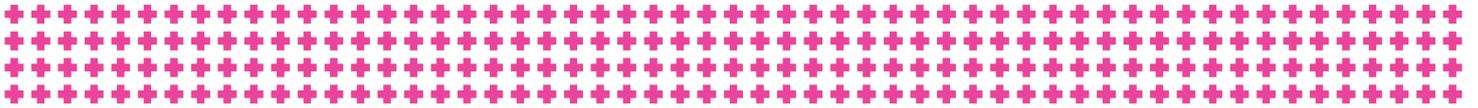


International Recruitment to the Community

CASE STUDY

2022/#4



Interview with Sumintha Janaky, Band 7 Practice Educator (secondment for 6 months)

I am originally from Kerala, India and in 1999 I obtained my BSc Nursing. I then studied for a Masters in Community Health and an MBA in Hospital Management. I became Assistant Professor in Community Health.

I decided to come to UK after seeing adverts from St. Heliers where they were recruiting nurses from India to work in the NHS. It took two years for this process to be completed and eventually I came to the UK and received my Pin Number from the NMC in January 2019.

I had been working as a Band 4 on the wards and when my NMC registration came through I worked on a hip fracture unit as a Band 5 Staff Nurse. After three months I then moved to the Community where I was promoted to Band 6 and worked as a Team Sister. During this period, I completed Caring for the Acutely Unwell, and Professional Nurse Advocate programmes. I was planning to do my District Nurse (SPQ) training, but I have just been offered a Band 7 Practice Educator secondment for 6 months. This is a Trust-wide role, and I will also be the preceptorship lead for the Trust which I am very excited about.

As an internationally recruited nurse coming to work in the NHS, I feel that I have had the opportunity to develop

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my leadership skills, acquired greater understanding of the audit process and management within the NHS. I have been able to share this learning with new staff.

Key learning for me has been recognising how community services are so different in the UK. In Kerala I saw such deprivation and poverty visiting people in slums; each nurse was responsible for approximately 75 patients. We were unable to provide the quality of care that I have witnessed nurses providing to patients in their homes in the UK. In the UK I have learnt the importance of communicating with patients and I have seen how each patient is respected and taken care of as an individual. In Kerala I was unable to dedicate so much time to the patients. This initially caused me some anxiety as I had been used to working very quickly and very task oriented. The holistic way of caring and communicating with patients has been a key learning for me.

I think that internationally recruited nurses are not made aware of community services. I only became aware of the community after I shadowed a community nurse on my preceptorship course. Prior to this I had thought that all care was provided in the hospital. When recruiting international nurses, more emphasis needs to be given to community nursing and recruitment agencies need to be made aware of this. There should be a proper adaptation programme which focusses on the community as is offered for internationally recruited nurses to the hospital setting.

To retain internationally recruited nurses there should be meaningful 1:1 appraisal which clearly set out opportunities for career progression. This will keep the nurse motivated. If community is in their blood as it is in mine, then they can be given the opportunity to grow in their field of expertise and interest.