




Bożena Freund  <https://orcid.org/0000-0002-6108-5509>

Jagiellonian University, Faculty of Management and Social Communication, Cracow, Poland
bozena.freund@uj.edu.pl

Self-Assessment of the Intercultural Competences of Medical Doctors and Nurses in Poland in the Face of Current Refugee Challenges

Abstract:

Health care is one of the most important systems in both society and the economy. At the same time, it is a highly complex system that is subject to an increasing number of challenges in the contemporary world. For example, the health care system in Poland struggles primarily with inadequate numbers of nurses and medical doctors, as well as insufficient funding. A relatively new challenge is to provide for the health needs of refugees, whose number is increasing due to the war in Ukraine beyond Poland's eastern border.

This raises the question of the substantive preparation of nurses and medical doctors to work in a culturally diverse environment. Have they had the opportunity to train in intercultural competences? How do they assess their own intercultural competences? Do they see challenges in their interactions with foreigners?

The aim of this paper is therefore to present a self-assessment of the intercultural competences of medical doctors and nurses in Poland, in particular in the context of current refugee challenges.

In order to achieve the assumed goal, a proprietary questionnaire form was created, and a nationwide survey was conducted among a group of professionally active medical doctors and nurses.

The results of the research, in addition to providing valuable knowledge, were used to draw up specific recommendations for improving the continuing education of medical and nursing staff in the area of intercultural competences. Based on the research results, guidelines for better management in public health organisations were also created.

This text may be of interest to researchers of management in public health care organisations, and in particular human resources management in health care institutions, as well as practitioners trying to deal with the current problems facing public health management.

Keywords: health management, intercultural competences, medical doctors, nurses, refugees

JEL: I18, M12

1. Introduction

1.1. Main problems and challenges for the public health care system in Poland

A well-functioning health care system is one of the basic conditions for a well-functioning state. This is because health is important not only from an individual perspective but also due to the fact that it affects a country's ability to develop socially and even economically (Wojtczak, 2009). A healthy person has the strength and energy not only to lead a satisfying life from an individual perspective but also has the strength and energy to work (and thus contribute to GDP growth) or to act for the community (contributing to social development).

However, the Polish health care system is currently facing a number of problems. One of the main challenges is still the insufficient level of funding for the public health sector in Poland. Currently, only about 4.5% of GDP is spent for this purpose (GUS, 2022), which is making the debts of public health care units grow.

Another equally important problem is the shortage of medical and nursing staff. In Poland, there are only 2.3 practising physicians per 1,000 inhabitants, while the European average is 3.8. What is more significant and shows the negative trend is the fact that for about 20 years the number of physicians in Poland has hardly changed (Paszowska, 2020). Moreover, the largest number of practising physicians in Poland today are aged 50–59 and 60–69 (GUS, 2022), which is an alarming sign for the future of Poland's public health care system.

The situation is equally bad for the number of nurses in Poland. There are only 5.2 nurses per 1,000 residents in our country, while considering the demographics of Polish society there should be about 8.8 (Paszowska, 2020). At the same time, it should be noted that the average age of a Polish nurse in 2020 was as high as 53.16 years old (Naczelna Izba Pielęgniarek i Położnych, 2021), which raises concerns about generational replacement.

Insufficient funding and staff shortages translate into lengthening queues to medical doctors. In Poland, the average waiting time for a public, specialised health service in 2019 was almost four months (depending on the medical service, one had to wait from about two weeks to almost 12 months) (Fundacja Watch Health Care Foundation and MAHTA Ltd., 2019). With this in mind, it should be added that the problem is growing, as Poland's demographic structure shows the trend of an ageing population (*Informacja o wynikach...*, 2021), causing an increased demand for health services.

If this were not enough, the COVID-19 pandemic reached Poland in March 2020, significantly straining the already struggling public health care facilities.

1.2. Challenges to public health care facilities in Poland in the field of multiculturalism

On February 24, 2022, Russia conducted a military attack on Poland's neighbour to the east, Ukraine. This triggered a strong reaction among the population in Poland, and a movement of solidarity with their Ukrainian neighbours, with more than 12 million war refugees, mostly women and children, being accepted so far (as of May 23, 2023) (*Ilu uchodźców...*, 2024, from: Komenda Główna Straży Granicznej, n.d.). It is worth noting that, especially in the first weeks of the war, a significant number of Poles entirely voluntarily and selflessly opened their homes to Ukrainians, offering shelter and all kinds of assistance.

At the same time, it is clear that this huge tragedy for the Ukrainian nation has raised a number of challenges for the whole world, and a variety of integrated systemic actions are needed to help the people of Ukraine.

One of the more urgent challenges is to ensure that the 12 million war refugees from Ukraine residing (at least temporarily) in Poland have access to the public health care system, which is already heavily burdened in trying to secure the health needs of 38 million Polish citizens (*Informacja o wynikach...*, 2021).

In this context, in addition to financial and logistical issues, a further challenge is preparing the staff of public health care institutions in Poland for much more frequent and direct international and multicultural contacts.

It is worth mentioning here that even before the war in Ukraine, Poland was a rather homogeneous country, as up to 97.7% of Polish citizens are native Poles (*Informacja o wynikach...*, 2021), so although many cities in Poland (primarily Warsaw, Cracow, Gdansk and Torun) are frequented by foreign tourists, multiculturalism is not common, especially in public organisations.

This raised the question of preparing medical and nursing staff to work in an emerging multicultural environment, while previously (i.e., before the war in Ukraine) this challenge was almost non-existent due to the cultural homogeneity of Poland.

It should be acknowledged that Poland and Ukraine are close not only territorially (as neighbours), but also culturally (Slavs). Nevertheless, they are two separate nations, with their own history, values, traditions and customs, which makes mutual respect, understanding, etc., necessary.

Therefore, especially now when there are so many war refugees from Ukraine in Poland, it is worth asking the question whether medical doctors and nurses have had training in intercultural competences. How do they assess their own intercultural competences? Do they see challenges in dealing with foreigners?

Therefore, the purpose of this paper is to present a self-assessment of the intercultural competences of medical and nursing personnel in Poland, particularly in the context of current refugee challenges.

1.3. Intercultural competences in modern health care organisations

Before presenting my research in this area, it is necessary to outline the findings to date in the area of intercultural competences.

Intercultural competences can be defined as knowledge, skills and attitudes (Matveev, 2017b) towards other cultures. The most important intercultural competences include (from Matveev, Rao, Milter, 2001; Chmielecki, 2016):

- 1) awareness of one's own cultural background;
- 2) knowledge of other people's country, culture and language;
- 3) the ability to show respect for others;
- 4) openness to cultural differences;
- 5) showing curiosity about other cultures, values and beliefs;
- 6) freedom to communicate with people from abroad;
- 7) the ability to recognise differences in ways of communicating;
- 8) the ability to deal with misunderstandings;
- 9) the ability to deal with conflict situations;
- 10) the ability to see the world from a different cultural perspective;
- 11) the ability to deal with cultural uncertainty.

Understandably, 'we can never become fully competent in another's culture and heritage' (Fleckman et al., 2015), but we must remember that we should try and continue to learn.

It is also worth considering why the topic of intercultural competence is so important in today's organisations.

First of all, this is due to the globalising world, in which we need people (workers) with a high level of intercultural competence (Lustig, Koester, 2009; Matveev, 2017a).

In addition, it is worth recalling that the issue of employee competences (including intercultural competence) is part of human resources management, and as research shows (e.g., Delery, Gupta, 2016), good HRM practices (which include expanding and improving competences, including cultural competence) can increase organisational effectiveness.

Consequently, the ability to cooperate cross-culturally is considered to be one of the most important factors in both social and economic growth (Popov, Brinkman, van Oudenhoven, 2017).

Also, in contemporary health care organisations, special attention is paid to ensuring and improving intercultural competences among employees of these institutions (as reported, among others, by: Tervalon, Murray-García, 1998; Martinez, Green, Sañudo, 2004; Betancourt, 2006; Green et al., 2007; Taniguchi et al., 2019; Shahzad et al., 2021).

In the context of health care organisations, intercultural competence has been defined, for example, as:

- 1) 'the ability of systems to provide care to patients with diverse values, beliefs and behaviours, including tailoring delivery to meet patients' social, cultural, and linguistic needs' (Betancourt et al., 2003);
- 2) 'cultural competence is the ability of health care professionals to communicate with and effectively provide high-quality care to patients from diverse sociocultural backgrounds' (Betancourt, Green, 2010);
- 3) 'cultural competence aims to make health care services more accessible, acceptable and effective for people from diverse ethnocultural communities' (Kirmayer, 2012).

So which specific cultural competences of health care workers are considered to be the most essential? The literature points to the key role of the best possible intercultural communication (as discussed, for example, by Przyłęcki, 2019; Vikdahl et al., 2020), as it is the basis for a patient's trust in the medical doctor or nurse and their agreement to undergo the recommended treatment process.

Therefore, training in cross-cultural competences is necessary, as is common in the United States (as reported in, among others: Martinez, Green, Sañudo, 2004; Kruse, Didion, Perzynski, 2014; Fleckman et al., 2015), where there is huge cultural and ethnic diversity. Numerous studies show the effectiveness of cultural competence training among nurses (Tosun et al., 2021), whose training should be open to various forms of education in the field of intercultural competences (Brottman et al., 2020; Gradellini et al., 2021; O'Brien et al., 2021; del Pino et al., 2022).

One of the international studies about cultural competences of 591 nurses from 15 European countries indicates that critical care nurses scored highest for 'awareness and sensitivity' and lowest for 'patient-centred communication.' Previous training in the field of multicultural nursing significantly correlated with higher scores in all subscales except patient-centred communication (Dobrowolska et al., 2020).

In Poland, the topic of cultural competences among employees of public health care organisations has so far not been often addressed, as the issue of multiculturalism was mostly absent due to the cultural homogeneity of Poland. Although it should be admitted that there have been some publications on this subject (among others: Szkup-Jabłońska et al., 2013; Ślusarska et al., 2017; Majda, Zalewska-Puchała, 2018; Przyłęcki, 2019). The most important findings from Polish research include the results of Szkup-Jabłońska et al. (2013), which showed that:

- 1) the youngest health care workers are characterised by a high level of understanding of the feelings of people from other cultures;
- 2) women are characterised by higher levels of ethnocultural competence than men;
- 3) nurses are characterised by high levels of empathy.

In conclusion, based on the synthesised content, it is clear that the importance of the topic of intercultural competence is increasing around the world, but that in Poland there is still very little research in this area, while it is increasingly needed due to recent developments.

Therefore, a study the main purpose of which was to determine the self-assessment of intercultural competences among medical and nursing staff in Poland, particularly in the context of current refugee challenges, was designed and carried out.

2. Methods and materials

In order to achieve the stated goal, a proprietary research questionnaire was created. It was a CAWI study, i.e., the survey was created in MS Forms. An e-mail (sent from the researcher's official professional account) with an invitation to participate in the study was sent to professionally active medical doctors and nurses from the researcher's database. In addition, the invitation was posted on professional forums dedicated to medical doctors or/and nurses.

This was a self-created, proprietary research questionnaire, but it should be noted that the list of cultural competences that were self-assessed by the medical doctors and nurses was taken from the literature (cf. Matveev, Rao, Milner, 2001; Chmielecki, 2016).

Accordingly, a nationwide survey of active nurses and medical doctors was conducted from mid-October 2022 to mid-February 2023, with a total of 87 participants.

Numerically, nurses dominated the survey. This predominance is due to two reasons:

- 1) in Poland, there are about twice as many nurses as medical doctors (305,828 nurses and 155,568 medical doctors) (GUS, 2022), i.e., a disproportion in the totals was expected from the outset;
- 2) secondly, as my previous research experience shows, nurses are more likely than medical doctors to participate in social science research.

Women outnumbered men in the survey, which also reflects the gender structure of the nursing profession (the profession is still female-dominated – out of a total of 305,828 nurses, as many as 297,664 are women) and the medical profession in Poland (out of a total of 155,568 medical doctors, as many as 92,109 are women) (GUS, 2022).

It is also no surprise that the largest group of respondents was between the ages of 52 and 61, since nationwide, the largest number of those in both professional groups, that is nurses and medical doctors, are between the ages of 50 and 59 (GUS, 2022).

A related issue is the number of years of work experience of those participating in the study, which for the largest proportion of respondents was 31–40 years of working in the health care system.

It should also come as no surprise that the largest number of respondents have a master's degree, but at the same time most of them have no managerial experience.

Detailed data on the characteristics of the study group can be found in Table 1 below.

Table 1. Basic demographic and occupational data of the study group ($n = 87$)

Category	Response options	Number
Profession	Medical doctor	20
	Nurse	67
	Total	87
Sex/gender	Female	77
	Male	9
	I prefer not to answer the question	1
	Total	87
Age	22–31	10
	32–41	16
	42–51	28
	52–61	31
	62–71	2
	72 or above	0
	Total	87
Number of years of professional experience	1–10	17
	11–20	16
	21–30	23
	31–40	29
	41–50	2
	51 or above	0
	Total	87
Level of education	Secondary	6
	Bachelor's degree	8
	Master's degree	48
	Postgraduate	8
	Doctor	13
	Doctor with habilitation	3
	Professor	1
	Total	87
Serving in a managerial role	Yes	36
	No	51
	Total	87

Source: Author's own elaboration

3. Results

To begin with, respondents were asked whether they had ever attended a course on improving cultural competence. The survey results show that the vast majority (77/87), unfortunately, had not.

The exact distribution of responses to this question can be found in Figure 1 below.

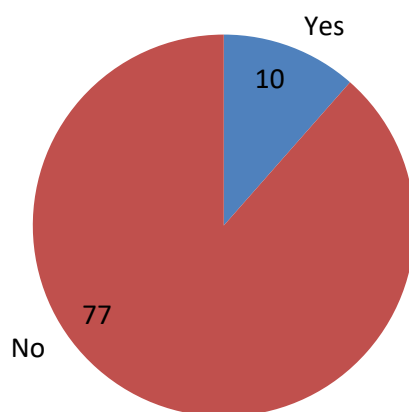


Figure 1. Participation of respondents in a cultural competence course ($n = 87$)

Source: Author's own elaboration

Next, 17 cultural competences were listed, and respondents were asked (using a modified Likert scale) to indicate how they rate themselves in each given area.

The results of the survey show that most of the study participants rate almost all the detailed cultural competences listed quite highly.

Most people are confident in their own cultural competence in the areas of:

- 1) 'showing respect towards other cultures,' where as many as 94.3% of respondents rate themselves well (i.e., 61% rate this competence 'highly' and 33.3% 'very highly');
- 2) 'openness to cultural differences,' where as many as 87.4% of respondents rate themselves well (i.e., 55.2% rate these competences 'highly' and 32.2% 'very highly').

However, there are two cultural competences that deviate from the above trend, that is:

- 1) 'freedom to communicate with people from abroad,' a competence that as many as 54.6% of respondents rated low in themselves (i.e.; 16.7% very low and 37.9% low);
- 2) 'ability to deal with cultural uncertainty,' where 55.2% of respondents found it 'difficult to say' how they rated it in themselves.

The exact distribution of self-assessment responses regarding the cultural competences of medical doctors and nurses can be found in Figure 2 below.

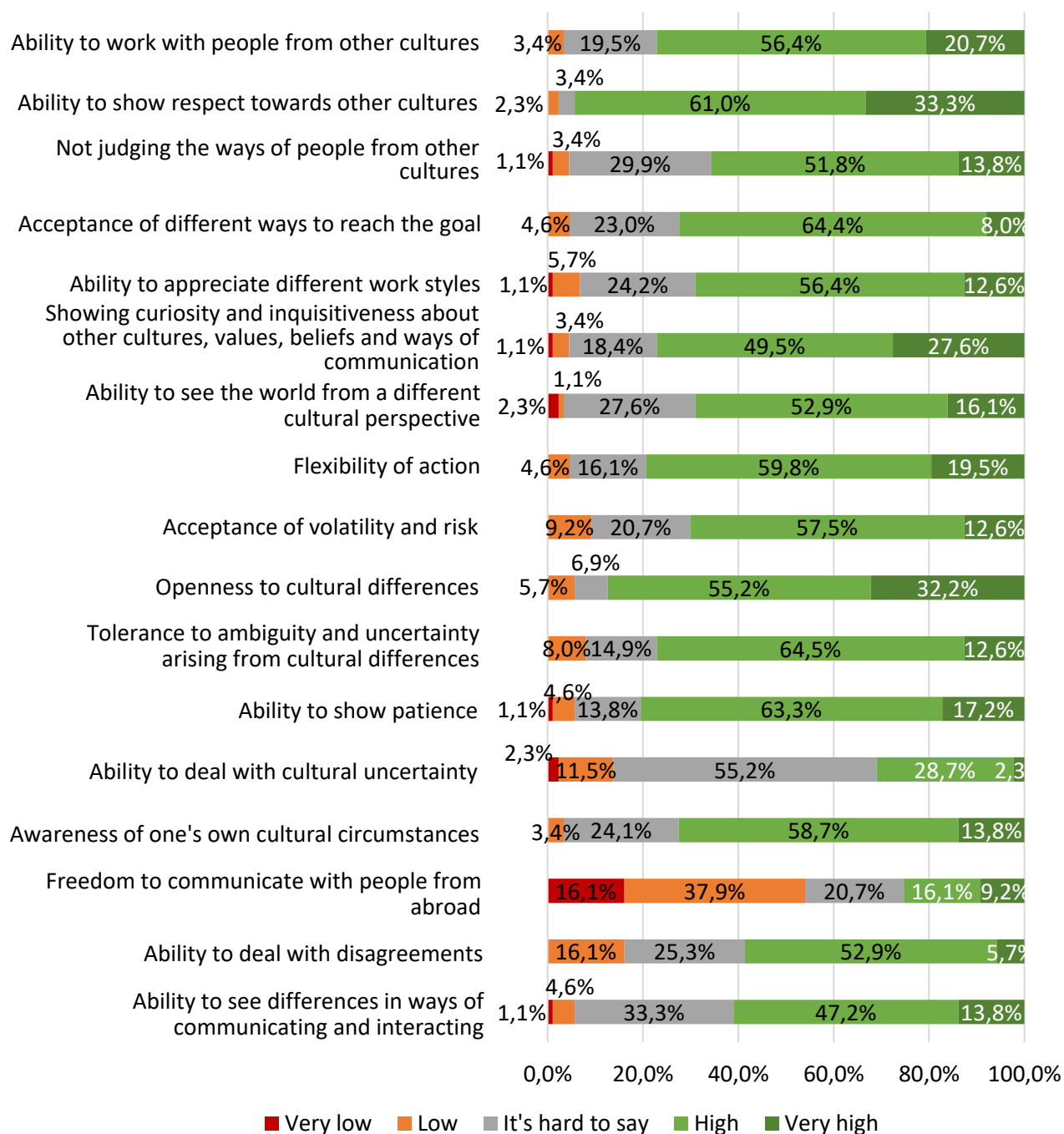


Figure 2. Self-assessment of medical doctors and nurses for individual cultural competences ($n = 87$)

Source: Author's own elaboration

Medical doctors and nurses were then asked how often they have direct contact with people from other countries. The respondents' experience in this regard varies widely (although the most common answer was that this occurred on average once a week), as can be seen in Figure 3 below.

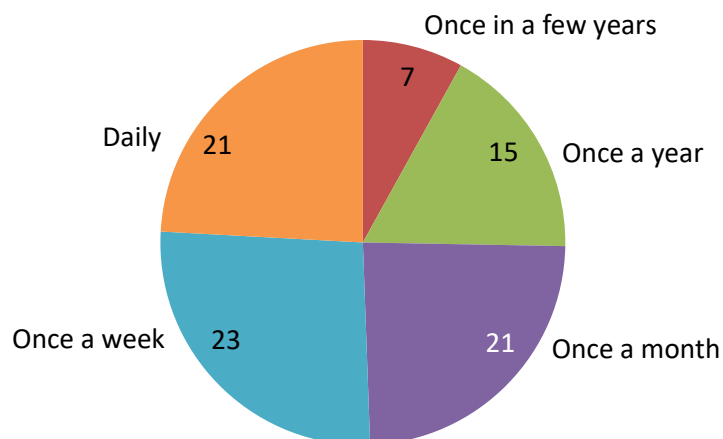


Figure 3. Frequency of contact with foreigners ($n = 87$)

Source: Author's own elaboration

Then I tried to find out whether the frequency of contacts with foreigners has changed over the past year (when the war broke out in Ukraine, and a large number sought refuge in Poland).

The survey results show that more than half of the respondents have more such direct international contacts (56/87).

The exact distribution of responses to this question can be found in Figure 4 below.

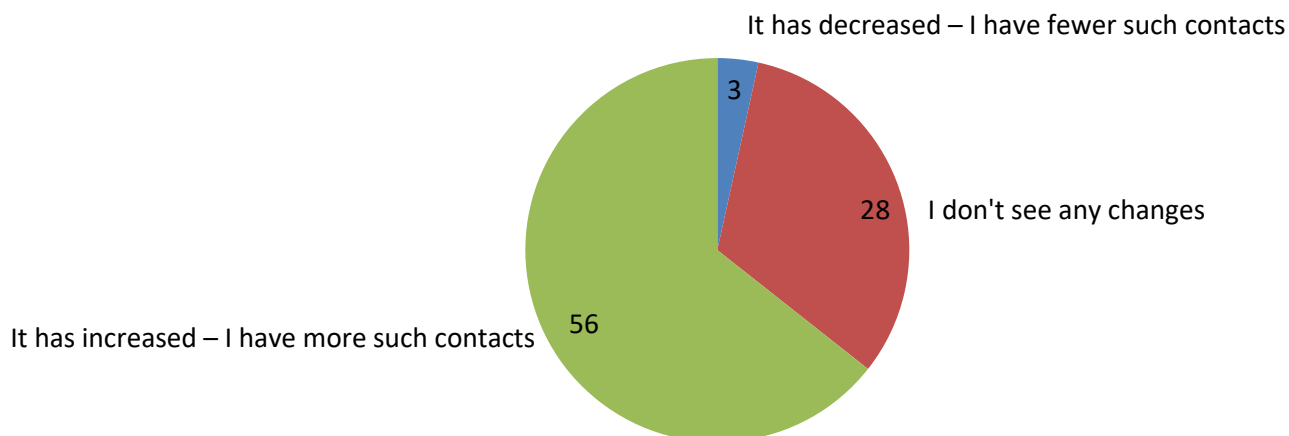


Figure 4. Assessment of change in frequency of contacts with foreigners ($n = 87$)

Source: Author's own elaboration

Most respondents (i.e., 75 out of 87) indicated that those people were their patients. The exact distribution of responses to this question can be found in Figure 5 below.

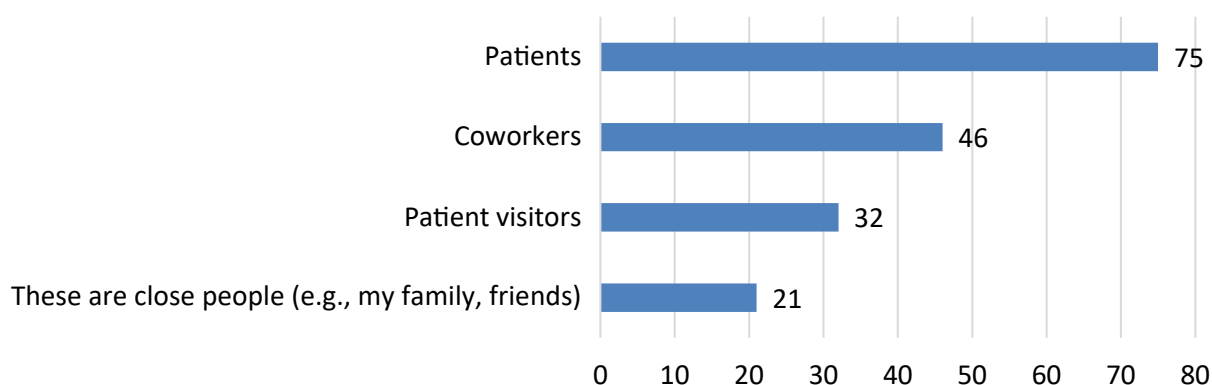


Figure 5. Role in the health care system played by foreigners ($n = 87$) (multiple choice)
 Source: Author's own elaboration

The survey indicates that for most medical doctors and nurses (i.e., 76 out of 87), the language barrier is a challenge during such direct international contacts.

The exact distribution of responses to this question can be found in Figure 6 below.

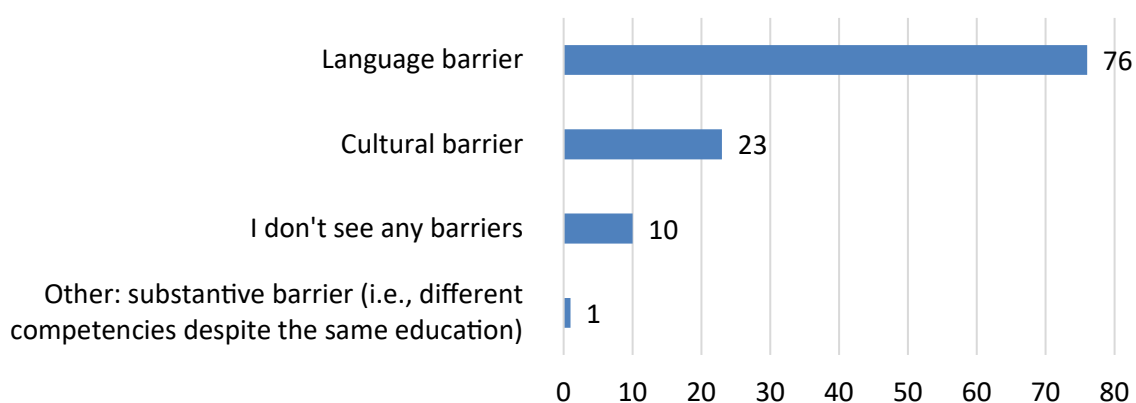


Figure 6. Identification of primary potential challenges in relationships with foreigners ($n = 87$) (multiple choice)
 Source: Author's own elaboration

However, the survey results show that despite a certain language barrier, as indicated by the majority of medical doctors and nurses, 36 (out of 87) of the respondents choose an international, culturally diverse working environment.

Nevertheless, it should also be mentioned that there were 34 people who 'find it difficult to say' whether, given a choice, they would prefer a multicultural or homogeneous work environment.

The exact distribution of responses to this question can be found in Figure 7 below.

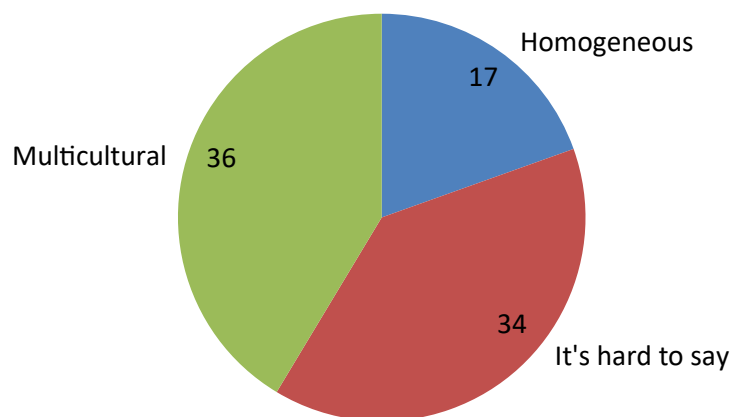


Figure 7. Preferred work environment ($n = 87$)

Source: Author's own elaboration

In addition, the medical doctors and nurses questioned were given the opportunity to leave a comment on their thoughts on cultural competence. Comments included the need for training in this area, more opportunities to use a translator (to explain the treatment process accurately to the patient), and increased cross-cultural integration.

4. Limitations of research

Unfortunately, this research has some limitations which should be considered.

First of all, the study encompassed a relatively small number of research participants (only 20 medical doctors and 67 nurses), which means that no firm conclusions can be drawn.

Secondly, there is a lack of appropriate proportions in the number of medical doctors and nurses. In this study, there are over three times more nurses than medical doctors, while there should be about two times more according to the statistics of medical doctors and nurses in Poland. Such a disproportion made it impossible to analyse the relationship between the variables studied.

Finally, this study was conducted in a specific context of multiculturalism, i.e., in the context of Ukrainians, who, however, are not diametrically different from Poles. Perhaps the results in some areas would have been slightly different if the research had been conducted in the context of another, more different cultural area.

5. Conclusions

Despite the above-mentioned research limitations, several main conclusions from the research can be presented.

The results of the survey clearly show that the vast majority of medical doctors and nurses have never received training in intercultural competence.

Therefore, training and other forms of education in this field should be introduced (Brottmann et al., 2020; Gradellini et al., 2021; O'Brien et al., 2021; del Pino et al., 2022), especially since other research (Tosun et al., 2021) indicates their high effectiveness.

At the same time, most of the respondents rated their cultural competence quite highly, especially their 'ability to show respect towards other cultures' and 'openness to cultural differences.' This result may be related to the fact that most of the respondents are nurses and women, and as other research has shown they are characterised by a higher level of selected cultural competences than male doctors (Szkup-Jabłońska et al., 2013), of whom there were definitely fewer in this study.

On the other hand, most of the respondents unfortunately do not feel comfortable communicating with people from abroad, which may be due to the language barrier that so many of them indicated. This confirms the existing research in the field of intercultural competences among medical professionals, which shows the need to improve communication skills with foreigners (Przyłęcki, 2019; Vikdahl et al., 2020).

The results of the author's own research also show that respondents have had more frequent contact with people from other cultures over the past year, which may be due to the increasing number of war refugees from Ukraine.

These results confirm the need to increase attention paid to improving intercultural competences among employees of healthcare organisations as many authors have already written about (for example: Tervalon, Murray-García, 1998; Martinez, Green, Sañudo, 2004; Betancourt, 2006; Green et al., 2007; Taniguchi et al., 2019; Shahzad et al., 2021).

6. Implications for practice

As a result of the above, it is first of all recommended to increase the amount of training aimed at medical and nursing staff in the field of intercultural competence.

There is also a need to develop existing programmes and create new ones in the field of intercultural integration.

It would also be worth providing technological assistance (such as efficient fast Wi-Fi and tablets) for individual health care facilities to support communication (e.g., to communicate with the help of an automatic translator).

7. Directions for further research

At the same time, it is worth emphasising once again that the topic of intercultural competence is gaining in importance, especially in the context of current refugee challenges. Thus, new fields of research which require careful study are opening up.

Although Poland has so far been a fairly culturally homogeneous country, the problems of the modern world (such as famine, humanitarian disasters, environmental catastrophes or armed conflicts) mean that the number of people from different, including very distant, cultural backgrounds may increase. As a result, robust demographic, social and cultural research is needed.

There is also a growing need for research on the management of international and multicultural teams in organisations (including health care), as well as research on intercultural communication, not only in order to expand existing knowledge but also to realise the potential of each culture and to integrate it in the best, most sustainable way possible.

Research is also necessary on the reliability of existing questionnaires assessing individual cultural competences (especially in the context of healthcare organisations).

It is also worth examining which forms of cultural competence development are the most effective in the case of the doctor-nurse-patient relationship.

The challenges of multiculturalism are many, but we are able to face up to these challenges with an interdisciplinary approach to this growing phenomenon. However, a wide variety of research studies and close cooperation between theoreticians and practitioners are still required.

8. Declaration of interest statement

The author reports there are no competing interests to declare.

References

- Betancourt J. (2006), *Cultural Competency: Providing Quality Care to Diverse Populations*, "The Consultant Pharmacist", vol. 21(12), pp. 988–995, <https://doi.org/10.4140/TCP.n.2006.988>
- Betancourt J.R., Green A.R. (2010), *Commentary: Linking Cultural Competence Training to Improved Health Outcomes: Perspectives From the Field*, "Academic Medicine", vol. 85(4), pp. 583–585, https://journals.lww.com/academicmedicine/Fulltext/2010/04000/Commentary__Linking_Cultural_Competence_Training.14.aspx [accessed: 23.05.2023].
- Betancourt J.R., Green A.R., Carrillo J.E., Ananeh-Firempong O. (2003), *Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care*, "Public Health Reports", vol. 118(4), pp. 293–302, <https://pubmed.ncbi.nlm.nih.gov/12815076/> [accessed: 23.05.2023].

- Brottman M.R., Douglas M.D., Hattori R.A., Heeb R., Taff S.D.T. (2020), *Toward Cultural Competency in Health Care: A Scoping Review of the Diversity and Inclusion Education Literature*, "Academic Medicine", vol. 95(5), pp. 803–813, <https://doi.org/10.1097/ACM.0000000000002995>
- Chmielecki M. (2016), *Doświadczenie międzynarodowe i kompetencje a współpraca zawodowa z obcokrajowcami*, [in:] M. Rozkwitalska, Ł. Sułkowski (eds.), *Współpraca zawodowa w środowisku wielokulturowym*, Wydawnictwo Wolters Kluwer, Warszawa, pp. 133–148.
- Delery J., Gupta N. (2016), *Human resource management practices and organizational effectiveness: internal fit matters*, "Journal of Organizational Effectiveness: People and Performance", vol. 3(2), pp. 139–163, <https://doi.org/10.1108/JOEPP-03-2016-0028>
- Dobrowolska B., Gutysz-Wojnicka A., Ozga D., Barkestad E., Benbenishty J., Breznik K., Filej B., Jarosova D., Kaučič B.M., Nytra I., Smrke B., Zelenikova R., Blackwood B. (2020), *European intensive care nurses' cultural competency: An international cross-sectional survey*, "Intensive and Critical Care Nursing", vol. 60, 102892, <https://doi.org/10.1016/j.iccn.2020.102892>
- Fleckman J.M., Dal Corso M., Ramirez S., Begaliev M., Johnson C.C. (2015), *Intercultural competency in public health: a call for action to incorporate training into public health education*, "Frontiers in Public Health", vol. 3, 210, <https://doi.org/10.3389/fpubh.2015.00210>
- Fundacja Watch Health Care i MAHTA Sp. z o.o. (2019), *BAROMETR WHC – Raport na temat zmian w dostępności do gwarantowanych świadczeń zdrowotnych w Polsce nr 19/15/02/2019*, http://www.korektorzdrowia.pl/wp-content/uploads/barometr_whc_xii_i_2019_final.pdf [accessed: 23.05.2023].
- Gradellini C., Gómez-Cantarino S., Dominguez-Isabel P., Molina-Gallego B., Mecugni D., Ugarte-Gurrutxaga M.I. (2021), *Cultural Competence and Cultural Sensitivity Education in University Nursing Courses. A Scoping Review*, "Frontiers in Psychology", vol. 12, <https://doi.org/10.3389/fpsyg.2021.682920>
- Green A.R., Miller E., Krupat E., White A., Taylor W.C., Hirsh D.A., Wilson R.P., Betancourt J.R. (2007), *Designing and implementing a cultural competence OSCE: lessons learned from interviews with medical students*, "Ethnicity & Disease", vol. 17(2), pp. 344–350, <http://www.ncbi.nlm.nih.gov/pubmed/17682369> [accessed: 23.05.2023].
- GUS (2022), *Zdrowie i ochrona zdrowia w 2021 r.*, Warszawa–Kraków, <https://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-ochrona-zdrowia-w-2021-roku,1,12.html> [accessed: 23.05.2023].
- Ilu uchodźców z Ukrainy jest w Polsce [AKTUALNE DANE]* (2024), <https://300gospodarka.pl/news/uchodzcy-z-ukrainy-w-polsce-liczba> [accessed: 23.05.2023].
- Informacja o wynikach Narodowego Spisu Powszechnego Ludności i Mieszkań 2021 na poziomie województw, powiatów i gmin* (2021), <https://stat.gov.pl/spisy-powszechno-nsp-2021/nsp-2021-wyniki-ostateczne/informacja-o-wynikach-narodowego-spisu-powszechnego-ludnosci-i-mieszkan-2021-na-poziomie-wojewodztw-powiatow-i-gmin,1,1.html> [accessed: 23.05.2023].
- Kirmayer L.J. (2012), *Rethinking cultural competence*, "Transcultural Psychiatry", vol. 49(2), pp. 149–164, <https://doi.org/10.1177/1363461512444673>
- Komenda Główna Straży Granicznej (n.d.), *Informacje o granicy polsko-ukraińskiej*, <https://www.strazgraniczna.pl/pl/aktualnosci/informacje-o-granicy-polsko-uk> [accessed: 23.05.2023].
- Kruse J.A., Didion J., Perzynski K. (2014), *Utilizing the Intercultural Development Inventory® to develop intercultural competence*, "SpringerPlus", vol. 3, 334, <https://doi.org/10.1186/2193-1801-3-334>
- Lustig M.W., Koester J. (2009), *Intercultural competence: Interpersonal communication across cultures*, Allyn and Bacon, Needham Heights.

- Majda A., Zalewska-Puchała J. (2018), *Kompetencje kulturowe i inteligencja kulturowa w pielęgniarstwie*, "Pielęgniarstwo Polskie", vol. 2(68), pp. 196–203, <http://www.pielęgniarstwo.ump.edu.pl/article.php?id=388> [accessed: 23.05.2023].
- Martinez K.M., Green C.E., Sañudo F.M. (2004), *The CLAS Challenge: Promoting Culturally and Linguistically Appropriate Services in Health Care*, "International Journal of Public Administration", vol. 27(1–2), pp. 39–61, <https://www.tandfonline.com/doi/abs/10.1081/PAD-120028652>
- Matveev A. (2017a), *Describing Intercultural Competence*, [in:] A. Matveev, *Intercultural Competence in Organizations. A Guide for Leaders, Educators and Team Players*, Springer, Cham, pp. 3–26, https://doi.org/10.1007/978-3-319-45701-7_1
- Matveev A. (2017b), *The Intercultural Competence Models*, [in:] A. Matveev, *Intercultural Competence in Organizations. A Guide for Leaders, Educators and Team Players*, Springer, Cham, pp. 49–73, https://doi.org/10.1007/978-3-319-45701-7_3
- Matveev A.V., Rao N., Milter R.R. (2001), *Developing a Scale to Measure Intercultural Communication Competence: A Pilot Study in Multicultural Organizations*, Paper submitted to the International and Intercultural Communication Division of the National Communication Association, Atlanta.
- Naczelna Izba Pielęgniarek i Położnych (2021), *Struktura i średnia wieku pielęgniarek i położnych w Polsce*, <https://nipip.pl/srednia-wieku-pielęgniarek-i-polożnych-w-polsce/> [accessed: 23.05.2023].
- O'Brien E.M., O'Donnell C., Murphy J., O'Brien B., Markey K. (2021), *Intercultural readiness of nursing students: An integrative review of evidence examining cultural competence educational interventions*, "Nurse Education in Practice", vol. 50, 102966, <https://doi.org/10.1016/j.nepr.2021.102966>
- Paszkowska M. (2020), *Polski system ochrony zdrowia*, Difin, Warszawa.
- Pino F.J.P. del, Arrogante O., Simonelli-Muñoz A.J., Gallego-Gómez J.I., Jiménez-Rodríguez D. (2022), *Use of high-fidelity clinical simulation for the development of cultural competence of nursing students*, "Nurse Education Today", vol. 116, 105465, <https://doi.org/10.1016/j.nedt.2022.105465>
- Popov V., Brinkman D., Oudenhoven J.P. van (2017), *Becoming Globally Competent through Student Mobility*, [in:] M. Mulder (ed.), *Competence-based Vocational and Professional Education. Bridging the Worlds of Work and Education*, Springer International Publishing, Cham, pp. 775–793, https://link.springer.com/chapter/10.1007/978-3-319-41713-4_47 [accessed: 23.05.2023].
- Przyłęcki P. (2019), *Kompetencje kulturowe w opiece zdrowotnej*, "Władza Sądzenia", no. 16, pp. 10–26.
- Shahzad S., Ali N., Younas A., Tayaben J.L. (2021), *Challenges and approaches to transcultural care: An integrative review of nurses' and nursing students' experiences*, "Journal of Professional Nursing", vol. 37(6), pp. 1119–1131, <https://doi.org/10.1016/j.profnurs.2021.10.001>
- Szkup-Jabłońska M., Schneider-Matyka D., Kubiak J., Grzywacz A., Jurczak A., Augustyniak K., Grochans E. (2013), *Ocena kompetencji kulturowych wśród pracowników ochrony zdrowia*, "Family Medicine & Primary Care Review", vol. 15(3), pp. 394–396.
- Ślusarska B., Zarzycka D., Majda A., Dobrowolska B. (2017), *Kompetencje kulturowe w pielęgniarstwie – podstawy konceptualizacji i narzędzia pomiaru naukowego*, "Pielęgniarstwo XXI wieku", vol. 17, no. 4(61), pp. 40–45.
- Taniguchi N., Okamoto M., Mastuda Y., Nozaki M. (2019), *Improving Japanese Nursing Education by Understanding "Intercultural Competence"*, [w:] N. Lightner (ed.), *Advances in Human Factors and Ergonomics in Healthcare and Medical Devices. AHFE (2018), Advances in Intelligent Systems and Computing*, vol. 779, Springer, Cham, https://doi.org/10.1007/978-3-319-94373-2_31

- Tervalon M., Murray-García J. (1998), *Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education*, "Journal of Health Care for the Poor and Underserved", vol. 9, pp. 117–125, <http://www.ncbi.nlm.nih.gov/pubmed/10073197> [accessed: 23.05.2023].
- Tosun B., Yava A., Dirgar E., Şahin E.B., Yılmaz E.B., Papp K., Tóthova V., Hellerova V., Prosen M., Licen S., Karnjus I., Tamayo M.D.B., Leyva-Moral J.M., Claeys A., Tricas-Sauras S. (2021), *Addressing the effects of transcultural nursing education on nursing students' cultural competence: A systematic review*, "Nurse Education in Practice", vol. 55, 103171, <https://doi.org/10.1016/j.nepr.2021.103171>
- Vikdahl L., Ståhle G., Gunnarsson D., Saboonchi F. (2020), *Diversity and health strategies for newly resettled refugees*, "International Journal of Migration, Health and Social Care", vol. 16(3), pp. 241–252, <https://doi.org/10.1108/IJMHS-08-2019-0076>
- Wojtczak A. (2009), *Zdrowie publiczne wyzwaniem dla systemów zdrowia XXI wieku*, Wydawnictwo Lekarskie PZWL, Warszawa.

Samoocena kompetencji międzykulturowych lekarzy i pielęgniarek w Polsce w obliczu współczesnych wyzwań uchodźczych

Streszczenie:

Zarządzanie systemem ochrony zdrowia jest jedną z najważniejszych kwestii zarówno dla społeczeństwa, jak i dla gospodarki, a jednocześnie jest systemem wysoce złożonym, podlegającym coraz większej liczbie wyzwań współczesnego świata. System opieki zdrowotnej w Polsce boryka się przede wszystkim z niewystarczającą liczbą pielęgniarek i lekarzy, a także niewystarczającymi środkami finansowymi. Stosunkowo nowym wyzwaniem jest zabezpieczenie potrzeb zdrowotnych uchodźców, których liczba wzrasta w związku z wojną w Ukrainie za wschodnią granicą Polski. Rodzi to pytanie o merytoryczne przygotowanie pielęgniarek i lekarzy do pracy w środowisku zróżnicowanym kulturowo. Czy mieli okazję szkolić się w zakresie kompetencji międzykulturowych? Jak oceniają własne kompetencje międzykulturowe? Czy widzą wyzwania w swoich interakcjach z obcokrajowcami?

Celem niniejszego artykułu jest przedstawienie samooceny kompetencji międzykulturowych lekarzy i pielęgniarek w Polsce, szczególnie w kontekście współczesnych wyzwań uchodźczych.



Dla osiągnięcia założonego celu stworzono autorską ankietę badawczą, a następnie przeprowadzono ogólnopolskie badanie ankietowe wśród grupy aktywnych zawodowo lekarzy i pielęgniarek.

Wyniki badań, oprócz dostarczenia pewnej wiedzy, posłużyły do opracowania konkretnych rekomendacji dotyczących doskonalenia kształcenia ustawicznego kadry lekarskiej i pielęgniarskiej w obszarze kompetencji międzykulturowych. Na podstawie wyników badań stworzono także wytyczne dotyczące doskonalenia procesów zarządzania w publicznych organizacjach ochrony zdrowia.

Tekst ten może zainteresować badaczy zarządzania publicznymi organizacjami ochrony zdrowia, a w szczególności zarządzania zasobami ludzkimi w zakładach opieki zdrowotnej, a także praktyków próbujących stawić czoła aktualnym problemom zarządzania zdrowiem publicznym.

Słowa kluczowe: zarządzanie organizacjami ochrony zdrowia, kompetencje międzykulturowe, lekarze, pielęgniarki, uchodźcy

JEL: I18, M12

	© by the author, licensee University of Lodz – Lodz University Press, Lodz, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY (https://creativecommons.org/licenses/by/4.0/)
	Received: 2023-12-01; revised: 2024-03-30. Accepted: 2024-07-29
 <p>Member since 2018 JM13703</p>	This journal adheres to the COPE's Core Practices https://publicationethics.org/core-practices