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Perspectives of polish nurse managers on employment of Ukrainian war refugee nurses in polish healthcare settings: a qualitative descriptive study

Zatrudnianie pielęgniarek-uchodźczyń z Ukrainy w polskich placówkach ochrony zdrowia z perspektywy kadry zarządzającej: jakościowe badanie opisowe

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STRESZCZENIE

ZATRUDNIANIE PIELĘGNIAREK-UCHODŹCZYŃ Z UKRAINY W POLSKICH PLACÓWKACH OCHRONY ZDROWIA Z PERSPEKTYWY KADRY ZARZĄDZAJĄCEJ: JAKOŚCIOWE BADANIE OPISOWE

Cel pracy. Integracja pielęgniarek-uchodźczyń z Ukrainy do systemu opieki zdrowotnej Unii Europejskiej stwarza wiele wyzwań ze względu na różnice w organizacji systemu opieki zdrowotnej oraz systemu kształcenia pielęgniarek. Celem tego badania jest zbadanie doświadczeń polskiej kadry zarządzającej w zatrudnianiu pielęgniarek-uchodźczyń z Ukrainy.

Materiał i metody. Indywidualne wywiady pogłębione przeprowadzone były od marca 2022 do czerwca 2023 z 9 przedstawicielami kadry zarządzającej z instytucji opieki zdrowotnej. Uczestniczki badania (średnia wieku: 42,2 lata i średnie doświadczenie w zarządzaniu: 11,2 lat) zostały wybrane za pomocą połączenia metod doboru wygodnego i kuli śnieżnej. Dane zbierano poprzez wywiady częściowo ustrukturyzowane i analizowano za pomocą indukcyjnej analizy tematycznej. Do zarządzania danymi wykorzystano oprogramowanie ATLAS.ti 8.

Wyniki. Zidentyfikowano trzy główne tematy: I. Wyzwania komunikacyjne w miejscu pracy; II. Ramy prawne i wyzwania związane z zatrudnieniem; III. Integracja w polski system opieki zdrowotnej. Trzy główne tematy podzielono na sześć odpowiadających im podtematów: 1. Bariery językowe i ich wpływ na praktykę kliniczną, 2. Kompetencje zawodowe i bezpieczeństwo, 3. Uznawanie kwalifikacji i proces uzyskiwania prawa wykonywania zawodu, 4. Proces adaptacji do praktyki, 5. Radzenie sobie z międzykulturowymi wyzwaniami w systemie opieki zdrowotnej oraz 6. Przyszłe możliwości.

Wnioski. Badanie dostarcza szczegółowych informacji na temat złożoności związanych z integracją pielęgniarek-uchodźczyń z Ukrainy w polski system opieki zdrowotnej.

Słowa kluczowe: zatrudnienie, zarządzanie w pielęgniarstwie, Rynek pracy, Uchodźcy, kompetencje profesjonalne

ABSTRACT

PERSPECTIVES OF POLISH NURSE MANAGERS ON EMPLOYMENT OF UKRAINIAN WAR REFUGEE NURSES IN POLISH HEALTHCARE SETTINGS: A QUALITATIVE DESCRIPTIVE STUDY

Aim. The integration of Ukrainian war refugee nurses (UKR-N) into the European Union's healthcare system presents many challenges due to the differences in the organization of the healthcare system and the system of undergraduate education of nurses. This study aims to explore the experiences of Polish nurse managers in employing UKR-N.

Material and methods. In-depth interviews conducted from March 2022 to June 2023 with 9 nurse managers from healthcare institutions. Female participants (mean age: 42.2 and mean management experience: 11.2 years) were selected using a combination of convenience and snowball sampling methods. Data were collected through semi-structured interviews and analyzed using inductive thematic analysis. ATLAS.ti 8 software was employed for data management.

Results. Three major themes were identified: I. Communication challenges in the workplace; II. Legal Frameworks and Employment Challenges; III. Integration into the Polish healthcare system. The three primary themes were broken down into six corresponding subthemes: 1. Language barriers and its impact on clinical practice, 2. Professional competence and safety, 3. Credential recognition and licensing process, 4. Process of adaptation to practice, 5. Navigating cross-cultural healthcare system challenges and 6. Future opportunities.

Conclusions. The study provide nuanced insights into the complexities related to integrating UKR-N into the Polish healthcare system.

Key words: employment, refugees, workforce, professional competence, nursing management

INTRODUCTION

The global shortage of nurses is a significant public health challenge in both developed and developing countries [1]. Approximately 27 million nurses and midwives work worldwide, according to the latest data [2]. Despite high demand, there is a shortage of over 2.8 million nurses, including in developed nations like Australia, Canada, Denmark, Israel, Ireland, Switzerland, New Zealand, the USA, and the UK [1]. This shortage is driven by an aging population requiring more healthcare and a workforce nearing retirement [3]. The lack of nurse educators and high attrition rates, exacerbated by burnout, under-compensation, and lack of recognition, contribute to the problem [4].

The nursing deficit fuels international migration of professionals, with Filipino nurses comprising 30% of the immigrant population in the United States, followed by India (6%) and Nigeria (5%) [5]. In 2021, 19.07% of Australia's nursing staff were foreign-trained [6]. Migrant healthcare professionals have notably increased in Arab countries, especially in the Gulf Cooperation Council, where foreign nurses made up 79% of the workforce in 2008 [7]. Switzerland has the highest percentage of foreign-trained nurses at 25.9%, while Germany, Norway, and the UK report over 5%. In Croatia, Italy, Latvia, Moldova, Poland, Romania, Serbia, and Turkey, figures are below 2% [8].

Research examines the benefits and challenges of employing migrant nurses. Advantages include professional growth, higher pay, better working conditions, and increased cultural diversity, which enhance patient satisfaction. However, migrant nurses often face cultural and language barriers, difficulties in qualification recognition, and discrimination [9,10]. Transparent policies, labor rights awareness, social support, and continuous professional development are essential for their success [11].

A growing research area focuses on the utilization of refugee nurses. International agreements entitle refugees to work in host countries [12]. Integrating refugee nurses helps address nursing shortages and promotes socio-economic integration, aiding in rebuilding their lives. Early studies highlight the significant potential of refugee nurses, stressing the importance of inclusive policies for their integration into healthcare [13].

In recent years, the factors contributing to successful refugee resettlement have been widely discussed in the academic world [14]. Research highlights key elements shaping the resettlement process: proficiency in the host country's language, access to employment and education, housing, health status, healthcare services, and broader social determinants [15]. Effective resettlement largely depends on the availability of employment opportunities [16]. Given the ongoing conflict in Ukraine, it is crucial for the Polish healthcare sector, governmental bodies, and policymakers to develop strategies that facilitate the integration of refugee nurses into the Polish healthcare system. Nurse managers play a vital role in overcoming obstacles when employing Ukrainian war refugee nurses. Their leadership requires decision-making skills and the ability to balance staff well-being with patient care, while practical insights come from daily exposure to healthcare settings.

AIM

To explore the perspectives of Polish nurse managers (PNM) on the employment of Ukrainian war refugee nurses (UKR-N) in Polish healthcare settings.

MATERIALS AND METHODS

Design

A descriptive design study was conducted [17]. NAWA21 is a Polish research project funded by the National Agency for Academic Exchange: "Successful work and socio-cultural adaptation of Ukrainian refugee nurses as both a challenge and a chance for the Polish healthcare system. Strategic analysis of key barriers and long-term policy." The study team comprised experts in public health, nursing, and qualitative research methods. We used an inductive approach using semi-structured digitally recorded interviews. Our manuscript adheres to the Standards for Reporting Qualitative Research (available upon request from editorial system) [18].

The sample

Participants were recruited using both convenience and snowball sampling techniques. A non-probability sampling method was employed due to the limited group of PNM with UKR-N experience in the Polish healthcare setting. Convenience and snowball sampling were preferred to access participants with specific traits, such as experience in employing UKR-N. This process continued until a saturation point was reached [19].

Eligibility

The study included participants who had practical experience using UKR-N in private or public healthcare settings. To recruit as many participants as possible and to attain maximum variation sampling, the study team identified participants from both private and public healthcare

settings across Poland. The study excluded participants who had prior experience with Ukrainian nurses who migrated to Poland before the Russian-Ukrainian war in February 2022.

Data collection

The semi-structured interviews were conducted from 1st March 2022 to 30th June 2023 by the lead researcher (JG; see Tab. 1). The interviews were conducted in Polish, as all participants were Polish nationals.

Participants were interviewed online using platforms like MS Teams or Zoom at their preferred time. Comprehensively, the interviews were respectful of participants' time. The meetings typically lasted around 1 hour and 30 minutes, ranging from 1 hour to 2 hours and 20 minutes, as optimal duration for in-depth interviews. All participants provided verbal consent for the study. To build a trusting rapport with the participants, the lead researcher (JG) shared detailed information regarding the purpose of the NAWA21 Project.

Interview questions with prompts (see Tab. 1) were based on the literature on refugee nurses and were discussed by the NAWA21 Project research team. We opened with a grand tour question, followed by prompts, such as, 'Can you elaborate on this?' to further encourage participants to explore their experience.

■ Tab. 1. Interview prompts

Can you tell me about your professional experience in employing UKR-N?
Were there any challenges to overcome during the process of employing UKR-N?
Describe what kind of challenges you needed to overcome in the process of employing UKR-N.
Were there any facilitating factors that supported employing UKR-N?
Describe what kind of factors supported employing UKR-N.
Tell me about your further plans to employ UKR-N.

Abbreviation: Ukrainian War Refugee Background Nurses (UKR-N)

Data analysis

Two researchers verified the machine transcript of the interviews by independently proofreading it to remove any potential bias. Two researchers independently verified transcription for heightened accuracy and dependability. Ensuring the validity of results is a routine practice in qualitative research. The transcripts were then uploaded to the ATLAS.ti 8 program to facilitate the organisation and management of qualitative data [20].

The inductive thematic analysis approach was used as it is data-driven and generates themes strongly associated with the data. The process involved six steps: multiple readings, preliminary coding, and note-taking; colour--coding data to identify patterns and develop pre-final codes; categorizing common codes into major and minor themes until no new themes emerged; collating codes into themes and sub-themes to create a thematic map; reviewing the themes to ensure coherence with the entire dataset; and finalizing the themes and sub-themes. [21].

At this stage, the researchers grouped similar codes together to form broader categories. All transcripts were thematically analysed by two researchers (JG and IC).

To accurately capture the participants' experiences, the researchers modified the data by re-examining transcripts, redefining and renaming codes, and possibly conducting more interviews.

The established themes and sub-themes were interpreted in the context of research objectives and current literature on the subject. For example, the theme 'adaptation challenges' and its sub-themes 'working with mentors' and 'integration' were discussed in relation to social integration and acculturation theories, as well as previous studies on healthcare workforce integration.

Final themes and subthemes were further deliberated and refined during briefing meetings of the NAWA21 Project team. Overall, three major themes and six subthemes were identified.

Rigour

To ensure rigour, we adhered to The Consolidated Criteria for Reporting Qualitative Research (COREQ) [22]. The NAWA21 Project Group's research team regularly held meetings to discuss categorizing data into predominant emerging themes and subthemes. The team held 1-hour debriefing meetings to discuss findings iteratively until they reached a consensus. The lead researcher (JG) kept reflective journals to document and reflect on the research experiences throughout the analytic process.

Three major themes and six subthemes were identified during the final analysis of obstacles and facilitators of the employment of UKR-N by the Polish nursing management staff.

■ RESULTS

Demographic data

Nine nurse managers, eight from the public healthcare sector and one from a private healthcare sector, participated in the study and completed the interviews. Two of them were from the northern region, three were from the southern region, and four were from the central region of Poland. All of them were females. Their age ranged from 37 to 59 years (mean age: 42.2) and management experience ranged from 1 to 27 years (mean: 11.2).

Theme I: Communication challenges in the workplace

Subtheme 1: Language barriers and their impact on clinical practice

Hiring UKR-N was hindered primarily by language barriers: "*Only 20% of the candidates from the initial selection were suitable for the further stage of recruitment because the rest did not speak Polish at all*" (Participant 1). The daily challenges faced by Ukrainian nurses and Polish healthcare staff, such as struggles with medical terminology and patient interactions, highlight the significant influence of language barriers in clinical practice: "*There's a concern whether language barriers could potentially compromise patient safety*" (P3). Polish nurse managers reported that language barriers negatively impacted communication effectiveness with patients: "*They struggled*

with patient interviews, especially with word selection and understanding some utterances." (P2). "*Well, as a nurse manager, I don't hide the fact that the language barrier is also a bit of a problem for the patients, because, for example, we have a neurological rehabilitation department. There are patients with aphasia there. It is sometimes difficult for us to understand a patient with aphasia, not to mention if it's a caregiver or a nurse or even a hospital porter who has a communication problem herself. So sometimes I can't employ too many people like that, because there has to be someone who can obviously communicate without hindrance, without problems*" (P3).

It was repeatedly emphasized that although many UKR-N could somehow communicate in everyday speech, they lacked proficiency in specialized medical language: *All this documentation, patient admissions, she can't fill it in or explain it to the patient, ask, she can't grasp it. Also, she doesn't do patient admissions because she doesn't know the language, she doesn't know, the patient sometimes asks about something and she is unable to provide an explanation*" (P5). The communication effectiveness within the treatment team was directly influenced by the circumstances: „*Quite often I heard that doctors complain about nurses [UKR-N], because they don't understand what they are told, and they don't follow the orders, because they just don't understand what the doctors expect*" (P4).

Incorporating Polish language skills into the ongoing education and training of Ukrainian nurses is crucial to overcome communication barriers and guarantee effective healthcare interactions. The initiative should concentrate on linguistic and practical aspects to ensure optimal patient care: "*In order to ensure effective patient care and smooth cooperation in medical teams, it is essential to provide adequate support and Polish medical language training for Ukrainian nurses*" (P7).

Subtheme 2: Professional Competence and Safety

Practical skills assessment will assess UKR-N's readiness to work in the Polish healthcare system and ensure compliance with Polish care standards: "*It is also necessary to practically verify the clinical skills of Ukrainian nurses. We have developed this system where ward nurses conduct monthly inspections. It's a kind of a 'snapshot' assessment once a month, or more often if they decide that something is wrong and someone needs to be supervised more often*" (P6). These barriers include a lack of familiarity with Polish medical records and insufficient skills in formulating nursing diagnoses: "*They are unable to formulate diagnoses in Polish, and here in Poland they have to formulate nursing diagnoses on an everyday basis*" (P3). Potential inefficiencies in patient care and an increased risk of medical errors due to language barriers were also important concerns for PNMs: "*Medical errors happen all the time in patient care, they [UKR-N] mix up patients because they don't understand, because they can't deal with electronic databases. So they mix up patients, they mix up medications, they mix up doses*" (P5). There was noticeable fear of new challenges and significant reluctance and apprehension observed among UKR-N in the area of adapting to new clinical practices: "*They don't want to provide*

such complicated services to patients, because if something were to happen, they might not be able to cope with it, for example, due to language, so they keep a low profile not to make a mistake, because they're just afraid" (P8). Employers stress the importance of comprehensive training and professional development for successful integration of UKR-N into the Polish healthcare system: "*I even created a special training program, they received general training in Polish law, on the system of prescription writing, on patient rights*" (P8).

Theme II: Legal Frameworks and Employment Challenges
Subtheme 3: Credential Recognition and Licensing Process

This subtheme is highly relevant and emphasizes an important aspect of international professional integration and the bureaucratic challenges in the validation of Ukrainian nursing credentials in Poland.

There are several obstacles for employers to hire UKR-N in Poland, such as the challenging bureaucratic and regulatory procedures that are complex and often ambiguous. Employers frequently provide personal assistance to UKR-N to prepare the necessary documents for licensing to practice nursing: „*We personally guide the individuals we hire throughout the document submission process*" (P4).

All employers highlighted the extensive waiting period for approval for UKR-N to undertake work: "*Documents of Ukrainian refugee nurses were being processed for 6-8 months*". The UKR-N employee onboarding process lacks information and guidance on the necessary time and form of adaptation, as well as the level of professional autonomy: "*(…) what is more, the Ministry of Health has not provided employers with any guidelines on what it means that Ukrainian refugee nurses need to work under supervision: no information about the length of supervision and who should be responsible for the supervision process*" (P7). Employers, with the help of their nurse managers, have established specialized units within their human resources departments and designated individuals to aid in preparing necessary documents: „*We have already established a comprehensive documentation system and we have a designated representative in the legal department who submits all the necessary documents on their behalf. Despite the fact that they [UKR-N] are well-informed, with clear instructions provided in both Polish and Ukrainian, their approach tends to be somewhat disorganized, they would often submit all available documents*" (P6).

Recruiting UKR-N nurses posed challenges for employers who had to decide on the type of contract for each candidate on a case-by-case basis, taking into account their work experience and adaptability to the Polish health care system. There were difficulties in matching the qualifications of candidates with available job opportunities: "*I was approached by probably 5 or 6 nurses from Ukraine, who said they used to work in a laboratory and they used to draw blood. I said: well, we don't have a lab to draw blood, blood is drawn in the wards or in the outpatient clinic. So sometimes it was impossible to hire some of them*"

because they only wanted to take blood samples, as they did it in Ukraine" (P8).

Subtheme 4: Adaptation to practice

Polish nurses provided adaptation and mentoring but staffing limitations hindered finding suitable mentors: "*Polish nurses often assume that if Ukrainian refugee nurses have obtained a nursing license and hold the same positions, with comparable salaries, they [Polish nurses] don't need to care about their [UKR-N] onboarding, they [UKR-N] are expected to work and perform their duties*" (P6). During the initial phase of employment, UKR-N's professional adaptation was often managed by ward nurses due to staff shortages: "*Well, the truth is also that there was no one responsible for running the onboarding process. The ward nurses took care of it, at least during the initial month, where these ladies would come in for one-on-one sessions, to supervise them, at least for that month. Observation and learning*" (P3).

Theme III: Integration into the Polish healthcare system

Subtheme 5: Navigating cross-cultural healthcare system challenges

Polish nurse managers observed during the hiring of UKR-Ns their lack of understanding of the Polish healthcare system and variations in medical procedures and treatment approaches:

"*(…) lack of awareness; however, that there may be some differences in patient treatment, in prescription writing, and in how the health system works. I have had a conversation with a UKR-N, who says to me: 'ah, I don't know anymore, I can't figure it out if I should write a reimbursement prescription or how big the reimbursement should be. I write out only fully paid prescriptions so that I don't mess it up.' Well, for them this aspect is challenging, professionally, because they know they have the knowledge, yet translating that knowledge into the Polish context presents a difficulty*" (P9). Nurse managers have also noted a difference between Ukraine and Poland in the use of medical equipment, such as traditional methods used by Ukrainian nurses like drawing blood with a needle and syringe instead of newer equipment like IV cannulas, which may not be familiar to them: "*For, example, they still draw [blood] with a needle and a syringe. They perform infusions but they don't use IV cannulas much*" (P4). Limited computer skills among UKR-N personnel pose a significant challenge, extending to both specialized hospital software and general computer proficiency, which can hinder effective patient care: "*Another thing is that they struggle with operating the computer and using all the software*" (P3). Employers voiced considerable worries about sterilization protocols and medication dosage. Although many hospitals in Ukraine provide translations of medical procedures into Ukrainian, non-compliance with sterilization protocols is evident: "*The catheterization procedure is a sterile procedure, the suctioning procedure is a sterile procedure, the procedure for handling the second venipuncture is a sterile procedure, and I noticed that they don't follow that, they only use gloves for these procedures, such as clean gloves, not sterile gloves.*

So they are not familiar with these procedures" (P2). Translating medical knowledge from the Ukrainian context to conform to Polish procedures poses a noticeable challenge in drug dosage: "*What do we dissolve vancomycin in? She said: in salt. And vancomycin dissolves in water, because this is an exception, so they mix up the doses, they mix up the drugs*" (P1).

Subtheme 6: Future opportunities

Polish nurse managers worry about Ukrainian refugee nurses' job stability and sustainability: "*Ukrainian medical personnel often prioritize their current situation and immediate needs*".(P1). "*Those with family members in their host country may plan to stay, but many still consider Ukraine their home and hope to return when the conflict ends*". (P3). "*Those who remain say that their home is elsewhere, and while they are content where they are, their true home is elsewhere. They are waiting for the war to end so that they can return home*". (P5). The mobility and unpredictability of refugees' career plans posed a challenge for Polish nurse managers: „*Their inconsistency in terms of work and communication creates challenges, as they are sometimes responsive and other times unreachable, changing their minds frequently.*" (P2). Employers showed a favorable perspective towards the continuous employment of UKR-N, highlighting their capability to alleviate staffing deficits in the Polish healthcare sector: „*Ukrainian nurses can potentially fill healthcare gaps in Poland with proper adaptation and support, and they have the potential to make significant contributions to the system.*" (P2). Salary expectations of UKR-N were not an obstacle: "*They do not have salary expectations and generally earn more hryvnias, so they have low expectations like Polish women and are content.*" (P3).

DISCUSSION

International literature reveals a significant research gap regarding refugee health professionals, particularly nurses. Most studies focus on refugees in Australia [10, 13, 23-24], Egypt [25], Germany [26], and the UK [27]. Refugee nurses face common challenges such as language barriers, cultural differences and difficulties navigating unfamiliar healthcare systems [9], which hinder their path to full licensure. Unlike migrant or internationally educated nurses [28], refugee nurses deal with resettlement hardships and complex registration processes [10, 23, 25]. They often struggle with integrating cultural insights into healthcare and face barriers to professional development. Additionally, extended stays in refugee camps can exacerbate mental health issues, further affecting their readiness for work [26-27].

This study presents novel findings by examining the unique challenges faced by Ukrainian refugee nurses (UKR-N) in the Polish healthcare system upon their arrival from Ukraine. The research offers comparative insights into these challenges, contrasting them with those faced by their global counterparts. These results are particularly significant for Poland, one of the EU's largest nations, where the education of health professionals, including

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nurses and the organization of the healthcare system adhere to EU-wide regulations. The challenges of employing UKR-N in the Polish healthcare system are likely applicable to most EU member states [28].

This paper uniquely reveals that following Russia's full-scale aggression against Ukraine in February 2022, some UKR-N were welcomed into Polish homes, with the Polish government swiftly implementing legislation to facilitate their professional work [29]. Despite liberalized employment rules, interviews with nurse managers in Polish healthcare facilities highlighted obstacles such as language and cultural barriers, and a mental health crisis [10]. The challenges faced were mainly legal and organizational, similar to those encountered by UKR-N in obtaining licenses and employment [29]. The Act of 12 March 2022 on Assistance to Ukrainian Citizens included key changes to nursing qualifications and licensing processes, with the Ministry of Health now responsible for issuing permits valid for 5 years, without language proficiency evaluation or assessment of practical skills [30]. Employers must verify language proficiency and professional competencies, though no specific guidelines have been provided.

Polish nurse managers reported significant language barriers when hiring Ukrainian refugee nurses (UKR-Ns), leading to communication difficulties with patients and the therapeutic team, as well as an increased risk of medical errors. These issues jeopardize patient safety and limit UKR-Ns' involvement in professional tasks. The inability to communicate in Polish hinders UKR-Ns' capacity and willingness to learn current procedures in Poland, potentially leading to negative experiences that may discourage the future employment of Ukrainian refugee nurses in the Polish healthcare system.

Language barriers have consistently been a major challenge in employing refugee health professionals and have been observed in other countries where refugees work in the health sector. Ukrainian nurses face significant bureaucratic and regulatory hurdles when seeking employment in Poland, leading to prolonged recruitment processes [31]. Polish nurse managers have noted that the qualifications of Ukrainian nurses often do not align with available job opportunities in Poland. These findings are consistent with previous research on the challenges faced by Ukrainian war refugee healthcare professionals during job searches [32].

The unpredictable nature of refugees' career paths presents a challenge for UKR-Ns who prioritize their own and their families' welfare over job stability. Differences in medical procedures, treatment paradigms, and cultural biases, rooted in disparities between Polish and Ukrainian healthcare systems, complicate integration. Polish nurse managers face difficulties due to the lack of systematic solutions for verifying Polish language proficiency and professional competencies of UKR-Ns. Research across various settings reveals that refugee nurses face systemic, cultural, and psychological challenges beyond logistical issues [26]. These challenges impact their mental well-being, a crucial but often overlooked aspect [10, 25]. International studies highlight the importance of psychological resilience and self-belief in helping refugee nurses

cope with systemic challenges and develop professionally [24, 33].The studies highlight universal challenges across systemic, psychological, and cultural dimensions, requiring nuanced, context-specific solutions for effective integration. The Polish healthcare system must adopt a comprehensive approach to address these challenges for successful refugee nurse integration. Both international refugee nurses and UKR-N face distinct challenges that vary based on their origins and the host country's context.

This research reveals that previous solutions for employing UKR-N in Poland are inadequate and require comprehensive re-evaluation. Our findings suggest that Polish decision-makers should implement corrective measures based on nurse managers' experiences. Effective hiring procedures for Ukrainian refugee nurses must include analyzing past refugee crises in other countries and adopting best practices, such as assessing language proficiency and professional skills [34]. Comprehensive support, resources, policies, and cultural sensitivity training are essential for successful integration.

Limitation

The UKR-N study in Poland may not fully capture global refugee nurse experiences due to geographical limitations and potential selection bias from relying on interviews with select healthcare managers. Cultural misunderstandings could affect data interpretation, leading to overlooked or misinterpreted key factors. As a result, the study's findings may not be generalizable to other refugee groups or different host countries.

CONCLUSIONS

Polish nurse managers face challenges integrating Ukrainian refugee nurses (UKR-N) due to administrative obstacles and language barriers. To address this, a Dedicated Office for Ukrainian Medical Professionals is recommended to streamline administrative processes and support UKR-Ns through an online portal. Language and cultural training, along with workshops on Polish healthcare nuances, should be mandatory at a national level. Nurse managers should also prioritize mentorship, pairing Ukrainian nurses with experienced Polish counterparts for regular guidance and experience sharing. Collaborative workshops and support groups can further enhance integration. These measures would improve UKR-Ns' contribution to the Polish healthcare system.

Further research

Existing literature reveals a significant gap in understanding the long-term career development and integration of refugee nurses into healthcare systems, with limited data on their adaptation and contributions over time. The effectiveness of policy interventions remains understudied, and there's a lack of multidisciplinary research combining medical, sociological, and policy perspectives. Addressing these gaps could provide valuable insights for optimizing the integration of refugee nurses in the workforce.

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Practical implications

The study's findings have significant implications for EU healthcare systems facing nursing shortages, recommending the integration of Ukrainian refugee nurses and advocating for more inclusive policies. It underscores the importance of cultural sensitivity in promoting diversity and inclusion in healthcare settings. Additionally, it offers valuable insights for healthcare managers and HR professionals on recruiting, training, and retaining refugee nurses, emphasizing the need for supportive and adaptable approaches.

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