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Burnout among internationally educated nurses in the United Kingdom National Health Service (NHS): A scoping review

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Systematic Review

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Abstract

Aim.

To identify and synthesize the existing literature on burnout among Internationally educated nurses (IENs) working in the United Kingdom National Health Service.

Design. Scoping review

Methods

This scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology.

Data sources

MEDLINE (PubMed), Embase (Elsevier), CINAHL Complete (EBSCOhost), and Web of Science (Clarivate) were searched on 6th June 2026 with no date restrictions.

Results

The search yielded 1,668 records, of which 671 duplicates were removed. Following title and abstract screening of 997 records, 21 articles underwent full-text review. No studies met the predefined eligibility criteria for inclusion. Although 19 excluded studies examined burnout among nursing populations in the UK, none focused specifically on internationally educated nurses. Two studies examined internationally educated nurses, but neither assessed burnout as an outcome. Consequently, no evidence was identified regarding burnout among internationally educated nurses working in the UK NHS.

Conclusion

This review identified a substantial gap in the literature regarding burnout among IENs in the UK NHS. Despite decades of research examining burnout among nurses, internationally educated nurses have remained largely absent from this body of evidence. Given the increasing reliance of the NHS on IENs, research is urgently needed to understand burnout, wellbeing, and retention within this workforce and to inform targeted interventions, policy development, and workforce support strategies.

Patient or Public Contribution

No patient or public contribution.

Reporting method

PRISMA-ScR

What does this paper contribute to the wider global clinical community

- Identifies a significant research gap on burnout among internationally educated nurses in the United Kingdom.
- Highlights the need to investigate the prevalence, contributing factors, and consequences of burnout among IENs in the UK NHS.
- Emphasizes the need for empirical evidence to inform workplace support strategies and policies that promote IEN well-being and retention.

Background

Internationally educated nurses (IENs) represent an important and growing part of the United Kingdom's National Health Service (NHS) workforce, addressing persistent nursing shortages and sustaining healthcare delivery across diverse care settings[1]. Recent workforce data from 2025 indicate that approximately one in four nurses registered with the UK Nursing and Midwifery Council were educated outside the UK, while nearly half of all new nursing registrants in 2023/24 were internationally educated[2]. Through their clinical expertise and workforce contributions, IENs help maintain essential services, particularly in underserved regions within the UK[3]. However, the long-term sustainability of international recruitment depends not only on attracting nurses to the NHS but also on supporting their wellbeing and retaining them within the workforce[1]. Many IENs encounter challenges related to workplace integration, professional adjustment, discrimination, workload demands, and limited organizational support, all of which may contribute to burnout and increase intentions to leave[4,5].

Burnout among nurses is a pervasive occupational phenomenon characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment[6]. Across healthcare settings, burnout has been consistently associated with adverse outcomes for both nurses and patients, including increased absenteeism, turnover intentions, reduced job satisfaction, lower workforce retention, and compromised quality and safety of care[7]. Within the NHS, burnout has emerged as a substantial workforce challenge, threatening staff wellbeing, organizational performance, and the sustainability of healthcare services[8]. The 2023 NHS Staff Survey found that nearly one in three employees (30.4%) of reported feeling burned out because of their work and 73.8% indicating that they experienced unrealistic time pressures[9].

Although the literature on nurse burnout continues to expand, no review to date has mapped the evidence on burnout and its consequences among IENs working within the UK NHS. Existing research often treats the nursing workforce as a relatively homogeneous group, with limited attention to the distinct experiences of IENs. This is an important gap because IENs face unique and intersecting stressors, including visa and immigration uncertainty, cultural adaptation, discrimination and marginalization, and differences between prior professional training and NHS practice [4,10,11]. These stressors may contribute to burnout and shape IENs' workplace experiences, psychological safety, sense of belonging, wellbeing, and intentions to remain in the nursing workforce[7]. Without a synthesis specific

to this group, policymakers, healthcare leaders, and educators lack the evidence needed to design targeted, evidence-informed strategies to support IEN wellbeing and strengthen workforce retention.

This scoping review therefore aimed to describe and synthesize the existing literature on burnout among IENs working within the UK NHS. Specifically, it examined (1) how burnout is described, measured, and reported; (2) which workplace, organizational, and interpersonal factors are associated with burnout; (3) how psychological safety is conceptualized or linked to burnout; and (4) the reported implications of burnout for workforce wellbeing, retention, and professional outcomes. By identifying what is known and where evidence is lacking, the review can inform future research and support organizational, educational, and policy efforts to improve IEN wellbeing and retention within the NHS.

Methods

Review Design

This scoping review was conducted to map and synthesize the existing literature on burnout among IENs working in the UK NHS, with particular attention to workplace experiences, psychological safety, wellbeing, and retention-related outcomes. A scoping review methodology was selected because of its suitability for examining the breadth and nature of evidence within a developing area of inquiry and identifying knowledge gaps[12]. The review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology for scoping reviews[13] and was prospectively registered with the Open Science Framework. Our PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) checklist can be found in the supplemental materials.

Review questions

The review was guided by the following questions:

1. How has burnout been described, measured, and reported among IENs working in the UK NHS?
2. What workplace, organizational, and interpersonal factors have been associated with burnout among IENs in the UK NHS?
3. How has psychological safety been conceptualized or examined in relation to burnout among IENs?
4. What implications has burnout had for workforce wellbeing, retention, and professional outcomes among IENs working in the UK NHS?

Eligibility Criteria

The review followed the Population-Concept-Context (PCC) framework recommended by JBI[13].

Population

Internationally educated nurses employed within the UK NHS.

Concept

Burnout and related constructs, including psychological safety, wellbeing, workplace experiences, job satisfaction, turnover intentions, and retention.

Context

NHS healthcare settings across the United Kingdom.

Eligible studies included quantitative, qualitative, and mixed-methods research. Quantitative designs included experimental, quasi-experimental, observational, cohort, case-control, and cross-sectional studies. Qualitative studies exploring experiences of burnout, workplace wellbeing, and psychological safety among internationally educated nurses were also eligible. Editorials, commentaries, opinion papers, letters, conference abstracts, and studies not focused on IENs within the NHS were excluded.

Search Strategy

A comprehensive search strategy was developed in consultation with a Health Sciences librarian. An initial search of MEDLINE (PubMed) was undertaken to identify relevant keywords, Medical Subject Headings (MeSH), and index terms. These terms were subsequently adapted for each database.

The following electronic databases were searched: MEDLINE (PubMed), Embase (Elsevier), CINAHL Complete (EBSCOhost), and Web of Science (Clarivate). We selected those four databases because the Cochrane Handbook (section 4.3.1.1) advises that the search for studies for a review should be as thorough as possible to lower the risk of reporting bias and to find as much relevant information as feasible[14]. In addition, searching two or more databases reduces the risk of missing eligible studies[15]. Searches were conducted from database inception to the final search date (20 June, 2026).

Database-specific subject headings and free-text terms relating to IENs, migrant nurses, overseas nurses, burnout, wellbeing, psychological safety, and workforce retention were combined using Boolean operators. Where available, filters were applied to exclude editorials, letters, comments, and conference abstracts. Studies published in languages other than English were considered when an English-language version was available.

Study Selection

All identified citations were imported into Covidence (Veritas Health Innovation, Melbourne, Australia)[16], and duplicate records were removed. Prior to formal screening, the review team conducted a pilot screening exercise to ensure consistent application of the eligibility criteria. Titles and abstracts were independently screened by two reviewers. Potentially relevant articles underwent full-text review by the

same reviewers. Disagreements at any stage of the screening process were resolved through discussion and consensus. Reasons for exclusion during full-text review were documented.

Backward and forward citation searches were conducted for all included studies to identify additional relevant records. The study selection process was documented using a PRISMA Extension for Scoping Reviews (PRISMA-ScR) flow diagram[17].

Data Extraction

A standardized data extraction form was developed to capture relevant study characteristics and findings, including study design, participant characteristics, NHS setting, burnout definitions and measures, workplace factors, psychological safety, wellbeing outcomes, retention-related outcomes, and key findings. However, no studies met the eligibility criteria for inclusion; therefore, data extraction was not undertaken.

Data Synthesis

The review protocol specified that included studies would be synthesized using descriptive and narrative approaches, with findings organized according to the review questions and key domains related to burnout, workplace experiences, psychological safety, wellbeing, and retention. However, as no studies met the eligibility criteria, no data synthesis was conducted. Instead, the absence of eligible studies was considered a key finding of the review and was used to identify an important gap in the evidence base regarding burnout among internationally educated nurses working in the UK NHS.

Results

Study selection

A total of 1,668 references were identified through the search strategy, of which 671 duplicates were removed (Fig. 1). The titles and abstracts of the remaining 997 studies were screened, and 976 were excluded based on relevance. Full texts were retrieved for 21 studies, all of which were subsequently excluded. Sixteen studies were excluded because the participants did not include IENs, four were not conducted in the UK, and one did not assess burnout as an outcome. Consequently, no study met the predefined eligibility criteria for inclusion. As no eligible studies were identified, no data extraction, study characteristic synthesis, or outcome synthesis was undertaken.

Among the 21 excluded full-text articles, 19 examined burnout either as a primary outcome or alongside related concepts. The related concepts included stress, psychological distress, coping, job satisfaction, exhaustion, work-life balance, social support, self-esteem, caring behaviors, and work engagement. The studies were published between 1987 and 2026. Most of the 21 excluded studies were conducted among mental health nursing populations, including psychiatric nurses, forensic community psychiatric

nurses, community mental health nurses, nurses working in acute mental health facilities, and nursing staff in psychiatric or personality disorder services.

Of the 21 full-text articles reviewed, only 2 focused specifically on IENs[18,19]. Olsen[18] examined the recruitment, integration, and retention of IENs within NHS trusts, whereas Trueland[19] explored IENs' expectations and experiences of working overseas. Although both studies focused on IENs, neither assessed burnout as an outcome. These findings highlight a notable gap in the literature regarding burnout among IENs working in the UK NHS.

Figure 1. **PRISMA Flow Diagram**

Discussion

This scoping review sought to identify and synthesize evidence on burnout among IENs working in the UK NHS. Despite a comprehensive search across four major databases and systematic screening procedures, no studies met the eligibility criteria. Although numerous studies examined burnout among nurses working in UK healthcare settings, none specifically investigated burnout among IENs in the NHS. This finding highlights a significant gap in the literature and suggests that burnout among IENs has remained largely overlooked despite the growing reliance of the NHS on an internationally recruited nursing workforce.

Burnout has been a longstanding area of interest within nursing research[20]. Studies examining burnout among nurses in the United Kingdom can be traced back several decades, with some of the earliest identified studies published in the 1980s. For example, Firth and Britton's work among psychiatric nursing staff demonstrated early recognition of the psychological and occupational consequences of nurse stress and burnout[21]. Since then, a substantial body of literature has explored burnout across diverse nursing specialties, particularly among mental health nurses, psychiatric nurses, and community-based nursing populations[22]. The studies identified in this review similarly reflected a longstanding interest in burnout and related constructs, including stress, psychological distress, coping, job satisfaction, exhaustion, and work engagement[23–25]. However, despite this extensive research history, IENs have largely remained absent from burnout research within the UK context.

The absence of eligible studies identified in this review is consistent with broader literature suggesting that the wellbeing of internationally educated and migrant nurses has often received limited attention relative to workforce recruitment and retention[1]. Existing studies involving IENs have primarily focused on recruitment experiences, workforce integration, professional adaptation, discrimination, retention, and migration experiences rather than psychological wellbeing or burnout[26]. The two studies identified in this review that specifically focused on IENs similarly examined workforce integration, retention, and overseas working experiences but did not assess burnout[18,19]. Together, these findings suggest that international recruitment has typically been examined from a workforce supply perspective, while less

attention has been devoted to understanding the psychological and occupational wellbeing of internationally educated nurses after they enter the workforce.

The lack of evidence identified in this review is particularly noteworthy given the important role that IENs play within the NHS. International recruitment has become a central strategy for addressing persistent nursing shortages, and internationally educated nurses now constitute a substantial proportion of the UK nursing workforce[3]. At the same time, IENs may experience unique challenges that differ from those faced by domestically educated nurses, including migration-related stressors, cultural adaptation, discrimination, professional transition, separation from established social support networks, and uncertainty related to immigration processes[10,11,26]. These experiences have the potential to influence workplace wellbeing, psychological safety, and burnout risk[7,27]. Without research specifically examining burnout among IENs, it remains unclear whether existing evidence from the broader nursing workforce adequately captures the experiences and needs of this population.

The findings of this review have important implications for research, practice, and policy. First, there is a clear need for empirical studies examining the prevalence, predictors, and consequences of burnout among IENs working in the NHS. Future research should explore how workplace factors such as organizational support, team inclusion, discrimination, leadership practices, and psychological safety influence burnout experiences among IENs in the NHS. Longitudinal and mixed-methods studies may be particularly valuable for understanding how burnout develops over time and how migration and workforce experiences intersect to shape wellbeing and retention outcomes.

Second, future studies should investigate the relationship between burnout and workforce retention among IENs. As the NHS continues to rely on international recruitment to address workforce shortages, retaining IENs is essential for maintaining workforce stability and continuity of patient care. Understanding factors that contribute to burnout may help healthcare organizations develop targeted interventions that support nurse wellbeing, improve job satisfaction, strengthen retention, and ultimately enhance patient care quality and organizational performance.

Limitations

Several limitations should be considered when interpreting the findings of this review. First, although a comprehensive search strategy was employed across multiple databases, relevant studies may not have been indexed within the selected databases or may have been published in sources not captured by the search. Second, grey literature was not included, which may have excluded workforce reports, organizational evaluations, or unpublished studies examining IEN wellbeing. Third, the review was restricted to studies conducted within the UK NHS and therefore does not capture evidence from other countries where IENs may experience similar challenges. Finally, because no studies met the eligibility criteria, the review was unable to synthesize evidence regarding burnout experiences, associated factors, or outcomes among IENs in the UK NHS.

Conclusion

This scoping review identified no published studies specifically examining burnout among internationally educated nurses working in the UK NHS. While burnout has been extensively studied among nurses for several decades, IENs remain largely invisible within this body of literature. Given the growing dependence of the NHS on internationally recruited nurses, this represents an important evidence gap. Future research is urgently needed to understand the prevalence, determinants, and consequences of burnout among IENs and to inform interventions, policies, and workforce strategies that support nurse wellbeing, enhance retention, and strengthen the sustainability of the NHS workforce.

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Figures

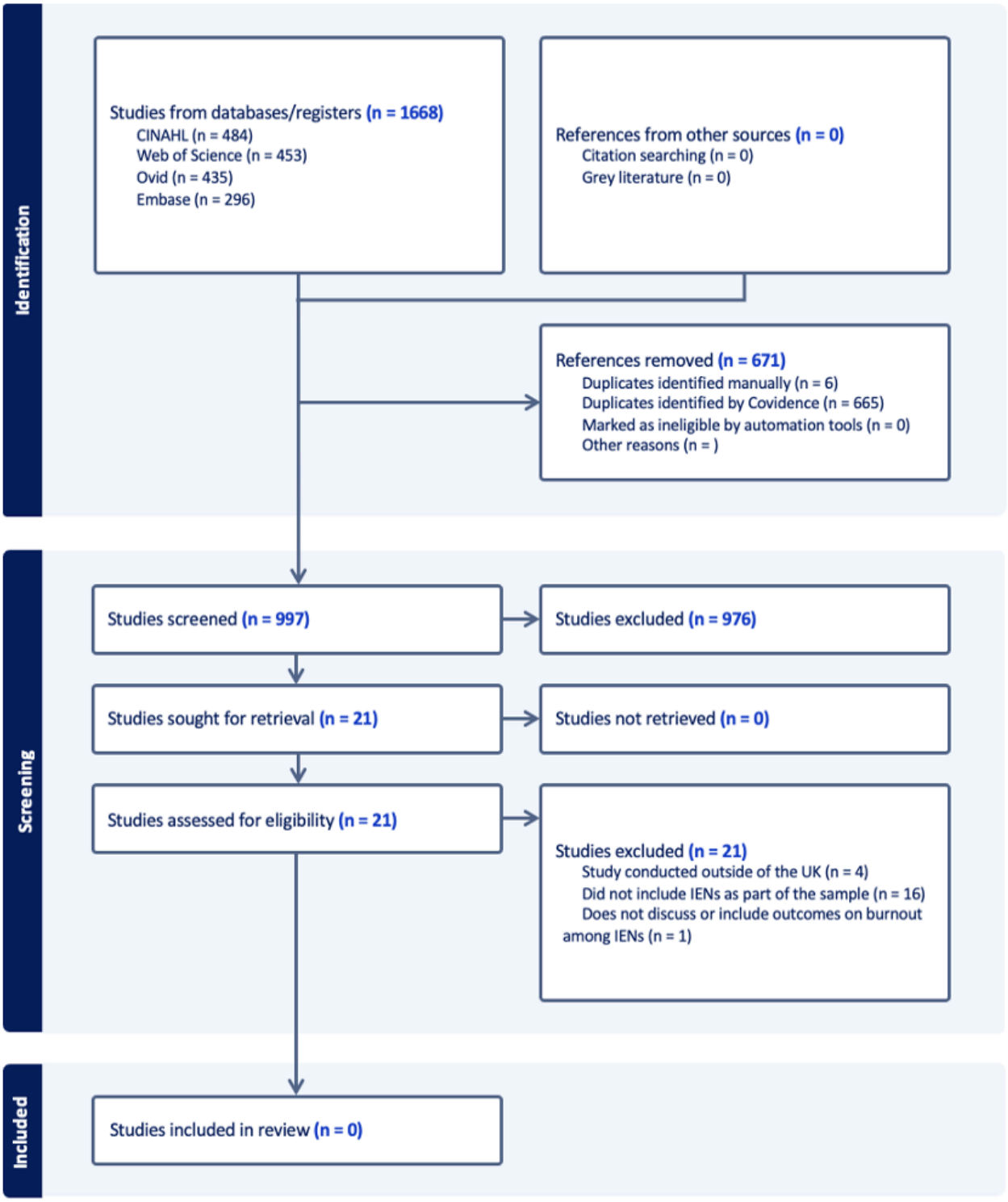

Figure 1

PRISMA Flow Diagram

Supplementary Files

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