

## EXAMINING THE WELL-BEING OF UKRAINIAN FEMALE MIGRANT WORKERS IN ITALY: AGE PERSPECTIVE

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*Scientific data on the impact of work immigration on well-being is particularly limited for women migrant workers from Eastern European countries. The current study aimed to assess well-being, psychological distress, and acculturative stress in Ukrainian migrant women of different ages who worked as caregivers or in cleaning services. Women were recruited with the purposive sampling procedure at public places in Italy from November 2018 to February 2019 (N = 200). They were assessed with the following scales: The Life Satisfaction Scale, Mental Health Continuum Short Form, The Brief Symptom Inventory 18, and The Acculturative Stress Scale. The sample was divided into three age groups (young, middle-aged and older) and three mental health groups (languishing, moderate and flourishing). Findings showed that younger women experienced more well-being, and had higher scores on the overall mental health continuum score and lower scores on homesickness and acculturative stress compared to middle-aged and older women. Ukrainian young women were more likely to flourish while working in Italy than middle-aged and older women. Flourishing women reported the lowest level of clinically significant scores on depression, anxiety, somatization, and acculturative stress. This study showed how well-being provided protection in the face of psychological distress and acculturative stress in a sample of Ukraine migrant women.*

**Keywords:** migrant women, psychological well-being, acculturative stress, flourishing.

### 1. Introduction

Over the past few decades, Italy has experienced a rapid increase in the immigration flow of migrants from Eastern Europe. Italy has turned to migration to satisfy its labor needs against concerns about the impact of ageing population and, above all, in light of growing shortages of low-skilled labor in health and long-term care. Eastern-European migrant women, including Ukrainians, filled this gap. They usually work as housekeepers and private care providers for the elderly (Banfi & Boccagni, 2011; Montanari & Staniscia, 2009; Vianello et al., 2020). Before the Covid -19 pandemic, it was estimated that 239.424 (legal) Ukrainians lived in Italy – the fifth largest number of immigrants in Italy (after Romanians, Albanians, Moroccans and Chinese) (ISTAT, 2019). The Ukrainian flow of women migrant workers has many features in common with other labor migrant nationalities, including Polish, Belarusians and Georgians (Kaczmarczyk et al., 2013). Thus, the study of female labor migration from Ukraine to Italy is a representative trend in many Eastern European countries of migrants' origin and in their destination countries.

Scientists associate the mass migration of Ukrainian women to Italy within the late 1990s, when the severe economic crisis began after the collapse of the Soviet Union (Cela et al., 2013;

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Riva & Zanfrini, 2013). Political and economic transformations in Eastern Europe had a negative impact on women's well-being. Women experience the deterioration of living conditions and of their social status. Along with economic reasons, personal motives, such as "getting away from an alcoholic husband", and the desire to change one's life, became an important migration driving force for Ukraine women (Näre, 2007). From the beginning of the 2000s, policies for better stabilization of migration were implemented in Italy and migrant women were able to obtain legal status and stable work experiences. Many of them moved from the South of Italy to the North, where they found higher wages and a safer environment (Ryabchuk & Fedyuk, 2022).

Ukrainian women's migration to Italy has been considered a focus in sociological (Banfi & Boccagni, 2011; Montanari & Staniscia, 2009), ethnographic (Fedyuk, 2011; Näre, 2007; Zhyznomirska & Odyneets, 2018), cultural (Marchetti & Venturini, 2014; Yarova, 2006) and gender studies (Solari, 2016; Vianello, 2016) for its specific features even before the Covid-19 pandemic and the Russian invasion took place.

For instance, the age of Ukrainian migrant women attracted attention. They are predominantly mature middle-aged women (over 50 years of age), and their age was found to be higher than non-EU immigrants as a whole (Vianello, 2016, p.166). This is the main difference that distinguishes Ukrainian women from other migrant ethnic communities, such as Moldovans (Marchetti & Venturini, 2014, p.115). Age is an important factor that determines the type of employment of migrant women in the domestic labor sector ("live-in" vs "live-out"), and participation in temporary or permanent migration projects. Middle-aged women tend to stay in live-in employment for the duration of their permanence in Italy and they have a strong desire to become "circular" (Marchetti & Venturini, 2014) or "transit" migrants (Vianello, 2016). Näre (2007) argued that freedom of movement, i.e. the ability to return home and maintain strong ties to the country of origin across national borders, is a more important issue for illegal migrants than labor or social rights.

Vianello (2016) characterized "transit" migrants from a gender perspective. According to this research, Ukrainian women live in a temporary state of transit, building their identity around the figure of a migrant worker and continuing to live in unstable working conditions. Moreover, these women usually are not focused on improving their quality of life in foreign country: they do not expand their social contacts among local natives; instead, they prefer to maintain close contact with other compatriots in their spare time. From a professional point of view, "transit migrants" are experiencing a radical process of devaluation. Even if they have a high level of education, they get hard manual work with low pay and often-illegal status. Temporary work that does not coincide with the migrant's profession can cause acute dissatisfaction among migrants with their social status.

On the other hand, "permanent migrant workers" are significantly different from "transit migrants". Typically, these women are younger as they emigrated in their early adulthood to provide a better life for themselves and to escape a dissatisfied life in their native country. Their main aim is usually to settle in Italy and therefore, they invest resources to improve their lives abroad. They do not want to give up their own well-being and sacrifice their lives. Accordingly, these migrant women are expanding their social network, and making new acquaintances, including locals (Vianello, 2016). In this way, migrants and local residents develop a shared sense of community and membership, which has a positive impact on migrants' mental health (Mannarini et al., 2018). Moreover, sometimes women develop close relationships with new acquaintances that end in marriage. Research indicates that mixed

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marriages of Italian men with migrant women, mostly from poorer Eastern European countries, are extremely common. In 2012, 8 out of 10 mixed marriages were between Italians and immigrant women, and the percentage of Ukrainian women among them was quite high (10.9%) (ISTAT, 2013). In any case, marriage could become a way of redefining women's identity and a better integration with the new culture.

With the onset of the COVID-19 pandemic, Ukrainian female workers experienced instability and many changes in their living conditions: either they lost their jobs during the lockdown, or, on the contrary, they were, unable to leave the house or maintain a social distance with their assisted families. Many women got infected with the Covid-19 virus, while others were forced to return to Ukraine, finding themselves in unstable situations (Ryabchuk & Fedyuk, 2022). Even though the number of international migrants decreased during the 2020-2021 COVID-19 crisis, Russia's war against Ukraine reversed this trend. As of 29 March 2022, more than 37 082 migrants arrived in Italy from Ukraine (Ministero del Lavoro e delle Politiche Sociali, 2022). The war has led to a difficult situation for newly arrived women who try to find work. Although asylum seeker status provides migrants with a socio-legal label, it can symbolically prolong the sense of suspension of life, as evidenced by Tessitore & Margherita (2020) research. The consequences of the 2022 Russian invasion of Ukraine that has triggered a large-scale humanitarian, migration, and refugee crises will be studied in future investigations. In our research, we studied how labor migration affected the well-being of migrant women in Italy before the COVID-19 pandemic and the escalation of the Russo-Ukrainian War in 2022.

## **2. Well-being and mental health**

Regardless from being transient or permanent, scientific literature suggests that work migration is one of the most significant stressful life events. Labor migrants face numerous stressful situations, such as loss of family connections, deprivation from key relationships, and deterioration of relations with children, loss of social status, irregular labor migration and insecurity (Akhter et al., 2017; Berry, 1997; Cojocaru et al., 2015; Islam et al., 2016; Kellezi et al., 2021). In this scenario, numerous migrant studies focused mainly on psychological distress and mental health disorders of migrant workers.

In a wider and more recent perspective, mental health is not merely considered as the absence of mental illness and distress, but also as the presence of well-being (Diener et al., 2002; Keyes, 2005). The World Health Organization defined mental health as a positive state: "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2004). According to the positive psychology perspective, well-being could be represented as a multi-dimensional concept, encompassing the hedonic component, the eudaimonic and the social dimensions. Hedonic well-being or emotional well-being is often used in the literature interchangeably with the terms happiness, life satisfaction, and interest in life, positive affects (Diener et al., 1985; Keyes, 2007). Eudaimonic or psychological well-being, conversely, is defined as the evaluation of optimal individual functioning (i.e., self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life and personal growth) (Ryff, 2014). Social well-being is defined as the subjective evaluation of optimal functioning within a

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community (social coherence; social acceptance; social actualization; social contribution; social integration) (Keyes, 1998).

The combination of emotional, psychological, and social well-being defines individuals who are mentally healthy, or flourishing in their lives (Keyes, 2002). Keyes described a continuum model of positive mental health, ranging from the state of languishing, to moderate mental health and finally to optimal well-being (i.e., flourishing). Flourishing individuals would have high levels of personal well-being, emotional vitality, positive feelings towards themselves and good social functioning. On the opposite side, languishing individuals would experience a life of emptiness, stagnation and feelings of being hollow. Individuals who are neither flourishing nor languishing are considered to be moderately mentally healthy. Well-being is related to mental illnesses, such as distress and anxiety (Keyes, 2005). Recently, longitudinal data showed that changes in the level of positive mental health predicted future risk of mental illness, and increasing mental health reduced the chances of mental illness incidence (Keyes et al., 2010).

Little is known about the well-being of migrants and in particular flourishing. Hendriks and colleagues (2018) in World Happiness Report 2018 shed light on the well-being of international migrants from around the world. Migrants' evaluation of life, positive affect (experiencing pleasure, happiness and laughter) and negative affect (experiencing worry, sadness and anger) were assessed. The researchers point out that migrants gained happiness from moving to another country. They rated their quality of life 9% higher on average after migration. They also experienced about 5% more positive affect and 7% less negative affect due to migration. Accordingly, the level of happiness of migrants is significantly closer to the average level of happiness in the host country, especially in terms of life evaluation. Although the authors note there is still a significant number of migrants who have not become happier. In this line, Willen and colleagues (2021) point out that migrants are unable to flourish because of their vulnerability. It is known that migrants face simultaneous and interacting challenges after relocation, including social, political, financial and structural constraints. The unfavorable position of migrants in society affects their ability to realize their full potential. The researchers draw on case studies from three world regions, to develop new strategies to promote migrants' flourishing. Thus, exploring well-being in the context of the positive mental health of women migrant workers of all ages will provide a better understanding of the unique challenges that migrants may face in immigration and will help prevent suffering and increase their flourishing and happiness.

### **3. Acculturative stress and migration**

Acculturation, according to Berry, can be seen as the process of psychological and behavioral changes on multiple levels including individual, family, and cultural that result from a meeting between different cultures and social systems (Berry, 2005). Acculturation is a marker of successful adaptation, which is highly correlated with well-being in various groups of immigrants. Usually, migrant workers face numerous challenges in their acculturative process (Islam et al., 2016; Liem et al., 2021; Maneze et al., 2013; Marin & Mancini, 2017). The most common stressors for immigrants are language difficulties, pressure to assimilate, separation from family, homesickness, loss of social support, and lack of intercultural competence. The unique stressors that immigrants experience during the acculturation

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process are called acculturative stress. It can also arise from negative attitudes, stereotypes, and discrimination (Berry, 1997; Hovey & Magaña, 2002).

Research (Adebayo et al., 2021; Berry, 1997; Cho et al., 2018) demonstrated that immigrants with acculturative stress are vulnerable to adverse mental health problems such as depressive symptoms, anxiety and post-traumatic stress disorder (PTSD). In particular, the experience of perceived discrimination increases the possibility of obtaining higher cut-off scores for depression, PTSD and somatization. A recent study of Romanian migrants in Italy found that 69% of immigrants had the subjective perception of being discriminated against in Italy because of their ethnicity (Marin & Mancini, 2017). In addition, according to the recent migration and well-being literature, acculturation-related variables determine the extent of positive well-being. Jibeen & Khalid (2010) findings showed that acculturative stress is a significant risk factor for decreased positive functioning among Pakistani immigrants residing in Canada. According to the research, migrants who perceived higher levels of acculturative stress had lower scores of positive well-being (self-acceptance, positive relations with others, autonomy, environmental mastery, purpose of life and personal growth). There is evidence that perceived discrimination from the host society, differences with natives, problems of obtaining legal status, and other kinds of migration-related problems can lead to higher levels of acculturative stress and lower levels of psychological well-being, happiness and life satisfaction (Safi, 2010; Schmitt et al., 2014). The degree of acculturative stress experienced by an individual can range from mild stress, which gradually improves as the individual adapts, to debilitating stress that worsens over time. The impact of acculturative stressors can often be buffered by multiple protective factors including family cohesion and social support (Brailovskaia et al., 2017; du Plooy et al., 2019b).

#### **4. Age**

Increasing research calls for the adoption of a life span perspective when studying psychosocial phenomena, including migration, gender issues, well-being and stress. Age was found to be related to mental health and well-being (Diener & Ryan, 2009; Jibeen & Khalid, 2010; Keyes & Waterman, 2003; Paloma et al., 2016). Among Western samples, Keyes et al. (2002) found that middle-aged and older adults were most likely to be thriving in life and had a high perceived quality of life. Horley & Lavery (1995) found that age was a significant predictor of well-being: their longitudinal survey revealed that well-being levels began to rise at 40 years until 70 years of age. Some studies concluded that age has a U-shaped relationship with well-being: it is at high levels during young adulthood and older age, but has a sharp decrease during midlife (Blanchflower & Oswald, 2008; Chanfreau et al., 2013). In line with these findings, Jibeen & Khalid (2010) stated that older Pakistani immigrants in Canada had better psychological functioning compared to younger ones. Authors explained this result by the fact that younger immigrants may have younger children to take care of; therefore, they experienced higher levels of economic hardship and had fewer resources to cope with economic stress. Older immigrants, in contrast, had a more comfortable level of income as their older children start working together with the second working parent, and this element improves parental overall well-being. Du Plooy, Lyons, & Kashima (2019a) conducted a survey of migrants in Australia looking separately at their levels of flourishing and distress. Both outcomes were linked to a number of factors, including experiences of racism or discrimination, satisfaction with a new friendship, and a desire to return home. However,

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some factors varied depending on the outcome, including younger age, which was associated more with distress than flourishing.

As for acculturation, it has been found that this process tends to be smoother at a young age (Titzmann, & Lee, 2018; Tsai et al., 2001). Moreover, Cheung et al. (2011) pointed out that even if individuals have been in contact with the host culture for a long time, they are better able to identify with it only if this exposure occurs when they are younger. Adapting to a new culture can be challenging for older immigrants, especially for those who made their immigration journey at a relatively older age. Older migrants may be more likely to face isolation due to language barriers, small social networks, and cultural differences between their country of origin and their new home country (Ajrouch, 2008; Emami et al., 2000; Warnes, 1996). In addition, immigrants who arrived at a later age may experience higher levels of loneliness and risk of depression due to stressors, such as insertion into a new and unfamiliar environment (Angel et al., 2001; Jang & Tang, 2022).

The age of labor migration can have a peculiar impact on laborer women. They may have different expectations and life goals when moving to a foreign country and these factors can affect the processes of acculturation and the socio-cultural integration in the host country.

## **5. Study aims**

Scientific data on the impact of work immigration on well-being is particularly limited for women migrant workers from Eastern European countries; and, to the best of our knowledge, there have been no previous studies exploring the acculturation and acculturative stress in this sample. Given this lack of knowledge, it is important to understand the mental health of migrant women workers of different ages evaluating the relationship with acculturative stress, psychological distress and adaptation in the host society. This investigation focused on a sample of Ukraine women who migrated to Italy for work reasons. The specific aims of the study were: (1) to evaluate differences in mental health, life satisfaction and distress in this sample of Ukrainian women, taking into account their age; (2) to investigate the extent to which acculturation stressors affected Ukrainian migrant workers of different age; (3) to examine the incidence of clinical distress in mental health categories (flourishing; languishing and moderate mental health) on a sample of Ukrainian women migrant workers.

## **6. Participants and Methods**

### **6.1. Sample**

This cross-sectional study was conducted from November to February 2018-2019 in Northern Italy. We used purposive sampling to recruit Ukrainian women who came to Italy for work reasons. The only eligibility criterion, in addition to working as a caregiver or in a cleaning service, was the willingness of women to participate in the study. Women were recruited at public places, usually parks, where they spent their free time with compatriots. Fedjuk (2011) described in detail the importance of meetings in parks for Ukrainian women. "The accessibility and openness of parks were particularly beneficial to migrants: in the parks, one can spend hours without being judged as "inappropriate," one does not need to enter or stay

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in the park, and anyone can bring their own food and drinks. Throughout the year's parks have become a standard place of gathering not only for Ukrainians, but other migrants as well..." (Fedyuk, 2011, p.159). Since there is a tendency for migrant Ukrainian women to marry local men, as already mentioned above, we decided to include this group of women in our study. However, it turned out that finding them in public places was much more difficult as they lead a different lifestyle and do not visit the usual places for Ukrainian women. The snowball technique was applied to them: we asked potential participants interested in this study to refer women married to Italians to this study. We contacted all potential participants and arranged a meeting at a place convenient for them. First, the women received leaflets with information about the research project, and then they were asked to sign a written informed consent form and complete the battery of questionnaires in the presence of a Ukrainian-speaking researcher, who answered any questions regarding the questionnaires and helped individual migrant workers to fill them out. Completion of the full assessment set was conducted in person and it took approximately 20 minutes to half an hour. The questionnaires were anonymous and did not elicit personal identifying information, ensuring that data could not be traced back to individual participants. 250 women were approached but some of them refused to participate due to a variety of reasons, such as unwillingness to sign the written informed consent, being not interested in the subject, or lack of time. No compensation for participation was provided. The final sample consisted of 200 women migrant workers. The socio-demographic characteristics of participants are described in Table 1.

## **6.2. Measures**

The socio-demographic data were collected through a questionnaire prepared by the researchers. Questions were asked regarding age, marital status, children, educational level, type of employment and work duration in Italy. Marital status was categorized as married to an Ukrainian or an Italian man; divorced; widowed and single. Education level was categorized as primary education, secondary education and higher education (college, university). All respondents were divided into three age groups: young women (30-45 years); middle-aged women (46-60 years); and older women (61 and more years). The respondents were assessed with the following self-reported instruments:

1) The Life Satisfaction Scale (SWLS; Diener et al., 1985). The SWLS was developed to assess satisfaction with life as a whole and measures emotional well-being. The SWLS consists of 5 items (like "In most ways, my life is close to my ideal", "The conditions of my life are excellent") answered using a 7-point Likert Scale, where 1 = did not apply to me at all, and 7 = applied to me very much or most of the time. The possible range of scores is 5-35, with a score of 20 representing a neutral point on the scale. Scores between 5-9 indicate the respondent is extremely dissatisfied with life, whereas scores between 31-35 indicate the respondent is extremely satisfied. SWLS has a strong internal consistency (Coefficient Alpha = .87). Cronbach's alpha coefficient from the sample of this study was 0.84.

2) Mental Health Continuum Short Form (MHC-SF; Keyes, 2005). MHC-SF measures hedonic, eudaimonic and social dimensions of well-being. The 14-item MHC-SF consists of three subscales: emotional well-being as defined in terms of positive effect/satisfaction with life (3 items); social well-being as described in Keyes' (1998) model of social well-being (5 items); and psychological well-being as described in Ryff's (1989) model (6 items). To be diagnosed with flourishing mental health, individuals must experience "every day" or "almost every day" at least one of the three signs of hedonic well-being and at least six of the eleven

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signs of positive functioning symptoms (eudaimonic and social well-being indicators) during the past two weeks. Individuals who exhibit low levels (i.e., “never” or “once or twice” during the past two weeks) on at least one measure of hedonic well-being and low levels on at least six measures of positive functioning are diagnosed with languishing mental health. Individuals who are neither flourishing nor languishing are diagnosed with moderate mental health. Cronbach’s alpha coefficient of this study was 0.79.

3) The Brief Symptom Inventory 18 (BSI-18; Derogatis, 2000). The BSI-18 contains the three six-item scales somatization, anxiety, depression, and the global Scale Global Severity Index (GSI). Participants are asked to rate how much they have been bothered by each symptom in the past 7 days using a five-point scale (“0 = not at all” to “4 = extremely”). Raw scores on the GSI range from 0 to 72, and each subscale has a scoring range of 0–24. Derogatis (2000) has suggested a T-score of 63 based on community norms as a cut-off score to indicate significant distress. According to the BSI manual, cases that fall above the clinical cut-off score were coded as clinically depressed. In the present sample, the reliability coefficients of the scales were very high with Cronbach’s alphas of 0.90.

4) Acculturative Stress Scale (ASSIS; Sandhu & Asrabadi, 1994). The ASSIS is a 36-item scale originally designed to measure the acculturative stress of international students. As ASSIS was already applied to migrant women (Cho et al., 2018; Daramola & Scisney-Matlock, 2014), we considered it as an appropriate instrument in our investigation. The questionnaire was translated into Ukrainian by a native speaker with experience in translation. The scale is scored on a 5-point Likert format (1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly Agree). The ASSIS consists of 6 subscales: Perceived discrimination (eight items), Homesickness (four items), Perceived hate (five items), Fear (four items), Stress due to change/culture shock (three items), Guilt (two items). The total scores range goes from 36 to 180 on this scale, with a higher score indicating a higher level of acculturative stress. The authors set 109, two standard deviations above the mean score (66.32), as an alert line for counseling and psychological intervention. The ASSIS showed very high internal consistency with Cronbach’s alpha value > 0.90 in the present study.

### **6.3. Ethical approval**

The study protocol received ethical approval from the Ethical Committee of Bologna University (Feb 2019, protocol n. 17685). Women provided written consent prior to their participation in the study.

### **6.4. Statistical analyses**

Descriptive statistics were used to describe the characteristics of the sample. Data were described by using mean (SD) or n (%) depending on the variable type. Cross-tabulations indicating the association between categories of independent and dependent variables by frequencies were computed. Pearson Chi-square tests were employed to explore the associations between the variables. Between-age group comparisons were calculated using Multivariate Analysis of Variance. Post-hoc pairwise comparisons were performed using Tukey’s Honestly Significant Difference (HSD) method. The partial eta-squared as a measure of effect size was calculated considering a value of 0.1 as a large effect, a value of 0.04 as a medium effect and a value of 0.01 as a small effect (Huberty, 2002). The significance level was

set at  $p < 0.05$ ,  $p < 0.01$ . With the aim of examining the role of life satisfaction and the measure of well-being (i.e., hedonic, eudemonic and social) as factors that may increase levels of distress in the relationship with age, we performed a multiple mediation model using the PROCESS macro of SPSS. The PROCESS macro of SPSS (Hayes, 2013) was used, which is based on the adoption of a bootstrap method (N = 5000 times) to construct a 95 percent confidence interval for the significance test of mediation effects. The statistical program SPSS version 27.0 was used for the data analysis.

## 7. Results

**Socio-demographic characteristics of the sample.** Table 1 presents the socio-demographic variables according to age groups. Middle-aged women were the largest group (N = 137, 68.5%), followed by older women (N=43 women; 21.5%) and younger women (N=20; 10%). Participants reported a mean age of 58.3 years (SD=8.9, age range 31–79). Most of young women were more likely to be married, while middle-aged women were married in Ukraine or widowed. Older women were mostly widowed (Chi-square= 57.07, df=8,  $p < 0.01$ ).

**Table 1. Key socio-demographic characteristics of age groups**

	Young N=20 (10%)	Middle aged N=137 (68,5%)	Older N=43 (21,5%)	Total	Chi- square*	df, p
<i>Marital status</i>						
Married in Ukraine	6 (30%)	56 (40.9%)	6 (14%)	68 (34%)		
Married with Italian man	9 (45%)	9 (6,6%)	1 (2.3%)	19 (9.5%)		
Divorced	5 (25%)	29 (21.2%)	8 (18.6%)	42 (21%)		
Widow	-	39 (28.5%)	27 (62.8%)	66 (33%)		8df,
Single	-	4 (2.9%)	1 (2.3%)	5 (2.5%)	$X^2=57.07$	$p=.000$
<i>Children</i>						
0	1 (5%)	4 (2,9%)	1 (2.3%)	6 (3%)		
1	8 (40%)	32 (23.4%)	17 (39.5%)	57 (28.5%)		
2	9 (45%)	87 (63.5%)	20 (46.5%)	116 (58%)		
3	2 (10%)	14 (10.2%)	4 (9.3%)	20 (10%)		8df,
4	-	-	1 (2.3%)	1 (0.5%)	$X^2=10.32$	$p=.24$
<i>Education</i>						
Primary school	9 (45%)	38 (27.7%)	8 (18.6%)	55 (27.5%)		
Secondary school education	7 (35%)	75 (54.7%)	20 (46.5%)	102 (51%)		4df,
High education	4 (20%)	24 (17.5%)	15 (34.9%)	43 (21.5%)	$X^2 = 9.63$	$p=.05$
<i>Type of work</i>						
Caregiving	7 (35%)	121 (88.3%)	43 (100%)	171 (85.5%)		2df,
Cleaning service	13 (65%)	16 (11.7%)	-	29 (14.5%)	$X^2=49.31$	$p=.000$
<i>Duration of working abroad</i>						
Up to 4 years	7 (35%)	15 (10.9%)	-	22 (11%)		
5-9 years	5 (25%)	20 (14.6%)	4 (9.3%)	29 (14.5%)		
10-14 years	6 (30%)	34 (24.8%)	15 (34.9%)	55 (27.5%)		6df,
15 and more	2 (10%)	68 (49.6%)	24 (55.8%)	94 (47%)	$X^2=25.52$	$p=.000$

Note: \*Chi-square analyses of young, middle aged and older women

The family sizes ranged from having no children to four children (see Table 1). There were no differences between groups according to family size. The majority of young women had lower educational levels than the two other groups (Chi-square= 9.63, df=4, p=0.05). Young migrants were more likely to work in cleaning services than middle-aged and older, who worked in personal care services (Chi-square= 49.31, df=2, p < 0.01). Duration of work experience in Italy ranged from 1 to 23 years (mean 12.67, SD=5.2). About half of middle-aged and older women worked abroad for more than 15 years (Chi-square= 25.52, df=6, p < 0.01).

**Age differences of Ukrainian women migrant workers on mental health continuum scales, life satisfaction, psychological distress and acculturation.** The mean scores of MHC-SF, SWLS, BSI-18 and ASSIS are shown in Table 2, where also the differences in age groups in terms of mental health, life satisfaction, psychological distress and acculturative stress are presented.

**Table 2. Differences in Mental Health, Life Satisfaction, Distress and Acculturation among age groups (N = 200)**

	Young (N =20)	Middle aged (N =137)	Older (N =43)	F	Partial Eta Square
	M (SD)	M (SD)	M (SD)		
<i>MHC-SF</i>					
Emotional well-being	11.2 (3.2)	7.3 (4.4)	6.4 (4.2)	9.11**	0.085
Social well-being	9.4 (2.4)	9.1 (2.5)	9.3 (3.2)	0.1	0.001
Psychological well-being	22 (4.2)	18.9 (4.7)	19.6 (4.4)	4.16*	0.04
Total	42.5 (7.3)	35.2 (9.1)	35.3 (9.3)	5.83**	0.056
<i>SWLS</i>					
Life Satisfaction	25.2 (5.8)	18.5 (6.9)	20.6 (9.1)	7.64**	0.072
<i>BSI-18</i>					
GSI	8.0 (10.4)	12.8 (10.7)	13.4 (10.2)	2.01	0.02
Somatization	2.2 (3.5)	4.5 (4.7)	5.4 (5.1)	3.14*	0.031
Depression	2.9 (4.1)	4.3 (3.5)	3.9 (3.0)	1.56	0.016
Anxiety	2.9 (3.9)	3.9 (3.8)	4.1 (3.6)	1.67	0.007
<i>ASSIS</i>					
Acculturation	86.1 (17.8)	101.6 (19.6)	97.7 (16.3)	6.04**	0.058
Perceived discrimination	19.5 (5.3)	23.0 (5.9)	22.0 (5.3)	3.22*	0.032
Homesickness	14.3 (3.6)	16.7 (3.0)	16.4 (3.3)	5.22**	0.05
Perceived hate	10.2 (2.1)	12.1 (4.1)	10.9 (3.1)	3.41*	0.034
Fear	7.4 (1.9)	8.9 (3.0)	8.5 (3.0)	2.45	0.024
Culture shock	5.6 (1.3)	6.8 (2.3)	6.8 (2.0)	2.96	0.029
Guilt	4.4 (1.1)	6.2 (2.5)	5.9 (3.2)	4.04*	0.039

Note: \* statistically significant different at post-hoc comparisons at the p<0.05 level; \*\*statistically significant different at post-hoc comparisons at the p<0.01

A one-way MANOVA revealed a significant multivariate main effect for the age group (Wilks' Lambda = .779,  $F_{(30,000)} = 1,625$ , p < 0.05, partial eta squared= 0,118). The univariate

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main effects were examined and significant univariate effects for age groups were found in emotional well-being ( $F_{2,197} = 9.11, p < 0.01$ ), psychological well-being ( $F_{2,197} = 4.16, p < 0.05$ ), overall mental health continuum score ( $F_{2,197} = 5.83, p < 0.01$ ), life satisfaction ( $F_{2,197} = 7.64, p < 0.01$ ), acculturation ( $F_{2,197} = 6.04, p < 0.01$ ), homesickness ( $F_{2,197} = 5.22, p < 0.01$ ), somatization ( $F_{2,197} = 3.14, p < 0.05$ ), perceived discrimination ( $F_{2,197} = 3.22, p < 0.05$ ), perceived hate ( $F_{2,197} = 3.41, p < 0.05$ ) and guilt ( $F_{2,197} = 4.04, p < 0.05$ ).

At post-hoc analysis, young women reported statistically significant higher scores on emotional well-being, overall mental health score and significantly lower scores on homesickness scale of the acculturation, when compared to middle-aged and older women. Young women reported also significantly higher scores on life satisfaction and psychological well-being, compared to middle-aged women and significantly lower scores on acculturation, perceived discrimination, perceived hate and guilt, when compared to middle-aged women. Older women reported significantly higher scores on somatization compared to young women. There were no significant differences between middle-aged and older women. Mean anxiety and depression scores did not varied significantly according to age, indicating similar psychological distress in migrant women. The study assessed the moderating role of age on the relationship between emotional well-being and somatization ( $R-Sq = .1799, F_{5,194} = 8.5142, p < .001$ ). The One interaction effect (Int\_1) is insignificant ( $p > .05$ ), however the Second interaction effect (Int\_2) is significant ( $b = -.6781, t = -2.0282, p = .0439$ ), impact of emotional well-being on somatization in older women is considerably different (higher) from young women. Test of unconditional interaction is also significant ( $R^2 = .0388, F_{2,194} = 4.5838, p < .05$ ). The Conditional effect shows that there is negative predictive relationship between emotional well-being and somatization among older women ( $b = -.5713, t = -5.7448, p < .0001$ ). All other findings were insignificant. To shed more light on the predictive relationships between well-being, distress and age on a migrant sample, further more specific research should be conducted.

***Mental health categories, life satisfaction, acculturative stress and age.*** In order to explore the relationships between age and well-being, we performed cross-classifications between age groups (young, middle-aged, older women) and mental health categories (languishing, flourishing and moderate mental health), life satisfaction levels and acculturative stress (see Table 3).

The largest number of women migrant workers (56%) reported moderate mental health; about 12.5% were languishing and 30% of migrant women were flourishing. Most middle-aged and older women were in the moderate mental health category (56.9% and 58.1% respectively). The percentage of flourishing and languishing women in these groups was similar (29.2% and 27.9%; 13.9% and 14% respectively), whereas most young women were flourishing (55%), and no one was languishing ( $\chi^2 = 10.65, df = 4, p < 0.05$ ).

The levels of life satisfaction were associated with age ( $\chi^2 = 26.034, df = 12, p < 0.05$ ). In the young women group, we observed a cumulative percentage of 75% of them who were slightly satisfied, satisfied or extremely satisfied with life. Conversely, in middle-aged and older groups, the majority of women were slightly dissatisfied, dissatisfied or extremely dissatisfied with their life. However, there were more women satisfied with life in the older group than in the middle-aged group (48.8% and 40% respectively).

Table 3 presents the percentage of the sample reporting clinically significant acculturative stress. Thus, 10% of young, 13.8% of older and 39.4% of middle-aged women scored higher than the cut-off score of 109 ( $\chi^2 = 10.226, df = 2, p < 0.01$ ), which indicated serious stress while working in Italy.

**Table 3. Cross tabulations of Mental Health Categories, Life Satisfaction Levels and Acculturative Stress\* with age categories (%)**

	Young (N =20)	Middle aged (N =137)	Older (N =43)	Total	Chi-square **	df, p
	N (%)	N (%)	N (%)	N (%)		
<i>MHC-SF</i>						
Languishing	0	19 (13.9%)	6 (14%)	25 (12.5 %)		
Moderate	9 (45%)	78 (56.9)	25 (58.1%)	112 (56%)		4 df,
Flourishing	11 (55%)	40 (29.2%)	12 (27.9%)	63 (31.5%)	X <sup>2</sup> =10.65	p=.031
Total	100%	100%	100%	100%		
<i>SWLS</i>						
Extremely dissatisfied	0.0%	16 (11.7%)	7 (16.3%)	23 (11.5%)		
Dissatisfied	0.0%	28 (20.4%)	5 (11.6%)	33 (16.5%)		
Slightly dissatisfied	5 (25%)	32 (23.4%)	10 (23.3%)	47 (23.5%)		
Neutral	0.0%	6 (4.4%)	0.0%	6 (3%)		
Slightly satisfied	4 (20%)	31 (22.6%)	7 (16.3%)	42 (21%)		
Satisfied	8 (40%)	17 (12.4%)	5 (11.6%)	30 (15%)		12 df,
Extremely satisfied	3 (15%)	7 (5.1%)	9 (20.9%)	19 (9.5%)	X <sup>2</sup> =26.03	p=.01
Total	100%	100%	100%	100%		
<i>ASSIS</i>						
Acculturative stress	2 (10%)	54 (39.4%)	9 (13.8%)	65 (32.5%)	X <sup>2</sup> =10.226	p=.006

Note: \*clinically significant acculturative stress according to ASSIS; Cut-off: Raw score  $\geq 109$ ; \*\* Chi-square analyses of young, middle aged and older women;

***Differences on clinically significant psychological distress and acculturative stress according to mental health categories.*** Table 4 illustrates the relationships among mental health categories, psychological distress and acculturative stress. In our sample, a large amount of languishing women had clinically significant scores on somatization, depression, anxiety and acculturative stress. Moderately mentally healthy and flourishing women reported significantly lower rates on somatization ( $\chi^2=44.79$ , 2 df,  $p=.000$ ), anxiety ( $\chi^2=8.36$ , 2 df,  $p=.01$ ), depression ( $\chi^2=23.38$ , 2df,  $p=.000$ ) and GSI ( $\chi^2=24.98$ , 2 df,  $p=.000$ ), when compared to languishing women. Furthermore, flourishing women were two times less anxious and three times less depressed than moderately mentally healthy women; they had two times lower rates on clinically significant somatization and clinically significant general psychological distress compared to them.

Concerning acculturative stress, languishing women were three times more clinically stressed on the acculturation scale than flourishing women and two times more clinically stressed on acculturation than moderate mentally healthy women ( $\chi^2=13.91$ , 2 df,  $p=.001$ ).

**Table 4. Mental Health Categories and number of women with clinical distress according to BSI\* and ASSIS\*\***

	Languishing (N=20, 12.5%)	Moderately mentally healthy (N =112, 56%)	Flourishing (N =63, 31.5%)	Total	Chi-square	df, p
	N, %	N, %	%			
Somatization	14 (56%)	10 (8.9%)	3 (4.8%)	27 (13.5%)	$\chi^2=44.79$	2 df, p=.000
Anxiety	8 (32%)	16 (14.3%)	5 (7.9%)	29 (14.5%)	$\chi^2=8.36$	2 df, p=.01
Depression	10 (40%)	12 (10.7%)	2 (3.2%)	24 (12%)	$\chi^2=23.38$	2df, p=.000
General psychological distress (GSI)	10 (40%)	9 (8%)	3 (4.8%)	22 (11%)	$\chi^2=24.98$	2 df, p=.000
Acculturative stress	15 (60%)	38 (33.9%)	12 (19%)	65 (32.5%)	$\chi^2=13.91$	2df, p=.001

Note: \* Clinically significant somatization, anxiety, depression and general psychological distress (GSI) according to BSI; cut-off for all scales: T-score  $\geq 0.63$ ; \*\* clinically significant acculturative stress according to ASSIS; cut-off: Raw score  $\geq 109$ .

## 8. Discussion

In the current study, well-being, psychological distress and acculturative stress were investigated in Ukrainian women migrant workers in Italy.

The present study found significant differences in the well-being of young women migrant workers as compared to middle-aged and older migrant women. Young women experienced better emotional and psychological well-being, higher life satisfaction and lower acculturative stress when compared to both middle-aged and older migrant women. Our findings are consistent with those documented by Cochrane & Stopes-Roe (1981), who reported that being young while immigrating was related to better acculturation in a new environment, sufficient socialization and a better psychological adjustment of immigrants. Socio-demographic characteristics can also be associated with well-being, particularly marital status. In our sample, most young women, who worked in Italy, were married, and this was not the case for middle-aged and older women, who were more likely to be single, divorced or widowed (see Table 1). In previous research (Berry & Hou, 2017) it was shown that lower scores in life satisfaction were reported by single immigrants (never married, divorced, or separated). Other research demonstrated that psychological flourishing and distress of migrants in Australia were associated with higher social support, including family (du Plooy et al., 2019b). Similarly, in our sample, almost half of the young women were married to Italian men, and this fact may have influenced their better acculturation in the host country: the women did not feel homesick and guilt for leaving their homeland. At the same time, young women showed lower scores on perceived discrimination and hate from the host society. This may be due to the fact that women worked in the cleaning service with hourly work that gave them more freedom and independence in arranging their professional, social and personal lives. In contrast, in our research middle-aged and older women are mostly live-in caregivers. Although living at home with employers can have some financial benefits, it can also provoke significant acculturative stress and have a negative impact on the psycho-emotional well-being of

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workers. Further research that better explores the well-being of migrant women according to their marital status and type of job would be needed before drawing any conclusions.

The rates of psychological distress in terms of anxiety and depression were similar among the three age groups. Older women showed only significant differences on the somatization scale when compared to younger women (see Table 2). Moreover, considering multiple mediation analyses, age was found a moderator in the relationship between emotional well-being and somatization. The lower emotional well-being is, the higher the level of somatization older women present, and that is considerably different from young women. Existing findings emphasize the sacrifice of Ukrainian women: they identify themselves primarily as mothers who fulfill their “mission” to ensure the well-being of their own children, even when they have grown up, thus delaying their own well-being. Psychologists and policy-makers should consider these predictive factors for the primary prevention of somatization at the personal and community level, respectively. Although Kurzeja and colleagues (1986) suggested that mental health problems among elderly Korean immigrants may be associated with deteriorating physical health, rather than with the stresses of immigration and acculturation. Additionally, Kiefer et al. (1985) noted that the mental health status of older migrants might be linked to other factors, including family and financial support, issues of cultural adjustment, language difficulties, and problems with mobility. Overall, in the present research, no age group reported clinically high rates of depression and anxiety. This corresponds with earlier research of Brailovskaia et al. (2017), who investigated depression, anxiety, and stress symptoms in native and migrant samples in Russia and in the USA. They found no significant differences between people with and without a migration background in terms of psychological distress. Additionally, a cross-sectional national survey in Australia showed that migrant care workers scored in the normal to mild ranges on The Depression Anxiety Stress Scale (DASS 21), however, they presented high acculturative stress (Adebayo et al., 2021).

With regard to acculturative stress, our study revealed that almost 40% of middle-aged women indicated high levels of acculturative stress. This group of migrant women can be considered the most vulnerable among the three age groups. Earlier research (Marchetti & Venturini, 2014) indicated an unfavorable position of Ukrainian middle-aged women migrant workers, who are mostly “transit migrants”. It was found that family related factors might significantly affect their psychological functioning, since spending time abroad may have a harmful impact on their relationship with their husbands and children, and this may further increase their sense of isolation. According to Vianello (2016) “these migrants are in a situation of permanent instability, preventing them from either living fully in Italy or maintaining their social position in the origin country”. It has been demonstrated that family support may contribute positively to the intercultural adaptation of immigrants (Liboro, 2018; Ng et al., 2017). Since very few studies have examined the role of social support in the acculturation process of women migrant workers, additional research may clarify our findings.

These observations could be applied also to commenting our results on age and mental health categories. Ukrainian young women were more likely to flourish while working in Italy, compared to middle-aged and older women. The results showed that there was no difference in terms of mental health categories between middle-aged and older women, but these two groups included all the languishing individuals (12.5%) of the sample. Thus, the condition of languishing was not present among young migrant workers. According to Keyes’s findings, languishing individuals tend to manifest emotional distress and psychological impairments

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comparable to the psychosocial impairments associated with a major depressive episode (Keyes & Waterman, 2003). Thus, Ukrainian migrant workers who are actually languishing may be considered a vulnerable population, particularly when their level of acculturative stress is high.

Overall, a one third of our sample (31.5%) met the criteria for flourishing; while the majority (56%) were in moderate mental health category. These data are in line with those reported by previous investigations, which estimated that approximately 17 to 20% of the general population fit the criteria for flourishing (Keyes, 2002, 2005). In a sample of Italians, Petrillo and colleagues (2015) showed that 31% of participants reported a state of flourishing, 11% of participants were languishing and the majority (58%) had moderate mental health. Our result suggests that the Ukrainian migrant women in our sample do not differ significantly in terms of mental health categories from the general population in existing research.

However, the levels of psychological distress reported by Ukrainian women with moderate mental health and those reported by languishing women are largely different (see Table 4). Moreover, in line with previous research (Keyes & Simoes, 2012; Petrillo et al., 2015), our findings showed that Ukrainian flourishing women not only reported a lower incidence of depression, anxiety and somatization, but they also indicated lower levels of acculturative stress. Our findings are consistent with the previous research which showed that higher well-being and flourishing protect against cases of mental disorders such as anxiety and depression (Keyes et al., 2010; Schotanus-Dijkstra et al., 2017), moreover it reduces the risk of suicide (Keyes & Simoes, 2012; Koivumaa-Honkanen et al., 2004). In addition, studies have shown that low or moderate well-being has significant economic consequences due to reduced productivity and health care costs. Importantly, the most beneficial effects on health, society and the economy were found for those who are flourishing and not for those with languishing or moderate mental health (Keyes, 2005, 2007; Keyes & Simoes, 2012; Keyes et al., 2010). According to Keyes findings, flourishing individuals have excellent health, miss fewer days at work, and have fewer physical limitations in their daily lives. Thus, flourishing Ukraine migrants may be more productive, may find work more easily, and may establish new social connections, so that they receive informational, emotional, social, and instrumental support, which, in turn, contributes to the process of acculturation and integration into society.

## **9. Limitations of the study**

To the best of our knowledge, this is the first study that investigated the well-being, acculturative stress and psychological distress of Ukrainian migrant women according to their age. Despite its innovative contribution to the literature, this study has several limitations. First, it involved a self-selected sample, is not necessarily representative of the general Ukraine population working abroad. Additionally, we examined the well-being of Ukrainian migrant women while working in Northern Italy, where the quality of life of migrants is generally good, and the sample size was not weighted on the entire population of Ukrainian women residing in Northern Italy. Thus, in terms of generalizability, future studies should be carried out among Ukrainian migrant women working in other regions of Italy as well as in different European countries to confirm our findings. Secondly, the assessment was performed with self-reports only, where the risk of social desirability bias is high. Additional factors that can influence the well-being of Ukrainian migrant women such as sociodemographic characteristics (marital status, duration of working, etc.) and job-related

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factors (type of work, working conditions, and violations of migrant workers' rights) were not taken into consideration in the present study. Finally, in this study, we did not examine changes in the well-being of immigrant women over the migratory process, and this issue may be investigated in the future, by using a longitudinal design.

## 10. Conclusions

As labor migration involves a complex array of psychosocial and cultural challenges, this study shed new light on the role of well-being, age and distress of Ukrainian women working in Italy. Our study showed how well-being provided protection in the face of psychological distress and acculturative stress in a migrant women sample. Furthermore, our study indicates that younger age might have a similar protective role for mental health and acculturative stress. The high rate (40%) of acculturative stress among middle-aged migrant women in the present study highlights the importance of implementing supportive programs aimed at helping migrant workers to adjust to the new culture where they live. The findings highlight the importance of establishing prevention and treatment services for migrant workers that aim to increase levels of emotional support, self-esteem, and coping skills. These supportive programs may also alleviate potential psychological distress and homesickness, particularly for middle-aged married migrant women who felt isolated by their family and children left in their country of origin. Simultaneously it may be beneficial to focus also on the promotion of positive mental health targeting multiple well-being components such as positive emotions, optimism and positive relations. As Keyes (2007) stated, focusing public health efforts solely on mental illness will not necessarily result in a mentally healthier population. Examples of such interventions are Positive Psychotherapy (Rashid, 2014) and Well-being therapy (Ruini & Fava, 2014; Ruini et al., 2014; Schotanus-Dijkstra et al., 2017; Shelemei & Volodarska, 2021). Further research should examine whether interventions to enhance well-being could protect migrant middle-aged or older women (more at risk of languishing) from experiencing depressive symptoms, anxiety and somatization as well as acculturative stress. These well-being-promoting interventions might have an important preventive role and are in line with the Horizon 2020 research calls, which indicate the well-being of inclusive societies as a priority for European health policies.

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## References

Adebayo, B., Nichols, P., Albrecht, M.A., Brijnath, B., & Heslop, K. (2021). Investigating the impacts of acculturation stress on migrant care workers in Australian residential aged care

- 
- facilities. *Journal of Transcultural Nursing*, 32(4), 389-398. <https://doi:10.1177/1043659620947810>
- Ajrouch, K.J. (2008). Social isolation and loneliness among Arab American elders: Cultural, social, and personal factors. *Research in Human Development*, 5(1), 44-59. <https://doi:10.1080/15427600701853798>
- Akhter, S., Rutherford, S., Akhter Kumkum, F., Bromwich, D., Anwar, I., Rahman, A., & Chu, C. (2017). Work, gender roles, and health: Neglected mental health issues among female workers in the ready-made garment industry in Bangladesh. *International Journal of Women's Health*, 9, 571-579. <https://doi.org/10.2147/IJWH.S137250>
- Angel, J.L, Buckley, C.J, & Sakamoto A. (2001). Duration or disadvantage? Exploring nativity, ethnicity, and health in midlife. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 56(5), S275-S284. <https://10.1093/geronb/56.5.S275>
- Banfi, L., & Boccagni, P. (2011). Transnational family life and female migration in Italy: One or multiple patterns? In A. Kraler, E. Kofman, M. Kohli, & C. Schmoll (Eds.), *Gender, generations and the family in international migration* (pp. 285–310). Amsterdam University Press.
- Berry, J.W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology*, 46, 5-34.
- Berry, J.W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations*, 29(6), 697-712. <https://doi.org/10.1016/j.ijintrel.2005.07.013>
- Berry, J.B., & Hou, F. (2017). Acculturation, discrimination and wellbeing among second generation of immigrants in Canada. *International Journal of Intercultural Relations*, 61, 29-39. <https://doi.org/10.1016/j.ijintrel.2017.08.003>
- Blanchflower, D.G., & Oswald, A.J. (2008). Is well-being U-shaped over the life cycle? *Social Science and Medicine*, 66, 1733-1749. <https://doi.org/10.1016/j.socscimed.2008.01.030>
- Brailovskaia, J., Schönfeld, P., Kochetkov, Y., & Margraf, J. (2017). What does migration mean to us? USA and Russia: Relationship between migration, resilience, social support, happiness, life satisfaction, depression, anxiety and stress. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 38(2), 421-431. <https://doi.org/10.1007/s12144-017-9627-3>
- Cela, E., Fokkema, T., & Ambrosetti, E. (2013). Variation in transnationalism among Eastern European migrants in Italy: The role of duration of residence and integration. *Southeast European and Black Sea Studies*, 13(2), 195-209. <https://doi.org/10.1080/14683857.2013.789671>
- Chanfreau, J., Lloyd, C., Byron, C., Roberts, C., Craig, R., De Feo, D., & McManus, S. (2014) *Predicting well-being*. NatCen Social Research. <https://doi.org/10.13140/2.1.3267.4564>
- Cheung, B. Y., Chudek, M., & Heine, S. J. (2011). Evidence for a sensitive period for acculturation: Younger immigrants report acculturating at a faster rate. *Psychological Science*, 22(2), 147-152. <https://doi.org/10.1177/0956797610394661>
- Cho, Y.J., Jang, Y., Ko, J.E., Lee, S.H., & Moon, S.K. (2018). Acculturation, acculturative stress, and depressive symptoms in international migrants: a study with Vietnamese women in South Korea. *Journal Immigrant Minority Health*, 20, 1103-1108. <https://doi.org/10.1080/00224540209603915>
- Cochrane, R., & Stopes-Roe, M. (1981). Psychological symptom levels in Indian immigrants to England – A comparison with the native English. *Psychological Medicine*, 11, 319-327.
- Cojocar, S., Islam, M., & Timofte, D. (2015). The effects of parent migration on the children left at home. The use of ad-hoc research for raising moral panic in Romania and the Republic of Moldova. *Anthropologist*, 22(2), 568-575.

- 
- Daramola, O.I., & Scisney-Matlock, M. (2014). Migration and cognitive representations of hypertension in African immigrant women. *Western Journal of Nursing Research, 36*(2), 209-227. <https://doi.org/10.1177/0193945913504501>.
- Derogatis, L.R. (2000). *Brief Symptom Inventory (BSI)-18: Administration, scoring, and procedures manual*. NCS Pearson.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*, 71-75. [https://doi.org/10.1207/s15327752jpa4901\\_13](https://doi.org/10.1207/s15327752jpa4901_13)
- Diener, E., Lucas, R.E., & Oishi, S. (2002). Subjective well-being: The science of happiness and life satisfaction. In C. R. Snyder & S. Lopez (Eds.), *Handbook of positive psychology* (pp. 463–473). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780195187243.013.001>
- Diener, E., & Ryan, K. (2009). Subjective well-being: A general overview. *South African Journal of Psychology, 39*(4), 391-406. <https://doi.org/10.1177/008124630903900402>
- du Plooy, D., Lyons, A., & Kashima, E. (2019a). Predictors of flourishing and psychological distress among migrants to Australia: A dual continuum approach. *Journal of Happiness Studies, 20*, 561-578. <https://doi.org/10.1007/s10902-018-9961-7>
- du Plooy D., Lyons, A., & Kashima, E. (2019b). The effect of social support on psychological flourishing and distress among migrants in Australia. *Journal of Immigrant and Minority Health, 21*(2), 278-289. <https://doi.org/10.1007/s10903-018-0745-2>. PMID: 29728812
- Emami, A., Torres, S., Lipson, J. G., & Ekman, S. L. (2000). An ethnographic study of a day care center for Iranian immigrant seniors. *Western Journal of Nursing Research, 22*(2), 169-188. <https://doi.org/10.1177/019394590002200205>
- Fedyuk, O. (2011). Beyond motherhood: Ukrainian female labor migration to Italy. [Doctoral dissertation, Central European University].
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Press.
- Hendriks, M., Burger M., Ray, J., & Esipova, N. (2018). Do international migrants increase their happiness and that of their families by migrating? .In J. Helliwell, R. Layard, & J. Sachs (Eds.), *World Happiness Report 2018*. <https://worldhappiness.report/ed/2018/>
- Horley, J., & Lavery, J.J. (1995). Subjective well-being and age. *Social Indicators Research, 34*, 275-282. <https://doi.org/10.1007/BF01079200>
- Hovey, J.D., & Magaña, C.G. (2002). Exploring the mental health of Mexican migrant farm workers in the Midwest: Psychosocial Predictors of psychological distress and suggestions for prevention and treatment. *The Journal of Psychology, 136*(5), 493-513. <https://doi.org/10.1080/00223980209605546>
- Huberty, C. (2002). A history of effect size indices. *Educational and Psychological Measurement, 62* (2), 227-240. <https://doi.org/10.1177/0013164402062002002>
- Islam, M., Cojocar, S., Rahman, Z., Siti Hajar, A., & Arnakim, K. (2016). Story behind the closed doors: Decent work practice among the migrant domestic workers in Singapore and Italy. *Revista de Cercetare si Interventie Sociala, 53*, 304-325. [https://www.rcis.ro/images/documente/rcis53\\_19.pdf](https://www.rcis.ro/images/documente/rcis53_19.pdf)
- ISTAT (2013). *Il Matrimonio in Italia, Anno 2012* [Marriage in Italy, Year 2012]. Rome: Statistiche Report.
- ISTAT (2019). *Annuario Statistico Italiano*. <https://www.istat.it/it/files//2019/12/Asi-2019.pdf>
- Jang, H., & Tang, F. (2022). Loneliness, age at immigration, family relationships, and depression among older immigrants: A moderated relationship. *Journal of Social and Personal Relationships, 39*(6), 1602-1622. <https://doi.org/10.1177/02654075211061279>
-

- 
- Jibeen, T., & Khalid, R. (2010). Predictors of psychological well-being of Pakistani immigrants in Toronto, Canada. *International Journal of Intercultural Relations*, 34(5), 452-464. <https://doi.org/10.1016/J.IJINTREL.2010.04.010>
- Kaczmarczyk, P., Góra, M., & Duszczak, M. (2013). Costs and benefits of labor mobility between the EU and the Eastern partnership countries: The case of Poland. IZA Discussion Paper, 7664. <https://doi.org/10.2139/ssrn.2345580>
- Kellezi, B., Wakefield, J., Bowe, M., Bridger, K., & Teague, K. (2021). Adapting social prescribing to meet the needs of migrant populations: Challenges and solutions to service access and efficacy. *Community Psychology in Global Perspective*, 7(2), 1-21. <https://doi.org/10.1285/i24212113v7i2p1>
- Keyes, C.L.M. (1998). Social well-being. *Social Psychology Quarterly*, 61, 121-140. <https://doi.org/10.2307/2787065>
- Keyes, C.L.M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43, 207-222. <https://doi.org/10.2307/3090197>
- Keyes, C.L.M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73, 539-548. <https://doi.org/10.1037/0022-006X.73.3.539>
- Keyes, C.L.M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62, 95-108. <https://doi.org/10.1037/0003-066X.62.2.95>
- Keyes, C.L.M., Dhingra, S.S., & Simoes, E.J. (2010). Change in level of positive mental health as a predictor of future risk of mental illness. *American Journal of Public Health*, 100(12), 2366-2371. <https://doi.org/10.2105/AJPH.2010.192245>
- Keyes, C.L.M., Shmotkin, D., & Ryff, C.D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82(6), 1007-1022. <https://doi.org/10.1037//0022-3514.82.6.1007>
- Keyes, C.L.M., & Simoes, E.J. (2012). To flourish or not: Positive mental health and all-cause mortality. *American Journal of Public Health*, 102(11), 2164-2172. <https://doi.org/10.2105/AJPH.2012.300918>
- Keyes, C.L.M., & Waterman, M.B. (2003). Dimensions of well-being and mental health in adulthood. In M. C. Bornstein, L. Davidson, C. L. M. Keyes, & K. A. Moore (Eds.), *Well-being: Positive development across the life course* (pp. 477-497). Laurence Erlbaum Associates.
- Kiefer, C.W., Kim, S., Choi, K., Kim, L., Kim, B.L., Shon, S., & Kim, T. (1985). Adjustment problems of Korean American elderly. *Gerontologist*, 25, 477-482.
- Koivumaa-Honkanen, H., Kaprio, J., Honkanen, R., Viinamäki, H., & Koskenvuo, M. (2004). Life satisfaction and depression in a 15-year follow-up of healthy adults. *Social Psychiatry and Psychiatric Epidemiology*, 39(12), 994-999. <https://doi.org/10.1007/s00127-004-0833-6>
- Kurzeja, P.L., Koh, S.D., & Liu, W.T. (1986). Ethnic attitudes of Asian-American elderly: Korean immigrants and Japanese Nisei. *Research on Aging*, 8, 110-127.
- Liboro, R. (2018). Racial minority immigrant acculturation: Examining Filipino settlement experiences in Canada utilizing a community-focused acculturation framework. *Community Psychology in Global Perspective*, 4(1), 66-84. <https://doi.org/10.1285/i24212113v4i1p66>
- Liem, A., Renzaho, A., Hannam, K., Lam, A., & Hall, B. (2021). Acculturative stress and coping among migrant workers: A global mixed-methods systematic review. *Applied Psychology Health and Well-Being*, 13. <https://doi.org/10.1111/aphw.12271>

- 
- Maneze, D., Salamonson, Y., Attwood, N., & Davidson, P. M. (2013). Acculturative stress in Filipino migrants with functional English: implications for health promotion. *International Journal of Culture and Mental Health*, 7(4), 357-369. <https://doi.org/10.1080/17542863.2013.812131>
- Mannarini, T., Talò, C., Mezzi, M., & Procentese, F. (2018). Multiple senses of community and acculturation strategies among migrants. *Journal of Community Psychology*, 46(1), 7-22. <https://doi.org/10.1002/jcop.21913>
- Marchetti, S., & Venturini, A. (2014). Mothers and grandmothers on the move: Labour mobility and the household strategies of Moldovan and Ukrainian women in Italy. *International Migration*, 52(5), 111-126. <https://doi.org/10.1111/imig.12131>
- Marin, I.A., & Mancini, F. (2017). Romanian immigrants in Italy: Mental health and potential protective and vulnerability factors. *Revista de Cercetare si Interventie Sociala*, 59, 21-33. [https://www.rcis.ro/images/documente/rcis59\\_02.pdf](https://www.rcis.ro/images/documente/rcis59_02.pdf)
- Ministero del Lavoro e delle Politiche Sociali. (2022, March 22). *Accoglienza profughi Ucraina, pubblicato il DL con le nuove misure*. Retrieved November 05, 2022, from <https://integrazionemigranti.gov.it/it-it/Ricerca-news/Dettaglio-news/id/2430/Accoglienza-profughi-Ucraina-pubblicato-il-DL-con-le-nuove-misure>
- Montanari, A., & Staniscia, B. (2009). Female migration in a changing world. *Espace Populations Sociétés*, 2, 227-241. <https://doi.org/10.4000/eps.4784>
- Näre, L. (2007). Ukrainian and Polish domestic workers in Naples. A Case of East-South migration. [http://aa.ecn.cz/img\\_upload/f76c21488a048c95bc0a5f12dece153/LNare\\_UkrainianandPolishDomesticWorkersinNaplesACaseofEast\\_.pdf](http://aa.ecn.cz/img_upload/f76c21488a048c95bc0a5f12dece153/LNare_UkrainianandPolishDomesticWorkersinNaplesACaseofEast_.pdf)
- Ng, T.K., Wang, K.W.C., & Chan, W. (2017). Acculturation and cross-cultural adaptation: The moderating role of social support. *International Journal of Intercultural Relations*, 59, 19-30. <https://doi.org/10.1016/j.ijintrel.2017.04.012>
- Paloma, V., García-Ramírez, M., Camacho, C., & Olmedo, L. (2016). How are we studying migrant well-being? A critical view from a liberating community psychology approach. *Community Psychology in Global Perspective*, 2(1), 73-86. <https://doi.org/10.1285/i24212113v2i1p73>
- Petrillo, G., Capone, V., Caso, D., & Keyes, C. L. M. (2015). The Mental Health Continuum–Short Form (MHC–SF) as a measure of well-being in the Italian context. *Social Indicators Research*, 121, 291-312. <https://doi.org/10.1007/s11205-014-0629-3>
- Rashid, T. (2014). Positive psychotherapy: A strength-based approach. *The Journal of Positive Psychology*, 10, 25-40. <https://doi.org/10.1080/17439760.2014.920411>
- Riva, E., & Zanfrini, L. (2013). The labor market condition of immigrants in Italy: The case of Lombardy. *Revue Interventions Économiques*, 47. <https://doi.org/10.4000/interventionseconomiques.1987>
- Ruini, C., Albieri E., & Vescovelli, F. (2014). Well-being therapy: State of the art and clinical exemplifications. *Journal of Contemporary Psychotherapy*, 45, 129-136.
- Ruini, C., & Fava, G.A. (2014). The individualized and cross-cultural roots of well-being therapy. In G. Fava, & C. Ruini (Eds.), *Increasing psychological well-being in clinical and educational settings. Cross-cultural advancements in positive psychology*, 8. Springer. [https://doi.org/10.1007/978-94-017-8669-0\\_2](https://doi.org/10.1007/978-94-017-8669-0_2)
- Ryabchuk, A., & Fedyuk, O. (2022, January 19). *Behind the scenes of sacrifice: Taboo topics of women's migration*. Commons. Retrieved September 08, 2022, from <https://commons.com.ua/en/za-lashtunkamy-zhertovnosti-tabujovani-temi-zhinochoyi-migraciyi/>
-

- 
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, 83, 10-28. <https://doi.org/10.1159/000353263>
- Safi, M. (2010). Immigrants' life satisfaction in Europe: Between assimilation and discrimination. *European Sociological Review*, 26(2), 159-176. <http://www.jstor.org/stable/40602486>
- Sandhu, D., & Asrabadi, B. (1994). Development of an Acculturative Stress Scale for international students: Preliminary findings. *Psychological Reports*, 75, 435-448. <https://doi.org/10.2466/pr0.1994.75.1.435>
- Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The consequences of perceived discrimination for psychological well-being: A meta-analytic review. *Psychological Bulletin*, 140(4), 921-948. <https://doi.org/10.1037/a0035754>
- Schotanus-Dijkstra, M., Drossaert, C., Pieterse, M. E., Boon, B., Walburg, J. A., & Bohlmeijer, E. T. (2017). An early intervention to promote well-being and flourishing and reduce anxiety and depression: A randomized controlled trial. *Internet Interventions*, 9, 15-24. <https://doi.org/10.1016/j.invent.2017.04.002>
- Shelemei, O. & Volodarska, N. (2021). Recovery of women well-being in migration: Example of Ukraine. *Revista de Cercetare si Interventie Sociala*, 75, 115-126. <https://doi.org/10.33788/rcis.75.7>
- Solari, C.D. (2016). Theorizing the Ukrainian case: Pushing the boundaries of migration studies through a Europe–US comparison. In O. Fedjuk, & M. Kindler (Eds.), *Ukrainian migration to the European Union*. IMISCOE Research Series. Springer. [https://doi.org/10.1007/978-3-319-41776-9\\_13](https://doi.org/10.1007/978-3-319-41776-9_13)
- Tessitore, F., & Margherita, G. (2020). Land of care seeking: Pre- and post-migratory experiences in asylum seekers' narratives. *Community Psychology in Global Perspective*, 6(1), 74-91. <https://doi.org/10.1285/i24212113v6i1p74>
- Titzmann, P. F., & Lee, R. M. (2018). Adaptation of young immigrants: A developmental perspective on acculturation research. *European Psychologist*, 23(1), 72-82. <https://doi.org/10.1027/1016-9040/a000313>
- Tsai, J. L., Ying, Y.-W., & Lee, P. A. (2001). Cultural predictors of self-esteem: A study of Chinese American female and male young adults. *Cultural Diversity and Ethnic Minority Psychology*, 7(3), 284-297. <https://doi.org/10.1037/1099-9809.7.3.284>
- Vianello, F.A. (2016). Migration of Ukrainian nationals to Italy: Women on the move. In O. Fedjuk, & M. Kindler (Eds.), *Ukrainian migration to the European Union. Lessons from migration studies* (pp. 163–179). IMISCOE Research Series. Springer.
- Vianello, F. A., Zaccagnini, F., Pinato, C., Maculan, P., & Buja, A. (2020). Health status of female Moldovan migrants to Italy by health literacy level and age group: a descriptive study. *BMC Public Health*, 20(1), 1502. <https://doi.org/10.1186/s12889-020-09582-9>
- Warnes, T. (1996). The age structure and ageing of the ethnic groups. In Coleman D., & Salt J. (Eds.) *Ethnicity in the 1991 census: Demographic characteristics of the ethnic minority populations* (pp. 151–157). HMSO.
- Willen, S. S., Selim, N., Mendenhall, E., Lopez, M. M., Chowdhury, S. A., Dilger, H., & Migration and Health in Social Context Working Group (2021). Flourishing: migration and health in social context. *BMJ Global Health*, 6 (Suppl 1), e005108. <https://doi.org/10.1136/bmjgh-2021-005108>

- 
- World Health Organization. (2004). Promoting mental health: Concepts, emerging evidence, practice. Summary report / A report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. <https://apps.who.int/iris/handle/10665/42940>
- Yarova, O. (2006). The migration of Ukrainian women to Italy and the impact on their family in Ukraine. In A. Szczepaniková, M. Čaněk, & J. Grill (Eds.), *Migration processes in central and eastern Europe: Unpacking the diversity* (pp. 38-41). Multicultural Centre Prague. [https://mkc.cz/doc/Migration\\_Processes\\_in\\_CEE\\_hq.pdf](https://mkc.cz/doc/Migration_Processes_in_CEE_hq.pdf)
- Zhyznomirska, L., & Odynets, S. (2018). Caught between East and West: Ukrainian migration in the 21st century. In A. Triandafyllidou (Ed.), *Handbook of migration and globalization* (pp. 359-376). Edward Elgar Publishing.