemented by the author:

a. Integrity, fairness, and open-mindedness of the researcher: the researcher was truthful, promoted accuracy, and there was no conflict of interest.

b. Respect for others: the rights and dignity of all participants were respected.

c. Avoidance of harm: the questionnaire was constructed carefully not to cause any distress, and there was no violation of confidentiality or anonymity.

d. Privacy of those taking part: privacy was ensured and the author acted responsibly while analysing the data.

e. Voluntary nature of participation and right to withdraw: participants participated voluntarily and had the option to withdraw at any time simply by closing the Google Forms window. No data were collected from those who decided to do so.

f. Informed consent of those taking part: participants were not pressured or coerced to participate, and were informed about the need for consent.

g. Ensuring confidentiality of data and maintenance of anonymity**:** the author assured anonymity and confidentiality of the participants to avoid harm.

h. Responsibility in analysis of data and reporting of findings: no identification was used in this paper. The data were not altered in any way or circumstance to maintain accuracy and veracity.

i. Compliance in management of data: all management of the data respected government legislation.

j. Ensuring safety of researchers: there was no risk for the researcher.

Therefore, the guidelines provided by the National College of Ireland (NCI) were followed and respected. The ethics form for the proposal was submitted. Further, all data will be stored for five years in a password-protected file in line with NCI guidelines.

Methodological Limitations

This study had several design limitations that must be acknowledged. First, the research adopted the deductive approach, which has generalisation as one of its main characteristics. To generalise findings, the sample must be sufficient in size.

Unfortunately, due to the time frame, it was not possible to collect more responses, and only 112 caregivers participated. In addition, the method of sampling (convenience and snowball) limits the representativeness of the results.

Second, the research strategy relied on a mono-method quantitative survey to align with the time frame. Although Saunders *et al*. (2023) state that a qualitative or mixed-method design would provide richer contextual insights, this was not feasible due to time and resource constraints.

Third, a cross-sectional time horizon is only a snapshot in time, which is less useful to establish causality between variables. Longitudinal research would be a better option to understand and observe how the dependent and independent variables interact over time. Finally, as data were collected exclusively online, Brazilian formal caregivers without access to the internet or who were not active on social media groups were likely excluded, reducing representativeness even further.

Conclusion

This chapter highlighted the methodological approach adopted to better understand the relationship between the dependent and independent variables of this work. The Research Onion framework proposed by Saunders *et al*. (2023) was followed by the author to construct the methodology, ensuring the alignment of theory, data collection, and analyses. While the data collection and analyses were explored in this section, the results will be presented in the next chapter.

Findings and Results

Introduction

This chapter presents the quantitative analyses of the data collected through the online questionnaire. The analyses were conducted in three steps, and the chapter concludes with a summary of the principal findings:

a.Descriptive statistics explain the sample and variables.
b.Comparison of means explains any difference across groups.
c. Multiple linear regression tests the study hypotheses.

Descriptive Statistics

The sample consisted of 112 participants, all of them Brazilian caregivers living in Ireland, 89.3% in Dublin and 10.7% in other counties (e.g., Limerick). The sociodemographic and work-related characteristics of the participants are shown in Table 2.

The majority of participants were female (89.3%), with a smaller participation of individuals who identify as male (10.7%). More than half of participants were aged between 30 and 39 years old (59.8%), followed by younger participants aged 18 to 29 years old (23.2%). Single caregivers composed the highest percentage of participants (56.3%), followed by those married or in a civil partnership (38.4%). Further, 43.8% of the participants held a postgraduate degree, 35.7% held a diploma, and 20.5% had completed the undergraduate studies. Regarding legal status, 52.7% of the participants held a General Employment Permit (stamp 1), 29.5% held a Student Visa (stamp 2), and the remaining participants (17.9%) stated to held other types of visa, such as stamp 4.

Moreover, 66.1% of the participants appear to have between 1 to 3 years of work experience as a caregiver, and the lowest percentage of participants (3.6%) had experience of 7 years or more. Regarding working conditions, 73.2% reported feeling pressured to accept extra shits or covers, while 78.6% felt pressure to perform tasks outside their contract (e.g., ironing). Moreover, 70.5% of the participants reported not having enough time to eat and drink during their shifts.

Although 67% of participants reported that they did not have serious health conditions related to the job, and 28,6% reported that they did not face any kind of violence, 33% of them reported facing severe health consequences (e.g., broken bones). For those who faced violence at work, 17% did not report to the company, 21.4% reported and said the company took action to help them, but the majority of them (33%) reported the incident and received no support from their company.

In addition, 66.1% of the participants were able to form new friendships at work, while 33.9% did not. Furthermore, 39.3% explained that they make ends meet with some difficulty, while only 0.9% reported making ends meet very easily. Finally, 60.7% expressed the intention to leave the caregiver role, and 13.4% had already quit.

Table 2 *Socio-Demographic and Work-Related Characteristics of Participants.*

Variable	Category	n	%
Gender	Male	12	10.7
	Female	100	89.3
Age group	18 - 29	26	23.2
	30 - 39	67	59.8
	40 - 59	19	17
Nationality	Brazilian	112	100
Relationship status	Single	63	56.3
	Married / Civil partnership	43	38.4
	Divorced / Separated	5	4.5
	Prefer not to say	1	0.9
Level of education	Diploma	40	35.7
	Undergraduate	23	20.5
	Postgraduate	49	43.8
Location	Dublin	100	89.3
	Other	12	10.7
Visa status	Stamp 2 (Student visa)	33	29.5
	Stamp 1 (General Employment Permit)	59	52.7
	Other	20	17.9
Years of experience	Less than 1 year	16	14.3
	1 - 3 years	74	66.1
	4 - 6 years	18	16.1

	7+ years	4	3.6
Pressure for extra shifts or covers	Yes	82	73.2
	No	30	26.8
Make ends meet	With great difficulty	11	9.8
	With difficulty	22	19.6
	With some difficulty	44	39.3
	Fairly easily	27	24.1
	Easily	7	6.3
	Very easily	1	0.9
Pressure to complete tasks outside contract	Yes	88	78.6
	No	24	21.4
Friendships at work	Yes	74	66.1
	No	38	33.9
Enough time to eat/drink	Yes	33	29.5
	No	79	70.5
Severe health consequences	Yes	37	33
	No	75	67
Violence at work	Yes, but I didn't report it	19	17
	Yes, I reported it, but my employer didn't take action	37	33
	Yes, I reported it and my employer took action	24	21.4
	No	32	28.6
Intention to leave the job	No	29	25.9

	Yes	68	60.7
	I already did	15	13.4

Note. N = 112. Visa types refer to Irish immigration categories.

Table 3 presents the descriptive statistics of the main scales used in this study to measure the dependent variables and its domains. Employee engagement scores had a mean of 4.14 (SD = 1.14). Within the domains, vigor had a mean of 3.79 (SD = 1.17), dedication had a mean of 3.63 (SD = 1.45), and absorption had a mean of 5 (SD = 1.28). This results suggest that the domain of absorption had the highest score.

When it comes to work-related quality of life, (WRQoL total mean) the average was 2.70 (SD = 0.63), followed by general well-being (GWB mean) with 2.92 (SD = 0.79), then job career satisfaction (JCS mean) with 2.90 (SD = 0.70). The lowest were stress at work (SAW mean) with 2.37 (SD = 0.89), and home-work interface (HWI mean) with 2.43 (SD = 0.96). This indicates overall moderate levels, with the highest levels associated with general well-being.

Table 3 *Descriptive Statistics of Main Scales (UWES-9 and WRQoL)*

Variable	N	Min	Max	Mean	SD
UWES total mean	112	1	6.89	4.1429	1.14264
UWES Vigor mean	112	1	7	3.7976	1.17648
UWES Dedication mean	112	1	7	3.631	1.45425
UWES Absorption mean	112	1	7	5	1.28127
Job and Career Satisfaction (JCS) mean	112	1	5	2.9033	0.70094
Working Conditions Satisfaction(WCS) mean	112	1	4.5	2.596	0.76615
General Well-Being (GWB) mean	112	1	4.6	2.9232	0.7974

Home-Work Interface (HWI) mean	112	1	4.67	2.4345	0.96156
Stress at Work (SAW) mean	112	1	4.5	2.3705	0.89981
Control at Work (CAW) mean	112	1	4.67	2.5536	0.81717
WRQoL total mean (23 items)	112	1.35	4.26	2.7057	0.63407

Note. UWES = Utrecht Work Engagement Scale; WRQoL = Work-Related Quality of Life. N = 112.

Comparison of Means

As previously commented, this study used different tests to identify any differences between the different groups of variables (two or more groups). For clarity, it is divided into two parts: (a) work engagement and (b) work-related quality of life.

Work Engagement (UWES-9 total)

The tests used for engagement were one-way ANOVA and independent sample t-test, whit results shown in Table 4. Those parametric tests were applied as normality was previously assessed through a Shapiro–Wilk test, which results showed that engagement (UWES total mean) was normally distributed (p = .341).

The One-way ANOVA was conducted to compare the means of engagement and turnover intention (intention to leave the job). The categories were participants who intend to leave the job, those who did not intend to leave, and those who already left. Results showed a statistically significant difference between the groups, $F(2, 109)$ = 8.790, p < .001. Engagement scores were higher among those with no intention to leave the job (M = 4.85, SD = 0.90) than among those intending to leave (M = 3.92, SD = 1.08, p < .001) and those who already left (M = 3.76, SD = 1.31, p = .005).

The independent sample t-test was conducted to compare engagement and pressure to accept extra shifts ("yes"= caregivers who have felt pressured to cover extra shifts, and "no" = those who did not), severe health consequences ("yes"= caregivers who experienced severe health consequences due to work, and "no" = those who did not), and enough time do eat and drink ("yes"= caregivers who reported having enough time to eat and drink during their shifts, and "no" = those who did not).

The results of the t-test showed that engagement was statistically significant higher for caregivers who did not feel pressured to accept extra shifts and covers (M = 4.51, SD = 1.09) than for those who did (M = 4.01, SD = 1.15), t (110) = -2.116, p = .037. Meanwhile, engagement was statistically significant lower for caregivers who experienced severe health consequences (M = 3.58, SD = 1.27) compared to those who did not (M = 4.42, SD = 0.97), t (110) = -3.867, $p < .001$. Finally, engagement was statistically significant higher for caregivers who reported having enough time to eat and drink during their shifts (M = 4.66, SD = 1.00) compared to those who did not (M = 3.93, SD = 1.13), t(110) = 3.201, p = .002.

Table 4 *Comparison of Mean Engagement Scores (UWES-9) Across Independent Variables.*

Dependent variable	Independent variable	Category	N	Mean ± SD	p-value	Test type
UWES total mean	Intention to leave the job	No	29	4.8544 ± 0.8973	<.001	One-way ANOVA
		Yes	68	3.9232 ± 1.0799		
		I already did	15	3.7630 ± 1.3126		
	Pressure to accept extra shifts	No	30	4.5148 ± 0.9095	0.037	Independent Samples t-test
		Yes	82	4.0068 ± 1.1929		
	Severe health consequences	No	75	4.4193 ± 0.9708	<.001	Independent Samples t-test
		Yes	37	3.5826 ± 1.2675		
	Enough time to eat and drink	No	79	3.9283 ± 1.1349	0.002	Independent Samples t-test
		Yes	33	4.6566 ± 1.0017		

Work-Related Quality of Life (WRQoL)

The Shapiro–Wilk test was performed for WRQoL total mean and indicated normal distribution ($p = .067$). Therefore, to compare WRQoL mean across different independent variables, the parametric tests applied were also one-way ANOVA and independent samples t-test, and all results were summarised in Table 5.

In order to compare WRQoL and turnover intention, an one-way ANOVA was performed. The categories included were "no" (for caregivers who do not intend to leave), "yes" (for those who do intend to leave), and "I already did" (for those who are no longer working as a caregiver). Results showed a statistically significant difference between the groups, $F(2, 109) = 11.094$, $p < .001$. WRQoL was higher among those with no intention to leave the job (3.10 ± 0.56), than those intending to leave ($M = 2.54$, $SD = 0.60$), and those no longer working in the sector ($M = 2.68$, $SD = 0.64$).

For the variables "pressure to accept extra shift" and "pressure to perform tasks outside the contract", independent samples t-tests were performed. For the first variable, the categories were "no", for those who did not feel pressured to accept extra shifts and covers, and "yes", for those who did. Among the categories, WRQoL was statistically significant higher for caregivers who did not feel pressured to cover extra shifts ($M = 3.10$, $SD = 0.65$) compared to those who did ($M = 2.56$, $SD = 0.57$), $t(110) = 4.438$, $p < .001$. Similarly, WRQoL was significantly higher for caregivers who did not feel pressured to perform tasks outside the contract ($M = 2.95$, $SD = 0.58$) compared to those who did ($M = 2.64$, $SD = 0.64$), $t(110) = 2.137$, $p = .035$.

Table 5 *Comparison of Mean WRQoL Scores Across Independent Variables.*

Dependent variable	Independent variable	Category	N	Mean ± SD	p-value	Test type
WRQoL total mean	Intention to leave the job	No	29	3.10 ± 0.56	<.001	One-way ANOVA
		Yes	68	2.54 ± 0.60		
		I already	15	2.68 ±		

	did		0.64		
	Pressure to accept extra shifts	No	30	3.1000 ± 0.6512	<.001	Independent Samples t-test
		Yes	82	2.5615 ± 0.5661		
	Pressure to perform tasks outside contract	No	24	2.9475 ± 0.5802	0.035	Independent Samples t-test
		Yes	88	2.6398 ± 0.6352		

Note. WRQoL = Work-Related Quality of Life. Independent Samples t-tests were conducted unless otherwise indicated.

Multiple Regression Analysis

The test was conducted twice to examine predictors for both engagement and WRQoL. In order to do so, categorical variables were dummy-coded. Model 1 tested engagement total mean as the dependent variable, while Model 2 tested WRQoL total score as the dependent variable.

Model 1: Engagement as dependent variable

Using backward elimination, the final model was statistically significant, $F_{(2,109)}$ = 28.76, $p < .001$, and results are shown in Table 6. Explaining 33% of the variance in engagement (Adjusted R^2 = .333), the only variables retained as predictors were WRQoL total score and visa type "other". The predictors were examined further and indicated that WRQoL (t = 7.54, $p < .001$) was a significant predictor, while visa type "other" showed only a trend-level effect (t = -1.89, p = .062).

Table 6 *Regression Predicting Engagement (UWES-9)*

Predcictors	B	SE	Beta	t	p	95% CI
Constant	1.342	0.388	—	3.457	<.001	[0.573, 2.112]

WRQoL total score	0.046	0.006	0.590	7.541	<.001	[0.034, 0.058]
Visa – Other[1]	-0.439	0.233	-0.148	-1.888	0.062	[-0.900, 0.022]

Note. UWES = Utrecht Work Engagement Scale. [1]Dummy-coded variable: Other visas (1) vs. Stamp 2 (0). Model fit: R^2 = .345, Adjusted R^2 = .333, $F_{(2, 109)}$ = 28.764, $p < .001$.

Model 2: WRQoL as dependent variable

Backward elimination was used to remove predictors that were not significant, and the final model retained only the variables pressure to accept extra shifts, stamp 1 visa, enough time to eat and drink, severe health consequences and ability to make ends meet as predictors. All results are in Table 7. This model was considered statistically significant, $F_{(5,106)}$ = 12.26, $p < .001$, explaining 34% of the variance in WRQoL (Adjusted R^2 = .337). Results showed that pressure to accept extra shifts (t = -2.97, p = .004), Stamp 1 visa (t = -2.21, p = .029), lack of time to eat and drink (t = -3.15, p = .002), and severe health consequences (t = -3.30, p = .001) were significant predictors. Ability to make ends meet showed only a marginal significant (t = -1.87, p = .065).

Table 7 *Regression Predicting Work-Related Quality of Life (WRQoL)*

Predcictors	B	SE	Beta	t	p	95% CI
Constant	90.535	4.764	—	19.005	<.001	[81.091, 99.980]
Pressure to accept extra shifts	-7.842	2.645	-0.239	-2.965	0.004	[-13.086, -2.599]
Stamp 1 (General Employment Permit)	-4.995	2.257	-0.172	-2.214	0.029	[-9.470, -0.521]
Enough time to eat and drink	-8.243	2.619	-0.259	-3.147	0.002	[-13.436, -3.051]
Severe health consequences	-8.318	2.522	-0.269	-3.298	0.001	[-13.318, -3.317]

Ability to make ends meet	-4.544	2.433	-0.145	-1.868	0.065	[-9.367, 0.278]

Note. WRQoL = Work-Related Quality of Life. Dummy-coded variables included visa categories.Model fit: R^2 = .366, Adjusted R^2 = .337, $F(5,106)$ = 12.263, $p < .001$

Hypotheses Testing

The hypotheses (see table 1) were tested through regression models 1 and 2. For H1, the visa type was not a statistically significant predictor of work engagement (B = -0.439, p = .062). Therefore, H1 was not supported. For H2, results showed that visa type did significantly affect WRQoL, with Stamp 1 workers reporting lower scores compared to other groups (B = -4.995, p = .029). Therefore, H2 was supported. Finally, H3 was strongly supported. The model including WRQoL as a predictor of work engagement showed a strong positive and statistically significant effect (B = 0.046, p < .001)

.

Summary of Findings

The descriptive analyses showed that the sample was composed mainly for women, all of them Brazilian, and concentrated in Dublin. The majority were highly educated, relatively young, and new entrants in the care industry. Many reported making new friends at work and presented moderate levels of engagement and WRQoL. The distribution also highlighted the dependence on employees with temporary (stamp 2) and restrictive (stamp 1) visas. However, 60.7% of participants expressed intention to leave the job, while 13.4% already left, supporting evidence of high turnover risk in the care sector.

The comparison of means was consistent with the descriptive analyses and showed that caregivers under pressure to accept extra shifts, those who experienced severe health consequences, and those lacking time to eat and drink presented significantly lower engagement. Additionally, participants who reported pressure to accept extra shifts and tasks outside their contract, and those with intention to leave, had significantly lower WRQoL.

Regarding the regression models, the analyses showed that visa "other" had only a marginal effect (p = .063) on engagement, while WRQoL significantly predicted higher engagement. Further, model 2 showed that higher work pressure, insufficient

time to eat and drink, severe health consequences, and holding a Stamp 1 visa predicted significantly lower WRQoL, while ability to make ends meet showed a negative trend (p = .065). Therefore, the hypotheses H1 and H2, which proposed that visa type significantly predicts differences in work engagement and WRQoL, were not supported. However, H3 was supported, confirming that higher WRQoL significantly predicted higher engagement.

Discussion

Overview

In this study, the author used the W-BNS and Self-Determination Theory to design a questionnaire that captured specific factors relevant to Brazilian caregivers in Ireland. These questions, together with sociodemographic variables, allowed to measure the descriptive profile of participants, which was crucial for the analyses. The sample was predominantly female, aged mainly between 30 and 39 years, and concentrated in Dublin. More than half held a general work permit (stamp 1), while 33% were student visa holders (stamp 2), and the remaining fell into the "other" category (e.g., stamp 4). Regarding the adapted questions, 73% reported feeling pressured to accept extra shifts and covers, 79% to perform extra tasks outside their contracts (e.g., ironing), 71% not having enough time to eat and drink during their shifts, and 33% experiencing severe health consequences due to work conditions (e.g., broken bones or surgeries). In addition, more than 60% reported the intention to leave their jobs.

To make sense of this findings, while the previous chapter outlined the statistical results, this chapter discusses the study's aims, hypotheses and connections with the literature review. It begins by explaining the research aim, questions, and hypotheses, followed by an examination of the impact of visa type on both work engagement and WRQoL, and then by analysing the direct relationship between WRQoL and engagement. The chapter also explores how these relationships interact with the literature, compares regression results and group differences identified in the descriptive analysis, and presents the implications of the study's findings.

Research aim and hypotheses in context

The aim of this study was to understand if visa type and working conditions influenced work engagement and WRQoL among Brazilian caregivers in Ireland. Based on the literature review and observation, this was tested through three

hypotheses. H1 "Visa type significantly predicts differences in work engagement among Brazilian caregivers". H2: "Visa type significantly predicts differences in work-related quality of life among Brazilian caregivers". H3: "Higher levels of work-related quality of life significantly predict higher levels of work engagement among Brazilian caregivers". The findings revealed contrasts between the group comparisons (based on means) and the regression models, which will be further explored in this section.

The descriptive and mean comparison tests indicated some differences between the visa types. Caregivers under the "Other" visa category, despite having stable legal status and higher WRQoL scores, presented lower engagement compared to those holding stamp 2 and stamp 1 visas. However, this difference was not statistically significant in the regression model, which means that visa type did not significantly predict engagement. Therefore, H1 was not supported. This suggests that engagement cannot be explained only by visa type, but by broader interactions between legal status, career progression opportunities, and organisational support.

In the group mean comparisons, stamp 1 holders reported lower scores of WRQoL. Accordingly, in the regression results, visa type significantly predicted WRQoL. The fact that the general employment permit (stamp 1) ties workers to one single employer, limiting autonomy, aligns with recent studies on migrant worker precarity in Ireland (Thankachen *et al*., 2025). This highlights the strong impact that legal and institutional frameworks have on the employee well-being. Therefore, H2 was supported by both descriptive and the regression analysis.

Finally, H3 was strongly supported. The regression model showed a strong positive and statistically significant effect of WRQoL as a predictor for work engagement. This was also supported by the group mean comparisons, which demonstrated a higher dedication and vigor among caregivers with higher WRQoL levels.

Impact of visa type on work engagement and quality of working life

It was expected that visa type would directly influence work engagement, as recent studies linked insecure migration status with precarity, stress, and lower levels of motivation (Migrant Rights Centre Ireland, 2020; Machado, 2024; Thankachen *et al*., 2025). However, findings revealed a more complex scenario. The "Other" visa group, which represents the most stable and secure group regarding legal status, reported a relatively better quality of working life, but also presented lower levels of engagement. Meanwhile, stamp 1 holders, who had the lowest WRQoL score, and stamp 2 holders, reported higher levels of engagement.

This suggests that each visa type influences engagement in a different way, meaning that better work conditions do not automatically create engagement. For the "Other" visa holders, legal security may reduce stress in the short-term, but the lack of opportunities to develop skills and progress professionally reduces motivation and engagement in the long-term. This aligns with the SDT's competence dimension and with studies such as OECD (2020), which argue that retention and motivation depend not only on good salaries and conditions, but also on professional growth opportunities (Van den Broeck *et al*., 2016).

Stamp 1 holders depend exclusively on one employer, and this restriction undermines an important psychological need stated by the SDT, which is autonomy. In the long-term, this also reduces engagement (Maher, 2014; Van den Broeck *et al*., 2016). For stamp 2 holders, the lack of stability, the limitation of working hours per week, financial strain and hopes of transitioning to the general work permit may increase engagement scores temporarily (Machado, 2024).

Bailey *et al*. (2017) argued that engagement can persist even under poor conditions, but this study shows that without addressing specific needs for each group, maintaining high levels of engagement in the long-term is not feasible. This is also supported by the descriptives, as 61% of the participants reported the intention to quit.

Moreover, while the "Other" visa holders have legal security and do not rely on a single employer, stamp 2 holders are dependent on their student status, and stamp 1 holders depend on employer sponsorship. Their compliance in accepting extra demands, such as extra shifts and tasks outside the contract, may be based on the fear that the company will not renew their contract, thus causing them to lose legal residency. This compliance was captured in the descriptive statistics, as 78.6% of participants reported feeling pressured to complete extra tasks and 73.2% felt pressured to accept extra shifts and covers. This also explains how autonomy and well-being of migrants can be reduced by legal status (Thankachen *et al*., 2025).

Relationship between WRQoL and work engagement

The strongest and most consistent finding of this study, which is that WRQoL was the strongest predictor of engagement, was confirmed by both regression analysis and group comparisons. This indicates that poor conditions, such as lack of time to eat and drink, exposure to violence at work and severe health consequences, lead to lower engagement scores. This aligns with Tangchitnusorn *et al.* (2022), who suggested that well-being and quality of life are crucial for motivation and

performance. However, it diverges from Bailey *et al*. (2017), who strongly believe that engagement can persist even when quality of life is low. The divergence can be explained by context. For migrant workers, who already face structural challenges such as precarious contracts and visa restrictions, WRQoL is central and engagement scores will fall if it is not adequate. It means that, if basic psychological and physiological needs are neglected, engagement scores will drop and cannot be sustained over time.

Linking conceptual model and statistical results

The regression results of this study reveal that the relationship between visa type, work-related conditions and need satisfaction is more complex than other studies suggested. They stated that visa type was the main vulnerability for migrant workers, while this study shows that, although engagement was affected by the "Other" visa type, it was also strongly predicted by WRQoL, the strongest and most consistent finding of this study(MRCI, 2020; Machado, 2024). This indicates that engagement was mainly shaped by unmet needs, such as lack of time to eat, financial pressure, health problems, and heavy workload, corresponding to the variables that predicted WRQoL. Thus, engagement was not only defined by visa and legal status, but also by how institutional factors affect the fulfilment of basic and psychological needs. This means that visa status matters to some extent, but regular work experiences explain employee engagement more effectively.

In addition, the analysis of means contributed to understanding the multidimensional character of both engagement and WRQoL. UWES results indicated moderate levels of engagement, while its domains provided important details, absorption had the highest mean, and dedication the lowest. This shows that, even if workers stay focused on tasks, they show low levels of enthusiasm and energy. Bailey *et al*. (2017) argued that engagement can persist even under poor conditions, but this study shows that when people are focused on tasks but dedication is low, they are working by necessity and not intrinsic motivation. This pattern suggests that this type of engagement is fragile and cannot be sustained in the long-term.

Accordingly, WRQoL mean results confirmed this fragility, as its total score was low to moderate. Regarding its domains, general well-being had the highest mean, while stress at work and home-work balance had the lowest. These results align with Tangchitnusorn *et al.* (2022), who showed that the most critical barriers for sustaining engagement in the long-term are stress and work-family conflicts. It also confirms Thankachen *et al*. (2025)'s study, who argued that in Ireland visa restrictions and dependency on employers reduce autonomy and well-being.

In addition to autonomy, the results showed that relatedness was also weak. A high percentage of participants reported not having enough time to eat and drink, and also feeling pressured to accept extra shifts and covers, which may result in limited free time and social interactions. This may reduce engagement even more, as Brazil is considered a collectivist culture and social support and relationships are crucial to motivation. This aligns with the SDT, and also with Van den Broeck *et al*. (2016), who recommend adapting the W-BNS for collectivist cultures. This was followed in this study in conjunction with the UWES and WRQoL scales to develop a questionnaire, thus connecting structural and psychological factors and capturing a multidimensional understanding of engagement and quality of working life among Brazilian migrant caregivers in Ireland (see Appendix A for the full questionnaire developed).

Overall, these findings show that to maintain engagement in the long-term, basic (work-related and physiological) and psychological (autonomy, relatedness) needs must be fulfilled within the limits of workplace and structural conditions. This study captured these dynamics through the use of three instruments, which are UWES, WRQoL and W-BNS inspired questions. Therefore, it contributes to the literature on migrant caregivers by showing that while visa type influences caregivers' vulnerability, the most important factor for engagement is how those vulnerabilities, psychological and physiological needs, and daily work conditions are addressed.

Limitations

There are both theoretical and methodological limitations in this study that must be taken into consideration. From a theoretical perspective, although two validated scales were used in the questionnaire and the research was based on SDT, the W-BNS scale was adapted to the caregiver sector and a collectivist culture, which is supported by Van den Broeck *et al*. (2016) in such cases. While the adaptation, together with the other scales, helped to capture specific needs of migrant caregivers, it may limit comparisons with studies that used the original scale. Another limitation is the focus on visa type, WRQoL and engagement, which may not cover all the nuances of structural, cultural, organisational and other factors influencing migrant caregivers' experiences in Ireland.

From a methodological perspective, the limitations analysed in this study, based on Saunders *et al*. (2023), were: this study has a cross-sectional design, capturing only a "snapshot in time," which means that causality among variables cannot be verified. Therefore, it cannot examine how visa type, basic needs, WRQoL and engagement

change and interact over time. Additionally, the sample was limited to Brazilian caregivers living in Ireland, mostly concentrated in Dublin, which makes it harder to generalise the findings. Further, the reliance on self-reported data collected through an online questionnaire increases the risk of response bias, such as over or under reporting sensitive experiences (e.g., facing violence at work and financial strain). Finally, the sample size was sufficient for the statistical tests in this study, however, it was still modest compared to the complexity of the factors examined and relatively small to represent a significant percentage of all Brazilian caregivers living in Ireland, limiting generalisability.

Conclusion

This chapter explored how the aim of the study was addressed by focusing on whether the hypotheses were supported or not. Therefore, it showed how visa type, working conditions and basic needs interact to construct and shape work engagement and WRQoL among Brazilian caregivers living in Ireland. Results of the comparison of means and regression confirmed that visa type predicts WRQoL but not engagement, while WRQoL strongly predicts engagement scores. This means that a combination of variables reflecting daily work and living conditions (e.g., pressure to accept extra shifts and covers) explains engagement scores more deeply than legal status alone.

Furthermore, the UWES and WRQoL domains provided additional insights and reinforced this point. Participants reported high absorption but lower vigor and dedication, and strong strains with stress and work-life balance. These results highlight that engagement can be sustained in the long-term only if basic needs, work-related needs, and psychological needs are fulfilled. Further, in a collectivist context like Brazilian culture, weak workplace social support is linked to lower levels of engagement. Finally, the results show that the combination of structural conditions, legal status, workplace realities, and cultural context shape engagement.

Conclusion

Introduction

While the last chapter explored the interpretation of the findings, connected them with the literature, and described the limitations of this study, this chapter summarises the main findings and addresses its contributions to both the literature and practical

implications for organisations, policymakers, and support associations. Based on the limitations, the chapter also proposes recommendations for future research and concludes the study.

Research Findings

To answer the research questions, three hypotheses were developed based on the literature review and specific objectives for this study (see Table 1). As visa type significantly affected WRQoL, H2 was supported. Further, WRQoL had a strong positive and statistically significant effect on engagement, which supported H3. However, visa type was not a statistically significant predictor of work engagement, thus H1 was not supported.

With all results discussed and interpreted, it was possible to answer both main and secondary questions. The first question was: "How do working conditions and visa type affect engagement and quality of working life among Brazilian caregivers in Ireland?". The secondary question was: "To what extent does work-related quality of life explain variance in engagement scores?".

The results showed that both working conditions and visa type are crucial in shaping engagement and WRQoL. While stamp 1 and working conditions were predictors of WRQoL, the "Other" visa group presented lower engagement scores. At the same time, the higher the WRQoL, the better the engagement scores. Therefore, if visa type and working conditions shape WRQoL, and WRQoL shapes engagement, it demonstrates that engagement is a complex and multidimensional outcome. It also indicates that visa type and working conditions are determinant factors in increasing or decreasing engagement scores and WRQoL among Brazilian caregivers.

Regarding the secondary question, results showed that the strongest finding was that WRQoL total score is a significant predictor of engagement. The comparison of means offered further insights, highlighting that some domains, such as job and career satisfaction, general well-being, and stress at work, showed important associations. Therefore, any changes within the domains or the WRQoL total score seriously affect the variance of engagement scores.

Research Limitations and Recommendations for Future Research

Every research has its limitations, and this study presents both theoretical and methodological ones. Although validated scales were applied, the W-BNS was adapted to capture specific needs and insights for the sample, which may limit comparisons with other studies using the original scale. Further, the study focused only on a few variables, such as visa type, WRQoL and engagement, while many other factors could be explored to understand the current situation of Brazilian caregivers in Ireland. In addition, the sample size was small, reducing generalisability. As the study adopted a cross-sectional design, capturing causal inferences between the variables is not possible. Furthermore, the use of self-reported data through an online questionnaire increases the risk of over or under reporting sensitive issues such as violence and financial strain.

These limitations show clear opportunities for future research. First, if the time frame allows, mixed-methods designs combining surveys with interviews could reduce self-report bias and capture richer personal experiences, while longitudinal studies could provide evidence of causality. Expanding the scope of variables may complement the findings with areas such as training and career development, absenteeism, burnout, and long-term career perspectives. This would provide a deeper understanding of retention challenges and their interaction with working conditions. A high percentage of participants reported living in Dublin (89.3%), so focusing on recruitment from different cities would strengthen national-level strategies and increase generalisability. The study could also be reproduced with other nationalities in Ireland, or in different countries, enabling cross-cultural comparisons and highlighting shared or unique challenges. Replication in other collectivist cultures would also allow a better understanding of whether satisfaction of relatedness needs plays a stronger role for WRQoL and engagement.

Finally, the adapted questionnaire used in this study could be further validated by researchers in the same field and in other health-related contexts, such as nursing homes and hospitals. If accepted as a robust instrument, it could support consistent measurement of migrant caregivers' needs, engagement, and quality of working life.

Practical Implications

This study provides insights for home care companies, NGOs and migrant associations, and policymakers. For home care companies, the findings highlight the urgent need to improve working conditions. This could be addressed by reducing

pressure from high workloads, offering fair schedules, including proper breaks within shifts, and ensuring protection against violence. Further, the low engagement scores among migrant employees holding visa types other than stamp 2 and stamp 1 must be investigated. Understanding the specific needs of this population would help in implementing measures that genuinely address their situation, thus enhancing engagement and retention.

The changes required may demand time and resource investment initially, but the cost of not doing so is even higher, not only for caregivers but also for the elderly and others in need of home care services, who would receive lower-quality care. Waiting lists may also increase over time as high turnover continues. It is more expensive to invest in marketing and platforms to share open job positions, select, hire, and train new caregivers than to focus on supporting the carers already working for the company.

Furthermore, regarding support, requesting feedback or encouraging caregivers to report issues is not effective if no action is taken. Findings showed that 17% of participants experienced violence at work but did not report it, while 33% reported it but employers did not take action. This means that the system failed for 54% of participants, leaving them unprotected and unsupported. This undermines both trust in the company and commitment to the caregiving role (reflected in the low score of the UWES "dedication" domain). Based on these results, it is not surprising that lack of protection and support resulted in high turnover intentions, with 60.7% of participants intending to leave their job and 13.4% having already quit. There is no space for symbolic policies any longer. Companies must demonstrate real accountability to build a stable and engaged workforce.

For Non-Governmental Organisation (NGOs) and migrant associations, providing emotional support by creating spaces where migrant carers feel heard and valued, offering mental health programmes and peer-support networks, is only the beginning. These organisations can play a crucial role in advocacy, ensuring that caregivers are represented in public debates and policy decisions. Additionally, providing caregivers with information about their rights and career possibilities could enhance resilience and long-term integration. This could be done by collaborating with educational and training institutions. Such initiatives are important to improve caregivers' well-being and reinforce empowerment of the migrant caregiver population in Ireland.

Additionally, the findings demonstrate that visa type influences engagement and retention. This means that reducing turnover and maintaining a sustainable migrant care workforce in the Irish home care sector is both a social and economic necessity.

Therefore, policies promoting stability, such as clearer pathways for students under stamp 2 to transition to a general work permit (stamp 1), should be considered by policymakers.

Moreover, the findings show that participants under the stamp 1 visa deserve closer attention due to their dependence on a single employer. Since the permit is granted to the company instead of the worker, caregivers may feel trapped in their positions. This increases fear of losing their legal right to work and remain in the country, increasing their vulnerability and leading them to accept poor and abusive work conditions, such as excessive workloads, violence, or degrading treatment from both clients and employers. This policy design must be reviewed to strengthen protection against intimidation, manipulation, and exploitation.

Conclusion

This study contributes to both the literature and practical debates by demonstrating the connection between legal status, working conditions, engagement, and WRQoL among Brazilian caregivers in Ireland. It confirms that engagement is not linear, but multidimensional, and shaped by internal and external conditions (e.g., organisational practices and immigration policies).

To conclude, the findings show that improving WRQoL is crucial to enhance and sustain both engagement and retention in the home care sector in Ireland. It is necessary for companies, NGOs, and policymakers to collaborate to provide support and protection to migrant caregivers in all aspects. Such collaboration and changes in the sector are necessary not only for caregivers but also for the elderly, ensuring high-quality care, helping to reduce the burden on informal caregivers (e.g., family members), and diminishing waiting lists for care services.

References

Bailey, C., Madden, A., Alfes, K. and Fletcher, L. (2017) 'The meaning, antecedents and outcomes of employee engagement: a narrative synthesis', International Journal of Management Reviews, 19(1), pp. 31–53. Available at: https://research.ebsco.com/c/x47ol5/viewer/html/hg7gvlb2zb [Accessed 10 June 2025].

Care Alliance Ireland (2023) Grey Literature Series: Voices from the Frontline. Available at: https://www.carealliance.ie/publications-greyliterature [Accessed 7 June 2025].

Cawley, M. (2018) Labour and education-related migration in the age of globalization: new links between Brazil and Ireland. Available at: https://researchrepository.universityofgalway.ie/server/api/core/bitstreams/19709906-9f40-457d-8405-ee48ae1f095d/content [Accessed 6 June 2025].

Citizens Information (2025) Healthcare services in Ireland. Available at: https://www.citizensinformation.ie/en/health/health-overview/ [Accessed 8 June 2025].

Department of Enterprise, Trade and Employment (2025a) Care workers and home carers – general employment permit checklist. Available at: https://enterprise.gov.ie/en/publications/publication-files/care-workers-and-home-carers-employment-permit-checklist.pdf [Accessed 11 June 2025].

Department of Enterprise, Trade and Employment (2025b) Employment permit statistics 2024. Available at: https://enterprise.gov.ie/en/publications/employment-permit-statistics-2024.html [Accessed 10 June 2025].

Department of Enterprise, Trade and Employment (2025c) Sea-fishers in the Irish fleet. Available at: https://enterprise.gov.ie/en/publications/publication-files/sea-fishers-employment-permit-checklist.pdf [Accessed 10 June 2025].

Department of Finance (2023) Ireland's public finances beyond the short-term: 10 facts. Available at: https://www.gov.ie/en/department-of-finance/publications/irelands-public-finances-beyond-the-short-term-10-facts/ [Accessed 8 June 2025].

Department of Justice (2024) Immigration permission/stamps. Available at: https://www.irishimmigration.ie/registering-your-immigration-permission/information-on-registering/immigration-permission-stamps/ [Accessed 11 June 2025].

European Migration Network (2023) Ireland EMN country factsheet 2022. Available at: https://emn.ie/wp-content/uploads/2024/01/EMN_Factsheets2022_IE_1.pdf [Accessed 10 June 2025].

Grasmo, S.G., Liaset, I.F. and Redzovic, S.E. (2021) 'Home care workers' experiences of work conditions related to their occupational health: a qualitative study', BMC Health Services Research, 21(1), 1123. https://doi.org/10.1186/s12913-021-06941-z [Accessed 13 June 2025].

Home & Community Care Ireland (HCCI) (2025a) History of care in Ireland. Available at: https://hcci.ie/homecare-in-ireland/history/ [Accessed 8 June 2025].

Home & Community Care Ireland (HCCI) (2025b) Home support waiting list in 2024. Available at: https://hcci.ie/wp-content/uploads/2025/03/Home-Support-Waiting-Lists-in-2024_HCCI-Data-Series-Issue-4-1.pdf [Accessed 8 June 2025].

Kalanlar, B. and Alici, N.K. (2019) 'The effect of care burden on formal caregivers' quality of work life: a mixed-methods study', Scandinavian Journal of Caring Sciences, 33(2), pp. 400–412. https://doi.org/10.1111/scs.12808 [Accessed 13 June 2025].

Leading Healthcare Providers Skillnet (2023) Green paper on home support workers: workforce planning and skills requirements. Dublin: LHPS. Available at: https://www.disabilityfederation.ie/assets/files/pdf/green_paper_on_home_support_workers-_leading_healthcare_providers_skillnet_december_2023.pdf [Accessed 8 June 2025].

Liu, Z., Heffernan, C. and Tan, J. (2020) 'Caregiver burden: a concept analysis', Health and Social Care in the Community, 28(6), pp. 1915–1927. https://doi.org/10.1111/hsc.12938 [Accessed 13 June 2025].

Lucien, B., Zwakhalen, S., Morenon, O. and Hahn, S. (2024) 'Violence towards formal and informal caregivers and its consequences in the home care setting: a systematic mixed studies review', International Journal of Nursing Studies, 139, 104420. https://doi.org/10.1016/j.ijnurstu.2024.104420 [Accessed 15 June 2025].

Machado, I.J.R. (2024) 'How deviant policies produce precarious immigrant workers: the case of Brazilians in Ireland', International Migration, 62(6), pp. 111–123. https://doi.org/10.1111/imig.13323 [Accessed 13 June 2025].

Maher, G. and Cawley, M. (2014) 'Short-term labour migration: Brazilian migrants in Ireland', Population, Space and Place, 20(7), pp. 619–635. https://doi.org/10.1002/psp.1859 [Accessed 12 June 2025].

Migrant Rights Centre Ireland (MRCI) (2020) Migrant workers in the home care sector: preparing for the elder boom in Ireland. Dublin: MRCI. Available at: https://www.mrci.ie/app/uploads/2020/01/Migrant-Workers-in-the-Home-Care-Sector-Preparing-for-the-Elder-Boom-in-Ireland.pdf [Accessed 13 June 2025].

OECD (2020) Who cares? Attracting and retaining care workers for the elderly. OECD Health Policy Studies. Paris: OECD Publishing. https://doi.org/10.1787/92c0ef68-en [Accessed 8 June 2025].

Oh, E., Moon, S., Chung, D., Choi, R. and Hong, G.S. (2024) 'The moderating effect of care time on care-related characteristics and caregiver burden: differences between formal and informal caregivers of dependent older adults', Geriatric Nursing, 54, pp. 45–53. https://doi.org/10.1016/j.gerinurse.2024.02.006 [Accessed 15 June 2025].

Ryan, R.M. and Deci, E.L. (2000) 'Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being', American Psychologist, 55(1), pp. 68–78. doi: 10.1037/0003-066X.55.1.68.

Saunders, M.N.K., Lewis, P. and Thornhill, A. (2023) Research methods for business students. 9th edn. Pearson. Available at: https://r3.vlereader.com/Reader?ean=9781292402734# [Accessed 20 June 2025].

Schaufeli, W. and Bakker, A. (2004) Utrecht Work Engagement Scale. Available at: https://www.wilmarschaufeli.nl/publications/Schaufeli/Test%20Manuals/Test_manual_UWES_English.pdf [Accessed 15 June 2025].

Schaufeli, W.B., Bakker, A.B. and Salanova, M. (2006) 'The measurement of work engagement with a short questionnaire: A cross-national study', Educational and Psychological Measurement, 66(4), pp. 701–716. doi: 10.1177/0013164405282471.

Schaufeli, W.B., Salanova, M., González-Romá, V. and Bakker, A.B. (2002) 'The measurement of engagement and burnout: A two-sample confirmatory factor analytic approach', Journal of Happiness Studies, 3(1), pp. 71–92. doi: 10.1023/A:1015630930326.

Sheehan, A. and O'Sullivan, R. (2020) Ageing and public health – an overview of key statistics in Ireland and Northern Ireland. Dublin: Institute of Public Health. Available

at: https://publichealth.ie/sites/default/files/2023-02/wp-content/uploads/2020/04/20200416-AGEING-PUBLIC-HEALTH-MAIN.pdf [Accessed 8 June 2025].

Tangchitnusorn, K. and Prachuabmoh, V. (2022) 'Motivation and quality of work life of in-home paid caregivers of older adults', Journal of Cross-Cultural Gerontology, 37(4), pp. 379–395. https://doi.org/10.1007/s10823-022-09460-2 [Accessed 14 June 2025].

Thankachen, S., Kabir, Z. and Sadath, A. (2025) 'A cross-sectional analysis of occupational stress and mental health among migrant healthcare workers in Ireland', Journal of Migration and Health, 8, 100174. https://doi.org/10.1016/j.jmh.2025.100174 [Accessed 16 June 2025].

Van den Broeck, A., Ferris, D.L., Chang, C.H. and Rosen, C.C. (2016) 'A review of self-determination theory's basic psychological needs at work', Journal of Management, 42(5), pp. 1195–1229. https://doi.org/10.1177/0149206316632058 [Accessed 18 June 2025].

Van den Broeck, A., Vansteenkiste, M., De Witte, H. and Lens, W. (2010) 'Capturing autonomy, competence, and relatedness at work: Construction and initial validation of the Work-related Basic Need Satisfaction scale', Journal of Occupational and Organizational Psychology, 83(4), pp. 981–1002. doi: 10.1348/096317909X481382.

Van Laar, D., Edwards, J.A. and Easton, S. (2007) 'The Work-Related Quality of Life scale for healthcare workers', Journal of Advanced Nursing, 60(3), pp. 325–333. doi: 10.1111/j.1365-2648.2007.04409.x.

Appendix

Appendix A

Utrecht Work Engagement Scale (UWES-17)

0 = Never → 6 = Always

Question
At my work, I feel bursting with energy.
At my job, I feel strong and vigorous.
When I get up in the morning, I feel like going to work.
I am enthusiastic about my job.
My job inspires me.
I am proud of the work that I do.
I feel happy when I am working intensely.
I am immersed in my work.
I get carried away when I am working.
I feel strong and vigorous at my work.
Time flies when I am working.
At my job, I feel full of energy.
I find the work that I do full of meaning and purpose.
When I am working, I forget everything else around me.
I can continue working for very long periods at a time.
At my job, I am very resilient, mentally.
It is difficult to detach myself from my job.

Work-Related Quality of Life Scale (WRQoL-24)

1 = Strongly disagree → 5 = Strongly agree

Question
I feel satisfied with the quality of my work life.
I am able to meet the conflicting demands of my job.
My working time can be flexible.
I have a clear set of goals and aims to enable me to do my job.
I feel able to voice opinions and influence change in my area of work.
I feel that my job is secure.
I feel well at the moment.

My employer provides me with what I need to do my job effectively.
I often feel under pressure at work.
I am satisfied with the training I receive to do my job.
My employer provides me with adequate resources for my work.
I am satisfied with my physical working conditions.
I often feel excessive levels of stress at work.
I feel appreciated by my line manager.
I feel my employer respects me as an individual.
I get help and support I need from colleagues.
I am encouraged to develop my skills.
My work gives me a sense of personal achievement.
I am satisfied with the recognition I get for good work.
I feel able to balance the demands of work and personal life.
I am satisfied with the overall support for my welfare at work.
My job makes good use of my skills and abilities.
Generally, I enjoy my work.
I feel motivated to do my best in my work.

Sociodemographic and W-BNS adapted questions

Questions	Options
Gender	• Male • Female • Prefer not to say
Age group	• 18–29 • 30–39 • 40–59 • 60+
Nationality	• Brazilian
Relationship status	• Single • Married-Civil Partnership • Divorced-Separated • Prefer not to say
Level of education	• Diploma • Undergraduate • Postgraduate
Location	• Dublin

	• Other
Visa status	• Stamp 2 • Stamp 1 • Other
Years of experience	• Less than 1 year • 1–3 years • 4–6 years • 7+ years
Pressure for extra shifts or covers	• Yes • No
Ability to make ends meet	• With great difficulty • With difficulty • With some difficulty • Fairly easily • Easily • Very easily
Pressure to complete tasks outside contract	• Yes • No
Friendships at work	• Yes • No
Enough time to eat/drink	• Yes • No
Severe health consequences	• Yes • No
Violence at work	• Yes, not reported • Yes, reported but no action • Yes, reported and action taken • No
Intention to leave the job	• No • Yes • Already left