



LISTENING AND LEARNING: AMPLIFYING THE VOICES OF OVERSEAS-TRAINED WORKERS

A review of the speaking up experiences of overseas-trained workers in England

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About the National Guardian's Office

The [National Guardian's Office](#) and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report [The Freedom to Speak Up](#) (2015).

Sir Robert found that NHS culture did not always encourage or support workers to speak up and that patients and workers suffered as a result.

The National Guardian's Office leads, trains and supports a network of Freedom to Speak Up guardians in England. There are more than 1,300 guardians in NHS and independent sector organisations, national bodies and elsewhere. These guardians ensure workers can speak up about any issues impacting their ability to do their job.

The National Guardian's Office provides challenges and learning to the healthcare system as a whole as part of its remit.

The National Guardian's Office also conducts speaking up reviews where it has information suggesting speaking up has not been handled following good practice. Reviews seek to identify learning, recognise innovation and support improvement.

Acknowledgements

Thank you to all overseas-trained workers for sharing their stories, insights and experiences with us and to the Freedom to Speak Up guardians supporting this group of workers.

We are grateful to the following organisations for making this review possible:

- NHS England
- Care Quality Commission
- NHS Employers
- Department of Health and Social Care
- General Medical Council
- Nursing and Midwifery Council
- Health and Care Professions Council
- Chartered Society of Physiotherapy
- Society of Radiographers
- Royal College of Occupational Therapists

Foreword

Overseas-trained healthcare workers, those who obtained their professional qualifications outside the UK, form a significant part of the NHS workforce in England. Almost one in five NHS workers are currently non-UK nationals. These workers represent more than 200 nationalities, with the largest groups coming from India, the Philippines and Nigeria. Every day, they help sustain essential services in

GP practices, community settings and hospitals across the country. They are vital to the health and wellbeing of the population, and it is equally important that they are fully supported in their roles to be able to deliver services to the highest standards.

Overseas-trained workers face many of the same day-to-day workplace challenges as UK nationals but in addition may face issues such as language barriers, cultural adaptation challenges and workplace discrimination. Their views on speaking up confidently when things go wrong will be shaped by several factors. However, their ability to speak up is essential, in terms of being able to lead rewarding careers, and critically, for patient care and safety.

Interestingly, the 2023 NHS Staff Survey has revealed a growing confidence among workers recruited outside the UK in their ability to speak up and trust their organisation's response, while domestically recruited workers have shown stagnation or declines in some areas over the same period. To add depth and detail to the Staff Survey, we carried out our review into the speaking-up experiences of overseas-trained workers in England between April and November 2024. Gathering insights from surveys, focus groups and one-to-one interviews, we engaged with 850 overseas-trained workers, 150 Freedom to Speak Up guardians and senior leaders from healthcare organisations, including NHS England, the Care Quality Commission, professional bodies and others. We thank the individuals and organisations involved in this review for their time and significant contributions.

Our review aimed to shed light on specific issues, identify barriers, highlight examples of good and innovative practices, and make recommendations for improving the ability of overseas-trained workers to speak up.

Our review identified four key themes:

- The transition challenges of settling into the UK.
- The influence of national culture and societal norms on speaking up perceptions and behaviours
- The enablers and barriers of speaking up
- The speaking up arrangements and support.

Based on these themes, we make four recommendations, which include identifying who is best placed to address visa and immigration barriers, addressing cultural barriers and improving data collection. NHS Trusts and national organisations, including regulators, must do all that we can to listen to what workers are saying, and removing the additional barriers that may apply to overseas-trained workers. The implementation of the recommendations set out in this report should enable a big step forward in that direction.

Recommendations

The implementation of the following recommendations should enable improvements in the ability of overseas-trained workers to speak up. We will monitor their implementation through an increase in cases raised with guardians by overseas-trained workers, improvements in the capture of overseas-trained workers' voices in the NHS Staff Survey, and positive changes in their reported perceptions.

The recommendations in this report are directed to the organisations that held the relevant responsibilities at the time the recommendations were finalised. We recognise that the healthcare system is undergoing significant change, and functions may transfer between bodies. Where this occurs, the intention is that the recommendation should follow the function and apply to whichever organisation assumes that responsibility.

Recommendation 1: Review and enhancement of the international recruitment guide and retention toolkit

For NHS Employers and NHS England:

- Commit to maintaining and enhancing the [International Recruitment Toolkit](#) and Guide with dedicated funding, ensuring the resources remain relevant, updated and actively used.
- At the next review, ensure both the toolkit and guide include explicit references to Freedom to Speak Up, the role of Freedom to Speak Up guardians and the importance of fostering environments where overseas-trained workers feel confident to speak up. This should include assessing how these updates are implemented and their impact on effectiveness.
- Incorporate findings and learnings from the review into future iterations of the guide and toolkit and collaborate with NHS England to evaluate their effectiveness in driving improvements.
- Establish a robust process for monitoring the uptake and use of both the guide and toolkit by March 2026, ensuring their use is embedded across the NHS.
- The National Guardian's Office will seek a progress update on the implementation and outcomes of these recommendations by September 2026.

Recommendation 2: Tailoring Freedom to Speak Up arrangements to all workers

For the National Guardian's Office:

- As part of its ongoing commitment, support NHS England and the Care Quality Commission (CQC) in developing resources to help regulatory and regional staff understand the challenges faced by overseas-trained workers in speaking up.

- Work with NHS England to review the [Freedom to Speak Up reflection and planning tool](#) to ensure learning from this review is incorporated in the updated versions.
- Engage stakeholders in 2025/26 to develop a framework for handling anonymous speaking-up cases, with publication planned for 2026/27.

For healthcare organisations:

- By September 2026, review their speak up arrangements in line with the [Freedom to Speak Up reflection and planning tool](#), taking into consideration the findings from this review, particularly around ensuring:
 - Anonymous speaking up cases are considered and investigated as appropriate, with the same rigour as named concerns, and that this is communicated to all workers.
 - Freedom to Speak Up Champion networks reflect workforce diversity, including representation from overseas-trained workers.

For NHS England:

- Seek assurance that by December 2026, senior leaders have effectively completed the [Freedom to Speak Up reflection and planning tool](#), as directed earlier in this recommendation. This could be monitored through quarterly reporting by providers to the CQC, though the approach would be at their discretion.

For the CQC:

- Ensure that CQC's Well-Led Inspections Framework seeks assurance that inclusive Freedom to Speak Up arrangements are embedded effectively and meet the needs of overseas-trained workers by September 2027.

Recommendation 3: Improving data collection and categorisation of overseas-trained workers to better measure speaking up progress

For NHS England:

- By August 2025, NHS England should review and update the framework for identifying and categorising overseas-trained workers in workforce data, including its application in the NHS Staff Survey. The updated framework should ensure all overseas-trained workers are accurately captured, regardless of their recruitment pathway or organisational moves, and address distinctions between nationality and training location.
- The updated framework should be applied to the 2025 NHS Staff Survey, enabling meaningful analysis of overseas-trained workers' experiences, including their sense of safety in speaking up and their confidence in appropriate action being taken. Results should be published by March 2026.

Recommendation 4: Addressing cultural barriers

For NHS England:

- Include cultural intelligence training for NHS staff, managers and leaders as part of NHS England's Leadership and Management Framework programme by April 2026.
- Consider the most effective route within existing workstreams and learning programmes to deliver cultural intelligence training to workers, managers, senior leaders and Freedom to Speak Up guardians, and ensuring this training is delivered on an ongoing basis.

Summary of findings

Transitioning challenges

Overseas-trained workers faced significant hurdles in adapting to life and work in England. These included complex visa and immigration processes, cultural shock, language barriers and a lack of recognition for their qualifications and prior experience. Systemic racism, limited training and integration support and practical issues such as housing and the cost of living added to these challenges.

The responsibility for adapting, including its implications for speaking up, was often on overseas-trained workers. A lack of cultural intelligence was a repeated theme, highlighting the need for greater understanding and outreach by employers.

Perceptions of speaking up

The perceptions of overseas-trained workers towards speaking up were often influenced by the cultural and societal norms of the places where they were raised and trained. Many shared how their experience of England's speaking up culture and arrangements was significantly different from their home contexts.

Cultural complexity

The overseas-trained workforce is diverse, encompassing people from cultures with varying norms around hierarchy and authority. For some, deference and agreeability made speaking up feel uncomfortable, while others found the UK's speaking up culture restrictive. Most overseas-trained workers are from ethnic minority backgrounds and experience systemic racism in similar ways to their ethnic minority UK-trained counterparts.

Enablers and barriers of speaking up behaviours

Speaking up was hindered by fears of retaliation, including potential dismissal and jeopardising career progression, exacerbated by the link between visas and employment. Adaptation struggles, including communication difficulties, further impacted confidence in speaking up. While many overseas-trained workers share some of these barriers with their UK-trained colleagues, their unique circumstances intensified these challenges.

Speaking up arrangements and support

Overseas-trained workers felt they lacked a meaningful voice within England's healthcare system. This was compounded by their under-representation in senior NHS roles, which reinforced feelings of invisibility and disempowerment.

While almost three in four workers (72 per cent) were aware of the Freedom to Speak Up guardian role, many did not understand its purpose, with some believing the role was for investigating concerns. Others saw it as primarily for nurses, and some, especially doctors, felt it lacked inclusivity.

Many workers felt guardians might not fully understand their concerns, particularly those unique to overseas-trained workers. A lack of representation of overseas-trained workers among Freedom to Speak Up guardians and champions further hindered confidence in seeking support.

Importance of routes for anonymous speaking up

Concerns about repercussions and cultural norms highlighted the importance of providing routes for anonymous speaking up. Workers felt anonymity was often under-valued, with cases sometimes not treated as seriously. Some concerns were also raised about their perceptions of the independence of the guardian role.

In conclusion

We did identify good practice examples of initiatives supporting overseas-trained workers, particularly in the North-East and Yorkshire and the South West.

Encouragingly, we saw increasing recognition at local and national levels of the challenges faced by overseas-trained workers.

However, these efforts often lacked consistent replication across the system, were reliant on limited funding sources and were sometimes abandoned when resources were withdrawn. This inconsistency has hindered the development of sustainable, widespread change.

Broader learning

The following reflects key learning from the review that pertains to the work of the National Guardian's Office. We are committed to embedding these insights into our ongoing work and will engage with stakeholders to ensure meaningful progress.

Embedding Freedom to Speak Up training across the workforce

- The National Guardian's Office will meet and discuss with NHS England, as part of its review of mandatory training, by December 2025, about how to make Freedom to Speak Up training embedded and further integrated.

Raising awareness of the Freedom to Speak Up Guardian role

For the National Guardian's Office:

- In April 2025, we will publish a guide for organisations and leaders to help them understand their responsibilities when appointing A Freedom to Speak Up Guardian. Alongside this, we will provide some approved and recommended job descriptions for organisations to use for the recruitment process.
- These documents will provide greater clarity on responsibilities and expectations for organisations, Freedom to Speak Up executive and non-executive leaders and Freedom to Speak Up guardians.
- Throughout 2025/26, we will work with guardians and other stakeholders to support the rollout of these documents, helping organisations to adopt and integrate them effectively.
- In January 2027, we will conduct a survey to assess the effectiveness of the documents gathering insights to inform future improvements.
- Use the 2026 National Guardian's Office annual conference and the 2026/27 Speak Up campaign to amplify messaging on the guardian role, focusing on addressing myths, promoting accessibility and showcasing positive examples of impact.

For healthcare organisations:

- By March 2026, implement outreach plans informed by National Guardian's Office resources, ensuring tailored engagement with their workforce through materials such as webinars, posters and newsletters.
- By June 2027, evaluate the effectiveness of outreach efforts, with measures such as improved understanding of the guardian role among workers, assessed through surveys or focus groups.
- Organisations are encouraged to ensure outreach plans are inclusive of all worker groups, with a particular focus on engaging medical professionals and other under-represented groups.

Reviewing and updating guidance

For the National Guardian's Office:

- The National Guardian’s Office will commit to working with NHS England on the review of the [Freedom to Speak Up guidance](#) and accompanying [toolkit](#) by December 2025, with a view to publish the updated guidance for publication by the end of 2025/26.

Strengthening Freedom to Speak Up practices within professional regulators

The review highlighted the importance of ensuring that professional regulators play an active role in supporting workers to speak up, particularly overseas-trained healthcare workers who may face additional barriers.

- The National Guardian’s Office will engage with professional regulators by April 2026 to support improvements in awareness and access to Freedom to Speak Up routes, including the inclusion of Speak Up guardians within regulatory bodies.
- We will also work with professional regulators to support efforts to ensure that workers are informed about available support, such as advice lines, union representation and legal protections, from the outset of their membership with professional bodies and throughout their careers. These efforts should foster confidence in professional bodies as supportive, approachable organisations and as independent channels through which concerns can be raised. Finally, we will open discussions with regulators about fitness-to-practise referrals to support the development of fairer policies and practices. We will explore how to reduce the risk of referrals being used inappropriately in response to speaking up, with a focus on learning from past cases and promoting safe and just working environments.

Addressing visa and immigration barriers to speaking up

The review highlighted a chilling effect on speaking up among international workers, arising from concerns that raising issues could lead to visa revocation and loss of the right to work.

- The National Guardian’s Office will work with the Department of Health and Social Care, NHS England and NHS Employers to identify the appropriate ownership of this issue and to explore the best ways to take this work forward.
- Once ownership is identified, we envisage that the work would involve bringing together key stakeholders to develop coordinated, actionable solutions with clear measures of success.
- We will provide an update on progress, alongside updates on other commitments and recommendations, one year after the publication of this report.

Oversight and accountability

The National Guardian's Office will work with partners to oversee the delivery of recommendations and provide an update on action taken in 18 months' time.

The National Guardian's Office asks that:

- The CQC and NHS England have regulatory overview of delivery.
- The DHSC to oversee regulators' review of their approach to Trusts with poorly performing speak up cultures, with a focus on leadership and accountability.

Background and context for this review

Why speaking up matters and what good looks like

Speaking up may take many forms, including a discussion with a line manager, an idea for improvement submitted as part of a suggestion scheme, raising an issue with a Freedom to Speak Up Guardian, or bringing a matter to the attention of a regulator. If a healthcare worker thinks something might go wrong, it is important that they feel able to speak up so potential harm may be prevented. When things are good but could be better, workers should feel able to say something and expect their suggestion is listened to and used as an opportunity for improvement.

Overseas-trained workers make up a large and growing portion of the healthcare workforce in England. They come from diverse countries and professions and their ability to speak up confidently is important to patient care and safety. However, our previous reviews, and insights from other national bodies, have highlighted concerns about the extent to which these workers feel free to speak up. In response, we initiated a review to shed light on these issues, identify barriers, highlight examples of good and innovative practices, and make recommendations for improving the ability of overseas-trained workers to speak up.

Definitions and terminology

The term overseas-trained workers used here refers to healthcare workers who obtained their professional qualifications outside the UK. This includes professionals trained and recruited from outside the UK, as well as those trained outside the UK but not necessarily recruited from there. It should be noted that due to the focus of this review, this definition is based solely on training, qualification and recruitment, regardless of any other countries where these healthcare professionals may have worked. In this review, we will use the term overseas-trained workers instead of international workers or other similar terminology. However, we are mindful that while there is substantial overlap between these terms, there may also be significant differences.

Aims and objectives of this review

Aims

The overarching aims of our review were to:

- Enhance the understanding and improvement of the Speak Up culture among overseas-trained workers in the NHS.
- Develop actionable recommendations to foster a more inclusive and supportive environment for these workers.

Objectives

Our specific objectives to achieve these aims were to:

- Shed light on the experiences of overseas-trained workers regarding speaking up, identifying challenges, barriers and examples of good practice.
- Understand the impact of overseas-trained workers' ability to speak up on patient safety.
- Assess the effectiveness of current understanding of the speaking-up landscape, including confidence levels among overseas-trained workers.
- Highlight and promote ways to support and amplify the voices of overseas-trained workers in the healthcare system, recognising and disseminating examples of good practice.
- Formulate recommendations for enhancing the speak-up culture for overseas-trained workers.

Visit our website for the [terms of reference](#) of this review.

Process for this review

The National Guardian's Office conducts Speak Up Reviews to identify learning, recognise innovation and support improvement in the speak up culture of the healthcare sector.

Survey results and other information suggest a confidence gap in speaking up among these workers. This, alongside the growing reliance on international recruitment, highlights the case for exploring this issue further.

The challenges facing overseas recruited staff also came up in our previous reviews, including our case review at Blackpool Teaching Hospitals NHS Foundation Trust, where we heard from staff who were fearful of speaking up due to vulnerabilities, such as their right to remain and work in the UK.

Likewise, the challenges facing this group of workers have arisen in our discussions with the Speak Up Partnership Group, with representatives sharing examples of staff feeling unable to speak up about a range of issues, such as sexual violence at work, due to fears of facing retaliation.¹

Fifty-eight per cent (58.1%) of respondents who took part in the 2023 NHS Staff Survey who identified as having been recruited from outside the UK said they felt safe to speak up about anything that concerns them in their organisation.² In comparison, 61.5 per cent of respondents, as a whole, said the same thing. Just over half (53.3 per cent) of overseas-recruited staff taking part in the same survey said that if they were to speak up about something that concerned them, they would be confident their organisation would address their concern. Interestingly, this result was better than the figure for general respondents, which stood at 48.7 per cent. In other words, while results indicate that overseas-recruited workers, as a whole, are comparatively less confident about speaking up, they may be more confident that what they raise will be acted upon.

How we carried out the review

We conducted this review between April and November 2024, following a three-phase approach.

Phase 1: Desktop review of existing literature

We searched the following online databases SCOPUS, CINAHL, Web of Science and Google Scholar, for literature on speaking up among overseas-trained workers, focusing on historical and contemporary evidence without geographical restrictions.

¹ The Speak Up Partnership Group, operating under the Secretariat of the National Guardian's Office, consists of national bodies such as system and professional regulators. Its aim is to improve the quality and consistency of the experience for healthcare workers speaking up to national bodies.

² The NHS Staff Survey includes staff recruited from outside the UK, but this differs from the definition used in our review, which is broader and captures a wider group. Nonetheless, it remains a useful source of insight.

We used targeted search terms, as listed in [Annex 1](#), to ensure a comprehensive review.

Phase 2: Engagement with stakeholders

We gathered insights through:

- Surveys
- Focus groups
- One-to-one interviews.

We engaged with:

- 850 overseas-trained workers
- 150 Freedom to Speak Up guardians
- Senior leaders from healthcare organisations - NHS England, the Care Quality Commission, professional bodies and others.

Participants represented a range of healthcare professions, including nurses, doctors and allied health professionals, and came from diverse countries such as India, Nigeria and the Philippines.

Phase 3: Data analysis and recommendations

We identified four key themes. These findings shaped the review, which we refined through engagement with senior policymakers, including the Care Quality Commission, the Department of Health and Social Care and NHS England.

Partnership working

At the review outset, we established an expert advisory group to ensure our work was informed and supported by a range of perspectives. The group included experts from professional bodies, trade unions and regulatory bodies responsible for professional standards, alongside Freedom to Speak Up guardians, researchers and associations representing overseas-trained workers.

Throughout the review, the group provided expertise and insight, shaping its direction and highlighting key issues. Members also helped facilitate engagement by encouraging participation in the review.

The group engaged through virtual meetings, individual discussions and email correspondence. Their insights were instrumental in identifying barriers to speaking up, highlighting good practices and exploring ways to strengthen speak up culture for overseas-trained workers in the NHS.

About this report

How we protect identities

We do not name individuals or the organisations they work - or have worked – for, in this report.

To ensure confidentiality, we use four broad terms when referring to contributors, including in direct quotes:

- Worker(s) – overseas-trained workers
- Guardian(s) – Freedom to Speak Up guardians
- Senior leader(s) – leaders of organisations involved in recruiting and training overseas-trained workers, as well as those who have demonstrated good practice in this area
- System representative(s) – government bodies such as the Department of Health and Social Care, along with regulators and professional bodies responsible for licensing, oversight and training of overseas-trained workers.

Using these terms allows participants to share their experiences openly while ensuring their anonymity.

About overseas-trained workers in England

Since its establishment in 1948, the NHS has relied on a diverse workforce, including overseas-trained healthcare professionals. Following World War Two, the UK experienced a significant influx of healthcare workers from countries such as India, Pakistan and those in the Caribbean, which helped build and sustain the health service. Over time, international recruitment has continued in response to workforce shortages, influenced by changing immigration policies, global health crises, and rising demand for healthcare services.

Overseas-trained workers' role in the NHS

Overseas-trained doctors, nurses and allied health professionals have been instrumental in addressing workforce gaps, particularly in under-staffed specialities and regions with recruitment challenges. NHS Digital (2024) reported that 18.7 per cent of NHS workers in England were non-UK nationals - 27.2 per cent of nurses and 35 per cent of doctors.³ These workers represent more than 200 nationalities, with the largest groups coming from India, the Philippines and Nigeria. NHS Digital figures showed that as of June 2023, one in five (20.4%) of NHS staff in England were non-UK nationals – the highest proportion on record. The proportion of overseas-trained workers has increased from 13.0 per cent in September 2016 and 11.9 per cent in September 2009, when the data series began.⁴

Recruitment and immigration policies

The recruitment process for overseas-trained health workers involves multiple steps, including qualification assessments, English language proficiency tests and registration with professional bodies such as the General Medical Council for doctors, the Nursing and Midwifery Council for nurses and the Health and Care Professions Council for allied health professionals. The NHS has actively sought international talent through targeted campaigns, often focusing on countries with a surplus of qualified healthcare professionals.

International recruitment is often quicker and more cost-effective than training domestic staff. For example, recruiting an overseas-trained nurse costs between £2,000 and £12,000, depending on the country of origin, compared to the £140,000 required to train a nurse via a degree apprenticeship scheme (Leone, 2020).⁵

Changing trends in international recruitment

Recent years have seen significant changes in the dynamics of international recruitment. The UK's exit from the European Union has prompted the NHS to

³ Baker, C. (2023). *NHS staff from overseas: statistics*. [online] Parliament.uk. Available at: <https://researchbriefings.files.parliament.uk/documents/CBP-7783/CBP-7783.pdf>.

⁴ The Guardian, *Record one in five NHS staff in England are non-UK nationals, figures show*, 12 February 2024, available at: <https://www.theguardian.com/society/2024/feb/12/record-one-in-five-nhs-staff-in-england-are-non-uk-nationals-figures-show> [Accessed 14 March 2025].

⁵ Leone, C. The Nuffield Trust. (2020). *Recruiting nurses from overseas: the main challenges facing trusts*. [online] Available at: <https://www.nuffieldtrust.org.uk/news-item/recruiting-nurses-from-overseas-the-main-challenges-facing-trusts>.

broaden its recruitment focus beyond Europe. The introduction of a points-based immigration system and the Health and Care Visa has simplified the entry process for overseas healthcare workers. However, stricter visa requirements and sponsorship processes have also created challenges, potentially slowing recruitment and raising barriers for international applicants.

Despite efforts to attract international workers, concerns have emerged about retention. To address this, initiatives such as language support, cultural orientation and professional development are becoming more common. Ensuring these workers feel supported is vital for their long-term success and the stability of the NHS workforce.

Recent developments

Recent data suggest a decline in international recruitment. A Nursing and Midwifery Council report found that, as of September 2024, 12,534 overseas-trained health workers had joined its register across the UK – a 16.6 per cent decrease compared to the same period in 2023. Meanwhile, the number of internationally trained workers leaving the register across all four home nations rose by 33 per cent (an additional 2,573 workers).⁶

During the pandemic, concerns arose about the vulnerability of overseas-trained workers, particularly those on visas. Some were afraid to speak up about infection control issues, including those affecting their health, for fear of jeopardising their immigration status. Addressing these concerns and ensuring overseas-trained workers feel safe, valued and supported remains crucial for maintaining a sustainable NHS workforce.

⁶ Nursing and Midwifery Council (NMC), *The NMC Register UK Mid-Year Update: 1 April – 30 September 2024*, available at: [insert URL if online] [Accessed 14 March 2025]. Please note that the figures from the NMC report are UK-wide.

Theme 1: Transition challenges

One of the four key themes in this review is transition challenges - a term to describe the difficulties overseas-trained workers encounter as they settle into the NHS and the UK. These challenges often begin before arrival and can persist through the early years of their careers. While not always directly related to speaking up, they significantly shape workers' willingness to do so.

Our desktop review highlighted several common barriers to transition, including discrimination, de-skilling, difficulties with communication, unfamiliarity with NHS jargon and colloquialisms, and lack of mentorship and personal support networks (Stubbs, 2017; Bond et al., 2020; Afriyie, 2020; Lanada and Culligan, 2024).⁷ The experiences reported by workers, guardians, system representatives and senior leaders in this review aligned closely with existing literature. We have grouped their challenges in a series of sub-themes, set out below. Some factors explored in this section may also emerge in other themes of this report, as these challenges are inter-connected and can persist over time.

Pre-arrival factors

This category includes challenges faced by overseas-trained workers before arriving in the UK. Studies reviewed in phase one of this review indicate that, in some cases, migration decisions were based on misconceptions, as recruiting agencies were not always transparent about cost-of-living expectations, job requirements, salary conditions and contract terms (van Rooyen et al., 2010; Beaton et al., 2010; Lin, 2014).⁸ Additionally, some workers were not fully informed about cultural expectations and moved to the UK hoping for career progression, better living conditions for their families, improved education opportunities, enhanced working conditions and greater political and economic stability (Ibitayo, 2010; Jose, 2011;

⁷Stubbs, F. (2015). Recruitment of nurses from India and their experiences of an Overseas Nurses Program. *Nursing in Critical Care*, 22(3), pp.176–183. doi:<https://doi.org/10.1111/nicc.12181>

Bond, S., Merriman, C. and Walthall, H. (2020). The experiences of international nurses and midwives transitioning to work in the UK: A qualitative synthesis of the literature from 2010 to 2019. *International Journal of Nursing Studies*, 110(110), p.103693. doi:<https://doi.org/10.1016/j.ijnurstu.2020.103693>.

Afriyie, D. (2020). Effective Communication between Nurses and patients: an Evolutionary Concept Analysis. *British Journal of Community Nursing*, [online] 25(9), pp.438–445. doi:<https://doi.org/10.12968/bjcn.2020.25.9.438>.

Jose Ariel Lanada and Culligan, K. (2024). The experiences of internationally educated nurses who joined the nursing workforce in England. *PubMed*, 33(2), pp.78–84. doi:<https://doi.org/10.12968/bjon.2024.33.2.78>

⁸ Rooyen, van, Telford-Smith, C.D. and Strümpher, J. (2025). Nursing in Saudi Arabia: Reflections on the experiences of South African nurses. *Health SA Gesondheid (Online)*, [online] 15(1), pp.1–9. Available at: https://www.scielo.org.za/scielo.php?pid=S2071-97362010000100001&script=sci_abstract [Accessed 5 Mar. 2025]; Lin, L.-C. (2014) 'Filipina nurses' transition into the US hospital system', *Journal of Immigrant and Minority Health*, 16(4), pp. 682–688. Available at: <https://link.springer.com/article/10.1007/s10903-013-9793-9> (Accessed: 14 March 2025).

Beaton, M. and Walsh, J. (2010). Overseas recruitment: experiences of nurses immigrating to Newfoundland and Labrador, 1949-2004. *Nursing Inquiry*, 17(2), pp.173–183. doi:<https://doi.org/10.1111/j.1440-1800.2009.00471.x>.

McGrath et al., 2004; Kishi et al., 2014; Lin, 2014; Beriones, 2014; Zanjani et al., 2021).⁹

In phase two of our review, workers expressed similar concerns about their migration decisions, as illustrated in the following quote:

“One of the main reasons... overseas workers... come to the UK, even though it... doesn't pay a lot for nurses, is the possibility to integrate and, eventually, become a British citizen [and]... bring our families with us. [But] it doesn't seem like support measures are in place for workers to stay and thrive. It sometimes feels like we are just made to fill a gap...” A worker.

Early arrival difficulties

This category covers the challenges overseas-trained workers face upon arrival in the UK. Phase one of the review highlighted that many experience a stark contrast between their expectations and reality. Unmet expectations around accommodation, cost of living, cultural differences and working conditions - combined with homesickness - can have a significant impact during this early phase (Al-Hamden et al., 2015; Brunton and Cook, 2018; Bond et al., 2020; Safari et al., 2022).¹⁰

⁹ Ibitayo, K. (2017). Factors Affecting The Relocation And Transition Of Internationally Educated Nurses Migrating To The United States Of America. [online] Available at: <https://www.semanticscholar.org/paper/Factors-Affecting-The-Relocation-And-Transition-Of-Ibitayo/31fd00f2dafd6b24998687e5ba4f7e6028d18296> [Accessed 5 Mar. 2025]; Jose, M.M. (2010). Lived experiences of internationally educated nurses in hospitals in the United States of America. *International Nursing Review*, 58(1), pp.123–129. doi:<https://doi.org/10.1111/j.1466-7657.2010.00838.x>; Kishi, Y., Inoue, K., Crookes, P., & Shorten, A. (2014). A model of adaptation of overseas nurses: Exploring the experiences of Japanese nurses working in Australia. *Journal of Transcultural Nursing*, 25(2), 183–191. doi:[10.1177/1043659613515716](https://doi.org/10.1177/1043659613515716) [DOI] [PubMed] [Google Scholar]; Beriones, Gloria L. Texas Woman's University ProQuest Dissertations & Theses, (2014). Adaptation experiences of internationally educated Filipino nurses employed in the United States [ProQuest]; Zanjani, M.E., Ziaian, T., Ullrich, S. and Fooladi, E. (2021). Overseas qualified nurses' sociocultural adaptation into the Australian healthcare system: A cross-sectional study. *Collegian*, 28(4). doi:<https://doi.org/10.1016/j.colegn.2020.12.005>; Lin, L.-C. (2014) 'Filipina nurses' transition into the US hospital system', *Journal of Immigrant and Minority Health*, 16(4), pp. 682–688. Available at: <https://link.springer.com/article/10.1007/s10903-013-9793-9> (Accessed: 14 March 2025). McGrath, B.P. (2004) 'Integration of overseas-trained doctors into the Australian medical workforce', *Medical Journal of Australia*, 181(11-12), pp. 640–642. Available at: https://www.researchgate.net/publication/336055356_Integration_of_overseas-trained_doctors_into_the_Australian_medical_workforce [Accessed 14 March 2025].

¹⁰ Al-Hamdan, Z.M., Al-Nawafleh, A.H., Bawadi, H.A., James, V., Matiti, M. and Hagerty, B.M. (2015). Experiencing transformation: the case of Jordanian nurse immigrating to the UK. *Journal of Clinical Nursing*, 24(15-16), pp.2305–2313. doi:<https://doi.org/10.1111/jocn.12810>. Brunton, M. and Cook, C. (2018). Dis/Integrating cultural difference in practice and communication: A qualitative study of host and migrant Registered Nurse perspectives from New Zealand. *International Journal of Nursing Studies*, [online] 83(1), pp.18–24. doi:<https://doi.org/10.1016/j.ijnurstu.2018.04.005>. Bond, S., Merriman, C. and Walthall, H. (2020). The experiences of international nurses and midwives transitioning to work in the UK: A qualitative synthesis of the literature from 2010 to 2019. *International Journal of Nursing Studies*, 110(110), p.103693. doi:<https://doi.org/10.1016/j.ijnurstu.2020.103693> Safari, K., McKenna, L. and Davis, J. (2022). Transition experiences of internationally qualified health care professionals: A narrative scoping review. *International Journal of Nursing Studies*, 129, p.104221. doi:<https://doi.org/10.1016/j.ijnurstu.2022.104221>.

During the engagement phase of our review, some workers highlighted these challenges and their impact. The quote below illustrates frustration over working conditions and childcare costs:

“It doesn't help that skilled workers don't have access to public funds for childcare. The expectation is that you work at least 37.5 hours, but with young children, they only entitle you to 15 hours of childcare. Childminders in the UK... get paid more than nurses. It doesn't make sense to expect you to work and then have to pay money towards childcare and even be at a negative...” A worker.

Cultural dissonance was also a recurring theme in this review. Many workers reported feeling like an outsider upon arrival in the UK and joining the NHS. Contributing factors included differences in workplace hierarchy between their home country and the NHS, isolation, discrimination, and a lack of support networks. Some workers also felt that training programmes and induction processes did not adequately address the cultural competencies needed for effective integration into their roles. This challenge further inhibited their willingness and ability to speak up.

Challenging licensing and registration processes

To work in the NHS, overseas-trained health workers undergo complex regulatory and registration processes. For example, the Nursing and Midwifery Council requires overseas-trained nurses and midwives to pass the International English Language Testing System (IELTS) and a two-phase competence test (NHS Employers, 2024).¹¹ This includes a multiple-choice computer-based test (CBT), usually taken in the applicant's home country, and the Objective Structured Clinical Examination (OSCE), taken at a prescribed UK exam centre.

Similarly, overseas-trained doctors, commonly known as international medical graduates (IMGs), must pass examinations such as the IELTS and the Professional and Linguistic Assessment Board test (PLAB) before practising in the UK¹². It should be noted that there may be alternative routes for IMG registration, and Swiss and European Economic Area nationals are exempt from this requirement.

The process for registering overseas-trained allied health professionals via the Health and Care Professions Council differs slightly.

Beyond the costs of these tests, regulatory bodies have stringent requirements for overseas qualifications, including equivalency assessments, supervised practice periods and evidence of continued professional development. Lengthy application

¹¹ www.nhsemployers.org. (n.d.). *Recruitment of overseas nurses and midwives* | NHS Employers. [online] Available at: <https://www.nhsemployers.org/articles/recruitment-overseas-nurses-and-midwives>.

¹² General Medical Council (GMC), *A guide to the PLAB test*, available at: <https://www.gmc-uk.org/registration-and-licensing/join-our-registers/plab/a-guide-to-the-plab-test> [Accessed 14 March 2025].

processes can delay employment and create uncertainty, impacting workers' financial stability and mental health.

Proficiency in English is essential for effective patient interaction, documentation and collaboration with colleagues. However, workers argued that passing English language tests did not necessarily mean they could communicate effectively in the NHS. As was raised during our review, even after meeting these standards, many health workers experience challenges in understanding and being understood due to regional accents, dialects, medical jargon, and cultural nuances in communication. This can impact patient care and workers' confidence in the workplace:

“You may speak English, but you speak [it]... with an accent... How are you perceived with that accent? How do people understand your English and how do you understand people?... It's also local lingo... [and whether] you understand [it]... So, it's acclimatising not only to the English language but to the local lingo...” A worker.

Studies indicate that overseas-trained nurses who had not yet completed their Nursing and Midwifery Council registration were often employed in junior roles as healthcare assistants upon arrival in the UK (Lanada and Culligan, 2024).¹³ During this phase, these workers were frequently managed like students rather than experienced professionals (Alexis and Shillingford, 2012),¹⁴ leading to feelings of de-skilling and a loss of status (Lanada and Culligan, 2024).¹⁵ Similar concerns were raised in our review.

Post-registration challenges

A system representative highlighted how cultural differences influence workers' ability to speak up:

“Some International Medical Graduates (IMGs) come from cultures where speaking up is completely inappropriate. Then there are cultural communication differences - people from different nationalities aren't a monolith. In Japan, for example, 'making a scene' is culturally unacceptable, whereas if you were Dutch, you might say, 'Hang on a minute, what's going on here?' These differences affect IMGs in ways that UK graduates don't experience because they've grown up here and understand what's broadly culturally normal.” A system representative.

¹³ Jose Ariel Lanada and Culligan, K. (2024). The experiences of internationally educated nurses who joined the nursing workforce in England. *PubMed*, 33(2), pp.78–84. doi:<https://doi.org/10.12968/bjon.2024.33.2.78>.

¹⁴ Alexis, O. and Shillingford, A. (2011). Exploring the perceptions and work experiences of internationally recruited neonatal nurses: a qualitative study. *Journal of Clinical Nursing*, 21(9-10), pp.1435–1442. doi:<https://doi.org/10.1111/j.1365-2702.2011.03922.x>.

¹⁵ Jose Ariel Lanada and Culligan, K. (2024). The experiences of internationally educated nurses who joined the nursing workforce in England. *PubMed*, 33(2), pp.78–84. doi:<https://doi.org/10.12968/bjon.2024.33.2.78>.

Another key challenge is adapting to differences in healthcare systems. Overseas-trained workers come from diverse healthcare models that may differ significantly from the NHS in structure, funding, patient care approaches, and policies. These differences can lead to misunderstandings when adjusting to NHS-specific protocols and guidelines. The NHS emphasises integrated care and patient-centred approaches, which may contrast with more hierarchical or compartmentalised systems overseas. To integrate successfully, overseas-trained workers must familiarise themselves with local practices and navigate the legal and ethical implications of these differences.

During our review, workers described the challenges of adjusting to a new system and the unfamiliarity with NHS human resources policies, which often led to disorientation:

“Even though I speak English and my country’s legislative framework is similar to the UK’s, there are still major differences, and it can be difficult to navigate when you’re ‘not in the system.’ Until you ‘get in the system’, it’s a huge barrier.” A worker.

“We’re coming from a different work background with different HR (human resources) policies, so it’s hard to check what... we’re entitled to and what’s prohibited. Our induction covered HR but not in detail. For example, it didn’t clearly explain sick leave procedures. I had to learn through experience. When I took sick leave, I wasn’t informed until weeks later that I needed to complete a return-to-work process. If there was a clear resource on HR policies, that would really help.” A worker.

Workers also raised concerns about unrealistic expectations from some colleagues and managers:

“There’s a lack of understanding and empathy from local staff about what overseas-trained workers go through in terms of adjustment. You feel like just a number. They expect you to know everything straight away, without a proper adaptation training programme.” A worker.

A recurring theme was racism and discrimination. Workers shared multiple examples of experiencing these behaviours, directly or indirectly:

“There’s a lot of hidden or indirect racism, both in work and society. Less so at work, and I suppose that’s because I have the privilege of being a doctor. But before people know that, they often assume I wouldn’t be a doctor. Once I say I’m Dr So-and-So, their attitude changes.” A worker.

“Many overseas healthcare workers face subtle or overt discrimination, whether from patients, colleagues or institutional practices.” A worker.

“I continue to experience discrimination, even after 20-plus years in the UK.” A worker.

These findings align with previous studies indicating that overseas-trained workers face systemic racism, discrimination, bullying and other poor behaviours in the NHS.¹⁶

Visa and immigration challenges add another layer of difficulty for overseas-trained workers. Many are employed on a work visa sponsored by their employer, meaning their right to live and work in the UK depends on staying in active employment with that sponsor. This often creates a sense of job insecurity, affecting workers' confidence and willingness to speak up.¹⁷

The fear of visa-related consequences was a recurring theme:

“Many of us are on work visas and we fear that speaking up might jeopardise our jobs or create misunderstandings. There’s always a worry that raising concerns could be misinterpreted, making us appear as if we’re not adapting well.” A worker.

A system representative described the additional psychological barriers created by visa concerns:

“For UK-trained trainees, speaking up is ... difficult because they worry about their career. For IMGs, that fear is compounded by concerns about their ability to stay in the country. Their employer controls their visa status, adding another layer of hesitation.” A system representative.

Professional referrals

The [Fair to Refer report \(General Medical Council, 2019\)](#) found that overseas-trained practitioners and those from ethnic minority backgrounds are disproportionately referred to the General Medical Council for fitness to practise concerns. Ethnic minority practitioners were 1.3 times more likely to face referrals than their white colleagues¹⁸. An NHS Resolution's Demographics, professions and concerns: Patterns in Practitioner Performance Advice cases with a focus on IMGs report (November 2024)¹⁹ highlighted that overseas-trained practitioners were referred for fitness to practise concerns at a rate 1.6 times higher than their UK-qualified

¹⁶ Brap and Roger Kline, *Too Hot to Handle?*, 5 February 2024, available at: <https://www.brap.org.uk/post/toohottohandle> [Accessed 14 March 2025].

¹⁷ Omiyi, D., Wilkinson, E. and Snaith, B. (2024) Exploring the motivations, challenges, and integration of internationally educated healthcare workers in the UK: A scoping review. *Journal of Transcultural Nursing* [OnlineFirst]. Available at: <https://doi.org/10.1177/15271544241289605> (Accessed: 1 February 2024).

¹⁸ General Medical Council (2019). *FAIR TO REFER?* [online] Available at: https://www.gmc-uk.org/-/media/documents/fair-to-refer-report_pdf-79011677.pdf.

¹⁹ NHS Resolution. (2024). *Demographics, professions and concerns: Patterns in Practitioner Performance Advice cases with a focus on international medical graduates (IMGs) - NHS Resolution*. [online] Available at: <https://resolution.nhs.uk/learning-resources/demographics-professions-and-concerns-patterns-in-practitioner-performance-advice-cases-with-a-focus-on-international-medical-graduates-imgs/> [Accessed 5 Mar. 2025].

colleagues. Further studies indicate that Asian, Asian British and mixed or any other ethnic group doctors and dentists were statistically more likely to face exclusion.²⁰

Previous research found that overseas-trained practitioners had varied views on whether their cases had been handled impartially, though most reported experiencing discrimination, long-term stress, trauma and anxiety.²¹

A system representative described how overseas-trained workers face referrals soon after arrival, without sufficient support:

“Some managers raise referrals within two weeks of an overseas-trained worker arriving, simply because they haven’t ‘hit the ground running’. There’s little consideration for the fact that they’ve left their home country, arrived in a foreign place with a different language and are still adjusting. They may be translating their thoughts from their native language to English while trying to communicate clearly. But instead of acknowledging this, some managers immediately raise concerns. That fear of referrals, combined with the insecurity of a visa-linked job, creates enormous stress.” A system representative.

In addition, workers highlighted difficulties such as a lack of mentorship, limited support networks, and concerns about banding and career progression.

Career progression issues

Career progression was a recurring theme in this review, described as a significant challenge by workers, guardians, senior representatives, and senior leaders. Overseas-trained workers in the NHS face barriers such as lack of recognition of skills and qualifications, difficulties integrating into the NHS system, cultural differences, and limited professional development opportunities. It was reported that, in some organisations, overseas-trained doctors were employed on temporary contracts, commonly known as locally employed doctor (LED) contracts, which made them unqualified for some employment rights and hindered their career progression potential. A system representative and a senior leader shared these sentiments during our engagement phase:

“Many of them are employed on LED contracts, and those contracts are often 22/23 months, which means they don’t acquire full employment rights.” A system representative.

“I certainly go into other organisations where I’ve given talks, there is no formal employment of locally employed doctors or IMGs. They have contracts

²⁰ NHS Resolution (2023) Exclusion trends and evaluation of NHS Resolution resources to manage exclusions. Available at: <https://resolution.nhs.uk/resources/exclusion-trends-and-evaluation-of-nhs-resolution-resources-to-manage-exclusions/> (Accessed: 14 March 2025).

²¹ NHS Resolution, Experiences of ethnic minority and IMG practitioners: Research to improve fairness in the management of concerns, available at: <https://resolution.nhs.uk/resources/experiences-of-ethnic-minority-and-img-practitioners-research-to-improve-fairness-in-the-management-of-concerns/> [Accessed 14 March 2025].

which are ... I would say there are some organisations who don't intentionally give them two-year contracts because that gives them employment rights. [Some] organisations ... don't have a budget for international medical graduates. [Some] organisations ... don't even acknowledge that they exist." A senior leader.

The exploitation of overseas-trained workers by some employers has been noted as a barrier to their career progression. There have been reports of overseas-trained workers being forced to pay substantial sums of money to their employers in situations where they have chosen to quit jobs or pursue different career pathways. A *Guardian* news report (Trapped and Destitute), on 27 March 2022,²² reported how several overseas-trained nurses who experienced poor treatment during the COVID-19 pandemic were forced to repay lump sums of money to their employers upon deciding to quit their jobs. Similarly, in this review, workers described some situations where managers had exploited them.

A system representative working for a professional body shared a similar sentiment while describing a situation where they had been involved in representing an overseas-trained worker facing exploitation:

"We've taken some employment tribunal issues ... one was related to maternity ... where somebody was sacked because ... they were pregnant. Unbelievable." A system representative.

²² Das, S. (2022). *Trapped and destitute: how foreign nurses' UK dreams turned sour*. [online] the Guardian. Available at: <https://www.theguardian.com/society/2022/mar/27/trapped-and-destitute-how-foreign-nurses-uk-dreams-turned-sour?fr=operanews> [Accessed 5 Mar. 2025].

Theme 2: Perceptions of speaking up and the influence of national culture and societal norms

Culture has been defined as “a set of distinctive spiritual, material, intellectual, and emotional features of society or a social group, that encompasses not only art and literature but also lifestyles, ways of living together, value systems, traditions, and beliefs”.²³ In the context of the speak up literature, the term culture is primarily discussed in relation to workplace culture rather than this broader societal understanding. This section focuses on culture at a national level, hence the use of the term national culture.

Studies from our desktop analysis indicate that national culture influences speaking-up perceptions and behaviours.²⁴ Blenkinsopp et al. (2019) argued that, given the studies highlighting the relevance of national cultures in understanding speaking up decisions and considering the multicultural composition of healthcare professionals in many nations, it is crucial for healthcare leaders to recognise that healthcare professionals from different countries may have diverse perceptions of speaking up.²⁵

Overseas-trained workers may not share the same views as those raised and trained in England, as societal norms and upbringing shape these behaviours alongside formal education. To better understand the role of national culture, we asked overseas-trained workers about their understanding of the term speaking up and whether and how their perceptions of speaking up were influenced by the cultures in which they were raised and trained. Their responses are discussed under the four sub-themes below.

Speaking up – what does it mean?

We found that most overseas-trained workers showed a clear understanding of the term ‘speaking up’ as it is used in the NHS in England. However, some expressed misunderstandings or held negative perceptions of the term:

“Telling your story - the good and the bad - so that people would know the struggles you are facing if there is any.” A worker.

“It means raising concerns about our job satisfaction.” A worker.

“Talking about things, especially unfairness.” A worker.

²³ Nations, U. (2025). *Universal Declaration on Cultural Diversity - UN Documents: Gathering a body of global agreements*. [online] Un-documents.net. Available at: <http://un-documents.net/udcd.htm> [Accessed 5 Mar. 2025].

²⁴ Blenkinsopp, J., Snowden, N., Mannion, R., Powell, M., Davies, H., Millar, R. and McHale, J. (2019) 'Whistleblowing over patient safety and care quality: a review of the literature', *Journal of Health Organization and Management*, 33(6), pp. 737–756. Available at: <https://pubmed.ncbi.nlm.nih.gov/31625824/> [Accessed 14 March 2025].

²⁵ Ibid.

“It means getting in trouble. In my culture, speaking up or speaking against elders or senior team members is a sign of disrespect. It can also mean that I may be targeted or harassed for speaking up. I can be labelled a troublemaker.” A worker.

“Being scapegoated for problems outside your control.” A worker.

“It [speaking up] is just a facade; it doesn’t really work. There is real workplace bullying, and then more bullying if we dare speak up.” A worker.

While education and training may be needed to address misunderstandings, these negative perceptions may also be shaped by previous negative experiences, national culture and societal norms.

Hierarchical versus flat cultures

Studies we reviewed in phase one indicate that cultures with high power distance - where hierarchical structures are deeply embedded and challenging authority is discouraged - may lead overseas-trained workers to hesitate in speaking up to senior colleagues (Omura et al., 2018).²⁶ In such cultures, direct confrontation may be seen as disrespectful or career-limiting, even if patient safety is at risk. This contrasts with the NHS’s professed commitment to a more open and collaborative culture, where speaking up is encouraged.

In some cultures, admitting errors or questioning superiors can be closely tied to social reputation and standing, making it more complex to speak up. This cultural context can shape how overseas-trained workers approach speaking up, including concerning issues with serious implications. Understanding this within the broader cultural framework is crucial, rather than viewing it as a reluctance or personal shortcoming.

Overseas-trained workers described how being raised or trained in hierarchical cultures influenced their perceptions and willingness to speak up in the workplace:

“Coming from a post-colonial background, we are often conditioned to endure challenges without voicing our concerns, as we have learned to accept authority and hierarchy without question. Many of us have been raised in environments where speaking up to seniors or questioning decisions, even when they seem wrong, is seen as disrespectful or inappropriate. This cultural mindset often translates into the workplace, making it difficult to challenge or address problems, especially with superiors.” A worker.

“I was brought up as a very obedient person who respects hierarchy and follows guidelines without questioning them.” A worker.

²⁶ Omura, M., Stone, T.E., Maguire, J. and Levett-Jones, T. (2018). Exploring Japanese nurses’ perceptions of the relevance and use of assertive communication in healthcare: A qualitative study informed by the Theory of Planned Behaviour. *Nurse Education Today*, 67(67), pp.100–107. doi:<https://doi.org/10.1016/j.nedt.2018.05.004>.

“In the Philippines, we are trained to follow orders, or we will be reprimanded. We are expected to do our best and work hard, never making waves or opening our mouths.” A worker.

“When I came over, I had been brought up in a culture where you do not question your superiors or elders, even if what they are doing may not be in your best interest.” A worker.

“We were taught to be quiet and obey whatever the seniors say. Back answering or questioning them was considered a sin or disrespectful.” A worker.

As demonstrated by use of terms such as sin and disrespect in the extract above, speaking up is framed in moral terms in some societies, shaping attitudes toward when and how it is expressed. To be clear, speaking up is not necessarily discouraged outright in hierarchical cultures; rather, its acceptability may depend on factors such as status, age or seniority. Concerns raised by older or higher-status individuals may be more accepted than those voiced by junior staff.

Although these influences stem from societal norms, the blurred lines between societal and workplace culture often lead to these perceptions being carried into professional environments, affecting speaking up behaviours in the workplace.

Conversely, overseas-trained workers from countries regarded as having flatter cultures - where hierarchy and power distance are less emphasised - described how this shaped their approach to speaking up in different ways:

“Italian people speak up all the time because we are used to questioning everything, speaking our minds, and challenging situations immediately rather than holding back.” A worker.

“Although I grew up in a subversive culture, I received my education in an American school, where a culture of speaking up is encouraged and appreciated. So, I do not shy away from flagging issues when necessary.” A worker.

“Culturally, I was raised and trained in a place where questioning and challenging are encouraged to improve performance and outcomes.” A worker.

“I grew up in Hungary. We do speak up. Hungarian people are very vocal about their concerns, and we receive instant feedback in our culture - sometimes rude - when we do something wrong. We learn from our mistakes instantly.” A worker.

Interestingly, while the UK has a relatively low power distance score (35) compared to, for example, more hierarchical countries like Russia (93), some workers felt that speaking up was not as encouraged in the UK as it was in other countries with similar power distance score like the United States.

Individualistic versus collectivist cultures

Individualism and collectivism are broad social perspectives that shape how societies balance personal autonomy and group cohesion. Individualism emphasises personal rights, independence and self-reliance, encouraging individuals to pursue their own goals and make their own choices. Collectivism, by contrast, places greater value on group harmony and shared responsibility, prioritising the needs of the community, society or nation over those of the individual. Most cultures incorporate elements of both.

Findings from our desktop review suggest these social perspectives influence speaking-up behaviours. In collectivist societies, maintaining harmony and group cohesion often takes precedence over individual expression. Overseas-trained workers from these backgrounds may prioritise preserving relationships with colleagues over speaking up in ways that could create conflict. Conversely, workers from individualist societies may be more inclined to raise issues directly, regardless of potential repercussions. However, different cultural approaches to communication and hierarchy shape workplace interactions in complex ways and their impact on patient safety is not necessarily straightforward.

A survey of whistleblowing perceptions among Chinese and British healthcare students found that individuals from collectivist cultural contexts were less likely to engage in whistleblowing and expressed lower approval of whistleblowing behaviours compared to those from individualistic societies (Cheng et al., 2015).²⁷ Similarly, a study evaluating assertive communication among Japanese nurses found that cultural norms in Japan - where publicly challenging others is often avoided - could influence healthcare workers' willingness to speak up, even in situations involving patient harm.²⁸

During the engagement phase of our review, overseas-trained workers from collectivist cultures described how being raised and trained in these environments influenced their perceptions and willingness to speak up:

“Additionally, our culture teaches us to prioritise the wellbeing of our families over our personal struggles, which can result in neglecting our own mental and emotional health. We are accustomed to enduring hardships silently, often internalising issues rather than addressing them, which can sometimes make us feel like victims within the workplace. This cultural perspective makes it challenging to raise concerns, even when it's necessary for our wellbeing or to improve the workplace environment.” A worker.

²⁷ Cheng, X., Karim, K. E and Lin, K.J. (2015). A cross-cultural comparison of whistleblowing perceptions International Journal of Management and Decision Making, 14 (1) (2015), pp. 15-31. Available at: <https://www.inderscience.com/offers.php?id=67374>

²⁸ Omura, M., Stone, T.E., and Levett-Jones, T. (2018) 'Cultural factors influencing Japanese nurses' assertive communication. Part 1: Collectivism', Nursing & Health Sciences, 20(3), pp. 283–288. Available at: <https://pubmed.ncbi.nlm.nih.gov/29405591/> [Accessed 14 March 2025].

“My culture prefers people being modest, which makes me less likely to be heard in the UK.” A worker.

During the engagement phase of our review, overseas-trained workers from more collectivist cultures described how being raised and trained in these environments influenced their perceptions and willingness to speak up.

Communicating differently and anonymity

Communication styles vary across cultures. While some overseas-trained workers come from backgrounds that emphasise indirect communication - where concerns are raised subtly or through hierarchies - others may be accustomed to more direct approaches.²⁹ These differences can sometimes lead to misunderstandings within the NHS, where expectations around speaking up may not align with a worker’s cultural norms. Even for those fluent in English, language and communication style nuances can affect how effectively complex medical or ethical concerns are conveyed and received.

During the engagement phase of our review, workers shared experiences of how their culturally acceptable communication styles were misinterpreted within the NHS:

“Communication and cultural differences are often misinterpreted, with my directness being perceived as aggressive behaviour. I feel like English staff need to control me. I also feel that I’m rarely believed, and the support I need for my disability is seen as me being difficult.” A worker.

Many overseas-trained workers raised concerns about potential repercussions when speaking up or challenging authority in the NHS, given how these actions are perceived in their cultures. As a result, some preferred anonymous reporting routes. While anonymity can make investigations more difficult, some workers felt it would encourage them to speak up if readily available. However, they also believed anonymous reports were often undervalued and not always taken seriously.

The gender role

Studies we reviewed indicate that gender roles significantly influence speaking up behaviours in many societies.³⁰ These roles, deeply rooted in cultural traditions and norms, shape expectations around masculinity and femininity. For example, in many Western societies, traditional gender roles have historically positioned men as assertive leaders and women as nurturing caregivers. This framework encourages

²⁹ Nadiger, A.S., Kumawat, S., Jindal, A., Mehta, R., Jain, N., & Jain, C.R. (2024) ‘Subtle cues to explicit expressions: A cross-cultural examination of communication in Japan and the United States’, *International Journal of Research Publication and Reviews*, 5(3), pp. 6064-6074. Available at: <https://doi.org/10.55248/gengpi.5.0324.0910> [Accessed 14 March 2025].

³⁰ Enaifoghe, A. (2023) ‘The influence of culture and gender differences in communication: society’s perception’, *International Journal of Research in Business and Social Science*, 12(7), pp. 460-468. Available at: <https://doi.org/10.20525/ijrbs.v12i7.2720> [Accessed 14 March 2025].

men to be more vocal and assertive in discussions, while women are often socialised to listen attentively and seek consensus rather than assert their viewpoints.³¹

Conversely, in some collectivist cultures - such as those found in parts of Asia and Africa - gender roles may lean toward a more hierarchical structure, where speaking up can be perceived as challenging authority. In these contexts, men may feel pressured to reinforce authority and tradition, while women may experience constraints that discourage them from voicing dissenting opinions or being heard in public or professional settings. In cultures where women are traditionally expected to be reserved, those who assert themselves may be labelled as aggressive or difficult, discouraging others from speaking up. This creates a cycle where women's perspectives are less frequently shared, reinforcing gender disparities in workplace dialogue. On the other hand, men might experience societal pressure to adopt a more dominant speaking style, which can create tension or discourage open dialogue in discussions.

Overseas-trained workers in our review shared experiences of women being discouraged from speaking up in the cultures where they trained:

“Culturally, women are expected to be quiet in public and not to be heard.” A worker.

“In the country where I received my training, there is a cultural tendency to discourage speaking up, particularly for individuals in subordinate positions. This trend was also noticeable during my employment in the Middle East, especially for women in similar positions to mine.” A worker.

³¹ Ibid.

Theme 3: Enablers and barriers of speaking up behaviours of overseas-trained workers

The ability to speak up within healthcare settings is critical to maintaining patient safety, fostering a culture of openness and ensuring accountability. For overseas-trained workers in the NHS, various barriers and enablers shape their capacity to raise concerns, highlight issues or challenge established practices. These factors are influenced by individual, organisational and systemic dynamics that can either facilitate or hinder open communication. Understanding these barriers and enablers is essential to identifying strategies that not only improve the working environment for overseas-trained workers but also enhance the quality of care provided to patients. This section explores the key factors that affect the willingness and ability of overseas-trained workers to speak up, including cultural, structural and interpersonal elements that can either empower or constrain their voice.

While many of the barriers and enablers to speaking up are shared by both overseas trained and domestically trained workers, certain considerations are particularly relevant to those trained overseas. This section provides insights that support key stakeholders, such as Freedom to Speak Up guardians, senior leaders and system representatives, in tailoring their approaches to better meet the needs of this group. There is some overlap in the barriers and enablers discussed elsewhere in this report.

Proactively identifying vulnerable groups

Some groups face particular challenges that make them vulnerable within the workplace due to their professional background, demographic characteristics or unique circumstances. These vulnerabilities can significantly hinder their ability to voice concerns. Leaders at all levels should remain mindful of these dynamics and ensure that their organisations periodically assess which groups may be facing additional barriers. Proactively identifying these groups and taking proportional steps to address or mitigate these challenges is essential in fostering an inclusive and supportive speaking up culture.

As part of this review, Freedom to Speak Up guardians were asked whether such assessments had been conducted within their organisations.³² Fifty-six per cent (55.6%) reported that this work had been undertaken, while 27.4 per cent per cent indicated that it had not and the remaining 17.1 per cent per cent were unsure.³³ Those who confirmed such assessments had taken place were further asked whether overseas-trained workers had been identified as a group facing particular barriers to speaking up. Sixty-three per cent (62.7%) of respondents indicated that the work carried out had identified overseas-trained workers as a group facing

³² A total of 122 guardians responded to this survey. The questions were not mandatory. The survey complemented focus groups and interviews conducted with guardians.

³³ There were 117 responses to this question.

barriers to speaking up, 13.6 per cent said it had not, and 23.7 per cent were unsure.³⁴

Barriers to speaking up among overseas-trained workers

Stakeholders engaged as part of this review underscored the importance of understanding both the shared and distinct barriers faced by overseas-trained workers and domestically trained workers when it comes to speaking up to address them effectively. Below, we explore the barriers through two interconnected lenses: universal barriers shaped by unique dynamics and barriers specific to overseas-trained workers.

Universal barriers amplified for overseas-trained workers

Stakeholders noted that some barriers to speaking up were often amplified for overseas-trained workers due to additional vulnerabilities. These include:

- **Fear of reprisals:** Fears of dismissal and jeopardising career progression are compounded for overseas-trained workers due to visa insecurity. The potential consequences of losing a job - including deportation - add significant pressure, making workers less likely to raise concerns. Under the umbrella of fear of reprisals, stakeholders also mentioned the fear of retaliatory referrals to professional regulators. Some regulators indicated that overseas-trained workers appear to be referred more frequently, although it is not clear whether this relates directly to speaking up.
- **Fear of being seen as a troublemaker:** While this barrier is not unique to overseas-trained workers, it is amplified for this group due to cultural norms, fears of detriment and their often-heightened reliance on job security. This hesitation reflects a broader dynamic where cultural expectations, combined with workplace hierarchies, discourage open communication and further isolate overseas-trained workers.
- **Discrimination:** Experiences of racism, bullying and incivility were reported as barriers to speaking up across all workers. However, these issues are often experienced differently by overseas-trained workers due to intersecting factors such as nationality, accent or cultural background. For example, stakeholders pointed out that a Black British worker and a Black Nigerian worker may share some experiences of discrimination but face different challenges based on assumptions tied to nationality or cultural norms.
- **Lack of trust in formal processes:** Stakeholders highlighted a lack of awareness or confidence in Freedom to Speak Up processes, which was further complicated by unfamiliarity with the NHS system and cultural norms that discourage challenging authority. Stakeholders noted that overseas-trained workers often lack confidence in using less-used reporting routes or may not feel encouraged to speak up.

³⁴ There were 59 responses to this question.

- Feelings of futility: Stakeholders reported frustration among workers who felt their concerns were not acted upon. For overseas-trained workers, this was compounded by a sense that their voices carried less weight due to cultural differences or perceived outsider status.
- Financial and economic pressures: Stakeholders highlighted that overseas-trained workers often bear additional financial burdens compared to domestically-trained workers, such as sending money home or covering visa-related expenses, which heighten their dependence on their job and discourage risk-taking behaviours like speaking up.

Barriers unique to overseas-trained workers

Stakeholders identified several barriers that are specific to overseas-trained workers and reflect the distinct circumstances of this group. These include:

- Visa and immigration issues: Concerns about job security, family separation and unmet expectations about living in the UK were raised frequently. These vulnerabilities leave workers feeling less empowered to raise concerns.
- Linguistic and communication challenges: Language proficiency and accents were flagged by stakeholders as barriers to speaking up. Even when workers are fluent, differences in communication styles or misunderstandings can lead to a lack of confidence in raising concerns effectively.
- Cultural differences and intelligence: In some cases, norms from workers' home countries - such as deference to authority figures or conflict-avoidant communication styles - create barriers to raising concerns. Conversely, workers from cultures that favour more direct communication may find their approach misinterpreted in UK workplace contexts. These cultural dynamics can lead to misunderstandings, frustration or a sense of not being heard. Compounding this, stakeholders raised concerns about a lack of cultural competence among managers and colleagues, which affects how overseas-trained workers are supported and understood. For example, workers reported that their communication styles or concerns were frequently misinterpreted due to a lack of awareness of cultural differences. This not only creates barriers to speaking up but also perpetuates feelings of exclusion, leaving workers hesitant to voice their concerns. Additionally, some stakeholders drew attention to the legacy of the British Empire, particularly for workers from Commonwealth countries. They noted that unconscious biases rooted in historical colonial relationships could contribute to a sense of inferiority among overseas-trained workers. This may manifest as reduced confidence to challenge authority or an internalised perception of subordination in the workplace, further discouraging them from speaking up about issues.
- Under-use of skills: Stakeholders observed that overseas-trained workers often feel undervalued, with their skills and expertise under-used. This leads

to frustration and contributes to a perception that their voice holds less authority within the workplace.

- Inter-group tensions: Tensions within the overseas-trained worker community were reported by stakeholders, particularly where workers from different national or cultural backgrounds struggled to align. These dynamics create additional isolation and discourage collaboration and support.

Reframing the barriers: a continuum rather than categories

Rather than dividing barriers into rigid categories, stakeholders' insights suggest they exist along a continuum. Many challenges, such as fear of reprisals or discrimination, are universal but take on distinct dimensions for overseas-trained workers. For example:

- Fear of reprisal is intensified by visa-related vulnerabilities.
- Discrimination is experienced differently due to nationality or cultural stereotypes.
- Distrust in formal processes is heightened by unfamiliarity with systems and cultural norms.

Recognising these overlaps and distinctions is critical to developing meaningful interventions.

Enablers of speaking up

Stakeholders engaged in this review identified several enablers that foster a culture where overseas-trained workers feel more empowered to speak up. These enablers range from inclusive arrangements and targeted training to role modelling and cultural competence. We explore the enablers below.

Universal enablers amplified for overseas-trained workers

Stakeholders noted that some enablers to speaking up are common across the workforce, but their impact is often amplified for overseas-trained workers due to additional vulnerabilities. These include:

- Inclusive speaking up arrangements: Successful approaches included the representation of overseas-trained workers among those responsible for speaking up, such as Freedom to Speak Up guardians and Freedom to Speak Up champions. Having individuals with shared experiences in these roles was noted as a critical enabler for building trust and accessibility.
- Anonymous speaking up: Concerns were raised about the perception and treatment of anonymous speaking up in healthcare in England. Some stakeholders described a cultural bias against anonymous reporting, perceiving it as less legitimate or trustworthy. This host-country-centric view, they noted, fails to account for cultural differences where anonymity might be the norm or a necessity. Organisations with a higher proportion of anonymous cases should not draw conclusions about their speaking up culture based on

this data alone. Instead, speaking up arrangements and culture should be assessed holistically, considering the specific organisational and local contexts. The National Guardian's Office plans to review its guidance and training to incorporate learning from this review, including addressing the perceptions of anonymity.

- **Training:** Training was identified as a significant enabler for fostering inclusive speaking up arrangements. Awareness of Freedom to Speak Up processes was found to be mixed among overseas-trained workers, underscoring the need for comprehensive and accessible training. Stakeholders suggested training should be provided both at the outset of employment and after workers have had time to adjust to the NHS and living in England. This phased approach allows workers to contextualise and better appreciate the training content.
- **Content of training:** Effective training should include explaining the history and purpose of speaking up in England, highlighting its connection to patient safety. Training should also clarify the role of Freedom to Speak Up guardians, emphasising their independence, remit and focus on supporting workers rather than resolving issues directly. Case studies and real-world examples were cited as particularly valuable tools for reinforcing these messages.
- **Role modelling:** Stakeholders reported that visible role modelling of speaking up by senior leaders and colleagues positively influenced overseas-trained workers.
- **Positive examples and case studies:** To counteract this, organisations should amplify positive examples of speaking up and celebrate instances where concerns led to tangible improvements. This approach was particularly effective when linked to patient safety outcomes.

Stakeholders noted that some doctors, including overseas-trained doctors, perceived the Freedom to Speak Up Guardian role as being primarily for nurses or non-clinical staff. This misconception highlights the need for targeted efforts to promote the role's relevance to all workers, including doctors.

Enablers unique to overseas-trained workers

Stakeholders also identified enablers that are more specific to overseas-trained workers and reflect the distinct circumstances of this group. These include:

- **Cultural competence and intelligence:** Stakeholders called for a meaningful approach to cultural competence, beyond superficial gestures like cultural exchange days. A two-way process of cultural intelligence is needed, where organisations actively seek to understand and adapt to the experiences and perspectives of overseas-trained workers.
- **Linguistic and communication challenges:** Workers cited concerns about being misunderstood, both linguistically and in terms of the substance of their

concerns. For example, patient safety issues raised by overseas-trained workers were sometimes misinterpreted due to differences in communication styles or cultural norms. Addressing these barriers requires targeted training for managers and teams to improve cultural intelligence and foster an inclusive environment.

Theme 4: Speaking up arrangements and support

In theme 4, we look at the speaking up arrangements and support available to workers. It explores three areas: the NHS Staff Survey, system and organisational support for overseas-trained workers, and insights from Freedom to Speak Up guardians. We describe examples of practice aimed at strengthening speaking up culture and support.

NHS Staff Survey: insights into speaking up culture

The NHS Staff Survey is an invaluable tool for capturing worker engagement and experiences. However, it should always be considered alongside a range of other metrics. This is particularly true when seeking to understand the perceptions of overseas-trained workers.

As part of this review, we examined the results for the four speaking up questions grouped under the NHS Staff Survey's raising concerns (or Freedom to Speak Up) sub-score, providing valuable insights into how overseas-trained workers experience and perceive speaking up within the NHS.

These four questions focus on: on whether they feel secure raising concerns about unsafe clinical practice (Q20a); confident that their organisation would address such concerns (Q20b); safe to speak up about anything that concerns them (Q25e); and assured that if they did speak up, their organisation would respond appropriately (Q25f).

Overall, the results indicate a growing confidence among overseas-recruited workers in their ability to speak up and trust their organisation's response, while domestically recruited workers have shown stagnation or declines in some areas over the same period. It is important to interpret these findings cautiously. In the Annex, we examine the results in greater depth and discuss the limitations and caveats associated with the survey.

During our review, stakeholders observed that improvements in staff survey results relating to overseas-trained workers could sometimes lead to a risk of organisations easing their focus on further improvement. Some stakeholders emphasised the importance of maintaining momentum, noting that better survey outcomes did not necessarily mean that all underlying issues had been resolved. Conversely, stakeholders also shared examples where work to better support overseas-trained workers was followed by a deterioration in staff survey results. In such cases, the decline was sometimes interpreted as evidence of a worsening environment, when it could reflect a transitional phase in which increased awareness and openness resulted in more critical feedback. In both scenarios, stakeholders highlighted the need for a sustained, long-term commitment to improving the experience of overseas-trained workers, rather than relying solely on short-term survey movements as a measure of success.

System and organisational support for overseas-trained workers

This section summarises the speaking up arrangements and support mechanisms in place for overseas-trained workers, based on evidence provided by organisations, system representatives and stakeholders. It covers local organisational approaches, the support available at system level, and reflections on opportunities for further improvement.

System-level support

At the system level, a range of organisations provided support for speaking up among overseas-trained workers.

The Department of Health and Social Care had produced the International Recruitment: Information for Candidates guide, which outlined key information for overseas recruited health and care workers. This included employment rights, expected standards, and advice on raising concerns. The guidance was updated regularly and was distributed through channels such as visa application centres and language testing centres.

The department also maintained the Code of Practice for the International Recruitment of Health and Social Care Personnel in England. The Code set standards for ethical international recruitment and included expectations that candidates were made aware of their rights, including how to speak up. NHS Employers monitored compliance with the Code among employers and agencies listed on the ethical recruiters list.

In addition, NHS Employers provided practical resources to support organisations. The International Recruitment Toolkit and the International Retention Toolkit offered guidance on good practice across the recruitment and employment cycle, including induction, pastoral support, development opportunities, though references to Freedom to Speak Up were not sufficiently covered in the guides.

NHS England had produced resources and guidance to help employers deliver effective induction and integration programmes for overseas trained workers. This work recognised the need to help staff understand not only professional expectations but also how to speak up.

Professional regulators had developed support offers relevant to speaking up. The General Medical Council provided Welcome to UK Practice workshops for doctors new to working in the UK, covering professional standards, patient safety responsibilities, and speaking up expectations. The Nursing and Midwifery Council and Health and Care Professions Council also described offering guidance and resources to support overseas trained registrants, including material on professional duties to speak up. Some professional body representatives observed that the reach and impact of these initiatives were limited both by their own resources and powers, and by the extent to which employers were willing and able to facilitate access to support.

System representatives acknowledged that ensuring information reached all overseas trained workers remained a challenge. While observations were made about difficulties in the social care sector, it was noted more generally that the existence of guidance and resources did not always guarantee that individuals fully understood their rights or how to access support once employed.

Organisational-level support

Within organisations, a range of speaking up routes and support arrangements for overseas-trained workers were described.

Freedom to Speak Up guardians were in place and were consistently highlighted as a key route for raising concerns. Several organisations reported having additional measures to encourage speaking up among overseas-trained workers. These included appointing dedicated representatives or ambassadors drawn from overseas trained workers themselves, offering peer support, and facilitating access to confidential advice through wellbeing officers or pastoral care leads.

Some organisations had developed specific programmes providing overseas trained workers with structured pastoral support from the point of arrival. Pastoral care arrangements often included help with cultural orientation, access to support groups, guidance on understanding employment rights, and initial and ongoing advice on how to speak up. In some cases, overseas trained workers were grouped into cohort communities, such as MS Teams groups, to provide peer support during the early stages of integration.

Several employers reported providing anonymous feedback mechanisms for overseas-trained staff, such as regular anonymous surveys or dedicated online platforms. Feedback gathered through these routes was used to identify and address emerging issues, including those relating to speaking up.

Induction programmes for overseas-trained workers varied between organisations. Some included specific sessions on Freedom to Speak Up, the role of guardians, and how to access support. Others included information on raising concerns as part of wider pastoral or professional development sessions. In one example, a two-day induction programme for overseas trained doctors incorporated a focus on patient safety, communication expectations, and guidance on professional responsibilities, including speaking up.

Staff networks, particularly race equality networks, were identified as important routes through which overseas trained workers could access support and advice about speaking up. Some organisations reported that these networks had strong visibility and influence and were used by staff as alternative or additional routes to speak up.

Reflections on opportunities for improvement

Several areas for potential improvement were identified across organisations and the wider system.

There was recognition of the importance of creating a strong culture of support from the point of arrival, including embedding clear messaging around speaking up during induction and throughout employment. Some organisational representatives suggested that building the confidence of overseas-trained workers to speak up could be strengthened further through structured mentorship, ambassador programmes, and use of peer-led initiatives.

At the system level, reflections focused on the importance of continuing to invest in pastoral support infrastructure, ensuring effective monitoring of adherence to ethical recruitment standards, and supporting employers to provide induction and integration programmes that meaningfully addressed speaking up.

There was also recognition of the value of working more closely with diaspora organisations and staff networks to reinforce messages around rights and responsibilities and to provide trusted routes for advice and support. Also, potential sources of support, such as trade unions or organisations like Protect, appeared to be less well known among overseas-trained workers, and there was opportunity for promotion.

These findings provide an overview of the arrangements and support mechanisms described to us at both system and organisational levels. The following section sets out the results of a survey of Freedom to Speak Up guardians, offering additional insights into how speaking up is experienced and supported in practice.

While targeted training can help workers feel more able to raise concerns, it was noted that other potential sources of support, such as trade unions or organisations like Protect, could be better promoted among overseas-trained workers.

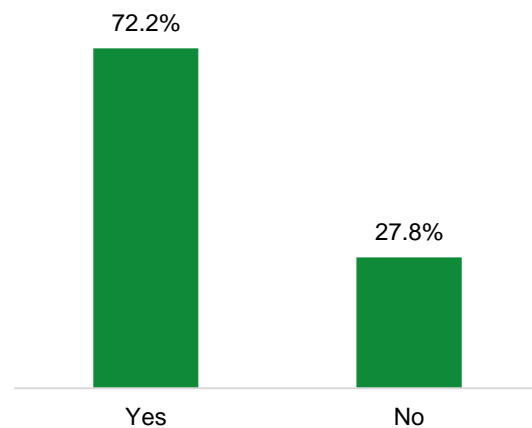
Insights from guardians on supporting overseas-trained workers

As part of this review, we invited Freedom to Speak Up guardians to share their experiences of supporting overseas-trained workers to speak up via survey. The findings below summarise their insights, covering approaches to targeted engagement, barriers and enablers, confidence and capability, and opportunities for improvement. While many guardians reported positive work underway, the responses also highlighted challenges and areas for further development.

Targeted engagement with overseas-trained workers

Most Freedom to Speak Up guardians (72.2%) reported taking proactive steps to engage with overseas-trained workers in their organisations.

Among those who did engage, responses highlighted a wide range of approaches. Many guardians described attending staff networks including those focused on race equality, multicultural inclusion, or specifically supporting overseas-trained nurses and doctors. Others reported making the Freedom to Speak Up role visible through corporate inductions, preceptorship programmes, and bespoke sessions for new overseas recruits. Some described these sessions as opportunities to share information about the Guardian role, explore cultural expectations, and promote an open, inclusive speaking up culture from the outset.



Guardians also emphasised the importance of informal, relationship-based approaches. walkarounds, meet-and-greet sessions, and ad hoc conversations in clinical areas were frequently mentioned as ways to build trust and familiarity. In some cases, guardians followed up initial contact with more personalised support through phone calls, drop-in sessions, or messaging platforms.

Several guardians highlighted the value of collaborative working with colleagues in overseas recruitment, pastoral care, and equality, diversity and inclusion roles. These partnerships supported joint activities such as awareness campaigns, listening events, and coordinated outreach, aiming to create a more cohesive and welcoming environment for overseas-trained staff.

Taken together, the accounts suggest that targeted engagement is most effective when it is visible, sustained, and embedded within broader support networks. While approaches vary, the shared aim is to ensure that overseas-trained workers feel recognised, supported, and confident in accessing Freedom to Speak Up services.

Barriers and challenges in supporting overseas-trained workers to speak up

While most Freedom to Speak Up guardians who responded said they had not personally encountered challenges in supporting overseas-trained workers to speak up (72.9% said no, 27.1% said yes), the qualitative responses highlight significant barriers that can affect workers' ability to raise concerns.

One of the most consistently reported issues was fear of retaliation and job insecurity, particularly relating to visa sponsorship. Guardians noted that many overseas-trained workers were reluctant to speak up for fear of losing their right to work, damaging their career progression, or facing other forms of detriment. This

fear was often compounded by a broader cultural reluctance to challenge authority, shaped by different professional norms and hierarchies in workers' countries of origin.

Language barriers were also frequently cited, both in terms of the ability to raise concerns clearly and the confidence to do so. Some guardians observed that language difficulties could lead to misunderstandings or made it harder for workers to document concerns formally, such as through written grievance processes.

Several respondents described bias and discrimination, sometimes unconscious, sometimes more overt, such as a critical challenge. Responses highlighted a lack of cultural competence among some managers and colleagues, with some overseas-trained workers reportedly perceived as less qualified or experienced than their UK-trained peers. In a few cases, guardians noted that subtle but persistent behaviours created an environment that overseas-trained workers found isolating or unsafe.

Some respondents pointed to structural and organisational barriers. These included a lack of tailored induction and support for overseas-trained workers, insufficient pastoral care once workers had settled, and limited opportunities for cultural learning among existing staff. Some also highlighted defensive attitudes from senior leaders, who at times struggled to recognise concerns about racism, discrimination, or cultural insensitivity when they were raised.

At a broader organisational level, guardians reported challenges in securing time and resources to engage effectively with overseas-trained workers. Competing operational pressures, staffing shortages, and a lack of leadership focus on the specific experiences of overseas-trained workers were cited as barriers to sustained improvement.

Finally, guardians reflected on the difficulty of overcoming the legacy of past negative experiences. Workers who had seen colleagues suffer detriment, or who themselves had faced unaddressed concerns, were often particularly hesitant to engage with Freedom to Speak Up routes, regardless of improvements that may have been made.

Enablers and good practice in supporting overseas-trained workers to speak up

Freedom to Speak Up guardians identified a range of factors that enable overseas-trained workers to feel able to speak up. The most important enabler cited was trust, in the guardian, in managers, and in the organisation more broadly to respond to concerns fairly and without retaliation. Guardians emphasised that this trust is often built through visibility, accessibility, and relationship-building: meeting workers early through induction events, engaging regularly through walkarounds or informal conversations, and maintaining a sustained and approachable presence.

Psychological safety was seen as a critical foundation. Workers were more likely to speak up when they felt that they would be listened to, believed, and protected from

detriment. Formal mechanisms such as anonymous reporting routes, safe spaces for open conversation, and clear, well-communicated policies were important supports, but many guardians noted that cultural factors mattered just as much. Organisations that actively promoted openness, demonstrated a commitment to tackling racism and discrimination, and took visible action on concerns were seen as helping foster a sense of belonging and empowerment among overseas-trained workers.

Several guardians highlighted the positive impact of diverse and representative Guardian and Champion networks, which helped overseas-trained workers see themselves reflected in Freedom to Speak Up structures. Others noted the value of collaborative working with staff networks, international recruitment teams, and equality, diversity and inclusion leads.

In terms of practical work undertaken to facilitate speaking up, guardians reported a wide range of initiatives. These included delivering bespoke speaking up sessions at induction and preceptorship events for internationally recruited staff, targeting overseas-trained workers for Freedom to Speak Up champion roles, running pastoral support initiatives, and participating in multicultural staff networks. Guardians also described supporting broader organisational work on anti-racism, cultural competence, and inclusive leadership.

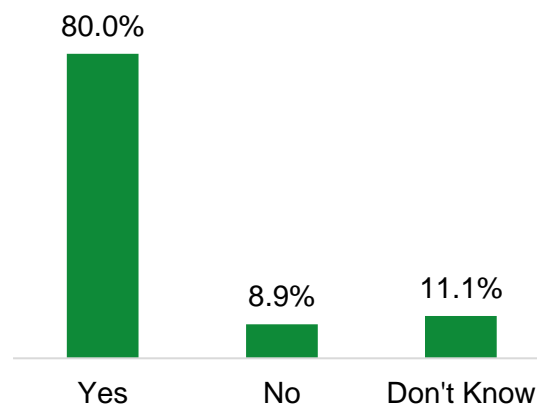
When asked whether these initiatives had been evaluated for effectiveness, only a small proportion (8.4%) reported that any evaluation had taken place. Most respondents (63.9%) said that no evaluation had been conducted, and 27.7% said they did not know. Where evaluation had been undertaken, it was typically informal and limited in scope. Some guardians reported drawing on feedback from staff surveys, monitoring demographic data on speaking up cases, or receiving informal feedback from internationally trained workers. In a few cases, guardians cited improvements in speaking up rates among overseas-trained staff or positive feedback on induction sessions as signs of progress.

The experiences shared by guardians indicate that while good practice exists, it is often dependent on individual effort and organisational commitment and may not yet be fully embedded or consistently assessed for impact. Strengthening evaluation and sharing learning across organisations could help to ensure that effective approaches are scaled and sustained.

Training on speaking up

Most Freedom to Speak Up guardians reported that training on speaking up was available in their organisations.

Where training was reported, it was most often described as including e-learning modules such as the "Speak Up", "Listen Up" and "Follow Up" programmes developed by the National Guardian's Office and NHS England. Guardians also described training being delivered through trust induction processes, and in some cases bespoke sessions for overseas trained workers, including presentations by Freedom to Speak Up guardians. Regular educational events and engagement activities were also mentioned.



Reported outcomes included increased staff awareness of speaking up routes and processes, greater confidence among some staff in raising concerns, and improvements in training compliance rates. However, several respondents said they did not have data on outcomes, or that outcomes had not yet been formally evaluated.

Training on supporting overseas-trained workers

Responses on training for managers and leaders specifically about supporting overseas-trained workers were more limited. Of those who answered the question, 16.9% said such training was available, 31.5% said it was not, and 51.7% said they did not know.

Where training or support was described, respondents referred to training on cultural competence, anti-racism, inclusive leadership, and managing diverse teams. Some organisations reported providing access to e-learning modules produced by the National Guardian's Office and Health Education England. Others described line manager induction programmes, leadership development sessions, and bespoke support materials and guidance for managers.

Some respondents noted that this training or support aimed to raise awareness of the barriers faced by overseas-trained workers, foster inclusive team cultures, and equip managers to respond effectively to concerns. Guardians said that the training had contributed to increased understanding or improved team relationships, although many did not provide specific information about outcomes.

Confidence and capability among guardians

Freedom to Speak Up guardians generally expressed confidence in their ability to support overseas-trained workers, with just over half (54.0%) feeling equipped to do so. A further 33.3% were unsure, while 12.6% felt they were not equipped.

Among those who did feel equipped, many cited personal experience, previous training, or a strong commitment to treating all staff with respect and empathy. Several guardians described drawing on their own lived experience as overseas-trained workers, or on engagement with staff networks and equality, diversity and inclusion leads, to build their confidence and understanding.

Many guardians identified areas where further support, resources, or training would strengthen their capability. Cultural competence training was a key theme, with respondents emphasising the need for greater understanding of different cultural norms around hierarchy, authority, and communication, and how these might impact the experience of speaking up. Many guardians also highlighted the importance of training on the specific barriers faced by overseas-trained workers, including immigration-related vulnerabilities, experiences of discrimination, and fears around job security.

Some guardians requested practical resources to support their work, such as easy-access translation services, tailored awareness materials, and standardised training tools that could be adapted to local needs. Others pointed to the need for wider organisational investment, including leadership education on the challenges faced by overseas-trained workers, and a more consistent, systemic focus on inclusion and belonging.

Several responses reflected the operational pressures faced by guardians, noting that time constraints and competing demands could limit opportunities for proactive engagement and learning. Some guardians suggested that national bodies, including the National Guardian's Office, could play a stronger role in providing dedicated resources, guidance, and learning opportunities focused specifically on supporting overseas-trained workers.

Opportunities for improvement

Guardians identified a range of opportunities to strengthen the speaking up experience of overseas-trained workers. Many responses emphasised the importance of building greater psychological safety, ensuring that overseas-trained workers feel confident that speaking up will not place their employment, visa status, or professional progression at risk.

Respondents frequently highlighted the need for visible reassurance from leaders and managers that speaking up is welcomed, valued, and safe. Several suggested that celebrating positive examples of concerns being raised and acted upon could help to build trust and reduce fear. Visibility of outcomes such as the principle of 'you said, we did' was seen as important to sustaining confidence.

The importance of cultural understanding was another consistent theme. Guardians called for more education for both overseas-trained workers and the wider workforce. Suggested approaches included bespoke induction and pastoral support programmes, cultural competence training for managers and staff, and opportunities

for shared learning about differences in cultural norms and expectations, particularly around authority, hierarchy, and speaking up.

Practical support mechanisms were also seen as critical. Respondents proposed safe forums and peer support networks, greater access to pastoral care, and more diverse Freedom to Speak Up Champion/Ambassador networks that reflect the backgrounds of the workforce. Some suggested tailored resources to help overseas-trained workers navigate NHS systems, legal rights, and speaking up routes.

Broader organisational change was also highlighted. Guardians called for stronger leadership commitment to inclusive cultures, more representative leadership, and proactive efforts to tackle systemic issues such as bias, discrimination, and inequities in access to support and career progression. Strengthening systematic evaluation of interventions was seen as important to ensuring that improvements are effective and sustainable.

Additional insights provided in response to open questions reinforced these themes. Guardians described the emotional impact experienced by some overseas-trained workers when they felt unheard, isolated, or mistreated. Respondents emphasised that the responsibility for change does not rest solely with overseas-trained workers; the whole system must be ready to listen, learn, and adapt.

Annex 1: NHS Staff Survey

A more detailed breakdown of the NHS Staff Survey results can be found below.

The Raising Concerns ('Freedom to Speak Up') sub-score is comprised of two sets of questions:

- Raising and addressing concerns about unsafe clinical practice
- Raising and addressing concerns about anything

The percentage of respondents recruited from outside the UK who agreed or strongly agreed with this statement has been inching upward over the past three years, rising from 71.9 per cent in 2021 to 72.9 per cent in 2024. Meanwhile, for those not recruited from outside the UK, the figure has moved in the opposite direction, falling from a high of 75.2 per cent in 2021 to 71.8 per cent in 2024. This shift has reversed the earlier trend, where domestically recruited respondents reported higher levels of agreement. By 2024, those recruited from outside the UK were more likely to report feeling secure raising concerns.

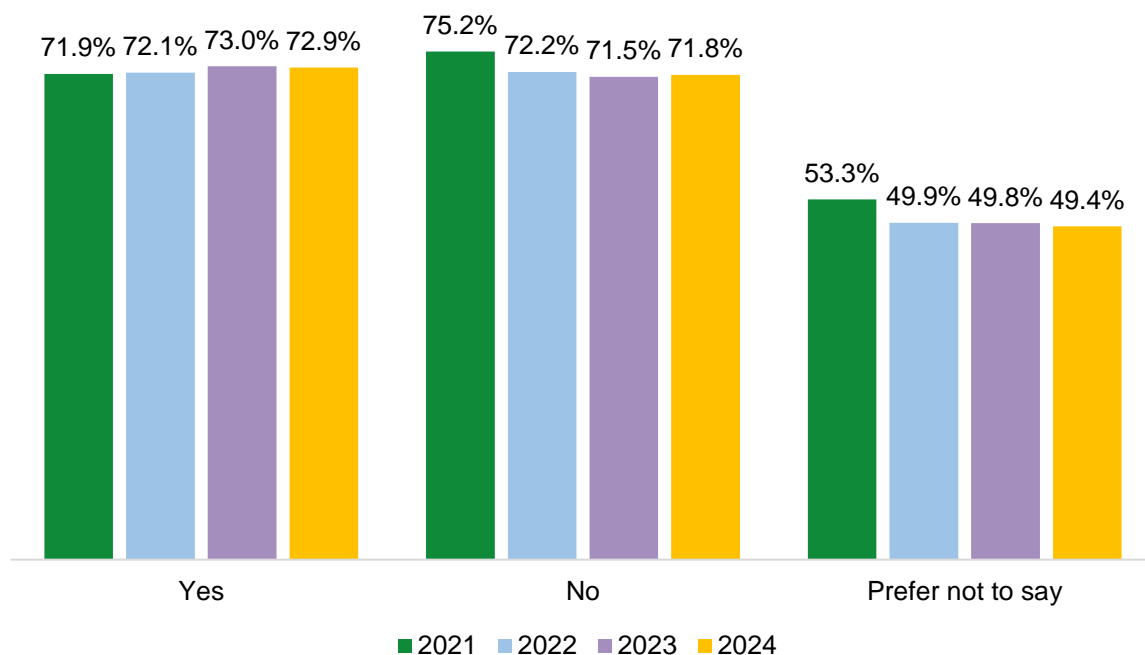


Figure 1: Percentage of respondents agreeing or strongly agreeing with the statement 'I would feel secure raising concerns about unsafe clinical practice,' comparing those recruited from outside the UK and those recruited domestically (2021-24).

Q20b - I am confident that my organisation would address my concern.

The divergence between the two groups is particularly striking for this question. In 2021, 61.1 per cent of respondents recruited from outside the UK agreed or strongly agreed with this statement, compared to 59.5 per cent of those not recruited from overseas. By 2024, confidence levels among overseas-recruited workers had risen to 64.4 per cent, a slight drop from 2023 64.8 per cent, while for those recruited domestically, it had dropped to 56.6 per cent but remained the same as 2023. This

highlights a growing disparity, with overseas-recruited workers showing increased confidence in their organisations' ability to address concerns, while confidence among domestically recruited workers has declined over the same period.

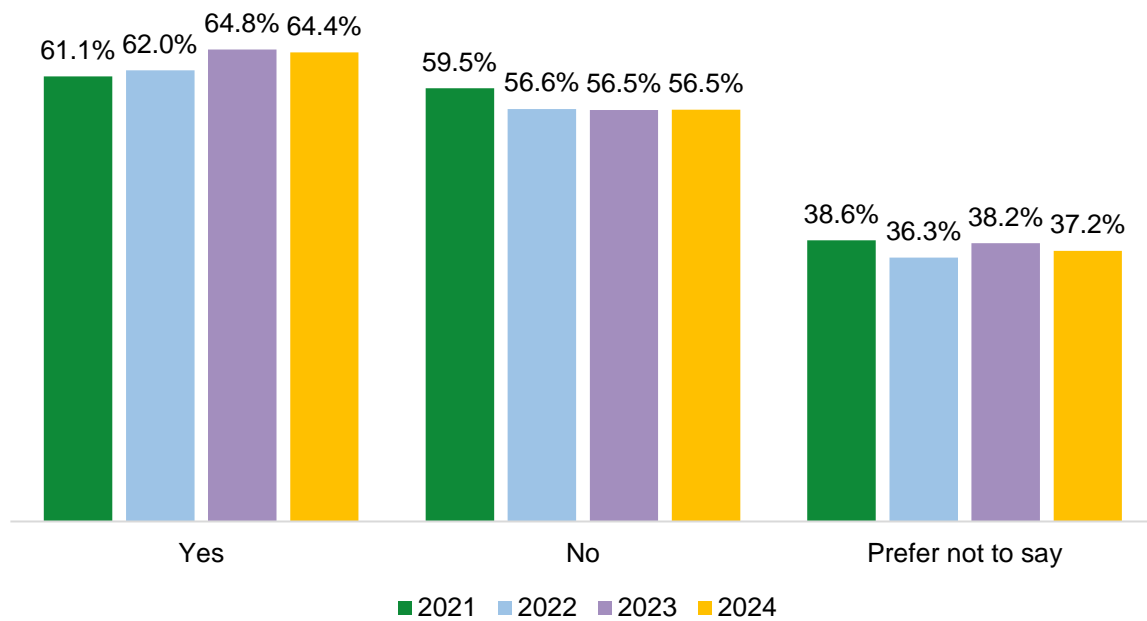


Figure 2: Percentage of respondents agreeing or strongly agreeing with the statement 'I am confident that my organisation would address my concern,' comparing those recruited from outside the UK and those recruited domestically (2021-24).

Q25e - I feel safe to speak up about anything that concerns me in this organisation

For respondents recruited from overseas, the percentage agreeing or strongly agreeing with this statement has seen a modest increase over the three-year period, rising from 58.8 per cent in 2021 to 61.5 per cent in 2024, despite a slight dip in 2022 (58.1 per cent). For those not recruited from overseas, the figure has remained relatively stable, increasing marginally from 62.2 per cent in 2021 to 62.3 per cent in 2024. While domestically recruited workers consistently reported higher levels of agreement, the gap between the two groups has narrowed slightly over time.

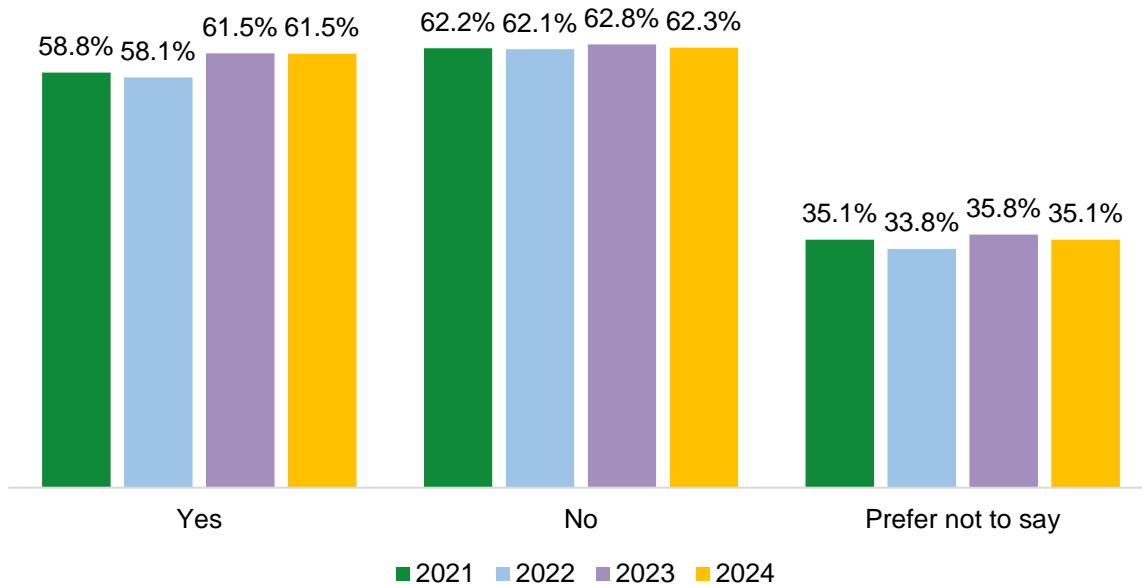


Figure 3: Percentage of respondents agreeing or strongly agreeing with the statement 'I feel safe to speak up about anything that concerns me in this organisation,' comparing those recruited from outside the UK and those recruited domestically (2021–24).

Q25f - If I spoke up about something that concerned me, I am confident my organisation would address my concern

Confidence among overseas-recruited respondents that their organisation would address concerns has steadily improved over the three-year period, increasing from 53.3 per cent in 2021 to 57.1 per cent in 2024. Among those not recruited from overseas, confidence has remained relatively stable, rising slightly from 49.5 per cent in 2021 to 49.3 per cent in 2024 after a small dip in 2022 (48.6 per cent). Across all four years, overseas-recruited workers have consistently reported higher levels of confidence than their domestically recruited counterparts, with the gap widening over time.

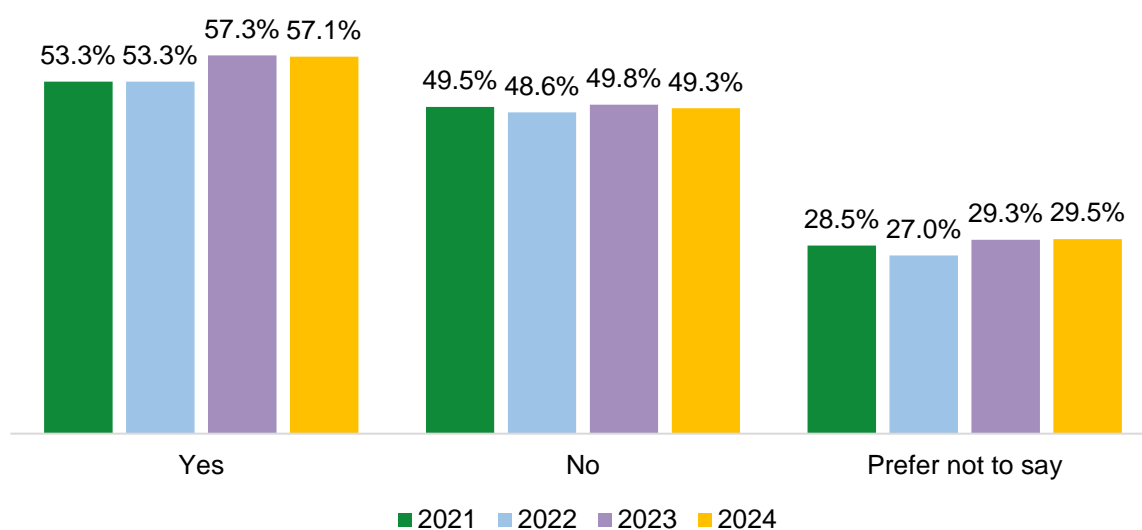


Figure 4: Percentage of respondents agreeing or strongly agreeing with the statement 'If I spoke up about something that concerned me, I am confident my organisation would address my concern,' comparing those recruited from outside the UK and those recruited domestically (2021-24).

These results indicate that perceptions of speaking up among overseas-trained workers may be improving. However, it is important to interpret these findings cautiously. Firstly, the data spans only four years, making it difficult to draw robust conclusions about longer-term trends, especially in the context of a wider stagnation or decline in results among domestically recruited workers. Secondly, several factors limit the extent to which these scores can provide a comprehensive picture of overseas-trained workers' perceptions.

One key consideration is that comparatively fewer overseas-trained workers participate in the NHS Staff Survey. Additionally, the survey relies on respondents self-identifying as recruited from outside the UK, with a notable proportion selecting prefer not to say. There is also the issue of varying definitions of what constitutes an overseas-trained worker. For the purposes of the NHS Staff Survey, this group is defined as those recruited from outside the UK at the time they joined their organisation. This definition may include individuals who have lived in the UK for a long time but excludes those trained overseas but recruited within the UK, who likely share many experiences with those recruited internationally.

Further, consideration must be given to how overseas-trained workers interpret and respond to the survey. Factors such as adaptation challenges, cultural and societal norms, and individual perceptions of speaking up - explored earlier in this report - can all influence how this group engages with the survey and expresses their views. For instance, the way a worker from India interprets certain survey questions may differ from how a worker from the UK understands them, reflecting differences in cultural context, expectations and lived experiences. These nuances highlight the

importance of interpreting survey results in context, as they may not fully capture the complexity of overseas-trained workers' perceptions or experiences of speaking up.

Similarly, many of the professional bodies, trade unions and system regulators with whom we engaged noted significant barriers and challenges faced by overseas-trained workers in speaking up. Their on-the-ground experience underscored the importance of looking beyond survey data to develop a more nuanced understanding of these workers' perceptions and experiences, ensuring that tailored approaches are informed by multiple sources of evidence.

During our review, stakeholders shared examples of how work to better support overseas-trained workers was sometimes followed by a deterioration in staff survey results. In such instances, these results were occasionally interpreted as evidence that these organisations were worse environments for overseas-trained workers. Such a decline may reflect a transitional phase, where increased awareness and acknowledgment of issues - part of meaningful improvement efforts - result in more critical feedback. Over time, however, such efforts have the potential to foster more genuine, stable improvements in survey results and the overall experience of overseas-trained workers.

The NHS Staff Survey remains an invaluable tool for capturing worker engagement and experiences. However, it should always be considered alongside a range of other metrics. This is particularly true when seeking to understand the perceptions of overseas-trained workers. Leaders should not, despite the early trend of improving results, de-prioritise efforts to enhance speaking up among overseas-trained workers.