

Reality for overseas nurses in UK ‘completely different to image sold’

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From left, Marimoutou Coumarassamy from the British Indian Nurses Association, and Paulette Lewis from the Caribbean Nurses and Midwives Association

Source: BINA and CNMA

Internationally educated nurses are becoming a larger part of the UK health workforce each year – but a growing number are questioning their treatment after they arrive.

Nurses and midwives trained outside of the UK now account for one in five (21%) people on the Nursing and Midwifery Council (NMC) register, compared with 15% in 2019, as NHS recruiters have been [increasingly turning to professionals from overseas to fill staffing gaps](#).

"What they are told before they come is completely different to what they get here"

Paulette Lewis

Such an influx of international nurses, heeding a call for help from the NHS, has a precedent: this year is the 75th anniversary of the landing of HMT Empire Windrush, which saw many Caribbean nurses coming to the UK and helping to build the health service.

However, the similarities between now and the arrival of the Windrush generation do not end at an increase in the

number of registered nurses.

Much like the 1948 arrivals, who were shocked at their treatment in a country they viewed as ‘the motherland’, many internationally recruited nurses feel they have been mis-sold a way of life they are not able to have.

International nursing and midwifery associations (INMAs) are in place to support the diaspora with any issues they face. Marimouttou Coumarassamy, chair of the British Indian Nurses Association (BINA), told *Nursing Times* the main concern of Indian nurses, particularly in London, was the housing crisis.

When they first get to the UK, international nurses are usually provided with temporary accommodation for between four and six weeks by their NHS trust.

But, after that time, they must make their own housing arrangements. Mr Coumarassamy explained that this was when things became difficult for nurses and their families.

“Already the cultural change of coming here will be a big shock to them,” he said. “And they’re having to prepare for their exams. Finding accommodation is one more stress.

“The accommodation crisis hits everyone, but it’s particularly stressful for them.”

Mr Coumarassamy said many international nurses were shocked at how much it cost to rent in London and, increasingly, England more broadly.

Meanwhile, the difficulty of surviving on current NHS nurse pay rates amid the rising cost of living is an issue that has been highlighted in recent months by unions and nurses who were going on strike.

According to Mr Coumarassamy, when being recruited, Indian nurses were told about the band 5 Agenda for Change salary of between £28,000 and £34,000, without being given any idea of what this wage can buy.

For a nurse coming from India, a country with a lower cost of living and lower average wages, Mr Coumarassamy said not giving a full idea of the outgoing costs – particularly in London and the South East – was unfair.

He continued: “After a nurse gets their PIN, they are told they will get £28,000 minimum, and overtime to earn even more.

“But most of that £1,700 a month will go on accommodation and bills. It makes it very hard for them to have a good quality of life.

“They will come to the UK thinking that their quality of life will be much better, the recruiters don’t tell them that they will lose however much in tax, National Insurance – the information just isn’t given out.”

Mr Coumarassamy said he did not think this was done intentionally to mislead nurses. Nonetheless, the effect could be devastating, he warned, with nurses moving into poor-quality, but still very expensive, housing.

To make matters worse, strict visa conditions limit the ability for spouses to work and access public funds, such as benefits, meaning some nurses who move with a whole family have to survive, at least at first, on one income.

“We recently had communications from someone in the Chelmsford area living in a really difficult situation,” Mr Coumarassamy said.

"The information just isn't given out"

Marimoutou Coumarassamy

“They were all sleeping in the same room and there was mould in the house – and because she had a husband and two children, she couldn’t afford to move.”

Elizabeth Pearson, president of the Uganda Nurses and Midwives Association (UNMA), told *Nursing Times* that

Ugandan nurses were offered a “rosy” image of working in the UK.

While Uganda is currently on the ‘red list’ of countries from where active recruitment should not take place, the number of Uganda-trained nurses on the NMC register has been steadily increasing by small numbers each year.

“There is a lot of misguided information. They need to know where to get proper food and find places of worship,” said Ms Pearson.

“For many of us, culture and our beliefs are key for our health and wellbeing. But, also, it’s about navigating through the workplace. There needs to be more information for integrating into the different practices here.”

Likewise, Paulette Lewis, president of the [Caribbean Nurses and Midwives Association \(CNMA\)](#), said Caribbean nurses experienced a similar shock to the system on arrival.

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She echoed Mr Coumarassamy’s comments about the cost of living and housing: “When [Caribbean nurses] come here, they don’t realise you have council tax, heating bills, water bills.

“Some nurses come here, and they are told renting a room is more affordable, but they won’t realise they have all these extra costs. What they are told before they come is completely different to what they get here.”

Ms Lewis said another significant challenge for new Caribbean arrivals was being underpaid for the experience they have. To obtain their PIN, international nurses must pass a test of competence and prove they have the necessary English-language skills.

Until then, they cannot practise – or be paid – as a qualified nurse.

This process can be lengthy and, once passed, Ms Lewis said nurses were typically put into the starting band for a nurse (band 5), regardless of their previous experience or qualifications abroad.

“Many have years of experience or have been in a senior role before they arrive, but it’s not recognised,” she said.

“And even when they get band 5, it can then take them years to gain promotion.”

Ms Lewis said unconscious bias and structural racism in the health service towards international nurses impeded career progression, adding that many Caribbean nursing staff were treated “like novices or even students”.

“We have well-educated, well-experienced staff being treated like this,” she said.

“It’s got to be about taking the time to find out where these nurses have come from, what their background is, what their qualifications are, and how they work. I worked in America for a time, and that’s what they did there.”

As well as career progression, Ms Lewis said the difficulty for Caribbean nurses to acclimatise to the everyday aspects of life in the UK – such as the weather and council tax – should not be overlooked. She also said racism both in and out of work was a massive problem.

The diversity of the NHS, Ms Lewis said, was often used as proof of a more-inclusive British health system.

But, she said, in the 75 years since the Empire Windrush’s arrival, some issues had not changed.

“If you look between 1948 and now, if you look at what we’re doing and talking about – that alone will tell you we couldn’t have made much progress,” she said.

“We’re still talking about inclusive leadership, and getting people to understand each other in the NHS.”

Like the Windrush arrivals, many international nurses joining the NHS in recent years have been shocked at how they were received. Mr Coumarassamy said this was a problem for BINA members to whom he had spoken, particularly outside of London.

"We don't want people to go through the same challenges we have"

Elizabeth Pearson

“Some people find it hard to be accepted into the communities where they work,” he said.

“Towards the East of England, we hear a lot of stories, and in the South West too. There are challenges in remote areas.”

Ms Pearson agreed, and said it could have a devastating impact on the welfare of new arrivals.

“I’ve experienced racism, both at university and when I started practising,” she said.

“You carry it with you and start questioning: am I the one at fault? It’s been nearly 18 years, but it still resonates for me and, when I’m reminded, it brings back those negative emotions and feelings.”

Ms Pearson linked racism at work to the dearth of information shared with nurses before they come to the UK.

Her group recently began to create links with contacts in Uganda to spread information and promote UNMA as a means of support.

CNMA and BINA are doing something similar in their respective home countries.

These links are used to give accurate information on career roadmaps, a clear picture of the practicalities of moving to the UK, and signposting to places for support when they are the victims of discrimination.

Ms Pearson hoped this would mean internationally educated nurses were not sold a false story about working in Britain.

“We don’t want people to go through the same challenges we have,” she said. “It’s really important for recruiters and governments to use us as entities to support integration.”