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Retaining NHS staff from ethnic minority and migrant groups

Submission date
17/04/2025

Recruitment status
No longer recruiting

Registration date
20/06/2025

Overall study status
Ongoing

Last Edited
11/03/2026

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
The aim of this study is to improve understanding of how and why NHS staff from ethnic minority groups and/or staff who have migrated to the UK ("minoritised groups") stay or leave the NHS. Ethnic minority staff comprise 24% of all NHS staff, including 42% of doctors and over 90% of nurses in the lowest pay grade. Staff from minoritised groups are at greater risk of harassment, low pay and poor career progression and they have been disproportionately negatively affected by the pandemic. The aim of this study is to explore how these (and other non-work related) experiences and factors influence HCWs, particularly those from minoritised groups, decisions to leave or stay in their jobs.

Who can participate?
Health care workers aged 18 years and over who have are leaving or thinking of leaving their job, or have recently left their job, and their managers within the health care workforce

What does the study involve?
We will ask you to:
1. Register your details (including contact details) on our secure web page.
2. Confirm you have read this Information sheet and provide consent to participate in the study using our secure web page, if you are happy to do so.
3. Complete a short demographic questionnaire, which will take approximately 5 minutes. We will ask some basic information about you, including your age, ethnicity, job role and also if you plan to leave or have already left your job.
4. On the basis of the information you provide, we will screen your eligibility against our sampling criteria, and if you meet the criteria, you will be invited to take part in an interview.
5. Your decision to participate will be confidential, and anything you say will also be confidential, and the information you give will be anonymised (so no personal data about you is shared).
6. Interviews will be at a time that is convenient to you and most will likely take place on Microsoft Teams, which is a safe online platform approved by the University of Leicester. If there is a preference for face-to-face/telephone interviews, this will be taken into consideration where feasible.
7. In the interview, you will be asked several open-ended questions regarding your perceptions about different aspects of your job, intention to leave, the impact this has/will have on your

personal and professional life and finally your views about improving staff retention.
8. We will record your responses using the Teams feature or use an encrypted voice recorder if doing it face-to-face or telephonically (and will require your consent for this).
9. The interviews will take around 45 minutes – 1 hour to complete.
10. The interviews will primarily be conducted in English; however, if you feel that language will be a significant barrier for you in expressing yourself during the interview, we might be able to arrange for an interpreter.
11. After the interview, we will offer you a £25 shopping voucher as a token of our appreciation, on signing a contributor disclaimer form which reiterates the voluntary nature of your participation
12. If you consent to be re-contacted, we may contact you again to invite you to participate in further aspects of the study such as focus groups or to record your experiences as a 'story'

What are the possible benefits and risks of participating?
This research is part of the UK-REACH I-CARE study and could help to improve our understanding of why healthcare staff leave or stay in the NHS, particularly those from minoritised groups. The findings could inform policy interventions to help NHS organisations retain staff. However, there may be no direct benefit to you personally.
There are no known disadvantages or health risks associated with this research. However, there are some questions about sensitive topics that some people may find upsetting – you can choose not to answer any question(s) that you do not feel comfortable answering, and you may stop at any time. The study team has experience of working on/hearing about difficult/sensitive topics and will follow a distress protocol if they identify any signs that you are becoming distressed during the interview and will support you. In addition, on the UK-REACH website (www.uk-reach.org), we provide contact details for organisations that provide support for mental health and wellbeing, including some particularly relevant to healthcare workers. You can also contact the study team by telephone or email. Contact details are provided at the start and end of this document.

Where is the study run from?
The study is co-led by the University of Leicester and University College London (UK)

When is the study starting and how long is it expected to run for?
March 2024 to February 2027

Who is funding the study?
NIHR Health and Social Care Delivery Research (HSDR) Programme (UK)

Who is the main contact?
1. Holly Reilly, hlr21@leicester.ac.uk
2. Manish Pareek, mp426@le.ac.uk
3. Kath Woolf, k.woolf@ucl.ac.uk

Contact information

Type(s)
Scientific

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Additional identifiers

Integrated Research Application System (IRAS)
351368

Central Portfolio Management System (CPMS)
66339

National Institute for Health and Care Research (NIHR)
157268

Protocol serial number
Grant Code:

Study information

Scientific Title
United Kingdom research study into ethnicity and COVID-19 outcomes in healthcare workers: increasing retention of healthcare staff from ethnic minority groups, Work Packages 4 and 5 (qualitative and co-design study)

Acronym
UK-REACH I-CARE WP4&5

Study objectives
This is a qualitative study and does not have a hypothesis. The main research question is: In which contexts, and why, are staff from minoritised groups more likely to leave or stay within the NHS workforce post-pandemic compared to white British groups?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 10/04/2025, University of Leicester Health, Biological and Psychology Sciences, Research Ethics Committee (University of Leicester, University Road, Leicester, LE1 7RH, UK; Tel: not available; ethics@le.ac.uk), ref: 25/PR/0361

Primary study design
Observational

Study design
Observational; Design type: Qualitative

Study type(s)
Other

Health condition(s) or problem(s) studied
Retention of healthcare staff from ethnic minority groups

Interventions
WP4 will adopt a qualitative research design, using interviews with staff and managers at selected NHS trusts. A multi-factorial approach will be applied to purposively sample trusts from

all categories (e.g. acute, mental health and community, ambulance etc), locations (e.g NHS regions), across the staff stability spectrum and percentage of ethnic minority staff. Within the sampled Trusts, we will purposively recruit staff (including those who have left/intending to leave) from across ethnic and migration backgrounds and roles (including those in allied health professional roles), and staff responsible for retention (e.g. HR and clinical managers) to capture diverse and intersectional experiences. Various recruitment strategies will be employed to recruit staff from different ethnicities, migration statuses and job roles take part in the study. Interviews will primarily be conducted online, but a face-to-face option would be available if participants prefer this mode and it is logistically feasible.

WP5 is a co-design collaborative work package that involves the interaction of the research team with individuals with lived experience of working and experiencing care within the NHS during the current retention crisis, and representatives of organisations with responsibility for representing HCWs and/or protecting patients. Involvement is primarily via the PPEP and STAG through a series of workshops. Workshop materials will be used to create a set of policy interventions. ~20 WP4 participants, with permission to recontact, will be approached to take part in focus groups to seek feedback and refine the suite of policy interventions developed in WP5. Participants will be reconsented to take part in the focus groups

WP5 will also involve co-designing of narrative stories together with selected participants from WP4 (based on their interview data) and a team of professional storytellers.

We will conduct qualitative interviews with 50 HCWs who have left or are planning to leave their NHS jobs and 25 managers at hospital trusts to understand the reasons for leaving. Interviews will primarily be conducted online and transcripts will be generated, which will be analysed thematically.

We will also co-develop a set of policy interventions that can be adopted by the NHS to help staff stay in their jobs. For this, we will conduct workshops with stakeholders (staff, patients, regulators and policy makers) and use the materials gathered in the workshops to develop a set of policy intervention scenarios. A few participants who take part in the interviews and consent to be recontacted will be invited to take part in further focus groups to test and refine these policy intervention scenarios. Alongside this, short narrative audio stories about true-life experiences of HCWs leading to their leaving or staying in their jobs will be co-created with a set of interview participants. These audio narratives will be disseminated through the study website as part of sharing the findings of the study in an impactful way.

Intervention Type
Other

Primary outcome(s)
Work Package 4:
Understanding NHS staff perceptions on how, why and in which contexts staff from minoritised groups leave or stay working within the NHS, using qualitative interviews with staff who are thinking of leaving, are in the process of leaving, or have left NHS employment, and with NHS managers. (Single interview per individual). Data will be analysed using the framework approach to thematic analysis to allow for both inductive and deductive contributions.

Work Package 5:
Synthesis of data from the other work packages, via narrative and a map of the systems involved in the theories that underlie the study overall. Synthesis continues through the study but the final synthesis and workshops will be undertaken once the basic analyses of all other work

packages are completed. The final programme/system theory will be co-designed with the Study Stakeholder Group and Patient and Professional Expert Panel in workshops and presented visually as a map to help policy-makers and practitioners understand which interventions to choose and to start to develop evaluation measures. Other resources (training resources/policy interventions) will also be designed in these workshops to support NHS leaders and managers to improve retention, the acceptability of which will be explored via focus groups with NHS staff who took part in Work Package 4. These resources will include audio narratives in the form of 'stories' of individual people from WP4 as well as other formats (e.g. toolkit, report) informed by the STAG. Workshops and focus groups are primarily to co-design resources and the discussions from these will be reported as simple narratives or summaries to aid in co-design work.

Key secondary outcome(s)
There are no secondary outcome measures

Completion date
28/02/2027

Eligibility

Key inclusion criteria
All participants in WP4 will be aged 18 years and over, willing and able to give consent. Participants will be staff working in/who have left/who are intending to leave an NHS Trust identified from our work in other work packages.
Purposive sampling will recruit across locations, rurality/urbanity, retention rates and participants will come from a range of ethnic and migration backgrounds and roles (including those in allied health professional roles), and staff responsible for retention (e.g. HR and clinical managers) to capture diverse experiences and any identified gaps from previous WP findings. If necessary, to ensure diversity of experiences, we will additionally invite consenting UK-REACH questionnaire participants from diverse ethnic/migration groups with high or low attrition intentions from across job roles (including allied health professionals) and geographic locations. The WP4 research team will identify participants consenting to recontact and invite up to 14 of these HCWs from groups working within contexts identified in WP2 as putting them at particularly high risk of leaving, and up to 7 managers in organisations with low retention. If needed, the WP4 research team will invite more participants until at least 10 HCWs and 5 managers have agreed. These will take part in focus groups in addition to interviews.
10 interview participants who are identified by the research team as having compelling true-life experiences will be invited to take part in audio recording their stories. They will be reconsented for taking part in this activity.

Collaborators in WP5 will come from two groups:
1. We will build on the UK-REACH infrastructure to develop an I-CARE PPEP group from an existing group which draws membership of HCWs (including allied health professionals) and patients to create an equal and diverse group. We will meet this group biannually.
2. Stakeholder Group (STAG): Through the UK-REACH programme, a national stakeholder group (STAG) was created in 2020 and meets periodically. It includes representation from the NHS (including NHS Workforce Education and Training Directorate, NHS Confederation, NHS Race and Health Observatory), major regulators, HCW unions (BMA, RCM), ethnic minority HCW organisations (BAPIO, Filipino Nurses Association). The STAG will meet quarterly during I-CARE. We will specifically reach out to organisations representing allied health professionals through the Allied Health Professions Federation so that these are included, since the current STAG does not include them.

Participant type(s)
Health professional

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
100 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Anyone not fitting the inclusion criteria or, for WP4, who has not consented

Date of first enrolment
01/05/2025

Date of final enrolment
28/02/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University Hospitals of Leicester NHS Trust
Leicester Royal Infirmary
Infirmary Square
Leicester
England
LE1 5WW

Study participating centre

Derbyshire Healthcare NHS Foundation Trust
Trust Headquarters
Kingsway Hospital
Kingsway
Derby
England
DE22 3LZ

Study participating centre
Hertfordshire Partnership University NHS Foundation Trust
The Colonnades
Beaconsfield Close
Hatfield
England
AL10 8YE

Study participating centre
Oxleas NHS Foundation Trust
Pinewood House
Pinewood PLACE
Dartford
England
DA2 7WG

Study participating centre
Stockport NHS Foundation Trust
Stepping Hill Hospital
Poplar Grove
Stockport
England
SK2 7JE

Study participating centre
Surrey and Borders Partnership NHS Trust Hq
18 Mole Business Park
Randalls Road
Leatherhead
England
KT22 7AD

Study participating centre

Sussex Community NHS Foundation Trust
Brighton General Hospital
Elm Grove
Brighton
England
BN2 3EW

Study participating centre
South West London and St George's Mental Health NHS Trust
Springfield Hospital
61 Glenburnie Road
London
England
SW17 7DJ

Study participating centre
Hertfordshire Community NHS Trust
Unit 1a Howard Court
14 Tewin Road
Welwyn Garden City
England
AL7 1BW

Study participating centre
Bridgewater Community Healthcare NHS Foundation Trust
89 Dewhurst Road
Birchwood
Warrington
England
WA3 7PG

Study participating centre
East and North Hertfordshire NHS Trust
Lister Hospital
Coreys Mill Lane
Stevenage
England
SG1 4AB

Study participating centre

North London NHS Foundation Trust
4th Floor, East Wing
St. Pancras Hospital
4 St. Pancras Way
London
England
NW1 0PE

Study participating centre
Homerton Healthcare NHS Foundation Trust
Homerton Row
London
England
E9 6SR

Study participating centre
Black Country Healthcare NHS Foundation Trust
Trafalgar House
47-49 King Street
Dudley
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DY2 8PS

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University of Leicester
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England
LE1 7RH

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74 Huntley Street
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Study participating centre
University of Oxford
Ethox Centre

Big Data Institute
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Sponsor information

Organisation
University of Leicester

ROR
https://ror.org/04h699437

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
Approved researchers will be able to apply for access to the anonymised transcripts generated during this study via uk-reach@leicester.ac.uk (see data access policy on the UK-REACH website: https://www.uk-reach.org/main/data_sharing. Transcripts will be made available to once analysis

and publication have been completed for the main study. Transcripts will be retained by the study for 6 years from the study end date, until 28/02/2032, and will be available for access by other approved researchers until this time. Data sharing mechanisms will be agreed upon within the data sharing agreement for each study requesting access. Participant consent for use in further studies has been obtained but additional ethical approvals may be required for new analyses- this will be addressed on a case-by-case basis within the data sharing agreement.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		25/02/2026	11/03/2026	Yes	No
Results article		09/09/2025	11/03/2026	Yes	No
Results article		26/11/2024	11/03/2026	Yes	No
Results article		09/10/2025	11/03/2026	Yes	No
Study website		11/11/2025	11/11/2025	No	Yes