

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

By

Ekeoma Onuoha-Onuoha

Student Number: 2323736

Doctor of Business Administration (DBA) Candidate

Module: LCDB7012: Advancing to Doctoral Research Stage

Critical Literature Review for a Doctoral Research

University of Wales Trinity Saint David, United Kingdom

Lecturer: Dr Stephen Malone (Birmingham)

EDITING 25/7/26

ABSTRACT

INTRODUCTION: this critical study at the Doctor of Business Administration examines the persistent turnover of internationally educated nurses (IENs) within the UK National Health Service, focusing on University Hospitals of Derby and Burton (UHDB). Despite significant national recruitment gains, electronic staff record data reveal a critical attrition spike at 18–36 months, suggesting that macro-level workforce strategies are undermined by micro-level managerial behaviours. guided by a critical realist stance and Kuhn's Paradigm Theory, which trustworthiness is based on credibility, transferability, dependability and conformability.

An Ample Portfolio List: contains WWHH formats and other forms of evidence of research, the choice of theme, literature, objectives and data collection planning were: Critical synopsis of articles Template, milestones, my journey to deciding which topic to conduct my investigation, project themes on pilot study, written reports, handwritten plan stickers, ordering schedules, conferences, focus group plans, application letters and response, learning logs, comparative theoretical frameworks, database reviews, diagrams, process charts, synthesis multi-theoretical framework template, DBA topic crucible, solo blueprinting worksheet, diagrams of Thomas Kuhn circle, relationship of reality to paradigms, ontology, epistemology, axiology and methodology, critical realism literature on workplace, data collection analysis, evidence of research planning and development and timeline.

Methodology: research adopts an explanatory sequential Mixed-Methods Design. phase 1 quantifies retention patterns through survival analysis and logistic regression; phase 2 explores IENs' lived experiences of onboarding, psychological safety, and occupational closure; phase 3 co-designs a 24-month onboarding pathway with managers, HR/OD teams, and nurses. The study contributes a context–mechanism–outcome (CMO) framework explaining how managerial behaviours activate or suppress hidden mechanisms influencing retention. **Findings** offer actionable guidance for NHS leaders seeking sustainable workforce strategies beyond initial recruitment success.

Table of Contents

Contents

1.	Introduction and Background of this Research.....	7
1.1.	The Specific Problem at Royal Derby Hospital	8
1.2.	The Problem, Purpose and Justification	9
1.3.	Significance of the Study	9
1.4.	Financial and Operational Impact	11
1.5.	Research Statement	12
1.6.	The Research Gaps:	12

1.7.	Research Aims and Questions	13
1.7.1.	Objectives	13
1.7.2.	Research Questions	14
2.	LITERATURE REVIEW	14
2.1.	THEORETICAL FOUNDATIONS.....	15
2.2.	Kuhn’s Philosophical Implications	16
2.3.	The Paradigm Shift and Philosophical Postulations	17
2.4.	RELATIONSHIP OF REALITY TO PARADIGMS, ONTOLOGY, EPISTEMOLOGY, AXIOLOGY AND METHODOLOGY.....	18
2.5.	The Paradigm Conundrum.....	25
2.6.	THE OPPOSITION TO THOMAS KUN’S PARADIGMS	27
2.6.1.	Summary of Disagreements.....	28
2.7.	Critical Realism	29
3.	METHODOLOGY	31
3.1.	Research Paradigm and Design Logic	31
4.	The portfolio	34
4.1.	The Trials and Tribulations of Advancing to Doctoral Research Stage LCDB7012 – October 2024 Term	34
4.2.	THE DBA TOPIC CRUCIBLE: PHASE 1: SOLO BLUEPRINTING WORKSHEET.....	35
4.3.	Template: Critical Synopsis of one of the Articles adopted for this study: The Text	39
4.4.	Thematic Summary [2]	41
4.5.	The Craft, Mind Mapping the DBA Journey, 1, 2, 3.	47
4.6.	Template: A LONG Critical analysis of a text	50
4.7.	Climax Synthesis: Evidence of Integrated Raw Data	57

4.8.	The Doctoral Journey of my DBA: Milestones.....	61
4.9.	Balancing Advancing to Doctoral Research Stage with class nuances: DBA journey so far so good by Ekeoma Onuoha-Onuoha (...736) 27/06/2026 63	
4.10.	Key stages of the pilot plan, indicative timeline, data collection and analysis of milestones - semesters.....	64
4.11.	Timeline for the thesis	64
5.	Discussion.....	67
5.1.	Implication of this study	67
5.2.	Ethics of Care and Reciprocity – Is the relationship fair?	67
6.	CONCLUSION.....	68
7.	References	68

Guidance: Task 1 Portfolio – 60%

Dateline: 28 July 2026 (2pm)

Internal Verifier: Prof Amare Desta

1. Introduction and Background of this Research

The extensive turnover of frontline nursing staff presents a yawning gap in research because of the continued severity of strategic and operational hazard to policymaking and administration of healthcare workers retention in United Kingdom. In modern healthcare environments, the inability to retain nursing talent compromises institutional stability, erodes organizational culture, and diminishes overall workplace efficiency. Therefore, this study focuses on reducing nurse turnover in the UK NHS: a critical realist study of manager behaviours on international educated nurses (IENS) retention

Nurse turnover in NHS Acute Trusts averaged 11.4% in 2023/24, with higher rates in London Royal Hospitals. Exit interview data at [Royal Hospital Name] consistently cite “poor management support” as a top 3 reason for leaving. While leadership is identified in the NHS People

Promise as a retention lever, there is limited evidence on which specific manager behaviours most influence intention to stay in this context. The United Kingdom National Health Service (NHS) like their counterparts in Europe, America and new Zealand have historically relied on internationally educated nurses (IENs) to address workforce shortages. This reliance surged dramatically under recent national targets, with international recruitment increasing by 347% between 2020 and 2023. During the Covid-19 pandemic, the reliance and recruitment of international educated nurses increased. But the increase in recruitment was dampened by early retirement, exit of nurses to other countries. Most provocative is that internationally educated nurses at Royal Derby Hospital are associated with leaving at 18 months post-hire , Quo Vadis?

1.1. The Specific Problem at Royal Derby Hospital

A real-world setting, at the University Hospitals of Derby and Burton NHS Foundation Trust (UHDB), substantial progress was made in the early 2020s, earning the trust the NHS Pastoral Care Quality Award. What has persisted is the shortage of nurses and reliance on internationally educated nurses (IENs) to address workforce shortages. This is more pronounced in London, Birmingham, Manchester, etc. However, while the structural onboarding framework sometimes worked well initially, secondary data from the Electronic Staff Record (ESR) reveals an industry-wide trend: a critical attrition spike occurs at the 24-to-36-month mark, often immediately following the expiration of initial financial visa repayment clauses. This is what breaks the camels' back.

This research foresees the critical vulnerability in the reduction of the NHS workforce, because this pattern of persistent shortages demonstrates that macro-level recruitment success and short-term compliance are structurally enforced. A sustained, long-term retention is obviously absent and determined at the micro-level by immediate line managers whose personal predilections inhibit the growth of IENs towards or from group 4 to group 5. When ward managers fail to cultivate psychological safety or fail to mitigate "occupational closure" (e.g., treating highly experienced overseas clinicians as entry-level workers), IENs experience acute status frustration, triggering high voluntary turnover.

1.2. The Problem, Purpose and Justification

The widespread turnover of frontline nursing staff presents a severe strategic and operational threat to the healthcare sector. In modern healthcare environments, the inability to retain nursing talent compromises institutional stability, erodes organizational culture, and diminishes overall workplace efficiency. High attrition rates are frequently exacerbated by inadequate leadership support, misaligned organizational resources, and systemic workplace burnout, preventing healthcare organizations from maintaining a stable, sustainable operational environment.

This Critical realist study attempts to understanding what lies beneath the surface of social reality with a business lens beming specifically on the University Hospitals of Derby and Burton NHS FT which reduced nursing turnover from 9.63% and 12.24% across the pre-merger trusts to 8.84%, now below the national RN average of 8.9%. Royal Derby Hospital achieved this through targeted retention work, including the new (Working for Longer project). Despite change in laws and policy updates, this phenomenon is very important and affects United Kingdom, Australia, United States, Germany, Canada and New Zeeland who are now competing ferociously.

It seems clear that the continuing global scarcity of nurses has heightened this debate, generating extra challenges to United Kingdom NHS and Foundations (Konlan, et al. 2023; Buchan, 2015; Phiri, et. al. 2022; Arora and Gulia 2020; Bazeer, et. al. 2024, p.4). This problem/solution study can therefore be seen as a rescue mission for NHS and International Nurses (INs). IENs are recognised and compensated in some countries which compensates their training and travel expenditures. It is agreed that that they are indispensable human resources for the successful management of health businesses and political stability of nations, working for the poor, rich, or disadvantaged people (WHO, 2022).

1.3. Significance of the Study

This research addresses a critical vulnerability in the sustainability of the NHS workforce, moving beyond basic recruitment metrics to focus on long-term retention. in addressing the Macro-Micro Disconnect of the organisation, the NHS successfully brings in overseas talent, but individual hospital wards often fail to keep them which results to a high turnover. The important value of this study is that it exposes what happens *after* the

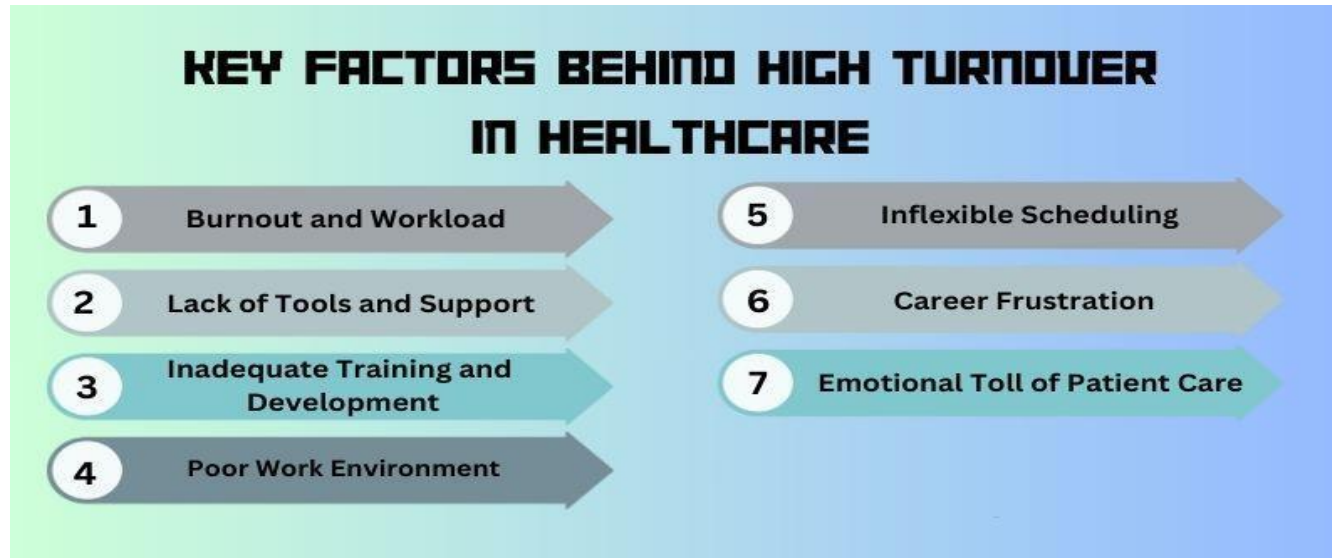
initial onboarding phase or after recruitment. This Critical Realist approach makes it possible to highlight how the everyday actions of local ward managers either support or undermine central investments like the *NHS Pastoral Care Quality Award* and in throwing away the baby and the bath. Moreover, Expatriate international nurses who are highly qualified are frequently restricted to entry-level Band 5 roles, leading to professional isolation and frustration. Therefore, this study shows how proactive management can break through this glass ceiling, protect the professional identity of IENs, and build psychological safety within clinical teams. As can be viewed below these are some of the factors necessary to retain Expatriate International Educated Nurses in United Kingdom and elsewhere.



1.4. Financial and Operational Impact

The continuous loss of these essential human resources directly compromises the financial and operational performance of the organization. Financially, each departing nurse costs the institution an estimated Cost, e.g., £60,000 to £85,000] in separation costs, recruitment fees, and overtime premiums. In practice, this translated into a permanent human resources challenge. The organisation constantly replaces departed international nurses with new recruitments, maintaining steady headcount but failing to retain staff. In essence, this revolving-door attrition creates critical staffing voids which unavoidably compels the organisation to rely on expensive agencies who inadvertently disrupts operational clinical team continuity and severely degrades the quality of employee engagement among remaining staff. If left unaddressed, this operational instability risks driving further systemic burnout, accelerating compounding employee departures, and undermining the facility's long-term competitive position in the local healthcare market. This study is aimed at analysing the strategic management, operational, or organizational culture crisis that consumes the greatest part of healthcare institutional budgets in millions because of high turnover, low productivity, and agency fees.

From the philosophical perspective, this Critical Realist Study provides a better understanding of what lies beneath the surface of social reality through conceptualization and drawing from the Paradigms developed by (Thomas Kuhn 1962). This facilitates sensemaking as well as shapes what we think exists (ontology); the evolution of knowledge and how knowledge can be developed (epistemology) and how to develop an appropriate methodology, including the axiological issues relating to the desirability of sustaining low nurse turnover, manager behaviours and retention panorama.



1.5. Research Statement

The purpose of this study is to investigate how localized line manager behaviours interact with institutional structures to influence the long-term retention of Internationally Educated Nurses (IENs) at Royal Derby Hospital. This research adopts a mixed method, quantitative, qualitative and phenomenology models. By shifting from standard correlation-based models to a Critical Realist lens, this research aims to explain how ward-level management practices activate or suppress the hidden psychological and social mechanisms that cause IEN attrition spikes once financial visa repayment clauses expire.

1.6. The Research Gaps:

Practices of retention before the paradigm shifted adds to the gaps that exists today, because researchers have concentrated on their origin, salary differences, scarcity and those in favour or against recruitment of foreign nurses who are immigrant recruitment. The policy direction and practices do not fit into the paradigm anymore. They withered away like communist ideology. However new problems that are yet to be attract full research include but not limited to: IENs AI recruitment; housing benefits; spouse sponsorship; verification of certificates by legal agents, examinations at assigned centres which proved inadequate and fraudulent. Research gaps relate to what happens inside the toxic workplace, the experience of the IENs during and before 18th months is yet to be studied and that is why this study is important

1.7. Research Aims and Questions

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 internationally **educated nurses** (IEN) retention across Royal Derby Hospital. To understand why internationally educated nurses, leave Royal Derby Hospital at 18 months post-hire, and to co-design, pilot, and evaluate a 24-month onboarding pathway that improves belonging and retention.

1.7.1. 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 evaluate the impact and develop a prototype of 24-month onboarding pathway through participatory workshops with nurses, managers, human resources and organizational development (HR/OD).

1.7.2. Research Questions

RQ1: ► What is the pattern of retention and exit for internationally educated nurses at Royal Derby Hospital, and which factors are associated with leaving at 18 months post-hire? The method should be called (phase 1 quantitative and survival analysis, logistic regression, etc. This part is for generalisation of the pattern.

RQ2: ► How do internationally educated nurses experience onboarding and team integration between months 12-24, and what aspects of the current system contribute to leaving or staying? There will be a follow up question here because this is where the paradigm shift occurs, viz RQ2a: “How does the breakdown of the ‘licensing = readiness’ paradigm manifest in nurse experience at 18 months?” this would be denoted as (phase 2 qualitative – IPA interviews, focus groups, Nurse managers).

This will provide the in-depth discuss

RQ3: ► What components constitute a feasible and acceptable 24-month onboarding pathway for Royal Derby Hospital, and what is the early impact of piloting this pathway on belonging and intent to stay? Call this (phase 3 co-design workshops + pilot evaluation). This provides the new models available where the new paradigm will surface.

2. LITERATURE REVIEW

From the point of view of Walker, (2015) literature review builds on a conceptual threshold crossing, to deeper understanding and confidence in academic work which facilitates established knowledge and ongoing scholarly dialogues (Walker, 2015). There are gaps in the study of scarcity, recruitment and retention management of International Nurses, therefore, a new strategy based on quality assurance can ameliorate the situation (Segen, 1995; Slee, 1996; Fernandez-Castillo, et al. 2025; Obrey, 2009; Brennan, et al. 2009; Mulcahy, 1999).

Push–Pull frameworks Lee, (1966) are adopted to show international nurse movements, highlighting the impact of wage differentials, working conditions which is supported by (Phiri, et al. 2022). Professional development opportunities and political stability in destination countries pull workers, while low pay, poor infrastructure and limited career opportunities in source countries push them out (Adam, et al. 2025; Merz, et al. 2024; Mendy, 2021; Buchan, 2007; Halder, 2018, and ability to speak English Konlan, et al. 2023, p. 1-3; Bazeer, et al. 2024).

Shortages of Nurses by Chan, et al. (2013); Fernandez-Castillo, et al. (2025); Emmanuel and Lee, 2024); attracted Chant, et al. (2024) but on a narrower focus concentrating in the neonatal units, without achieving nurse to patient ratios, called for effective retention of neonatal nurses across England and Wales (Fernandez-Castillo, et al. 2025; Obrey, 2009). Chant, et al. (2024) in consonance with Stewart, et al. (2024) added that the nursing workforce suffer ethical challenges in Neonatal Care.

2.1. THEORETICAL FOUNDATIONS

In tandem with the submission above, **Push–Pull Theory** lays the foundation to tackle the dialectics of pushing nurses who are seeking for a better future while abandoning their traditional homes. This is exacerbated by and rigorous competition of global demand and recruitment, especially in Canada, Australia and USA. Management of retention strategies requires **Strategic Talent Management** to ameliorate the situation, and this helps to reexamine HR strategies (Kroezen et al. 2015; Fernandez-Castillo, et al. 2025). Based on my Critical Realist position this research extends beyond employment statistics and evaluate employment practices and experiences of nurses in the workplace which the **Psychological Contract Theory** will facilitate. Thereby, I enrich the understanding of the gaps in restrictive policies which will allow remedies in

mediating their distressed emotions, PTSD and mental health issues. **The Psychological Contract Theory** is adopted to inform the analysis of retention outcomes (Fernandez-Castillo, et al. 2025; Chant, et al. 2024; Obrey, 2009).

The theoretical lens connected to Normal science paradigm deals with the current dominant model for foreign nurse recruitment in NHS and other establishments. These recruitments are executed through recruitment agencies who perform verification of credential and IETS/OET, plus Visa and onboarding issuers. **Therefore, success is measured by time to hire and retention at 12 months.** Therefore, the assumptions constantly **reflect the language tests, predict competency, agency screening reduces risk**, however, the obstacles remain the new verifications in country of origine where institutions are mandated to confirm whether they issued the certificates or not.

Furthermore, theory of **Transformational Leadership focuses** on leadership for the implementation of policies. The organisation empowers, manages, delegates and provides supportive environment for its teaming employees to enable them stay and succeed. In the case of UK NHS **tasks are** integrated with the NHS's transformational leaders who are supposed to encourage open communication. They are also supposed to involve nurses in industrial action, and bridge yawning gap through constructive feedback mechanisms which may benefit retention intentions *ceteris paribus*.

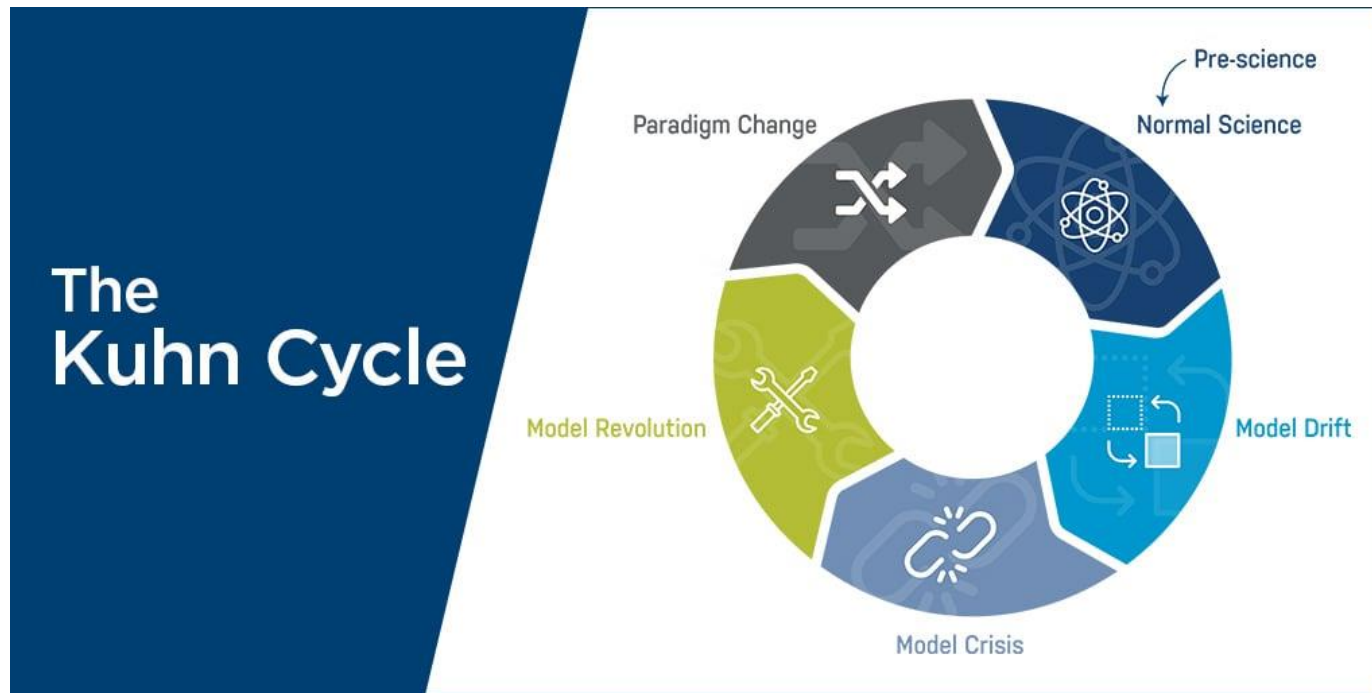
2.2. Kuhn's Philosophical Implications

It is understood that the core concepts of Kuhn's paradigms constitute the normal science, anomalies, and paradigm shifts. He used this to demonstrate the cyclical stages of scientific progress. Therefore, Thomas Kuhn (1962) conceived paradigm as a distinct set of concepts, values, patterns, theories, research methods, and standards which determined what establishes legitimate contributions to research. In furtherance to that, Kuhn showed Normal Science as routine, puzzle-solving work that scientists do while operating safely within the accepted rules of a current, whereas anomalies and crisis are built of puzzling observations or experimental results that do not fit the existing model, leading to a loss of confidence in the framework and revolution or Paradigm Shift reflecting a total change in worldview where the old framework is overthrown and

replaced by a new, incompatible one. On their part, Denzin and Lincoln (2000) proposed 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] whereas, Guba and Lincoln (1994) emphasized epistemology, ontology, methodology and axiology formed a paradigm is a basic set of beliefs or worldview that guides research action or an investigation.

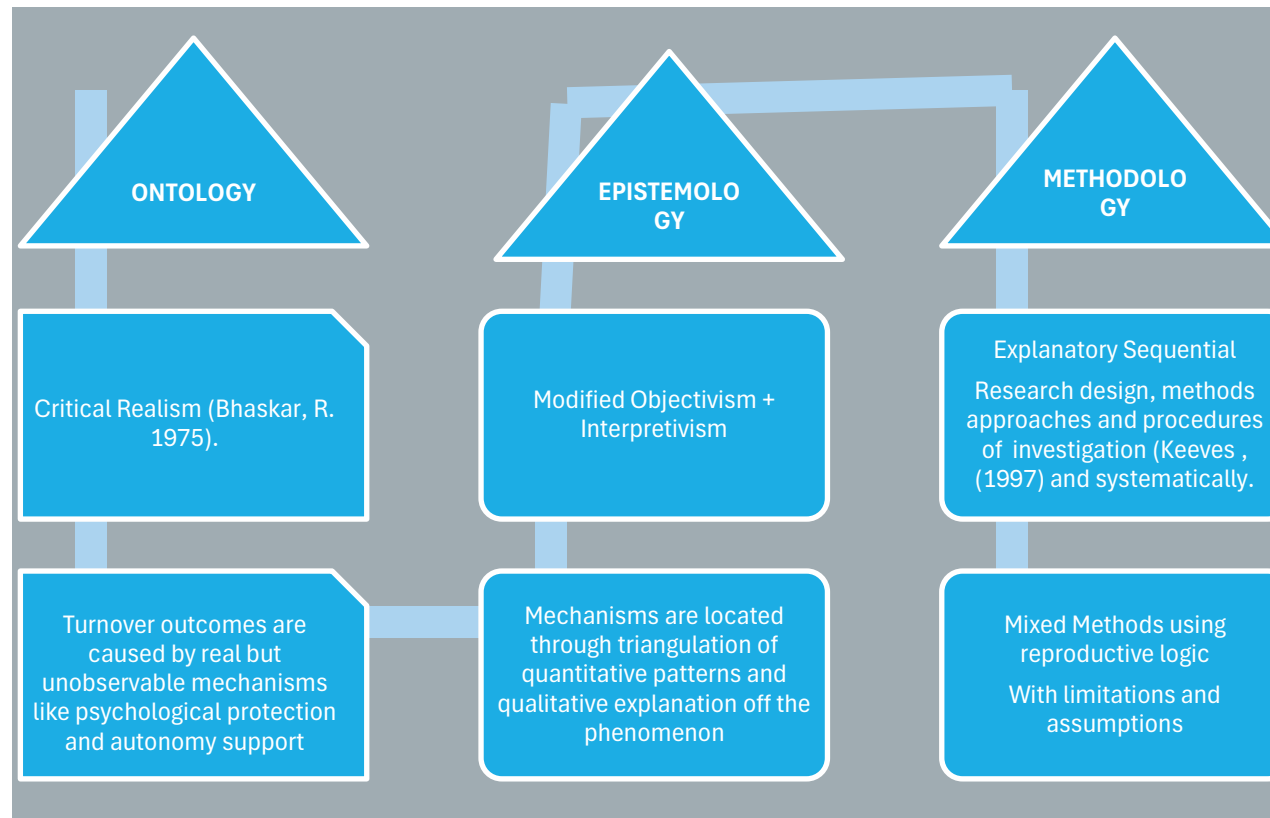
Whereas the shifting of ideas and concepts of retention was aimed to achieve set goals. HR managers permitted a shift led to a paradigm shift which took their organizations towards integration of AI, digital transformation in recruiting and retention. in this way all functions of Human Resources interact with technological tools towards achieving organizational objectives. Like organisations, companies are not satisfied with the existence of the knowledge (Ontology), and how this reality can be harvested, (epistemology), but the fact that the qualifications and instruments of education instruction must be verified to ascertain ethical dimensions of onboarding; the value of the IENs certificates and the institutions that issued them (axiological) which ultimately lead us to determine the methodology to conduct the study so that a new knowledge is born. Based on the concept that a paradigm represents a set of shared theories, methods, and problems that a scientific community accepts as a norm, therefore when a disruption occurs, conflicts set in which leads to a new paradigm shift which starts a new normal science. This is illustrated hereunder.

2.3. The Paradigm Shift and Philosophical Postulations



This study being Critical Realist position, a paradigm shift means that h/she 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 to change the event of the phenomenon. The application of Retroduction means that must be truth about the hidden structures of the world for this event to happen? And not just gathering data and patterns which means the rejection of induction and deduction methods.

2.4. RELATIONSHIP OF REALITY TO PARADIGMS, ONTOLOGY, EPISTEMOLOGY, AXIOLOGY AND METHODOLOGY



CONCEPTS	EXPLANATION	DERIVATIVES
EPISTEMOLOGY:	➤ How we come to know about something, ➤ How we know the truth and reality	3 TYPES OF EPISTEMOLOGIES 1) Knowledge can be measured 2) Reality needs to be interpreted 3) Knowledge should be examined with any best tool available
ONTOLOGY,	➤ Nature of social reality ➤ What do we believe about the nature of reality?	3 TYPES OF ONTOLOGY 1) There is only one reality 2) There are multiple realities 3) Reality is constantly negotiated and debated or interpreted
METHODOLOGY	How do you go about finding it out? Design and processes	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	A researcher must be guided by the ethics criteria: teleology, deontology, morality and fairness (Mill, 1969). Guides moral reasoning

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: internal validity, external validity, reliability, and objectivity (Burns, 2000). A positivist paradigm postulation: ➤ Studying exam performance might argue that test scores are objective facts that exist regardless of interpretation. ➤ understanding human behaviour and extending knowledge.
Interpretivist paradigm/Constructivist ontology paradigm (Guba and Lincoln, 1989).	Understand the subjective world of social interaction and culture. ➤ Human experience ➤ Reality is socially constructed (Constructivist paradigm (Bogdan and Biklen, 1998). I agree that an interpretivist might argue that success can't be measured by grades alone but also by how students perceive their learning

Critical Paradigm/Transformative Paradigm	Situates in social justice ➤ Address political, social and economics of oppression, conflict, struggle, and power structures. ➤ Seeks to change the politics and improve ➤ 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)

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.

Critical Realism, therefore, is the philosophical perspective of this study to provide a better understanding of what lies beneath the surface of social reality through conceptualization and drawing from the Paradigms developed by (Thomas Kuhn 1962). This facilitates sensemaking as well as shapes what we think exists (**ontology**); the evolution of knowledge and how knowledge can be developed (**epistemology**) and how to develop an appropriate methodology, including the **axiological issues** relating to the desirability of sustaining low nurse turnover, manager behaviours and retention panorama.

2.5. The Paradigm Conundrum.



Figure 1 the 7 blind men

The Elephant Parable/Concept and the blind men

- The parable of 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 in as a metaphor in sciences; an analogy of wave-particle duality in physics; in biology as a good analogy for the polyclonal B cell response for new drugs to treat cancer or Alzheimer's disease. Buddha, *Udāna* 6.4, *Khuddaka Nikaya* c. 500 BCE

AXIOLOGY

These are the ethical issues needed while executing a policy or [planning research. Decisions are focused on value Finnis, (1980) right decisions; I will call equal respect towards:

- Equal Respect in Data Collection
- Equal Respect to Audience to Report
- Equal Respect to Participant

Implication on My Research, Organisational Decision Making, Health, Policies and Research Writing:

Axiology facilitates planting the ethical practices, familiarise with the World Health Organization Code of Practice on ethical recruitment of international Staff

2.6. THE OPPOSITION TO THOMAS KUN'S PARADIGMS

Popper (2002) challenged Kuhn (2012) and Psychology on the question. The Problem of Irrefutability, insisting that a theory is only scientific if it makes specific, risky predictions that can be tested and potentially proven false. Equally, Popper criticized psychoanalytic theory of Sigmund Freud declaring that it could only explain any human behaviour after the fact and argued that if a man rescues a drowning child, a Freudian might say he is overcoming an Oedipus complex; if he pushes a child into the water, they might say he is redirecting the same complex, therefore Popper denoted it as false or pseudoscience, in that, the theory can never be proven wrong. Kuhn countered against Popper (2002) claiming that scientists like psychologists in real life do not jettison a theory the moment a single experiment fails which Popper had suggested, rather scientists look for excuses, adjust variables, or blame the experimental setup. In essence, my research is in consonance with Popper (2002) who believed science is a rational, critical process of eliminating errors, while Kuhn (2012) viewed science as a social, psychological process driven by community consensus and periodic revolutions.

I thereby, align myself towards Critical Realism strongly supported by Popper (2002) who embraced Critical Realism unlike the relativistic philosophy of (Kuhn 2012). The difference is on how humanity is close the truth. Popper believed an objective independent reality exists and that scientific theories are fallible human guesses and that falsification allows scientists to steadily strip away illusions and edge closer to absolute truth. He called it a journey towards mapping the real world. Kuhn doubted that science converges on an objective truth. Because scientists are locked inside their cultural and historical paradigms, he argued that changing a paradigm doesn't bring us closer to reality rather it just changes the rules of the game. He famously stated that scientists working under different paradigms live in different worlds, making him a target for critics who accused him of abandoning objective reality altogether.

Another opposition emanated from Bhaskar (2008) in *The Ultimate Critical Realist* and argued that Popper and Kuhn both committed what he termed as epistemic fallacy, thereby confusing what exists with what we can know. This submission criticized Popper for relying too much on superficial, observable events and Kuhn for making reality seem entirely dependent on human social groups. Going by his submission, he instead that reality is on three layers coded as Empirical, what we experience; the Actual, events that happen and the Real reflecting the deep, hidden mechanisms and structures that cause those events. On his part, Lakatos (1978) disagreement postulates that Popper's view too idealistic and scientists don't just dump a theory the moment it hits an error and that Kuhn's view is too cynical because science isn't just pack-mentality and social brainwashing, which is branded the synthesizer, whereas **Feyerabend (2010)** vehemently opposed Popper's rigid logical rules and Kuhn's orderly, structured cycles of history and that there is no such thing as a single scientific method.

2.6.1. Summary of Disagreements

Philosopher	Core Mechanism of Science	View on Objective Reality (Realism) & focus	Is Science Progressing To Truth?
<u>Popper</u>	Falsification (constant critical testing). Book: <i>The logic of scientific discovery</i>	Strict Critical Realist; truth is out there. Focus: Objective reality exists; we reach it by falsifying wrong theories.	Yes , by systematically eliminating errors.
<u>Kuhn</u>	Social Paradigms and Revolutions Book: <i>The structure of scientific revolutions</i>	Relativist / Social Constructivist. Focus: Reality is viewed through paradigms; truth is relative to the era.	No , it is just moving from puzzle to puzzle.
<u>Bhaskar</u>	Uncovering deep stratified causal mechanisms. Book: <i>A realist theory of science</i>	Stratified Critical Realist (The Real, Actual, Empirical). Focus: Reality is stratified into deep, unobservable causal mechanisms.	Yes , by understanding the hidden mechanisms of nature.
<u>Lakatos</u>	Competing Research Programmes. Book: <i>The methodology of scientific research programmes</i>	Sophisticated Realist. Focus: Hard-core theories are protected by a belt of modifiable hypotheses.	Yes , but only when a new programme out-predicts an old one.

<u>Feyerabend</u>	Methodological Anarchism (Anything Goes). <i>Book: Against method</i>	Anti-Realist / Pluralist. Focus: No single reality or method exists; anarchistic approach to science.	No , it is just one of many valid ways to see the world.
--------------------------	--	--	---

2.7. Critical Realism

Critical Realism:

Why I adopted Critical Realism posture?

Critical realism is relevant to my study for the following reasons:

- Normal Science:** Old Paradigm is that formally NHS maintained unchallenged standards with insular framework where native language, education and professional practices are localised
- A Paradigm Shift** occurred discarding their older localised recruitment models.
- It shifted to electronic recruitment of international Nurses.
- Kuhn's suggestion of Incommensurability reflects the Culture Clashes in hospital workplace, and failed communication led to ideological friction.
- 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 old Nursing practices aligns with the concept of normal science of Thomas Kuhn which impacted the concept of nursing.

Drawing from the fundamentals of Kuhn's Paradigm Lens the pay + culture training is deeper than it sounds. Retention is short, time constrained and lack guarantee after 18 months because NHS:

- NHS apply plug-and-play licensing paradigm:
- Paradigmatic Implication is passing NMC registration + IELTS/OET checking the nurses' precedent and certificate continues until h/she is ousted or remain in suspicion of being rejected

Solution 1: Onboarding/retention credential checks should be faster, and believable

Solution 2: Six months checking credentials, four years contract and promotion to (G5)

Success metric: Time-to-post nurses and 12-month retention.

Philosophical shift: This is predicated on the view that **RETENTION** fails when anomalies pile up that the paradigm can't explain... e.g. IENs depart despite passing all tests which can signal that these tests do not capture the psychological imperative of emotion, stress and trauma. Because they have the highest intention to leave in year two or eighteen months, the paradigm conceives IENs as interchangeable human resource and not professional IENs imbued with qualifications and career prospects. These paradigms and philosophical postulations are consistent 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:

- Manager'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.

3. METHODOLOGY

3.1. Research Paradigm and Design Logic

The Philosophical stance: of Critical Realism uses Kuhn's paradigm as the overarching lens. Therefore, why critical realism? Because, Kuhn, (1962) influences works of paradigms and a with critical realist purview a mixed methods works astonishingly in this study and helps the methodology to generate original empirical research and new knowledge to advance this organisation in a business oriented practice.

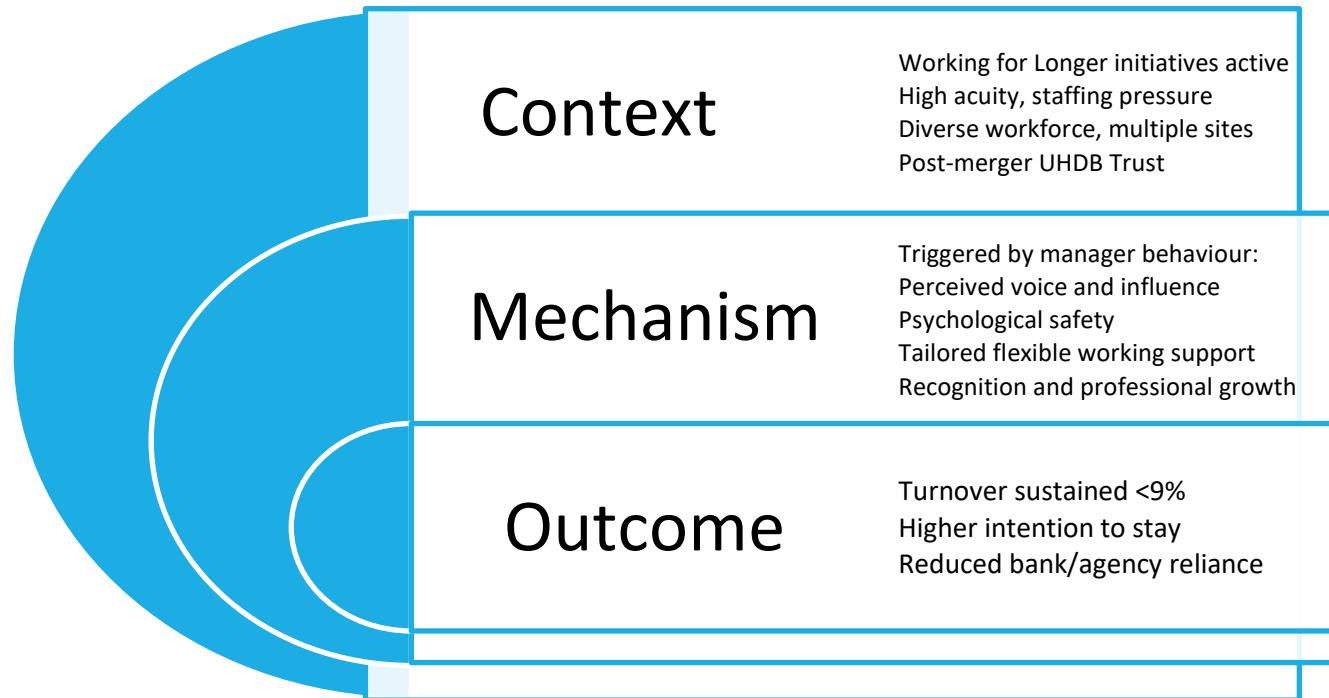
Design: Explanatory sequential mixed methods

1. Phase 1 – Quantitative: this department will test where the paradigm shifts through regression showing IELTS score predicts licensure pass rate but not patient safety incidents. The action element will involve speaking with people you encounter to support the research and to make contributions. This will facilitate observing the shift and testing or discussion of a new paradigm Identify the 18-month retention pattern at Royal Derby and test which factors predict exit.

2. Phase: Qualitative: this explains why those factors matter through the lived experience of nurses of at/near 18 months followed by Phase 3 to design and validate. The population are international educated nurses working at University Hospitals of Derby and Burton NHS FT which can focus on onboarding in ED, Medicine, Surgery, etc, where permission is allowed... This will exclude frontier/UK-trained nurses but will including 120-130 150 for statistical power, 15 purposive sampling for maximum variation of outlanders, survivors, leavers, and their countries of origin including band 4 and 5 calculation. Data collection takes place at the Electronic Staff Record (ESR) data which records hire date, exit date, reason for leaving, Band, ward, country of training... Analysis will take the shape of Survival analysis to model time-to-exit and identify the 18-

month inflection point coupled with Logistic regression: Dependent Variable (DV) Independent Variables (IVs) = left by 18 months.= country, age, score, IELTS score, ward type, onboarding hours.

Figure 1: Critical Realist Framework CMO CONTEXT (C) → MECHANISM (M) → OUTCOME (O)



Explanation of the CMO

The same context produces different outcomes depending on the mechanism triggered by manager behaviour, for example if Manager ignores the complaint of a mother who is having marital separation and could not complete h/her tasks, low productivity would set in, desperation and lack of trust would turn to the impression of leaving the system that do not have a human face. Conversely if a manager promotes a staff for good representation of the company, the context will change. Acuity - sharpness or keenness of thought

4. The portfolio

PORTFOLIO ELEMENTS

4.1. The Trials and Tribulations of Advancing to Doctoral Research Stage LCDB7012 – October 2024 Term

The session topics bounced back in week one with all the paraphernalia of Kuhn's philosophical postulations which are applied in the Research Portfolio. The exposition took us to Week 2 and 3 for Research philosophy and approaches to theory development of *paradigm of scientific research* (Pranas Žukauskas, Jolita Vveinhardt and Regina Andriukaitienė and Brinkman 2017).

This was joined to Week 4 and 5 literature reviews, and theoretical frameworks (Tonette S. Rocco Maria S. Plakhotnik) and Week 6: Research Paradigm which exposed me to the application of the paradigms of Ontology, Epistemology, Axiology and Methodology with emphasis on (The legacy of Kuhn's construct in educational research. In Week 7 and 8 I succumbed to the use of methodologies with challenges and research ethics (Creswell-et-al-2007; Zhou and Creswell - The use of mixed methods and qualitative models

4.2. THE DBA TOPIC CRUCIBLE: PHASE 1: SOLO BLUEPRINTING WORKSHEET

SCHOLAR NAME: EKEOMA O. ONUOHA (...736)	DATE: JULY 12TH 2026	COHORT: 2026-2028
--	--	--------------------------

The Four-Quadrant Blueprint Mapping

Quadrant 1: The Practical Problem.

The problem concerns increased turnover of nurses in UK occasioned by Global shortage of nurses (Arora and Gulia 2020; Halter et al. 2017; WHO 2020). This study focuses on that organizational culture, leadership styles, workplace autonomy, and economic costs.

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

Quadrant 3: The Theoretical Lens of this critical realist study.

Kuhn’s Paradigms and where paradigm shift occurred are important to this study.

Quadrant 2: The Specific Context.

To have a framework for accurate data collection the geographical location and institution are United Kingdom NHS and its institutions.

The UK National Health Service (NHS) is a state-funded public service and operates as NHS England, NHS Scotland, NHS Wales, and Health and Social Care Northern Ireland and employs around 1.8 million people in England and across the entire UK, the workforce exceeds 2 million (NHS Workforce Statistics, April 2026).

Quadrant 4: The Empirical Access.

To adapt to of multi-step informed consent and ethical compliance procedure securing permission where appropriate to extract data or interview subjects.

Ontology: Critical Realism – turnover outcomes are caused by real but unobservable mechanisms like psychological protection and autonomy support.

Epistemology: Improved or Modified Objectivism + Interpretivism – mechanisms are located through triangulation of quantitative patterns and qualitative explanation of the phenomenon.

Theories adopted: (1) Psychological contract theory (2) Job Demands-Resources (JD-R) Model: Root organizational and leadership factors. (3) Transformational Leadership: The gold standard for retention, focusing on idealized attributes/behaviours, inspirational motivation... (4) Transactional Leadership: Contingent rewards and management... (5) Passive/Avoidant (Laissez-Faire) Leadership: Absence of leadership, drives turnover. (6) Leadership Outcomes: Measures extra effort, effectiveness, and follower satisfaction. (7) Job Embeddedness Theory (Mitchell and Lee) Developing actionable toolkits and calculating ROI. (8) Psychological and Implied Contract in Organisations Theory (Rousseau 1995). Support for Retention and turnover theme, fairness and inclusion

This explains how structural shortages translate into international recruitment strategies. (RQ 1, 2). Strategic talent development practices coincide with objective four which facilitates the shaping, retention and career trajectories of internationally recruited nurses in UK health organisations

The Literature Review focused on Organizational culture, leadership styles, workplace respect, and economic costs which affects.

I create and pass on (1) Participant Information Sheet (2) Consent Form. Submitting the research protocol to Institutional Review Board (IRB), the Research Ethics Committee (REC) and my University of Wales Trinity Saint David.

Follow the criteria for Ethical approval because UK accepts the UK Code of Practice for International Recruitment, which prohibits active recruitment from red-list countries, which identifies nations facing critical shortages of healthcare workers (Phiri, et. al 2022, p. 5).

Methodology: A mixed method of quantitative and Qualitative; 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 & Validation of onboarding changes with staff.
It adopts Phenomenology: What is the lived experience of being - The international nurse in UK NHS? How does it feel employing one as qualified nurse in the NHS as a nurse educated in Lagos, Accra, Kerala, and Manila?

Expected implication to business and academic research:

This Critical Realist Study contributes practical implications for NHS strategy, HR projection, Government policy. The CRS adds psychological contract theory, which has not been used in this way to investigate international nurses
For HRM, it's a data-driven managerial recommendations, and tools for strategic change models.

THE MASTER 4-SENTENCE SYNTHESIS PITCH:

The philosophical stance therefore aligns with the explanatory sequential mixed methods design whereby this Critical Realist Study contributes practical implications for NHS strategy by establishing lived experiences of nurses at/near 18 months, the provocative toxic workplace, leadership failures and consequently high nurses' turnover. High turnover can occur because the system stops onboarding them right when the real integration challenge starts.

Judging from the literature on turnover and perennial incapability of leadership to effectively control Nurse turnover and maintain healthy organizational belonging in NHS Acute Trusts, retention outcome will be higher, bound to exacerbate (Robson and Robson 2016; Halter et al. 2017; Rotenstein et al., 2023; Phiri, et. al 2022; Arora and Gulia 2020).

Ekeoma Onuoha

Literature Review and Theoretical Framework Template

To understand this study more, this study is aimed at analysing core issues relating strategic management important nurse expatriates, the organizational socio-cultural issues that consume the greatest part of healthcare institution budgets in millions in turnover, thereby generating low productivity. It has become an Achilles' heel of this generation. The study adopts Multi-Theoretical Framework Template attributes specific

organizational and management theories to individual research questions, tracking the entire path from problem identification to strategic solution.

RESEARCH QUESTIONS	THEORETICAL FRAMEWORK	IMPLICATIONS TO THIS STUDY
RQ1 (Drivers of Attrition): Root organizational and leadership factors.	Job Demands-Resources (JD-R) Model (Bakker & Demerouti)	Identifies the systemic operational imbalances (high demands vs. low managerial support) causing immediate burnout.
RQ2 (Evaluation of Existing Frameworks): Retention gaps in the 1–3-year tenure group.	Job Embeddedness Theory (Mitchell and Lee)	Evaluates why existing HR practices fail to weave safety nets (links, fitting, and sacrifice) that bind newer nurses to the company.
RQ3 Strategic Intervention: Developing actionable toolkits and calculating ROI.	Transformational Leadership Theory (Bass) OR High-Performance Work Systems (HPWS)	Frameworks for constructing actual management toolkits and structural change models that lower voluntary turnover.
RQ1,2 (Support for Retention and turnover theme, fairness and inclusion. Explains how structural shortages translate into international recruitment strategies. (RQ 1, 2).	Psychological and Implied Contract in Organisations Theory (Rousseau 1995)	Strategic development practices coincide with research question 1 and 2 which facilitates the shaping, retention and career trajectories of internationally recruited nurses in UK health organisations
Author: Ekeoma O. O [.] [OE]]		

Thematic Summary [1]

To synthesize this study utilizes a dual-lens theoretical framework integrating the Job Demands-Resources (JD-R) model and Job Embeddedness Theory. While the JD-R model provides the operational framework to measure the immediate workplace stressors and leadership gaps driving nurses to abandon their long-sort El Dorado or leave (RQ1); Job Embeddedness Theory provides the psychological and cultural framework required to analyse why current Human Resources policies capsize when it is expected to lead to the promised land, e.g. to secure the loyalty of the high-attrition 1-to-3-year tenure demographic (RQ2). Together, these frameworks transition from diagnostic tools into an applied design architecture, providing the structural foundation for a High-Performance Work System (HPWS) tailored to lower nurse turnover and protect institutional revenue (RQ3).

4.3. Template: Critical Synopsis of one of the Articles adopted for this study: The Text

Topic: Reducing nurse turnover in the UK NHS: a critical realist study of manager behaviours on international educated nurses (IENS) retention.

Text: Simonsen, M.K. and Fleischer, M., 2024. Building a strategy for the recruitment and retention of nurses in healthcare: A contemporary issue. *Nordic Journal of Nursing Research*, 44, p.20571585241276740.

HR LEADERSHIP IN RETENTION OF NURSES: [£Ω]

Context: Based on Quality Improvement Project which involves planning and execution of a comprehensive strategy designed to recruit and retain nurses aimed at inspiring and guiding healthcare leaders. The Quality Improvement Project is specifically aimed at reducing vacancies, lower turnover rates, boost job satisfaction, and improve patient care assessments.

A. Why am I reading this?

Because it explores a new small project aimed at retention of nurses a jurisdiction

B. What are the authors trying to achieve in writing this?

That implementation the retention strategies applied by Denmark authorities resulted in small positive in outcomes.

C. What are the authors claiming that is relevant to my work?

They claimed that between 2020 and 2023, nurses turnover rate decreased from 22.6% to 20.0%, indicating a modest but favourable shift in nurse retention which is analogous to our research questions

D. How convincing are these claims, and why?

By using percentage and dates there is validity in these assertions. The Quality Improvement Project is specifically aimed at reducing vacancies, lower turnover rates, boost job satisfaction, and improve patient care assessments.

E. In conclusion, what use can I make of this?

It is very useful as a pointer and justification of areas to deepen the breadth and depth of our research. While others are more interested in the number and the countries they come from, this work elevated the discourse differently to reduction of nurses' vacancies, lower turnover rates, and boost job satisfaction which we have decided to explore further. [CE]

4.4. Thematic Summary [2]

A Critical Review: Reducing nurse turnover in the UK NHS: A critical realist study of manager behaviours on international educated nurses (IENS) retention

Nos	Title of Paper/Article	What was the key Research Question explored in the article	What was the Nature of Data Collected – method used	What were the Key Findings of the article	How relevant is this research article to your research? Will your research contribute to this research in any way?
1	Phiri, P., Sajid, S., Baykoca, A., Shetty, S., Mudoni, D., Rathod, S. and Delanerolle, G., 2022. International recruitment of mental health nurses to the national health service: a challenge for the UK. <i>BMC nursing</i> , 21(1), p.355.	What are the main difficulties of the National Health Service in recruiting and retaining mental health nurses	Qualitative and Discursive Analysis discursive of challenges faced by the UK's (NHS) in recruiting & retention of international mental health Nurses.	Found that international recruitment is a viable short-term solution to address the shortages. Retention is based on Ethical practices; better working condition can improve the push for mental health nurses.	It explored the challenges faced by managers in recruiting which formed the first stage of this paradigm before the paradigm shifted. Retention strategies being implemented to

					combat this shortage is the recruitment of internationally trained mental health nurses helps to cover our research around mental health
2	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(1), p.913.	What is the current job satisfaction, burnout, and intent to stay in neonatal nursing in England and Wales?	One part is systematic review exploring job satisfaction, burnout and intent to stay to enhance nurse retention, (2) Online survey of neonatal nurses in England and Wales. Measured job satisfaction with McCloskey Mueller Satisfaction Scale (MMSS), burnout and Copenhagen Burnout Inventory (CBI) and the Nurse Retention Index measured intent to stay.	Retention of neonatal nurses became a heculian task. Highlighted failed hope and Work condition of Nurses	This study added more factors and its relevant using a suitable specific unit which we are very much interested in retention exercise It also showed the statistics of the retention problem which can be a starting point for this study
3	Penconek, T., Tate, K., Lartey, S. A., Polat, D., Bernardes, A., Moreno Dias, B., Nuspl, M., &	What are the factors that influence nurse manager	Data was collected from databases and followed by a systematic Review of 35	Highlighted that 155 factors influencing nurse manager retention, intention to stay, or turnover were reported. Job satisfaction was most frequently	IT goes into the heart of retention of international nurses and factors

	Cummings, G. G. (2024). Factors influencing nurse manager retention, intent to stay or leave and turnover: A systematic review update. <i>Journal of Advanced Nursing</i> , 80, 4825–4841. https://doi.org/10.1111/jan.16227	retention or intention to leave their jobs	studies published between 1990 and 2022. 22 quantitative and 13 qualitative or mixed methods, were included.	examined (n= 7), followed by factors such as empowerment (n= 3), decision-making (n= 3) and resilience (n= 2) Nurse managers who were empowered, satisfied with their work, received constructive feedback and found meaning in their roles showed greater intent to stay	that influence them to leave which aligns with our research question It discussed the influence hidden factors that align with our study
4	Nashwan, A.J., Abujaber, A.A., Villar, R.C., et al. (2021). Comparing the Impact of COVID-19 on Nurses' Turnover Intentions Before and During the Pandemic in Qatar. <i>Journal of Personalized Medicine</i> , 11(6), 456.	How did covid 19 exacerbate the urge to stay or leave And compare nurses' turnover (TO) intentions before and during COVID-19	Cross-sectional, survey-based descriptive design Turnover Intention Scale (TIS-6)	Determination to abandon work increased during Covid- 19 for emotional stress, frustration, which could lead to post traumatic stress disorder (PTSD). Suggests a global trend important implications for nursing leaders, as they highlight the difference between nurses' turnover intentions before and during the COVID-19 pandemic.	Though it dealt with Covid-19, it is instructive that nurses turnover intention relates to my topic
5	Simonsen, M.K., and Fleischer, M. (2024). Building a strategy for the recruitment and retention of nurses in healthcare: A contemporary issue. <i>Nordic Journal of</i>	How can neurological department could implement comprehensive strategy to improve nurse recruitment and retention during global shortage	Data was collected from annual job satisfaction surveys. The formation of Nursing Expert Group and focus group. Through quality improvement project method	Found reduction of turnover rate decreased from 22.6% in 2020 to 20.0% in 2023, increased job satisfaction from 3.9 in 2020 to 4.1 in 2023 and lower recruitment and training cost facilitated retention IENs	As a leading example of how policies, shows what HR can do though little can change the impact of the phenomenon

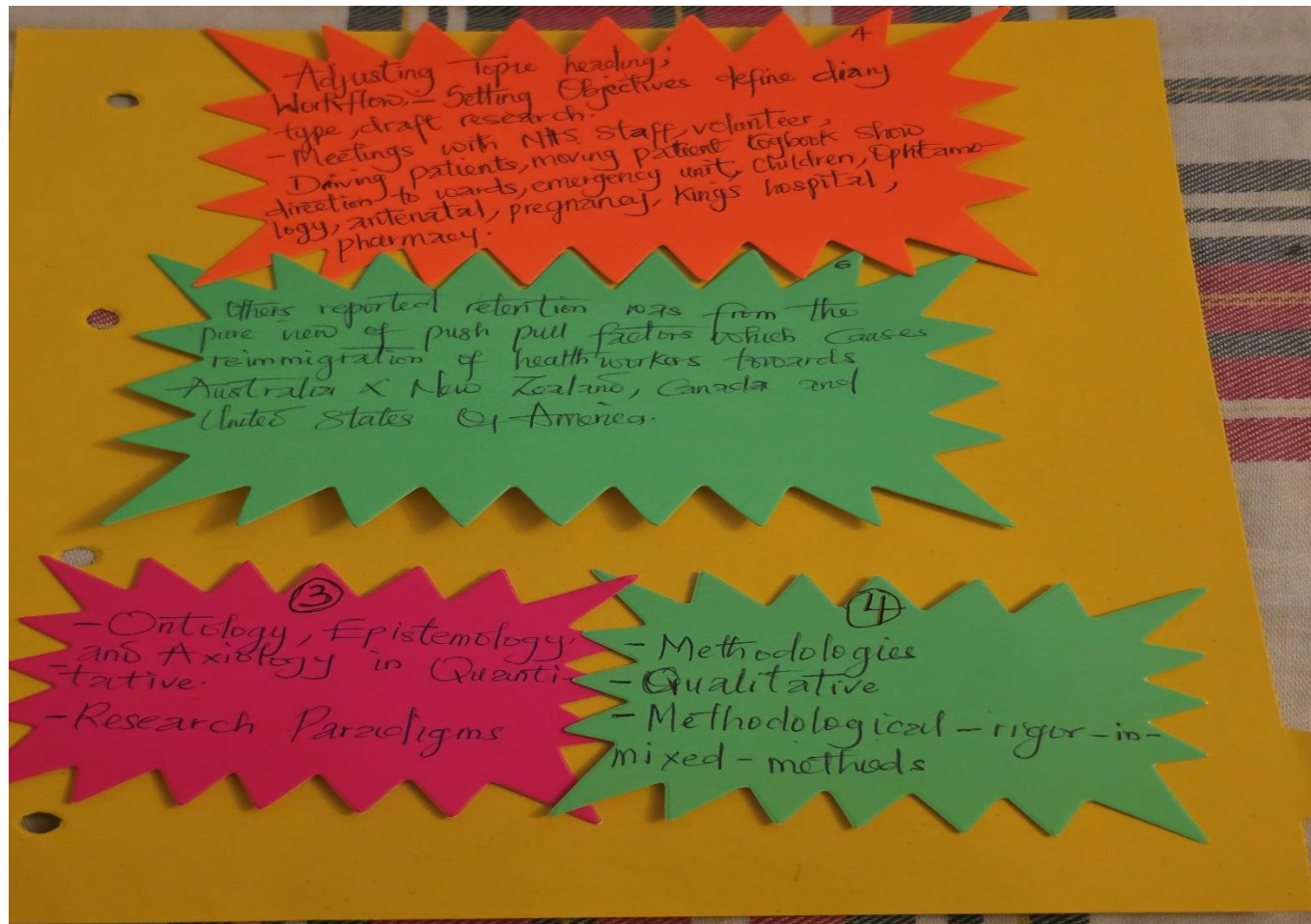
	<i>Nursing Research</i> , 44, 1–3.	and what are the issues in recruitment and retention?			
6	Fernandez-Castillo, R.-J., Basco-Prado, L., and Raurell-Torreda, M. (2025). Attracting nursing talent to the intensive care unit: A qualitative study on how to create an appealing work environment. <i>Intensive & Critical Care Nursing</i> , 86, 103937. https://doi.org/10.1016/j.iccn.2024.103937	What are the strategies for recruitment and retention to attract talented nurses to ICUs, and the global nursing shortage?	Qualitative, descriptive, exploratory, interpretative, QUAL-QUAL collected data through interviews and focus group. Inductive Consolidated Criteria for Reporting Qualitative Research (COREQ). Standards for Reporting Qualitative Research (SRQR).	Findings identified four main themes: intensive care training. Guide recruitment strategies to attract talented nurses to ICUs, ensuring optimal care for critically ill patients and addressing the global nursing shortage in this field.	By using specific but important department where IENs are needed it stroke the core of reference to my research

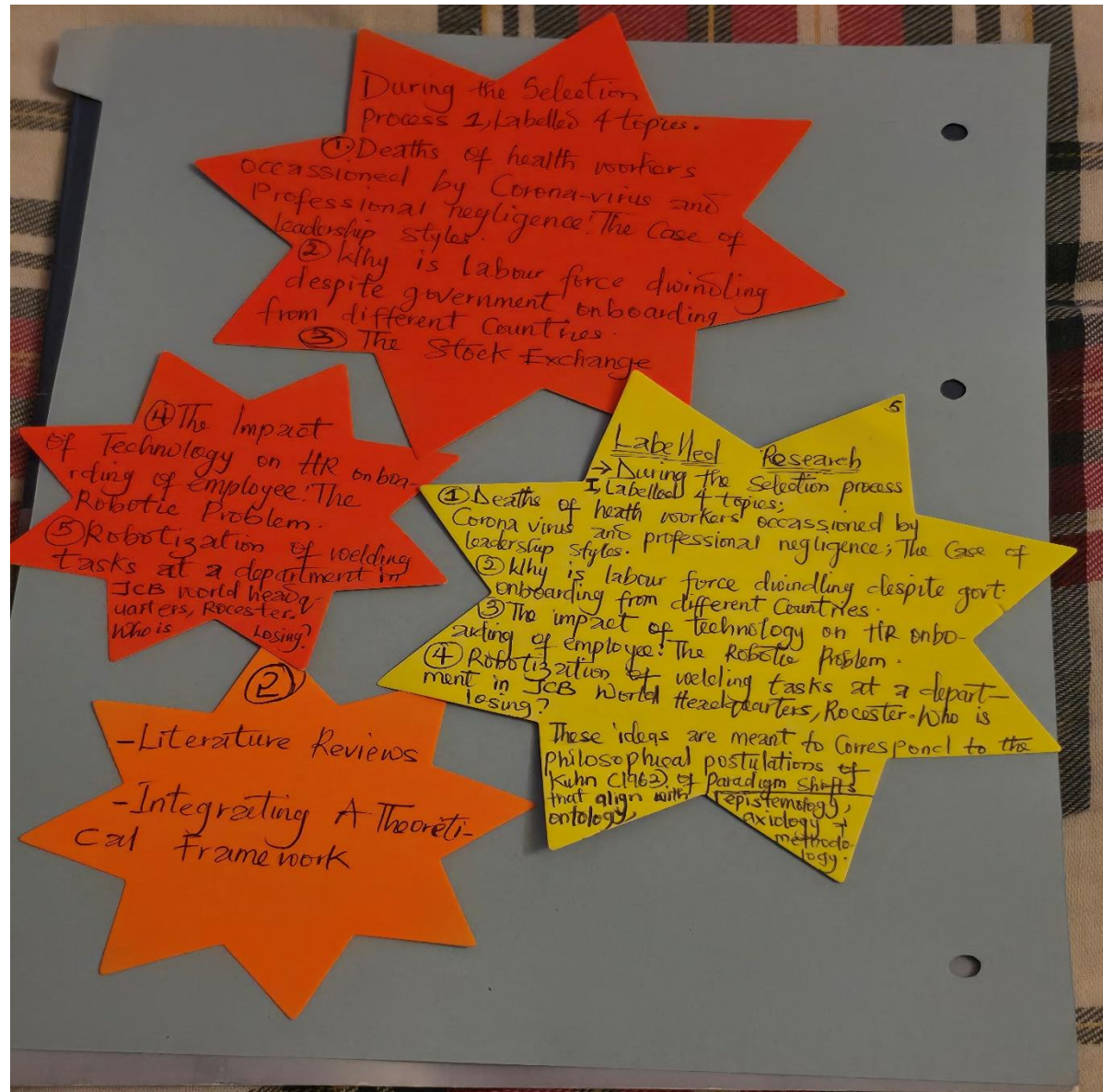
Nos	Title of Paper/article selected from the literature review	What was the key Research Question explored in the article	What was the Nature of Data Collected – method used	What were the Key Findings of the article	How relevant is this research article to your research? Will your research contribute to this research in any way?
-----	--	--	---	---	--

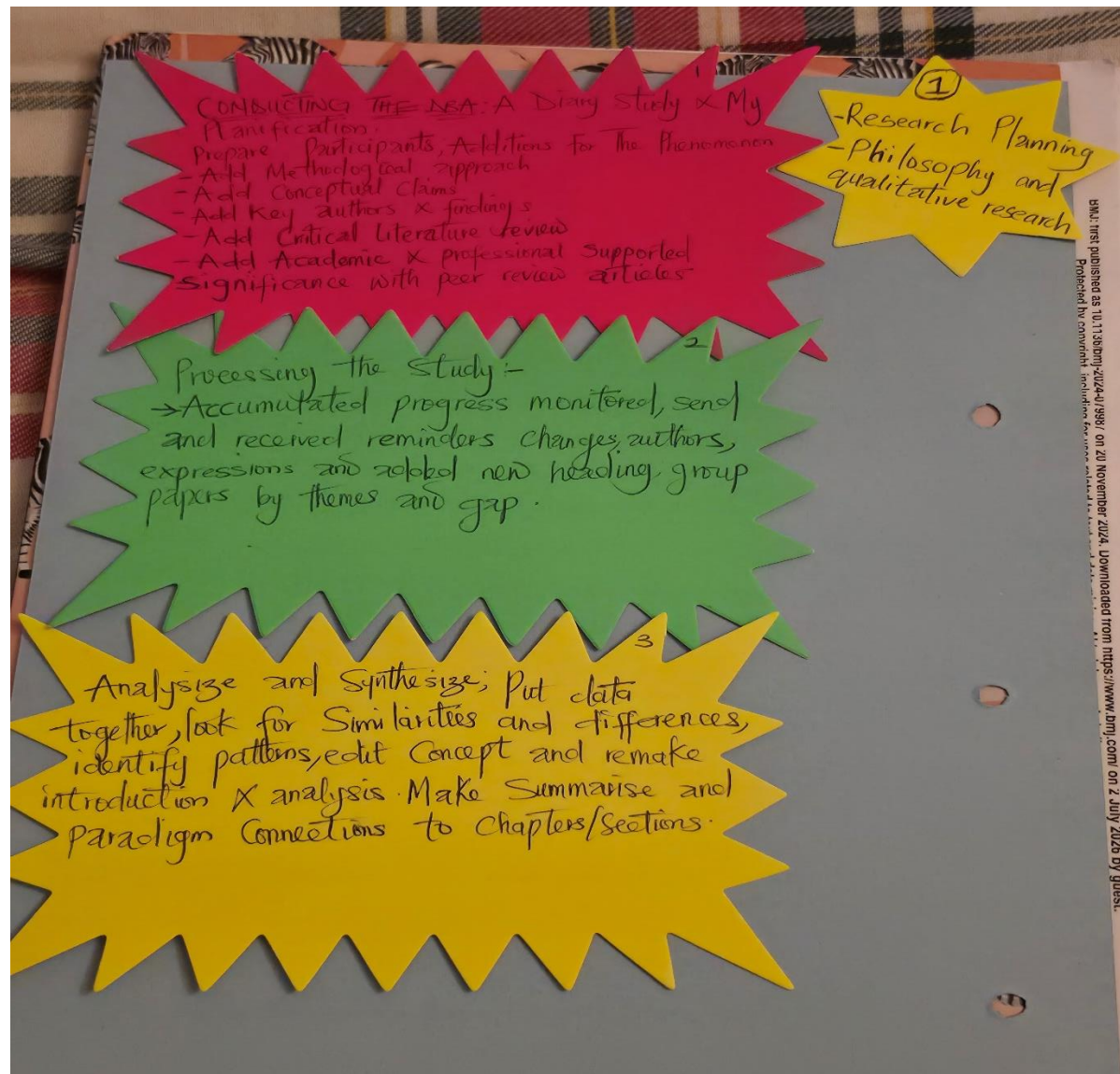
7	Shields, M. A. & Ward M. (2001) Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit. <i>Journal of Health Economics</i> 20 (2001) 677–701	To investigate the determinants of job satisfaction for nurses and establish the importance of job satisfaction in determining nurses' intentions to quit the NHS.	Data from a 1994 national survey of NHS nursing staff conducted by the Policy Studies Institute for the Department of Health. The data were gathered from postal questionnaire responses to a one-in-three stratified sample of permanent nursing staff from a set of 91 NHS employers in England	Found that nurses who report overall dissatisfaction with their jobs have a 65% higher probability of intending to quit than those reporting to be satisfied. H	IENs intentions to quit the NHS is relevant to my study and this work hit the right hammer on the table.
8	Simonsen, M.K. and Fleischer, M., 2024. Building a strategy for the recruitment and retention of nurses in healthcare: A contemporary issue. <i>Nordic Journal of Nursing Research</i> , 44, p.20571585241276740.	Assess leaders Quality Improvement Project Retention of nurses. To develop effective strategies for both recruitment and retention. Neurology Department	Systematic literature review supported by focus groups made of five nurse leaders, eight nurses engaged in practice development, one educational nurse, and one senior researcher. They convened biannually dedicating 1.5 days	Between 2020 and 2023, nurses turnover rate decreased from 22.6% to 20.0%, indicating a modest but favourable shift in nurse retention. It highlighted areas where action can be taken and provide insights for other healthcare leaders facing similar challenges.	Other HR leaderships are facing similar problems and solution however small is welcome Moreover, the developed strategic framework can serve as a practical and accessible model for other organizations facing similar challenges
9	Yang, N., NG, Y.X., Yeoh Lui, C.X., Woo, B.F.Y. and Liaw, S.Y., (2026). Factors Influencing Nurses' Work–Life Balance: A Systematic Review of Challenges, Opportunities and Strategic Solutions for	What are factors affecting the work–life balance of nurses, and what are their implications on nurses' work–life balance?	Mixed methods. Screening, appraisal data extraction was done independently by two reviewers, with disagreements resolved by a third (pp. 2.3–2.5). Data synthesized using a convergent integrated approach, where quantitative	Identified six main themes influencing nurses' work–life balance: sociodemographic characteristics, personal life, job control, job demands, work schedule, and working environment (p.3.3).	It is relevant to my study because it highlights the poor work–life balance leads to negative outcomes like stress, burnout, job dissatisfaction, and high attrition rates (p.1). Improving work–life balance can enhance

	Healthcare Practice and Policy. <i>Journal of nursing management</i> , 2026(1), pp. 19.		data were converted into narrative form and merged with qualitative findings to identify themes (pp. 2.6)	Family support, flexible scheduling, and workplace support were linked to better balance, while high workload, shift work, were barriers	nurse retention by reducing burnout and increasing job satisfaction, which ultimately benefits healthcare p.4.
10	Camacho-Montaña, Lucia Rocio; Gómez-Arribas, Sonia Betsabé; Moreno-Casbas, Maria Teresa; Roperó-Sánchez, Andrea; Bernués-Caudillo, Leticia; et al. ()2026 <i>Journal of Nursing Management</i> ; Oxford Vol. 2026, Iss. (1), p. 13	What is the prevalence of turnover intention among Spanish nurses and which sociodemographic groups are affected most by these factors?	Cross-sectional design, following the STROBE Statement guidelines. Data collected via online survey by Spanish Ministry of Health btn May 7 and May 31, 2024. Included 105 items across seven thematic domains. Participants were nurses aged 18–60, with BSc+	Found 40% of Spanish nurses' intention to leave within 10 years. Turnover intention strongly associated with poor perceptions of care quality and patient safety, temporary contracts, longer shifts, and regional disparities and younger age also increased turnover risk. The most cited reasons for leaving were job instability and lack of professional recognition	The concept of turnover intention resonates in pour research with high risk and poor perceptions of care quality and patient safety, temporary contracts

4.5. The Craft, Mind Mapping the DBA Journey, 1, 2, 3.







4.6. Template: A LONG Critical analysis of a text

TOPIC: Reducing nurse turnover in the UK NHS: A critical realist study of manager behaviours on international educated nurses (IENS) retention

Text Penconek, et al (2024). Factors influencing nurse manager retention, intent to stay or leave and turnover: A systematic review update. Journal of Advanced Nursing, 80, 4825–4841.

1. **What review question am I asking of this text?**

(e.g. Have I clearly articulated a review question? What is the broad, central question for my work – where applicable – that has made it relevant to ask this particular review question? Why select this text? How could the Critical Analysis of this text make a substantial contribution to my investigation? What is my constructive purpose in undertaking a Critical Analysis of this text?)

The review question: What are the factors that influence nurse manager retention or intention to leave their jobs?

2. **How and why are the authors making this contribution?**

a. What type of literature is this? (Theoretical, research, practice, policy? Are there links with other types of literature?)

Research literature conforms to a systematic review which synthesizes data from 35 primary studies of nurse manager retention. They connected other theoretical frameworks, practical management strategies, and policy-level healthcare workforce initiatives.

b. How clear is it which intellectual project the authors are undertaking? (Knowledge-for-understanding, knowledge-for-critical evaluation, knowledge-for-action, training?)

Training offered had partial but good effect on nurse managers. empowered, satisfied with their work, received constructive feedback and found meaning in their roles showed greater intent to stay

c. What does the text indicate about how the authors reflect their intellectual project in their mode of working? (Choice of a social science or a practical orientation? Choice of methodology and methods? An interest in understanding or in improving practice? In a sentence, what data was generated and how?)

Mixed Methods: Data was collected from nine databases included MEDLINE, EMBASE, PsychINFO, CINAHA, Scopus, ProQuest, ERIC, Health Source Nursing/Academic Edition, and followed by a systematic Review of 35 studies published between 1990 and 2022. 22 quantitative and 13 qualitative or mixed methods, were included.

d. What evidence is there indicating the value stance adopted towards the practice or policy investigated? (Relatively impartial, critical, positive, unclear? What assumptions are made about the possibility of improvement? Whose practice or policy is the focus of interest?)

Work autonomy of Nurses can be guaranteed knowing that administrators can ensure managers are provided with authority to make decisions that promote autonomy
It is assumed that supervisors can identify areas for strategy and intervention design to ensure sustainability of this workforce and possibility of improvement

e. How does the sort of intellectual project undertaken affect the research questions addressed? (Investigation of what happens? What is wrong? How well does a particular policy or intervention work in practice?)

The theoretical model demonstrating staff relations and leadership, organizational and job characteristics, socio-demographics, personal characteristics, well-being and nurse manager relationship with work influence managers' intention to stay or to leave.

f. How does the sort of intellectual project undertaken affect the place of theory? (Is the investigation informed by theory? Is it generating theory? Is it atheoretical? Is it developing a social science theory or a practical theory?)

When managers feel valued in their roles, they find meaning and demonstrate higher intention to stay

g. How does the authors' target audience affect the reporting of research? (Do the authors assume academic knowledge of methods? Criticize policy? Offer recommendations for action?)

They criticised the present policy and offered recommendation that senior nurse leadership implement strategies that support nurse manager retention to facilitate quality patient.

3. **What is being claimed that is relevant to answering my review question?**

a. What are the main kinds of knowledge claim that the authors are making? (Theoretical knowledge, research knowledge, practice knowledge?)

They claimed that retention is a multidimensional issue driven by 155 variables, with leadership, empowerment, and workload being the primary predictors of turnover or intent to stay. They also claimed that when managers feel valued in their roles, they find meaning and demonstrate higher intention to stay.

- b. Excluding aspects that are obviously not relevant to your review question, what is the content of each of the main claims to knowledge and of the overall argument? (What, in a sentence, is being argued? What are the most significant claims – up to, say, five – that encompass much of the relevant detail? Are there key prescriptions for improving policy or practice?)

The most significant claims are that the propose that nurse manager retention is an interconnected ecosystem driven by structural empowerment, leadership, and the critical intersection of autonomy with workload rather than individual traits.

- c. How clear are the authors' claims and overall argument? (Stated in an abstract, introduction or conclusion? Or are they unclear?)

Yes, the claims are clearly defined and coalesce.

- d. How consistent are the authors' claims with each other? (Do all claims fit together in supporting an argument? Do any claims contradict each other?)

All their claims fit together in supporting an argument and very cohesive which urging organizations to move from reactive, individual-focused tactics to systemic, proactive environmental changes.

4. **How certain and generalized are the authors' claims?**

- a. With what degree of certainty do the authors make their claims? (Do they indicate tentativeness? Qualify their claims by acknowledging the limitations of their evidence? Acknowledge others' counterevidence? Acknowledge that the situation may have changed since the data were generated?)

It gave moderately claims regarding nurse manager retention, mapping key drivers through rigorous PRISMA 2020 guidelines.

- b. How generalized are the authors' claims – to what range of phenomena are they claimed to apply? (The specific context from which the claims were derived? Other similar contexts? A national system? A culture? Universality? Is the degree of generalization implicit? Unspecified?)

The specific context relates to identifying crucial factors like empowerment and job satisfaction. It could be universally applied but the authors acknowledges limitations due to the predominantly descriptive and cross-sectional.

5. **How adequate is the backing for these claims?**

a. How transparent are any sources used to back the claims? (Is there any statement of the basis for assertions? Are sources adequately specified?)

The authors recommended that healthcare organizations improve nurse manager retention by decentralizing decision-making authority,

b. What, if any, range of sources is used to back the claims? (First-hand experience? The authors' own practice knowledge or research? Literature about others' practice knowledge or research? Literature about reviews of practice knowledge or research? Literature about others' polemic? Is the range of sources adequate?)

Penconek et al. (2024) establishing constructive feedback loops, mitigating workloads, and modelling resonant leadership using 35 international studies Literature about reviews of practice knowledge or research?

c. If claims are at least partly based on the authors' own research, how robust is the evidence? (Are there methodological limitations or flaws in the methods employed? Do the methods include cross-checking or triangulating accounts? What is the sample size and is it large enough to support the claims being made? Is there an adequately detailed account of data collection and analysis? Is there a summary of all data that is reported? Where appropriate, is illustrative evidence provided, such as direct quotations from individual research participants?)

Though they adopted 35 international studies, these recommendations are limited by an over-reliance on cross-sectional data, confounding of intent-to-stay with actual turnover, high methodological heterogeneity, and a skew toward Western acute-care settings

d. Are sources of backing for claims consistent with the degree of certainty and the degree of generalization? (Is there sufficient evidence from the authors' own research or practice, or illustrative evidence from the literature to warrant claims made with a high degree of certainty? Is there sufficient illustrative evidence from other contexts to support claims entailing extensive generalization?)

They identified job satisfaction, structural empowerment, and individual resilience as key drivers for nurse manager retention, supporting these claims with evidence from multiple studies within their

systematic review. Their analysis highlights that high-certainty factors, such as autonomy and organizational feedback loops, significantly reduce turnover intentions

6. How effectively does any theoretical orientation link with these claims?

a. How explicit are the authors about any theoretical orientation or conceptual framework? (Is there a conceptual framework guiding the generation of the data? Is a conceptual framework selected after the data generation to guide analysis? Is there a largely implicit theoretical orientation?)

The theoretical orientation are not largely theoretic connected to the factors influencing nurse manager turnover through an original, comprehensive framework that organizes 155 variables into a human-centric model focusing on well-being and relational dynamics.

b. What assumptions does any explicit or implicit theoretical orientation entail that might affect the authors' claims? (Does a particular perspective focus attention on some aspects and underemphasize others? If more than one perspective is used, how coherently do the different perspectives relate to each other?)

utilize an implicit, structural empowerment-based framework that assumes linear predictability between work environments and manager turnover, treating nurse managers as rational agents within a mutable organization.

c. What are the key concepts underpinning any explicit or implicit theoretical orientation? (Are they listed? Are they stipulative Ly defined? Are concepts mutually compatible? Is the use of concepts consistent? Is the use of concepts congruent with others' use of the same concepts?)

They utilize an implicit, multi-level structural orientation cantered on organizational behaviour, defining key concepts such as structural empowerment, resonant leadership, and turnover within established nursing administration literature. These variables are distinctly listed, categorized into individual, relational, and organizational domains, and function as mutually compatible co-predictors of retention.

d. How convincing are any diagrams presenting relationships between concepts? (Are all components included? Are all components clearly labelled? Is the relationship between components clear? Are links hierarchical? Causal? Sequential? Is the purpose and direction of arrows convincing?)

The accompanying conceptual diagram is highly convincing for its ability to synthesize 155 variables into clear, logical domains, although it risks oversimplifying complex, dynamic workplace interactions.

- e. Do the authors justify their choice of theoretical orientation and if so, how? (By referring to illustrative empirical evidence from the literature that suggests the theorization captures an important feature of the phenomenon? By referring to landmark texts adopting this orientation?)

The theoretical orientation is justified by the need to address fragmented previous literature and to align with contemporary healthcare realities, where structural and relational factors directly combat high burnout levels

7. To what extent does any value stance adopted affect claims?

- a. How explicit are the authors about any value stance connected with the phenomena? (Indicating a relatively impartial stance? A critical one? A positive one? Is this stance informed by a particular ideology? Is it adopted before or after data collection?)

This is illustrated to show that they are relatively impartial but advocacy-driven, empathetic stance, framing retention not merely as efficiency, but as an ethical imperative for structural empowerment and psychological safety

- b. Have the authors justified their value stance? (Reference to ethical concerns, such as fairness, human rights or social responsibilities? Reference to illustrative evidence of empirical concerns, such as advantaging or disadvantaging particular groups?)

Their ethical value stance by framing nurse manager retention as a critical determinant of healthcare system stability and workforce well-being and advocacy-driven focus on fairness and human rights psychologically secure workplace

- c. How might any explicit or implicit value stance adopted by the authors be affecting their claims? (Have they prejudged the phenomena discussed? Are they biased? Is it legitimate for the authors to adopt their particular value stance? Have they over-emphasized some aspects of the phenomenon while underemphasizing others?)

Justified by systemic vulnerability that nurse managers face disproportionate stress, bridging the gap between executive demands and frontline realities. Mitigation of bias by warping the results adhering to PRISMA 2020 protocol, and the use of independent dual reviewers for screening and applied validated quality assessment tools (MMAT). The study maintains methodological neutrality in its data extraction.

8. To what extent are claims supported or challenged by others' work?

- a. Do the authors relate their claims to others' work? (By referring to illustrative evidence from others' published empirical research findings, theoretical orientations or value stances to support their claims? Do they acknowledge others' counter-evidence?)

They brought high-utility systematic review update. The highlighted regarding nurse manager retention heavily supported by existing nursing literature, including foundational studies on job satisfaction and resonant leadership (Penconek et al. 2024) By synthesizing 35 studies and 155 variables to produce an actionable theoretical model

b. If the authors use illustrative evidence from others' work to support their claims, how robust is it? (As for 5c.)

bridging the gap between executive demands and frontline realities where nurses think about an EI Dorado that does exist

c. Is there any evidence from others' work (including work you know but the authors do not mention) that challenges the authors' claims and, if so, how robust is it? (Check relevant research or practice literature, as for 5c.)

The evidence relating to the impact of 18 months of stay and their rights to industrial action without prejudice

9. **To what extent are claims consistent with my experience?**

The claims are fully acceptable and absorbing to my research

10. **What is my summary evaluation of the text in relation to my review question?**

a. What answer does this text suggest to one or more aspects of my review question?

The factors that influence nurse manager retention or intention to leave their jobs. Is unequivocally tangent on my investigation. This is predicated of the meticulous highlighting of their vulnerability and that nurse managers face disproportionate stress, bridging the gap between executive demands and frontline realities of turnover. It adopted rigorous method of synthesizing existing research literature of nurse-to-patient ratios, which is the evidence leading to increased workload, missed care, and patient safety concerns.

b. How adequate and appropriate is the evidence from this text as a contribution to answering my review question? (How high is the quality of evidence that the authors provide from their research findings, theorization or reference to other literature? How adequate and appropriate to my purposes is this evidence?)

Their submissions provide a comprehensive answer to the review question, though it is limited by an inability to determine direct causality

4.7. Climax Synthesis: Evidence of Integrated Raw Data

My journey to deciding which topic to conduct my investigation

MY DOCTORAL MILESTONE: THE JOURNEY. [See letter of JCB responded with invitation for more information See my response below inquiry bellow]	
Appointment booked for a pilot study at JCB World Headquarters Administration/HR Rocester/Denstone, ST14 5JP, United Kingdom JCB Information Centre Tel 0800 581 761 Fax 01889 568264 Email jcbinfo@yesresponse.co.uk My request for investigation in the organisation Name: Ekeoma Onuoha-Onuoha (Company Researcher) I am Ekeoma, O. Onuoha and conducting research with university of Wales Trinity Saint David. I am interested to be invited to study your installation of Robots for a Doctor of Business Administration at UWTSD, BIRMINGHAM CAMPUS.	JCB Website Enquiry. JCB Information Centre jcbinfo@yesresponse.co.uk via xgabkgbfqysd60s3.sg21x.2-lukuea0.gbr74.bnc.salesforce.com. Mon 26 Jan, 10:54 to me Reply from the company Dear Ekeoma, Thank you for making contact with us via JCB.com. I would be grateful if you could provide more information regarding your requirements so that we can pass your enquiry on to the most appropriate department. We look forward to hearing from you. Regards,

With a hope that you are interested please let me hear from you. Waiting for
you invitation for discussion and thanking you in advance
I am Ekeoma
The Doctoral College, University of Wales Trinity Saint David.

Natalie

On their acceptance of my request, I sent more information summarising the aim and objectives of the Doctoral research [See below]

To:

JCB World Headquarters Administration/HR

Rocester/Denstone, ST14 5JP, United Kingdom. jcbinfo@yesresponse.co.uk

Ekeoma Onuoha-Onuoha Doctor of Business Administration (DBA) Researcher

The Doctoral College, Birmingham Campus

University of Wales Trinity Saint David

...@student.uwtsd.ac.uk; & ...@gmail.com

Tel: 074...

07/04/2026

Dear Natalie,

RE: REQUEST FOR ORGANISATIONAL ACCESS– WELDING SECTION- FOR DBA RESEARCH

Thanks very much for your letter of 26 Jan 2026, asking me to submit my proposal for the research I proposed earlier. After due consultation with my professors and members of the Doctoral College at the University of Wales Trinity Saint David, I am hereby writing to formally request permission to conduct a work-based quality research study within the WELDING SECTION of JCB World Headquarters in Rocester as part of my Thesis for a Doctor of Business Administration (DBA) programme at the University of Wales Trinity Saint David (UWTSD).

What is the Purpose of the Research?

Topic: “Managing Robotics and Automation in Heavy-Duty Equipment Manufacturing: A

Practice-Based Case Study of JCB Welding Section”. The justification for this proposed study is that it examines how robotics and automation are managed within a telehandler and heavy-duty equipment manufacturing environment, with a specific focus on robotic and automated welding operations. To deepen our knowledge, this important research is concerned with organisational and strategic managerial practice and productivity e.g., ROI rather than technical welding processes.

Given the increasing use of robotic welding systems in the manufacture of equipment for telehandlers, construction, agriculture, waste handling, and demolition, the study aims to better understand how automation impacts work organisation, employee roles, skills development, and supervisory practices within the welding function. This helps in decision making and company improvement. Therefore, this research hopes to address a practical organisational issue and seeks to contribute insights that support effective and safe management of automated welding environments.

The way we want this Requested Access

Subject to approval, the research above would involve:

1. A short, anonymous survey of employees working in or alongside the welding section
2. A limited number of voluntary, semi-structured interviews with supervisors, managers, and selected employees connected to welding operations
3. Observation of the working context and environment only (I am not to interfere with welding processes or equipment)
4. No collection of technical, proprietary, or commercially sensitive welding data
5. This engagement would be arranged in advance, conducted at appropriate times to avoid disruption to production

On the issues of health, safety, and operational assurance

Recognising that welding areas are safety-critical environments. I therefore wish to confirm that:

- * I submit myself to all site safety requirements, inductions, and PPE rules will be strictly adhered to
- * Designated personnel to approve site access
- * No operational interference, testing, or process observation will occur without explicit permission

* Research activities will remain strictly observational and discussion-based

Ethics compliance and Confidentiality

I assure you that:

- ❖ If you request, the organisation, site, and welding section can be fully anonymised in all research outputs
- ❖ There is the right to withdraw at any time and participation is voluntary.
- ❖ No individual, role, or operational details will be identifiable
- ❖ This exercise is purely for academic purpose, and all data will be securely stored.
- ❖ The University of Wales Trinity Saint David (UWTSD) ethical guidelines will be fully applied for data protection legislation.

For this purpose, a formal ethical approval will be obtained from the University of Wales Trinity Saint David (UWTSD) before any data collection begins.

Practical Value to the Organisation

Although academic in nature, the study is intended to offer practical HR strategy to recruitment and onboarding workers to the organisation. Findings will be shared in an accessible format and can support managerial decision-making process in the areas of:

A. Managing robotic welding systems (B) Workforce engagement within automated environments. (C) Skills and capability development alongside robotics (D) HR onboarding, employment, retention and staff turnover (E) Communication and supervision in hybrid human-robot work

What do we do Next: The Doctoral College and I, would be pleased to discuss the study further, respond to any questions, and agree

Thanking you in advance for your time and consideration. Waiting for your kind response.

Yours faithfully,

Ekeoma Onuoha-Onuoha (Doctoral Candidate) Doctor of Business Administration (DBA) Researcher, University of Wales Trinity Saint David

4.8. The Doctoral Journey of my DBA: Milestones

Reducing nurse turnover in the UK NHS: a critical realist study of manager behaviours on international educated nurses (IENS) retention

1. Processing the Literature review panorama

During this journey of studying, writing, reading, submitting and uploading my completed assignments onto UWTSD Turnitin, I have diligently cautioned myself to be careful. Drawing from my written dissertation and 1st year DBA courses, I acquired exponential knowledge in Systematic Literature review methods, Integrated Critical review, other reviews and other qualitative and quantitative methods. I developed technical competence in literature search in UWTSD databases and fundamental databases for peer reviewed articles: EMERALD, ProQuest, JSTOR, EBSCO host). The whole process makes it possible to analyse the problems, with evidence and justify the critical evaluation of this research.

2. Theoretical foundations

My theoretical understanding of the evidence presented and conceptualisation supports the application of the undermentioned theories:

- 2.1. Push–Pull theory;
- 2.2. Strategic Talent Management theory;
- 2.3. Psychological Contract Theories and
- 2.4. Classical theories, etc.

3. Kuhns' Paradigms

This was imparted severally by the Egg Heads of the Ivory Tower as a stepping stone to great philosophies towards the execution of this DBA. I internalised them by force and forced them into my works. They are now indelible and conceived on these principles: Ontology, Epistemology, Methodology and Axiology. These lectures elevated my understanding of the puritanic nature of paradigm shifts, culminated into a nuanced knowledge about application of Ontology, Epistemology, Methodology and Axiology into my thesis. My consideration aligns with the declarations. Thereafter ni introduced the parable of the elephant and the sewven blind men example:

4. **On Methodology and methods**, I studied many models offered by the lecturers and understood how research techniques can influence the research question. Materials selected were screened, verified and impact factor assessed for quality and suitability with PRISMA and CASP exclusion and inclusion criteria. Before that, I had made my choice for the execution of the DBA from the following list of methodologies:

- 4.1. Qualitative Research meant to understand the "how" and "why" behind business phenomena. It possesses non-numerical data and Semi-structured interviews, focus groups, and ethnographic observation.
- 4.2. Quantitative Research is numerical data, statistics, deductive, test specific hypotheses and measurable variables in SPSS.
- 4.3. Mixed-Methods Research combines or amalgamates both qualitative and quantitative approaches capturing the sequential designs and testing that survey across a large population).

5. Views on External and Internal Validity

The bar for external and internal validity has been raised to a demand that my research piles and piles detailed information and explanation of the themes that are dependable and repeatable. This is supported by Impact Factor of the Journal. However, there is a continuing assess problem. This is predicated on the fact that there are some quality but expensive and inaccessible articles published in business journals like Academy of Management Review (AMR); International Business Studies (JIBS); Journal of Business Venturing (JBV); including, The New England Journal

of Medicine, Lancet (London, England), Nature Reviews Cancer (impact factor: 60.716) and JAMA - Journal of the American Medical. Therefore, these journals have limited access to those who can afford.

6. References and bibliography

Compilation of various types of bibliography containing title, authors, research questions, methodology, findings and how suitable to my own very research.

7. Professional and academic implication

This is one of the main pillars of my works. This part response to two questions: Who might benefit from this research? How might they benefit from this research?

In summary, I have attempted to Identify problems, agreements and disagreements, inconsistencies or gaps in existing analysis literature concerning my topic: Reducing nurse turnover in the UK NHS: a critical realist study of manager behaviours on international educated nurses (IENS) retention

8.

Thereafter I infuse fresh wine in the new bottle through critical synthesis of works, theories and policy implementation pathways that have been oversighted or neglected by professionals and researchers

4.9. Balancing Advancing to Doctoral Research Stage with class nuances: DBA journey so far so good by Ekeoma Onuoha-Onuoha (...736) 27/06/2026

When I dived into the third semester for the Advancing to Doctoral Research Stage LCDB7012 – October 2024 Term, I encountered materials that were apt for an understanding of the key areas for writing my research Portfolio. it includes research planning adapted from Rossman and Rallis. (2017).

Week 2 and 3 offered me the opportunity to grapple with the nuances of Research philosophy and approaches to theory development, philosophy and paradigm of scientific research. From then I knew we are going into Kuhns philosophical postulations.

As I was still contemplating on the right philosophies the subject Literature reviews, conceptual frameworks and theoretical frameworks arrived in Week 4 and 5 which I liked so much because it offered me the opportunity to think inside the box of my Doctoral dissertation research. The lecturer Dr. Stephen Malone supervised and gave me favourable feedback after presenting the summary of the implication of Kuhns' paradigms in my power point.

Thereafter we entered Week 6: Research Paradigm topic dealing exhaustibly with Ontology, Epistemology, Axiology and Methodology in Quantitative and Kuhn and ologies. In this class officiated my Dr. Stephen Malone, I presented an elevator pitch of my research titled: Reducing nurse turnover in the UK NHS: a critical realist study of manager behaviours on international educated nurses (IENS) retention

Week 7 and 8 trailed with the use of methodologies and research ethics aligned to Creswell-et-al., (2007) related to qualitative-research and Harrison-et-al-2020 on methodological rigor for mixed-methods. It has been a challenging moment.

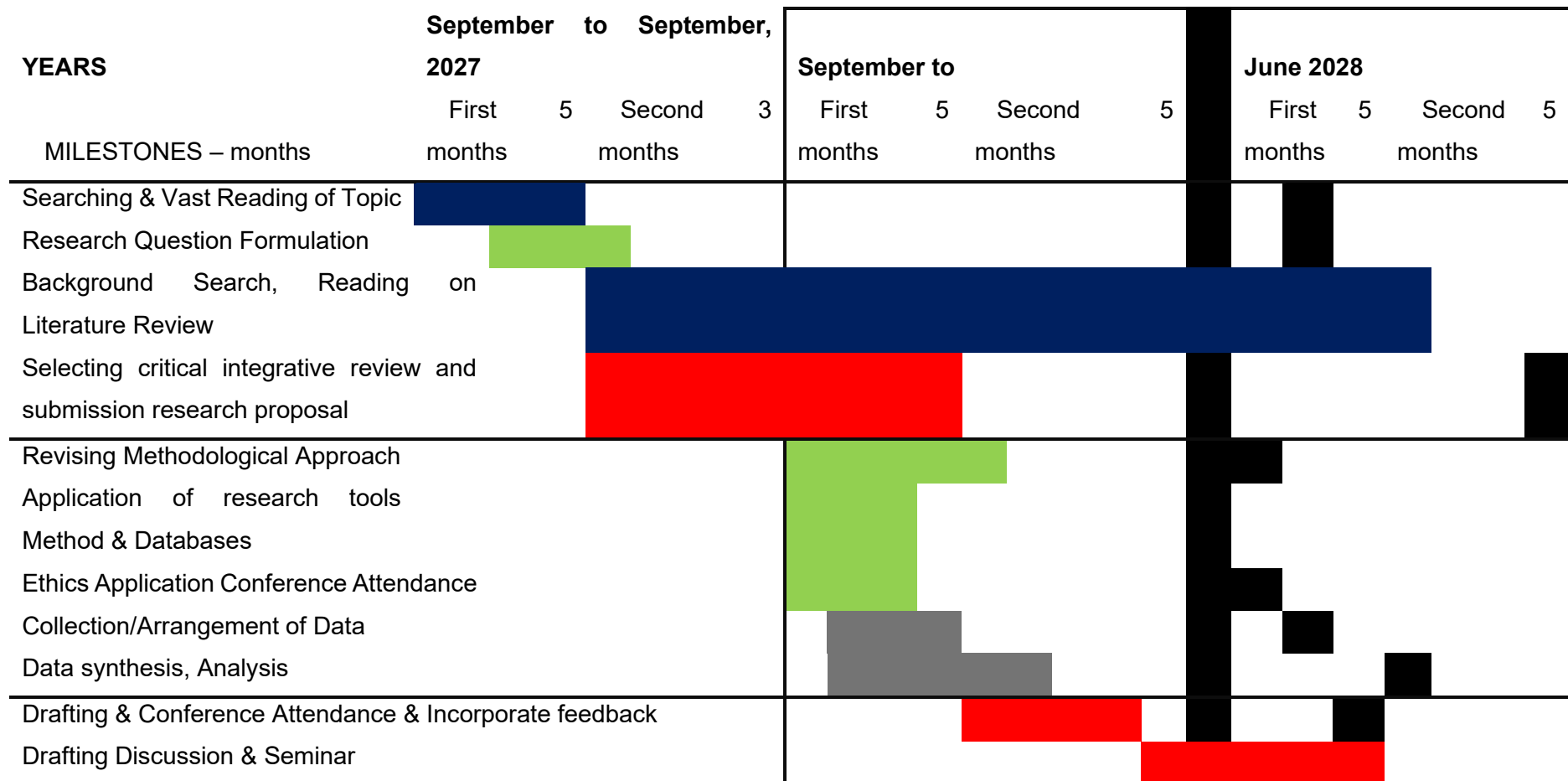
4.10. Key stages of the pilot plan, indicative timeline, data collection and analysis of milestones - semesters

4.11. Timeline for the thesis

Student Name: Ekeoma O. Onuoha

Student ID: ...36 -- UNIVERSITY OF WALES TRINITY SAINT DAVID
BIRMINGHAM

RESEARCH PROPOSAL TOPIC: REDUCING NURSE TURNOVER IN THE UK NHS: A CRITICAL REALIST STUDY OF MANAGER BEHAVIOURS ON INTERNATIONAL EDUCATED NURSES (IENS) RETENTION



Editing Work Journal Preparation
END: Viva Voce, Presentation &
Publication.
Source: Author (2026)



5. Discussion

The literature on Reducing nurse turnover in the UK NHS: a critical realist study of manager behaviours on international educated nurses (IENS) retention shows evidence of paradigm strain or emerging elements of a new paradigm. The use of digital platforms has added a new layer to the discussion. The need to train and retrain administrators of IENs is made known to practitioners for managing the transition from old paradigms to new paradigm. This study is not providing a HR checklist but a holistic approach to changes that should be present to have a nuanced retention and reduced turnover. In the old paradigm, NHS recruit globally for short time concept, standardize locally and conceptualising international educated nurses as interchangeable inputs once licensed. The hardheaded anomaly rears its ugly head with high turnover in first 18 months with all the qualifications and experiences. Whereas the new paradigm tends to appropriate their competence and (hopefully) integration, full mentoring, training supervision, remodelling the policies that will facilitate the upgrading to grade 5. This will justify their migration trajectory and their wellbeing.

5.1. Implication of this study

The implication of this study portfolio shows the paradigm strain, because it explains the breaking point where the map of the current NHS policy formulation and implementation fails in their strategy for onboarding and retaining international educated nurses. The Phenomenology explored the dimensions of the lived experiences and their status as lived international educated nurses in the NHS? Some of the unavoidable themes that run in this scenario are double consciousness, the El Dorado mentality, failed expectation, working without recognition, upward promotion blocked. Though they are working hard, their contribution is downplayed the gap between “registered nurse” on paper and “trusted nurse” on the ward. The existence of Belonging versus otherness brings back memories of migration. Training and mentoring seen as a pass-by-affair; not to keep them but to fulfil the paperwork

5.2. Ethics of Care and Reciprocity – Is the relationship fair?

Ethical approval would be sought relevant bodies. The UK accepts the UK Code of Practice for International Recruitment which prohibits active recruitment from red-list countries, which identifies nations facing critical shortages of healthcare workers (Phiri, et. al 2022, p. 5).

6. CONCLUSION

This study on Reducing nurse turnover in the UK NHS: a critical realist study of manager behaviours on international educated nurses (IENS) retention is a good step to generating original empirical research and new knowledge to advance business and management studies and organisational/management practice

7. References

- Arora, S., Gulia, S. (2020), "Nurses Migration to Foreign Land", International Journal of Science and Research (IJSR), 9(5), 506-508. <https://dx.doi.org/10.21275/SR20507133209>, <https://www.ijsr.net/getabstract.php?paperid=SR20507133209>. Accessed: 10/05/2026
- Bakker, A. B., and Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273–285. <https://doi.org/10.1037/ocp0000056>
- Bazeer, N., Kelly, E., and Buchan, J. (2024). *Nursing locally, thinking globally: UK-registered nurses and their intentions to leave*. Health Foundation.
- Bhaskar, R. (2008). *A realist theory of science*. Routledge. (Original work published 1975).
- BMJ. Nurse and doctor turnover and patient outcomes in NHS acute trusts in England. 2024.
- Buchan, J., and Catton, H (2023). Investing in the Nursing Workforce for Health System Effectiveness International Council of Nurses (2023)
- Camp, W.G. (2001). Formulating and Evaluating Theoretical Frameworks for Career and Technical Education Research. *Journal of Vocational Educational Research*, 26(1), 27-39.
- Comte, A. (1856). A general view of positivism. London: Smith Elder & Co.
- Feyerabend, P. (2010). *Against method* (4th ed.). Verso. (Original work published 1975).
- Finnis, J. (1980). Natural Law and Natural Rights. Oxford: Clarendon Press
- Generation of new knowledge and understanding at the forefront of business and management studies

Grant, C. and Osanloo, A. (2014). Understanding, Selecting, and Integrating a Theoretical Framework in Dissertation Research: Creating the Blueprint for your 'House'. *Administrative Issues Journal*, Vol. 4, Issue 2.

Guba, E. G. and Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In Denzin, N.K. and Lincoln, Y.S. *Handbook of qualitative research*, 3rd Edn. (pp. 105 – 117). California: Sage.

Halter M, Boiko O, Pelone F, et al. (2017) The determinants and consequences of adult nursing staff turnover: a systematic review of systematic reviews. *BMC Health Serv Res*. 2017;17(1):824.

Konlan, K. D., Lee, T. W., and Damiran, D. (2023). The factors that are associated with nurse immigration in lower- and middle-income countries: An integrative review. *Nursing Open*, 10, 7454–7466. <https://doi.org/10.1002/nop2.2003>.

Kuhn, T. S. (2012). *The structure of scientific revolutions* (50th anniversary ed.). University of Chicago Press. (Original work published 1962).

Lakatos, I. (1978). *The methodology of scientific research programmes: Philosophical papers* (Vol. 1). Cambridge University Press.

Lester, F. (2005). On the Theoretical, Conceptual and Philosophical Foundations for Research in Mathematics Education. *ZDM*, 37(6), 457-467.

Luse, A., Mennecke, B., & Townsend, A. (2012). Selecting a Research Topic: A Framework for Doctoral Students. *International Journal of Doctoral Studies*, 7, 143-152.

Maxwell, J. (2004). *Qualitative Research Design: An Interactive Approach* (2nd ed.). Thousand Oaks, CA: Sage.

Mendy, A. F. (2021). "Migration and Recruitment of African Nurses in the UK: Between the Primacy of National Imperatives and Global Openness." *Swiss Journal of Sociology* 47(1): 115–135. https://doi.org/10.1515/sjs-2021-000_10/03/2026

Mertens, D. (1998). *Research Methods in Education and Psychology: Integrating Diversity with Quantitative and Qualitative Approaches*. Thousand Oaks: Sage.

Mill, J. S. (1969). Utilitarianism. In J. M. Robson (Ed.), *Essays on ethics, religion, and society* (The collected works of John Stuart Mill, Vol. 10, pp. 203–259). University of Toronto Press. (Original work published 1861).

Mintzberg, H. (1975). The manager's job: folklore and fact. *Harvard Business Review* July–August, 49–61.

Mitchell, T. R., Holtom, B. C., Lee, T. W., Sablinski, C. J., and Erez, M. (2001). Why people stay: Using job embeddedness to predict voluntary turnover. *Academy of Management Journal*, 44(6), 1102–1121. <https://doi.org/10.5465/3069391>

Munhall, P. & Chenail, R. (2008). *Qualitative Research Proposals and Reports: A Guide* (3rd ed.). Sudbury, MA: Jones and Bartlett

Nashwan, A.J., Abujaber, A.A., Villar, R.C., et al. (2021). Comparing the Impact of COVID-19 on Nurses' Turnover Intentions Before and During the Pandemic in Qatar. *Journal of Personalized Medicine*, 11(6), 456.

NHS England Digital. NHS Workforce Statistics October 2024, 30 Jan 2025.

Phiri, P., Sajid, S., Baykoca, A., Shetty, S., Mudoni, D., Rathod, S., and Delanerolle, G. (2022). International recruitment of mental health nurses to the National Health Service: A challenge for the UK. *BMC Nursing*, 21(355). <https://doi.org/10.1186/s12912-022-01128-1>. Accessed: 10/06/2026.

Popper, K. (2002). *The logic of scientific discovery*. Routledge. (Original work published 1935 as *Logik der Forschung*, first English edition published 1959).

Robson A, Robson F. (2016) Investigation of nurses' intention to leave: a study of a sample of UK nurses. *J Health Organ Manag*. 2016;30(1):154-173

Rotenstein, L. S., Brown, R., Sinsky, C., and Linzer, M. (2023). The Association of Work overload with burnout and intent to leave the job across the Healthcare Workforce during COVID-19. *Journal of General Internal Medicine*, 1–8.

Simon, K.M. & Goes, J. (2011). Developing a Theoretical Framework. <http://www.dissertationrecipes.com> (accessed 06/06/2026).

Sire, J. (2004). *Naming the Elephant: Worldview as a Concept*. Downers Grove, IL: InterVasity.

University Hospitals of Derby and Burton NHS FT (2025). Working for Longer Project: Retention Outcomes. 2025.

World Health Organisation. (2020, February 15). Munich security conference. <https://www.who.int/dg/speeches/detail/munich-security-conference>

World Health Organization (2020). *State of the World's Nursing 2020: Investing in Education, Jobs, and Leadership*, WHO.

World Health Organization (2020). *International Council of Nurses. Nursing Now. State of the World's Nursing 2020; Investing in Education, Jobs and Leadership*. World Health Organization