Recruitment of Ukrainian refugee-background nurses. Challenges for recruitment agencies during the refugee crisis in Poland – a qualitative descriptive study

Rekrutacja pielęgniarek-uchodźczyń z Ukrainy. Wyzwania stojące przed agencjami rekrutacyjnymi podczas kryzysu uchodźczego w Polsce: jakościowe badanie opisowe

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STRESZCZENIE

REKRUTACJA PIELĘGNIAREK-UCHODŹCZYŃ Z UKRAINY. WYZWANIA STOJĄCE PRZED AGENCJAMI REKRUTACYJNYMI PODCZAS KRYZYSU UCHODŹCZEGO W POLSCE: JAKOŚCIOWE BADANIE OPISOWE

Cel pracy. Celem pracy było zbadanie wyzwań stojących przed agencjami zatrudnienia podczas rekrutacji pielęgniarek-uchodźczyń z Ukrainy (UKR-N) w czasie kryzysu uchodźczego w Polsce po wybuchu wojny w lutym 2022 roku.

Materiał i metody. Dane zostały zebrane za pomocą częściowo ustrukturyzowanych, pogłębionych wywiadów przeprowadzonych w Polsce z dwoma przedstawicielami jednej agencji rekrutacyjnej w okresie od maja do lipca 2023 roku. Dwie uczestniczki, jedna pochodzenia polskiego i jedna pochodzenia ukraińskiego. Dane zostały przeanalizowane przy użyciu indukcyjnej analizy tematycznej. Do zarządzania danymi wykorzystano oprogramowanie ATLAS.ti 8.

Wyniki. Zidentyfikowano dwa tematy główne: 1. Czynniki biznesowe determinujące skuteczność międzynarodowej rekrutacji pielęgniarek i 2. Kwestie specyficzne dla rekrutacji pielęgniarek-uchodźczyń z Ukrainy. Dwa główne tematy zostały następnie podzielone na sześć podtematów.

Wnioski. Agencje rekrutacyjne mają obowiązek przyjąć kompleksowe podejście do rekrutacji tej grupy kandydatów. Ponadto niewłaściwa rekrutacja pielęgniarek ze środowisk uchodźczych przez agencje rekrutacyjne (RA), która może prowadzić do nadużyć i wykorzystywania, narusza podstawowe prawa człowieka i powinna być powszechnie potępiana i zdecydowanie odradzana.

Słowa kluczowe: zarządzanie zasobami ludzkimi, system ochrony zdrowia, rekrutacja międzynarodowa, agencja zatrudnienia, pielęgniarki-uchodźczynie z Ukrainy

ABSTRACT

RECRUITMENT OF UKRAINIAN REFUGEE-BACKGROUND NURSES. CHALLENGES FOR RECRUITMENT AGENCIES DURING THE REFUGEE CRISIS IN POLAND – A QUALITATIVE DESCRIPTIVE STUDY

Aim. The present paper aims to explore the challenges faced by employment agencies when recruiting Ukrainian refugee-background nurses (UKR-N) during the Ukrainian war refugee crisis in Poland, after the outbreak of war in February 2022.

Material and methods. Data were collected through semi-structured, in-depth interviews conducted in Poland with two representatives of one recruitment agency between May and July 2023. There were two female participants, one of Polish origin and one of Ukrainian origin. The data were analyzed using inductive thematic analysis. The ATLAS.ti 8 software was used for data management.

Results. Two themes were identified: 1. Business-as-usual factors determining the effectiveness of international nurse recruitment and 2. Issues specific to the recruitment of Ukrainian refugee nurses. These two themes were further subdivided into six subthemes.

Conclusions. Recruitment agencies have an obligation to adopt a comprehensive approach to the recruitment of this group of applicants. In addition, the inappropriate recruitment of refugee-background nurses by recruitment agencies (RAs), which may lead to abuse and exploitation, violates fundamental human rights, and should be universally condemned and strongly discouraged.

Key words: health care system, HR management, international recruitment, recruitment agency, Ukrainian refugee-background nurses

INTRODUCTION

The global nursing shortage, requiring an additional 6 million nurses, poses significant challenges for healthcare systems worldwide, including a 2.4 million shortfall in India and an impending 1 million shortfall in the US by 2025 [1].

Nursing shortage has driven research on international migration, exploring topics such as social and economic disparities, healthcare system effects, educational quality control, racial discrimination, and ethical recruitment implications [2-5].

The extent of the phenomenon, demographic characteristics, geographic distribution, global migration patterns by country of origin and destination, and push and pull factors are well documented [6], which has contributed to a significant increase in the number of migrant nurses in recent years. Data are systematically collected on the impact of migration on reducing nursing shortages in developed countries such as the USA, the UK [7], Ireland, the Gulf Cooperation Council (GCC) state [8], Norway [9], and Australia, which receive nurses from other high-income countries. In the context of health security, there is empirical evidence on the negative impact of the migration of nurses from middle- and low-income countries, such as the Philippines [10], India [11], and several African countries [12,13]. Migrant nurses often face challenges such as licensing barriers, communication difficulties, discrimination, and underutilization of their skills [9,14,15]. Additionally, migrant nurses may suffer from cultural shock, which manifests through various symptoms, including feelings of loneliness and isolation due to a lack of integration with the local community. They often experience sadness, low self-esteem, and shyness, especially when adjusting to new social norms and language barriers. Emotional distress, such as frustration and helplessness, is frequently reported as they navigate cultural misunderstandings and communication challenges. Cognitive symptoms, such as confusion over cultural codes and an idealization of their home culture, contribute to their stress. Physical symptoms, including sleep disturbances and health concerns, further reflect the strain of adapting to a foreign environment. [16].

International nursing migration is a major issue, with the global recruitment of nurses playing a significant role. This involves direct employer hiring and recruitment by international agencies, which has become popular in both the source and destination countries [2-3,17].

Recruitment agencies benefit the process by selecting applicants and providing efficiency, expertise, flexibility, and adaptability. Employers gain access to a wider talent pool and enjoy career development, international experience, higher salaries, autonomy, and a new lifestyle. Recruitment agencies use webinars to target newly qualified nurses and reduce advertising costs by attracting a large number of potential candidates globally [18]. The recruitment process via agencies may also pose risks such as charging fees after the position is filled.

A centralized database to track global nursing agency recruitment does not exist, leading to varying practices and reporting standards. Factors such as health crises, demographic shifts, and policy changes make the healthcare labour market unpredictable. Nurses are recruited through various channels, which complicates data tracking. Diverse regulations governing the recruitment of healthcare professionals affect data visibility and reporting. Confidentiality concerns and data protection agreements may hinder the publication of detailed recruitment numbers. Although global health workforce reports are published by the World Health Organization (WHO) and International Council of Nurses (ICN), they provide an overview rather than specific agency recruitment data.

Background

With one of the lowest employment rates of nurses per 1,000 inhabitants in the EU, and the trend of nurses leaving the profession, the shortage of nurses in Poland is a critical issue. The average age of Polish nurses has been steadily increasing, from 44.19 years in 2008 to approximately 50 years in 2014, which is an indication of the aging of the workforce [19]. Furthermore, the proportion of nurses aged over 65 years was nearly 4.5 times higher than that of the youngest age group (21-25 years) [20], pointing to the lack of generational replacement within the profession.

Poland has historically been a source country for nursing emigration, with low wages and low professional prestige as driving factors [21]. Despite the nursing shortage, only nurses from Ukraine and Belarus showed interest in working in Poland, representing a small percentage due to difficulties in recognizing qualifications resulting from differences in education systems and levels between EU countries, including Poland, and the former East Bloc [22]. As of the end of May 2022, 1,548 Ukrainians, both those who came to Poland before and after the outbreak of conflict in February 2022, had obtained a license to practice nursing in Poland according to unpublished data from the Supreme Chamber of Nurses and Midwives.

The COVID-19 pandemic has played a crucial role in recruiting Ukrainian nurses in Poland's healthcare system. The Ukrainian armed conflict in February 2022 greatly simplified the process for those with war refugee status (UKR-N) [23]. This change, along with the influx of Ukrainian refugees, has led to an increase in applicants for nursing positions. Employment agencies played a crucial role in hiring Ukrainian refugee-background medical staff. By the end of 2022, there were 8,791 agencies in Poland [24], but no data were collected on the number of agencies hiring healthcare jobs. Recruiting nurses, especially during refugee crises, continues to be a major challenge.

AIM

To examine the role of recruitment agencies and the challenges faced in recruiting Ukrainian refugee-background nurses during the refugee crisis in Poland.

◼ MATERIALS AND METHODS

Design

A descriptive research study was conducted between May and July 2023. The research team comprised experts in public health, nursing, and qualitative research methods. We used an inductive methodology to conduct digitally recorded, semi-structured interviews. The manuscript meets the standards for reporting qualitative research [25].

Eligibility

The study required a purposive selection of recruitment agencies, with inclusion criteria of operating as a recruitment agency for Ukrainian refugee-background nurses during the refugee crisis in Poland in 2022 and exclusion criteria of lacking experience in recruiting refugee-background nurses or refusal to participate.

Sample

Nine recruitment agencies offering services to Ukrainian refugee-background nurses in Poland were identified from the job offers found in Facebook discussion groups [26]. Email invitations were sent to the CEOs of the selected employment agencies whose email addresses were available on their websites. Three invitations were sent between June 1st and June 30th, 2023, at two-week intervals. Only one agency agreed to participate and two staff members responsible for recruiting refugee-background nurses in Ukraine were interviewed.

Data collection

In July 2023, the principal investigator (JG; Tab. 1) conducted two semi-structured interviews. One participant was of Polish origin, and the other was of Ukrainian origin, with both being fluent in Polish. The online interviews, conducted using the Zoom videoconference platform, were held at a mutually convenient time and lasted approximately 1 h and 30 minutes. This duration was deemed optimal for obtaining in-depth insights, while ensuring participant engagement and comfort. Both participants provided informed consent and the principal investigator (JG) explained the aims of the NAWA21 project in detail to establish trust. The interview questions and prompts were developed based on the literature on refugee-background nurses and were discussed by the NAWA 21 project research team (see Tab. 1).To encourage participants to go elaborate on their experiences, the interviews began with broad questions, followed by prompts such as „Can you elaborate on that?".

Data analysis

A machine-generated transcript was produced and cross-checked by two researchers who reviewed the transcript independently to minimize potential bias. This procedure enhances the accuracy and reliability of the data. A standard approach in qualitative research is to ensure the validity of the findings. The researchers utilized the ATLAS.ti 8 software to streamline transcript organization and handle qualitative data [27].

Inductive thematic analysis was chosen because of its data-driven nature, which allows the derivation of themes closely related to the data. The process comprised several steps: repeatedly reading through the transcripts, conducting preliminary coding and note taking, identifying interesting patterns and creating initial codes by colour coding the data, organising common codes into major and minor themes until no new themes emerged, classifying codes into themes and sub-themes and creating a thematic map, reviewing themes for consistency with the overall data set, and refining and consolidating themes and sub-themes [28].

The researchers grouped codes into broader categories, such as ‚communication, organizational, and administrative challenges' and ‚factors determining the effectiveness of the recruitment process,' under a potential theme called ‚mediation of the recruitment process'. Two researchers (JG and IC) conducted thematic analysis of all transcripts.

The researchers thoroughly examined the data to accurately capture the participants' experiences with themes and sub-themes. They reviewed the transcripts and renamed codes and conducted more interviews. The final themes and sub-themes were refined during the team briefing sessions. This study identified two main themes and six subthemes.

Rigour

To maintain rigour, we followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) [29]. Consistent debriefing sessions were arranged with the NAWA21 project group research team to discuss the organization of the data into primary emerging themes and sub-themes. Each one-hour debriefing session involved an iterative discussion of the findings until the team reached a consensus. The principal investigator (JG) maintained reflective journals to record and reflect on the research journey during the analysis process.

◼ Tab. 1. Interview prompts

1.	What are the most common barriers to the recruitment of Ukrainian refugee-background nurses?
2.	What communication problems do you typically encounter?
3.	What administrative difficulties do you often encounter?
4.	What steps have you taken to assess the differences in medical education systems between Poland and Ukraine, particularly in relation to the recognition of nursing qualifications?
5.	What measures do you take to ensure compliance with international and Polish law when recruiting and selecting candidates?
6.	What obstacles do you frequently encounter when trying to obtain permission for Ukrainian refugees to practice nursing in Poland?
7.	What factors do you think have the greatest impact on the effectiveness of the recruitment process for nurses and refugees from Ukraine?
8.	What measures do you take to facilitate the integration of Ukrainian refugee-background nurses into the Polish healthcare system?
9.	What strategies do you use to reduce the risk of hiring unsuitable candidates?
10.	What steps do you take to manage employers' expectations of Ukrainian refugee-background nurses?
11.	Do you provide support to Ukrainian refugee-background nurse candidates to obtain diploma recognition, and if so, to what extent?
12.	What measures do you plan to implement in order to increase the effectiveness of recruitment of nurses, especially Ukrainian refugee-background nurses, for employers in the Polish healthcare system?

Abbreviation: Ukrainian Refugee-background Nurses (UKR-N)

RESULTS

Our analysis of the interviews on the recruitment of UKR-N during the 2022 refugee crisis in Poland revealed two main themes and six sub-themes among the tasks performed by recruitment agencies.

Theme I: „Business as usual - factors influencing the effectiveness of recruiting international nurses

Sub-theme 1: Experience in the recruitment of nurses for employers in the healthcare sector

A crucial element influencing the success of international recruitment for nurses is the agency's experience and thorough understanding of the international medical job market, *which collaborates with diverse medical facilities including public and private hospitals, primary healthcare centers, dental clinics, and diagnostic laboratories. This diverse range of facilities highlights our commitment to provide comprehensive healthcare services since its inception.*

Effective collaboration with potential employers is crucial to ensure mutual satisfaction during recruitment. *Our current approach focuses on maintaining our existing client base, as our long-standing presence in the market has resulted in a stable pool of regular clients who regularly engage with and recommend our services to others. Consequently, we do not actively seek new employers to work with them.*

Sub-theme 2: Win-win: organising the recruitment process to meet the needs of stakeholders

Recruitment agencies that use diverse strategies to match candidates with employers are crucial for a successful recruitment process. By understanding the needs of both parties, these agencies can make successful decisions. RRAs focus on aligning candidates' skills with their employers' requirements. *When collaborating with new clients, we requested that they complete a comprehensive recruitment form. This form comprises a detailed account of the client's institution's specifics, enabling us to provide candidates with all necessary requirements, both related to their specialization and any additional requirements requested by the employer.*

Recruitment involves nurturing the employer-candidate relationship, and employment agencies play a crucial role in coordinating and facilitating communication between both parties. *We prioritize arranging meetings between the employer and candidate as a crucial step in the recruitment process. The process begins when the employer approves the candidate.* The employer's acceptance is crucial for a successful recruitment process, which should start with the employer accepting the candidate: „*We facilitate meetings between job candidates and employers, and it's essential for our employment agency that the candidate from Ukraine has basic communication skills in Polish. Our expertise lies in selecting and recruiting employees proficient in Polish".*

Personality traits are crucial in the international recruitment of nurses, as indicated by the RRAs. It is often difficult for employers and candidates to reach a final agreement: "*Due to personal reasons, sometimes the employer and employee are unable to work together, resulting in* contract termination. Although rare, these situations are a natural part of matching employees to their work environments".*

Theme II: Specific aspects of the recruitment of war refugee nurses from Ukraine

Sub-theme 3: Language barrier and different healthcare organisation in Poland and Ukraine

The RRAs mainly highlighted the ambiguity and lack of precision in the official guidelines provided by the Ministry of Health for the recruitment of UKR-N: „*The guidelines provided by the Ministry of Health (MH) for UKR-N are too general, which can lead to many ambiguities, especially given the language barrier".* RRA representatives pointed out that the official formal register used makes it even more difficult for applicants to understand Ministry of Health guidelines written in Polish, especially since they only speak colloquial Polish: „*Administrative Polish, which can be ambiguous, can sometimes pose a challenge even for Polish citizens, and even more so for foreigners who only use it at a conversational level or are just starting to learn it".* Therefore, the RRA emphasized that basic knowledge of the host country's language is one of the most important elements of effective UKR-N recruitment: „*The ability of a candidate from Ukraine to communicate in Polish, at least at a basic level, is essential for the recruitment agency we represent. This is a criterion that allows for an effective exchange of information and understanding between the two sides of the recruitment process".*

Another factor is the problem of recruiting medical staff in the Polish healthcare system due to training and healthcare system differences in Poland and Ukraine. This problem is of particular concern to refugees in the profession of feldsher: „*In Ukraine, a degree of a feldsher entitles you to work as a nurse in hospitals. However, in Poland, the situation is different: Ukrainian graduates cannot work as nurses. Their professional scope is limited to the role of paramedics, provided that they have at least three years of professional experience gained within the last five years. However, employment was not guaranteed. This requires a positive decision by the Ministry of Health. Many Ukrainian paramedics in Warsaw remain unemployed due to the lack of clear guidelines in this regard".*

Sub-theme 4: Communication problems with regulatory agencies

According to the RRAs, the excessive waiting time for the Ministry of Health (MH) to make a decision on whether or not a nurse can practise was one of the main factors hindering the recruitment of UKR-Ns in Poland: „*Due to the long waiting time for the Ministry of Health decision on permission to practice, many potential candidates decided to return to Ukraine, especially to regions where the war situation became more stable and rocket attacks were less frequent, prompting candidates to return to their home country".*

The problem of communicating with the MH staff responsible for carrying out the work permit process was another barrier identified by the RRAs: „*We've noticed that the number of MH staff responsible for processing*

applications has been decreasing rather than increasing. We have made numerous appeals to the MH and the Minister of Health. Together with other agencies and employers, we have taken steps to accelerate the process. The Ministry promised to increase the number of staff members in the Department of Medical Human Resources. Unfortunately, this promise was not kept". Considerable difficulties in communicating with the MH may have resulted from inefficient work organization: „*We currently have difficulties in establishing contact by telephone. People in the Ministry do not respond to emails or other messages sent. To get a reply, it is necessary to enclose the addresses of individual department heads when writing".* The Ministry's attempt to solve this problem was inconsistent. On the one hand, the increasing workload made it necessary to hire new staff; on the other hand, the new staff required time-consuming training, which temporarily slowed down the whole process: „*At the moment we have to hire new people, which, paradoxically, is slowing down the work because they need training on how to handle the applications. This adds to bureaucracy. The people who work in the Ministry of Health are very efficient counsellors, able to handle many cases, but over time their productivity has decreased due to the increasing workload".*

Furthermore, the RRAs highlighted that the way the Ministry of Health provided information to the URK-N did not change significantly over time: „*The changes to the Ministry of Health's website were largely cosmetic. The only significant change intended to make the site easier to navigate was the introduction of eye-catching graphic elements. For example, the question „Do you want to work in Poland?" with the option of clicking to read more often. Otherwise, no usability improvements were observed on the Ministry of Health website".*

Sub-theme 5: Refugee-background nurses' expectations of working conditions in the Polish healthcare system

The RRAs emphasized that knowing applicants' expectations of employment is a prerequisite for effective recruitment: „*Salary and location are two key criteria that candidates often emphasize when looking for a job. Adequate remuneration is essential to enable workers to support their families, especially because the majority are single women with children. On the other hand, location is often more important than initially thought. It even outweighs the specifics of the job itself".*

At the same time, the RRAs emphasized that for the vast majority of applicants, work in their field of specialization is not a prerequisite for employment: „*They wouldn't even dream of a job in the exact field of their work experience. They are very grateful candidates who, when they find a suitable job that actually pays enough to live on, do not expect anything more from us".* Moreover, „*our experience is that candidates seldom ask for help beyond our responsibilities, e.g. help to find a university or advice on how to get their qualifications recognised".* For employers and recruitment agencies seeking to effectively meet the needs of the labor market while ensuring satisfactory

employment conditions for their staff, it is vital to acknowledge these preferences.

Regarding the integration of the UKR-N, social and emotional support are important aspects to consider. Candidates take this into account when interviewed; *often, the most important thing for Ukrainian medical staff is the presence of a Ukrainian doctor or a Ukrainian nurse in the hospital or in some other healthcare facility that can provide them with more support, including moral support. They pointed out this in the interviews. The presence of compatriots often contributes to their training and adaptation".*

Sub-theme 6: Potential hurdles in the recruitment agency sector for Ukrainian Refugee-background Nurses

The RRAs highlighted the high expectations of potential employers in recruiting UKR-N, given the large number of potential candidates: „*The outbreak of the armed conflict in Ukraine has further increased the influx of refugees, which has affected the labour market. Early in both the COVID-19 pandemic and the conflict, employers were optimistic about recruiting Ukrainian nurses".* In this regard, the RRAs noted that there were two significant changes in many employment agencies in Poland after the outbreak of the full-scale war in Ukraine on February 22. First, there has been a surge in the number of new recruitment agencies hiring medical staff from Ukraine: „*There has been a sharp increase in the number of recruitment agencies following the outbreak of armed conflict in Ukraine. Many of them, previously specialising in general or mass recruitment for manufacturing positions, have expanded their activities into other sectors, including the medical sector".* In addition, the RRAs highlighted the fact that many of the existing agencies, which were previously recruited for unskilled positions, had also started recruiting for healthcare; *however, there have been numerous difficulties in this process, as it is a complicated task to recruit according to all the procedures, whether at the stage of obtaining ministerial approval to practise a medical profession or at the nursing and medical self-governing bodies. A number of companies, lacking sufficient knowledge and experience in this field, decided to perform this task".*

As a result, with procedural problems piling up and being resolved incompetently by incompetent employment agencies, the enthusiasm of the employers was short-lived: „*At the moment, this initial optimism has, unfortunately, clearly faded away".* Employers have been disappointed not only by the amount of time for the decision on granting permission to practise nursing from the Ministry of Health, but also by the lack of support in dealing with procedural problems caused by incompetent employment agencies: „*Examples include difficulties after submitting documents, such as the need to correct applications, or situations where applications are not processed at all, such as when potential candidates do not meet certain legal requirements".* Concerns about medical outsourcing regulations are an important issue raised in discussions on the role of employment agencies in the employment of UKR-N. RRAs point to the complexity of the situation. There are also significant concerns about the over-commercialisation of

the medical profession: „*A large number of companies are now being set up to engage in the outsourcing of medical services*". There are also questions about employer liability for the actions of employees and the impact of medical outsourcing on the quality of patient care: „*Employers are often unaware that although they outsource, they are still responsible for what that person does on their premises*". RRAs also highlighted the risk of treating medical staff like production workers, leading to lower standards of care and increased patient risk: „*There are even companies that are starting to treat medical staff as if they were production workers*".

The RRAs stressed that in the early days they provided many services to refugees free of charge: „*They are often already so frustrated trying to fill in applications and feeling powerless that they just turn to people who can help them. Knowing the difficulties they face, we did it all pro bono*".

The situations described illustrate the complex challenges faced by recruitment agencies during the refugee crisis despite Poland's fast-track legislation: „*The aim of this law was to help candidates adapt quickly and avoid long periods of unemployment, which is particularly important for people in the refugee crisis. And it didn't*".

◼ DISCUSSION

There are few publications on refugee recruitment in the health sector worldwide [30-32]. Despite their contributions, these publications do not consider the international recruitment of nurses by RRAs during the ongoing refugee crisis. They mainly focus on people with refugee status, who have lived in host countries for years.

This study presents novel findings by analyzing interviews with Polish RRAs that directly recruited Ukrainian refugee-background nurses during the 2022 crisis. These findings provide important insights into the challenges of recruiting refugee-background nurses during the ongoing and escalating refugee crises worldwide.

Our thematic analysis of the interview discussions revealed two key themes: factors that contribute to the effectiveness of nurse recruitment in the international job market and the challenges faced in recruiting UKR-N during the ongoing refugee crisis in Poland since 2022.

Recruiting nurses and organizing the recruitment process to meet the needs of all parties involved are two key factors identified by RRAs as critical to the success of nurse recruitment in the international labour market [33,34]. This study highlights the extensive experience of Recruitment and Referral Agencies (RRAs) in hiring nursing staff from Ukraine, which enables them to possess a thorough understanding of the host country's legislation and the training system of health professionals in the source countries. This knowledge facilitates the seamless recognition of qualifications and obtaining a nursing license in Poland and helps RRAs offer a variety of job opportunities for candidates from different employers. In addition, the recruitment process needs to be organized in a way that benefits all parties involved. It is worth noting that the principles of successful recruitment are universal and can be applied to both domestic and international nurses as well as refugee-background nurses. These practices align with the WHO Global Code of Practice on the International Recruitment of Health Personnel [17,35,36], Poland lacks a national document defining ethical international recruitment principles for nurses, unlike the UK's 1999 guidelines.

Given that the RRAs have identified the factors affecting international recruitment effectiveness, we focused on analyzing the challenges faced by recruitment agencies during the refugee crisis, as per our study's aim. Consequently, we chose to evaluate the specific aspects of the RA's recruitment of the UKR-N amidst the exceptional surge of refugees in Poland due to the conflict between Ukraine and Russia in February 2022.

The recruitment process for refugee-background nurses, including war refugees from Ukraine who arrive in Poland, is crucial for employment agencies to understand their life experiences and challenges. This helps to screen candidates and match them with employer expectations and job positions. It is essential to consider that recruitment took place during the refugee crisis in Poland, and that the UKR-Ns arrived only months before [26, 37].

According to previous research, MNs tend to be highly motivated, dynamic, entrepreneurial, willing to change, and socially competent. In contrast, UKR-Ns are individuals with trauma and PTSD symptoms, often in need of psychological support [38-39]. To adequately assess refugee-background nurses, RRAs must adopt a customized approach, considering their specific needs. It is crucial for employers to be aware of these requirements. Additionally, due to legislative restrictions and their recent arrival in Poland, UKR-Ns may not be able to work independently for extended periods, which should be taken into account during recruitment [26]. Migrant nurses often improve their language skills and job performance by learning Polish before leaving their home countries. However, UKR-N nurses were suddenly required to move to Poland without proficiency in the language. Polish language proficiency testing for this group is crucial in the current context. Several countries, including Poland, require migrant and refugee nurses to pass a state language exam. However, UKR-N nurses were allowed to practice without passing the exam, and it was up to the employer to verify their language skills. This approach presents both opportunities and risks to employers. During the interviews, RRAs emphasized that only UKR-N with good Polish language skills was considered for recruitment.

Polish universities require migrant and refugee-background nurses, including those from Belarus, to have their diplomas and professional certificates recognized by passing a series of exams on theoretical and practical skills, which can be a complex and lengthy process due to EU regulations. This is done to protect the national labor market and ensure the health security of the country. However, during the COVID-19 pandemic and conflict in Ukraine in February 2022, Poland introduced simplified procedures for non-EU individuals to enter the nursing profession. As a result, the Polish Law of March 12, 2022, on Assistance to Ukrainian Citizens made it easier for UKR-N in Poland to access employment in the Polish healthcare system.

Poland implemented legal measures promptly but encountered difficulties in expediting the recruitment of UKR-N in its healthcare system. The process was delayed by a year due to a surge in applications and inadequate administrative support from the Ministry of Health [27].

Employment agencies sometimes exploit jobseekers, particularly migrant nurses, by charging high fees and requiring payment even after finding employment. They also limit their cooperation with employers and offer unfavourable contracts. Although prior research suggests no bias against refugee-background nurses by Recruitment Agencies (RAs), recent developments in Poland, such as the emergence of new RAs, rapid changes in sector by RAs, mass recruitment of medical staff by RAs without experience in this field, and increased vigilance in the recruitment process of Ukrainian nurses (UKR-Ns) during the ongoing refugee crisis in Poland. The Recruitment Research Agencies (RRAs) have identified the first signs of malpractice in the country.

Limitations

The study's limited focus on one recruitment agency restricts its applicability to other agencies facing challenges during the Ukrainian conflict in Poland. Moreover, the researcher's perspective and potential bias may have influenced the results. Therefore, interpreting the findings requires caution and critical thinking given the study's narrow scope and relevance to a wider context.

CONCLUSIONS

Adopting a comprehensive approach by recruitment agencies to hire refugee background nurses is crucial. This involves providing professional support, such as obtaining a nursing license and finding a workplace, as well as addressing broader challenges, such as language barriers, skills development, and psychosocial support. Any inappropriate recruitment practices that lead to abuse and exploitation must be condemned and discouraged as they violate fundamental human rights.

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