

EVALUATION OF SCARCITY, RECRUITMENT AND RETENTION OF INTERNATIONAL NURSES IN UNITED KINGDOM: A CRITICAL INTEGRATIVE REVIEW.

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EXECUTIVE SUMMARY

Introduction: The greatest calamity that befell UK is the scarcity and retention of nurses for its teaming population. This study delved into evaluation of scarcity, recruitment and retention of international trained nurses in United Kingdom.

Design: Critical integrative review for broad examination of the phenomenon to identify the current state.

Methodology: Based on quality assessment, we searched and incorporated published works from February 2015 to December 2015 using the following databases (EMERALD, ProQuest, JSTOR, EBSCO host). This CIR integrated Push–Pull; Strategic Talent Management; Psychological Contract Theories to critically explore the phenomenon. Included articles were (n=17). These selections were screened, verified and impact factor assessed for quality and suitability with PRISMA and CASP quality appraisal to establish confidence and repeatability.

Findings: Highlights reveal lack of will and clear policy for long-term recruitment to stem the toxic workplace. Nurses lack support during Covid-19 crises which put them at risk. There's outflow of nurses surreptitiously to USA, Canada and Australia, thereby sapping the already sapped system, which is antithetical to retention and mentoring of international Nurses.

Results: The screening and assessment of eligibility provided the opportunity to accept (n=17) qualified for inclusion which produced these repeatable themes: recruitment and retention strategies; effect of workplace conflict with foreign nurses; turnover and toxic workplace; burnout and ethical issues and global shortage.

Conclusion and Research Gaps: Some studies have contributed to this topic, but the outstanding research gaps are: ethical hazards associated AI and VR in recruitment strategies and data protection; effect of burnout, heavy load and PTSD linked to disrespect and frequent relocation to rural communities; fear of termination and high cost of renewal of documents.

Business and Public Contribution: This CIR contributes practical implications for NHS strategy, HR projection, Government policy. It adopts psychological contract theory, which has not been used in this way to investigate international nurses

Key words: *nurse scarcity, overseas nurse-recruitment, international nurse-retention, nurse migration, employment, NHS nursing-shortage-solutions, nursing-turnover, wellbeing*

1. Introduction and Background

This critical integrative review focuses on evaluation of scarcity, recruitment and retention of international trained nurses in United Kingdom to facilitate a broad examination of the phenomenon to identify the current state. They are qualified expatriate nurses whose skills were needed to augment staff shortages, precipitated by previous health catastrophes and escalated by a contagious disease known as (COVID-19). It metamorphosed into a pandemic that originated from Wuhan-Hubei, China to other parts of the world on 11 March 2020 (Anderson, et al. 2020, p. 1; Singhal, (2020, p.1; Reynolds 2020; WHO, 2022; WHO, 2024). It permeated wildly across United Kingdom between 2019-2020. Consequently, government responded with unimaginable stay-at-home restriction orders across the country except for key essential workers with (Health Protection Coronavirus, Restrictions Regulations (2020).

This pandemic precipitated the necessity to recruit the third wave of more International Nurses into the NHS to assist in controlling the ravages of COVID-19 (Stewart et al. 2024; Babamohamadi et al. 2023; de Vries et al. 2023, p. 4; Rotenstein et al. 2023; Chor, et al. 2021; Wu, et al. 2020). While conspiracy theorists continued to believe that COVID-19 is associated with deliberate laboratory-based manufactured virus to disrupt the markets, Covid -19 was conceived as bioweapon for political/economic gains Andersen et al., (2020), while other view it as a hoax Frankovic, (2020), as quoted in (Imhoff, and Lamberty 2020).

Furthermore, the alarming spread in droplets of saliva in similar way to colds and influenza, believed to be the way Covid-19 was transmitted led to a declaration of a state of emergency by many countries and global organisations (WHO, 2022; Chrystal, 2021, p. 326). Previous pandemics, in the 1950s witnessed a massive recruitment of international nurses, mostly from the African Caribbean and doctors from the Indian subcontinent in the 1960s.

Thereafter, the persistent scarcity of nurses in United Kingdom heightened, generating heavy challenges to NHS, patients and policy makers, (Konlan, et al. 2023; Buchan, 2015; Phiri, et. al. 2022; Arora and Gulia 2020; Bazeer, et. al. 2024, p.4). International nurses came to the rescue because they are indispensable human resources for successful management of health business and political stability of nations working for the poor, rich, or crass people (WHO, 2022).

Conversely, Covid-19 has brought about global shortage of nurses provoking more aggressive competition to fill vacant places and to retain existing nurses. Despite the continuous

recruitment of international nurses, there is still a global demand for nurses triggered by an ageing population, prevalence of chronic diseases, and long-term illnesses which undermines the dispensation of healthcare services (Kroezen et al. 2015).

UK along with other nations continually seek professional nurses because by elderly population and globalisation of labour markets which indicates that it will not stop (Buchan, 2015). Some countries where UK have recruited nurses are India, Ghana, Nigeria, Philippines, Zambia, Zimbabwe, etc (Migration Observatory, 2022). The scope of this critical integrative will centre on these five countries bellow, because they are members of commonwealth community and adopt English language and have historic affinity. However, while recruitment continues, it does not enough to cover the yawning gap created (Palmer, et al. 2021, p. 23). However, despite the global competition, the pendulum has swung the other way when international nurses were offered better accommodation for six months, payment flight to UK for five years and renewable E-Visa.

Arguably, COVID-19 period has brought about multiple seemingly opportunity for the aspiring job migrants. The period brought about higher incomes, improved living standards, and incentives for technological advancement which have motivated international nurses to move to developed countries where their skills and qualifications are properly remunerated (Konlan, et al. 2023; Phiri, et. al. 2022, p. 15) which supports the push pull theories. Consequently, the acquisition of professional certificates of nursing which is rented out to employers (i.e. NHS) enabled them to obtain higher salaries (Phiri et al. 2022).

Bases on the background, it's necessary to critically examine the phenomenon through a business perspective by focusing on the cause and effects on international nurses in UK from lower and middle-income countries (Kroezen et al. 2015; Obrey, 2009). According to Obrey (2009), study was different because he compared the emotional acceptance of old and newcomers in nursing profession in UK. Therefore, companionship and working together to achieve a company's objective should be the primary concern of both the old and new nurses which will improve retention (Phiri et al. 2022; Obrey, 2009; Chant, et al. 2024). There are many types of literature reviews but they are determined by the type of literature needed and can include traditional, systematic literature reviews, narrative and integrative literature reviews (Cronin et al. 2008; Snyder, 2019). Having adopted a CIR, the proceeding work will include sections for research gap, problems and justification, global statistics of nurses' numbers. research aim, research questions, to be followed by theoretical framework of the CIR. This is followed by the countries of origin with explanation of linkages of theories with objectives and themes and a methodology and research design.

Key words: *nurse scarcity, overseas nurse-recruitment, international nurse-retention, nurse migration, employment, NHS nursing-shortage-solutions, nursing-turnover, wellbeing and quality-improvement.*

1.1. Research Gaps, Problem and Justification.

In previous publications not much has been published regarding the scarcity fallout, retention quality of training, and maintenance of nurses (Fernandez-Castillo, et al. 2025; Obrey, 2009; Chant, et al. 2024). Several researchers have focused on the reason international trained nurses in the UK leave the organisation within a few years (Arora and Gulia 2020). While some literature focused on brain drain and brain gain, some on comparison of low wages earned by existing local nurses, and workplace burnout (Guo, et al. 2018; Chor, et al. 2021; Galanis, et al. 2021; Rotenstein, et al. 2023). This has created research gaps because the themes envisaged as important to the discussion of problems in recruitment and retention of nurses are absent and ultimately provides the justification for this critical integrative review

To address this gap, this research focuses on critically examining through a business perspective factors associated with scarcity, recruitment and retention **headlong** (Kroezen et al. 2015). By foregrounding the strategies of recruitment and retention, the synthesis aims to unpack the breath complexity and ethical dimensions that could facilitate full holistic approach for the wellbeing of international nurses, NHS, the administration and policy makers.

1.2. Global Statistics of Nurses' Numbers

As of December 2025, there were 1,377,448 full-time equivalent (FTE) healthcare workers work with NHS, which is 0.7% (9,414) more than the 2024 calculations. This includes all paraphernalia of working classes in UK who by their calling contribute to staffing the organisation (NHS, 2025). From the hinterland, national and global level employment of international professional nurses contribute immensely to the progress made in filling vacant positions in many parts of the world, especially in England and Ireland, (OECD, 2025)

1.2.1. Research Aim

To critically evaluate factors influencing scarcity, recruitment and retention of International Nurses from developing countries in United Kingdom, using a critical integrative review.

1.2.2. Research Objectives

- 1) To conduct a critical integrative review of empirical and practitioner evidence on the causes of nursing workforce scarcity in the UK, with reference to international recruitment from (LMICs).
- 2) To critically evaluate the criteria, and processes of the recruitment of international nurses into the UK, examining alignment with ethical recruitment standards and organisational workforce strategies.
- 3) To analyse how psychological contracts, and strategic talent development practices shape the retention, burnout and career trajectories of internationally recruited nurses in UK health organisations.
- 4) To develop recommendations for UK health-care employers and policy-makers on retention policies and practices for international nurses.

1.2.3. Research Questions

- 1) RQ1: What factors does the literature identify as driving nursing workforce scarcity in the UK?
- 2) RQ2: How are recruitment criteria and processes for international nurses to the UK described and evaluated in the literature?
- 3) RQ3: What organisational, relational and career-development factors influence the retention of international nurses in UK health-care settings, and how are these interpreted through psychological contract, and strategic talent development perspectives?

The methodology above has presented search strategy, COMO framework, inclusion/exclusion criteria and detailed search strategy with PRISMA flowchart and quality assessment and research questions. The next presentation would cover the core thematic synthesis of themes emerging from this CIR comprising, recruitment and retention strategies, effect of workplace conflict with foreign nurses, reasons for nurses' scarcity and their migration, increased turnover and toxic workplace, burn out and ethical issues, global shortage of nurses joined by CASP table on international nurses: the raw review evidence.

2. Critical Integrative Review

2.1. Theoretical Framework

Critical integrative review will enable us to synthesise the representative literature harvested on scarcity, recruitment and retention in an integrated manner to create new frameworks and perspectives for the future (Briner, and Denyer, 2010; Snyder, 2019). There are many types of literature reviews which is determined by the type of literature needed and can include traditional, systematic literature reviews, narrative and integrative literature reviews (Cronin et al. 2008; Snyder, 2019). However, we adopt herein CIR in a structural manner to analyse and synthesize (McKenzie, et al. 2020). In the future, this work may be very useful, Chalmers, Hedge and Cooper, 2002).

This department is to review the theoretical frameworks that exist thereafter the articles are selected to adapt to the study. Theories would be analysed in function with the objectives and questions at hand. Theorizing about international nurses' movement is challenging because of the human nature and because they are engaged in questions of life and death, care should be taken in the narrative about them.

Some of the theoretical frameworks that could be applied to this CIR are Dual market theory, Push/Pull Theory Lee (1966); Strategic Talent Management Kroezen et al. (2015); Fernandez-Castillo, et al. (2025); The Psychological Contract Theory to inform the analysis of retention outcomes (Fernandez-Castillo, et al. 2025; Chant, et al. 2024; Obrey, 2009). For instance, The Nursing Human Capital Value Model which redefines nursing's economic value as the return on investment (ROI) meaning the allocation to nursing services the production and organizational financial outcomes proposed by (Yakusheva et al. 2024; Becker, 1964).

More specifically, from a business perspective, HR management influence nurses' performance and sustainability. Therefore, this CIR draws on Push–Pull Theory to explain global nurse scarcity and stiff competition to recruit them by encouragement. Strategic Talent Management or the Pull factor theory could be used to examine recruitment strategies Kroezen et al. (2015); Fernandez-Castillo, et al. (2025), while Psychological Contract Theory is useful for the workplace, emotions and ability to endure burnout and restrictive policies.

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 widely used to explain 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 according to (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 the nursing workforce suffer ethical challenges in Neonatal Care.

At a global level, Arora and Gulia (2020) found that the world is facing acute shortage of Nurses, (WHO, 2020). Pull theory is linked with shortages which claims that developed economies increase salaries to attract International Nurses (Merz, et al. 2024). Stewart, et al. (2024) supports the wellbeing of critical care nurses, (Babamohamadi, et al. 2023; Rotenstein, et al. 2023; Chor, et al. 2021; Wu, et al. 2020), and identify existing strategies regarding nurse wellbeing interventions (Simonsen, et al. 2024). However, a new development occurred whereby thousands of outflow emigration of Nurses move out of UK frequently especially those nurses with Certificates of Current Professional Status (CCPS) towards Australia, USA and Canada (Arora and Gulia 2020; Bazeer, et. al. 2024, p.6).

Nurses' education and experience are investments that yield higher returns when deployed in labour markets according to Buchan, (2015), which offers better remuneration and career prospects. Together, these theories justify the UK's reliance on international nurses as a response to domestic scarcity and the individual decision of nurses to migrate. Quinlan, and Bohle, (2004) examines the occupational problems and highlighted negative consequences and downsizing on workers whereas, Quinlan, and Bohle, (2009) emphasized the need for better regulatory frameworks to protect workers.

However, macro-level explanations are insufficient to understand recruitment quality and retention (Emmanuel and Lee, 2024; Fernandez-Castillo, et al. 2025; Obrey, 2009; Kroezen et al. 2015; Clarke, 2011; Fernandez-Castillo, et al. 2025). Research on strategic talent management and strategic HRM in healthcare shows that systematic workforce planning,

competency-based selection, induction, continuous professional development and clear progression pathways are critical to integrating Internationally Educated Nurses and achieving organisational performance goals. This aligns with a Strategic Talent Development lens, in business, positioning International Nurses as key talents whose skills must be developed and aligned with service needs rather than treated as short-term stop-gaps being practiced today by NHS. Consequently, Phiri et al. (2022) averred that while it is a viable short-term solution to address the shortage of mental health nurses, there is nothing to show that it would last.

Psychological and Implied Contract in Organisation Theory adds a relational perspective by focusing on nurses perceived promises and obligations regarding support, development, fairness and inclusion. Unmet expectations around workload, recognition, career progression and support can lead to dissatisfaction, lower commitment and higher turnover intentions, even where pay is higher than in the country of origin (Arora and 2020; Halter et al. 2017).

Applying psychological contract concepts, therefore, helps explain why recruitment alone does not guarantee retention Chant, et al. (2024); Fernandez-Castillo, et al. (2025); Obrey, (2009); why leadership behaviour is crucial. Psychological and applied contract in organisations theory correspond with the retention of International Nurses (Galanis, et al. 2021; Maslach, et al. 1997; Wu, et al. 2020) who found that their conditions in the workplace or emergencies were inadequate for their retention (Guo, et al. 2018; Chor, et al. 2021). Elevating the matter to another level, Obrey, (2009) affirmed that reducing emotional labour, being empathetic and understanding to overseas nurse could potentially lead to more satisfaction and better teamwork with overseas nurses (Fernandez-Castillo, et al. 2025; Obrey, 2009). Phiri et al. (2022) agreed and opted for long term, ethical recruitment practices, better working conditions, and improved support.

Armstrong (2007, p. 109) declared that workers personify sets of skills which can be rented out to employers (Gorshkov, 2024), which implicates HR, business administration and healthcare management. Similarly, Merz, et al. (2024) confirmed that foreign nurses' migration goes beyond recruitment and training to improve nurses' skills, but the market may not be available when they graduate, hence inequalities are set in. This is corroborated by WHO emphasising the importance education, job creation, and future development to address the shortage of nursing professionals, (WHO, 2020).

By launching Push–Pull theoretical foundation Lee (1966), as anchor philosophy, we complement it with Strategic Talent Development of McKinsey and Company/Sen, (2019), along with Psychological and Implied Contract Perspectives Rousseau (1995), for

explanations on how structural shortages translate into international recruitment strategies Fernandez-Castillo, et al. (2025); Emmanuel and Lee, (2024); Kroezen et al. (2015); Clarke, (2011); how those strategies are operationalised in practice, and how nurses lived experiences shape retention outcomes (Fernandez-Castillo, et al. 2025; Obrey, 2009). Expectations of an El Dorado vs workplace reality for International Nurses and when policy makers fail to meet the necessary expectation, nurse's turnover begins. Delving into this, Halter et al. (2017); Arora and Gulia (2020) found that increased turnover of nurses creates difficulty in managing hospitals in UK and India. Since the world is facing acute shortage of nurses the hyper competition encourages many qualified nurses to transfer to USA, Canada, UK, Ireland, Australia, (Arora and Gulia 2020).

When recruitment is done with a view to maintain a staff permanently, the onboarding policy is effervescent and this is supported by (Emmanuel and Lee, 2024; Fernandez-Castillo, et al. 2025). This multi-level framework is well suited to a critical integrative review because it provides clear analytical lenses for understanding and synthesising diverse empirical studies across policy, management and employee-experience domains.

As can be seen below, Strategic Talent Management of McKinsey and Company/Sen, (2019) or the Pull Factor Theory Lee (1966), could be used to examine recruitment strategies (Fernandez-Castillo, et al. 2025; Emmanuel and Lee, 2024; Kroezen et al. 2015; Clarke, 2011. While Psychological Implied Contract in Organisations Theory (Rousseau 1995).

Psychological implied contract equates with unwritten laws and expectations of an employee nurse towards the employer NHS. They govern the workplace in respect to overtime and breaktime, working in a toxic place late without adequate payment which could lead to exhaustion, fatigue, burn out and withdrawal. In some cases, managers show apathy to the nurse employee. Psychological implied contract carries the concept of International Nurses confidence, relationship or faith that people have within themselves. This is opposed to written contract in black and white with signature. It is sufficient to say that in any relationship between man and God or between human beings, there must be deep trust and belief which is supported by (Michael Armstrong 2006).

2.2. Countries of Origin of Expatriate international Nurses

UK Nurses' Recruitment Countries Harker, (2025); who reside in UK for more than one year and who were sponsored through the E-Visa programme (2025).

- A. The Ghanaians (3,678),
- B. The Indians (42,295),
- C. The Nigerians (11,798),
- D. The Philippines (26,688),
- E. The Zimbabweans (3,852),

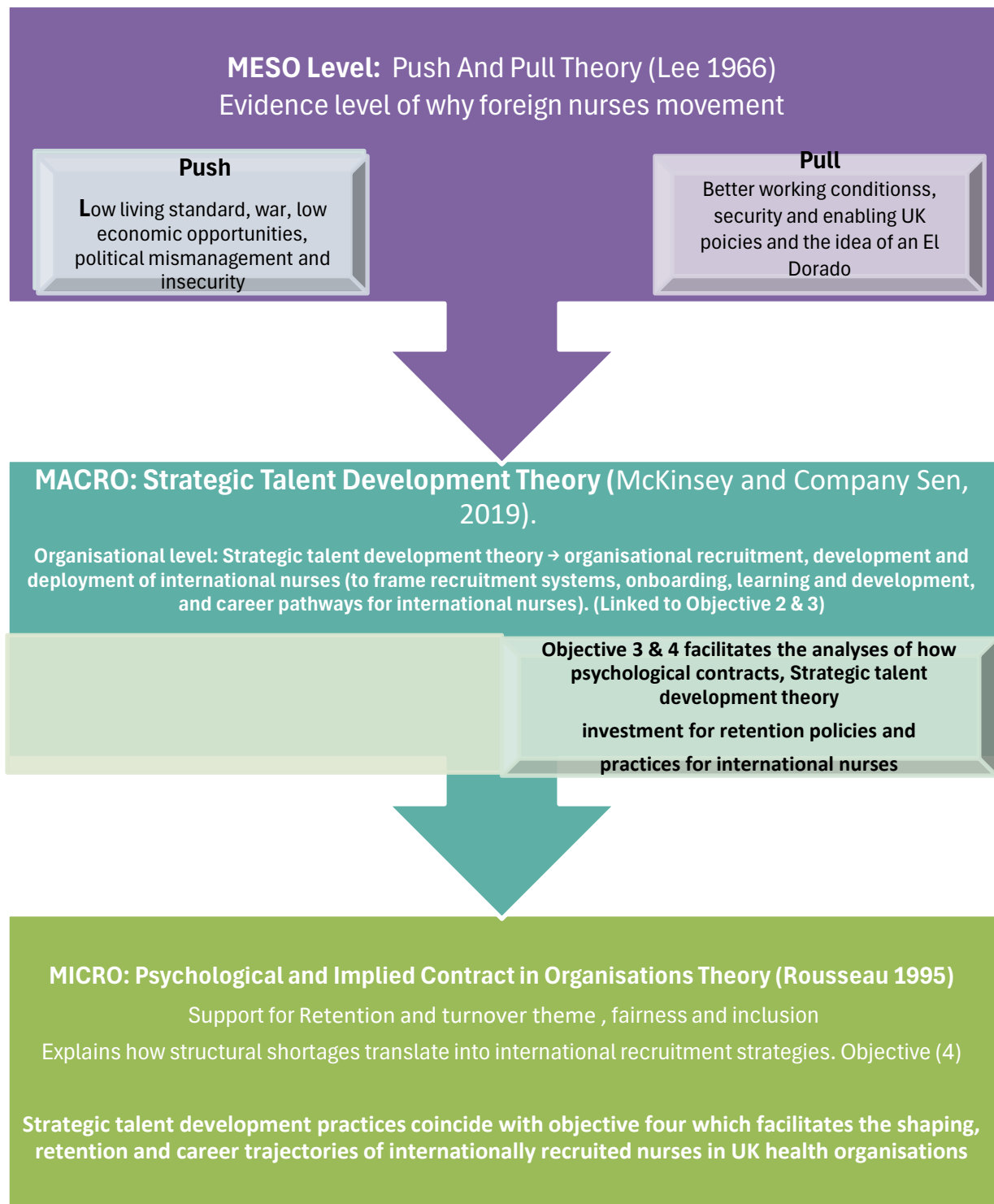
2.3. Explanation on Linkages of Theories with Objectives and Themes

Macro level: motivation and decision to migrate. Push–pull migration theory (to explain why nurses from LMICs move globally and to UK and how skills are valued as economic capital). (Linked to Objective 1 & 2).

Meso/organisational level: Strategic talent development theory: organisational recruitment, development and deployment of international nurses (to frame recruitment systems, onboarding, learning and development, and career pathways for international nurses). (Linked to Objective 2 & 3).

Micro/relational level: This starts from nurses perceived obligations, support, fairness and transform into retention/turnover intentions. Psychological and implied contract theory (to explain how unmet expectations, perceived fairness, and support affect retention, commitment and intention to stay) (Linked to Objective 3 & 4) (see below).

2.4. Diagram supporting the theoretical frameworks adopted



3. Methodology and Research Design

3.1. Introduction to Research Approach

The critical integrative review into the scarcity, recruitment, and retention of international nurses in United Kingdom aligns with current NHS policy debates, Fernandez-Castillo, et al. (2025); Emmanuel and Lee, (2024). The CIR is to synthesise the representative literature harvested on this phenomenon in an integrated manner to create new frontiers of frameworks and views for future researchers to engage in deeper inquiry (Briner, and Denyer, 2010; Snyder, 2019). Therefore, the five-stage methodological framework is adopted for scoping literature review as same according to Arksey and O' Malley (2005) which proposed: specific questions, identify studies, select included studies, chart data and report results. This will help us to present a synthesis of present knowledge.

3.1.1. Search Strategy

The search strategy adopted its peculiar search term to locate relevant documents that aligns with the questions relating to the phenomenon. This critical integrative review did in-depth search covering (2015 to 2025). Table 2. Presents inclusion and exclusion of criteria. For this reason, CIMO is adopted. CIMO framework helps to design business related research questions structured to capture the complexity of the corporate environment according to Denyer and Tranfield (2009). The effective outcome being reduction in recruitment cost, reduce leaving, success in retention improvements and reduction on nurse's resettlement expenditure.

Table 1. CIMO Framework

COMPONENTS		DESCRIPTION
C	Concept	The Organisation of NHS aim, HR aim to solve national problems recruiting International nurses. third-country nationals who live and working in United Kingdom.
I	Intervention/ Exposure	HR strategies on scarcity, <i>recruitment, retention, employment, turnover, wellbeing and quality improvement to addressing the phenomena</i>
M	Mechanism/Comparison	Sub groups, embassies, Virtual recruitments, E-Visa. Resources for intervention into practice. Home Office rules, policies, career mobility expectations, organisational support
O	Outcome (desired)	Reduced nurse scarcity, increased retention, improved staffing stability, reduced training costs and increased wellbeing & reduction on nurse's resettlement expenditure.
Source: Author (2026)		

3.1.2. Inclusion/Exclusion Criteria

The major inclusion criteria were those involving international trained nurses (male and female) who left their country to work in UK from developing to developed or welfare states. This exclusion makes this study differ from narrative review (McKenzie et al., 2020). The geographical delimitation is United Kingdom focus and incorporates documents that are peer-reviewed.

The inclusion criteria are fully published articles in online databases and have the quality of having reported: (1) International Nurses as the population, (2) scarcity, recruitment, retention as the phenomenon, (3) Place United Kingdom (4) context is the NHS policies (5) turnover. The Exclusion criteria are factors that does not relate fully to this topic. To maintain credibility, excluded articles include: (1) When the sample data relates to other health professionals (2) Data reports on a particular gender (3) When it's outside and unrelated to United Kingdom (4) Wrong dates, wrong population, not empirical or predates relevant technology.

Table 2. Inclusion and Exclusion criteria

The Inclusion and Exclusion criteria		
CRITERIA	INCLUSION	EXCLUSION
Language	Published in English only	Other Non-English languages
Document Type	Peer-reviewed Journal Articles	No Editorials, Blogs, Newspapers, margazines, conference papers
Study Design	Empirical Studies (Qual and Quant)	Divergent Purely Theoretical / Opinion pieces
Sector	Manufacturing / Industry 4.0	Other Healthcare / Education
Sources: Author (2026)		

This critical integrative review depends on secondary data and has qualitative research orientation published in English. It identifies key terms adopted with subject heading (MeSH). The timeline is 3 months, from January 2026 to March 2026, whereas the period covered by the critical integrative review is (2015 to 2025).

The databases searches used PRISMA framework to present inclusion and exclusion criteria, (table 3). This is followed by timeline. A determined analyses of peer reviewed publications will be methodical, organized, according to Macnee and McCabe, (2008) involves: to retrieve, critically appraise, synthesise and summarise. This critical integrative review collects all relevant articles of quality research on scarcity, recruitment, and retention of international

nurses in United Kingdom (Fernandez-Castillo, et al. 2025; Emmanuel and Lee, 2024; Obrey, 2009; Kroezen et al. 2015; Clarke, 2011).

The major databases consulted for include EMERALD, ProQuest, JSTOR, EBSCO host. In order not to miss some documents we reinforced searching with UWTSD Library Catalogue, British Academy of Management, Sage, Business and Management Journals-Springer, Management Science including Cochrane Database of Systematic Reviews using the Boolean Operators.

3.1.3. Detailed Searching strategy

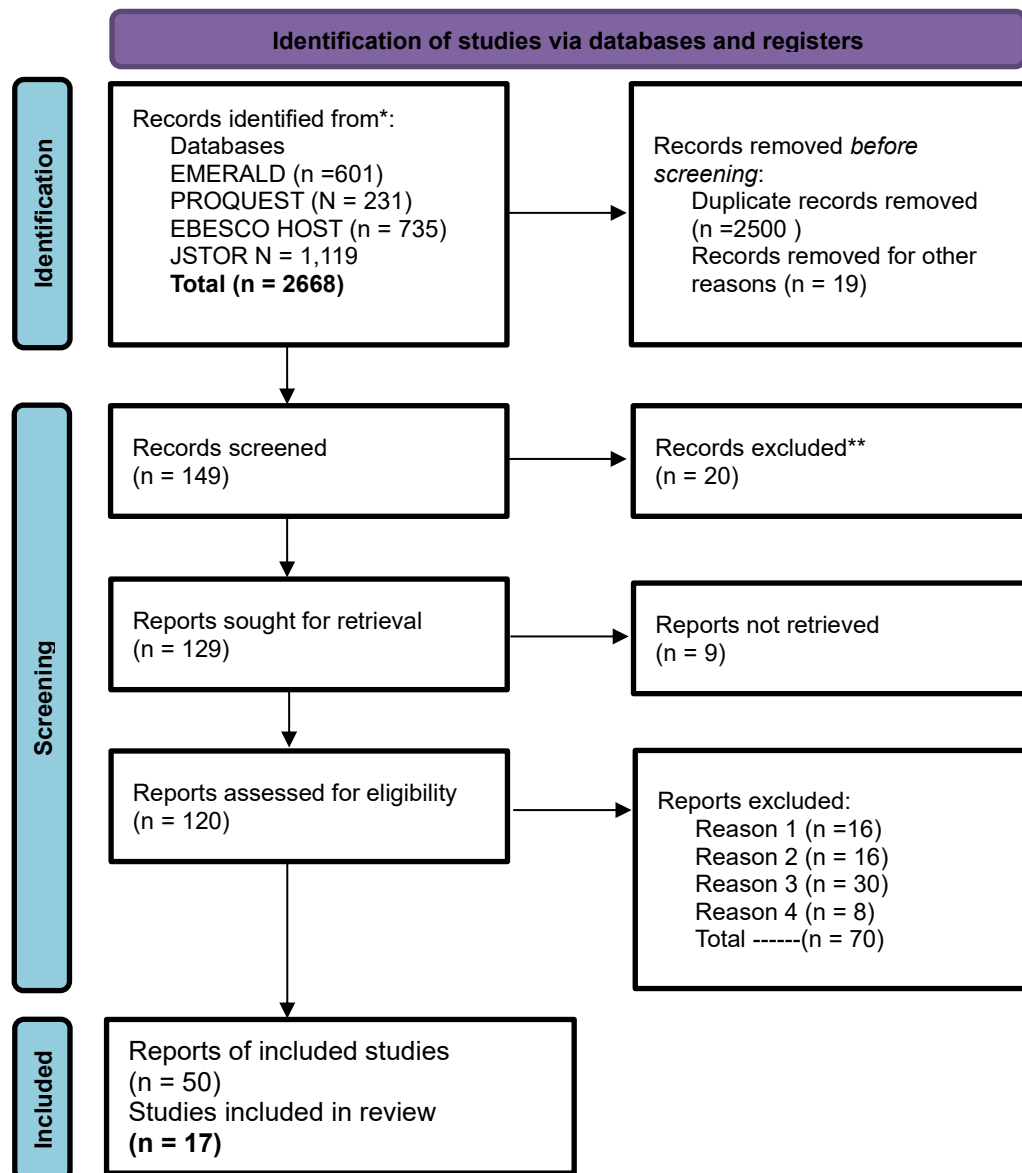
A search conducted in **EMERALD** with key words “scarcity, recruitment retention of UK nurses from India”, harvested 601 articles which was discarded. When it was filtered with “peer reviewed articles”, “availability”, “open access”, “free”, LMDC, 10 years, the result returned – (17 articles). The first Search in **EBSCO host** harvested (735), second search (14 results) when 9 filters applied “Academic Journals”, “PLOS one”, “Full Text”, “Peer Reviewed”, Past 10 years, “References Available”. On **JSTOR**, keywords used were, “foreign nurses AND recruitment AND retention AND (UK))” which returned (1,119 results). Thereafter, an exclusion criteria Content I can access resulted in (361 results). When added 10 years exclusion criteria it resulted to (19 articles). A search was conducted in **PROQUEST** combines 12 data bases with key words, “Scarcity, recruitment and retention of international nurses in UK from Nigeria”. Filters applied were: “Scholarly Journals”, full text”, “peer reviewed”, “open access”, “Last 10 Years”, it returned (213 results). A new all filters added were “2015-02-03 - 2026-02-28”, “English” “Nursing & Allied Health Database” became (105 results).

Table 3. Search Results

1ST SEARCHED DATABASES	RESULTS	2nd SEARCHED DATABASES	RESULTS
EMERALD	601	EMERALD	17
PROQUEST	213	PROQUEST	105
EBSCO HOST	735	EBSCO HOST	8
JSTOR	1,119	JSTOR	19
Total	2,668	Total	149
Source: Author (2026)			

The number of studies that are harvested were (N=2668); the critical integrative review took (N=17),

3.1.4. PRISMA Flowchart



3.1.5. Quality assessment

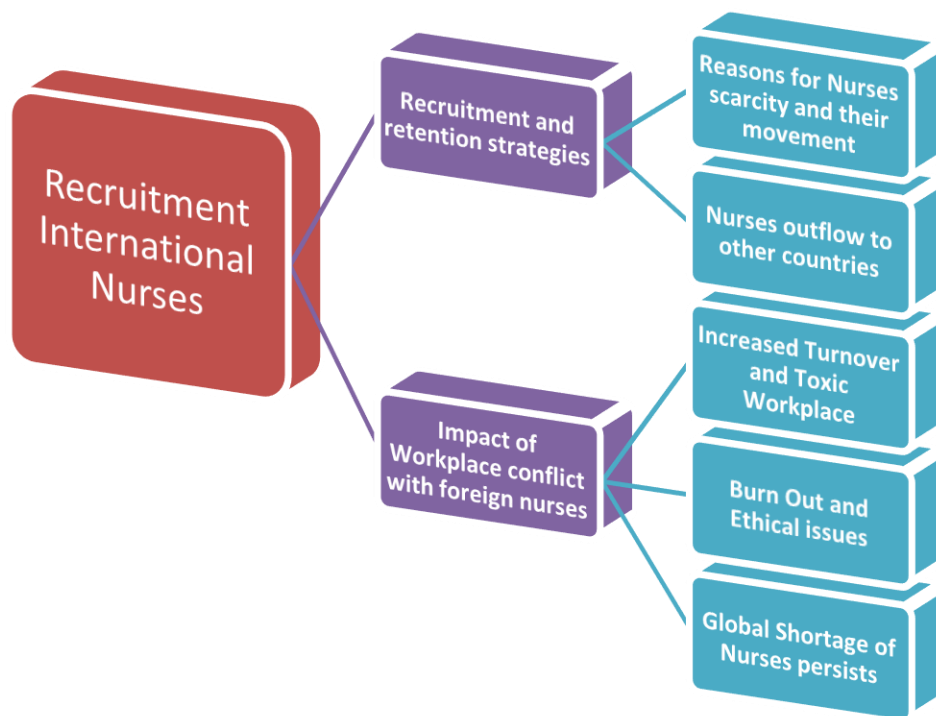
We have included documents which are believed to possess good quality. A strict exclusion and inclusion criteria facilitated by the restriction to only peer reviewed articles published in English language. We adopted PRISMA, CASP, CIMO and Impact Factor as guides and reinforcement to quality assessment.

4. Thematic Results and Synthesis

The studies that investigated scarcity, recruitment and retention of international nurses in UK were adopted which produced these thematic results:

- (1) Recruitment and retention strategies
- (2) Effect of Workplace conflict with foreign nurses
- (3) Reasons for Nurses scarcity and their migration
- (4) Increased Turnover and Toxic Workplace
- (5) Burn out and ethical issues
- (6) Global shortage of nurses

4.1. Themes Emerging from the CIR



Source: Author (2026)

4.1.1. Recruitment and Retention Strategies

Therefore, using a narrative qualitative research methodology and narrative social science qualitative research methodology, Emmanuel and Lee (2024) showed how maintenance policies are vital to the cohabitation of workers which can facilitate retention of nurses in UK. Another study by Merz et al. (2024) elevated the discussion to global phenomena, which aligns with UK-India nurse migration, which goes beyond recruitment, retention and training to improvement of nurses' welfare. However, the argument is that the market for employment may not be available when they finish their education, hence inequalities set in. In this context this aligns with the push/pull theory of motivation, and when nurses use their skills, it reflects the psychological and implied contract theory. The authors agreed that nurses' shortage and recruitment from LMIC is a global problem.

NHS recruitment attracted Phiri et al. (2022), who adopted qualitative and discursive analysis of challenges they faced in recruiting international mental health Nurses. The authors found that while international recruitment is a viable short-term solution to address the shortage of mental health nurses. It's not sustainable in the long term. Chant, et al. (2024) adopted a mixed method for retention of neonatal nurses. It effected on those living in distant communities. Those who are distributed to distant communities feel that they have lost their

mentorship and ability to integrate which means that their ideal hope for moving is untenable. Their toxic workplace condition and failed hope (failed El Dorado) align with strategic talent development theory (McKinsey and Company Sen, 2019), psychological and implied contract in organisations theory (Rousseau, 1995).

Strategic recruitment make case for ethical practices, better working conditions, and improved support for international nurses (Emmanuel and Lee, 2024; Merz et al., 2024; Phiri et al. 2022). For this reason, Fernandez-Castillo et al. (2025) investigated four main themes: intensive care training, taking care of the intensive carer, optimised human resources management, extrinsic and intrinsic motivations, which are conceived to help in retention of international nurses. Like other authors, Buchan (2007) agreed that recruitments are influenced by push-pull theory and supported by (Adam et al. 2025; 2021; Halder, 2018). Mendy (2021) added that UK's recent policy changes make it restrictive and affecting Africa Nurses and Non-EU/EEA nurses. Whereas Buchan (2007) and Halder (2018) predicted the effect of globalisation will continue.

Similarly, Adam, et al. (2025), whose credible work confirms movement of nurses from sourcing countries, examined the decisions of nurses and countries of their choice. Similarly, Adam et al. (2025) supported Buchan (2007) with their key themes that align with Push/Pull factors. Additionally, exposing the internal impact of colonial relationships on nurse migration coupled with socio-economic problems that affects nurses' recruitment strategies. Adam et al. (2025) argued that income disparities in home countries motivate nurses to seek better remuneration and living conditions abroad and that African Anglophone nurses like Nigeria and Ghana often migrate to the United Kingdom, USA and Canada, Francophone countries prefer France and Belgium and Egyptian nurses choose Middle Eastern countries. Adam et al. (2025) called for obedience to the red list and support African nurses in destination countries. This paper adds to cogent concerns about recruitment from red list countries, motivation and ethical dimension.

Moreover, de Vries, et al. (2023) focused on the impact on retention of nurses and found that desire to abandon European nurses ranged from 12% to 64%. The determinants influencing job retention were whether you are satisfied with the job, heavy workload (de Vries, et al. 2023, p. 10-12). Having compared other EU countries and lacking verification, this research has an embedded limitation and bias. We have not fully recovered from the devastating effect of COVID-19, because de Vries, et al. (2023, p. 4) highlighted that the disease significantly increased nurses' turnover intentions and were supported by (Babamohamadi et al. 2023; Rotenstein et al. 2023; Chor, et al. 2021; Halter et al. 2017; Wu, et al. 2020). Robson and Robson (2016) studied 433 Nurses discovered that the pull factors like trust, respect, liking,

and promoting relationships, the leaving intention, will be replaced with affective commitment mediating these relationships.

4.1.2. Effects of Workplace Conflict with International Nurses

Distinctively, Obrey, (2009) adopted a qualitative phenomenological and McCance conceptual framework to describe caring in nursing and found that conflict of international nurses with local nurses should consider teamwork to retain international nurses. Additionally, it is suggested that if we can help people calm their stress, emotion and anxiety they are bound to adjust and work together. Similarly, Kroezen, et al. (2015) agreed with Obrey (2009) on good practices for effective recruitment and retention strategies.

4.1.3. Increased Turnover and Toxic Workplace

Arora and Gulia (2020) focused on increased turnover of nurses in UK and India and declared that the world is facing acute shortage of Nurses WHO, (2020), consistent with Halter et al. (2017). Above that, nurses prefer to move to UK, USA, Canada, Ireland, and Australia, emphasising the functioning of push pull theory. But we understand that they suffer occupational stress, poor pay and unfavourable toxic working environment, poor leadership leading to dissatisfaction which supports push/pull factors and psychological and implied contract theories and brings to the fore objectives 1,2, 3 and 4 of this CIR.

Mendy, (2021) argued that the recruitment policies for African expatriate nurses encounter new restrictive policies coupled with economic needs, and toxic workplace which increases turnover (Halter et al. 2017) which differ from (Chant, et al. 2024). These postulations align with Psychological and implied contracts, and Strategic talent development theory in the process of elucidation of objectives 3 and 4. Nashwan et al. (2021) found increased nurse turnover during COVID-19 due to emotional stress and frustration, which could lead to post-traumatic stress disorder (PTSD). This paper is adapted because it demonstrates the dangers of nurses suffering mental health and used European studies to confirm that nurse turnover and trauma during pandemics are global issues (WHO, 2020).

4.1.4. Reasons for Nurses scarcity and their outflow movement

Using a qualitative and discursive analysis of policy instrument of NHS, government, and foundations Buchan, (2015) similar to the postulations of Phiri, et al. (2022), argued that the continued scarcity and demand for international nurses in UK is caused by the aging workforce, and the increasing global competition to recruit more nurses and globalization of labour markets.

4.1.5. Burn Out and Ethical issues

Dealing with the theme relating to nurses' retention, well-being occasioned by burnout, which has negative effects, Quinlan and Bohle (2004) highlighted the negative effects of job insecurity and downsizing on workers' well-being, which confirms the postulations of Psychological and implied contract theory. Quinlan and Bohle (2009) emphasised the need for better regulatory frameworks to protect workers. Galanis et al. (2021) Similarly, Maslach et al. (1997) agreed that COVID-19 pandemic, brought psychological toll on nurses, which made them walk out.

Wu, et al. (2020) subjected the study of nurses to comparative burnout levels between frontline and regular wards, revealing higher burnout levels among nurses in non-frontline wards. While Guo, et al. (2018) considered relationships between burnout and resilience among nurses, emphasising the importance of resilience-building strategies.

Chor, et al. (2021) took the burnout among emergency nurse workers during the COVID-19 pandemic, identifying key stressors and coping mechanisms. In tandem, Rotenstein et al. (2023) compared the relationship between work overload, burnout, and the intention to leave, giving insights into workforce challenges which are analogous to Babamohamadi, et al. (2023), who explored the impact of workload on the quality of work life for nurses caring for COVID-19 patients, emphasising the need for interventions to improve working conditions. Evidence from the literature shows that the authors show nurses suffered burnout, stress, trauma heightened and worsened by COVID-19 (Babamohamadi, et al. 2023; Rotenstein, et al. 2023; Chor, et al. 2021; Wu, et al. 2020).

4.1.6. Shortage of Nurses Around the World

Simonsen, et al (2024) key themes address the global nursing shortages through strategic planning for recruitment and retention, thereby implementing evidence-based strategies to reduce nurse vacancies which is likely reduce turnover and increase job satisfaction including promoting quality of patients care. Simonsen, et al (2024) believes that the turnover reduction

rate from 22.6% in 2020 to 20.0% in 2023. This paper is credible, therefore included because it demonstrated measurable improvements globally, including reduced turnover rates, increased job satisfaction, and enhanced patient care quality. However, it lacks long-term data, a formal systematic review and a short scope of a single department (Neurology). Chan, et al. (2013) reviewed literature on nurse shortages and intention to leave because of their situation and found factors such as job satisfaction, burnout, and work-life balance as key determinants militating against their intention to stay and work. This work is on two themes of shortages and burnout, which cover this critical integrative review on global push/pull theory (Lee 1966), which is the evidence of motivation and movement of foreign nurses; Strategic Talent Development Theory (McKinsey and Company Sen, 2019), Psychological and Implied Contract in Organisations Theory (Rousseau, 1995) for retention and turnover themes.

This critical integrative review creates a better understanding and supports the importance of job satisfaction, career development, and work-life balance in the retention of international expatriate nurses. Stewart et al. (2024) construct mapping interventions designed to support the well-being of critical care nurses, especially exacerbated by the COVID-19 pandemic. Findings indicate that most interventions are based on psychological strategies, resilience training and mindfulness-based approaches. However, a critical report by WHO, (2020) concludes that it's not working because there is a deficit of 5.9 million nurses in 2020, whereas more nurses are retiring early therefore, graduating more nurses should be encouraged.

Table 4. Extraction Table on International Nurses: The Raw Review Evidence

NOS	AUTHORS	METHODOLOGY	THEORETICAL LENS	CORE FINDINGS	IMPACT FACTOR
01	Obrey, (2009)	Qualitative phenomenological approach using semi-structured interviews, 12 overseas nurses. participants needed to have at least 1 year but not more than 10 years' experience of working in the NHS in the UK.	Adopted McCance conceptual framework. Nursing as perceived by nurses and their patients and this framework focused three areas namely structure, process and outcome	UK and foreign nurses should apply teamwork to retain overseas nurses. Reducing emotional labour, being empathetic satisfies workforce environment for overseas nurses	IF 7.089
02	Emmanuel and Lee, (2024)	Narrative social science qualitative	Human Resource Management (HRM) and	New policies of respect and provision of harmonious	IF 7.583

NOS	AUTHORS	METHODOLOGY	THEORETICAL LENS	CORE FINDINGS	IMPACT FACTOR
		research methodology	Quality Management in Healthcare. Quality in Healthcare framework.	workplace will ginger nurses to work and stay	
03	Kroezen et al. (2015)	Qualitative Case studies on R&R – covering 40 interventions from 21 EU/EFTA Data collected via desk research (n = 40), telephone and/or email interviews (n = 31) and site visits (n = 9) and thematic within-case and cross-case analysis	Relied on Evidence based Framework. Thematic analysis approach, context-sensitivity. Resource management for effective recruitment and retention (R&R) interventions.	Found necessity for effective recruitment and retention strategies Adapting interventions to specific contexts Improve R&R strategies across Europe. Good practices identified can facilitate Recruitment and Retention	IF 5.5
04	Arora and Gulia (2020)	Compiles information UK and Foreign sources, government data, research reports, journal articles of nurses India/UK.	Not explicit but explanations align with Push-Pull Theory	Found: Increased nurses' turnover. Hospitals difficult management in UK, India and the world is facing acute shortage of Nurses. Nurses preferred UK, and welfare states. They suffer stress, poor pay and unfavourable toxic work environment, poor leadership.	IF 7. 583
05	Merz, et al. (2024)	Qualitative research of COREQ checklist with interviews and analysis of a larger projects depicting nurses to UK from India and China.	The Push-Pull theory and Alluded to Post-Fordist manufacturing model characterised by flexible specialisation and a networked structure	UK-India nurse migration goes beyond recruitment, and training to improve nurses but the market may not be available when they finish hence inequalities sets in. Affect nurses' shortages and	IF 6.1

NOS	AUTHORS	METHODOLOGY	THEORETICAL LENS	CORE FINDINGS	IMPACT FACTOR
				recruitment from LMIC	
06	Phiri et al. (2022)	Qualitative and Discursive Analysis discursive of challenges faced by the UK's (NHS) in recruiting international mental health Nurses.	Evidence based, practical and analytical approach discussing strategies for international recruitment of nurses for (NHS) & real-world data,	Found that while international recruitment is a viable short-term solution to address the shortages. Ethical recruitment practices, better working condition can improve the push for mental health nurses.	IF 3.10
07	Chant, et al. (2024).	Used mixed-methods: Online Survey: A cross-sectional survey of neonatal nurses in England and Wales	No specific theory adopted	Retention of neonatal nurses is has become a heculian task. Work condition of Nurses, and failed hope	IF 3.68
08	Buchan, (2015)	Qualitative and Discursive Analysis of policy instrument of NHS, government, foundations	Discussive of dynamics of nurse migration and recruitment in the United Kingdom using policy and Adopted Department of Health's Code of Practice	There is continued clamour for additional workforce affected by globalization of labour markets. There is reduction in supply of U.K. nurses because of early retirement	IF 7.101
09	Fernandez-Castillo, et al. (2025)	Qualitative research was undertaken, with a descriptive exploratory interpretative approach, implementing a QUAL-QUAL design. Experienced ICU nurses were interviewed by focus group, using in-depth interviews for novel nurses.	Inductive theoretical framework and used Template Analysis model of Brooks et al. QUAL-QUAL Consolidated Criteria for Reporting Qualitative Research (COREQ). Standards for Reporting Qualitative Research (SRQR).	Findings identified four main themes: intensive care training, taking care of the intensive carer, optimized human resources management , extrinsic and intrinsic motivations Guide recruitment strategies to attract talented nurses to ICUs, ensuring optimal care for critically ill	IF 4.7

NOS	AUTHORS	METHODOLOGY	THEORETICAL LENS	CORE FINDINGS	IMPACT FACTOR
				patients and addressing the global nursing shortage in this field.	
10	Simonsen, M.K., and Fleischer, M. (2024).	Methodology based on a quality improvement project. Data was collected from annual job satisfaction surveys. The formation of Nursing Expert Group and focus group	Not explicit but: Strategic planning is presented as a framework for improving organizational performance, reducing turnover, enhancing job satisfaction, and improving patient care quality	Found a reduction of turnover rate decreased from 22.6% in 2020 to 20.0% in 2023, job satisfaction survey scores increased from 3.9 in 2020 to 4.1 in 2023 and lower recruitment and training cost facilitated retention of international nurses	IF 1.18
11	Stewart, C., Bench, S. and Malone, M., (2024).	A scoping review Joanna Briggs Institute scoping review methodology	No theory	Highlighted support for wellbeing of critical care nurses, exacerbated by the COVID-19 focusing on personal psychological strategies such as resilience training and mindfulness	IF 4.7
12	Adam et al. (2025)	Scoping Reviews	Joanna of Briggs Institute (JBI) for scoping reviews.	Highlighted nurses movement caused by unsecured future and unhealthy environment for personal advancement, motivation and ethical issues.	IF 3.17
13	Yakusheva et al. (2024)	Nursing Human Capital Value Model redefines nursing's economic value as the ROI in	Three classic economic frameworks: human capital theory, production	Doing more with less. Application of the theoretical model paves the way for future research on the	IF 7.1

NOS	AUTHORS	METHODOLOGY	THEORETICAL LENS	CORE FINDINGS	IMPACT FACTOR
		nursing human capital, linking nursing staff characteristics	theory, and value theory which becomes Nursing Human Capital Value Model	dynamic scope of nursing's economic contribution for the long-term nursing	
14	de Vries, et al. (2023)	Systematic Review Design followed (PRISMA) guidelines	Job Demands-Resources (JD-R) Model	Found that the intention to leave “among nurses are 12% to 64%, The determinants of retention are job satisfaction, heavy workload and burnout, ethical dilemmas; pull/pull factors	2.5
15	Robson A, Robson F. (2016)	Methods. quantitative survey approach, collecting data from 433 nurses employed in two NHS Foundation.	NA	Discovered pull factors affect managers and nurses’ leaving job intention. impact of organizational support on retention Leadership role employee commitment influence factors on leave intention.	IF 2.48
16	Marco, et al (2024)	Multicentre Cross-sectional study Likert scale outcomes, Logistic regression models were used for statistical analysis.	Job Demands-Resources (JD-R) model as its theoretical framework	Desire in abandoning workplace by youths who served at frontline against COVID-19, lack of quipment, and dissatisfaction	IF 3.07
17	Nashwan, et al. (2021)	Cross-sectional, survey-based descriptive design Turnover Intention Scale (TIS-6)	Based on stress, burnout, job dissatisfaction, and commitment as key determinants of nurses’ turnover intentions	Nurses’ turnover intentions increased during Covid- 19 due to pandemic due to emotional stress, frustration, which could lead to post traumatic stress disorder (PTSD).	3.05

NOS	AUTHORS	METHODOLOGY	THEORETICAL LENS	CORE FINDINGS	IMPACT FACTOR
				Suggests a global trend	

Source: Author (2026)

The maps below point to the five countries where UK are mostly recruiting International Trained Nurses to work. This study is in line with other studies that consistently confirm that UK does not only suffer persistent scarcity of nurses, but they have also been in the forefront of recruiting from these countries. From this juncture, the next presentation includes findings, research gaps for future studies, academic, business contribution and recommendations, ethical considerations and approval, my thoughts, strengths weaknesses, conclusion, timeline and references.

Fig. 1. Five countries where UK recruits nurses mostly



Fig. 1. Source: Authors' Own. 2026

- ➡ International Nurses' recruitments to United Kingdom
- Remittance transfers to home countries

5. Findings

Findings reveal that a second migration is occurring among nurses who surreptitiously emigrate to USA, Canada and Australia, thereby sapping the already sapped situation (Arora, and Gulia, 2020). We now understand some benefits, outflow emigration caused by low maintenance and mentoring. We now understand the consequences of nurses' turnover in the United Kingdom (Halter et al. 2017; Arora and Gulia, 2020). Understanding these help UK and EU policymakers and managers plan new workforce strategies and support nurses during health crises.

These findings can be a guidance to HR management following holistically the justifications emanating from the themes on recruitment and retention strategies, Emmanuel and Lee (2024); Merz et al. (2024); Phiri et al. (2022); Chant, et al. (2024); Adam et al. 2025 (2021); Halder, (2018); de Vries, et al. (2023); Robson and Robson (2016); effect of workplace conflict with foreign nurses, Obrey, (2009); Kroezen, et al. (2015); WHO, (2020); Halter et al. (2017); Halter et al. (2017); Chant, et al. (2024); reasons for nurses' scarcity and their migration, Buchan, (2015; Phiri, et al. 2022); increased turnover and toxic workplace, Gulia (2020); WHO, (2020); Halter et al. (2017); Nashwan et al. (2021); burn out and ethical issues, global shortage of nurses, Quinlan and Bohle (2004); Quinlan and Bohle (2009); Galanis et al. (2021); Chor, et al. (2021; and shortages of nurses (Simonsen, et al 2024; by WHO, 2020; Chan, et al. 2013).

5.1. Research gaps for future studies

- I. Ethical hazards associated AI and VR in recruitment strategies and data protection
- II. Effects of burnout, heavy load and PTSD linked to disrespect and frequent relocation to rural communities.
- III. Fear of termination and high cost of renewal of documents

This Critical integrated review contributes to new knowledge and adopts psychological and implied contract theory, which has not been used to investigate the issue of international nurses. A business management lens view to add to the existing view on policy making and management has been adopted in this study, therefore building on the platform to manage human relations and onboarding staff through strategic actions. It is our view to change the lens to add to the existing view, therefore modifying the narrative and ethical lapses associated with the issues of short-term contracts and the use of AI and RD in recruitment, which has not been investigated.

5.2. Academic, Business Contribution and Recommendations

This research contributes to theory and practice in NHS, hospitals and organisation/company health centres, thereby enriching the quality of recruitment, retention, and mentoring of international nurses. The new theoretical framework captures recruitments and retention of International Nurses and are always exposed to external contingency factors like stiff policy changes, training and labour market fluctuations whereas the findings of Buchan, (2015) Fernandez-Castillo, et al. (2025) aim to guide the development of recruitment strategies to attract talented nurses (Fernandez-Castillo, et al. 2025; Emmanuel and Lee, 2024). This research is an appropriate, and permanent longitudinal research.

The adoption of new theoretical frameworks presented, e.g., Push/Pull Theory to explain global nurse scarcity, competition and migration movement; Strategic Talent Management used to explain International Nurses recruitment strategies, Fernandez-Castillo, et al. (2025); Emmanuel and Lee, (2024); Kroezen et al. (2015), and Psychological and implied Contract Theory in Organisations. We now know that wellbeing is a significant issue affecting International Nurses, ICU, emergencies, and risk of nurses leaving workplaces (Chant, et al. 2024; Stewart et al. 2024; Simpson et al. 2024; Merz et al. 2024; Phiri et al 2022). There are literature gaps around International Nurses' integration welfare and electronic recruitment, Fernandez-Castillo, et al. (2025). Therefore, it is strongly recommended to NHS and HR managers to observe Ethical norms while recruiting nurses from red lists of LMICs. It is improper to recruit nurses from countries that have a scarcity of nurses.

5.3. Ethical Considerations and Approval

The ethical aspects of recruiting with AI and VR, as mentioned earlier, remain an issue to be resolved because it affects the privacy of international nurses and their families. This study does not need Ethical approval because it uses secondary materials. The UK has committed to ethical recruitment practices by adhering to 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).

5.4. My thoughts on this CRL

Nurses should leverage their commitment to become agencies of their own and agencies of social change by demanding homologation of their certificates, advocate for reduction of fees,

financial review and data protection. Nurses' recruitment should include housing, settlement and transportation allowance that can help them act as agents to community advocacy of health equality, leveraging their expertise to influence health policies and to protect the vulnerable ones, thereby enhancing social determinants of health found in (SDOH). This will elevate quality improvement, and nurses can wield clout on advocacy, political action, public debate and advocacy in media outlets, speaking in conferences, and utilise community-based data to support their interventions. Nurses can then create initiatives to eliminate health disparities and improve community well-being.

5.5. Strengths and weaknesses

The results are consistent with the aims and objectives of this research, findings align with the questions analysed and findings are clearly presented using tables and diagrams where necessary.

In this way nurses can take a leverage to become agencies of their own lives. Nurses can be changing agents and community advocates by leveraging their expertise to influence health policies, and lead quality improvement programmes. International Nurses can advocate for annulment of restrictive recruitment and retention policies through political action, public advocacy, and community data driven.

The weaknesses are that it might have been better to cover a larger geographical area in Europe and there is no explanation to the short-term of 2 to 5 years halve-retention of International Nurses.

6. Conclusions

To maintain interdisciplinary approach this critical integrative review has synthesised the representative literature harvested on this phenomenon. The search conducted in databases of EMERALD, ProQuest, JSTOR, EBSCO host returned (N=2668) and after comprehensive reading, vetting and exclusions, the included articles in this critical integrative review were (N=17). They were screened, verified, and impact factor assessed for quality and suitability. with the adoption of PRISMA and CASP quality appraisal that helped us establish confidence and repeatability. The CIR provides a profound understanding of the interplay of various factors that affect the phenomenon. Factors causing scarcity of nurses were identified and militating against retention pushing the bar towards frequent turnover were presented (Halter et al. 2017). The strategies for recruitment of international nurses from overseas were present and those factors that provoke outflow of nurses from UK to other western countries were highlighted. Other associated obstacles to retention of nurses were presented. Home Office and NHS policy making and decisions in training and the connection to the three theoretical foundations align with this study. Equally the business lens has worked well in explaining the dimensions of HR managers recruitment and retention strategies in business administration.

At global level, there is convulsive competition for recruitment of nurses by developed countries which puts heavy burden on developing countries who are unable to match the huge developmental difference that serve as pull factors, thereby sapping the already sapped resources. The ethical dimension is yet to be respected, whereas nurses who accumulate huge armour of income are basking in pride of their well-deserved returns which is expressed in huge remittances exported back home.

Future research may consider adopting Yakusheva et al. (2024) i.e. Nursing Human Capital Value Model which can pave way for in-depth research. The knowledge of the nature of militating factors can help NHS, UK and EU policymakers and hospital managers plan workforce strategies to protect their staff and international nurses.

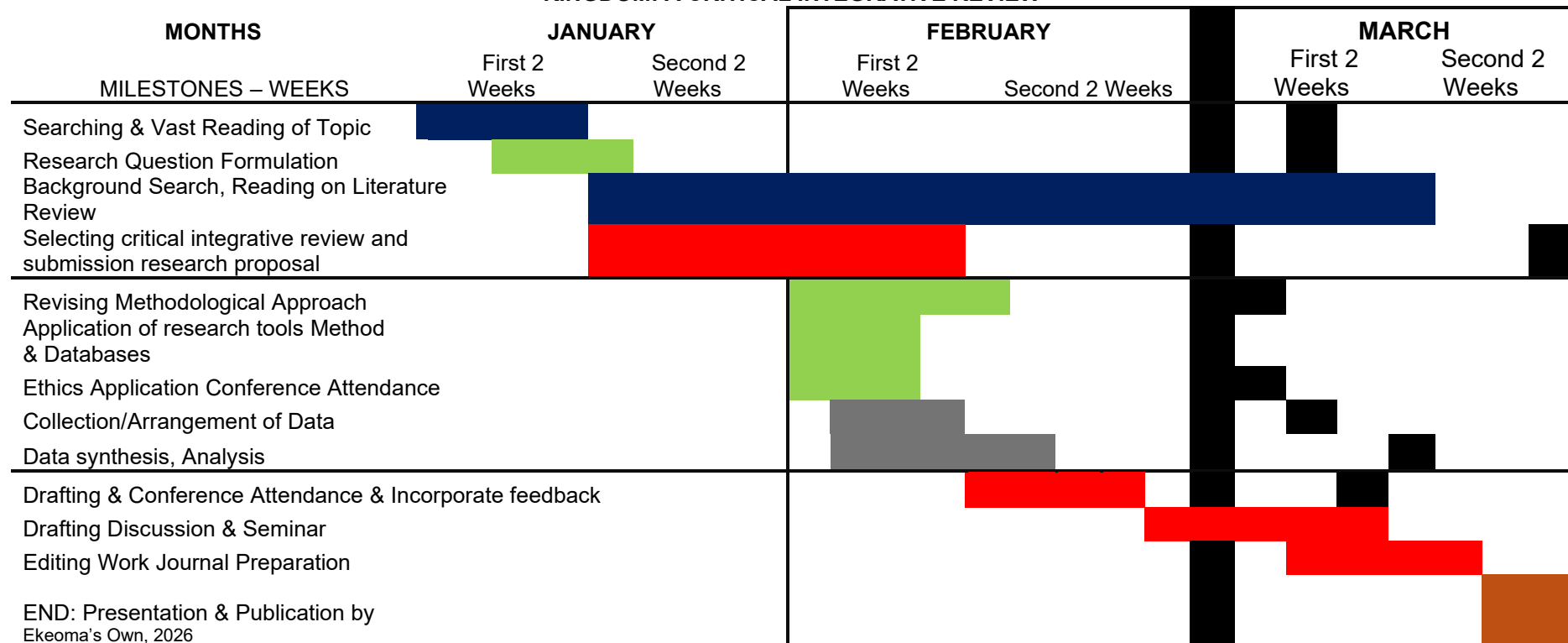
7. Timeline of this study

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

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RESEARCH PROPOSAL TOPIC: EVALUATION OF SCARCITY, RETENTION & RECRUITMENT OF INTERNATIONAL NURSES IN UNITED KINGDOM: A CRITICAL INTEGRATIVE REVIEW



Source: Author (2026)

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