



HEALTHCARE PROFESSIONALS' EXPERIENCE OF HR MANAGEMENT DURING BREXIT

A CASE STUDY OF RECRUITMENT AND RETENTION WITHIN
THE NHS AFTER THE REFERENDUM TO LEAVE THE
EUROPEAN UNION (BREXIT)

Styliani Smpokou

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Level:	Second Cycle
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Supervisor:	Gabriella Elgenius
Examiner:	Maja Cederberg
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Abstract

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Keyword: Brexit, Human Resource Management (HRM), Recruitments, Retention, Discourse, Perceived Organisational Support Theory (POS), Decoupling, National Health Service (NHS), Healthcare, United Kingdom (UK), European Union (EU)

Purpose: The aim of this Thesis is to explore how EU nationals employed in the NHS experience uncertainty during Brexit and how they have perceived HR support with particular reference to recruitment and retention.

Theory: The present study draws on Discourse Theory in that it explores the impact of the Brexit discourse on EU-born employees' experiences. Moreover, to highlight the importance of HR support in times of uncertainty, interview material was collected about relevant aspects and conceptualisation in relation to Perceived Organizational Support Theory, Isomorphism and Decoupling. This is to gain in-depth knowledge of employees' experiences and perceptions.

Method: A qualitative interview study that wishes to understand the impact of the Brexit discourse on NHS employees and their perception of HR support post-Brexit. Primary and secondary data were used in order to answer the research question. Primary data came from semi-structured telephone interviews with EU healthcare professionals currently employed in the NHS. Additionally, secondary data was offered by newspaper articles, official documents published by the UK Government notably the White Paper on Brexit, and documents, information emails sent by the NHS to their employees. The various data sources were analysed with the help of thematic coding.

Result: The Brexit discourse has had an impact on NHS healthcare professionals, who are concerned about the potential consequences of the UK leaving the EU. Various concerns regarding taxes, rights to stay, citizenship, family members were articulated by interviewees. However, NHS employees are seemingly not worried about losing their jobs, since the NHS and its HR department seem to have been successful in reassuring employees that their skills are required and that they are needed. The NHS employees have therefore experienced organisational support. Notably, the NHS HR department was the first national institution to introduce a settlement scheme, something that has increased employees' commitment and contributed to their wish to stay in the UK. Thus, HR has played a significant role in managing employees

uncertainty by taking a proactive role and providing central support so that employees are willing to stay. This is a considerable achievement during uncertain times when EU nationals are reportedly coming to the UK in smaller numbers and leaving the UK in larger numbers than before Brexit.

Foreword

I would like to express my deep gratitude to all the interviewees that agreed to take part in my research. Without them, my research could have never been completed on time. In addition, I would like to thank all the professors that we had during the two years of our master's course. Each one tried to transmit to us their knowledge and passion for Human Resource Management and Labour Relations through the different courses.

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Table of content

1. Introduction	1
1.1 Purpose and Research Questions.....	2
2. Background: The UK and the Referendum.....	4
2.1 The referendum	5
3. Previous research.....	7
3.1 Euroscepticism	7
3.2 Migration, Nationalism and Brexit.....	7
3.3 Recruitment and Retainment during Brexit.....	10
4. Theoretical Framing	12
4.1 Discourse Theory	12
4.2 Perceived Organisational Support Theory (POS).....	12
4.3 Isomorphism.....	13
4.4 Decoupling	13
4.5 Theory contribution.....	14
5. Method	15
5.1 Case study	15
5.2 Data Collection and participants	16
5.2.1 Sample.....	16
5.2.2 Primary Data.....	17
5.2.3 Secondary Data.....	18
5.3 Method of Analysis	18
5.3.1 Thematic Analysis.....	19
5.4 Validity and Reliability	19
5.5 Ethical considerations.....	20
6. Results and Analysis	21
6.1 The impact of the Brexit discourse.....	21
6.2 How and in which ways do EU-born healthcare professionals, without British citizenship and employed by the NHS, experience HR support after the referendum to leave the European Union (Brexit)?	23
6.2.1 NHS EU-born employees' experience of the officially sanctioned Brexit discourse.....	25
6.2.2 Experience of HR support during Brexit.....	26
6.3 What main concerns do NHS employees of European origin articulate about Brexit?.....	26
6.4 How do they perceive HR support with specific reference to retention and recruitment?.....	27
6.4.1 NHS Employees and feeling of support.....	27
6.4.2 The information emails	28

6.4.3 Retention of EU staff from the employees’ perspective.....	29
6.4.4 Recruitment strategies from the employees’ perspective	30
7. Discussion	32
7.1 Limitations and Future Research.....	34
8. Conclusion.....	36
9. Reference list.....	37
10. Appendix	43
Appendix 1	43
Interview guide - questions	43
Appendix 2	43
Information Email from the NHS.....	43
1st Email Attachment	45
2 nd Email Attachment	48
Appendix 3	51
Statistics from the interviews	51
Appendix 4	52
Graph - Exit poll for a second referendum.....	52
Appendix 5	53
Bacchi’s WPR approach – Questions.....	53
Appendix 6	53
White Paper	53

1. Introduction

The United Kingdom (UK) referendum of 2016 changed the ways in which many European Union (EU) employees thought of their future in the UK and also influenced how HR departments organised their work around recruitment and retainment. The referendum to leave the EU and the process that followed, herein referred to as Brexit, is likely to have implications for EU employees' experiences of working in the UK and increase the demands of the HR's role. This thesis explores EU-born employees' experiences of Brexit and HR support during these uncertain times by investigating the experiences of National Health Service (NHS) employees concerning retention and recruitment.

Brexit is expected to bring important changes to the Employment Relations and Labour Law of the UK, something that will impact the NHS and its staffing that consists to a high degree from EU migrants (Appleby et al. 2018). NHS is an important part of British society and encompasses all its public health care facilities and personnel. The NHS was always an attractive work destination for EU nationals because of the job opportunities and benefits offered to new employees and the easy access due to free labour migration within the EU.

The NHS was chosen as a case study since it is a central national institution in the UK. Furthermore, the NHS played a central role in the "Leave" campaign (see picture of the infamous leave campaign bus below), trying to highlight that British people need to take back the control of their country by redirecting the funds currently going to the EU towards funding the NHS (Costa-Font, 2017). The discourse offered by the "Leave" campaign presented the problem as 'loss of control', a problem that could be remedied by redirecting funds from the EU to the NHS — in this way, diverting attention away from the NHS being 'underfunded' (Ibid).

To highlight the importance of the NHS for the British people and the impact of the campaign that used it, we could note that the NHS is one of the largest public organisations in the UK. According to the latest NHS report, the organisation's headcount for March 2018 was 1,205,246, which was increased at 1.5% compared to the previous year (NHS Digital, 2018). However, the NHS still has 28,998 vacancies (Ibid). It consists of Foundation Trusts that are non-government-dependent, not-for-profit health care providers that cover hospital, mental health and ambulance public needs (Gov.uk, 2018b). The services within the NHS are free of charge for UK residents. Thus, NHS is a vital pillar in the UK's society (NHS, 2019). It employs a great number of EU medical and nursing staff, but still, the majority, 988,363 are British (Baker, 2018). In addition, many acquaintances of the author are healthcare professionals working within different NHS trusts, which made the interview process easier. In addition, the NHS offered an easy access for the scholar in order to conduct interviews, since many acquaintances of the researcher are healthcare professionals, currently working at different Trusts.



(Photo of the 'Brexit Bus', Independent, 2017, <https://www.independent.co.uk/news/uk/politics/brexit-latest-news-vote-leave-director-dominic-cummings-leave-eu-error-nhs-350-million-lie-bus-a7822386.html>)

At the time this research paper was written, a full assessment of the consequences of Brexit on HR strategies could not be done. However, the focus on employees' experiences during Brexit will shed light on the role of HR and the ways in which it can support employees. Further research needs to be done regarding Brexit after the official exit in October 2019 as to the consistency and implementation of HR strategies.

1.1 Purpose and Research Questions

With the above in mind, the campaign for Brexit, the outcome of the referendum, the staff deficit of the NHS and large numbers of European migrants working within the NHS, the purpose of this study is to investigate how EU nationals employed in the NHS, experience HR support of recruitment and retention during Brexit, using the following research question.

- *How and in which ways do EU-born healthcare professionals, without British citizenship and employed by the NHS, experience HR support after the referendum to leave the European Union (Brexit)?*

In order to respond to the main research question, the following sub-questions help gain in-depth knowledge about their experience of HR strategies and the Brexit discourse;

- *What main concerns do NHS employees of European origin articulate about Brexit?*
- *How do they perceive HR support with specific reference to retention and recruitment?*

The questions above will be explored by interviewing NHS employees working in the Greater London area, all of whom are EU citizens. 'HR support' refers to all the means in which the HR department of the NHS help, inform and show intentions of retaining EU citizens as staff within the NHS or recruiting EU healthcare professionals to the NHS.

2. Background: The UK and the Referendum

The UK joined the EU in 1973, and two years later, the first referendum in the history of the UK was conducted for British citizens to vote on whether they wanted to remain in the European Economic Community, as was named the EU back then (Walsh, 2016). The UK Prime Minister Harold Wilson and leader of the Labour Government had returned from Brussels supporting the “In campaign”, claiming it was a better deal for the UK. On the contrary, Tony Benn, the leader of the Labour left party who disagreed with the idea of the Common Market and believing that it could have a negative impact on jobs, supported the “Out campaign” (Wheeler, 2016).

A central argument of the “Out Campaign” was that the UK unemployment rate was rising due to uneven labour rates people coming from Europe to work in the UK and that leaving the UK to work in other European countries (Mortimore, 2016). However, the migration threat was not a very strong argument, since there were still some restrictions to the movement of labour (Ibid). The results of the 1975 referendum showed that 67% of the citizens had voted for staying in what was then called European Economic Community and 33% had voted against (Ibid).

Workers could easily migrate from country to country inside the EU and have the right to stay and work wherever they found the best opportunity, without restrictions and the bureaucracy of applying for a right-to-stay and/or work visa. However, intense geographical mobility is noted in times of unemployment uncertainty and regional economic crises such the one that hit Europe in 2008, causing imbalances in the labour market (Tatsiramos, 2009). Hence, as presented by Tatsiramos (2009), statistics from OECD, demonstrate the fact that regional migration flows were much higher in the UK compared to the other European countries. This was something that intensified the existing feeling of nationalism in many British people, even if the free movement of labour helped the staffing of key public sector organisations such as the NHS, filling numerous vacancies with educated healthcare professionals (Ibid).

People with degrees in medicine and nursing were recruited easily, especially from countries such as Greece, Italy, Spain and Portugal that were hit hard by the big recession in 2008 (Tatsiramos, 2009). However, according to Ableby et al. (2018), nowadays a shortage has been identified in the NHS staff since the number of nurses and doctors coming from the EU has decreased sharply since the referendum (Simpkin and Mossialos, 2017). Additionally, the Nursing and Midwifery Council (NMC) reported 24,000 vacancies for the year 2017 in nursing staff (Ibid), right after the referendum, something that raises the question; what would happen if the majority of EU nationals left the NHS? Due to the free Labour Movement within the EU is translated into nearly 62,000 of the NHS’s workforce and an

estimated 104,000 of the UK's social care sector are currently from other EU countries (NHS Digital, 2018; Skills for Care, 2018 as cited in Grounds, 2019).

According to the NMC, there are currently 33,000 EU nurses employed in the NHS. However, during this time of upheaval there is a decrease in the number of nurses that migrate from EU countries in order to work in the NHS (Williams, 2017). In addition, it is worth mentioning that after the referendum, almost 10,000 NHS employees had quit their jobs and 4 out of 10 EU doctors are considering leaving, whereas 25% are reported to be uncertain of what to do after the referendum (O'Corroll & Campbell, 2017).

2.1 The referendum

The UK Prime Minister (PM) David Cameron, in an attempt to regain his "strength" and reunite his party internally over the EU decided to conduct a referendum, giving British people the power to decide between leaving or staying in the EU (John, 2016). The referendum was conducted on the 23rd of June 2016 (Keukeleire & Delreux, 2017) and resulted in 51.9% votes for leaving the EU, and 48.1% for remain (BBC, 2016). Right after the referendum results, the PM, David Cameron who had suggested the referendum, resigned (De Vries, 2018). The new Government under the leadership of Theresa May initiated the process with the EU to agree on the terms of leaving with the aim of minimizing negative effects on EU citizens working, studying, or just staying in the UK or UK nationals working, studying or living in the EU (Ibid).

After the referendum, people who voted for Brexit were said to be the "Left-Behind". More specifically, they identified as economically disadvantaged, coming from the white working class hit hard by the economic crisis of 2008, the less educated and older people (Goodwin & Heath, 2016 as cited in Andreouli & Nicholson, 2018). However, according to Bhambra (2017), it was also other ethnic groups, except the white working class that contributed to the "Leave" vote, such as the Eurosceptics and also white middle class in areas outside London (Swales, 2016).

Additionally, according to a new BBC (2018) exit poll, it is worth mentioning that UK citizens that had voted towards Brexit are slightly more likely to not vote in the same way if there were a second referendum (see graph in Appendix 4). UK citizens may have voted differently if they knew there was a possibility of a non-deal withdrawal from the EU. A characteristic example of the lack of information British citizens had during the referendum, is the fact that the most common search on Google the day of the referendum was the question "What is the EU?" (Zimmerman, 2016). Nevertheless, the UK's exit from the EU has been one of the main topics in daily news in most countries around the world since the referendum, and many of the EU leaders have used Brexit to highlight that things need to change in Europe (Keukeleire & Delreux, 2017).

The PM Theresa May published the White Paper (see Appendix 6) in an attempt to present the changes that would happen after Brexit considering that there would be a deal between the UK and the EU. The first report/White Paper, published after the referendum came from the House of Lords, which is the second chamber of UK Parliament (UK Parliament, 2019). This was perceived as a summary of the Brexit discourse by the scholar, since it summarizes all the Brexit discourses, coming from the “Leave campaign”. An official policy document, signed by the PM Theresa May to give an overview of how life would be after Brexit and highlights the reasons why it was important to take that decision (Gov.uk, 2018c). Theresa May sums up the main points of the “Leave the EU” campaign by pointing out the need for Britain to “take back control of its borders” and introducing the “skilled-based immigration” that would give British employers the ability to choose based on talent and not based on ethnicity (Ibid).

To support this restructuring, the UK Government would provide a transition period adequate for sustainable implementation for these changes from the firms and organisations (UK Parliament, 2017). What could be highlighted at this point is that the normative pillar has become salient since the anti-migrant and nationalistic discourse has prevailed, legitimising all the means necessary to “take back what belongs to British people” (Ibid).

A lot of ink has been spilt trying to predict how life will be in the UK after leaving the EU; however, as the date of Brexit approaches, there is no deal on the table. All the potential deals that the PM Theresa May brought to Parliament have been voted against, more and more people are asking for a new referendum (Guy, 2019). Furthermore, it is worth mentioning that Brexit was originally scheduled for the 29th of March 2019, but after an agreed delay, it was decided to officially take place on the 31st of October 2019. The latest news is that Theresa May resigned on 7th of June and the headlines read ‘Broken by Brexit’ (Russell, 2019).

3. Previous research

A plethora of recent articles have tried to shed light on the impact of Brexit on international labour, the mobility of migrants, the uncertainty, the nationalism and the discourse of Brexit etc. However, most previous studies focus on the very act of the referendum and leave other aspects unresearched, such as the role that the HR has on this.

3.1 Euroscepticism

Bhambra (2017) has highlighted that British citizenship has been granted to individuals living on the island of the UK, but also those living in the British colonies. At the end of the 20th century that changed by removing some rights from those living in the colonies (Karatani, 2003 as cited in Bhambra, 2017). However, after 1973 and the entrance of the UK to the EU, it was clear that some rights were taken away from British citizens as well, as they considered to be related to race and that was not in harmony with the idea of the EU per se (Ibid). Therefore, the entrance to the EU was connected with the restriction of rights and compliance with regulations not controlled by their own country for British people.

During the last few years, the EU is in many ways going through an “existential crisis” due to the diverse cultures that constitute Europe, as highlighted by De Vries (2018). More precisely, the structural imbalances that characterise the very nature of Eurozone have come to the surface leading to “Euroscepticism” (Ibid). The EU was expanding with post-Soviet countries such as Poland and Czech Republic entering the EU, waking up hidden nuggets of the Cold War and nationalism, but also increasing the free migration movement (Wheeler, 2016).

Migration was a very real and threatening issue for the UK, which was also combined by compliance with non-national, external regulations. Therefore, after a period of recession and upheaval, the government of the UK decided to let the citizens vote if the country’s future would be in or out the EU with a referendum.

3.2 Migration, Nationalism and Brexit

EU membership’s rhetoric in the 20th century was focusing mostly on the free movement of capital and not so much on the labour movement that was discussed only later on (Bhambra, 2017). More precisely, the role of EU immigration played a considerably important role in Britain’s vote at the referendum of 2016 (Dennison & Geddes, 2018). Since 2004, “immigration in the UK became increasingly ‘Europeanised’ (Ibid:1139). By ‘Europeanisation’ Dennison and Geddes (2018:1139) define “the degree to which a state’s policies, politics or laws are harmonised with those of the EU, the extent to which national actors shape or are shaped by the EU, or, less frequently, the degree of micro-level Europeanised behaviour among citizens”. It is interesting to underline the fact that at the beginning of

2014, the number of EU migrants in the UK was higher than the non-EU migrants (Ibid). Moreover, another even more interesting fact is that it was such a great need for British to maintain control over their borders that the UK is not part of the Schengen agreement and by doing so, they maintained their right to passport-control even to EU nationals (Dennison & Geddes, 2018).

The issue that deteriorated the anti-EU climate between British people was the fact that the time the UK's economy recovered from the financial crisis coincided with the time where most of the other European countries were deep into recession (Dennison & Geddes, 2018). Hence, EU nationals that wanted a way out of economic crisis migrated to the UK, and by 2014 EU immigrants in the UK reached 350,000 per annum, even more than non-EU immigrants (Ibid). With the decision of Brexit the UK could take back control of its borders, as the "Leave" campaign advertised, however as Dennison and Geddes (2018) noted, the UK needs time to change the EU immigration policy from 'free movement' to 'controlled entrance'. That change and control will lead to the decrease in 'Europeanised' migration, something that was the target to the Brexit discourse and that will potentially harden recruitment and retention of EU nationals, especially in vital public sectors such as the public health sector and the NHS (Ibid).

Elgenius (2019:156-157), described the power of discourse in nationalism, explaining that "discourses are much more than spoken or written words; they control objects through its 'power-knowledge' and rules of exclusion". Additionally, Bhambra (2014, as cited in Elgenius, 2019), analysed the discourse behind the terminology that was used during the Brexit referendum in 2016. The analysis highlighted the "left behind" discourse had its roots in nationalism, suggesting that British disadvantaged groups needed to be protected and regain their country's independence and job opportunities from the "invasion" of migrants and globalisation. It is essential to note that even if the "left behind" were accused of causing Brexit, many of them had not voted for it (Elgenius, 2019).

The campaign for the referendum in the UK in 2016 essentially emphasised issues related to race and migration, highlighting a latent meaning of who should have the right to live and work in the UK and who should not (Bhambra, 2017). A "toxic discourse" was coming up to the surface, polarising people between the two sides of the same coin, racism and ethnicism (Ibid) that could potentially lead to the NHS being short staffed, as presented by McCulloh (2018) in his article where he offered the findings from the YouGov Poll. The White Paper that was signed by Theresa May after the referendum identified this "toxic discourse" and the adjustments in the Labour Market that have to be made (UK Parliament, 2019).

That "toxic discourse" was experienced from most of the EU nationals living in the UK through newspapers and official Government documents that impacted on the amount of EU citizens coming

and leaving the UK (see figure below). However, it has to be noted that NHS employees experience mostly an alternative discourse through emails informing and reassuring them of keeping their rights since they belong to a “privileged” group that is needed from the NHS. That alternative discourse was bringing to the surface the normative pillar of the Institutional Theory that referred to values, expectations and standards, highlighting an aspect of moral obligation (Scott, 2014:96) from the side of the NHS as an institution.

All in all, changes require time, and since the labour law in the UK is mostly based on the EU regulations, it is not considered very plausible that labour law will change after Brexit, or at least not immediately (XpertHR, 2018). Most of the EU directives are already incorporated into the domestic labour law, which will be the main labour law system after UK withdrawal. Nevertheless, some changes that could be made in the future, for instance, might be related to the employees’ rights, and the amount of holiday pay. However, the European Commission might require from the UK government to keep some of the labour law regulation to protect EU citizens working in the UK (XpertHR, 2018).

The “Leave” and “Remain” campaigns were based on two different but very important variables for British people, migration/economy and unemployment (De Vries, 2018). Two totally different discourses were demonstrated; on the one hand, the “Remain” campaign illustrated the economic chaos that the UK would enter when leaving the EU. Whereas, on the other hand, the “Leave” campaign was based on a more nationalistic discourse, focusing on Brexit in a way that will lead British people to take back the control of their country by choosing who can and who cannot enter to the UK (Ibid). In other words, the referendum showed an ideological discourse of nationalism on the one hand and openness to globalisation on the other hand (Andreouli & Nicholson, 2018). The Brexit discourse was demonstrated in the White paper that was signed by the PM Theresa May as an attempt to show an overview of how life would be after the UK leaves the EU (Gov.uk 2018c).

One of the main narratives of the “Leave Campaign” was that by leaving the EU, the NHS could increase its budget since the UK contributions to the EU could be used for the Health System in the UK (Costa-Font, 2017). However, after the referendum it was clear that this was not the case, since NHS underfunding was not much related to the EU. As Costa-Font (2017) identifies in his paper, the NHS due to staff shortness were turning to private companies in order to fill the vacancies, something that had an increasing effect on the expenses of the organisation. According to Marangozov & Williams (2016), a solution to the loss of EU healthcare workforce could be to rely on and provide funding as to “cultivate” native medical and nursing staff. Nonetheless, it has to be noted that the amount of time needed for native nurses’ and doctors’ training was the very factor that created the need for the NHS to turn into ‘importing’ foreign nurses in the first place. It was the easiest way to recruit through EU due

to free labour movement with less bureaucracy needed and by the establishment of common training standards within the EU (Ibid).

Furthermore, according to Costa-Fort (2017), we have to take into consideration the social restraints that could potentially discourage EU-born educated healthcare professionals from migrating to the UK for work. These social restraints have a lot to do with the “toxic discourse” that EU nationals experience due to Brexit, something that could be supported by Young, Weir, and Buchan’s article (2010), which demonstrates that EU migrants were experiencing discrimination, years before the referendum.

3.3 Recruitment and Retainment during Brexit

At times of uncertainty, including the one Brexit initiated, there are pressures coming from the organisation’s outer environment, forcing changes to happen (Furusten, 2013). Therefore, the HR and the organisation need to be aware of these changes and adapt their strategies and methods accordingly (Ibid).

After the referendum, there was a sharp decrease of 95% in EU nationals coming to work in the UK, something that had an impact on and challenged the current recruitment strategies, highlighting the main/prevalence discourse among professionals, that Brexit will cost a lot, and much of the EU labour will be lost if not protected (CIPD, 2018b). Additionally, it should be noted that 48% of the UK employers in general reported a decrease in their EU national employees’ job security (Ibid). After the publication of the settlement schemes by the UK Government and the pilot application program, only 28% of the employers reported that it helped their retention of EU staff objectives (Ibid).

Pointer (2016) presents a CIPD survey, where 75% of HR managers reported that they still do not have a clear and coherent strategy to deal with Brexit, as most businesses did not expect the voting outcome. Employers and HR professionals are in a transition process along with the whole country (UK), and they try to find out how Brexit will change their functions. According to Mou (2016), most employees have already communicated with their union to learn as much as they can, regarding the upcoming Brexit. Even though no one could be entirely sure about the outcome of Brexit, deal or no deal, open two-way communication could reassure employees that their concerns are being heard. Employees would be better off to be informed of the Brexit updates, officially from their HR manager(s), as the policy of each company or organisation might be slightly different from each other (Mou,2016). This procedure could be held through each company’s intranet, and all information documents provided by the company with Q&As should contain only definite and announceable decisions. Additionally, the HR manager should be -as always- available for one-to-one meetings with employees to provide support and official information.

Furthermore, employers and HR managers should assess the composition of the organisation's staff, monitor their recruitment and retention strategies, and be prepared for potential changes and needs that might appear due to Brexit (Mou, 2016). However, they should be very careful, as their strategies should not be considered discriminatory for EU current or future employees (Ibid). Additionally, EU employees should be supported, as they might feel vulnerable during the bargaining uncertainty (Ibid). Furthermore, as Mou (2016) suggests, potential acts of harassment and discrimination should not be tolerated. Finally, yet importantly, HR managers should not hurry and proceed to any changes in the recruitment process until the Brexit deal is finalised. However, they should still be careful that all new employees will have the right to work in the UK.

Beech (2017), proposes that after Brexit, HR professionals might consider using the Resident Labour Market Test (RLMT), not only for overseas but also for EU nationals as well. More precisely, so far, the RLMT has been used from companies and organisations that want to occupy non-UK/EU skilled employees that require general work visa (NHS Employers, 2018). That, however, might mean increased administration costs and a pre-planning from HR managers regarding the staff needed. That would give an advantage to UK applicants, as companies would have advertised a vacancy before in the UK (Beech, 2017). HR managers should be cautious with assessing the skills of applicants, independent of their nationality. The HR department could encourage and guide qualified employees that are living in the UK for less than five years to apply for a Certificate of Registration, whereas employees living in the UK for more than five years, to apply for Permanent Residence (Gov.uk, 2018a).

4. Theoretical Framing

In this section, Discourse Theory is used to explore the discourses of Brexit to assess the impact of employees' experiences. The Perceived Organisational Support Theory (POS) and the central concepts of Isomorphism and Decoupling were used to explore the role of HR in this process.

4.1 Discourse Theory

The present study draws on Discourse Theory and material from the UK government, the European Commission, business magazines and internet blogs and interview material and will highlight discourses reflecting on the political situation and in the interview material. Discourse theory has its origins in the 20th century anthropological studies and the Swiss linguistic Ferdinand de Saussure. Discourse theory highlights that we live in a society of interdependent forces shaping reality, initiated from our behaviour towards society and vice versa (Jørgensen and Phillips, 2002). In other words, our actions, language and writings shape our societal environment, and thus our discourses about reality reflect what we have perceived, and how these could be manipulated through social institutions, to control what we perceive and comprehend as reality/truth.

If we would like to define what is a Discourse though, we could draw from Gee and Handford (2012), where they describe a discourse as the different ways of constructing a reality that could be perceived differently from different actors. According to Foucault (1980, 1982, as cited in Bergström and Knights, 2006:353), people are becoming in a way the “pipeline” that transports the truth, or own perception of reality and shape the balance between knowledge and power. Therefore, by using organisational discourses (from the NHS), we could have a clear view of an organisation's way of implementation and handling the changes that Brexit will have.

4.2 Perceived Organisational Support Theory (POS)

Perceived Organisational Support Theory (POS) is defined as “the degree to which employees believe their work organisation values their contributions and cares about their well-being” (Baran, Shanock and Miller, 2012:123). POS Theory is an application of social exchange theory in the organisational context (Ibid). So far, POS theory was explained through antecedents such as fairness and job conditions, whereas other as demographic showed a small relationship with POS. In the present case study, demographics, and more specifically, the country of origin could explain POS.

Furthermore, POS is relevant to the present paper since it concerns the employees' behaviour of commitment and satisfaction, but also withdrawal and turn over. According to Baran, Shanock and Miller (2012), employees who experience organisational support feel the need to return that support, translated into commitment and therefore, retention would be easier for the organisation. It is important

for the employees' well-being to feel occupational safety and support from the organisation that they work in. The POS theory could be expanded into more unique and not so traditional work relationships, such the one mentioned earlier regarding the support that the employees perceive during times of uncertainty where all employment relationships are expected to change, not only in the organisation where they work but also in the whole country.

4.3 Isomorphism

The concept of isomorphism was investigated in terms of highlighting the similarities and differences between the NHS Trusts on how they show their support to retain their EU employees accordingly. In general, if we would like to define isomorphism, we could mention that is how similar the structure and the processes of one organisation are to the ones of another under similar circumstances (Srikandia and Bilimoria, 1997). More precisely, it is interesting to investigate how the various Trusts that operate around the UK but are all under the umbrella of the NHS, restructure their strategies due to Brexit. The cause of any similarity in the strategies of recruitment and retention between the Trusts may additionally lead to the identification of the types of isomorphism, namely, coercive, mimetic and normative through which isomorphism occurs (Greenwood et al. 2017).

According to DiMaggio and Powell (1983), coercive isomorphism could occur due to Governmental pressures; mimetic isomorphism stems from typical responses to ambiguous situations, whereas, normative isomorphism, is related to professionalisation. Even though the NHS consists of different Trusts, it is interesting to investigate if the Trusts act autonomously, providing support under the pre-Brexit uncertainty, or they act homogeneously, following one central policy and providing general instructions. Isomorphism is relevant for the present study since through the employees' perceptions, we could understand the variations in Trusts' policies regarding retention and recruitment of EU nationals.

4.4 Decoupling

In addition, we investigate the connection between organisational formal policies and practices in relation to language –written and oral- drawing from the neo-institutional theory as well, and focus especially on the concept of decoupling that might occur between what is said, meant, and done, following the Semiotic Triangle (Friedland & Alford, 1991 as cited in Li, 2017). According to Boxenbaum & Jonsson (2017:7), “decoupling means that organisations abide only superficially by institutional pressure and adopt new structures without necessarily implementing the related practices”. That will provide the scholar with additional relevant information in order to answer the second research sub-question and find out if the Trust does actually implement their policies regarding Brexit.

4.5 Theory contribution

All the above theories and central concepts provide a supportive base for scholar's intentions to shed light on the phenomenon of Brexit from the NHS employees' perspective and the contribution of HR on recruitment and retention. Discourse Theory explores the impact of the Brexit discourse on EU healthcare professionals that work at the NHS. Additionally, the Perceived Organisational Theory, Isomorphism and Decoupling provide useful linkages between the employees' feeling of support from the HR and their commitment to the organisation.

5. Method

In the present paper, a qualitative method was used in order to gain in-depth understanding of people's feelings, interpretations and actions, focusing on the question "why" (Wolcott, 1994). Analysing the case study of the NHS EU-born employees' experience of Brexit in terms of support, recruitment and retention inspired by the Discourse Analysis, special attention has been taken by the scholar to be as "objectively subjective" as possible, by distancing themselves from the theme and the interviewees (Ibid).

5.1 Case study

The main purpose of a case study is to understand and gain in-depth knowledge of a specific case or phenomenon (Bloomberg, 2018). The unit of analysis in the present descriptive case study is healthcare professionals working in the NHS under the free migration agreement within the countries of the EU. Purposeful sampling was used, targeting NHS employees born in one of the EU countries and currently working in the UK. EU nationals that had UK citizenship were not allowed to take part in the research.

Physical artefacts are included in the analysis in the form of documentation provided from the NHS to the employees via email and online documents coming from the CIPD created to provide guidance to all employers and HR managers in the UK in the rise of Brexit. Moreover, newspaper articles were also used to provide valuable information in regards to Brexit discourse.

Characteristic of the case study is the fact that it provides the reader with a holistic view of the studying topic that focuses on (Bloomberg, 2018). More precisely, this paper presents historical events in chronological order to inform the reader about the causes that led to Brexit, a phenomenon that initiated the domino of events that we are studying; the employees' experience of support and the changes in recruitment and retention at the NHS.

The rationale behind the choice of the present case study lies in the fact that the Public Healthcare domain of the UK will be impacted during Brexit, either in terms of staffing or in terms of medical supplies. Therefore, it is interesting to investigate and have a first-hand look at the employees' experience of Brexit so far and how it has impacted their lives, additionally to the focus on HR strategy restructuring towards recruitment and retention under the terms of Brexit

Considering the methodological approach and the research questions, we could identify the present case study as descriptive (Bloomberg, 2018). Since Brexit is a rather new phenomenon, we aim to reveal and highlight core EU-born NHS employees' experiences of recruitment and retention from the NHS. In doing so, gathering rich qualitative data from various sources, which provides the reader with employees' experience of HR support in times of uncertainty.

5.2 Data Collection and participants

Qualitative data was collected through purposive and snowball sampling to answer the research question (Marshall, 1996). The sample needed to be representative of the population, meaning the EU-born healthcare professionals working in the NHS. Both primary and secondary data sources were used to give the reader a more comprehensive and in-depth understanding of the impact of Brexit and NHS employees' experiences of the phenomenon. Therefore, all data collected led to useful findings that helped to answer the research question and sub-questions.

5.2.1 Sample

All participants came to the UK from countries that are members of the European Union, to find better career opportunities, fairness and higher wages. Purposeful and Snowball sampling strategies were used. The sample was selected to have two basic characteristics, thus considered as purposeful or judgement sampling (Marshall, 1996). The characteristics were first of all to be an EU national living in the UK and secondly, being a healthcare professional working in the NHS. Initially, the acquaintances of the scholar participated in the study and then they were asked to recommend other candidates with these specific characteristics (snowball sampling). All participants were already working in the NHS, however they were asked to describe their recruitment experience, which was really interesting considering the fact that some of them had been recruited after the referendum, while others before.

The sample consisted of 30 interviewees (see Appendix 3), 10 males and 20 females. The interviewees were; 21 Nurses, 4 Doctors, 2 Dentists, 1 Psychologist and 2 Consultants. Occupation is considered as a relevant factor to interpret our findings since there would have been a difference in the benefits or the point of view. They are working in various areas within the UK, such as London, Bristol, Kettering, Yorkshire, Ashford, Yeovil and Kent. They are all EU citizens working in the UK for the NHS as medical and nursing staff. One country, Greece, is more highly represented than the others due to 3 reasons. First, the scholar's nationality, which made them more accessible, secondly, was the fact that Greek is one of the more represented EU nationalities working in the NHS (Baker, 2018). Finally, because Greece was one of the European countries that were hit hardest during the economic crisis of 2018, something that contributed to high levels of migration towards UK (Tatsiramos, 2009).

The average age of the respondents is 32.16, with 22 of the interviewees being between 23 to 35 years old and 8 of them between 36 to 62 years old. Four of the participants have been working in the UK for less than 2 years, whereas 18 of them have been working for 2 to 5 years and 8 for more than 5 years. The difference in years staying in the UK was considered a relevant factor to provide the scholar with additional information regarding EU nationals' concern for Brexit since it is closely related with their eligibility for a settlement status.

5.2.2 Primary Data

Interviews with most relevant parties, which in this case were NHS employees, took place using the purposeful and snowball sampling strategies, as mentioned earlier (Charmaz, 2006). Various emails were sent to NHS HR departments to request permission to interview the personnel, however none of them responded. Nevertheless, I received one response through one of my acquaintances that is working at the University College London Hospitals NHS Foundation Trust. According to their matrons (senior nurses), I did not need permission to conduct the interviews if they did not take place in the hospitals (UCLH, 2018). More specifically, it has to be noted that according to the NHS Health Research Authority (HRA, 2019), studies involving NHS staff interviews no longer require NHS Ethical review, unless asking sensitive/instructive questions, something that was not the case for the present study.

It was decided to conduct telephone interviews for two reasons; First, all NHS employees do not have much personal time, and I did not want to take what little they had from them, and second, it was more efficient to find more participants and to coordinate the interviews according to the interviewees' schedule over the phone.

All interviewees participated voluntarily and were fully informed about the purpose of the study, thoroughly about the recording, and how their interviews and personal data would be used. Thirty semi-structured interviews - primary research data - were conducted with doctors, nurses and allied professionals of various NHS Trusts. The number of interviews is considered adequate to draw conclusions about the research question(s).

The interviews were based on an interview guide that began with demographic questions, continued with interviewee's concerns and experience of support, and closed with future intentions due to Brexit (see Appendix 1). All participants were working as doctors, nurses or other allied professionals in the NHS and they had European nationality as well. The duration of each interview was approximately 20 minutes, considering that the Trust's staff time to participate was limited due to the nature of their job. All interviews were recorded, and permission was asked at the beginning of the telephone call. A code was given to each participant's audio file to ensure anonymity, and then all interviews were transcribed verbatim (Charmaz, 2006). The interview transcription was done with the help of online software (oTranscribe, 2018), following specific transcription guidelines in terms of punctuation and how to apply pauses and demonstrate in writing the ways interviewees were expressing themselves (Bailey, 2008).

5.2.3 Secondary Data

Regarding the collection of secondary data, official information and reports from the CIPD, the EU, the NMC (Nursing and Midwifery Council), and the NHS Trust, with open access, were collected. Furthermore, online newspaper articles and an email that was sent from the NHS and the NMC to most of the participants were used as well, to form an opinion regarding the official information provided to the European nationals working in the UK (see Appendix 2). Last but not least, the White Paper which explores the officially sanctioned Brexit discourses was used as a summary of Brexit as a phenomenon.

Afterwards, all interview transcripts and texts were read carefully, and major topics/themes were identified and coded into general categories. The intention was to focus on the NHS as an organisation and find discourses of Brexit and HR strategies regarding recruitment and retention of EU nationals that could work or were already working for the NHS. Therefore, NHS staff were interviewed to give their perspective of the NHS as an organisation and UK as a nation towards keeping EU citizens that work in the country, but also how they attract new staff, even during this period of uncertainty, approximately fifty days before Brexit (initially scheduled on the 29th of March 2019).

5.3 Method of Analysis

The Thematic Analysis was used to gain in-depth knowledge of all primary and secondary data that was gathered. The first stage consisted of the creation of the general theme, categories that would then be applied to the scripts, using inductive reasoning (Braun and Clarke, 2006). More precisely, after the verbatim transcription of the interviews, the researcher printed and read three times each interview transcript and all relevant official documents that were used to familiarize themselves and make sure that all the information regarding the categories were captured by making the initial coding (Charmaz, 2006). The researcher used pen and paper and wrote down on an A4 piece of paper the main categories and linking them together by identifying patterns. Then, all relevant information with the categories results and analysis were transferred to a word document. The second and last stage of the analysis was the interpretation and analysis of the data that were collected (Braun and Clarke, 2006).

After coding, Discourse Analysis helped the researcher identify how the language that is used in official documents and also newspaper articles, or even internet blogs can affect thinking and behaviour in relation to the topic of the study. Hence, drawing from organisational discourse theory (Hardy, 2001), patterns were identified and investigated through interviews. Furthermore, various informal –business magazines- and formal written sources – organisational policies, directives and reports- were read thoroughly and analysed, as proposed by Fairclough (2005, as cited in Bergström and Knights, 2006), following the definition of organisational discourse, which includes all forms of communication that take place within the organisation.

The text of the Brexit deal was not a part of this paper as at the time that this paper was written, it is yet to be clarified if there even will be a deal between the UK and the EU. However, most importantly, how texts written by NHS and CIPD were meant to be implemented and translated into policies was investigated. Last but not least, the dominant and alternative discourses that were used were identified, as a way to comprehend how the society functions and people within it behave (Jørgensen and Phillips, 2002).

5.3.1 Thematic Analysis

Themes and issues that stem from the research findings giving a perspective to the reader regarding the phenomenon that is being studied (Bloomberg, 2018). The themes that are identified provide information and demonstrate potential patterns that come up from the results (Ibid). The themes and the patterns were used in order to form chains of equivalence, forming various discourses and patterns that are formed and express NHS employees' experiences and will help the scholar to answer the research question and sub-questions.

Statistical generalisation cannot be achieved, in terms of generalising the results to a larger population since this is a case study. However, it must be noted that through the analysis, as mentioned in an earlier section, we could gain more in-depth knowledge that could be applied to similar cases. In other words, "transferability, rather than generalisability, becomes the goal of the case study" (Bloomberg, 2018:3).

Nevertheless, generalisability or transferability is not the main point of the present paper, that is rather to study and gain insight and knowledge of the phenomenon that is studied. Therefore, in general terms, it can be noted that the present paper aims to provide the reader with the knowledge and tools that could be applied in similar cases of uncertainty and ways that an organisation can retain its current employees and continue to be attractive for the future workforce.

A single intrinsic case study was selected to highlight the unique situation of the EU nationals that are employed in the NHS since they are an advantaged group of employees that the organisation, but also the Government would like to retain.

5.4 Validity and Reliability

In quantitative research, we can apply statistical methods to provide evidence of the validity and reliability of research findings. However, in qualitative research, we must design and incorporate methodological strategies to ensure the 'trustworthiness' of the findings (Shenton, 2004). To reassure the credibility of this study, the scholar needed to demonstrate as much objectivity as possible around the phenomenon of Brexit (Ibid). Here it should be highlighted that the use of both primary and secondary data considered adequate to assure 'trustworthiness'. Moreover, to allow transferability, a

detailed description of the research procedure needed to be mentioned for the reader to be able to identify if the present case study can be applied to other similar cases (Ibid).

5.5 Ethical considerations

The present study follows the Good Research Practice by the Swedish Research Council (2017), focusing on the virtues of integrity and social responsibility. Moreover, it has to be highlighted again that NHS ethical approval was not required since no sensitive data were involved, and the research did not take place in the NHS environment (HRA, 2019). All interviewees participated voluntarily, and they could choose if they wanted to allow their interviews to be recorded or not. More precisely, during the initial contact with the participants, it was explained to them thoroughly that the interview would be recorded, transcribed verbatim, and then all interview transcripts would be analysed by the researcher. However, their name would not be revealed at any point, and that the actual transcripts would be kept, accessed only by the researcher and the professor supervising this project.

Even though the research was designed without being intrusive to the organisation or their employees, there are some ethical considerations concerning data sampling. More specifically, the majority of participants were coming from one European country as they were more accessible due to the origin of the researcher, and that might have affected the results at some point.

6. Results and Analysis

Primary and secondary data provided the researcher with a rich ‘pool’ of findings. In the results’ part, the findings are presented and analysed, starting with the impact of the Brexit discourse and then answering the research question, followed by the sub-questions that provide more details and support to the main question. The results are showing that NHS employees are concerned about the uncertainty of Brexit; however, they do not worry about losing their jobs in particular. Firstly, the research question is being answered, and then, both sub-questions helped the scholar answer the main research question and provided the reader with a more spherical perception of Brexit in regards to the NHS and healthcare professionals with EU origin who are employed there.

Through the analysis of the interviews and all secondary data, we gained in-depth knowledge on employees’ experience and perception of Brexit, and also shed light on HR recruitment and retention strategies during this period of uncertainty. It was interesting to investigate potential deviations that we could find between what the NHS informed that will do regarding Brexit and the way it was communicated with what was implemented from the different NHS Trusts.

Before starting presenting and analysing the finding, it has to be noted that there has been no difference found between the different healthcare occupations or gender in relation to experience of Brexit and support from the NHS. Potentially, that was due to the fact that all participants fall into the same general category of healthcare professionals, enjoying the same benefits of being NHS employees.

Most of the NHS employees feel safe and protected because they feel needed and supported, irrelevant of their specialisation. In regards to retention, we note that most of the interviewees already have a life in the UK, and they are willing to stay even if that means that they will need a visa. The fact that the employees know and feel needed in the NHS also leads to the minimum contribution from the organisation’s side to prove its support. At the present time, NHS has only sent basic information regarding Brexit.

6.1 The impact of the Brexit discourse

The “Leave” campaign on the one side was focusing on unemployment rates, accusing immigration and the free movement policy within the EU of “stealing” the jobs from the natives and offering them to EU nationals that could migrate in the UK whenever they wanted (De Vries, 2018). Even if that discourse was not referred directly to the Healthcare in the UK, there were some hints about the underfunding of the NHS that could be solved through Brexit and the redirection of the funds internally (Costa-Font, 2017).

On the other hand, the opposite discourse was hiding behind the “Remain” campaign focused on the economic difficulties and a huge increase in the cost of living since all imported goods would have an increased price out of EU’s free trade agreements (Andreouli & Nicholson, 2018). Additionally, it has to be mentioned that it will increase not only the price of imported goods but also the price of medicines as well (Costa-Font, 2017). Furthermore, taking into account that the NHS employs thousands of EU nationals and the organisation is still understaffed, the supporters of the “Remain” campaign highlighted the serious constraints of a potential increase in medical supplies’ importing cost.

The Brexit discourse has had an impact on NHS healthcare professionals, who are concerned about the potential consequences of the UK leaving the EU. Interviewees articulated concerns about taxes, rights to stay, citizenship, and family members. However, NHS employees are seemingly not worried about losing their jobs, since the NHS and its HR department seems to have been successful in reassuring employees that their skills are required and that they are needed. The NHS employees have, therefore experienced organisational support.

Notably, the NHS HR department was the first national institution to introduce a settlement scheme, something that has increased employees’ commitment (Baran, Shanock and Miller, 2012) and contributed to their wish to stay in the UK. A characteristic example of support was a What’s app chat that EU healthcare professionals that work in an NHS Trust in Kettering had created after HR’s initiative, and a doctor (Doc) that works there referred to his colleagues saying that *“Most, most, most of them eh... they try to... stay. That's why they caused the set up eh... EU eh... EU, EU group in What's app so we can help each other. Find the suggestion and the best option for staying.”* and continued, highlighting that the group was *“created by the employees in that hospital, in this hospital with support of HR”*.

Thus, HR has played a significant role in managing employees uncertainty by taking a proactive role with measures such as the abovementioned and by providing central support so that employees are willing to stay in the UK. This is a considerable achievement during such uncertain times when EU nationals are reportedly coming to the UK in smaller numbers and leaving the UK in larger numbers than before Brexit, as a BBC article mentioned characteristically that *“in 2015-16, 19% of nurses joining the NHS were of EU nationality, while in 2017-18 this fell to 8%. Meanwhile, the percentage of nurses leaving the NHS with an EU nationality rose from 9% to 13%”* (Butcher, and Schraer, 2018)

Furthermore, the White Paper is viewed as a summary of the Leave campaign by the scholar, since this provides the main points of the Brexit discourse, demonstrated by the Government, whereas newspaper articles as the abovementioned and employees’ interviews provided us with other public discourses. Essentially, the White Paper described how the relationship between the UK and the EU would be after

Brexit. Theresa May described the referendum that led to Brexit as “*the largest ever democratic exercise in the United Kingdom*”, highlighting that “*leaving the Single Market and the Customs Union, ending free movement and the jurisdiction of the European Court of Justice in this country, leaving the Common Agricultural Policy and the Common Fisheries Policy, and ending the days of sending vast sums of money to the EU every year. We will take back control of our money, laws, and borders, and begin a new exciting chapter in our nation’s history*” (Gov.uk, 2018c:1).

The Brexit campaign did start with redirection of funds for the benefit of British people and regaining control over the UK border as the most important arguments. Nonetheless, in fact this was Cameron’s attempt to regain his political strength within his party, As John (2016) mentioned in his article “*Cameron’s biggest failure was British voters’ decision to leave the E.U. In an attempt to heal internal party division over the E.U., Cameron pledged /.../ an in/out referendum*”.

Moreover, regarding the NHS, the white paper referred that “*it would end vast annual contributions to the EU budget, releasing funds for domestic priorities – in particular, our long-term plan for the NHS*” (Gov.uk, 2018c:2). However, as Costa-Font (2017) discussed, this was not the case since NHS underfunding was not much related with the EU, and the NHS due to loss of personnel was turning to private companies in order to fill their vacancies, something that had an increasing effect on the expenses of the organisation. They interviewees called the employees in these private companies, Bank Staff, which according to the nursing staff member N16 is used “*because they don’t have nurses... they have, no nurses, healthcare assistants, doctor, or I think because they don’t have staff, they have... Bank*” and it can also cost more to the NHS (Costa-Fort, 2017).

Even though the impact of the Brexit discourse is high, according to the data, we can see that the NHS employees do feel protected in regards to their jobs. Therefore, a decoupling (Li, 2017), occurred between the formal Brexit directives and what these meant for the EU healthcare nationals. The Brexit discourse has various consequences for the healthcare professionals that are EU nationals and work in the NHS, among them are potential nationalistic behaviours or even difficulties in acquiring a right to stay in the country. Nevertheless, decoupling occurs when the alternative discourse of “feeling needed” prevails and makes the NHS employees stay in the organisation.

6.2 How and in which ways do EU-born healthcare professionals, without British citizenship and employed by the NHS, experience HR support after the referendum to leave the European Union (Brexit)?

After the referendum and the announcement of the results and the upcoming Brexit, a new discourse came to the surface in the form of the White Paper which serves as a way to explore the officially

sanctioned Brexit discourses. The new discourse had a reference to the NHS, in regards to the measures that need to be taken to reassure that the healthcare system will not collapse after leaving the EU. In other words, the NHS after the decision of Brexit tried to restructure its policies regarding recruitment and retentions with the purpose not to lose the current EU-born employees, but also not to lose the access to the healthcare talent pool from EU countries. The HR offered adequate support to NHS employees, and tried to cover potential concerns that they could have.

The tax increase is among the main concerns of healthcare professions. As characteristically mentioned by a dentist with dual citizenship *“Doesn't mean much to me because, like I said, I have a dual citizenship. However, I am a bit worried about taxes, because the taxes are gonna be increased”*. It is rather interesting to see that even if someone does have dual citizenship and works at the NHS, meaning that they do belong in a privileged group and do not worry about their permit status, they do concern about the impact of Brexit in general terms. Nonetheless, we could also notice the same concerns from people without a dual citizenship and with less years in the UK, as nurse N1 mentioned *“in case the taxes increase and... em... it might don't worth to stay in UK, I mean, if you need to pay 4000 euros for a visa, is better go home with less money. And also... all the products will... the price of the products will be increased because everything is... from Europe”*.

EU healthcare professionals do also seem to worry that potential extreme nationalistic discourses will come up to the surface. The nurse N1 mentioned that *“I think more... for UK citizens /.../ they won't be a part of a Union. Emm... I don't know... they might start being more... emm... racist with other... nationalities, because they will have their independence. I don't know, maybe I'm wrong”*.

Another important aspect of Brexit and concern that was revealed from the interviews has to do with the family members of NHS employees. Regarding the protection of the family, the interviewee, nurse N10, mentioned that she is worried; *“not myself, more for my family /.../ who were here in different occupations that I'm concerned about what's gonna happen to them”*.

That fear was also supported by the “toxic” Brexit discourse that was enhancing the nationalistic tendencies, accusing EU migrants for “stealing” natives’ jobs (De Vries, 2018). This concern was also revealed in a psychologist’s interview who mentioned about Brexit supporters that *“where I live, the people who have... there're been generations like... their parents and their grandparents have been living on benefits. They still live on benefits, and they haven't even thought about getting a job and all they do is complaining about foreigners stealing the jobs, and I'm like... well I'm a foreigner, I have 3 degrees, what do you have?”*. Interestingly, while the above quote challenges one discourse (migrants taking locals’ jobs), at the same time reveals another stigmatising discourse about British living on benefits

and not wanting to work. Additionally, according to Baker (2018), even though a large number of NHS employees are non-British, still the majority of them, 988,363, remain British healthcare professionals.

Nevertheless, the UK will remain an attractive destination for medical and nursing staff coming from EU countries, but as nurse N10 mentioned “*they need to specify what will people actually need to come here /.../ how is it gonna be with their families /.../ how much money is it gonna cost*”. Therefore, not knowing what is going to happen seems worse than even the worst case scenario. When the decision is voted on, in the UK parliament or not, then all organisations, companies and also employees – current and potential – would at least know what to expect and what they need to do in case they want to work in the UK in the after-Brexit era.

Last but not least, when investigating the impact of the “Leave” discourse we cannot undermine the fact that even if the NHS employees do feel safe, they also feel a nationalistic impact on them. More precisely, nurse N1 mentioned that after Brexit, British people “might start being more... em... racist with other... nationalities” or as nurse N15 noted “*I might feel a little bit... unwelcome*”.

Nonetheless, what we can perceive from the above excerpts is that even though the “Leave” discourse seemed very powerful, a counter-discourse that came up from NHS support to its employees prevailed, since the EU healthcare professionals that work there do not express fear of losing their jobs.

6.2.1 NHS EU-born employees’ experience of the officially sanctioned Brexit discourse

The main feeling that came up from all interview data was that all interviewees do worry about Brexit, in one way or another; highlighting taxes, potential racist behaviours and also what would happen to their family members. They have all the reassurances needed from the NHS and the UK Government through its official website that is regularly updated with all the necessary information. As the interviewee N4, member of the nursing staff -who came to the UK after the referendum, mentions while responding regarding to potential concerns about Brexit “*/.../not majorly at the moment /.../ I feel like I do have future plans for my career in the UK*”. In addition, a doctor (Doc), that has already applied and got the pre-settlement status acknowledges the fact that after Brexit, all EU nationals might need a visa. Other members of the nursing staff mention; N15 “*I’m not overly concern about it because I think that the EU citizens will stay /.../ will have some more rights still after Brexit*”, N17 “*Not really /.../ I think we are safe*” and N19 “*No, I don’t think much will change, because we are here as professionals*”.

That last quote encompassed the acknowledgement that all interviewees belong to a “privileged” group of professionals that are needed and that is why they feel secure in their job. More precisely, as was mentioned by a healthcare assistant who has lived in the UK for the last 6 years in response to potential

concerns about Brexit, “/.../ if I was working somewhere else, yeah, I would worry /.../ they may not need us, they may not let us like apply.”.

An interesting finding comes from an excerpt of The Guardian newspaper (Boffey, 2017), demonstrated the anxiety of the uncertainty due to the upcoming Brexit between the NHS employees. In that excerpt a Spanish Senior Nurse working in an NHS Trust claimed that “*Since Brexit, I feel like a second-class citizen /.../ my son asked me if I was going to be forced back to Spain and my daughter doesn’t want to visit her grandparents because she fears I will not be able to come back.*” Moreover, the same nurse emphasises on the fact that the UK will stop being such an attractive destination for EU nationals after Brexit, mentioning that “*The UK is no longer the first choice for EU nurses. The uncertain future means many they are starting to leave.*”

6.2.2 Experience of HR support during Brexit

Most of the employees feel supported by the NHS as an organisation and more precisely from the HR tactics during this period of uncertainty. There is a general policy, adopted from all Trusts, but there are also other Trust-specific strategies aiming to retain the current employees but also attract new ones.

Nursing staff N1 mentions regarding HR support that “*they organised /.../ small groups where they were helping you to do the application*”, the offered consultation as a Psychologist noted, “*they did say to me that if I wanted counselling to deal with the anxiety*”. Another characteristic response came from nursing staff N6 who has lived in the UK for 2,5 years “*they are trying to, em... start a campaign, trying to reassure all the, em... healthcare professionals*”

However, when the participants were asked if the NHS informed them about employment changes that could happen due to Brexit, 21 out of the 30 interviewees replied that they felt informed about Brexit and the actions that they needed to take. The information came mostly from the NHS and the NMC in the form of emails, whereas in some cases the HR helped the employees to create a What’s App group to help each other with whatever queries they might have regarding Brexit. Amongst the interviewees, there were situations when people either already had the settlement status or they had dual citizenship; In either case, searching for information regarding Brexit did not apply to 4 participants. Additionally, only 4 of the sample responded that they did not have any official information at all from their work regarding potential changes that might happen due to the upcoming Brexit and 5 out of 30 mentioned that it was not applicable for them.

6. 3 What main concerns do NHS employees of European origin articulate about Brexit?

At this point, it is relevant to highlight that we do not see a connection between the years of staying in the UK and the feeling of concern for EU nationals that work in the NHS. Employees with more years

living in the UK do not feel concern, as nursing staff N3 declares *“not quite concern about it”* as they have lived in the UK for 8 years. Furthermore, we can see that newcomers do not feel threatened from Brexit, as nurse, N5 supports *“not really (i.e. concerned), because /.../ there’s nothing that em... UK can’t do /.../ I don’t think that I will be affected (i.e. by Brexit)”*.

On the other hand, there are also those that came to the UK after the referendum and the decision of Brexit, fully conscious about the uncertainty. In regards to her feelings nurse N8 who came 1 year ago commented (i.e. 2018), *“a little bit, because I don’t know if they are gonna sign or not an agreement with Europe”* and continues mentioning the concerns *“will you have the same healthcare cover?”* and *“will we need to pay for that?”*.

We can note that even if they are not concerned about Brexit per se as in most cases, it can affect their life, they are concerned about the way that life will change for all people living in the UK. As a dentist mentions when asked about Brexit, *“Doesn’t mean much to me because, like I said, I have a dual citizenship. However, I am a bit concerned about taxes, because the taxes are gonna be increased”* or the nursing staff N1 afraid that *“the price of the products will be increased”*, but N8 went one step further *“will the taxes be the same, will we be taxed differently?”*. Nurse N4 adds that even if there is no major concern for Brexit at the moment, they are dubious about the taxes *“I guess taxes are gonna go up”*.

In addition, employees that are new comers to the UK were expected to be more concerned, as a Consultant highlighted *“/.../ quite a few people in healthcare /.../ they are quite concern especially the one that recently moved to the UK, the last 1 or 2 years”*. On the contrary, they seem to be more informed and self-aware about their decision to come and work in the NHS after the referendum. As nurse N5 responds *“I don’t think that I will be affected (i.e. by Brexit)”*, or as a doctor (Doc2) stated that *“I don’t know what the political situation is gonna be /.../ I don’t think that it will change the attitude of people towards me after Brexit”*, as well as another doctor (Doc3) *“I do concern about it /.../ NHS is all structured with people that actually they are not natives”*.

6.4 How do they perceive HR support with specific reference to retention and recruitment?

6.4.1 NHS Employees and feeling of support

It was important that the NHS and the UK Government created a pilot settlement registration program to reassure the retention of all EU-born NHS staff as nurse N8 mentions *“/.../ I’ve been informed through an email /.../ UK Governments tries to make the change soft for the EU Healthcare professionals, who work in the NHS”*. Additionally, the participant nurse N1 highlights the support mentioning that *“/.../ I received an email from NMC which is my registration in UK... for nurses... and they informed me that...”*

in order to be safe after Brexit I need to register there (i.e. pilot settlement status) /.../ they organised like... em... small groups where they were helping you to do the application”.

All the policies mentioned above were implemented in praxis to show how much the NHS values its employees. Coming back to the Perceived Organisational Theory (Baran, Shanock and Miller, 2012) we can notice that the appreciation of NHS employees is translated into interviewees’ commitment and intention of staying, challenging O’Corroll and Campbell’s, (2017) findings that almost 10.000 NHS employees have quit their jobs since the referendum.

On the other hand, a psychologist interviewee stated that *“They did say to me that if I wanted counselling to deal with the anxiety well they can offer it! But /.../ it won't be any help because I don't know what I'm anxious about. I'm anxious because I don't know what will happen, because no one really knows what will happen!”* in addition the nurse interviewee N9 mentioned *“I was expecting somebody to... contact me from HR to have a conversation upon that to ask me if I'm aware of that, if I'm... if I do have any questions of that... but n...none of that happen, just this email”* showing that potentially the NHS does not show all the support that the employees want to see in praxis since both sides know that they need each other.

6.4.2 The information emails

The information emails were a tactic, common to all NHS Trusts, which draws from the central concept of Isomorphism (Srikandia and Bilimoria, 1997), were used to follow a central general policy by the whole NHS. Except that we can notice some difference in the way that the Trusts communicate their support to their employees, either by presentations and support groups or even social media groups. Thus, we can identify that the Trusts act under coercive isomorphism (DiMaggio and Powell, 1983) since they all act not only under the general NSH guidelines but under Governmental directives as well in order to communicate their support to the healthcare employees. The Trusts act under the pressure of the Brexit discourse and create a counter-discourse that helps them retain their medical and nursing staff.

While reading carefully some of the emails sent by the NHS and the MNC, it must be noted that they highlight that all EU nationals that work in the NHS will be supported and they are safe. The email (see Appendix 2) that was sent by the HR department of the NHS provides the reassurance of NHS support, but also details regarding the steps that all EU nationals living and working in the UK need to take as to acquire the settlement status. The attached document with the email is written in the first singular person as to show more immediacy and connection *“Like me, over 1,280 fellow colleagues are nationals of other European nations. As the Government pursues withdrawal from full membership of the European Union (EU), I am keen to outline the support we will provide for you, over coming months”*. This is

another measure taken by NHS to show its support to its employees and thus reassure them about staying in the UK (Baran, Shanock and Miller, 2012).

During the uncertainty of that transition period, from the referendum to the actual event of Brexit, it is highly important for all employees to be informed from official sources and to feel that the Government has a plan. Nevertheless, during the interviews, people kept mentioning that they need to be reassured, and yet they still felt uncertain. Therefore, the main issue is not the Brexit per se, but the uncertainty. As nurse N7 mentioned, *“too many people say different things. We don't know for sure what is going to happen if Brexit is going to happen eventually”*.

On the one hand, we could identify that there is one discourse coming from the employees feeling needed. and therefore are not concerned. On the other hand, another discourse highlights that the NHS has made minimum effort towards ensuring they retain them and they would value more support as mentioned by nurse N9 *“I was expecting somebody to... contact me from HR to have a conversation upon that to ask me if I'm aware of that, if I'm... if I do have any questions of that... but n...none of that happen, just this email”*. However, most of the respondents were fully satisfied with the support they perceive from the NHS and thus, they are not concerned about their employment status being compromised due to Brexit.

6.4.3 Retention of EU staff from the employees' perspective

Although EU citizens confirm that they do have the support they need from the NHS and are kept updated by the official website of the UK Government, some of them decided to leave, as in their countries there are currently better or equally good work opportunities. Therefore, recruitment agencies target countries that have economic issues, such as Greece where they can offer better work opportunities and find educated staff. People coming from countries, such as Spain, Italy and Portugal that have recovered from the economic crisis are more prone to leave the UK in terms of uncertainty, comparing to people coming from Greece where the economic recession still exists, and they have better work and living quality in the UK. According to a doctor (Doc2) interviewee *“I know some people, some nurses... Spanish girls, they left. Just because they afraid to loose opportunity of many Spanish people they go back because Spain now is a little better so they said I'm gonna go faster, and I will have the first job than the last job. So, I understand this part, it depends of your country status. I think so, if you want, you know to... and definitely if you think that... you can see a future in your country, definitely you could go back. Specifically, for me and for you, we don't see any future there...”*.

According to empirical data (interviews), all the interviewees feel that they are safe due to the nature of their occupation. They believe that the NHS is extremely understaffed, and as most of the personnel currently working there come from EU countries, the organisation will have to retain them no matter the

cost. A doctor interviewee (Doc2) mentioned that “80% of NHS staff it’s foreigners” so they cannot function without them. What the participants believe seems to stem from the information-emails that the NHS sent to its employees, there the NHS highlight that whatever the cost, it will be covered, so they do not need to worry.

Some of the respondents mentioned that the NHS offered them counselling to help deal with potential anxiety caused by the uncertainty of Brexit. Even if this is considered a good initiative, during this uncertainty, people sometimes do not know the cause of the anxiety. More specifically, as nursing staff interviewee N3 mentioned “*they did say to me that if I wanted counselling to deal with my anxiety well they can offer it. It won’t be any help because I don’t know what I’m anxious about*”. The same interviewee underlines also the fact that in “*times of uncertainty no one wants to move to a country where they don’t know what’s happening*”. Thus, the NHS in order to retain all the EU staff, in addition to the support that it needs to show them in terms of updated information and paying the fees for the application and/or potentially for the visa, it also needs to create meetings, presentations and face-to-face communication with the current employees. As a consultant mentioned, “*it’s critical for the NHS to retain its staff*”.

The email that was sent from the Staff Experience Team to NHS employees that were born in the EU mentioned that they “*can now take part in the EU Settlement Scheme pilot/.../ you will be able to make an early application for your new UK immigration status so you can continue to live and work in the UK after the end of the planned implementation period on 31 December 2020.*”

The above excerpt demonstrates that NHS employees are indeed a privileged group since they are the first category of employees that not only the NHS but the Government would be interested in retaining. To highlight that this is a privilege offered only to healthcare professionals that work for the NHS, the email asks them to “*not forward this link as it is important that only those eligible to apply in this pilot do so now.*” Furthermore, the email states even more clearly that “*You will only be able to take part in the pilot if you are working in the health and social care sector.*”

6.4.4 Recruitment strategies from the employees’ perspective

Regarding the recruitment of new medical and nursing staff, the majority of the participants responded that recruitment agencies from UK hospitals targeted countries that were hit hard from the economic crisis, such as Greece, Italy, Spain and Portugal as to attract well-educated staff that would be willing to relocate. As nurse N4 mentioned “*so far things were simple, now they are complicated BUT people disappointed from countries like Greece they will continue coming*” as in the UK they can find better employment opportunities, salary and acquire better experience than in their countries or as N11 mentioned “*the ability to find a job in the first place*”. However, that was the main issue that contributed

to the anti-EU climate in the first place, since according to Dennison and Geddes (2018), European citizens that wanted a “better life” reached 350,000 per annum and the vote for Brexit was a vote for a controlled entrance for EU migrants.

Nevertheless, the NHS has started to focus its recruitment outside of the EU more actively to cover a potential no-deal Brexit that plausibly would restrict EU nationals from migrating to the UK for work. The nurse N11 mentions in response to a question regarding NHS recruitment in countries other than EU, that “/.../ I’m sure they go to Philippines and India /.../.” Moreover, the nurse N17 mentions that they are “/.../ going to India and Philippines /.../ countries they know that people will come because the countries are most like third world ones that... because like... they will get the savours to the, getting them out of poverty...”

The NHS is so understaffed that they follow a more active recruitment process, sending recruiters to find potential employees. To attract people, they offer a competitive package. As nurse N14 described regarding the recruitment process of a friend that came to the UK recently in 2018, after the referendum, 2,5 years ago when the interviewee was recruited, mentioning that “*They gave us some money to support us for our first months /.../ they provide accommodation for 6 weeks /.../ this type of recruitment was last year (i.e. 2018)*”.

In some countries, the recruiters and agencies used presentations and advertisements through social media or career days, as mentioned by the nurses N19 and N6. As N13 recalled “*when I was giving interviews there were hospitals coming to Greece you know, face to face interviews almost every... every 2 or 3 weeks*”, consequently people came to the UK not searching for a job, but already with employment and all the help they wanted in terms of accommodation and a first income to settle.

Furthermore, according to nurse N6, in the after-referendum era, the UK hospitals were “*trying to start a campaign, trying to reassure all the health professional that /.../ they will try to keep all the foreign nurses here in the UK*” and another campaign focusing on “*how they will try to persuade new nurses to come from Europe*”.

The interviewee nurse N5 a newcomer with almost 6 months of working experience in the UK, came after the referendum after the decision of Brexit, she mentioned that during the recruitment process in Greece, the recruiter reassured all potential NHS employees that nothing was going to change. She recalled, “*I don’t think that is gonna be much of a change, because it’s a big country. It’s not like Greece*”. Another newcomer, nurse N8 who was convinced to come and work in the NHS even after the referendum, argued she wasn’t informed about the non-deal scenario by saying “*I didn’t know about the non-condition exit /.../ or I wasn’t well informed*”.

7. Discussion

The contribution of the present study is to fill the gap, focusing on HR strategies in the Health domain specifically and the preparedness of Brexit from the employees' perspective. There are various research, newspaper and business magazine articles that try to capture the present situation and try to predict what will happen to the UK and European organisation in the post-Brexit era. Not many of them, to the best of my knowledge, focus specifically on HR recruitment and retention strategies along with highlighting people's experience before the actual Brexit happens (Newth, 2018, CIPD, 2018a), in October 2019, after the extension was agreed between the UK and the EU. Additionally, this case study could contribute as a "guide" for future similar scenarios for other European countries, should they find themselves facing these issues in the future. Furthermore, the results of the research are going to be shared through LinkedIn, as asked by many of the interviewees.

One of the benefits of being a member of the EU is the free trade and the free labour migration within the EU (Marangozov & Williams, 2016). Labour could migrate from countries with an economic crisis, like the ones in the South of Europe, to more advanced and stable economies as in the UK. An important factor that could potentially have led to the very conduction of the referendum was the fact that the time that the UK recovered from the economic crisis coincided with the time that many other European countries of the South were deep in recession. Hence, educated workers wanted to migrate and leave their countries to find better work and life conditions, even after the decision of Brexit and the uncertainty of potential changes after the 31st of October 2019.

The NHS was and still is understaffed and therefore welcomed all the EU migrants, at the same time used and continue to use an active recruitment strategy, by sending recruiters to other countries to attract educated healthcare professionals. Even after the referendum, during the transition years from 2016 to 2019, the same recruitment strategy continues. Furthermore, it is worth mentioning that the NHS has a very attractive benefit's package to offer and potentially that, in conjunction with the economic crisis in other European countries continues is what attracts EU healthcare labour to the UK.

The research of the present paper showed that even during the times of the uncertainty such as the pre-Brexit and with no clear deal on the table at the moment, people that are currently living and working in the UK are only asking for accurate information, support and reassurance in order to feel safe and stay in the UK. As supported by the Perceived Organisational Support Theory, the employees' feeling of being valued by the NHS is confirmed by the fact that were asked first to apply for a settlement status during the pilot phase of the program as to reassure retention of all healthcare professional that works in the NHS. In addition, they were offered group sessions to support them psychologically if needed.

Due to this, we could note in practice the positive reciprocity from the employees, implemented with their positive attitude towards staying in the UK and the NHS even after Brexit.

The analysis showed that the employees have all the support needed from the NHS, but they would value information that is more coherent as well. However, we could note that even though there is information from the Government and the NHS, nobody knows what could actually happen. This is potentially more daunting than knowing there would be negative consequences such as tax increase. We can see that in the beginning there was a pilot program prompting registering for the settlement status, which included a fee. However, the NHS reassured that they would refund the cost to those who applied. Later on, that fee disappeared, and when the real portal for the settlement application opened after the 29th of March, there was no fee at all.

Moreover, it could be noted that each of the different NHS Trusts has developed a different strategy on how to inform, reassure and eventually retain the EU nationals that work there. There is the main policy of the UK Government website and from there each Trust uses different methods of communication to support the employees, either in terms of emails or even in the form of presentations and support groups.

As we could clearly see from the interviews, but mostly from the UK Parliament's report, the Government tried to justify Brexit as a way to give jobs back to the British citizens, something that is not entirely true. This shows the importance of the NHS to the British people, but also the lies from the Leave supporters, hiding the real problem which was that the NHS is understaffed and trying to make it worse by making the process complicated for EU citizens to come and work there (Costa-Font, 2017).

Some of the interviewees stated that there are not many British citizens qualified enough or even interested in working for the NHS. However, according to Baker (2018), we can see that even though a significant proportion of the NHS workforce is non-British, the vast majority is still British. Nevertheless, now that it would potentially be harder for EU nationals to come and work in the UK, the NHS recruitment has turned even more towards other countries, such as India and the Philippines. Therefore, what we can see here is that the nationalist discourse (De Vries, 2018), that the UK Parliament used Brexit to enhance the national feeling of belonging in British citizens. It is a covered strategy as essentially the UK will be in the same situation with British unemployment, and low-paid migrants that are willing to pass through the bureaucratic procedure of a visa will continue to exist. The EU nationals that were "accused" of "stealing" the jobs from the British citizens were neither low-paid nor taking a job without having the qualifications that this job required.

NHS employees do experience full organisational support during the pre-Brexit upheaval, implemented in various forms. Most of the respondents highlighted their feeling of job security due to the nature of their job. The healthcare interviewees stated that they are concerned about Brexit in terms of a potential

increase in tax, rise of nationalism and also in regards to their family members' right to stay in the UK. However, they do not worry about losing their job, since they have information coming from various sources reassuring them about that, but most importantly, they know that they are needed.

More precisely, we can see from NHS employees' responses their feeling of security is untouched from the whole uncertainty of Brexit. On the other hand, it is worth mentioning that some of the NHS employees that have been interviewed highlighted the fact that even though they are not concerned about losing their job after Brexit as they are feeling secure in the NHS, they are worried for their family members who are not employed there. Something to underline once more is that the NHS employees belong to a privileged group.

According to the interviewees, the HR policies have not changed per se, or at least not at the moment. However, it must be noted that even though the strategy, that is "active" recruitment by going to various countries to recruit personnel has not changed, what has changed is the destinations they are choosing to recruit from. More specifically, before the referendum, the recruitment force of the NHS was mostly from EU countries and especially those with a financial crisis such as Greece, Italy, Spain and Portugal. After the decision of Brexit, though, there has been a change regarding the target countries. While agencies that recruit for the NHS are still going to EU countries, they have also turned their focus a little more on developing countries such as the Philippines and India.

The retention strategies, except of the reassurance and the protection that being an NHS employee offers to people, have not changed. Considering the fact that the NHS was always short of staff (Simpkin and Mossialos, 2017), there was always an active strategy to retain the personnel that works there, by offering various benefits and also not underestimating the prestige of working in the NHS. However, during the pre-Brexit uncertainty, the NHS managed to keep most of its EU-born employees with a minimum effort since both sides – employees and the NHS – know that they need each other.

7.1 Limitations and Future Research

A limitation of the present case study is the fact that the sample consists only from EU-born NHS employees that live and work in Trusts in England and not in any other UK nations, such as Wales, Scotland or Ireland. Furthermore, we should note that most of the interviewees are coming from one EU country that is still suffering from an economic recession, something that potentially makes them more prone to stay in the UK even after the decision of Brexit irrespective of support from the NHS. Last but not least, we must acknowledge the fact that the interviews were via phone, and thus, valuable optical stimuli could have been lost.

It would be interesting in the future to conduct an NHS case study with the possibility of interviewing members of the NHS HR team to be able to compare the perspectives between the HR and the employees. A longitudinal study could also be of value for the research community, as this would capture the experience of pre- and post-Brexit in the UK, interviewing the same employees after the implementation of Brexit in October 2019. Furthermore, a qualitative study that would measure retention and recruitment strategies' efficiency after Brexit would be interesting and would demonstrate if the HR strategies for retention and recruitment worked. Finally, a great future research suggestion would be to compare the present findings with NHS employees that are not coming from countries that are suffering from an economic recession, and see what the determinant for workers' choice of staying since Brexit is.

8. Conclusion

In conclusion, there is a feeling of security and support between the NHS and the healthcare employees. Even if there is still no clear Brexit deal on the table, we can note the interviewees' tendency towards staying despite the outcome. They seem to feel valued and appreciate the protection offered, not only by the NHS but also by the UK Government who demonstrated this by launching a pilot settlement program where they had access first.

NHS healthcare professionals have expressed their concerns about potential Brexit consequences, showing the impact that the Brexit discourse has on them. Among the most mentionable concerns are a tax increase, their right to stay, citizenship, and family members with other less protected occupations. However, EU nationals that are employed in the NHS do not seem to worry about losing their jobs, since the NHS and its HR department seems to have been successful in reassuring employees that their skills are required and that they are needed. The NHS employees have, therefore experienced organisational support.

A very important aspect of NHS support to its employees was the fact its HR department was the first national institution to introduce a settlement scheme, something that has increased employees' commitment and contributed to their wish to stay in the UK. Hence, through the interviews, the participants referred to all the proactive measures that were taken in order to mitigate the uncertainty of Brexit, highlighting the importance of the HR role. This is very important, considering the fact that after the referendum EU nationals are reportedly coming to the UK in smaller numbers and leaving the UK in larger numbers than before Brexit.

Further research needs to be undertaken that goes beyond the EU employees' perspective. Since Brexit is a new phenomenon, it would be interesting to measure the aforementioned HR strategies from the employee perspective after the actual Brexit becomes definite in October 2019, and we are aware of the exact terms and conditions.

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10. Appendix

Appendix 1

Interview guide - questions

Gender:

Age:

Work status/position:

1. What is your ethnicity and your citizenship status?
2. For how long do you work in the UK?
3. What do you know about the permit and citizenship schemes?
4. Do you intend to apply or have you already applied for UK citizenship?
5. Do you concern about Brexit? Elaborate.
6. Have you been informed about employment changes that might happen after Brexit? If yes, from what sources?
7. What are your future plans?
8. Have your plans changed due to Brexit?
9. Do you consider being well informed?
10. What Brexit means for you?

Appendix 2

Information Email from the NHS

Dear Colleague,

Applications to the EU settlement scheme pilot are now open – please follow [this link](#) to apply. Please read the attached document from the Home Office before making your application; the pilot is due to close on **December 22nd 2019**.

Don't forget - EU citizens employed by UCLH that make their application during the pilot can have their £65 application fee reimbursed. Should you wish to do this, please send an email with the receipt

confirming you have made the payment to uclh.enquiry.staffexperience@nhs.net. Please send this through no later than **February 28th 2019** to be eligible for the refund.

What if I have a query?

For any questions about applications made during the pilot, please contact the EU Settlement Scheme Resolution Centre by calling 0300 123 7379 (inside the UK) or +44 (0) 203 080 0010 (outside the UK). Find out about call charges on www.gov.uk/call-charges. You can also ask a question using the online submissions form eu-settled-status-enquiries.service.gov.uk.

Further information and guidance is available on GOV.UK. You may find the following links useful:

[EU Settlement Scheme pilot: applicant information](#)

[Settled and pre-settled status for EU citizens and their families](#)

If you have any questions on the UCLH refund offer, please check the attached FAQs. You can also get in touch with us at uclh.enquiry.staffexperience@nhs.net.

Many thanks

Staff Experience Team

0203 447 9688

Staff Experience, 2nd Floor West, 250 Euston Road

We are committed to delivering
top-quality patient care, excellent
education and world class research

1st Email Attachment



You can now [apply to the EU Settlement Scheme](#).

I am writing to inform you that you can now take part in the EU Settlement Scheme pilot. This pilot applies to **EU citizens and non-EU family members of EU citizens working in the health and social care sector**. By taking part, you will be able to make an early application for your new UK immigration status so you can continue to live and work in the UK after the end of the planned implementation period on 31 December 2020.

Your participation in this pilot allows you to apply early to the EU Settlement Scheme and gives the Home Office an opportunity to test the application process. Successful applicants will not need to apply again for the same status once the scheme opens fully next year.

Please note that making an application in this pilot is entirely voluntary. There will be no change to your current rights under EU law until the end of the planned implementation period on **31 December 2020**. If you choose not to apply during this phase you will be able to apply once the scheme is fully open by 30 March 2019 and at any time up until 30 June 2021.

Irish citizens enjoy a right of residence in the UK that is not reliant on the UK's membership of the EU. They will not be required to apply for status under the EU Settlement Scheme, but may do so if they wish.

What you need to do:

If you would like to participate in the pilot of the EU Settlement Scheme, all you need to do is complete the online application form by 22 December 2018 by accessing the following link:

[Apply to stay in the UK after it leaves the EU.](#)

Please do not forward this link as it is important that only those eligible to apply in this pilot do so now.

You will only be able to take part in the pilot if you are working in the health and social care sector, and you are:

- an EU citizen and have a **valid biometric passport** (this is an e-passport which has a digital chip); or
- a non-EU family member of an EU citizen and have a **biometric residence card** with 'EU Right to Reside' on the back, which you applied for on or after 6 April 2015

For more information on who can apply to this pilot, visit [GOV.UK](#).

Application process during the pilot:

To apply for status under the EU Settlement Scheme you will need to complete an online application:

- **Provide your email address** – We recommend using a personal email address if you have one as you will need access to your email account when making your application.
- **Verify your identity** - You will need to have a valid biometric passport or biometric residence card (issued by the Home Office) to apply in this pilot. All applicants must use the EU Exit: ID Document Check app to verify their identity. A guide to using the app can be found on [GOV.UK](#), please also see below for more information. After using the app to verify your identity, you can complete the rest of the application either on that device or on any smartphone, laptop or computer. The application process is fully digital. However if the EU exit: ID Document Check app is not able to read the chip in your document, either due to a damaged chip or some other reason, we'll ask you to send your passport to us for manual checking of your identity and nationality. Details of how you

can do this are provided in the application. We'll ensure that your document is returned to you without delay.

- **Criminality check** - You will need to complete the criminality check by declaring any criminal convictions. Only serious or persistent criminality will affect your application. This should not affect the vast majority of EU citizens and their family members.
- **Verify your residence in the UK** - You will need to provide evidence of your residence in the UK. There are a number of ways you can do this. The easiest is to provide your National Insurance number. The Home Office will then check UK tax and certain benefits data, and use those records to help work out how long you have been resident in the UK. You'll get a result of this check straightaway. If you agree with the result, you can accept it and complete your application. If you disagree, this is not a problem, as you will be able to upload additional evidence of your residence. Information on the other types of evidence you can upload can be found on [GOV.UK](https://www.gov.uk). If you have a valid permanent residence document or valid indefinite leave to enter or remain, you will just need to provide proof of that status.
- **Pay any application fee** – An application costs £65 for those aged 16 or over but is free if you have a valid permanent residence document or valid indefinite leave to enter or remain.

EU Exit: ID Document Check app:

To apply during this pilot you will need to use the EU Exit: ID Document Check app, which will verify your identity. The app is being tested in this pilot and it will be the **only way to verify your identity in the pilot application process**. You can download this app on an Android device - an easy way to check if your device can use this app, is if your device has the technology to make contactless payments. Information on how to access the app will be included in the application process.

If you do not have an Android device, you will be able to use a family member/friend's device to verify your identity and then complete the application on any device you choose. There are no security risks in doing this and your data is not stored on the device. A number of local authorities are offering an identity verification service to ensure those who do not have access to a suitable device are able to access one. Details of the locations where this service is being provided and more information on how to use

the app can be found on [GOV.UK](https://www.gov.uk). If you cannot get access to this app you will not be able to apply in this pilot, but there will be alternative ways for you to verify your identity once the scheme is fully open by 30 March 2019.

Support:

For any questions about an application made during the pilot, contact the EU Settlement Scheme Resolution Centre by calling 0300 123 7379 (inside the UK) or +44 (0) 203 080 0010 (outside the UK). Find out about call charges on www.gov.uk/call-charges. You can also ask a question using the online submissions form eu-settled-status-enquiries.service.gov.uk.

An assisted digital service is available for those who do not have the appropriate access, skills or confidence to complete the online application form. If you require such support with your application, please contact We Are Digital by calling 03333 445675 (Mon-Fri 9am-5pm). Further information on this service can be found on [GOV.UK](https://www.gov.uk).

For more information about the EU Settlement Scheme visit [GOV.UK](https://www.gov.uk).

2nd Email Attachment

Settled and pre-settled status reimbursement offer: FAQs

Please do note that we are only able to offer limited information on the EU settlement scheme. We encourage you to make use of the drop-in sessions to discuss your personal circumstances with one of our lawyers. You can also find further information via the links on this page.

1. How will I be refunded for the application fee?
 - a. Once you have paid your application fee, please send evidence of this to uclh.enquiry.staffexperience@nhs.net **no later than February 28th 2019**. We will then process your refund via payroll. You will receive £85 into your salary to cover the £65

application fee and the small increase in tax that will be applied to your salary due to the refund being paid. Please note the refund could take up to two months to process.

2. Why should I apply / do I have to apply during the pilot?
 - a. Though it is not currently a requirement to have settled status to be eligible to work for UCLH, if EU citizens want to stay and work in the UK beyond 31 December 2020 they will need to apply to the EU Settlement Scheme. We encourage eligible staff to take advantage of the early access pilot before it closes **on December 22nd 2019**, however it is not mandatory. Applications can be made at a later date, though please note we are only currently able to reimburse applications made during the pilot.

3. Will my application fee be reimbursed if I chose to apply at a later date?
 - a. A decision has not yet been made as to whether we will be able to reimburse applications made after this date, but we will provide further information on this as and when it is available. Currently UCLH is offering to reimburse the fee for any applications made during the pilot scheme for workers in the health and social care sectors.

4. What if I don't currently have 5 years residency?
 - a. If you have less than 5 years' residency, you will be eligible for pre-settled status (more information in point 6). You can find out more here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728681/EU_Settlement_Scheme_Briefing_Pack.PDF

5. What is pre-settled status? / will my application for this be reimbursed?
 - a. Pre-settled status is available for EU nationals with less than 5 years residency in the UK. Further information can be found here: <https://www.gov.uk/settled-status-eu-citizens-families/what-settled-and-presettled-status-means>. UCLH is currently offering to reimburse applications for both settled and pre-settled status made during the pilot scheme.

6. Will I also be reimbursed for family / dependent applications?
 - a. Unfortunately we are unable to reimburse for applications for family members and dependents, UCLH is offering to reimburse applications for our staff only.

7. Will I be reimbursed if I am on a fixed-term contract?
 - a. Yes, this offer is available to all substantively employed UCLH staff, though you will need to make your application and send evidence of this to uclh.enquiry.staffexperience@nhs.net at least one month before the end date on your contract, as reimbursements are made via payroll and we will not be able to process reimbursements for anyone not in receipt of a UCLH salary.

8. Is this offer open to staff working for UCLH via Bank Partners?
 - a. Unfortunately we are unable to reimburse for applications made by staff working for UCLH via Bank Partners, as they are not employed by UCLH. If a staff member is employed by both UCLH and Bank Partners, they will be able to claim for a refund on their application fee.

9. Can I apply if I am leaving UCLH within the next 12 months?
 - a. Yes, though you will need to make your application and send evidence of this to uclh.enquiry.staffexperience@nhs.net at least one month before the end date on your contract, as reimbursements are made via payroll and we will not be able to process reimbursements for anyone not in receipt of a UCLH salary.

10. Where can I find more information?
 - a. <https://www.gov.uk/settled-status-eu-citizens-families/applying-for-settled-status> (for more information on the scheme in general)
 - b. <https://www.gov.uk/guidance/eu-settlement-scheme-pilot-applicant-eligibility> (for more information on the early access pilot scheme for those employed in the healthcare sector)
 - c. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728681/EU_Settlement_Scheme_Briefing_Pack.PDF (briefing document on EU settled status)

Appendix 3

Statistics from the interviews

Male	10
Female	20

Nurse	21
Doctor	4
Dentist	2
Psychologist	1
Consultant in general medicine	1

Nationalities

Greek	28
Croatian	1
Italian	1

In the UK:

Less than 2 years	4
2-5 years	18
More than 5 years	8

Bristol (3), London (11), Kettering (4), Yorkshire (1), Ashford (1), Yeovil (1), Kent (4)

5/30 → N/A for searching information about Brexit

4/30 → not informed at all

21/30 → informed through email from the NHS/NMC/HR

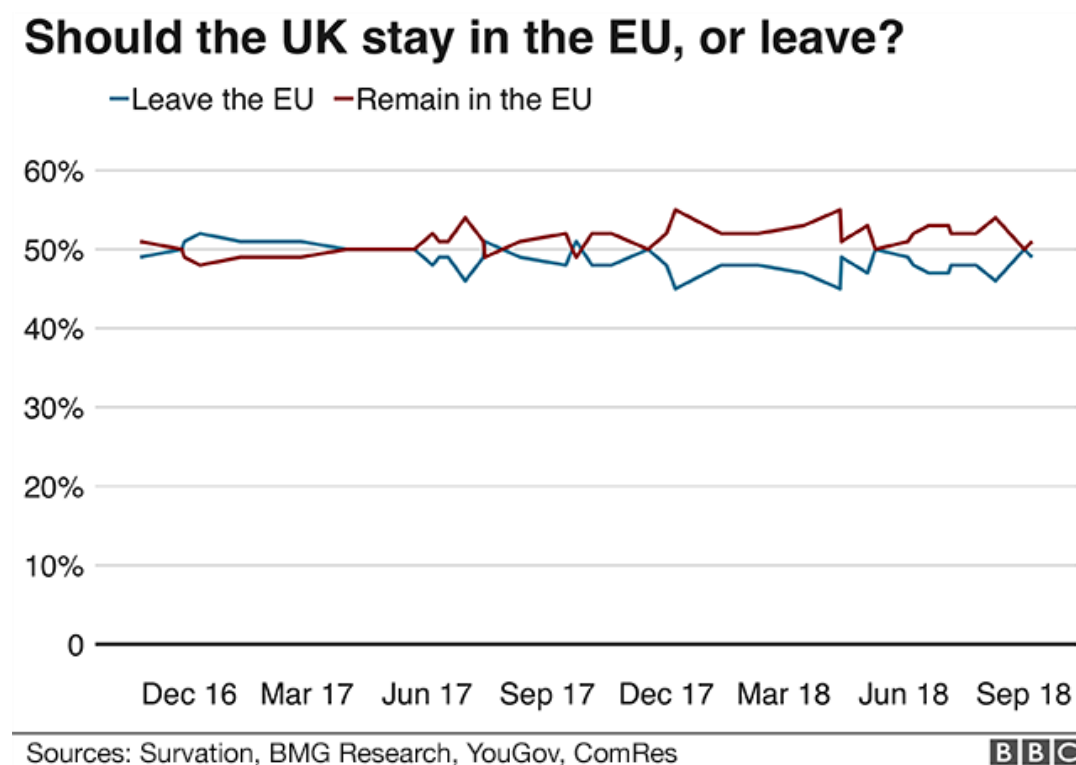
Ages: 25, 25, 40,40, 42, 26, 24, 40,26, 25, 25, 25, 31, 23, 28, 25, 27, 62, 49, 26, 44, 43, 35, 28, 28, 31, 27, 27, 35, 33

23-35: 22

36-62: 8

Appendix 4

Graph - Exit poll for a second referendum



BBC (Curtice, 2018)

Appendix 5

Bacchi's WPR approach – Questions

1. What's the 'problem' represented to be in a specific policy or policy proposal? → uncertainty for the NHS employees
2. What presuppositions or assumptions underpin this representation of the 'problem'?
3. How has this representation of the 'problem' come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?
5. What effects are produced by this representation of the 'problem'?
6. How/where has this representation of the 'problem' been produced, disseminated and defended? How has it been (or could it be) questioned, disrupted and replaced?

Appendix 6

White Paper

FOREWORD BY THE PRIME MINISTER



When the British people voted to leave the European Union in 2016, they sent a clear message: they wanted things to change.

One of those calls was for Britain to take back control of its borders.

As we leave the European Union, free movement will end. For the first time in decades, it will be the democratically elected representatives of the British people who choose who comes into our country.

This White Paper sets out how we will use this moment to introduce a new, skills-based immigration system.

This will be a system where it is workers' skills that matter, not which country they come from.

It will be a single system that welcomes talent, hard work, and the skills we need as a country.

It will attract the brightest and best to a United Kingdom that is open for business.

Migrants have made a huge contribution to our country over our history - and they will continue to in the future.

But it will also be an immigration system that is fair to working people here at home. It will mean we can reduce the number of people coming to this country, as we promised, and it will give British business an incentive to train our own young people.

This White Paper answers the call of the British people, and begins the process of delivering an immigration system truly underpinned by public support.



RT HON THERESA MAY MP
PRIME MINISTER