DOI: 10.2478/pielxxiw-2018-0009

The impact of migration on polish nurses – pilot study

Wpływ migracji na polskie pielęgniarki – badania wstępne

Anna Majda[1], Joanna Zalewska-Puchała[1], Kinga Cholewa[2], Iwona Bodys-Cupak[1], Alicja Kamińska[1]

[1] Wydział Nauk o Zdrowiu UJ CM, Kraków
[2] Department of Medicine, Imperial College London, London

CORRESPONDING AUTHOR:
Anna Majda
Wydział Nauk o Zdrowiu UJ CM, Kraków
ul. Michałowskiego 12, 31-126 Kraków
e-mail: anna.majda@uj.edu.pl

STRESZCZENIE

WPŁYW MIGRACJI NA POLSKIE PIELĘGNIARKI – BADANIA WSTĘPNE

Wstęp. Migracja zawodowa pielęgniarek jest zjawiskiem globalnym. Polskie pielęgniarki migrują najczęściej do relatywnie zamożniejszych krajów, zwłaszcza Europy, za sprawą otwarcia granic Unii Europejskiej (2004 rok) i unormowań prawnych w zakresie kształcenia pielęgniarek (Dyrektywa 2005/36/WE).

Cel pracy. Analiza objawów i determinantów stresu akulturacyjnego oraz strategii akulturacyjnych wśród polskich pielęgniarek migrujących za pracą do Wielkiej Brytanii (GB).

Materiał i metody. W badaniach wykorzystano kwestionariusz własnej konstrukcji oraz narzędzie wystandaryzowane The East Asian Acculturation Measure (EAAM) - Skala Strategii Akulturacyjnych. Badania przeprowadzono drogą Internetową wśród 62 osób. Analizę statystyczną wykonano za pomocą testu t-Studenta, analizy wariancji ANOVA, testu Manna-Whitney'a, testu Kruskala-Wallisa, testu HSD Tukeya, Dunna.

Wyniki. Głównym powodem migracji badanych do GB była chęć poprawy sytuacji materialnej i rozwoju zawodowego. Badani znajdowali zatrudnienie jako pielęgniarki/pielęgniarze, w tym koordynujące i oddziałowe, w szpitalach i Domach Pomocy Społecznej. Stres akulturacyjny objawiał się najczęściej w funkcjonowaniu społecznym, następnie emocjonalnym, poznawczym i fizycznym. Charakteryzował się poczuciem braku zainteresowania ze strony Brytyjczyków, smutkiem, uczuciem osamotnienia i niższej wartości oraz nieśmiałością. Determinowany był istotnie przez wiek badanych, długość pobytu w GB, znajomość języka angielskiego i utrzymywanie kontaktów towarzyskich z Brytyjczykami. Najczęściej wykorzystywaną strategią akulturacyjną przez badanych była integracja, warunkowana długością pobytu w GB i objawami stresu akulturacyjnego.

Wnioski. Praca w obcym kraju wiąże się ze stresem akulturacyjnym, przyjmowaniem strategii akulturacyjnych adaptacyjnych, ale także nieadaptacyjnych.

Słowa kluczowe: szok kulturowy, strategie akulturacyjne, pielęgniarki, migracja

ABSTRACT

THE IMPACT OF MIGRATION ON POLISH NURSES – PILOT STUDY

Introduction. Migration of professional nurses is a global phenomenon. Polish nurses usually migrate to the relatively richer countries, especially in Europe, thanks to the opening of the borders of the European Union (2004) and legal regulations in the field of education of nurses (Directive 2005/36/EC).

Aim. The analysis of symptoms and determinants of acculturative stress and acculturative strategies among Polish migrant nurses working in the UK.

Material and methods. The study used a proprietary questionnaire and standardized tool the East Asian Acculturation Measure - Scale of Acculturative Strategy. The research was carried out through Internet among 62 people. Statistical analysis was performed using Mann-Whitney test, Kruskal-Wallis test, Dunn test, coefficient Spearman.

Results. The main reason for the migration of respondents to the UK was the desire to improve financial situation and professional development. Responders found job as a nurse, including a charge nurse and managers in hospitals and nursing homes. Acculturative stress manifested most often in social functioning, then in the emotional, cognitive and physical aspects. It was characterized by a sense of lack of interest from British people, sadness, feelings of loneliness, lower self-confidence and shyness. It was determined significantly by the age of the respondents, the length of stay in the UK, knowledge of English and maintaining social contacts with the British. The most commonly used acculturation strategy was integration, conditioned by the length of stay in the UK and symptoms of acculturative stress.

Conclusions. Working in a foreign country is associated with acculturative stress, implementation of acculturation adaptive and non-adaptive strategies.

Key words: cultural shock, acculturation, strategy, nurses, migration

INTRODUCTION

The International Organization for Migration (IOM) defines migration as „the movement of a person or group of persons from one geographical unit to another across an administrative or political border, wishing to settle permanently or temporarily in a place other than their place of origin" (p. 8) [1]. The migration of nurses is a global phenomenon, which has a long tradition. Historically, nurses frequently migrated to large industrial centres where there were more employment opportunities. The trends and impact of migration that we see today have such evolved that, currently, migration has a new dimension associated with the opening of borders, liberalisation of markets, and the global exchange of goods and services. Demographic and socio-cultural factors have considerable influence on the global demand for qualified nurses. In the developed countries, populations are ageing rapidly, the family model has changed (from extended family to nuclear family), family ties are loosening, so there is more demand for care by qualified nurses [2]. Reports in some parts of the United States and the United Kingdom show that as many as 60-70% of people employed as nurses are immigrants [3].

In Poland, medical staff have always migrated, however, factors such as political transformation, the Polish accession to the European Union (EU) in 2004, and the automatic recognition of nursing qualifications by the EU Member States (Directive 2005/36 / EC) have created new professional and personal opportunities for nurses, what has led to an intensification of the process of migration. Moreover, the differences between the salaries of medical staff in Poland and salaries in other EU countries have become so significant that they are an impulse for migration [4-5]. Polish and foreign companies searching in Poland for medical professionals to work abroad have also contributed to the increased migration [6]. Although the scale of migration of medical staff from Poland is currently visible, this phenomenon is not widely recognised.

According to the President of the Supreme Council of Nurses and Midwives, in 2004, an average of 1,500 nurses went abroad from Poland, in 2016 - 800 emigrated, and in 2017 – 630. The most frequent destinations are: Germany, Belgium, Great Britain, Italy, Austria, Scandinavia, Switzerland [7]. Between October 2016 and September 2017 the number of Polish nurses willing to work in the UK, according to the British Chamber of Nurses and Midwives in connection with Brexit, fell from 305 to 34 [8].

The main consequence of migration is acculturation - adaptation to the new conditions by a person changing his/her existing circle of acculturation. According to M. Winkelman, acculturation is accompanied by stress embracing physical, cognitive, psychological, and social aspects of human functioning. In the acute phase, it may take the form of culture shock. In the prevailing literature, the concept of culture shock often occurs interchangeably with acculturative stress. Acculturative stress is a consequence of the difficulties experienced during contact with a different culture. The essence of acculturative stress is an experience of intense, mostly negative emotions - self-doubt, anger, frustration, fear, resulting in disappointment, nervousness, and tiredness. It can lead to misunderstandings and conflicts, personality transformations [9-11], and it may influence motivation and effectiveness at work [12]. Culture shock is the effect of so-called cultural myopia which is associated with lack of any experience and unresolved acculturation problems and is considered to be one of the major barriers to adaptation which medical staff face in the country of emigration [13].

The study into adaptation of immigrants to their new environment was carried out in several theoretical research projects in the field of migration [14]. J. Berry is the author of the classical model of acculturative attitudes wherein he distinguishes a strategy of integration, assimilation, separation, and marginalization, however, it needs to be considered that these strategies belong to a theoretical scheme and the first two of them are adaptive strategies. The reality is much more complex, and people might use mixed strategies or something in between. In addition, the process of acculturation is dynamic and is influenced not only by immigrants but also by the host community [15].

AIM

The analysis of symptoms and determinants of acculturative stress and acculturative strategies among Polish migrant nurses working in the UK.

MATERIALS AND METHODS

The research used the snowball sampling method - non-random selection of the sample consisting in the recruitment of participants by other participants [16]. This method was used because it was difficult to locate participants for the study.

Measures

Two research tools were used. Proprietary questionnaire was used which consisted of 30 questions regarding symptoms of acculturative stress and socio-demographic variables. The East Asian Acculturation Measure (EAAM) tool by D.T. Barry was used. It contained 29 items which measured the four strategies of acculturation: assimilation (No.: 1, 5, 9, 13, 17, 21, 24, 27); separation (No.: 2, 6, 10, 14, 18, 22, 25); integration (No.: 3, 7, 11, 15, 19); marginalisation (No.: 4, 8, 12, 16, 20, 23, 26, 28, 29). The answers were assessed on a 7-point Likert scale. The scale was developed to better understand the acculturation strategies among immigrants from the Far East living in the United States. Reliability was calculated using Cronbach's alpha, which led to coefficients of 0.77, 0.76, 0.74 and 0.85 for assimilation, separation, integration and marginalisation scales, respectively [17]. The study used a modified version of EAAM (nationalities changed to Polish and British).

Organization and course of research

Both research tools were published on the website www.moje-ankiety.pl. Subjects were sought on social websites and online forums, but the most effective method proved to be sending a link to colleagues working in the UK with a request to fill in the questionnaire. Respondents were advised on the purpose of the research, assured of the guarantee of anonymity and informed how the results will be used. Seventy-five people completed the survey, however, 62 questionnaires were qualified for the analysis. The study was conducted between 2015 and 2016.

Ethical considerations

The surveys were anonymous and carried out in accordance with the requirements of the Declaration of Helsinki [18].

Statistical analysis

The comparison of quantitative variables was performed using the Mann-Whitney or Kruskal-Wallis test (lack of normal distribution). When the comparison showed significant differences, analysis was performed post hoc with the Tukey HSD test (normal distribution) or Dunn test (lack of normal distribution). The correlation between the two quantitative variables was analysed with the use of the Pearson coefficient (normal distribution) or Spearman (when at least one of them did not have a normal distribution). The level of significance was set at $p < 0.05$.

RESULTS

Most of the respondents were female (91.9%). The subjects ranged in age from 24 to 47 years (average age 33.9 years). All respondents completed professional training in Poland and most of them had the undergraduate diploma (41.9%) and master's (40.3%), followed by those who completed high school (9.7%) and post-secondary education (8.1%). Around 35.5% of respondents spent from 3 to 12 months in the UK, more than 5 years - 27.4%, from 6 to 10 years - 25.8% and from 11 to 15 years - 11.3%. Before making a final decision about emigration, the majority of respondents (59.7%) travelled abroad, 64.9% of them to the UK. The purposes of the earlier travels or stays in the UK were the following: finances (43.2%), tourism (32.4%), visiting family (24.3%), visiting friends (21.6%). None of the respondents had studied or had been on a scholarship in the UK. The reasons for their current stay in the UK were as follow: to improve the financial situation (72.6%), desire for professional development (43.6%), inability to find a job in Poland and problems at work (each 4.8%), the remaining responses (19.4%) included: family reunion, the desire to be closer to a partner, reluctance to live in Poland, personal problems, the need for change, and the need to repay the mortgage. The following factors were crucial in choosing the UK as the country of emigration: knowledge of English language (51.6%), easy registration in the Nursing and Midwifery Council (NMC) (8.1%), having a family/friends in the UK (37.1%), availability of jobs (29.0%), a chance (16,1%), other (11.3%), e.g. the partner's decision, curiosity, previous experience, higher salary, multiple job offers. About 1/3 of respondents (35.5%) knew the British culture before emigrating. To learn about British culture, respondents looked for information on the Internet (56.5%), followed by reading books (22.6%), watching movies (21%), attending lectures on the culture and history of the UK and participating in the workshops on intercultural communication (by 4.8%). The respondents had worked in the medical field for a range of fewer than 6 months (17.7%), 6-12 months (21%), 1-5 years (24.2%), and over 5 years (37.1%). At the time of the survey, most respondents worked in hospitals (50%) in surgical wards, orthopaedics, neurosurgery, anaesthesiology and intensive care, theatres, pre-assessment, short-stay geriatric wards, pre- and post--surgical, diagnostic wards, mental health, short-stay surgery, pulmonology, dialysis, cardiology, and gastroenterology. After hospitals there were nursing homes (40.3%), GP practices and in the patient's home (each 4.8%). The majority of respondents (80.7%) worked as nurses (charge nurse, agency nurse, advanced nurse practitioner, nurse prescriber), and carers in a nursing home (including senior carer and deputy manager) (9.7%), carer-live in (1.6%), and nursing assistant (8.1%). As many as 83.9% of respondents had friends among the British people, while 43.6% of the respondents had close relations with the British. However, the respondents mostly socialized with other Polish people (72.6%), then with the British (63.0%), and finally with people of other nationalities (43.6%) being Germans, Filipinos, Romanians, Brazilians, Lithuanians, Kurds, Egyptians, Vietnamese, Africans, Italians, Portuguese, Hungarians, Albanians, Asians, Indians, Spaniards, Bulgarians, Jamaicans, and Pakistanis.

The study attempted to determine the level of acculturation stress experienced by subjects one month, 6 months, and one year after arrival to the UK. The acculturative stress level was defined as the number of negative adjectives marked in the given scale. The average level of acculturative stress after one month was 4.0 (SD = 3.2) and ranged from 0 to 14. The median (M) was 3, so half of the respondents indicated 3 or fewer adjectives. The first and third quartile (Q1, Q3) were respectively 2 and 5, (a typical number of adjectives is selected from 2 to 5). The average level of acculturative stress after 6 months was 2.8 (SD = 3.25) and ranged from 0 to 13 (M 1, 0 Q1, Q3 5). The average level of stress after 12 months was 2.4 (SD = 2.7) and ranged from 0 to 9 (M 1, 0 Q1, Q3 3.3).

The analysis based on the number of selection of acculturation stress symptoms and selected variables showed that:

- age of the respondents and their length of stay in the UK had a significant impact on the number of selections only after 6 months of stay in the UK ($p < 0.05$) - the older the respondent and the longer he or she stayed, the lower the level of stress (Tab. 1.);
- English language skills and maintaining social contacts with the British had a significant impact on the number of selections only after 12 months in the UK ($p < 0.05$) - people who knew the language very well or at an advanced level and maintained social contacts with British people had lower levels of stress (Tab. 2., 3.).

Tab. 1. Correlation of age and length of stay in UK with perceived signs of acculturation stress.

Symptoms of acculturation stress	Correlation with age			
	Spearman's correlation coefficient	p	Direction of dependence	The power of dependence
After 1 month	-0.264	0.099	---	---
After 6 months	-0.395	0.012	negative	poor
After 12 months	-0.07	0.666	---	---
Symptoms of acculturation stress	**Correlation with the length of stay in UK**			
	Spearman's correlation coefficient	**p**	**Direction of dependence**	**The power of dependence**
After 1 month	-0.262	0.102	---	---
After 6 months	-0.546	<0.001	negative	average
After 12 months	-0.239	0.138	---	---

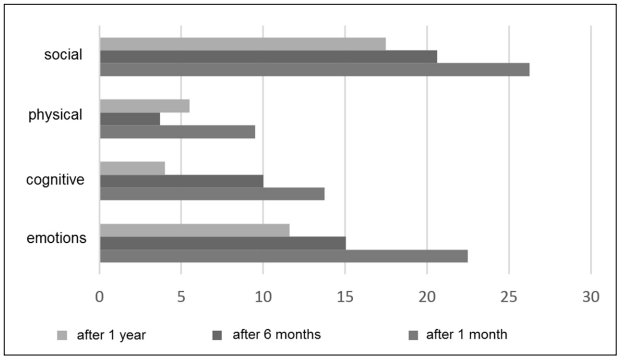

Fig 1. Acculturation stress - respondents' aspects of functioning.

Tab. 2. Correlation of English proficiency with the symptoms of acculturation stress.

Symptoms of acculturation stress	Language knowledge	N	M	SD	Me	Min	Max	Q1	Q3	p*
After 1 month	basic	11	3.36	2.42	3	0	8	1.5	5	0.467
	good	17	3.71	3.24	3	0	13	2	5	
	very good/advanced	12	4.92	3.75	4.5	0	14	2.75	6	
After 6 months	basic	11	1.82	2.56	1	0	8	0	2	0.62
	good	17	3.24	3.25	3	0	10	0	5	
	very good/advanced	12	2.92	3.85	1.5	0	13	0	4	
After 12 months	basic	11	2.45	2.34	2	0	7	1	3.5	0.034
	good	17	3.47	3.24	3	0	9	1	5	
	very good/advanced	12	0.75	0.75	1	0	2	0	1	G>VG

*Kruskal-Wallis test + post-hoc analysis (Dunn's test)

Tab. 3. Correlation of maintained social contacts with the British by respondents with perceived symptoms of acculturation stress.

Symptoms of acculturation stress	Social contacts with the British	N	M	SD	Me	Min	Max	Q1	Q3	p*
After 1 month	Yes	29	3.83	3.45	3	0	14	1	5	0.292
	No	11	4.36	2.46	4	0	8	3	5.5	
After 6 months	Yes	29	2.62	3.27	1	0	13	0	4	0.709
	No	11	3.09	3.33	2	0	8	0	6	
After 12 months	Yes	29	1.62	2.04	1	0	9	0	2	0.009
	No	11	4.36	3.23	4	0	9	1.5	6.5	

*Mann-Whitney test

The symptoms of acculturation stress were described by respondents generally in the social aspect, then emotional, cognitive, and physical ones (Fig. 1.).

Tab. 4. shows in detail how respondents experience acculturative stress symptoms. Sadness, shyness, feeling of exclusion, feeling that the British express superiority over the Polish, dominated in emotional aspects which had decreased over time. The feeling of loneliness, helplessness, frustration was reduced after 6 months and then increased after 1 year. Anger and low self-confidence increased after 6 months and was reduced after 1 year. In the cognitive aspect, a sense of incomprehension of culture codes and idealisation of their own culture decreased over time. In the social aspect, such dimensions as interpreting, evaluating the behaviour of British people through the prism of their own values and norms, a sense of lack of interest from the British gradually decreased among respondents. The desire to return home increased after 6 months and decreased after 1 year. However, homesickness, longing for family/friends grew steadily. In the physical aspect, heart and stomach problems and a feeling of being overwhelmed reduced with the passage of time abroad. In contrast, concerns about health, infections, insomnia, substance abuse decreased after 6 months and then increased after 1 year. Depression remained on the same level.

Integration and separation were the most commonly used acculturative strategies by respondents. Assimilation and marginalisation were the least frequently used (Tab. 5., Fig. 2.).

Tab. 4. The experience of selected acculturation stress symptoms by respondents during their stay in the United Kingdom.

Selected acculturative stress symptoms	> 1 mth %	>6 mths %	>1 year %
Sadness	42.5	25	22.5
Loneliness	32.5	20	22.5
Anger	10	20	7.5
Shyness	32.5	12.5	7.5
Helplessness, frustration	12.5	0.5	10
Feeling of being excluded	30	17.5	12.5
Low self-confidence	7.5	15	0.5
Feeling that GB people show superiority over PL	12.5	10	10
Feeling of incomprehension of culture codes	15	7.5	7.5
Idealisation of own culture	12.5	12.5	0.5
Concerns about own health	12.5	10	22.5
Insomnia	15	7.5	10
Being overwhelmed by problems even minor ones	17.5	0.5	0.25
Substance abuse	7.5	0	0.25
Depression	0.5	0.5	0.5
Heart problems	0.5	0.5	0.25
Stomach problems	15	10	0.25
More frequent infections	7.5	0.5	10
Desire to return to Poland	17.5	22.5	15
Overwhelming homesickness/longing for friends/family	27.5	27.5	30
Interpreting, evaluating the behaviour of GB people through the prism of their own values and norms	22.5	17.5	10
A sense of lack of interest from the British	37.5	15	15

*Data analysed only from respondents (n=40) who have lived in the UK for more than 1 year

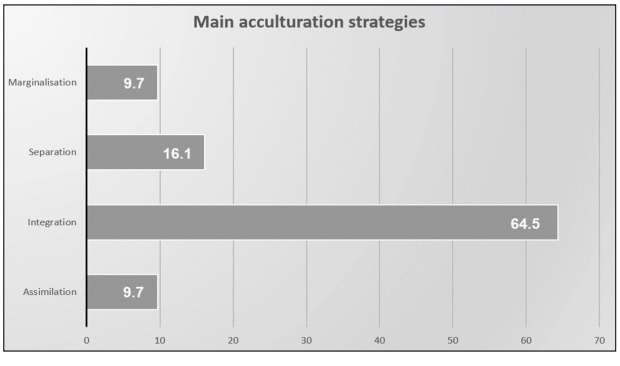

Fig 2. Percentage of respondents adapting acculturative strategies.

Tab. 5. Acculturative Strategies Scale among respondents during their stay in the UK, based on the East Asian Acculturation Measure (EAAM) by D. T. Barry.

	Acculturative Strategies Scale Items	M	SD
Scale 1: **Assimilation**			
1.	I write better in English than in Polish	2.63	1.84
5.	When I am in my apartment/house, I typically speak English	2.74	2.14
9.	If I were asked to write poetry, I would prefer to write it in English	2.42	1.73
13.	I get along better with the British than the Polish	3.42	2.16
17.	I feel that the British understand me better than the Polish do	3.27	2.02
21.	I find it easier to communicate my feelings to the British than to the Polish	2.95	1.87
24.	I feel more comfortable socializing with the British than I do with the Polish	3.31	1.88
27.	Most of my friends at work/school are British	4.42	2.29
Scale 2: **Separation**			
2.	Most of the music I listen to is Polish	2.68	2.10
6.	My closest friends are Polish	4.56	2.26
10.	I prefer going to social gatherings where most of the people are Polish	3.02	2.01
14.	I feel that the Polish treat me as an equal more than the British do	3.19	1.93
18.	I would prefer to go out on a date with Polish person than with British	3.73	2.25
22.	I feel more relaxed when I`m with Polish person than when I`m with British	3.37	2.13
25.	Polish people should not date non-Polish	1.50	1.21
Scale 3: **Integration**			
3.	I tell jokes both in English and in Polish language	4.18	1.94
7.	I think as well in English as I do in Polish language	4.08	2.23
11.	I have both British and Polish friends	4.15	2.31
15.	I feel that both Polish and British value me	4.82	2.01
19.	I feel very comfortably around both the British and the Polish	4.71	2.05
Scale 4: **Marginalisation**			
4.	Generally, I find it difficult to socialize with anybody, British or Polish	2.21	1.65
8.	I sometimes feel that neither the British nor the Polish like me	2.47	1.86
12.	There are times when I think no one understands me	3.21	2.27
16.	I sometimes find it hard to communicate with people	2.45	1.84
20.	I sometimes find it hard to make friends	2.94	2.01
23.	Sometimes I feel that the Polish and the British do not accept me	2.44	1.72
26.	Sometimes I find it hard to trust both the British and the Polish	3.06	2.10
28.	I find that the Polish and the British often have difficulty understanding me	2.71	1.81
29.	I find that I do not feel comfortably when I am with other people	2.31	1.78

*SD – standard deviation, M – average

The analysis of the relationship between acculturative strategies and selected variables showed that:

- length of stay in the UK significantly influenced the use of the strategies of separation and integration ($p < 0.05$) - the longer respondents stayed the less frequently the strategy of separation was used and the more often the integration strategy was used (Tab. 6.);
- symptoms of acculturative stress after one month in the UK significantly influenced the use of the strategies of integration and marginalisation ($p < 0.05$) - the greater the stress after one month, the less the integration strategy was used and the more often the marginalization was used (Tab. 7.);
- symptoms of acculturation stress after 6 and 12 months significantly affected the use of the integration strategy ($p < 0.05$) - the greater the stress after 6 and 12 months, the less often the integration strategy was used (Tab. 7.).

Tab. 6. Correlation between the length of stay in the UK and acculturation strategies.

Acculturation strategies	Correlation with the length of stay in UK			
	Spearman's correlation coefficient	p	Direction of dependence	The power of dependence
Assimilation	0.199	0.218	---	---
Isolation	-0.326	0.04	negative	poor
Integration	0.471	0.002	positive	poor
Marginalization	-0.24	0.136	---	---

Tab. 7. Correlation between stress symptoms of subjects and acculturation strategies.

Acculturation strategies	Symptoms of acculturation stress					
	After 1 month		After 6 months		After 12 months	
	Spearman's correlation coefficient	p	Spearman's correlation coefficient	p	Spearman's correlation coefficient	p
Assimilation	-0.036	0.825	-0.159	0.327	-0.297	0.062
Isolation	0.186	0.250	0.165	0.309	0.213	0.188
Integration	-0.518	0.001	-0.390	0.013	-0.482	0.002
Marginalization	0.364	0.021	0.128	0.431	0.035	0.832

DISCUSSION

Although acculturation is a commonly researched subject, few researchers used the EAAM tool created by Declan Barry and published the results of its use [19-21]. The Polish research addresses the issues regarding determinants of acculturative strategies in the context of the migrants in the community in the emigration country [9-11, 14, 22-23]. There are some theoretical studies on the subject [15] in medical literature, however, little research in this area relates to foreigners - medical students in Poland or participants of exchange programs for international students [Acculturative Stress Scale for International Students (ASSIS) was used to test acculturation stress] [24].

Limited career opportunities or worse working conditions were among the reasons of Polish medical professionals wanting to emigrate, but low salary was a primary reason [4], as confirmed by presented research. Therefore, it seems that an effective way to stop the migration of Polish nurses would be salary increases.

Professional mobility may be affected by cultural differences and similarities. The European Union countries are convenient migration destinations for Polish nurses because they can freely change the workplace, living in a similar cultural environment [25]. This may be a reason for neglecting the acculturation preparation before emigration, also confirmed by own studies, in which about 1/3 of the respondents did not prepare themselves at all before emigrating. It should be assumed that cultural learning as part of psychoeducation would allow to acquire even greater social skills in coping with stress and to limit the selection of non-adaptive strategies by nurses.

Acculturative stress symptoms reported by respondents were similar to those described in the literature, although social [9-11, 14-15, 22-23] rather than emotional aspects dominated among the surveyed Polish nurses. This indicates the loss of a large social network of social support - shortness of contact with family, friends, loss of known space. The solution for the immigrant is to focus on constructive relations with the host society and build relationships with it. The hosts can be useful in providing practical information, translation of misunderstandings and cultural traps. Constant analysis and interpretation of verbal and non-verbal messages and social context change the functioning of automatic and unconscious into functioning requiring constant concentration. It becomes tiring, results in emotional exhaustion and social isolation.

In 2012, Korean researchers conducted a survey of 203 nurses in the United States. Research showed that most nurses were adapting separation or integration strategies. The longer they stayed in the United States, the more they integrated into society [19]. In 2013, studies were carried out in Taiwan on a group of 888 international students to determine the relationship between the acculturative strategies and depression, anxiety, and stress. Most students used the integration strategy, some students were assimilated with or separated from the Taiwanese, while a small group of students used the strategy of marginalisation [20]. In 2016, O. Rizki [21] conducted a study on the impact of religiosity on the acculturative strategies and stress levels among Muslim immigrants from Pakistan and of Arab origin in the United States. Most respondents adopted an assimilation or separation strategy. In the present study, nurses mostly used a strategy of integration and separation. The well-being of respondents was the poorest at the beginning of emigration but steadily improved. Acculturation stress was determined by logistic factors (length of stay in the UK), psychological factors (social contacts with the British), and only partially by competences (age, knowledge, acculturative strategies). The choice of the most optimal acculturative strategy - integration, was significantly influenced by the length of stay of respondents in the UK and the number of stress symptoms experienced. One should be glad that Polish nurses chose the best from the point of view of the individual's health integration strategy, which ensures the maintenance of their own identity and contacts with the host society. There is some concern about the result of choosing a strategy of separation, which rejects a new culture and recognizes it as foreign, negates interpersonal contacts with indigenous people, strives to maintain its own culture and exaggerate its emphasis. It is believed that the culture of the host is less valuable than your own, which makes the immigrant is treated unfavourably.

Too small group obtained for research (including some people staying briefly in the UK), does not allow for generalization of results. Retrospective data may also be burdened with a memory error. Nevertheless, this research raises the phenomenon of acculturation stress, extremely important in the process of adapting to new conditions in the country of destination of emigration. Also, the present study significantly extends prior research on associations between migration of nurses and acculturative shock.

It seems worth continuing research in this area, considering their extension to other aspects related to migration and acculturation, such as, for example, religion, stress and acculturation strategies, ways of coping with stress by the respondents, stereotypes, prejudices, discrimination in the country of emigration, or the impact of the migration of Polish nurses on the quality of health services in the UK health care system.

CONCLUSIONS

Starting a job in a foreign country is associated with acculturative stress, using acculturative strategies and adaptive strategies, as well as non-adaptive and not always working within the fields appropriate for gained qualifications. The Polish nurses were dominated by symptoms of acculturation stress in social functioning, not emotional. Polish nurses most often used integration strategies and separation in the context of acculturation strategies. The choice of the most optimal strategy for acculturation - integration was significantly influenced by the length of stay of the respondents in the UK and the number of symptoms of stress. The implementation of integration programs could provide crucial support in the process of acculturation of nurses and better exploiting their professional potential. The results are preliminary. The research should be continued in order to verify the results so far on a larger group of Polish nurses surveyed working in the UK.

REFERENCES

1. International Organisation of Migration. World migration 2003 – managing migration. Challenges and responses for people on the move. Vol 2. Geneva: IOM; 2003.
2. Haberman M, Stagge M. Nurse migration: a challenge for the profession and health-care systems. J Public Health. 2010; 18(1): 43-51. http://link.springer.com/article/10.1007/s10389-009-0279-0, p. 8; dostęp 20.12.2016.
3. Kingma M. Nurses on the move. London: Cornell University Press; 2006. http://link.springer.com/article/10.1007/s10389-009-0279-0; dostęp 20.12.2016.
4. Kautsch M. Migracje personelu medycznego i ich skutki dla funkcjonowania systemu ochrony zdrowia w Polsce. Zdrowie Publiczne i Zarządzanie. 2013; 11(2): 169-179.
5. Monitorowanie migracji polskich lekarzy, pielęgniarek i położnych po przystąpieniu Polski do Unii Europejskiej. Raport z realizacji programu w 2006 r. http://www.mz.gov.pl/wwwmz/index?mr=&ms=&ml=pl&mi=565&mx=0&ma=787; dostęp: 20.12.2016.
6. Binkowska-Bury M, Nagórska M, Januszewicz P, Ryżko J. Migracje pielęgniarek i położnych – problemy i wyzwania. Przegląd Medyczny Uniwersytetu Rzeszowskiego i Narodowego Instytutu Leków w Warszawie. 2010; 4: 497-504.
7. Wyjeżdża ich coraz mniej, ale czy pielęgniarki wrócą z saksów?, z 14.02.2018 http://www.medonet.pl; dostęp: 14.04.2018.
8. NHS alarmuje: w szpitalach brakuje rąk do pracy, z 12.11.2017. https://www.england.pl/aktualności/wielka-brytania; dostęp: 14.04.2018.
9. Matsumoto D, Juang L. Psychologia międzykulturowa. Gdańsk: GWP; 2007.
10. Kownacka E. W kraju nowego azylu – szok akulturacyjny i strategie akulturacji. [w:] Lipińska M, red. Warsztaty kompetencji międzyakulturacyjnych – podręcznik dla trenerów. Warszawa: Inicjatywa Wspólnotowa EQUAL; 2008, 47-56.
11. Chutnik W. Szok akulturacyjny, konsekwencje, przeciwdziałanie. Kraków: Universitas; 2007.
12. Guru R, Siddiqui MA, Ahmed Z, Khan AA. Effects of cultural shock on foreign health care professionals: An analysis of key factors. J Environmental Occupational Science 2012; 1(1): 53-62.
13. Osland J, Bird A. Beyond Sophisticated Stereotyping: Cultural Sense making in Context. Academy of Management Executive. 2000; 14(1):65-77.
14. Boski P. Kulturowe normy zachowań zdrowotnych. Podręcznik psychologii międzykulturowej. Warszawa: Wydawnictwo Naukowe PWN, Academica Wydawnictwo SWPS; 2009.
15. Zalewska-Puchała J, Majda A. red. Różnorodność kulturowa w opiece pielęgniarskiej. Wybrane zagadnienia. Kraków: Wydawnictwo MOIPiP; 2014.
16. Babbie E. Badania społeczne w praktyce. Warszawa: Wydawnictwo Naukowe PWN; 2004.
17. Barry TD. Development of a New Scale for Measuring Acculturation: The East Asian Acculturation Measure (EAAM). J Immigrant Health. 2001;3(4):193–197.
18. Deklaracja Helsińska. http://www.nil.org.pl/data/assets/pdf_file/0008/93248/Deklaracja-Helsinska-przyjeta-na-64-ZO-WMA-pazdziernik-2013_pelny-tekst.pdf (15.08.2016).
19. Seo K, Kim M, Lee G, et al. The Impact of Acculturation and Social Support on Mental Health among Korean-American Registered Nurses. Korean J Adult Nursing. 2013; 25(2):157-169.
20. Ching GS, Chao P-Ch, Lien W-Ch. Acculturative hassles and strategies: Relationship between study abroad related depression, anxiety, and stress. International J Research Studies Psychol. 2014; 3(5): 3-25.
21. Rizki O. The Impact of Religiosity on Acculturation Strategies and Psychological Distress. A thesis submitted in partial fulfilment of the requirements for the degree of Master of Science (Psychology) in the University of Michigan-Dearborn, 2016.
22. Grzymała-Moszczyńska H, Kownacka E. Szok akulturacyjny – zło konieczne?. Alma Mater 2005, 71. http://www3.uj.edu.pl/alma/alma/71/01/18.html. dostęp: 20.12.2016.
23. Paszkowska-Rogacz A, Olczak E, Kownacka E, Cieślikowska D. Doradztwo zawodowe a wyzwania międzykulturowe. Warszawa: KOWEZiU; 2006.
24. Szkup M, Polakiewicz P, Schneider-Matyka D, Jurczak A. i wsp. Analiza stresu związanego z akulturacją oraz strategii radzenia sobie ze stresem wśród studentów English Program Pomorskiego Uniwersytetu Medycznego w Szczecinie. Probl. Piel. 2014; 22(1): 74-81.
25. Szymaniak A. Uwarunkowania i prognozy migracji zarobkowych Polaków. W: Wojciechowski S., Fiedler R.: Europa – Polska – Migracja. Poznań: Wydawnictwo Uniwersytetu im. Adama Mickiewicza; 2003.

Manuscript received: 12.03.2018
Manuscript accepted: 24.04.2018

Translation: „Turbo tłumaczenia”