

**REDUCING NURSE TURNOVER IN THE UK NHS: A CRITICAL
REALIST STUDY OF MANAGER BEHAVIOURS ON
INTERNATIONAL EDUCATED NURSES (IENs) RETENTION**

Task 2 (Presentation) ON 21/7/26

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Doctor of Business Administration (DBA) Candidate Module:
LCDB7012: Advancing to Doctoral Research Stage

Critical Realist Study for a Doctoral Research

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“An 18-minute presentation demonstrating how Thomas Kuhn’s concept of paradigm makes my research possible” On The Topic:

Reducing Nurse Turnover in the UK NHS: A Critical Realist Study Of Manager Behaviours and IENs Retention which is derived from the Portfolio in Component (1).



Thomas Kuhn (1962) conceived paradigm as a distinct set of concepts/patterns, theories, research methods, and standards which determined what establishes legitimate contributions to research.

That **Observations** exists in the theory which tells a story that explains the meanings of the theory.

Denzin and Lincoln (2000) on triangulation concept of human constructions, dealing with first standards indicating the precedent of the researcher in constructing meaning embedded in data. [You lay on the bed the way you make it]

Guba and Lincoln (1994) affirmed **epistemology, ontology, methodology and axiology** formed a paradigm is a basic set of beliefs or worldview that guides research action or an investigation.

Kuhns' models and criteria

The set of normal rules and standards followed by subscribers to Kuhn's paradigm built their understanding as a normal science that follows four disciplinary matrices:

- Symbolic generalizations of metaphysical beliefs (core equations),
- Assumptions about reality
- Values and standards for evaluating theories
- Puzzle solvers for concrete problem-solving model.
- Kuhn suggests five criteria for theories: must be simple, accurate, consistent, scope and fruitfulness to qualify as theory which determines the methodology to adopt. This is in alignment with this research

Implication of Kuhn's Paradigms In My Research

Because of my Critical Realism posture, Kuhn's paradigm is relevant to my study for these reasons:

A. Normal Science: Old Paradigm is that formally NHS maintained unchallenged standards with insular framework where native language, education and professional practices are localised

B. A Paradigm Shift occurred discarding their older localised recruitment models.

C. It shifted to electronic recruitment of international Nurses.

D. Kuhn's suggestion of Incommensurability reflect the Culture Clashes in hospital workplace, and failed communication led to ideological friction.

E. The consequence: Crisis of Manager behaviours, inclusive leadership and robust pastoral care influence intention to stay.

Based on my critical realism approach, I found that Nursing aligns with the concept of normal science of Thomas Kuhn which impacted the concept of nursing.

The Implication Philosophy

Dimensions of Kuhn's Paradigm compared with scientific progress

Positivism (Comte 1856)	Positivist research methods is scientific e.g. experimentation, observation and reason based on human behaviour ➤ Deductive logic, hypotheses, mathematical equations, calculations and measurable outcomes. ➤ Validated internally and externally (Burns, 2000). In positivist paradigm : ➤ Studying exam performance might argue that test scores are objective facts that exist regardless of interpretation. ➤ Understanding human behaviour and knowledge.
Interpretivist paradigm/Constru ctivist ontology paradigm (Guba and Lincoln, 1989).	Understand the subjective world of social interaction and culture. ➤ Human experience ➤ Reality is socially constructed (Bogdan and Biklen, 1998). I agree that success can't be measured by grades alone but also by how students perceive their learning. Like the interpretivist might argue (Learning and Character)
Critical Paradigm/Transfo rmative	Situates in social justice ➤ Address political, social and economics of oppression, conflict, struggle, and power structures in workplace. ➤ Seeks to change the politics and improve mindset ➤ The researcher interacts with the participants
Pragmatic Paradigm	Argued that the ‘truth’ cannot be ascertained by single scientific method, nor social reality. They opted for combination to mixed methods (Alise & Teddlie, 2010; Biesta, 2010; Patton, 1990)

Dimension	Description	Practical Scientific Example (e.g., Newtonian Physics)
The Exemplar	Concrete problem-solutions that students study from the start of their scientific education.	Solving planetary orbits using $F = G \frac{m_1 m_2}{r^2}$ in textbooks.
Shared Commitments	Agreed-upon metaphysical beliefs, theories, and values (what exists, what constitutes a valid explanation).	Believing space and time are absolute; valuing mathematical precision and simplicity.
Methodological Rules	The standard instruments, techniques, and experimental setups deemed acceptable for gathering data.	Using calculus, telescopes, and physical scale balances to measure force and mass.
Incommensura bility	The idea that competing paradigms are structurally incompatible; you cannot fully translate or judge one by the rules of another.	Einstein’s curved spacetime (General Relativity) cannot simply be "added" to Newton's flat space; it fundamentally redefines space itself.

Deriving component (2) from component (1)

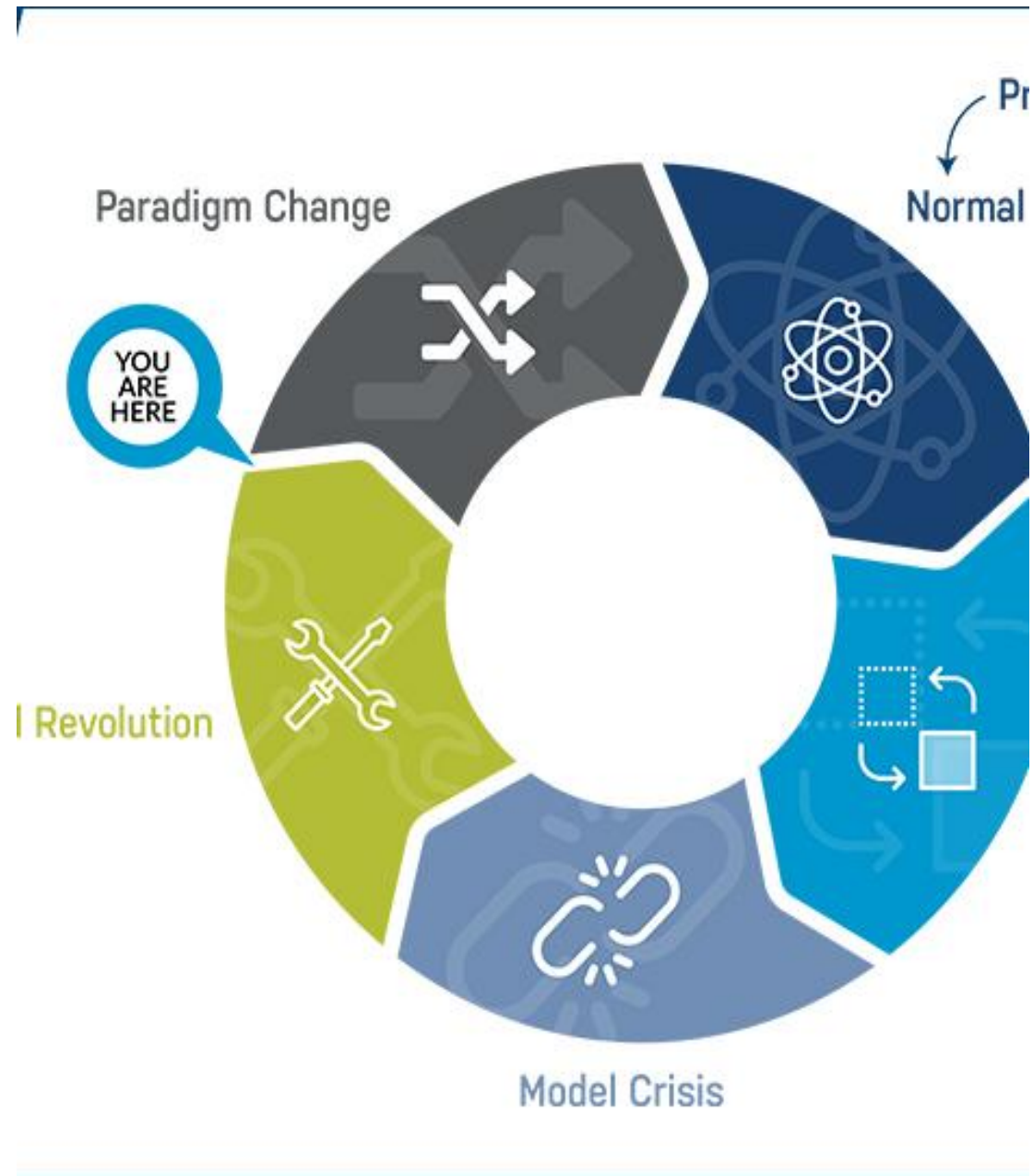
- This component (2) is derived from the research I made for component (1). Therefore, the paradigms and philosophical postulations are in line with the topic on reducing nurse turnover in the UK NHS: a critical realist study of manager behaviours on international educated nurses (IENS) retention. This is predicated on the extensive turnover of frontline nursing staff which presents a yawning gap in research because:
 - ❖□ Manger's strategic and operational hazard,
 - ❖□ Policymaking and retention failures
 - ❖□ Administration of healthcare workers retention in United Kingdom.
 - ❖□ Toxic working environments
 - ❖□ Inability to retain nursing talent which led to averaged turnover 11.4% in 2023/24.
- Therefore, Kuhn's philosophical postulations will be used in the subsequent discussion to reflect the Portfolio in component (1)

Explanation of the paradigms Worldview

EPISTEMOLOGY	➤ How we come to know about something, ➤ How we know the truth and reality	3 TYPES OF EPISTEMOLOGIES 1) measurement 2) Interpretation of knowledge 3) Examination of Knowledge
ONTOLOGY,	➤ Nature of social reality ➤ What do we believe about the nature of reality?	3 TYPES OF ONTOLOGY 1) For one reality 2) For multiple realities 3) For negotiated and debated Reality
METHODOLOGY	How you go about finding out? Design and processes of data search	Method: What tools can we use to acquire knowledge? Sources: What can we collect and from which database or sources
AXIOLOGY	Ethics and value systems What do we believe is true? Considers the value of human beings & participants	Researchers sticking to ethic, morality & value (Mill, 1969).to guides moral reasoning

In relation to the Portfolio in Component (1), I present the implication of ontology, epistemology & axiology to my research

- **I answered the WWHH questions** by aligning with the philosophies from the purview of a Critical Realist:
- **Ontology as the knowledge of Being:**
 - ❖ the Reality of being a Nurse
 - ❖ the existence of the source of recruitment
 - ❖ the meaning given by the NHS
- **Epistemology is the knowledge of Knowing:**
 - ❖ How to establish the quality of a good nurse through
 - ❑ their country of origin...
 - ❑ lived experiences and treatments..
 - ❖ workplace policies, grade 4 to 5 blockage or opening
 - ❖ expertise and screening, tests,
 - ❖ investigation and disbelief about the authenticity of their certificates
- **Axiology as the knowledge of Ethics and Value:**
 - ❖ on their emotions,
 - ❖ job security and family care,
 - ❖ Privacy, promotion and payment



Kuhn used paradigm in two ways
(1) What scientists adopt mutually like techniques, patterns and values
(2) A single element like Newton's Principia, used as only model harboring rules for tradition of investigation

- ❖ **A SHIFT:** A scientific revolution occurs when scientists encounter anomalies that cannot be explained by the universally accepted paradigm within which scientific progress has thereto been made (Kuhn, 1962)
 - **SHIFT in CRITICAL REALIST:** doesn't just observe "what is" on the surface but shifting to a deeper search for the hidden social structures and mechanisms that cause events in the world.
 - **RETRODUCTION MEANS:** What must be true about the hidden structures of the world for this event to happen? And not just gathering data & pattern

This paradigm shift incorporates ontology, epistemology and axiology to determine the methodology and adoption of a **CRITICAL REALIST APPROACH** which adapts the highest standard for quality and rigor.
Drawing foundational literature across four pillars.

Pillar 1

Metatheory,
critical realism
(Theory about
Theories) and
Retroduction
• Research
methodology
(Sayer, 2000,
Archer, 1995;
Bhaskar, 2008)

Pillar 2

Data &
Structure
secondary
NHS
datasets &
retention
patterns
and
turnover

Pillar 3

• Managers
and
Executive
level
Leadership
Catalyst
nurse
manager
behaviours
and
workplace
power

Pillar 4

International
Educated
Nurses
(IENs)
Migration
trajectory
and
integration



CORE DIMENSIONS OF KUHN'S PARADIGM

REASONS FOR CRITICAL REALISM GUIDES THE ONTOLOGY AND EPISTEMOLOGY OF THIS WORK

Paradigm	Ontology <i>What is reality?</i>	Epistemology <i>How can I know reality?</i>	Theoretical Perspective <i>Which approach do you use to know something?</i>	Methodology <i>How do you go about finding out?</i>	Method <i>What techniques do you use to find out?</i>
Positivism	There is a single reality or truth (more realist).	Reality can be measured and hence the focus is on reliable and valid tools to obtain that.	Positivism Post-positivism	Experimental research Survey research	Usually quantitative could include: Sampling Measurement and scaling Statistical analysis Questionnaire Focus group Interview
Constructivist / Interpretive	There is no single reality or truth. Reality is created by individuals in groups (less realist).	Therefore, reality needs to be interpreted. It is used to discover the underlying meaning of events and activities.	Interpretivism (reality needs to be interpreted) - Phenomenology - Symbolic interactionism - Hermeneutics Critical Inquiry Feminism	Ethnography Grounded Theory Phenomenological research Heuristic inquiry Action Research Discourse Analysis Feminist Standpoint research etc	Usually qualitative, could include: Qualitative interview Observation Participant Non participant Case study Life history Narrative Theme identification etc
Pragmatism	Reality is constantly renegotiated, debated, interpreted in light of its usefulness in new unpredictable situations.	The best method is one that solves problems. Finding out is the means, change is the underlying aim.	Deweyan pragmatism <i>Research through design</i>	Mixed methods Design-based research Action research	Combination of any of the above and more, such as data mining expert review, usability testing, physical prototype
Subjectivism	Reality is what we perceive to be real	All knowledge is purely a matter of perspective.	Postmodernism Structuralism Post-structuralism	Discourse theory Archaeology Genealogy Deconstruction etc.	Autoethnography Semiotics Literary analysis Pastiche Intertextuality etc.
Critical	Realities are socially constructed entities that are under constant internal influence.	Reality and knowledge is both socially constructed and influenced by power relations from within society	Marxism Queer theory feminism	critical discourse analysis, critical ethnography action research ideology critique	Ideological review Civil actions open-ended interviews, focus groups, open-ended questionnaires, open-ended observations, and journals.

I CHOSE CRITICAL REALISM BECAUSE:

I suspect that empirical research might support the **(Empirical)** dimensions relating to high turnover rates of Nurses, NHS vacancy, sickness, absence and statistics, surveys supported by (Bhaskar, 1975).

Though there are interventions, the real and the actual events may not be determined because of hidden manager decisions, short staffing and early retirement

I suspect that IENs perceptions for an El Dorado may not have allowed them to remember that big organisations like NHS deep mechanisms would cause them to prioritise money over their wellbeing. Therefore, something must exist for this event to occur?





- ❖ When ontology and epistemology are aligned, we arrive at a paradigm, their combination produces Positivism, Constructivism/Interpretivism, and Pragmatism.

Positivists perceive ontology as one **reality or truth**, and epistemological persuasion that knowledge is to be **measured**.

Contrarily constructivists argue for **multiple realities** and that knowledge need to be **interpreted** to know the underlying reality

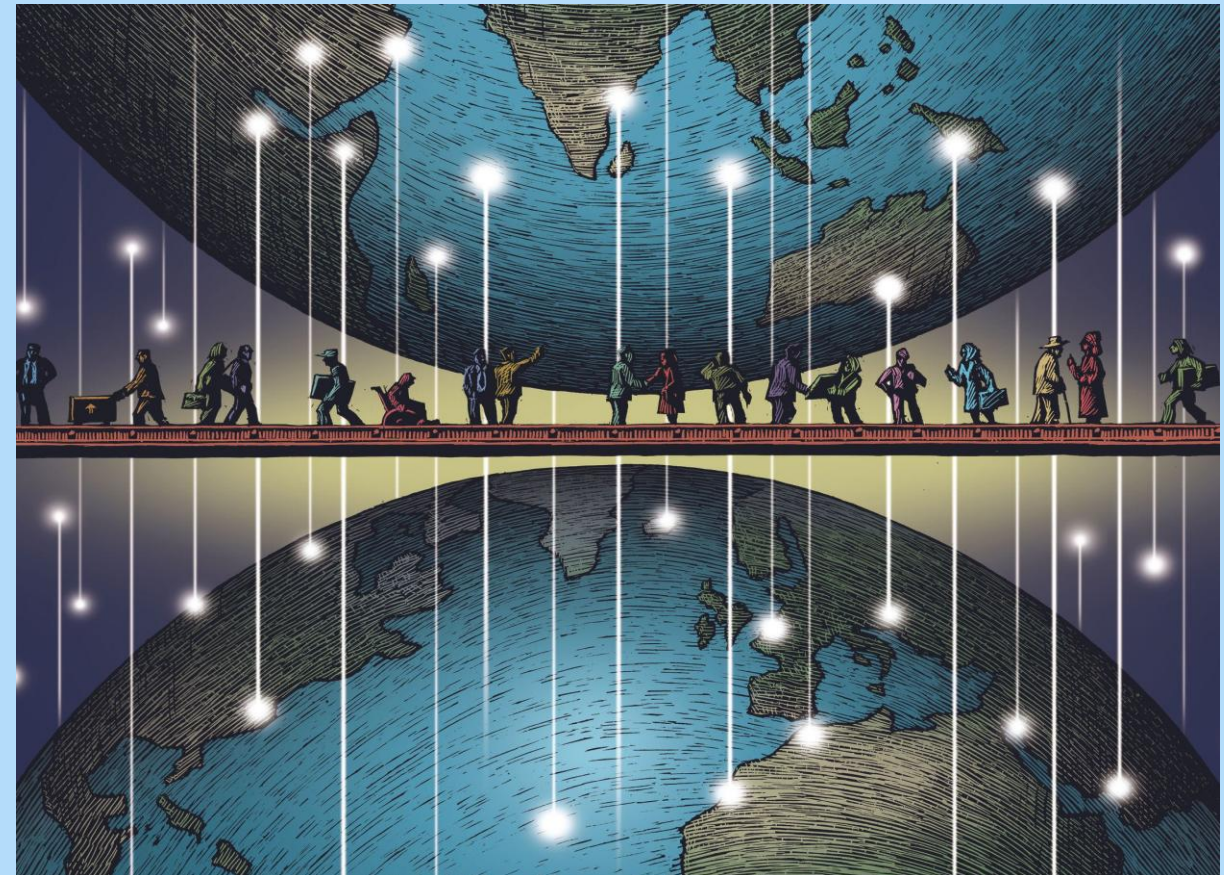
Pragmatists propose to negotiate, debate and have epistemological position using tools to examine knowledge to solve the problem.

- ❖ **MY CRITICAL REALISM** believes that objective reality exists independently of our minds (realism), but our understanding of it is limited and shaped by our sociocultural, and individual perceptions (critical) which informed the topic adopted in the Portfolio in Component (1)

- ❖ From thence we can establish the **METHODOLOGY**

worldview to research

- The critical realist

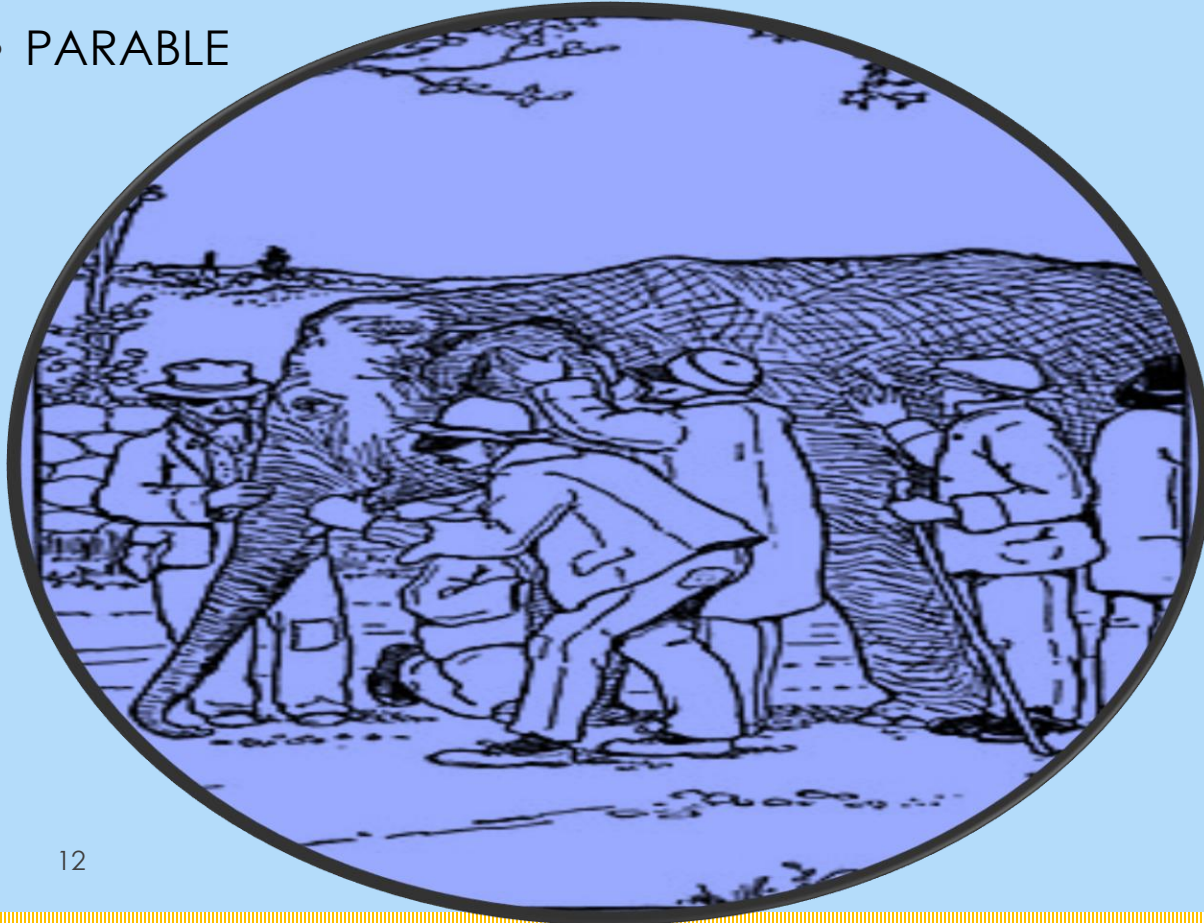


OECD Database on IENs movement

WORLDVIEW OF PARADIGMS

The seven blind men and an elephant who imagined what the elephant is like by touching it. The first called it a "wall!" "snake!" "spear!" "cow!" "giant fan!" "carpet!" "rope!" depending on where each touched. This is realism in action and being used as a metaphor in sciences; an analogy of wave-particle duality in physics; in biology and to treat cancer or Alzheimer's disease

◦ PARABLE



◦ Critical Realism and Mixed-methods

◦ Originating from the Portfolio in Component (1) I applied Critical Realism to this mixed-methods study on NHS retention of IEDs because it facilitates my viewing the phenomenon beyond surface-level statistics tabulations.

◦ It is acceptable that the objective reality exists in respect to staff shortages and certificate qualifications, but our understanding of it is shaped by our personal predictions, emotions, experiences and institutional structures.

Therefore, when I combine quantitative data (what is happening?) with qualitative data (why and how it is happening?), I expose the secretive organizational mechanics that cause nurses turnover (to stay or leave). This helps me in concluding component (1)

INTRODUCTION

Deriving from the Portfolio in Component (1), I noticed that the UK (NHS) have historically relied on internationally educated nurses (IENs) to address Nurses shortages. This reliance surged dramatically under recent national targets, with international recruitment increasing by 347% between 2020 and 2023.

- **THE PROBLEM:**

- Nurse turnover in NHS Acute Trusts averaged 11.4% in 2023/24, with higher rates in London Royal Hospitals. Exit interview data at Derby Royal Hospital consistently cite poor management support as a top 3 reason for leaving.

- Managers' leadership is identified in the NHS as prime factor in retention of IENs.
 - While manager behaviours most influence intention to stay.
 - It becomes imperative to research on this phenomenon through a business lens to decipher the problems and make recommendations
 - This is based on Kuhn's philosophy involving **paradigms, paradigm shift, ontology, epistemology, axiology and methodology.**

- **THE BACKGROUND AND JUSTIFICATION**

- Where do the IENS come from?

- **Answer: India, Philippines, Nigeria, Ghana, Zimbabwe, and Jamaica, etc.**

- **What are the criteria for recruitment?**

- I. English Proficiency: Pass International English Language Testing System (IELTS) or Occupational English Test (OET).
 - II. NMC Registration: Test of Competence & Computer Based Test (CBT)
 - III. Objective Structured Clinical Examination (OSCE) when you arrive UK. (NHS Nursing workforce -Inter-recruitment, 2025)

In line with Component (1), this research addresses a critical vulnerability in the sustainability of the NHS workforce, moving beyond basic recruitment metrics to focus on **LONG-TERM RETENTION**.



The Gap:

This gap shows the bases of Critical Realism i.e. University Hospitals of Derby and Burton (UHDB) shows the influence of frontline manager behaviours which is related to component (1).

Two Problem Emergers:

1. Traditional workforce planning relies on generic, one-size-fits-all checklists.
2. Highly experienced international nurses are frequently restricted to entry-level Band 5 roles, leading to professional isolation and frustration.

What must exist for this event to occur?
This process is called **retroduction**

Research aim and objectives derived from component (1)

To explain how and why different nurse manager behaviours interact with local institutional environments to activate or suppress the social and psychological mechanisms that drive sustained IEN retention across distinct clinical directorates at Royal Derby Hospital.

Objectives:

Objective 1. ► To Quantify the pattern, timing and rate of exit for internationally educated nurses at Royal Derby hospital and identify factors associated with leaving at 18 months.

Objective 2 ► Mechanism to evaluate lived experiences of internationally educated nurses at/around 18 months to understand how current onboarding shapes belonging, progression, and intent to stay.

Objective 3: ► To develop a prototype of 24-month onboarding pathway through participatory workshops with nurses, managers, and HR/OD.

Objective 4. ► Evaluate its feasibility, acceptability, and early impact on belonging and intent to stay.

Drawing from component (1), this is the implication of Critical Realism Literature on Workplace Affecting Managers & IENs

Research Pillar	Core Theory / Model	Key Authors	Application to Your IEN Secondary Data Study
Pillar 1: Metatheory	Stratified Ontology & Morphogenetic Approach	Bhaskar (2008); Archer (1995)	Separates visible data from the hidden structural powers (NHS hierarchy) that shape IEN behaviour
Pillar 2: Data	"Positive Deviance" & Workforce Analytics	Health Foundation (2019); Nuffield Trust (2024)	Uses secondary datasets to pinpoint specific Royal Derby wards that maintain low IEN turnover.
Pillar 3: Catalyst	Care Under Pressure Framework	Maben et al. (2012, 2024)	Focuses on how a ward manager's relational behaviour triggers or dampens an IEN's psychological distress.
Pillar 4: Subject	Occupational Closure & Pastoral Integration	Pressley et al. (2024); Xavier (2025)	Explores the invisible tension between an IEN's overseas expertise and their entry-level NHS banding.

Results of Policy Implementation (ENTRYPORT)

- 1) Justifying the underlying events on ethics, values, wellbeing and use of technology
- 2) Impact of mental health and PTSD occasioned by burnout, & disrespect
- 3) Threat of dismissal, exorbitant maintenance
- 4) Delegated recruitment

WHAT IS THE NEW PARADIGM?

Current implicit contract: We give you a visa and salary. You give us labour and adaptability.

ETHICS OF CARE ASKS:

- What debt does the NHS owe for recruiting from countries with nurse shortages?
- What obligations do managers have beyond legal compliance to ensure a nurse can flourish?
- Is retention just retention, or is it a test of whether the NHS keeps its promise?

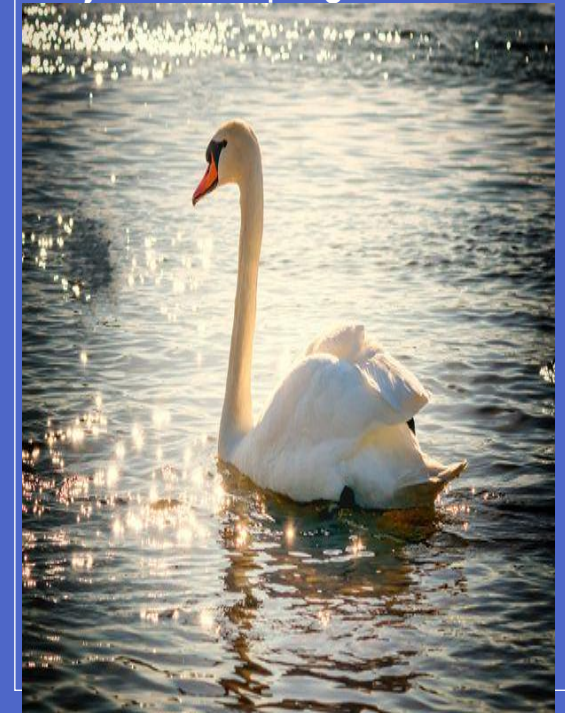
Research implication: Evaluation of retention interventions against criteria like mutual recognition, voice, and fair distribution of emotional labour. Policy suggestions become about reciprocity, not just Return to Investment (ROI).

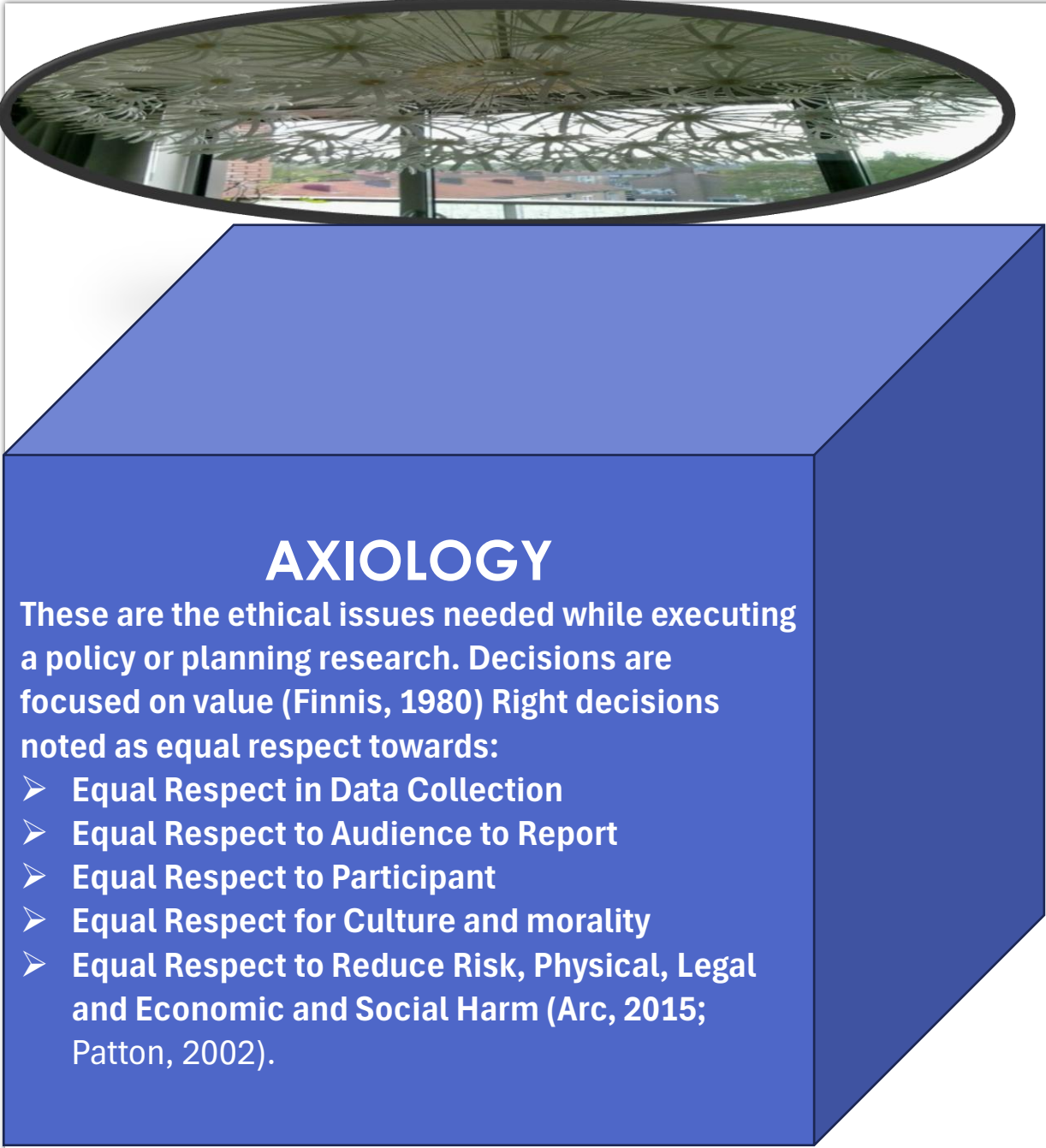
Summary of Disagreements

Philosopher	Core Mechanism of Science	View on Objective Reality (Realism)	Is Science Progressing To Truth?
Popper	Falsification (constant critical testing)	Strict Critical Realist; truth is out there.	Yes, by systematically eliminating errors.
Kuhn	Social Paradigms & Revolutions	Relativist / Social Constructivist.	No, it is just moving from puzzle to puzzle.
Bhaskar	Uncovering deep stratified causal mechanisms	Stratified Critical Realist (The Real, Actual, Empirical).	Yes, by understanding the hidden mechanisms of nature.
Lakatos	Competing Research Programmes	Sophisticated Realist.	Yes, but only when a new programme out-predicts an old one.
Feyerabend	Methodological Anarchism where Anything Goes.	Anti-Realist / Pluralist.	No, it is just one of many valid ways to see the world.

I chose Critical Realism because it provides me with philosophical license to study deep, invisible forces (like organizational power or culture) as "real" things.

- And because I decided to incorporate philosophy, I jettisoned pragmatism





AXIOLOGY

These are the ethical issues needed while executing a policy or planning research. Decisions are focused on value (Finnis, 1980) Right decisions noted as equal respect towards:

- Equal Respect in Data Collection
- Equal Respect to Audience to Report
- Equal Respect to Participant
- Equal Respect for Culture and morality
- Equal Respect to Reduce Risk, Physical, Legal and Economic and Social Harm (Arc, 2015; Patton, 2002).

Axiological implication to research and business

- Implication on My Research
- Organisational Decision Making, Health secret, Policies and
- Research Writing
- Axiology facilitates planting good ethical practices, familiarise with the World Health Organization Code of Practice on ethical recruitment of international Staff

Critical Research Questions (CRQ)

○ Methodology:

- A mixed method of Quantitative and Qualitative; partial phenomenological approach using semi-structured interviews for 12 overseas nurses. Participants should have resided at least 1 year but not more than 10 (Obrey, 2009).
- **Design: Explanatory sequential mixed methods.**
- **(1) Phase 1.** Quantitative: Identifying the 18th month retention pattern at Royal Derby Hospital and Foundations and test which factors predict exit.
- **(2) Phase 2.** Qualitative: Why those factors matter through the lived experience of nurses at/near 18 months.
- **3) Phase 3.** Design and Validation of onboarding changes with staff.
- The international nurse in UK NHS? How does it feel employing one as qualified nurse in the NHS as a nurse educated in Harare, Lagos, Accra, Kerala, and Manila?
- **Critical Realist:** Looking for what is happening now layered – what they experience (partly phenomenological) events that occur, and the real deep unobservable causal ontological dimension...

•**CRQ:** How and why do variations in line manager behaviours influence the retention and voluntary turnover of Internationally Educated Nurses (IENs) at Royal Derby Hospital?

Subsidiary Research Questions (CMO)

1. Context: What structural variations and demographic patterns in IEN retention are revealed within the University Hospitals of Derby and Burton (UHDB)?

2. Mechanisms: What latent cognitive, emotional, and social mechanisms (such as professional validation or occupational isolation) do IENs experience in response to specific line management behaviours?

3. Outcomes: Under what do these managerial behaviours successfully trigger the mechanisms that sustain low IEN turnover?

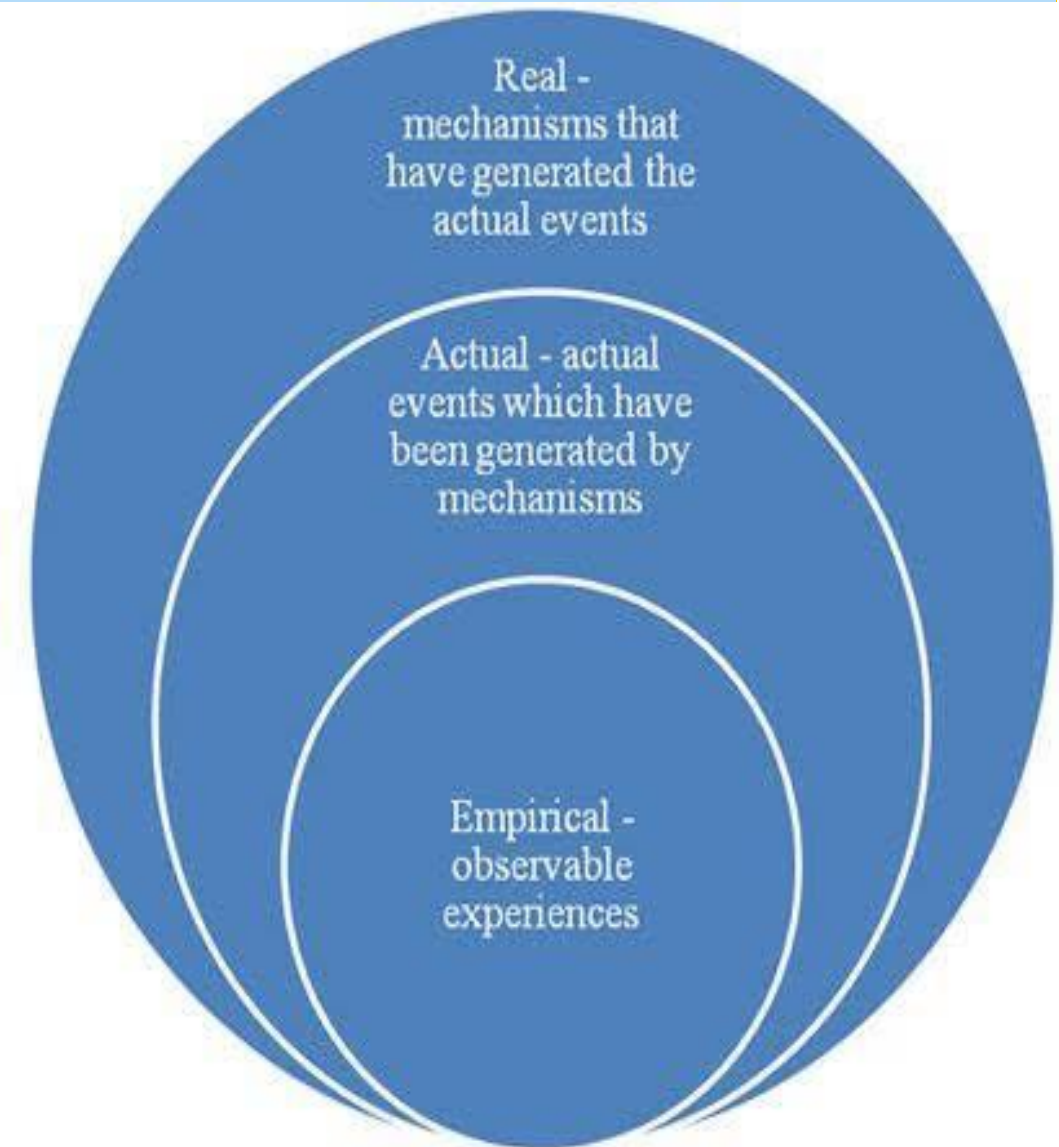


In Summary:

Critical Realism

My Critical Realism (CR) is between the actual world and the discernible world (Bhaskar, 1975).

Unobservable structures cause observable events, and the social world can be understood only if people understand the structures that generate events.



Conclusion:

I moved from Positivism to Critical Realism in this work to give meaning to what people do.

Kuhn claimed that science undergo revolutionary ruptures, therefore, paradigm can no longer explain new observations or anomalies, i.e. overtaken by a completely new paradigm, (Kuhn 1962).

NHS workforce traditional retention strategy and research has been dominated by a positivist paradigm believing objectively in reality, with mathematical measurements, quantitative models and statistical analysis of data whereby variables are manipulated on whether variable A cause variable B in High turnover.

Consequently, this direct approach stultifies the understanding of the inconsistencies in the workplace that affects managers and (IEN) because it treats them as temporary passive objects to cover a scarcity loophole, thereby ignoring their wellbeing and laws of economics.

This abandons linear causality highway, thereby I shifted my paradigm toward Critical Realism (CR).

CR believes that manager behaviours act as a catalyst that activates or suppresses latent psychological and structural mechanisms. Kuhn's paradigm shift is very vital to explain why the exact same retention toolkit succeeds on a Royal Derby acute medical ward but fails in an intensive care environment.

Thank you
very much
for your
attention

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