

Working in the community as an international nurse recruit: my experience so far.

It's been a good one year experience in the UK for me, and I have enjoyed every bit of working at UHMBT as a community nurse. The recruitment process, speaking for myself was very smooth, I was particularly impressed with the organisation of the interviews. The interview was friendly, professional and clearly not designed to intimidate or cast fear (the grim expectation many people have of interviews) it was simply lovely.

I felt welcome on arrival, although arriving in winter made me almost regret the decision in the first few days of quarantine when I was basically freezing in my room, even with the heater on. I checked on the machine every few hours to be sure it was working!

I immediately knew the option to work in the community was on the table. There was no turning back for me, though I must say working in the community in England as an international nurse is quite tricky and has many hoops one has to safely navigate. I have a rich background in community based health and humanitarian work, and still run a registered charity that offers free medical care on large scale to poor and hard to reach communities in Ghana. I have a unique interest in that field, though district nursing in England is completely different in scope, focus, skill and outlook to what is practised in Ghana.

Community nursing requires someone who not only has good nursing skills, but equally good people skills. Many of the patients we see need the emotional and social support as much as they need the physical nursing and medical care, if not more. In my opinion, people skills are as important as any other relevant clinical knowledge in district nursing. Then there is the need to learn, master, sign off on an expansive set of skills, from wound care to bandaging to urinary care, etc. I find that a single district nurse is expected, in a relatively short time, to amass clinical competence in many diverse areas of nursing care for which multiple departments would have been involved in the hospital, you're more or less a one-man (or woman) faculty. Dosages for syringe drivers, important decisions like stat doses for palliative cases for which you would have support and cross check from other staff in the hospital all have to be carried out by this one faculty, usually under pressure of a tedious assignment list that won't complete itself if you don't get up and doing!

I however didn't feel as overwhelmed as the picture I painted above, because I have a fantastic manager, Mrs Claire Mclean, along with brilliant team mates that made the transition easier, of course you have to put in the effort, don't get it twisted. You can't do District Nursing without a car, and even if you could afford a car upon getting to the UK you cannot exactly obtain a driving license under a certificate of urgency or necessity. There's also the situation where England is probably the most pedantic about driving laws than any other country I know of, and there's the small matter of driving on the "wrong" side of the road, sitting at the "wrong" side of the car, trying to use the SAT NAV to get to your patient's home, find house numbers at night, and stay safe without annoying other road users! Not to mention having to find

a willing insurance with zero driving experience in UK, car related taxes and documentation issues that seem so strange! This “nightmare” would probably make you just get a hospital job and use the bus for now. But I was determined.

The administrative duties involved in community nursing don't make it any easier. The need to thoroughly learn and understand the computer program EMIS, know multiple protocols for doing different things, follow ups, referrals etc. Seeing the patient in their home is the easy part, making sure everything regarding their records is above par, well that's a different race on its own. However, with the support of the international nurses' team, and my colleagues here, I have settled in quite well, and can say I am proud of what I've been able to achieve in a year. If the feedback from patients and colleagues is anything to go by, then I would cautiously say, as I've not yet had my next appraisal, that I have had an appreciable start to life here.

Having to go through the whole nine yards of obtaining a driving license from scratch, including having to post essential documents like my BRP or passport were quite unnerving, writing the theory tests, finding slots for theory and practical tests and hoping to pass the tests and obtain a license before the expiry of 1 year took some of the excitement out of my experience, as you couldn't go a day without wondering if you were going to have to leave your job in the community if you couldn't get the driving credentials in time. Thankfully I did, right in the nick of time, about 2 or so weeks to my one year anniversary! Yay!

I look back with pride, happy with what I have done so far, cautiously optimistic about the future. I find community nursing fulfilling, every home you visit is an entirely different experience, and you require an ever evolving set of skills and approach to remain relevant and useful, but given the opportunity a second time, I'd still go to the community. More international nurses must venture into community nursing, I would be here to welcome and guide them through the nuances. We can only get better!

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