

***CRITICAL LITERATURE REVIEW ON INDUSTRIAL ACTION BY
NURSES IN UK FOR BETTER REMUNERATION AND PAY RISE:
HOW MUCH WAGE IS PERFECT?***

By

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EXECUTIVE SUMMARY

Introduction: *The critical literature review has 3 parts dedicated to give a clear understanding of the critical issues surrounding the topic of research titled: A critical literature review of industrial action by local and international nurses in UK for better remuneration and pay rise. It explored critically the purpose, content and format of a critical literature review and thereafter presented 100 annotated bibliographies in table 2, pp. 9-23.*

Methods: *For credence and strengthen the review adopted PICO as example and adopted (CIMO) for CRL part 3, which can align with the research question, adopting inclusion/exclusion criteria followed by PRISMA and CASP. The CRL search strategy with Boolean operators and key words includes peer-reviewed published from five databases: (EMERALD, Science Direct, ProQuest, Emerald, EBSCO) articles covering 1995 to 2025. This is followed by thematic, analysis and synthesis.*

Findings: *highlights that local and international nurses are endangered during prolonged industrial strike action. The six themes that came out were (ethical dimension and wellbeing, impact, and disruptive action of industrial action, striking dilemma and punishment for international nurses, justification for industrial action, consequences of strike action, patterns of nurses striking militancy). One author elevated claimed that strike action impacts on transportation, traffic accidents leading to longer travel times. Consequences are found in maternity, emergency medicine, and admission. It impacts on nurses themselves and mortality.*

Research gaps *include changing toxic workplace policies and high financial burden, increase professional and non-professional recruitment, frequent outside relocation, ethical data protection and pay rise.*

Conclusion: *Industrial action or strikes are not new. They are agreed and voted for; they affect nurses, patients, administrators, businesses, NHS, and governments at national and global level, but are legally binding to every worker. There is a global impact on health management and the challenges for states and policy makers.*

1. Introduction to Critical Literature Review (CRL)

A CRL facilitates the process of research design and generates ideas for correct research questions. A researcher consults journals, reference materials, books, professional publications and archives. Documents selected should contain thoughts, evidence, valuable data, that can satisfy the aims, objectives, questions and should be organised in a structured manner to qualify as a critical systematic review, (Jesson, Matheson, and Lacey, 2011; Lukenchuk, 2013; Maxwell, 2013, Hart 1998).

Furthermore, a critical literature review can be quantitative, qualitative or mixed methods. A quantitative study adopts mathematics, statistics and other numerical coding to express outcomes, results or consequences, and can compare relationships between variables. Whereas, qualitative research questions investigate experiences, using open-ended questions such as How and What or what is called 5Ws and H. This helps to deepen the knowledge and answer the research questions. The mixed method combines quantitative, qualitative and in examining experiences and measuring outcomes.

The purpose of a CLR is to inform the audience about new sources through peer reviewed published works. This type of material will in turn establish credibility of the investigation. This will reinforce the context for methodological approach. In this context, Fink (2019) as quoted in (Booth, et al. 2023, p. 2) gave a definition that made it reproducible and which can be synthesised while Gant and Booth (2009) perceive it as overstressing beyond to add a hypothesis.

Consequently, it incorporates theoretical perspectives which ultimately situates the research towards contribution to knowledge in established and on-going dialogues in the field for instance the nurses, logistics, banks, according to (Wisker 2015, p. 64). A CRL has structured process for reviewing and synthesizing data in consonance with Cochrane handbook (Higgins, et al. 2024; McKenzie et al., 2020).

Therefore, it should be emphasised that its purpose is to critically summarise peer reviewed documents to coincide with the phenomenon for research. Thereafter, the objective purpose will assist in familiarising the current logic and concepts prevalent in the subject of choice which may in the future encourage investigation into areas hitherto unattended.

1.1. The Structure of a Critical Literature Review:

1. INTRODUCTION: Follows a nuanced and established guidelines for a critical literature review. Establish high evidence for included studies.	• Background, Ethnography, Scope, Boundary	Where and what
	• Country of origin	Which place/s
	• Statistical population – answer the 5Ws +H	
	• Aims and objectives	
	• Research questions	
	Summary	

2. MAIN BODY:

Facilitates the organized evaluation of Chronological or Thematic sources.

- Historical foundation
- the Literature review (peer reviewed)
- the Hypothesis (if any)
- Theoretical Foundation

3. METHODOLOGY

The conflicts, omissions, and errors, accuracy, depth, and relevance.

Quantitative, qualitative or Mixed method: Secondary data or combination of Questionnaires, experimentation, observation, indicating hypothesis, data analysis, coding, arrange themes, reporting results, and analysis and synthesis.

The architectural plan is done here

Inclusion and exclusion that determines the veracity of the research

PRISMA

Searching strategy, search keywords and Databases

PICO: Inclusion Criteria P – Population (for whom) I – Involvement (what?) C – Contrast/Control (with what?) O – Outcome/Result/Phenomenon and adopting Cochrane handbook (Cochrane, 2022)

CASP Extraction: containing theories, titles, methods, validity, etc.

4. Discussion & Thematic or Chronological analysis and synthesis.

Discussion and interpretation of data harvested

Synthesising, comparing similarities and differences and decisions for the strength and weakness of the documents at hand.

The conclusion summarizes the key

Making the last conclusion and putting your voice and contributions and how. Summarizes the key findings of the review the work can be useful to the academia and industry

References

As well as accurate in-text citations

. All completed work must have correct citations for every source using recommended citation style e.g. APA, Harvard etc.

Appendices must be included and numbered and reflected in the table contents

GANTT CHART for timeline for critical systematic review

To fulfil this purpose, it combines the following stages: the Introduction which defines the scope e.g. defining the boundaries of location, population soldiers, doctors, nurses, which can be a proposal, descriptive or argumentative. It contains the inclusion and exclusion criteria and will introduce existing findings and themes that are available.

CLR is not just presenting or reviewing the literature, it goes beyond structural setting the component parts, before analysing and synthesising. The analysis can be chronological, periodic, thematic, coding or chronologically marshalling out the agreements and disagreements. Analysis could be based on school of thought or philosophical leanings and summarise in a descriptive method. In CLR some may disagree in methodology or results which will form the bases for a new synthesis. From this purview, a new statement of synthesis and antithesis emerges.

The content of a critical literature review follows a predefined protocol reinforced by PRISMA, SPIDER, CASP, leading to search strategies, inclusion/exclusion criteria, and quality appraisal to guarantee that findings are not skewed by the reviewer's preferences but have evidence-based standard. This is followed by methodology, ethical issues, limitations and conclusion and closes with updated references. To conceptualise this, a critical literature review takes the form of an engine of a vehicle which have indispensable elements to function very well like a critical literature review. For any engine to function, it must have an Induction, Compression, Fire and Exhaust which in turn generate a revolution and movement energy. Equally, a critical literature review must have a PICO framework: Population, Intervention, Comparison, and Outcome, which can equate to the four-stroke-circle of an engine. What will follow will be descriptive or concept mapping or coding. This helps the researcher adjust or tune the review according to scope and suitable methodology as can be viewed below:

1.2. PICO Framework

Population/ Problem/Patient	International nurses living and working in United Kingdom
Intervention/ Exposure	Industrial action and pay rise, Strike action., government legislation, payment erosion, nurses' recruitment and retention crisis, human relations, international nurses.
Comparison/Context	International nurses versus local nurses, ethical issues, authorised absence and the rule
Outcome (desired)	Workplace exhaustion and burnout, professional respect and value, work safety and care quality, fear of the unknown, can I trust is my sponsor? retention, discrimination, racism and wellbeing.

1.3. Other Contents of CLR:

Furthermore, it contains aims and objectives setting that are explicit; quantifiable; and within a specific space of time which can adopt (SMART) according to Thomas et al. (2019) as quoted in (Booth et al. 2025, p. 94). It contains search process and criteria for exclusion and inclusion of peer reviewed materials. It contains the setting of geographical location concentrating for example in Birmingham, Aba, United Kingdom or European Union which will include delimitation of language.

A critical literature review adopts the researchers' keywords e.g. (nurses remuneration, industrial action, international nurses, NHS nurses, international recruitment, labour rights, visa sponsorship, nursing strikes, United Kingdom nurses) to search databases like Science Direct, ProQuest, Emerald, EBSCO, and reinforced with British Academy of Management, Sage, Business and Management Journals, Management Science (Coughlan and Cronin, 2017).

A particular period is allocated for the conduct of a CRL, say 3 months, or one year *ceteris paribus*. The period the published works will begin, and end can be for five to fifteen years. A critical literature review is widely used in business administration like ours, healthcare, education, behavioural sciences, and

policy development. They help practitioners and leaders make decisions based on the best available evidence rather than anecdote or intuition and to identify gaps in research. By examining all existing studies, a critical literature review shows where evidence is missing, findings agree or disagree with others, and where new studies are needed. Critical review is a stepping stone to meta-analysis which statistically combine results where possible, a critical literature review may include the meta-analysis, which mathematically pools result from multiple studies to determine an overall effect size. A CRL synthesize all existing studies using a rigorous, transparent, and reproducible methodology.

As a structural process, see below an example of our literature review with the component departments, thus: Introduction and justification. This department provides the scope, dimension and people involved presented in a periodic manner or chronological. At this point this scope of the work is presented, for example it deals with international recruited nurses, stating the scope as United Kingdom, Europe or Manchester with a clear mention of the peer reviewed material from this date to the other date and in English or Spanish as the case may be. This inclusion and execution criteria would be explained at this point, for instance, this study focuses on international nurses and excludes other healthcare professionals. This introduction will foretell previous findings of other researchers and declare the focus of the present research interest.

1.4. Summary of this Part

The department has explored critically the characteristics of a CLR explaining content, purpose qualities which critically summarise published works to coincide with the phenomenon for research. Using the PICO framework to establish the research question, reinforced with PRISMA, and CASP. Presentation is made above on the indispensability of search strategies, inclusion and exclusion criteria, which guarantees the quality appraisal for research findings. This is followed by reason and methods adopted by the researcher. Depending on the nature of quality assessment synthesis, the major focus would be on the nature of critical literature review to follow chronologically, or thematically.

PART 2: An Annotated Bibliography Department

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HOW MUCH IS PERFECT?***

Part 2- An Annotated Bibliography Table Proper

NU.	AUTHORS	FINDINGS
1.	AAMC. Physician Specialty Data Report. Published 2019. Accessed August 3, 2022. https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-age-and-specialty-2019	Specific provocateurs of industrial action published to show workforce trends, offering insights into challenges of nurse, physician shortages and early retirement rates.
2.	Abdelkader, M., and Macmillan, J. F. (1990). The effect of a nurses' industrial action on psychiatric hospital admissions. <i>Social Psychiatry and Psychiatric Epidemiology</i> , 25(3), 154-158. https://doi.org/10.1007/BF00782745	Industrial discontents have effect on nurses especially when it is long on psychiatric hospital admissions, highlighting changes in admission thresholds and patient demographics.
3.	Adam, F., Nelson, S., Salami, B.O., Grundy, Q. and Wahab, O., (2025). African nurses on the move: decisions, destinations and recruitment practices - a scoping review. <i>BMC Health Services Research</i> , 25, pp. 1-13.	Highlights the origin of international nurses and discrepancies in recruitment, retention, ethical issues which cause discontents and strikes. Are influenced by economic challenges, unregulated recruitment and the need for improved workforce policies to support nurse migration and retention.

NU.	AUTHORS	FINDINGS
4.	Adam, M. B., Muma, S., Modi, J. A., et al. (2018). Paediatric and obstetric outcomes at a faith-based hospital during the 100-day public sector physician strike in Kenya. <i>BMJ Global Health</i> , 3(2), e000665. DOI: 10.1136/bmjgh-2017-000665.	Admissions stable, demand exceeded capacity, leading to patients being turned away. Highlights the burden on nurses during strike action and the challenges faced during prolonged strikes
5.	Addison, J.T. and Paulino, T., 2024. Strike incidence and outcomes: New evidence from the 2019 ECS. <i>European Journal of Industrial Relations</i> , 30(2), pp. 123-149.	Desire to participate in strike is appreciative where more people stay collectively. Whereas, International nurses are employed on temporary bases which breeds distrust and suggested collective bargaining meetings.
6.	Aiken LH, Sloane DM, Bruyneel L, et al. (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. <i>Lancet</i> . 2014;383(9931):1824-1830.	Inadequate recruitment of workers and training creating more deaths as envisaged in EU. This shows provocations of industrial action are rife.
7.	Ajzen I. The theory of planned behaviour: Reactions and reflections. <i>Psychol Health</i> . 2011;26:1113-1127.	The toxic workplace, emotional instability are some of the emotional aspects which is an indication that nurses are controlled.
8.	Alexandre Lourenço Jaime Manguela <i>et al.</i> (2024) "Strikes of physicians and other health care workers in sub-Saharan African countries: a systematic review," <i>Frontiers in public health</i> , 12. https://doi.org/10.3389/fpubh.2024.1209201	Identifying main factors behind industrial protests relates to workplace condition lack of audience and pay rise.
9.	Allan, H. T., & Larsen, J. A. (2003). "We need respect": Experiences of internationally recruited nurses in the UK. <i>British Journal of Nursing</i> , 12(10), 584-590. DOI: 10.12968/bjon.2003.12.10.11351.	Foreign nurses have their own encounters because of different citizenship. And that is the fear, danger and dilemma in participation in industrial strikes.
10.	Atinga, B., Ayamga, C.A., Sarfo-Brobbe, V., Henyo, A., Perekuu, T. And Braimah, R., (2026). Understanding the Drivers of Strike Actions Among Nurses in Ghana: A Qualitative Study. <i>Nursing Open</i> , 13 (3), pp. 10.	Key issues for striking are poor remuneration, lack of resources, neglect, marginalisation, and emotional exhaustion, which collectively threaten both nurse wellbeing and healthcare quality.

NU.	AUTHORS	FINDINGS
11.	Bach, S. (2007). Nursing-against the odds: How health care cost cutting, media stereotypes, and medical hubris undermine nurses and patient care. <i>Industrial and Labor Relations Review</i> , 60(4), 587 - 588.	UK nurses challenges, working conditions and pay disparities that may lead to industrial action. Highlights why/how foreign nurses can participate in strike
12.	Bach, S. (2007). Going global? The regulation of nurse migration in the UK. <i>British Journal of Industrial Relations</i> , 45(2), 383-403. DOI: 10.1111/j.1467-8543.2007.00620.x.	Broader understanding of the conditions that may prompt foreign nurses in the UK to engage in strike action is imperative.
13.	Baldwin, A.J. (2023) The Bulletin of the Royal College of Surgeons of England, Volume 105, Number 4 https://doi.org/10.1308/rcsbull.2023.614,6254	Found that strikes within the NHS represent the most debilitating period which is being revived when incidents like that happens.
14.	Bauernschuster, S., Hener, T. And Rainer, H., (2017). When Labor Disputes Bring Cities to a Standstill: The Impact of Public Transit Strikes on Traffic, Accidents, Air Pollution, and Health. <i>American Economic Journal. Economic Policy</i> , 9(1), pp. 1-37.	The strike action introduced more cars about 11 to 13, 14% accident increase 20%, 11% increase in respiratory diseases among youths.
15.	Barnard, A., Ashford, G., and Vigdor, N. (2021). These Health Care Workers Would Rather Get Fired Than Get Vaccinated. <i>New York Times</i> .	Highlights resistance to vaccine mandates, providing awareness into the motivations behind such protests and their implications for healthcare delivery
16.	Bhattacharyya, B. K., Isherwood, J., and Sutcliffe, R. L. (1980). Survey of elderly day hospital patients during a period of industrial action. <i>Age and Ageing</i> , 9(2), 106-111. DOI: 10.1093/ageing/9.2.106.	Highlights the indirect effects of strike on nursing services, including those provided by foreign nurses, the importance of community-based care during industrial action.
17.	Bhuiyan, M., and Machowski, A. (2012). Impact of 20-day strike in Polokwane Hospital (18 August-6 September 2010). <i>South African Medical Journal</i> ,	Strike action significantly influences patient admissions. It reduces the number of sick persons coming to take cure during strike period
18.	Briskin L. (2011) Resistance, mobilization and militancy: nurses on strike. <i>Nurs Inq.</i> 2012 Dec;19(4):285-96. doi: 10.1111/j.1440-1800.2011.00585.x. Epub 2011 Nov 7. PMID: 22059465.	Nurses have a fraternity that helps them in promoting militancy among nurses during strikes. Nursing shortages, employment should be the discussion always.
19.	Brophy, S. A., Sriram, V., Zong, H., Andres, C., Mawyin, M. P., and Narayanan, G. (2022). Heroes on Strike: Trends in Global Health Worker Protests During COVID-19.	Findings highlighting reasons for Covid -19 strike like inadequate (PPE) and vaccine mandates. It provides a broader context for understanding causes of healthcare strikes

NU.	AUTHORS	FINDINGS
20.	Brown GD, Greaney AM, Kelly-Fitzgibbon ME, McCarthy J. (2006) The 1999 Irish nurses' strike: nursing versions of the strike and self-identity in a general hospital. <i>J Adv Nurs</i> . 2006 Oct;56(2):200-8. doi: 10.1111/j.1365-2648.2006.03998.x. PMID: 17018068.	It identified four versions on strike anticipatory, orientation, performing and withdrawal, thus it revealed strategies to resolve tensions on carer, patient advocate, and professionalism.
21.	Buchan, J., and Seccombe, I. (2006). Overstretched. Under-resourced. The UK nursing labour market review 2006. Royal College of Nursing.	Declared a broader understanding of the conditions that may prompt foreign nurses in UK to engage in strike action like low payments and nurses' shortages.
22.	Buchan, J., and Dovlo, D. (2004). International migration of nurses: Trends and policy implications. World Health Organization.	Brought global perspective on what is affecting nurses in getting involved in industrial disputes like intimidation, fear, workplace and pay rise.
23.	Cake S. Framing Unions and Nurses. <i>Work Employ Soc</i> . 2024 Jun;38(3):579-595. doi: 10.1177/09500170221144525. Epub 2023 Feb 2. PMID: 38818087; PMCID: PMC11132941.	They used communication to galvanise members in promoting their own agenda which helped in their relationship with others
24.	CASSELTON, V., 1989, Nov 22. Labor federation head critical of nurses' action during strike; Labor head critical of nurses' picketing policy (4*): [3* Edition]. <i>The Vancouver Sun</i> , A11. ISSN 08321299.	The B.C. Nurses' Union was criticized by the B.C. Federation of Labor president for not following the federation's picketing policy during the nurses' strike, as it maintained essential services with more staff than usual while affiliated unions picket lines.
25.	Chadwick, R., & Thompson, A. (1998). Professional Ethics and Labor Disputes: Medicine and Nursing in the United Kingdom. <i>Special Section: Rights and Strikes in Healthcare</i> .	Affirmed that industrial action by nurses, has moral connotation with profession but can have justification from medical and nursing point of view.
26.	Chant, K., Latour, J.M., Booth, N., Viola, L., Crofts, K., Nishimura, Y. and Gallagher, K., (2024). Job satisfaction and intent to stay in neonatal nursing in England and Wales: a study protocol. <i>BMC Health Services Research</i> , 24, pp. 1-5.	Provocateurs of industrial action are numerous on the nursing workforce. Ethical challenges in neonatal care need improvement.
27.	Chima SC. (2020). Doctor and healthcare workers strike: are they ethical or morally justifiable: another view. <i>Current Opinion in Anaesthesiology</i> , 33(2):203–210.	Key themes: Ethical and moral considerations for strikes, particularly in the context of public health emergencies

NU	AUTHORS	FINDINGS
28.	Connell J, Burgess J, Toh S, Quinlan M (2009), "Safeguarding the global contingent workforce? Guestworkers in Australia". <i>International Journal of Manpower</i> , Vol. 30 No. 5 pp. 453–471, doi: https://doi.org/10.1108/01437720910977652	Highlighted foreign nurses or temporary workers face difficulty on occupational health and safety (OHS) rights which can protect a striking International Nurse. It's dilemma of nurses, NHS and governments in managing workforce diversity.
29.	COOMBES, R., 2025. Winter strikes: Flu numbers "aren't matching the rhetoric" from ministers says resident doctors' chief. <i>BMJ : British Medical Journal (Online)</i> , 391, pp. 3.	Resident doctors in England are striking due to government unwillingness to negotiate on workforce and pay issues; with winter pressures being overstated by ministers and patient safety maintained during strikes.
30.	Craveiro, I., Choudhury, P.K., Ana Paula Cavalcante, D.O., Pereira, A., Fronteira, I., Chança, R., Cometto, G., Dal Poz, M.R. and Ferrinho, P., (2024). Impacts of industrial actions, protests, strikes and lockouts by health and care workers during COVID-19 and other pandemic contexts: a systematic review. <i>Human Resources for Health</i> , 22, pp. 1-29.	Grievances of not having the necessary protection materials created more nursing problems, leading to increased industrial actions strikes, coupled with weak leadership and governance in health systems.
31.	Cunningham SA, Mitchell K, Narayan KM, Yusuf S. (2008). Doctors' strikes and mortality: a review. <i>Social Science & Medicine</i> , 7(11):1784–8.	Number of people that died were less highlighting the paradoxical findings that mortality rates may decrease during such strikes. A reverse concept.
32.	Decoding Romanian labour protests: insights from a topic modelling approach. 2025. <i>Humanities & Social Sciences Communications</i> , 12(1), pp. 627.	The broader issues were triggered by this strike from 2021 to 2022. It's the interplay of socioeconomic dynamics and political forces to shape policy
33.	Demerouti E, Bakker AB, Nachreiner F, Schaufeli WB. (2001) The job demands-resources model of burnout. <i>J Appl Psychol</i> . 2001;86(3):499-512.	Job Demands-Resources (JD-R) Interact to influence employee burnout, engagement, and turnover intentions which leads to causes of industrial actions
34.	de Vries, N., Boone, A., Godderis, L., Bouman, J., Szemik, S., Matranga, D., & de Winter, P. (2023). The race to retain healthcare workers: A systematic review on factors that impact retention of nurses and physicians in hospitals. <i>INQUIRY: The Journal of Health Care Organization, Provision, and Financing</i> , 60, 1–21. https://doi.org/10.1177/00469580231159318	Global competition brings unions to strike. It can generate pressure on retention of nurses. Those who wanted to drop off ranged from 12% to 64%. Job retention determinants are satisfied burnout, ethical dilemmas; employment rewards-good pay, good leadership, pull/pull factors.
35.	Essex, R., and Weldon, S. (2021). The justification for strike action in healthcare: A systematic critical interpretive synthesis. <i>Nursing Ethics</i> , 29(5), 1152-1173.	Declared that we must find the balance between professional obligations and the right to protest and the ethical dimensions on strikes

NU.	AUTHORS	FINDINGS
36.	Essex R, Weldon SM. (2022). The justification for strike action in healthcare: a systematic critical interpretive synthesis. <i>Nursing Ethics</i> , 29(5):1152–1173.	Ethical justification for nurses strikes, focusing on the balance between professional obligations and the right to protest.
37.	Essex, R., Weldon, S., Thompson, T., Kalocsányiová, E., McCrone, P., and Deb, S. (2022). The impact of healthcare strikes on patient mortality: A systematic review and meta-analysis of observational studies. <i>Health Services Research</i> , 57(6), 1218-1234.	Meta-analysis that found workers' strike can harm nurses and patients. But finding limited evidence of increased mortality during strike periods.
38.	Essex, R. et al. (2023) "A last resort? A scoping review of patient and healthcare worker attitudes toward strike action," <i>Nursing inquiry</i> , 30(2), pp. e12535-n/a. https://doi.org/10.1111/nin.12535 .	There had been divergent views about industrial action for a long time. They do it with passion from workers, employers to government.
39.	Essex, R., and Weldon, S. (2021). Health care worker strikes and the Covid pandemic. <i>New England Journal of Medicine</i> , 384(24), e93. https://doi.org/10.1056/nejmp2103327	Explores the intersection of strikes and the debilitating effect of workplace inadequacies during infectious disease and global crises.
40.	Essex, R., Milligan, W., Williamans, G., and Weldon, S. (2021). The impact of strike action on patient morbidity: A systematic literature review. <i>International Journal of Healthcare Management</i>	There was a greater incidence of morbidity in-hospital. Strikes have minimal effects patient morbidity.
41.	Essex, R., Ahmed, S., Elliott, H., Lakika, D., Mackenzie, L., & Weldon, S. M. (2022). The impact of strike action on healthcare delivery: A scoping review. <i>International Journal of Health Planning and Management</i> , 1-29. https://doi.org/10.1002/hpm.3610	43 studies conducted across various nationalities portraying the differences taking place in various parts, and emphasizing the context-dependent nature of disruptions within patient outcomes.
42.	Fernandez-Castillo, R.-J., Basco-Prado, L., & Raurell-Torreda, M. (2025). Attracting nursing talent to the intensive care unit: A qualitative study on how to create an appealing work environment. <i>Intensive & Critical Care Nursing</i> , 86, 103937. https://doi.org/10.1016/j.iccn.2024.103937	Identified four main themes that influence ICU nurses' decisions to work: intensive care training, maintaining intensive carer, optimized HR extrinsic and intrinsic motivations to ameliorate incidence of strike and turnover
43.	Fitzgerald, L. (2006). The role of overseas nurses in the NHS: Challenges and opportunities. <i>Nursing Management</i> , 13(5), 14-18. DOI: 10.7748/nm2006.09.13.5.14.c4414.	Workplace conditions leading to industrial action. Calls for understanding foreign nurses' participation in industrial action like shortages and pay concerns

NU.	AUTHORS	FINDINGS
44.	Furnivall, D., Bottle, A., & Aylin, P. (2018). Retrospective analysis of the national impact of industrial action by English junior doctors in 2016. <i>BMJ Open</i> , 8(1), e019319. DOI: 10.1136/bmjopen-2017-019319.	Highlights foreign nurses support for healthcare maintenance during industrial action in UK.
45.	Gruber, Jonathan, and Samuel A. Kleiner. 2012. "Do Strikes Kill? Evidence from New York State." <i>American Economic Journal: Economic Policy</i> 4 (1): 127–57.	There was a rise in death related issues, to about 18.3%. there was insignificant change on visitors were which means lower quality care.
46.	Guo, Y. F., Luo, Y. H., Lam, L., Cross, W., Plummer, V., and Zhang, J. P. (2018). Burnout and its association with resilience in nurses: a cross-sectional study. <i>Journal of Clinical Nursing</i> , 27(1–2), 441–449.	Key themes that cause nurses' industrial action are found in working conditions leading to exhaustion, burnout and emotional stress. There is the importance of resilience-building strategies to mitigate burnout
47.	Halter M, Boiko O, Pelone F, et al. (2017) The determinants and consequences of adult nursing staff turnover: a systematic review of systematic reviews. <i>BMC Health Serv Res.</i> 2017;17(1):824.	Strikes, unhealthy working conditions and low wages are factors contributing to nursing staff turnover and its consequences, providing insights into strategies for improving retention
48.	Hayward S, Fee E. (1988) More in sorrow than in anger: the British nurses' strike of 1988. <i>Int J Health Serv.</i> 1992;22(3):397-415. doi: 10.2190/CKJC-UGCX-DTFN-W9AK. PMID: 1644505	Investigated the militancy narrative while nurses embarked on industrial action over lost opportunities. They were divided to rule them by government and media; therefore the unions were always undermined.
49.	HUGHES, L. and STRAUSS, D., 2025. Nurses in England set to reject pay offer as strike threat looms. <i>FT.com</i> .	Workers were not expected to accept a 3.6 per cent pay rise. Results of a consultative vote held by the Royal College of Nursing will be announced at the end of the week, and union officials confirmed it would show the sector largely rejected the offer comparing junior doctors, pay rise of 5.4%

NU	AUTHORS	FINDINGS
50.	Jennings, K. And Western, G., 1997. A right to strike? <i>Nursing ethics</i> , 4(4), pp. 277-82.	Nursing groups disagree vehemently when they are supposed to be unified. This makes it harmful for their specific goal and endanger the patients
51.	Jinah N, Lee KY, Zakaria NH, Zakaria N, Ismail M, Mohmad S. Contract doctors' strike in Malaysia: A content analysis of the perception of medical fraternity and stakeholders on Facebook. <i>PLoS One</i> . 2023 Sep 28;18(9):e0292213. doi: 10.1371/journal.pone.0292213. PMID: 37768943; PMCID: PMC10538735.	Highlighted that government show overzealous power when it comes to influencing strike outcome This is inimical to good relations in healthcare management.
52.	Kaguthi, G. K., Nduba, V., and Adam, M. B. (2020). The impact of the nurses', doctors', and clinical officer strikes on mortality in four health facilities in Kenya. <i>BMC Health Services Research</i> , 20(1), 469. DOI: 10.1186/s12913-020-05337-9.	The health nurses realised that while death rates diminished, there is also reductions in healthcare utilization, including admissions and emergency
53.	Kaguthi, G.K., Nduba, V. and Adam, M.B. (2020) "The impact of the nurses', doctors' and clinical officer strikes on mortality in four health facilities in Kenya," <i>BMC health services research</i> , 20(1). https://doi.org/10.1186/s12913-020-05337-9 .	Many people who sought attention, especially the poor and needy were disappointed. They realised that there are lower deaths than expected.
54.	Kroezen, M., Sermeus, W., Rafferty, AM. (2015) Recruitment and retention of health workers across Europe: a multiple-case study: Walter Sermeus, <i>European Journal of Public Health</i> , Volume 25, Issue suppl_3, October 2015, ckv172.104, https://doi.org/10.1093/eurpub/ckv172.104	Highlights solution to recruitment and retention interventions to help Europe retain the rich reservoir of learning for health workers and good practices to reduce legal barriers to promotion
55.	Kronborg, H., Sievertsen, H. H., and Wust, M. (2016). Care around birth, infant and mother health and maternal health investments - evidence from a nurse strike. <i>Social Science & Medicine</i> , 150, 201-211. DOI: 10.1016/j.socscimed.2015.12.034.	Highlights that nurse strikes have too much burden on maternal and infant healthcare utilization, emphasizing the importance of nursing in early childhood care.

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56.	Kurup, C., Betihavas, V., Burston, A., and Jacob, E. (2023). Strategies employed by developed countries to facilitate the transition of internationally qualified nurses' specialty skills into clinical practice: An integrative review. <i>Nursing Open</i> , 10(12), 7528–7543. https://doi.org/10.1002/nop2.2023	Documents highlighted inconsistency in transferability and understanding nurse's documents. The global pandemic demands the use of skills and abilities of these nurses.
57.	Kuznetsov, A., Kuznetsova, O., and de Simón de la Cruz, J. F. (2022). Workforce globalisation, language and discourse: Recruitment of foreign nurses in the UK. <i>Work Organisation, Labour & Globalisation</i> , 16(2), 40–58. https://www.jstor.org/stable/48691513	Strikes can be traced to the way nurses are recruited with grammar criteria. Depending on only English language qualification causes loss of people who are well talented,
58.	Mahase E. (2022) Nurses' strike: Government must act to avoid "stalemate for foreseeable future". <i>BMJ</i> . 2022 Dec 16;379:o3022. doi: 10.1136/bmj.o3022. PMID: 36526290, BMJ IF 43.0	Striking became inevitable for governments' failure. The number of votes needed to call a strike was reached before strike was announced.
59.	Manguele, A.L.J. et al. (2024) "A look back at the strike by Mozambican doctors in 2013: what can we learn?," <i>BMC health services research</i> , 24(1). Available at: https://doi.org/10.1186/s12913-024-11998-7 .	Some of the contending issues were pay rise, career, staff shortages and workplace renewal. Threats, failed agreements, or lack of communication precipitated the strike.
60.	McKeown, M., Stowell-Smith M., and Foley, B. (1999) Passivity vs. militancy: a Q methodological study of nurses' industrial relations on Merseyside, England. <i>Journal of Advanced Nursing</i> 30(1), 140±149	The nurses decided through a majority vote to go to strike. This means that the narrative and dialogue of militancy should change.
61.	McConnell, D. and Mann, D. (2024) "UK doctors' strikes 2023: not only justified but, arguably, supererogatory," <i>Journal of medical ethics</i> , 50(3), pp. 152–156. Available at: https://doi.org/10.1136/jme-2023-109568 .	It is argued that some of the strikes are justified. It's supererogatory aimed to address unfair pay and working conditions while protecting public health.
62.	McConnell, D., (2020). Balancing the duty to treat with the duty to family in the context of the COVID-19 pandemic. <i>Journal of medical ethics</i> , 46(6), pp. 360-363.	Because of COVID-19, hazards workers may be morally permitted go on strike if the risks and burdens, vulnerability outweigh their tasks as nurses

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63.	Naughton, M. (2022). Mobilising societal power: Understanding public support for nursing strikes. <i>Industrial Relations Journal</i> , 53(2), 93–109. https://doi.org/10.1111/irj.12356	Unions' framing strategies, public acceptance depends on historical and sectoral factors. That nurses have benefitted from public support during waves of protest
64.	Neiman, P. and Neiman, T. (2025) "Nurses on the outside, problems on the inside! The duty of nurses to support unions," <i>Nursing ethics</i> , 32(6), pp. 1799–1812. Available at: https://doi.org/10.1177/09697330241312381 .	The strike was caused by chronic nurses' shortages, increased burnout and decreased retention plus incessant workplace violence, increasing wages and benefits but government failed to act.
65.	Njuguna, J. (2018). Impact of nurses' strike in Kenya on number of fully immunized infants in 18 county referral hospitals. <i>Journal of Health Care for the Poor and Underserved</i> , 29(4), 1281-1287. DOI: 10.1353/hpu.2018.0095.	The strike led to 56.9% decline in immunization rates, reporting a 251.6% increase in immunizations as patients sought alternative care. Relevance: Demonstrates the critical role of nurses in public health
66.	O'Dowd, M. (2025). Doctors' strike: Tories vow to ban strikes as Streeting says NHS staff are "picking up slack" of ongoing action. <i>BMJ: British Medical Journal (Online)</i> , 390	Though government proposed to pay of 5.4% for 2025-26, Conservative plans to ban doctors from striking if elected, amid ongoing NHS strikes over pay disputes.
67.	Oleribe, O.O., Iheaka, P.E., Oladipo, O., Ezinne, P.A., Udofia, D. And Taylor-Robinson, S., (2016). Industrial action by healthcare workers in Nigeria in 2013-2015: an inquiry into causes, consequences and control-a cross-sectional descriptive study. <i>Human Resources for Health</i> , 14.	Strikes caused by poor leadership demands for higher salaries. Necessity for improved leadership training and systemic reforms to reduce industrial action.
68.	OLSSON, P.H. and MCCRYSTAL, S., 2025. Balancing the Right to Strike and Other Public Interests: The Importance of the Status of the Right to Strike. <i>Comparative Labor Law & Policy Journal</i> , 45(2), pp. 0_1,315-328,315A-327A.	Nurses strike actions regulation varies among jurisdictions in Sweden, while Australia prioritizes industrial peace, resulting in more restrictive strike rights and limited strike action for workers including nurses.
69.	O'Rourke, S. E., & Champion, J. D. (2025). The lived experiences of nurse practitioners during a nursing strike. <i>Applied Nursing Research</i> , 81, 151896. https://doi.org/10.1016/j.apnr.2024.151896	Nurses' feelings are ethical dilemmas, feeling conflicted whether to align with fellow nurses or think of the consequences. Younger, less experienced NPs supported strike, older, NPs expressed frustration.

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70.	O'Shaughnessy, J. (1984). Impact of a nurse's strike on a medical centre emergency department. <i>Annals of Emergency Medicine</i> , 13(11), 1048-1051. DOI: 10.1016/S0196-0644(84)80068-2.	Strike led to decrease in emergency presentations and admissions, with less complex cases being treated during the strike. Financial and operational challenges faced by emergency during nursing strikes.
71.	Petterson SM, Rayburn WF, Liaw WR. When do Primary Care Physicians Retire? Implications for workforce projections. <i>Ann Fam Med</i> . 2016;14(4):344-349. doi:10.1370/afm.1936	To anticipate staff shortages look like the panacea for industrial action so authors insist on strategies to address the anticipated shortage of healthcare providers.
72.	Primeau, M.-D., St-Pierre, I., Ortmann, J., Kilpatrick, K., & Covell, C. L. (2021). Correlates of career satisfaction in internationally educated nurses: A cross-sectional survey-based study. <i>International Journal of Nursing Studies</i> , 117, Article 103899. https://doi.org/10.1016/j.ijnurstu.2021.103899	Career satisfaction among international nurses in Canada. Found age, gender, ethnicity, and education correlated with career satisfaction and discrimination leading to strikes.
73.	Prinsley, D. M. (1971). Effects of industrial action by the ambulance service on day hospital patients. <i>British Medical Journal</i> , 3(5767), 170-171. DOI: 10.1136/bmj.3.5767.170.	Provides insights into how industrial action by other healthcare workers can indirectly impact nursing services, and contributions by foreign nurses.
74.	Rotenstein, L. S., Brown, R., Sinsky, C., and Linzer, M. (2023).	There are connection of burnout and a desire to abandon the job especially during the battle against infectious deadly disease.
75.	Quinlan, M., and Bohle, P. (2009). Overstretched and unreciprocated commitment: Reviewing research on the occupational health and safety effects of downsizing and job insecurity. <i>International Journal of Health Services</i> , 39(1), 1–44. https://doi.org/10.2190/HS.39.1.a	Reduction and lack of workers is key provocateurs of industrial action. Emphasizing need for better regulation to protect workers.
76.	RAMSEY, S.M., (2025). Diagnosis: undervalued. A psychoanalytic exploration of doctor strikes in the British National Health Service, 2023–2024. <i>Medical Humanities</i> , 013208. DOI:10.1136/medhum-2024-013208	The UK doctors' strikes can be understood psychoanalytically as an oedipal rebellion expressing mature rage and a demand for recognition and value, shattering the NHS as a containing institution and revealing deep societal anxieties around death.
77.	Rimmer A. (2023) Why are consultants balloting on strike action BMJ 2023:p1385.	The rising risks of NHS workforce retention, recruitment and interference of independence of the pay review process, compel nurses, to striking

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78.	Robson A, Robson F. (2016) Investigation of nurses' intention to leave: a study of a sample of UK nurses. <i>J Health Organ Manag.</i> 2016;30(1):154-173.	Leadership roles affect industrial action. Employees commitment influences demographic factors on leave intention. Many nurses' needs are ignored
79.	Ruiz, M., Bottle, A., & Aylin, P. (2013). A retrospective study on the impact of the doctors' strike in England on 21 June 2012. <i>Journal of the Royal Society of Medicine</i> , 106(9), 362-369. https://doi.org/10.1177/0141076813490685	Shows the importance of foreign nurses who mitigate effects, explaining how other healthcare professionals do striking.
80.	Russo G, Xu L, Mclsaac M, Matsika-Claquin MD, Dhillon I, McPake B, Campbell J. (2019) Health workers' strikes in low-income countries: the available evidence. <i>Bull World Health Organ.</i> 2019 Jul 1;97(7):460-467H. doi: 10.2471/BLT.18.225755. Epub 2019 May 14. PMID: 31258215; PMCID: PMC6593336.	The legality of strike action is measured by concurrent agreement by all concerned and that is why it is accepted.
81.	Sala, R. and USAI, M., 1997. Industrial Action by Nurses: The Italian situation. <i>Nursing ethics</i> , 4(4), pp. 330-8.	Previously, strikes were seen as anti-patients but now it is accepted because they are fed up with talks with no effect.
82.	Scanlon, M. L., Maldonado, L. Y., Ikemeri, J. E., et al. (2021). A retrospective study of the impact of health worker strikes on maternal and child health care utilization in western Kenya. <i>BMC Health Services Research</i> , 21(1), 898. DOI: 10.1186/s12913-021-06939-7.	The bad effects of a 250-day strike reduced antenatal care but increased home births, and delayed immunizations. Demonstrates the severe impact of prolonged strikes.
83.	Sim, J., Choi, Y., and Jeong, J. (2021). Changes in emergency department performance during strike of junior physicians in Korea. <i>Emergency Medicine International</i> , 2021. DOI: 10.1155/2021/1786728.	The collapse of the whole healthcare system and Emergency, waiting times led to improved efficiency with senior clinicians managing emergency care.

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84.	Stabler, C., Schnurr, L., Powell, G., Stewart, B., and Guenter, C. A. (1984). Impact of a province-wide nurses' strike on medical care in a regional referral centre. <i>Canadian Medical Association Journal</i> , 131(3), 205-210.	The way to handle strike was shown to be different in a 28-days strike in Canada at referral centre, emergency, admissions but length of stay remained stable. Shows how we can adapt to nurse strikes.
85.	Strachan, G., 1997. Not Just a Labour of Love: industrial action by nurses in Australia. <i>Nursing ethics</i> , 4(4), pp. 294-302.	Though numerous nurses participated in the this strike to improve status, the question remains about its value
86.	Sanfey, D. (2024). 'Enough is enough': a mixed methods study on the key factors driving UK NHS nurses' decision to strike. <i>BMC Nursing</i> , 23(247). https://doi.org/10.1186/s12912-024-01793-4	Findings: well-being of patients is dependent on the well-being nurses therefore concerns of strike to focus on solving the inherent problems of nurses.
87.	Smith J, Essex R, Issa R. (2022) On the politics and ethics of strike action by health professionals. <i>The Lancet</i> 2022;400:1844–5.	Contrarily shows that there is no increase in death issues or more sickness during periods of strike action
88.	Spiliopoulos, G., & Cuban, S. (2025). Filipino Migrant and Returnee Nurses Resisting and Adapting to the Pressures of Becoming "Ideal Migrants." <i>Journal of International Migration and Integration</i> , 26, 1435–1460. https://doi.org/10.1007/s12134-024-01225-x	Based on the frustration of the El Dorado concept, they opted return migration. The author wants policies to support returnee
89.	Stewart, C., Bench, S. and Malone, M., (2024). Interventions to support critical care nurse wellbeing: A scoping review. <i>Intensive and Critical Care Nursing</i> , 81.	Found some nurses' wellbeing depends on organisational approaches, coupled with the impact of COVID-19 which is deemed as grounds for the Covid-19 Strike action
90.	Taylor BW, Chan MYI. (2022) A strike in the time of COVID-19 pandemic: The 2020 health workers' dispute in Hong Kong. <i>J Ind Relat</i> . 2022 Nov;64(5):711-733. doi: 10.1177/00221856221114449. PMID: 38603253; PMCID: PMC9325678.	Striking represents resistance by unions who have unified its members because of noxious workplace and changes that affects workers.

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91.	THOMAS, R., 2023. <i>Government faces years of strike action from nurses, warns RCN chief: Exclusive: NHS trust hospitals 'insult' nurses by offering triple rates to work during strikes this weekend, says the RCN's chief.</i> London: Independent Digital News & Media.	Striking is likely to continue in UK if government does not change its pay strategy. Nurses feel insulted by current offers and legal actions against them.
92.	Ullah A, Ribeiro N (2024), "Workplace bullying and job burnout: the moderating role of employee voice". <i>International Journal of Manpower</i> , Vol. 45 No. 9 pp. 1720–1737, doi: https://doi.org/10.1108/IJM-10-2023-0591	In contrast to other findings that bullying causes burnout, frustration and industrial action, these authors show that in the workplace bullying has another positive effect.
93.	Ung, D. S. K., Goh, Y. S., Poon, R. Y. S., Lin, Y. P., Seah, B., Lopez, V., Mikkonen, K., Yong, K. K., and Liaw, S. Y. (2024). Global migration and factors influencing retention of Asian internationally educated nurses: A systematic review. <i>Human Resources for Health</i> , 22(17). https://doi.org/10.1186/s12960-024-00900-5	Found that the nurses are stagnant which breeds frustration, social separation, emphasizes importance of addressing the root causes of high turnover.
94.	Van Rensburg, A.,J. and Van Rensburg, D.,J., (2013). Nurses, industrial action and ethics: Considerations from the 2010 South African public-sector strike. <i>Nursing ethics</i> , 20(7), pp. 819-37.	Showed that good intention of nurses should not be blamed for striking, rather we must ask about their situation and who is benefiting from what and how.
95.	Wilder-Smith A, Osman S. Public health emergencies of international concern: a historic overview. <i>J Travel Med</i> . 2020 Dec 23;27(8):taaa227. doi: 10.1093/jtm/taaa227. PMID: 33284964; PMCID: PMC7798963.	It's important to prepare for global ripple effects and challenges. They prescribed the importance of prepared responses to mitigate the effects emergencies to forestall strikes.
96.	World Bank. (2022). <i>World Development Report: Finance for an Equitable Recovery</i> . Washington, DC: World Bank.	Financial implications of global disruption of industrial actions and COVID-19 pandemic and called for equitable recovery strategies against imbalances.
97.	World Health Organization. <i>Working Together for Health; the World Health Report 2006</i> . World Health Organization; 2006.	Highlights that there is scarcity of nurses at the international stage, emphasizing thorough collaborative efforts to address workforce challenges and critical role of human resources in health.

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98.	World Health Organization (2016). Global Strategy on Human Resources for Health: Workforce 2030. World Health Organization; 2016.	Outlines global plan to address healthcare workforce shortages by 2030, because sustainable development goals, workforce planning, can ensure universal health coverage reducing strike action
99.	World Health Organization (2020). State of the World's Nursing 2020: Investing in Education, Jobs, and Leadership	Highlighting challenges prompted by nursing shortages and need for investment in training.
100.	Youssef, N. A., Mosto, M. B., Barnewolt, B. A., Youssef, R., and Weiner, S. G. (2021). The effect of a nursing strike on emergency department operational metrics. American Journal of Emergency Medicine, 44, 1-4. DOI: 10.1016/j.ajem.2021.01.048.	Key themes are effects of a 5-day strike in a Boston leading to decreased emergency and transport to the hospital, while waiting times for discharged patients decreased. Highlights challenges and adaptations in emergency during short-term nursing strikes.

PART 3: A Preliminary Literature Review

CRITICAL LITERATURE REVIEW ON INDUSTRIAL ACTION BY NURSES IN UK FOR BETTER REMUNERATION AND PAY RISE: HOW MUCH WAGE IS PERFECT?

PART 3: Introduction and Justification

This critical literature chose fifteen articles out of the one hundred annotated bibliographies in part two table two, page nine of this work. It focuses on industrial action by local nurses and Internationally recruited Nurses residing in UK for their part in participation in striking for better remuneration and pays rise. The aim is to critically appraise and analyse in detail relevant documents relating to the impact, causes and consequences of industrial action.

Historically, from 1978 to 1979 there were so many strikes in United Kingdom, especially the *Winter of discontent*, when all paraphernalia of society came to a standstill to the extent that mortuary attendants, nurses, carpenters and all workers went on strike during the coldest winter. In the same vein they were all demanding for a pay rise.

Many problems that provoke strikes are working conditions, low payments, aging population moving faster than graduation of new nurses; long-term illnesses and globalisation of labour markets (Buchan, 2015; Kroezen et al. 2015). The fact that many nurses are moving away while some are taking early retirement (Bazeer, et. al. 2024, p.4), Therefore, the UK government engaged in consistent recruitment of international expatriate nurses into United Kingdom because of persistent scarcity of nurses (Fernandez-Castillo, et al. 2025; Obrey, 2009; Konlan, et al 2023, p. 5-7; Phiri, et. al 2022, p. 15)

As international nurses arrive, they commence working based on E-Visa sponsorship issued to them. However, during this period, a lot of industrial action took place which invariably affected their working conditions. While the nursing Union declares the industrial action after getting 50% yes votes, international nurses are left with no choice that to participate, but their legal status and job security runs into jeopardy. They find themselves between the Devil and

the Deep Blue Sea¹ - this is the conundrum and why we must investigate to know the recurring themes on this phenomenon.

Over the years, the problem of incessant industrial action by Nurses and other healthcare professionals like doctors, ambulance staff, midwives and physiotherapists have plagued United Kingdom disrupting healthcare services, industrial production and social cohesion. Therefore, industrial action can be when workers refuse to work for one reason or other grievance or enforce a demand (Baldwin, 2023; Chadwick and Thompson 2009; Sanfey, 2024).

Industrial action by nurses is caused by staff shortages, unsatisfactory payment, bullying and workplace condition, outdated technology, patient safety, workload and burnout, delayed or blocked promotion, non-motivation of nurses' welfare and elevated by Covid-19 and other health emergencies (Atinga, et al. 2026; Weldon, 2021; McConnell, D., 2020; Manguale, et al. 2024; Oleribe, et al 2016; WHO, 2020; Sanfey, 2024, p. 13).

This CRL focuses on the participation of local and International Nurses in industrial action in United Kingdom to deepen our knowledge on literature gaps and future knowledge including consequences, causes and effects. We have decided to beam our focus more emphatically on international nurses because they are more vulnerable during a long strike because of their citizenship status. Previous publications have concentrated on local nurses, low wages, militancy, trade unionism, brain-drain and brain-gain, length of strike including political connotations and impact of emergency and general health care services (Arora and Gulia 2020; Essex and Weldon 2022). This means the longer protracted the worst for international nurses which should attract more research because they are more vulnerable. It must be stated that while there is always opposition to striking, the narrative has been in support of patients, therefore it is better to address the effect of strike action and focus on patient welfare (Essex and Weldon 2022; p. 1170)

However, there exist a knowledge gap because previous publications focus little on implications and consequences of involvement of International Nurses in UK; who came from overseas; who are third country-nationals from Ghana (3,678), India (42,295), Nigeria (11,798), Philippines (26,688), Zimbabwe (3,852), etc. Harker, (2025); who reside in UK for more than one year and who were sponsored through the E-Visa programme.

¹ When one is stuck between two equally difficult or unacceptable choices to make

According to NHS information on Staff Statistic/House of Commons Library-HCL, (2026) 78.7% of NHS staff in England are British. 9.9% report an Asian nationality, 5.2% are EU nationals and 4.2% are African (Harker, 2025). The Nurses that reported a British in June 2025 were 70%. It reported that 18% of the nurses (60, 336) reported an Asian nationality, about 6% in June 2016. While 95% were Filipinos or India, Africa nurses took 6% (24, 710), whereas EU nationality took 5% (19, 095) nurses.

According to NHS/HCL (2026) Britain employs 216 nationalities in the healthcare sector therefore, it's justified to subject this area to investigation through our business lens. Researchers should as concrete questions on ethical concerns, like anonymity and the use AI and VR in recruitment. Do nurses trust that their names will be removed from the transcript after participating in industrial action? Would the employer be humane enough to guarantee data protection of his/her files, or blocked passwords? Does the law guarantee confidentiality and protection from NHS and Home Office?

3.1. The legal instruments

Labour laws become binding as soon as 50% of its members agree. It is a vital instrument towards implementation of the rights and obligations of international nurses but may sometimes be insufficient to cover their real situation of being foreign, dependent on their sponsors and host government and vulnerable to the whims and caprices of HR manager. Some applicable laws are enshrined in Part IV industrial relations, chapter I on collective bargaining (178-183) of UK labour laws of 1992. Legally, for International Nurses to participate in industrial action it must be officially declared after full agreement. They can get invitations to vote including international nurses, announce result to employer and at least 50% of eligible members who support industrial action must respond to the ballot.

The above statements provide us a glimpse of the debilitating situation of internationally trained nurses. Thereafter, the media chose to claim that the Nurses Unions are militant. Delving into the controversy of militancy in industrial action Mckeown, et al. (1999) found incidence of what might be regarded as militancy with nurses which is supported by (Castledine 1995). Mckeown, et al. (1999, p. 146) contradicted the strike militancy proponents and argued that though the narrative of militancy has gained ground, whenever nurses have agreement to strike, these narratives should be discountenanced and be seen in an optimistic view. Delving into the same line with Mckeown, et al. (1999, p. 146); Reed (2022); Hayward and More, (1992) investigated the militancy narrative while nurses embarked on industrial action over lost opportunities and other unenviable conditions. The same instruments of

governance that should unite then played a divide-and-rule game which led to more disagreements within the profession (Hayward et al. 1998). From the forgoing, we would present the themes in an organized consistent manner.

3.2. Aims

This critical literature review aims to confront the labour rights of participation of local and international recruited nurses in industrial action in UK and analyse and synthesise the mode of effects.

3.3. Objectives

- To explore the effects of participation of local and international recruited nurses in industrial action
- To explore proposals for training and recognition of their rights to participation in industrial actions where their low pay and working conditions can become a priority.
- To elucidate protection factors that affect the integration and full protection of international nurses.

3.4. Research Questions

1. What are the effects and consequences of participating in industrial action?
2. What are union's justification for striking and strategies for international nurses?
3. How do ethical implication impact on industrial action on nurses' career development?

4. Critical Literature Review

This department synthesis the key areas of this research, the debates and nature of the study or the opposing views. These debates may or may not be valid in this critical literature review. Through this method a balanced synthesis is achieved. The Analysis and synthesis of the concepts is separating nut from the kernel, extracting the milk from the big cow or separating the chaff from the grain which reflects the postulations of Forley and Davis (2017) when they added that it is a dissection of a concept into simpler elements to promote clarity. In this work we say to utilise the themes.

4.1. Effects and Consequences of Participating in Industrial Action

Adam, et al. (2018) with similar proposition by Essex and Weldon (2022) highlights that nurses strike action has serious consequences to nurses and society. This in effect answers number one research question on the effects and consequences of participating in industrial action. However, Bauernschuster, et al. (2017) elevated the consequences of strike action to high level impact on transportation, traffic, accidents and stated that the strike action leads to more vehicles by 11 to 13, 14% accident increase 20%, 11 percent increase in respiratory diseases among youths. The consequences could lead to collapse of the whole healthcare system and emergencies. But on a contrary note, Sim, (2021) postulates that waiting times during strike led to improved efficiency with senior clinicians managing emergency care which means that nurses became involved in senior intervention of a higher hierarchy.

Bhuiyan, and Machowski, (2012) said the consequences of strike action significantly impacts patient admissions, showing the effect on hospital admission which is off the analysis we want but important to show other themes that may arise. On their part, the consequences of healthcare nurses strike on mortality rates in four Kenyan health facilities led to significant reductions in healthcare utilization, including admissions and emergency according to (Kaguthi, 2020).

4.2. Ethical Dimension and Wellbeing

There are three dimensions to ethical issues and wellbeing which answers the third research question on ethical implication of industrial action on nurses' career development (1) Professional ethics on why nurses should go on strike while patients are affected (2) how would NHS, Home Office that gave them Visa and the employer secure h/her job position if h/she goes on strike? (3) data protection and the use of AI in recruitment.

It would be better to examine the risky nature of nurses' duties and professional ethics and justification from medical and nursing professions Chadwick and Thompson (2009), because the patients' well-being is dependent on the well-being of nurses (Sanfey, 2024). Birt, et al. (2023) believes that International Nurses suffer from ethical conundrums at personal cost, maintenance housing, delay and fear add more tension to the ethics tension.

The ethical dimension to consider are disagreements and professional ethics Chadwick and Thompson (2009), which is an ongoing phenomenon which leads to another dimension of the ethical and moral considerations for strikes, particularly in the context of public health emergencies (Chima, (2020). For recruitment from overseas, Essex, (2022) affirmed that nurses both local and international have ethical justification to engage in strikes, because

when there are insufficient vaccines, PPE, syringes and staff, their own life is endangered therefore, organisations should seek a balance between professional obligations and tasks.

4.3. Impact, and disruptive action of industrial action

Baldwin, (2023) found that strikes by nurses in NHS have had a debilitating effect for many years and will continue to hurt them. He provided a cogent reflection of global events that have had impact on maintenance and argues that maybe government was running NHS in a different way. The debilitating effect of striking on patient admissions can be caused by many things, including the period of strike. Many strike actions are launched at very dire period when the unions want to press home their demand. However, we believe that a new system of industrial relations that could accommodate international nurses working conditions, pension adjustment and update to healthcare system and full availability of alternative services, socioeconomic factors, geographic location, and public behaviour (Essex, et al 2022, p. 8). This heading additionally supports the research question number one.

From the purview of Essex and Weldon (2022) there is not enough debate about dynamic nature of strike action, especially when it is protracted. Most of the strikes take off at the deadliest periods like the pandemic period, flu outbreak, meningitis outbreak and economic crisis, which carry heavy risks, and heavy demands for the nursing profession. Some authors asked if such action is justified Essex and Weldon (2022, p. 1171), which means the longer protracted the worst impact for the public and the situation of international nurses should attract more advocacy and research because they are more vulnerable. Contributing, the impact of a 5-day nursing strike in Boston leading to decreased emergency and transport to the hospital, while waiting times for discharged patients decreased highlights challenges and adaptations in emergency during short-term nursing strikes (Youssef, 2021). Our critique of this study shows a contradiction to the formal belief on the impact of industrial action and in this case, it seems to be a blessing in disguise.

Addison, and Teixeira, (2024) found that international nurses were affected because they were employed by agents on a temporary condition and that their situation makes it impossible for them to belong to the thickly populated areas where the presence of unionism existed. International Nurses are like Expatriates who are third country nationals and do not have the nitty-gritty of permanent employment. therefore impact, and disruptive action of industrial action weigh heavily on flexible employment like international nurses which breeds distrust and hopelessness when it comes to collective bargaining, frequent meetings with management (Addison, and Teixeira, (2024). Whereas the impact on psychiatric hospital

admissions has been shown to affect changes in admission thresholds and patient demographics because of the prolonged nurses' strike according to Abdelkader, and Macmillan (1990) but contrary to the postulations of (Youssef, 2021).

Furthermore, the effect, and disruptive action of industrial action was corroborated at the global level by World Bank (2022); Wilder-Smith, (2020) declaring the existence of global impact on health management and the challenges for states and policy makers. They affirmed that the key points are the needs of nurses; the ethical dimension of recruitment, retention which exacerbate with implications of strikes during the COVID-19 pandemic. These industrial actions constitute a disruptive action of industrial activities and create tension between patient care and systemic improvements. The Financial implications of global disruption and COVID-19 pandemic is debilitating and called for equitable recovery strategies against inequalities that exists between developing and developed nations (World Bank 2022).

The impact, and disruptive action on NHS and its Foundations are enormous. For this reason Baldwin, (2023) found that strikes, represent one the biggest national socioeconomic crises. Differences in healthcare management that affect many strikes was confirmed after examining 43 studies (Essex, et al. 2022)

Contrarily, the impact of strikes according to Cunningham et al. (2008) was a reverse concept on mortality rates, highlighting the paradoxical findings that mortality rates may decrease during such strikes meaning that strikes can put people off.

4.4. Striking Dilemma and Punishment for International Nurses

The dilemma emanates from the fact that the international expatriate nurse work, stay act at the mercy of the employer who may remove he/her name from the register and who may not have the voice or the clout to reverse the vulnerable condition. This may be why Allan, and Larsen, (2003) declared that the challenges faced by foreign nurses in the UK and the factors that may influence their participation in strikes are enormous. On their part, Buchan, and Seccombe, (2006) claimed they understand the dilemma of international nurses and supports those unavoidable conditions that may prompt foreign nurses in UK to engage in strike action like low payments, inequality, burnout, nurses' shortages and lack of career progression.

Similar to World Bank (2022); Wilder-Smith, (2020), Seccombe, (2006) highlighted the global obstacles and drawbacks towards nurses' involvement in striking in UK like workplace insecurity and pay disparities. However, some authors declared that international nurses

support healthcare maintenance during industrial action in UK (Furnivall, et al. (2018); and this potential role of foreign nurses in mitigating the impact of industrial action in UK was corroborated by (Ruiz, et al. 2013). However, the striking dilemma and punishment for international nurses are expressed in destitution and deprivation of better-life, thereby ignoring their rightful petition (Ung, et al. 2024).

4.5. Justification and Causes for Industrial Action

Though industrial action is debated and voted for, the question of justification has followed like bee over honeycomb. The theme aligns with the third research question on union's justification and strategies for international nurse. The findings of Sanfey (2024, p. 13) identified justification for industrial action as wellbeing of nurses, pay rise and lack of personnel. There are research gaps in these documents because there is copious absence of that element for protecting the vulnerability of international nurses during strike.

McConnell, (2020) on his part contended that the pressure of COVID-19, on nurses justify them to go on strike and may be morally permitted to go on strike if the risks and burdens, vulnerability outweigh their tasks as nurses. The cases of Covid-19 strike according to Brophy, (2022) include the inadequacy of (PPE) and vaccines which puts the nurses at risk. Chança, et al. (2024) agreed with Brophy, (2022) and McConnell, (2020) that COVID-19 pandemic exacerbated nursing problems, leading to increased industrial strikes (Chança, et al. (2024). These are postulation of strikes and the COVID-19 pandemic, emphasizing the ethical dilemmas and challenges (Chança, et al. 2024; Essex, and Weldon, 2021). Atinga, (2026) contended that the justification and causes for industrial action corresponds to poor remuneration, lack of resources, neglect, marginalisation, and emotional exhaustion, which collectively threaten both nurse wellbeing and healthcare quality therefore they demand better salaries, career, staff recruitment and good working conditions (Manguele, 2024).

Inadequate leadership demands for higher salaries appeared to be the justification and causes for industrial action attracted Oleribe, et al. (2016) who averred that strikes are caused by poor leadership and support improved leadership training and systemic reforms to reducing industrial action which in essence is a support for investment in training in order to deal with scarcity (WHO, 2020).

4.6. Patterns of Nurses Striking Militancy

The union of Nurses and their affiliates have produced a pattern of solidarities, fraternities, bonds and coalitions to defend their inalienable rights through strike actions. Because of their bond and solid fraternity, they are perceived as militant. Hayward and More, (1992), investigated the militancy narrative while nurses embarked on industrial action over lost opportunities. They discovered that government divided the media, unions and nurses. These ambivalences shows a divide and rule tactics not aimed at resolving the problem of the strike. From this angle Mckeown, et al. (1999), contended that the question of militancy deserves to attract good commendation so that the major causes of the strike would be dealt with.

In the methodology for the critical literature review, the key words combinations for search strategy in databases are:

1. "Nurses Remuneration" AND "UK" AND "data protection"
2. "Industrial action" AND "migrant workers" AND "UK"
3. "NHS" AND "international recruitment" AND "labour rights"
4. "Visa sponsorship" AND "trade union" AND "healthcare"
5. "Moral injury" AND "nursing strikes" AND "United Kingdom"

4.7. Challenges to Systematic Reviews

While strike action generally reduces patient admissions, the extent of the impact is highly context dependent. Factors such as the profession on strike, the work nurses do deals with human beings that have no substitute. The losses to be incurred, the failure ahead and the unintended consequences are areas to consider in ameliorating the situation.

4.8. Conclusion

This critical literature review adopted forty examined articles from the one hundred articles which future in annotated bibliography in part two of this assignment. This facilitated answering the research questions on the effects of participating in industrial action, strategies for international nurses and ethical implication of industrial action on nurses' career development. To achieve this, the following systematic method is adopted:

4.9. Search Strategy:

This CRL incorporated five databases for complete coverage of peer reviewed articles from 1995 to 2025 in part two of this paper (Table 2). To give credence and strengthen the review

we adopted (context, intervention, mechanism, outcomes) methodology (CIMO) to the research question for performing research syntheses and developing design propositions and generate prescriptive knowledge which Presents inclusion and exclusion of criteria, (Denyer and Tranfield 2009}

4.10. The Including and Excluding Criteria:

This review distinguishes itself from others by delineating some documents that are unsuitable (McKenzie et al., 2020). In this way some aspects that have been redefined include: location, population, sex, race, etc. The target population constitute of male and female adult Nurses of international origin working in National Health Services (NHS) in United Kingdom. This study includes peer-reviewed published articles emanating from randomized controlled trials-RCTs only, case studies, RCTs and quasi-experimental designs, and qualitative research.

Some of these documents that have been added are: (1) Local and International Nurses as the population, (2) Industrial action, strikes, as the phenomenon, (3) Place location is United Kingdom or Europe, African and USA (4) context is the UK, National Health Services policies (NHS) (5) inclusion of turnover and management perspectives (Arora and Gulia 2020). Some of the document that have been removed are: (1) if the focus reflects other blue-collar professionals (2) Data reports on a particular gender (3) When it's outside and unrelated to United Kingdom (4) Wrong dates, wrong population, not empirical or predates relevant technology

The quality of the included articles was primarily guaranteed through the inclusion criteria, additionally, quality appraisal skills program is based on CASP (2022). This is reenforced by the PRISMA framework and selection of journals with high impact factor (IF). Additionally, Google Scholar and UWTSD library and in our assessment, the papers meet the quality assessment criteria.

4.11. Thematic Results and Research Gaps

This critical literature review on industrial action by local and international nurses in UK for better remuneration harvested these main themes that are recurrent:

- I. Ethical Dimension and Wellbeing
- II. Impact, and disruptive action of industrial action
- III. Striking Dilemma and Punishment for International Nurses

- IV. Justification and Causes for Industrial Action
- V. Consequences of Strike Action to Public, Nurses and Society
- VI. Patterns of Nurses Striking Militancy

4.12. Summary

Documents selected presented in part two table two, pp 9-23 contain philosophical thoughts, practical policy issues, evidence, valuable data, that are contiguous with the aims, objectives, and research questions. It's interesting to note that the organised structure of this critical literature review allowed a standard created for future researchers (Jesson, Matheson, and Lacey, 2011; Lukenchuk, 2013). The search strategy adopts the Boolean Operators, that align with the research question, adopting inclusion/exclusion criteria for peer reviewed articles, and quality appraisal to guarantee reliable findings. This CLR has established that industrial action by nurses and other professionals is caused by staff shortages, unsatisfactory payment, bullying and workplace condition, outdated technology, patient safety, workload and burnout, and exacerbated by Covid-19 (Atinga, et al. 2026; Weldon, 2021; McConnell, D., 2020; WHO, 2020; Sanfey, 2024, p. 13).

Industrial action or strikes are not new. They are agreed and voted for; they affect nurses, patients, administrators, businesses, NHS, and governments at national and global level, but are legally binding to every worker. However, the situation of international nurses has not been properly studied to give vent to their vulnerable situation. Efforts should be made to consider the causative factors and build on them from time to time to avoid the type of enormous losses that occurred during the infamous Winter of Discontent. The thematic result harvested the following themes which we believe should be researched deeply: ethical dimension and wellbeing; impact, and disruptive action of industrial action; striking dilemma and punishment for international nurses; justification and causes for industrial action; consequences of strike action to public, nurses and society; patterns of nurses striking militancy. However, there are urgent research gaps. These are indispensable themes to stop or reduce industrial striking to avoid another era of Winter of Discontent.

These research gaps bellow which militate against striking nurses, especially international nurse calls for more research dealing with the necessity to change the toxic workplace policies and high financial burden International Nurse; to increase professional and non-professional recruitment; to reduce frequent relocation of international nurses to distant neighbourhoods

making it difficult to have mentorship and to jettison pay rise blockade and to modify ethical data, AI protection of International Nurses and

5. References:

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