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Commentary

Commentary on Alexis, O and Shillingford, A (2011) Exploring the perceptions of work experience of internationally recruited neonatal nurses: a qualitative study, *Journal of Clinical Nursing*

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Alexis and Shillingford's study highlights experiences of internationally recruited nurses in neonatal care in London NHS hospitals. The sample for this study was drawn from Jamaican and Filipino nurses. Participants in this study had varying support mechanisms which had an impact on their confidence. This is consistent with Likupe (2011). However, overseas nurses are a diverse group and the title of this study could be misleading since only two groups of overseas nurses were interviewed. This should have been made explicit as some of studies have pointed out that experiences may be related to several factors including: country of origin, training, and colour of the nurse RCN (2008), Likupe (2011).

The discussion on communication illustrates the above problem as the authors state that participants had problems because English was not their first language. This is not strictly the case with nurses from Jamaica. Jamaicans use a form of English called *Patois* which, in principle is just slang or vernacular English. Their communication problems therefore could be different from that of Filipino nurses who speak an entirely different language. When the quotations are analysed, the problems seem to be more related to cultural aspects of care than communication. The authors should perhaps have used countries as an identifier instead of numbers as this would allow the reader to know from which country a particular nurse was from and relate this to the nurses' experience.

Nurses in this study had difficulties adapting to family centred care which contradicts Taylor's (2005) study who reported that nurses from the Philippines, China and Nigeria said the family played an important role in the care of the elderly in those countries, in contrast to the UK, where older people are cared for in nursing homes or residential homes. In addition Likupe (2011) found that the main problem was unrealistic expectations of outcomes of care from family and relatives. This serves to emphasise the point that experiences of overseas nurses from different countries and backgrounds should not be generalised, the differences in settings of care notwithstanding.

The authors report that some interactions between UK nurses and the group of nurses was maternalistic with overseas nurses feeling like they were being treated like children. This is common for non-white overseas nurses which may have some elements of racism as described by Likupe (2011). This finding is also consistent with Withers and Snowball (2003) study in which Filipino nurses reported being treated as students. This finding is worrying as it does not foster a team spirit between UK and overseas nurses and patient care

could suffer in the process. If nursing is to become truly multicultural in the UK, embracing diversity needs to be at the heart of the NHS and training needs to be provided to nurses. It is essential that overseas nurses feel valued and part of the NHS. At the same time British born nurses need to appreciate different cultures and needs of overseas nurses. Alexis and Shillingford have highlighted an important area of experiences of a group of overseas nurses working in neonatal nursing in the NHS.

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